



Southwest Health and Human Services
Board Agenda
Wednesday, October 16, 2019
Commissioners Room
Government Center, 2nd Floor
Marshall
9:00 a.m.

HUMAN SERVICES

- A. Call to order

- B. Pledge of Allegiance

- C. Consent Agenda
 - 1. Amend/Approval of Agenda
 - 2. Identification of Conflict of Interest
 - 3. Approval of 9/18/19 board minutes

- D. Introduce New Staff:
 - Chelsea Cooreman, Social Worker (CPS), Redwood Falls
 - Amy Peterson, Eligibility Worker, Marshall
 - Tara Thapa Magar, Social Worker (CMH), Marshall

- E. Employee Recognition:
 - Stephanie Byers, 1 year, Child Protection Social Worker, Redwood Falls
 - Carol Biren, 10 years, Public Health Division Director, Marshall
 - Diane Spanier, 15 years, Eligibility Worker, Redwood Falls

HUMAN SERVICES (cont.)

F. Financial

G. Caseload

	<u>9/19</u>	<u>9/18</u>	<u>8/19</u>	<u>7/19</u>
Social Services	3,675	3,740	3,636	3,595
Licensing	442	450	443	443
Out-of-Home Placements	175	176	179	167
Income Maintenance	11,960	12,150	11,997	11,814
Child Support Cases	3,252	3,258	3,219	3,265
Child Support Collections	\$801,384	\$727,124	\$745,062	\$777,954
Non IV-D Collections	\$61,217	\$23,118	\$75,520	\$127,339

H. Discussion/Information

1.

I. Decision Items

1.

COMMUNITY HEALTH

J. Call to order

K. Consent Agenda

1. Amend/Approval of Agenda
2. Identification of Conflict of Interest
3. Approval of 9/18/19 board minutes

L. Financial

COMMUNITY HEALTH (cont.)

M. Caseload	<u>9/19</u>	<u>8/19</u>	<u>7/19</u>
WIC	N/A	2008	2025
Family Home Visiting	21	36	40
PCA Assessments	3	11	11
Managed Care	239	243	237
Dental Varnishing	17	24	15
Refugee Health	6	0	2
Latent TB Medication Distribution	5	9	9
Water Tests	127	178	201
FPL Inspections	37	57	59
Immunizations	84	58	35
Car Seats	21	26	15

- N. Discussion/Information
1. SHIP Vaping/Lung Injuries updates – Ann Orren and Carol Biren
 2. SCHSAC update – Commissioner Salfer and Carol Biren

- O. Decision Items
- 1.

GOVERNING BOARD

- P. Call to order

- Q. Consent Agenda
1. Amend/Approval of Agenda
 2. Identification of Conflict of Interest
 3. Approval of 9/18/19 board minutes

- R. Financial

GOVERNING BOARD (cont.)

S. Human Resources Statistics

	<u>9/19</u>	<u>9/18</u>	<u>8/19</u>	<u>7/19</u>
Number of Employees	235	238	230	233
Separations	2		2	2

T. Discussion/Information

1. Bylaws

U. Decision Items

1. Blake Nath, Social Worker, CPS, no change to rate of pay, effective 9/23/2019
2. Chelsea Cooreman, Social Worker -CPS, probationary appointment (12 months), \$23.59 hourly, effective 9/30/2019
3. Tara Thapa Magar, Social Worker- CMH, probationary appointment (12 months), \$23.59 hourly, effective 10/07/2019
4. Tara Baune, Eligibility Worker, probationary appointment (12 months), \$18.28, effective 10/14/2019
5. Holly Johnson, Social Worker-CAC, CADI, BI, DD, probationary appointment (12 months), \$23.59 hourly, effective 10/28/2019
6. Request for Public Health Nurse
7. Stipulation AFSCME Local 1687-4/2398 and SWHHS
8. 2020 – 2021 Minnesota Family Investment Program (MFIP) Biennial Service Agreement
9. Personnel Policy 20 - Cell Phone Allowance Policy
10. Personnel Policy 12 – On- Call For Adult and Children’s Services
11. Personnel Policy 3 – Leaves and Holidays
12. 2019 Civil Rights Plan
13. Unclaimed Property
14. Donations: Grace Lutheran Church of Lake Benton donated 8 child-sized quilts to children in need.
15. Contracts

V. Adjournment

Next Meeting Dates:

- **Wednesday, November 20, 2019 – Marshall**
- **Wednesday, December 18, 2019 – Marshall**
- **Wednesday, January 15, 2020 – Marshall**

SOUTHWEST HEALTH & HUMAN SERVICES

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

SUMMARY OF FINANCIAL ACCOUNTS REPORT

For the Month Ending: **September 30, 2019**

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

Description	Month	Running Balance
BEGINNING BALANCE		\$799,790
RECEIPTS		
Monthly Receipts	3,524,433	
County Contribution	31,138	
Interest on Savings	9,118	
TOTAL MONTHLY RECEIPTS		3,564,688
DISBURSEMENTS		
Monthly Disbursements	3,128,607	
TOTAL MONTHLY DISBURSEMENTS		3,128,607
ENDING BALANCE		\$1,235,872

REVENUE

Checking/Money Market	\$1,235,872
SS Benefits Checking	\$3,179
Bremer Savings	\$1,374,689
Great Western Bank Savings	\$75,326
Investments - MAGIC Fund	\$2,530,836

September 2018 Ending Balance

\$4,391,517

ENDING BALANCE **\$5,219,902**

DESIGNATED/RESTRICTED FUNDS

Agency Health Insurance	\$1,189,708
LCTS Lyon Murray Collaborative	\$145,429
LCTS Rock Pipestone Collaborative	\$35,432
LCTS Redwood Collaborative	\$37,552
Local Advisory Council	\$1,155

September 2018 Ending Balance

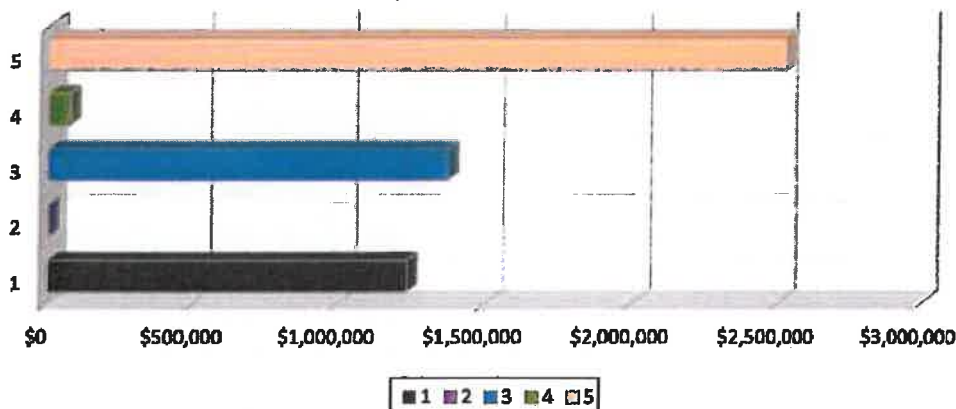
\$742,654

September 2018 Ending Balance

\$3,417,353

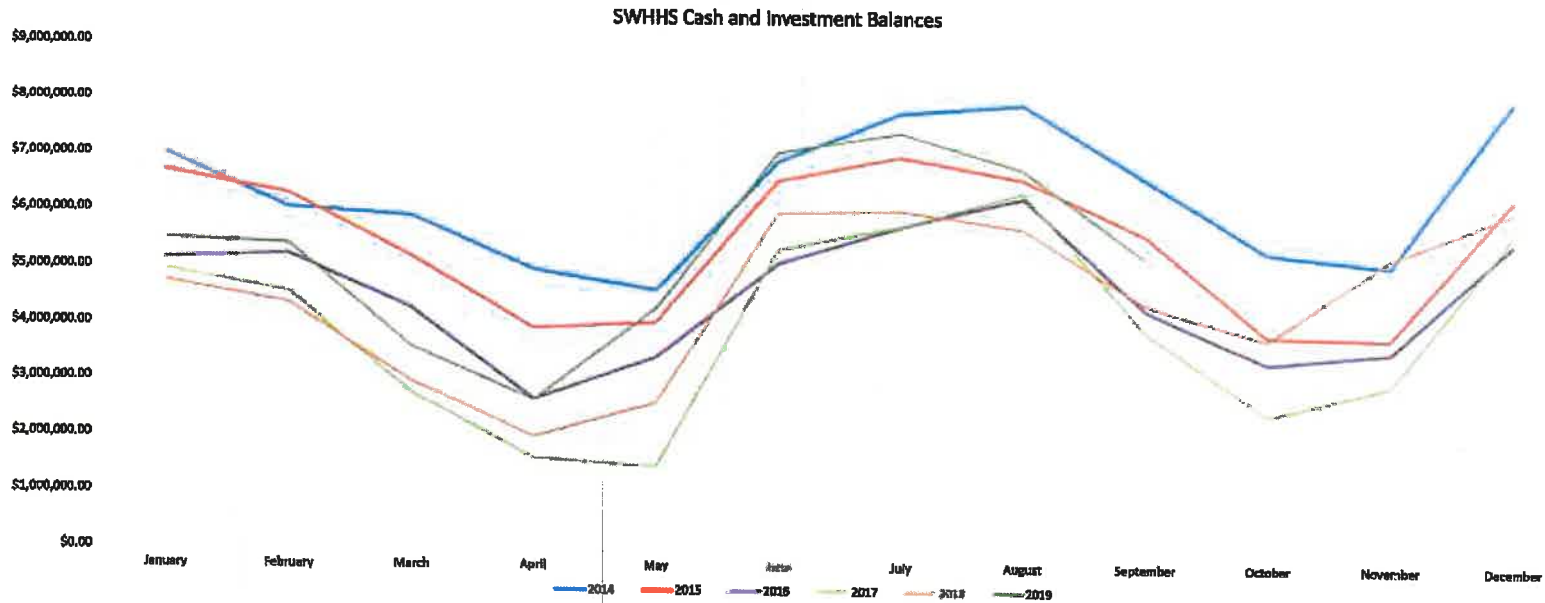
AVAILABLE CASH BALANCE **\$3,810,626**

REVENUE DESIGNATION



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

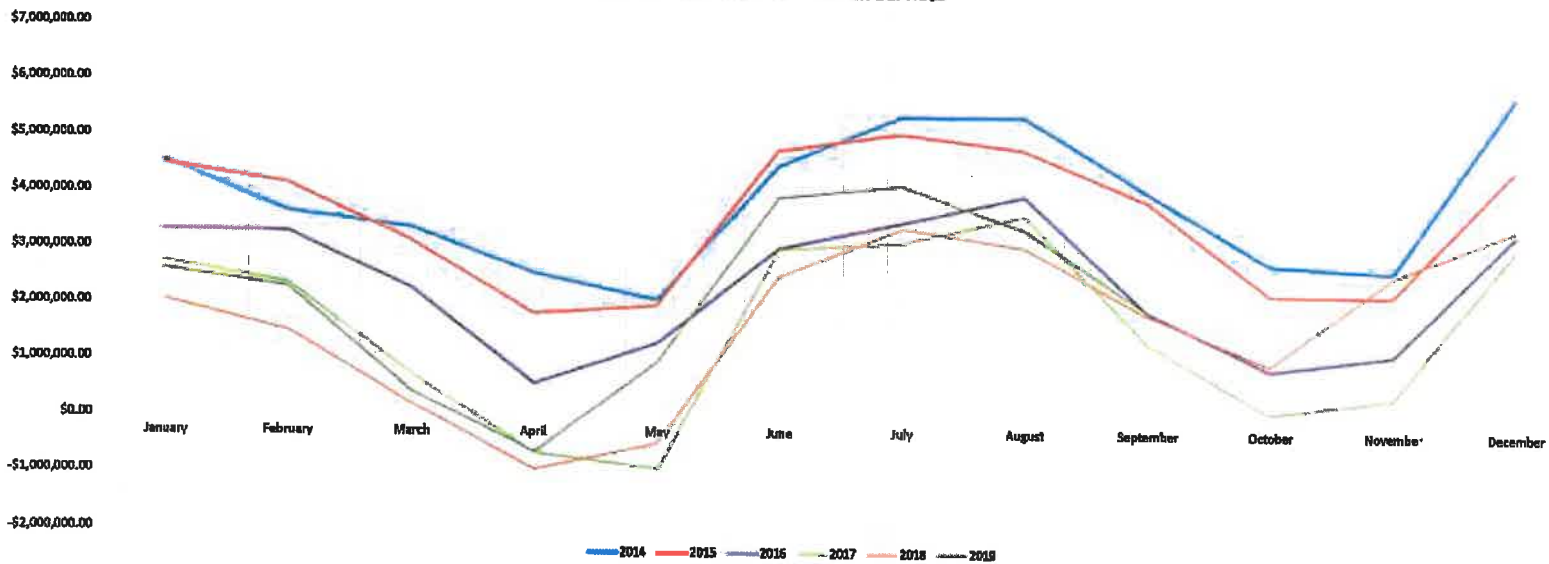
	January	February	March	April	May	June	July	August	September	October	November	December	Average for Year	Average for Jan-Mar
2014	\$6,981,276.27	\$6,024,758.16	\$5,888,424.32	\$4,951,093.48	\$4,698,516.25	\$6,893,382.81	\$7,788,372.24	\$7,943,228.89	\$6,829,328.28	\$5,325,638.85	\$5,113,269.32	\$8,050,538.23	\$6,347,314.41	\$6,298,489.25
2015	\$6,877,478.44	\$6,283,514.83	\$5,177,889.80	\$3,907,688.99	\$4,019,148.98	\$6,560,422.95	\$6,882,523.27	\$8,614,413.77	\$5,831,287.88	\$3,840,912.52	\$3,805,455.22	\$6,311,344.28	\$5,485,155.71	\$6,048,280.96
2016	\$6,132,902.00	\$5,204,953.28	\$4,746,683.55	\$2,626,629.20	\$3,384,917.21	\$5,088,797.96	\$5,750,985.89	\$6,275,434.87	\$4,280,910.19	\$3,346,309.75	\$3,580,416.88	\$5,533,701.83	\$4,537,719.39	\$4,861,518.27
2017	\$4,828,902.34	\$4,524,088.02	\$2,727,751.26	\$1,578,173.87	\$1,481,685.61	\$5,337,853.73	\$5,754,867.08	\$6,366,564.67	\$3,883,382.07	\$2,417,547.50	\$2,062,222.15	\$5,684,746.83	\$3,968,778.58	\$4,059,573.21
2018	\$4,721,044.88	\$4,333,938.83	\$2,935,770.10	\$1,985,449.82	\$2,570,080.71	\$5,977,407.40	\$8,033,326.24	\$5,731,633.62	\$4,391,517.44	\$3,775,199.58	\$5,252,386.36	\$8,085,908.40	\$4,481,140.24	\$3,998,817.84
2019	\$5,488,300.08	\$5,390,753.05	\$3,580,027.40	\$2,614,283.54	\$4,289,080.30	\$7,062,814.89	\$7,420,076.79	\$6,778,581.63	\$5,219,902.01				\$5,308,312.21	\$4,806,380.18



SWHHS
Total Cash and Investment Balance by Month - Human Services

	January	February	March	April	May	June	July	August	September	October	November	December	Average for Year	Average for Jan-Mar
2014	\$4,624,112.48	\$3,829,625.88	\$3,337,290.84	\$2,818,148.82	\$2,049,872.82	\$4,463,844.09	\$5,383,273.11	\$5,365,874.18	\$4,025,227.41	\$2,740,775.93	\$2,817,748.10	\$5,760,212.52	\$3,866,341.79	\$3,830,343.10
2015	\$4,483,244.58	\$4,128,888.35	\$3,114,955.80	\$1,805,842.78	\$1,948,748.17	\$4,743,406.88	\$5,052,792.79	\$4,776,088.88	\$3,888,016.53	\$2,206,082.85	\$2,182,119.16	\$4,487,384.13	\$3,563,943.81	\$3,802,286.80
2016	\$3,281,407.50	\$3,282,874.15	\$2,253,786.09	\$544,625.71	\$1,271,340.11	\$2,891,321.29	\$3,464,355.54	\$3,941,448.89	\$1,888,675.07	\$854,485.14	\$1,125,581.79	\$3,301,841.92	\$2,347,793.02	\$2,933,283.25
2017	\$2,721,514.18	\$2,337,000.47	\$710,966.71	-\$878,564.48	-\$845,148.15	\$2,972,036.88	\$3,086,420.77	\$3,893,841.86	\$1,322,585.71	\$84,888.25	\$377,552.55	\$3,035,263.95	\$1,552,362.72	\$1,923,187.79
2018	\$2,027,812.89	\$1,484,258.33	\$191,366.90	-\$365,731.97	-\$501,975.29	\$2,480,788.48	\$3,357,738.65	\$3,035,839.30	\$1,833,134.33	\$948,482.40	\$2,542,047.76	\$3,397,063.22	\$1,653,402.17	\$1,284,479.71
2019	\$2,581,083.08	\$2,285,158.91	\$405,973.82	-\$681,408.85	\$834,705.49	\$3,804,218.27	\$4,115,284.54	\$3,342,408.83	\$1,895,298.82				\$2,086,888.75	\$1,750,731.94

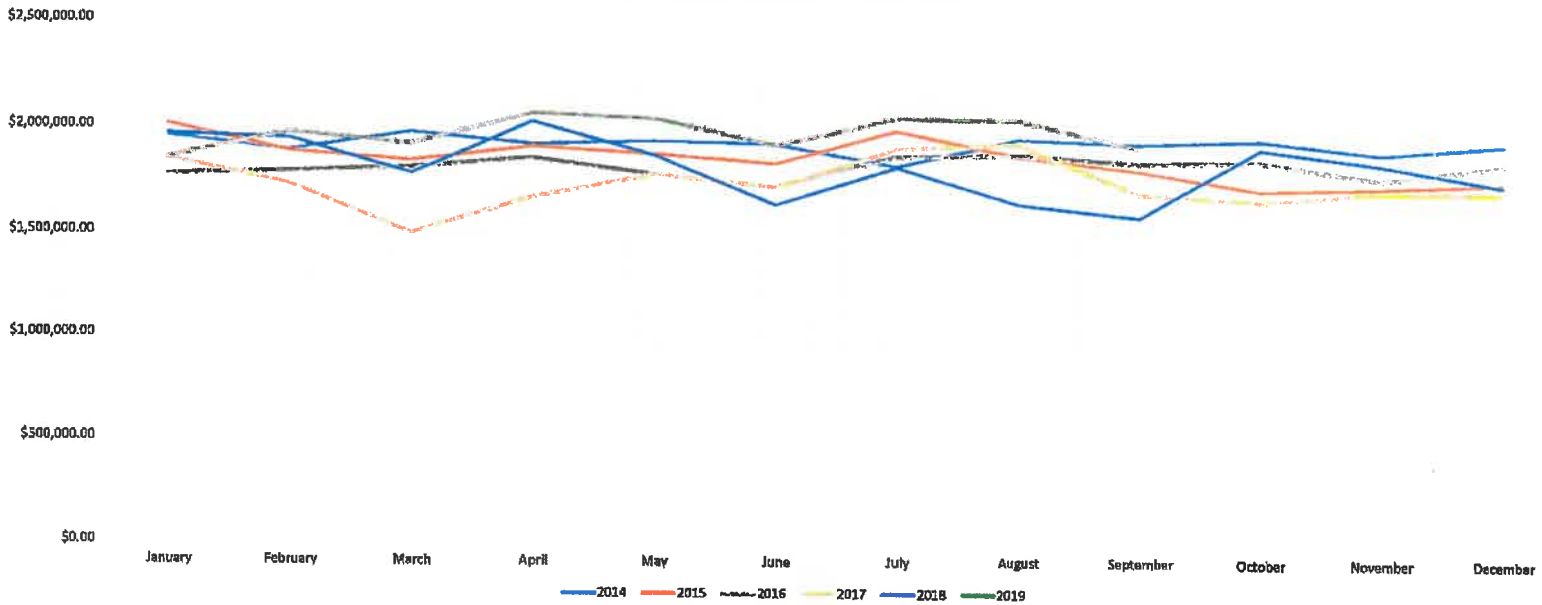
SWHHS Cash Balances - Human Services



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

	January	February	March	April	May	June	July	August	September	October	November	December	Average for Year
2014	\$1,952,348.48	\$1,889,115.47	\$1,972,828.09	\$1,919,040.73	\$1,936,810.78	\$1,923,130.89	\$1,822,889.83	\$1,953,891.09	\$1,934,989.18	\$1,954,398.84	\$1,894,110.16	\$1,942,821.40	\$1,924,587.82
2015	\$2,005,574.71	\$1,882,681.89	\$1,841,148.82	\$1,808,754.85	\$1,876,427.45	\$1,832,608.45	\$1,987,157.33	\$1,874,480.47	\$1,806,827.22	\$1,714,863.10	\$1,730,380.53	\$1,755,462.75	\$1,851,214.87
2016	\$1,767,113.43	\$1,786,985.60	\$1,807,700.34	\$1,854,929.76	\$1,779,529.16	\$1,719,935.64	\$1,868,440.04	\$1,880,585.32	\$1,844,832.32	\$1,854,296.98	\$1,772,886.81	\$1,845,353.91	\$1,815,214.11
2017	\$1,847,930.47	\$1,726,463.73	\$1,484,923.91	\$1,887,703.90	\$1,778,888.78	\$1,720,044.88	\$1,809,354.71	\$1,930,710.27	\$1,685,805.50	\$1,683,881.45	\$1,709,289.13	\$1,709,428.16	\$1,737,348.16
2018	\$1,982,214.72	\$1,843,837.75	\$1,780,822.88	\$2,023,315.58	\$1,870,382.57	\$1,833,344.06	\$1,816,127.45	\$1,843,850.72	\$1,584,218.99	\$1,914,793.23	\$1,842,417.33	\$1,743,836.48	\$1,813,230.15
2019	\$1,851,277.80	\$1,972,764.31	\$1,918,434.61	\$2,063,608.18	\$2,039,616.86	\$1,918,780.30	\$2,044,401.82	\$2,039,261.99	\$1,915,329.19				\$1,973,718.45

