

TODD COUNTY BOARD OF COMMISSIONERS

Health and Human Services Board Meeting Agenda

Date: April 28, 2015

Time: 9:00 AM

Meeting to be held in the Historic Courthouse, Long Prairie, Minnesota

		Approx. Time
1	Call to Order and Roll Call	9:00
2	Pledge of Allegiance	9:01
3	Amendments to the Agenda	9:03
4	Approve March 24, 2015 Meeting Minutes	9:04
5	General	
5.1	Introduce New Staff	9:05
5.2	Mental Health Awareness & Todd Co Drop-in Center	9:10
5.3	Renew Participation in Nurse Family Partnership Agreement	9:15
5.4	Energy Assistance Program Delivery - Federal Fiscal Year 2016	9:30
5.5	Quarter 1 Financial Report	9:35
5.6	Child Foster Care Retirement Recognition	9:45
6	Claims	
	Adjourn	

Todd County, MN Board Action Form



Action Requested	
<input checked="" type="checkbox"/> Action/Motion <input type="checkbox"/> Discussion <input type="checkbox"/> Information Item	<input type="checkbox"/> Report <input type="checkbox"/> Resolution <input type="checkbox"/> Other
Board Action Tracking Number (Admin use):	

Title (for publication with the Agenda): Approve March 24, 2015 Meeting Minutes	
Date of Meeting: April 28, 2015	Total time requested: 5 min
Department Requesting Action: Administration	
Presenting Board Action/Discussion at Meeting: Denise Gaida	
Background <input checked="" type="checkbox"/> Supporting Documentation enclosed	
April 28, 2015 Meeting Minutes attached	
Options <input type="checkbox"/> Supporting Documentation enclosed	
Recommendation <input checked="" type="checkbox"/> The Todd County Board of Commissioners approves the following by Motion:	
Approve Meeting Minutes from April 28, 2015 as read	
Financial Implications: \$	Comments
Funding Source:	
Budgeted: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Action	Voting in Favor	Voting Against
Motion:	<input type="checkbox"/> Kircher	<input type="checkbox"/> Kircher
Second:	<input type="checkbox"/> Becker	<input type="checkbox"/> Becker
<input type="checkbox"/> Passed	<input type="checkbox"/> Erickson	<input type="checkbox"/> Erickson
<input type="checkbox"/> Failed	<input type="checkbox"/> Neumann	<input type="checkbox"/> Neumann
<input type="checkbox"/> Tabled	<input type="checkbox"/> Kneisl	<input type="checkbox"/> Kneisl

Signatures
STATE OF MINNESOTA } COUNTY OF TODD }
I, Denise Gaida, County Auditor-Treasurer, Todd County, Minnesota hereby certify that I have compared the foregoing copy of the proceedings of the County Board of said County with the original record thereof on file in the Administration Office of Todd County in Long Prairie, Minnesota as stated in the minutes of the proceedings of said board and that the same is a true and correct copy of said original record and of the whole thereof, and that said motion was duly passed by said board at said meeting. Witness my hand and seal:
Seal

TODD COUNTY HEALTH & HUMAN SERVICES

Minutes of the Meeting of the Health & Human Services Meeting

March 24, 2015

Call to Order

The Todd County Board of Commissioners met in the Todd County Historic Courthouse in the City of Long Prairie MN on the 24th day of March, 2015 at 9:00 a.m. with all members present. The meeting was opened with the Pledge of Allegiance.

Approval of Agenda

On motion by Neumann and second by Becker, the following motion was introduced and adopted by unanimous vote: To approve the agenda as presented.

Approval of Minutes

On motion by Erickson and second by Kneisl, the following motion was introduced and adopted by unanimous vote: To approve the February 27, 2015 minutes as read.

General

Emily Steinert announced that April is Child Abuse-Prevention Month. There will be a Child Protection Team Supper open to the public at the Baptist Church on April 9, 2015 from 5 pm – 7 pm.

On motion by Kneisl and second by Neumann, the following motion was introduced and adopted by unanimous vote: To accept the resignation from Megan Beaudry with an effective date of April 3, 2015.

Social Services Fund Warrants

On a motion by Kneisl and second by Erickson the following motion was approved by unanimous vote: To recommend to the County Board the approval of all claims as presented on the Integrated and Disbursements Audit List for the Board on record at the Social Service Office, Courthouse Annex, representing claims in the amount of \$104,461.06.

On a motion by Kneisl and second by Erickson the following motion was approved by unanimous vote: To recommend to the County Board the approval of all claims as presented on the Integrated and Disbursements Audit List for the Board on record at the Social Service Office, Courthouse Annex, representing claims in the amount of \$99,431.59.

On motion Neumann and second by Becker the meeting was adjourned for the month of March, 2015.

Commissioner Warrants

Vendor Name	Amount
BRENNY FUNERAL CHAPEL	2,200.00
DHS - MSOP-MN SEX OFFENDER PROGRAM	7,399.70
DHS - ST PETER RTC - 472	13,454.00
DHS - SWIFT	9,505.21
FRESHWATER EDUCATION DISTRICT 6004	13,440.00
INFORMATION SYSTEM CORP	13,294.60

ITEN FUNERAL HOME	3,900.00
MORRISON COUNTY SOCIAL SERVICE	2,300.00
PERISH/ALAN	3339.21
RURAL MN CEP INC	19937.15
TODD COUNTY AUDITOR/TREASURER	15096.10
Payments less than 2000	38588.01
Final Total	142453.98

CATHOLIC CHARITIES	3815.61
DHS - SWIFT	14647.62
# 4453 FOSTER CARE	2635.00
J & J HOLMES INC	3041.10
KINDRED FAMILY FOCUS	24528.44
# 12714 FAMILY SUPPORT GRANT	3113.99
MERIDIAN SERVICES INC	5422.53
NEXUS INC - MILLE LACS ACADEMY	4147.49
NORTHERN PINES MENTAL HLTH CTR	30413.00
PINEHAVEN YOUTH AND FAMILY SRVS	9408.19
PORT OF CROW WING BOYS HOME	6523.52
PRODUCTIVE ALTERNATIVES INC	2709.81
TODD COUNTY DAC	7779.39
WEST CENTRAL REG JUVENILE CTR	4632.50
Payments less than 2000	26339.55
Final Total	149157.74

Todd County, MN Board Action Form



Action Requested	
<input type="checkbox"/> Action/Motion <input type="checkbox"/> Discussion <input checked="" type="checkbox"/> Information Item	<input type="checkbox"/> Report <input type="checkbox"/> Resolution <input type="checkbox"/> Other
Board Action Tracking Number (Admin use):	

Title (for publication with the Agenda): Introduce New Staff	
Date of Meeting: April 28, 2015	Total time requested: 5 min
Department Requesting Action: HHS	
Presenting Board Action/Discussion at Meeting: Jackie Och/Emily Steinert	
Background <input type="checkbox"/> Supporting Documentation enclosed	
Child Protection Social Worker, Danielle Barten started April 20, 2015	
Options <input type="checkbox"/> Supporting Documentation enclosed	
Recommendation <input type="checkbox"/> The Todd County Board of Commissioners approves the following by Motion:	
Financial Implications: \$	Comments
Funding Source:	
Budgeted: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Action	Voting in Favor	Voting Against
Motion:	<input type="checkbox"/> Kircher	<input type="checkbox"/> Kircher
Second:	<input type="checkbox"/> Becker	<input type="checkbox"/> Becker
<input type="checkbox"/> Passed	<input type="checkbox"/> Erickson	<input type="checkbox"/> Erickson
<input type="checkbox"/> Failed	<input type="checkbox"/> Neumann	<input type="checkbox"/> Neumann
<input type="checkbox"/> Tabled	<input type="checkbox"/> Kneisl	<input type="checkbox"/> Kneisl

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Seal

Todd County, MN Board Action Form



Action Requested	
<input type="checkbox"/> Action/Motion <input type="checkbox"/> Discussion <input checked="" type="checkbox"/> Information Item	<input type="checkbox"/> Report <input type="checkbox"/> Resolution <input type="checkbox"/> Other
Board Action Tracking Number (Admin use):	

