



"Committed to strengthening individuals, families and communities by providing quality services in a respectful, caring and cost-effective manner."

**Board Agenda
Wednesday June 26,2024
Marshall Government Center
Commissioners Room – 2nd Floor
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 05/15/2024 Board Minutes

D. Introduce New Staff

- Nichole Thooft, Case Aide/Parent Educator- Marshall

E. Employee Recognition

- Jessica Kronke, Case Aide- Ivanhoe 1 Year
- Jennifer Klenken, Child Support Officer- Marshall 1 Year

F. Financial

HUMAN SERVICES (Cont.)

G. Caseload

	<u>5/24</u>	<u>5/23</u>	<u>4/24</u>	<u>3/24</u>
Social Services	3,725	3,814	3,725	3,784
Licensing	387	395	387	382
Out-of-Home Placements	162	178	168	156
Income Maintenance	13,106	14,002	13,123	13,207
Child Support Cases	2,698	2,900	2,699	2,697
Child Support Collections	\$754,492	\$755,421	\$881,116	\$723,158
Non IV-D Collections	\$68,577	\$238,020	\$258,073	\$63,894

H. Discussion/Information

1. Day Care Licensing Standards Proposed Revisions – Gail Bielen

I. Decision Items

COMMUNITY HEALTH

J. Call to Order

K. Consent Agenda

1. Amend/Approval of Agenda
2. Identification of Conflict of Interest
3. Approval of 05/15/2024 Board Minutes

L. Financial

M. Caseloads

	<u>05/24</u>	<u>04/24</u>	<u>03/24</u>
WIC	N/A	2104	2081
Family Home Visiting	30	36	33
PCA Assessments	14	14	17
Managed Care	264	292	299
Dental Varnishing	0	0	0
Refugee Health	26	10	2
Latent TB Medication Distribution	18	1	1
Water Tests	109	103	104
FPL Inspections	26	38	31
Immunizations	57	70	64
Car Seats	18	20	18

COMMUNITY HEALTH (Cont.)

N. Discussion/ Information

1. Revised Opioid Settlement Awards- Ann Orren
2. Medai Campaign updates-Ann Orren

O. Decision Items

1. Public Health Strategic Plan – Jason Walker, Southwest Regional Development Commission

GOVERNING BOARD

P. Call to Order

Q. Consent Agenda

1. Amend/Approval of Agenda
2. Identification of Conflict of Interest
3. Approval of 05/15/2024 Board Minutes

R. Financial

S. Human Resources Statistics

	<u>5/24</u>	<u>4/23</u>	<u>4/24</u>	<u>3/24</u>
Number of Employees	235	236	235	237
Separations	1	4	4	3
New Hires	1	2	7	2
Current Open Positions		11		
Public Health Nurses		4		
Health Services Program Aide		1		
Social Services Supervisor		1		
Social Worker LADC		1		
Case Aide		1		
Social Worker AMH		1		
Office Support Specialist, Sr		1		
Social Worker APS		1		

GOVERNING BOARD (Cont.)

T. Discussion/Information

U. Decision Items

1. Allyson Henriks, Accounting Technician, probationary appointment (12 months), \$21.50 hourly, effective 6/3/2024 – Redwood Falls Office
2. Nicole Stubbe, Eligibility Worker, probationary appointment (12 months), \$21.32 hourly, effective 6/3/2024 – Ivanhoe Office
3. Ashlee Zuehlsdorf, Child Support Officer, probationary appointment (6 months), \$20.87 hourly, effective 6/3/2024 – Redwood Falls Office
4. Crystal Kessler, County Agency Social Worker (CAC/CADI/BI), probationary appointment (12 months), \$25.60 hourly, effective 6/17/2024 – Redwood Falls Office
5. Megan Schmitt, Registered Dietician, probationary appointment (12 months), \$27.09 hourly, effective 6/24/2024 – Marshall Office
6. Jennifer Beek, County Agency Social Worker (DD), probationary appointment (6 months), no change in rate of pay, effective 6/24/2024 – Marshall Office
7. Katelyn Croat, County Agency Social Worker (Restorative Practices-Probation), probationary appointment (12 months), \$25.60 hourly, effective 6/24/2024 – Marshall Office
8. Lilly Hansen, County Agency Social Worker (Child Protection), probationary appointment (12 months), \$25.60 hourly, effective 6/24/2024
9. Caitlyn Schultz, Communications Specialist, probationary appointment (12 months), \$28.55 hourly, effective 7/1/2024
10. Larissa Hansen, Case Aide- Restorative Practices (Part-Time), probationary appointment (12 months), \$19.53 hourly, effective 7/1/2024
11. Candace Jenniges, County Agency Social Worker (Restorative Practices-Community Service), probationary appointment (12 months), \$25.60 hourly, effective 7/8/2024- Marshall Office
12. Jared Armon, County Agency Social Worker (FGDM), probationary appointment (12 months), \$25.60 hourly, effective 7/8/2024 – Pipestone Office
13. Request for Network Switches – Chris Cauwels
14. Request for Multi Factor Authentication Renewal - Chris Cauwels
15. Request for Virtual Print Servers – Chris Cauwels
16. Anti Malware Anti Virus Contract – Chris Cauwels
17. Administrative Policy 7 – Investment Policy
18. Insurance Committee Request – Hinge Health and First Stop Health
19. Donations
 - Four Duffle Bags and one fleece blanket donated from Lanette Elbers for anyone in need.
20. Contracts

V. Adjournment

Next Meeting Dates:

Wednesday, July 17, 2024 – Marshall

Wednesday, August 21, 2024 – Marshall

Wednesday, September 18, 2024 – Marshall

SOUTHWEST HEALTH & HUMAN SERVICES

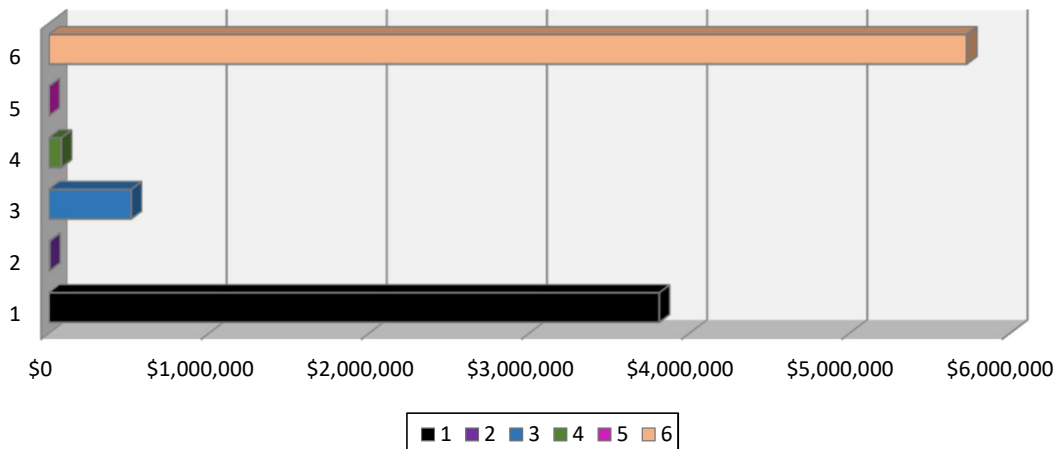
Ivanhoe, Marshall, Slayton, Pipestone, Redwood and Luverne

SUMMARY OF FINANCIAL ACCOUNTS REPORT For the Month Ending: **May 31, 2024**

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

Description	Month	Running Balance	
BEGINNING BALANCE		\$1,923,765	
RECEIPTS			
Monthly Receipts	4,884,846		
County Contribution	833,038		
Interest on Savings	36,852		
TOTAL MONTHLY RECEIPTS		5,754,736	
DISBURSEMENTS			
Monthly Disbursements	3,867,901		
TOTAL MONTHLY DISBURSEMENTS		3,867,901	
ENDING BALANCE		\$3,810,600	
REVENUE			
<i>Checking/Money Market</i>	<i>\$3,810,600</i>		
<i>SS Benefits Checking</i>	<i>\$3,943</i>		
<i>Bremer Savings</i>	<i>\$512,923</i>		
<i>First Interstate Bank Savings</i>	<i>\$77,302</i>		
<i>CD/Term Investment - Magic Fund</i>	<i>\$0</i>		
<i>Investments - MAGIC Fund</i>	<i>\$5,729,907</i>		
ENDING BALANCE		\$10,134,674	May 2023 Ending Balance \$10,138,948
DESIGNATED/RESTRICTED FUNDS			
Opioid Settlement		\$599,089	May 2023 Ending Balance
Agency Health Insurance		\$1,198,181	\$763,093
Private Purpose Trust Fund		\$20,216	
LCTS Lyon Murray Collaborative		\$175,967	
LCTS Rock Pipestone Collaborative		\$71,511	
LCTS Redwood Collaborative		\$132,054	
Local Advisory Council		\$598	May 2023 Ending Balance
AVAILABLE CASH BALANCE		\$7,937,058	\$8,482,957

REVENUE DESIGNATION



SWHHS TREND ANALYSIS

Total Cash and Investment Balance by Month

ALL FUNDS

	January	February	March	April	May	June	July	August	September	October	November	December	Average for Year
2018	\$4,721,044.88	\$4,333,938.53	\$2,935,770.10	\$1,965,449.62	\$2,570,090.71	\$5,977,407.40	\$6,033,326.24	\$5,731,633.62	\$4,391,517.44	\$3,775,199.56	\$5,252,398.36	\$6,085,906.40	\$4,481,140.24
2019	\$5,468,300.08	\$5,390,753.05	\$3,560,027.40	\$2,614,293.54	\$4,269,080.30	\$7,062,814.89	\$7,420,076.79	\$6,778,561.83	\$5,219,902.01	\$4,511,324.16	\$5,788,830.92	\$7,097,094.23	\$5,431,754.93
2020	\$5,612,100.09	\$5,244,836.41	\$3,999,085.28	\$3,557,399.16	\$3,544,281.51	\$8,279,950.83	\$8,206,914.72	\$8,087,152.70	\$7,320,202.93	\$6,302,908.56	\$6,288,111.05	\$8,688,761.65	\$6,260,975.41
2021	\$8,213,250.83	\$7,755,540.60	\$6,331,255.58	\$4,926,907.49	\$5,077,191.48	\$10,354,544.54	\$9,823,063.10	\$9,696,380.41	\$8,596,377.19	\$7,380,331.30	\$7,918,904.38	\$10,090,463.28	\$8,013,684.18
2022	\$9,063,232.17	\$9,669,188.89	\$8,757,032.95	\$7,551,267.96	\$7,600,154.97	\$11,926,913.67	\$11,759,179.93	\$11,073,388.31	\$9,901,872.00	\$9,446,009.83	\$10,477,101.38	\$11,454,718.79	\$9,890,005.07
2023	\$11,060,333.16	\$11,548,890.82	\$10,317,240.69	\$9,301,999.20	\$10,138,948.20	\$13,789,129.14	\$14,781,337.63	\$14,708,502.17	\$13,461,381.69	\$12,826,934.47	\$13,827,985.91	\$14,612,668.79	\$12,531,279.32
2024	\$12,990,412.51	\$13,407,987.82	\$11,788,426.03	\$10,210,044.11	\$10,134,674.15								

PUBLIC HEALTH

	January	February	March	April	May	June	July	August	September	October	November	December	Average for Year
2018	\$1,962,214.72	\$1,943,637.75	\$1,780,622.98	\$2,023,315.56	\$1,870,382.57	\$1,633,344.06	\$1,816,127.45	\$1,643,850.72	\$1,584,218.99	\$1,914,793.23	\$1,842,417.33	\$1,743,836.48	\$1,813,230.15
2019	\$1,851,277.80	\$1,972,764.31	\$1,918,434.61	\$2,063,608.18	\$2,039,616.86	\$1,918,780.30	\$2,044,401.82	\$2,039,261.99	\$1,915,329.19	\$2,036,424.83	\$1,985,685.37	\$1,910,997.42	\$1,974,715.22
2020	\$1,967,807.21	\$2,029,158.92	\$2,191,628.66	\$2,443,036.94	\$2,039,616.86	\$1,918,780.30	\$2,044,401.82	\$2,039,261.99	\$2,236,196.53	\$2,383,533.05	\$2,377,097.32	\$2,458,002.48	\$2,177,376.84
2021	\$2,686,372.79	\$2,595,490.74	\$2,483,393.31	\$2,394,881.79	\$2,704,232.84	\$2,797,102.25	\$2,854,166.91	\$2,927,270.22	\$2,887,651.14	\$2,943,305.87	\$3,062,913.28	\$3,061,698.33	\$2,783,206.62
2022	\$3,188,143.70	\$3,522,705.99	\$3,489,931.37	\$3,750,709.18	\$3,760,049.78	\$3,637,055.84	\$3,801,847.69	\$3,792,898.70	\$3,701,291.30	\$3,780,582.03	\$4,015,468.97	\$3,958,921.27	\$3,699,967.15
2023	\$4,092,369.86	\$4,485,621.04	\$4,522,574.88	\$4,317,365.64	\$4,392,590.53	\$4,413,234.48	\$4,329,419.65	\$4,465,577.48	\$4,276,687.45	\$4,346,328.21	\$4,280,939.44	\$3,969,889.82	\$4,324,383.21
2024	\$4,038,252.01	\$4,221,609.24	\$4,063,656.33	\$4,222,559.23	\$4,145,900.32								

HUMAN SERVICES

	January	February	March	April	May	June	July	August	September	October	November	December	Average for Year
2018	\$2,027,812.89	\$1,484,259.33	\$191,366.90	-\$965,731.97	-\$501,975.29	\$2,490,788.49	\$3,357,738.65	\$3,035,839.30	\$1,833,134.33	\$948,482.40	\$2,542,047.76	\$3,397,063.22	\$1,653,402.17
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	\$1,895,296.62	\$1,080,003.92	\$2,347,069.20	\$3,881,423.66	\$2,174,266.46
2020	\$2,332,934.55	\$1,794,776.37	\$446,580.09	-\$301,075.40	-\$322,039.73	\$4,477,838.46	\$4,384,474.68	\$4,260,536.62	\$3,518,651.39	\$2,410,104.32	\$2,492,480.39	\$4,846,662.00	\$2,528,493.65
2021	\$4,187,134.17	\$3,427,813.26	\$2,563,120.41	\$1,286,019.28	\$934,705.49	\$3,904,218.27	\$4,115,284.54	\$3,342,408.83	\$4,305,643.19	\$3,134,667.60	\$3,557,047.37	\$5,699,958.61	\$3,371,501.75
2022	\$4,620,423.53	\$4,781,219.71	\$3,878,657.09	\$2,403,835.75	\$2,505,036.95	\$7,134,523.44	\$6,827,202.31	\$6,300,253.90	\$5,236,120.79	\$4,373,885.31	\$5,527,904.49	\$6,555,357.85	\$5,012,035.09
2023	\$6,052,424.45	\$6,081,720.18	\$4,666,308.71	\$3,354,346.73	\$4,090,366.08	\$7,797,583.18	\$8,821,277.15	\$8,602,178.45	\$7,457,835.03	\$6,724,760.36	\$7,810,473.46	\$8,528,878.75	\$6,665,679.38
2024	\$6,839,001.71	\$7,235,453.39	\$5,532,685.68	\$3,788,842.32	\$3,831,588.73								

HEALTH INSURANCE

	January	February	March	April	May	June	July	August	September	October	November	December	Average for Year
2018	\$547,461.08	\$661,779.26	\$734,590.83	\$705,226.64	\$998,994.04	\$688,218.46	\$693,431.75	\$820,833.21	\$742,653.73	\$690,065.54	\$709,870.88	\$736,904.37	\$727,502.48
2019	\$830,786.86	\$898,632.50	\$996,671.64	\$973,046.88	\$1,015,393.62	\$1,046,007.99	\$1,064,138.10	\$1,127,623.68	\$1,189,707.87	\$1,200,976.08	\$1,195,846.02	\$1,051,604.82	\$1,049,203.01
2020	\$1,070,978.00	\$1,108,164.79	\$1,071,726.42	\$1,126,237.51	\$1,216,443.58	\$1,252,789.13	\$1,289,386.59	\$1,328,430.70	\$1,343,792.01	\$1,297,527.65	\$1,206,581.80	\$1,132,234.63	\$1,203,691.07
2021	\$1,103,507.67	\$1,443,581.40	\$1,012,036.66	\$973,311.22	\$1,025,293.31	\$970,211.29	\$957,506.41	\$1,089,406.61	\$1,075,654.66	\$1,043,092.63	\$1,036,496.53	\$1,025,248.14	\$1,062,945.54
2022	\$954,094.74	\$996,914.99	\$1,020,096.29	\$1,046,274.83	\$933,827.04	\$843,343.19	\$833,162.73	\$700,529.94	\$684,754.43	\$988,223.72	\$662,283.75	\$623,422.50	\$857,244.01
2023	\$612,668.68	\$678,479.43	\$767,125.93	\$804,622.27	\$763,093.34	\$779,663.23	\$844,301.69	\$833,854.87	\$909,715.53	\$929,036.75	\$862,791.28	\$1,271,163.67	\$838,043.06
2024	\$1,275,154.66	\$1,119,962.06	\$1,263,826.05	\$1,277,248.67	\$1,198,181.49								

Southwest Health and Human Services



LMD

6/18/24

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Treasurer's Cash Trial Balance

As of 05/2024

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<u>Fund</u>	<u>Beginning Balance</u>	<u>This Month</u>	<u>YTD</u>	<u>Current Balance</u>
1 Health Services Fund	3,969,983.30			
Receipts		362,983.31	1,971,784.67	
Disbursements		61,962.82-	356,526.25-	
Payroll		377,679.40-	1,441,800.06-	
Journal Entries		0.00	2,458.66	
Fund Total		76,658.91 -	175,917.02	4,145,900.32
2 Opioid Settlement	541,414.68			
Receipts		21,814.70	81,205.34	
Disbursements		60.30-	23,185.46-	
Payroll		46.97-	345.11-	
Fund Total		21,707.43	57,674.77	599,089.45
5 Human Services Fund	410	General Administration		
	966,127.41 -			
Receipts		92,256.18	360,749.85	
Disbursements		65,842.11 -	332,846.94 -	
Payroll		9,454.52 -	51,338.74 -	
Journal Entries		0.00	132.40	
Dept Total		16,959.55	23,303.43 -	989,430.84 -
5 Human Services Fund	420	Income Maintenance		
	5,589,707.22			
Receipts		1,110,132.74	3,578,001.35	
Disbursements		362,934.83 -	2,175,013.35 -	
Payroll		537,262.32 -	2,079,723.16 -	
Journal Entries		0.00	4,002.57	
Dept Total		209,935.59	672,732.59 -	4,916,974.63
5 Human Services Fund	431	Social Services		
	8,179,223.12			
Receipts		1,818,397.50	5,083,607.24	
Disbursements		106,108.92 -	520,019.48 -	

Southwest Health and Human Services



LMD

6/18/24

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Treasurer's Cash Trial Balance

As of 05/2024

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<u>Fund</u>	<u>Beginning Balance</u>	<u>This Month</u>	<u>YTD</u>	<u>Current Balance</u>
SSIS		706,108.82-	3,897,230.88-	
Payroll		1,222,221.72-	4,615,569.90-	
Jurnal Entries		0.00	6,593.63-	
Dept Total		216,041.96-	3,955,806.65-	4,223,416.47
5 Human Services Fund 461 Information Systems				
	4,227,244.05-			
Receipts		7,303.96	31,398.28	
Disbursements		221.90-	2,635.69-	
Payroll		27,766.59-	120,890.07-	
Dept Total		20,684.53-	92,127.48-	4,319,371.53-
5 Human Services Fund 471 LCTS Collaborative Agency				
	0.00			
Receipts		60,800.00	135,364.00	
Disbursements		60,800.00-	135,364.00-	
Dept Total		0.00	0.00	0.00
Fund Total	8,575,558.88	9,831.35-	4,743,970.15-	3,831,588.73
61 Agency Health Insurance				
	1,271,163.67			
Receipts		247,880.60	1,383,092.31	
Disbursements		326,947.78-	1,456,074.49-	
Fund Total		79,067.18-	72,982.18-	1,198,181.49
71 LCTS Lyon Murray Collaborative Fund 471 LCTS Collaborative Agency				
	175,720.21			
Receipts		26,712.00	59,497.00	
Disbursements		0.00	59,250.00-	
Dept Total		26,712.00	247.00	175,967.21
Fund Total	175,720.21	26,712.00	247.00	175,967.21
73 LCTS Rock Pipestone Collaborative Fund 471 LCTS Collaborative Agency				
	46,144.81			

