



Southwest Health and Human Services
Board Agenda
Wednesday, December 18, 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 11/20/19 board minutes

- D. Introduce New Staff:
 - Nicole Enemark, Social Worker (CP), Marshall
 - Andrea Fuerstenberg, Social Worker (CP), Marshall
 - Madison Getz, Child Support Officer, Redwood Falls
 - Holly Johnson, Social Worker (CAC/CADI/BI/DD), Marshall

- E. Employee Recognition:
 - Kristi Bergeron, 5 years, Eligibility Worker, Marshall

HUMAN SERVICES (cont.)

F. Financial

G. Caseload

	<u>11/19</u>	<u>11/18</u>	<u>10/19</u>	<u>9/19</u>
Social Services	3,702	3,727	3,627	3,675
Licensing	444	454	444	442
Out-of-Home Placements	179	165	177	175
Income Maintenance	11,825	12,092	11,317	11,960
Child Support Cases	3,195	3,237	3,205	3,252
Child Support Collections	\$679,139	\$755,388	\$758,718	\$801,384
Non IV-D Collections	\$89,269	\$77,055	\$80,082	\$61,217

H. Discussion/Information

1. YIP Grant Award- Megan Boerboom & Michelle Buysse
2. UCAP Transportation – Cathleen Amick

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 11/20/19 board minutes

L. Financial

COMMUNITY HEALTH (cont.)

M. Caseload

	<u>11/19</u>	<u>10/19</u>	<u>9/19</u>
WIC	N/A	2001	2004
Family Home Visiting	15	22	21
PCA Assessments	7	6	3
Managed Care	210	240	239
Dental Varnishing	13	26	17
Refugee Health	1	1	6
Latent TB Medication Distribution	6	6	5
Water Tests	108	146	127
FPL Inspections	32	61	37
Immunizations	96	20	84
Car Seats	14	36	21

N. Discussion/Information

1. Refugee Resettlement – Marie Meyers and Carol Biren

O. Decision Items

1. Public Health 2020 fee schedule
2. Community Health Improvement Plan – Michelle Salfer and Carol Biren

GOVERNING BOARD

P. Call to order

Q. Consent Agenda

1. Amend/Approval of Agenda
2. Identification of Conflict of Interest
3. Approval of 11/20/19 board minutes

R. Financial

GOVERNING BOARD (cont.)

S. Human Resources Statistics

	<u>11/19</u>	<u>11/18</u>	<u>10/19</u>	<u>9/19</u>
Number of Employees	235	233	233	235
Separations	1		0	2

T. Discussion/Information

1. 2020-2024 Strategic Plan – Ann Orren and Carol Biren

U. Decision Items

1. Christine Cauwels, Management Information Supervisor, probationary appointment (12 months), \$71,586.00 annually hourly, effective 1/1/2020
2. Request for Support Enforcement Aide
3. Request for Social Worker- Seniors EW/AC
4. Personnel Policy 2 - Conditions of Employment
5. Personnel Policy 3 – Leaves and Holidays
6. Administrative Policy 8 – Disaster Recovery Plan
7. Administrative Policy 9 – Physical and Technical Safeguards
8. Administrative Policy 10 - Lan, E-Mail, Internet Access, And Personal Computing Equipment
9. Administrative Policy 29 - Web Accessibility and Section 508 of the Rehabilitation Act of 1973
10. 2020 Accounting Policies and Procedures Handbook
11. 2020 Resolution of Signature Authority
12. 2020 Resolution to Designate Depositories
13. 2020-2024 Strategic Plan
14. Donations: Avera donating gifts for 56 families in need throughout the 6 counties of SWHHS.
15. Contracts
16. Closed Session - Director's Evaluation

V. Adjournment

Next Meeting Dates:

- **Wednesday, January 15, 2020 – Marshall**
- **Wednesday, February 19, 2020 – Marshall**
- **Wednesday, March 18, 2020 – Marshall**

SOUTHWEST HEALTH & HUMAN SERVICES

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

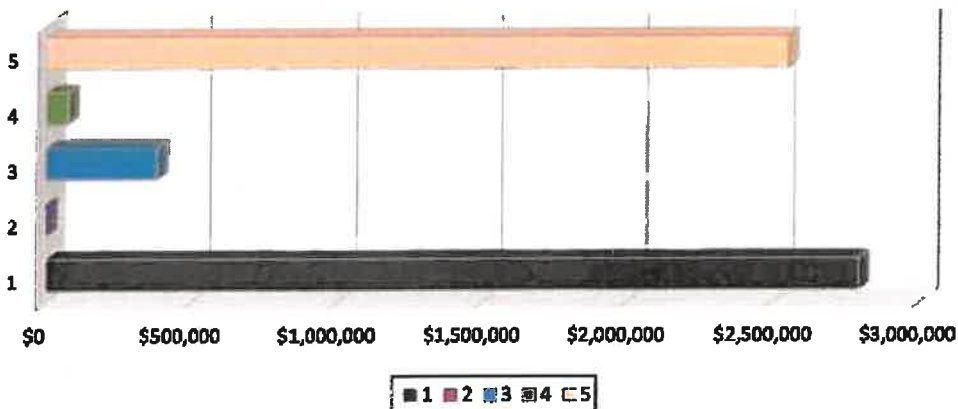
SUMMARY OF FINANCIAL ACCOUNTS REPORT

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

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

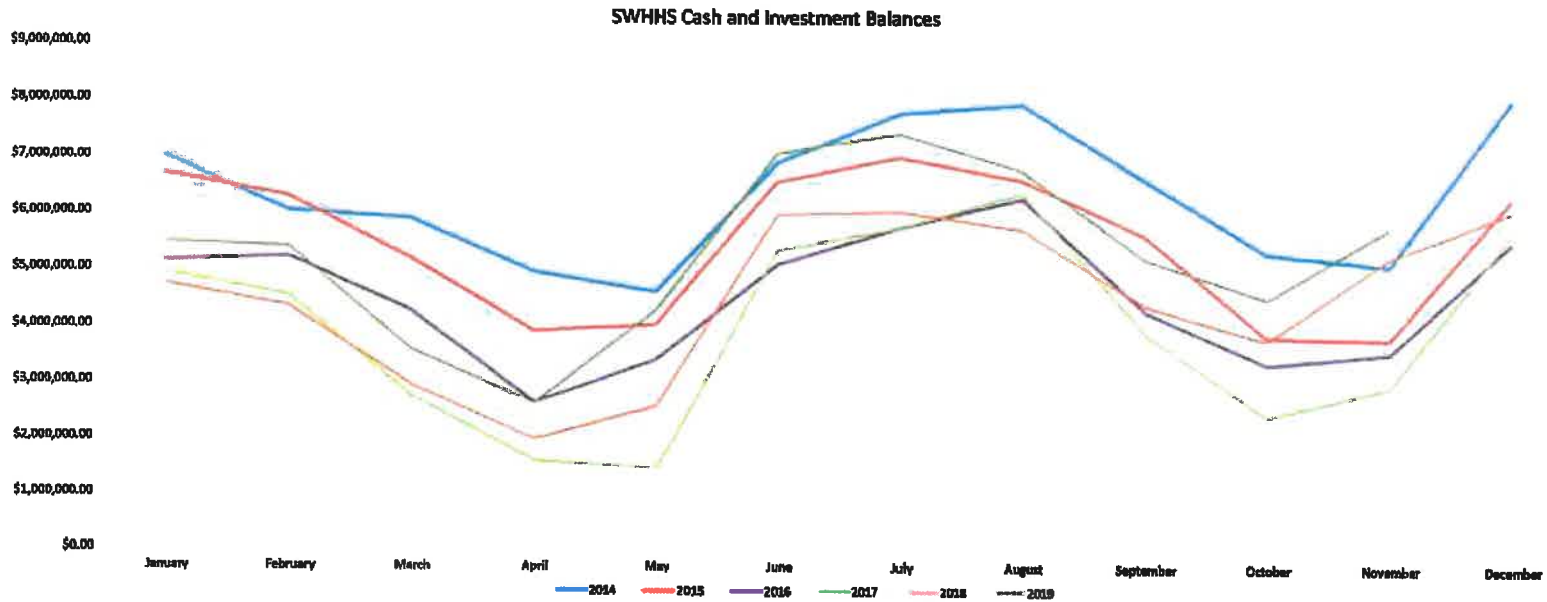
Description	Month	Running Balance	
BEGINNING BALANCE		\$1,516,359	
RECEIPTS			
Monthly Receipts	2,273,920		
County Contribution	1,880,559		
Interest on Savings	5,744		
TOTAL MONTHLY RECEIPTS		4,160,223	
DISBURSEMENTS			
Monthly Disbursements	2,888,356		
TOTAL MONTHLY DISBURSEMENTS		2,888,356	
ENDING BALANCE		\$2,788,226	
REVENUE			
Checking/Money Market	\$2,788,226		
SS Benefits Checking	\$3,000		
Bremer Savings	\$380,787		
Great Western Bank Savings	\$75,411		
Investments - 50501C Fund	\$2,541,407		
ENDING BALANCE		\$5,788,831	November 2018 Ending Balance \$5,252,398
DESIGNATED/RESTRICTED FUNDS			
Agency Health Insurance		\$1,195,846	November 2018 Ending Balance \$709,871
LCTS Lyon Murray Collaborative		\$144,782	
LCTS Rock Pipestone Collaborative		\$54,438	
LCTS Redwood Collaborative		\$59,855	
Local Advisory Council		\$1,155	November 2018 Ending Balance
AVAILABLE CASH BALANCE		\$4,332,755	\$4,384,465

REVENUE DESIGNATION



SWHHS
Total Cash and Investment Balance by Month - All Funds

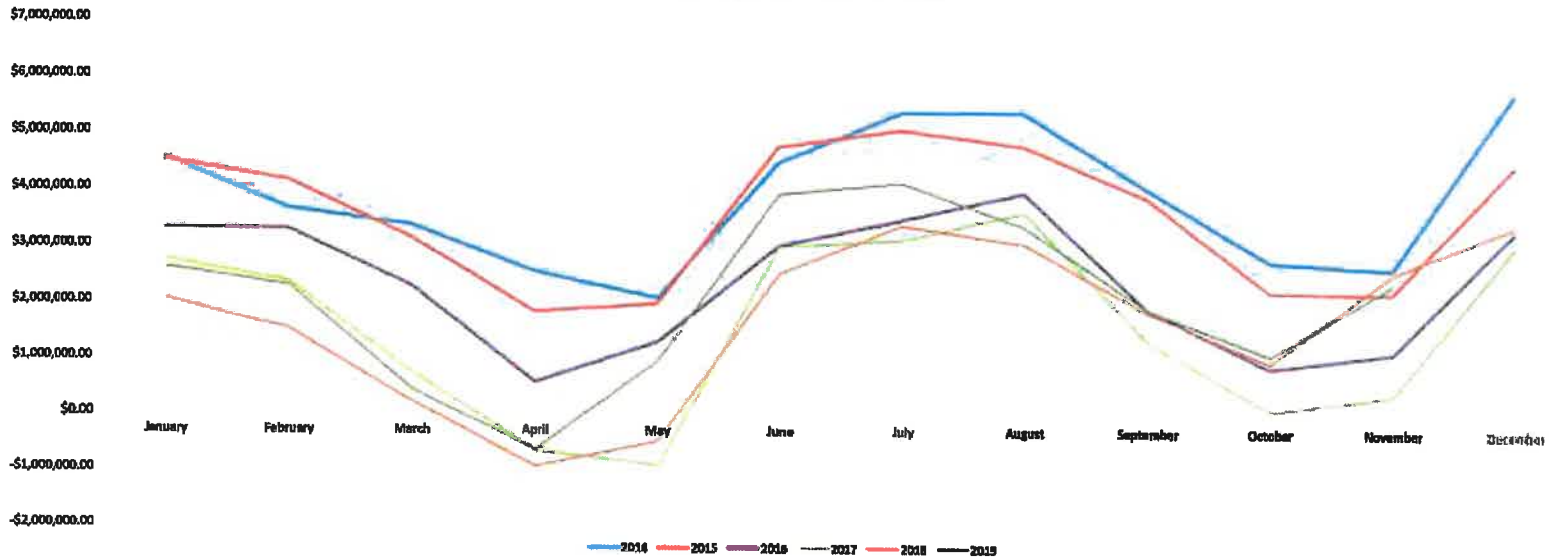
	January	February	March	April	May	June	July	August	September	October	November	December	Average for Year	Average for Jan-Mar
2014	\$6,881,225.27	\$8,024,758.18	\$5,889,424.32	\$4,961,083.48	\$4,588,515.25	\$8,883,362.81	\$7,789,372.24	\$7,943,228.89	\$8,629,328.28	\$5,325,838.85	\$5,113,289.32	\$8,030,538.23	\$6,347,314.41	\$6,298,488.25
2015	\$6,877,478.44	\$5,283,514.53	\$5,177,688.80	\$3,907,888.99	\$4,019,148.98	\$6,580,422.85	\$6,882,523.27	\$6,814,413.77	\$5,631,267.88	\$3,840,812.82	\$3,805,455.22	\$5,311,344.28	\$5,465,158.71	\$5,048,230.98
2016	\$5,132,902.00	\$5,204,953.28	\$4,248,883.55	\$2,828,829.20	\$3,394,917.21	\$5,088,797.89	\$5,750,865.89	\$5,275,434.87	\$4,290,910.19	\$3,348,309.75	\$3,580,418.88	\$3,533,701.89	\$4,537,718.38	\$4,881,518.27
2017	\$4,828,902.34	\$4,524,066.32	\$2,727,761.28	\$1,878,173.87	\$1,451,585.51	\$5,337,553.73	\$5,754,887.08	\$5,388,584.57	\$3,883,362.07	\$2,417,547.88	\$2,882,222.15	\$3,884,748.83	\$3,884,778.58	\$4,059,573.21
2018	\$4,721,044.88	\$4,333,938.53	\$2,835,770.10	\$1,965,448.82	\$2,570,080.71	\$5,977,407.40	\$6,033,328.24	\$5,731,633.82	\$4,391,517.44	\$3,775,199.58	\$5,252,398.38	\$3,883,908.40	\$4,481,140.24	\$3,998,917.84
2019	\$5,488,300.08	\$5,360,753.95	\$3,580,027.40	\$2,814,283.54	\$4,288,080.30	\$7,082,814.89	\$7,420,078.79	\$8,778,581.83	\$3,219,902.01	\$4,811,324.16	\$5,788,830.82		\$5,280,380.45	\$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	\$4,524,112.48	\$3,629,625.88	\$3,337,290.94	\$2,510,145.82	\$2,048,972.92	\$4,463,844.09	\$5,363,273.11	\$5,365,574.18	\$4,025,227.41	\$2,740,775.83	\$2,517,746.10	\$5,760,212.52	\$3,685,341.79	\$3,630,343.10
2015	\$4,483,244.56	\$4,126,886.35	\$3,114,955.80	\$1,805,842.76	\$1,948,746.17	\$4,743,405.88	\$5,052,792.79	\$4,776,088.88	\$3,966,018.53	\$2,206,082.85	\$2,182,119.18	\$4,467,384.13	\$3,683,943.81	\$3,902,286.90
2016	\$3,281,407.50	\$3,262,674.15	\$2,255,798.09	\$944,825.71	\$1,271,340.11	\$2,991,321.29	\$3,454,355.54	\$3,941,448.89	\$1,886,875.07	\$854,485.14	\$1,125,561.79	\$3,301,841.92	\$2,347,783.02	\$2,933,283.25
2017	\$2,721,514.18	\$2,337,080.47	\$710,888.71	-\$678,584.46	-\$845,148.16	\$2,972,035.08	\$3,086,420.77	\$3,593,641.98	\$1,322,585.71	\$84,969.25	\$377,562.55	\$3,035,263.95	\$1,552,362.72	\$1,923,187.79
2018	\$2,027,812.89	\$1,484,258.33	\$191,368.90	-\$985,731.97	-\$501,975.29	\$2,480,788.49	\$3,357,738.85	\$3,035,539.30	\$1,533,134.33	\$948,482.40	\$2,542,047.78	\$3,397,083.22	\$1,553,402.17	\$1,234,473.71
2019	\$2,581,063.09	\$2,265,158.91	\$405,973.82	-\$661,408.85	\$934,705.49	\$3,904,218.27	\$4,115,284.54	\$3,342,408.83	\$1,995,298.62	\$1,080,003.82	\$2,347,069.20		\$2,019,070.35	\$1,750,731.94

SWHHS Cash Balances - Human Services

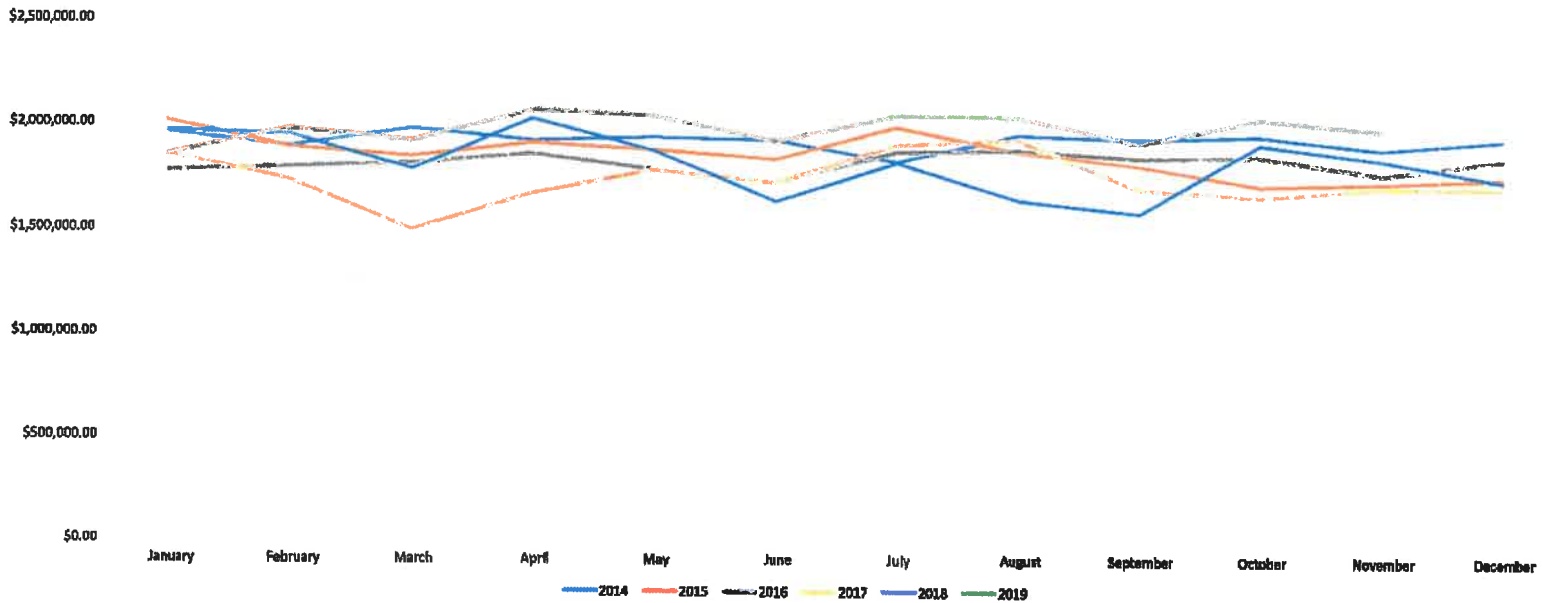


SWHHS
Total Cash and Investment Balance by Month - Public Health Services

	January	February	March	April	May	June	July	August	September	October	November	December
2014	\$1,852,348.46	\$1,889,115.47	\$1,972,829.09	\$1,919,040.73	\$1,935,610.78	\$1,923,130.89	\$1,822,889.93	\$1,953,891.09	\$1,934,989.18	\$1,854,386.64	\$1,894,110.18	\$1,942,821.40
2015	\$2,005,674.71	\$1,882,681.89	\$1,841,148.62	\$1,808,754.95	\$1,878,427.45	\$1,832,808.45	\$1,987,157.33	\$1,874,490.47	\$1,808,827.22	\$1,714,863.10	\$1,730,380.53	\$1,755,482.75
2016	\$1,767,113.43	\$1,788,885.60	\$1,807,700.34	\$1,854,829.76	\$1,779,529.15	\$1,719,835.64	\$1,866,440.04	\$1,880,565.32	\$1,844,832.32	\$1,854,286.88	\$1,772,886.81	\$1,845,353.91
2017	\$1,847,930.47	\$1,728,463.73	\$1,494,923.91	\$1,867,703.90	\$1,778,888.78	\$1,720,044.88	\$1,903,354.71	\$1,930,710.27	\$1,895,805.50	\$1,883,881.45	\$1,709,269.13	\$1,708,425.15
2018	\$1,882,214.72	\$1,843,637.75	\$1,780,622.98	\$2,023,315.56	\$1,870,382.57	\$1,833,344.06	\$1,816,127.45	\$1,843,850.72	\$1,584,218.88	\$1,814,793.23	\$1,842,417.33	\$1,743,836.48
2019	\$1,851,277.80	\$1,972,764.31	\$1,918,434.61	\$2,063,608.18	\$2,039,616.86	\$1,918,780.30	\$2,044,401.82	\$2,039,261.99	\$1,915,329.19	\$2,036,424.83	\$1,985,685.37	

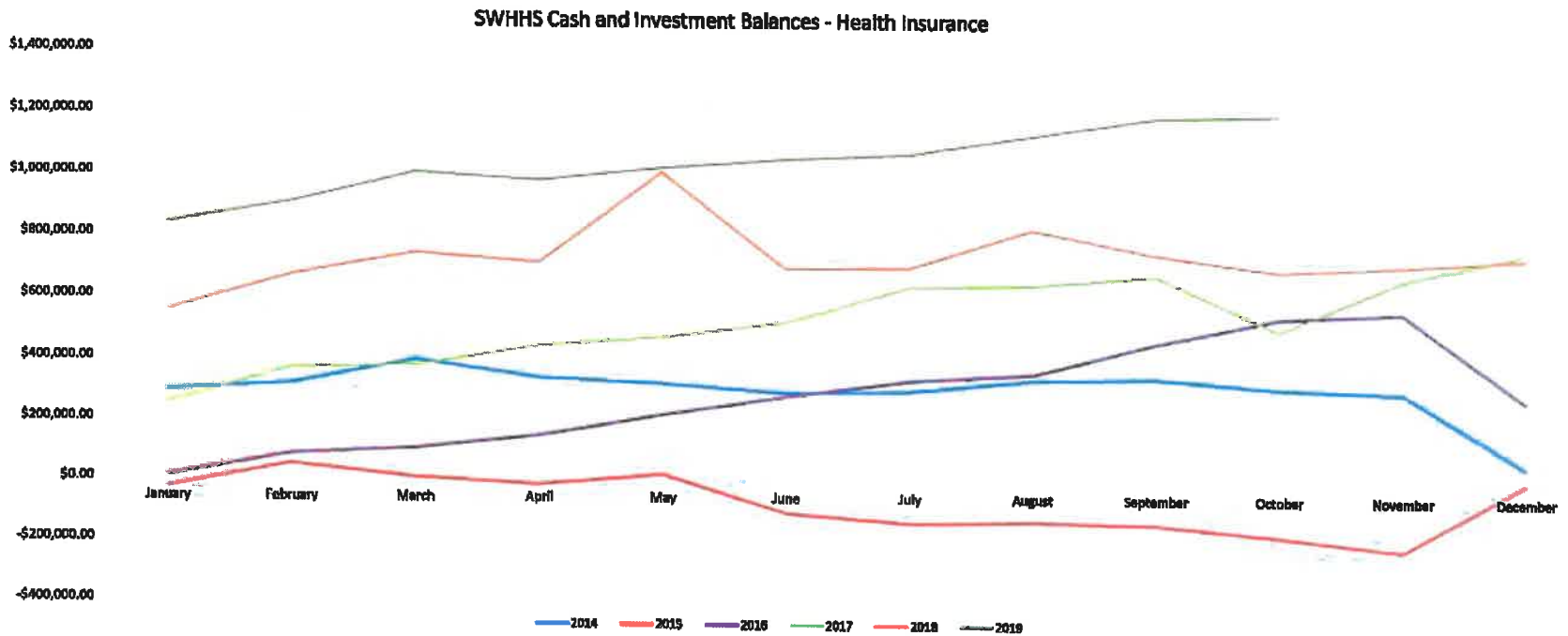
Average for Year
\$1,924,597.82
\$1,851,214.87
\$1,815,214.11
\$1,737,349.16
\$1,813,230.15
\$1,980,607.76

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	Average for Year
2014	\$285,358.82	\$308,048.30	\$387,989.08	\$330,278.87	\$312,752.08	\$283,535.78	\$290,484.90	\$330,401.57	\$338,688.39	\$307,534.98	\$298,838.28	\$52,721.51	\$283,636.53
2015	-\$33,351.13	\$43,792.99	\$830.08	-\$19,886.02	\$13,888.58	-\$108,849.58	-\$141,430.74	-\$134,243.27	-\$141,878.96	-\$178,110.32	-\$221,023.86	\$0.00	-\$76,748.52
2016	\$4,988.48	\$75,942.80	\$83,153.51	\$138,472.05	\$210,788.36	\$270,893.34	\$325,643.77	\$350,734.02	\$455,033.16	\$538,192.07	\$558,493.11	\$288,082.28	\$274,517.08
2017	\$243,431.96	\$360,090.41	\$389,083.91	\$438,169.38	\$485,168.83	\$514,005.00	\$629,735.43	\$840,875.17	\$673,434.33	\$497,827.63	\$685,075.30	\$753,857.38	\$620,702.81
2018	\$547,481.08	\$881,778.28	\$734,890.83	\$705,228.84	\$688,884.04	\$688,218.46	\$683,431.76	\$820,833.21	\$742,853.73	\$680,065.54	\$709,870.88	\$736,804.37	\$727,502.48
2019	830,785.85	898,632.50	996,671.64	973,046.88	1015393.62	1046007.99	1064138.1	1127623.68	1,189,707.87	1,200,976.08			\$1,034,288.52



SOUTHWEST HEALTH AND HUMAN SERVICES CHECK REGISTER

November 2019

DATE	RECEIPT or CHECK #	DESCRIPTION	+ DEPOSITS	-DISBURSEMENTS	BALANCE
	BALANCE FORWARD				1,516,358.65
11/01/19	102021-102061	Disb		17,746.54	1,498,612.11
11/01/19	6729 ACH	Disb		63.80	1,498,548.31
11/01/19	102062-102099	Disb		98,196.80	1,400,351.51
11/01/19	6730-6748 ACH	Disb		11,936.28	1,388,415.23
11/04/19	9893	Disb		28,304.82	1,360,110.41
11/05/19	37006-37059	Dep	274,389.92		1,634,500.33
11/06/19	9894	Disb		3,591.98	1,630,908.35
11/08/19	9031-9049	Payroll		131,650.68	1,499,257.67
11/08/19	60266-60506 ACH	Payroll		482,860.23	1,016,397.44
11/08/19	102100-102147	Disb		17,689.43	998,708.01
11/08/19	6749-6749 ACH	Disb		60.52	998,647.49
11/08/19	102148-102226	Disb		216,953.85	781,693.64
11/08/19	6750-6814 ACH	Disb		62,863.26	718,830.38
11/08/19	37060-37129	Dep	333,257.43		1,052,087.81
11/12/19	37130-37145	Dep	77,424.78		1,129,512.59
11/12/19	9895	Disb		40,143.15	1,089,369.44
11/14/19	9896	Disb		10,115.39	1,079,254.05
11/14/19	9897	Disb		43,387.71	1,035,866.34
11/14/19	9898 (NSF return R36949)	Disb	(100.00)		1,035,766.34
11/15/19	102227-102259	Disb		4,984.33	1,030,782.01
11/15/19	6815-6815	Disb		531.20	1,030,250.81
11/15/19	102260-102323	Disb		139,866.18	890,384.63
11/15/19	6816-6838	Disb		37,781.95	852,602.68
11/15/19	37146-37226	Dep	1,019,256.64		1,871,859.32
11/18/19	9899	Disb		42,097.19	1,829,762.13
11/18/19	VOID 101968	Disb		(81.00)	1,829,843.13
11/18/19	VOID 100476	Disb		(25.00)	1,829,868.13
11/19/19	37227-37257	Dep	222,083.08		2,051,951.21
11/19/19	transfer from SS Account	Dep	3,840.03		2,055,791.24
11/22/19	102324-102424	Disb		14,175.90	2,041,615.34
11/22/19	6839 ACH	Disb		135.50	2,041,479.84
11/22/19	102425-102648	Disb		114,739.85	1,926,739.99
11/22/19	6840-6844 ACH	Disb		2,873.70	1,923,866.29
11/22/19	9050-9068	Payroll		132,780.08	1,791,086.21
11/22/19	60507-60750 ACH	Payroll		485,386.96	1,305,699.25
11/22/19	102649-102699	Disb		5,542.60	1,300,156.65
11/22/19	102700-102747	Disb		295,134.73	1,005,021.92
11/22/19	6845-6872 ACH	Disb		74,318.54	930,703.38
11/20/19	9900	Disb		10,268.74	920,434.64
11/22/19	37258-37313	Dep	220,118.80		1,140,553.44
11/22/19	9901	Disb		874.40	1,139,679.04
11/25/19	9902	Disb		80,304.90	1,059,374.14
11/26/19	VOID 110118	Disb		(14.08)	1,059,388.22
11/27/19	9903	Disb		10,115.11	1,049,273.11
11/27/19	102748	Disb		331.76	1,048,941.35
11/27/19	102749-102801	Disb		244,989.34	803,952.01
11/27/19	6873-6893 ACH	Disb		25,678.26	778,273.75
11/27/19	37314-37379	Dep	2,009,952.61		2,788,226.36
					2,788,226.36
					2,788,226.36
					2,788,226.36
	balanced 12/3/19 js	TOTALS	4,160,223.29	2,888,355.58	

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

3,000.00
380,786.54
75,410.95
2,541,407.07

TOTAL CASH BALANCE

5,788,830.92

**SOUTHWEST HEALTH AND HUMAN SERVICES SAVINGS & INVESTMENTS REGISTERS
2019**

BREMER BANK					
DATE	RECEIPT or CHECK #	DESCRIPTION	DEPOSITS	DISBURSEMENTS	BALANCE
01/01/19	BEGINNING BALANCE				2,340,536.14
01/04/19	39101	Interest	3,074.95		2,343,611.09
02/14/19	39664	Interest	4,534.40		2,348,145.49
03/04/19	39917	Interest	4,267.20		2,352,412.69
03/22/19	Transfer from Great Western	transfer	1,107.09		2,353,519.78
03/27/19	Transfer to Bremer Checking	transfer		1,000,000.00	1,353,519.78
04/04/19	40442	Interest	4,451.55		1,357,971.33
04/17/19	Transfer to Bremer Checking	transfer		1,000,000.00	357,971.33
05/03/19	40936	Interest	1,758.19		359,729.52
06/07/19	41501	Interest	725.76		360,455.28
06/17/19	Transfer from Bremer Checking	transfer	1,500,000.00		1,860,455.28
07/02/19	41921	Interest	2,006.84		1,862,462.12
07/15/19	Transfer from Bremer Checking	transfer	1,000,000.00		2,862,462.12
07/24/19	Transfer from Bremer Checking	transfer	1,000,000.00		3,862,462.12
08/02/19	42379	Interest	6,092.25		3,867,554.37
09/10/19	Transfer to Bremer Checking	transfer		1,500,000.00	2,367,554.37
09/05/19	42901	Interest	1,367.47		2,368,921.84
09/06/19	42918	Interest	5,766.85		2,374,688.69
09/24/19	Transfer to Bremer Checking	transfer		1,000,000.00	1,374,688.69
10/08/19	43334	Interest	4,569.31		1,379,258.00
10/17/19	Trasfer to Bremer Checking	transfer		1,000,000.00	379,258.00
11/04/19	73894	Interest	1,528.54		380,786.54
					380,786.54
					380,786.54
	ENDING BALANCE				380,786.54

GREAT WESTERN BANK					
DATE	RECEIPT or CHECK #	DESCRIPTION	DEPOSITS	DISBURSEMENTS	BALANCE
01/01/19	BEGINNING BALANCE				75,942.18
01/04/19	39100	Interest	56.76		75,998.94
02/14/19	39665	Interest	56.80		76,055.74
03/04/19	39918	Interest	51.35		76,107.09
03/22/19	Transfer to Bremer savings	transfer		1,107.09	75,000.00
04/04/19	40443	Interest	52.99		75,052.99
05/03/19	40935	Interest	57.91		75,110.90
06/07/19	41500	Interest	56.14		75,167.04
07/02/19	41920	Interest	50.74		75,217.78
08/02/19	42378	Interest	59.84		75,277.62
09/05/19	42902	Interest	48.47		75,326.09
10/08/19	43335	Interest	47.84		75,373.93
11/04/19	43893	Interest	37.02		75,410.95
					75,410.95
	ENDING BALANCE				75,410.95

MAGIC FUND INVESTMENT					
DATE	RECEIPT or CHECK #	DESCRIPTION	DEPOSITS	DISBURSEMENTS	BALANCE
01/01/19	BEGINNING BALANCE				1,008,765.43
01/04/19	39102	Interest	1,506.52		1,010,271.95
02/14/19	39666	Interest	1,620.06		1,011,892.01
03/04/19	39919	Interest	1,460.78		1,013,352.79
04/04/19	40444	Interest	1,623.60		1,014,976.39
05/03/19	40937	Interest	5,073.14		1,020,049.53
06/10/19	transfer	transfer	1,000,000.00		2,020,049.53
06/07/19	41502	Interest	2,034.19		2,022,083.72
07/02/19	41922	Interest	3,351.93		2,025,435.65
08/02/19	42380	Interest	3,465.95		2,028,901.60
09/05/19	42903	Interest	1,934.83		2,030,836.43
09/11/19	transfer	transfer	500,000.00		2,530,836.43
10/08/19	43336	Interest	6,392.25		2,537,228.68
11/04/19	43895	Interest	4,178.39		2,541,407.07
					2,541,407.07
	ENDING BALANCE				2,541,407.07

Southwest Health and Human Services



Treasurer's Cash Trial Balance

As of 11/2019

<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		207,352.83	3,404,084.51	
Disbursements		48,884.24-	690,095.56-	
Payroll		209,208.05-	2,490,425.22-	
Journal Entries		0.00	20,416.24	
Fund Total		50,739.46-	243,979.97	1,985,685.37
5 Human Services Fund	410	General Administration		
	897.64			
Receipts		50,066.57	547,519.99	
Disbursements		50,245.21-	550,565.37-	
Payroll		13,487.38-	149,485.85-	
Journal Entries		0.00	3,612.33-	
Dept Total		13,666.02-	156,143.56-	156,245.92-
5 Human Services Fund	420	Income Maintenance		
	1,824,182.45-			
Receipts		1,350,879.87	8,043,972.97	
Disbursements		445,198.58-	3,313,343.05-	
Payroll		331,419.62-	3,955,553.45-	
Journal Entries		0.00	7,040.66	
Dept Total		574,261.67	782,117.13	1,042,065.32-
5 Human Services Fund	431	Social Services		
	8,246,573.56			
Receipts		2,192,793.82	15,124,278.74	
Disbursements		93,728.34-	1,356,112.50-	
SSIS		717,193.71-	7,428,691.63-	
Payroll		656,863.42-	7,801,002.70-	
Journal Entries		0.00	23,844.67-	
Dept Total		725,008.35	1,485,372.66-	6,761,200.90
5 Human Services Fund	461	Information Systems		
	3,026,319.53-			
Receipts		3,397.00	30,828.13	

Southwest Health and Human Services



SRK
12/9/19 9:22AM

Treasurer's Cash Trial Balance

As of 11/2019

Page 3

<u>Fund</u>		<u>Beginning Balance</u>	<u>This Month</u>	<u>YTD</u>	<u>Current Balance</u>
	Disbursements		131.34-	3,938.65-	
	Payroll		21,699.48-	217,390.41-	
	Dept Total		18,433.82-	190,500.93-	3,216,820.46-
5	Human Services Fund	471	LCTS Collaborative Agency		
		0.00			
	Receipts		65,794.00	257,177.00	
	Disbursements		65,794.00-	257,177.00-	
	Dept Total		0.00	0.00	0.00
	Fund Total	3,398,969.22	1,267,170.18	1,048,900.02-	2,347,069.20
61	Agency Health Insurance				
		736,904.37			
	Receipts		229,372.15	2,751,718.24	
	Disbursements		234,502.21-	2,292,776.59-	
	Fund Total		5,130.06-	458,941.65	1,195,846.02
71	LCTS Lyon Murray Collaborative Fund	471	LCTS Collaborative Agency		
		110,828.23			
	Receipts		25,002.00	114,328.00	
	Disbursements		0.00	80,374.00-	
	Dept Total		25,002.00	33,954.00	144,782.23
	Fund Total	110,828.23	25,002.00	33,954.00	144,782.23
73	LCTS Rock Pipestone Collaborative Fund	471	LCTS Collaborative Agency		
		44,776.45			
	Receipts		19,006.00	52,592.00	
	Disbursements		0.00	42,930.00-	
	Dept Total		19,006.00	9,662.00	54,438.45
	Fund Total	44,776.45	19,006.00	9,662.00	54,438.45
75	Redwood LCTS Collaborative	471	LCTS Collaborative Agency		