Title (for publication with the Agenda): Mental Health Awareness Month/Todd County Drop-In Center	
Date of Meeting: 4/28/15	Total time requested: 5 min
Department Requesting Action: Health and Human Services	
Presenting Board Action/Discussion at Meeting: Michael Steinbeisser	
Background <input type="checkbox"/> Supporting Documentation enclosed	
Options <input type="checkbox"/> Supporting Documentation enclosed	
Recommendation <input type="checkbox"/> The Todd County Board of Commissioners approves the following by Motion:	
Financial Implications: \$	Comments
Funding Source:	
Budgeted: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Action	Voting in Favor	Voting Against
Motion:	<input type="checkbox"/> Kircher	<input type="checkbox"/> Kircher
Second:	<input type="checkbox"/> Becker	<input type="checkbox"/> Becker
<input type="checkbox"/> Passed	<input type="checkbox"/> Erickson	<input type="checkbox"/> Erickson
<input type="checkbox"/> Failed	<input type="checkbox"/> Neumann	<input type="checkbox"/> Neumann
<input type="checkbox"/> Tabled	<input type="checkbox"/> Kneisl	<input type="checkbox"/> Kneisl

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Seal	

Todd County, MN Board Action Form



Action Requested	
<input checked="" type="checkbox"/> Action/Motion <input type="checkbox"/> Discussion <input type="checkbox"/> Information Item	<input type="checkbox"/> Report <input type="checkbox"/> Resolution <input type="checkbox"/> Other
Board Action Tracking Number (Admin use):	

Title (for publication with the Agenda): Renew Participation in Nurse Family Partnership Agreement with MTW CHB and Cass County CHB	
Date of Meeting: April 28, 2015	Total time requested: 15 min
Department Requesting Action: HHS	
Presenting Board Action/Discussion at Meeting: Jackie Och/Emily Steinert/Heidi Brings	
Background <input checked="" type="checkbox"/> Supporting Documentation enclosed	
The NFP program is a home visiting program to first time pregnant mothers and their infants with visits made by a Public Health Nurse. The program was started in Todd County, partnered with Morrison County, in Oct 2010. During 2013 Wadena and Cass County joined this regional service and annual NFP costs are shared by the four counties. Heidi Brings, PHN, provides supervision for this program across the four counties.	
Options <input type="checkbox"/> Supporting Documentation enclosed	
Recommendation <input checked="" type="checkbox"/> The Todd County Board of Commissioners approves the following by Motion:	
Todd County renews this agreement to continue participation with Morrison Todd Wadena CHB and Cass CHB for the regional NFP Program through January 31, 2016.	
Financial Implications: \$	Comments
Funding Source:	
Budgeted: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Action	Voting in Favor	Voting Against
Motion:	<input type="checkbox"/> Kircher	<input type="checkbox"/> Kircher
Second:	<input type="checkbox"/> Becker	<input type="checkbox"/> Becker
<input type="checkbox"/> Passed	<input type="checkbox"/> Erickson	<input type="checkbox"/> Erickson
<input type="checkbox"/> Failed	<input type="checkbox"/> Neumann	<input type="checkbox"/> Neumann
<input type="checkbox"/> Tabled	<input type="checkbox"/> Kneisl	<input type="checkbox"/> Kneisl

Signatures STATE OF MINNESOTA } COUNTY OF TODD } I, Denise Gaida, County Auditor-Treasurer, Todd County, Minnesota hereby certify that I have compared the foregoing copy of the proceedings of the County Board of said County with the original record thereof on file in the Administration Office of Todd County in Long Prairie, Minnesota as stated in the minutes of the proceedings of said board and that the same is a true and correct copy of said original record and of the whole thereof, and that said motion was duly passed by said board at said meeting. Witness my hand and seal:	Seal
--	------

AGREEMENT BETWEEN
MORRISON TODD WADENA COMMUNITY HEALTH BOARD AND
CASS COUNTY COMMUNITY HEALTH BOARD
FOR NURSE FAMILY PARTNERSHIP PROGRAM

WHEREAS, both Morrison Todd Wadena Community Health Board (MTWCHB) and Cass County Community Health Board (CCCHB) wish to participate in the Nurse Family Partnership Program (NFP) program together to provide family home visiting services to county residents, and

WHEREAS, the MTWCHB and CCCHB need to partner in order to provide services and to be accepted into the NFP program.

THEREFORE, MTWCHB and CCCHB agree to: Designate a lead county for general management of the NFP program.

1. NFP program reports will be provided at the Administrator's Task Force meetings which are held four times a year, and additionally as needed. Cass County will be informed of these meetings and will be invited to join in person or by telephone.
2. Add additional counties in the future when appropriate and approved by the NFP national program as an expansion of the current approved program.
3. The NFP Nurse Supervisor Role is the title given by the NFP national program. This role is for program coordination, case consultation and direction to the NFP staff. The NFP Supervisor will not have duties related to hiring, discipline, termination and general employee annual performance evaluation, benefits or work hours. The NFP Supervisor may be asked to participate or give input to NFP's PHN Home Visitor or Data Entry Staff when asked by the employing county's administration.
4. Staff supervision remains with the county who employs each person working in the NFP project. Complaints about NFP staff will be directed to the Director of the employing agency.

Cost and Delivery of Services

1. Each County will have an NFP budget which includes the NFP expenses and revenues per that county's normal fiscal processes.
2. A NFP budget will be developed annually which includes the combined financial information from the participating counties. The NFP Supervisor will work with each county to assure costs are realized.

3. Each County will be responsible for billing for services to the third party payers for the work of their NFP staff. Those monies will be kept by the billing county.
4. Morrison and Todd Counties agree to keep accounting records of the work of the NFP Supervisor and the NFP Data Entry person.
 - A. Todd County will bill each county for up to 0.15 FTE or 25% of the NFP Supervisor FTE spent on the NFP program, whichever is lower. Mileage will be split by 25% per county for group activities such as reflective supervision meetings; and will be charged to individual counties for county specific activities such as supervision or approved outreach activities. Mileage will be billed at the prevailing federal IRS rate.
 - B. Morrison County will bill each county for actual time spent in the NFP program of the NFP data entry person. The data entry person will do data entry of referrals and documentation required by the National Service Office of NFP. The data entry person will also do other office duties as assigned by the NFP Supervisor and agreed upon by the other counties.
 - C. Each bill will include the total hours of service provided and actual cost to be paid and the type of service.
 - D. Morrison and Todd Counties will bill by the 15th of each month for the previous months services. The corresponding county agrees to reimburse for the billed services on a quarterly basis. Wadena County payments will be made through the MTW CHB fiscal host, Morrison County, on a quarterly basis following receipt of grant payments from MDH. Wadena County will be responsible to inform Morrison County of the payment amounts to disburse.
 - E. During the MIECHV grant period through 1/31/16, Morrison and Todd Counties will provide to Cass and Wadena Counties additional expenditure information as requested by MDH.
6. Tracking of time will be done by each county. This will be reviewed quarterly at the Admin Task Force of the MTWCHB, including the Cass County Public Health Director for this agenda item.
7. Mileage for PHN home visiting staff will be the responsibility of the employing county.
8. If supplies are needed for the program, and it is easier for one county to purchase all of the supplies, the assigned county will purchase all supplies and bill the other county for the supplies. The supplies will be authorized by the Directors before purchased. The billing for supplies will be at the end of the month purchased. The County being billed will have 60 days to pay.

Maternal Infant Early Childhood Home Visiting (MIECHV) Grant

MIECHV Grants for Wadena and Cass Counties' NFP Expansion Grants have been awarded for Wadena and Cass County to join the Morrison Todd NFP program grant, effective dates of

December 2012 – March 31, 2015; with an extension from April 1, 2015 to January 31, 2016. The following expenses will be fully reimbursed by the grants at 50% each grant.

- NFP Supervisor at required MIECHV grant training meetings expenses including travel, lodging and registration
- NFP Supervisor travel expense for annual national training and travel (One week in Colorado) if required
- NFP Annual National Consultation fee
- NFP Annual National Technical ETO fee
- MIECHV grant infant mental health consultant; for approved individual client consultation and general education consultation sessions which all NFP home visiting staff may attend. There are separate contracts with the provider for this service.