Southwest Health and Human Services



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Treasurer's Cash Trial Balance

As of 05/2024

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<u>Fund</u>	<u>Beginning Balance</u>	<u>This Month</u>	<u>YTD</u>	<u>Current Balance</u>
Receipts		11,591.00	25,366.00	
Dept Total		11,591.00	25,366.00	71,510.81
Fund Total	46,144.81	11,591.00	25,366.00	71,510.81
 75 Redwood LCTS Collaborative	 471	 LCTS Collaborative Agency		
	78,858.51			
Receipts		24,441.00	53,195.00	
Dept Total		24,441.00	53,195.00	132,053.51
Fund Total	78,858.51	24,441.00	53,195.00	132,053.51
 77 Local Advisory Council	 477	 Local Advisory Council		
	598.34			
Dept Total		0.00	0.00	598.34
Fund Total	598.34	0.00	0.00	598.34
 78 Private Purpose Trust Fund	 431	 Social Services		
	46,773.61 -			
Receipts		8,218.00	33,923.00	
Disbursements		2,481.95 -	7,365.10 -	
Dept Total		5,736.05	26,557.90	20,215.71 -
Fund Total	46,773.61 -	5,736.05	26,557.90	20,215.71 -
 All Funds	 14,612,668.79			
Receipts		3,792,530.99	12,797,184.04	
Disbursements		987,360.61 -	5,068,280.76 -	
SSIS		706,108.82 -	3,897,230.88 -	
Payroll		2,174,431.52 -	8,309,667.04 -	
Total		75,369.96 -	4,477,994.64 -	10,134,674.15

Southwest Health and Human Services



RM- Stmt of Revenues & Expenditures

As Of 05/2024

Report Basis: Cash

DESCRIPTION	CURRENT MONTH	YEAR TO- DATE	2024 BUDGET	% OF BUDG	% OF YEAR	
FUND 1 HEALTH SERVICES FUND						
REVENUES						
CONTRIBUTIONS FROM COUNTIES	0.00	441,846.00-	883,692.00-	50	42	
INTERGOVERNMENTAL REVENUES	1,927.00-	156,083.00-	168,500.00-	93	42	
STATE REVENUES	200,735.25-	485,181.04-	1,320,150.00-	37	42	
FEDERAL REVENUES	107,043.84-	652,159.05-	1,399,913.00-	47	42	
FEES	42,595.83-	189,644.60-	457,605.00-	41	42	
EARNINGS ON INVESTMENTS	6,633.36-	41,651.29-	29,850.00-	140	42	
MISCELLANEOUS REVENUES	5.89-	496.18-	7,550.00-	7	42	
TOTAL REVENUES	358,941.17-	1,967,061.16-	4,267,260.00-	46	42	4%
EXPENDITURES						over
PROGRAM EXPENDITURES	0.00	0.00	0.00	0	42	
PAYROLL AND BENEFITS	373,637.26	1,435,573.70	4,007,394.00	36	42	
OTHER EXPENDITURES	61,962.82	355,570.44	652,006.00	55	42	
TOTAL EXPENDITURES	435,600.08	1,791,144.14	4,659,400.00	38	42	4% under

Southwest Health and Human Services



RM- Stmt of Revenues & Expenditures

As Of 05/2024

Report Basis: Cash

DESCRIPTION	CURRENT MONTH	YEAR TO- DATE	2024 BUDGET	% OF BUDG	% OF YEAR	
FUND 5 HUMAN SERVICES FUND						
REVENUES						
CONTRIBUTIONS FROM COUNTIES	833,038.02 -	1,258,089.29 -	13,305,205.00 -	9	42	
INTERGOVERNMENTAL REVENUES	0.00	42,568.50 -	123,841.00 -	34	42	
STATE REVENUES	545,990.09 -	1,898,640.35 -	5,973,027.00 -	32	42	
FEDERAL REVENUES	1,286,386.07 -	3,858,270.66 -	7,697,964.00 -	50	42	
FEES	234,536.01 -	991,096.53 -	2,306,164.00 -	43	42	
EARNINGS ON INVESTMENTS	30,218.66 -	189,744.72 -	149,100.00 -	127	42	
MISCELLANEOUS REVENUES	65,689.37 -	563,730.16 -	1,546,600.00 -	36	42	
TOTAL REVENUES	2,995,858.22 -	8,802,140.21 -	31,101,901.00 -	28	42	14% under
EXPENDITURES						
PROGRAM EXPENDITURES	1,029,598.52	5,479,693.66	11,791,540.00	46	42	
PAYROLL AND BENEFITS	1,770,291.08	6,846,886.10	16,512,609.00	41	42	
OTHER EXPENDITURES	205,799.97	1,219,531.71	2,797,752.00	44	42	
TOTAL EXPENDITURES	3,005,689.57	13,546,111.47	31,101,901.00	44	42	2% over

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					42
			Expend.	1,600.01 -	7,773.59	0.00	0	42
			Net	1,600.01 -	7,773.59	0.00	0	42
910 PROGRAM	CHA/ CHIP		Revenue	0.00	6,023.54 -	4,170.00 -	144	42
			Expend.	2,662.26	14,889.61	70,907.00	21	42
			Net	2,662.26	8,866.07	66,737.00	13	42
915 PROGRAM	CDC Infrastructure Grant		Revenue	0.00	26,216.47 -	57,702.00 -	45	42
			Expend.	5,124.74	20,700.50	59,954.00	35	42
			Net	5,124.74	5,515.97 -	2,252.00	245 -	42
919 PROGRAM	PH Foundational		Revenue	0.00	0.00	172,800.00 -	0	42
			Expend.	2,385.31	27,255.77	152,507.00	18	42
			Net	2,385.31	27,255.77	20,293.00 -	134 -	42
930 PROGRAM	Administration		Revenue	68,391.29 -	581,861.04 -	1,036,704.00 -	56	42
			Expend.	97,152.22	386,919.56	928,689.00	42	42
			Net	28,760.93	194,941.48 -	108,015.00 -	180	42
410 DEPT	General Administration	Totals:	Revenue	68,391.29 -	614,101.05 -	1,271,376.00 -	48	42
			Expend.	105,724.52	457,539.03	1,212,057.00	38	42
			Net	37,333.23	156,562.02 -	59,319.00 -	264	42
481 DEPT	Nursing							
100 PROGRAM	Family Health		Revenue	1,717.94 -	6,140.16 -	15,445.00 -	40	42
			Expend.	3,494.54	9,962.92	20,341.00	49	42
			Net	1,776.60	3,822.76	4,896.00	78	42
103 PROGRAM	Follow Along Program		Revenue	3,780.10 -	7,882.51 -	20,117.00 -	39	42
			Expend.	4,701.76	14,069.34	46,791.00	30	42
			Net	921.66	6,186.83	26,674.00	23	42
110 PROGRAM	TANF		Revenue	0.00	42,332.38 -	130,240.00 -	33	42
			Expend.	2,484.35	38,095.31	96,564.00	39	42
			Net	2,484.35	4,237.07 -	33,676.00 -	13	42
125 PROGRAM	Asthma Program		Revenue					42
			Expend.	1.15	3,548.71	0.00	0	42
			Net	1.15	3,548.71	0.00	0	42

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 Bdg</u>	<u>%of Year</u>
130 PROGRAM	WIC		Revenue	0.00	289,283.00 -	514,577.00 -	56	42
			Expend.	61,169.91	269,800.03	679,605.00	40	42
			Net	61,169.91	19,482.97 -	165,028.00	12 -	42
210 PROGRAM	CTC Outreach		Revenue	22,810.11 -	61,626.86 -	179,962.00 -	34	42
			Expend.	7,883.02	53,405.71	177,866.00	30	42
			Net	14,927.09 -	8,221.15 -	2,096.00 -	392	42
265 PROGRAM	Strong Foundations FHV		Revenue	1,777.29 -	64,882.88 -	182,218.00 -	36	42
			Expend.	10,024.84	45,710.24	177,476.00	26	42
			Net	8,247.55	19,172.64 -	4,742.00 -	404	42
270 PROGRAM	Maternal Child Health - Title V		Revenue	38,594.01 -	64,169.56 -	180,373.00 -	36	42
			Expend.	11,405.95	56,056.04	265,729.00	21	42
			Net	27,188.06 -	8,113.52 -	85,356.00	10 -	42
280 PROGRAM	MCH Dental Health		Revenue	0.00	0.00	1,000.00 -	0	42
			Expend.	0.02	750.04	7,081.00	11	42
			Net	0.02	750.04	6,081.00	12	42
285 PROGRAM	MCH Blood Lead		Revenue					42
			Expend.	440.99	2,189.59	16,644.00	13	42
			Net	440.99	2,189.59	16,644.00	13	42
295 PROGRAM	MCH Car Seat Program		Revenue	1,064.44 -	7,090.74 -	11,000.00 -	64	42
			Expend.	6,939.51	28,435.05	75,086.00	38	42
			Net	5,875.07	21,344.31	64,086.00	33	42
300 PROGRAM	Case Management		Revenue	66,533.16 -	208,690.17 -	336,212.00 -	62	42
			Expend.	47,066.50	198,836.77	353,928.00	56	42
			Net	19,466.66 -	9,853.40 -	17,716.00	56 -	42
330 PROGRAM	MNChoices		Revenue	48,709.12 -	93,453.77 -	203,974.00 -	46	42
			Expend.	22,836.25	89,916.83	244,193.00	37	42
			Net	25,872.87 -	3,536.94 -	40,219.00	9 -	42
603 PROGRAM	Disease Prevention and Control		Revenue	12.00 -	19,185.46 -	199,158.00 -	10	42
			Expend.	22,235.14	78,162.20	192,911.00	41	42
			Net	22,223.14	58,976.74	6,247.00 -	944 -	42
660 PROGRAM	MIIC		Revenue					42
			Expend.	1.70	571.91	3,746.00	15	42
			Net	1.70	571.91	3,746.00	15	42

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>Bdgt</u>	<u>%of</u> <u>Year</u>
481 DEPT	Nursing	Totals:	Revenue	184,998.17 -	864,737.49 -	1,974,276.00 -	44	42
			Expend.	200,685.63	889,510.69	2,357,961.00	38	42
			Net	15,687.46	24,773.20	383,685.00	6	42
483 DEPT	Health Education							
500 PROGRAM	Direct Client Services		Revenue	753.09 -	3,690.19 -	5,112.00 -	72	42
			Expend.	1,894.79	5,060.09	18,292.00	28	42
			Net	1,141.70	1,369.90	13,180.00	10	42
510 PROGRAM	SHIP		Revenue	35,000.47 -	99,844.37 -	224,631.00 -	44	42
			Expend.	24,303.22	96,912.45	293,888.00	33	42
			Net	10,697.25 -	2,931.92 -	69,257.00	4 -	42
540 PROGRAM	Toward Zero Deaths (TZD) Safe Roads		Revenue	953.75 -	2,266.30 -	16,598.00 -	14	42
			Expend.	564.73	2,105.37	16,322.00	13	42
			Net	389.02 -	160.93 -	276.00 -	58	42
541 PROGRAM	Toward Zero Deaths (TZD) Safe Roads		Revenue	0.00	1,428.26 -	16,458.00 -	9	42
			Expend.	565.71	1,497.49	16,703.00	9	42
			Net	565.71	69.23	245.00	28	42
551 PROGRAM	Pipestone Drug Free Communities		Revenue	0.00	81,975.24 -	125,000.00 -	66	42
			Expend.	11,510.43	62,064.77	125,475.00	49	42
			Net	11,510.43	19,910.47 -	475.00	4,192 -	42
565 PROGRAM	Cannabis		Revenue	0.00	0.00	50,000.00 -	0	42
			Expend.	1.28	1.28	0.00	0	42
			Net	1.28	1.28	50,000.00 -	0 -	42
570 PROGRAM	Regional Health Equity Network Grant		Revenue	14,952.57 -	16,718.03 -	0.00	0	42
			Expend.	17,149.47	40,097.31	0.00	0	42
			Net	2,196.90	23,379.28	0.00	0	42
900 PROGRAM	Emergency Preparedness		Revenue	23,760.92 -	47,617.70 -	93,761.00 -	51	42
			Expend.	10,031.21	41,792.33	94,885.00	44	42
			Net	13,729.71 -	5,825.37 -	1,124.00	518 -	42
903 PROGRAM	Response Sustainability- PHEP		Revenue	0.00	2,011.08 -	173,110.00 -	1	42
			Expend.	13,053.50	17,119.25	175,478.00	10	42
			Net	13,053.50	15,108.17	2,368.00	638	42
905 PROGRAM	COVID- 19 Pandemic		Revenue	0.00	8,691.58 -	0.00	0	42
			Expend.	5,474.08	9,676.68	0.00	0	42
			Net	5,474.08	985.10	0.00	0	42

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>Bdgt</u>	<u>%of</u> <u>Year</u>
907 PROGRAM	Crisis Response Workforce Grant (CO)		Revenue	0.00	7,035.34 -	0.00	0	42
			Expend.	5,300.56	20,340.86	0.00	0	42
			Net	5,300.56	13,305.52	0.00	0	42
483 DEPT	Health Education	Totals:	Revenue	75,420.80 -	271,278.09 -	704,670.00 -	38	42
			Expend.	89,848.98	296,667.88	741,043.00	40	42
			Net	14,428.18	25,389.79	36,373.00	70	42
485 DEPT	Environmental Health							
800 PROGRAM	Environmental		Revenue	22,131.91 -	191,266.50 -	226,858.00 -	84	42
			Expend.	24,811.65	106,206.69	251,407.00	42	42
			Net	2,679.74	85,059.81 -	24,549.00	346 -	42
809 PROGRAM	Environmental Water Lab		Revenue	7,999.00 -	25,678.03 -	90,080.00 -	29	42
			Expend.	14,528.96	40,128.05	96,932.00	41	42
			Net	6,529.96	14,450.02	6,852.00	211	42
830 PROGRAM	FDA Standardization Grant		Revenue					42
			Expend.	0.34	1,091.80	0.00	0	42
			Net	0.34	1,091.80	0.00	0	42
485 DEPT	Environmental Health	Totals:	Revenue	30,130.91 -	216,944.53 -	316,938.00 -	68	42
			Expend.	39,340.95	147,426.54	348,339.00	42	42
			Net	9,210.04	69,517.99 -	31,401.00	221 -	42
1 FUND	Health Services Fund	Totals:	Revenue	358,941.17 -	1,967,061.16 -	4,267,260.00 -	46	42
			Expend.	435,600.08	1,791,144.14	4,659,400.00	38	42
			Net	76,658.91	175,917.02 -	392,140.00	45 -	42

Southwest Health and Human Services



Revenues & Expend by Prog,Dept,Fund

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5 FUND	Human Services Fund							
410 DEPT	General Administration							
0 PROGRAM	...		Revenue					42
			Expend.	16,959.55 -	23,304.54	33,605.00	69	42
			Net	16,959.55 -	23,304.54	33,605.00	69	42
410 DEPT	General Administration	Totals:	Revenue					42
			Expend.	16,959.55 -	23,304.54	33,605.00	69	42
			Net	16,959.55 -	23,304.54	33,605.00	69	42
420 DEPT	Income Maintenance							
0 PROGRAM	...		Revenue					42
			Expend.	24.15	44.55	0.00	0	42
			Net	24.15	44.55	0.00	0	42
600 PROGRAM	Income Maint Administrative/ Overhea		Revenue	323,113.76 -	556,853.47 -	4,209,520.00 -	13	42
			Expend.	167,984.26	766,118.10	1,491,047.00	51	42
			Net	155,129.50 -	209,264.63	2,718,473.00 -	8 -	42
601 PROGRAM	Income Maint/ Random Moment Payro		Revenue					42
			Expend.	321,939.89	1,274,483.11	3,019,158.00	42	42
			Net	321,939.89	1,274,483.11	3,019,158.00	42	42
602 PROGRAM	Income Maint FPI Investigator		Revenue	30,246.00 -	68,752.00 -	210,256.00 -	33	42
			Expend.	14,201.60	58,941.29	200,109.00	29	42
			Net	16,044.40 -	9,810.71 -	10,147.00 -	97	42
605 PROGRAM	MN Supplemental Aid (MSA)/ GRH		Revenue	2,032.72 -	20,829.27 -	50,000.00 -	42	42
			Expend.	0.00	33,865.45	50,000.00	68	42
			Net	2,032.72 -	13,036.18	0.00	0	42
610 PROGRAM	TANF(AFDC/ MFIP/ DWP)		Revenue	25.00 -	4,965.75 -	8,400.00 -	59	42
			Expend.	0.00	84.39	5,040.00	2	42
			Net	25.00 -	4,881.36 -	3,360.00 -	145	42
620 PROGRAM	General Asst (GA) / Burials		Revenue	13,150.47 -	55,665.38 -	37,000.00 -	150	42
			Expend.	26,194.20	148,145.45	301,000.00	49	42
			Net	13,043.73	92,480.07	264,000.00	35	42
630 PROGRAM	Food Support (FS)		Revenue	158,527.25 -	350,308.41 -	635,500.00 -	55	42
			Expend.	0.00	3,561.99	2,500.00	142	42
			Net	158,527.25 -	346,746.42 -	633,000.00 -	55	42

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
640 PROGRAM	Child Support (IVD)		Revenue	144,487.00 -	461,139.32 -	1,597,558.00 -	29	42
			Expend.	98,118.54	409,979.66	1,231,801.00	33	42
			Net	46,368.46 -	51,159.66 -	365,757.00 -	14	42
650 PROGRAM	Medical Assistance (MA)		Revenue	437,778.54 -	2,057,374.91 -	4,620,000.00 -	45	42
			Expend.	271,734.51	1,554,356.11	3,345,000.00	46	42
			Net	166,044.03 -	503,018.80 -	1,275,000.00 -	39	42
680 PROGRAM	Refugee Cash Assistance (RCA)		Revenue	772.00 -	959.00 -	0.00	0	42
			Expend.					42
			Net	772.00 -	959.00 -	0.00	0	42
420 DEPT	Income Maintenance	Totals:	Revenue	1,110,132.74 -	3,576,847.51 -	11,368,234.00 -	31	42
			Expend.	900,197.15	4,249,580.10	9,645,655.00	44	42
			Net	209,935.59 -	672,732.59	1,722,579.00 -	39 -	42
431 DEPT	Social Services							
0 PROGRAM	...		Revenue					42
			Expend.	80.21	334.84	0.00	0	42
			Net	80.21	334.84	0.00	0	42
700 PROGRAM	Social Service Administrative/ Overhea		Revenue	1,014,565.12 -	2,003,751.44 -	11,980,137.00 -	17	42
			Expend.	366,087.31	1,594,923.85	3,279,379.00	49	42
			Net	648,477.81 -	408,827.59 -	8,700,758.00 -	5	42
701 PROGRAM	Social Services/ SSTs		Revenue					42
			Expend.	949,396.95	3,597,997.90	9,269,397.00	39	42
			Net	949,396.95	3,597,997.90	9,269,397.00	39	42
710 PROGRAM	Children's Social Services Programs		Revenue	121,605.28 -	550,631.73 -	1,993,256.00 -	28	42
			Expend.	383,446.31	2,035,329.84	4,439,251.00	46	42
			Net	261,841.03	1,484,698.11	2,445,995.00	61	42
711 PROGRAM	YIP Grant (Circle)- Dept of Public Safet		Revenue	1,317.83 -	3,663.56 -	0.00	0	42
			Expend.	942.09	7,651.20	0.00	0	42
			Net	375.74 -	3,987.64	0.00	0	42
712 PROGRAM	CIRCLE Program		Revenue	0.00	5,000.00 -	5,000.00 -	100	42
			Expend.	1,625.17	5,851.11	13,000.00	45	42
			Net	1,625.17	851.11	8,000.00	11	42
713 PROGRAM	STAY Program Grant (formerly SELF)		Revenue	0.00	22,500.00 -	45,000.00 -	50	42
			Expend.	1,670.63	8,246.49	45,000.00	18	42
			Net	1,670.63	14,253.51 -	0.00	0	42