SWHHS Cash Balances - Public Health

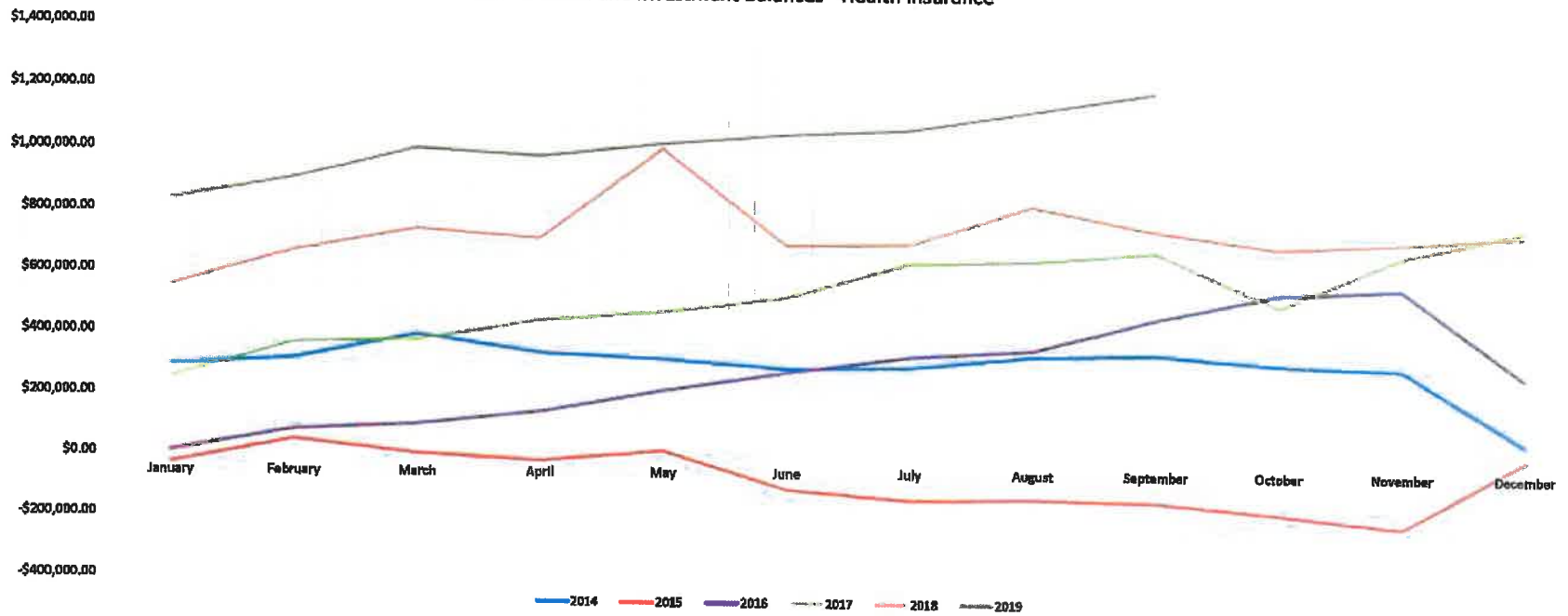


SWHHS
Total Cash Balance by Month - Health Insurance

	January	February	March	April	May	June	July	August	September	October	November	December
2014	\$285,358.82	\$308,048.30	\$387,989.08	\$330,278.67	\$312,752.06	\$283,535.78	\$290,484.80	\$330,401.67	\$338,686.39	\$307,534.98	\$295,838.26	\$52,721.51
2015	-\$33,351.13	\$43,782.99	\$830.08	-\$19,886.02	\$13,868.59	-\$109,949.69	-\$141,430.74	-\$134,243.27	-\$141,878.86	-\$178,110.32	-\$221,023.88	\$0.00
2016	\$4,998.43	\$76,942.80	\$85,153.51	\$138,472.06	\$210,786.36	\$270,893.34	\$326,643.77	\$350,734.02	\$465,033.16	\$538,192.07	\$559,493.11	\$289,082.28
2017	\$243,431.96	\$380,080.41	\$369,063.91	\$436,168.38	\$465,168.83	\$614,005.00	\$629,735.43	\$640,875.17	\$673,434.33	\$497,527.83	\$665,075.30	\$753,857.38
2018	\$547,461.08	\$661,779.26	\$734,590.83	\$705,226.64	\$998,994.04	\$688,218.46	\$693,431.75	\$820,833.21	\$742,653.73	\$690,065.54	\$709,876.88	\$736,904.37
2019	830,786.86	898,632.50	996,671.64	973,046.88	1015393.62	1046007.99	1064138.1	1127623.68	1,189,707.87			

Average for Year
\$293,636.53
-\$76,748.52
\$274,517.08
\$520,702.81
\$727,602.48
\$1,015,778.79

SWHHS Cash and Investment Balances - Health Insurance



SOUTHWEST HEALTH AND HUMAN SERVICES CHECK REGISTER

September 2019

DATE	RECEIPT or CHECK #	DESCRIPTION	+ DEPOSITS	-DISBURSEMENTS	BALANCE
	BALANCE FORWARD				
					799,790.44
09/03/19	36206-36221	Dep	55,070.01		854,860.45
09/06/19	9869	Disb		16,432.71	838,427.74
09/06/19	100496-100535	Disb		4,377.48	834,050.26
09/06/19	6427 ACH	Disb		112.20	833,938.06
09/06/19	100536-100583	Disb		63,264.06	770,674.00
09/06/19	6428-6474 ACH	Disb		50,833.03	719,840.97
09/06/19	9870	Disb		2,799.58	717,041.39
09/06/19	36222-36292	Dep	311,604.06		1,028,645.45
09/06/19	transfer from SS checking	Dep	7,844.50		1,036,489.95
09/09/19	9871	Disb		66,121.61	970,368.34
09/10/19	transfer from Bremer Savings	Dep	1,500,000.00		2,470,368.34
09/10/19	36293-36324	Dep	9,540.84		2,479,909.18
09/11/19	transfer to MAGIC	Disb		500,000.00	1,979,909.18
09/12/19	9872	Disb		42,348.02	1,937,561.16
09/13/19	100584-100624	Disb		22,265.07	1,915,296.09
09/13/19	100625-100707	Disb		263,777.52	1,651,518.57
09/13/19	6475-6511 ACH	Disb		71,240.67	1,580,277.90
09/13/19	8952-8970	Payroll		130,352.69	1,449,925.21
09/13/19	59288-59529 ACH	Payroll		494,275.34	955,649.87
09/13/19	36325-36405	Dep	222,281.66		1,177,931.53
09/16/19	9873	Disb		44,110.07	1,133,821.46
09/16/19	VOID 100474	Disb		(26.00)	1,133,847.46
09/17/19	VOID 81597	Disb		(452.76)	1,134,300.22
09/17/19	36406-36432	Dep	78,115.21		1,212,415.43
09/18/19	9874	Disb		9,890.39	1,202,525.04
09/18/19	VOID 98277	Disb		(235.00)	1,202,760.04
09/20/19	100708-100807	Disb		13,904.90	1,188,855.14
09/20/19	6512 ACH	Disb		135.50	1,188,719.64
09/20/19	100808-101028	Disb		113,035.89	1,075,683.75
09/20/19	6513-6517 ACH	Disb		3,730.45	1,071,953.30
09/20/19	VOID 101023	Disb		(542.76)	1,072,496.06
09/20/19	VOID 100738	Disb		(271.00)	1,072,767.06
09/20/19	101029-101068	Disb		3,455.83	1,069,311.23
09/20/19	6518-6519 ACH	Disb		694.93	1,068,616.30
09/20/19	101069-101156	Disb		370,828.09	697,788.21
09/20/19	6520-6544 ACH	Disb		9,940.66	687,847.55
09/20/19	9875	Disb		9,321.29	678,526.26
09/20/19	VOID 100983	Disb		(324.70)	678,850.96
09/20/19	VOID 101015	Disb		(273.90)	679,124.86
09/20/19	36433-36488	Dep	95,679.51		774,804.37
09/23/19	9876	Disb		14,554.08	760,250.29
09/24/19	9877	Disb		1,740.60	758,509.69
09/24/19	38489-36500,36515-36516,36518-36528	Dep	35,066.62		793,576.31
09/24/19	transfer from Bremer savings	Dep	1,000,000.00		1,793,576.31
09/26/19	VOID 100861	Disb		(340.00)	1,793,916.31
09/27/19	8971-8991	Payroll		129,659.12	1,664,257.19
09/27/19	59530-59779 ACH	Payroll		478,178.45	1,186,078.74
09/27/19	101157-101208	Disb		4,581.58	1,181,497.16
09/27/19	6545 ACH	Disb		35.20	1,181,461.96
09/27/19	101207-101268	Disb		125,770.20	1,055,691.76
09/27/19	6546-6571 ACH	Disb		67,246.64	988,445.12
09/27/19	36501-36514, 36517, 36529-36574	Dep	184,522.96		1,172,968.08
09/30/19	36575-36593	Dep	64,962.99		1,237,931.07
09/30/19	9878	Disb		2,058.78	1,235,872.29
					1,235,872.29
					1,235,872.29
	balanced 10/1/19 jvp	TOTALS	3,564,688.36	3,128,606.51	

Checking - SS Beneficiaries
Savings - Bremer
Savings - Great Western
Investments - Magic Fund

3,178.51
1,374,688.69
75,326.09
2,530,836.43

TOTAL CASH BALANCE

5,219,502.01

Southwest Health and Human Services

Treasurer's Cash Trial Balance

As of 09/2019

<u>Fund</u>	<u>Beginning Balance</u>	<u>This Month</u>	<u>YTD</u>	<u>Current Balance</u>
1 Health Services Fund	1,741,705.40			
Receipts		133,983.27	2,803,515.53	
Disbursements		46,848.70-	574,603.30-	
Payroll		211,067.37-	2,075,704.68-	
Journal Entries		0.00	20,416.24	
Fund Total		123,932.80-	173,623.79	1,915,329.19
5 Human Services Fund	410	General Administration		
	897.64			
Receipts		49,639.68	447,561.50	
Disbursements		39,837.53-	439,890.00-	
Payroll		12,392.50-	121,715.42-	
Journal Entries		0.00	3,612.33-	
Dept Total		2,590.35-	117,656.25-	116,758.61-
5 Human Services Fund	420	Income Maintenance		
	1,824,182.45-			
Receipts		343,571.42	6,222,878.22	
Disbursements		351,856.98-	2,575,274.56-	
Payroll		329,295.08-	3,290,276.66-	
Journal Entries		0.00	7,040.66	
Dept Total		337,580.64-	364,367.66	1,459,814.79-
5 Human Services Fund	431	Social Services		
	8,246,573.56			
Receipts		288,050.35	12,120,650.00	
Disbursements		106,148.03-	1,157,073.66-	
SSIS		614,083.86-	6,037,895.49-	
Payroll		658,000.21-	6,497,183.66-	
Journal Entries		0.00	23,844.57-	
Dept Total		1,090,181.75-	1,595,347.38-	6,651,226.18
5 Human Services Fund	461	Information Systems		
	3,026,319.53-			
Receipts		5,724.50	24,734.13	

Southwest Health and Human Services

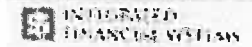
Treasurer's Cash Trial Balance

As of 09/2019

<u>Fund</u>		<u>Beginning Balance</u>	<u>This Month</u>	<u>YTD</u>	<u>Current Balance</u>
	Disbursements		773.53-	3,779.31-	
	Payroll		21,710.44-	173,991.45-	
	Dept Total		16,759.47-	153,036.63-	3,179,356.16-
5	Human Services Fund	471	LCTS Collaborative Agency		
		0.00			
	Receipts		0.00	191,383.00	
	Disbursements		0.00	191,383.00-	
	Dept Total		0.00	0.00	0.00
	Fund Total	3,396,969.22	1,447,112.21-	1,501,672.60-	1,895,296.62
61	Agency Health Insurance				
		736,904.37			
	Receipts		248,977.47	2,302,879.83	
	Disbursements		186,893.28-	1,850,076.33-	
	Fund Total		62,084.19	452,803.50	1,189,707.87
71	LCTS Lyon Murray Collaborative Fund	471	LCTS Collaborative Agency		
		110,828.23			
	Receipts		0.00	89,326.00	
	Disbursements		9,699.00-	54,725.00-	
	Dept Total		9,699.00-	34,601.00	145,429.23
	Fund Total	110,828.23	9,699.00-	34,601.00	145,429.23
73	LCTS Rock Pipestone Collaborative Fund	471	LCTS Collaborative Agency		
		44,776.45			
	Receipts		0.00	33,586.00	
	Disbursements		40,000.00-	42,930.00-	
	Dept Total		40,000.00-	9,344.00-	35,432.45
	Fund Total	44,776.45	40,000.00-	9,344.00-	35,432.45
75	Redwood LCTS Collaborative	471	LCTS Collaborative Agency		

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Southwest Health and Human Services



Treasurer's Cash Trial Balance

As of 09/2019

<u>Fund</u>	<u>Beginning Balance</u>	<u>This Month</u>	<u>YTD</u>	<u>Current Balance</u>
	51,342.63			
Receipts		0.00	73,709.00	
Disbursements		0.00	87,500.00-	
Dept Total		0.00	13,791.00-	37,551.63
Fund Total	51,342.63	0.00	13,791.00-	37,551.63
77 Local Advisory Council	477 Local Advisory Council			
	1,155.02			
Dept Total		0.00	0.00	1,155.02
Fund Total	1,155.02	0.00	0.00	1,155.02
All Funds	6,083,681.32			
Receipts		1,069,946.69	24,310,223.21	
Disbursements		782,057.05-	6,977,235.16-	
SSIS		614,083.86-	6,037,895.49-	
Payroll		1,232,465.60-	12,158,871.87-	
Total		1,558,659.82-	863,779.31-	5,219,902.01

Southwest Health and Human Services

RM-Stmt of Revenues & Expenditures

As Of 09/2019

Report Basis: Cash

DESCRIPTION	CURRENT MONTH	YEAR TO-DATE	2019 BUDGET	% OF BUDG	% OF YEAR
FUND 1 HEALTH SERVICES FUND					
REVENUES					
CONTRIBUTIONS FROM COUNTIES	18,793.50-	725,028.75-	966,705.00-	75	75
INTERGOVERNMENTAL REVENUES	870.00-	172,702.63-	169,800.00-	102	75
STATE REVENUES	63,979.32-	560,846.86-	820,717.00-	68	75
FEDERAL REVENUES	8,708.16-	973,672.46-	1,265,748.00-	77	75
FEES	39,779.95-	357,875.24-	418,795.00-	85	75
EARNINGS ON INVESTMENTS	1,458.81-	9,197.20-	4,800.00-	192	75
MISCELLANEOUS REVENUES	294.53-	3,690.05-	9,219.00-	39	75
TOTAL REVENUES	133,884.27-	2,802,913.19-	3,655,784.00-	77	75
EXPENDITURES					
PROGRAM EXPENDITURES	0.00	0.00	0.00	0	75
PAYROLL AND BENEFITS	211,067.37	2,055,288.44	2,840,986.00	72	75
OTHER EXPENDITURES	46,749.70	574,000.96	804,798.00	71	75
TOTAL EXPENDITURES	257,817.07	2,629,289.40	3,645,784.00	72	75

Southwest Health and Human Services

RM-Stmt of Revenues & Expenditures

As Of 09/2019

Report Basis: Cash

DESCRIPTION	CURRENT MONTH	YEAR TO-DATE	2019 BUDGET	% OF BUDG	% OF YEAR
FUND 5 HUMAN SERVICES FUND					
REVENUES					
CONTRIBUTIONS FROM COUNTIES	12,344.08-	6,218,771.11-	10,836,767.00-	57	75
INTERGOVERNMENTAL REVENUES	0.00	111,300.56-	132,267.00-	84	75
STATE REVENUES	91,424.94-	4,139,407.74-	5,224,156.00-	79	75
FEDERAL REVENUES	296,267.43-	5,409,228.60-	8,047,638.00-	67	75
FEES	169,519.51-	1,615,594.90-	2,415,391.00-	67	75
EARNINGS ON INVESTMENTS	7,658.81-	46,710.26-	25,200.00-	185	75
MISCELLANEOUS REVENUES	59,544.76-	994,068.95-	1,000,344.00-	99	75
TOTAL REVENUES	636,759.53-	18,535,082.12-	27,681,763.00-	67	75
EXPENDITURES					
PROGRAM EXPENDITURES	877,479.54	7,953,766.30	11,516,187.00	69	75
PAYROLL AND BENEFITS	1,011,596.08	10,094,761.31	13,537,287.00	75	75
OTHER EXPENDITURES	194,796.12	1,956,768.77	2,528,289.00	77	75
TOTAL EXPENDITURES	2,083,871.74	20,005,296.38	27,581,763.00	73	75

Southwest Health and Human Services

Revenues & Expend by Prog,Dept,Fund

Report Basis: Cash

<u>Element</u>	<u>Description</u>	<u>Account Number</u>	<u>Current Month</u>	<u>Year-To-Date</u>	<u>Budget</u>	<u>% of Bdgt</u>	<u>% of Year</u>
1 FUND	Health Services Fund						
410 DEPT	General Administration						
0 PROGRAM	...						
			Revenue				75
			Expend.	2,400.12	25,787.98	0.00	0
			Net	2,400.12	25,787.98	0.00	0
930 PROGRAM	Administration		Revenue	20,738.55-	747,324.46-	981,744.00-	76
			Expend.	56,309.91	491,209.12	666,823.00	74
			Net	35,571.36	256,115.34-	314,921.00-	81
410 DEPT	General Administration	Totals:	Revenue	20,738.55-	747,324.46-	981,744.00-	76
			Expend.	58,710.03	516,997.10	666,823.00	78
			Net	37,971.48	230,327.36-	314,921.00-	73
481 DEPT	Nursing						
100 PROGRAM	Family Health		Revenue	3,233.31-	21,059.54-	16,680.00-	126
			Expend.	1,397.41	22,973.32	15,351.00	150
			Net	1,835.90-	1,913.78	1,329.00-	144-
103 PROGRAM	Follow Along Program		Revenue	2,509.62-	14,307.34-	26,966.00-	53
			Expend.	2,527.09	21,593.89	28,921.00	72
			Net	17.47	7,286.55	2,955.00	247
110 PROGRAM	TANF		Revenue	0.00	125,546.73-	127,876.00-	98
			Expend.	0.00	94,015.09	122,911.00	76
			Net	0.00	31,531.64-	4,965.00-	635
130 PROGRAM	WIC		Revenue	0.00	406,594.00-	450,000.00-	90
			Expend.	44,452.70	384,705.81	524,339.00	73
			Net	44,452.70	21,888.19-	74,339.00	29-
140 PROGRAM	Peer Breastfeeding Support Program		Revenue	0.00	26,875.00-	55,438.00-	48
			Expend.	3,218.28	28,787.08	55,438.00	52
			Net	3,218.28	1,912.08	0.00	0
210 PROGRAM	CTC Outreach		Revenue	16,655.11-	159,252.29-	270,034.00-	59
			Expend.	21,577.97	168,629.03	270,034.00	62
			Net	4,922.86	9,376.74	0.00	0
270 PROGRAM	Maternal Child Health - Title V		Revenue	5,599.32-	113,641.47-	238,279.00-	48
			Expend.	12,388.44	156,108.55	248,588.00	63
			Net	6,789.12	42,467.08	10,309.00	412