Terms of Agreement:



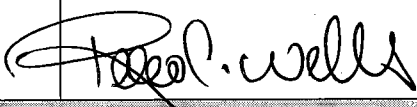
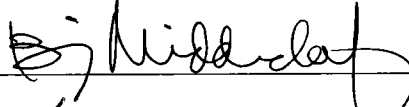


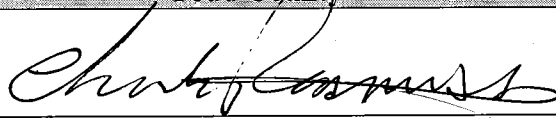

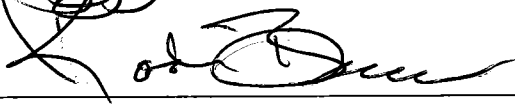

- a. This agreement provides the framework for the ongoing NFP program; continuation is not determined solely on grant funding
- b. Any alterations or modifications of the provisions of this agreement shall be valid only when they have been reduced to writing, duly signed and attached to the original of this agreement.
- c. Cancellation of this agreement may be done by either party with a 90 day notice in writing delivered by mail or in person
- d. The agreement will be reviewed every six months by the counties to review the costs and county roles. The counties will determine if any agreement modifications are needed.
- e. Effective date for this Agreement is April 1, 2015 through January 31, 2016, even though signatures may follow after April 1, 2015.

Liability: Each party to this agreement shall be liable for its own acts and the results thereof to the extent authorized by law and shall not be responsible for the acts of the other parties, its officers, employees, or agents. Liability of the Counties or other Minnesota political subdivisions shall be governed by provisions of the Municipal Tort Claims Act, Minn. Stat. 466, and other applicable laws.

Other Obligations: It is understood and agreed that the entire agreement of the parties is contained herein and that this agreement supersedes all oral agreements and negotiations between the parties related to the subject matter hereof.

IN WITNESS THEREOF, the MTWCHB and the CCCHB have executed this agreement and, approved as to form and execution.

Signature page for MTW CHB and Cass County CHB MOU for NFP:

Position	Signature	Date
Cass County		
Attorney		4-2-15
Board Chairperson		
HHVS Director		4-3-15
Morrison County		
Attorney		3-27-15
Board Chairperson		3-25-15
Public Health Director		3-26-15
Todd County		
Attorney		4-13-15
Board Chairperson		
Public Health Director		
Wadena County		
Attorney		3-17-15
Board Chairperson		3-17-15
Public Health Director		3-17-15

Todd County, MN Board Action Form



Action Requested	
<input checked="" type="checkbox"/> Action/Motion <input type="checkbox"/> Discussion <input type="checkbox"/> Information Item	<input type="checkbox"/> Report <input type="checkbox"/> Resolution <input type="checkbox"/> Other
Board Action Tracking Number (Admin use):	

Title (for publication with the Agenda): Energy Assistance Program Delivery for Federal Fiscal Year 2016	
Date of Meeting: 04/28/2015	Total time requested: 5 minutes
Department Requesting Action: Health and Human Services	
Presenting Board Action/Discussion at Meeting: Lisa Chapin	
Background <input checked="" type="checkbox"/> Supporting Documentation enclosed	
The critical role of Service Providers in the administration and delivery of the Energy Assistance Program (EAP) requires Minnesota Department of Commerce to request early notice of possible EAP Service Provider changes. The Department of Commerce requires a written letter no later than May 30, 2015, clearly stating the county's intent to administer and deliver EAP for Federal Fiscal Year 2016.	
Options <input type="checkbox"/> Supporting Documentation enclosed	
Recommendation <input checked="" type="checkbox"/> The Todd County Board of Commissioners approves the following by Motion:	
Approve notification to the Minnesota Department of Commerce, Todd County's intent to administer and deliver the Energy Assistance Program for Federal Fiscal Year 2016.	
Financial Implications: \$None	Comments
Funding Source: Federally funded	
Budgeted: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Action	Voting in Favor	Voting Against
Motion:	<input type="checkbox"/> Kneisl	<input type="checkbox"/> Kneisl
Second:	<input type="checkbox"/> Kircher	<input type="checkbox"/> Kircher
<input type="checkbox"/> Passed	<input type="checkbox"/> Erickson	<input type="checkbox"/> Erickson
<input type="checkbox"/> Failed	<input type="checkbox"/> Neumann	<input type="checkbox"/> Neumann
<input type="checkbox"/> Tabled	<input type="checkbox"/>	<input type="checkbox"/>

Signatures	
STATE OF MINNESOTA } COUNTY OF TODD }	
I, Denise Gaida, County Auditor-Treasurer, Todd County, Minnesota hereby certify that I have compared the foregoing copy of the proceedings of the County Board of said County with the original record thereof on file in the Administration Office of Todd County in Long Prairie, Minnesota as stated in the minutes of the proceedings of said board and that the same is a true and correct copy of said original record and of the whole thereof, and that said motion was duly passed by said board at said meeting. Witness my hand and seal:	
	Seal



APR 08 2015
Todd County
HHS

85 7TH PLACE EAST, SUITE 500
SAINT PAUL, MN 55101-2198
MN.GOV/COMMERCE/
651.539.1500 FAX 651.539.1547
AN EQUAL OPPORTUNITY EMPLOYER

April 3, 2015

Mr. Jackie Och, Executive Director
Todd County Health & Human Services
212 Second Avenue South
Long Prairie, MN 56347

Dear Mr. Och:

The critical role of Service Providers in the administration and delivery of the Energy Assistance Program (EAP) requires Minnesota Department of Commerce to request early notice of possible EAP Service Provider changes for FFY2016.

Please send a letter to me no later than Thursday, April 30, 2015, stating clearly whether your agency wishes to administer and deliver EAP for Federal Fiscal Year (FFY) 2016, which begins on October 1, 2015. I would also like to know if your agency is considering major changes such as merging with another agency before or during FFY2016.

This information will help us smoothly execute a transition procedure with minimal disruptions for program applicants. Contact me for an extension if you need more time to meet with your board or tribal council to make this decision.

NOTE: All FFY2016 LIHEAP funding will be governed by guidelines found in the new *Uniform Guidance* published in the Federal Register Notice dated December 19, 2014 at 79 FR 75871-76106 by the Office of Management and Budget. Your agency will need to be in full compliance with this and all other applicable OMB requirements. Some of the new requirements may mandate modifications to your fiscal practices related to the management of federal funds. Your agency should be reviewing and making necessary adjustment now to be in full compliance on October 1, 2015.

Thank you for your time and consideration. I look forward to hearing from you.

Sincerely,

John M. Harvanko, Director
Office of Energy Assistance Programs

JMH/ksh

cc: Larry Howard, EAP Coordinator, Todd County Health & Human Services

Todd County, MN Board Action Form



Action Requested	
<input type="checkbox"/> Action/Motion <input type="checkbox"/> Discussion <input checked="" type="checkbox"/> Information Item	<input type="checkbox"/> Report <input type="checkbox"/> Resolution <input type="checkbox"/> Other
Board Action Tracking Number (Admin use):	

Title (for publication with the Agenda): Quarter 1 Financial Report	
Date of Meeting: 04/28/2015	Total time requested: 5 min
Department Requesting Action: Health & Human Services	
Presenting Board Action/Discussion at Meeting: Jackie Och / Jena Peterson	
Background <input checked="" type="checkbox"/> Supporting Documentation enclosed	
Options <input type="checkbox"/> Supporting Documentation enclosed	
Recommendation <input type="checkbox"/> The Todd County Board of Commissioners approves the following by Motion:	
Financial Implications: \$	Comments
Funding Source:	
Budgeted: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Action	Voting in Favor	Voting Against
Motion:	<input type="checkbox"/> Kircher	<input type="checkbox"/> Kircher
Second:	<input type="checkbox"/> Becker	<input type="checkbox"/> Becker
<input type="checkbox"/> Passed	<input type="checkbox"/> Erickson	<input type="checkbox"/> Erickson
<input type="checkbox"/> Failed	<input type="checkbox"/> Neumann	<input type="checkbox"/> Neumann
<input type="checkbox"/> Tabled	<input type="checkbox"/> Kneisl	<input type="checkbox"/> Kneisl

Signatures	
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Seal	

Todd County Health & Human Services
 Consolidated Fund Bal/Revenue/Expenditures Recap by Month