SRK
12/9/19 9:22AM

Southwest Health and Human Services



Treasurer's Cash Trial Balance

As of 11/2019

<u>Fund</u>	<u>Beginning Balance</u>	<u>This Month</u>	<u>YTD</u>	<u>Current Balance</u>
Receipts	51,342.63	22,303.00	96,012.00	
Disbursements		0.00	87,500.00-	
Dept Total		22,303.00	8,512.00	59,854.63
Fund Total	51,342.63	22,303.00	8,512.00	59,854.63
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		4,165,967.24	30,422,511.58	
Disbursements		938,483.92-	8,674,812.72-	
SSIS		717,193.71-	7,428,691.63-	
Payroll		1,232,677.95-	14,613,857.63-	
Total		1,277,611.66	294,850.40-	5,788,830.92

Southwest Health and Human Services



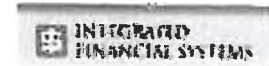
RM-Stmt of Revenues & Expenditures

As Of 11/2019

Report Basis: Cash

DESCRIPTION	CURRENT MONTH	YEAR TO-DATE	2019 BUDGET	% OF BUDG	% OF YEAR
FUND 1 HEALTH SERVICES FUND					
REVENUES					
CONTRIBUTIONS FROM COUNTIES	58,398.25-	966,705.00-	966,705.00-	100	92
INTERGOVERNMENTAL REVENUES	238.50-	174,032.13-	169,800.00-	102	92
STATE REVENUES	84,427.37-	730,344.53-	820,717.00-	89	92
FEDERAL REVENUES	16,801.85-	1,081,255.89-	1,265,748.00-	85	92
FEES	34,350.06-	423,440.27-	418,795.00-	101	92
EARNINGS ON INVESTMENTS	919.05-	11,877.75-	4,800.00-	247	92
MISCELLANEOUS REVENUES	5,393.76-	9,002.61-	9,219.00-	98	92
TOTAL REVENUES	200,528.84-	3,396,658.18-	3,655,784.00-	93	92
EXPENDITURES					
PROGRAM EXPENDITURES	0.00	0.00	0.00	0	92
PAYROLL AND BENEFITS	209,208.05	2,470,008.98	2,840,986.00	87	92
OTHER EXPENDITURES	42,060.25	682,669.23	804,798.00	85	92
TOTAL EXPENDITURES	251,268.30	3,152,678.21	3,645,784.00	86	92

Southwest Health and Human Services



RM-Stmt of Revenues & Expenditures

As Of 11/2019

Report Basis: Cash

DESCRIPTION	CURRENT MONTH	YEAR TO-DATE	2019 BUDGET	% OF BUDG	% OF YEAR
FUND 5 HUMAN SERVICES FUND					
REVENUES					
CONTRIBUTIONS FROM COUNTIES	1,822,160.76-	8,184,371.77-	10,835,767.00-	76	92
INTERGOVERNMENTAL REVENUES	397.55-	111,698.11-	132,267.00-	84	92
STATE REVENUES	482,205.60-	5,012,880.79-	5,224,156.00-	98	92
FEDERAL REVENUES	977,727.37-	6,929,653.84-	8,047,638.00-	86	92
FEES	183,825.13-	1,921,867.96-	2,415,391.00-	80	92
EARNINGS ON INVESTMENTS	4,824.90-	60,783.06-	25,200.00-	241	92
MISCELLANEOUS REVENUES	130,819.04-	1,198,321.64-	1,000,344.00-	120	92
TOTAL REVENUES	3,601,960.25-	23,417,577.17-	27,681,763.00-	85	92
EXPENDITURES					
PROGRAM EXPENDITURES	1,140,526.59	9,939,977.57	11,516,187.00	86	92
PAYROLL AND BENEFITS	1,023,648.54	12,145,255.40	13,537,287.00	90	92
OTHER EXPENDITURES	170,614.94	2,350,297.87	2,528,289.00	93	92
TOTAL EXPENDITURES	2,334,790.07	24,435,530.84	27,581,763.00	89	92

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				92
			Expend.	3,404.72	32,675.92	0.00	0 92
			Net	3,404.72	32,675.92	0.00	0 92
930 PROGRAM	Administration		Revenue	64,862.24-	997,386.30-	981,744.00-	102 92
			Expend.	50,093.18	582,754.05	666,823.00	87 92
			Net	14,769.06-	414,632.25-	314,921.00-	132 92
410 DEPT	General Administration	Totals:	Revenue	64,862.24-	997,386.30-	981,744.00-	102 92
			Expend.	53,497.90	615,429.97	666,823.00	92 92
			Net	11,364.34-	381,956.33-	314,921.00-	121 92
481 DEPT	Nursing						
100 PROGRAM	Family Health		Revenue	1,319.13-	24,729.38-	16,680.00-	148 92
			Expend.	1,738.18	26,907.52	15,351.00	175 92
			Net	419.05	2,178.14	1,329.00-	164- 92
103 PROGRAM	Follow Along Program		Revenue	2,535.37-	19,982.36-	26,966.00-	74 92
			Expend.	1,713.53	24,642.44	29,921.00	82 92
			Net	821.84-	4,660.08	2,955.00	158 92
110 PROGRAM	TANF		Revenue	0.00	125,546.73-	127,876.00-	98 92
			Expend.	0.00	124,742.81	122,911.00	101 92
			Net	0.00	803.92-	4,965.00-	16 92
130 PROGRAM	WIC		Revenue	0.00	435,281.00-	450,000.00-	97 92
			Expend.	36,261.31	459,991.11	524,339.00	88 92
			Net	36,261.31	24,710.11	74,339.00	33 92
140 PROGRAM	Peer Breastfeeding Support Program		Revenue	0.00	26,875.00-	55,438.00-	48 92
			Expend.	1,826.79	33,520.46	55,438.00	60 92
			Net	1,826.79	6,645.46	0.00	0 92
210 PROGRAM	CTC Outreach		Revenue	0.00	203,785.98-	270,034.00-	75 92
			Expend.	20,254.73	209,114.09	270,034.00	77 92
			Net	20,254.73	5,348.11	0.00	0 92
270 PROGRAM	Maternal Child Health - Title V		Revenue	9,421.84-	145,338.82-	238,279.00-	61 92
			Expend.	12,479.19	182,164.77	248,588.00	73 92
			Net	3,057.35	36,825.95	10,309.00	357 92

Southwest Health and Human Services



Revenues & Expend by Prog,Dept,Fund

Report Basis: Cash

Element	Description	Account Number		Current Month	Year-To-Date	Budget	% of Bdgt	% of Year
280 PROGRAM	MCH Dental Health		Revenue	14.28-	2,089.05-	43,200.00-	5	92
			Expend.	769.27	20,006.56	19,059.00	105	92
			Net	754.99	17,937.51	24,141.00-	74-	92
285 PROGRAM	MCH Blood Lead		Revenue					92
			Expend.	390.99	1,768.86	0.00	0	92
			Net	390.99	1,768.86	0.00	0	92
295 PROGRAM	MCH Car Seat Program		Revenue	1,096.50-	14,004.15-	31,000.00-	45	92
			Expend.	3,311.82	29,614.66	38,792.00	76	92
			Net	2,215.32	15,610.51	7,792.00	200	92
300 PROGRAM	Case Management		Revenue	27,612.33-	383,109.89-	347,800.00-	110	92
			Expend.	23,293.84	349,655.94	389,147.00	90	92
			Net	4,318.49-	33,453.95-	41,347.00	81-	92
330 PROGRAM	MNChoices		Revenue	32,923.28-	187,426.60-	157,000.00-	119	92
			Expend.	15,588.29	181,766.46	181,108.00	100	92
			Net	17,334.99-	5,660.14-	24,108.00	23-	92
603 PROGRAM	Disease Prevention And Control		Revenue	15,117.28-	136,713.66-	145,862.00-	94	92
			Expend.	19,202.37	167,804.87	227,721.00	74	92
			Net	4,085.09	31,091.21	81,859.00	38	92
660 PROGRAM	MIIC		Revenue	0.00	0.00	1,000.00-	0	92
			Expend.	62.01	905.52	109.00	831	92
			Net	62.01	905.52	891.00-	102-	92
481 DEPT	Nursing	Totals:	Revenue	90,040.01-	1,704,842.62-	1,811,135.00-	89	92
			Expend.	136,892.32	1,812,606.07	2,122,518.00	85	92
			Net	46,852.31	107,763.45	211,383.00	51	92
483 DEPT	Health Education		Revenue					
			Expend.					
			Net					
500 PROGRAM	Direct Client Services		Revenue	958.31-	7,462.04-	2,270.00-	329	92
			Expend.	266.48	8,593.29	30,942.00	28	92
			Net	691.83-	1,131.25	28,672.00	.4	92
510 PROGRAM	SHIP		Revenue	21,122.08-	207,266.26-	226,690.00-	91	92
			Expend.	17,611.66	203,805.95	226,690.00	90	92
			Net	3,510.42-	3,460.31-	0.00	0	92
540 PROGRAM	Toward Zero Deaths (TZD) Safe Roads		Revenue	4,515.85-	10,611.69-	17,009.00-	62	92
			Expend.	1,385.42	11,771.99	23,440.00	50	92
			Net	3,130.43-	1,160.30	6,431.00	18	92

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 Bdat</u>	<u>% of Year</u>
541 PROGRAM	Toward Zero Deaths (TZD) Safe Roads		Revenue					92
			Expend.	899.08	1,054.82	0.00	0	92
			Net	899.08	1,054.82	0.00	0	92
550 PROGRAM	P&I Grant		Revenue	0.00	174,124.49-	189,326.00-	92	92
			Expend.	11,944.87	151,975.55	189,326.00	80	92
			Net	11,944.87	22,148.94-	0.00	0	92
900 PROGRAM	Emergency Preparedness		Revenue	0.00	69,357.15-	97,210.00-	71	92
			Expend.	6,996.63	81,667.43	97,210.00	84	92
			Net	6,996.63	12,310.28	0.00	0	92
483 DEPT	Health Education	Totals:	Revenue	26,596.24-	468,821.63-	532,505.00-	88	92
			Expend.	39,104.14	458,869.03	567,608.00	81	92
			Net	12,507.90	9,952.60-	35,103.00	28-	92
485 DEPT	Environmental Health							
800 PROGRAM	Environmental		Revenue	15,415.32-	192,648.65-	204,100.00-	94	92
			Expend.	16,652.65	232,168.38	288,835.00	80	92
			Net	1,237.33	39,519.73	84,735.00	47	92
809 PROGRAM	Environmental Water Lab		Revenue	3,615.03-	32,958.98-	26,300.00-	125	92
			Expend.	4,992.30	28,565.16	0.00	0	92
			Net	1,377.27	4,393.82-	26,300.00-	17	92
830 PROGRAM	FDA Standardization Grant		Revenue					92
			Expend.	128.99	5,039.60	0.00	0	92
			Net	128.99	5,039.60	0.00	0	92
485 DEPT	Environmental Health	Totals:	Revenue	19,030.35-	225,607.63-	230,400.00-	98	92
			Expend.	21,773.94	265,773.14	288,835.00	92	92
			Net	2,743.59	40,165.51	58,435.00	69	92
1 FUND	Health Services Fund	Totals:	Revenue	200,528.84-	3,396,658.18-	3,655,784.00-	93	92
			Expend.	251,268.30	3,152,678.21	3,645,784.00	86	92
			Net	50,739.46	243,979.97-	10,000.00-	2,440	92

Southwest Health and Human Services



Revenues & Expend by Prog,Dept,Fund

Report Basis: Cash

Element	Description	Account Number	Current Month	Year-To-Date	Budget	% of Bdgt	% of Year
5 FUND	Human Services Fund						
410 DEPT	General Administration						
0 PROGRAM	...						
			Revenue				92
			Expend.	13,666.02	154,587.21	82,029.00	188 92
			Net	13,666.02	154,587.21	82,029.00	188 92
410 DEPT	General Administration	Totals:	Revenue				92
			Expend.	13,666.02	154,587.21	82,029.00	188 92
			Net	13,666.02	154,587.21	82,029.00	188 92
420 DEPT	Income Maintenance						
0 PROGRAM	...		Revenue				92
			Expend.	116.26	1,415.47	0.00	0 92
			Net	116.26	1,415.47	0.00	0 92
600 PROGRAM	Income Maint Administrative/Overhea		Revenue	585,072.61-	2,653,909.44-	3,458,246.00-	77 92
			Expend.	113,076.13	1,400,061.49	1,507,646.00	93 92
			Net	471,996.48-	1,253,847.95-	1,950,600.00-	64 92
601 PROGRAM	Income Maint/Random Moment Payro		Revenue				92
			Expend.	192,190.62	2,232,824.32	2,522,830.00	89 92
			Net	192,190.62	2,232,824.32	2,522,830.00	89 92
602 PROGRAM	Income Maint FPI Investigator		Revenue	15,167.00-	49,626.00-	62,418.00-	80 92
			Expend.	4,822.07	57,210.05	62,418.00	92 92
			Net	10,344.93-	7,584.05	0.00	0 92
605 PROGRAM	MN Supplemental Aid (MSA)/GRH		Revenue	1,580.00-	53,650.14-	50,000.00-	107 92
			Expend.	0.00	56,358.91	50,000.00	113 92
			Net	1,580.00-	2,708.77	0.00	0 92
610 PROGRAM	TANF(AFDC/MFIP/DWP)		Revenue	265.00-	10,218.75-	20,000.00-	51 92
			Expend.	0.00	4,249.19	20,800.00	20 92
			Net	265.00-	5,969.56-	800.00	746- 92
620 PROGRAM	General Asst (GA)/General Relief/Burl.		Revenue	1,825.54-	22,597.26-	27,500.00-	82 92
			Expend.	6,216.70	206,357.81	251,000.00	82 92
			Net	4,391.16	183,760.55	223,500.00	82 92
630 PROGRAM	Food Support (FS)		Revenue	112,598.00-	506,433.24-	517,000.00-	98 92
			Expend.	0.00	8,368.22	6,600.00	127 92
			Net	112,598.00-	498,065.02-	510,400.00-	98 92

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>
640 PROGRAM	Child Support (IVD)		Revenue	276,360.94-	1,420,816.81-	1,686,850.00-	84	92
			Expend.	80,013.97	1,012,023.69	1,089,896.00	93	92
			Net	196,346.97-	408,793.12-	596,954.00-	68	92
650 PROGRAM	Medical Assistance (MA)		Revenue	357,985.07-	3,324,370.39-	3,325,000.00-	100	92
			Expend.	380,156.74	2,281,549.74	2,517,000.00	91	92
			Net	22,171.67	1,042,820.65-	808,000.00-	129	92
680 PROGRAM	Refugee Cash Assistance (RCA)		Revenue	0.00	913.99-	0.00	0	92
			Expend.					92
			Net	0.00	913.99-	0.00	0	92
420 DEPT	Income Maintenance	Totals:	Revenue	1,350,854.16-	8,042,536.02-	9,147,014.00-	88	92
			Expend.	776,592.49	7,260,418.89	8,028,190.00	90	92
			Net	574,261.67-	782,117.13-	1,118,824.00-	70	92
431 DEPT	Social Services							
700 PROGRAM	Social Service Administrative/Overhea		Revenue	1,674,194.26-	8,638,470.57-	10,543,762.00-	82	92
			Expend.	197,633.75	2,474,911.98	2,739,098.00	90	92
			Net	1,476,560.51-	6,163,558.59-	7,804,664.00-	79	92
701 PROGRAM	Social Services/SSTS		Revenue					92
			Expend.	552,935.38	6,574,836.54	7,186,878.00	91	92
			Net	552,935.38	6,574,836.54	7,186,878.00	91	92
710 PROGRAM	Children's Social Services Programs		Revenue	43,511.90-	1,693,760.03-	1,877,040.00-	90	92
			Expend.	314,395.49	3,324,703.00	4,077,941.00	82	92
			Net	270,883.59	1,630,942.97	2,200,901.00	74	92
712 PROGRAM	CIRCLE Program		Revenue	20.00-	5,020.00-	5,000.00-	100	92
			Expend.	642.65	4,993.81	8,000.00	62	92
			Net	622.65	26.19-	3,000.00	1-	92
713 PROGRAM	STAY Program Grant (formerly SELF)		Revenue	13,525.00-	55,105.00-	54,100.00-	102	92
			Expend.	2,893.15	29,371.12	54,100.00	54	92
			Net	10,631.85-	25,733.88-	0.00	0	92
715 PROGRAM	Childrens Waivers		Revenue	0.00	89,927.65-	90,000.00-	100	92
			Expend.	0.00	0.00	2,000.00	0	92
			Net	0.00	89,927.65-	88,000.00-	102	92
716 PROGRAM	FGDM/Family Group Decision Making		Revenue	397.55-	24,921.40-	56,914.00-	44	92
			Expend.	3,676.55	19,654.48	56,914.00	35	92
			Net	3,279.00	5,266.92-	0.00	0	92

Southwest Health and Human Services

Revenues & Expend by Prog,Dept,Fund



Report Basis: Cash

<u>Element</u>	<u>Description</u>	<u>Account Number</u>		<u>Current Month</u>	<u>Year-To-Date</u>	<u>Budget</u>	<u>% of</u>	<u>% of</u>
							<u>Bdgt</u>	<u>Year</u>
717 PROGRAM	AR/Alternative Response Discretion Fi		Revenue	14,584.00-	51,630.47-	58,390.00-	88	92
			Expend.	2,784.13	18,145.23	58,336.00	31	92
			Net	11,799.87-	33,485.24-	54.00-	62,010	92
718 PROGRAM	PSOP/Parent Support Outreach Progra		Revenue	0.00	9,620.00-	40,539.00-	24	92
			Expend.	227.52	4,565.98	40,539.00	11	92
			Net	227.52	5,054.02-	0.00	0	92
720 PROGRAM	Ch Care/Ch Prot		Revenue	1,500.00-	21,350.00-	21,000.00-	102	92
			Expend.	0.00	936.70	3,000.00	31	92
			Net	1,500.00-	20,413.30-	18,000.00-	113	92
721 PROGRAM	CC-Basic Slide Fee/Cty Match to DHS		Revenue	5,398.01-	36,178.14-	38,238.00-	95	92
			Expend.	0.00	38,870.85	43,865.00	88	92
			Net	5,398.01-	2,692.71	5,827.00	48	92
726 PROGRAM	MFIP/SW MN PIC		Revenue	1,238.00-	14,166.00-	372,000.00-	4	92
			Expend.	0.00	0.00	285,390.00	0	92
			Net	1,238.00-	14,166.00-	86,610.00-	16	92
730 PROGRAM	Chemical Dependency		Revenue	37,943.22-	260,119.84-	273,000.00-	95	92
			Expend.	16,320.55	478,349.12	519,000.00	92	92
			Net	21,622.67-	218,229.28	246,000.00	89	92
740 PROGRAM	Mental Health (Both Adults/Children)		Revenue	0.00	103.95-	0.00	0	92
			Expend.					92
			Net	0.00	103.95-	0.00	0	92
741 PROGRAM	Mental Health/Adults Only		Revenue	173,277.21-	971,262.32-	1,348,451.00-	72	92
			Expend.	117,071.84	1,328,609.94	1,737,482.00	76	92
			Net	56,205.37-	357,347.62	389,031.00	92	92
742 PROGRAM	Mental Health/Children Only		Revenue	90,334.17-	725,286.42-	784,100.00-	92	92
			Expend.	164,518.79	1,688,277.24	1,852,300.00	91	92
			Net	74,184.62	962,990.82	1,068,200.00	90	92
750 PROGRAM	Developmental Disabilities		Revenue	24,244.62-	702,308.98-	815,161.00-	86	92
			Expend.	26,035.33	319,062.53	389,361.00	82	92
			Net	1,790.71	383,246.45-	425,800.00-	90	92
760 PROGRAM	Adult Services		Revenue	99,587.48-	1,134,030.97-	1,419,500.00-	80	92
			Expend.	22,998.61	76,159.07	31,150.00	244	92
			Net	76,588.87-	1,057,871.90-	1,388,350.00-	76	92

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	2,159.67-	653,774.28-	702,000.00-	93	92
			Expend.	34,773.00	160,571.09	102,000.00	157	92
			Net	32,613.33	493,203.19-	600,000.00-	82	92
431 DEPT	Social Services	Totals:	Revenue	2,181,915.09-	15,087,036.02-	18,499,195.00-	82	92
			Expend.	1,456,906.74	16,542,018.68	19,187,154.00	86	92
			Net	725,008.35-	1,454,982.66	687,959.00	211	92
461 DEPT	Information Systems		Revenue	3,397.00-	30,828.13-	35,554.00-	87	92
0 PROGRAM	...		Expend.	21,830.82	221,329.06	284,390.00	78	92
			Net	18,433.82	190,500.93	248,836.00	77	92
461 DEPT	Information Systems	Totals:	Revenue	3,397.00-	30,828.13-	35,554.00-	87	92
			Expend.	21,830.82	221,329.06	284,390.00	78	92
			Net	18,433.82	190,500.93	248,836.00	77	92
471 DEPT	LCTS Collaborative Agency		Revenue	65,794.00-	257,177.00-	0.00	0	92
702 PROGRAM	LCTS		Expend.	65,794.00	257,177.00	0.00	0	92
			Net	0.00	0.00	0.00	0	92
471 DEPT	LCTS Collaborative Agency	Totals:	Revenue	65,794.00-	257,177.00-	0.00	0	92
			Expend.	65,794.00	257,177.00	0.00	0	92
			Net	0.00	0.00	0.00	0	92
5 FUND	Human Services Fund	Totals:	Revenue	3,601,980.25-	23,417,577.17-	27,681,763.00-	85	92
			Expend.	2,334,790.07	24,435,530.84	27,581,763.00	89	92
			Net	1,267,170.18-	1,017,953.67	100,000.00-	1,018-	92
FINAL TOTALS	1,043 Accounts		Revenue	3,802,489.09-	26,814,235.35-	31,337,547.00-	86	92
			Expend.	2,586,058.37	27,588,209.05	31,227,547.00	88	92
			Net	1,216,430.72-	773,973.70	110,000.00-	704 -	92

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	2606	577	3183
November	2646	612	3258
December			0
Average	2654	588	2971

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	9	321	12	0	260	75	873	14	255	447	340	2606
November	9	316	12	0	269	76	869	15	291	450	339	2646
December												0
	9	320	13	0	260	57	889	18	295	453	339	2432

Children's - Social Services Caseload

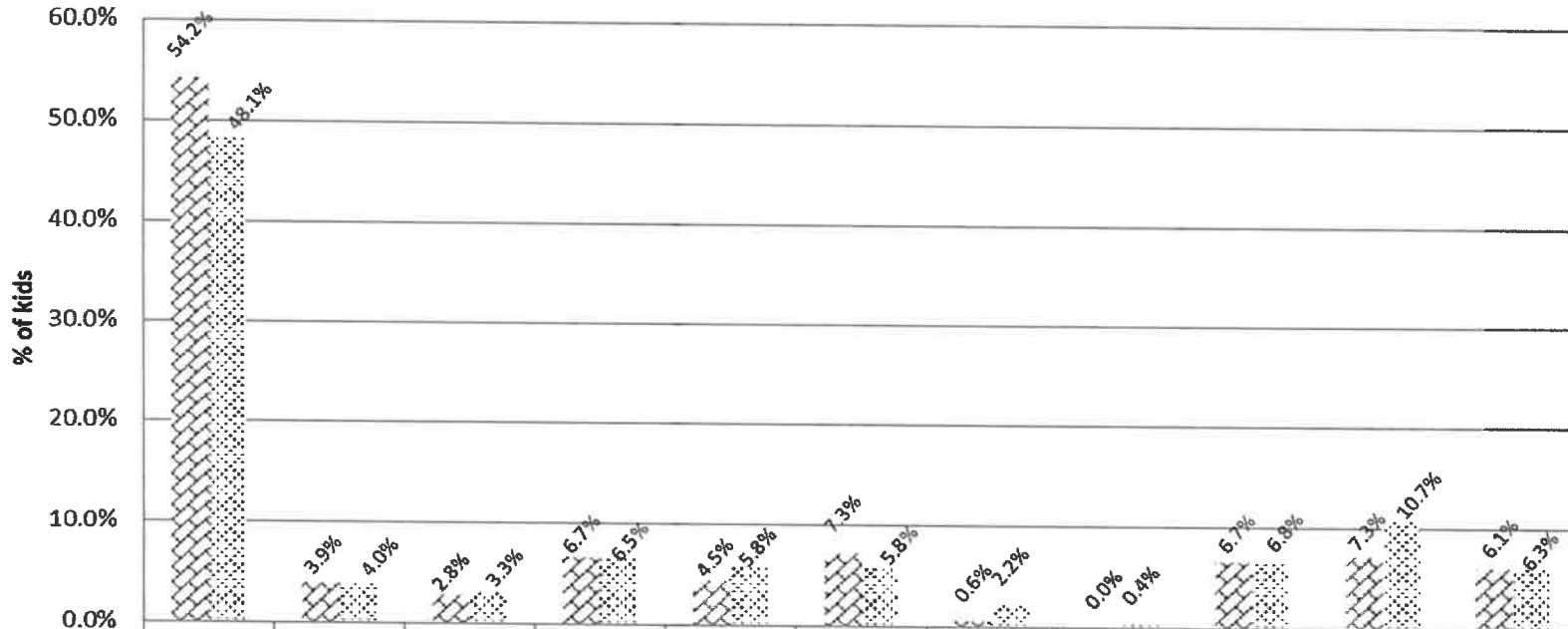
Average	Adolescent Independent Living (ALS)	Adoption	Child Brain Injury (BI)	Child Community Alternative Care (CAC)	Child Community Alternatives for Disabled Individuals (CADI)	Child Protection (CP)	Child Welfare (CW)	Children's Mental Health (CMH)	Early Intervention: Infants & Toddlers with Disabilities	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	36	23	0	11	41	169	178	89	0	1	29	577
November	36	23	0	11	40	181	192	86	0	0	43	612
December												0
	35	18	0	11	39	170	189	95	0	0	30	539

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	5	4		7	9
Lyon	40	39	38	40	43	45	41	47	43	49	48		43	44
Murray	10	12	12	10	11	10	10	8	7	7	9		10	12
Pipestone	21	22	23	25	23	24	23	27	27	27	27		24	16
Redwood	71	67	69	65	69	66	65	66	70	66	70		68	80
Rock	15	15	20	20	21	19	21	24	23	23	21		20	16
Monthly Totals	165	163	170	168	173	170	167	179	175	177	179	0		

**November 2019 - Placement by Category
179 Kids in Placement**



Foster home:	97	Foster home - corporate:	7	Group Home:	5	Residential treatment center:	12	Supervised independent living:	8	Pre-adoptive home:	13	Juvenile correctional facility (non-secure):	1	Non-custodial parent's home:	0	Child's reunification home:	12	Other: 13 Pre-kinship home = 12 Hospital = 1	13	Probation Placement:	11
∴ Month %	54.2%	∴ Month %	3.9%	∴ Month %	2.8%	∴ Month %	6.7%	∴ Month %	4.5%	∴ Month %	7.3%	∴ Month %	0.6%	∴ Month %	0.0%	∴ Month %	6.7%	∴ Month %	7.3%	∴ Month %	6.1%
∴ Yearly Avg	48.1%	∴ Yearly Avg	4.0%	∴ Yearly Avg	3.3%	∴ Yearly Avg	6.5%	∴ Yearly Avg	5.8%	∴ Yearly Avg	5.8%	∴ Yearly Avg	2.2%	∴ Yearly Avg	0.4%	∴ Yearly Avg	6.8%	∴ Yearly Avg	10.7%	∴ Yearly Avg	6.3%

November 2019: Total kids in placement = 179

Total of 10 Children entered placement

1	Lyon	Foster Home
3	Murray	Foster Home
6	Redwood	Foster Home

Total of 8 Children were discharged from placement (discharges from previous month)

1	Lyon	Foster Home
1	Lyon	Child's Reunification Home
1	Lyon	Supervised Independent Living
1	Murray	Child's Reunification Home
1	Redwood	Probation
1	Redwood	Pre-Kinship Home
1	Rock	ADOPTED
1	Rock	Child's Reunification Home

NON IVD COLLECTIONS
NOVEMBER 2019

PROGRAM	ACCOUNT	TOTAL
MSA/GRH	05-420-605.5802	1,580
TANF (MFIP/DWP/AFDC)	05-420-610.5803	265
GA	05-420-620.5803	50
FS	05-420-630.5803	70
CS (PI Fee, App Fee, etc)	05-420-640.5501	618
MA Recoveries & Estate Collections (25% retained by agency)	05-420-650.5803	55,216
REFUGEE	05-420-680.5803	0
CHILDRENS		
Court Visitor Fee	05-431-700.5514	0
Parental Fees, Holds	05-431-710.5501	8,078
OOH/FC Recovery	05-431-710.5803	12,023
CHILDCARE		
Licensing	05-431-720.5502	500
Corp FC Licensing	05-431-720.5505	1,000
Over Payments	05-431-721&722.5803	3,625
CHEMICAL DEPENDENCY		
CD Assessments	05-431-730.5519	4,874
Detox Fees	05-431-730.5520	1,361
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		89,269



Southwest Health and Human Services
Public Health
202019 Fees

Dental Varnish	\$25/Visit
Flu Vaccine	Cost of vaccine + \$20 administration fee \$40-\$50
Non-MNVFC Hepatitis B	\$60.00
Refugee Health/Green Card	\$20
Immunizations	\$20/immunization administration
Mantoux Testing	\$25/test
Sharps Containers	2 gal \$12, 1 gal \$9, 1 qt \$7 - includes disposal fee
Public Health Nursing Clinic and Family Home Visits	
Home	\$150.00
Office Visit	\$120/visit
New Day Care Inspections	\$75/hour/staff with minimum of one hour charge \$150.00
Education/Wellness/Car Seat Presentations	\$75/hour/staff with minimum of one hour charge
Radon Kits-Short Term	\$6.00/kit (fee includes tax)
Blood Lead Education (per 15 min)	\$30 1
Blood Lead Education (per 30 min)	\$50.00
Blood Lead Screening	\$15
Depression Screening	\$25
ASQ or ASQ-SE (staff administered)	\$25
Car Seat Install and Educations	\$85
Urine Analysis (Drug Screening)	\$40
Personal Care Assessment	\$300/visit

***Service will not be denied to anyone who is unable to pay.
Client unable to pay the set rate will be asked for a donation.***



Public Health
Prevent. Promote. Protect.

Community Health Improvement Plan



2020-2024

Southwest Health & Human Services

Lincoln, Lyon, Murray, Pipestone, Redwood, and Rock Counties



**SOUTHWEST
HEALTH & HUMAN
SERVICES**

**Southwest Health & Human Services
607 W Main St. Ste 200
Marshall, MN 56258
507-537-6713**

Southwest Health and Human Services (SWHHS) Community Health Improvement Plan was approved and adopted on December 18, 2019 by the Southwest Health and Human Services Community Health Board.

SWHHS Community Health Board Chair, Commissioner Sherri Thompson

Contents

Community Health Improvement Plan	5
Executive Summary	5
Planning Process.....	6
Community Health Themes and Rankings	6
Top Ten Public Health Concerns by Topic Area.....	8
Community Health Priority Area	10
Action Plan Format	11
2020-2024 Priority: Mental Health	11
Priority 1: Improve Awareness About Mental Health and Well-being	11
Why Focusing On Mental Health Is Important.....	11
Community Engagement.....	14
Community Assets and Resources.....	14
About Strategy 1.1: Form a mental health and well-being collaborative to create a unified message and framework for improving mental health and well-being.	15
About Strategy 1.2 Maintain and make public a current resource list through a sponsored website. .	15
About Strategy 1.3 Organize service delivery and referral systems so there is “no wrong door” in the community.....	15
About Strategy 1.4 Develop wellness coaching pilot to help people connect with resources.	15
Priority 2: Talk About What Creates Health and Well-being	16
Why talking about what impacts health is important?	16
Community Engagement.....	18
Existing community assess and resources	18
About Strategy 2.1: Communicate the impact of poverty on health	18
About Strategy 2.2: Organize service delivery and referral systems so there is “no wrong door” in the community.....	18
Bibliography	20
Appendix A:.....	21

Priority 1: Improve Awareness About Mental Health and Well-being	21
Overall Goal: Improve awareness about mental health and well-being in the SWHHS counties.....	21
Alignment with State/National Priorities	22
Priority 1 Action Plan	23
Strategy 1.1 Form a mental health and well-being collaborative to create a unified message and framework for improving mental health and well-being.	23
Strategy 1.2 Maintain and make public a current resource list through a sponsored website.	24
Strategy 1.3 Organize service delivery and referral systems so there is “no wrong door” in the community.....	25
Strategy 1.4 Develop wellness coaching to help people connect with resources	26
Priority 2: Talk About What Creates Health and Well-being	28
Overall Goal: Expand conversations on what is needed to be healthy and increase awareness regarding health disparities like geography, race, poverty, and lack of education as a root cause of health issues.	28
Alignment with State/National Priorities	30
Priority 2 Action Plan	31
Strategy 2.1 Communicate the impact of poverty on health	31
Strategy 2.2 Organize service delivery and referral systems so there is “no wrong door” in the community.....	32
Appendix B: Quality of Life Survey LiveWell	34
Appendix C: Quality of Life Survey SWHHS/Avera Marshall.....	36
Appendix D: LiveWell Prioritization Activity.....	38
Appendix E: SWHHS Prioritization Activity	40
Appendix F: County level data in CHIP	43

Community Health Improvement Plan

Executive Summary

The Southwest Health and Human Services (SWHHS) Community Health Improvement Plan (CHIP) is a long-term plan that identifies health priorities, goals, objectives and action steps to improve the health of our communities. A Community Health Assessment (CHA) was completed in early 2019 and that information in addition to a regional quality of life survey and input from SWHHS staff and community partners, helped us devise the CHIP.

In Minnesota, CHIPs are developed for the geographic regions covered by Community Health Boards (CHBs). By law, every Minnesota CHB must submit a CHIP to the Minnesota Department of Health every five years. SWHHS's covers six counties in Southwest Minnesota: Lincoln, Lyon, Murray, Pipestone, Redwood, and Rock.

73,999

Population

42.7

Median Age

Language

- **5.1 %** - Language other than English spoken at home (2)

Income

- **11.3%** - Residents living below 100% of the Federal Poverty Level (\$12,140 for 1st person + \$4,320 for each additional person)
- **\$52,838** - Median Household Income
- **30.9%** - Population below 200% of Federal Poverty Level (\$24,280 for 1st person + \$8,640 for each additional person) (1) (2)

Race

- **1.3%** - Non-Hispanic American Indian and Alaska Native Alone
- **2.3%** - Non-Hispanic Asian Alone
- **1.7%** - Non-Hispanic Black or African American Alone
- **1.0%** - Non-Hispanic Two or More Races
- **89.3%** - Non-Hispanic White Alone (2)

Education among Residents Ages 25+

- **9.5%** - No high school diploma
- **35.5%** - High school diploma (include GED)
- **33.1%** - Some college or Associate's degree
- **16.4%** - Bachelor's degree
- **5.5%** - Advanced degree (2)

Ethnicity

- **3.6%** - Hispanic Origin of any Race (2)

National Origin

- **4.1%** - Foreign Born (2)

Gender

- **49.8%** - Male
- **50.2%** - Female (2)

*Other genders not available in US Census Data

SWHHS led the CHIP process and identified Mental Health as the top priority area for the plan.

SWHHS Mission: we are a multi-county agency committed to strengthening individuals, families and communities by providing quality services in a respectful, caring and cost-effective manner.

Planning Process

Community Health Themes and Rankings

Multiple methods were used to identify the top health issues in the SWHHS counties. SWHHS staff worked to identify health concerns by topic area through data collection and review. This information was pulled from local, county, regional, and state-level data for all six counties along with comparison data from state or region as available and compiled into the SWHHS CHA report. (3) Additional data was gathered from hospital community health needs assessments at Avera, Sanford, Hendricks Hospital, United Community Action Partnership 2018 Community Needs Assessment and city comprehensive plans in Luverne, Redwood Falls, and Marshall and county comprehensive plans.



Early in the process staff met with hospital staff in eight of the nine area hospitals. All of the hospital staff echoed that mental health was a main concern. Hospitals were most concerned about the lack of capacity to hold a patient until they could be placed in a mental health facility. None of the hospitals have rooms equipped with the special needs of mental health patients which can impact safety of patients and hospital staff.

In the summer of 2017, SWHHS contracted with Wilder Research to conduct a community health needs assessment to identify the health needs and assets of prominent cultural groups in the six-county region. Wilder Research conducted five focus groups with four cultural communities in the Southwest region: American Indian (Lower Sioux), Hmong, Latino, and Somali.

In addition to the data collection and review, in May of 2017, SWHHS staff invited community partners from the Lower Sioux Indian Community, Redwood Area Hospital and a School Board member from Westbrook-Walnut Grove to join a Mobilizing for Action through Planning and Partnership (MAPP) training. MAPP is a community driven strategic planning process for improving community health. After the training, the LiveWell Steering Committee was created.

The first few meetings that LiveWell conducted was to determine their mission and vision.

Mission - LiveWell is a community wide partnership focused on enhancing all areas of health and well-being for all those that live, learn, work, and play in Redwood County.

Vision - Facilitate a process to help communities prioritize health issues and disparities, identify resources and take action.

Along with the mission and vision, values describe how LiveWell operates; they are the underlying assumptions of the work.

Sustainability - The capacity for our efforts and initiatives to be maintained; endurance of our systems and processes over time.

Unity/Collaboration - The joining together of community partners taking action towards producing and creating successful health outcomes.