Southwest Health and Human Services



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714 PROGRAM	PrimeWest Reinvestment Grant		Revenue					42
			Expend.	10,062.26	33,162.49	0.00	0	42
			Net	10,062.26	33,162.49	0.00	0	42
715 PROGRAM	Children Waivers		Revenue	9,983.76 -	36,313.25 -	110,000.00 -	33	42
			Expend.	0.00	399.90	0.00	0	42
			Net	9,983.76 -	35,913.35 -	110,000.00 -	33	42
716 PROGRAM	FGDM/ Family Group Decision Making		Revenue	27,775.83 -	55,939.75 -	123,032.00 -	45	42
			Expend.	1,978.08	38,092.90	123,032.00	31	42
			Net	25,797.75 -	17,846.85 -	0.00	0	42
717 PROGRAM	Family Assmt Response Grant/ Discr F		Revenue	5,124.49 -	14,750.99 -	37,888.00 -	39	42
			Expend.	1,999.32	9,052.47	37,888.00	24	42
			Net	3,125.17 -	5,698.52 -	0.00	0	42
718 PROGRAM	PSOP/ Parent Support Outreach Progra		Revenue	0.00	16,578.00 -	30,113.00 -	55	42
			Expend.	2,339.53	19,541.63	30,113.00	65	42
			Net	2,339.53	2,963.63	0.00	0	42
719 PROGRAM	CCIP/ Comm.Crime Intervention&Prev		Revenue					42
			Expend.	1,754.95	1,754.95	0.00	0	42
			Net	1,754.95	1,754.95	0.00	0	42
720 PROGRAM	Child Care/ Child Protection		Revenue	1,543.10 -	5,243.10 -	20,500.00 -	26	42
			Expend.	1,221.00	4,204.38	2,500.00	168	42
			Net	322.10 -	1,038.72 -	18,000.00 -	6	42
721 PROGRAM	CC Basic Side Fee/ Cty Match to DHS		Revenue	1,981.00 -	7,886.00 -	46,194.00 -	17	42
			Expend.	3,614.00	21,681.00	43,365.00	50	42
			Net	1,633.00	13,795.00	2,829.00 -	488 -	42
726 PROGRAM	MFIP/ SW MN PIC		Revenue	872.00 -	3,943.00 -	7,000.00 -	56	42
			Expend.					42
			Net	872.00 -	3,943.00 -	7,000.00 -	56	42
730 PROGRAM	Chemical Dependency		Revenue	20,245.01 -	109,197.59 -	207,500.00 -	53	42
			Expend.	12,202.72	60,650.85	233,500.00	26	42
			Net	8,042.29 -	48,546.74 -	26,000.00	187 -	42
740 PROGRAM	Mental Health (Both Adults & Children		Revenue	0.00	45.60 -	0.00	0	42
			Expend.					42
			Net	0.00	45.60 -	0.00	0	42

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
741 PROGRAM	Mental Health - Adults Only		Revenue	181,071.92 -	492,439.62 -	1,299,626.00 -	38	42
			Expend.	141,901.94	835,438.30	1,862,749.00	45	42
			Net	39,169.98 -	342,998.68	563,123.00	61	42
742 PROGRAM	Mental Health - Children Only		Revenue	110,708.34 -	388,875.88 -	884,553.00 -	44	42
			Expend.	73,584.12	453,652.02	1,069,265.00	42	42
			Net	37,124.22 -	64,776.14	184,712.00	35	42
750 PROGRAM	Developmental Disabilities		Revenue	122,861.86 -	382,043.04 -	774,144.00 -	49	42
			Expend.	25,076.59	116,370.37	257,169.00	45	42
			Net	97,785.27 -	265,672.67 -	516,975.00 -	51	42
760 PROGRAM	Adult Services		Revenue	123,955.20 -	613,235.75 -	1,284,724.00 -	48	42
			Expend.	6,515.05	35,861.36	85,200.00	42	42
			Net	117,440.15 -	577,374.39 -	1,199,524.00 -	48	42
765 PROGRAM	Adult Waivers		Revenue	74,010.78 -	346,492.12 -	844,000.00 -	41	42
			Expend.	48,165.25	134,139.22	198,500.00	68	42
			Net	25,845.53 -	212,352.90 -	645,500.00 -	33	42
431 DEPT	Social Services	Totals:	Revenue	1,817,621.52 -	5,058,530.42 -	19,692,667.00 -	26	42
			Expend.	2,033,663.48	9,014,337.07	20,989,308.00	43	42
			Net	216,041.96	3,955,806.65	1,296,641.00	305	42
461 DEPT 0 PROGRAM	Information Systems ...		Revenue	7,303.96 -	31,398.28 -	41,000.00 -	77	42
			Expend.	27,988.49	123,525.76	433,333.00	29	42
			Net	20,684.53	92,127.48	392,333.00	23	42
461 DEPT	Information Systems	Totals:	Revenue	7,303.96 -	31,398.28 -	41,000.00 -	77	42
			Expend.	27,988.49	123,525.76	433,333.00	29	42
			Net	20,684.53	92,127.48	392,333.00	23	42
471 DEPT 702 PROGRAM	LCTS Collaborative Agency LCTS		Revenue	60,800.00 -	135,364.00 -	0.00	0	42
			Expend.	60,800.00	135,364.00	0.00	0	42
			Net	0.00	0.00	0.00	0	42
471 DEPT	LCTS Collaborative Agency	Totals:	Revenue	60,800.00 -	135,364.00 -	0.00	0	42
			Expend.	60,800.00	135,364.00	0.00	0	42
			Net	0.00	0.00	0.00	0	42
5 FUND	Human Services Fund	Totals:	Revenue	2,995,858.22 -	8,802,140.21 -	31,101,901.00 -	28	42
			Expend.	3,005,689.57	13,546,111.47	31,101,901.00	44	42
			Net	9,831.35	4,743,971.26	0.00	0	42

Social Services Caseload:

Yearly Averages	Adult Services	Children's Services	Total Programs
2018	2683	617	3299
2019	2651	589	3241
2020	2623	572	3195
2021	2694	560	3254
2022	2729	567	3295
2023	2820	575	3395
2024			

2024	Adult Services	Children's Services	Total Programs
January	2770	638	3408
February	2783	652	3435
March	2765	637	3402
April	2714	624	3338
May	2729	609	3338
June			0
July			0
August			0
September			0
October			0
November			0
December			0
Average	2752	632	3384

Adult - Social Services Caseload

Average	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
2018	11	299	14	0	282	43	880	18	353	451	331	2683
2019	9	319	13	0	261	58	887	17	295	542	339	2651
2020	10	328	12	0	270	61	869	15	287	453	319	2623
2021	9	362	13	0	272	50	926	14	299	446	303	2609
2022	8	387	12	0	260	72	996	16	230	448	303	2671
2023	8	406	10	0	246	83	1065	17	228	450	306	2757
2024												

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

2024	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	11	398	10	0	242	93	1026	22	194	470	304	2770
February	11	396	10	0	240	97	1004	23	227	470	305	2783
March	10	395	10	0	233	94	992	22	230	471	308	2765
April	10	396	10	0	221	103	968	21	204	471	310	2714
May	10	391	10	0	220	92	964	23	237	470	312	2729
June												0
July												0
August												0
September												0
October												0
November												0
December												0
	10	395	10	0	231	96	991	22	218	470	308	2773

Children's - Social Services Caseload

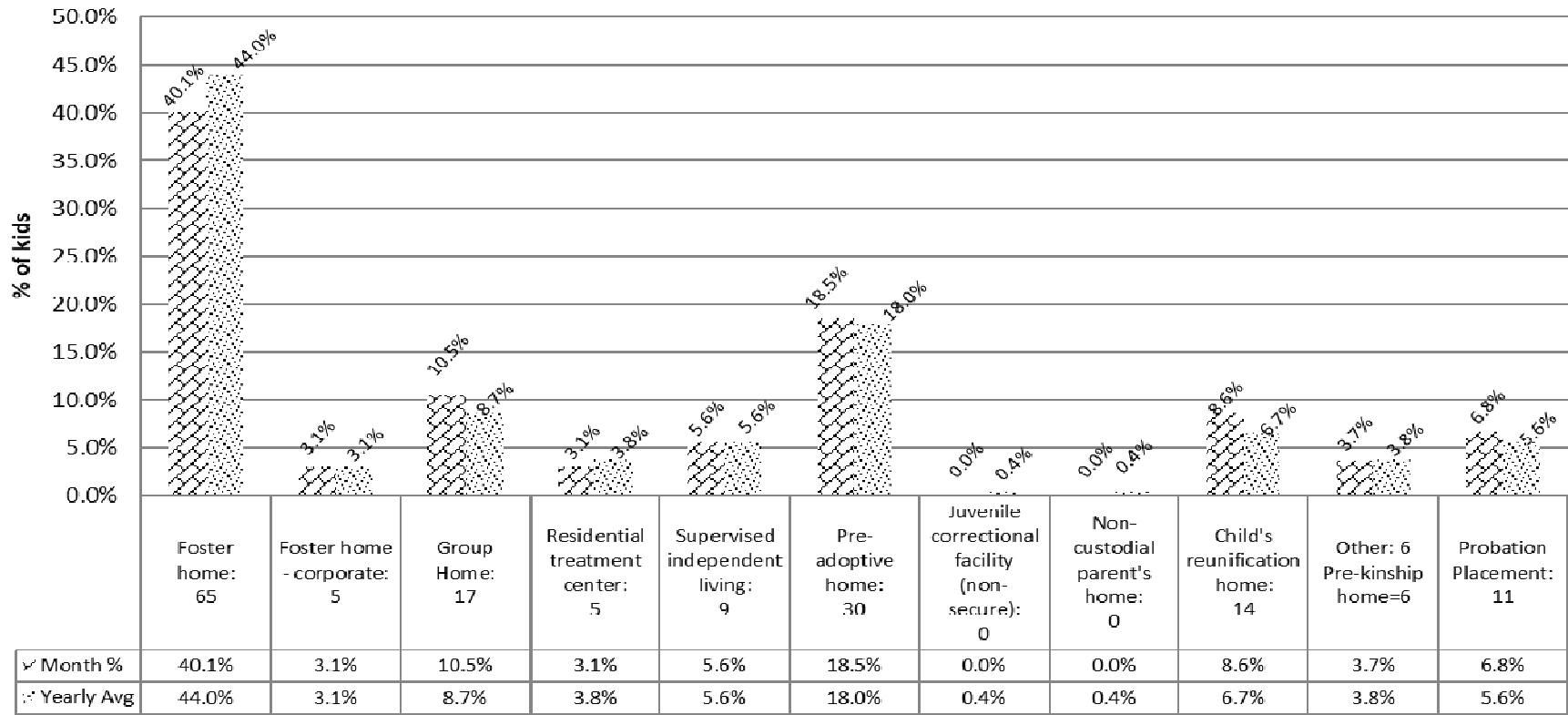
Average	Adolescent Independent Living (ALS)	Adoption	Child Brain Injury (BI)	Child Community Alternative Care (CAC)	Child Community Alternatives for Disabled Individuals (CADI)	Child Protection (CP)	Child Welfare (CW)	Children's Mental Health (CMH)	Early Intervention: Infants & Toddlers with Disabilities	Minor Parents (MP)	Parent Support Outreach Program (PSOP)	Total Programs
2018	46	23	0	11	40	180	182	110	0	0	25	604
2019	36	18	0	11	40	170	191	94	0	0	30	589
2020	30	29	0	12	48	163	178	82	0	0	32	572
2021	21	33	0	13	59	165	155	85	0	0	31	591
2022	23	30	0	13	64	176	145	78	0	0	38	592
2023	22	31	0	12	64	166	158	86	0	0	37	584
2024												

2024	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	23	26	0	12	65	189	178	99	0	0	46	638
February	23	25	0	12	65	202	184	104	0	0	37	652
March	23	25	0	12	65	188	192	107	0	0	25	637
April	23	23	0	12	65	168	189	114	0	0	30	624
May	23	24	0	12	65	166	174	115	0	0	30	609
June												0
July												0
August												0
September												0
October												0
November												0
December												0
	23	25	0	12	65	183	183	108	0	0	34	642

2024 KIDS IN OUT OF HOME PLACEMENT - BY COUNTY

	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	YTD Average	2023 Average
Lincoln	5	5	4	4	4								4	5
Lyon	69	69	70	74	70								70	51
Murray	14	16	16	17	17								16	14
Pipestone	22	20	21	21	19								21	21
Redwood	43	41	38	45	45								42	53
Rock	10	7	7	7	7								8	10
Monthly Totals	163	158	156	168	162	0	0	0	0	0	0	0		

May 2024 - Placement by Category
162 Kids in Placement



May 2024: Total kids in placement = 162

Total of 4 Children entered placement

1	Lyon	Foster Home
2	Redwood	Foster Home
1	Rock	Group Home

Total of 10 Children were discharged from placement (discharges from previous month)

4	Lyon	ADOPTED
1	Lyon	Pre-kinship Home
1	Redwood	Child's Reunification Home
1	Redwood	Probation
1	Rock	ADOPTED
2	Rock	Child's Reunification Home

NON IVD COLLECTIONS

May 2024

PROGRAM	ACCOUNT	TOTAL
MSA/GRH	05-420-605.5803	2,033
TANF (MFIP/DWP/AFDC)	05-420-610.5803	25
GA	05-420-620.5803	1,295
GA County Burial Recovery	05-420-620.5804	11,855
FS	05-420-630.5803	573
CS (PI Fee, App Fee, etc)	05-420-640.5501	1,448
MA Recoveries & Estate Collections (25% retained by agency)	05-420-650.5803	20,126
REFUGEE	05-420-680.5803	0
CHILDRENS		
Court Visitor Fee	05-431-700.5514	0
Parental Fees, Holds	05-431-710.5501	7,843
OOH/FC Recovery	05-431-710.5803	1,504
Social Security Recovery	78-431-710.5803	8,218
CHILDCARE		
Licensing	05-431-720.5502	0
Corp FC Licensing	05-431-720.5505	1,543
Over Payments	05-431-721&722.5803	0
CHEMICAL DEPENDENCY		
SUD Assessment Fee	05-431-730.5504	2,124
CD Assessments	05-431-730.5519	1,623
Detox Fees	05-431-730.5520	5,704
SUD Treatment	05-431-730.5523	2,659
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	4
TOTAL NON-IVD COLLECTIONS		68,577

Daycare Modernization Project Link.

[Child Care Regulation Modernization / Minnesota Department of Human Services \(mn.gov\)](#)

2024 Public Health Statistics

	WIC	Family Home Visiting	MnChoices PCA Assessments	Managed Care	Dental Varnish	Refugee Health	LTBI Medication Distribution	Water Tests	FPL Inspections	Imm	Car Seats	COVID Vaccine Admin
'12 Avg	1857	48	15	187	81							
'13 Avg	2302	37	21	211	90							
'14 Avg	2228	60	25	225	112	6	30					
'15 Avg	2259	86	23	238	112	12	36					
'16 Avg	2313	52	22	265	97	12	27					
'17 Avg	2217	47	22	290	56	9	25					
'18 Avg	2151	50	22	324	23	4	18	128	48	57	19	
'19 Avg	2018	31	10	246	18	4	10	131	47	63	20	
'20 Avg	2008	27	8	224	-	-	6	129	34	21	7	
'21 Avg	1921	19	8	195	-	1	4	132	41	24	9	633
'22 Avg	1984	35	9	189	-	1	17	171	47	41	12	4
'23 Avg	2096	33	11	175	-	4	2	133	41	57	16	-

	WIC	Family Home Visiting	MnChoices Assessments	Managed Care	Dental Varnish	Refugee Health	LTBI/DOT Medication Distribution	Water Tests	FPL Inspections	Imm	Car Seats
11/23	2091	30	4	186	0	0	4	97	43	103	18
12/23	2106	24	8	214	0	11	5	95	37	52	32
1/24	2102	26	13	261	0	0	0	113	31	19	19
2/24	2092	42	11	281	0	9	4	110	27	63	8
3/24	2081	33	17	299	0	2	1	104	31	64	18
4/24	2104	36	14	292	0	10	1	103	38	70	19
5/24		30	14	264	0	26	18	109	26	57	18
6/24											
7/24											
8/24											
9/24											
10/24											
11/24											
12/24											



ROUND 2 OPIOID SETTLEMENT GRANT APPLICATION RECOMMENDATIONS TO SWHHS COMMUNITY HEALTH BOARD 5/15/2024-UPDATED ON 6.10.24

This funding round we had 21 applications, totaling \$851,681.09. The Opioid Settlement Funding Subcommittee has recommended three applications be fully funded and four applications to be partially funded. Below is a summary of the recommended applications.

Organizations receiving partial awards will be asked to adjust their budget and workplan.

BROWN LYON REDWOOD RENVILLE DRUG TASK FORCE

Summary: Purchase mobile surveillance camera and video recording equipment to utilize during investigations.

Total requested amount: \$19,750.00

Amount recommended: \$19,750.00

Category: Criminal Justice

BUFFALO RIDGE DTF

Summary: Trace Detector equipment-will allow law enforcement to test unknown substances safer and faster for the safety of all person involved; law enforcement, emergency medical system, Drug Court, community members, schools. Results are received in a matter of seconds.

Total requested amount: \$17,690.67

Amount recommended: \$17,690.67

Category: Criminal Justice

MURRAY COUNTY CENTRAL SCHOOLS

Summary: Funding to implement Emily's Hope and This Is Not About Drugs curriculum in K-12. Purchase of curriculum, staffing time, training for educators, program materials, and evaluation/reporting. Request covers one additional day per week for Licensed Mental Health Consultant and Certified Trauma Specialist.

Total requested amount: \$24,537.00

Amount recommended: ~~\$12,268.00~~ \$24,537.00

Category: Prevention

PIPESTONE AREA SCHOOLS- LORI GUNNINK

Summary: Purchase of book One Choice and speaker, Becky Savage. The book will be utilized to implement tenth grade curriculum from 525 Foundation.

Total requested amount: \$9,550.00

Amount recommended: \$5,000.00

Category: Prevention

PROJECT TURNABOUT

Summary: Increase detox beds from 15 to 40, asking for 40% cost of beds. Overall \$3 million project.

Total requested amount: \$80,000.00

Amount recommended: \$80,000.00

Category: Treatment and Recovery

ROCK COUNTY SHERIFF'S OFFICE

Summary: Purchase of K9, training for dog and handler and equipment, including body armor and automatic door opener and body suit.

Total requested amount: \$73,400.00

Amount recommended: \$30,000.00

Category: Criminal Justice and Prevention

WESTERN MENTAL HEALTH CENTER

Summary: Hire and train Peer Recovery Support staff to expand SUD services, provide education materials and presentations to community groups and schools, and purchase suboxone educational materials, equipment and training.

Total requested amount: Proposed Total Budget: Year 1 = \$139,906.80 Year 2 = \$139,06.80 Year 3 = \$19,965

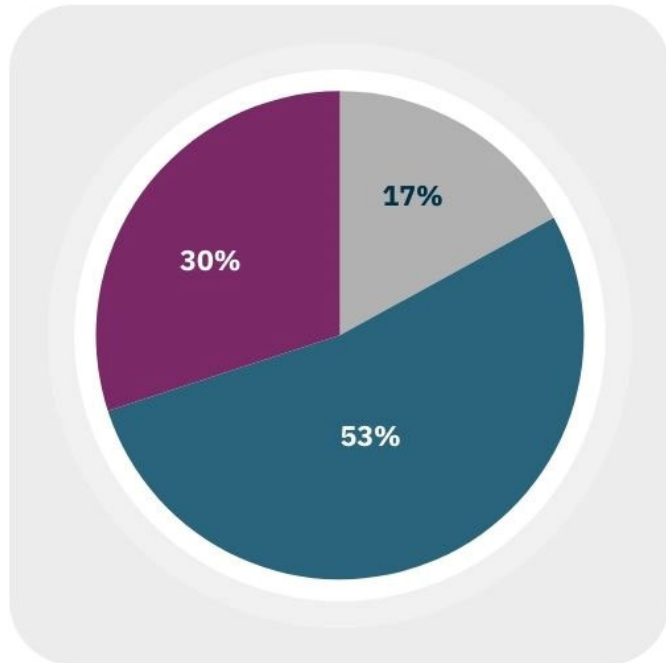
Amount Recommended: \$58,411.00 \$76,142

Category: Prevention, Treatment and Recovery

Round 2 Total Amount Available: \$223,119.00

Round 2 Total Amount Recommended: \$223,119.67

Round 2 Funding Recommendations May 2024





Public Health Strategic Plan

2024 - 2029

May 2024



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Acknowledgments

Public Health Staff

Ann Abraham, Public Health Nurse
 Ashley Gustafson, Health Educator
 Chris Hansen, Registered Sanitarian
 Deann Holland, Emerg Preparedness Planner
 Jessica Petersen, Public Health Nurse
 Michelle Salfer, County Program Specialist
 Wendy Crawford, County Program Specialist

Staff Interviewees:

Cassie Woitaszewski, Public Health Nurse
 Chad Cunningham, Registered Sanitarian
 Chris Tauer, Public Health Nurse
 Christina Blomme, Public Health Nurse
 Christine Harmon, Registered Nurse
 Cody Rofshus, Public Health Nurse
 Dawn Jenniges, Registered Nurse
 Janet Bush, Registered Dietician
 Jenna Stephenson, Health Educator
 Kara Miller, Public Health Nurse
 Mavis Salfer, Health Services Program Aide
 Melissa Kidrowski, Public Health Nurse
 Melissa Van Hyfte, Health Educator
 Stephanie Holwerda, Public Health Nurse
 Sue Lingen, Social Worker
 Victoria Skorczewski, Registered Nurse

Supervisors

Amy Lueck, Public Health Nursing Supervisor
 Ann Orren, Community Public Health Supervisor
 Chelsea Self, Public Health Nursing Supervisor
 Jason Kloss, Environmental Health Manager
 Jen Nelson, Community Public Health Supervisor
 Kristin Deacon, Public Health Nursing Supervisor

Executive Team

Beth Wilms, Director of Health & Human Services
 Carol Biren, Public Health Division Director
 Chris Cauwels, IT Director
 Cindy Nelson, Social Services Division Director
 Lisa DeBoer, Director of Business Management
 Nancy Walker, Deputy Director

Board Members

Dan Wildermuth, Pipestone County
 Dennis Welgraven, Murray County
 Maydra Maas, Human Svcs Board Lay Member
 Steve Hauswedell, Lincoln County

Strategic Plan Facilitators

Jason Walker, SRDC Comm Development Director
 Nadya Bucklin, SRDC Development Planner

MISSION AND VALUES STATEMENT

Mission

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

Guiding Principles/Values

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.