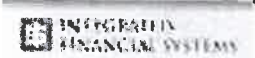
Southwest Health and Human Services

Revenues & Expend by Prog,Dept,Fund

Report Basis: Cash

<u>Element</u>	<u>Description</u>	<u>Account Number</u>		<u>Current Month</u>	<u>Year-To-Date</u>	<u>Budget</u>	<u>% of Bdgt</u>	<u>% of Year</u>
280 PROGRAM	MCH Dental Health		Revenue	278.76-	1,975.33-	43,200.00-	5	75
			Expend.	1,462.10	18,282.49	19,059.00	96	75
			Net	1,183.34	16,307.16	24,141.00-	68-	75
285 PROGRAM	MCH Blood Lead		Revenue					75
			Expend.	0.00	1,197.65	0.00	0	75
			Net	0.00	1,197.65	0.00	0	75
295 PROGRAM	MCH Car Seat Program		Revenue	1,307.25-	12,010.05--	31,000.00-	39	75
			Expend.	2,558.24	22,400.47	38,792.00	58	75
			Net	1,250.99	10,390.42	7,792.00	133	75
300 PROGRAM	Case Management		Revenue	27,687.25-	331,727.12--	347,800.00-	95	75
			Expend.	27,458.33	300,365.77	389,147.00	77	75
			Net	228.92-	31,361.35-	41,347.00	76-	75
330 PROGRAM	MNChoices		Revenue	14,573.63-	153,860.46-	157,000.00-	98	75
			Expend.	14,241.28	151,940.69	181,108.00	84	75
			Net	332.35-	1,919.77-	24,108.00	8-	75
603 PROGRAM	Disease Prevention And Control		Revenue	14,563.69-	105,200.60-	145,862.00-	72	75
			Expend.	13,328.48	132,843.28	227,721.00	58	75
			Net	1,235.21-	27,642.68	81,859.00	34	75
660 PROGRAM	MIIC		Revenue	0.00	0.00	1,000.00-	0	75
			Expend.	9.49	831.73	109.00	763	75
			Net	9.49	831.73	891.00-	93-	75
481 DEPT	Nursing	Totals:	Revenue	86,407.94-	1,472,049.93-	1,911,135.00-	77	75
			Expend.	144,619.81	1,504,674.85	2,122,518.00	71	75
			Net	58,211.87	32,624.92	211,383.00	15	75
483 DEPT	Health Education		Revenue					
			Expend.					
			Net					
500 PROGRAM	Direct Client Services		Revenue	312.20-	6,172.08-	2,270.00-	272	75
			Expend.	392.65	6,762.83	30,942.00	22	75
			Net	80.45	590.75	28,672.00	2	75
510 PROGRAM	SHIP		Revenue	19,800.38-	167,759.52-	226,690.00-	74	75
			Expend.	17,046.69	168,545.53	226,690.00	74	75
			Net	2,753.69-	786.01	0.00	0	75
540 PROGRAM	Toward Zero Deaths (TZD) Safe Roads		Revenue	0.00	6,095.84-	17,009.00-	36	75
			Expend.	1,992.00	8,825.56	23,440.00	38	75
			Net	1,992.00	2,729.72	6,431.00	42	75

Southwest Health and Human Services

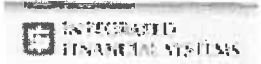


Revenues & Expend by Prog,Dept,Fund

Report Basis: Cash

<u>Element</u>	<u>Description</u>	<u>Account Number</u>		<u>Current Month</u>	<u>Year-To-Date</u>	<u>Budget</u>	<u>% of Bdot</u>	<u>% of Year</u>
550 PROGRAM	P&I Grant		Revenue	0.00	142,334.00-	189,326.00-	75	75
			Expend.	8,416.04	131,996.39	189,326.00	70	75
			Net	8,416.04	10,337.61-	0.00	0	75
900 PROGRAM	Emergency Preparedness		Revenue	0.00	69,357.15-	97,210.00-	71	75
			Expend.	4,443.76	69,516.87	97,210.00	72	75
			Net	4,443.76	159.72	0.00	0	75
483 DEPT	Health Education	Totals:	Revenue	20,112.58-	391,718.59-	532,505.00-	74	75
			Expend.	32,291.14	385,647.18	567,608.00	68	75
			Net	12,178.56	6,071.41-	35,103.00	17-	75
485 DEPT	Environmental Health		Revenue	1,968.00-	169,865.01-	204,100.00-	83	75
			Expend.	16,334.82	201,135.15	288,835.00	70	75
			Net	14,366.82	31,270.14	84,735.00	37	75
800 PROGRAM	Environmental		Revenue	4,657.20-	21,955.20-	26,300.00-	83	75
			Expend.	4,480.03	17,853.98	0.00	0	75
			Net	177.17-	4,101.22-	26,300.00-	16	75
809 PROGRAM	Environmental Water Lab		Revenue	1,381.24	2,981.14	0.00	0	75
			Expend.	1,381.24	2,981.14	0.00	0	75
			Net	0.00	0.00	0.00	0	75
830 PROGRAM	FDA Standardization Grant		Revenue	6,625.20-	191,820.21-	230,400.00-	83	75
			Expend.	22,196.09	221,970.27	288,835.00	77	75
			Net	15,570.89	30,150.06	58,435.00	52	75
485 DEPT	Environmental Health	Totals:	Revenue	6,625.20-	191,820.21-	230,400.00-	83	75
			Expend.	22,196.09	221,970.27	288,835.00	77	75
			Net	15,570.89	30,150.06	58,435.00	52	75
1 FUND	Health Services Fund	Totals:	Revenue	133,884.27-	2,802,913.19-	3,655,784.00-	77	75
			Expend.	257,817.07	2,629,289.40	3,645,784.00	72	75
			Net	123,932.80	173,623.79-	10,000.00-	1,736	75

Southwest Health and Human Services



Revenues & Expend by Prog,Dept,Fund

Report Basis: Cash

<u>Element</u>	<u>Description</u>	<u>Account Number</u>	<u>Current Month</u>	<u>Year-To-Date</u>	<u>Budget</u>	<u>% of Bdgt</u>	<u>% of Year</u>
5 FUND	Human Services Fund						
410 DEPT	General Administration						
0 PROGRAM	...						
			Revenue				75
			Expend.	2,590.35	116,587.91	82,029.00	142 75
			Net	2,590.35	116,587.91	82,029.00	142 75
410 DEPT	General Administration	Totals:	Revenue				75
			Expend.	2,590.35	116,587.91	82,029.00	142 75
			Net	2,590.35	116,587.91	82,029.00	142 75
420 DEPT	Income Maintenance						
0 PROGRAM	...		Revenue				75
			Expend.	116.26	1,139.54	0.00	0 75
			Net	116.26	1,139.54	0.00	0 75
600 PROGRAM	Income Maint Administrative/Overhee		Revenue	9,545.04-	2,021,597.56-	3,458,246.00-	58 75
			Expend.	113,957.18	1,167,890.86	1,507,646.00	77 75
			Net	104,412.14	853,706.70-	1,950,600.00-	44 75
601 PROGRAM	Income Maint/Random Moment Payro		Revenue				75
			Expend.	187,104.95	1,851,005.19	2,522,830.00	73 75
			Net	187,104.95	1,851,005.19	2,522,830.00	73 75
602 PROGRAM	Income Maint FPI Investigator		Revenue	0.00	34,459.00-	62,418.00-	55 75
			Expend.	4,921.16	47,607.48	62,418.00	76 75
			Net	4,921.16	13,148.48	0.00	0 75
605 PROGRAM	MN Supplemental Aid (MSA)/GRH		Revenue	11,211.51-	49,299.83-	50,000.00-	99 75
			Expend.	0.00	52,434.72	50,000.00	105 75
			Net	11,211.51-	3,134.89	0.00	0 75
610 PROGRAM	TANF(AFDC/MFIP/DWP)		Revenue	295.00-	9,468.75-	20,000.00-	47 75
			Expend.	0.00	4,020.44	20,800.00	19 75
			Net	295.00-	5,448.31-	800.00	681- 75
620 PROGRAM	General Asst (GA)/General Relief/Buri		Revenue	1,990.54-	20,662.95-	27,500.00-	75 75
			Expend.	7,549.75	162,646.11	251,000.00	65 75
			Net	5,559.21	141,983.16	223,500.00	64 75
630 PROGRAM	Food Support (FS)		Revenue	21,149.00-	382,790.24-	517,000.00-	74 75
			Expend.	9.94	8,060.07	6,600.00	122 75
			Net	21,139.06-	374,730.17-	510,400.00-	73 75

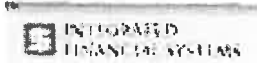
Southwest Health and Human Services

Revenues & Expend by Prog,Dept,Fund

Report Basis: Cash

<u>Element</u>	<u>Description</u>	<u>Account Number</u>		<u>Current Month</u>	<u>Year-To-Date</u>	<u>Budget</u>	<u>% of Bdtg</u>	<u>% of Year</u>
640 PROGRAM	Child Support (IVD)		Revenue	84,662.79-	1,093,232.11 -	1,686,850.00 -	65	75
			Expend.	86,508.95	844,760.78	1,089,896.00	78	75
			Net	1,846.16	248,471.33-	596,954.00-	42	75
650 PROGRAM	Medical Assistance (MA)		Revenue	214,717.54-	2,609,042.55 -	3,325,000.00-	78	75
			Expend.	280,983.87	1,717,534.13	2,517,000.00	68	75
			Net	66,266.33	891,508.42-	808,000.00-	110	75
680 PROGRAM	Refugee Cash Assistance (RCA)		Revenue	0.00	913.99-	0.00	0	75
			Expend.					75
			Net	0.00	913.99-	0.00	0	75
420 DEPT	Income Maintenance	Totals:	Revenue	343,571.42-	6,221,466.98 -	9,147,014.00 -	68	75
			Expend.	681,152.06	5,857,099.32	8,028,190.00	73	75
			Net	337,580.64	364,367.66-	1,118,824.00 -	33	75
431 DEPT	Social Services							
700 PROGRAM	Social Service Administrative/Overhea		Revenue	59,386.53-	6,817,792.89-	10,543,762.00 -	65	75
			Expend.	209,684.78	2,070,835.93	2,739,098.00	76	75
			Net	150,298.25	4,746,956.96-	7,804,664.00 -	61	75
701 PROGRAM	Social Services/SSTS		Revenue					75
			Expend.	554,005.72	5,478,866.34	7,186,678.00	76	75
			Net	554,005.72	5,478,866.34	7,186,678.00	76	75
710 PROGRAM	Children's Social Services Programs		Revenue	31,031.16-	1,546,901.56 -	1,877,040.00-	82	75
			Expend.	271,864.19	2,706,201.90	4,077,941.00	66	75
			Net	240,833.03	1,159,300.34	2,200,901.00	53	75
712 PROGRAM	CIRCLE Program		Revenue	0.00	5,000.00-	5,000.00 -	100	75
			Expend.	390.77	3,969.02	8,000.00	50	75
			Net	390.77	1,030.98-	3,000.00	34-	75
713 PROGRAM	"SELF Program" Grant		Revenue	13,525.00-	41,580.00-	54,100.00 -	77	75
			Expend.	3,097.11	24,263.00	54,100.00	45	75
			Net	10,427.89-	17,317.00-	0.00	0	75
715 PROGRAM	Childrens Walvers		Revenue	1,737.37-	67,069.33-	90,000.00 -	75	75
			Expend.	0.00	0.00	2,000.00	0	75
			Net	1,737.37-	67,069.33-	88,000.00 -	76	75
716 PROGRAM	FGDM/Family Group Decision Making		Revenue	4,563.00-	24,523.85-	56,914.00 -	43	75
			Expend.	1,682.11	14,387.71	56,914.00	25	75
			Net	2,880.89-	10,136.14-	0.00	0	75

Southwest Health and Human Services



Revenues & Expend by Prog,Dept,Fund

Report Basis: Cash

<u>Element</u>	<u>Description</u>	<u>Account Number</u>		<u>Current Month</u>	<u>Year-To-Date</u>	<u>Budget</u>	<u>% of Bdgt</u>	<u>% of Year</u>
717 PROGRAM	AR/Alternative Response Discretion F		Revenue	0.00	36,892.50-	58,390.00-	63	75
			Expend.	1,944.28	13,093.60	58,336.00	22	75
			Net	1,944.28	23,798.90-	54.00-	44,072	75
718 PROGRAM	PSOP/Parent Support Outreach Progra		Revenue	1,278.00-	9,620.00-	40,539.00-	24	75
			Expend.	312.80	2,852.58	40,539.00	7	75
			Net	965.20-	6,767.42-	0.00	0	75
720 PROGRAM	Ch Care/Ch Prot		Revenue	1,850.00-	17,250.00-	21,000.00-	82	75
			Expend.	201.60	936.70	3,000.00	31	75
			Net	1,648.40-	16,313.30-	18,000.00-	91	75
721 PROGRAM	CC--Basic Slide Fee/Cty Match to DHS		Revenue	2,739.00-	27,589.13-	38,238.00-	72	75
			Expend.	7,228.00	35,256.85	43,865.00	80	75
			Net	4,489.00	7,667.72	5,627.00	136	75
726 PROGRAM	MFIP/SW MN PIC		Revenue	1,655.00-	11,600.00-	372,000.00-	3	75
			Expend.	0.00	0.00	285,390.00	0	75
			Net	1,655.00-	11,600.00-	86,610.00-	13	75
730 PROGRAM	Chemical Dependency		Revenue	9,385.14-	207,612.62-	273,000.00-	76	75
			Expend.	28,970.00	411,235.80	519,000.00	79	75
			Net	19,584.86	203,623.18	246,000.00	83	75
740 PROGRAM	Mental Health (Both Adults/Children)		Revenue	0.00	103.95-	0.00	0	75
			Expend.					75
			Net	0.00	103.95-	0.00	0	75
741 PROGRAM	Mental Health/Adults Only		Revenue	41,753.81-	770,784.09-	1,348,451.00-	57	75
			Expend.	83,874.47	1,086,957.68	1,737,482.00	63	75
			Net	42,120.66	316,173.59	389,031.00	81	75
742 PROGRAM	Mental Health/Children Only		Revenue	11,157.80-	480,185.36-	784,100.00-	61	75
			Expend.	139,109.16	1,393,623.01	1,352,300.00	75	75
			Net	127,951.36	913,437.65	1,068,200.00	86	75
750 PROGRAM	Developmental Disabilities		Revenue	1,105.51-	561,589.19-	815,161.00-	69	75
			Expend.	24,588.64	252,412.65	389,361.00	65	75
			Net	23,483.13	309,176.54-	425,800.00-	73	75
760 PROGRAM	Adult Services		Revenue	101,990.39-	969,739.21-	1,419,500.00-	68	75
			Expend.	5,308.67	47,931.37	31,150.00	154	75
			Net	96,681.72-	921,807.84-	1,388,350.00-	66	75

Southwest Health and Human Services

Revenues & Expend by Prog,Dept,Fund

Report Basis: Cash

<u>Element</u>	<u>Description</u>	<u>Account Number</u>		<u>Current Month</u>	<u>Year-To-Date</u>	<u>Budget</u>	<u>% of Bdgt</u>	<u>% of Year</u>
765 PROGRAM	Adults Waivers		Revenue	4,305.90-	501,664.33-	702,000.00-	71	75
			Expend.	45,383.06	119,631.25	102,000.00	117	75
			Net	41,077.16	382,033.08-	600,000.00-	64	75
431 DEPT	Social Services	Totals:	Revenue	287,463.61-	12,097,498.01-	18,499,195.00-	65	75
			Expend.	1,377,645.36	13,662,455.39	19,187,154.00	71	75
			Net	1,090,181.75	1,564,957.38	687,959.00	227	75
461 DEPT	Information Systems		Revenue	5,724.50-	24,734.13-	35,554.00-	70	75
0 PROGRAM	...		Expend.	22,483.97	177,770.76	284,390.00	63	75
			Net	16,759.47	153,036.63	248,836.00	62	75
461 DEPT	Information Systems	Totals:	Revenue	5,724.50-	24,734.13-	35,554.00-	70	75
			Expend.	22,483.97	177,770.76	284,390.00	63	75
			Net	16,759.47	153,036.63	248,836.00	62	75
471 DEPT	LCTS Collaborative Agency		Revenue	0.00	191,383.00-	0.00	0	75
702 PROGRAM	LCTS		Expend.	0.00	191,383.00	0.00	0	75
			Net	0.00	0.00	0.00	0	75
471 DEPT	LCTS Collaborative Agency	Totals:	Revenue	0.00	191,383.00-	0.00	0	75
			Expend.	0.00	191,383.00	0.00	0	75
			Net	0.00	0.00	0.00	0	75
5 FUND	Human Services Fund	Totals:	Revenue	636,759.53-	18,535,082.12-	27,681,763.00-	67	75
			Expend.	2,083,871.74	20,005,296.38	27,581,763.00	73	75
			Net	1,447,112.21	1,470,214.26	100,000.00-	1,470-	75
FINAL TOTALS	1,023 Accounts		Revenue	770,643.80-	21,337,995.31-	31,337,547.00-	68	75
			Expend.	2,341,688.81	22,634,585.78	31,227,547.00	72	75
			Net	1,571,045.01	1,296,590.47	110,000.00-	1,179-	75

Social Services Caseload:

Yearly Averages	Adult Services	Children's Services	Total Programs
2016	2669	518	3187
2017	2705	604	3308
2018	2683	617	3299
2019			

2019	Adult Services	Children's Services	Total Programs
January	2687	614	3301
February	2709	593	3302
March	2667	611	3278
April	2642	612	3254
May	2649	600	3249
June	2682	568	3250
July	2611	541	3152
August	2632	561	3193
September	2658	575	3233
October			0
November			0
December			0
Average	2660	586	2434

Adult - Social Services Caseload

Average	Adult Brain Injury (BI)	Adult Community Alternative Care (CAC)	Adult Community Access for Disability Inclusion (CADI)	Adult Essential Community Supports	Adult Mental Health (AMH)	Adult Protective Services (APS)	Adult Services (AS)	Alternative Care (AC)	Chemical Dependency (CD)	Developmental Disabilities (DD)	Elderly Waiver (EW)	Total Programs
2016	13	240	12	0	298	50	829	18	396	452	362	2669
2017	12	266	12	0	315	45	828	16	422	444	343	2705
2018	11	299	14	0	282	43	880	18	353	451	331	2683
2019												

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

2019	Adult Brain Injury (BI)	Adult Community Access for Disability Inclusion (CADI)	Adult Community Alternative Care (CAC)	Adult Essential Community Supports	Adult Mental Health (AMH)	Adult Protective Services (APS)	Adult Services (AS)	Alternative Care (AC)	Chemical Dependency (CD)	Developmental Disabilities (DD)	Elderly Waiver (EW)	Total Programs
January	10	317	15	0	266	43	892	18	323	459	344	2687
February	10	317	15	0	263	48	880	18	349	461	348	2709
March	10	317	14	0	257	40	868	17	350	457	337	2667
April	9	319	14	0	257	43	882	18	306	454	340	2642
May	9	322	14	0	254	48	906	19	277	455	345	2649
June	9	322	13	0	255	51	918	19	307	452	336	2682
July	9	323	13	0	258	61	908	19	237	449	334	2611
August	9	325	13	0	264	66	895	19	260	450	331	2632
September	9	319	12	0	262	72	892	18	292	446	336	2658
October												0
November												0
December												0
	9	320	14	0	260	52	893	18	300	454	339	1995

Children's - Social Services Caseload

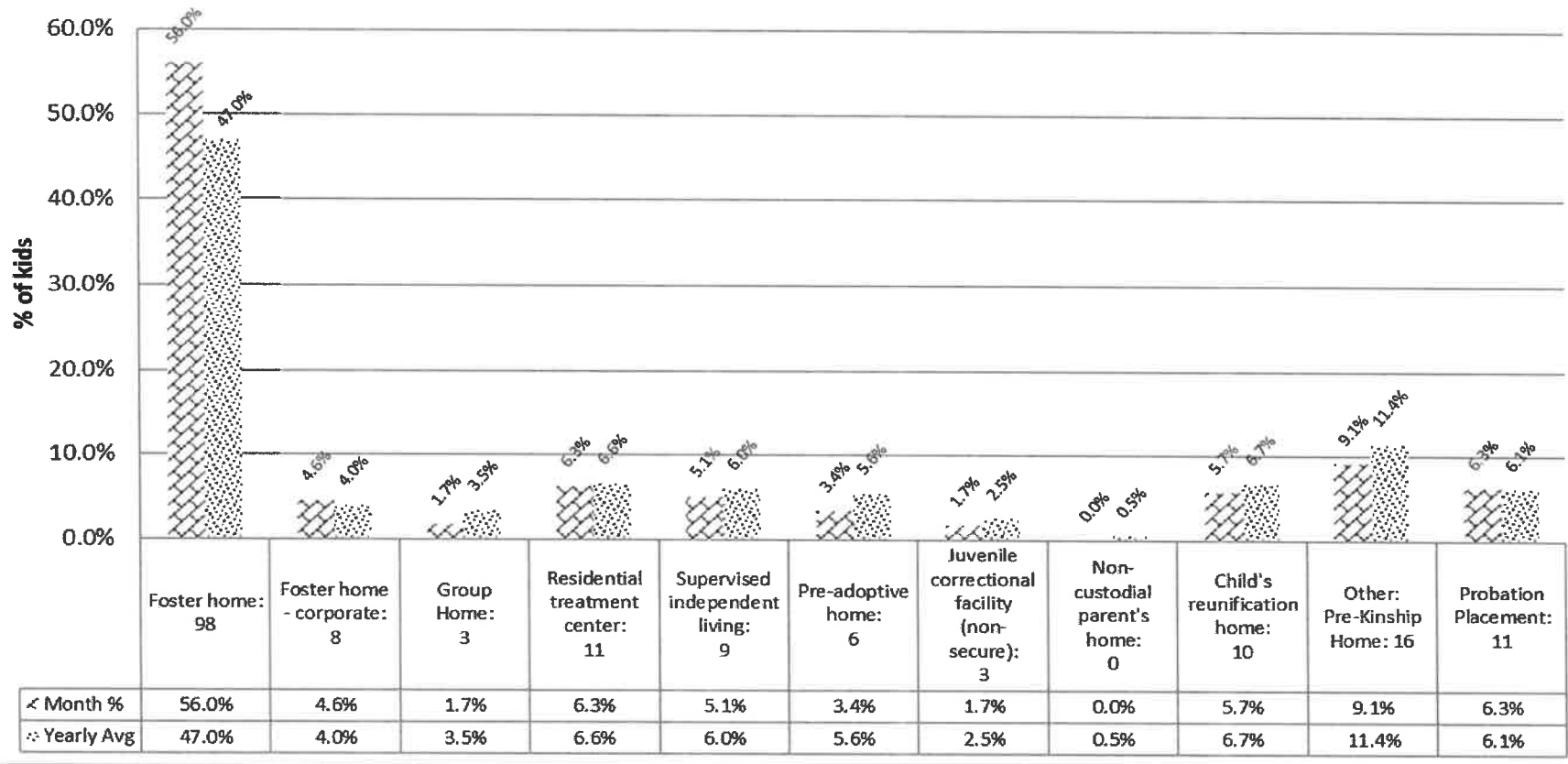
Average	Adolescent Independent Living (ALS)	Adoption	Child Brain Injury (BI)	Child Community Alternative Care (CAC)	Child Community Alternatives for Disabled Individuals (CADI)	Child Protection (CP)	Child Welfare (CW)	Children's Mental Health (CMH)	Early Intervention: Infants & Toddlers with Disabilities	Minor Parents (MP)	Parent Support Outreach Program (PSOP)	Total Programs
2016	41	17	2	5	35	175	145	86	0	0	13	482
2016	49	21	0	10	35	195	174	103	0	0	17	518
2017	46	23	0	11	40	180	182	110	0	0	25	604
2018												617