Holistic Approach - Looking at how decisions will impact the interdependent parts of mind, body, and spirit when approaching health and wellbeing of individuals and the community.

Inclusion - The act or practice of incorporating input from individuals and communities to develop an overall strategic plan for health. To value differences and celebrate diversity of all.

Communication - The transparent and open dialogue with individuals and community on all levels of health planning.

Equity - A state where all individuals and communities have the opportunity to reach their highest potential.

Through many LiveWell meetings and four MAPP assessments, the top 20 health priorities were identified. One of the assessments included a quality of life survey conducted the summer of 2018 where 649 community members participated. A modified Hanlon method was used to develop the top 20 health priorities which included information from LiveWell's quality of life survey (Appendix B), which ranked health problems. The second component that produced the size score came from data collected from various sources on health topics compiled in the CHA. The last component was the seriousness score where the LiveWell Steering Committee reviewed a set of five two-point questions to determine seriousness. Those three scores were added together with the highest scored health issues becoming the top 20 health priorities in Redwood County (Appendix D).



After the top 20 health priorities were identified, two community meetings were held in Redwood County, one in Redwood Falls and one in Walnut Grove with a total of 28 community members participating. At these meetings round table discussion about the data associated with the top twenty

priorities was presented in order to narrow down the number to the top ten health priorities. After the discussion, ten votes per person were given out in the form of dots. The dots were placed by the health issue the community member felt had the highest priority. Those with the most dots became the top ten health priorities for Redwood County.

A slightly different process was used in determining the top ten health priorities in Lincoln, Lyon, Murray, Pipestone, and Rock counties. A quality of life survey was conducted in partnership with Avera Marshall during December 2018 to January 2019 where 1,206 community members participated in the five counties (Appendix C). Information from the quality of life survey along with data from various data sources was used in determining the top 20 health priorities.

When looking for a community group that covers Lincoln, Lyon, Murray, Pipestone, and Rock counties the group felt the Statewide Health Improvement Partnership (SHIP) Community Leadership Teams (CLT) would fit the best. Their mission is *Enhance health and well-being through increased consumption of healthy foods, increased physical activity and reduced use and exposure to tobacco*. Their vision is *Building healthy communities by encouraging healthy lifestyles*. Their vision statement is very similar in focus to that of LiveWell's.

SWHHS did a prioritization activity with our northern and southern SHIP CLTs, Focus (SWHHS Supervisor team) and our Public Health staff (Appendix E). Each attendee was given a worksheet with the top issues that emerged in the Quality of Life survey. The participants were asked to examine each issue and rank the top three issues that could be addressed based on each criterion, if that criterion was the only one used. After a presentation, each person completed the worksheet. Top priorities were ranked on a three-point scale with 3 as the top priority, 2 as the second-highest priority, and 1 as the third-highest priority, and other others scored as zero. Using this scale, all participant's priority scores were combined and summed, and then presented to the group for discussion. Those with the highest priority scores became the top ten health priorities.

Top Ten Public Health Concerns by Topic Area

The topics on the next page represent the results of the community ranking.



SOUTHWEST
HEALTH & HUMAN
SERVICES

**2019
LINCOLN, LYON,
MURRAY, PIPESTONE &
ROCK COUNTIES
TOP 10 HEALTH
CONCERNS**



#1 Mental Health



**Tobacco &
e-Cigarette Use
& Exposure
#2**



**Lack of
Physical
Activity
#3**



**Lack of
Healthy Food
#4**



**Obesity
#5**



**Dental
Issues
#6**



**Child Abuse
#7**



**Aging Problems
#8**



**Drug Related
Illness & Death
#9**



**Unhealthy
Environment
#10**



LiveWell
Building Healthy Communities

**2019
REDWOOD COUNTY
TOP 10 HEALTH
CONCERNS**



#1 Mental Health



**Child Abuse
#2**



**Suicide
#3**



**Lack of
Healthy Food
#4**



**Health Care
Worker
Shortage
#5**



**Child Care
Access
#6**



**Drug Related
Illness & Death
#7**



**Tobacco &
e-Cigarette Use
& Exposure
#8**



**Lack of
Physical
Activity
#9**



**Dental
Issues
#10**

Community Health Priority Area

The SWHHS CHIP was developed over of a period from September-December 2019 using findings from the CHA and the key informant interviews/rankings.

During this time LiveWell Steering Committee members gave input on:

- What current prevention work was focused on the issue?
- What resources were currently available?
- Who in the community would support this work?
- What potential barriers are there to addressing the issue?
- What are your initial thoughts about goals or strategies that may be developed around this strategic issue?

The information provided by the community was the start of research done around prevention strategies.

Anna Lynn, Mental Health Promotion Coordinator from Minnesota Department of Health was utilized as a topic expert. She provided information on ongoing efforts and a list called *Specific Mental Health Promotion and Prevention Examples* along with *Mental Health and Well-being Activity Matrix: Examples of Public Health Related Activities*.

The information from the community and Anna Lynn was compiled for the LiveWell Steering Committee to review. Much of what was on the list were things that the LiveWell members thought we could do, and collectively the list was very long. The information was given back to the LiveWell Core Team to narrow down the strategies to a more manageable list. Priority one was developed with this goal in mind. Prevention starts with awareness and understand of the stigma around mental illness.

The SWHHS CHIP workgroup and program staff reviewed the first priority. They also selected the final priority because of multiple conversations throughout the community on what causes health and well-being. From there they developed specific objectives, strategies, and action items for the priority area.

The Community Health Assessment and Community Health Improvement Plan Workgroup Members

- Ann Orren, Community Public Health Supervisor
- Carol Biren, Public Health Division Director
- Marie Meyers, Nursing Supervisor
- Michelle Salfer, Public Health Program Specialist
- Tanlee Noomen, Health and Human Services Aide

A special thank you to Linda Bauck-Todd, Minnesota Department of Health Nursing Consultant, Ann March, Minnesota Department of Health Public Health Assessment Planner, Ann Kinney, Minnesota

Center for Health Statistics Senior Research Scientist and Anna Lynn, Minnesota Department of Health Mental Health Promotion Coordinator for assistance throughout the CHA and CHIP development processes.

Thank you also to LiveWell Core Team, Stacey Heiling, CarrisHealth-Redwood; Kara Siegfried, Lower Sioux Indian Community; Darin Prescott, Lower Sioux Community Health and Maydra Maas, Citizen at Large. Thank you also to LiveWell Steering Committee members, Northern CLT and Southern CLT members.

Action Plan Format

The rest of the CHIP document is organized by the priority area of Mental Health. The section includes several goals with objectives and strategies. Below are the definitions of key terms used in these sections:

Priority Underlying challenges that need to be addressed to achieve our vision

Goal Answers the question “What do we want to achieve by addressing this priority?”

Objective is a measurable outcome that the community wants to achieve by focusing on the particular goal.

Strategy Answers the question, “How do we want to achieve our goal? What action is needed?”

Action plan is a document which includes tactics that describe who, what, when, where, and how activities will take place to implement a strategy.

Baseline At the start of the project, data is collected to determine what difference has been made by measuring the same data set at the end of the project.

2020-2024 Priority: Mental Health

Priority 1: Improve Awareness About Mental Health and Well-being

What can we do to improve awareness, reduce stigma, and promote resiliency practices in our community around mental health and well-being?

Why Focusing On Mental Health Is Important

We all have mental health. At any one time, depending on one’s economic circumstances, environment, sleep, nutrition, physical activity, genetics, and experiences our mental health can be anywhere on the spectrum from flourishing to recovery.



Minnesota Department of Health, (2019) (4)

1. **Flourishing** - Good mental health and no mental illness
2. **Languishing** - Poor mental health, no mental illness (e.g. socially isolated, feel disempowered, no sense of purpose, unemployment, high stressors- poor housing, poverty)
3. **Mental illnesses and poor mental health**
4. **Recovery** - Mental illness- symptoms of mental illness are managed. Also experiencing good mental health (e.g. strong support system, life satisfaction and purpose, a home, employment, sense of empowerment, and positive identity). (4)

In the 2019 Minnesota Student Survey, 21 percent of 9th grade students report having a long-term (lasting 6 months or more) mental health, behavioral or emotional problem. Treatment of mental health, emotional or behavioral problems were reported by 9th grade students 13 percent of the time “in the last year” and 13 percent of the time “more than a year ago”. (5)

Percent of SWHHS 9th Grade Students



2013 Survey

2016 Survey

2019 Survey

Seriously Considered Attempting Suicide During the Last Year



11%

11%

13%

In 2015, one in five adults 18 and older in SWHHS counties reported having a mental health issue and by 2019 this increased to one in four adults. One in six adults 18 and older in SWHHS counties reported in 2015 as having depression while one in eight reported having anxiety or panic attacks. Other mental health conditions for the same group were reported by one in 30 adults.

Have you ever been told by a doctor or other health care professional that you had...
Adults 18+

2015 Survey

2019 Survey

Any Mental Health Condition

20.7%



25.2%

Depression

16.1%



17.5%

2015 Survey

Anxiety or Panic Attacks

2019 Survey

13.0%



17.3%

2015 Survey

Other Mental Health Conditions

2019 Survey

3.3%



5.6%

With 25.2% of people in the SWHHS counties struggling with mental health conditions there is a need for a prevention approach in our communities that promotes resiliency and a collaborative effort to improve the mental well-being of all our residents.

Community Engagement

The community was engaged in the six counties at various levels through focus groups, surveys and community meetings. Some of the surveys were done by convenience sampling and others were done through random sample.

In Redwood County the LiveWell Steering Committee was made up of ACE of SW Minnesota, Redwood County Economic Development, Lower Sioux Indian Community (LSIC), Lower Sioux Health Care Center, Westbrook-Walnut Grove School District, Choices Behavioral Health, United Community Action Partnership, 4-H University of Minnesota, Redwood County Commissioner, Minnesota River Area Agency on Aging, Southwest Minnesota Housing Partnership, Redwood Falls Library, Redwood County Probation, City of Redwood Falls, Farmers Union Industries, Southern Prairie Community Care, Garnette Gardens and other citizens.

The LiveWell community meeting in Redwood County, that determined the top ten health concerns, was broadly attended by the community.

The other five counties engaged SHIP CLTs that were in place to support SHIP work. CLTs are made up of in the south: Luverne ISD, Southwest Regional Development Commission, Sanford Luverne, Minnesota River Area Agency on Aging, City of Edgerton, Luverne Community Education, City of Hardwick, Luv 1 Luv All, Friends of Blue Mound, Luverne Chamber, Project Food Forest, U of M Extension, Lutheran Social Services, ACE of SW Minnesota, and in the northern CLT: ACE of SW Minnesota, Southwest Regional Development Commission, Minnesota River Area Agency on Aging, Western Mental Health, Loaves & Fish, City of Marshall, Southwest Minnesota Opportunity Council, Southwest Minnesota State University, Hy-Vee, Lyon county 4-H, Southern Prairie Community Care, Marshall Area Dementia network, Child Care and Nutrition Inc. Renville County hospital, United Community Action Partnership, Marshall Schools, U of M Extension, Murray County Clinic, Avera Marshall and Tyler, CarrisHealth Redwood, Active Generations of Lincoln County, Marshall Community Education, Southwest Council on Independent Living, and community members. These teams reviewed data and determined the top ten health concerns.

“The top three causes of child abuse in the SWHHS six counties are mental health of the parent, substance use of the parent and extreme poverty. “

SWHHS Child Protection Social Worker

Community Assets and Resources

As part of the LiveWell work and the work of the SHIP CLTs, who play a key role in promoting and working toward healthier communities, resources have been identified in our six-county region. We also used the hospitals resource list to make the list as comprehensive as possible. SWHHS Child and Teen Check-up program keeps an updated resource guide available for each county.

Mental Health and Well-being Assets

Greater Minnesota Family Services	Greater Redwood Area Suicide Prevention and Walk Out of Darkness partners
Southwestern Mental Health Services	Southwest Crisis Center
Western Mental Health Services	Probation
United Community Action Partnership	Law Enforcement
Choices Behavioral Health	Ambulance
ComPsych Employee Assistance Services	Schools and School Counselors
Avera Behavioral Health	City Governments
Hospitals and Clinics	County Governments
Mobile Crisis Team	Circle
Lower Sioux Health Care Center	Employers
Lower Sioux Human Services	Peer Groups
Saving & Protecting Our Youth Grant @ Lower Sioux Indian Community	Faith Organizations
SWHHS adult and children's mental health staff	New Horizons

About Strategy 1.1: Form a mental health and well-being collaborative to create a unified message and framework for improving mental health and well-being.

This is a practice-based strategy using best practices for communication and education.

Community and system level change is expected.

See appendix A for priority 1 action plan.

About Strategy 1.2 Maintain and make public a current resource list through a sponsored website.

This is a practice-based strategy using best practices for communication.

Community and system level change is expected.

About Strategy 1.3 Organize service delivery and referral systems so there is “no wrong door” in the community.

This is a practice-based strategy using best practices for service delivery.

Organizational and system level change is expected.

About Strategy 1.4 Develop wellness coaching pilot to help people connect with resources.

This is a promising strategy using best practices in service delivery.

Organizational change is expected.

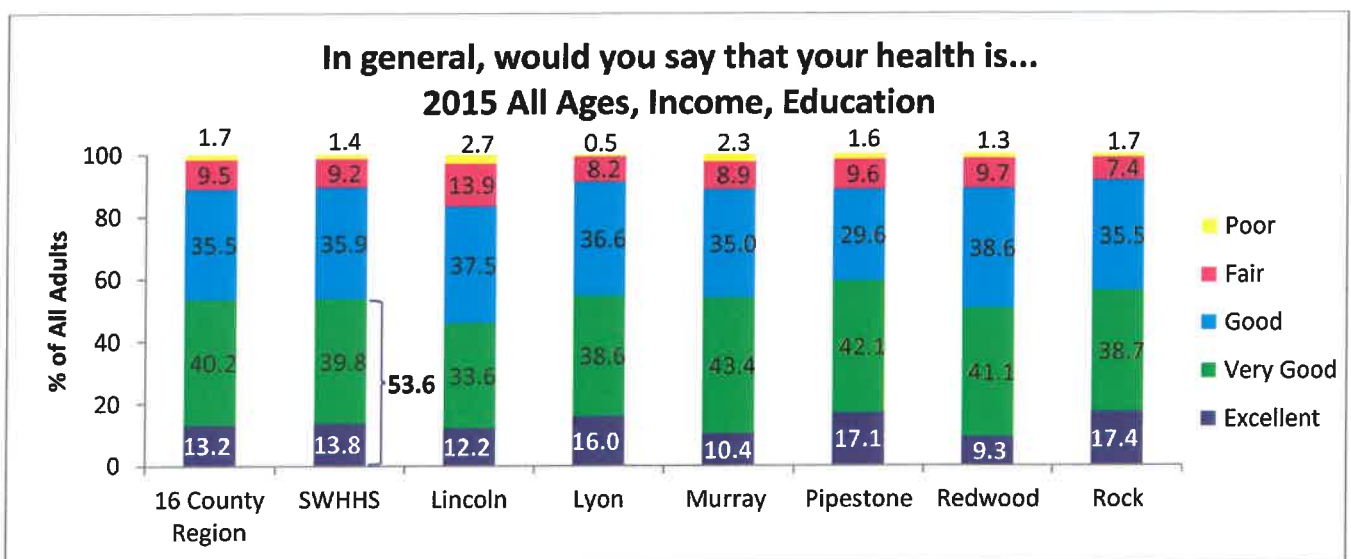
Priority 2: Talk About What Creates Health and Well-being

What can we do to expand conversations on what is needed to promote health and well-being in our community through environment, policy and systems lenses?

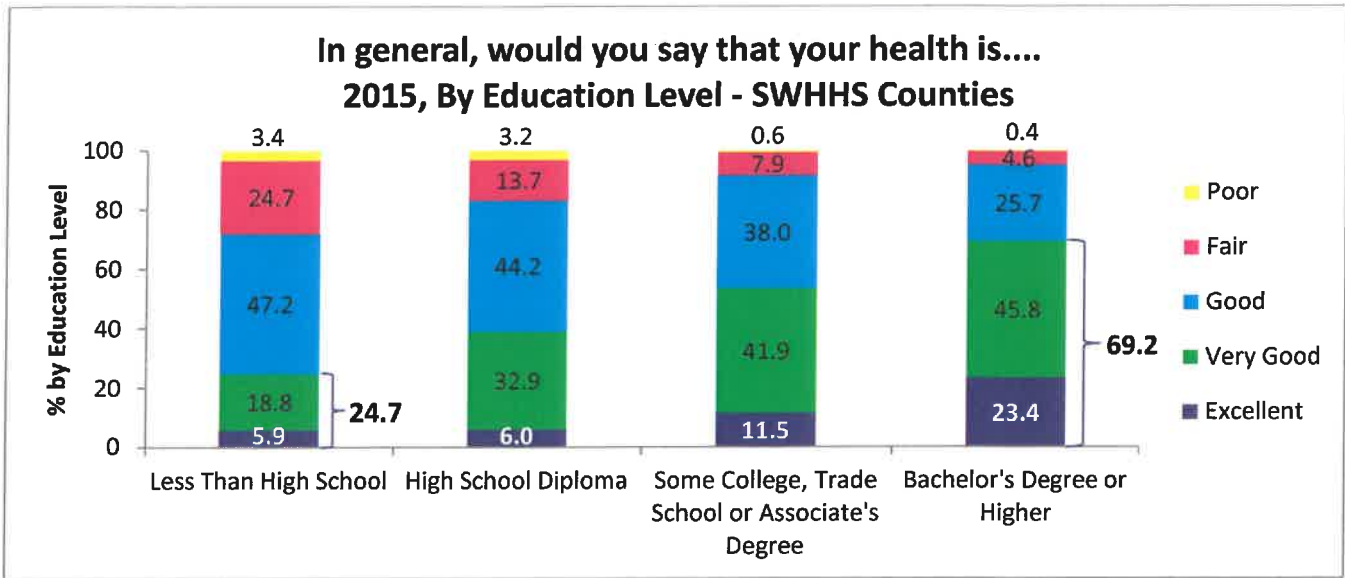
Why talking about what impacts health is important?

Decisions that our leaders and government make impacts our health in various ways. Where governments place roads and sidewalks can impact our physical activity. Passing a city ordinance about banning a front yard garden, can impact the health of those property owners that do not have suitable land in their back yard. How education is paid for and the amount of education debt you pass on to a student, can impact health by leaving less income for good housing, healthy food, health insurance, and reliable transportation.

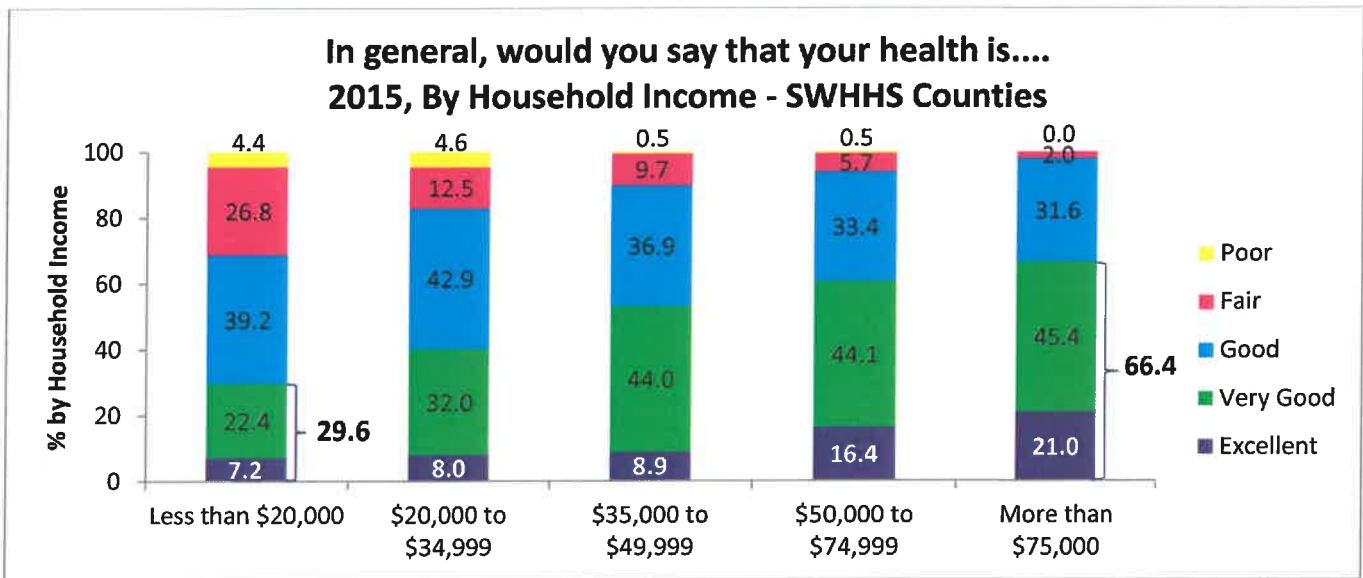
In general, perception of health increases as income and education increases. Adults that responded to the question “In general, would you say that your health is...” where they responded “excellent” and “very good” total 53.6 percent for SWHHS.



When you look at the same question based on education you can see those with “less than a high school” education who responded “excellent” and “very good” totals to 24.7 percent while “bachelor’s degree or higher” was 69.2 percent, which is a difference of 44.5 percentage points. The difference between all adults and those adults with “less than a high school” education is 28.9 percentage points lower. Those with “bachelor’s degree or higher” when compared to all adults on the previous page have a difference of 15.6 percentage points higher. Those with “some college, trade school or associate’s degree” answered their health is “excellent” and “very good” totals to 53.4 percent which is just slightly lower than all adults at 53.6 percent.



When one looks at the same question based on income one can see those with “less than \$20,000” who rank “excellent” and “very good” totals to 29.6 percent while “more than \$75,000” was 66.4 percent, which is a difference of 36.8 percentage points. The difference between all adults and “less than \$20,000” is 24.0 percentage points lower. The difference between “more than \$75,000” and all adults was 12.8 percentage points higher.



By looking at this data it can help one understand why generational poverty exists. If a person has low income, a person has a hard time getting an education. If a person doesn't get a good education, it is hard to make enough money to keep a person out of poverty.

During community conversation many questioned if policy makers and the general public understood the connections between poverty, education, and good health and how policy, systems and environment play a role. In our rural area there is very much a pull yourself up by the boot straps mentality and anyone that finds themselves needing assistance is considered to be free loading off the

tax payers that work because of their bad decisions. There seem to be little acknowledgment or understanding that the environment, systems, or policies could be contributing to the challenges that people with low income or no education face. One can see this in social media feeds about people that get assistance just needing to get a job or should be drug tested to get assistance. In the next breath the same people, complaining about people getting assistance, lament about how a college education is getting so expensive and how will their family or child ever be able to pay off all the student debt. People are not making the connection that maybe education was too expensive for the person getting assistance and had no choice in going to a community college or university. People are also not going the next step and seeing how educational debt impacts health by reducing the amount of money available for healthy food, good housing, health insurance, and reliable transportation.

One community member that works in the banking industry thought there was a gap and didn't realize how large the gaps was until presented with local data on education and income verse how people viewed their health. With this and other community conversations in mind, it seems fitting to bring awareness and perspective to the community around what creates health.

Community Engagement

At every assessment step with the community there was this root cause of health equity threaded throughout all the surveys, focus groups, and meetings. Healthy food, good housing, reliable transportation and a good education all take money. Those that are not able to afford a technical degree or higher struggle to afford basic needs. This was echoed throughout every level of conversation. Because of this overarching theme, SWHHS and other community partners felt it was important to include education of what impacts health into this plan.

Existing community assess and resources

United Way Poverty Simulation	Minnesota Department of Health
United Community Action Poverty Simulation	Southwest Initiative Foundation
Economic Development Authorities	Grow Our Own-SWIF
Hospitals and Clinics	Southwest Minnesota Private Industry Council
Southwest Minnesota Housing Partnership	Adult Basic Education
Southwest Minnesota Opportunity Council	Southwest Minnesota State University
Chamber of Commerce	Minnesota State College and University

About Strategy 2.1: Communicate the impact of poverty on health

This is a practice-based strategy using best practices for communication and education.

This strategy involves organizational and community level change.

About Strategy 2.2: Organize service delivery and referral systems so there is “no wrong door” in the community

This is a practice-based strategy using best practices for communication and education.

This strategy involves system, organizational and community level changes.

2020-2024 HEALTH PRIORITIES



PRIORITY 1: IMPROVE AWARENESS ABOUT MENTAL HEALTH AND WELL-BEING

STRATEGY 1.1
FORM A MENTAL
HEALTH AND WELL-
BEING COLLABORATIVE
TO CREATE A UNIFIED
MESSAGE AND
FRAMEWORK FOR
IMPROVING MENTAL
HEALTH AND WELL-
BEING.

STRATEGY 1.2
MAINTAIN AND
MAKE PUBLIC A
CURRENT
RESOURCE LIST
THROUGH A
SPONSORED WEBSITE.

STRATEGY 1.4
DEVELOP
WELLNESS COACHING
PILOT TO HELP
PEOPLE CONNECT
WITH RESOURCES.

STRATEGY 1.3
ORGANIZE SERVICE
DELIVERY AND
REFERRAL SYSTEMS
SO THERE IS
“NO WRONG DOOR”
IN THE COMMUNITY.



PRIORITY 2: TALK ABOUT WHAT CREATES HEALTH AND WELL-BEING

STRATEGY 2.1
COMMUNICATE THE
IMPACT OF POVERTY
ON HEALTH

STRATEGY 2.2
ORGANIZE SERVICE
DELIVERY AND
REFERRAL SYSTEMS SO
THERE IS “NO WRONG
DOOR” IN THE
COMMUNITY.



**SOUTHWEST
HEALTH & HUMAN
SERVICES**

For more information:

Carol Biren
Public Health Division Director
507-532-4136
carol.biren@swmths.com

December 2019

Bibliography

1. **United States Department of Health and Human Services.** Office of the Assistant Secretary for Planning and Evaluation: 2018 Poverty Guidelines. [Online] January 18, 2018. [Cited: October 23, 2019.] <https://aspe.hhs.gov/2018-poverty-guidelines>.
2. **United States Census Bureau.** Explore Census Data: Advanced Search. [Online] July 1, 2019. [Cited: December 5, 2019.] <https://data.census.gov/cedsci/advanced>.
3. **Southwest Health and Human Services.** *The Health of Sothwest Health and Human Service: Community Health Assessment 2019.* 2019.
4. **Lynn, A. and Meyer, M.** The Mental Well-Being of Minnesota's Adolescents Presentation. St Paul : Minnesota Department of Health, July 2019.
5. **Minnesota Department of Health.** Minnesota Student Survey. [Online] [Cited: September 6, 2019.] <https://www.health.state.mn.us/data/mchs/surveys/mss/index.html>.
6. **16 County Region.** *Southwest Minnesota Healthy Communities Survey.* 2019.
7. **Minnesota Department of Health .** Health Statistics Portal. [Online] [Cited: September 13, 2019.] <https://mhsq.web.health.state.mn.us/frontPage.jsp>.
8. **County Health Ranksing and Roadmaps.** 2019 Minnesota Measures. [Online] March 18, 2019. [Cited: September 13, 2019.] <https://www.countyhealthrankings.org/app/minnesota/2019/measure/factors/62/data>.
9. **Minnesota Department of Health.** Healthy Minnesota partnership. [Online] February 2018. [Cited: September 16, 2019.] <https://www.health.state.mn.us/communities/practice/healthymnpartnership/framework.html>.
10. **Minnesota Department of Human Services.** Govenner's Task Force on Mental Health. [Online] November 15, 2016. [Cited: September 16, 2019.] https://mn.gov/dhs/assets/mental-health-task-force-report-2016_tcm1053-263148.pdf.
11. **Office of Disease Prevention and Health Promotion.** HealthyPeople.gov. [Online] September 16, 2019. [Cited: September 16, 2019.] <https://www.healthypeople.gov/2020/data-search/Search-the-Data#topic-area=3498;>
12. **National Prevention Council.** Disease Prevention and Wellness Reports and Publications: National Prevention Strategy America's Plan for Better Health and Wellness. [Online] June 2011. [Cited: September 16, 2019.] <https://www.hhs.gov/surgeongeneral/reports-and-publications/disease-prevention-wellness/index.html>.

Appendix A:

Priority 1: Improve Awareness About Mental Health and Well-being

Overall Goal: Improve awareness about mental health and well-being in the SWHHS counties.

Community Objectives and Baselines

There is an expectation that rates would improve in the long term. As awareness grows and stigma is reduced, rates may be increased in some areas as more people seek help.

<p>By December 31, 2024, decrease the average number of mentally unhealthy days in the past 30 days for SWHHS adults. (6)</p> <p>Average Number of Mentally Unhealthy Days in the Past 30 Days SWHHS Adults</p> <table border="1"> <thead> <tr> <th>Year</th> <th>Average Number of Mentally Unhealthy Days</th> </tr> </thead> <tbody> <tr> <td>2015</td> <td>2.63</td> </tr> <tr> <td>2019</td> <td>3.10</td> </tr> </tbody> </table>	Year	Average Number of Mentally Unhealthy Days	2015	2.63	2019	3.10	<p>By December 31, 2024, decrease the percent of SWHHS counties 11th graders who attempted suicide in the last year. (3)</p> <p>Percent of 11th Grade Students Who Attempted Suicide in the Last Year</p> <table border="1"> <thead> <tr> <th>Year</th> <th>Percent of 11th Grade Students Who Attempted Suicide</th> </tr> </thead> <tbody> <tr> <td>2013</td> <td>3%</td> </tr> <tr> <td>2016</td> <td>3%</td> </tr> <tr> <td>2019</td> <td>4%</td> </tr> </tbody> </table>	Year	Percent of 11th Grade Students Who Attempted Suicide	2013	3%	2016	3%	2019	4%																												
Year	Average Number of Mentally Unhealthy Days																																										
2015	2.63																																										
2019	3.10																																										
Year	Percent of 11th Grade Students Who Attempted Suicide																																										
2013	3%																																										
2016	3%																																										
2019	4%																																										
<p>By December 31, 2024, decrease the number of suicides in SWHHS counties for all ages and genders. (7)</p> <p>Number of Suicides in SWHHS, 2017 and 2013-2017 5 Year Avg, All Ages & Genders</p> <table border="1"> <thead> <tr> <th>Year / Avg</th> <th>Number of Suicides</th> </tr> </thead> <tbody> <tr> <td>2017</td> <td>10</td> </tr> <tr> <td>2013-2017 5 year Avg</td> <td>11.2</td> </tr> </tbody> </table>	Year / Avg	Number of Suicides	2017	10	2013-2017 5 year Avg	11.2	<p>By December 31, 2024, decrease the percentage of 9th grade students that have long-term mental health, behavioral or emotional problems. (5)</p> <p>Percentage of 9th Grade Students that have long-term mental health, behavioral or emotional problems.</p> <table border="1"> <thead> <tr> <th>Year</th> <th>Percentage of 9th Grade Students</th> </tr> </thead> <tbody> <tr> <td>2013</td> <td>11%</td> </tr> <tr> <td>2016</td> <td>14%</td> </tr> <tr> <td>2019</td> <td>21%</td> </tr> </tbody> </table>	Year	Percentage of 9th Grade Students	2013	11%	2016	14%	2019	21%																												
Year / Avg	Number of Suicides																																										
2017	10																																										
2013-2017 5 year Avg	11.2																																										
Year	Percentage of 9th Grade Students																																										
2013	11%																																										
2016	14%																																										
2019	21%																																										
<p>By December 31, 2024, decrease the ratio of population to mental health providers in SWHHS counties. (8)</p> <table border="1"> <thead> <tr> <th>County</th> <th>Population</th> <th>Providers</th> <th>Ratio</th> </tr> </thead> <tbody> <tr> <td>Lincoln</td> <td>5,680</td> <td>1</td> <td>1 provider to 5,680 people</td> </tr> <tr> <td>Lyon</td> <td>660</td> <td>1</td> <td>1 provider to 660 people</td> </tr> <tr> <td>Redwood</td> <td>3,050</td> <td>1</td> <td>1 provider to 3,050 people</td> </tr> <tr> <td>Pipestone</td> <td>1,300</td> <td>1</td> <td>1 provider to 1,300 people</td> </tr> <tr> <td>Murray</td> <td>1,670</td> <td>1</td> <td>1 provider to 1,670 people</td> </tr> <tr> <td>Minnesota</td> <td>430</td> <td>1</td> <td>1 provider to 430 people</td> </tr> <tr> <td>Rock</td> <td>950</td> <td>1</td> <td>1 provider to 950 people</td> </tr> <tr> <td>Top US Performers</td> <td>310</td> <td>1</td> <td>1 provider to 310 people (90th percentile)</td> </tr> </tbody> </table>	County	Population	Providers	Ratio	Lincoln	5,680	1	1 provider to 5,680 people	Lyon	660	1	1 provider to 660 people	Redwood	3,050	1	1 provider to 3,050 people	Pipestone	1,300	1	1 provider to 1,300 people	Murray	1,670	1	1 provider to 1,670 people	Minnesota	430	1	1 provider to 430 people	Rock	950	1	1 provider to 950 people	Top US Performers	310	1	1 provider to 310 people (90th percentile)	<p>By December 31, 2024, decrease the percent of SWHHS counties adults who delayed seeking mental health care in the past 12 months. (6)</p> <p>Percent of SWHHS Adults Who Delayed Seeking Mental Health Care in the Past 12 months</p> <table border="1"> <thead> <tr> <th>Year</th> <th>Percent of SWHHS Adults Who Delayed Seeking Mental Health Care</th> </tr> </thead> <tbody> <tr> <td>2015</td> <td>9.1%</td> </tr> <tr> <td>2019</td> <td>10.7%</td> </tr> </tbody> </table>	Year	Percent of SWHHS Adults Who Delayed Seeking Mental Health Care	2015	9.1%	2019	10.7%
County	Population	Providers	Ratio																																								
Lincoln	5,680	1	1 provider to 5,680 people																																								
Lyon	660	1	1 provider to 660 people																																								
Redwood	3,050	1	1 provider to 3,050 people																																								
Pipestone	1,300	1	1 provider to 1,300 people																																								
Murray	1,670	1	1 provider to 1,670 people																																								
Minnesota	430	1	1 provider to 430 people																																								
Rock	950	1	1 provider to 950 people																																								
Top US Performers	310	1	1 provider to 310 people (90th percentile)																																								
Year	Percent of SWHHS Adults Who Delayed Seeking Mental Health Care																																										
2015	9.1%																																										
2019	10.7%																																										

Action Plan Objectives	Baseline
Between January 1, 2020, and December 31, 2024, participate in or provide 5 presentations, seminars, or events.	0, 2019
By December 31, 2024, reach 3,000 people through social media campaigns and other forms of communication.	0, 2019
By April 30, 2020, evaluate and integrate public health into a Mental Health Collaborative.	0, 2019
By December 31, 2024, maintain an active Mental Health Collaborative.	0, 2019

Alignment with State/National Priorities

Healthy Minnesota 2022

Priority 1: The opportunity to be healthy is available everywhere and for everyone. (9)

Governor’s Task Force on Mental Health (2016)

Recommendation #6: Promote Mental Health and Prevent Mental Illness. (10)

Healthy People 2020

MHMD-1: Reduce the suicide rate.

MHMD-2: Reduce suicide attempts by adolescents.

MHMD-6: Increase the percent of children with mental health problems who receive treatment.

MHMD-9: Increase the proportion of adults with mental health disorders who receive treatment.

HRQOL/WB-1.2: Increase the proportion of adults who self-report good or better mental health. (11)

National Prevention Strategy

Mental and Emotional Well-being Recommendation 2: Facilitate social connectedness and community engagement across the lifespan.

Mental and Emotional Well-being Recommendation 3: Provide individuals and families with the support necessary to maintain positive mental well-being.

Mental and Emotional Well-being Recommendation 4: Promote early identification of mental health needs and access to quality services. (12)

Priority 1 Action Plan

Strategy 1.1 Form a mental health and well-being collaborative to create a unified message and framework for improving mental health and well-being.

Action Plan Objectives	Activity	Target Date	Partners	Lead Person/Organization	Progress Notes
1.1a Educate the community about mental health and well-being to improve mental wellness in the community	Evaluate what mental health consortiums and other partners are doing around mental health prevention.	February 2020	Adult and children's mental health advocates -Luv 1 Luv All Rock-Mental Health Team -SW MN Adult Mental Health Consortium	LiveWell Core Team SWHHS PH CHIP team	
	Develop list of people to invite to be part of mental health collaborative. (LiveWell)	February 2020	Greater Redwood Area Suicide Prevention, Western Mental Health, Sojourn, Choices Behavioral Health, Saving & Protecting Our Youth, Lower Sioux, Circle, Luv 1 Luv All Rock-Mental Health Team	LiveWell Steering Committee TBD in other 5 counties after evaluation	
	Convene Mental Health Collaborative. (LiveWell)	April 2020		LiveWell Steering Committee	

1.1b Educate the community about mental health stigma and awareness campaign to improve mental wellness in the community	Review anti-stigma campaigns to find the right fit for our community.	October 2020		LiveWell Mental Health Collaborative	
	Start anti-stigma campaign implementation.	October 2020 to January 2021		LiveWell Mental Health Collaborative	

Strategy 1.2 Maintain and make public a current resource list through a sponsored website.