INTRODUCTION

In late 2023 Public Health supervisors at SWHHS approached the Southwest Regional Development Commission (SRDC) to help them scope out a strategic plan process. Public Health was experiencing a significant staff shortage while also anticipating new funding to expand services and build capacity as an organization.

SRDC facilitators met with public health supervisors on October 10th and November 14th in 2023 to assist with determining the process and deliverables for strategic planning while also helping them brainstorm initial goals and action steps to address the immediate need for more public health nurses. After determining the scope, Public Health supervisors decided the SRDC would conduct the planning process.

Since not all staff would be available to attend large planning sessions, the first step in the strategic planning process was to interview 16 frontline workers in Public Health. SRDC facilitators conducted interviews in Pipestone on February 26, 2024, Redwood Falls on February 29, 2024, and Marshall on March 5, 2024. Interview responses were included in the brainstorming sessions with the large groups and the full record of staff interviews is included in **Appendix A**.

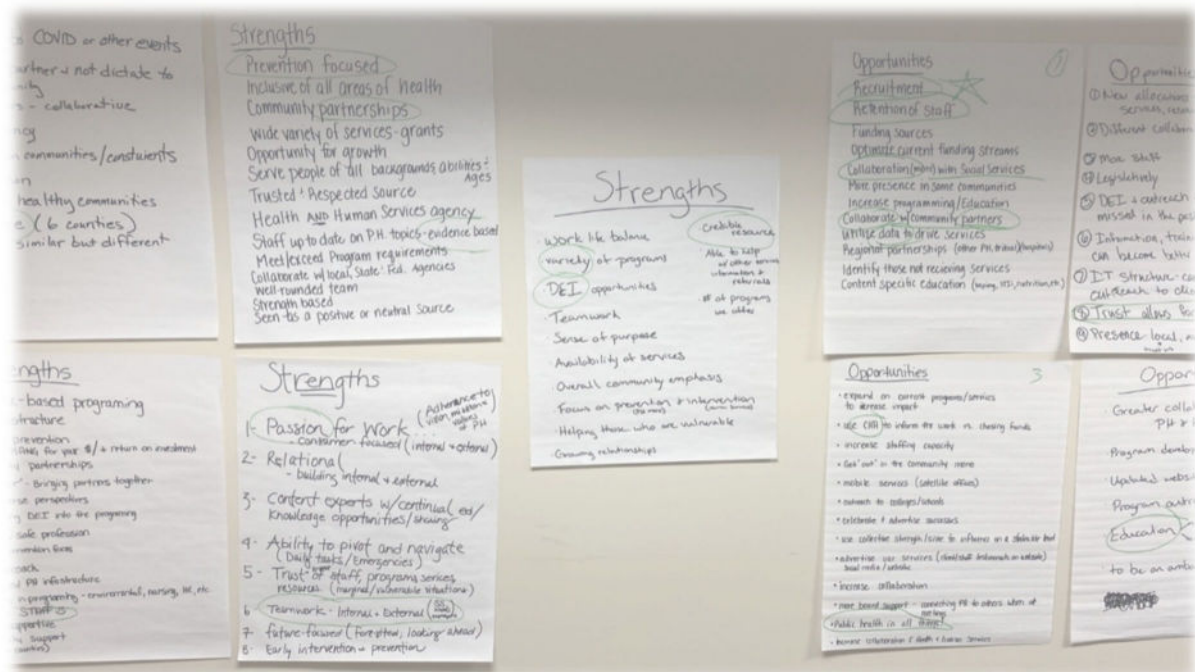
Board members, supervisors, and staff engaged in two large-group strategic planning sessions that resulted in two large goal areas with top-priority objectives under each area. Then each of those objectives has a detailed action plan for implementation.

The strategic plan includes these elements:

- Mission and Values Statements from the SWHHS Strategic Plan
- Situation assessment (Interviews and SOAR analysis)
- Detailed goals with action plans for each
- Appendix with public health staff interview responses

SOAR ANALYSIS

In March of 2024, SWHHS staff and board members were asked to participate in a Strengths, Opportunities, Aspirations, and Results (SOAR) analysis to get input on organizational strengths, opportunities, aspirations, and results. Data was gathered through input sessions and staff interviews. The staff involved in the interviews were not involved in the SOAR analysis directly, but their input was used to contribute to and confirm the outcomes of this analysis. A snapshot of the SOAR brainstorm session is listed below, along with some staff interview results.



Strengths

Internal

- Teamwork
- Passion
- Variety
- Diversity, Equity, Inclusion
- Great staff

External

- Teamwork
- Diversity, Equity, Inclusion
- Presence
- Response
- Credible resource
- Partnerships
- Prevention
- Trusted

Opportunities

Internal

- Recruitment/retention
- Collaboration with social services
- Information Technology and Artificial Intelligence
- Use Community Health Assessment and Community Health Improvement Plan
- Utilize data to improve services

External

- Collaboration with community partners
- Information Technology and Artificial Intelligence
- Reach more people with programs
- Education
- Expand trust
- Public health in all things

Aspirations:

Internal

- Increase/retain staff
- Diversity, Equity, Inclusion
- Sustainable and optimized funding

External

- Public Health is included in wider community and county planning meetings
- Diversity, Equity, Inclusion
- “Healthiest People in Minnesota”
- Stronger partnerships/collaborations
- Increase in mobile services/remote presence
- Seen as experts in community – sought out

Results

Internal

- Fully staffed/staff retention
- Staff Diversity
- Competitive wages/benefits
- Sustainable funding

External

- Established relationships/partnerships
- Increased physical and mental health outcomes – less preventable deaths
- Client satisfaction
- “Healthiest people in Minnesota”



STAFF INPUT - INTERVIEWS

Strengths:

- 1.) Internal Teamwork/good relationships
- 2.) Staff Training
- 3.) Customer Service
- 4.) Programs

Opportunities:

- 1.) Marketing
- 2.) Communications/onboarding
- 3.) Staffing
- 4.) Partnerships
- 5.) Service expansion

Aspirations:

- 1.) Marketing
- 2.) Service Expansion
- 3.) Software
- 4.) Partnerships
- 5.) Staffing

Results:

- 1.) Marketing
- 2.) Partnerships
- 3.) Service Expansion
- 4.) Staffing
- 5.) Software
- 6.) Communications

STRATEGIC PRIORITIES

Input from the staff interviews and two large group planning sessions informed the strategic priorities for Public Health over the next five years. Participants categorized their objectives into two goal areas with their respective objectives:

A. Workplace Excellence

- 1A. Provide high-quality education and training opportunities for staff.
- 2A. Improve staff recruitment and retention.
- 3A. Improve coordination and collaboration with internal partners.

B. Community Engagement and Collaboration

- 1B. Increase awareness of SWHHS Public Health work in the community.
- 2B. Identify new and enhance existing partnerships and levels of engagement.
- 3B. Increase and improve community presence.
- 4B. Enhance and expand services to best meet the needs of our communities.

Communication and Diversity, Equity and Inclusion (DEI) Goals

Most participants in the planning process identified having strong internal and external communications as key to success. Rather than having communication as a goal area, communications objectives are integrated into the two major goal areas listed above (A and B). Participants agreed that they should think through the lens of DEI in all their decisions about goals, objectives, and action steps. DEI should provide the framework upon which everything else is built.



Goal Area A: Workplace Excellence

Objective 1A: Provide high-quality education and training opportunities for staff.

Pressing Issue: Public health programs are ever-changing and we want staff to feel well-trained and prepared to implement high-quality services.

Most Accountable Person(s): SWHHS Public Health Supervisor Team

What will success look like?

Staff will feel competent in their duties and will feel supported.

How will we know we are making progress?

Staff will report higher satisfaction levels in reviews, surveys, and conversations with peers and supervisors.

Action step/task	Person(s) responsible	Timeframe/ Deadline	Status
Maintain multiple avenues for staff to receive training	PH Supervisors & Staff	Continuous	
Seek formal and informal input from staff at regular intervals about training/education needs	HR & PH Supervisors	Continuous	
Systematically document staff education and training	HR & PH Supervisors	Continuous	
Explore student loan or tuition reimbursement programs.	HR, Executive Team, and Board	1-2 years	

Objective 2A: Improve staff recruitment and retention.

Pressing Issue: Public health nursing positions are difficult to fill and retain.

Most Accountable Person(s): SWHHS Public Health Supervisor Team and HR

What will success look like?

When positions open, a diverse and well-qualified pool of applicants applies, and supervisors can hire during the first round. Staff are satisfied at work in Public Health.

How will we know we are making progress?

Staff will report higher satisfaction levels in reviews, surveys, and conversations with peers and supervisors. The number, quality, and diversity of applicants for open positions will increase.

Action step/task	Person(s) responsible	Timeframe/ Deadline	Status
Maintain flexibility at work and highlight it in communications	HR & PH Supervisors	Continuous	Maintain flexibility at work and highlight it in communications
Explore options to cover front desk support	Executive Team	1 – 2 years	
Continue to offer competitive benefits and highlight them in external events and communications	HR, PH Supervisors and Communications Specialist	Continuous	
Increase compensation to be competitive	Board, Labor Union	Annual evaluation	
Explore offering longevity incentives	Board & Executive Team	1 – 2 years	
Customize benefits package based on priorities or needs of the employees	Board, Insurance Committee	Continuous	
Partner with regional colleges and universities to strengthen and expand educational opportunities such as the SMSU RN to BSN program	HR & PH Supervisors	1-2 years; Continuous	

Objective 3A: Improve coordination and collaboration with internal partners.

Pressing Issue: Poor collaboration within the agency leads to gaps in services with the clients/partners we serve in the community.

Most Accountable Person(s): Agency-wide

What will success look like? Staff will report feeling knowledgeable about other services offered within the agency. They will work well together to ensure “no wrong door” for clients.

How will we know we are making progress? Staff are familiar with all services provided within the agency and referrals would increase.

Action step/task	Person(s) responsible	Timeframe/ Deadline	Status
Create presentations on the various programs offered and share through various platforms and communications	Head of each program	1-2 years	
Coordinate within the agency so that there is “no wrong door” for clients	Agency-wide	Continuous	

Goal Area B: Community Engagement and Collaboration

Objective 1B: Increase awareness of SWHHS Public Health work in the community.

Pressing Issue: “Public Health is more than just WIC.” Most of the public are unaware of the various programs that Public Health offers.

Most Accountable Person(s): Communications Specialist

What will success look like?

The public is aware of the work, sees the value, and supports it through volunteerism and advocacy to their elected officials.

How will we know we are making progress?

We will see an increase of referrals to Public Health programs and increased collaboration with community partners.

Action step/task	Person(s) responsible	Timeframe/ Deadline	Status
Create a communications plan for social media, outreach efforts, website, elevator pitches, presentations, etc.	Communications Specialist	1 – 2 years	
Create and implement an outreach plan to include tabling at job/health fairs, community events, community presentations, etc.	Communications Specialist	1 year, then ongoing	
Utilize data such as Community Health Assessment/Community Health Improvement Plan to determine priorities	PH Supervisors, Communications Specialist and staff	Continuous	
Create accessible outreach materials	Communications Specialist	2 years, continuous	

Objective 2B: Identify new and enhance existing partnerships and levels of engagement.

Pressing Issue: Most community partners are not aware of the various programs that Public Health offers.

Most Accountable Person(s): Agency-wide

What will success look like? Staff will work with a variety of partners at the appropriate level of engagement based on the roles that they play.

How will we know we are making progress? Community collaboration and engagement will increase.

Action step/task	Person(s) responsible	Timeframe/ Deadline	Status
Identify both current and potential_ partnerships and their level of engagement	PH Supervisors and staff	1 year	
Explore ways to enhance and improve partnerships	All staff	Continuous	
Schedule outside agencies and partners to present to Public Health staff	Head of each program	Continuous	

Objective 3B: Increase and improve community presence.

Pressing Issue: Public Health is not as accessible as it could be in the community.

Most Accountable Person(s): SWHHS Supervisor Team

What will success look like? Staff are embedded in partner organizations, and they work from additional office or mobile locations.

How will we know we are making progress? All communications follow branding design, and staff are seen regularly in public for outreach events and to provide services.

Action step/task	Person(s) responsible	Timeframe/ Deadline	Status
Create and maintain a Public Health brand	Communications Specialist	Ongoing	
Explore need to embed staff with community partners	PH Supervisor Team	2 – 3 years	
Attend community events such as health fairs and career days	Communications Specialist	Ongoing	
Perform a needs assessment of office locations and/or satellite mobile units and hours of service	PH Supervisor Team	2 - 3 years	

Objective 4B: Enhance and expand services to best meet the needs of our communities.

Pressing Issue: There are gaps in services in the service region.

Most Accountable Person(s): SWHHS Public Health Management

What will success look like? Services will be tailored to the needs of the community.

How will we know we are making progress? We are utilizing the Community Health Assessment to drive services.

Action step/task	Person(s) responsible	Timeframe/ Deadline	Status
Use Community Health Assessment and Community Health Improvement Plan to prioritize services	PH Supervisor Team and staff	Continuous	
Explore funding opportunities to address rising issues and address top Public Health needs	PH Supervisor Team and Communications Specialist	Continuous	
Explore opportunities to integrate Public Health and Social Services from a consumer lens	PH Supervisor Team and Executive Team	Continuous	

Implementation and Communication of Plan

The 2024-2029 strategic plan is a living document. Embedding regular review of the goals, objectives, and action steps into regular unit, supervisor, and board meetings will ensure that this document helps the organization continue to make progress toward its mission. Time and resources are limited. This strategic plan will help make the best use of both.

Linkages

SRDC staff borrowed some of the formatting, along with the mission and values statement from the SWHHS Strategic Plan. This Public Health Strategic Plan complements and sometimes repeats goals and actions from the SWHHS plan, but it maintains a strong focus on what staff in Public Health can control. During strategic planning sessions, participants were asked to look at everything through the Public Health lens, while acknowledging that they were part of a larger organization. The Public Health Plan is linked to the SWHHS Strategic Plan. It is also linked with the Community Health Improvement Plan (CHIP) and the Performance Management Plan.



Appendix A – Interview Responses

What is SWHHS Public Health doing well?
Programming – WIC program is great. They have good outreach, speed and outcomes. The vaccine program works well. They work with schools and other key partners and are good at reaching those without a lot of resources.
We serve our clients really well. Good at connecting clients and answering their questions.
People get along well and have good teamwork. Staff have a good rapport with clients and provide high-quality customer service.
Everyone is really friendly and tries to help everyone that comes in. We try to meet their needs where we can and help them find other resources if we can't.
Feels like they have a good variety of programs. There's good training for the staff.
The programs operate well and provide awesome services to our community.
DEI (Diversity, Equity, Inclusion) trainings are great because they help us be better about meeting clients where they're at. We get to know our biases and how to put them aside to better serve people in our community. Public health is also doing a new community survey to assess community needs. It's great that they're thinking ahead into the future and taking into consideration the changing needs of the community.
SWHHS public health has lots of programs and does all of them well.
They have the DEI programs that have been good, identifying the issues that have been going on. They are required, which is beneficial for everyone. The Marshall facility is nice, and we have regular meetings with each other. People bring many different viewpoints and ideas.
Customer service is good at meeting needs. Making sure there's always someone available. Communication amongst employees is good overall. Very organized with planning during the pandemic.
Our environmental health and inspection programs are done on time and we all work well together as a team. Good about getting information and licenses to people in a timely manner. Good about answering questions.
Providing a variety of programs in the communities we serve.
We work well as a team. While we are short-staffed, we are covering everything the best we can so there's no interruption in services.
Doing well with working on community engagement. Focused on the CLT teams. Received good training on Public Health when she first started.

I'm impressed with how well they communicate with staff. I feel I'm informed about exactly what I need to know. I'm given all the tools to be successful.

We continue to fulfill program needs despite not being fully staffed. Good customer service and responsiveness to community needs. We support our employees and are good at leveraging the services of our partners.

What aspects of your work do you like the most?

Enjoys the positive work environment and the public health team. Everyone gets along well and the staff are a wealth of knowledge. Great working with people who are passionate about public health. People here smile and it's nice to see happy faces.

Enjoys working with the families. A key reason to work for public health is getting to engage in communities and stay with families over a long-term period of time. Getting to watch kids grow and develop. A lot of programs so the work stays "fresh." Gets to do something different every day.

Likes being trained in on coordinating services and case management with the nursing home. Enjoys being a resource to people. Likes the good benefits and the flexibility of the job.

Being able to go out and meet members. Helping them find the answers that would help them best meet their needs.

Works with a great group of people, and the opportunity for trainings is great. One of the best parts is getting to work with the clients.

Likes doing preventative work vs reactive. Likes helping people and providing services for them.

Likes working with people and being more hands-on. Gets to work with the refugee population, immunizations, tuberculosis, disease prevention and control, and case management for health plans in nursing homes.

Likes being able to help people. Does lots of CTC (child and teen check-ups) calling, and it's a really good feeling when those make a difference.

Works a lot with WIC and MNChoices. Loves to hear about the families and their lives and being able to help with food, clothing, and education. We are not only helping clients, but helping them be successful in the community.

"I love working with families. A lot of them have a great need for education, resources and I get to direct families to those resources. "Happy that she gets continuous training and educational opportunities.

"I like the variety. I have days where I'm doing lab work. Other days I'm doing inspections or out in the field in other ways." The flexibility is great.

"I love educating clients. There's so much gratification in that so they can live healthier lifestyles."

"I am big into the education piece of it." I love the lactation consultations. I love the longevity of the clients that you see.

Enjoys the opportunities for professional development and engagement with community partners.

Loves connecting with people about programs and working with kids. Meets people she normally wouldn't.
Likes being proactive vs reactive. Likes positive local interactions. Likes being a champion for plans and strategies that promote public health and likes working with data that supports the work.

What would you improve about the organization concerning Public Health work?
Market the programs better. Didn't know much about public health programs before beginning work with PH. Example: Advertise the car seat program better. Get resources out into the community better.
Need to improve staffing numbers, especially in nursing. "We can't keep people." Lack of structure in the programs we run. There's not a set procedure or policy for many of the programs we run. Just doing what the last person said to do. It would be nice to have a common set of guidelines/procedures in the Sharepoint.
More public services announcements and community education. People only think of WIC. We are not just for "income eligible" clients.
Getting the word out on what programs are available to people in the community. All programs should be addressed and advertised better. There's information about some but others don't have as much information.
More community outreach should be done, so more people know about us and about the programs we offer – maybe doing booths at events, being in parades, etc. Getting out there and making ourselves known.
We should make all of our services available throughout the six counties. Everyone should have access to immunizations in all counties, to cut down on issues that arise such as transportation. SWHHS public health can also improve on being more visible and more noticed in our communities. Many people don't know about the car seat program.
Restrengthen community partnerships. SWHHS public health really had a good handle on that pre-Covid and had partnerships with different clinics, hospitals, schools, and businesses. These partnerships are now weak. Staff turnovers are also increasing, whereas it used to be people stayed at jobs for longer, so it was easier to keep up partnerships. The website could also be improved, with more resource links. Social media should focus more on other services – not just WIC, and just in general have more information about our programs.
Public health should have more of the programs that are needed, such as mental health and dental health – those are big needs in the community that SWHHS public health doesn't focus on as much and doesn't have much funding for. Communication between the counties could be improved. Not all counties are always in the know about what's happening in other counties. The services provided should be the same in all counties.
A lot of programs have changed, but it's driven by needs in the community. We used to write more grants to help clients and it would be nice to do more of that again. Excited about a new communications person that will be hired. Alleviate the staff shortage.
A lot of the retention issues surround low pay. A nurse with 10 years of experience who is NOT in public health will come in and have to start at the beginning. Is there a way to credit their experience?