2019	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	42	21	0	11	38	165	206	98	0	0	33	614
February	39	17	0	11	38	159	197	98	0	1	33	593
March	38	18	0	11	29	180	206	101	0	0	28	611
April	32	16	0	11	39	184	205	97	0	0	28	612
May	32	17	0	11	40	182	198	97	0	0	23	600
June	32	16	0	11	44	161	179	97	0	0	28	568
July	33	16	0	11	42	151	168	94	0	0	26	541
August	33	16	0	11	43	161	170	95	0	1	31	561
September	36	17	0	11	40	172	178	88	0	1	32	575
October												0
November												0
December												0
	35	17	0	11	39	168	190	96	0	0	29	440

2019 KIDS IN OUT OF HOME PLACEMENT - BY COUNTY

	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	YTD Average	2018 Average
Lincoln	8	8	8	8	6	6	7	7	5				7	9
Lyon	40	39	38	40	43	45	41	47	43				42	44
Murray	10	12	12	10	11	10	10	8	7				10	12
Pipestone	21	22	23	25	23	24	23	27	27				24	16
Redwood	71	67	69	65	69	66	65	66	70				68	80
Rock	15	15	20	20	21	19	21	24	23				20	16
Monthly Totals	165	163	170	168	173	170	167	179	175	0	0	0		

September 2019 - Placement by Category
175 Kids in Placement



September 2019: Total kids in placement = 175

Total of 10 Children entered placement

2	Lyon	Foster Home
1	Pipestone	Foster Home
6	Redwood	Foster Home
1	Redwood	Probation

Total of 14 Children were discharged from placement (discharges from previous month)

1	Lincoln	Probation
1	Lincoln	Pre-Kinship Home
2	Lyon	Probation
1	Lyon	Supervised Independent Living
2	Lyon	Juvenile Correctional Facility
1	Lyon	Group Home
1	Murray	Probation
1	Pipestone	Supervised Independent Living
1	Redwood	Residential Treatment Facility
1	Redwood	Foster Home
1	Redwood	Probation
1	Rock	Residential Treatment Facility

NON IVD COLLECTIONS
SEPTEMBER 2019

PROGRAM	ACCOUNT	TOTAL
MSA/GRH	05-420-605.5802	11,212
TANF (MFIP/DWP/AFDC)	05-420-610.5803	295
GA	05-420-620.5803	2,587
FS	05-420-630.5803	349
CS (PI Fee, App Fee, etc)	05-420-640.5501	168
MA Recoveries & Estate Collections (25% retained by agency)	05-420-650.5803	16,272
REFUGEE	05-420-680.5803	0
CHILDRENS		
Court Visitor Fee	05-431-700.5514	0
Parental Fees, Holds	05-431-710.5501	7,357
OOH/FC Recovery	05-431-710.5803	15,188
CHILDCARE		
Licensing	05-431-720.5502	1,250
Corp FC Licensing	05-431-710.5505	600
Over Payments	05-431-721&722.5803	0
CHEMICAL DEPENDENCY		
CD Assessments	05-431-730.5519	5,107
Detox Fees	05-431-730.5520	822
Over Payments	05-431-730.5803	0
MENTAL HEALTH		
Insurance Copay	05-431-740.5803	0
Over Payments	05-431-741 or 742.5803	0
DEVELOPMENTAL DISABILITIES		
Insurance Copay/Overpayments	05-431-750.5803	0
ADULT		
Court Visitor Fee	05-431-760.5515	0
Insurance Copay/Overpayments	05-431-760.5803	9

TOTAL NON-IVD COLLECTIONS

61,217



Position Request Form

SECTION 1: Process

1. Supervisors will complete the internal position justification form and submit to their Division Director.
2. Division Director completes position request form outlining their justification for requesting a new or open position and submits to Director.
3. Executive Team will review requests. Director will make final recommendations to the SWHHS Governing Board.

SECTION 2: New Position Information

New Position Title: Public Health Nurse

Division/Unit: Public Health

New Position Replacement Permanent Temporary Promotion

Is Funding Budgeted for This Position? Yes, Budgeted No, Not Budgeted

Desired hire date: November 2019

FTE Requested: 1.0

*Attached additional sheets if necessary.

1. What will the essential functions performed by this position include?

The position will perform the grant duties for the Child & Teen Check-up (C&TC) program at about 50% of the time and Women, Infants and Children (WIC) approximately 50% of the time. Additionally, after training will be in the car seat distribution program and family home visiting.

2. Why are you recommending this position be authorized?

Public Health staff often work in multiple programs and when there is one staff missing, it essentially affects the entire PH Department. Having a staff person to do ½ WIC and ½ C&TC will allow the other staff who are currently picking up (some) of that work to be able to do the necessary work in our other programs, like Family Home Visiting, which will also generates revenue.

SWHHS is not currently fulfilling our contractual obligations related to the C&TC grant contract. Some required grant duties are not getting done or are not being done at the required level. We are also not utilizing all of the allocated C&TC grant funding. The work done through C&TC is captured immediately. If the position is not filled, grant funding through C&TC will likely be unspent, which could trigger a decrease in future grant amounts.

3. What alternatives to hiring a new position have been considered?

All staff time is documented in Nightingale Notes and, as a Supervisory team, we evaluated all PH programs and where staff are spending their time.

C&TC is integrated into our WIC clinics on a daily basis. There is extensive program cross-over, it would be difficult to do one program without the other (C&TC funds part of the WIC time during clinic visits – coordinating medical/dental transportation, health/dental referrals and follow up). The integration of our PH programs is essential to ensure staff are aware of referral possibilities and for a better continuity of care.

Other employees could possibly absorb this position, but current staffing would not allow us to complete all of the grant duties. In addition, other PH programs would be negatively impacted. Many of the indirects (rent, phone, maintenance contracts, etc.) that are reimbursed through grant are constant. Having less FTE's creates more of a burden on other programs. If those programs don't have the ability to absorb the additional costs, it gets paid through the Administrative budget.

4. Please indicate how this position will be funded? Check all that apply.

- 100% Levy
- Part Levy/Part Grant or Reimbursement
- 100% Grant or Reimbursement
- Other: [Click or tap here to enter text.](#)

5. What new or additional funding would support this position? Please identify any NEW dollars available to support this request. Grant resources already committed to existing expenditures should not be listed. Please be detailed.

What is the ROI?

This would not be new funding, but bringing the programs back up to the previous level before the position was vacated.

Each of the programs involved in this proposal has positive health implications in our communities. Data indicates that these services reduce obesity, child protection rates, and chronic disease. They also improve pregnancy outcomes and other health outcomes in children. In general, the cost savings to the community are seen for years beyond when the service occurs.

6. What would the impact be to your customers and the community if this position is not authorized?

Less Family Home Visits would occur if the position is not replaced. Each of the programs involved in this proposal has positive health implications in our communities.

In addition to our grant requirements, we have relationships with medical providers, University of Minnesota Extension, Head Start, and several other community partners. These relationships would suffer if the position isn't filled. The work we do with providers gives those we serve the needed services and we assist the providers in capturing additional revenue.

7. How does this position support the core mission of your department?

This position aligns with our Strategic Plan and SWHHS's Community Health Improvement Plan. These preventative services improve the health of our communities.

SECTION 3: Signatures

Completed by: **APPROVED**
By Kristin Deacon at 8:26 am, Oct 10, 2019 Date: _____

Division Director Signature: **APPROVED**
By carol.biren at 8:36 am, Oct 10, 2019 Date: _____

Director Signature: **APPROVED**
By Beth Wilms at 8:46 am, Oct 10, 2019 Date: _____

STIPULATION

BETWEEN
AFSCME LOCAL 1687-4 – MINNESOTA COUNCIL 65
AND
AFSCME LOCAL 2398 – MINNESOTA COUNCIL 65
AND
SOUTHWEST HEALTH AND HUMAN SERVICES

IT IS HEREBY AGREED by and between Southwest Health and Human Services (Employer) and AFSCME Locals 1687-4 and 2398 SWHHS Public Health and SWHHS Human Services (Union) that the following shall constitute the understanding reached between the parties during 2019 negotiations with regard to merging bargaining units and bargaining unit contracts.

WHEREAS, Employer and Union are parties to a collective bargaining agreement; and

WHEREAS, AFSCME Local 1687-4 has a bargaining unit contract with the Employer with a Recognition Clause stating, *“The Employer recognizes the Union as the exclusive representative for employees of the Southwest Health and Human Services, Minnesota, who perform work in Public Health who are public employees within the meaning of M.S. 179A.03, Subd. 14, excluding supervisory and clerical employees.”*; and

WHEREAS, AFSCME Local 2398 has a bargaining unit contract with the Employer with a Recognition Clause stating, *“The EMPLOYER recognizes the UNION as the Exclusive Representative for employees of Southwest Health and Human Services, Minnesota who perform work in Human Services and/or Social Services as well as all clerical employees who are public employees within the meaning of M.S. 179A.03 Subd. 14, excluding supervisory and confidential employees and employees who perform Public Health Services.”*; and

WHEREAS, AFSCME Local 1687-4 and AFSCME Local 2398 have voted in favor of merging bargaining units and bargaining unit contracts under AFSCME Local 2398; and

WHEREAS, The merged AFSCME Local 2398 shall include a Recognition Clause stating, *“The EMPLOYER recognizes the UNION as the Exclusive Representative for employees of Southwest Health and Human Services, Minnesota who perform work in Public Health and Human Services and/or Social Services as well as all clerical employees who are public employees within the meaning of M.S. 179A.03 Subd. 14, excluding supervisory and confidential employees.”*; and

NOW, THEREFORE, the parties have agreed that a merged bargaining unit contract of AFSCME Local 1687-4 AND AFSCME Local 2398 shall be adopted and it is ordered that the bargaining units referenced above are merged into AFSCME Council 65 Local 2398.

IN WITNESS THEREOF, the parties have caused this Memorandum of Agreement to be executed this _____ day of _____, 2019.

FOR AFSCME COUNCIL 65

FOR SWHHS

Local 1687-4 President

Beth Wilms, Director

Local 2398 President

Board Chairperson

FOR BUREAU OF MEDIATION SERVICES

Jan Johnson, Commissioner



2020-2021 County MFIP Biennial Service Agreement

January 1, 2020 - December 31, 2021

Enter the county's unique ID number

Contact Information

COUNTY/CONSORTIUM NAME

PLAN YEAR

CONTACT PERSON

TITLE

ADDRESS

CITY

STATE

ZIP CODE

PHONE NUMBER

EMAIL ADDRESS (where correspondence related to this form will be sent)

CONFIRM EMAIL ADDRESS



Note: Please review the 2020-2021 MFIP Biennial Service Agreement Bulletin for more details before you complete this document.

A. Needs Statement

1. Besides funding, what is the single biggest challenge you are facing in financial assistance services?

Handling caseloads, constant changes to policies, multiple systems/technology, and availability of local training.

9884 characters remaining

2. Besides funding, what is the single biggest challenge you are facing in employment services?

The Biggest Challenges facing the E & T provider staff include:

1. The increasing barriers that the customers bring to the table. The population continues to be the harder to serve customers, that really aren't work ready. More time and resources are expedited to help customers become work ready.
2. Limited funding and mental health resources to assist customers with overcoming extreme barriers. (Example: Psychological testing-2 month waiting list for the testing, and then another month for results).
3. Lack of Child Care and public transportation.
4. Child Protection issues.
5. Small town issues related to "reputations" and businesses willingness to work with customers
6. Limited English skills

9283 characters remaining

3. Identify the strengths in your community that you are most proud of that benefit MFIP/DWP families.

1. Strong community partners where we work together to achieve mutual goals.
2. Employer partners and customer opportunities (e.g. hiring, work experiences, volunteer opportunities).
3. Easy access to local community services (e.g. food shelf, free community meals, clothes, items for pregnant moms).
4. Friendliness and willingness of community members to assist.

9631 characters remaining

A. Needs Statement (continued)

3. What strengths and resources do you have available to address the needs of your participants?

Please **check all** the resources available to participants in your service area and check whether the resource is available within MFIP financial or employment services "in-house" or from a partner organization (county resources with developed connections to MFIP), and/or an external community resource or both. If you lack sufficient resources in your area, check the Resource Gaps column, even if there are some resource sources. Add any "other" resources that you consider necessary.

MFIP Resources	Partner Resources	Community Resources	Resource Gaps	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ABE/GED
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Adult/elder services
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Career planning
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Childcare funds
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Chemical health services
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Computer lab access
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Credit counseling/financial literacy
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	English Language Learner (ELL)
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food shelf
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Housing assistance
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Job club
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Job development
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Job placement
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Job retention
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Job search workshops
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Mental health services
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	On-the-job training program
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Post-secondary education planning
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Short-term training
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Supported work / paid work experience
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transportation assistance (gas cards, bus cards)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Vehicle repair funds
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Volunteer opportunities
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Youth program
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other

4. County Program Contact Information

Please name contacts for the following programs if different from the contact on the cover page. You only need to give a person's phone and email once.

MFIP EMPLOYMENT SERVICES STAFF CONTACT NAME	PHONE NUMBER	EMAIL ADDRESS
Carrie Bendix	507-476-2188	cbendix@swmnpic.org

DWP STAFF CONTACT NAME	PHONE NUMBER	EMAIL ADDRESS
Carrie Bendix	507-476-4055	cbendix@swmnpic.org

FINANCIAL ASSISTANCE SERVICES STAFF CONTACT NAME	PHONE NUMBER	EMAIL ADDRESS
Kathy Herding	507-836-6144	kathryn.herding@swmhhs.com

A. Needs Statement (continued)

Employment Services Provider(s) Information

Statute 256J.50, subdivision 8: Each county, or group of counties working cooperatively, shall make available to participants the choice of at least two employment and training service providers as defined under Minnesota Statutes, section 256J.49, subdivision 4, except in counties contracting with CareerForce Centers that use multiple employment and training services or that offer multiple services options under a collaborative effort and can document that participants have choice among employment and training services designed to meet specialized needs.

List your current employment services provider(s) and check the respective box to indicate which population served. If a CareerForce Center is the only employment services provider, list the multiple employment and training services among which participants can choose. Section G of this form addresses provider choice.

NAME		ADDRESS	
Southwest Minnesota Private Industry Council		607 W. Main, Marshall, MN 56258	
CONTACT PERSON	PHONE NUMBER	EMAIL	
Mary Mulder	507-476-4055	mmulder@swmnpic.org	
Population Served			
<input checked="" type="checkbox"/> MFIP ES	<input checked="" type="checkbox"/> DWP ES	<input checked="" type="checkbox"/> FSS	<input checked="" type="checkbox"/> Teen Parents
<input checked="" type="checkbox"/> 200% FPG			

NAME		ADDRESS	
Southwest Minnesota Private Industry Council		607 W. Main, Marshall, MN 56258	
CONTACT PERSON	PHONE NUMBER	EMAIL	
Mary Mulder	507-476-4055	mmulder@swmnpic.org	
Population Served			
<input checked="" type="checkbox"/> MFIP ES	<input checked="" type="checkbox"/> DWP ES	<input checked="" type="checkbox"/> FSS	<input checked="" type="checkbox"/> Teen Parents
<input checked="" type="checkbox"/> 200% FPG			

B. Service Models

Minnesota Family Investment Program (MFIP) and the Diversionary Work Program (DWP)

1. Do you have culturally specific employment services for different racial/ethnic groups?

No Yes *Check all that apply.*

- African American
 African immigrant
 Asian American
 Asian immigrant
 American Indian
 Hispanic/Latino
 Other

2. What strategies do you use for hard-to-engage participants? *Check all that apply.*

- Home visits
 Sanction outreach services
 Incentives
 Off-site meeting opportunities
 Other SPECIFY:

3. What types of job development do you do? *Check all that apply.*

- Sector job development
 Individual job development
 Other

4. Do you have an ongoing job development partnership or sector based job development with community employers to help participants with employment?

No Yes *Check all activities employers provide.*

- Interview opportunities
 Job skills training
 Job placement
 Job shadowing
 On-site job training
 Work experience
 Helps plan training programs
 Other

5. Do you provide job retention services to employed participants while they are receiving MFIP?

No Yes *Check all that apply.*

- Available to assist with issues that develop on the job
 Financial planning
 Soft skills training
 Mentoring
 Transportation
 Personal contact with the employee HOW OFTEN?
 Other

How long do you provide job retention services?

Less than 3 months
 3-6 months
 7-12 months
 More than one year

6. Do you provide job advancement services to employed participants?

No Yes *Check all that apply.*

- Career laddering
 Networking
 Coaching/mentoring
 Ongoing job search
 Education/training
 Other

7. Do you utilize any career pathways programs or skill assessment and credentialing programs for your participants?

No Yes *Check all that apply.*

- Pathways to Prosperity (P2P)
 Work Keys
 National Career Readiness Certificate (NCRC)
 Other SPECIFY:

B. Service Models (continued)

Family Stabilization Services (FSS)

1. Do you have professionals available to assist with FSS cases?

No Yes *Check all that apply*

- Adult Mental Health professional
- Psychologist
- Adult Rehabilitation Mental Health Services (ARMHS) worker
- Public Health Nurse
- Chemical Health professional
- Social Worker
- Children's Mental Health professional
- Vocational Rehabilitation worker
- Other

2. Do you make referrals for children of FSS participants?

No Yes *Check all that apply*

- Children's Mental Health Services
- Public Health Nurse home visiting services
- Child Wellness Check-ups
- Women, Infants and Children Program (WIC)
- Other SPECIFY:

3. Are any of these services for children offered to non-FSS families?

No Yes

Services for families no longer on MFIP/DWP but under 200% of Federal Poverty Guideline

1. Do you provide services to families who are not receiving DWP or MFIP assistance but are under 200% of the Federal Poverty Guideline (FPG)?

No Yes *Check all the services that apply*

- ABE/ELL Classes
- Job retention services
- Child care
- Referral to other programs
- Computer Lab Access
- Support Services
- GED
- Training/Job Skills Classes
- Job postings
- Other SPECIFY:

B. Service Models (continued)

Minnesota Family Investment Program (MFIP) Services for Teen Parents

1. Are there specialized workers who work primarily with teens (for example, child care worker provides child care resources to teens only)?

No Yes *Check all that apply for each age group*

Minors (under age 18)	Age 18/19	
<input type="checkbox"/>	<input type="checkbox"/>	Financial worker
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Employment service worker
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Social worker (Social Services)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Public health nurse
<input type="checkbox"/>	<input type="checkbox"/>	Child care worker
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Child protection worker
<input type="checkbox"/>	<input type="checkbox"/>	Other job role

2. Is there a single point of contact for teens, that is, one staff with primary responsibility for keeping in contact with the teen, working with the teen, and making connections to other services? Respond for each age group separately. If yes for an age group, check the one position that serves this function within that age group.