Action Plan Objectives	Activity	Target Date	Partners	Lead Person/Organization	Progress Notes
1.2a Maintain a comprehensive resource directory that is updated annually and made available to the public via sponsored website.	Mental Health Consortium will look through current list provided by SWHHS-C&TC program	Each April 2020-2024	Adult Mental Health Consortium, Mental Health Collaborative Members	SWHHS-C&TC program; Mental Health Collaborative	
	Add annual update to SWHHS website for public consumption	Each May 2020-2024	Mental Health Consortium, Mental Health Collaborative Members	SWHHS-C&TC staff	

Strategy 1.3 Organize service delivery and referral systems so there is “no wrong door” in the community.

Action Plan Objectives	Activity	Target Date	Partners	Lead Person/Organization	Progress Notes
1.3a By December 31, 2024 develop “no wrong door” service delivery and partnerships between community organizations.	Build vision and mission of 2GenACT approach for our services area.	January 2020	UCAP, SWIF, Lower Sioux Head Start, SWHHS, SWMNPIC, Redwood County EDA, CarrisHealth Redwood	2GenACT Core Community Leadership Team (Garrett County and Brighton Center site visit Teams)	
	Map out service delivery between community partners.		UCAP, SWIF, Lower Sioux Head Start, SWHHS, SWMNPIC, Redwood County EDA, CarrisHealth Redwood	2GenACT Core Community Leadership Team	
	Build support amongst various staff, leadership, and governing boards to move internal and external processes to “no wrong door” approach.		UCAP, SWIF, Lower Sioux Head Start, SWHHS, SWMNPIC, Redwood County EDA, CarrisHealth Redwood	2GenACT Core Community Leadership Team	

	Build internal integration teams to help identify what each partner can do to move toward the 2GenACT approach.			Key person in each partnering agency.	
--	---	--	--	---------------------------------------	--

Strategy 1.4 Develop wellness coaching to help people connect with resources

Action Plan Objectives	Activity	Target Date	Partners	Lead Person/Organization	Progress Notes
1.4a By December 31, 2024 Develop wellness coaching to help people connect with resources.	Secure funding for wellness coaching pilot project	March 2020	Daktronics	CarrisHealth Redwood	Pilot project with Daktronics Redwood Falls Facility – dependent on funding
	Develop wellness pilot with Daktronics	March-October 2020	Daktronics	CarrisHealth Redwood	
	Implement wellness pilot	October 2020	Daktronics	CarrisHealth Redwood	

Plans for Sustaining Action & Monitoring Implementation	Progress Notes
Resources for Implementation <ul style="list-style-type: none"> • Core team time • Staff time • Funding for campaign • Access to social media • Meeting space • Community support • Partnership with local health system and mental health providers 	
Participation of Stakeholders & Partnership Monitoring Implementation <ul style="list-style-type: none"> • The mental health collaborative will discuss the action plan and review performance measures at regularly scheduled meetings. 	

<ul style="list-style-type: none"> ● The CHIP Workgroup will receive updates at least annually on progress. ● Annually report progress to MDH as required. 	
<p>Process for Revising the Action Plan</p> <ul style="list-style-type: none"> ● Revisions will be reviewed at each mental health collaborative meeting and recorded in the minutes. ● Revisions will be adopted by LiveWell Core Team and distributed to LiveWell Steering Committee. 	

Priority 2: Talk About What Creates Health and Well-being

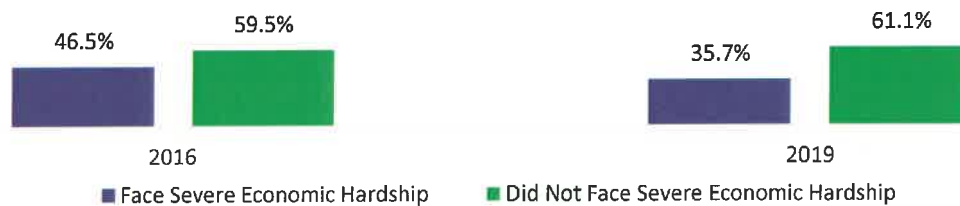
Overall Goal: Expand conversations on what is needed to be healthy and increase awareness regarding health disparities like geography, race, poverty, and lack of education as a root cause of health issues.

Community Objectives and Baselines

There is an expectation that rates would improve in the long term.

By December 31, 2024, increase the percent of SWHHS 11th grade students that say no to alcohol or marijuana or other drug use that face severe economic hardship¹ to similar levels as those that do not face severe economic hardship¹. (5)

Percent of 11th Grade Students that Did Not Use Alcohol, Marijuana or Other Drug Use in the Past Year by Severe Economic Hardship



¹ Severe economic hardship is defined as either skipping meals in past 30 days or being homeless at times in past 12 months.

By December 31, 2024, decrease the percent of SWHHS 9th graders who are overweight or obese that received free or reduced-price lunch to similar levels as those that do not have free and reduced-priced lunch. (5)

Percent of 9th Grade Students that were Overweight or Obese by Free and Reduced-priced Lunch



By December 31, 2024, decrease the percent of SWHHS 11th grade students that say they had any long-term mental health, behavioral, or emotional problems that have lasted six months or more that face severe economic hardship¹ to similar levels of those that do not face severe economic hardship¹. (5)

Percent of 11th Grade Students that had Any Long-term mental health, Behavioral, or Emotional Problems That lasted Six Months or More by Severe Economic Hardship



¹ Severe economic hardship is defined as either skipping meals in past 30 days or being homeless at times in past 12 months.

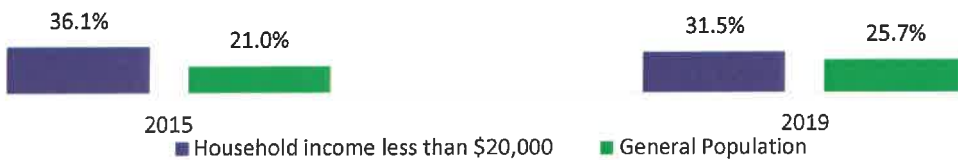
By December 31, 2024, decrease the percent of SWHHS adults who are obese that *often* worried about food running out before having money to similar levels of those who *never* worried about food running out. (6)

Percent of SWHHS Adults that are Obese by How Often They Worried About Running Out of Food



By December 31, 2024, decrease the percent of SWHHS adults that have a history of anxiety, depression, or other mental illness with a household income less than \$20,000 to similar levels of those in the general adult population of SWHHS. (6)

Percent of SWHHS Adults that have a History of Anxiety, Depression or Other Mental Illness by Household Income Less Than \$20,000 VS General Population



By December 31, 2024, decrease the percent of SWHHS adults that rate their health fair or poor with a household income less than \$20,000 to similar levels of those making more than \$75,000. (6)

Percent of SWHHS Adults the Rate Their Health Fair or Poor By Income Difference



By December 31, 2024, decrease the percent of SWHHS adults that rate their health fair or poor with less than high school education to similar levels of those with a Bachelor's degree or higher education. (6)

Percent of SWHHS Adults the Rate Their Health Fair or Poor By Education Difference



Action Plan Objectives	Baseline
By December 31, 2024, 50 community leaders and policy makers will have participated in activities to communicate about what creates health or about poverty-related health disparities.	0, 2019
By December 31 2024, annual poverty simulation will be made available to the public.	1, 2019

Vision for Future Strategy: Action Plan Objectives
Community leaders and policy makers would attend a poverty simulation.
Bring Blandin Leaders Partnering to End Poverty to more counties in SWHHS region. As of 2019, Rock County has been participating in this competitively awarded grant initiative.
Organize services so that there is a “no wrong door” approach to serving people in need of economic, education or social services.

Alignment with State/National Priorities

Healthy Minnesota 2022

Priority 1: The opportunity to be healthy is available everywhere and for everyone.

Priority 2: Places and systems are designed for health and well-being.

Priority 3: All can participate in decisions that shape health and well-being. (9)

Healthy People 2020

HRQOL/WB-1.1 Increase the proportion of adults who self-report good or better physical health.

HRQOL/WB-1.2 Increase the proportion of adults who self-report good or better mental health.

SDOH-3.1 Proportion of persons living in poverty.

SDOH-3.2 Proportion of children aged 0-17 years living in poverty.

SDOH-4.1.1 Proportion of all households that spend more than 30% of income on housing.

SDOH-5 Proportion of children aged 0-17 years who have ever lived with a parent who has served time in jail or prison. (11)

National Prevention Strategy

Empowered People Recommendation 1: Provide people with tools and information to make healthy choices.

Empowered People Recommendation 2: Promote positive social interactions and support healthy decision making.

Empowered People Recommendation 3: Engage and empower people and communities to plan and implement prevention policies and programs. (12)

Priority 2 Action Plan

Strategy 2.1 Communicate the impact of poverty on health

Action Plan Objectives	Activity	Target Date	Partners	Lead Person/Organization	Progress Notes
By December 31, 2024, 50 community leaders or policy makers will have participated in activities to communicate about what creates health or about poverty-related health disparities.	Provide poverty simulation opportunities to community leaders/policy makers to provide education on how poverty impacts health.			SWHHS CHIP Team	
By December 31, 2024 develop educational resources for what creates health policy for government leaders.	Determine if education already exist. If not, develop education.			SWHHS prevention staff	
	Implement education/presentation to various levels of government and community leadership.			SWHHS prevention staff	
By December 31, 2024 explore interest in Blandin Leaders Partnering to End Poverty in those counties that do not have the program.	Explore interest in applying for Blandin Leaders Partnering to End Poverty grant program.			County community group yet to be determined. LiveWell steering committee in Redwood County or Redwood EDA	

Strategy 2.2 Organize service delivery and referral systems so there is “no wrong door” in the community.

Action Plan Objectives	Activity	Target Date	Partners	Lead Person/Organization	Progress Notes
By December 31, 2024 develop “no wrong door” service delivery and partnerships between community organizations.	Build vision and mission of 2GenACT approach for our services area.	January 2020	UCAP, SWIF, Lower Sioux Head Start, SWHHS, SWMNPIC, Redwood County EDA, CarrisHealth Redwood	2GenACT Core Community Leadership Team (Garrett County and Brighton Center site visit Teams)	
	Map out service delivery between community partners.	December 2020	UCAP, SWIF, Lower Sioux Head Start, SWHHS, SWMNPIC, Redwood County EDA, CarrisHealth Redwood	2GenACT Core Community Leadership Team	
	Build support amongst various staff, leadership, and governing boards to move internal and external processes to “no wrong door” approach.	Ongoing	UCAP, SWIF, Lower Sioux Head Start, SWHHS, SWMNPIC, Redwood County EDA, CarrisHealth Redwood	2GenACT Core Community Leadership Team	

	Build internal integration teams to help identify what each partner can do to move toward the 2GenACT approach.	Ongoing		Key person in each partnering agency.	
--	---	---------	--	---------------------------------------	--

Plans for Sustaining Action & Monitoring Implementation	Progress Notes
Resources for Implementation <ul style="list-style-type: none"> • United Way or United Community Action Poverty Simulation • Staff time • Meeting space 	
Participation of Stakeholders & Partnership Monitoring Implementation <ul style="list-style-type: none"> • CHIP Workgroup at SWHHS • 2GenACT core team 	
Process for Revising the Action Plan <ul style="list-style-type: none"> • Revision will be made by CHIP team • Revision will be made by 2GenACT core team 	

Appendix B: Quality of Life Survey LiveWell



Quality of Life Community Health Survey



Please give us your **honest** opinions about the community you live in. All of your individual responses will be kept anonymous. The survey results will be used to look at overall health trends in Redwood County. Any questions about this survey should be directed to Michelle Salfer 507-637-6084 michelle.salfer@swmhhs.com
If you would like to take the survey online <https://www.surveymonkey.com/r/TBJQP5S>
Thank you!

1. Zip code where you live _____
2. Are you: Male Female Do not identify with one gender
3. Your age group:
 12 or under 25-34 55-64
 13-17 35-44 65-74
 18-24 45-54 75 or older
4. Which of the following best describes you? (Mark ALL that apply)
 American Indian Hispanic/Latino
 Asian or Pacific Islander White
 Black or African American or African
 Other _____
5. What is the highest level of education you have completed? (Please mark only ONE)
 Still in High School/Middle School High school diploma/GED Associate degree Doctorate degree
 Did not complete 8th grade Trade/Vocational school Bachelor's degree Professional degree
 Did not complete high school Some college credit Master's degree
6. What is your employment status? (Please mark only ONE)
 Employed Homemaker/Stay at home parent Retired Self-employed
 Student Unable to work Unemployed
7. Are you disabled? Yes No
8. Are you happy with the quality of life in your community? Yes No
9. Is your community a welcoming community? Yes No
10. Is your community a good place to raise children? Yes No Do not know
11. Is your community a good place to grow old? Yes No
12. Do you feel there are jobs available in your community where the pay meets your monthly bills? Yes No
13. Is your community a safe place to live? Yes –skip to Question 15 No –answer Question 14
14. If NO, what are the most likely causes? (Mark ALL that apply)
 Crime Crisis response Race relations
 Street lighting Unsafe routes to walk
 Other _____
15. Are you happy with the health care system in your community? Yes No

16. How healthy would you say your community is?

- Very unhealthy Unhealthy Somewhat healthy Healthy Very healthy

17. What do you think are the three MOST important factors for a "healthy community"? (Please mark only THREE)

<input type="checkbox"/> Access to health care (physical and mental)	<input type="checkbox"/> Clean environment	<input type="checkbox"/> Low crime/safe neighborhoods
<input type="checkbox"/> Access to healthy food options	<input type="checkbox"/> Good race relations	<input type="checkbox"/> Religious or spiritual values
<input type="checkbox"/> Access to transportation	<input type="checkbox"/> Good jobs and healthy economy	<input type="checkbox"/> Youth & family activities (e.g. parks & recreation)
<input type="checkbox"/> Affordable housing	<input type="checkbox"/> Good place to raise children	
<input type="checkbox"/> Arts and cultural events	<input type="checkbox"/> Good schools	
<input type="checkbox"/> Other _____		

18. What do you think are the three MOST important "health problems" in your community? (Please mark only THREE)

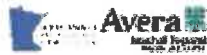
<input type="checkbox"/> Aging problems (e.g., arthritis hearing/vision loss, etc.)	<input type="checkbox"/> Heart disease and stroke	<input type="checkbox"/> Mental health problems
<input type="checkbox"/> Alcohol related illness and death	<input type="checkbox"/> High blood pressure	<input type="checkbox"/> Motor vehicle crash injuries
<input type="checkbox"/> Alzheimer's disease	<input type="checkbox"/> HIV/AIDS	<input type="checkbox"/> Obesity
<input type="checkbox"/> Cancers	<input type="checkbox"/> Homicide	<input type="checkbox"/> Rape/sexual assault
<input type="checkbox"/> Child abuse/neglect	<input type="checkbox"/> Infant death	<input type="checkbox"/> Respiratory/lung disease (e.g. asthma, COPD)
<input type="checkbox"/> Dental problems	<input type="checkbox"/> Infectious diseases (e.g. hepatitis, TB, measles, pertussis, influenza, etc.)	<input type="checkbox"/> Sexually transmitted diseases
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Kidney disease (nephritis)	<input type="checkbox"/> Suicide
<input type="checkbox"/> Domestic violence	<input type="checkbox"/> Lack of healthy food	<input type="checkbox"/> Teenage pregnancy
<input type="checkbox"/> Drug related illness and death	<input type="checkbox"/> Lack of health screenings	<input type="checkbox"/> Tobacco and e-cigarette use & exposure
<input type="checkbox"/> Environment that is not healthy	<input type="checkbox"/> Lack of physical activity	<input type="checkbox"/> Unintentional injury
<input type="checkbox"/> Firearm-related injuries	<input type="checkbox"/> Lack of prenatal care	
<input type="checkbox"/> Other _____		

19. Do you have any additional comments about the health of your community?

20. Your total household income per year:

- Less than \$20,000 \$20,000 - \$34,999 \$35,000 - \$49,999 \$50,000 - \$74,999 \$75,000 - \$99,999 \$100,000 or more Do not know

Appendix C: Quality of Life Survey SWHHS/Avera Marshall



Quality of Life Community Health Survey

Please give us your honest opinions about the community you live in. All of your individual responses will be kept anonymous. The survey results will be used to look at overall health trends in Southwest Health and Human Services service area. Any questions about this survey should be directed to Michelle Salfer 507-637-6084 michelle.salfer@swmhhs.com If you would like to take the survey online <https://www.surveymonkey.com/r/OZT12NS>. Thanks!

1. Zip code where you live _____ 2. Are you: Male Female Other _____

3. County you live in: Lincoln Lyon Murray Pipestone Redwood Rock Other _____

4. Your age group:

- 12 or under 25-34 55-64
 13-17 35-44 65-74
 18-24 45-54 75 or older

5. Which of the following best describes you? (Mark ALL that apply)

- Native American/American Indian Hispanic/Latino
 Asian or Pacific Islander White
 Black or African American or African
 Other _____

6. What is the highest level of education you have completed? (Please mark only ONE)

- Still in High School/Middle School High school diploma/GED Associate degree Doctorate degree
 Did not complete 8th grade Trade/Vocational school Bachelor's degree Professional degree
 Did not complete high school Some college credit Master's degree

7. What is your employment status? (Please mark only ONE)

- Employed Homemaker/Stay at home parent Retired Self-employed
 Student Unable to work Unemployed

8. Are you disabled? Yes No

9. Are you happy with the quality of life in your community? Yes No

10. Is your community a welcoming community? Yes No

11. Is your community a good place to raise children? Yes No Do not know

12. Is your community a good place to grow old? Yes No

13. Do you feel there are jobs available in your community where the pay meets your monthly bills? Yes No

14. Is your community a safe place to live? Yes –SKIP to Question 16 No –answer Question 15

15. If NO, what are the most likely causes? (Mark ALL that apply)

- Crime Crisis response Drugs
 Race relations Street lighting Unsafe routes to walk
 Other _____

16. Are you happy with the health care system in your community? Yes No I have not used the health care system

16a. If you have not used the health care system in your community, why?

17. How healthy would you say your community is?

- Very unhealthy Unhealthy Somewhat healthy Healthy Very healthy

Please turn OVER and complete page 2.

18. What do you think are the three MOST important factors for a “healthy community”? (Please mark only THREE)

<input type="checkbox"/> Access to health care (physical and mental)	<input type="checkbox"/> Clean environment	<input type="checkbox"/> Low crime/safe neighborhoods
<input type="checkbox"/> Access to healthy food options	<input type="checkbox"/> Good race relations	<input type="checkbox"/> Religious or spiritual values
<input type="checkbox"/> Access to transportation	<input type="checkbox"/> Good jobs and healthy economy	<input type="checkbox"/> Youth & family activities (e.g. parks & recreation)
<input type="checkbox"/> Affordable housing	<input type="checkbox"/> Good place to raise children	
<input type="checkbox"/> Arts and cultural events	<input type="checkbox"/> Good schools	
<input type="checkbox"/> Other _____		

19. What do you think are the three MOST important “health problems” in your community? (Please mark only THREE)

<input type="checkbox"/> Aging problems (e.g., arthritis hearing/vision loss, etc.)	<input type="checkbox"/> Heart disease and stroke	<input type="checkbox"/> Mental health problems
<input type="checkbox"/> Alcohol related illness and death	<input type="checkbox"/> High blood pressure	<input type="checkbox"/> Motor vehicle crash injuries
<input type="checkbox"/> Alzheimer’s disease	<input type="checkbox"/> HIV/AIDS	<input type="checkbox"/> Obesity
<input type="checkbox"/> Cancers	<input type="checkbox"/> Homicide	<input type="checkbox"/> Rape/sexual assault
<input type="checkbox"/> Child abuse/neglect	<input type="checkbox"/> Infant death	<input type="checkbox"/> Respiratory/lung disease (e.g. asthma, COPD)
<input type="checkbox"/> Dental problems	<input type="checkbox"/> Infectious diseases (e.g. hepatitis, TB, measles, pertussis, influenza, etc.)	<input type="checkbox"/> Sexually transmitted diseases
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Kidney disease (nephritis)	<input type="checkbox"/> Suicide
<input type="checkbox"/> Domestic violence	<input type="checkbox"/> Lack of healthy food	<input type="checkbox"/> Teenage pregnancy
<input type="checkbox"/> Drug related illness and death	<input type="checkbox"/> Lack of health screenings	<input type="checkbox"/> Tobacco and e-cigarette use & exposure
<input type="checkbox"/> Environment that is not healthy	<input type="checkbox"/> Lack of physical activity	<input type="checkbox"/> Unintentional injury
<input type="checkbox"/> Firearm-related injuries	<input type="checkbox"/> Lack of prenatal care	
<input type="checkbox"/> Other _____		

20. What is a community need you are more concerned about today than you were 3 years ago?

21. What is preventing you from living a healthier life?

22. Do you have any additional comments about the health of your community?

23. Your total household income per year:

- Less than \$20,000
 \$20,000 - \$34,999
 \$35,000 - \$49,999
 \$50,000 - \$74,999
 \$75,000 - \$99,999
 \$100,000 or more
 Do not know

24. Do you live: in town/city
 on acreage/hobby farm
 on fully functional farm
 Other _____

Thanks you for participating!

Appendix D: LiveWell Prioritization Activity

Final Scores from LiveWell January 31, 2019 meeting

Problem	Size Score	Seriousness Score	QLS Community Ranking	Total Score	Rank
Obesity	10	10	8	38	1
Mental Health Problems	7	8	10	33	2
Lack of physical activity	10	8	6	32	3
Dental problems	10	8	4	30	4
Alcohol-related illness and death	9	6	8	29	5
Suicide	7	7	7	28	6
Child abuse/neglect	5	9	5	28	6
High blood pressure	9	7	5	28	6
Other: Childcare Accessibility	9	9	0	27	9
Drug Related illness and death	1	7	10	25	10
Aging problems (e.g., arthritis, hearing/vision loss, etc.)	8	4	9	25	10
Cancers	6	5	9	25	10
Diabetes	6	6	7	25	10
Heart disease and stroke	7	6	6	25	10
Other: Health Worker Shortage	7	9	0	25	10
Tobacco and e-cigarette use & exposure	7	6	5	24	15
Lack of healthy food	10	4	4	22	16
Lack of health screenings	9	5	3	22	16
Other: Racism/Classism	10	6	0	22	16
Other: Distracted Driving	4	8	0	20	20
Lack of prenatal care	8	5	1	19	21
Alzheimer's Disease	5	4	3	16	22
Other: Poverty	6	5	0	16	22
Respiratory/lung disease (e.g. asthma, COPD)	6	3	3	15	24
Environment that is not healthy	7.25	1	3	12.25	25
Kidney disease (nephritis)	5	3	1	12	26
Domestic violence	3	1	4	9	27
Rape/sexual assault	3	2	2	9	27
Infectious diseases (e.g. hepatitis, TB, measles, pertussis, influenza, etc.)	2	3	1	9	27
Motor vehicle crash injuries	3	1	3	8	30
Unintentional injury	3	1	2	7	31
Teenage pregnancy	3	1	2	7	31
Sexually transmitted diseases	3	0	2	5	33
Firearm-related injuries	3	0	0	3	34

Infant death	1	0	1	2	35
HIV/AIDS	1	0	1	2	35
Homicide	0	0	1	1	37
Other: Lack of Adult Health Education	0	0	0	0	38
Other: Enforcement	0	0	0	0	38

Size Scoring

Rating	Size of Health Problem (% of population w/health problem)
10	40%-100%
9	25%-39.9%
8	17.6%-24.9%
7	10%-17.5%
6	4.6%-9.9%
5	1%-4.5%
4	.46%-.99%
3	.1%-.45%
2	.046%-.099%
1	.01%-.045%
0	<.01%

Seriousness Scoring

Rating	Seriousness of Health Problem
10	Very serious
8	Relatively Serious
6	Serious
4	Moderately Serious
2	Relatively Not Serious
0	Not Serious

Seriousness Scoring Questions

Yes = 2 points No = 0 points

1. Does it require immediate attention?
2. Is there public demand?
3. What is the economic impact?
4. What is the impact on quality of life?
5. Is there a high hospitalization rate, mortality rate or prevalence?

QLS Rank

Rating	QLS Rank
10	27-28
9	25-26
8	23-24
7	21-22
6	19-20
5	16-18
4	13-15
3	10-12
2	7-9
1	4-6
0	1-3

Appendix E: SWHHS Prioritization Activity

	Impact	Coverage	Complementary	Investment	Capacity	Sustainability	Momentum	Immediacy	Permanency	Urgency	Leadership	Public will	Stakeholder will	Weighted total
Aging problems (e.g., arthritis, hearing/vision loss, etc.)														
Alcohol-related illness and death														
Alzheimer's Disease														
Cancers														
Child abuse/neglect														
Dental problems														
Diabetes														
Domestic violence														
Drug-related illness and death														
Environment that is not healthy														
Firearm-related injuries														
Heart disease and stroke														
High blood pressure														
HIV/AIDS														
Homicide														
Infant death														
Infectious diseases (e.g. hepatitis, TB, measles, pertussis, influenza, etc.)														
Kidney disease (nephritis)														
Lack of health screenings														
Lack of healthy food														
Lack of physical activity														
Lack of prenatal care														
Mental health problems														
Motor vehicle crash injuries														
Obesity														
Rape/sexual assault														
Respiratory/lung disease (e.g. asthma, COPD)														
Sexually transmitted diseases														
Suicide														
Teenage pregnancy														
Tobacco and e-cigarette use & exposure														
Unintentional injury														

Each attendee will be given a worksheet with the top issues that emerged in the Quality of Life survey. The participants were asked to examine each issue and rank the top three issues that could be addressed based on each of the following criteria, if that criterion was the only one used.

For example, participants identified their top three priority areas if the only criterion was impact (below). Then they identified their top three priorities if the only criterion was coverage, and so on.

- Impact- How much impact can we have on _____?
- Coverage-Can we help a significant percentage of the population?
- Complementary-Does reducing _____ also mitigate other priorities?
- Investment-Can we make an impact with a reasonable investment?
- Capacity-Do we have sufficient resources to attach _____?
- Sustainability-Can we allocate resources long enough to make a difference?
- Momentum-Do we already have momentum in this area?
- Immediacy-Can we have an impact in a reasonable time frame?
- Permanency-Can we make a long-term impact on _____?
- Urgency-How urgent is _____?
- Leadership-Is there a champion(s) in the community for _____?
- Public Will-Is the public on-board with this being a priority?
- Stakeholder will-Are leaders and practitioners on-board with this being a priority?

After a presentation, each person completes the worksheet. Top priorities are ranked on a three-point scale with 3 as the top priority, 2 as the second-highest priority, and 1 as the third-highest priority, and other others scored as zero.

Using this scale, all participant's priority scores are combined and summed, and then presented to the group for discussion.

Once the top 3-5 priorities are scored, we will divide into smaller groups for discussion. Each individual received a worksheet to fill out on their own (about 10 minutes). They then get into their groups to discuss the five questions together. Each group chooses a spokesperson and that person presents the group's consensus ideas to the larger group.

Priority worksheet

Please fill in the priority you have been assigned to discuss below.	Impact	Coverage	Complementary	Investment	Capacity	Sustainability	Momentum	Immediacy	Permanency	Urgency	Leadership	Public will	Stakeholder will
Priority:													

We have just completed an exercise to establish our top 3-5 priorities. Now that the assessment processes have concluded, now it's time to create solutions.

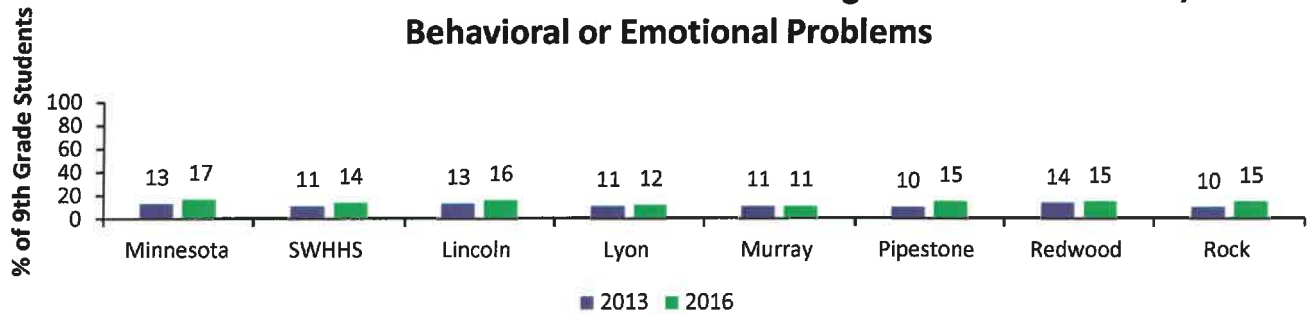
1. What is your goal(s) for this priority? *How will we know when we have successfully addressed this priority?*
2. What is the best strategy to accomplish this goal?
3. What are the main barriers of accomplishing this goal?
4. What are the opportunities to accomplish this goal?
5. Who should lead/partner to accomplish this goal?

Appendix F: County level data in CHIP

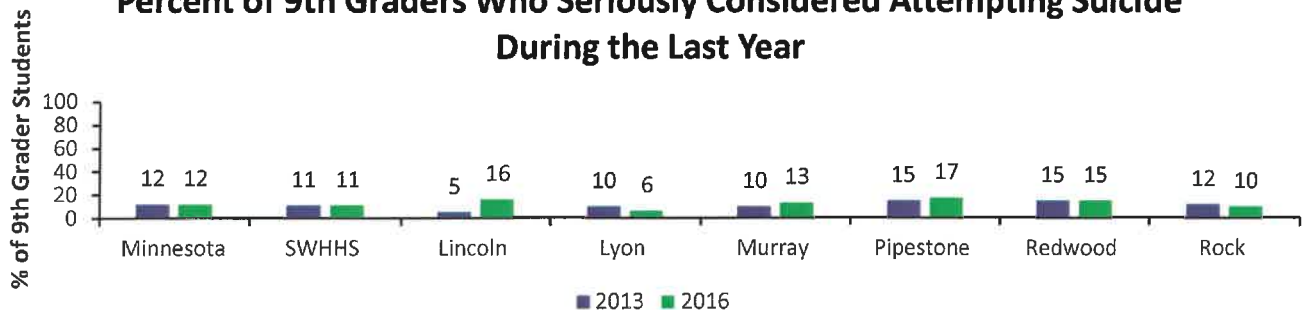
Have you ever been told by a doctor or other health care professional that you had...

	Any Mental Health Condition		Depression		Anxiety or Panic Attacks		Other Mental Health Condition	
	2015	2019	2015	2019	2015	2019	2015	2019
SWHHS	20.7%	25.2%	16.1%	17.5%	13.0%	17.3%	3.3%	5.6%
Lincoln	23.6%	26.7%	17.2%	15.8%	17.1%	19.6%	6.6%	7.7%
Lyon	23.3%	27.0%	18.1%	18.7%	16.3%	19.3%	3.6%	7.0%
Murray	18.7%	25.1%	13.9%	19.3%	10.9%	14.1%	3.8%	3.7%
Pipestone	20.7%	21.9%	15.0%	13.5%	14.4%	14.9%	4.3%	4.9%
Redwood	16.2%	25.0%	13.0%	17.1%	8.4%	17.5%	1.3%	5.0%
Rock	21.4%	23.1%	19.1%	18.1%	10.0%	15.5%	2.4%	4.5%

Percent of 9th Grade Students That Have Long-Term Mental Health, Behavioral or Emotional Problems



Percent of 9th Graders Who Seriously Considered Attempting Suicide During the Last Year



Appendix A Expanded Data Sets not listed in Community Health Assessment:

Average Number of Mentally Unhealthy Days in the Past 30 Days

	2015	2019
16 County Region	2.64	3.19
SWHHS	2.63	3.10
Lincoln	3.10	3.28
Lyon	3.35	3.50
Murray	1.97	2.64
Pipestone	2.54	2.67
Redwood	2.57	2.88
Rock	1.33	3.13

Percent of 11th graders who attempted suicide in the last year

	2013	2016	2019
Minnesota	3	3	3
SWHHS	3	3	4
Lincoln	7	0	5
Lyon	2	2	4
Murray	1	3	5
Pipestone	3	4	2
Redwood	4	8	4
Rock	0	0	5

Count of Suicide Deaths by County, by Year

	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
SWHHS	9	3	6	11	11	16	8	11	11	10
Lincoln	0	0	0	1	1	1	1	1	0	1
Lyon	4	1	0	5	1	2	2	4	5	4
Murray	1	0	2	2	4	3	0	0	1	2
Pipestone	1	0	2	0	1	2	0	1	2	1
Redwood	2	1	1	2	3	7	2	3	3	1
Rock	1	1	1	1	1	1	3	2	0	1

5 Year Average Count of Suicide Deaths by County

	1993-1997	1998-2002	2003-2007	2008-2012	2013-2017
SWHHS	6.4	8.6	9.2	8	11.2
Lincoln	1	0.6	0.2	0.4	0.8
Lyon	2	2.6	3	2.2	3.4
Murray	0.2	1	1	1.8	1.2
Pipestone	0.6	0.6	1.8	0.8	1.2
Redwood	1.2	2.6	2.4	1.8	3.2
Rock	1.4	1.2	0.8	1	1.4

Percent of Adults That Delayed Getting Mental Health Care

	2015	2019
SWHHS	9.1	10.7
Lincoln	10.1	8.2
Lyon	8.9	12.4
Murray	10.7	10.3
Pipestone	7.6	10.7
Redwood	8.0	7.6
Rock	11.2	13.5



SOUTHWEST
HEALTH & HUMAN
SERVICES

Southwest Health and Human Services Strategic Plan

2020-2024



12/31/2019

Table of Contents

Introduction.....	2
SOAR Analysis.....	2
Mission, Vision and Values Statements.....	4
Strategic Priorities.....	7
Implementation and Communication of Plan.....	8
Linkages.....	8
Utilization of the Strategic Plan.....	8
Appendix A.....	1

Southwest Health and Human Services (SWHHS) Strategic Plan was approved and adopted on December 18, 2019 by the Southwest Health and Human Services Governing Board.

SWHHS Governance Board Chair, Commissioner Charlie Sanow

This document will be reviewed annually at a SWHHS Board Meeting. An annual report will assess progress towards the goals and objectives set and show how targets are monitored.

Introduction

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

Board members and staff engaged in strategic planning in order to envision and articulate the way forward to a more fully integrated organization, equipped to meet the current and emerging health and human services needs of the communities served. The strategic plan intends to align and guide the work of the staff and Board, as well as communicate to stakeholders the purpose, desired outcomes and strategies of the agency's work.

In August 2019, the Minnesota Department of Health (MDH) Nursing Consultant Linda Bauck-Todd, met with a planning team comprised of a SWHHS Board member and staff representatives to conduct a strategic planning event. In preparation, a smaller planning team met to assess strengths, opportunities, aspirations and results (SOAR) with staff and community partners and discuss the role of strategic planning amid other related planning efforts- such as Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP).

The strategic plan includes these elements:

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

The strategic planning team included:

Board Member:

-Charlie Sanow, Lyon County Commissioner*

Executive Team:

- Beth Wilms, Director of Health & Human Services* - Carol Biren, Public Health Division Director*

Supervisors:

- Ann Orren, Community Public Health Supervisor* - Gail Bielen, Licensing Supervisor

Staff:

- Amy Johnson, Social Worker, Children's Services - Michelle Salfer, PH Program Specialist*
- Chris Cauwels, Network Systems Administrator* - Scott Winter, Foster Care Licensor
- Dawn Popowski, Social Worker, Adults-MH* - Tara VanderSteen, Child Support Officer
- Lisa DeBoer, Fiscal Officer* - Wendy Crawford, Eligibility Worker

*Indicated small planning team membership

SOAR Analysis

In May and June 2019, SWHHS staff were asked to participate in a SOAR analysis to get input on organizational strengths, opportunities, aspirations and results. Data was gathered through input sessions and a survey through Survey Monkey. Community partners were also invited to SOAR sessions to provide input. The outcomes of this analysis were utilized during the "vision" discussion of the strategic planning retreat. A snapshot of the brainstorm sessions is listed below.

Staff Input

Strengths:

<p>Internal</p> <ul style="list-style-type: none"> ▪ Teamwork ▪ Flexibility ▪ Communication ▪ Staff 	<p>External</p> <ul style="list-style-type: none"> ▪ Programs/prevention programs/grants ▪ Partnerships/Relationships ▪ Customer focused
--	--

Opportunities:

<p>Internal</p> <ul style="list-style-type: none"> ▪ Training ▪ Communication ▪ Wages/benefits/retention ▪ Flexibility/consistency ▪ Caseloads/workloads ▪ Funding 	<p>External</p> <ul style="list-style-type: none"> ▪ Marketing/communication ▪ Improve/expand services/programs ▪ Community presence ▪ Prevention programming/community education ▪ Merit
---	---

Aspirations:

<p>Internal</p> <ul style="list-style-type: none"> ▪ Staff morale would improve ▪ Communication would be more consistent/accurate ▪ We would have manageable workloads ▪ We would have a comprehensive benefits package (wages, insurance, etc.) 	<p>External</p> <ul style="list-style-type: none"> ▪ Regular interaction with community partners ▪ Community education, less stigma ▪ Excellent customer service
---	--

Results:

<p>Internal</p> <ul style="list-style-type: none"> ▪ Wages/Benefits/Merit ▪ Communication ▪ Staff Retention 	<p>External</p> <ul style="list-style-type: none"> ▪ Communication/Marketing/Outreach ▪ Merit ▪ Customer Service/One Stop Shop
---	--

Community Input

Strengths:

1. Staff
2. Grant work/service expansion
3. Collaboration and Partnership

Opportunities:

1. Increase outreach
2. Expand services/programs
3. Implement 2Gen Approach

Aspirations:

1. Programs, new and existing, would meet the needs of our communities and would be funded appropriately.

2. The community would be educated on trending topics or health related information utilizing local data.
3. Staff would have the training and tools needed to do their jobs well.
4. Local, state and federal funding streams would meet the needs of the community and would be simplified.