Date	Fund Balance	YTD Total Expenses	% Budget	YTD Total Revenues	% Budget	Adjustments	YTD Adj Revenue	% Budget	% Year	Cty dollars received	Year	Exp Over/ (Under)
	1/1/2014											
2015 BUDGET	3,613,042	10,303,297		10,303,297								-
Jan-15	3,392,076	849,027	8.2%	410,438	4.0%		410,438	4.0%	8.33%	74,685.07	2014	438,588
Feb-15	3,273,209	1,681,985	16.3%	1,269,160	12.3%		1,269,160	12.3%	16.67%	-		412,826
Mar-15	2,966,683	2,431,242	23.6%	1,721,759	16.7%		1,721,759	16.7%	25.00%	-		709,483
Apr-15	-	-	0.0%	-	0.0%		-	0.0%	33.33%	-		-
May-15	-	-	0.0%	-	0.0%		-	0.0%	41.67%	-		-
Jun-15	-	-	0.0%	-	0.0%		-	0.0%	50.00%	-		-
Jul-15	-	-	0.0%	-	0.0%		-	0.0%	58.33%	-		-
Aug-15	-	-	0.0%	-	0.0%		-	0.0%	66.67%	-		-
Sep-15	-	-	0.0%	-	0.0%		-	0.0%	75.00%	-		-
Oct-15	-	-	0.0%	-	0.0%		-	0.0%	83.33%	-		-
Nov-15	-	-	0.0%	-	0.0%		-	0.0%	91.67%	-		-
Dec-15	-	-	0.0%	-	0.0%		-	0.0%	100.00%	-		-

74,685.07

3,942,843.00 2015 Alloc

- Received 2015

3,942,843.00 Remaining county dollars

TODD COUNTY SOCIAL SERVICES
2015 REVENUES / EXPENDITURE SUMMARY BY DEPARTMENT

DEPT 420 - INCOME MAINTENANCE	2015 BUDGET	Q1 TOTAL	Q2 TOTAL	Q3 TOTAL	Q4 TOTAL	YTD TOTAL	YTD % OF BUDGET	2014 YTD	2015 YTD
									over/(under) 2014 YTD
REVENUE:									
LEVY DOLLARS	890,564.00	17,153.73	0.00	0.00	0.00	17,153.73	1.93%	17,972.68	(818.95)
STATE	38,434.00	9,884.34	0.00	0.00	0.00	9,884.34	25.72%	13,421.16	(3,536.82)
FEDERAL	1,207,935.00	275,730.01	0.00	0.00	0.00	275,730.01	22.83%	329,699.89	(53,969.88)
STATE REIMB REVENUE*	177,100.00	36,166.74	0.00	0.00	0.00	36,166.74	20.42%	41,095.66	(4,928.92)
FEDERAL REIMB REVENUE*	147,000.00	33,054.32	0.00	0.00	0.00	33,054.32	22.49%	32,564.95	489.37
CHARGES FOR SERVICES	3,300.00	811.40	0.00	0.00	0.00	811.40	24.59%	757.55	53.85
GIFT & CONTRIBUTIONS	0.00	0.00	0.00	0.00	0.00	0.00		0.00	-
RECOVERIES	209,650.00	68,681.56	0.00	0.00	0.00	68,681.56	32.76%	230,282.79	(161,601.23)
OTHER	133,780.00	26,408.53	0.00	0.00	0.00	26,408.53	19.74%	41,100.13	(14,691.60)
TOTAL INC MAINT REVENUE	2,807,763.00	467,890.63	0.00	0.00	0.00	467,890.63	16.66%	706,894.81	(239,004.18)
EXPENSES:									
SALARIESFRINGE & OVERHEAD	1,986,127.00	457,641.35	0.00	0.00	0.00	457,641.35	23.04%	482,051.81	(24,410.46)
COUNTY SUPPORTED PROGRAMS	280,000.00	72,155.58	0.00	0.00	0.00	72,155.58	27.75%	47,407.71	24,747.87
RECOVERIES - ST/FED SHARE	161,725.00	25,921.81	0.00	0.00	0.00	25,921.81	16.03%	124,191.61	(98,269.80)
STATE REIMBURSED SERVICES*	313,000.00	102,708.80	0.00	0.00	0.00	102,708.80	32.81%	75,892.18	26,816.62
OTHER / MISCELLANEOUS	86,911.00	22,004.42	0.00	0.00	0.00	22,004.42	25.32%	25,414.52	(3,410.10)
TOTAL INC MAINT EXPENSES	2,807,763.00	680,431.96	0.00	0.00	0.00	680,431.96	24.23%	754,957.83	-74,525.87
VARIANCE	0.00	-212,541.33	0.00	0.00	0.00	-212,541.33		-48,063.02	-164,478.31
* combine State / Federal sources									

DEPT 430 - SOCIAL SERVICES

REVENUE:									
LEVY DOLLARS	2,688,159.00	51,461.22	0.00	0.00	0.00	51,461.22	1.91%	45,987.04	5,474.18
STATE	684,652.00	90,474.34	0.00	0.00	0.00	90,474.34	13.21%	79,443.98	11,030.36
FEDERAL	946,931.00	289,562.11	0.00	0.00	0.00	289,562.11	30.58%	185,563.51	103,998.60
CHARGES FOR SERVICES	217,000.00	69,631.03	0.00	0.00	0.00	69,631.03	32.09%	40,687.00	28,944.03
GIFTS & CONTRIBUTIONS	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00
MISC CHILD WELFARE	107,000.00	30,229.62	0.00	0.00	0.00	30,229.62	28.25%	31,224.48	-994.86
OTHER	29,700.00	3,855.62	0.00	0.00	0.00	3,855.62	12.98%	4,506.21	-650.59
PASS THROUGH	40,000.00	13,440.00	0.00	0.00	0.00	13,440.00	33.60%	0.00	13,440.00
TOTAL SOCIAL SERVICES REVENUE	4,713,442.00	548,653.94	0.00	0.00	0.00	548,653.94	11.64%	387,412.22	161,241.72
EXPENSES:									
SALARIESFRINGE & OVERHEAD	2,352,223.00	557,490.24	0.00	0.00	0.00	557,490.24	23.70%	499,735.18	57,755.06
CHILDREN'S SERVICES	1,134,900.00	285,772.13	0.00	0.00	0.00	285,772.13	25.18%	289,527.82	-3,755.69
CHILD CARE SERVICES	283,080.00	51,103.68	0.00	0.00	0.00	51,103.68	18.05%	44,236.26	6,867.42
CHEMICAL DEPENDENCY	122,000.00	19,233.43	0.00	0.00	0.00	19,233.43	15.77%	42,720.39	-23,486.96
MENTAL HEALTH	447,400.00	86,727.01	0.00	0.00	0.00	86,727.01	19.38%	87,226.51	-499.50
DEVELOPMENTAL DISABILITIES	272,000.00	56,304.14	0.00	0.00	0.00	56,304.14	20.70%	50,905.04	5,399.10
ADULT SERVICES	61,839.00	14,008.83	0.00	0.00	0.00	14,008.83	22.65%	15,749.88	-1,741.05
PASS THROUGH	40,000.00	13,440.00	0.00	0.00	0.00	13,440.00	33.60%	0.00	13,440.00
TOTAL SOCIAL SERVICES EXPENSES	4,713,442.00	1,084,079.46	0.00	0.00	0.00	1,084,079.46	23.00%	1,030,101.08	53,978.38
VARIANCE	0.00	-535,425.52	0.00	0.00	0.00	-535,425.52		-642,688.86	107,263.34

TOTAL 2015 HUMAN SERVICES REVENUE	7,521,205.00	1,016,544.57	0.00	0.00	0.00	1,016,544.57	13.52%	1,094,307.03	-77,762.46
TOTAL 2015 HUMAN SERVICES EXPENSE*	7,521,205.00	1,764,511.42	0.00	0.00	0.00	1,764,511.42	23.46%	1,785,058.91	-20,547.49
Variance	0.00	-747,966.85	0.00	0.00	0.00	-747,966.85		-690,751.88	-57,214.97