No Yes

Minors (under age 18)	Age 18/19
<input type="radio"/> Financial worker	<input type="radio"/> Financial worker
<input type="radio"/> Employment service worker	<input type="radio"/> Employment service worker
<input type="radio"/> Social worker (Social Services)	<input type="radio"/> Social worker (Social Services)
<input type="radio"/> Public health nurse	<input type="radio"/> Public health nurse
<input type="radio"/> Child care worker	<input type="radio"/> Child care worker
<input type="radio"/> Child protection worker	<input type="radio"/> Child protection worker
<input type="radio"/> Other job role	<input type="radio"/> Other job role

3. Does your county have an active partnership with the local public health agency to get teen parents enrolled and engaged in public health nurse home visiting services? *Check one for each age group.*

Minors (under age 18)	Age 18/19
<input checked="" type="radio"/> Yes, mandatory	<input checked="" type="radio"/> Yes, mandatory
<input type="radio"/> Yes, voluntary	<input type="radio"/> Yes, voluntary
<input type="radio"/> No	<input type="radio"/> No

C. Measures

Performance Measures

1. Performance-based funding is determined by a service area's annualized Self-Support Index value. Review the information and report links in this section to see the effect of performance on funding and reporting, based on Statute 256J.626, subdivision 7.

Each year a bonus to a service area's Consolidated Fund allocation will be based on its performance on the Self-Support Index in the previous April to March year.

The **three-year Self-Support Index (S-SI)**: This measure starts with all adults receiving MFIP or DWP cash assistance in a quarter and tracks what percentage of them, three years later, are no longer receiving family cash assistance or are working an average of 30 hours a week if still receiving cash assistance. Those who left MFIP after reaching 60 counted months and those who left due to 100 percent sanction are only counted as a success if they worked an average of 30 hours per week in their last month of eligibility or if they began receiving Supplemental Security Income (SSI) after family cash assistance ended. To provide fair comparisons across service areas, DHS calculates a "Range of Expected Performance" for the S-SI that is based on local caseload characteristics and economic conditions. The service area's Self-Support Index value is whether the service area was above, within, or below its expected Range.

The S-SI and Range are annualized for the four quarters in the April through March year ending in the reporting year before the funding year. See the annualized report on the MFIP Reports page on the DHS website for 2019 <https://edocs.dhs.state.mn.us/lfserver/Public/DHS-4651F-ENG>. A service area with an annualized S-SI "above" its customized Range of Expected Performance for 2019 will receive a 2.5 percent bonus added to its Consolidated Fund allocation for calendar year 2020.

[MFIP Annualized S-SI and WPR report \(PDF\)](#)

If your service area is receiving a bonus, congratulations! Please share a success strategy here:

9999 characters remaining

If your service area performed "above" or "within," you can go to item 2.

If your service area performed "below" for 2018 and performs "below" again for 2019, you then will have to **negotiate a multi-year improvement plan** with the commissioner. If no improvement is shown by the end of the multiyear plan, the next year's allocation must be decreased by 2.5 percent, to remain in effect until the service area performs within or above its Range of Expected Performance.

C. Measures (continued)

Racial/Ethnic Disparities

- 2. A **racial/ethnic disparity** for a service area is defined as a **one-year Self-Support Index** that is five or more percentage points lower for a non-white racial/ethnic group than for the white group of MFIP/DWP-eligible adults in that area. Access the report "Two-Year Performance Trends of Racial/Ethnic and Immigrant Group". This report lists (1) service areas that have any racial/ethnic disparities requiring action and (2) the table of differences for all service areas.

[Performance Measures by Racial/Ethnic or Immigrant Group \(PDF\)](#)

If your service area is in the disparity list, please answer the following question:

DHS will work with you to reduce these disparities.

What strategies and action steps for each of the groups with disparities do you plan for the coming biennium?

N/A

D. Program Monitoring/Compliance

1. What procedures do you have in place to ensure that program funds are being used appropriately as directed in law? *Check all that apply.*

- Budget control procedures for approving expenditures
- Cash management procedures for ensuring program income is used for permitted activities
- Internal policies around use of funds, i.e. participant support services
- Other

2. What procedures do you have in place to ensure program policies are followed and applied accurately? *Check all that apply.*

- Case consultation
- Sample case review by workers
- Sample case review by supervisors
- Other

If your service area has not made changes to your random drug testing policy since the last BSA, go to Section E.

3. What procedures/policies do you have in place for administering random drug tests of convicted drug felons on MFIP as required by Minnesota Statutes, section 256J.26, subdivision 1?

- Written policy within the MFIP unit
- Coordination with Corrections
- Currently establishing new policy/procedure(s)
- Other

E. Collaboration and Communication with Others

1. How many employment services front-line staff are employed in your county or consortium?

5

How many employment services front-line staff in your county or consortium have MAXIS access?

2

How many managers/supervisors have MAXIS access?

1

2. Describe the process your service area uses to identify and resolve discrepancies between MAXIS and WF1 data in areas such as Family Stabilization Services coding, employment/hours, sanction status, etc.

The ES Provider and County Staff conduct regular coordination meetings (minimum-monthly) to review current cases and determine if the data reflected in both MAXIS and WF1 match.

ES staff are provided monthly reports from DEED and the reports are utilized during the coordination meetings with the counties to assure that all cases are accounted for and that the date is accurate.

When discrepancies are identified, personnel from both the county and ES make the identified corrections on the appropriate data base (MAXIS and WF1).

In addition, status update forms are exchanged on an as needed basis (daily if necessary) to coordinate communication between both the county and the ES provider to assure that information, changed in status, and other relevant information is shared as quickly as possible, allowing for "real-time" updating of the data bases and client files.

SWMHHS and the SWMN PIC are also using MFIP Connect in the counties to help communicate with customers more effectively.

F. Emergency Services

1. Does your county provide emergency or crisis services from your Consolidated Fund?

No Yes

If yes, attach a copy of your emergency/crisis plan.

--EMERGENCY ASSISTANCE (EA), EMERGENCY GENERAL ASSISTANCE (EGA), AND MSA SPECIAL NEEDS GUIDELINES--
Section 1 – Policy Statement

- a. Resolution of the emergency must be assessed and approved in a cost effective manner.
If the emergency cannot be resolved cost effectively, the agency can deny the request.
- b. Based on available funding the Agency Director and Eligibility Supervisor may adjust eligibility and payment factors.
- c. SWHHS will work cooperatively with UCAP (United Community Action Partner), SMOC (Southwest Minnesota Opportunity Council), Heat Share, and other resources as to availability and eligibility for funding necessary to resolve the emergency.
- Section 2 – Definitions
- a. EA – Emergency Assistance Consolidated Fund (EA) meets the emergency needs of eligible households that include a child who meets the MFIP definition of minor child and/or a pregnant woman.
- b. Work Expenses – Car payments, car registration, car insurance, upkeep and repairs; phone if required by employer; gas to get to work.
- d. Basic Needs – Shelter, utilities, water heater if applicants own or are buying the home, food, work expense costs required for current employment, health insurance not reimbursed by Medical Assistance or other items which pose a direct threat to the physical health or safety of the assistance unit as determined by the county agency. Basic needs do not include TV, water softeners or phone.
- e. Personal Needs Allowance – For EA it is \$70 per member of the assistance unit. For EGA it is \$ 102 per member of the assistance unit.
- f. Work History – Client must show they have been employed for 6 out of the previous 12 months and CURRENTLY employed to have established a work history regarding the employment crisis criteria.
- Section 3 – What Emergency Assistance Can Be Used For
- a. Emergency/Crisis – Verification of eviction from a landlord/management (cannot come from a family member, if a family member runs the risk of losing their residence because client moved in; they must provide a statement from their landlord/manager), or homelessness as a result of domestic abuse or discharge from a facility. The latter would require a determination of need by social services. Verification of utility shutoff and refusal of service for fuel required (if landlord requires utilities to remain in the landlord's name, client must provide a statement from the landlord stating this along with a copy of the shut-off notice). Utility is defined as electricity, water, sewer, fuel oil, natural gas or propane. Shelter is defined as rent and/or deposit. Mortgage payments are not considered unless in a foreclosure situation or from an employment crisis.
- The emergency must require immediate financial assistance.
 - The financial assistance required by the emergency must be temporary
 - Must not exceed two months before the month of application.
- b. All eviction notices, mortgage foreclosures and utilities bills submitted for determination of emergency assistance must be in the name of the person applying for emergency assistance or a current eligible household member.
- b. Employment Crisis – This is for non-MFIP families eligible for EA who have experienced an unexpected occurrence which puts them at risk of losing their employment without assistance. Employment related expenses could be car payments, car repairs, insurance, or mortgage/rent payments if the household will be able to maintain their mortgage/rent payments after their current crisis is resolved. These expenses are all dependent on the applicant's work history.
- Section 4 – Eligibility Criteria
- a. A family member must meet the 30 day state and/or county residency requirement. No exceptions.
- b. Refusing employment or training for employment within 60 days of the application (does not apply if HH already has new employment) without good cause for employment in Minnesota must not have caused the crisis.
- c. A unit member cannot be in a sanction for any reason or be disqualified from the Cash or SNAP programs.
- d. Assistance unit is limited to EA/EGA once within 12 month period of time. Anyone in the unit receiving EGA makes the entire unit ineligible for EGA for the 12 month period.
- g. Income Limits
- EA – Gross income must be under 200% FPG in effect at the time of the application. Income to be considered is for the current month of application and the past two months. (This includes ALL household members' income).
- h. The assistance unit must be unable to resolve its crisis by combining:
- Liquid assets and assets they can liquidate in time to help (minus the household's personal needs allowance).
 - Income they will receive in time to help (minus the household's personal needs allowance).
 - Other funds for which they are eligible including applying for cash assistance and cooperating with the program requirements.
- i. The assistance unit must not have used more than 50% of its income and liquid assets for purposes other than basic needs during the two months immediately before the month of application.
- j. Assistance for moving expenses:
- Units must meet emergency eligibility criteria prior to approval.
 - Moving will resolve the emergency.
 - Expenses are prior authorized.
 - New housing is cost effective.
 - Cover costs of 1st month's rent and damage deposit. Will provide moving costs if necessary.
 - Will NOT pay last month's rent unless it is a requirement of moving in.
- k. Home Repairs:
- Units must meet the emergency eligibility criteria period to approval.
 - Unit member must own and live in the home.
 - Prior authorization is required for all repair expenses.
 - Must provide two estimates for repair costs and loan denial.
 - Must be denied by WESCAP/SMOC.
 - Vendor paid only on completion of repair and with proof of actual costs.
- Section 5 – Application Process
- a. Offer information, application and interview the same day as inquiry.
- b. Complete referral to social services as needed.
- c. Follow application process timelines as used for applications for cash assistance.
- Section 6 – Mandatory Verifications
- a. Applicant's identity.
- b. Caregiver/child relationship.
- c. Immigration status if necessary.
- d. Emergency situation and actual cost to alleviate the emergency.
- e. Income for all unit members for the application month and two prior months.
- f. Liquid assets for all unit members.
- g. Work expenses for each employed unit member.
- Section 7 – Determining Need
- a. Determine the minimum amount needed to resolve the assistance unit's emergency.
- b. Determine the amount of income and liquid assets the unit has or will have that can be applied toward the emergency. Count all income for all unit members. There are no exclusions.
- Use gross income of all unit members minus actual expenses. Actual expenses depend on the type of income and include items such as; self-employment expenses, work transportation costs, taxes, dependent care, and child support paid.
 - Count assets the unit can convert to cash in time to resolve the emergency. Do not count assets if converting them to cash creates an undue hardship for the unit.
 - Do not count assets and income the unit has or will have that they need to cover their current basic needs. The remainder is the amount the unit can apply towards the emergency.
 - If household is over 200% in any month prior to the application month, those months they are not eligible for payments to be made and any portion of the emergency related to those months MUST be paid prior to approval of emergency assistance.
 - If household is over 200% in the month of application and/or the two months prior to the application month, the household is NOT eligible.
- Section 8 – Amount of Payments
- a. EA
- The maximum amount of EA for shelter and utilities for MFIP/DWP assistance unit will be the amount needed to resolve the crisis for bills incurred during application month and 2 months prior.
 - The maximum amount of EA for an employed non-MFIP assistance unit must not exceed 2 times the amount of the MFIP transitional standard for a family of that size for bills incurred during the application month and 2 months prior.
 - EA may be used if immediate action is needed to protect the life or health of a child and non-payment could result in out-of-home placement of child.

G. Other

Administrative Cap Waiver

Minnesota Family Investment Program (MFIP) allows counties to request a waiver of the MFIP administrative cap (currently at 7.5%) for providing supported employment, uncompensated work or community work experience program for a major segment of the county's MFIP population. Counties that are operating such a program may request up to 15% administrative costs.

If your county is interested in applying for the waiver for the coming biennium, please complete the following four questions.

1. Describe the activity(s) you will provide.

4000 characters remaining

2. Explain the reasons for the increased administrative cost.

4000 characters remaining

3. Describe the target population and number of people expected to be served.

4000 characters remaining

4. Describe how the unpaid work experience is designed to impart skills and what steps are taken to help participants move from unpaid work to paid work.

4000 characters remaining

G. Other (continued)

Addendum for Unpaid Work Experience Activities

If your county is providing unpaid work experience activities for MFIP participants, please fill out the Unpaid Work Experience Form. Email the completed form to Tria.Chang@state.mn.us

Provider Choice

Does your county:

- Have at least two employment and training services providers. Go to Section H.
- Have a CareerForce center that provides multiple employment and training services, offers multiple services options under a collaborative effort and can document that participants have choice among employment and training services designed to meet specialized needs. Go to Section H.
- Intend to submit a financial hardship request.

G. Other (continued)

Financial Hardship Request

FINANCIAL HARDSHIP - Exception to Choice of Employment Service Providers Requirement

MFIP provisions require counties to make a choice of at least two employment service providers available to participants unless a workforce center is being utilized (Minnesota Statutes, section 256J.50, subdivision 8). Counties may request an exception if meeting this requirement results in a financial hardship (Minnesota Statutes, section 256J.50, subdivision 9).

A financial hardship is defined as a county's inability to provide the minimum level of service for all programs if a disproportionate amount of the MFIP consolidated fund must be used to cover the costs of purchasing employment services from two providers or the cost of contracting with a workforce center.

To request approval of a financial hardship exception from the choice of provider requirement, please provide the following information.

1. If the county had a choice of providers in calendar year 2019, describe:
 - factors that have changed which indicate a financial hardship
 - why the hardship is expected to persist in the near future and
 - the magnitude of the hardship, which makes limiting delivery of employment services the best financial option for the county.

2000 characters remaining

2. Summarize options explored by the county, including use of other partners in a workforce center or other community agencies, such as a Community Action Program or a technical college. The summary should also include:
 - major factors which prevent the county from utilizing these options and include a cost analysis of each option considered; and
 - the process used to determine the cost of other options (RFP or other county process).

2000 characters remaining

3. If the county proposes to directly deliver MFIP employment services, provide a budget and staffing plan that clearly indicates consolidated funds will not be used to supplant county funds. The description should include information about what steps will be taken to ensure that county staff have the experience and skills to deliver employment services.

2000 characters remaining

The Department of Human Services (DHS) and the Department of Employment and Economic (DEED) will also review the amount budgeted by the county for employment and training during calendar year 2019 and use this amount as a guide to determine whether the amount budgeted by the county for calendar year 2020 is reasonable.

If a financial hardship is approved, DHS and DEED will closely monitor county programs to ensure outcomes are achieved and services are being delivered consistent with state law.

H. Budget

Click on the link below to review your service area's 2020 MFIP allocation and Federal Funding Sources:

[MFIP Consolidated Fund \(PDF\)](#)

In the budget table, indicate the amount and percentage for each item listed for the budget line items for calendar years 2020-2021.

Also note:

- Refer the 2020-21 Minnesota Family Investment Program (MFIP) Biennial Service Agreement (BSA) Guidelines Bulletin section, "Allowable Services under MFIP Consolidated Fund."
- Total percent must equal 100.
- MFIP administration is capped at 7.5 percent unless the county is approved for an administrative cap waiver. To apply for the administrative cap waiver, respond to the questions in Section G under Administrative Cap Waiver.
- The percentage of Employment Services DWP budget should be significantly less than, the Employment Services MFIP budget.
- Income maintenance administration is reasonable in comparison to the whole budget.
- Ensure the Emergency Assistance/Crisis Services plan is included if funds are allocated.
- If "other" is used, briefly state or describe the line item. "Other" expenditures include any costs that are not related to administering MFIP, DWP or Emergency program services or atypical costs. All services must be an allowable service under the MFIP Consolidated Fund.
- Email Brandon Riley at brandon.riley@state.mn.us, if you need assistance or have questions with the budget section.

2020 Budget

Budgeted Amount	Percent	Line Items
147,174.00	17.57%	Employment Services (DWP)
343,405.00	41.00%	Employment Services (MFIP)
80,000.00	9.55%	Emergency Services/Crisis Fund
56,824.00	6.78%	Administration (cap at 7.5%)
210,248.00	25.10%	Income Maintenance Administration
	0.00%	Incentives (Include the total amount of funds budgeted for participant incentives but don't include support services here)
	0.00%	Capital Expenditures
	0.00%	Other 1 <input type="text"/>
	0.00%	Other 2 <input type="text"/>
\$837,651.00	100.00%	Total

2021 Budget

Budgeted Amount	Percent	Line Items
147,174.00	19.43%	Employment Services (DWP)
343,405.00	45.32%	Employment Services (MFIP)
	0.00%	Emergency Services/Crisis Fund
56,824.00	7.50%	Administration (cap at 7.5%)
210,248.00	27.75%	Income Maintenance Administration
	0.00%	Incentives (Include the total amount of funds budgeted for participant incentives but don't include support services here)
	0.00%	Capital Expenditures
	0.00%	Other 1 <input type="text"/>
	0.00%	Other 2 <input type="text"/>
\$757,651.00	100.00%	Total

Certifications and Assurances

Public Input

Prior to submission, did the county solicit public input for at least 30 days on the contents of the agreement?

No Yes

Was public input received?

No Yes

If received but not used, please explain.

4000 characters remaining

Assurances

It is understood and agreed by the county board that funds granted pursuant to this service agreement will be expended for the purposes outlined in Minnesota Statutes, section 256J; that the commissioner of the Minnesota Department of Human Services (hereafter department) has the authority to review and monitor compliance with the service agreement, that documentation of compliance will be available for audit; that the county shall make reasonable efforts to comply with all MFIP requirements, including efforts to identify and apply for available state and federal funding for services within the limits of available funding; and that the county agrees to operate MFIP in accordance with state law and federal law and guidance from the department.

Counties may use the funds for any allowable expenditures under subdivision 2, including case management outlined in Minnesota Statutes, section 256J.

Counties or Tribes (and all tiers of subgrantees) must use the U.S. Office of Management and Budget (OMB) Uniform Grant Guidance, Code of Federal Regulations, title 2, subtitle A, chapter II, part 200, as applicable (including modifications) in the administration of all DHS federal and/or state funded grants. https://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title02/2cfr200_main_02.tpl

This allocation is funded with 8% state funds and 92% federal TANF funds and paid quarterly. The catalog of Federal Domestic Assistance (CDFA) Number is 93.558 – Temporary Assistance for Needy Families (TANF).

The Award number for the period of January 1, 2020 – December 31, 2021 will be published with the MFIP Consolidated Fund Calendar Year 2020 and Calendar Year 2021 Allocation with Performance Bonus.

Service Agreement Certification

Checking this box certifies that this 2020-2021 MFIP Biennial Service Agreement has been prepared as required and approved by the county board(s) under the provisions of Minnesota Statutes, section 256J. In the box below, state the name of the chair of the county board of commissioners or authorized designee, their mailing address and the name of the county.

DATE OF CERTIFICATION	NAME (CHAIR OR DESIGNEE)	COUNTY
10/16/2019	Charles Sanow	Southwest Health & Human Services
MAILING ADDRESS	CITY	STATE ZIP CODE
607 W Main St - Ste 100	Marshall	MN 56258

If your county agency is unable to complete your BSA by October 15, 2019 you will need to request an extension. Please email Tria.Chang@state.mn.us to provide additional information about why you were not able to compete this form and when you expect to submit the form by.

Save or Submit

To save your work, click the 'Save Form for Later' button. Your information will be saved, and you may finish the form later.

To submit your information to DHS, click the 'Submit Final Form' button.

**SOUTHWEST HEALTH AND HUMAN SERVICES
PERSONNEL POLICY NUMBER 20**

EFFECTIVE DATE: 01/01/11

REVISION DATE: 01/01/16; 06/21/17; 12/20/17;10/16/19

AUTHORITY: Southwest Health and Human Services Joint Governing Board
IR-2011-93

--- Cell Phone Allowance Policy ---

Section 1 - Policy Statement

- a. Southwest Health and Human Services is committed to providing employees the tools and resources they need to perform their job responsibilities successfully. Employees whose position requires them to have accessibility may receive extra compensation, in the form of an allowance, to cover business-related costs. The requirement of accessibility can include the need for a cell phone. This policy is intended to meet the need to require access, while promoting good stewardship of the agency's resources. Employees who receive this allowance are expected to reply promptly to phone calls, texts, or emails (if reimbursed for a personal cell phone).

Section 2 - Applicability

- a. This policy applies to positions which require the incumbent to have access to complete the responsibilities of his/her position. The requirement of accessibility must be included on the job profile for the position and approved by the individuals in the position's reporting structure, including the Agency Director. To be eligible, the position must meet one of three conditions: business travel, daily/after-hours communication or emergency contact. The conditions are described in the Definitions section below.