Happy in the EH environment. Not much to improve from his perspective.
Advertisement. So many programs that the community doesn't know about that we offer. When I started, all I knew about was WIC."
Being fully staffed would be nice. Increase pay to increase staff retention. Lactation for the population that we serve does not get a lot of attention. When families have issues, not a lot of services for those uninsured. Has to be out of pocket. Have classes for lactation, and childcare, not just during WIC consultations.
Need to raise more awareness about our programs. Need to improve communications with all stakeholders, internally and externally.
The SharePoint page is a "cluster." Onboarding was a little rough and could be streamlined -- especially with systems that everybody uses.
"I wish that we could have more clout." Need better ways to serve and connect with non-English speakers.

How can Public Health better serve its communities?
Market available programs better such as about dental resources and car seats. Increase awareness about income guidelines
Provide pregnancy and STD testing services and explore other potential services. Get the word out better to families. "They only know us for WIC." Also, better referrals to partners and vice versa. Another item to note—Rock County is struggling a lot with suicides and mental health. Mentioned several suicides in the last couple of years.
Offer the flu shot to everyone, not just those without insurance.
Offer patients the option to sign things electronically. Also having a texting option would make communication easier for many patients. Additionally offering remote care options – like telehealth. Has heard requests for all these things from the community.
By being more involved in the community – finding out the community's needs and advertising the services that SWHHHS public health offers.
Should provide all services in all counties or provide transportation for them to get there.
Public Health needs to see what the community needs and wants. They also need to have a navigator for MA (Medical Assistance), because it's overwhelming for people to navigate on their own.
Public health can help more in the mental health and dental health areas.
Sometimes public health nurses are doing tasks that could be done by someone with less education. Improve the referral process for dental care. We need to be out in the communities educating about vaping, diabetes, blood pressure, car seats, etc. "Get our feet out in the dirt and out in the community."
Need to do more outreach on what we do. Get into the clinics and the hospitals.
With environmental health, did not see many needs for improvements.
Get out in the community and form partnerships. Have event days, however, that may be defined. Tabling, booths, etc.

The non-English speakers need a dedicated health interpreter, especially for Spanish and Karen. Offer current staff the ability to become an interpreter.
Send the message that we are accessible and we won't judge you.
Marketing would be good. Everyone should know what the "Public Health Brand" is that needs it. Facebook posts are "clunky" looking.
Find a way to offer mental health services. Need to find a way to address transportation needs in the region. Work on the social determinants of health.

What goals or action steps should be included in the five-year strategic plan?
Increase funding and resources for marketing efforts. Create a measurable goal to increase presentations to the local senior center, the clinic, and other groups.
Have an in-person interpreter for some events or home visits. Create an awareness-raising campaign.
Change the winter weather policy that requires people to use vacation time if they cannot drive into work due to weather. Need more outreach with MinnWest as a partner, "it's right across the street." Educate the local clinics about the programs we offer.
Find a way to get the word out on what's available, and how to access it. Also, to educate other staff on all of the programs available, so they can help refer people if needed.
Mental health is a major issue. There are programs, but maybe there should be more programs, or they should be more well-known in the community. SWHHS public health should work more on making these services known in the community.
Focusing on education and prevention services surrounding mental health, and marijuana, tobacco, and vaping programs. Improving communication with all of our communities and within public health – so the employees know what to do with different information and policies as they arise.
Plans for keeping up with technology, like using texting for appt reminders. Video DOT (Direct Observation Therapy) has finally been established and has made it easier and more efficient for the employees. Public health needs to do more of this – using technology as much as possible to save money and time. There should also be a focus on Staff retention to be able to keep all of the public health programs.
Finding out what the clients and community needs and making a plan to follow through. Also to make sure all employees feel valued.
Hire bilingual staff. Utilize PH Nurses for their skills and have others handle the tasks that don't need their qualifications. Get an aide to do other tasks, for example, when the nurse is doing the WIC appointment.
More Outreach activities such as job fairs, county fairs, clinics, hospitals, and human services.
Create a plan to engage the community around legalized cannabis.
More events in the community. Be realistic about expectations.

Hire and/or train interpreters or bilingual nurses. Increase compensation for nurses.
Evaluate the public perceptions of public health and find what the community wants to hear about, have, or learn. Improve health literacy -- assess and improve, which feeds into health equity.
Create an instructional design for step-by-step onboarding processes to the organization and to different programs. Organize the Sharepoint dashboard.
Recruit staff that are bilingual or offer language training to current staff.



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March 08, 2024 at 11:00 AM CST

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Updated Date
Jun 20, 2024 (1)

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Jun 17, 2024

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SOUTHWEST HEALTH AND HUMAN SERVICES
ADMINISTRATIVE POLICY NUMBER 7

EFFECTIVE DATE: 01/01/11

REVISION DATE: 06/20/18; [06/26/2024](#)

AUTHORITY: Southwest Health and Human Services Joint Governing Board

- - - INVESTMENT POLICY - - -

Section 1 - Purpose

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 Governing Board shall be bound by this policy unless specifically exempted by the Southwest Health and Human Services Governing Board through resolution. These funds are accounted for in the agency's annual financial report and include General Revenue Funds.

Section 2 - Investment Objectives

It is the policy of the Agency to invest public funds in a manner which provides for the following in order of importance: Safety, Liquidity, and Return on Investment (Yield), while conforming to all federal, state and local regulations governing the investment of public funds. All investments purchased by the Agency are expected to be held until maturity. The Agency will invest in securities that match the Agency's operational, short-term and longer-term core reserve needs.

- a. Safety
Investments of the Agency shall be undertaken in a manner that seeks to ensure the preservation of principal in the overall portfolio. The objective will be to mitigate credit risk and interest rate risk.
 - Credit Risk – the risk that an issuer of an investment will not fulfill its obligation to the holder of the investment. This is measured by the assignment of a rating by a nationally recognized statistical rating organization. It is the Agency's policy to invest only in securities that meet the ratings requirements set by state statute.
 - Interest Rate Risk – the risk that changes in the market interest rates will adversely affect the fair value of an investment. The Agency's policy is to minimize interest rate risk by: (1) structuring the investment portfolio so that securities mature to meet cash requirements for ongoing operations, thereby avoiding the need to sell securities on the open market prior to maturity; (2) investing operating funds in shorter-term securities, money market mutual funds, or similar investment

SOUTHWEST HEALTH AND HUMAN SERVICES
ADMINISTRATIVE POLICY NUMBER 7

pools; and (3) limiting the average maturity of the portfolio in accordance with the Agency's cash requirements.

- Custodial Credit Risk – for deposits is the risk that in the event of a financial institution failure, the Agency's deposits may not be returned to it. The Agency has adopted a policy for custodial credit risk of obtaining collateral or bond for all uninsured amounts on deposit and obtaining necessary documentation to show compliance with state law and perfected security interest under federal law.
- Custodial Credit Risk – for investments is the risk that, in the event of the failure of the counterparty to a transaction, a government will not be able to recover the value of investment or collateral securities in the possession of an outside party. The Agency's policy to eliminate investment custodial credit risk by permitting brokers that obtain investments for the Agency to hold them only to the extent there is Securities Investor Protection Corporation (SIPC) coverage and excess SIPC coverage available or if the brokers otherwise comply with the requirements of Minn. Stat. § 118A.06.
- Concentration of Credit Risk – the risk of loss that may be caused by the Agency's investment in a single issuer. It is the Agency's policy to minimize this risk by diversifying the investment portfolio so that the impact of potential losses from any one type of security or issuer will be minimized.

b. Liquidity

The Agency's investment portfolio will remain liquid to enable the Agency to meet all operating requirements as reasonably anticipated. A portion of the portfolio may be placed in money market mutual funds or local government investment pools, which offer same day liquidity for short-term funds.

c. Return on Investment (Yield)

The Agency's investment portfolio shall be designed with the objective of attaining a market rate of return. The core of investments is limited to low-risk securities in anticipation of earning a fair return relative to the risk being assumed. Securities shall generally be held until maturity with the following exceptions:

- A security with declining credit may be sold early to minimize loss of principal.
- A security swap would improve the quality, yield, or target duration in the portfolio.

**SOUTHWEST HEALTH AND HUMAN SERVICES
ADMINISTRATIVE POLICY NUMBER 7**

- Liquidity needs of the portfolio require that the security be sold.

d. Trading

Portfolio purchases will focus on holding investments until maturity to maintain securities at amortized cost. Excessive investment portfolio turnover commonly referred to as “trading” or “overtrading” to obtain short-term gains is not consistent with the Agency’s stated investment objectives and is prohibited.

Section 3 - Ethics and Conflicts of Interest

- a.** All officials and employees that are part of the investment process shall refrain from personal business activity that could conflict with proper execution of the investment program, or which could impair one’s ability to make impartial investment decisions. Also, the Lyon County Auditor/Treasurer shall disclose to the Southwest Health and Human Services Joint Governing Board any material financial interests in financial institutions that conduct business with Southwest Health and Human Services or the County, and they shall further disclose any material personal financial/investment positions that could be related to the performance of the Southwest Health and Human Services’ investment program.

b. Standards of Prudence

The standard of prudence to be used by the Lyon County Auditor/Treasurer shall be the “Prudent Person” standard and shall be applied in the context of managing the overall investment program. The Prudent Person standard states:

“Investments shall be made with judgment and care, under circumstances then prevailing, which persons of prudence, discretion and intelligence exercise in the management of their own affairs, not for speculation, but for investment, considering the probable safety of their capital as well as the probable income to be derived from the investments.”

Section 4 - Delegation of Authority and Internal Controls

- a.** Responsibility for the operation of the investment program shall be the responsibility of the Director of Business Management, by the establishment of this policy shall determine standards and procedures for the operation of the investment program. For the purposes of investments the Director of

Deleted: Fiscal Manager

Deleted: Fiscal Manager

SOUTHWEST HEALTH AND HUMAN SERVICES
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Business Management will confer with the Agency Director, Chairperson of the Southwest Health and Human Services Finance Committee, and Lyon County Auditor/Treasurer; these four shall constitute an informal investment committee that will meet to discuss investment strategy and decisions as needed. However, for practical application in Southwest Health and Human Services the Lyon County Auditor/Treasurer shall only make investment transactions at the direction of the Director of Business Management or Agency Director.

Deleted: Fiscal Manager

The Director of Business Management, Deputy Director, and Director are responsible for establishing and maintaining an internal control structure designed to ensure that the assets of the Agency are protected from loss, theft or misuse. The internal control structure shall be designed to provide reasonable assurance that these objectives are met. The concept of reasonable assurance recognizes that (1) the cost of a control should not exceed the benefits likely to be derived; and (2) the valuation of the costs and benefits requires estimates and judgments by management.

Deleted: Fiscal Manager

Accordingly, the Director of Business Management shall establish a process for an annual review of the procedures by the Finance Committee and an annual independent review by an external auditor to assure compliance with policies and procedures. The internal controls shall address the following points:

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Deleted: Investment

- Control of collusion. Collusion is a situation where two or more employees are working in conjunction to defraud the employer.
- Separation of transaction authority from accounting and recordkeeping. By separating the person who authorizes the recording of the journal transaction from the person who performs the purchase of the transaction, a separation of duties is achieved.
- Custodial safekeeping. Securities purchased from any bank or dealer including appropriate collateral (as defined by State law) may be placed with an independent third party for custodial safekeeping.
- Avoidance of physical delivery of securities. Book entry securities are much easier to transfer and account for since actual delivery of a document never takes place. Delivered securities must be properly safeguarded against loss or destruction. The potential for fraud and loss increases with physically delivered securities.

**SOUTHWEST HEALTH AND HUMAN SERVICES
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- Clear delegation of authority to subordinate staff members. Subordinate staff members must have a clear understanding of their authority and responsibilities to avoid improper actions. Clear delegation of authority also preserves the internal control structure that is contingent on the various staff positions and their respective responsibilities.

When investment transactions occur the [Director of Business Management](#) shall provide the Lyon County Auditor/Treasurer (and vice versa) with all of the data necessary to update the county's financial system.

Deleted: Fiscal Manager

Certificates of deposit will be stored in the Lyon County vault until maturity and will be available for inspection during regular business hours. Such certificates will also be subject to verification by the issuing bank at any time.

b. Reporting

The [Director of Business Management](#) shall provide a written investment report to the Southwest Health and Human Services Governing Board and Finance Committee at least quarterly. This report shall contain the following information:

Deleted: Fiscal Manager

- Size of investment portfolio, showing fund breakdown.
- Comparisons from previous reporting periods.
- Indications of current rates of return and maturities.
- Concerns for future investment transactions or cash management transactions.

In addition, the Lyon County Auditor/Treasurer may be asked to present information and or reports to Southwest Health and Human Services Governing Board upon request.

The investment portfolio will be designed to obtain a market average rate of return during budgetary and economic cycles, taking into account the Agency's investment risk constraints and cash flow needs. The Agency will have a portion of its cash funds earning interest or on deposit to reduce bank fees. The investment portfolio will be structured to meet specific criteria addressing safety, liquidity and yield.

The Agency's investment strategy is conservative. The [Finance](#) Committee, based on appropriate current indexes and yields reported by similar entities with similar restrictions on investments, will review market yields.

Deleted: Investment

c. Authorized Investment Institutions and Dealers

Southwest Health and Human Services will conduct investment transactions only with authorized broker/dealers that have met the following criteria:

**SOUTHWEST HEALTH AND HUMAN SERVICES
ADMINISTRATIVE POLICY NUMBER 7**

- They act as primary or regional dealers that qualify under Securities & Exchange Commission Rule 15C3-1 (Uniform Net Capital Rule).
- Submit annually to the Auditor/Treasurer a Minnesota State Auditor Broker Certification Form.

All broker/dealers relationships, providing they meet the above requirements, will be approved by the [Finance](#) Committee and maintained at the discretion of the [Director of Business Management](#) and Lyon County Auditor/Treasurer. The Agency will seek to diversify and allow for comparable quotes on investment transactions. The purchase of all investments must be from institutional brokers.

Deleted: Investment

Deleted: Fiscal Manager

d. Authorized and Suitable Investments

Based on the investment objectives as defined in section III of this policy, the Agency will limit its investments to the following types of securities:

- Savings accounts and time deposits at authorized depositories of Agency funds and collateralized.
- United States Securities including bonds, notes, bills, mortgages or other securities which are direct obligations or are guaranteed or insured issues of the United States, its agencies, its instrumentalities, or organizations created by an act of Congress. Mortgage-backed securities that are defined as high risk or in certificates of deposit secured by letters of credit issued by federal home loan banks are not permissible investments.
- General obligation bonds of state or local governments rated A or better by a national bond rating service.
- Revenue obligations of state or local governments rated AA or better by a national bond rating service.
- A general obligation of the Minnesota housing finance agency which is a moral obligation of the state of Minnesota and is rated A or better by a national bond rating agency.
- Certificates of Deposits (Time Deposits) that are fully insured by the Federal Deposit Insurance Corporation. For time deposits above FDIC coverage, collateral must meet the requirements of Section e.

**SOUTHWEST HEALTH AND HUMAN SERVICES
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- Bankers' acceptances of United States banks, eligible for purchase by the Federal Reserve System, that mature in 270 days or less. Evaluation of the financial strength of the accepting bank is necessary through purchasing acceptances only from banks with a minimum A (very strong bank) rating by a nationally recognized rating agency.
- Commercial paper issued by United States corporations or their Canadian subsidiaries that is rated in the highest quality category by at least two nationally recognized rating agencies and matures in 270 days or less.
- Money Market Mutual Funds which are rated Aa or higher, by at least one nationally recognized statistical rating organization, invests in securities with a final maturity no longer than 13 months, are generally government backed and do not have a floating Net Asset Value (NAV).
- The Minnesota Association of Governments Investing for Counties (MAGIC) is a local government investment pool that is a joint powers entity for the purpose of allowing Minnesota Counties and instrumentalities of Counties to pool their investment funds to seek the highest possible investment yield, while maintaining liquidity and preserving capital.
- Repurchase agreements consisting of collateral allowable in Minnesota Statute, section 118A.04, and reverse repurchase agreements may be entered into with any of the following entities:
 - (1) A financial institution qualified as a "depository" of public funds of the government entity.
 - (2) Any other financial institution which is a member of the Federal Reserve System and whose combined capital and surplus equals or exceeds \$10,000,000.
 - (3) A primary reporting dealer in the United States government securities to the Federal Reserve Bank of New York.
 - (4) A securities broker-dealer licensed pursuant to chapter 80A, or an affiliate of it, regulated by the Securities and Exchange Commission and maintaining a combined capital and surplus of \$40 million or more, exclusive of subordinated debt.

**SOUTHWEST HEALTH AND HUMAN SERVICES
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- Reverse agreements may only be entered into for a period of 90 days or less and only to meet short-term cash flow needs. In no event may reverse repurchase agreements be entered into for the purpose of generating cash for investments, except as stated in Minnesota Statute, section 118.05, subdivision 3.
- Securities lending agreements. Securities lending agreements, including custody agreements, may be entered into with a financial institution meeting the qualifications of Minnesota Statute 118A.05, subdivision 2, clause (1) or (2), and having an office located in Minnesota. Securities lending transactions may be entered into with entities meeting the qualifications of subdivision 2 and the collateral for such transactions shall be restricted to the securities described in section 118A.05 subdivision 3 and section 118A.04.

Diversification

Investments shall be diversified by:

- Limiting investments to avoid over-concentration in securities from a specific issuer,
- Limiting investment in securities that have higher credit risks,
- Investing in securities with varying maturities.

Appropriate asset diversification can help reduce the risk of loss resulting from the over-concentration of assets in a specific maturity, issuer, institution, or class of securities.

Maturities

The Agency shall structure the maturity of investments as follows:

- A majority of the Agency's reserve funds will be invested in securities maturing in ten years or less, with no more than 20% of the County's reserve funds being invested in securities maturing in more than ten years,
- Maturities will be diversified to avoid undue concentration of assets in a specific sector,
- Maturities selected shall provide for stability of income and reasonable liquidity. Because of the inherent difficulties in accurately forecasting cash flow requirements, a portion of the portfolio should be continuously invested in readily available funds such as local government investment pools, money market funds, or overnight repurchase agreements to ensure that appropriate liquidity is maintained to meet ongoing obligations.

e. Safekeeping and Custody

**SOUTHWEST HEALTH AND HUMAN SERVICES
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Eligible Institutions

Investments, contracts, and agreements may be held in safekeeping with:

- Any Federal Reserve Bank.
- Any bank authorized under the laws of the United States or any state to exercise corporate trust powers including, but not limited to, the bank from which the investment is purchased.
- Primary reporting dealer in the United States government securities to the Federal Reserve Bank of New York.
- A securities broker/dealer licensed under chapter 80A, or an affiliate of it, and regulated by the Securities and Exchange Commission; provided that the government entity's ownership of all securities is evidenced by written acknowledgements identifying the securities by the names of the issuers, maturity dates, interest rates, CUSIP number, or other distinguishing marks.
- The Agency's ownership of all securities in which the fund is invested should be evidenced by written acknowledgements identifying the securities by:
 - (1) The names of the issuers.
 - (2) The maturity dates.
 - (3) The interest rates.
 - (4) Any serial numbers or other distinguishing marks.

The Agency may not invest in securities that are both uninsured and not registered in the name of the Agency and are held by either the counterparty or the counterparty's trust department or agent, but not in the name of the Agency.

Public deposit shall be made in a qualified public depository as established by state laws.