TODD COUNTY SOCIAL SERVICES
2015 EXPENDITURES

DEPT 420 - INCOME MAINTENANCE	2015 BUDGET	Q1 TOTAL	Q2 TOTAL	Q3 TOTAL	Q4 TOTAL	YTD TOTAL	YTD % OF BUDGET	2014 YTD	2015 YTD over/(under) 2014 YTD
SALARIESFRINGE & OVERHEAD									
FIN PLANNING UNIT SALARIESFRINGE	880,573.00	209,097.99				209,097.99	23.75%	199,649.23	9,448.76
ADMIN SALARIESFRINGE	527,631.00	113,504.70				113,504.70	21.51%	135,966.56	(22,461.86)
FIN PLANNING OVERHEAD	157,596.00	49,149.03				49,149.03	31.19%	48,598.88	550.15
CHILD SUPPORT SALARIESFRINGE	346,882.00	70,814.89				70,814.89	20.41%	80,383.69	(9,568.80)
CHILD SUPPORT OVERHEAD	73,445.00	15,074.74				15,074.74	20.53%	17,453.45	(2,378.71)
TOTAL SALARIESFRINGE & OVERHEAD	1,986,127.00	457,641.35	0.00	0.00	0.00	457,641.35	23.04%	482,051.81	(24,410.46)
COUNTY SUPPORTED PROGRAMS									
BURIALS	68,000.00	9,295.28				9,295.28	13.67%	16,763.34	(7,468.06)
POOR RELIEF - STATE HOSPITAL COSTS	150,000.00	59,374.40				59,374.40	39.58%	24,250.20	35,124.20
10% COST NURSING HOME UNDER 65	25,000.00	2,425.32				2,425.32	9.70%	2,807.01	(381.69)
5% COST ICF/MR > 90 DAYS	14,000.00	1,060.58				1,060.58	7.58%	2,920.54	(1,859.96)
5% COST DTH - ICF/MR > 90 DAYS	3,000.00	0.00				0.00	0.00%	666.62	(666.62)
TOTAL COUNTY SUPPORTED PRGMS	260,000.00	72,155.58	0.00	0.00	0.00	72,155.58	27.75%	47,407.71	24,747.87
RECOVERIES - STATE/FEDERAL SHARE									
MFIP MAXIS RCV - STATE SHARE	3,750.00					0.00	0.00%	37.50	(37.50)
AFDC MAXIS RCV - STATE SHARE						0.00	#DIV/0!	-	-
GA MAXIS RCV - STATE SHARE	500.00					0.00	0.00%	-	-
GA/SSI RCV TO STATE	5,700.00	740.16				740.16	12.99%	30.00	710.16
DWP MAXIS RCV - STATE SHARE		750.00				750.00	0.00%	-	750.00
SNAP-FS MAXIS RCV - STATE SHARE	1,625.00	12.95				12.95	0.80%	-	12.95
MA/GAMC RCV - STATE SHARE	150,000.00	24,418.70				24,418.70	16.28%	124,124.11	(99,705.41)
MSA MAXIS RCV - STATE SHARE	150.00					0.00	0.00%	-	-
TOTAL RECOVERIES	161,725.00	25,921.81	0.00	0.00	0.00	25,921.81	16.03%	124,191.61	(98,269.80)
STATE REIMBURSED SERVICES									
MA COST EFF INS PAYMENTS	204,000.00	73,489.04				73,489.04	36.02%	46,523.92	26,965.12
GA/MA CTY BUY IN PREM MED PART B	30,000.00	7,133.20				7,133.20	23.78%	9,604.11	(2,470.91)
GA/MA ACCESS	79,000.00	22,086.56				22,086.56	27.96%	19,764.15	2,322.41
TOTAL STATE REIMB SERVICES	313,000.00	102,708.80	0.00	0.00	0.00	102,708.80	32.81%	75,892.18	26,816.62
OTHER / MISCELLANEOUS									
FOOD SUPPORT BONUS EXP						0.00	#DIV/0!	1,065.75	(1,065.75)
FEMA						0.00	0.00%	-	-
MISC EXP/EBT CARD EXP	1,000.00					0.00	0.00%	-	-
PMAP MILEAGE	13,000.00	5,147.63				5,147.63	39.60%	3,623.17	1,524.46
MA MILEAGE - NO LOAD	11,000.00	5,722.43				5,722.43	52.02%	3,412.75	2,309.68
MA CTY SHARE TRANS MN CARE PRGM						0.00	0.00%	-	-
SCHA VOL DRIVER MILEAGE EXP	45,000.00	7,107.93				7,107.93	15.80%	11,689.77	-
SCHA - COMM RES MGMT TEAM SAL/FR	16,911.00	4,026.43				4,026.43	23.81%	5,623.08	(1,596.65)
TOTAL OTHER/MISCELLANEOUS	86,911.00	22,004.42	0.00	0.00	0.00	22,004.42	25.32%	25,414.52	(3,410.10)
FUND BALANCE TRANSFER OUT	0.00					0.00		-	-
TOTAL INCOME MAINT EXPENSES	2,807,763.00	680,431.96	0.00	0.00	0.00	680,431.96	24.23%	754,957.83	(74,525.87)
DEPT 430 - SOCIAL SERVICES									
SALARIESFRINGE & OVERHEAD									
SOCIAL SERVICES SALARIESFRINGE	1,684,952.00	391,389.47				391,389.47	23.23%	341,393.45	49,996.02
ADMIN SALARIESFRINGE	552,077.00	132,911.41				132,911.41	24.07%	125,574.23	7,337.18
OVERHEAD EXPENSES	115,194.00	33,189.36				33,189.36	28.81%	32,767.50	421.86
TOTAL SALARIESFRINGE & OVERHEAD	2,352,223.00	557,490.24	0.00	0.00	0.00	557,490.24	23.70%	499,735.18	57,755.06
PURCHASED SERVICES (POS)									
(710) CHILDRENS SERVICES:	1,134,900.00	285,772.13				285,772.13	25.18%	289,527.82	(3,755.69)
(720) CHILD CARE/ E & T SERVICES:									
OTHER CHILDCARE	50,000.00	5,292.42				5,292.42	10.58%	14,690.80	(9,398.38)
IVE CHILDCARE	10,000.00	7,459.34				7,459.34	74.59%	788.38	6,670.96
BSF COUNTY MATCH	12,493.00	3,123.28				3,123.28	25.00%	1,041.12	2,082.16
MFIP/DWP/INNOV SERV (CEP)	210,087.00	35,228.64				35,228.64	16.77%	27,690.01	7,538.63
CHILDCARE LICENSING & RESOURCE	500.00	0.00				0.00	0.00%	25.95	(25.95)
(730) CHEMICAL DEPENDENCY:									
CD TRANSPORTATION & EXPENSE	2,000.00	590.81				590.81	29.54%	1,234.28	(643.47)
CCDTF ADVANCE	95,000.00	14,647.62				14,647.62	15.42%	34,326.11	(19,678.49)
DETOXIFICATION	25,000.00	3,995.00				3,995.00	15.98%	7,160.00	(3,165.00)
(740) MENTAL HEALTH (less hold orders):	432,400.00	86,727.01				86,727.01	20.06%	87,226.51	(499.50)
HOLD ORDERS	15,000.00	0.00				0.00	0.00%	-	-
(750) DEVELOP DISABILITIES:	272,000.00	56,304.14				56,304.14	20.70%	50,905.04	5,399.10
(760) ADULT SERVICES:	61,839.00	14,008.83				14,008.83	22.65%	15,749.88	(1,741.05)
TOTAL PURCHASED SERVICES	2,321,219.00	513,149.22	0.00	0.00	0.00	513,149.22	22.11%	530,365.90	(17,216.68)
PASS-THROUGH									
LOCAL COLLAB TIME STUDY (FRESHWATER)	40,000.00	13,440.00				13,440.00	33.60%	-	13,440.00
TOTAL PASS THROUGH	40,000.00	13,440.00	0.00	0.00	0.00	13,440.00	33.60%	-	13,440.00
FUND BALANCE TRANSFER OUT	0.00					0.00		-	-
TOTAL SOCIAL SERVICES EXPENSES	4,713,442.00	1,084,079.46	0.00	0.00	0.00	1,084,079.46	23.0%	1,030,101.08	53,978.38
TOTAL 2015 HUMAN SERVICES EXPENSES	7,521,205.00	1,764,511.42	0.00	0.00	0.00	1,764,511.42	23.5%	1,785,058.91	(20,547.49)