Results:

Marketing Plan/Campaign

- Intentional collaboration with community partners
- Strengthen our online presence
- Provide specialty training for staff so they can share programs/service information with the community
- Rebrand the agency
- Utilize social media, newspaper, and any other sources the community will see (monthly “did you know”)
- Improve the community’s knowledge of what we do (maybe increasing utilization of some services)

No Wrong Door approach

- Provide assessments to meet needs of the entire family
- Map community resources
- Build partner relationships
- Disrupt the system!

Based on the August 2019 discussion, the following external trends were identified:

- Increasing mental health needs
- The Board’s perception of the population – concerns about funding
- Political priorities
- Negative narratives about clients receiving services
- Chemical use in the population – puts children in crisis
- Trends of new chemicals being used
- Less time taken to understand the “why” – for example why should we fund _____ client?
- Rural population declining, increasing age of the population and shifting needs

Mission, Vision and Values Statements

The Southwest Health and Human Services Board adopted the SWHHS mission statement in January 2013.

During the Strategic Planning session, the group discussed the current mission statement and provided thoughts on both the current mission and values.

Mission

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

- The group thought that it would be good to develop a single vision statement to accompany a document stating the mission/vision/organizational values.

- It was decided that any discussion and modification to the mission statement and values would happen in the future and not at today’s meeting – likely in the next year or two.
- The mission statement should represent all six counties.
- Consider the concepts of equity and diversity in the mission statement (or perhaps as values).
- There is a need to talk about the “why” (from the Ted Talk https://www.ted.com/talks/simon_sinek_how_great_leaders_inspire_action?language=en)
- The mission drives values.
- The mission statement should be clear and concise.
- Staff should be able to state the mission statement.

Guiding Principles/Values

Along with the mission, values describe how the organization operates; they are the underlying assumptions of the work. Our shared values guide our actions and how we interact with our colleagues, clients, and community partners. Southwest Health and Human Services went through a comprehensive Values Activity in October and November 2016 to identify their core values, and these six emerged.

Respect

We treat people with dignity and consideration, and we listen openly to integrate a variety of perspectives and create environments that foster trust.

Honesty

We are truthful and responsible in our interactions with the public and each other. We demonstrate compassion, acceptance, and will safeguard dignity and confidentiality.

Trust

We are people of character and integrity who keep our word and honor our commitments, resulting in a safe environment for staff and clients.

Communication

We engage in timely, responsive, effective, and open information sharing to improve our work and maintain our reputation as a trusted source for program and service delivery.

Teamwork

We are committed to common goals based on open and honest communication while showing concern and support for each other.

Flexibility

We are an organization willing to learn, create innovative ideas, and adapt to the ever-changing environment while striving for a healthy work-life balance.



Vision

The participants drafted vision elements for SWHHS, responding individually to the question, what does SWHHS envision within the organization as a result of the work in the next 3 – 5 years? They then identified and named the major elements of the vision. The lists below include the vision element name and a description of the elements that the team worked on during several planning meetings after the Strategic Planning day. Four overarching ideas were identified for the vision:

- Evaluation/data measurement: active performance management
- Inclusion
- Equity
- Diversity

Vision Elements

Eight vision elements, with descriptions, are listed below and were developed with the themes of diversity, equity and inclusion in mind. The phrase strong, healthy and safe communities was extracted from the brainstormed ideas to be used as some overall outcome ideas for the visioning process.

Valued Employees:

SWHHS is an employer of choice by having satisfied staff and a positive workplace. All levels of the agency are committed to its mission and have a trusting working relationship where employees feel valued and appreciated. Agency flexibility and promoting wellness allow for a positive atmosphere and healthy work-life balance.

Focus on Prevention:

Focusing on preventative measures will enhance the well-being of the individual, family, and community while decreasing future societal and financial costs.

Inclusive Hiring Process:

Our staff should be representative of the population we serve. We will strive for our process to be simplified and inclusive to remove barriers to provide the best quality services to the people we serve.

Strong Community Connections:

SWHHS will strive to be a leader in our community by providing outreach, program development, and creating collaborative partnerships throughout the region. A firm understanding of community resources will maximize and improve partnerships to better serve our communities.

Financial Stability:

We will fully utilize all available funds while actively seeking additional revenues to meet the needs of the community. Financial stability allows our agency to enhance services.

Comprehensive Communication:

Consistent and thorough communication utilizing multiple channels informs and builds strong relationships, both internally among staff and externally with those we serve and collaborating partners.

Accessible and Useful Technology:

Fully utilizing the technology that we have available will create efficiencies for staff and clients we serve. Because of our large geographic area, maximizing our connections with the communities we serve is imperative.

Integrated Service Delivery:

Tools will be provided to staff that will incorporate integration of agency resources and the latest programmatic information with data focused and proven strategies.

Strategic Priorities

Participants were asked to brainstorm the following question: "What steps/actions need to take place in order to make the vision elements become a reality. The ideas are listed below. The group then themed and titled the ideas to develop strategies.

An overarching concept for the strategies is: Review long term goals periodically (evaluation)

1. Develop Consistent and Intentional Internal and External Communications
2. Maximize Agency Revenue

3. Enhance Staff Satisfaction and Retention and Streamline Hiring Process
4. Improve Efficacy of Programs and Services

See Appendix A for the action plans and implementation updates.

Implementation and Communication of Plan

The 2020-2024 strategic plan represents an ongoing process of setting priorities, reflecting on what is being learned, and taking realistic steps forward. The strategic plan provides the organizational guideposts for SWHHS staff, partners and board members to discuss and determine where to focus time and resources. At the broadest level, the implementation of the five-year strategic plan occurs through the development and monitoring of the annual work plan. The executive team manages this process and oversees communication with agency staff and the SWHHS Governing Board.

Linkages

The *Minnesota Local Public Health Assessment and Planning Process* links the SWHHS Strategic Plan with the Community Health Improvement Plan (CHIP) and Quality Improvement Plan. One of the strategies identified during the SWHHS strategic planning process was Improve Efficacy of Programs and Services. As a part of the implementation of the 2020-2024 CHIP, mental health is being addressed throughout the agency. Mental health was identified as one of the top health concerns for the six-county region during the 2019 Community Health Assessment process. The Quality Improvement (QI) Plan links directly to the strategic plan as Quality Improvement is integrated throughout the plan, as it is an important piece of creating a successful performance management system.

Utilization of the Strategic Plan

Strategic Planning teams will be created to help the agency meet the goals and objectives of the Strategic Plan. Each Strategic Planning team will create their own action plan and implement and track their progress towards the goals of the plan. As part of the Quality Improvement process of the agency, each team will provide updates on a regular basis to the Executive Team and/or Quality Council, who monitors the plans and implements quality improvement plans where needed. We will incorporate diversity, equity, inclusion and evaluation in all levels of this plan. Continuous evaluation of agency processes will streamline and create efficiencies in service delivery.

Appendix A

Strategic Planning Worksheet: Action Planning

SMART Objectives are Specific, Measurable, Attainable, Relevant, Timely.

Strategic Priority #1: Develop Consistent and Intentional Internal and External Communications				
Goal: Increase modes and quality of internal and external communication to improve knowledge and understanding of agency programs, initiatives, plans, outputs, and activities.				
Objective 1.1 By December 31, 2024, implement strategies to improve internal communication.			Benchmark and Method of Measuring Success: Integration team has been developed.	
Action Steps (Deliverables) with Time Frame	When	Resources Needed	Lead Person/Team	Status with Dates
Develop integration team.	1 st Quarter 2020	Staff time	Director appointed	
Utilize current technology options for better communications and service delivery.	1 st Quarter 2020, on-going	Staff time, potential tech costs	IT	
Objective 1.2 By December 31, 2024, implement strategies to improve external communication.			Benchmark and Method of Measuring Success: Position is hired. Communication plan is implemented.	
Action Steps (Deliverables) with Time Frame	When	Resources Needed	Lead Person/Team	Status with Dates
Hire position to fill the gaps in strategy, legislative work, DEI, framing communications and public information.	3 rd Quarter 2020	Current Planner position is open and in 2020 budget	Executive Team/ Strategic Planning Team	
Review, revise as needed and implement SWHHS Communications Plan.	3 rd Quarter 2021	Staff time	"revised planner position"/ communications team	

Utilize current technology options for better communications and service delivery.	1 st Quarter 2020, on-going	Staff time, potential tech costs	IT	
Objective 1.3 By December 31, 2024, evaluate mission, vision, branding based on current guiding principles/values.			Benchmark and Method of Measuring Success: Incorporated into communication plan.	
Action Steps (Deliverables) with Time Frame	When	Resources Needed	Lead Person/Team	Status with Dates
Evaluate mission, vision and branding based on current guiding principles/values.	1 st Quarter 2022	Staff time	Strategic Planning Team/"previous planner position"	

Strategic Priority #2: Maximize Agency Revenue				
Goal: SWHHS will improve its funding capacity to meet current and future needs of health and human services programs and services.				
Objective 2.1 By December 31, 2024 maximize current funding streams.			Benchmark and Method of Measuring Success: Evaluation process is developed and implemented.	
Action Steps (Deliverables) with Time Frame	When	Resources Needed	Lead Person/Team	Status with Dates
Increase all employee's knowledge and understanding of program and agency finances.	1 st quarter 2020	Staff time	Fiscal Manager	
Maximize program funding through 100% time reporting for Public Health and Human Service.	1 st Quarter 2020, on-going	Staff time	Focus	
Assess and improve/capture of billable time to maximize revenue.	1 st Quarter 2020, on-going	Staff time	Focus	

Objective 2.2 By December 31, 2024 assess current services and maximize funding streams.			Benchmark and Method of Measuring Success: Evaluation process is developed and implemented.	
Action Steps (Deliverables) with Time Frame	When	Resources Needed	Lead Person/Team	Status with Dates
Seek out non-traditional funding.	1 st Quarter 2020, on-going	Staff time	“previous planner position”/Focus/Director/Board	
Tailor and/or enhance services to the needs of the community.	1 st Quarter 2020, on-going	Staff time	Focus	

Strategic Priority #3: Enhance Staff Satisfaction and Retention and Streamline Hiring Process				
Goal: Enhance staff morale, increase retention, streamline hiring process, and promote positive customer service.				
Objective 3.1 By December 31, 2024, complete a comprehensive evaluation of current hiring system for options that include diversity, equity, and inclusion.			Benchmark and Method of Measuring Success: Complete evaluation of hiring system.	
Action Steps (Deliverables) with Time Frame	When	Resources Needed	Lead Person/Team	Status with Dates
Develop a committee to evaluate our current hiring system for options that include diversity, equity, and inclusion along with simplifying the system.	1 st Quarter 2020	Staff time	Director/HR	
Objective 3.2 By December 31, 2024 enhance our work force development plan (WFDP).			Benchmark and Method of Measuring Success: Review & complete WFDP.	
Action Steps (Deliverables) with Time Frame	When	Resources Needed	Lead Person/Team	Status with Dates
Develop committee to enhance WFDP.	1 st Quarter 2021	Staff time	Director appointed	

Look at ways to plan, structure, and track training in a cost-effective way.	1 st Quarter 2022	Staff time, training costs	HR/Executive Team/IT	
Objective 3.3 By December 31, 2024, develop diversity, equity, and inclusion (DEI) plan.			Benchmark and Method of Measuring Success: DEI committee determined.	
Action Steps (Deliverables) with Time Frame	When	Resources Needed	Lead Person/Team	Status with Dates
Develop committee to look at ways to integrate DEI in our work and current and new policies set by our board.	1 st Quarter 2020	Staff time, training	Director Appointed	
Objective 3.4 By December 31, 2024, comprehensive review of benefits and personnel policy implementation.			Benchmark and Method of Measuring Success: Completed review.	
Action Steps (Deliverables) with Time Frame	When	Resources Needed	Lead Person/Team	Status with Dates
Evaluate and develop baseline supervisory guidelines with options for unit specific needs.	1 st Quarter 2022	Staff time	Focus Sub-committee	
Review and implement best practices for increasing staff morale.	1 st Quarter 2020	Staff time	Focus Sub-committee/staff subcommittee	

Strategic Priority #4: Improve Efficacy of Programs and Services				
Goal: To advocate for, evaluate and support prevention and holistic services across our 6 county region.				
Objective 4.1 By December 31, 2024 evaluate current programming/services and expand where applicable.			Benchmark and Method of Measuring Success: Integration team will determine.	
Action Steps (Deliverables) with Time Frame	When	Resources Needed	Lead Person/Team	Status with Dates
Tailor and/or enhance services to the needs of the community.	1 st Quarter 2020	Staff time	Focus	
Explore grant funds to support further growth in prevention and early intervention programs.	1 st Quarter 2020	Staff time	Focus	
Develop integration team.	1 st Quarter 2020	Staff time	Director appointed	
Utilize current technology options for better communications and service delivery.	1 st Quarter 2020	Staff time, potential tech costs	IT	
Objective 4.2 By December 31, 2024 collaborate with community partners to integrate and remove gaps in services. (No Wrong Door)			Benchmark and Method of Measuring Success: Community systems are integrated to meet client driven needs.	
Action Steps (Deliverables) with Time Frame	When	Resources Needed	Lead Person/Team	Status with Dates
Participate in community strategic planning around "No Wrong Door".	1 st Quarter 2020	Staff time	PH Program Specialist	
Utilize current technology options for better communications and service delivery.	1 st Quarter 2020 to on-going	Staff time, potentially tech apps	PH Program Specialist & IT	



Position Request Form

Ag 081 04 18

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: Support Enforcement Aid Division/Unit: Child Support Unit

New Position Replacement Permanent Temporary Promotion
 Is Funding Budgeted for This Position? Yes, Budgeted No, Not Budgeted

Desired hire date:07/01/2020 Requested:1.0

*Attached additional sheets if necessary.

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

The prior SEA was part-time the job duties were reduced to a minimum (mail processing, E-filing for some Child Support Officers, delinquent letters to ncps, handling a small caseload of reserved cases for Marshall location), With a full time SEA, the SEA would be able to assist the 14 CSOs and 2 supervisors for all locations by E-Filing court documents, carry a small caseload of Reserved cases and/or Social Security payments, processing mail with the assistance of an Office Support Staff, scanning documents into imaging system, point of contact for genetic testing for all locations, sending out delinquency letters to non-payers, download documents from the Electronic Data Exchange for all locations, obtaining employment verifications from vendors, mail out legal documents for court proceedings and other functions that would be within the realm of the job duties of a SEA.

2. Why are you recommending this position be authorized?

A full time SEA was approved for the 2020 budget effective 07/01/2020, however with the current part time position being vacant a request is being made to have an earlier start date. The child support unit is currently under a Performance Improvement Plan. (PIP) due to the average current collections for the past 5 years having a negative percentage instead of positive percentage of current due. In the majority of the locations, the CSOs are doing work of a SEA (imaging, processing mail, E-Filing, etc.,) more time is needs to be devoted to the legal work, enforcing orders, interstate work in order to improve the current collections percentage. If the unit's current collection improves by the end of the FFY by .12% the PIP will be closed out, without the help from an SEA, the unit will not be able to devote their time to possible close out the PIP at the end of FFY. The unit currently has 4 new CSO's with less than 1 year experience, the experiences workers are doing the training along with carrying large caseloads, and again doing some or all of a SEA functions. Without an SEA to assist with the work flow, customer services start to decline, unable to meet federal/state time frames for order processing, decrease in collections, unable to do worklist on a timely basis. The SEA was based in the Marshall office, however with a full-time SEA all the locations would be able to utilize the SEA to the fullest by assigning job functions from each locations. The home base has not been determined. With the age of technology the SEA would be able to work from any location.

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

If the CSO's continue to process the mail, e-filing, imaging documents and other functions that the SEA would do, less time would be available for the CSO to do their job duties. Caseloads and workloads would need to be prioritized as to importance. The type of work on the case would need to be prioritized.

Hiring a temporary worker has been reviewed but would be difficult to find because of the complexity of the child support computer (PRISM), E-filing, imaging, etc. The unit is looking for a long term worker because of the learning curve of the child support program.

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 66% Federal Fiscal Funding

2020 Salary range \$42,593 - \$59,322 (includes salary, FICA, PERA and employer insurance contribution)

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.

6. What is the Return of Investment (ROI)?

The full time SEA would assist the unit with the assigned job duties, in which a CSO would no longer need to do. Instead of expending wages for a CSO or CSS to do a SEA job function.

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

The child support unit is currently under a PIP, if not filled until 07/01/2020, the unit may not be able to attain it's goal to have the PIP closed at the end of the year, therefore the PIP would continue for another year, and may see an reduction with incentive payments from the state and federal agencies putting the agency at risk for financial TANF sanctions by the State of MN. The customers would likely suffer the most not only with customer services but in delay in the CSO's providing the core duties of their positions. With a lack of child support being paid, it puts a financial strain on the custodial parents. Many custodial parents become self-supportive with their respective employment and with the child support payments they receive. When the custodial parents are not self-supportive, they seek alternative means, which may result in having our agency expending monies, health care, and other services.

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

A full time SEA would help support the mission of the agency and unit by promoting the wellbeing of the children and families by providing quality services in a respectful, caring and cost effective manner. The unit believes that was all must be invested in the future of children. Being fully staffed allows for the child support services to key in on the wellbeing of children and their families through establishment of support, paternity and collections. The child support unit focuses on helping families achieve and maintain self-sufficiency. The goal is for children to receive the financial support they need and deserve from both parents but to accomplish this task, the child support unit needs to carry out the day to day duties of enforcement, collections, location, the legal aspects of the case and other administrative duties. In order to this, the SEA plays an important role in the unit by being the backbone of the unit.

SECTION 3: Signatures

Completed by: JoAnne M. Brisk Date: 12/12/2019

Division Director Signature: **APPROVED**
By nancy.walker at 9:31 am, Dec 12, 2019 Date: _____

Director Signature: **APPROVED**
By Beth Wilms at 9:59 am, Dec 12, 2019 Date: _____



Position Request Form

SECTION 1: Process	
<ol style="list-style-type: none"> 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: Adult Services Social Worker	Division/Unit: Adult Services/ Seniors Unit
New Position <input type="checkbox"/> Replacement X Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Promotion <input type="checkbox"/>	
Is Funding Budgeted for This Position? Yes, Budgeted X No, Not Budgeted <input type="checkbox"/>	
Desired hire date: ASAP FTE Requested: Yes	
*Attached additional sheets if necessary.	
1. What will the essential functions performed by this position include?	
The Specific duties of this position include: MNChoices/Long Term Care Coordination assessments, Case Management Duties of the Home and Community Based Programs of Elderly Waiver and Alternative Care. Care Coordination Duties for Blue Cross/Blue Shield and UCARE in the areas of Over 65, Community Well, Elderly Waiver.	
2. Why are you recommending this position be authorized?	
This would be a replacement position. The position currently has an average of 80 to 90 cases. These cases are a variety of community/Elderly waiver, Alternative Care and Institutional Skilled Nursing Facility Care Coordination Services. This would be high number of cases to try and divide over our Seniors and Managed Care SNF workers and expect that we would be providing quality care. We would also not be following the recommended Case load numbers of BCBS and Ucare of 40 to 70 cases. These cases require a face to face visit every 6 months as well as ongoing case management duties.	

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

The only alternative to filling this position would be to reassign the case load and duties to our current workers who already have more than the recommended number of Managed Care and HCBS cases.

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**

This position produces revenue from the managed care organizations. For example, the rate for BCBS is \$101.84 per hour and the rate for UCare is \$180 per member, per month. After just a few months, this position can generate more revenue than the actual salary.

This position also will be a Certified assessor for our MN Choices programs and will participate in the Random Moments, both of these generate additional revenue. \$60,759 - \$94,125 (salary , fica, pera, and insurance contribution)

5. 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?

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

The results of not filling this position would result in our vulnerable population not getting the assessments and care coordination services in a timely manner. It would result in case managers adding to their current high case loads thus a reduction in the amount of time available for all those in need. There may be a delay in payments to our providers already providing services due to time limits with high numbers. There may be increased adult protective services reports involving our vulnerable population as a result of less case management and care coordination time available to assist with ares of self neglect and service referrals.

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

This position would align with the agency's mission and commitment to assist our Elderly population in finding resources to live with dignity as independently as possible, hopefully preventing a nursing home placement. The care coordination duties also focus on preventative care and disease management, keeping people healthy and thus saving our state and county resources. Our most vulnerable at risk elderly population depend on Case Management and Care Coordination Services to assist with areas of assessment, Resource referrals, preventative Care and much more.

SECTION 3: Signatures

Completed by:	APPROVED <i>By Stacey Longtin at 8:56 am, Dec. 12, 2019</i>	Date: _____
Division Director Signature:	APPROVED <i>By Cindy.Nelson at 12:59 pm, Dec 12, 2019</i>	Date: _____
Director Signature:	APPROVED <i>By Beth Wilms at 2:55 pm, Dec 12, 2019</i>	Date: _____

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

EFFECTIVE DATE: 01/01/11

REVISION DATE: 10/21/15; 11/16/16; 04/18/18; 01/01/2020

AUTHORITY: Southwest Health and Human Services Joint Governing Board

- - -CONDITIONS OF EMPLOYMENT- - -

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

Section 1 - Workweek

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

Section 2 - Working Hours

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

Section 3 – Employee Definitions

- a. Probationary Period – All newly hired or rehired employees will serve an initial one-year probationary period. During the initial probationary period, an employee who is promoted or reassigned to another job classification shall serve the secondary probation concurrently with the initial probation. Employees hired prior to 1/1/2020 and successfully completing their initial probationary period will receive a 1% increase. The first year of employment with the agency, during which the employee shall receive orientation and

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

new employee training. For employees promoted to a new position, the probationary period shall be six (6) months. For employees promoted to a supervisory position, the probationary period shall be twelve (12) months.

- b. During the probationary period, the employee shall receive a heightened amount of supervision and additional performance evaluations. Probationary employees shall not be entitled to use vacation during the initial three (3) months of employment with the agency. Completion of probation shall not change the at-will nature of employment.
- c. Regular Employment - An employee who has completed their probationary employment and is scheduled on a regular or regular part-time basis. Regular employees are not temporary or intermittent employees.
- d. Temporary/Intermittent - A temporary employee is a person hired for a specific period of time or on an intermittent basis with specific duties not to exceed six months. A temporary employee is paid only for hours worked and does not receive benefits, vacation/medical leave, or paid holidays.

Section 4 – Exempt and Non-Exempt Employees

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

Exempt Employees

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

Non-Exempt Employees

- 1. All non-exempt employees must complete an electronic timesheet. The timesheet must reflect actual hours worked and leave time taken each week.

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

The timesheet must be submitted by the employee to their supervisor for review and approval at the end of each payroll period.

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

Section 5 – Compensatory (Comp) Time

- a. The agency will keep records of any authorized accrued comp time.
- b. Comp time earned must have prior supervisory approval however if the circumstances do not allow for prior approval staff must immediately follow up to obtain supervisory approval. Comp time taken must be approved in advance by the employee's immediate supervisor. Hourly staff who have earned comp time may be asked to work adjust down to 37.5 hours depending on their schedule and the work assigned.
- c. The maximum accumulation of comp time, eligibility for comp time, and other applicable overtime payment requirements will be governed by the Fair Labor Standards Act, as amended, or applicable Agency policies.
- d. Comp time will be earned and taken in 30 minute increments at a minimum. Once earned, employees shall not be required to use compensatory time until they have reached 17.5 hours at which time they may be asked to work adjust to insure they do not exceed 22.5 hours. In the event an employee may go into overtime status for the week they may also be asked to work adjust.

The balance of comp time at the end of the payroll period shall never be more than 22.5 hours. Time in excess of 22.5 hours at the end of a payroll period will be lost to exempt employees. For non-exempt employees, the time in excess of 22.5 hours at the end of a payroll period shall be paid out to the employee at the employee's regular rate of pay. Comp time carried forward from a previous payroll period will not be lost.

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

Section 6 – Overtime

- a. All overtime must have prior written authorization by the supervisor. **In addition, staff must complete form AG#006.**
- b. Only hours worked shall be counted towards overtime.
- c. Failure to follow this Personnel Policy can result in disciplinary action.

Section 7 - Flex Time

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

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

- g. It is not permissible to utilize a four-day flex time schedule during a holiday week. Employees will work 7.5 hours per day during these holiday weeks, except when a work event dictates a longer day such as but not limited to trainings, client appointments, or travel.
- h. It is not permissible to flex a Friday and the following Monday.
- i. Upon notice of resignation, that employee will not work a flex schedule for the last 2 weeks of the employee's employment with the agency.

Section 8 - Inclement Weather

- a. If adverse weather conditions necessitate the closing of any or all of the Southwest Health and Human Services offices, the Director or designee shall initiate Dial My Calls program. Staff shall keep the agency up to date with their current contact information so that they can receive notifications through Dial My Calls.
- b. If any or all of the Southwest Health and Human Services offices are closed because of weather conditions, employees in the office(s) that are closed will be paid for the time that the office is closed. When an employee is on vacation or medical leave and the office is officially closed, vacation or medical leave shall not be deducted as such. **No comp time or overtime will be authorized on days the agency has closed due to adverse weather conditions.**
- c. If Southwest Health and Human Services offices remain open and the employee is not present for work, the employee must either make up the time that same week or take vacation or comp time. If the employee does not have available vacation or comp time and fails to make up the time then missed time will be leave without pay. However, it is at the employee's discretion whether or not to report for work on days when adverse weather conditions would jeopardize their safety and well-being.
- d. Employees requesting to make up time must immediately upon return to work make those arrangements with their supervisor. Supervisors will consider computer system availability and workload when approving these types of requests.

Section 9 - Paychecks

- a. Salaries will be paid on a bi-weekly basis (every other Friday). If a pay date falls on a holiday, payment will be made the day prior. However, if it affects the current operating budget, then payment will be made the next working day.

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

- b All Southwest Health and Human Services employee payroll checks will be by direct deposit unless a written objection from the employee is received.

Section 10 - Fringe Benefits

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

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

- g. Non-Pay Status Employees are those employees who have used more than 37.5 hours of leave without pay. (Examples: educational leave, medical leave without pay in excess of FMLA leave entitlement).
- h. Holiday pay, medical leave, and vacation leave shall be earned by all part-time and full-time employees in non-pay status on a prorated basis. The amount of leave earned is based upon the number of hours worked during the pay period. Vacation and medical leave shall be rounded to the nearest half-hour.
- i. Emergency Appointment Employees are eligible only for holiday leave. They shall not accrue vacation or medical leave.
- j. Probationary Employees are eligible for holiday leave and medical leave.
- k. VEBA/Health Savings Account Contributions
 - 1. Employees who opt for a health insurance policy with a VEBA or Health Savings account, contributions to the VEBA/Health Savings account will be semi-monthly.
- l. Retiring employees who:
 - 1. Were employed by Lincoln, Lyon, and Murray Human Services (LLMHS) and were employed by that agency prior to August 22, 2005 and worked continuously for LLMHS through December 31, 2010 with no break in service; and
 - 2. Were hired by the EMPLOYER effective January 1, 2011 with no break in service and are employed on a full-time basis with the EMPLOYER; and
 - 3. Are receiving a disability benefit or PERA annuity, or have met age and service requirements necessary to receive a PERA annuity;
 - Shall be entitled to receive 4% per year of service toward the employee's (dependents are excluded) health and dental single insurance premium, including their years of service at LLMHS.
 - This amount shall not exceed 100% nor shall the total amount exceed the amount paid by Southwest Health and Human Services on behalf of their employees. Payment of this amount will be discontinued if the employee's share of the premium(s) is not paid within the deadline set by the EMPLOYER. Payment shall also be discontinued when the employee becomes eligible for Medicare or if the employee obtains employment where single health insurance is available at no cost to the employee.

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

- Employees hired after August 22, 2005 by Lincoln, Lyon, and Murray Human Services are not eligible for retirement health insurance benefits. No employees hired by the EMPLOYER who were not employed by LLMHS are entitled to retirement health insurance benefits.

Section 11 - Licensure as a Condition of Employment

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

**SOUTHWEST HEALTH AND HUMAN SERVICES
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; 10/16/19;
01/01/2020

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 3 years of service, staff will earn 4.33 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~~ 244 hours. No time is accumulated after reaching the maximum. ~~In lieu of earning biweekly vacation, new employees will be fronted six (6) biweekly vacation accruals at the time of hire (a total of 22.2 hours) which employees will have access to upon hire. New staff will then start earning biweekly vacation as per policy at the end of the seventh (7th) biweekly pay period and thereafter. 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

Formatted: Indent: Left: 0.5"

Formatted: Superscript

**SOUTHWEST HEALTH AND HUMAN SERVICES
PERSONNEL POLICY NUMBER 3**

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 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 their supervisor and the front desk receptionist~~ so the employee's calendar can be updated. ~~The receptionist should then notify the supervisor so that unit coverage is ensured.~~ Medical leave due to preplanned medical appointments must be approved by the employee's supervisor in the same manner as vacation.
- 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. This benefit is extended to non union staff who were

**SOUTHWEST HEALTH AND HUMAN SERVICES
PERSONNEL POLICY NUMBER 3**

prior members of the Public Health Collective Bargaining and hired prior to July 1, 2011.

- 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 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.

**SOUTHWEST HEALTH AND HUMAN SERVICES
PERSONNEL POLICY NUMBER 3**

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 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.

**SOUTHWEST HEALTH AND HUMAN SERVICES
PERSONNEL POLICY NUMBER 3**

- 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 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

**SOUTHWEST HEALTH AND HUMAN SERVICES
PERSONNEL POLICY NUMBER 3**

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
 - 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

**SOUTHWEST HEALTH AND HUMAN SERVICES
PERSONNEL POLICY NUMBER 3**

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 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

**SOUTHWEST HEALTH AND HUMAN SERVICES
PERSONNEL POLICY NUMBER 3**

- 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, 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

**SOUTHWEST HEALTH AND HUMAN SERVICES
PERSONNEL POLICY NUMBER 3**

- 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 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 AND HUMAN SERVICES
ADMINISTRATIVE POLICY NUMBER 8**

EFFECTIVE DATE: 01/01/11

REVISION DATE: 12/18/13, 06/15/16; 05/16/18; 12/18/19

AUTHORITY: Southwest Health and Human Services Joint Governing Board

----DISASTER RECOVERY PLAN----

Section 1 - Purpose

- a. The purpose of this policy is to detail the disaster recovery procedures for Southwest Health and Human Services. This policy identifies the following:
- Current physical equipment that requires a “plan” for disaster recovery
 - Current backup systems for data
 - Hot sites and contracted or other agreements for alternate sites and replacement equipment.
 - I.T., management, and user personnel involved in plan and recovery
 - Recovery procedures after an actual disaster
 - Testing of Disaster Recovery Plan(DRP)

Section 2 - Current Servers

Documentation on specific servers, restoration process, and server purpose is housed in the IT department.

Formatted: Left

Formatted: Font: Not Bold, No underline

- a. Critical Servers:
- ~~SWMSHL01 Human Services Data Server containing day to day documents, etc.~~
 - ~~File and Print Servers located in Marshall, Redwood Falls, Ivanhoe, Pipestone, and Luverne. The Slayton file server is hosted in Marshall.~~
 - ~~MAIL & EXCHANGE Exchange Servers for Human Services and Lyon County Exchange/Email Server~~
 - ~~IBM i-Series Server, contains SWHHSLLMHS and Lyon County accounting software and associated data~~
 - ~~SWHHS06 Pipestone (on their premises)~~
 - ~~Red dc1 (on their premises)~~
 - ~~LuverneRock (on their premises)~~
 - ~~Mar dc1 Domain Controllers containing the Entire Active Directory~~
 - ~~SWHHS15 Appxtender Servers~~
 - ~~Follow Along Program (FAP) server~~
 - ~~SharePoint Servers~~
 - ~~SSIS Database server (used to connect SSIS to the FTI application)~~
 - ~~_____~~

**SOUTHWEST HEALTH AND HUMAN SERVICES
ADMINISTRATIVE POLICY NUMBER 8**

- b. Non-Critical Servers:
 - ~~and LLMHS12 (Windows software updates servers)~~
 - Application Server hosting Anti-malware and WiFi Controller
- c. Other Physical Equipment:
 - State Firewall Routers are installed in all county government centers, and provide wide data/internet access to other county and state government systems.

Formatted: Indent: Left: 0.5", No bullets or numbering

Formatted: No bullets or numbering

Section 3 - Current Backup Systems

- a. I series full system tape backups, which includes all software and user Id's. The operating system is completed on a quarterly basis. Copies of this are kept off site. Copies of quarterly backups are kept for one year.
- b. I series daily tape backups of all accounting and associated changing data are completed daily, with weekly off site copies. An annual backup is made around January 1 of each year and is kept offsite for one year.
- c. All servers listed under critical servers are backed up daily with local and offsite copies. Monthly copies are kept at an offsite location for one year.
- e. Email/Exchange Server tape backups are completed daily,
- d. All servers listed under non-critical servers are backed up daily with local and off site copies. Monthly copies are kept at an offsite location for one year.
- d. Staff data/documents Buffalo & Synology Disc Storage
- e. SSIS server tape backups are maintained by the State as the system is now Cloud based with the exception of the database server which is local and is backed up per the critical server policy listed in item c above. completed daily, with weekly off site copies.

Formatted: Indent: Left: 0.5"

Formatted: Indent: Left: 0.5"

Formatted: Indent: Left: 0.49"

Section 4 - Hot Sites and Contracted or Other Agreements for Alternate Sites, and Replacement Equipment

- a. State router replacement would be the complete responsibility of the State of MN. These are in place and usable at any county location in the State of MN.

**SOUTHWEST HEALTH AND HUMAN SERVICES
ADMINISTRATIVE POLICY NUMBER 8**

- b. Current "Hot" servers at the Lincoln (Ivanhoe), Murray (Slayton), Redwood (Redwood Falls), and Pipestone (Pipestone) and Rock (Luverne) sites are already in place and functional on the same domain as the central site in Lyon (Marshall). Copies of current off-site backups would be restored to one of these selected sites to make all data available to system users. Additional storage or servers may need to be acquired from a vendor.
- c. I series equipment replacement will be available through an Emergency Hardware Replacement Contract with our IBM solutions vendor CPS Technology Solutions, Inc. Redstone Technologies (signed 04/27/09). All off site backups can be restored to this replacement system which could be delivered to our site or alternate site within the time period specified in the contract (2 working days).
- d. Other systems such as Maxis, MMIS, and Prism are all through the Internet and are maintained at the State of MN site by them. These are available to end users from any county location in the State of MN. Nightingale Notes is maintained by Champ.
- e. AppXtender storage is located in Marshall with a redundant backup in Pipestone. The SSIS server would be replaced by the State of MN.
- f. Other The main server can be recovered in an alternate location and configured by our vendor ISC to use the Pipestone storage. servers would have to be secured through a vendor.

Formatted: Indent: Left: 0", Hanging: 0.5"

Formatted: Indent: Left: 0.5"

Formatted: Indent: Left: 0", Hanging: 0.5"

Section 5 - I.T., Management, and User Personnel Involved in Plan and Recovery

- a. Personnel involved in a DRP (Disaster Recovery Plan) recovery situation would include but may not be limited to the following:
- Director
 - Management Information Supervisor Management Information Supervisor
 - Deputy Director
 - Financial Assistance Supervisor
 - SS and PH Division Directors
 - Lyon County Administrator
 - Lyon County Facilities Manager
- b. Based on the level of disaster, the members present, and availability of resources job responsibilities will be assigned accordingly.
- c. Duties

**SOUTHWEST HEALTH AND HUMAN SERVICES
ADMINISTRATIVE POLICY NUMBER 8**

IT Personnel

- Provide technical support for hardware removal
- Cleanup wiring
- Replace physical equipment
- Test repairs

Director and County Administrator

- Declare level of disaster
- Initial notification of disaster team
- Assist with assessment of the extent of damage
- Authorize purchases and required disbursements
- Oversee recovery status

DRP team

- Determine relocation site and required equipment
- Assign personnel to alternate if needed
- Provide support in the cleanup of the data center or alternate site
- Test repairs

Management Information Supervisor/IT Supervisor

- Determine which equipment is destroyed
- Review with DRP team
- Contact contracted vendors for replacements
- Provide support in the cleanup of the data center or alternate site
- Restore data and test recovered data
- Test repairs
- Make arrangements for phones

Formatted: Font: Bold, Underline

Formatted: Font: Bold, Underline

Materials List

- Telephone sets
- Personal computers
- Network cables
- Network Switches
- Server hardware
- Storage Blank computer tapes
- Desks
- Chairs
- Non-computer equipment

Vendor List

- Frontier Phone Company (Slayton and Ivanhoe) 507-372-2266

**SOUTHWEST HEALTH AND HUMAN SERVICES
ADMINISTRATIVE POLICY NUMBER 8**

- Counties Providing Technology CPT Trimin Government Solutions (IFS accounting software) ~~320-589-2110~~ ~~320-259-5007~~
- Computer Professional Unlimited (CPU) (Payroll and Lyon County phone system) 320-589-2110
- Fran's Communication (General telephone wiring and Lyon County phone system) 507-532-6467
- Redstone Technologies ~~CPS Technology Solutions~~ (IBM I-series hardware maintenance contract holder) ~~605-371-2051~~ ~~800-438-7761~~
- Office of the Enterprise Technology (OET) (State of MN DHS systems, phone lines, data lines, Maxis, MMIS, and Prism)
- The Computer Man, Inc. (Computer hardware supplier and software maintenance engineer on CISCO equipment) 507-532-7562
- IBM (I-series hardware maintenance) 800-426-7378
- Morris Electronics 320-287-0922 (state routers)
- ISC Imaging (AppXtender) 800-359-1048

Formatted: Font: Bold, Underline

Section 6 - Recovery procedures after disaster

- a. Assemble technical and management team
- b. Determine level of disaster
- c. Assemble clean up or technical team and repair existing site or prepare alternate site
- d. Establish communications links-phone and data
- e. Environment; heat, a/c, power, furniture
- f. Begin hardware replacement or salvage current equipment
- g. Reassemble and review requirements and prepare additional needs list for vendors
- h. Acquire backup copies of necessary data and storage devices and backup tapes
- i. Inform all personnel of the public of recovery place with short and long term expectations
- j. ~~Acquire backup copies of necessary data and backup tapes~~
- jk. Contact State of MN to reroute email etc. to alternate site

**SOUTHWEST HEALTH AND HUMAN SERVICES
ADMINISTRATIVE POLICY NUMBER 8**

Section 7 - Testing of DRP

- a. -The State of MN does tests of SSIS restores and other State systems on a regular basis. Monthly system soft tests are performed during regular updates and the rebooting of each of the servers.