Investment Advisors

The Agency may enter into contracts with third-party investment advisory firms when their services are deemed beneficial to the County. The advisor must comply with this Investment Policy and may have authority to transact investments on behalf of the Agency. The advisor may act on a discretionary basis if they are hired to provide transactional services on behalf of the Agency.

Collateral

In accordance with Minn. Stat. § 118A, the total amount of the collateral computed at its market value shall be at least ten percent more than the amount on deposit at the close of the financial institution's banking day, except that where the collateral is irrevocable standby letters of credit issued by Federal Home Loan Banks, the amount of collateral shall be at least equal to the amount on deposit at the close of the financial institution's banking day. The financial institution may furnish both a surety bond and collateral

**SOUTHWEST HEALTH AND HUMAN SERVICES
ADMINISTRATIVE POLICY NUMBER 7**

aggregating the required amount.

Collateralization will be required on the following types of investments:

- Certificates of Deposit (Time Deposits) and Demand Deposits in excess of FDIC coverage
- Repurchase agreements for investment held beyond 7 days
- Bank deposits held over FDIC coverage in each institution.

Collateral is limited to securities allowable pursuant to Minn. Stat. § 118A.03.

For cash deposits on hand, collateralization shall be in the form of specific securities with an active secondary market for the County held by an independent third party. The only exceptions are Federal Depository Insurance Corporation (FDIC), Securities Investor Protection Corporation (SIPC) and pre-approved insurance coverage.

In order to anticipate market change and provide a level of security for all funds, the collateralization level will be 110% of market value of principal and accrued interest. The underlying securities will be subject to periodic (monthly) market valuations to ensure there is no market exposure.

f. Policy Exceptions

The Finance Committee will review all exceptions to this investment policy.

Exceptions may include the following instances:

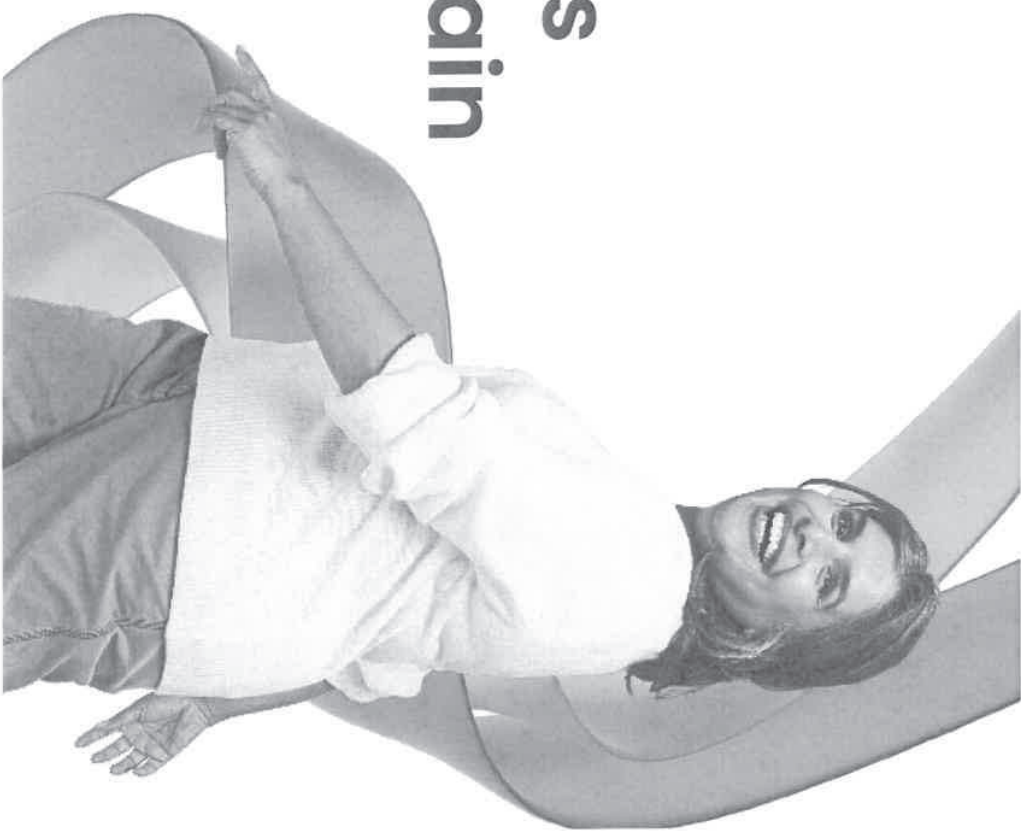
- A security whose rating falls below the minimum rating criteria specified in this policy will be reviewed within a reasonable time by the Finance Committee to determine the appropriate course of action. A security may be purchased if at least one rating meets the minimum ratings criteria set forth herein.
- Security and portfolio allocation limits will be determined at the time of purchase. If an asset class surpasses the appropriate allocation limit due to changes in portfolio composition, the Finance Committee shall be notified and will review the portfolio to determine what action, if any, should be taken.

Deleted: Investment



Get your members moving beyond pain

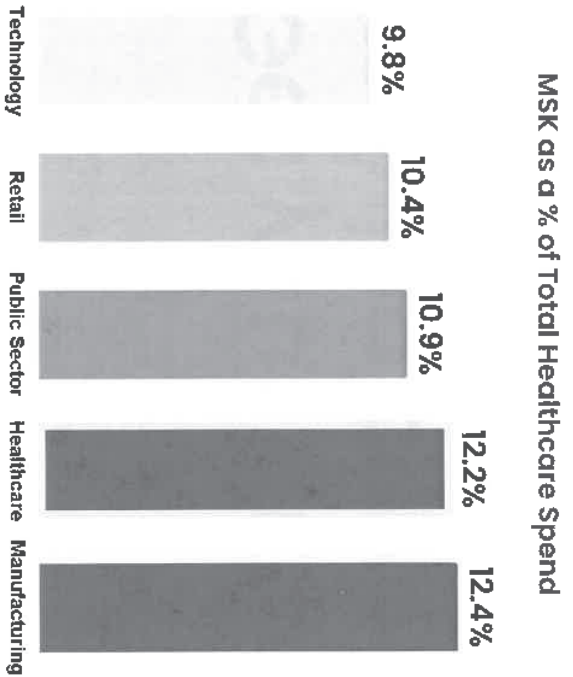
Improving body, mind, and
behavior through movement



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The figures

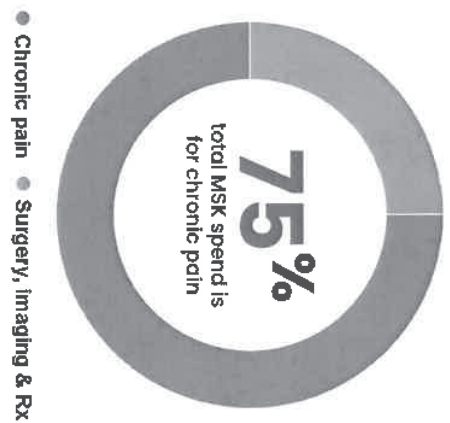
MSK cost for healthcare providers



Hinge Health book of business averages

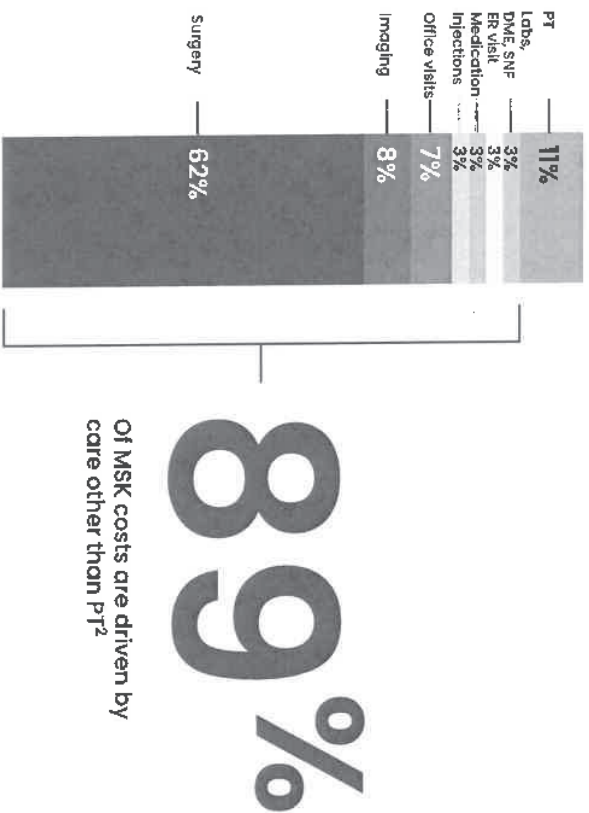
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A vast majority of employers say
MSK is the top claims spend



State of MSK report based on 2022 National Health Interview Survey data

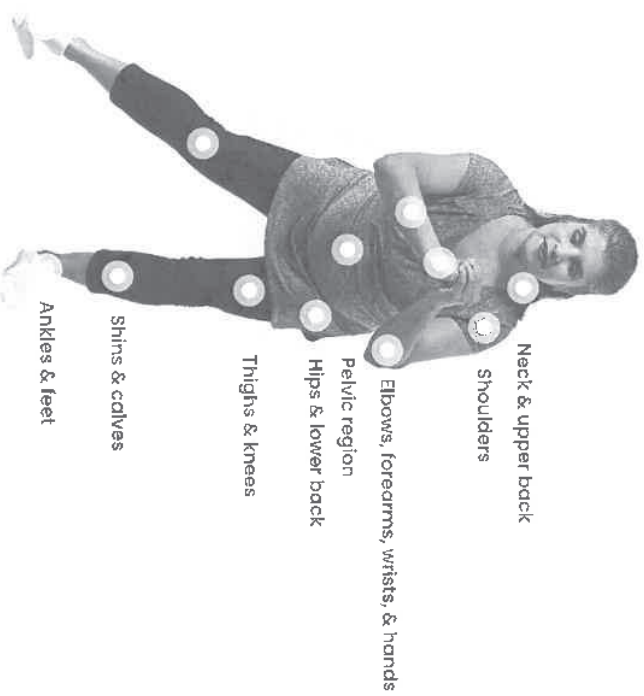
**MSK spend is rising 8% every year¹
and people are often getting
unnecessary care**



Sources: ¹Hinge Health internal analysis of commercial medical claims data, (2023); ²Hinge Health 2023 book of business claims data analysis.

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We are transforming the way pain is treated



Comprehensive joint and muscle care for every body



Transform the way pain is treated



Easy access

1:1 clinical support, guided exercises and education for all MSK conditions in one app



Clinical expertise

PTs, orthopedic surgeons and health coaches improve adherence and coordinate care



Specialized care

Non-addictive pain relief device, women's health specialists, pre-post surgery support



Third-party validation

Proven clinical and financial outcomes, vetted by health plans & PBMs

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The market leading solution

1 Million members treated

4 in 5 employers with a digital MSK solution choose Hinge Health

45+ health plans and PBMs choose Hinge Health

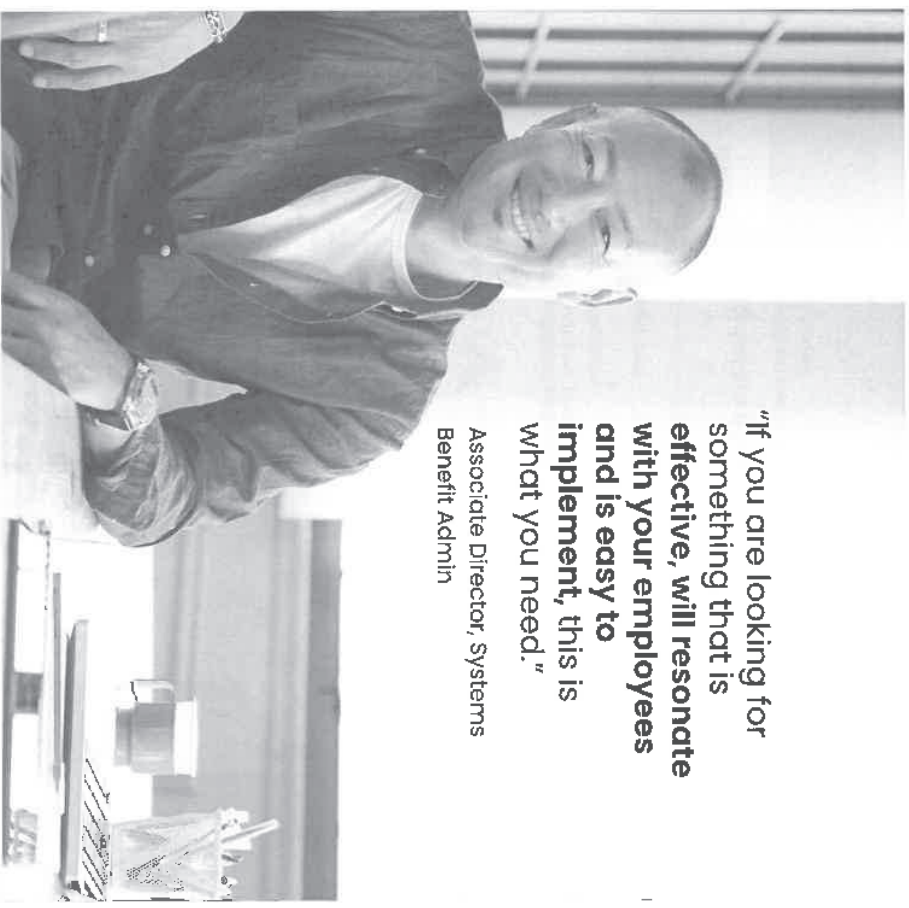
2.4X ROI validated by multiple 3rd parties

Sources: Hinge Health Book of Business Analysis 2023

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"If you are looking for something that is effective, will resonate with your employees and is easy to implement, this is what you need."

Associate Director, Systems
Benefit Admin



50 testimonials shared per day | 4.9 ★★★★★

Member experience



Engaging members, at the right time

1 Identification

Predict costs and care

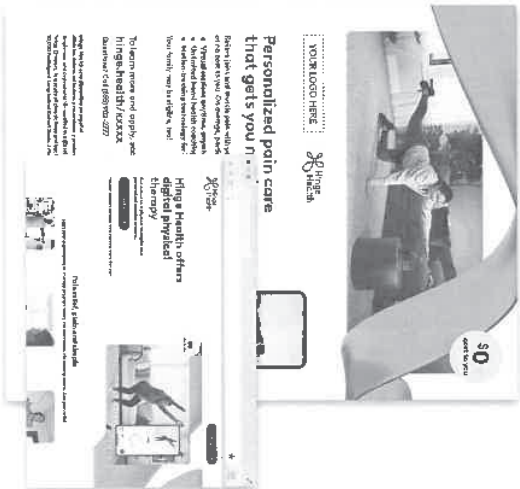


● Low-risk ● Medium-risk ● Rising-risk ● High-risk

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2 Awareness

Multi-channel program



3 Enrollment

Online clinical screener

Members enroll in clinically appropriate care

Program selection

What brings you here, Chris?

Select one program to get started with.



Muscle and Joint Pain

Care for muscles and joints from head to toe, whether your pain is mild or severe, recent or years old.

What muscles and joints do you treat?

Select



Women's Pelvic Health

Care for pelvic symptoms across the lifespan: pregnancy, postpartum, menopause, and everything between.

What are the pelvic health symptoms?

Type of pain

What type of pain do you need help with most?

We treat neck, back, shoulder, elbow, wrist, hand, hip, knee, ankle, and foot pain.

LONG TERM PAIN

You've had this pain for at least 3 months

Select

RECENT PAIN

This pain started in the last three months in result of an injury

Select

Focus areas

What pain do you want to focus on?

Select up to 3 areas.

Neck/Upper back



Low back



Shoulder

Elbow

Wrist



Hand

Hip

Knee

Ankle

Foot



Select activities

Tell us which activities are most difficult due to pain

Your exercises will help with these activities.

* Required

Which activity increases your low back symptoms most?*

Select one.



Bending over
E.g. lifting boxes, putting on shoes



Blking



Carrying heavy loads



Climbing stairs

03

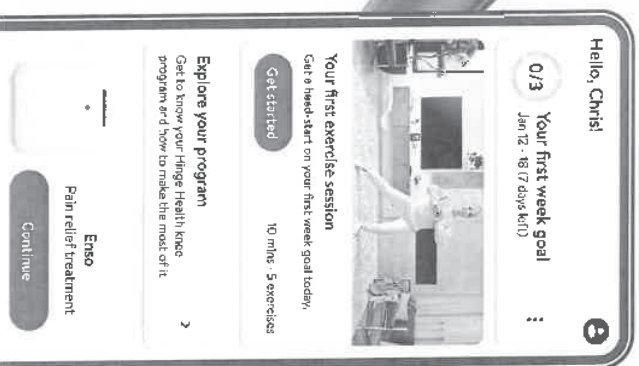
Live demo



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One comprehensive solution to effectively manage pain

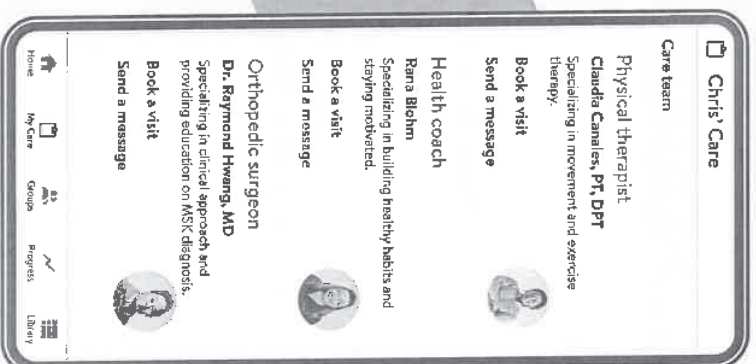
Easy access through one app



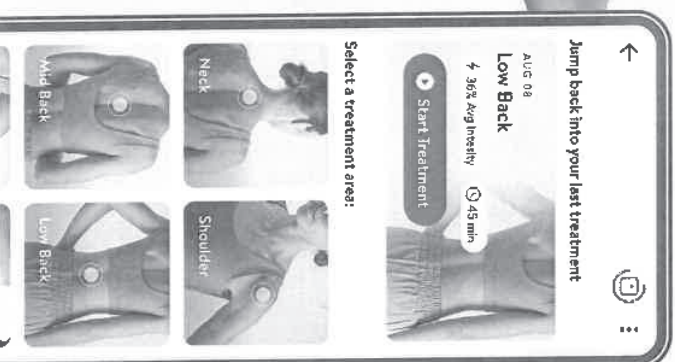
Guided exercises with motion tracking



PT-led expert care team



Non-addictive pain relief



04

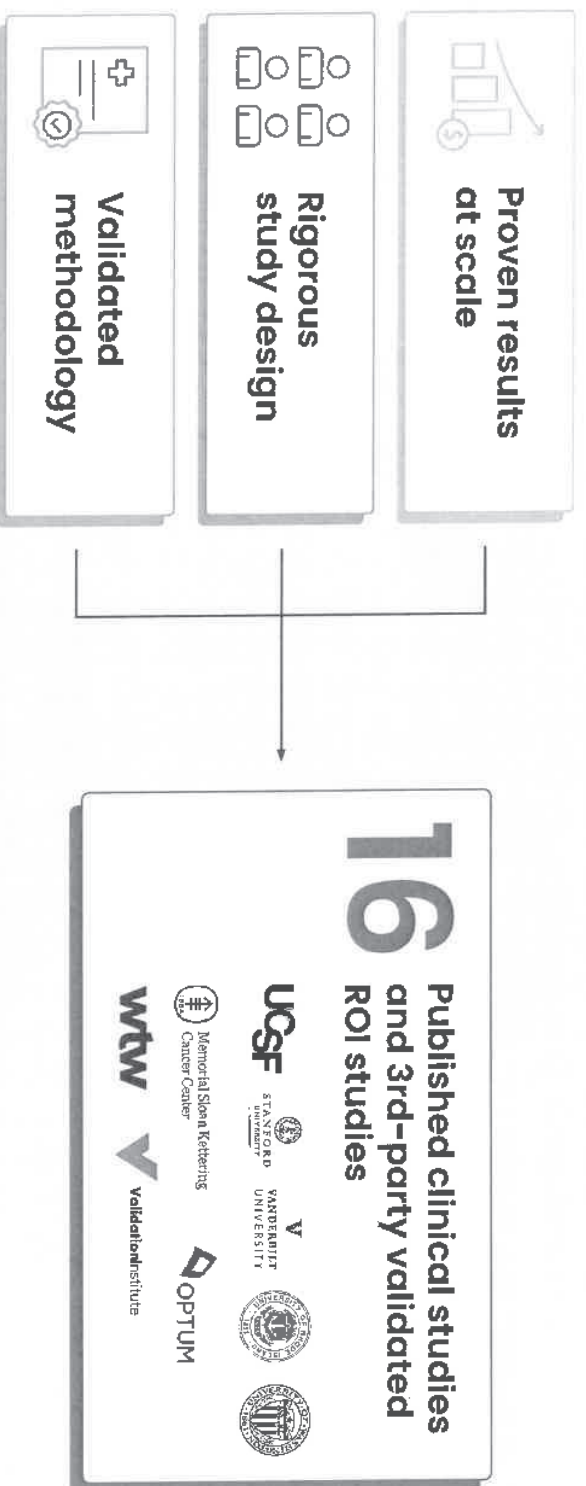
Clinical and financial outcomes



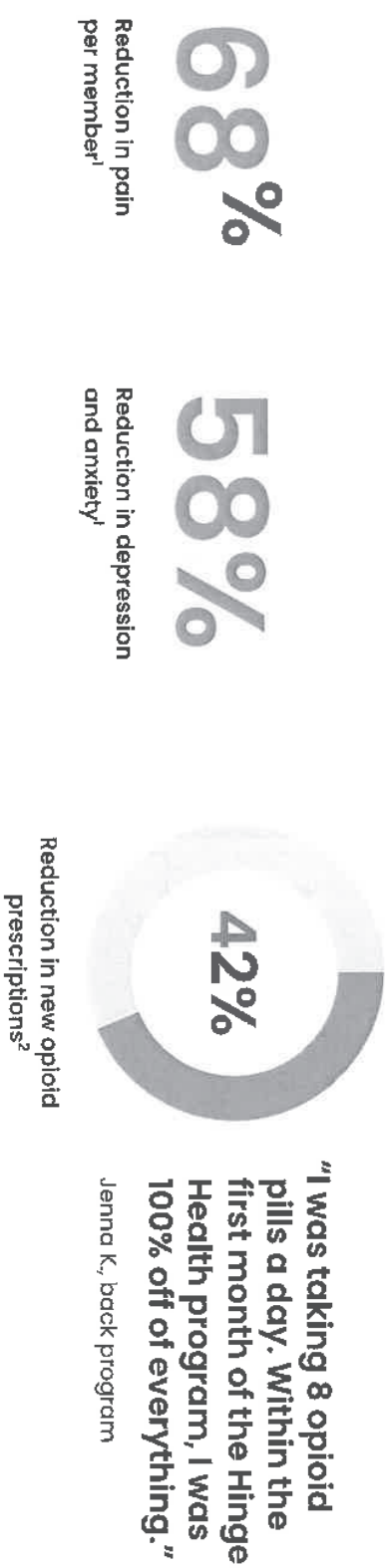
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Get the results you expect