TODD COUNTY SOCIAL SERVICES
2015 REVENUES

	2015 BUDGET	Q1 TOTAL	Q2 TOTAL	Q3 TOTAL	Q4 TOTAL	YTD TOTAL	YTD % OF BUDGET	2014 YTD	2015 YTD over/(under) 2014 YTD
DEPT 420 - INCOME MAINTENANCE									
LEVY DOLLARS									
PROPERTY TAX CURRENT	890,564.00	15,111.10				15,111.10	1.70%	17,101.48	(1,990.38)
PROPERTY TAX DELINQUENT		2,018.13				2,018.13		833.40	1,184.73
MOBILE HOME		24.50				24.50		37.80	(13.30)
TOTAL LEVY DOLLARS	890,564.00	17,153.73	0.00	0.00	0.00	17,153.73	1.93%	17,972.68	(818.95)
STATE									
MV CREDIT - AG						0.00		-	-
DISPARITY REDUCTION AID						0.00		-	-
PERA AID	4,934.00					0.00	0.00%	-	-
PAYMENT IN LIEU						0.00		-	-
IV-D INCENTIVE	9,500.00	3,338.00				3,338.00	35.14%	3,226.00	112.00
FOOD SUPPORT BONUS (SNAP)						0.00		-	-
MA MED SUPP INCENTIVE	24,000.00	6,546.34				6,546.34	27.28%	10,195.16	(3,648.82)
TOTAL STATE	38,434.00	9,884.34	0.00	0.00	0.00	9,884.34	25.72%	13,421.16	(3,536.82)
FEDERAL									
FED ADMIN RMB - 60 IV-E	3,500.00	758.00				758.00	21.66%	790.00	(32.00)
60 TANF COUNTY ADMIN	52,534.00	12,763.00				12,763.00	24.29%	11,098.00	1,665.00
FEDERAL SCHIP MN CARE DIRECT		51.00				51.00	#DIV/0!	-	51.00
SNAP ADMIN AID	231,149.00	57,070.50				57,070.50	24.69%	58,613.50	(1,543.00)
IV-D ADMIN AID	407,481.00	93,327.70				93,327.70	22.90%	107,752.80	(14,425.10)
IV-D INCENTIVE	75,000.00	16,800.00				16,800.00	22.40%	16,500.00	300.00
MA ADMIN AID	420,271.00	90,446.00				90,446.00	21.52%	128,828.50	(38,382.50)
REFUGEE ASSISTANCE ADMIN AID		586.00				586.00		-	586.00
MA MED SUPP INCENTIVE	18,000.00	3,927.81				3,927.81	21.82%	6,117.09	(2,189.28)
TOTAL FEDERAL	1,207,935.00	275,730.01	0.00	0.00	0.00	275,730.01	22.83%	329,699.89	(53,969.88)
STATE REIMB REVENUE									
GAMC ACCESS						0.00		-	-
GAMC COST EFF HEALTH INS	100.00	136.40				136.40	136.40%	409.20	(272.80)
MA CNTY BUY-IN PREMIUM	30,000.00	7,049.30				7,049.30	23.50%	9,089.26	(2,039.96)
MA COST EFF HEALTH INS	102,000.00	22,951.50				22,951.50	22.50%	23,071.87	(120.37)
MA ACCESS	45,000.00	6,029.54				6,029.54	13.40%	8,525.33	(2,495.79)
TOTAL STATE REIMB REVENUE	177,100.00	36,166.74	0.00	0.00	0.00	36,166.74	20.42%	41,095.66	(4,928.92)
FEDERAL REIMB REVENUE									
MA COST EFF HEALTH INS (fed share up ACA)	102,000.00	27,024.73				27,024.73	26.49%	24,039.04	2,985.69
MA ACCESS	45,000.00	6,029.59				6,029.59	13.40%	8,525.91	(2,496.32)
TOTAL FEDERAL REIMB REVENUE	147,000.00	33,054.32	0.00	0.00	0.00	33,054.32	22.49%	32,564.95	489.37
CHARGES FOR SERVICES									
IV-D FEES	3,000.00	751.40				751.40	25.05%	497.51	253.89
NON IV-D FEES	300.00	60.00				60.00	20.00%	260.04	(200.04)
TOTAL CHARGES FOR SVCS	3,300.00	811.40	0.00	0.00	0.00	811.40	24.59%	757.55	53.85
GIFTS & CONTRIBUTIONS									
						0.00		-	-
TOTAL GIFTS & CONTRIBUTIONS	0.00	0.00	0.00	0.00	0.00	0.00		-	-
RECOVERIES									
MFIP RECOVERIES - MAXIS	5,000.00	934.50				934.50	18.69%	1,210.00	(275.50)
AFDC RECOVERIES - MAXIS						0.00		-	-
GA RECOVERIES - MAXIS	1,000.00	671.48				671.48	67.15%	339.00	332.48
GA RECOVERIES	700.00					0.00	0.00%	30.00	(30.00)
DWP MAXIS RECOVERIES		1,022.50				1,022.50		-	1,022.50
SNAP RECOVERIES - MAXIS	2,500.00	1,859.00				1,859.00	74.36%	1,651.83	207.17
MA RECOVERIES	200,000.00	64,194.08				64,194.08	32.10%	227,051.96	(162,857.88)
MSA RECOVERIES - MAXIS	200.00					0.00	0.00%	-	-
NON-CLIENT RECOVERIES - INC	250.00					0.00	0.00%	-	-
TOTAL RECOVERIES	209,650.00	68,681.56	0.00	0.00	0.00	68,681.56	32.76%	230,282.79	(161,601.23)
OTHER									
EBT CARD REPLACEMENT						0.00		-	-
BURIAL REFUNDS	7,000.00	2,841.68				2,841.68	40.60%	6,706.47	(3,864.79)
MISCELLANEOUS	1,000.00	558.43				558.43	55.84%	84.54	473.89
PMAF MILEAGE REVENUE	25,000.00	8,443.42				8,443.42	33.77%	8,872.46	1,570.96
FEMA						0.00		-	-
SCHA CCM INCENTIVE	20,780.00					0.00	0.00%	3,733.56	(3,733.56)
SCHA VOLD DRIVER MILEAGE REIMB	80,000.00	14,565.00				14,565.00	18.21%	23,703.10	(9,138.10)
TRANSFER IN - EDMS SYSTEM						0.00		-	-
TOTAL OTHER	133,780.00	26,408.53	0.00	0.00	0.00	26,408.53	19.74%	41,100.13	(14,691.60)
TOTAL INCOME MAINT REVENUES	2,807,763.00	467,890.63	-	-	-	467,890.63	16.7%	705,894.81	(239,004.18)