Section 3 - Definitions

- a. **Wireless communication devices**
 - 1. Equipment used as to obtain access and can include a cell phone.
- b. **Allowance**
 - 1. The allowance is a set dollar amount. The approved allowance will be paid to the employee via the payroll process. The allowance does not constitute an increase to base pay, and therefore, will not be included in any percentage calculations for benefits or pay adjustments. The allowance is considered non- taxable income, in accordance with IRS regulations.
- c. **Conditions**
 - 1. **Business Travel**

The need for constant use of a cell phone for an employee who must frequently travel to do business, and needs to remain in touch with others for business purposes.

**SOUTHWEST HEALTH AND HUMAN SERVICES
PERSONNEL POLICY NUMBER 20**

2. **Daily/After-Hours Communication**
The need for constant and immediate communications throughout the day (if your position requires you to be away from your desk frequently) or after hours for an employee whose position, the significant portion of which, supports or is otherwise responsible for programs, services, or systems.
3. **Emergency Contact**
The requirement to be available for emergency contact as an employee whose duties require them to be immediately contacted, anywhere, anytime (24/7).

Section 4 - Program Guidelines

- a. Cell phones should not be selected as an alternative to other means of communications – e.g., land-lines, and work computers with internet access – when such alternatives would provide adequate but less costly service to the agency.

Section 5 - Security

- a. All cell phones that download information from the agency network such as email or calendar must have Director's approval.
- b. Note: If the employee's job description does not include the need for a cell phone, then the employee is not eligible for an allowance.
- c. Additionally, cell phones are available to check out for employees who are traveling for business and need to be available for client services, contacting a supervisor, or for safety when traveling out of town or to a non-public location such as a client's home.
- d. Any exceptions to this policy must be approved by either the Deputy Director or the Agency Director.
- e. If an employee's phone downloads information from the agency network such as email or calendar is lost, stolen, no longer being used, given to family member, etc., the employee must notify their supervisor immediately. The supervisor will in turn notify IT. If the phone is still in the employee's possession, they must give the phone to IT to be cleared of agency information. If the phone is lost or stolen, IT will attempt to wipe the phone remotely.

Section 6 - Equipment

- a. The employee must purchase the equipment and own it personally. The employee may, at his or her own expense, add extra services or equipment features, as desired.
- b. The IT department should also be contacted to discuss equipment compatibility.

**SOUTHWEST HEALTH AND HUMAN SERVICES
PERSONNEL POLICY NUMBER 20**

- c. Because the cell phones are owned personally by the employee, the employee may use the device for both business and personal purposes.

Section 7 - Allowance

- a. The monthly cell phone allowance is \$35.00. Qualifying job requirements include frequent travel, daily/off hours communication, 24/7 emergency contact, and required access of email and calendar. Qualifying employees must complete the Cell Phone Allowance Request Form (AG #014) that is available on SharePoint and obtain the appropriate signatures which include their Supervisor or Director. The approved form, copy of their most recent cell phone bill, and job description should be sent to Human Resources.
- b. It is the supervisor's responsibility to review the cell phone needs in his or her department on at least an annual basis. Human Resources must be notified of any changes or discontinuations during the year.
- e. The allowance expires at the end of each fiscal year. A new form AG #014 must be completed and sent to Human Resources along with a copy of his or her most recent cell phone bill in order to continue receiving the monthly cell phone allowance.

This policy sunsets on October 16, 2019.

Agency Form Regarding This Policy:

Ag#014 –Cell Phone Allowance Request Form

**SOUTHWEST HEALTH AND HUMAN SERVICES
PERSONNEL POLICY NUMBER 12**

EFFECTIVE DATE: 11/16/11

REVISION DATE: 10/01/19

AUTHORITY: Southwest Health and Human Services Joint Governing Board

--- ON-CALL FOR ADULT AND CHILDREN'S SERVICES ---

Section 1 - Purpose

- a. To assist the agency in providing 24-hour, seven days per week adult and children's services for crisis assistance as needed by law enforcement, providers and consumers.

Section 2 - Procedures

- a. The sign up for on-call will be determined by each department.
- b. On-call responsibilities will typically be from 4:30 p.m. Tuesday until 8:00 a.m. the following Tuesday.
- c. On-call worker will bill the agency at \$25 per day or \$50 per day on designated holidays as listed in the CBA.
- d. On-call worker will be responsible to make sure there is coverage once the schedule is set (trading is allowed). If you are on-call and will be out of the area (workshop, travel, etc.), please be prepared to cover calls or arrange with another worker to cover for you. If an on-call worker takes a call or is called out to work, compensatory time is to be earned at time and a half (1.5).
- e. Calls received during on call weeks for adult services must be entered into the on-call log, which is in the Adult Services shared folder. Calls for children's services will be entered into SSIS.
- f. On-call Child Protection (CP) Social Services Supervisor will bill the agency at \$15 per day or \$30 per day on designated holidays as listed in the CBA. If an on-call CP Social Services Supervisor takes a call or is called out to work, compensatory time is to be earned at straight time.

Section 3 - Responsibilities

- a. On-call worker will be responsible to pass on the on-call bag in good condition

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(i.e., phone charged, information updated, past work/information removed, etc.).

- b. On-call workers will be responsible to keep the cell phone on at all times during non-office hours. It is expected that the on-call worker will answer the on-call phone immediately. If unable to answer immediately, calls will be returned within fifteen (15) minutes. At the beginning of assigned week, call the on-call phone to assure it is in working order. It is the worker's responsibility to notify law enforcement of alternative ways to reach them if cell reception at their home is unreliable.
- c. On-call workers are responsible to provide emergency services for all adult and children services concerns. It is anticipated that the vast majority of the concerns can be handled over the telephone.

1. Adult Services

- ~~It is not the responsibility of the on-call worker to take CEP reports; that remains the responsibility of the law enforcement of each county when the offices are closed.~~
- All reports of Maltreatment of a Vulnerable Adult should be directed to call the State of Minnesota Common Entry Point/Minnesota Adult Abuse Reporting Center or MAARC at 1-844-880-1574. Law Enforcement remains the lead for APS emergency's after hours.

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2. Children Services

- ~~Reports of maltreatment will be assessed to the point of safeguarding the child. It is anticipated that the on-call worker will assist foster parents or other facility staff to resolve crisis regarding children from our agency. It is anticipated that each child's agency worker will support the decision the on-call worker might make regarding their particular client. It is also expected that all children services workers will make a good faith effort to anticipate crisis in existing caseloads and resolve such during the work week. Enter a crisis plan or notify the on-call worker on each case where off hour problems are anticipated.~~
- Reports of child maltreatment must be screened with a Child Protection supervisor or designee immediately. It is anticipated that the on-call worker will assist foster parents or other facility

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staff to resolve crisis regarding children from our agency. It is anticipated that each child's agency worker will support the decision the on-call worker might make regarding their particular client. It is also expected that all children services workers will make a good faith effort to anticipate crisis in existing caseloads and resolve such during the work week. Enter a crisis plan or notify the on-call worker on each case where off hour problems are anticipated.

Agency Forms Regarding This Policy:

AG#100 – For Non-Overnight Meals and On-Call

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PERSONNEL POLICY NUMBER 3**

EFFECTIVE DATE: 01/01/11

REVISION DATE: 10/21/15; 02/17/16; 01/18/17; 04/18/18; 11/28/18; 02/28/19

AUTHORITY: Southwest Health and Human Services Joint Governing Board

- - -LEAVES AND HOLIDAYS- - -

Section 1 – Vacation Leave

- a. Each permanent , trainee, parttime or probationary employee shall earn vacation on the last working day of each payroll period, but this vacation cannot be used until the first working day of the following payroll period.
- At initial hire, staff will earn 3.7 hours of vacation bi-weekly.
 - At 5 years of service, staff will earn 5.55 hours of vacation bi-weekly.
 - At 10 years of service, staff will earn 6.45 hours of vacation bi-weekly.
 - At 15 years of service, staff will earn 7.35 hours of vacation bi-weekly.
- b. Vacation leave will be prorated for part-time employees. Part-time employees, or employees whose status has changed from part-time to full-time (or vice-versa), are not eligible for automatic increases based upon years of service. Any increase in vacation leave is based upon total months of service.
- c. Vacation leave can accumulate to a maximum of 224 hours. No time is accumulated after reaching the maximum. Vacation leave cannot be used during the first three months of full-time equivalency service. When taking vacation leave, the minimum increment that can be used is one-half hour. Vacation leave cannot be used until it is earned.
- d. Requests for vacation leave must be made to the employee’s supervisor in writing and must be authorized in advance by the supervisor in writing. In the absence of the employee’s supervisor, the request may be made to another supervisor in the agency.
- e. Upon voluntary separation of employment, any employee who has six (6) months of satisfactory service will be paid for any accrued vacation leave that has not been used. Employees may not use more than three (3) days during the last two weeks of employment. Employees terminated for misconduct shall not be entitled to be paid accrued unused vacation leave. This shall not apply to employees terminated for poor work performance.
- f. Employees who were previously employed by Lincoln, Lyon, and Murray Human Services and Lincoln, Lyon, Murray, and Pipestone Public Health or a County that becomes a member of Southwest Health and Human Services, shall maintain their seniority dates from their initial employment, so long as there was no interruption in

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continuous employment from their prior employer and Southwest Health and Human Services.

Section 2 – Medical Leave

- a. Each permanent, trainee, parttime or probationary employee shall earn medical leave at the end of the payroll period at the rate of 3.7 hours. Medical leave will be prorated for part-time employees. Medical leave can accumulate to a maximum of 450 hours. No time is accumulated after reaching this maximum. Medical leave may not be used in the payroll period it is earned.
- b. When taking medical leave, the minimum increment that can be used is one-half hour. In addition, the agency may designate any qualifying leave for employee or family medical purposes, paid or unpaid, as counting toward an employee's FMLA entitlement (FMLA § 825.208).
- c. Medical leave may be used for illness (self and immediate family), injury, medical and dental appointments. Immediate family shall be as allowed by state statute MN 181.9413 which currently allows for employee's child, as defined in section MN 181.940, subdivision 4, adult child, spouse, sibling, parent, mother-in-law, father-in-law, grandchild, grandparent, or stepparent. Medical leave may be used for reasons of prenatal and postnatal care for the length of time prescribed, and verified in writing, by a physician.
- d. When an employee cannot report to work due to an illness the employee shall notify the receptionist so the employee's calendar can be updated. The receptionist should then notify the supervisor so that unit coverage is ensured.
- e. When illness occurs within a period of vacation leave, the period of illness may be charged as medical leave and the charge against vacation leave reduced accordingly.
- f. No employee will be paid for accrued medical leave at the time of separation, except those employees in the Public Health Collective Bargaining Unit. Payment of unused medical leave will be paid out to the Public Health Collective Bargaining Unit as per the Collective Bargaining Agreement.
- g. The employer may require medical documentation when three days of leave are used within a thirty (30) day period. Such documentation may consist of verification of doctor's or dental appointments without disclosure of diagnosis. The employer reserves the right to request additional information, including medical information, in the event that there is a pattern indicating the possible abuse of sick leave.
- h. Medical leave due to preplanned medical appointments must be approved by the

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employee's supervisor in the same manner as vacation.

- i. If any employee receives a compensable injury and has benefits accrued under sick leave, the employee may at his/her option, request and receive sick leave to supplement the difference between his/her regular pay and Worker's Compensation. The total amount paid to the employee will not exceed his/her regular earnings.

Section 3 – FMLA Leave

- a. An "eligible employee" is an employee of a covered employer who:
 - 1. Has been employed by the employer for at least 12 months, and
 - 2. Has been employed for at least 1,250 hours of service during the 12-month period immediately preceding the commencement of the leave,
- b. Eligible employees may take leave for:
 - 1. The birth of a child;
 - 2. The placement of a child for adoption or foster care;
 - 3. To care for the employee's spouse, son, daughter or parent with a serious health condition;
 - 4. A serious health condition that renders the employee unable to perform the functions of his/her job;
 - 5. To care for the employee's spouse, son, daughter, parent, or next of kin with a serious injury or illness incurred during active duty military service;
 - 6. For the purposes of FMLA leave, "child" is defined as a biological, adopted or foster son or daughter, stepchild, legal ward, or a child of a person standing in loco parentis who is: (a) under the age of 18 years; or (b) 18 years of age or older and incapable of self-care because of mental or physical disability.

c. Requesting Leave

Eligible employees seeking to use FMLA leave shall be required to provide written notice to the Human Resources, except in emergency circumstances, when oral notice may be given:

- 1. 30-day advance notice the need to take FMLA leave when the need is foreseeable;
- 2. notice "as soon as practicable" when the need to take FMLA leave is not

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foreseeable ("as soon as practicable" generally means at least verbal notice to the employer within one or two business days of learning of the need to take FMLA leave);

3. sufficient information for the employer to understand that the employee needs leave for FMLA-qualifying reasons (the employee need not mention FMLA when requesting leave to meet this requirement, but may only explain why the leave is needed); and
4. where the employer was not made aware that an employee was absent for FMLA reasons and the employee wants the leave counted as FMLA leave, timely notice (generally within two business days of returning to work) that leave was taken for an FMLA-qualifying reason.

d. Designation

1. The agency may designate an employee's absence from work FMLA leave if the circumstances giving rise to the leave is FMLA qualifying. The Agency will notify the employee that the leave is being designated FMLA leave. The Human Resources shall complete the appropriate FMLA designation forms in a timely manner (within five days of the leave commencing whenever possible) and forward them to the employee. The Supervisor is responsible for notifying the Human Resource of leaves of three days or more or intermittent leaves which may be FMLA qualifying.
2. The Human Resources is responsible for completing the "Employer Response to Employee Request for FMLA Leave" form and related forms in all circumstances in which an employee qualifies for leave under the FMLA, whether or not the employee specifically requests such a FMLA leave. (e.g. when an employee is on medical leave which also qualifies under FMLA, when an employee is unable to request a leave due to a medical condition, etc.). The original shall be provided to the employee and a copy retained by the Human Resources in a "confidential medical file" for the employee, which shall be separate from the employee's personnel file. All medical certifications shall also be retained in that file.

e. Child leave shall begin at a time requested by the employee, but may begin not more than twelve months after the birth or adoption, except in the case where the child must remain in the hospital longer than the mother, the leave may not begin more than six weeks after the child leaves the hospital.

f. During FMLA leave, the employee will be required to use any available earned, accumulated leave. However, staff may hold up to 37.5 hours of medical and/or vacation leave to be available upon return from leave. Employees will provide written notification to their supervisor and Human Resources of their intent to bank medical

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and/or vacation leave prior to FMLA leave. When the reason for the FMLA leave qualifies under the "Medical Leave" section of this policy for either the employee or an eligible family member, then earned, accumulated medical leave must be used. If the reason for FMLA leave does not qualify for use of medical leave, then any accumulated vacation leave must be used before leave without pay will be authorized. An employee shall continue to be eligible for paid holidays while on approved FMLA.

- g. For as long as an employee is on FMLA leave the agency will make its cafeteria contribution towards health insurance.
- h. The agency will require that an employee's FMLA leave be supported by appropriate documentation.
 - 1. For the employee's serious health conditions, the leave must be supported by a certification issued by the health care provider of the employee. The agency will notify the employee, in writing, that such certification is required. The certification shall contain all of the information permitted by law. Failure of the employee to submit complete Certification of Health Care Provider forms, with all information, may result in a denial of FMLA leave.
 - 2. The employee must provide the medical certification within fifteen (15) days of a request for certification.
 - 3. The agency will also require medical certification from the eligible family member's health care provider to support a leave request for a leave to care for an eligible family member. In cases where the employee's use of FMLA leave to care for an immediate family member is of an intermittent nature, a medical certification will be required verifying this fact during each 12-month period in which the employee uses FMLA leave for this purpose.
 - 4. Other appropriate documentation, including military records, verification of adoption and similar records, may be required by the employer.
- i. Second Opinion
 - 1. In General - In any case in which the employer has reason to doubt the validity of the certification provided by the health care provider, the employer may require, at the expense of the employer, that the eligible employee obtain the opinion of a second health care provider designated or approved by the employer concerning any information certified by the employee's health care provider.
 - 2. Limitation - Health care provider designated or approved under paragraph (1) shall not be employed on a regular basis by the employer.
 - 3. Resolution of Conflicting Opinions

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- In General – In any case in which the second opinion differs from the opinion in the original certification provided, the employer may require, at the expense of the employer, that the employee obtain the opinion of a third health care provider designated or approved jointly by the employer and the employee concerning the information certified.
 - Finality – The opinion of the third health care provider concerning the information certified shall be considered to be final and shall be binding on the employer and the employee.
4. Subsequent Recertification - The employer may require that the eligible employee obtain subsequent re-certifications on a reasonable basis.
 5. In cases where the employee’s use of FMLA leave is of an intermittent nature, a medical certification will be required verifying this fact during each 12-month period in which the employee uses FMLA leave.
- j. As a condition of restoring an employee whose FMLA leave was occasioned by the employee's own serious health condition that made the employee unable to perform the employee's job, Southwest Health and Human Services will require all employees who are certified for FMLA leave obtain and present certification from the employee's health care provider that the employee is able to resume work.
- k. For additional information refer to “Family and Medical Leave Act” (FMLA) U.S. Department of Labor website.

Section 4 Parenting Leave

- a. A parental leave of up to 12 weeks shall be granted to a natural parent or adoptive parent, who requests such leave in conjunction with the birth or adoption of a child. To be eligible, the employee must have been employed for at least 1 year at half time. The 12 weeks of leave shall include any period of paid leave already provided. The employee shall be required to use all eligible paid leave during the parental leave period. This policy is provided for those employees who do not meet eligibility requirements under the Family Medical Leave Act and shall not be construed as being in addition to FMLA rights.
 - The leave must begin no later than 6 weeks following the birth or adoption.
 - The employee may continue all group insurance during the leave at the employee’s expense.

Section 5 – Statutory Leaves

- a. Employees are entitled to certain statutory leaves under state and federal law. In order to request such leaves, the employee must make a written request to their immediate

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supervisor and the Deputy Director/Human Resources Director. Leaves may be granted or denied based upon whether the employee qualifies for the statutory leave(s); the employee has made the request for leave in a timely manner and provided the appropriate documentation.

- b. Such statutory leaves include such leaves as military leaves, voting leave, bone marrow donation leave and school conference leave.

Section 6 – Educational Leave

- a. An employee may request an educational leave without pay or benefits, not to exceed 2 years, by presenting the following written documents to their supervisor who will submit it to the Board for approval:
 - Letter of request
 - Any other material felt necessary to support the request
- b. The Southwest Health and Human Services Governing Board has the sole discretion to approve or deny such leave as it sees fit.

Section 7 – Jury or Witness Duty

- a. After notice to his/her supervisor, any employee shall be granted leave with pay for service upon a jury or appearance before a court, legislative committee, or other judicial or quas-judicial body as a witness in an action involving the federal government, State of Minnesota, or a political subdivision thereof, in response to a subpoena or other direction by proper authority.
- b. The employee will be required to turn over to the agency any per diem payment received as a result of serving on a jury or as a witness. Monies received as expenses shall be kept by the employee.

Section 8 – Bereavement Leave

- a. Each employee shall have up to 22.5 hours non-cumulative annual bereavement leave. Each employee shall have an additional 5 days (37.5 hours) noncumulative bereavement leave for immediate family (parent/child/spouse). Such days shall be with pay and shall not be deducted from medical leave or vacation balances. Such leave must be taken in a minimum of 1/2 hour (.5) hour increments.
- b. Upon exhaustion of the non-cumulative bereavement leave and approval of their supervisor, an employee may use up to three (3) days of medical leave for bereavement of parents, children, spouse, siblings, legal wards, grandparents, grandchildren, aunts,

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uncles nieces, nephews, cousins, spouse's parents and in-law relatives.

- c. Reasonable agency time without loss of pay will be allowed to attend a funeral of current staff members or former staff members who left the agency within the last two years.
- d. In the event of a death in the family the employee shall inform the supervisor in the same manner as for medical leave.

Section 9 – Holidays

- a. An employee must be in pay status the day preceding and the day following a holiday to earn holiday pay. Holiday pay for part-time employees or employees who are in leave without pay status will be prorated.

If a holiday falls on a Saturday the holiday will be observed on Friday, if a holiday falls on a Sunday the holiday will be observed on Monday.

- b. New Year's Day
Martin Luther King Day
President's Day
Memorial Day
Independence Day
Labor Day
Veteran's Day
Thanksgiving Day
Day after Thanksgiving
Christmas Eve Day at noon if December 24th falls on Tuesday, Wednesday, or Thursday
If Christmas Eve falls on a Monday, then the full day holiday is observed
Christmas Day

Section 10 – Leave Without Pay

- a. Up to 37.5 hours of leave without pay per calendar year can be approved by the employee's direct supervisor. The supervisor in his/her discretion has the authority and responsibility to deny a leave request when such a request could have negative effect on the service delivery of the agency.
- b. Whenever an employee requests leave without pay under the total of 37.5 hours per calendar year, the Leave Without Pay/Overtime Authorization (AG#006) must be completed and given to the supervisor. The supervisor will then give it to the Director for final approval. Salary, vacation, holiday, and medical leave (earned) will be prorated

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in the same manner as for part-time employees. Health insurance coverage will not be affected unless the employee takes leave without pay in excess of 37.5 hours per calendar year.