Decoding what makes outcomes different



Clinically proven to reduce pain, avoid opioid prescriptions, and improve wellbeing



Source: ¹Bailey et al. (2020) 12-week digital care for chronic MSK pain. JGIM. (N=11,264). ²Wong et al. (2023). J of Pain Research. "Opioid initiation one year after a digital musculoskeletal (MSK) program: an observational, longitudinal study with comparison group."

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Medical analysis shows direct MSK claims savings

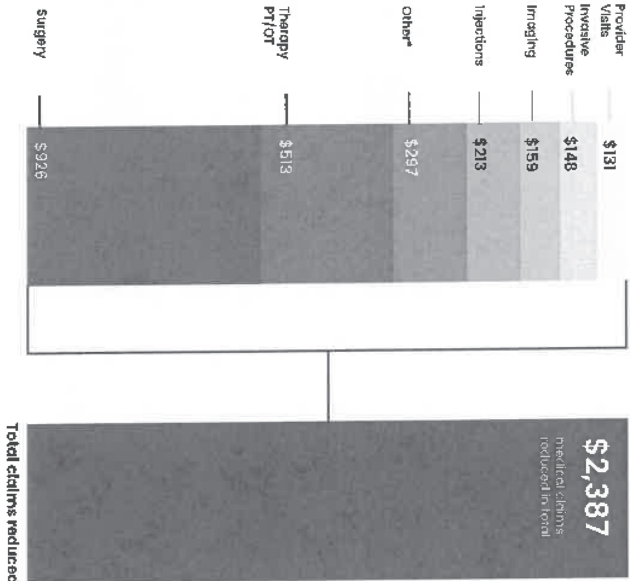
\$2,387 (2.4x ROI)

- Real-world population
8,000 participants, 136 employers, 46 industries
- Third party validated methodology
Blinded and independent data, control matched study

Source: 136 Employer Medical Claims ROI Study

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Hinge Health participants vs. control group savings per member by service type



Hinge Health annual projected engagement and savings

Program Engagement	
Total plan members	427
Annual participation	16
Reallocated Claims	\$13,685
Projected Impact & Savings	
Projected savings	\$40,160
Average savings per participant	\$2,510
ROI	2.93x



Hinge Health can help reduce spend and improve your members' health

Impact your MSK spend in the first year

Southwest Health and Human Services data:

427 total covered lives

\$234K 2023 MSK spend (10% of total medical spend)

\$40K Projected year 1 savings

2.93X Projected year 1 ROI

Preferred partnerships allow for a simple and easy implementation

- ✔ No separate contract needed
- ✔ IT security review already complete
- ✔ Billed as a claim through BCBSMN
- ✔ Integrations already established
- ✔ Eligibility data feeds already in place
- ✔ Implementation in as little as 60 days



Hinge Health's Predictable Pricing

			
Prevention At risk Free for entire member base	Acute Recent injury \$250 per participant/yr	Chronic High-risk \$995¹ per participant/yr➔	Surgery Pre & post rehab

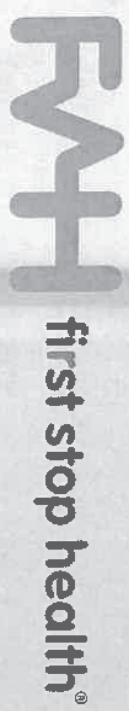
- Multiple indications at no additional cost
- Available 365 days
- Enso provided at no additional cost
- Proven medical claims savings
- FREE Expert Medical Opinion

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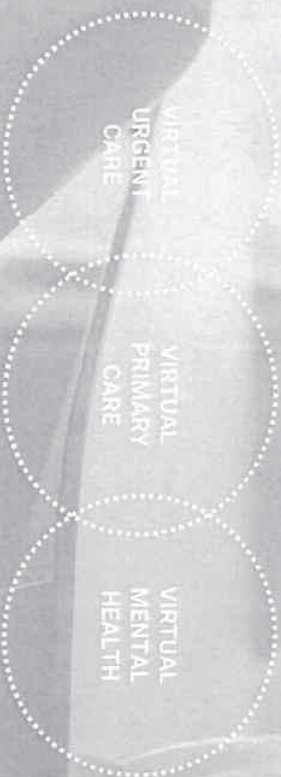
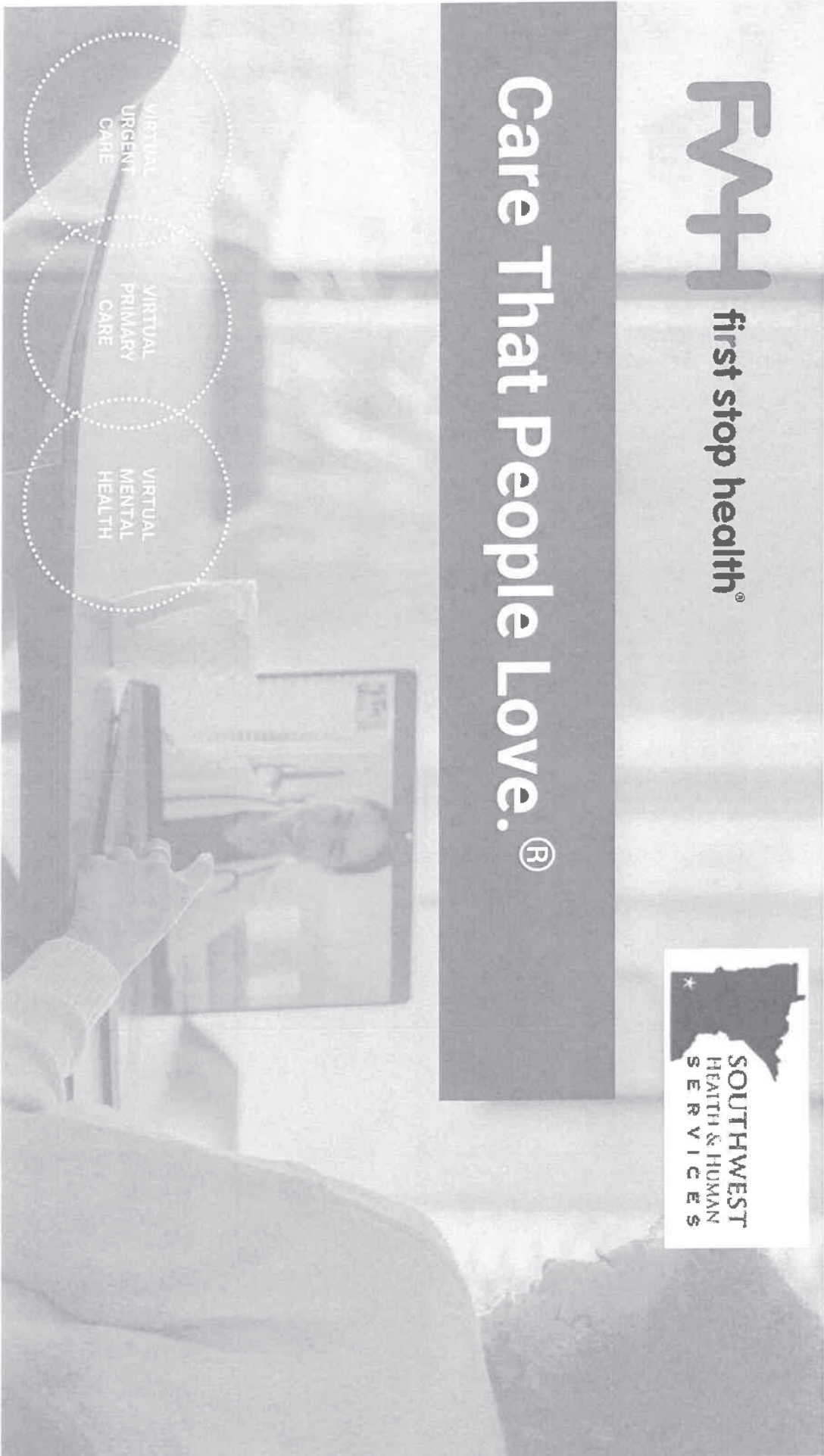
¹ Employer will never be charged more than \$995 per engaged participant in 365 days.

Thank you

Get in touch to get moving:
Nick.Palmer@HingeHealth.com



Care That People Love.®



Who We Are

Affordable, delightful, & equitable healthcare experiences through virtual care.

Healthcare the way it should be.

1.1K EMPLOYER-CLIENTS

MEMBERS NATIONWIDE

Inc. 5000 FASTEST-GROWING PRIVATE COMPANIES 2018-23

Inc. BEST WORKPLACES 2022-23



Our Vision



Make people measurably healthier



Ensure everything that CAN be done well virtually IS



Help patients move seamlessly between high-quality virtual and in-person settings



Save employers and patients money



Provide care that people LOVE

Clients



START your care with FWH first stop health®



Urgent Care

24/7 access to a virtual doctor for minor illness and injury. Connect in minutes via phone, app, or web. +79 Patient NPS.



Mental Health

Solution-focused counseling for things like anxiety, depression, stress, and substance use.

The FSH Difference

Custom Engagement	Industry-Leading Utilization	Amazing Patient Experience	Guaranteed Success
<ul style="list-style-type: none">▪ Custom, year-long marketing plans for each client (organized & funded by FSH)▪ Personalized messaging and outreach	<ul style="list-style-type: none">▪ 45% Virtual Urgent Care utilization (on average)▪ 28% Virtual Mental Health utilization (on average)	<ul style="list-style-type: none">▪ Access within minutes via app, website or phone▪ No Preregistration & No Visit Fees	<ul style="list-style-type: none">▪ 25% ROI Guarantee for Virtual Urgent Care services▪ Average 171% ROI

Removing Barriers to Access



LOCATION

Remove any geographic limitations and combat provider shortages.



MODALITY

Ability to offer visits via phone call or video via app or website with same speed of access.



LANGUAGE

Multilingual doctors or translators must be available.



ENGAGEMENT

Employee awareness campaigns should meet members where they are.



NO COST

Visits should be available at no cost with the option to add copays for members on HDHPs.



NO VISIT LIMIT

No cap on the number of visits to ensure members get the care they need.



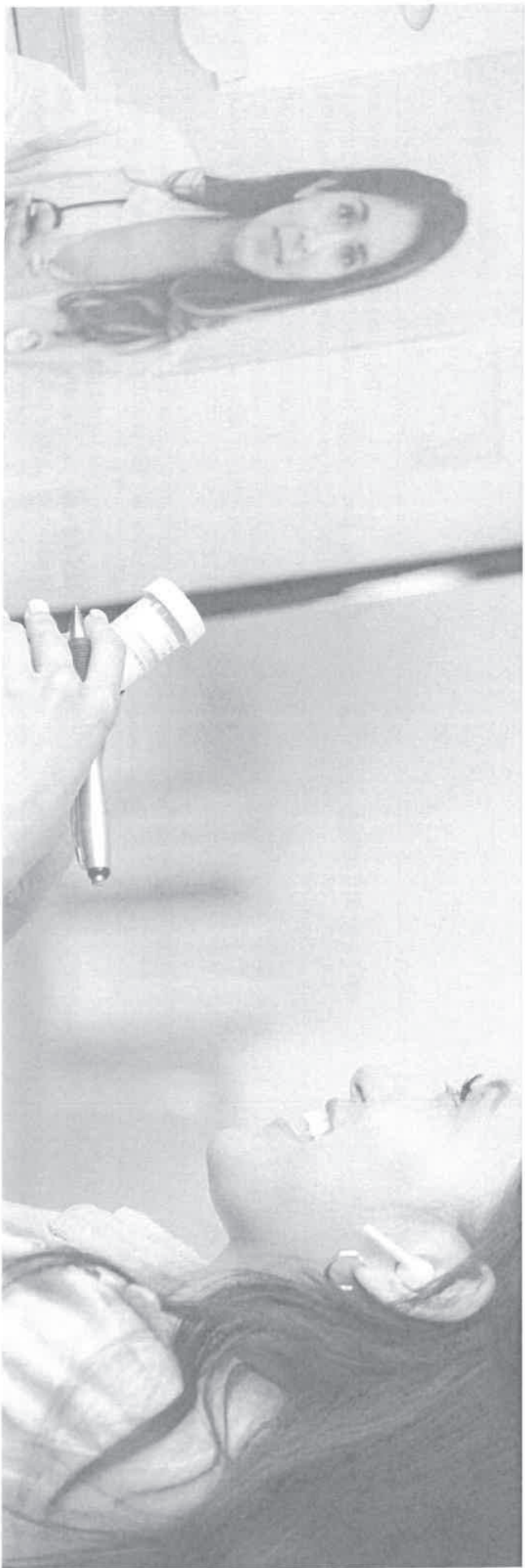
EMPLOYMENT STATUS

Access to full- and part-time employees, as well as employees not on the group health plan.



HOUSEHOLD

All families look different, and virtual care must look past the traditional definition of "household" .



Virtual Urgent Care

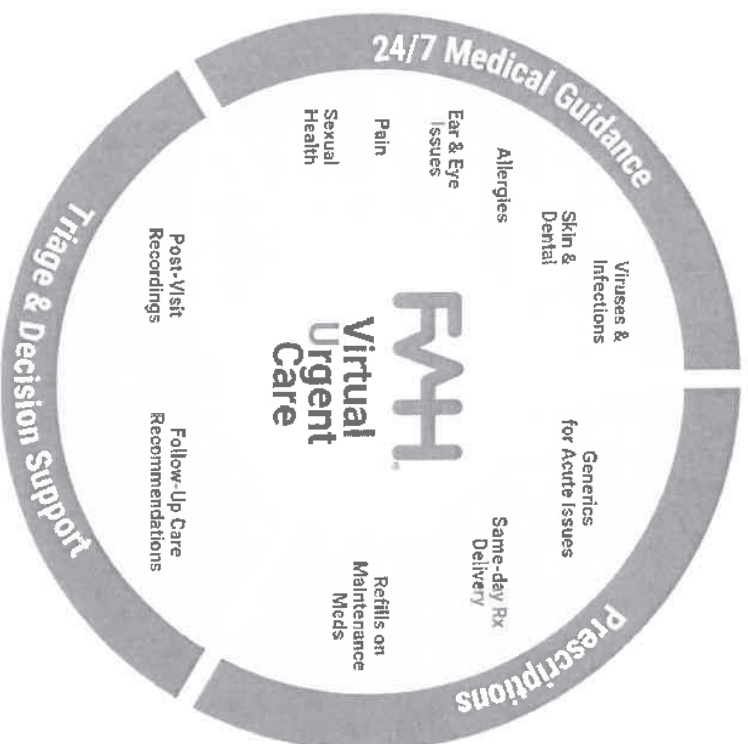
"The doctor was amazing. She took her time and educated me on my immediate issue and ways to prevent future problems.

I've never felt so seen or cared for by a doctor."

FSH vs. Embedded Telemedicine

CRITERIA	FIRST STOP HEALTH		EMBEDDED
	45% Average		<10% Average
Utilization: Traditional telemedicine programs typically achieve single digit utilization. First Stop Health averages >45%.			
Performance Guarantees: First Stop Health offers performance guarantees on utilization & ROI to ensure solution efficacy.	25% ROI Guaranteed		None
Value Based & No Claims: Other programs are usually fee-for-service, which means costs for every visit, less time with doctors, and uncapped financial outlay for client.	\$0/visit & No Claims		\$20-\$250/visit + Claims
Ease of Access: Embedded programs require lengthy pre-registration using health plan member IDs and often long-wait times before access to a doctor.	No Pre-Registration		Must Register
Engagement: All engagement efforts are fully funded, managed, and customized by FSH. We require no work from the client to ensure patients use the solution.	Paid for & Managed by FSH		Client Responsibility
Implementation: FSH prioritizes ease of implementation. We charge no start-up or management costs – ever. Required census detail can be customized.	Flexible & Free		Fees May Apply

Virtual Urgent Care



FMH first stop health™

24/7 Medical Care

Access to a network of doctors for on demand clinical recommendations, medical advice, and treatment plans.

Prescriptions

Treatment for acute issues like viruses and infections. Medication refills when you can't get to your doctor. Same day delivery in most major cities.

Triage & Decision Support

Advice for long-term support and immediate next steps when in-person care is needed.