TODD COUNTY SOCIAL SERVICES
2015 REVENUES

	2015 BUDGET	Q1 TOTAL	Q2 TOTAL	Q3 TOTAL	Q4 TOTAL	YTD TOTAL	YTD % OF BUDGET	2014 YTD	2015 YTD over/(under) 2014 YTD
DEPT 430 - SOCIAL SERVICES									
LEVY DOLLARS									
PROPERTY TAX - CURRENT	2,688,159.00	45,333.32				45,333.32	1.69%	43,757.88	1,575.44
PROPERTY TAX - DELINQUENT		6,054.40				6,054.40		2,132.43	3,921.97
MOBILE HOME		73.50				73.50		96.73	(23.23)
TOTAL LEVY DOLLARS	2,688,159.00	51,461.22	0.00	0.00	0.00	51,461.22	1.91%	45,987.04	5,474.18
STATE REVENUE									
MV CREDIT - AGRICULTURE						0.00		-	-
DISPARITY REDUCTION AID						0.00		-	-
PERA AID	4,482.00					0.00	0.00%	-	-
PAYMENT IN LIEU						0.00		-	-
LTSS ADMIN S57	70,000.00	29,360.00				29,360.00		-	29,360.00
VCA SS BLOCK GRANT S53	306,303.00					0.00	0.00%	-	-
RELATIVE CUSTODY ASSIST S02	40,000.00	10,755.00				10,755.00	26.89%	6,584.00	4,191.00
MIN ADOPTION INCENTIVES S05		348.00				348.00		348.00	-
PARENT SUPPORT OUTREACH PSOP S05	20,000.00	2,652.00				2,652.00		1,435.00	1,217.00
FAMILY RESPONSE GRANT S67	4,164.00	1,160.66				1,160.66		4,926.00	(3,765.34)
BSF CC ADMIN S8	3,188.00	477.00				477.00	14.96%	488.00	(11.00)
MFIP CC ADMIN S66	500.00	112.00				112.00	22.40%	73.00	39.00
MFIP EMPLOYMT SVCS S11	18,908.00	6,569.00				6,569.00	34.74%	10,253.00	(3,684.00)
CCDTF STATE GRANT S17	11,000.00	2,440.88				2,440.88	22.19%	3,950.11	(1,509.23)
RULE 79 CASE MGMT (GAMC) S32	1,000.00					0.00	0.00%	-	-
CMH COMBINED S63	7,907.00					0.00	0.00%	1,088.00	(1,088.00)
ADULT COMM SUPPORT S25	76,418.00					0.00	0.00%	19,104.00	(19,104.00)
DD FAMILY SUPPORT S35	4,993.00	328.00				328.00	6.57%	-	328.00
DD SILS S34	46,789.00	9,821.00				9,821.00	20.99%	18,212.00	(8,391.00)
DD SCREEN S37	0.00					0.00	#DIV/0!	222.62	(222.62)
DD-MR/RC SVCS CASE MGMT S38	50,000.00	18,368.68				18,368.68	36.74%	9,239.17	9,129.51
DD-DAY TRAINING & HABILITATION S41		1,445.00				1,445.00		-	1,445.00
TBI/CADI ADULT > 18 S44	18,000.00	6,428.10				6,428.10	35.71%	2,958.44	3,469.66
TBI/CADI UNDER 18 S01	1,000.00	209.02				209.02	20.90%	582.64	(373.62)
TOTAL STATE REVENUE	684,652.00	90,474.34	0.00	0.00	0.00	90,474.34	13.21%	79,443.98	11,030.36
FEDERAL REVENUE									
TXSS SS BLOCK GRNT F56	164,195.00	41,049.00				41,049.00	25.00%	42,276.00	(1,227.00)
LTSS ADMIN F67	70,000.00	29,360.00				29,360.00		-	29,360.00
FAMILY RESPONSE GRANT F65	11,260.00	3,138.09				3,138.09	27.87%	-	3,138.09
MA SSTS ADMIN F54	90,000.00	21,624.00				21,624.00	24.03%	-	21,624.00
BSF CC ADMIN F15	3,897.00	638.00				638.00	16.37%	687.00	(49.00)
MFIP CC ADMIN F13	500.00	116.00				116.00	23.20%	134.00	(18.00)
CW-TCM F5	175,000.00	43,446.50				43,446.50	24.83%	27,248.00	16,198.50
SELF PROGRAM FUNDS F4	3,800.00	634.00				634.00	16.68%	415.00	219.00
IV-E PROGRAM REVENUE F1	55,000.00	16,975.00				16,975.00	30.86%	23,849.00	(8,874.00)
IV-E SSTS ADMIN F2	20,000.00	5,596.00				5,596.00	27.98%	-	5,596.00
MFIP CONSOLIDATED FUND F14	191,179.00	71,512.00				71,512.00	37.41%	72,011.00	(499.00)
MA SSTS ADMIN R25 F22	32,800.00	10,241.00				10,241.00	31.22%	-	10,241.00
CHILDRENS FED MH GRANT F60						0.00	0.00%	163.65	(163.65)
RULE 5 CHILD RES TX CENTER F66	1,000.00					0.00	0.00%	-	-
RULE 5 ADMIN SET ASIDE F66	800.00					0.00	0.00%	-	-
IV-E FC MH (RULE 5) F28						0.00	0.00%	-	-
RULE 79 (MH-TCM) F31	50,000.00	17,317.36				17,317.36	34.63%	4,975.71	12,341.65
DD SCREEN F40						0.00	#DIV/0!	222.62	(222.62)
DD MR/RC SVCS CASE MGMT F38	50,000.00	18,368.68				18,368.68	36.74%	9,243.13	9,125.56
TBI/CADI ADULT > 18 F47	18,000.00	6,429.58				6,429.58	35.72%	2,959.27	3,470.31
TBI/CADI UNDER 18 F06	1,000.00	209.12				209.12	20.91%	582.71	(373.59)
RELOCATION SERVICE F47						0.00		-	-
VA/DD TCM F42 (2 ACCTS)	8,500.00	2,907.77				2,907.77	34.21%	796.42	2,111.35
TOTAL FEDERAL REVENUE	946,931.00	289,562.11	0.00	0.00	0.00	289,562.11	30.58%	185,563.51	103,998.60
CHARGES FOR SERVICES									
FEES-CHEM DEP M9	3,000.00	1,467.00				1,467.00	48.90%	1,362.00	105.00
FEES-LICENSING (C/C & ADULT)	6,000.00	260.00				260.00	4.33%	2,280.00	(2,020.00)
FEES-MEDICA ADULT SERVICES M21	48,000.00	17,432.35				17,432.35	36.32%	8,549.00	8,883.35
FEES FOR SRVCS - CHILDRENS	0.00					0.00		-	-
FEE - SCHA ADULT SERVICES M21	7,000.00	1,632.68				1,632.68	23.32%	680.00	952.68
FEE - MA/INS RULE 25 ASSESS M9	3,000.00	400.00				400.00	13.33%	600.00	(200.00)
FEE - MA/INS (MCO MH TCM) M13	150,000.00	48,439.00				48,439.00	32.29%	27,216.00	21,223.00
TOTAL CHARGES FOR SVCS	217,000.00	69,631.03	0.00	0.00	0.00	69,631.03	32.09%	40,687.00	28,944.03
GIFTS & CONTRIBUTIONS									
						0.00		-	-
TOTAL GIFTS & CONTRIBS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	-	-
MISC CW REVENUE									
CHILD WELFARE RECOVERIES M3	100,000.00	27,679.98				27,679.98	27.68%	28,482.55	(802.57)
IV-E RECOVERIES M3	7,000.00	2,549.64				2,549.64	36.42%	2,741.93	(192.29)
TOTAL MISC CW REVENUE	107,000.00	30,229.62	0.00	0.00	0.00	30,229.62	28.25%	31,224.48	(994.86)
OTHER REVENUE									
MISC & INTEREST REVENUE	1,200.00	43.68				43.68	3.64%	455.98	(412.30)
FGDM REIMB (BECKER COUNTY)	12,500.00	371.90				371.90	2.98%	-	371.90
ADULT MH INIT R79 CASE MGT CROW WING	15,000.00	1,680.84				1,680.84	11.21%	3,240.30	(1,559.46)
DETENTION RECOVERIES M3						0.00		-	-
MISC RECOVERIES C/C	1,000.00	1,759.20				1,759.20	175.92%	809.93	949.27
TOTAL OTHER REVENUE	29,700.00	3,855.62	0.00	0.00	0.00	3,855.62	12.98%	4,506.21	(650.59)
PASS-THROUGH									
LCTS ADMIN F7	40,000.00	13,440.00				13,440.00	33.60%	-	13,440.00
TOTAL PASS THROUGH	40,000.00	13,440.00	0.00	0.00	0.00	13,440.00	34%	-	13,440.00
TOTAL SOCIAL SERVICES REVENUE	4,713,442.00	548,653.94	-	-	-	548,653.94	11.6%	387,412.22	161,241.72
TOTAL 2015 HUMAN SERVICES REVENUE	7,521,205.00	1,016,544.57	-	-	-	1,016,544.57	13.52%	1,094,307.03	(77,762.46)