- c. Leave without pay of more than 37.5 hours per calendar year will be reviewed and approved/denied by a sub committee made up of the Chairperson of each Board, Director, Deputy Director/HR, employee's immediate supervisor, and Division Director except when the leave is FMLA qualifying. An employee must make written application to Human Resources setting forth the request for the leave, the requested duration of the leave and the circumstances necessitating the leave. The request must be received prior to the commencement of the leave. Southwest Health and Human Services has the sole discretion to approve or deny such leave as it sees fit.
- d. Leave without pay will only be considered if all eligible accrued leave has been exhausted.
- e. Any unauthorized absence from work shall be considered absence without leave and be subject to disciplinary action and time without pay. Three days of absence without authorization may be deemed as a resignation, but such leave may be covered by subsequent approval of leave if conditions warrant.

Agency Forms Regarding This Policy

AG#006 - Leave Without Pay/Overtime Authorization



SOUTHWEST HEALTH & HUMAN SERVICES

Southwest Health and Human Services Comprehensive Civil Rights Plan (CCRP)

Southwest
Health and
Human Services
607 W. Main
Suite 100
Marshall, MN
56258
507-637-6747

MN Relay Service: 711 or (800) 627-3529

Civil Rights Coordinator: Beth Wilms (507) 532-
1248

ADA Coordinator: Nancy Walker
(507)-532-1256

Limited English Proficiency Coordinator: Kathryn
Herding (507)836-6144

This CCRP is posted in the lobby of each office

Americans with Disabilities Act Advisory

This information *is* available in accessible formats to individuals with disabilities and for information about equal access to services, call (507) 537-6747. TTY users place calls through MN Relay Service: 711 or (800) 627-3529

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2. Legal Authorities
3. Civil Rights Contact
4. Equal Opportunity Policy and Procedure
5. Complaint Resolution Procedure
6. Complaint Notification Form
7. Disability Compliance
8. Limited English Proficiency Plan
9. Annual Civil Rights Training for the Supplemental Nutrition Assistance Program
10. Civil Rights Assurance of Compliance
11. CCRP Administration
12. Appendix

Attachment A - Full List of Legal Authorities

Attachment B - Complaint Notification for

Attachment C - Disability Brochure; DHS-4 33-ENG

Attachment D - 2016 Civil Rights Assurance of Compliance

1. Purpose

As a recipient of federal financial assistance, Southwest Health and Human Services is responsible for providing core services to assist and support Minnesota's most vulnerable individuals and families so they can meet their basic needs and be treated with respect and dignity. Southwest Health and Human Services has a CCRP to ensure that all eligible individuals receive equal access to program services and information. Its programs are operated in a nondiscriminatory way, without regard to race, color, national origin, age, disability, sex, sexual orientation, religion, political beliefs, creed and public assistance status. In medical programs, sex includes sex stereotypes and gender identity under any health program or activity receiving federal funds. This CCRP also serves as a source of information for county agency staff and the general public. It sets out Southwest Health and Human Services' civil rights administrative policies and procedures, identifying key contacts within the agency and linking the reader to applicable state and federal civil rights laws and resources.

2. Legal Authorities (See full list in Appendix, Attachment A)

- Title VI of the Civil Rights Act of 1964 (race, color, national origin)
 - Section 504 of the Rehabilitation Act of 1973 (disability)
 - Section 508 of the Rehabilitation Act of 1973 (disability)
 - Title 11 of the Americans with Disabilities Act of 1990; State and local government services (disability)
 - Age Discrimination Act of 1975 (age)
 - Section 1557 of the Patient Protection and Affordable Care Act (added sex discrimination in health care programs)
 - Title IX of the Education Amendments of 1972 (sex)
 - Bilingual Requirements in the Food Stamp Program, Food and Nutrition Service, U.S. Department of Agriculture
 - FNS Instruction 113-1, Civil Rights Compliance and Enforcement-Nutrition Programs and Activities, Food and Nutrition Service, U.S. Department of Agriculture (2005)
 - Minnesota Human Rights Act, Chapter 363A
-

3. Civil Rights Contact

Southwest Health and Human Services designates Christopher Sorensen to serve as the agency's Civil Rights Contact, agency point person on civil rights matters.

Beth Wilms - Director

(507) 532-1248

MN Relay Service: 711 or (800) 627-3529

beth.wilms@swmhhs.com

4. Equal Opportunity Policy and Procedure

Southwest Health and Human Services Equal Opportunity Policy and Procedure

It is the policy of Southwest Health and Human Services to make sure that program benefits and services are available to everyone and provided to all eligible individuals without discrimination, in compliance with civil rights laws.

Southwest Health and Human Services employees, services, programs, benefits and policies will not discriminate against applicants, clients or members of the public because of race, color, national origin, sex, sexual orientation, age, creed, religion, political beliefs, disability or public assistance status. "Sex" includes sex stereotypes and gender identity under any medical or health program receiving federal financial assistance, such as Medical Assistance, CHIP programs, health clinics, insurance companies and state health insurance exchanges.

This policy covers Southwest Health and Human Services' full range of services, programs and benefits, including, but not limited to, access to information about services, eligibility determinations and intake, admission procedures and treatment. The policy applies to the agencies and providers receiving federal and state funds under contracts, licenses and other arrangements with Southwest Health and Human Services. The Minnesota Human Rights Act also applies to the work of Southwest Health and Human Services and those agencies carrying out its programs.

Program Accessibility for People with Disabilities

Southwest Health and Human Services and all of its services, programs and benefits, are accessible to and usable by people with disabilities, including people with hearing loss, low vision and other sensory disabilities.

To avoid disability discrimination, Southwest Health and Human Services will:

- Notify the public about rights and protections for people with disabilities under the Americans with Disabilities Act
- Designate an ADA Contact and maintain a complaint procedure
- Make sure that its buildings are physically accessible for people with disabilities
- Assist individuals with disabilities to apply and qualify for benefits based on their eligibility
- Provide appropriate auxiliary aids and services, including accessible formats, to ensure effective communication with people with disabilities
- Provide services, programs and benefits that are accessible to and usable by qualified people with disabilities

Physical access includes:

- Convenient off-street parking designated specifically for people with disabilities
 - Curb cuts and ramps between parking areas and the Southwest Health and Human Services building
 - Level access into the first floor of the Southwest Health and Human Services building with elevator access to all other floors
-

Reasonable Modifications to Policies, Procedures or Practices

Southwest Health and Human Services will make reasonable modifications to its policies, procedures or practices when necessary to avoid discrimination on the basis of disability, unless Southwest Health and Human Services can demonstrate that making the modifications would fundamentally alter the nature of the services, programs or benefits.

Effective Communication and Auxiliary Aids and Services

Southwest Health and Human Services will take appropriate steps to ensure that communications with people with disabilities and companions with disabilities are as effective as communications with others. To ensure effective communications, Southwest Health and Human Services will provide appropriate auxiliary aids and services, including accessible formats, so that people with disabilities can receive services, programs and benefits and participate in them in the same way as people without disabilities. Auxiliary aids and services include qualified readers, writers and interpreters who convey information effectively, accurately and impartially using any necessary specialized vocabulary.

To determine what types of auxiliary aids or services are necessary, Southwest Health and Human Services will give primary consideration to the requests of people with disabilities. Southwest Health and Human Services will honor the choice of the person requesting the auxiliary aid or service unless it would fundamentally alter the nature of the service, program or benefit or cause an undue administrative or financial burden. If this happens, Southwest Health and Human Services will find another equally effective auxiliary aid or service.

5. Complaint Resolution Procedure

Southwest Health and Human Services Civil Rights Complaint Procedure

You have the right to equal access to services, if you are an applicant, client or member of the public trying to gain access to human services program information or benefits. Southwest Health and Human Services has a civil rights complaint procedure that provides prompt and thorough resolution of civil rights complaints.



Civil rights complaints allege discrimination. You have a right to file a civil rights complaint if you believe you have been discriminated against because of your race, color, national origin, sex, sexual orientation, age, creed, religion, political beliefs, disability or public assistance status. Sex includes sex stereotypes and gender identity discrimination that occurs in medical or health programs and clinics receiving federal financial assistance, such as Medical Assistance, MNCare, CHIP programs, insurance companies and state health insurance exchanges.

It is against the law for anyone who works for Southwest Health and Human Services to retaliate against a person who files a complaint or who cooperates in the investigation of a civil rights complaint.

To file a complaint, ask for Southwest Health and Human Services' equal opportunity policy, complaint procedure and complaint form. Use the contact information below to help you to file your complaint. You can also review the law and regulations that outlaw discrimination in the Civil Rights Contact's office at Southwest Health and Human Services:

Beth Wilms
Southwest Health and Human Services
607 W. Main Marshall, MN 56258
(507)537-6747(voice)
MN Relay Service: 711 or (800) 627-3529
(507)537-6088 (fax)
beth.wilms@swmhhs.com

Procedure:

1. Civil rights complaints **must** be submitted to the Civil Rights Contact within 180 days of the date the alleged discrimination occurred.

2. A complaint **must** be in writing and contain the name and address of the person filing it. You should also give your telephone number or relay service number if you are deaf or hard of hearing. Give your email address if it helps get in touch with you. The complaint **must** state the problem or action alleged and the relief desired. If you need assistance with your complaint, the Civil Rights Contact will help you.
3. Southwest Health and Human Services **must** conduct an investigation of the complaint. The investigation may be informal, but it **must** be thorough and timely. People who have an interest in the complaint **must** have an opportunity to submit relevant evidence about the complaint. Southwest Health and Human Services will issue a written decision on the complaint within 90 days after its filing. Southwest Health and Human Services will maintain the complaint records and files for three years. Complaints about program rules are not civil rights complaints and will be resolved through a different complaint process.
4. The person filing the complaint may appeal the decision by writing to the agency's Civil Rights Contact within 15 *days* of receiving the written decision. The Civil Rights Contact **will** issue a written decision in response to the appeal, no later than 30 days after the filing. This decision is final. - This appeal process is not the same as filing a fair hearings appeal with the Department of Human Services' Appeals and Regulations Division.
5. The person filing the complaint must be informed that he/she can file a discrimination complaint **directly** with the U.S. Department of Health and Human Services' Office for Civil Rights or the U.S. Department of Agriculture (USDA) for the SNAP Program.
 - (a) **The U.S. Department of Health and Human Services' Office for Civil Rights** prohibits discrimination in its programs because of race, color, national origin, age, disability, sex and religion. Sex includes sex stereotypes and gender identity discrimination that occurs in medical or health programs and clinics receiving federal financial assistance, such as Medicaid, CHIP programs and insurance companies and state health

Insurance exchanges under Title I of the Affordable Care Act.
Contact the federal agency directly:

U.S. Department of Health and Human Services
Office for Civil Rights
Region V
233 N. Michigan Avenue
Suite 240
Chicago, IL 60601
312-886-2359 (voice)
800-368-1019 (toll free)
800-537-7697 (TTY)

(b) USDA requires that the following nondiscrimination statement be provided **exactly** as it is shown below:

In accordance with Federal civil rights law and **U.S. Department of Agriculture** (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, anti-employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who required alternative means of communication for program information (e.g. Braille, large print, Audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form (AD-3027) found online at:

[Http://www.ascr.usda.gov/complaint_filing_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html) and at any USDS office, or write a letter addressed to USDA and provide

In the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to **USDA** by:

(1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;

(2) fax: (202) 690-7442; or

(3) Email: program.intake@usda.gov

This institution is an equal opportunity provider.

6. Filing Complaints with State Agencies:

The person filing the complaint **must** also be informed that he/she can file a discrimination complaint **directly** with the Minnesota Department of Human Rights and the Minnesota Department of Human Services.

(a) The Minnesota Department of Human Rights prohibits discrimination in public services programs because of race, color, creed, religion, national origin, disability, sex, sexual orientation, or public assistance status. Contact the Minnesota Department of Human Rights directly:

Minnesota Department of Human Rights
Freeman Building, 625 North Robert Street
St. Paul, MN 55155
651-539-1100 (voice)
800-657-3704 (toll free)
711 or 800-627-3529 (MN Relay)

(b) The **Minnesota Department of Human Services** prohibits discrimination in its programs because of race, color, national origin, creed, religion, sexual orientation, public assistance status, age, disability, or sex, including sex stereotypes and gender identity discrimination that occurs in health programs or

activities receiving federal financial assistance, such as Medical Assistance, MNCare, CHIP programs and insurance companies and state health insurance exchanges. Contact the Equal Opportunity and Access Division **directly** only if you have a discrimination complaint:

Minnesota Department of Human Services
Equal Opportunity and Access Division
P.O. Box 64997
St. Paul, MN 55164-0997
651-431-3040 (voice) or use your preferred relay service

- (c) County agencies are not permitted to investigate civil rights complaints in the Supplemental Nutrition Assistance Program (SNAP) because counties directly administer SNAP benefits. County agencies **must** refer SNAP civil rights complaints to OHS or the USDA regional office in Chicago. The USDA regional address is:

Civil Rights Director
Midwest Regional Office
USDA/Food and Nutrition Service
77 W. Jackson Blvd., 20th Floor
Chicago, IL 60604-3591
(312) 353-6657 (voice) or use your preferred relay service
Tamara.earley@fns.usda.gov

7. Arrangements for People with Disabilities:
Southwest Health and Human Services **will** make appropriate arrangements to ensure that people with disabilities are provided accommodations to participate in the complaint process in an equal to manner to people without disabilities. Appropriate arrangements include, but are not limited to, providing interpreters for people who are deaf or hard-of-hearing; providing taped cassettes and accessible formats for people who are blind or have low vision; and assuring a physically accessible location for complaint proceedings. The Civil Rights Contact or designee is responsible for making these arrangements.

8. Southwest Health and Human Services will refer all SNAP civil rights complaints to OHS or the USDA regional office in Chicago as soon as possible after received.

6. Complaint Notification Form

Southwest Health and Human Services will use the *Complaint Notification Form* to notify OHS in writing of all service delivery discrimination complaints filed against Southwest Health and Human Services and resolved on the county agency level. Southwest Health and Human Services will make sure the complaint notification form is completed and sent to OHS within 90 days of the date the complaint was filed in the county, so OHS can report the complaint to the appropriate federal office. A copy of the *Complaint Notification Form* is located in the Appendix; Attachment B.

7. Disability Compliance

a. Disability Law and Standard of Access for State and Local Government Services

Section 504 of the Rehabilitation Act of 1973 protects qualified individuals with disabilities from discrimination based on their disability in federally funded programs and services.

Title II of the Americans with Disabilities Act of 1990 (Title 11 of the ADA) protects qualified individuals with disabilities from discrimination on the basis of their disability when the discrimination occurs in state or local government services. An agency does not have to receive federal financial assistance to be required to comply with Title II of the ADA. An agency just has to be a state or local government entity.

County human services agencies must ensure that people with disabilities are able to use their programs and services. Disability laws set out an equal access standard for providing services. This means that individuals with disabilities are entitled to equal access to human services programs; the same standard of access that applies to people without disabilities.

A public agency must reasonably modify its policies, procedures and practices to avoid discrimination. A public

Agency must also take appropriate steps to ensure that its communications with individuals with disabilities are as effective as communications with others.

b. ADA Contact

Southwest Health and Human Services has designated an ADA Contact person to serve as its point person on disability matters raised by applicants, clients and members of the public. ADA Contact information is located on the cover page of this CCRP.

Nancy Walker
(507)532-1256
MN Relay Service: 711 or (800) 627-3529
Nancy.Walker@swmhhs.com

c. Disability Complaints

People filing disability complaints will use Southwest Health and Human Services' civil rights complaint procedure.

d. ADA Notice Document

Southwest Health and Human Services will use the DHS brochure: *Do you have a disability* (DHS-4133-ENG) as its ADA notice document. This notice document informs applicants, clients and members of the public that Southwest Health and Human Services does not discriminate on the basis of disability. The notice document also gives information to the public about the rights of people with disabilities under the Americans with Disabilities Act.

Southwest Health and Human Services has a copy of OHS brochure: *Do you have a disability* (DHS-4133-ENG) posted in the lobby next to the reception desk.

A copy of the DHS brochure: *Do you have a disability* (DHS-4133-ENG) is located in the Appendix; Attachment C.

e. Disability Policy Prohibiting Discrimination

The Southwest Health and Human Services Equal Opportunity Policy and Procedure includes provisions which prohibit disability discrimination in human services programs. This policy is located in the agency lobby.

8. Limited English Proficiency Plan

EFFECTIVE DATE: 04/01/11

REVISION DATE: 05/20/15;
04/18/18

AUTHORITY: Southwest Health and Human Services Board
Instructional Bulletin #00-89-04
Instructional Bulletin #04-89-01

--- LIMITED ENGLISH PROFICIENCY PLAN ---

Limited English Proficiency (LEP) Plan

Director: Beth Wilms	507-532-1248
Deputy Director: Nancy Walker	507-532-1256
Social Services Division Director: Cindy Nelson	507-532-1260
LEP Coordinator: Kathryn Herding, Supervisor	507- 836-6144

Financial Services:	
Jennifer Beek, Supervisor	507-532-1235
Corey Remiger, Supervisor	507-657-6099

Social Services:	
Jenifer Klein, Supervisor	507-532-1228

Child Support and Fraud:	
Ann Schiller, Supervisor	507-637-1262

Section 1 - Purpose and Legal Basis

a. The following document serves as the Southwest Health and Human Services (SWHHS) plan to meet the legal obligation of language access requirements in compliance of Title VI of the Civil Rights Act of 1964; 7 CFR, 273 et seq; and 42 CFR 435 et seq. There are four components to this document.

- 200 - Assessment
- 300 - Policy
- 400 - Training

500 - Monitoring

Section 2 - 200 - Assessment

a. 201 - Needs Assessment - SWHHS will on at least an annual basis make a needs assessment of the unique language needs within Lincoln, Lyon, Murray, Pipestone, Redwood, and Rock Counties. Consultation will be done with the school districts in the six counties along with the Legal Aid offices located in Willmar and Worthington to determine the types of non-English languages that are most dominant to the populations of Lincoln, Lyon, Murray, Pipestone, Redwood, and Rock Counties. The common agency will also incorporate county specific data from the Department of Human Services to assist in this form of needs assessment. The following non-English languages *have* been identified as being the most likely to be encountered in Lincoln, Lyon, Murray, Pipestone, Redwood, and Rock Counties: Spanish, Somali, and Hmong.

b. 202 - Case Finding - Specific language needs of each applicant with LEP will occur at the time of intake or application. This will primarily be done by reviewing the language preference questions on the Health Care Application (HCAPP) and the Combined Application Form (CAF). Language preferences will be entered into the applicant's primary language field in the **MAXIS** system. If an interpreter is needed, it will be recorded in **MAXIS** case notes. If the main receptionist or intake worker suspects that the applicant is a person with LEP, the worker will provide the LEP person with a list of possible languages to determine which language is spoken. The list includes; "I Speak" cards, "I Speak" posters, "Language Identification Card" from Language Line Services. It is expected that reasonable efforts will be made by SWHHS to provide same-day interpreter services.

c. 203 - Points of Contact - The greatest likelihood of need for interpreter services will be at the point of intake - at the time of an emergency or application for financial assistance. The principal point of contact will most likely be in the office setting in Ivanhoe, Marshall, Slayton, Pipestone, Luverne, and/or Redwood Falls. The most appropriate form of interpreter services will likely be language assistance in completion of an application for financial assistance or

health care. The other point of contact may involve field-based contact when conducting child protection assessments. These contacts will typically take place in the home of the child's caretaker or parent.

d. 204 - Resources Needed - SWHHS will utilize its contract with private interpreters and those interpreters employed by contracted agencies located in Marshall, Minnesota for Spanish, Somali, Hmong, and Laotian interpreter services. Additionally, SWHHS will contract with Language Line Services (1-800-367-9559) for the languages involved with Language Line Services "tier" system. When feasible, on-site interpreter services will be made available and will be the first preference. (Note: The closest available Spanish interpreter for Lincoln, Murray, and Pipestone Counties is 30 miles from each office.) Use of reciprocal faxing processes will be used when necessary, this is to facilitate completion of applications and processing of interviews.

e. 205 - Timely Access - Interpretive services are available during customary business hours, Monday through Friday, 8:00 a.m. to 4:30 p.m. They also provide emergency service outside of regular business hours when needed. Language Line Services are available 24x7. Contact with any entity will be made by phone. When on-site interpreter services are to be used, it will be necessary to schedule appointments at mutually convenient times for the client and the interpreter.