- b. Making of alternate sites into a primary site in case of physical disaster may mean adding some hard drive space for long term (over 30 days) to restore non-essential data from offsite storage backup tapes. ~~Tape drives or other form of backup media would need to be acquired from a vendor to restore tapes, and to perform on-going backups, as these servers do not currently have a tape drive. Additional servers may need to be acquired from a vendor to support the capacity of critical servers needing to be restored.~~

Section 8 – Contract with other Entities

- a. Each county is responsible for their own DRP. SWHHS is responsible to maintain systems and get them back up and online in accordance to their policy. All critical servers will be back online and restored dependent on the type of disaster and equipment needed.

**SOUTHWEST HEALTH AND HUMAN SERVICES
ADMINISTRATIVE POLICY NUMBER 9**

EFFECTIVE DATE: 01/01/11

REVISION DATE: 06/15/16; 05/16/18; 12/18/19

AUTHORITY: Southwest Health and Human Services Joint Governing Board

---PHYSICAL AND TECHNICAL SAFEGUARDS---

Section 1 - Purpose

- a. The purpose of this policy is to detail the Physical and Technical Safeguards for Southwest Health and Human Services. This policy identifies the following:
- ~~Tape Backups~~
 - Workstation Security
 - Security of Data Center
 - Firewalls, Virus Software, and Spam/Internet Filters
 - Battery power and generators
 - Access to computer systems
 - Assessment of Controls
 - Contingency Plan
 - Device and Media Accountability, Backup and storage, Disposal and Reuse
 - Technical Safeguards

Section 2 - ~~Tape Backups~~

- a. All servers are backed up to ~~network attached synology data stor and Buffalo storage. Critical servers are backed up to offsite storage daily. Servers in Luverne, Pipestone, and Ivanhoe are backed up to County storage. The server in Redwood Falls is backed up to local storage. Monthly backups are kept for 1 year at offsite storage in a fireproof container. The Friday tape is stored off site in a fireproof safe. Month end tapes are saved for 12 months. Year end tapes are saved permanently. This function is performed by Information Technology Specialist.~~

Section 3 – Workstation Security

- a. Workstations are secured in the following ways:
- Hard drive encryption
 - Unique usernames
 - Passwords that adhere to the password policy, 15 character alpha number.
 - Locking of computer when not in use or stepping away from workstation

**SOUTHWEST HEALTH AND HUMAN SERVICES
ADMINISTRATIVE POLICY NUMBER 9**

- Limited access, shutting office doors, making sure monitors are not easily seen and if they are in the direction of a walkway have the appropriate privacy screen filters installed and used.

Section 4 - Security of Data Center

- a. The doors to the Data Center are locked at all times. Only authorized personnel have access to the Data Center and work area. Internal video surveillance is installed and monitored. Recorded data can be reviewed if necessary.

Section 5 - Firewalls, Virus Software, and Spam/Internet Filters

- a. There is a Cisco firewall in place to restrict outside intrusion of the network. Anti-Virus software is in place and updated daily on all personal computers and servers. There is a spam filter in place to monitor and filter all incoming mail. There is an anti-malware and anti-exploit software installed and updated daily.

Section 6 - Battery Power and Generators

- a. All servers are powered by uninterruptable power supply batteries, which in turn are backed up by a fuel powered generator.

Section 7 - Access to computer systems

- a. Access to the various computer systems functions are restricted to specific employees depending on their job requirements. Supervisors determine the access needed by their staff.

Section 8 - Assessment of Controls

- a. Each location has unique security dependent on building controls. All servers and switches are behind locked doors with limited access.
 - **Marshall:** Building security is controlled by Lyon County, there are security devices that allow for after-hours access to the building via employee badges. Doors to both Human Services and Public health offices have ID Badge Fob Secure entries IT has a separate area that houses the data center and IT staff, there is a separate keypad entry with code as well as key locks only available to IT staff and janitorial staff. The front desk staff is protected by safety glass. IT equipment in the first and second floor workrooms is secured by a locked cage with limited access by key.
 - **Redwood:** Building security is maintained by Redwood County. Physical access to the building is controlled by key lock and monitored by surveillance cameras. There is a key fob door control to employee office

**SOUTHWEST HEALTH AND HUMAN SERVICES
ADMINISTRATIVE POLICY NUMBER 9**

area both for Human Services, Public Health and Eligibility worker area. IT equipment is in the janitorial room with a locked cage securely housing the switches and server. ~~The service is~~ Some switches are located in the courthouse within Redwood County's IT secure data center that is controlled with limited access by their IT staff with key. The front desk staff is protected by safety glass. Child support in the court house has keyed lock.

- **Slayton:** Building security is maintained by Murray County, physical access is granted by key. Employee office area for both Human Services and Public health is accessed by keypad entry. IT equipment is in the janitorial room with limited access by key. The front desk staff is protected by safety glass.
- **Luverne:** Physical security is maintained by Rock County. Physical access to the building is by key lock. There is a keypad that grants access to the human services and public health area. The front desk staff is protected by safety glass. Switches are located in a wiring closet on the first floor and on the second floor in a mechanical room both locations with have limited key access. The server is located in the Rock County Courthouse that is in their data center controlled by limited locked access. The front desk staff is protected by safety glass.
- **Ivanhoe:** Building security is maintained by Lincoln County. Physical access is granted by key. All areas have a keypad entrances. Human Services and Public Health have separate keyed entrances. Human Services is in multiple areas within the lower level of the courthouse. IT equipment is located in a secure locked cage with limited access.
- **Pipestone:** Has keyed external lock and keyed internal lock. Switches are located in locked wiring closet, server is located in locked area in Courthouse with Pipestone County Servers. Front desk staff is protected by glass.

Formatted: Bulleted + Level: 1 + Aligned at: 0.75" + Indent at: 1"

- b. Supervisors are expected to report any concerns with physical or technical security to the Director and the Help Desk immediately.
- c. Defining access control and validation. Southwest Health and Human Services maintains access to physical locations determined by job specificity. IT staff that have proper BCA clearance are allowed in the data center or secure areas. Janitorial staff also have a proper BCA background check and clearance. Staff are given access to working areas using the keypad or key fob systems in each location. Areas controlled by keys are determined by supervisors and job descriptions.
- d. Maintenance records. A signature log is created at the front desk area of all

**SOUTHWEST HEALTH AND HUMAN SERVICES
ADMINISTRATIVE POLICY NUMBER 9**

vendors including maintenance repair that would access secure areas. The only exception is in Marshall where the data center is located in a different area of the building. IT maintains a written log of outside professionals who have access for maintenance to buildings or structure.

Section 9 – Contingency Plan

a. This policy defines how the physical spaces are protected when emergency mode operations are put into effect. Logging of authorized personnel will be maintained of all law enforcement, IT, Directors, Vendors, or designated staff that will need access to the area. Those that don't have security clearance will be accompanied by a member of the staff at all times. If the security of the physical area is compromised during an emergency, we will restore systems at one of our other 5 locations to maintain the integrity of our data. Any hardware that is in a compromised area will be removed and stored securely.

Section 10 - Device and Media Accountability, Backup and Storage, Disposal and Reuse

- a. Laptops, Desktops, Servers and mobile devices are used by staff according to their job description. A working inventory is used and updated routinely by IT staff. All items contain a barcode that has data linked including the serial number, warranty and employee that it was distributed to.
- b. Once an employee leaves, equipment is returned to IT staff and securely stored until re-issuance. Prior to re-issuing equipment laptops, desktops, and/or mobile devices are wiped and reloaded so previously stored data is not compromised. Any equipment or storage media that contains confidential, critical, internal use only, and/or private information will be erased by appropriate means or destroyed by the Security Officer or his/her appointed designee before the equipment/media is reused.
- c. Disposal: All electronic protected health information (ePHI) on decommissioned devices and storage media must be irretrievably destroyed, in order to protect the confidentiality of the data contained. If the device or media contains ePHI that is not required or needed, and is not a unique copy, a data destruction tool must be used to destroy the data on the device or media prior to disposal. A typical reformat is not sufficient as it does not overwrite the data. If the device or media contains the only copy of ePHI that is required or needed, a retrievable copy of the ePHI must be made prior to disposal.

**SOUTHWEST HEALTH AND HUMAN SERVICES
ADMINISTRATIVE POLICY NUMBER 9**

- d. Removable magnetic "disks" (floppies, ZIP disks, and the like) and magnetic tapes (reels, cartridges) can be "degaussed" by an appropriately-sized and -powered degausser or physically destroyed.
- e. Fixed internal magnetic storage (such as computer hard drives), as well as removable storage, can be cleansed by a re-writing process. Software is used to over-write all the usable storage locations of a medium. The simplest method is a single over-write; additional security is provided by multiple over-writes with variations of all 0s, all 1s, complements (opposite of recorded character), and/or random characters.
- f. A few kinds of "write-many" optical media (such as CD-RWs) can be processed via an over-write method. This is not the case for the vast majority of "write-once" optical media in use (notably the CD-R). Because such media are optical rather than magnetic, they cannot be degaussed. For the write-once variety, only physical destruction will do.
- g. Removable "solid state" storage devices are also now available. These "flash memory" devices are solid state and are non-volatile (the memory maintains data even after all power sources have been disconnected). Examples include CompactFlash, Memory Stick, Secure Digital, Smart Media and other types of plug-ins, and a range of "mini-" and "micro-drive" flash devices that use USB or FireWire ports. Secure overwrites (following manufacturer specifications) are possible for these media as well. Neither degaussing nor over-writing offers absolute guarantees. Unless, of course, one is willing to disintegrate, incinerate, pulverize, shred, or smelt. As with paper, the method of disposal depends on the perceived risks of discovery, and estimates of the type of threat.
- h. Paper containing sensitive information should be shredded. Strip cut shredders (also called straight cut or spaghetti cut) render paper into thin, long strips.
- i. End of life for equipment: Once equipment reaches its usable expectancy, hardware is properly disposed of. Hard drives are erased using Kill disk with DDOS level (U.S. Department of Defense level) features. After hard drives have been Killdisked, they are stored in the data center until they can be taken to DHS MN.IT Services, 444 Lafayette Road N, St. Paul, MN 55101, where they are shredded. (This includes all tapes, disks, storage devices) PC's, laptops, servers, printers are all recycled through local resources in a manner that is environmentally friendly.

Section 11 - Technical Safeguards

**SOUTHWEST HEALTH AND HUMAN SERVICES
ADMINISTRATIVE POLICY NUMBER 9**

- a. Unique User Identification:
- Southwest Health and Human Services IT staff will assign a unique name and/or number for identifying and tracking user identity.
- b. Emergency Access Procedures:
- Emergency Access will be established by the Security Officer and as directed in Admin Policy #8 - Disaster Recovery Plan.
 - When leaving workstation area, staff must log off their workstation.
- c. Encryption and Decryption of PHI:
- All hard drives are encrypted using HP Protect tools or Bitlocker Drive Encryption. Decryption is performed only during times of repair or if data becomes corrupt. The Decryption key is located in the Data Center which has limited access. Email is encrypted by ZIX mail, it is automatic and works with minimal effort from the sender so long as "Securemail" is ~~to~~ be used as part of the subject line.
- d. Audit Controls:
- Audit Controls in place such as user account controls which lock an end-user out of their account after 3 attempted log in failures. . Log files are gathered through Appxtender to be reviewed as necessary.
 - Southwest users seeking access to any network, system, or application must not misrepresent themselves by using another person's User ID and Password, smart card, or other authentication information.
 - Southwest users are not permitted to allow other persons or entities to use their unique User ID and password, smart card, or other authentication information.
 - A reasonable effort must be made to verify the identity of the receiving person or entity prior to transmitting EPHI.

**SOUTHWEST HEALTH AND HUMAN SERVICES
ADMINISTRATIVE POLICY NUMBER 10**

EFFECTIVE DATE: 01/19/11

REVISION DATE: 12/17/14; 06/15/16; 12/20/17; 08/15/18; 12/18/19

AUTHORITY: Southwest Health and Human Services Joint Governing Board

--- LAN, E-MAIL, INTERNET ACCESS, AND PERSONAL COMPUTING EQUIPMENT ---

Section 1 - Introduction

- a. This policy has been prepared to serve as a guide for the effective and efficient use and operation of Southwest Health and Human Service Local Area Network (LAN). Hereinafter, Southwest Health and Human Services will be referred to as Agency. It is also to provide guidance on use of e-mail and Internet access associated with the Agency LAN.
- b. The LAN is to be used for conducting Agency business. Any information created or stored on the Agency LAN is the property of the Agency. The Agency reserves the right to monitor LAN usage to determine compliance with this policy.
- c. Any deviation from the established policy of operation and use will be recognized only on the authority of the Southwest Health and Human Services Governing Board or its designee.

Section 2 - Definitions

- a. Local Area Network (LAN): That system comprised of all equipment associated with a computer network including, but not necessarily limited to, Agency provided computer, monitor, keyboard, mouse, printer/s, servers, cell phones, tablets and software.
- b. Electronic Mail (e-mail): Text based, electronic communications distributed via a communications network. This can include documents, memos, data, or other electronically transmitted communications. It is Agency property and intended for Agency business. All data and other electronic messages within this system are the property of the Agency.
- c. Internet Access: Access via Agency network connection to the Internet.

Section 3 - System Security

- a. Password Protection - Access to the LAN system will be password protected. Do not share your password with other employees and especially non-Agency personnel. If non-Agency personnel need access to the LAN, the department head should contact the IT department.

**SOUTHWEST HEALTH AND HUMAN SERVICES
ADMINISTRATIVE POLICY NUMBER 10**

- b. Software - As viruses and security are of major concern, the only software to be used on the LAN system is that which is provided by the Agency. Employees will not be allowed to add software to their PC or introduce information or data from outside the Agency without permission from their supervisor and the IT department.

Only Agency standard software is allowed. Any other software must be approved by IT prior to purchasing and installation on any PC or the LAN.

It is understood that there may be occasions when it is necessary to introduce data from outside the Agency LAN. All data must be screened for viruses prior to introduction into the LAN system. This includes but is not limited to USB devices, cell phones or cameras.

Section 4 - Hardware/Personal Computing Equipment

- a. Only Agency supplied computer hardware and associated peripherals are allowed to be used. Personally supplied devices such as jump drives, USB devices, keyboards or mice may not be connected to Agency equipment, unless required and authorized by IT for specific business reasons. ~~Staff are not to utilize cloud storage such as dropbox or google docs for the storage of data or documents.~~

- b. Staff are not to utilize cloud storage such as dropbox or google docs for the storage of data or documents.

- ~~b.c. You may use your own cell phone for agency business if approved by your supervisor and director and are eligible to receive a reimbursement from the Agency. You Staff may not bring your own device (i.e. cell phone, tablet) and connect to any of the agency systems including email/calendars if you do not receive a reimbursement. Using your personal device without approval for agency business is strictly prohibited and may result in corrective or disciplinary action. You Staff may not use email, texting, photos, or video options on a personal device to capture any information that could be considered agency data. Staff may not connect their personal cell phones to their agency issued PC or laptop for any reason including charging the device.~~

←----- Formatted: List Paragraph, No bullets or numbering, Widow/Orphan control

Section 5 - Electronic Mail

- a. Purpose - The Agency supports utilizing e-mail to increase timely and effective business communications throughout the Agency. The purpose of this policy is to encourage appropriate use of e-mail as an effective and efficient business communications tool.
- b. Access - All employees of the Agency will have access to e-mail.

**SOUTHWEST HEALTH AND HUMAN SERVICES
ADMINISTRATIVE POLICY NUMBER 10**

- c. Security and Administration - Individual e-mail access will be password protected. While this security measure is beyond the usual measure taken to protect access to paper records and telephones, it should be recognized that no system of communication is completely secure, including e-mail.

An employee's e-mail address is owned by the Agency. When an individual's employment with the Agency is terminated, the e-mail administrator may either remove that individual's e-mail address or redirect their e-mail to another employee.

Problems or issues regarding e-mail should be directed to the IT unit. Guest e-mail accounts for individuals not employed by the Agency may be allowed in appropriate circumstances and will always be password protected.

- d. Appropriate E-mail Usage and Guidelines - The e-mail system is provided by the Agency for your use as an employee of the Agency. Access to e-mail is a privilege not a prerogative and certain responsibilities accompany that privilege. Users of e-mail are expected to be ethical and responsible in their use. E-mail is subject to all of the same laws, policies, and practices that apply to the use of other forms of communications such as telephones and paper records.

Incidental or occasional personal use may be permitted subject to the limitations of this policy and provided such personal use: (1) does not interfere with the employee's or any other employee's job duties or routine business activities; (2) does not result in additional expense to the agency; (3) does not require modification to software or other system components; (4) is not for political, religious, unlawful or illegal practices, personal financial profit, or other promotional activities; (5) does not result in the consumption of Agency resources; (6) does not contain or imply threatening, obscene, or abusive language; and (7) does not contain or imply harassing, demeaning, or sexually explicit statements or materials.

Employees are not permitted to use or access pop up or chat mail unless authorized or pre-installed by IT. The only e-mail that may be used on agency computers is Microsoft Outlook, which is on the Agency LAN.

- e. Inappropriate Uses of Agency Computer Systems - It is a violation of policy for any employee, including supervisors, to use the computer systems for the purposes of satisfying idle curiosity about the affairs of others, with no work related purpose for obtaining access to the files, data, or communications of others.

It is also a violation for employees to intentionally intercept, eavesdrop, record, alter, read, or receive other employee's e-mail without proper authorization.

Other violations of this e-mail policy that WILL NOT be tolerated include, but are not

**SOUTHWEST HEALTH AND HUMAN SERVICES
ADMINISTRATIVE POLICY NUMBER 10**

limited to:

- illegal activities
- wagering or betting activities
- harassment of any kind
- solicitation, except for Agency-sanctioned activities
- commercial activities
- promotion of political or religious positions or activities
- other unethical activities

- f. E-mail Review - The Agency, at its discretion, may also use computer programs that monitor e-mail messages electronically, checking for particular words or patterns of activity, for purposes of assuring system security and compliance with policies.

Supervisors have the right to review the contents of employees' e-mail communications. Even though staff are allowed to use agency email for incidental or occasional personal use, the agency retains the right to review all email communication. Therefore there is no assurance of privacy.

- g. Retention of E-mail - Generally, e-mail messages are temporary communications which are non-vital and may be discarded on a routine basis. However, depending on the content of the e-mail message, it may be considered a more formal record and should be printed and retained pursuant to a department's record retention schedules. Examples of messages of this nature are: policy, decision making connected to specific case files, contract related or otherwise an essential part of a larger record, or other memorandum of significant public business. As such, e-mail messages are similar to printed communication and should be written with the same care.

Employees should be aware that when they have deleted a message from their mailbox it may not have been deleted from the e-mail system. The message may be residing in the recipient's mailbox or forwarded to other recipients. Furthermore, the message may be stored on the archiver or LAN server's backup system. Email will only remain part of the archive system for 1 year. After 1 year, archived emails will be purged.

When an employee separates from employment, their email account will remain open for a maximum of six (6) months. After six (6) months, the account will be deleted from the system. If a former employee returns to the agency, they will be issued a new email account. Extenuating circumstances will be considered through a request to the Director.

Section 6 - Internet Access/WIFI

**SOUTHWEST HEALTH AND HUMAN SERVICES
ADMINISTRATIVE POLICY NUMBER 10**

- a. Purpose - Internet access provides the Agency with significant access and dissemination of information to individuals outside the Agency. The use of the Internet access is intended to serve Agency business. Like all e-mail messages, messages sent through the Internet are capable of being forwarded without the express permission of the original author. Therefore, users must use caution in the transmission and dissemination of messages outside of the Agency LAN, and must comply with all state and federal laws.

The use of Internet access is intended to serve Agency business. Incidental or occasional personal use may be permitted subject to the limitations of this policy and specifically, subject to the same limitations stated in this policy's section on the personal use of e-mail. The Agency, at its discretion, under the direction of the LAN Administrator, may use computer programs to monitor Internet use electronically for the purpose of assuring system security and compliance with policies..

- b. Web Radio - Internet Web sites that use streaming video or audio, such as radio stations, are not allowed, except for training or specific business purposes!
- c. **Caution!!** Computer viruses can enter our computer system through the Internet. To prevent this **do not** download any software, files, or screen savers from the Internet without authorization from your supervisor and assistance from IT.
- d. Staff may not access the agency WIFI with any personal devices.

Section 7 - Applicability

- a. This policy applies to all individuals who are provided access to the LAN, Internet, and e-mail systems.

Section 8- Agency Issued Cell phones

- a. Please see Personnel Policy # 27 Cell Phone Policy.

←----- **Formatted:** Numbered + Level: 1 + Numbering Style: a, b, c, ... + Start at: 1 + Alignment: Left + Aligned at: 0.25" + Indent at: 0.5"
Formatted: Font: Bold

**SOUTHWEST HEALTH AND HUMAN SERVICES
ADMINISTRATIVE POLICY NUMBER 29**

EFFECTIVE DATE: 12/18/19

REVISION DATE:

AUTHORITY: Southwest Health and Human Services Joint Governing Board

-- Web Accessibility and Section 508 of the Rehabilitation Act of 1973 --

Section 1 – Purpose

- a. The purpose of this policy is to assure that as a government agency that all members of the public have access to public information. Visitors, customers, and employees have the right to obtain agency information and services as independently and conveniently as possible. Southwest Health and Human Services (SWHHS) will strive always to provide its services in a way that respects the dignity and independence of people with disabilities. We pledge to develop and maintain access to SWHHS Web pages and services so that they are accessible.

Section 2 – Policy Statement

- a. SWHHS will ensure, whenever possible, that all Electronic and Information Technology (“EIT”) products and services it develops, purchases, maintains, or uses are accessible to individuals with disabilities by complying with the U.S. Access Board’s Section 508 EIT Accessibility Standards (36 C.F.R. pt. 1194), unless it is an undue burden to do so. If accessibility would constitute an “undue burden”, the information and data shall be provided by an alternate method or format within a reasonable time [typically within 1-3 business days] after a request is made. In addition, data classified as private or non-public or confidential or protected non-public is also not required to be made Section 508 compliant.
- b. This policy does not apply to documents created prior to December 18, 2019.

Section 3 – Associated Laws and Regulations

- a. This policy is based upon requirements set forth in Section 508 of the Rehabilitation Act of 1973 (29 U.S.C 794d), as amended by the Workforce Investment Act of 1998 (Public Law 105-220) and Minnesota Statutes Section 363A.42, as subsequently amended and interpreted, which apply to federal, state and local government entities to ensure that any EIT they develop, procure, use or maintain is accessible to both (1) government employees and (2) members of the public with disabilities.
- b. In addition, Minnesota law states that the “records” the Agency is obligated to make Section 508 compliant are “any publicly available information that is collected, created, received, maintained or disseminated...” by the Agency, “regardless of physical form or

**SOUTHWEST HEALTH AND HUMAN SERVICES
ADMINISTRATIVE POLICY NUMBER 29**

storage". This is understood to include but is not limited to web pages, government documents in paper or electronic form, audio for which a transcript could be provided, and video which could be modified to contain closed captioning".

Section 4 – Authority, Roles, Responsibilities and Related Information

- a. Section 508 conformance and accessibility is a responsibility of all employees. Also, contractors or potential contractors providing information to the County are responsible to ensure that their data will be available in a Section 508 compatible format.
- b. With the guidance of the state's Compliance Standards, we are making progress toward our commitment. We are continually monitoring pages and documents on our website and making necessary modifications to remove accessibility obstacles.

Southwest Health and Human Services

Accounting Policies and Procedures Handbook

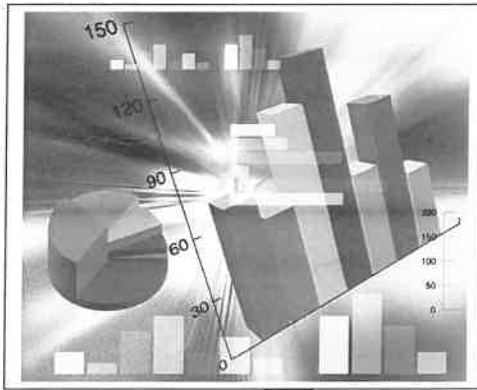


TABLE OF CONTENTS

Summary of Significant Accounting Policies.....	4
Financial Reporting Entity.....	4
Basic Financial Statements.....	4
Assets, Liabilities, and Net Position.....	5
Financial Reporting.....	6
Public Purpose Doctrine.....	7
Payment of Claims and Other Obligations.....	8
GASB 34 Compliance Related and Procurement Policies.....	9
Capital Assets.....	10
Budget.....	10
Use of Restricted Assets.....	10
Identifying Special or Extraordinary Items.....	10
Revenue Recognition in Governmental Fund Statements.....	11
Procurement.....	11
GASB 68.....	11
Investment Policy.....	12
Electronic Funds Transfer Policy.....	12
Revenues.....	13
Uniform Grant Reporting.....	14 ⁵
Travel and Meal Policy.....	15 ⁶
Fraud Policy.....	16
Month End Accounting and Reporting.....	16 ⁷
Conflict of Interest.....	17
APPENDIX – See Appendix Table of Contents.....	18
Quick Reference Guide.....	36
Adopted November 16, 2011.....	
Revised December 19, 2012.....	
Revised December 18, 2013.....	
Revised December 17, 2014.....	
Revised December 16, 2015.....	
Revised December 21, 2016.....	
Revised December 20, 2017.....	

Revised December 19, 2018.....

Revised December 18, 2019.....

Formatted: Left

SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The County's financial statements are prepared in accordance with Generally Accepted Accounting Principles (GAAP). The Governmental Accounting Standards Board (GASB) is responsible for establishing GAAP for state and local governments through its pronouncements (statements and interpretations). Governments are also required to follow the pronouncements of the Financial Accounting Standards Board (FASB), (when applicable) that do not conflict with or contradict GASB pronouncements.

Financial Reporting Entity

Southwest Health and Human Services was formed pursuant to Minn. Stat. § 393.01, subd. 7, (joint powers agreement), by Lincoln, Lyon, Murray, and Pipestone Counties. Southwest Health and Human Services began official operation on January 1, 2011, and performs Board, Welfare, and Public Health functions. Rock County joined Southwest Health and Human Services 1/1/12. Pipestone County Human Services and Redwood County Human Services and Public Health joined Southwest Health and Human Services on 1/1/13. Local financing is provided by the six member counties for Public Health and Human Services. The county contribution for financing is based on a per capita cost for public health. The county contribution for financing is based on a formula considering population, tax capacity, and three year average of SEAGR expenditures. The joint powers are governed by a Human Services Board, a Community Health Board, and a Governing Board. (See JPA for specifics).

Southwest Health and Human Services is governed by a twelve-member Board. In addition, there are two program boards, Human Services and Community Health. Each Board is organized with a chair, vice chair, and secretary elected at the January meeting of each year.

Basic Financial Statements

Basic financial statements include information on the Human Services' non-fiduciary activities, Nursing Services, Agency Insurance, and information on the Special Fund of Public Health and General Fund of Human Services. These statements report general activities of the General Fund and reconcile it to "Governmental Activities". Governmental activities are reported on the full accrual, economic resources basis, which recognizes all long-term assets and receivables, as well as long term-debt and obligations. Southwest Health and Human Services net position is reported in two: (1) invested in capital assets and (2) unrestricted.

The Statement of Activities demonstrates the degree to which the direct expenses of each function of the County's governmental activities are offset by program revenues.

The Balance Sheet and Statement of Revenue, Expenditures, and Changes in Fund Balance for the General Fund are presented on the modified accrual basis and report current financial resources.

Assets, Liabilities, and Net Position

Deposits and Investments

Under the direction of the Investment Committee and the Board, most cash transactions are administered by the Lyon County Auditor/Treasurer.

Receivables and Payables

The financial statements for Southwest Health and Human Services contain no allowance for uncollectible accounts. Uncollectible amounts due for receivables are recognized as bad debts at the time information becomes available that indicates the collectability of a particular receivable. These amounts are not considered to be material in relation to the financial position or operations of the fund.

Prepaid Items

Certain payments to vendors reflect costs applicable to future accounting periods and are recorded as prepaid items in both government-wide and fund financial statements.

Capital Assets

Capital assets are reported in the governmental activities column in the government-wide financial statements. Depreciation is required to be recorded as an expense at the government-wide level in the Statement of Activities. Capital assets are defined by the government as assets with an initial, individual cost of \$5,000 or more and an estimated useful life in excess of two years. Such assets are recorded at historical cost or estimated historical cost if purchased or constructed. Donated capital assets are recorded at estimated fair market value at the date of donation.

See Capital Assets section of Administrative Policy 2.

Compensated Absences

The liability for compensated absences reported in financial statements consists of unpaid, accumulated annual vacation and sick leave balances. The liability has been calculated using the vesting method, in which leave amounts for both employees who currently are eligible to receive termination payments and other employees who are expected to become eligible in the future to receive such payments upon termination are included. Compensated absences are accrued when incurred in the government-wide financial statements. A liability for these amounts is reported in the governmental funds only if they have matured, for example, as a result of employee resignations and retirements.

See Compensated Absences section of Administrative Policy 2.

Deferred Revenue

All County funds and the government-wide financial statements defer revenue for resources that have been received, but not yet earned. Governmental funds also report deferred revenue in connection with receivables for revenues not considered to be available to liquidate liabilities of the current period.

Long-Term Obligations

Long term liabilities are not reported in the fund. The General Fund reports only the liabilities expected to be financed with available, spendable financial resources. The statement of Net Position reports long term liabilities of the governmental activities.

Fund Equity

In the fund financial statements, governmental funds report reservations of fund balance for amounts that are not available for appropriation or are legally restricted by outside parties for use for a specific purpose. Designations of fund balance represent tentative management plans that are subject to change.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make certain estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

FINANCIAL REPORTING

Monthly Working Trial Balance

Each month the "Treasurer's Cash Trial Balance" is printed from the IFSpi system. This report is presented to the governing Boards each month to show the financial status of the agency on a cash basis. The report properly breaks out each fund and department within the fund.

See Monthly Working Trial Balance Narrative for detailed procedures.

Chart of Accounts

The County follows COFARS (County Financial Accounting and Reporting Standards) with their chart of accounts. The chart of accounts are utilized to track revenue and expense in the appropriate fund, department and program. The accounts are also mapped to the proper line item in the working trial balance.

See Chart of Accounts Narrative for detailed procedures.

PUBLIC PURPOSE DOCTRINE

Public Funds

According to the interpretation and understanding of state law described as the "public purpose doctrine", public funds may be spent only if the purpose is a public one for which tax money (and all funds) may be used, there is authority to make sure the expenditure, and the use is genuine.

There is not a precise definition of what constitutes a "public purpose". However, the courts have interpreted it to mean "such an activity as will serve as a benefit to the community as a body and, at the same time, is directly related to the functions of government."

A declaration must be signed by vendors or other claimants, and employees and elected officials for reimbursable expenses, as included on the claim forms or on the check endorsement, which states:

On claim form:

I declare under the penalties of law that this account, claim or demand is just and correct and that no part of it has been paid.

(Signature of Claimant)

Check Endorsement:

The undersigned payee, in endorsing this warrant check declares that the same is received in payment of a just and correct claim against Southwest Health and Human Services.

County Expenditures

Commentary by State Auditor Patricia Anderson

County officers and employees often ask the State Auditor's Office whether certain expenditures are allowed by law. In order to assist you in addressing such questions, this article will present some of the basic standards to consider when you are faced with an expenditure request.

First, consider the nature of a county's authority to expend funds. As a public entity, a county must have statutory or charter authority to make an expenditure. Such authority may be either expressly enumerated in a statute or in the county's charter, or "implied as necessary in aid of those powers which have been expressly conferred." *Mangold Midwest Co. v. Village of Richfield*, 143 N.W.2d 813, 820 (Minn. 1966). This is a county's main limitation in spending money. Counties can always ask for more authority from the legislature.

Second, make sure each expenditure is for a public purpose. The public purpose requirement originates in the Minnesota Constitution, which states that "taxes....shall be levied and collected for public purposes." The Minnesota Supreme Court has explained that "public purpose" generally

means "such an activity as will serve as a benefit to the community as a body and which, at the same time, is directly related to the functions of government" *Visina v. Freeman*, 89 N.W.2d 635 (1958). It has also stated that public funds may be used by a public entity if the purpose is a public one for which tax money may be used, there is authority to make the expenditure, and the use is genuine. *Tousley v. Leach*, 180 Minn. 293, 230 N.W. 788 (1930). Generally, the main point is that a county's expenditure must ultimately benefit the county's citizens as a whole, although various citizens may benefit more or less directly.

Many of the specific questions we receive involve requests for donations by individuals, non-profit entities, charities, etc. Such donations are not permitted unless they are based on express statutory authority. The assumption is that a gift of public funds to an individual or private entity necessarily serves a private, rather than a public purpose. Attorney General opinions have stated that public entities have no authority to donate funds, even to groups like 4-H clubs, the Red Cross and the Boy Scouts. If a group is going to perform a function that the county has authority to perform, the county should set out the arrangement in a properly executed contract.

Counties, unlike private employers, must remember that public funds cannot be given away to public employees or officials as gifts. Public funds should not be used to purchase plants, flowers, birthday cakes, etc. for officers, employees or others. Likewise, unless express authority provides otherwise, employee social functions may not be paid for with public funds. Of course employees can informally pool their own money to purchase such things for each other. The Attorney General has stated that municipal corporations may not imply authority to appropriate public revenue for celebrations, entertainments, etc., or fund a Christmas party for employees. However, counties are expressly authorized to establish and expend funds for preventive health and employee recognition services. M.S. § 15.46 (2002).

The State Auditor's Office hopes that the information in this article helps you as you make decisions regarding county expenditures. If you have questions, feel free to contact the State Auditor's Legal Division at (651) 296-2551.

PAYMENT OF CLAIMS AND OTHER OBLIGATIONS

County Disbursement

Claims for payment are entered into the IFSpi System with the assigned budget line item code. The warrant register is reviewed and signed off by the Director, Deputy Director, Social Services Division Director, or Public Health Division Director. Warrants are processed weekly and are approved at the board meetings. The Board reviews monthly, all transactions issued from the previous Board meeting through the current Board meeting. There will not be any warrants paid that are under \$1.00, as it is not cost effective for the agency to do so.

See Check Processing Narratives for detailed procedures.

Accounts Payable

Payables are only recorded at year end. Invoices paid in January and February are reviewed and coded with an accrual code of AP (Accounts Payable) or DTG (Due to other Governments) in SSIS and IFSpI indicating the transaction as a payable.

See Accrual Codes Narratives for detailed procedures.

Retention Policy

Original claims with invoices, receipts, and other attachments are kept according to the General Record Retention Schedule (~~DHS Bulletin #14-85-04~~ See current DHS Bulletin for Record Retention Schedule). SWHHS keeps current year plus 6 audited years in storage and/or imaging system.

W-9 Forms Required

A W-9 form is required to be completed by each new vendor whose payment qualifies for a 1099, where the Tax ID number or Social Security Number is required. See example of W-9 form located on the IRS website.

See Vendors Narratives for detailed procedures.

Replacement of Lost, Stolen or Destroyed Checks

If a request is received for replacement of a lost, stolen or destroyed check, the payee or vendor must complete and sign the "Lost/Stolen Warrant Affidavit" form. The signature must be notarized. There is a 10 calendar day required waiting period. The on-line banking system is checked for verification that the original check has not been cashed. A replacement check is then issued. If the check is a minimal amount in relation to the stop payment charge, a stop payment may not be requested. Fiscal Manager makes this decision.

Unclaimed Warrants / Funds

Routinely, the Lyon County Auditor/Treasurer's office will advise SWHHS of the outstanding checks that have not been cashed within a minimum of 6 months from the date of issuance. The "Lost/Stolen Warrant Affidavit" form is sent out to all vendors. Minnesota Statute 345.31 is followed for the unclaimed funds procedures. The Lyon County Auditor/Treasurer cancels the warrant(s) through Board action. Funds are then transferred to the MN Dept. of Commerce, Unclaimed Property Program each October.

GASB 34 Compliance Related and Procurement Policies

The following policies are presented and adopted in response to the accounting and reporting requirements of the Governmental Accounting Standards Board (GASB) Pronouncement 34 and later pronouncements. These policies provide the foundation for the collection and reporting of County financial information in accordance with these pronouncements.