Todd County Public Health Fund 21
Fund Bal/Revenue/Expenditures Recap by Month

Date	Fund Balance	YTD Total Expenses	% Budget	YTD Total Revenues	% Budget	Adjustments	YTD Adj Revenue	% Budget	% Year	City dollars received	Year	Exp Over/(Under)
11/2015												
2015 BUDGET	872,839	2,782,092		2,782,092								-
Jan-15	843,098	252,236	9.1%	222,496	8.0%		222,496	8.0%	8.33%	6,070.12	2014	29,740
Feb-15	911,268	451,777	16.2%	490,205	17.6%		490,205	17.6%	16.67%			(38,429)
Mar-15	911,323	666,730	24.0%	705,214	25.3%		705,214	25.3%	25.00%			(38,484)
Apr-15			0.0%		0.0%		-	0.0%	33.33%			-
May-15			0.0%		0.0%		-	0.0%	41.67%			-
Jun-15			0.0%		0.0%		-	0.0%	50.00%			-
Jul-15			0.0%		0.0%		-	0.0%	58.33%			-
Aug-15			0.0%		0.0%		-	0.0%	66.67%			-
Sep-15			0.0%		0.0%		-	0.0%	75.00%			-
Oct-15			0.0%		0.0%		-	0.0%	83.33%			-
Nov-15			0.0%		0.0%		-	0.0%	91.67%			-
Dec-15			0.0%		0.0%		-	0.0%	100.00%			-
												- Cty \$ needed as of 12/31
										6,070.12		- Variance to budget
				364,120.00		2015 Alloc						
				-		Received 2015						
				364,120.00		Remaining county dollars						

**Public Health Advisory Report
by Six Essential Local Public Health Functions**

	<u>1ST QTR 2014</u>	<u>1ST QTR 2015</u>	<u>YTD 2015</u>
EXPENDITURES \$	\$737,457	\$666,730	\$666,730
Program Expenditures by %:			
Prevent the Spread of Infectious Disease	1.5%	1.9%	1.9%
Disaster Preparedness & Response	1.1%	2.2%	2.2%
Protect Against Environmental Hazards	2.1%	1.4%	1.4%
Promote Health Communities & Behaviors	35.2%	34.9%	34.9%
Assure Quality & Access to Health Services	52.2%	58.4%	58.4%
Assure Adequate Infrastructure	<u>7.9%</u>	<u>1.1%</u>	<u>1.1%</u>
TOTAL %	100.0%	100.0%	100.0%

Source of Funds by %:			
State & Federal Grants	45.8%	42.7%	42.7%
County Levy	12.5%	-4.9%	-4.9%
3rd Party Reimburse/Fees	38.3%	59.4%	59.4%
Contracts/Other Grants	3.0%	2.3%	2.3%
Other	<u>0.5%</u>	<u>0.4%</u>	<u>0.4%</u>
TOTAL %	100.0%	100.0%	100.0%

Todd County, MN Board Action Form



Action Requested	
<input type="checkbox"/> Action/Motion <input type="checkbox"/> Discussion <input type="checkbox"/> Information Item	<input type="checkbox"/> Report <input type="checkbox"/> Resolution <input checked="" type="checkbox"/> Other Foster Parent recognition
Board Action Tracking Number (Admin use):	

Title (for publication with the Agenda): Gary and Glenda Kuhn Child Foster Care Retirement/Recognition	
Date of Meeting: April 28, 2015	Total time requested: 10 min
Department Requesting Action: HHS	
Presenting Board Action/Discussion at Meeting: Jackie Och and Emily Steinert	
Background <input checked="" type="checkbox"/> Supporting Documentation enclosed	
Gary and Glenda Kuhn were first licensed for child foster care on February 2, 2000 and gave notice of their retirement effective March 31, 2015. In the past fifteen years, they have provided care to at least forty children ages 0-21, including young adults with disabilities and young mothers with infants. They have provided care to individual children as well as sibling groups, both short and long term. They have provided an essential service for children in need in Todd County. We recognize them with a certificate of appreciation for opening their home and making a difference in the lives of so many. Their service will be greatly missed.	
Options <input type="checkbox"/> Supporting Documentation enclosed	
Recommendation <input type="checkbox"/> The Todd County Board of Commissioners approves the following by Motion:	
Financial Implications: \$	Comments
Funding Source:	
Budgeted: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Action	Voting in Favor	Voting Against
Motion:	<input type="checkbox"/> Kircher	<input type="checkbox"/> Kircher
Second:	<input type="checkbox"/> Becker	<input type="checkbox"/> Becker
<input type="checkbox"/> Passed	<input type="checkbox"/> Erickson	<input type="checkbox"/> Erickson
<input type="checkbox"/> Failed	<input type="checkbox"/> Neumann	<input type="checkbox"/> Neumann
<input type="checkbox"/> Tabled	<input type="checkbox"/> Kneisl	<input type="checkbox"/> Kneisl

Signatures STATE OF MINNESOTA } COUNTY OF TODD } I, Denise Gaida, County Auditor-Treasurer, Todd County, Minnesota hereby certify that I have compared the foregoing copy of the proceedings of the County Board of said County with the original record thereof on file in the Administration Office of Todd County in Long Prairie, Minnesota as stated in the minutes of the proceedings of said board and that the same is a true and correct copy of said original record and of the whole thereof, and that said motion was duly passed by said board at said meeting. Witness my hand and seal:	Seal
--	------

Todd County, MN Board Action Form



Action Requested	
<input checked="" type="checkbox"/> Action/Motion <input type="checkbox"/> Discussion <input type="checkbox"/> Information Item	<input type="checkbox"/> Report <input type="checkbox"/> Resolution <input type="checkbox"/> Other
Board Action Tracking Number (Admin use):	

Title (for publication with the Agenda): Approve Commissioner Warrants	
Date of Meeting: April 28, 2015	Total time requested: 5 min
Department Requesting Action: Health & Human Services	
Presenting Board Action/Discussion at Meeting: Denise Gaida	
Background <input checked="" type="checkbox"/> Supporting Documentation enclosed	
Printout sent to Commissioners	
Options <input type="checkbox"/> Supporting Documentation enclosed	
Recommendation <input checked="" type="checkbox"/> The Todd County Board of Commissioners approves the following by Motion:	
To approve the HHS Commissioner Warrants in the amount of \$148,538.30 and 130,227.02	
Financial Implications: \$	Comments
Funding Source:	
Budgeted: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Action	Voting in Favor	Voting Against
Motion:	<input type="checkbox"/> Kircher	<input type="checkbox"/> Kircher
Second:	<input type="checkbox"/> Becker	<input type="checkbox"/> Becker
<input type="checkbox"/> Passed	<input type="checkbox"/> Erickson	<input type="checkbox"/> Erickson
<input type="checkbox"/> Failed	<input type="checkbox"/> Neumann	<input type="checkbox"/> Neumann
<input type="checkbox"/> Tabled	<input type="checkbox"/> Kneisl	<input type="checkbox"/> Kneisl

Signatures
STATE OF MINNESOTA } COUNTY OF TODD }
I, Denise Gaida, County Auditor-Treasurer, Todd County, Minnesota hereby certify that I have compared the foregoing copy of the proceedings of the County Board of said County with the original record thereof on file in the Administration Office of Todd County in Long Prairie, Minnesota as stated in the minutes of the proceedings of said board and that the same is a true and correct copy of said original record and of the whole thereof, and that said motion was duly passed by said board at said meeting. Witness my hand and seal:
Seal

HHS Commissioner Warrants	
Vendor	Amount
DHS - MSOP-MN SEX OFFENDER PROGRAM	6,683.60
DHS - SWIFT	39,928.34
MORRISON COUNTY SOCIAL SERVICE	2,312.50
PERISH/ALAN	3,227.66
RURAL MN CEP INC	12,925.85
TODD COUNTY AUDITOR/TREASURER	15,096.10
WILLIAMS DINGMANN FAMILY FUNERAL	2,200.00
Payments less than 2000	47,852.97
Final Total	130,227.02

ANU FAMILY SRVS INC	2,508.07
CATHOLIC CHARITIES	2,833.09
CENTRAL MN MENTAL HEALTH CTR	10,920.00
COMMUNITY AND FAMILY SRVS LLC	3,120.14
DHS - SWIFT	30,049.36
# 4453 Foster Care Provider	2,635.00
KINDRED FAMILY FOCUS	21,787.73
MERIDIAN SERVICES INC	4,331.39
NEXUS INC - MILLE LACS ACADEMY	7,877.41
NORTHERN PINES MENTAL HLTH CTR	12,035.50
PINEHAVEN YOUTH AND FAMILY SRVS INC	5,117.29
PORT OF CROW WING GIRLS HOME	4,754.40
RISING PHOENIX/THE	2,019.22
TODD COUNTY DAC	8,079.84
VILLAGE RANCH CHILD AND FAMILY SRVS	2,478.88
WEST CENTRAL REG JUVENILE CTR	3,312.50
Payments less than 2000	24,678.48
Final Total	148,538.30