\$0 Patient Copay

And no copay for dependents

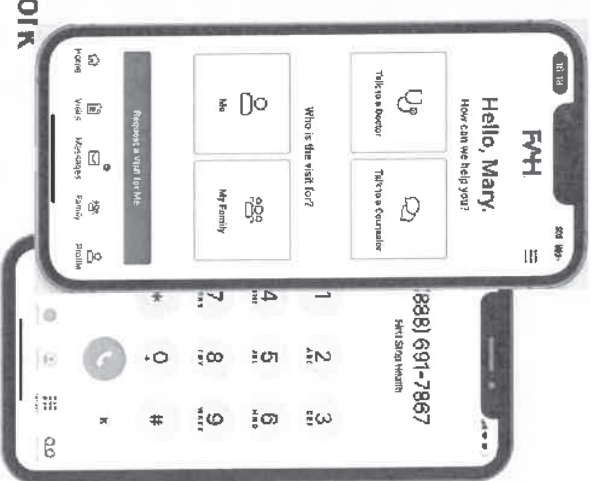
Access <5 Minutes

No Pre-Registration

Phone, App, or Web

All 50 States

FSH-Owned Doctor Network



Simple, Cost-Effective Prescribing

FSH doctors get real-time access to:

- Drug formulary status (cost)
- Patient medication history

Prescriptions are:

- 95% generic
- Reviewed for moderated antibiotic use

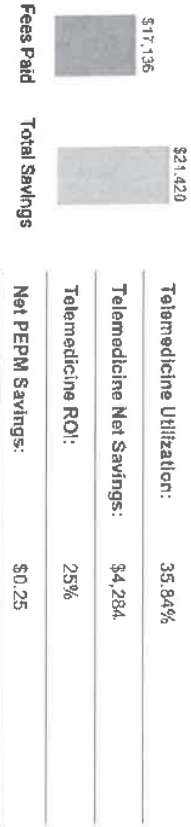
Patients receive:

- SMS/email updates when RX is sent & ready for pick-up
- Same-day medication delivery (certain cities)



25% ROI Guarantee on Virtual Urgent Care

Minimum Telemedicine Results



Average Telemedicine Results (average client utilization)



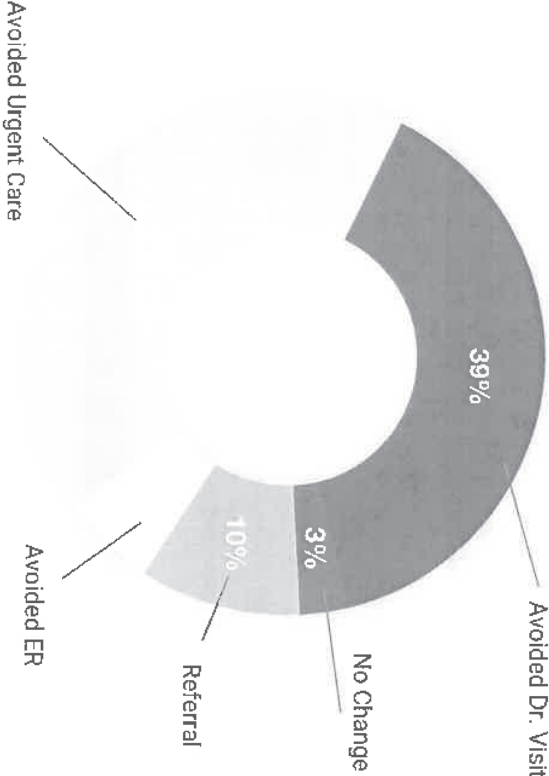
25%

ROI Guarantee

Savings from diverted or right-sized in-person care. For every \$1 spent, we guarantee \$1.25 in hard-dollar savings, or we refund/credit the difference.

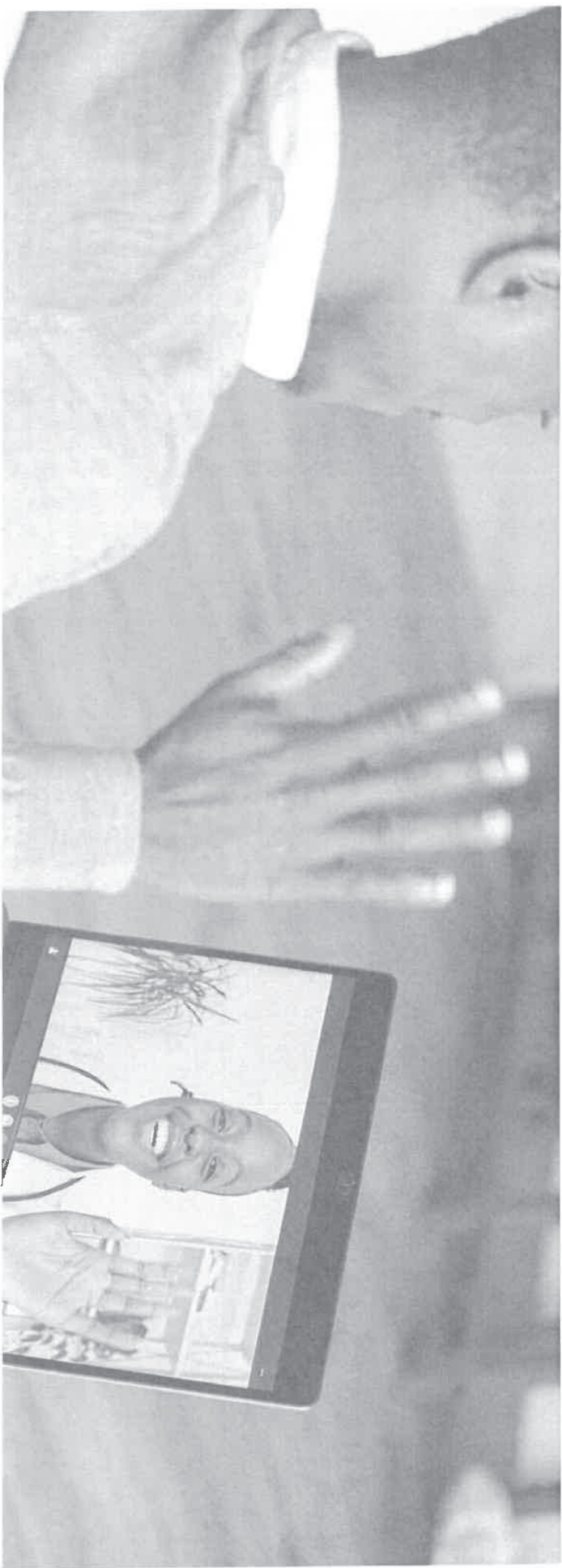
Urgent Care

DIVERTED VISITS BY TYPE
~90% have a lower cost outcome



SAVINGS PER VISIT TYPE
Based on 190% Medicare

Outcome	National Average Fees
Avoided Dr. visit	\$244
Avoided Urgent Care	\$281
Avoided ER visit	\$2,651
No change in outcome	\$0



Mental Health

"My FSH counselor was able to help me see things differently and really helped me make sense of everything going on. I **really appreciate** this service during these unprecedented times."

FSH vs. Other Mental Health Solutions

CRITERIA		FIRST STOP HEALTH	OTHERS
Utilization: Traditional EAP programs typically achieve single digit utilization. First Stop Health averages >28%.		28% Average	<5% Average
Value Based & No Claims: Other programs are usually fee-for-service, which means costs for every visit, less time with doctors, and uncapped financial outlay for client.		\$0/visit	\$20-\$250/visit
No Pre-Defined Visit Cap: Typical EAPs cap sessions at 3 or 6 visits. Patients and clinicians decide together what is best for the patient and what the relationship looks like.		No Pre-Defined Limit	3-6 Visits
Timeliness: Patients can wait months to access an in-network counselor and weeks to access an EAP counselor. FSH schedules within 3 days.		<3 Days	Weeks / Months
Integration with Physical Health: Most standalone mental health solutions do not support whole person wellness & physical comorbidities.		One Place for Physical & Mental Wellness	Mental Health Only

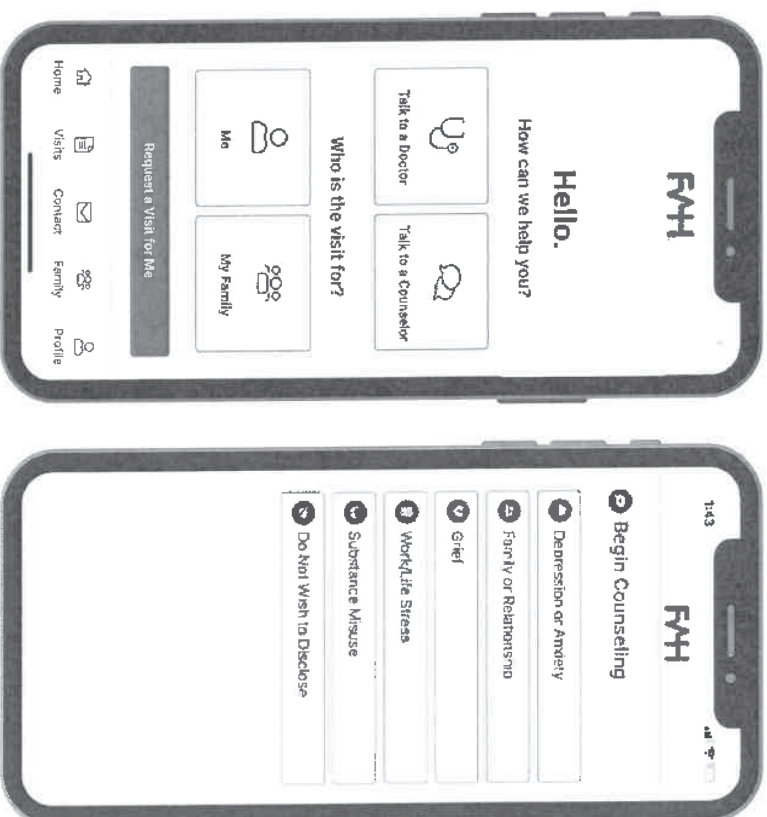
Our Short-Term Counseling

APPOINTMENTS WITH COUNSELOR <3 DAYS
VIA PHONE, APP, OR WEB

SAME COUNSELOR EACH VISIT, CHOSEN BASED ON
PERSONAL AND CLINICAL NEED

	Grief & Loss		Anxiety, Stress, & Depression
	Marital & Family Issues		Alcohol & Drug Dependencies
	Workplace Issues		Family & Relationship Issues

FVH first stop health®



Our Counselors

- Access to **counselors in all 50 states** through channel partner
- **Master's level counselors, LCSWs, psychologists, and mental health coaches.**
- Domain specialists with **18 years of experience on average**
- Ability to select preferred gender, demographic etc.
- Same counselor for entire episode of care

FMH first stop health®





Engagement & Our Partnership

"I got a reminder that I have First Stop Health right when my allergies were acting up. It was simple and straightforward to schedule. During the visit, my doctor was incredibly prepared and knowledgeable..

I was truly encouraged to follow up."

Continuous Employee Engagement



CUSTOM, NO COST,
MARKETING
PROGRAM FOR EACH
CLIENT



CONTINUOUS
CAMPAIGN FOR FULL
LENGTH OF
CONTRACT



CO-BRANDED
MATERIALS FOR
MAXIMUM IMPACT



EMAIL, TEXT, PRINT,
PROMOTIONAL
ITEMS, DIRECT MAIL,
AND PUSH
NOTIFICATIONS



FOCUS ON FULL
FAMILY MESSAGING
(DEPENDENT
ENGAGEMENT)

FHH first stop health™

TOP 10 REASONS
members call First Stop Health

- 1 **Save Time**
- 2 **Simple**
- 3 **Smart solution**
- 4 **Unmet "gap" detection**
- 5 **Save Pain**
- 6 **Eye-Minded**
- 7 **Fast Action**
- 8 **Don't let illness ruin your summer fun!**
- 9 **Member/Client Don**
- 10 **By Staff**

Get the app

Talk to a Doctor 24/7

Download the app and you'll be able to call your doctor 24/7. You'll be able to call your doctor 24/7. You'll be able to call your doctor 24/7.

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Messaging that Matters

INTRODUCTORY

Overview of FSH and How to Access SMS, Email, Letter



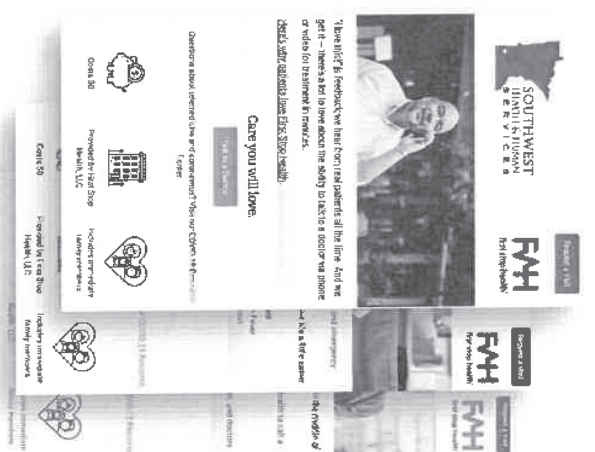
EVENT-BASED

Seasonal and Event-Based Messaging



PERSONA-BASED

Based on Patient Activity, Age, Gender



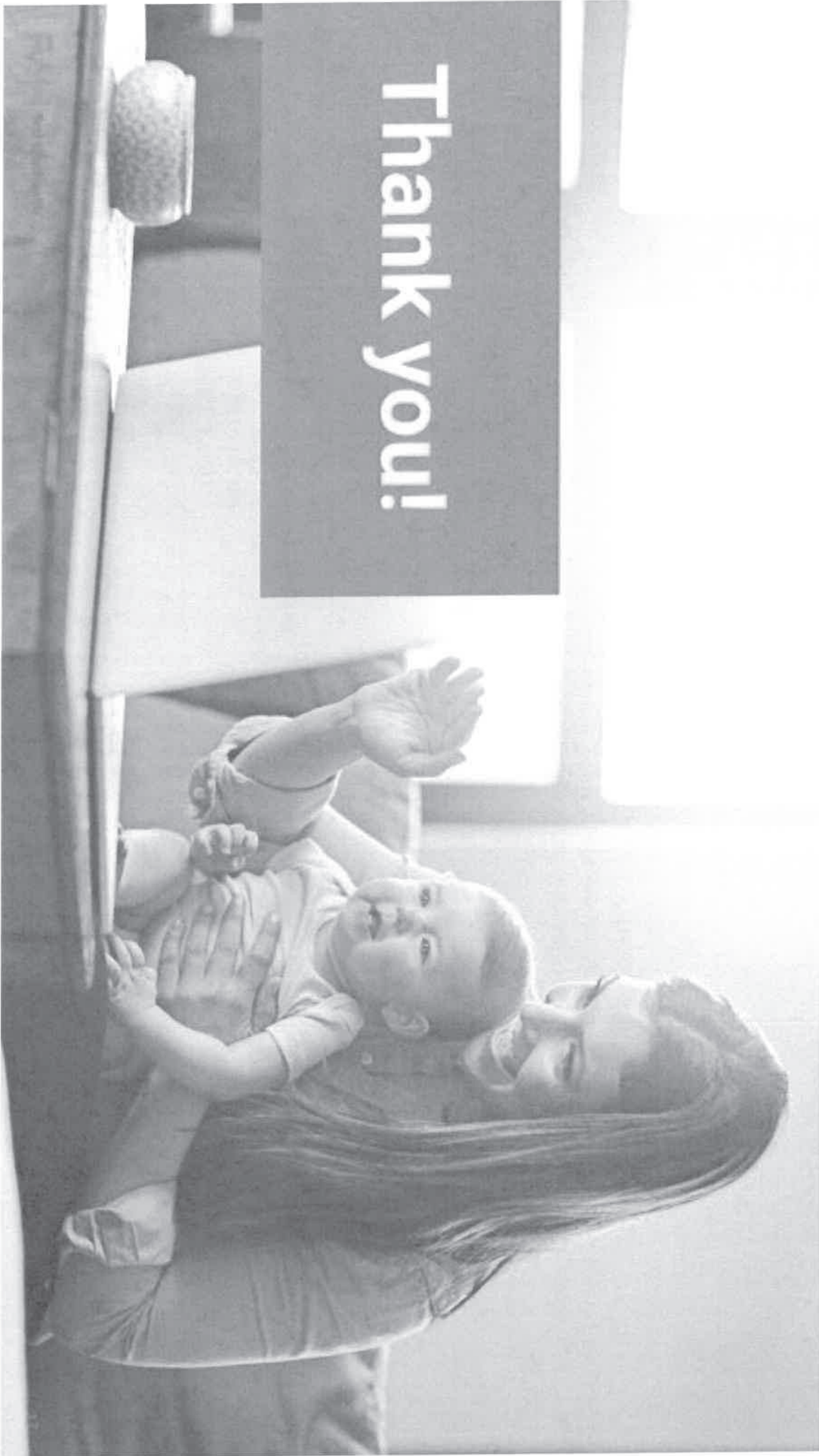
Pricing

Summary

Employees	Telemedicine	Virtual Mental Health
220	\$5.95 PEPM	\$2.95 PEPM

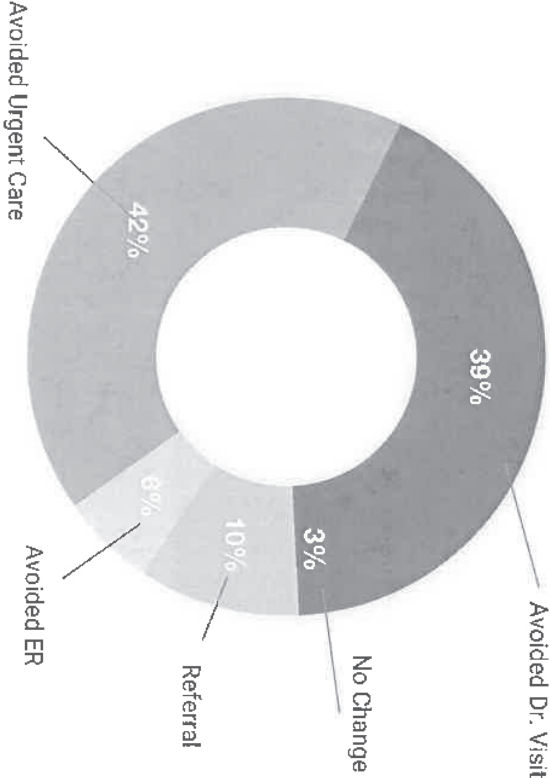
PEPM includes either medically enrolled depts or up to seen immediate family members

Thank you!



Performance Guarantees & Impact

DIVERTED VISITS BY TYPE
~90% have a lower cost outcome



25% ROI Guarantee

For every \$1 spent, we guarantee \$1.25 in hard-dollar savings, or we refund/credit the difference

100% of Virtual Urgent Care Fees are AT RISK to ensure AspireMN (and member group) funds are well spent.

Supporting Diversity, Equity, Inclusion, and Belonging

EQUITY OF ACCESS

- Support across app, web, or phone to accommodate all communication & technology capabilities.
- \$0 for the patient to eliminate financial barriers to care.
- Multi-lingual doctors & technology for support that all people can understand.
- Care for the whole household & employee community, regardless of employment or dependent status.



Accessibility

Must consider personal barriers such as language, geography, health literacy, cost and more.

A DIVERSE NETWORK

- Ensure doctors and counselors are representative of the workforce we serve across demographics, areas of expertise and individual needs.
- Urgent care physicians have experience in ER settings treating marginalized communities.
- Patients are matched with counselors that share similar lived or cultural experiences.



Clinically Competent

Access to a diverse network with training on cultural competence in scheduled visits.

PATIENT-FIRST TRAINING & RETRAINING

- Doctors are trained on "phone-side manner" and receive frequent retraining based on QA and patient feedback (manual QA <3 stars)
- Evaluation of patient experience and utilization metrics across age, gender, location, language etc.
- Counselors receive continuous trainings on empathetic and clinically valid responses to issues around race and trauma.
- Ongoing responsiveness to client/patient needs (ASL, language updates, visual acuity)



Assessment

Frequent retraining and thoughtful quality assurance practices ensures highest quality of doctors and best patient experiences.

JUNE 2024

GRANTS ~ AGREEMENTS ~ CONTRACTS

for Board review and approval

- ☐ **Advanced Threat Protection** – 06/06/2024; services from the State of MN to block malicious web traffic from hitting our systems.
Fiscal Note: No costs
- ☐ **Avera McKennan d/b/a Avera Behavioral Health (Sioux Falls, SD)** – 07/01/24 to 06/30/25; provide for mental health orders and civil commitment beds and services, rate of \$1495/day for hospital services (50% increase) plus 75% medical care expenses up to limit of \$10,000 (renewal).
Fiscal Note: 2024 \$24,900; 2023 58,114; 2022 \$19,662; 2021 \$28,672; 2020 \$4,480
- ☐ **Voyant/Sinch Phones**– 06/01/2024-5/31/26; Local and Long distance calling, \$5,101.15/monthly
Fiscal Note:
- ☐ **Voyant/Sinch Phones**– 06/01/2024-5/31/26; HIPAA compliant electronic faxing services, \$449.82/month
Fiscal Note:
- ☐ **Lutheran Social Services of SD (Sioux Falls, SD)** – 07/01/24 to 06/30/25; Rule 5 mental health residential treatment services, \$451.17/day (4 % increase) (renewal).
Fiscal Note: 2024 \$0 (no clients); 2023 \$0 (no clients) 2022 \$0 (no client), 2021 \$0 (no client); 2020 - \$53,711 (1 client)
- ☐ **Lyon County** – 07/01/24 to 12/31/26; Office lease amendment, addition of 750 sq ft increasing the total leased space to 30,527 square feet. \$29,255/month starting July 1st, 2024, \$30,527/month in 2025, \$31,799/month in 2026 (amendment).
Fiscal Note:
- ☐ **Cottonwood County Jail (Windom, MN)** – 05/23/24 to 05/23/25; Annual Health Inspection and Written Report for Jail, \$65/hour (NEW).
Fiscal Note: Revenue

☐ **Signatures None**
☐ **Signatures Partial**
☐ **Signatures Completed**