"Fund Statements" refers to the individual fund year-end financial statements. These are essentially the same as previously published statements.

"Government Wide Statements" refers to the new Statement of Net Position, Statement of Activities, and the reconciliation required under GASB 34 reporting standards.

Capital Assets

~~Capital assets are part of the governmental activities column on the Statement of Net Position in the Government Wide Statements. Depreciation is required to be recorded as an expense at the government wide level in the Statement of Activities.~~

~~See Capital Assets Policy section of Administrative Policy 2.~~

Budget

The SWHHS Budget is adopted annually by the SWHHS Joint Governing Board. The contribution by counties is determined at the August Board meeting and the final budget is approved at the November or December Board meeting.

Budget Level for Legal Control

Budget control is designated at the department level and administrative level. The use of budget dollars across line items within a department are at the discretion of the department management/administration, as long as federal, state, or other funding source use and reporting requirements are met.

See Budget Policy section of Administrative Policy 2.

See Budget Process Narrative for detailed procedures.

Use of Restricted Assets

Unassigned resources will only be used to pay restricted liabilities after appropriate restricted resources have been depleted, or the SWHHS Joint Governing Board takes specific action to appropriate those unassigned resources.

Identifying Special or Extraordinary Items

Items reported as Extraordinary Items are transactions that are both unusual in nature and infrequent in occurrence and are the result of events that may be beyond the control of SWHHS management.

Special Items are either unusual in nature or infrequent in occurrence and are under the control of SWHHS management.

Revenue Recognition in Governmental Fund Statements

Governmental Fund Statements, including the General Fund, are presented using modified accrual accounting. In order for a receivable to be recognized as a revenue within these statements, it must be considered available. The county considers a revenue available if it is collectable within 60 days of the date of the financial statement.

Procurement

Southwest Health and Human Services will procure the goods and services requested to meet its needs and fulfill its mission. The agency will procure goods and services as economically as feasible, in a manner that is efficient, straightforward, and equitable and which complies with all federal, state, and local laws and regulations and all other agency policies.

See Procurement Policy section 9 of Administrative Policy 2.

GASB 68

In June 2012, the Governmental Accounting Standards Board (GASB) issued new pension accounting and financial reporting requirements. GASB Statement No. 68 is effective for financial statements for fiscal periods beginning after June 15, 2014. The GASB is the authoritative standard-setting body for governmental accounting principles. The new requirements fundamentally change the way state and local governments and school districts account for public pension liabilities and expenses.

Governments will now report their proportionate share of PERA's unfunded pension liability, referred to as the net pension liability or NPL, on their government-wide financial statements. The NPL is the difference between the present value of future pensions benefit payments to employees and the amount of plan assets currently available to pay the future pension benefits. PERA will allocate the NPL to participating employers. PERA will calculate each employer's proportionate share of the NPL based on the employer's contributions to the pension plan as a percentage of the total of all employer's contributions to the plan.

Pension expenses will be equal to the change in the NPL from the prior year to the current year (with some adjustments for deferred amounts). Pension expense will be calculate by PERA's actuary, and similar to the allocation of the NPL, PERA will allocate pension expense and deferred amounts to participating employers each year.

Employers will include fairly extensive pension footnote disclosures and pension-related schedules as Required Supplementary Information. The GASB believes the additional pension information will better inform financial statement users how the pension liability changes over time and what economic events and assumptions impacted the changes in the liability.

It is important to note the NPL will not impact the fund balance of governmental operating funds. The new accounting standards require that the NPL only be reported on the government-wide financial statements, which are prepared on the accrual basis.

Governments will continue to pay off the unfunded pension liabilities in the same way that they always have. The timing of when pension plans will be funded does not change as a result of the new accounting and financial reporting requirements. They will not be solely responsible for paying off those liabilities. Employers, employees, and retirees all share the responsibility to pay off unfunded pension liabilities. Investment earnings on contributions fund the majority of pension benefits in Minnesota.

Investment Policy

It is the intent of this policy to define and standardize procedures to be used in the investment of Southwest Health and Human Services funds. This policy shall apply to all financial assets of the agency. Any new funds created by the Southwest Health and Human Services Joint Governing Board shall be bound by this policy unless specifically exempted by the Southwest Health and Human Services Joint Governing Board through resolution. These funds are accounted for in the agency's annual financial report and include General Revenue Funds.

All investments by SWHHS will take into consideration investment objectives, ethics and conflict of interest, standards of prudence, delegation of authority and internal controls, reporting, authorized investment institutions and dealers, competitive selection of investment instruments and authorized investments and portfolio composition.

See Administrative Policy 7.

ELECTRONIC FUNDS TRANSFER POLICY

Minnesota Statute 385.071 states "...the county board shall establish policies and procedures for investment and expenditure transactions via electronic funds transfer."

To ensure the safety of county funds through controlling the electronic flow of these funds. The SWHHS Board of Commissioners delegates the authority to make electronic fund transfers to the Lyon County Auditor/Treasurer as SWHHS's fiscal agent.

Minnesota Statute 471.38 states "A local government may make an electronic funds transfer..."

In order for employee reimbursements to be paid via EFT the employees are to complete the AG #026 form and submit it to accounting along with a copy of a voided check.

Other vendors are also encouraged, ~~to~~ but not required to complete and submit to accounting a direct deposit authorization form along with a voided check.

All EFT's are signed off on by the authorized signors which are designated annually. EFT's are authorized along with the warrants weekly and can be identified on the reports provided to the board at the monthly meetings. See check processing narrative.

REVENUES

According to M.S. §385.05 Receipt and Payment of Money, "The county treasurer shall receive all money directed by law to be paid to the treasurer and pay them out only on the order of the proper authority."

The Lyon County Auditor/Treasurer is the custodian of all receipts and revenue. SWHHS prepares all receipts. Actual income should be credited to budgeted revenue line items. Accounts and budget line items are setup according to COFARS (State Auditor "County Financial Accounting and Reporting Standards") requirements and GASB34 Reporting. See the COFARS manual for a more detailed explanation.

Reimbursements for current year expenses should be credited to an expenditure line item in a budget. If the reimbursement is received in a new fiscal year, it will be credited to an income line item. There may be exceptions according to State rules and regulations.

See General Receipting and Recording Narrative for detailed procedures.

Classification of Program Revenues

Program revenues are revenues that apply directly to a program from revenue sources, not including tax collections. Program revenues include charges for services applicable to the program, specific grants, allocations and contributions to the program, and earnings of endowments or investments specifically restricted to that program. Those revenues not designated by rule, statute, or policy to a program, are considered General Revenues to SWHHS.

~~Revenue Recognition in Governmental Fund Statements~~

~~Governmental Fund Statements, including the General Fund, are presented using modified accrual accounting. In order for a receivable to be recognized as a revenue within these statements, it must be considered available. SWHHS considers a revenue available if it is collectable within 60 days of the date of the financial statement.~~

Other Acquisitions

Donations of property and goods to SWHHS must first be approved by the SWHHS Joint Governing Board as per the MN Statute 465.03. "Any city, county, school district or town may accept a grant or devise of real or personal property and maintain such property for the benefit of its citizens in accordance with the terms prescribed by the donor. Nothing herein shall authorize such acceptance or use for religious or sectarian purposes. Every such acceptance shall be by resolution of the governing body adopted by a two-thirds majority of its members, expressing such terms in full."

Accounts Receivable

Billing customers for services provided is performed by the accounting or collections department depending on the service. Second notices or reminders are sent if payments are not received within a reasonable period.

During January and February, any payments received for those outstanding invoices must be marked as Accounts Receivable.

Receivables are set up for year-end accrual entries. Receivables are set up just like regular cash receipts, but with an added step.

Receipts received in January and February for any prior year are coded in IFSpi with an accrual code of AR (Accounts Receivable) or DFG (Due from other Governments) in IFSpi indicating the transaction as a receivable. It is the Accounting Technicians' responsibility to flag receivables. The Fiscal Manager and Fiscal Officer reviews all receivables.

See Accrual Codes Narrative for detailed procedures.

Grants Accounting

All grant applications must be approved by the SWHHS Governing Board. Accounts are setup using COFARS for the correct Local, State or Federal grant category for income and expenses. The necessary information needed for financial reporting is included.

NSF Checks

The banks automatically return NSF checks to SWHHS after they have been put through twice attempts. The Lyon County Auditor/Treasurer is advised by SWHHS when documentation is received from the bank and has been verified via the online banking system. Once notified, SWHHS will contact the payer directly when possible, to make the check good.

Uniform Grant Reporting

According to M.S. §200.331 Requirements for pass-through entities, all pass-through entities of federal funds must ensure that every subaward is clearly identified to the subrecipient as a subaward and includes the following information at the time of the subaward and if any of these data elements change, include the changes in subsequent subaward modification. When some of this information is not available, the pass-through entity must provide the best information available to describe the Federal award and subaward. Required information includes:

1. Federal Award Identification.

2. All requirements imposed by the pass-through entity on the subrecipient so that federal award is used in accordance with Federal statutes, regulations and the terms and conditions of the Federal award.
3. Any additional requirements that the pass-through entity imposes on the subrecipient in order for the pass-through entity to meet its own responsibility to the Federal awarding agency including identification of any required financial and performance reports.
4. An approved federally recognized indirect cost rate negotiated between the subrecipient and the Federal Government or, if no such rate exists, either a rate negotiated between the pass-through entity and the subrecipient (in compliance with this part), or a de minimis indirect cost rate as defined in §200.414 Indirect (F&A) costs, paragraph (f).
5. A requirement that the subrecipient permit the pass-through entity and auditors to have access to the subrecipient's records and financial statements as necessary for the pass-through entity to meet the requirements of this part.
6. Appropriate terms and conditions concerning closeout of the subaward.

Evaluate each subrecipient's risk of noncompliance with Federal statutes, regulations, and the terms and conditions of the subaward for purposes of determining the appropriate subrecipient monitoring.

Consider imposing specific subaward conditions upon a subrecipient if appropriate as described in §200.207 Specific conditions.

Monitor the activities of the subrecipient as necessary to ensure that the subaward is used for authorized purposes, in compliance with Federal statutes, regulations, and the terms and conditions of the subaward; and that subaward performance goals are achieved.

Verify that every subrecipient is audited as required when it is expected that the subrecipient's Federal awards expended during the respective fiscal year equaled or exceeded the threshold set forth in §200.501 Audit requirements.

Consider whether the results of the subrecipient's audits, on-site reviews, or other monitoring indicate conditions that necessitate adjustments to the pass-through entity's own records.

Consider taking enforcement action against noncompliant subrecipients as described in §200.338 Remedies for noncompliance of this part and in program regulations.

Although these are the new rules and regulations, Southwest Health and Human Services will be utilizing the extension on the grace period for the implementation of the new procurement standards of up to 2 years (2015 and 2016) as granted by the new federal guidance.

TRAVEL AND MEAL POLICY

MILEAGE AND PER DIEM EXPENSE

This policy shall be for employees incurring work related expenses.

Travel: When there are no agency vehicles available for use, the agency will pay the agency-rate

of ~~\$0.23 per mile current IRS rate~~ which is determined annually. The rate of reimbursement, when an agency vehicle is available, when using your personal vehicle, will also be the agency rate of \$0.23 per mile.

See Personnel Policy 5.

Meals: Meal expenditures are eligible for reimbursement when the situation meets public purpose criteria. Employees are encouraged to consider whether the same result can be obtained without the expenditure. Employees are not eligible to claim meals for agency business or training within counties covered by SWHHS.

See Personnel Policy 6.

If reimbursement is made after 60 days of original receipts, all reimbursable expenses become taxable, per IRS Regulations.

FRAUD POLICY

In broad terms, fraud refers generally to any intentional act committed to secure an unfair or unlawful gain. For the purposes of Southwest Health and Human Services' Fraud Policy, it is defined as an intentional act to deprive Southwest Health and Human Services, or any individual or entity related to Southwest Health and Human Services' business, of something of value, or to gain an unfair advantage through the use of deception, false suggestions, suppression of the truth, or some other unfair means, which are believed and relied upon.

All employees of Southwest Health and Human Services who have a reasonable basis for believing fraud or other wrongful acts have occurred have a responsibility to report such incidents to their immediate supervisor. If notifying the supervisor is not possible because of absence or because you believe your supervisor may be involved, you should notify the Director. All supervisory personnel informed of suspected fraud or other wrongful acts must immediately notify the Director. All information will be treated confidentially.

Minnesota Statute 609.456 Subd. 1, requires any employee or official, upon discovery of evidence of theft, embezzlement or unlawful use of public funds, to report it to law enforcement and in writing to the State Auditor a detailed description of the alleged incident or incidents.

See Administrative Policy 3.

MONTH END ACCOUNTING AND REPORTING

After all receipts and checks have been processed in the IFSpi System, the Treasurer's Cash Trial Balance is prepared and Funds are balanced. Monthly department budget reports are then ~~printed and forwarded~~ emailed to Department Supervisor. This work is completed no later than the tenth day of each month, however, there may be extenuating circumstances which may cause a delay.

Southwest Health and Human Services has adopted Integrated Financial System pi (IFS) as our general ledger package.

CONFLICT OF INTEREST

Board members and administration/supervision have an obligation to act in the best interests of SWHHS. Outside financial interests and/or legal commitments should not be permitted to create conflicts of interest that interfere with the performance of such duties. A conflict of interest exists when a Board member or administration/supervision has an external financial interest or other legal obligation that reasonably could be seen as creating an incentive for the individual to modify the conduct of his or her duties or to influence the conduct of others.

Conflicts of interest can arise from stock ownership, board memberships, consulting relationships, and any activity from which an individual derives legal obligations or expects to receive remuneration from an entity outside of SWHHS. Conflicts can arise from many ordinary and appropriate activities; the existence of a conflict does not imply wrong doing on anyone's part.

When a conflict arises the individual must recognize and disclose it. Some relations may create an appearance of conflict; which shall also be disclosed so public confidence is maintained.

A Conflict of Interest Disclosure Questionnaire will be filed annually, by each Board member, Administrator, and Supervisor of SWHHS.

See Administrative Policy 12.

APPENDIX TABLE OF CONTENTS

Narratives

General Agency Information.....	19
Monthly Working Trial Balance Process.....	19
General Fund Balance (Cash Basis).....	19
Chart of Accounts.....	20
Office Supplies/Administrative Expenses.....	20
Social Services Expenses.....	21
MA Transportation/Insurance payments.....	22
Credit Card.....	22
Check Processing.....	22
Positive Pay.....	23
Vendors.....	23
Vendor Rebate or Reward Tracking.....	24
Capital Assets.....	25
Budget Process.....	25
General Receipting and Recording.....	26
Reimbursement for Services Monitoring.....	27
Identifying State and Federal Dollars.....	27
Collection of Money after Hours.....	27
MA Recoveries.....	28
Claiming Process.....	28
Manual Journal Entries.....	29
Receipt/Disbursement Adjustments.....	29
Accrual Codes.....	30
Contracts with Providers.....	30
Payroll.....	30
Agency Self-Insurance.....	33
Child Care Payments.....	33
County Collections Billing.....	34
Nightingale Notes Billing.....	34
Radon & Water Testing Kits Procedures.....	35

APPENDIX

General Agency Information

The agency is separated into the following units/programs: Social Services; Income Maintenance; Child Support/Fraud; Accounting/Collections; Clerical Office Support; Information Technology; Nursing; Health Education; and Environmental Health. The agency keeps staff well informed and has a system in place to communicate all information. The Director, Deputy Director, Public Health Division Director, ~~and Social Services Division Director~~, and Fiscal Manager meet bi-weekly to discuss overall agency business and future topics for the supervisors meeting. The Director, the Deputy Director, Public Health Division Director, and Social Services Division Director meet ~~bi-weekly~~ monthly with the supervisors. Each unit supervisor holds meetings with their staff, but the frequency of those meetings are set by the unit supervisor and are determined by need. Staff meetings are held in each location following each monthly Board meeting and are recorded.

The Minnesota Department of Human Services (DHS) sends bulletins and other publications to the SWHHS. Most of these are sent electronically and are available through the Department of Human Service's website. ~~Bulletins are discussed at the bi-weekly supervisor meetings.~~ Supervisors forward bulletins to staff and they are also discussed at individual unit meetings. Also, there are state-wide conferences that staff members have the opportunity to attend.

Monthly Working Trial Balance Process

On a rotating basis each month, the Fiscal Officers prints a "Treasurer's Cash Trial Balance" from the IFSpI system. This report is compared to the check registers to ensure receipts and disbursements balance for the month. If there are any differences, they are investigated and corrections are made.

The Governing Board is given a copy of the "Treasurer's Cash Trial Balance", "~~Trial Balance Sheet~~", and check register monthly. Fiscal Manager balances this amount with the Lyon County Auditor/Treasurer's office. If there is a discrepancy, both offices work together to balance. In addition, the Governing Board is given the IFSpI report "statement of Revenues and Expenditures". This way the Governing Board is seeing figures directly from IFSpI and is directly approving the financial report.

General Fund Balance (Cash Basis)

The general fund balance fluctuates throughout the year based on the timing of the receipt of revenues. SWHHS receives more revenues in the third and fourth quarter, compared to the ~~second~~ first and fourth ~~second~~ quarter. This is directly reflected on the timing of payments from the six counties for tax levy monies. The general fund balance (cash basis) is monitored monthly and reported at each Board meeting. If the balance is below two million dollars the amount of expenses is closely monitored by the Fiscal Manager. If at any time the Fiscal Manager feels that the balance will become \$500,000 or less, bills are held until the next check run. Before this happens, a couple of other things happen prior.

All Accounting Technicians report an approximate amount of bills owing in their possession. The payroll date and amount is taken into consideration. The check register balance is reviewed. Then the Fiscal Manager discusses the issue with the Director and Deputy Director and they make a joint decision.

If bills are held, only bills that will not become past due or create fees or interest are held. All bills that are due within that check run time will be paid. This procedure will continue as long as the general fund in cash basis is low.

Chart of Accounts

Occasionally during the year, a new chart of account that will need to be added to the IFSpI system. When an account is added, the Fiscal Manager or a Fiscal Officer will check the COFARS manual to determine what the code should be and then will check the chart of accounts to make sure that number is available. The Fiscal Manager or Fiscal Officer will add accounts to IFSpI and SSIS where appropriate. The Accounting Technicians use form AC#004 to request the element and chart of accounts title when they feel the need for an additional account or change to an existing account. Any Agency Supervisor may request a change or addition to the chart of accounts. The Fiscal Manager will either approve or disapprove all requests. The account will then be added by the Fiscal Manager or Fiscal Officer.

After the accounts are entered, they have to be mapped to the proper line item in the working trial balance. The Fiscal Manager and Fiscal Officer work together to ensure correct mapping for all accounts are completed. All accounts are reviewed through printing of the GASB 34 audit list from IFSpI on an annual basis or more frequently as needed.

Office Supplies/Administrative Expenses

When regular office supplies are needed in Marshall, the employees will notify the Office Services Supervisor. ~~The front desk office support staff in Ivanhoe, Slayton, Luverne, Pipestone, and Redwood handles this for the respective office. All purchases are made by the Office Services Supervisor.~~ Major purchases (\$200.00 or over) go through the Office Services Supervisor and the Director. Supplies are ordered when needed.

The items are received from the vendor, along with an invoice. The invoice and the items received are compared to each other to verify that the department received all items. The supplies are then either placed in the supply cabinet, or they are distributed to the requesting party. The Office Services Supervisor approves all of these invoices and sends them to accounting for payment with the purchase order attached.

The supervisors, the Director, Public Health Division Director, Social Services Division Director and the Deputy Director can also sign off approving the invoices for payment.

Administrative claims are received and examined for correctness by the Executive Committee, Fiscal Manager, Office Services Supervisor, or Fiscal Officers, dated and signed off on and sent to accounting for payment. If there is a carry forward balance on a bill, the issue is investigated by

Accounting Technician, Fiscal Manager or Fiscal Officer who; verifies possible previous payments. Travel requests are signed when approved. They are not attached to the bills but are consulted when the bills come through. Agency cars are available for use and Microsoft Outlook is used to track the applicable information. For only the use of the Wright Express cards located in the agency vehicles, an itemized receipt is not needed. This information is available and retrievable via the website for the vendor, WEX. The appropriate Supervisor and Accounting Technician verifies information on the employee's requests for reimbursements with the information in Outlook. Fiscal Officers may sign off on routine bills at their respective office locations, such as monthly copier maintenance (bills that are consistent in amounts and do not vary). All other claims must be approved by a supervisor (indicated by initials, employee number and date.)

The Accounting Technician ensures mathematical accuracy of all claims. Any material changes to the employee reimbursement forms are sent back to the appropriate supervisor to be discussed with the employee. Approved claims are coded by an Accounting Technician or Fiscal Officer and then entered by another Accounting Technician into IFSpI. Batch tape totals of the bills are compared to IFSpI totals for data entry accuracy.

It is the practice at year end to not prepay payables. If a bill comes in at year end for the next year it is held, and paid in the first check run for the next year.

The signature needed on any bill may be executed through the process of e-signature. This is equivalent to an original document.

See Administrative Policy 21.

Social Services Expenses

For the Social Services program payments, a need is first determined by a social worker; a service arrangement is prepared for most Social Service costs and entered into Social Service Information System (SSIS) by the social worker or case aide. A service arrangement is created in SSIS by the social worker or case aide, approved by a Social Services Supervisor, and forwarded to the Accounting Department to be printed and mailed to the vendor for signature to be approved for payment. For the time frame of services on the service arrangement, pre-coded vouchers/invoices are printed and are enclosed with the arrangement mailed to the vendor. Once the service arrangement is signed and returned by the vendor, accounting approves the "payment" part of the arrangement in SSIS. (Social Service Supervisors approve the "service" part prior to being mailed to the vendor.) The vendor signed service arrangement is then routed to the social worker for filing in the client case file.

~~When payment is to be requested by a vendor, the vendor completes the pre-printed, pre-coded claim vouchers which were provided along with the service arrangement. Vouchers must be signed and dated by the vendor before payment can be made, and no payments are made until the vendor signed service arrangement has been returned to the accounting department (*except for vendors of State "mandated services" see that section below.) Upon receipt of vouchers/bills, they are audited for accuracies and corrections are made as needed. When the vendor is requesting payment, they complete the SSIS voucher/invoice, sign & date it and return it to the accounting department. Some vendors also include a detailed bill from~~

Formatted: Font: Arial

Formatted: Normal, Left

their own billing system. The accounting technician reviews it for accuracy and contacts the social worker or social service supervisor if the bill does not match the service arrangement or if the service arrangement does not have enough units to pay the entire bill. The service arrangement would either be corrected or amended. The supervisor can sign the voucher if it is decided to not use the service arrangement as the source of authorization or if the vendor filled in the blue form incorrectly. When a voucher/bill has service dates of more than the most recent month of services, SSIS payment history is checked for potential duplication. There also is an edit report in SSIS that is done before submitting a batch to IFSpi. That report also shows potential duplicate payments for the same dates of service, same vendor, and/or same client. If there actually is a duplicated payment, then the current voucher/bill is pulled from the batch and not paid, and totals are adjusted accordingly. Contact with the social worker is made when any voucher is contradictory to the service arrangement and/or when a voucher comes in and there is no service arrangement in SSIS.

There are some payments that do not have service arrangements and/or SSIS pre-printed/pre-coded payment vouchers. These requests for payments are for State "mandatory services" and required payments by counties for chemically Dependent detoxification services, and state-operated facilities or medical hospitals for mental health Hold Orders or Poor Relief services for inpatient clients or various bills paid on behalf of clients. These vouchers/bills are signed and dated by a Social Services Supervisor for payment approval.

In the case of social service bills from businesses that do not have a service arrangement authorizing payment, a supervisor can review, sign & date it, and list the proper chart of accounts number. If it is more than \$3000, a SSIS service arrangement must be created & the voucher/invoice must be signed by the vendor in addition to providing their detailed bill. In the case of receiving receipts from individuals requesting reimbursement, a SS 009 form is available to use for documentation. Both the individual & supervisor need to sign it, unless the individual signed each receipt. Some payments do not have SSIS service arrangements because they are for state "mandated services". Examples of these are for chemical dependent detoxification services, state-operated facilities or medical hospitals for mental health hold orders or Poor Relief services for inpatient clients, and various bills paid on behalf of clients. These bills are signed & dated by a Social Services Supervisor for payment approval, along with listing a chart of accounts number.

Formatted: Font: 12 pt

Formatted: Font: 12 pt, Not Italic

Formatted: Font: 12 pt

After entry of vouchers/bills, an Accounting Technician reviews the keyed-in vouchers and balances the computer control total to the total of the vouchers/bills. In SSIS, there is an interface process of payments to IFSpi where warrants/checks and warrant registers are processed. When an Accounting Technician keys in a payment batch in SSIS, that batch must be interfaced to IFSpi. The payments are approved by the Accounting Technician, the batch is submitted and will wait for the SSIS process of interfacing with IFSpi. In IFSpi, the SSIS batches are merged with other administrative batches and will be a part of the check registers and the checks will be printed.

Formatted: Font: Arial

Formatted: Font: (Default) Arial

Formatted: Font: (Default) Arial

MA Transportation/Insurance Payments

The Accounting Technician receives the MA reimbursement requests from the Transportation Coordinator. They review the reimbursement form for proper approvals, and proof the math

calculations, recording corrections as is needed. The Accounting Technicians prepare payments for Medicare and Cost Effective Insurance reimbursements. Transportation is paid every Friday with the regular weekly check run and the monthly insurance premium reimbursements are paid the Friday following SWHHS's Board meeting. Claiming is billed per line and submitted through MN-IT's for claim reimbursement. This is done for each client for MA transportation and related expenses that are claimable. All claims are tracked to ensure SWHHS receives all funds due.

Credit Card

The agency has credit cards held by certain employees of SWHHS, per policy. These credit cards are utilized to make approved purchases. An itemized receipt is collected and given to the Fiscal Manager ~~accounting~~. Each month when the bill is received, the receipts are matched up to the bill and paid from the appropriate chart of account.

See Administrative Policy 5.

Check Processing

Accounting Technician prints the checks after processing is complete. The check stock is kept in the Marshall office, separate from the printer (the office is always locked when no one is present.) After each check run, the checks and warrant register are reviewed by another Accounting Technician or Fiscal Manager to ensure that the correct bank account has been selected. The reviewing individual puts the date and their name on the bottom of the first page of the warrant register using their electronic signature. The warrant register is emailed to the Agency Director, Deputy Director, Social Services Division Director, or Public Health Division Director for electronic signature and they email the register back to the accounting technician. The warrant register is scanned into imaging after appropriate signatures.

The abbreviated register is emailed to the Lyon County Auditor/Treasurer's office, along with the checks to obtain the signature on each check of the Lyon County Auditor/Treasurer.

The checks are mailed to the vendors via ~~US Postal mail~~ PS by the Accounting Technician. The person scheduled for PP (positive pay) that week is required to submit the ACH through the Bremer Bank Online Banking. The transfer is completed, the confirmation page is printed and scanned to the back of the signed warrant register. An email is then sent to the accounting department stating that the check run is complete. The Accounting Technician marks "reviewed by" on the appropriate print voucher after verifying all necessary documents have been scanned in through the imaging program. The print vouchers are scanned in through the imaging program by check date. If a warrant/check is to be picked up, a proper form is required (AC#003). The warrant/check is only given to the requesting staff. The Fiscal Manager or Fiscal Officer transmits the check batch file to the Bremer Bank positive pay file.

The Audit List for Board is given to the Office Services Supervisor to provide to the Governing Board. The Governing Board reviews the report and if there is a concern, the claims are available for review in the accounting department. The listings are not signed by anyone.

POSITIVE PAY

Positive pay is operated through the agency banking system (Bremer). The Positive Pay system allows users to create a file to upload to their bank for use with the bank's Positive Pay programs. Every check run is uploaded into the SWHHS Bremer account.

This is a Fraud Management service. With Positive Pay Management, SWHHS provides Bremer a list of checks issued. As checks are presented for payment, the dollar amount and check number fields are compared to our list of issued checks and an exception report is produced for any unmatched items. The following business day, we are able to view any exceptions or Paid Not Issued items and make "Pay" or "Return" decisions through the Positive Pay Management System.

This process is monitored via e-mails received from Bremer bank by the Deputy Director, Fiscal Manager, Fiscal Officers and the Lyon County Auditor/Treasurer.

Vendors

An Accounting Technician requests a new/change vendor be added/changed to IFSpi vendor file as needed, using form AC#002. All requests will be entered immediately by the assigned Fiscal Officer. If the assigned Fiscal Officer is unavailable the Accounting Technician will then direct their request to another Fiscal Officer or the Fiscal Manager. The vendor request form is sent via e-mail. All vendor forms are printed, signed and dated when vendors are entered/changed. The forms are scanned into imaging to be indexed appropriately.

When appropriate the Accounting Technician will send the new vendor a W-9 form to be completed and returned to SWHHS. A reminder is placed out 60 days on their Outlook calendar for tracking purposes. If the W-9 is not received from the vendor an additional notice is sent to that vendor. When the W-9 is received, the form AC#002 is completed by the Accounting Technician to have that vendor information updated in IFSpi by the Fiscal Officer or Fiscal Manager.

The Fiscal Manager will complete periodic monthly reviews of the vendor added/changed listing. The Deputy Director runs the "Vendor Added/Change Report" from IFSpi quarterly. It is reviewed and any questions or concerns are addressed with the Accounting Technician and Fiscal Officer or Fiscal Manager who added the vendor. When completely reviewed it is initialed and dated in the upper right hand corner.

VENDOR REBATE OR REWARD TRACKING

In the rare occurrence that a vendor offers a rebate or reward in response to a particular purchase or purchases, an employee must not gain personally from it. If the application to receive the award does not prohibit businesses from participating, forward the application and information to the Fiscal Manager or Fiscal Officers for completion, along with any required proofs of purchase. The paperwork will be forwarded to the accounting department.

If the rebate is in the form of a check, it will be made payable to SWHHS. It will be receipted into the account that the expense was paid. If the rebate is in the form of a debit card, the bearer of the card will be determined by the Division Director of that program. The card must be used only for allowed business expenses and the receipts saved, which will be filed in the accounting department along with the application paperwork. In the case of a hotel which may offer a free night's stay or a restaurant which may offer a free meal, that reward must be used for an approved trip or meal during the course of business, not for personal gain.

Capital Assets

Additions to capital assets are normally initiated by the department heads involved and authorized by the Director to present for Board approval. For equipment valued over \$50,000, sealed bids are solicited per Minnesota Statute. It is the primary responsibility of the Fiscal Manager to document depreciation of capital assets.

Additions are supported with the vendor invoice, purchase order, and payment in IFSpi. The Fiscal Manager keeps a spreadsheet updated with additions and removals of capital assets \$5,000 or greater. Funds are listed separately for Human Services and Health Services. This is updated normally when the change happens and at the end of the year. The Office Services Supervisor enters into the AS400 all items \$200 or greater and these are tagged. Information added to this system includes the tag#, department, county #, worker #, description, serial #, and brand/model. Month/year acquired, estimated life, original cost (including tax), and purchase order #. Retirements are documented on both the spreadsheet and the AS400.

A Capital Asset expense report is run from the IFSpi system, all appropriate warrant vouchers and supporting documentation is copied and then added to the Capital Asset report by the Fiscal Manager. The Fiscal Manager contacts the Office Support Supervisor for item number and the Deputy Director for years of depreciation for automobile purchase; or IT Supervisor for item number and years of depreciation for equipment purchase. Works with the IT Department to determine depreciation for equipment purchases. A physical inventory will be completed annually by comparing the capital assets to the asset listing.

Budget Process

The budget process for the year begins with submission from department heads to the Director usually by the end of May. IFSpi budget sheets with figures for the last 2 years, plus current based on revenue and expenditure accounts and the Allocation Bulletin are used to determine amounts for the proposed budget. Beginning in January and until the August Board meeting, the Director, Deputy Director, Public Health Division Director, Social Services Division Director, and the Supervisors analyze and prepare the proposed budget. During the August board meeting, the Board is presented with a proposed budget. The Board will normally approve the preliminary levy amounts in the budget at the August board meeting. In turn, this information is passed on to the respective County Boards for approval by mid-September. The process is completed within this timeframe to ensure the tax levy will be on the tax rolls for the proper year. The final budget is approved at the November or December Board. Once approved by the Board, the Fiscal Manager

approves the budget in IFSpi on the first working day in January, activating it to the working budget for the year.

Expenditure budgets are based on actual projected costs of operations. Inflating projected expenditures to provide a cushion for expenditures that may occur is strongly discouraged. Southwest Health and Human Services continually works to reduce expenditures and increase revenues during the year.

There have not been budget amendments in the past. Any overages in budget have been absorbed through the use of reserves.

The Fiscal Manager enters the proposed and approved budget into SWHHS's system, Integrated Financial System (IFSpi). The department supervisors, Deputy Director, Public Health Division Director, Social Services Division Director and the Director review the information entered. Only the Fiscal Manager or Fiscal Officer has security to update the budgetary information. The Director and Deputy Director have inquiry access to the budgetary information.

The Director, Deputy Director, Public Health Division Director, Social Services Division Director and Fiscal Manager regularly compare budget to expense and revenue throughout the year. In addition, all Department Supervisors review their related program expenditures on a monthly basis. Any discrepancies are reported to the accounting department and any necessary adjustments/corrections are completed. The Governing Board is given monthly updates at the regularly scheduled Board meetings.

General Receipting and Recording

SWHHS receives money at all six locations (Lincoln, Lyon, Murray, Pipestone, Redwood, and Rock) through various sources such as over the counter, US postal mail, and EFT.

All money received has a written receipt by an Office Support Specialist. ~~The top~~ A receipt copy is given to the client if received over the counter or attached to the money if received via US postal service PS. An EFT report is pulled from the on-line banking system on a daily basis and given to the Accounting Technicians. The collections are recorded directly into our cash register receipting program by an Accounting Technician or Fiscal Officer.

Money received in Lincoln and Redwood County is transported to Lyon County for receipting into cash register. Money receipted into the cash register in Murray, Pipestone, ~~Redwood~~, or Rock County is transported weekly to Lyon County. The cash register batch for that location is closed and the money prepared for transportation to Lyon County using form Ac#022.

When transporting money to Lyon County is done by all money being must be accounted for. Form Ac#022 is completed by the Office Support Specialist, Accounting Technician, or Fiscal Officer in that location. The staff that transports the money, verifies the amount on the form AC#022, then

signs for it. The money is transported to Lyon County in an interoffice envelope. The money is then counted by the Office Support Specialist or Office Support Supervisor in Lyon County and again signed for. The money goes directly into a zipper envelope where it is locked up and the Accounting Technician will pick it up on a daily basis. The original Form Ac#022 is directed to the Accounting Department and scanned into the imaging system.

On Tuesday, Friday, and the last working day of the month, all batches with money in Lyon County are closed out and deposited into the SWHHS's bank account. The Accounting Technician prints a Bank Deposit/Cash reconciliation report from the cash register and verifies that amount with the actual money being deposited. The money/EFT and the report are taken to the Lyon County Auditor/Treasurer's office for them to receipt and transport to the bank for deposit. The Bank Deposit/Cash reconciliation report is given back to the Accounting Technician by the Lyon County Auditor/Treasurer's office with a receipt showing the dollars deposited. The amount is verified with the amount SWHHS's records show as being deposited. The amount is recorded in SWHHS's manual, electronic check register. All receipts, the receipt registers, and the report are uploaded or scanned into the imaging system.

Reimbursement for Services Monitoring

After monthly and quarterly reports have been submitted to DHS for reimbursement purposes, the EFT's are monitored to make sure reimbursements are received for all submissions processed.

Identifying State and Federal Dollars

All dollars received from DHS via EFT are receipted in based on the invoice code provided. All dollars that come into SWHHS from DHS are coded per the DHS Bulletin, "DHS Publishes Standard Invoice Field Codes for Calendar Year 20__". This bulletin is updated annually. It indicates all intergovernmental, state, and federal dollars associated with Human Services.

All dollars that come into SWHHS from MDH are receipted into the appropriate grant. There is no document from MDH or coding on check to indicate monies as intergovernmental, state, or federal dollars. At this time SWHHS accounting department is working on their own to determine what each of the dollars received are. Some have been determined and a proper chart of account(s) has been set up, while some monies still remain unidentified at this time. MDH does not have one department to contact for these questions as each is coming out of a different unit. SWHHS will continue to work toward all monies being identified and properly coded.

Collection of Money after Hours

Clinics are held at SWHHS's office in Redwood Falls three to five times per year, based on number of people signed up. There are a minimum of 10 and maximum of 20 people in each two session clinic. All attendees must pay a fee of \$80.00 the first night of attendance in order to stay. \$120.00 is charged if they miss the first session and are attending the second. In some cases, the additional \$40.00 is waived based on the Probation officer's reasoning for attendee missing the session.

Collection of fee happens from 5:30 – 6:00 PM by the Chemical Dependency Counselor, for SWHHS. The money is collected and a receipt is written from the SWHHS's receipt book. The white copy goes to the attendee; yellow copy goes with the money. The type of payment (cash/check) is noted on the master list of possible attendees. The total money then is placed into an envelope, sealed, signed and dated by the CD Counselor and placed through a slot into the safe located in the building. A copy of the master list is made, signed and dated by the CD Counselor sent to an Accounting Technician, indicating that there is money in the safe.

The Accounting Technician opens the safe and receipts the money into the cash register and amounts are verified against the master list for the clinic. A separate sign in sheet is kept with the CD Counselor as well for further verification if needed.