Section 3 - 300 - Policies and Procedures

a. 301 - Agency Commitment - SWHHS is committed to the spirit of the Civil Rights Act of 1964. We recognize the importance of providing meaningful access to all persons, including persons with LEP, to the various programs provided by SWHHS. SWHHS has, by prior action, adopted a policy statement entitled Civil Rights Compliance Requirements effective 1-1-95 and affirmed again on 1-1-01, this in conformity with OHS Bulletin #94-84A dated 12-27-94.

b. 302 - Range of Oral Language Assistance - Due to the current absence of bi-lingual employees at SWHHS, use will be made of the formal linkage with our contracted agencies and other privately contracted interpreters. With Spanish, Somali, and Hmong seen as the primary non-English language in Lincoln, Lyon, Murray, Pipestone,

Redwood, and Rock Counties, use of our contracted agencies and privately contracted interpretive services are seen as encompassing close to 100% of the LEP needs of SWHHS. Use of LanguageLine Services for all other non-English language will take place as necessary. SWHHS will take advantage of the 10 brief "notice of rights to language services" documents for persons with LEP as they are made available by the Department of Human Services.

c. 303 - Uncommon Languages - There may be circumstances when customers come to the office for services that use a language other than those most commonly used in Lincoln, Lyon, Murray, Pipestone, Redwood, and Rock Counties. There may be languages such as Russian, Vietnamese Chinese, Laotian, Oromo, Khymer/Cambodian, etc. After identifying the language need, the receptionist staff or intake worker will consult with their Supervisor or Director to determine the most appropriate and expedient interpreter service.

d. 304 - Affirmative Action - The SWHHS employee handling the case will inform either the customer or the interpreter once it has been determined that interpreter services are needed, that there is no charge or fee for the service. This will be communicated in verbal form. At no time in the service delivery process will the customer incur any costs associated with LEP-directed interpreter services. E.

e. 305 - Use of Family and Friends - Use of family or friends as interpreters is not the preferred method of providing interpreter services. But when the intake worker has determined that it is not feasible to use formalized interpreter services, a consultation will be made with that worker's immediate Supervisor or director. Alternative methods of customer service will need to be discussed. If the worker has determined that a family member, friend or other responsible party can adequately perform the interpreter service, approval may be given. The worker needs to feel confident that the client's data privacy rights will be protected and that the quality of the interpreter services to be provided by the family member or friend will be acceptable. The worker will need to document in the case file the extenuating circumstances for use of family or friends, particularly that the family was offered other interpreter services and that the client insisted that family member or friend be used. Under no circumstances may a minor child be used for interpreter services.

e. 306 - Competency Standards for Interpreters - Any interpreter used for LEP services must be bi-lingual: fluent in English and fluent in the language of the customer needing the service. When using interpreter services provided from a recognized agency, contracted interpreters and Language Line Services, competency is presumed. When using family, friends or significant others, the intake worker must make a judgment as to the competency of the proposed interpreter. "Certification" as an interpreter is not a pre-requisite.

f. 307 - Dissemination of LEP Plan - Copies of the LEP Plan will be provided to the following: all SWHHS employees who have direct customer contact, area Legal Aid offices, Private Industry Council, and Lincoln, Lyon, Murray, Pipestone, Redwood, and Rock Government Agencies. A copy of the main public announcement, "I Speak" poster, will be prominently displayed in the SWHHS central reception areas. LEP requirements will also be included in all contracts maintained by SWHHS.

g. 308 - Services to Illiterate - When confronted with a situation in which the customer is illiterate - cannot read or write in his or her native language - it is required that SWHHS find a suitable interpreter; one who can assist the person in completion of necessary forms, documents and the like. The SWHHS intake worker needs to make the determination, in conjunction with the interpreter, about the customers' literacy skills. The clear choice in dealing with cases of illiteracy will be to have an on-site interpreter. It may be necessary to schedule interviews when face-to-face interpreter services can be provided. Use of faxing of forms and over-the-phone services may be required on a case-by-case basis.

h. 309 - Emergency Situations - When programs require access to services within short time frames, SWHHS will take whatever steps necessary to ensure that all clients, including clients with LEP, have access to services within the appropriate time frames. For example, when a client needs an interpreter or other language assistance services to obtain expedited program services, SWHHS's goal is to

make the services accessible within the required time frame, whether that means using an interpreter or any other appropriate type of language assistance.

i. 310 - Access to and Costs of interpreters - Under no circumstances will SWHHS indicate - either verbally or in writing - that any applicant or client in need of LEP services will be charged for an interpreter or translation service. All such services shall be at no expense to the applicant or client. Such services will be provided during all normal business hours and, when necessary, during non-business hours when an emergency has been determined to exist.

j. 311 - Notice of Service Availability - LEP clientele will be informed of the availability of free interpreter and translation services at the point when it appears that the customer is not able to communicate in English. Notice of service availability will come from the "I Speak" poster document in the central reception areas of the six county offices. Distribution of the LEP Plan to various parties cited above will help by putting those entities on notice that interpreter and translation services are available on a timely basis and free of charge. Material that has been translated into Spanish, Somali, and Hmong will be used immediately when it has been determined that the person presenting for service is not able to understand English. Insofar as the Department of Human Services has translated many forms into multiple languages, SWHHS will access these forms as necessary through the Department's website at <http://edocs.dhs.state.mn.us/forms>. Additionally, translated income maintenance forms located in TEMP Manual 12.01.13 will be accessed as needed.

l. 312 - County-Produced Materials - At this time it is not anticipated that SWHHS will develop any SWHHS produced material. Rather, SWHHS will rely on the state-produced documents as the primary source of translated materials. Downloading of documents from the OHS web-page will also be used as necessary. SWHHS will follow OHS' translation numerical guidelines as required.

m. 313 - Complaint Resolution Protocol - Any action taken by SWHHS with which an applicant or recipient disagrees is subject to

Complaint. SWHHS has a formal complaint process that can be utilized to try to resolve any dispute. In the absence of a call for resolution, the person making the complaint will be informed in a language understandable to the grievant, of the process to follow in making a complaint to DHS or the Office of Civil rights. The complaint process will follow SWHHS's procedures included in Civil Rights Compliance Requirements. Appropriate use of interpreter services with contracted agencies, contracted interpreters, or Language Line Services to facilitate the dispute resolution process will take place. All such complaints can be made to any of the parties listed at the top of this LEP Plan.

n. 314 - Posting - A copy of the SWHHS LEP Plan will be posted on the main bulletin board in the central lobby of each agency office.

Section 4 - 400 - Training

a. 401 - Distribution of LEP Plan - All SWHHS employees who have direct contact with customers will be provided a copy of the LEP Plan upon its adoption. If any changes are made in the document, a revised copy will also be provided to the same entities listed in #307. At this time, all employees of SWHHS will be recipients of the document.

b. 402 - Training of Staff - Initial - With approval of the LEP Plan, there will be initial training on the document. This training will take place for current staff in their individual unit meetings. For any new employee affected by the LEP Plan, this document will be incorporated into that person's "generic orientation" protocol at the time of hire.

c. 403 - Training of Staff - Ongoing - On an annual basis the LEP Plan will be reviewed and updates clarified.

Section 5 - 500 - Monitoring

a. 501 - Evaluation of the LEP - On at least an annual basis, the LEP Plan will be reviewed for effectiveness. This review will normally take place in December. It will be coordinated by the SWHHS LEP Coordinator. The evaluation will involve consultation with Representatives of the Financial Services Unit and Social Services Unit.

To determine compliance with the LEP Plan, identification of any problem areas and development of required corrective action strategies. Elements of the evaluation will include the following:

- Number of persons with LEP in Lincoln, Lyon, Murray, Pipestone, Redwood, and Rock Counties.
- Assessment of current language needs of SWHHS applicants and clients to determine if the client needs an interpreter and/or translated materials; updating case files which lack information about a client's language preference; determining if clients need to be asked their language preference at the time of certification.
- Determining whether existing assistance is meeting the needs of applicants and clients with LEP.
- Assessing whether staff members understand SWHHS LEP policies and procedures and how to carry them out, and whether language assistance resources and arrangements for those resources are still current and accessible.
- Seeking and obtaining feedback from non-English or limited-English speaking communities in Lincoln, Lyon, Murray, Pipestone, Redwood, and Rock Counties including applicants and clients as well as any known community organization or advocacy group working with non-English or limited-English speaking communities.

b. 502 - LEP Contact Person - For purposes of the LEP Plan, Southwest Health and Human Services designated contact person is the Financial Assistance Supervisor/LEP Coordinator with appropriate delegation made to the Agency Director, Deputy Director and the Social Services Supervisors of the agency.

9. Annual Civil Rights Training for the Supplemental Nutrition Assistance Program (SNAP)

Southwest Health and Human Services will use OHS' PowerPoint presentation to train staff, document the date of the training each year and document who attends the training.

10. Civil Rights Assurance of Compliance

The Southwest Health and Human Services director and agency attorney representative have signed the *2016 Civil Rights Assurance of Compliance*. A copy is located in the Appendix; Attachment D.

11. CCRP Administration

Southwest Health and Human Services will:

- Post a copy of its CCRP in the agency lobby where members of the public can review it and in the employee break room where staff can review it
- Post the CCRP on the agency's public website
- Review the CCRP annually with ALL staff
- For the benefit of applicants, clients and members of the public, prominently post in the lobby a copy of the equal opportunity policy and procedure that includes provisions prohibiting disability discrimination and a copy of its civil rights complaint procedure
- Post a copy of the OHS brochure: *Do you have a disability* (DHS-4133-ENG) in the lobby next to the reception desk
- Conduct annual SNAP civil rights training for all staff who administer the SNAP program and all staff who have direct contact with the public, including support staff, supervisors and managers. Southwest Health and Human Services will document the date of the training each year and document who attends the training.

12. **Appendix**

a. Attachment A - Full List of Legal Authorities Federal

1. Title VI of the Civil Rights Act of 1964 (race, color, national origin)
2. Section 504 of the Rehabilitation Act of 1973 (disability)
3. Section 508 of the Rehabilitation Act of 1973 (disability)
4. Title 11 of the Americans with Disabilities Act of 1990; State and local government services (disability)
5. Age Discrimination Act of 1975 (age)
6. Community Service Assurance Provisions of the Hill-Burton Act (health facilities receiving Hill-Burton Funds)
7. Section 1557 of the Patient Protection and Affordable Care Act (added sex discrimination in health care programs)
8. Nondiscrimination Provisions of the Omnibus Budget Reconciliation Act of 1981 (Federal Block Grants): Community Service Block Grant (race, color, national origin, age, sex) **Remaining block grants (race, color, national origin, age, disability, sex, religion)**
 - Social Services Block Grant
 - Maternal and Child Health Services Block Grant
 - Projects for Assistance in Transition from Homelessness Block Grant
 - Preventative Health and Health Services Block Grant
 - Community Mental Health Services Block Grant
 - Substance Abuse Prevention and Treatment Block Grant
9. Title IX of the Education Amendments of 1972 (sex). Family Violence prevention and Services Act (race, color, national origin, age, disability, sex, religion)
10. Food Stamp Act of 1977
11. Nondiscrimination compliance Requirements in the Food Stamp Program, food and Nutrition Services, USA Department of Agriculture.
12. Bilingual Requirements in the food Stamp Program, Food and Nutrition Services, US Department of Agriculture
13. FNS instruction 113-1, Civil Rights Compliance and Enforcement – Nutrition programs and Activities, Food and Nutrition Service, US Department of Agriculture (2005)
14. Equal Opportunity for Religious Organizations Regulation

State

Minnesota Human Rights Act, Chapter 363A

Attachment B - Complaint Notification COUNTY HUMAN SERVICE AGENCY COMPLAINT NOTIFICATION FORM COMPLAINTS ALLEGING DISCRIMINATION IN SERVICE DELIVERY AUTHORITY: U.S. Department of Agriculture, Food and Nutrition Service Instruction 113-1. REQUIREMENT: County human service agencies must notify the OHS Civil Rights Coordinator within 90 days of all service delivery discrimination complaints (i.e., civil rights complaints) filed against them (see bottom of Page 2 for contact information).

ACTION REQUIRED:

Complete this form and send it to the OHS Civil Rights Coordinator within 90 days of the date the complaint was filed.

1. Name, address, telephone number of complainant:

2. Name and address of county agency delivering the benefits, including names of any employees accused of wrongdoing:

3. Type of discrimination alleged.

4. Describe the alleged discrimination, including the dates it happened. Give names and contact information of any witnesses:

5. Give a summary of the investigation findings, including any corrective action ordered:

CONTACT INFORMATION: OHS Civil Rights Coordinator
Minnesota Department of Human Services
Equal Opportunity and Access Division
P.O. Box 64997
St. Paul, MN 55164-0997
651-431-3034 (voice) or use your preferred relay service
651-431-7444 (fax)
joann.daSilva@state.mn.us

**Attachment C - OHS Brochure: *Do you have a disability*; DHS-4133-
Do you have a disability?**

If you have a disability, you have the same rights as others.

Please tell us if you have a disability so we can help you access human services programs and benefits.

What medical conditions may be disabilities?

A disability is a physical, sensory, or mental impairment that materially limits a major life activity.

Types of disabilities may include:

Diseases like diabetes, epilepsy or cancer

Learning disorders like dyslexia

Developmental delays

Clinical depression

Hearing loss or low vision

Movement restrictions like trouble with walking, reaching or grasping

History of alcohol or drug addiction, although current illegal drug use is not a disability.

If you are asking for or are getting benefits through either a county human services agency or the Minnesota Department of Human Services, that office will let you know if you have a disability using information from you and your doctor.

What help is available?

If you have a disability, your county or the state human services agency can help you by:

Calling you or meeting with you in another place if you are not able to come into the office

Using a sign language interpreter

Giving you letters and forms in other formats i.e. computer files, audio recordings, large print or Braille

Telling you the meaning of the information we provide

Helping you fill out forms

Helping you make a plan so you can work even with your disability

Sending you to other services that may help you.

Helping you to appeal agency decisions about you if you disagree with them.

You will not have to pay extra for help. If you want help, ask your agency as soon as possible. An agency may not be able to accommodate requests made within 48 hours of need.

How does the law protect people with disabilities?

The Americans with Disabilities Act (ADA) and the ADA Amendments Act are federal laws, and the Minnesota Human Rights Act is a state law. Each gives individuals with disabilities the same legal rights and protections as people without disabilities, including access to public assistance benefits. You will not be denied benefits because you have a disability. Your benefits will not be stopped because of your disability.

If your disability makes getting benefits hard for you, your county human services agency will help you access all of the programs that are available to you.

Discrimination is against the law

You have the "right to file a complaint if you believe you were treated in a discriminatory way by a human services agency. You can contact any of the following agencies directly to file a civil rights complaint.

The Minnesota Department of Human Services, Equal Opportunity and Access Division, prohibits discrimination in its programs because of race, color, national origin, creed, religion, sexual orientation, public assistance status, age, disability or sex (including sex stereotypes and gender identity under any health program or activity receiving federal financial assistance).

Contact the Equal Opportunity and Access Division directly:

Minnesota Department of Human
Services Equal Opportunity and
Access Division
P.O. Box 64997
St. Paul, MN 55164-0997
65 1-431-3040 (voice) or use your preferred relay service

The Minnesota Department of Human Rights prohibits
discrimination in public services programs because of race, color,
creed, religion, national origin, disability, sex, sexual orientation, or
public assistance status. Contact the Minnesota Department
Of Human Rights directly:

Minnesota Department of Human Rights
Freeman Building, 625 North Robert Street
St. Paul, MN 55155
651-539-1100 (voice)
800-657-3704 (toll free)
711 or 800-627-3529 (MN Relay)

The U.S. Department of Health and Human Services' Office for
Civil Rights prohibits discrimination in its programs because of
race, color, national origin, age and disability; block grant
complaints, religion and sex are included; and in medical program
complaints, sex includes sex stereotypes and gender identity under
any health program or activity receiving federal financial
assistance, such as Medicaid and CHIP programs, hospitals,
clinics, employers, insurance companies and state health
insurance exchanges created under Title I of the Affordable Care
Act. Contact the federal agency directly:

U.S. Department of Health and Human Services
Office for Civil Rights, Region V
233 North Michigan Avenue, Suite 240
Chicago, IL 60601
312-886-2359 (voice)
800-368-1019 (toll free)
800-537-7697Y)

The U.S. Department of Agriculture prohibits discrimination against
its customers, employees, and applicants for employment on the
bases of race, color, national origin, age, disability, sex, gender
identity, religion, reprisal, and where applicable, political and marital
status,

familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department.
(Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at:
http://www.ascr.usda.gov/complaint_filing_cust.htm

Or at any USDA office, or call (866) 632-9992 to request the form.

You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at:

U.S. Department of Agriculture, Director, Office of Adjudication,
1400 Independence Avenue, S.W., Washington, D.C. 20250-9410,
by fax (202) 690-7442 or email at program.intae@usda.gov.

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).

For any other information dealing with Supplemental Nutrition Assistance Program (**SNAP**) issues, persons should either contact the USDA SNAP Hotline Number at 800-221-5689, which is also in Spanish or call the State Information/Hotline Numbers (click the link for a listing of hotline numbers by State); found online at http://www.fns.usda.gov/snap/contact_info/hotlines.htm.
USDA is an equal opportunity provider and employer.

CB4 (1-15)

This information is available in accessible formats for individuals with disabilities by contacting your county worker. For other information on disability rights and protections to access human services programs, contact the agency's ADA coordinator ADAS (12-12)

**Attachment D - Signed Copy of the 2016 Civil Rights Assurance
Of Compliance**

**MINNESOTA DEPARTMENT OF HUMAN SERVICES
CIVIL RIGHTS ASSURANCE OF COMPLIANCE
NONDISCRIMINATION IN STATE AND
FEDERALLY FINANCED PROGRAMS**

Southwest Health and Human Services
(HEREAFTER CALLED THE "AGENCY") THE AGENCY provides this civil rights Assurance of Compliance (hereafter called the "Assurance") in consideration of and for the purpose of obtaining any and all federal financial assistance from the United States Departments of Health and Human Services and Agriculture. The County Agency agrees that compliance with this Assurance is a condition of continued receipt of federal financial assistance and that it is binding upon the county agency directly or through contract, license, or other provider of services, as long as it receives federal or state financial assistance; and shall be submitted with the required Comprehensive Civil Rights Plan update.

THE AGENCY ASSURES that it will comply with:
Title VI of the Civil Rights Act of 1964, as amended; Department of Health and Human Services, Guidance to federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons; Age Discrimination Act of 1975, 42 U.S.C. 6101, as amended; Section 504 of the Rehabilitation Act of 1973, as amended; Section 508 of the Rehabilitation Act of 1973, as amended; Title II of the Americans with Disabilities Act of 1990; Section 1557 of the Patient Protection and Affordable Care Act of 2010; Federal Block Grant Programs of the Omnibus Budget Reconciliation Act of 1981; as amended; Title IX of the Education Amendments of 1972, as amended; Family violence Prevention and Services Act; Food Stamp Act of 1977, as amended, including the Nondiscrimination Compliance Requirements in the Food Stamp Program and the Bilingual Requirements in the Food Stamp Program; FNS Instruction 113-11, Civil Rights Compliance and Enforcement - Nutrition Programs and

Activities, Food and Nutrition Service, U.S. Department of Agriculture (2005); and interethnic Adoption Provisions of the Small Business Job Protection Act of 1996 (formerly Multiethnic Placement Act of 1994).

PURSUANT TO THE CIVIL RIGHTS PLAN for the Minnesota Department of Human Services, by accepting this Assurance, the County Agency agrees to allow access, by authorized personnel of the Minnesota Department of Human Services and the United States Departments of Health and Human Services and Agriculture, during normal working hours, to private and/or confidential data maintained by the County Agency (or other sub-recipient of federal financial assistance) to the extent necessary to conduct a full and complete investigation in to any complaint of discrimination, including to compile data, maintain records and submit reports as required to determine compliance with the above mentioned laws, rules and regulations. The Minnesota Department of Human Services agrees to comply with all requirements of the Minnesota Government Data Practices Act (Minnesota Statutes, section 13.01 et seq.). No private and/or confidential data collected, maintained or used in the course of an investigation shall be disseminated except as authorized by statute, either during the period of the investigation or after it has been concluded. If there are any violations of this assurance, OHS shall have the right to invoke fiscal sanctions or other legal remedies in accordance with Minnesota Statutes, section 256.017.

THE PERSON WHOSE SIGNATURE APPEARS BELOW is authorized in this Assurance and commits the County Agency to terms.

Director's Signature

Date

I CERTIFY that the signatory for the Agency as lawful authority to bind the Agency to the terms of this civil rights Assurance.

Agency's Attorney Signature

Date

OCTOBER 2019
GRANTS ~ AGREEMENTS ~ CONTRACTS
for Board review and approval

- Daycare Contracts – Marshall Head Start – 10/01/19 to 12/31/19;** Public Health contracts for daycare centers to provide services for the development and maintenance of a health and safety plan and meet State requirements of Rule 3, \$35/mo/visit (NEW).
Fiscal Note: -0-

- MDH CHB Master Grant – 01/01/20 to 12/31/24;** Contract designed to administratively simplify the review of grant project agreements for community health boards and applies to all grants MDH distributes(renewal).
Fiscal Note: -0-

- Southwest Regional Development Commission (SRDC) (Slayton, MN) – 11/01/18 to 10/31/19;** Agreement for assistance with Active Living Plans in connection with SHIP; \$90/hour for planner not to exceed \$3,000 (decrease in amount, RENEWAL).
Fiscal Note: 2018 \$4,400; 2019 \$3,630

- Hildi Inc (Minneapolis, MN) - 01/01/20 – 12/31/21;** Consulting agreement to provide Actuarial services related to GASB 75 reporting standards, approximately \$3,600 for 2020 and approximately \$500 - \$800 for 2021 (renewal).
Fiscal Note: 2018 \$3,600