MA Recoveries

When a payment is determined to be a MA recovery, it is receipted into the cash register with a copy of the CL#033 form attached to the receipt and is deposited into the bank account. The Accounting Technician makes a copy of the form CL#033 and gives the copy and a copy of the check to the Fiscal Officer to process the MA recovery.

The Fiscal Officer logs onto the "Medicaid Management Information System" (MMIS) using the assigned sign on and secure password. The appropriate county's sign on needs to be used according to the county of financial responsibility of the recovery. The Fiscal Officer reports receipt of funds 30 days from receiving the funds to allow for payment of all approved final expenses. The Fiscal Officer will also enter the payment portion of the form CL#033 into the MMIS System against MA Recovery monies as a negative amount.

The types of MA Recoveries are:

EA - Estate Affidavit
EP - Estate Probate

The Fiscal Manager or the Fiscal Officer monitors monthly the Health Care Invoice to ensure we are being billed regularly for the state's share of the recoveries. This is also monitored monthly through the budget spreadsheets.

Claiming Process:

Accounting Technicians process and maintain the following state programs; Waivers/AC and TCM/case management (TCM programs include MH-Adult, MH-Child, child welfare, relocation, VA/DD), Rule 5 and care coordination mainly for reimbursement of purchased items and direct time of case managers. Claims are processed through SSIS (clients on MA); Availity; Nightingale Notes and MN-IT's. The following programs are submitted by the following: MA Access Transportation (MN-IT's) TCM – CW, MH, VA/DD, DD-Screenings (SSIS); Care Coordination (Nightingale Notes) & TCM (Nightingale Notes & SSIS); and CD Assessments (Nightingale Notes).

Nightingale Notes claims are submitted to Accounting by case workers and pulled from SSIS,

Social Services Supervisors, and Health Services for billing purposes.

Those claims submitted through SSIS and MN-IT's, have remittance advices from DHS. Claims submitted through Nightingale Notes, have remittance advices from the Managed Care Organizations, available through Availity. These advices are saved showing reimbursements and denials. RA's (rejects/denials) are reviewed in SSIS. Supervisors and/or Social Workers are contacted to make appropriate adjustments in MMIS, so claim can be re-submitted to DHS for reimbursement. Resubmission is done in SSIS. For claims that are denied through IGI and Availity, they are reviewed and corrected appropriately for resubmission for payment.

The Accounting Technician processes Public Health claims produced through Nightingale Notes. Claims are then submitted through DHS MN-IT's and Availity and some statements are mailed to payers. Once payments are received, they are posted in Nightingale Notes to the appropriate client's account for the corresponding date(s) of service. For claims that are denied, they are reviewed and corrected for resubmission to the appropriate payer or written off when uncollectable.

Revenue regenerated through this reporting, is receipted into each program where appropriate.

Manual Journal Entries:

A manual journal entry is only used when an alternative method through IFSpi is not possible, such as "negative receipt" or "manual warrant/void/correction". Manual journal entries are tracked through an electronic tracking form and are entered and posted by the Fiscal Manager or Fiscal Officer.

All manual journal entries completed by the Fiscal Manager are reviewed and signed off on by the Deputy Director or Fiscal Officer. All manual journal entries completed by the Fiscal Officer are reviewed and signed off on by the Fiscal Manager. The originals are scanned into the imaging system to be indexed appropriately.

Receipt/Disbursement Adjustments

After balancing for the month is completed, the Fiscal Officer(s) and Public Health Program Specialist review the Accounting Activity Report for that month and notes any corrections that need to be made. The Fiscal Officer(s) or Public Health Program Specialist signs off on the changes and sends the corrections to be made to the Accounting Technician or Fiscal Officer on an Account Activity Report with the changes highlighted and the account information showing account numbers. The Accounting Technician or Fiscal Officer enters the corrections into IFSpi using the "Receipt Batches" or M/V/C Batches". The J/E Data Entry Listing report is printed. The completed corrections and documentation are scanned into imaging to be indexed appropriately.

On occasion there are changes needed per the request of a supervisor. The supervisor requesting the change or moving of receipts or expenses puts the request in writing, indicating what and the amount that is to be moved. This will also indicate where those funds are to be moved to. The supervisor signs off on the documentation and the Accounting Technician or Fiscal Officer makes

the needed change to funds. Once completed, the documents are scanned into imaging to be indexed appropriately.

Accrual Codes

SSIS interfaces with IFSpi, accrual codes are added to social services payments in the IFSpi system. Accounting Technicians are responsible for the accrual codes. Accrual codes will be used January and February of each year.

When a payment is made that has a service date from the previous year the payment is marked with one of the following accrual codes:

AP = Accounts payable
DTG = Due to other governments

When receipt money into the IFSpi system that is from the previous year the receipt is marked with one of the following accrual codes:

AR = Accounts receivable
DFG = Due from other governments

The Fiscal Manager or Fiscal Officers will review all transactions (receipts/disbursements) to ensure they are properly coded. The IFSpi report "Account Activity with service dates" will be used. This report is signed and dated by the Fiscal Manager or Fiscal Officer once completely reviewed and appropriate changes made as needed. All changes will be completed by the Fiscal Manager or a Fiscal Officer.

Contracts with Providers

Our in-house contracts with providers are open ended with standard opt out language. Changes to the contracts are made through addendums or amendments. As of January 2014, model contracts for Home Community Based Services or waived services (CAC, CADI, MRRRC, BI) will be administered and maintained at the State level. EW and AC programs utilize our in-house contract that is renewed yearly. Rates for all the above programs are set by the State.

All contracts include HIPPA, EEOC, Fair hearing/grievance, and safeguard of data language. Liability limits for general and professional liability insurance policy are set as per Minn. Stat. 466.04.

Payroll

The SWHHS Joint Governing Board approves all starting rates of pay for all new employees. Southwest Health and Human Services payroll processing is performed at different levels. ~~Upon Board approval, the Accounting Technician or Fiscal Officer enters the employee information including rate of pay in each employee's master file. Upon board approval, for each new employee, the HR Specialist enters all employee information into the HR System and then interfaces~~

that into the Payroll System. The Accounting Technician or Fiscal Officer proofs the information provided by the employee and employee's supervisor which determines the taxes to be withheld, his/her position, work comp code, PERA eligibility, and appropriate department based on the information on the Payroll Enrollment Form and Cafeteria Enrollment Form. The Accounting Technician or Fiscal Officer provides the IFSpi formula distribution when applicable for new staff (health services employees formula distribution is determined through an interface process), under the direction of the Deputy Director or Human Resource Specialist. This formula is used to interface the payroll PayLib system to the IFSpi System when the payroll is processed at the end of each pay period. The HR Specialist prepares a report containing any payroll changes and it is reviewed and entered into the payroll system by the Accounting Technician or Fiscal Officer. Any payroll changes must be into payroll by Monday noon the week of payroll.

Payroll deductions for insurances are entered directly from a copy of the employee's Cafeteria Enrollment Form completed before the beginning of each year or as new employees become eligible. These forms are generated from a web-based human resource program with employee personnel insurance information listed on it.

Before a payroll is run, the Deputy Director or Human Resource Specialist and the Accounting Technician or Fiscal Officer review and make necessary adjustments to the billings from the providers of insurance for health care, dental, life and disability. Note adjustments for medical/dental insurance cannot be made on the bill. They normally occur after the fact as an adjustment on a later bill. Real time adjustments can be made on the life insurance bill. Other deductions (such as garnishments and child support) are processed by the Accounting Technician or Fiscal Officer from official orders. The Deputy Director and Fiscal Manager are the agency representatives served those orders normally via US postal mail.

All employees are paid bi-weekly. The Southwest Health and Human Services Governing Board members are paid bi-weekly following the receipt of their voucher. The Governing Board Per Diem pay is paid through payroll. All Governing Board mileage and other costs are paid through the administrative bill process.

At the end of each pay period, web based timesheets are created by each human services employee, by signing into the web based timesheet program created by ~~Computer Professionals Unlimited~~ Counties Providing Technology (CPT). The web based timesheets for all health services employees are created by an interface program pulling the data from Nightingale Notes Dailies into the web based timesheets. The interfacing program was created by ~~Computer Professionals Unlimited~~ CPT. The web based timesheet is accessed by the employee signing in by using their unique ID and password. This web based timesheet is approved by the employee and also by the employee's supervisor. Payroll Disclaimers appear on the screen when being approved. Any errors that are found are relayed back to the employee by the supervisor. The Human Resource Specialist audits all Vacation, Sick, and Comp Time Balances. The Balances are shown on the Employee's pay stub.

Any overtime pay is prior authorized and requires supervisory and Director approval. Any concerns regarding payroll are referred to the Deputy Director and/or Director.

At the end of the year, a report is generated that lists year-end balances in vacation, sick, and comp time banks and year-end rates of pay, which are used in calculating Compensated Absences Liability. The Accounting Technician maintains a spreadsheet that calculates the compensated time absence liability based on the total accrued time to date and what has been paid out over the past few years.

A transaction edit is run on the computer in batches, which is then compared to the time sheets prepared by each employee. If incorrect, the errors are located and reconciled. The HR Specialist performs these tasks.

After the transaction edit has been deemed correct, the Accounting Technician or Fiscal Officer runs the payroll journal and then another Accounting Technician checks it for errors. (This register does not have any warrant numbers yet.) It also includes taxes, cafeteria contributions and recurring deductions, which are reconciled.

If no errors are located on the payroll journal, the Accounting Technician or Fiscal Officer runs the check process which produces the files that print employee direct deposit stubs and vendor checks using direct deposit or electronic funds transfer (EFT). An EFT edit is printed and checked against the payroll journal and also against any new participant's authorization forms. If correct, the file is transferred to Bremer Bank via internet file transfer.

An Accounting Technician or Fiscal Officer prints the checks, direct deposit stubs, and the final payroll journal and all necessary reports. The final journal prints the check number and direct deposit number by each employee's net pay. The check stock is always locked in the Marshall accounting department. All Payroll reports are then uploaded to the Payroll imaging system for storage.

SWHHS uses a service from ~~Computer Professionals Unlimited~~CPT, the office that provides support for the Payroll Paylib system, for accessing Payroll Pay stubs (web based timesheets) instead of printing individual pay stubs and sending them directly to the employee. The Accounting Technician or Fiscal Officer still prints out vendor checks and commissioner's checks when necessary. For any employees who are on extended leaves, their direct deposit stub is printed and mailed to each employee via US Postal mail at their home address. The Lyon County Auditor/Treasurer receives a check register listing all check and direct deposits. The Lyon County Auditor/Treasurer stamps the checks with the Auditor/Treasurer's signature. The Lyon County Auditor/Treasurer is the only authorized signatory and maintains custody of the signature plates. The Auditor/Treasurer's Office then emails the Marshall Office Accounting Technicians to come to pick up the signed checks. These checks are either mailed via USPS with proper itemized check remittances or receipted into the IFSpi system and reissued when vendor invoice is received.

With each payroll, the Accounting Technician or Fiscal Officer runs certain reports. These include a Check Register, Payroll Journal, a summary total by employee, a PERA summary, deductions report by vendor, EFT listing showing trace numbers for the Employee Direct Deposit and various reports that are sent in with vendor checks. Some vendors also require other forms to be completed. A comprehensive checklist is used to assure that all vendors have been paid and all reports run in a timely manner. One of the reports, the PERA salary deduction report, requires routine maintenance and the production of a file transmitted electronically via the intranet into their computer

system.

Federal and State withholding figures as shown on the grand total page of the payroll journal are transferred to the IRS and MN Dept. of Revenue, respectively. The State and Federal tax payment is transferred using an ACH debit, which becomes part of the file that includes the employees' pay, Nationwide Retirement Deferred Comp, Valic Deferred Comp, Investors Choice Deferred Comp and PERA. The file also includes the required addendums for the vendors.

A payroll distribution summary report is generated during the next step called "updating the master files". This process distributes wages and benefits for many employees to different funds and/or departments. All the figures are automatically posted to IFSpi as printed on the Payroll Distribution Account Summary. Using this report, the Accounting Technician or Fiscal Officer posts total payroll costs to the manual warrant register.

Authorizations for deductions are filed by the vendor for which the deduction is paid. The Deputy Director or Human Resource Specialist maintains files with all insurance changes and Flexible Benefits. Payroll advances are prohibited. The Accounting Technician or Fiscal Officer reports all Quarterly Federal, State and Unemployment insurance withholding and wage reports. The Accounting Technician or Fiscal Officer is also responsible for all year end payroll reporting and to process the end of the year W-2 forms. The 1099's are processed by a different Accounting Technician.

Due to unforeseen problems that may arise, it is always the goal to reach the step in the payroll process that prints the checks and direct deposits stubs and transmits the direct deposit information to Bremer Bank, one or two days before the payroll date. However, the payroll process must be completed by 5:00 pm Thursday of the payroll week to ensure that the EFT processes correctly and the employees receive their pay in a timely manner.

The Fiscal Manager or Fiscal Officers transmits the check batch file to the Bremer Bank positive pay file on the day the payroll checks are mailed.

Agency Self-Insurance

January 1, 2014, Southwest Health and Human Services began offering employee health insurance through a self-funded account. All premiums are collected by SWHHS and claims are paid to the insurance company upon billing. This fund is monitored by the Deputy Director and reported on to the Governing Board on a quarterly-monthly basis. A brief overview is provided to the Governing Board each month at the regularly scheduled meetings. A Health Insurance Benefits committee has been formed to review and make recommendations to the Governing Board annually in regards to the plans, benefits, and premiums. Any reserves in the fund are addressed on an annual basis.

See Administrative Policy 22.

Child Care Payments

Child Care payments are entered in the MEC2 State Centralized Payment System by an Accounting Technician. Paper vouchers are scanned and emailed, by the Office Support staff, to specific Eligibility Workers to approve. The paper payments are entered after the Eligibility Worker emails the Accounting Technician with approval to pay. The electronic payments are approved daily. The State approves payments nightly. ~~Before the Accounting Technician approves each electronic voucher he/she must go into the case notes, find the authorized hours, and look at the notes to see which days and how many hours on each of those days has been authorized. If the provider is billing more hours than authorized the electronic voucher can be changed to only the amount authorized.~~ If the provider added notes as to why they added more hours than authorized the Accounting Technician will forward that information to the Eligibility Worker and wait for an answer before approving the voucher. A Child Care Eligibility Worker approves eligibility, and then enters service authorizations into the State System for all clients, which authorizes payment. A Child Care Eligibility Worker must also note specific case notes regarding authorized days as well as the number of hours authorized each day (example: 8 hrs M, T, Th and 6 hrs W, F). This information will go out with the letter to the provider when eligibility is approved by the Elig Worker. Billing forms are generated by the State System and mailed out to the provider. The provider completes the billing form and mails the form to SWHHS for entry in the State System or the provider will enter their information into MECpro and submit electronically for payment. All applications and verifications are filed in the case file in the case worker's office. Once the billing forms are entered in the State System, the System compares the billing form to the service authorization and then at this point it can accept or reject the payment request. Rejected billing forms are put on hold for review by caseworker. The State then makes the payment directly to the provider and the Income Maintenance Supervisor can access this information. All manual payment requests are approved by an Income Maintenance worker prior to the Accounting Technician processing the payment.

Once the paper voucher payments or any manual payments have been made the Accounting Technician will scan the forms into the imaging system.

County Collections Billing

The Collections Officer enters corrections and new accounts on monthly credit and debit spreadsheets. The Accounting Technician will enter these spreadsheets along with the recurring spreadsheets for daycare centers, cobra or retiree insurance premiums, out of home placement fees, and courtesy care into the County Collections System (CCS).

Statements are prepared, printed and mailed once a month by the tenth of each month. Two Accounting Technicians work on preparing these statements. When statements are printed all statements for an entity, that have a credit balance, zero balance or have an administrative charger are reviewed by the Fiscal Manager and/or Collections Officer. After the statements are mailed the Accounting Technicians prepare trial balances or activity reports that are given to the appropriate Department Supervisors to monitor their programs.

Nightingale Notes Billing

Public Health Claiming– The accounts receivable/claiming system for Public Health is one part of a larger time tracking system known as Nightingale Notes. Everyone in the Public Health Department is required to fill out an electronic service form. This form tracks all of their hours (worked, sick, vacation, etc.) along with what they worked on and/or what patients they saw that day. Nightingale Notes is used for billing nursing services to the appropriate insurance companies.

Once all the services are entered for the previous month and communicated to various employees, the Accounting Technician generates the billing cycle in Nightingale Notes. The Accounting Technician then reviews the claims for inconsistencies or errors. Some pay sources are reviewed for data entry error by generating a report built in Nightingale Note report system i.e. "BluePlus Services that should be Bridgeview". Any questions are emailed to the staff person who entered the activity with the questionable service. Once reviewed and corrected, the Accounting Technician generates the claim file, handles those error messages and submits the batch through Availity for most pay sources and through MN-ITS for the Medical Assistance pay source. Availity will then send back three to four edit reports per batch submitted. MN-ITS posts a report which shows acceptance or rejection.

The first edit report is the acknowledgement report which shows if the entire file was ~~accepted~~ or ~~rejected~~ the file. Accounting staff assigned to that task depending on insurance company and/or type of claim researches the reason for rejection to see if something can be corrected at our end. If it is more complicated, Nightingale Notes Support is contacted to troubleshoot the issue. Once corrected the batch file is generated again and submitted through Availity.

The Accounting Technician must also view other edit reports found in Availity that are posted within 24 hours of the upload. These reports are the Immediate Batch Text Response (IBT), Electronic Batch Report (EBT), and the Delayed Payer Report (DPR). These reports will list some detail for each claim in the batch and state if it was accepted or if it was rejected, along with the reason for the rejection.

~~The second set of Availity edit reports is Immediate Batch Text Response (IBT). This report will list all the claims in the batch and list at claim level if the claim has been accepted or rejected.~~
~~The third set of Availity edit reports is Electronic Batch Report (EBT). This report will list all the claims in the batch and list at claim level if the claim has been accepted or rejected.~~

~~The fourth set of Availity edit reports is Delayed Payer Report (DPT). Not all payers return delayed responses.~~

Rejected claims for all shown in these edits are reviewed by the Accounting Technician who uploaded the claim file. The Accounting Technician determines the corrective action, makes the correction and resubmits the claim promptly. If Availity rejects a claim or batch, the insurance company has not received it from Availity. At this point, the Accounting Technician must not mark the claims as paid, remove the pay source or write it off.

Staff need to be aware of deadlines for submitting claims, which vary between insurance companies. A timely filing chart is available for reference and is updated as needed.

Once a claim has been processed by the insurance company, an Electronic Remittance Advice (ERA) or Explanation of Payment (EOP) is sent to the clearinghouse (MN-ITS, MN E Connect, or Availity). Some insurance companies mail these reports. These reports show the details of the payments made, partial payments or denial of the claim. The ERA's and EOPs are uploaded onto the share drive as they are only available on Availity for 30 days. These reports are saved for reference and proof. Once the payment has been coded for the person doing the receipts the ERA is are uploaded to Nightingale Notes, so the detail of the payment or non-payment is linked to the corresponding claim. Each payment is posted in Nightingale Notes to show the claim was paid or the next subscriber should be billed if necessary. Claims that were not paid are researched to determine if they can be corrected and rebilled. The NN system allows payments to be applied oer claim line so that if only one line was paid and aother was rejected, the rejected line can be resubmitted rather than adjusting it off. The Accounting Technician may call the insurance company for assistance and explanations.

Radon & Water Testing Kits Procedures

When the general public purchases either a short-term or long-term radon testing kit or a water testing kit at the front counter, they pay a nominal fee for any type of kit to the Office Support staff. The fee is charged to discourage misuse by customers, to recover part of the cost of offering the kits, and to encourage customers to actually use the kits. Office Support staff receipts the payment into the receipt book & gives the customer the white copy. The yellow copy goes with the cash or check and is given to the accounting unit.

Water testing bottles are supplied to regular customers, such as city and rural water systems and construction companies, at no charge.

The charge for the water test itself is based on which test or tests are performed with the prices listed on the test request form. The general public makes their payment when dropping off their request form and sample. When the water testing is performed for a regular customer as described previously, a bill will be sent to them by the sanitarian on a monthly basis. The sanitarian monitors the receipt of payments by referencing a list provided by the Fiscal Manager on a monthly basis.

QUICK REFERENCES GUIDE

Policies

- Administrative Policy 2
- Administrative Policy 3
- Administrative Policy 4
- Administrative Policy 5
- Administrative Policy 7
- Administrative Policy 12
- Administrative Policy 21
- Administrative Policy 22
- Personnel Policy 5
- Personnel Policy 6

Forms

- Ac#002
- Ac#003
- Ac#022
- Ac#043
- Ag#100
- Ag#101
- Cl#033

DHS Bulletins (available on DHS website)

<http://mn.gov/dhs/>

COFARS Manual

SOUTHWEST HEALTH AND HUMAN SERVICES
Resolution of Signature Authority

The Governing Board, the Human Services Board and the Community Health Board (by virtue of its authority under Minnesota Statutes, Chapter 145A) of Southwest Health and Human Services authorizes the following people to sign all necessary contracts and forms needed to carry on the business of the agency.

Name	Beth Wilms	Name	Nancy Walker	Name	Carol Biren	Name	Cindy Nelson
Title	Director	Title	Deputy Director	Title	PH Division Director	Title	SS Division Director
Address	607 W Main Street, Suite 100 Marshall MN 56258	Address	2 Roundwind Road Luverne MN 56156	Address	607 W Main Street, Suite 200 Marshall MN 56258	Address	607 W Main Street, Suite 100 Marshall MN 56258
Phone	(507)532-1248 - W (507)706-2198 - C	Phone	(507)532-1256 - W (507)706-2200 - C	Phone	(507)532-4136 - W (507)706-2202 - C	Phone	(507)532-1260 - W (507)706-2201 - C

Resolution Adopted on December 18th, 2019

Southwest Health and Human Services - Governing Board

Signature: _____

Title: Chairperson

Date: _____

Southwest Health and Human Services - Human Services Board

Signature: _____

Title: Chairperson

Date: _____

Southwest Health and Human Services - Community Health Board

Signature: _____

Title: Chairperson

Date: _____

**RESOLUTION TO DESIGNATE DEPOSITORIES AND AUTHORIZE LYON
COUNTY AUDITOR/TREASURER TO MAKE INVESTMENTS**

WHEREAS, Minnesota Statute § 118A.02, subdivision 1 (a) states “The governing body of each government entity shall designate, as a depository of its funds, one or more financial institutions”;

WHEREAS, Minn. Stat. § 118A.02, subdivision. 1. (b) (2) allows the governing body to authorize the treasurer or chief financial officer to make investments of funds under Minn. Stat. § 118A.01 to 118A.06 or other applicable law;

THEREFORE, BE IT RESOLVED, that the Southwest Health and Human Services Governing Board designates as depositories the following financial institutions and designates the following as brokers and authorized investment holders:

- Bank of the West
- BNP Paribas
- Bremer Bank
- Bremer Investment Management and Trust
- Great Western Bank
- MAGIC Fund, management by PFM Asset Management
- Multi-Bank Securities
- State Farm Bank
- Wells Fargo
- Wells Fargo Advisors

BE IT FURTHER RESOLVED, that the Governing Board authorizes the Lyon County Auditor/Treasurer to make investments of funds under Minn. Stat. § 118A.01 to 118A.06 or other applicable law at any one or more of the above based on direction provided by the Executive Committee;

BE IT FURTHER RESOLVED, the Lyon County Auditor/Treasurer is hereby authorized to act and serve as agent on any Southwest Health and Human Services accounts set up or active at any of the above financial institutions, brokers, or investment holders; and

BE IT FURTHER RESOLVED, the above designations and authority conferred shall be and remain in full force and effect until written notice of any amendment or revocation thereof shall have been delivered to and received by the financial institution, broker, or investment holder at each location where an account is maintained and the financial institution, broker, or investment holder shall be indemnified and held harmless from any loss suffered or any liability incurred by it in continuing to act in accordance with this resolution.

Passed and adopted by the Southwest Health and Human Services Governing Board this 18th day of December, 2019.

Charlie Sanow, Chair
Southwest Health and Human Services

Beth Wilms
Director

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

- ARCH Language Network Inc. (St Paul, MN)** – 01/01/20 to 12/31/20; provide interpreting services for all referring office locations, \$40/hour face-to-face during office hours, \$50/hour face-to-face during non-office hours, \$1/minute phone, \$65/hour/2 hour minimum sign language (no increase)(renewal).
Fiscal Note: 2019 \$20,170; 2018 \$21,535; 2017 \$15,965

- Avera Marshall d/b/a Avera Marshall Regional Medical Center (Marshall, MN)** – 01/01/20 to 12/31/20; Mental Health Hold Orders and Civil Commitment Beds and Services, not to exceed \$975/day for hospital services (no increase)(renewal).
Fiscal Note: 2019 \$15,995; 2018 \$12,915; 2017 \$34,515

- Big Fish Works (Savage, MN)** – 12/18/19 – 01/02/21; A contract for digital advertising and marketing for the Child and Teen Check Up (CTC) program; Social media \$300/month and Native Advertising \$30/CPM (NEW).

- Bud's Bus Service (Reading, MN)** – 01/01/20 – 12/31/20; Transportation for DD clients, \$20.21/day (no change) (renewal).
Fiscal Note: 2019 \$22,960; 2018 \$30,370; 2017 \$31,955

- Jean Callens (Tauton, MN)** – 01/01/20 to 12/31/20; Client guardianship services, \$20/hour plus expenses (no increase) (renewal).
Fiscal Note: 2019 \$2,747; 2018 \$1,806; 2017 \$4,047

- Client Community Services Inc (Worthington, MN)** – 01/01/20 to 12/31/20; provide non-waivered client semi-independent living skills (SILS); \$35.89/hour (no increase) (renewal).
Fiscal Note: 2019 \$15,337; 2018 \$11,982; 2017 \$11,676

- DHS Health Care Access Services Plan** – 01/01/20 to 12/31/21; a biennial plan to provide recipients of MA and MNCare appropriate level of needed transportation and other related travel expenses that will enable them to access necessary medical treatment, (renewal).
Fiscal Note:

- DHS STAY (Successful Transition to Adulthood for Youth) Grant** – 01/01/20 to 12/31/21; an annual grant to provide services to youth a successful transition to adulthood, formerly the SELF program; \$53,300 each year for 2020 and 2021 (renewal)(renewal).
Fiscal Note:

- Divine House Inc (Willmar, MN)** – 01/01/20 to 12/31/20; provide non-waivered client semi-independent living skills (SILS); \$28.74/hour (no increase) (renewal).
Fiscal Note: 2019 \$8852; 2018 \$10,742; 2017 \$9,865

- Hoffman & Brobst - Marlene Verdoes CPA, Representative (Marshall, MN)** – 01/01/20 to 12/31/20; Accounting services for child support cases, \$125/hour plus expenses with a cap of \$2,500 for the year (no increase) (renewal).
Fiscal Note: 2019 \$-0-; 2018 \$1,375; 2017 \$1,848

- Meg Jakubiec (New Ulm, MN)** – 01/01/20 to 12/31/20; Client guardianship services, \$85/mo (no increase) (renewal).
Fiscal Note: 2019 \$1,127; 2018 \$942; 2017 \$1,025
- Kandiyohi County MOA Environmental Long Term Staffing - Civil Rights Assurance Agreement** – 12/18/19 to open; DHS recently implements a requirement that civil rights assurance agreements are in place between the contractor and county (NEW).
Fiscal Note:
- Paula Koch (Walnut Grove, MN)** – 01/01/20 to 12/31/20; Client guardianship services, \$85/mo (no increase) (renewal).
Fiscal Note: 2019 \$8,224; 2018 \$8,481; 2017 \$10,440
- Lincoln County (IT Services)** - 01/01/20 to 12/31/20; Information technology services, \$65/hour plus travel and \$97.50/hour emergency purposes (no increase) (renewal).
Fiscal Note: IT Revenue 2019 \$18,663; 2018 \$24,621; 2017 \$26,490
- Lutheran Social Services of MN (St Paul, MN)** – 01/01/20 to 12/31/20; Client guardianship services, \$55.50/hour (no increase) (renewal).
Fiscal Note: 2019 \$5,277; 2018 \$6,511; 2017 \$6,969
- MN Community Measurement (Minneapolis, MN)** – 12/18/19 to 12/31/20; Process Intelligence Performance Engine software (PIPE) contract and Business Associate Agreement to pilot Process Intelligence Softbot services to automate manual data extraction for report measures. No cost to the agency for the first year. (NEW).
- MN Dept of Public Safety – Office of Justice Programs Resolution** – 01/01/20 to 12/31/21; a resolution authorizing execution of a cooperative agreement between agencies so that a new grant can be distributed for the Restorative Justice - Youth Intervention Program 2020-2021; tentative award of \$60,518 (NEW).
Fiscal Note:
- Steven T Meister & Community Health Board (Marshall, MN)** - 01/01/20 – 12/31/20; medical consultant contract, \$2,000 annually at \$500/qtr and \$150/hr during a public health emergency when deemed necessary by agency director (no increase) (renewal).
Fiscal Note: 2019 \$2,000; 2018 \$2,000
- New Horizons Crisis Center (Marshall, Slayton, Redwood locations)** – 01/01/20 to 12/31/20; Block grant payment for supervised parenting time services, \$100,000 (no change) (renewal).
Fiscal Note: 2019 \$70,528; 2018 \$107,649; 2017 \$102,027
- New Life Treatment Center (Woodstock, MN)** - 01/01/20 – 12/31/20; CCDTF services, \$400/day plus \$.61 Detox mileage (\$25/day increase) (renewal).
Fiscal Note: 2019 \$44,670; 2018 \$43,078; 2017 \$51,977
- Jana Piotter (Jeffers, MN)** – 01/01/20 to 12/31/20; Client guardianship services, \$20/hour plus expenses (no increase) (renewal).
Fiscal Note: 2019 \$4,235; 2018 \$4,895; 2017 \$4,392
- Prairie Support Services (Walnut Grove, MN)** – 01/01/20 to 12/31/20; client guardianship services, \$25/hour plus mileage (25% increase) (renewal).
Fiscal Note: 2019 \$14,523; 2018 \$5,776; 2017 - \$8,849

- Progress Inc (Pipestone, MN) - 01/01/20 – 12/31/20;** Paper shredding services, \$.60/pound and \$10.00/hr recycling pickup (1.5% increase) (renewal).
Fiscal Note: 2019 \$1,700; 2018 \$2,633; 2017 \$5,297
- REM Southwest Services (Marshall, MN) – 01/01/20 to 12/31/20;** provide non-waivered client semi-independent living skills (SILS); \$31.83/hour (no change) (renewal).
Fiscal Note: 2019 \$1,019; 2018 \$7,250; 2017 \$6,151
- REM South Central Services (Redwood Falls, MN) – 01/01/20 to 12/31/20;** provide non-waivered client semi-independent living skills (SILS); \$33.08 (no change) (renewal).
Fiscal Note: 2019 \$11,220; 2018 \$9,445; 2017 \$12,049
- Rock County Opportunities Inc (Luverne, MN) – 12/01/19 to 11/30/20;** Shredding services contract, \$0.175/lb, billable monthly (no increase)(renewal).
- Sanford Health Network d/b/a Sanford Luverne Medical Center (Luverne, MN) – 01/01/20 to 12/31/20;** Rule 25 CD assessments, \$285 per client (no increase) (renewal).
Fiscal Note: CCDTF State reimbursement or county cost, private insurance, or self-pay; 2019 \$3,670; 2018 \$4,140; 2017 \$3,772
- Service Enterprises Inc (Redwood Falls, MN) - 01/01/20 – 12/31/20;** Paper shredding services, \$.43/pound and pickup (no increase) (renewal).
Fiscal Note: 2018 \$7,469; 2017 - \$9,741
- Service Enterprises Inc (Redwood & Marshall locations) – 01/01/20 to 12/31/20;** provide extended employment services for clients, Tier I clients \$122.27/mo (no increase) and Tier II clients \$26.00/day for actual days worked (no change) (renewal).
Fiscal Note: 2018 \$21,580; 2017 - \$23,771
- Service Enterprises Inc (Redwood, MN) – 01/01/20 to 12/31/20;** provide DT&H services for non-waivered clients, daily rate \$61.92 - \$65.00, partial day \$44.19, and transportation \$9.16 (no change) (renewal).
Fiscal Note: 2018 \$35,675; 2017 - \$37,697
- Southwest Crisis Center (Luverne, MN) – 01/01/20 to 12/31/20;** Community Education and Prevention Services to bring awareness and acceptance of mental illness, chemical dependency, or other social problems as well identify availability of resources and services, \$5,000 block grant (no increase) (renewal).
Fiscal Note: 2019 \$5,000; 2018 \$5,000; 2017 \$5,000
- Southwestern Mental Health Center Inc (Pipestone & Luverne locations) – 01/01/20 to 12/31/20;** Mental health services (block grant) to provide adult and children’s outpatient treatment, crisis treatment, medication management, diagnostic assessment, and consultation, \$350,667 (3% increase) (renewal).
Fiscal Note: 2019 \$463,878; 2018 \$499,041; 2017 \$459,955
- Southwestern Mental Health Center Inc (Pipestone & Luverne locations) – 01/01/20 to 12/31/20;** Community Support Services for crisis lines, crisis beds, adult day treatment and other community support, \$78,790 (no change) (renewal).

- Southwestern Mental Health Center Inc (Pipestone & Luverne locations)** – 01/01/20 to 12/31/20; Intensive Family Based Therapy services, not to exceed \$120,000 per year based on \$40/qtr hour (no rate change) (renewal).
- Southwestern Mental Health Center Inc (Pipestone & Luverne locations)** – 01/01/20 to 12/31/20; Home based family treatment, purchased services not to exceed \$75/hour (no rate change) (renewal).
- Southwestern Mental Health Center Inc (Pipestone & Luverne locations)** – 01/01/20 to 12/31/20; Family Group Decision Making, purchased services not to exceed \$90/hour or \$65/hour co-facilitating (no rate change) (renewal).
- Southwestern Youth Services (Magnolia, MN)** - 01/01/20 – 12/31/20 – Non-secure Residential and Detention Services, \$180/day residential and \$190/day detention (6% increase) (renewal).
Fiscal Note: 2019 \$159,210; 2018 \$98,260; 2017 \$78,579
- William Toulouse, Quarnstrom & Doering PA (Marshall, MN)** - 01/01/20 – 12/31/20; Legal services for agency, \$2,750/month or \$33,000 annually (3% increase) (renewal).
Fiscal Note: 2019 \$32,000; 2018 \$28,800; 2017 \$28,800
- United Community Action Partnership (formerly Western Community Action) (Marshall, MN)** – 01/01/20 to 12/31/20; Client transportation services that now services all agency counties, volunteer driver rate of \$.93/mile (IRS rate + .35 administrative fee) with local support at \$2,500/county or \$15,000/year (no increase)(renewal).
Fiscal Note: 2019, \$238,9652; \$357,013; 2017 \$348,743
- Western Mental Health Center Inc (various locations)** – 01/01/20 to 12/31/20; Mental health services (block grant) to provide adult and children’s outpatient treatment, crisis treatment, medication management, diagnostic assessment, and consultation, \$611,908 (no increase) (renewal).
Fiscal Note: all program areas – 2019 \$1,109,037; 2018 \$1,297,836; 2017 \$1,264,290
- Western Mental Health Center Inc (various locations)** – 01/01/20 to 12/31/20; In Home Family Therapy services, \$50,000 or \$12,500/qtr (no increase) (renewal).
- Western Mental Health (Marshall, MN)** – 01/01/20 to 12/31/20; Contract for parenting classes (\$3,000/qtr for Parenting 101 Group) and individual parent education (\$72.08/hr with a \$60,000 cap (no increase) (renewal).
- Western Mental Health Center Inc (various locations)** – 01/01/20 to 12/31/20; Family Community Support Program, CCBMHS grant \$33,300 and FCSP \$5,000 – contractor agrees to provide up to 2 hours/week for 52 weeks of clinical supervision (no increase) (renewal).
- Western Mental Health Center Inc (various locations)** – 01/01/20 to 12/31/20; Adult Community Support Program, MH Practitioner \$72.08/hr (no increase), Community Support Aide \$32.00/hr (6.75% increase), ARMHS Individual Service \$72.08/hr (no increase), ARMHS group service \$32.50/hr (no increase), Certified Peer Specialist \$72..08/hr (no increase); \$180,000 cap – additional dollars require approval (no increase) (renewal).

**2020 BOARD MEETINGS
SWHHS**

**All board meetings will be held in the
Commissioners Room
2nd Floor- New Addition**

Wednesday, January 15, 2020
Marshall
607 West Main Street (Government Center)

Wednesday, February 19, 2020
Marshall
607 West Main Street (Government Center)

Wednesday, March 18, 2020
Marshall
607 West Main Street (Government Center)

Wednesday, April 15, 2020
Marshall
607 West Main Street (Government Center)

Wednesday, May 20, 2020
Marshall
607 West Main Street (Government Center)

Wednesday, June 17, 2020
Marshall
607 West Main Street (Government Center)

Wednesday, July 15, 2020
Marshall
607 West Main Street (Government Center)

Wednesday, August 19, 2020
Marshall
607 West Main Street (Government Center)

Wednesday, September 16, 2020
Marshall
607 West Main Street (Government Center)

Wednesday, October 21, 2020
Marshall
607 West Main Street (Government Center)

Wednesday, November 18, 2020
Marshall
607 West Main Street (Government Center)

Wednesday, December 16, 2020
Marshall
607 West Main Street (Government Center)