

TODD COUNTY BOARD OF COMMISSIONERS

Health and Human Services Board Meeting Agenda

Date: October 22, 2013

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 September 24, 2013 Minutes	9:04
5	General	
	Introduce New Employees - Megan Beaudry, Nicole Gesme, and Bobbi	
5.1	Jo Freie	9:05
	Recognition of Eligibility Workers and Support Staff Progress with	
5.2	Electronic Document Management System - Lisa Chapin	9:10
	Governor Proclamation of County Financial Worker and Case Aide	
5.3	Day	9:15
5.4	MNSure and Todd County HHS Update - Lisa Chapin	9:20
5.5	Quarterly Financial Report - Jena Peterson	9:25
5.6	Family Services Unit Report - Emily Steinert	9:30
	School Based Mental Health Services Agreement with Freshwater Ed	
5.7	District - Emily Steinert - Board Action	9:40
	Participate With Morrison Todd Wadena MTW Community Health	
	Board CHB+Cass CHB Nurse Family Partnership Agreement - Board	
5.8	Action	9:45
	Community Support Service Plan Grant - Mike Steinbeisser Board	
5.9	Action	
5.10	Survey of Home Health Care Providers	9:50
5.11	Reportable Diseases 2012 Todd County Summary	9:55
5.12	Central MN Initiative Fund Grant Contract	10:00
	Renew Participation with MN Statewide Improvement Program SHIP	
	Grant with MTW CHB + Cass CHB - Katherine Mackedanz - Board	
5.13	Action	10:05
5.14	Eagle Bend Public Transit Expansion Update - Katherine Mackedanz	10:10
5.15	Todd County HHS Cost Report 2012 Summary	10:15
5.16	MN DHS Performance Management System	10:30

6 Claims

The County Board Meeting will begin promptly at the prescribed time. The County Board reserves the right to alter the order of the agenda items and the amount of time allowed for an item based on business needs.

TODD COUNTY HEALTH & HUMAN SERVICES

Minutes of the Meeting of the Health & Human Services Meeting

September 24, 2013

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 September, 2013 at 9:00 a.m. with all members present. The meeting was opened with the Pledge of Allegiance.

Approval of Agenda

On motion by Blessing and second by Erickson, the following motion was introduced and adopted by unanimous vote: To approve the agenda with the following addition.

1. Addition – Fall AMC Conference Reservations

Approval of Minutes

On motion by Kneisl and second by Blessing, the following motion was introduced and adopted by unanimous vote: To approve the August 27, 2013 minutes as presented.

General

On motion by Kircher and second by Kneisl, the following motion was introduced and adopted by unanimous vote: To approve the 2014-2015 BFIP Biennial Service Agreement.

On motion by Kneisl and second by Erickson, the following motion was introduced and adopted by unanimous vote: To approve the Medica Health Plans Transportation Agreement.

On motion by Blessing and second by Kircher, the following motion was introduced and adopted by unanimous vote: To approve the MN Merit System Equal Employment Opportunity and Affirmative Action Plan.

Cheryl Schneider, Health & Human Services Division Director gave an update on the “2013-2014 Looking forward for Todd County Health & Human Services”.

Mike Steinbeisser, Adult/Disability Service Unit Manager have an update on the MN CHOICES Program, changes in the Long Term Care Screening.

Cheryl Schneider, Health & Human Services Division Director gave an update on the Home Health Care Program Trends. On motion by Kneisl and second by Blessing, the following motion was introduced and adopted by unanimous vote: To approve a transfer of 1 FTE RN from Home Health Care to another HHS program area. This staff transfer reduces the HHC Program to three FTE RN's with a total case capacity of 100 clients.

On motion by Kneisl and second by Erickson, the following motion was introduced and adopted by unanimous vote: To approve applying for the Initiative Foundation's Thriving Communities Partnership grant in the amount of \$10,000.00.

Cheryl Schneider had no additional updates.

Discussion was held regarding who would be attending the AMC Conference in December, 2013. It was decided Commissioners Blessing, Erickson and Neumann would attend. Reservations will be made for those Commissioners.

Social Services Fund Warrants

On a motion by Erickson and second by Kneisl 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 \$112,282.38.

On a motion by Erickson and second by Kneisl 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 \$231,125.90.

On a motion by Blessing and second by Erickson the meeting was adjourned for the month of September, 2013.

Vendor name or #	Amount
COMMUNITY & FAMILY SRVS LLC	6,134.48
#4453 Foster Care Provider	4,836.00
HEARTLAND GIRLS RANCH	5,456.00
KINDRED FAMILY SRVS	3,361.02
MERIDIAN SERVICES INC	5,583.75
MID-MINNESOTA DRUG TESTING INC	2,270.00
NORTHERN PINES MENTAL HLTH CTR	3,530.50
PINEHAVEN YOUTH AND FAMILY SRVS	11,805.95
PRODUCTIVE ALTERNATIVE INC - FERGUS	3,098.21
TODD COUNTY DAC	9,866.20
WEST CENTRAL REG JUVENILE CTR	5,106.75
Payments less than \$2,000	25,616.76
Final Total	112,282.38

Vendor Name	Amount
DHS	119,072.27
DHS - MSOP-MN SEX OFFENDER PROGRAM	7,074.20
FRESHWATER EDUCATION DISTRICT 6004	21,120.00
ITEN FUNERAL HOME	4,820.00

PERISH/ALAN	3,698.25
RURAL MN CEP INC	18,713.98
TODD COUNTY AUDITOR/TREASURER	12,683.60
WILLIAMS DINGMANN FUNERAL HOME	3,500.00
Payments Less than 2000	40,443.60
Final Total	231,125.90



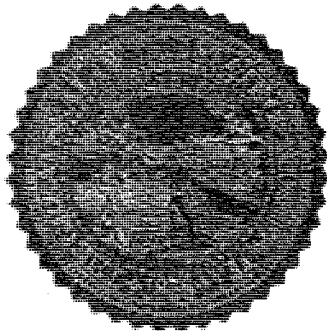
STATE *of* MINNESOTA

- WHEREAS: County Financial Workers and Case Aides are dedicated to providing outstanding services to the people of Minnesota through their administration of public assistance programs; and
- WHEREAS: County Financial Workers and Case Aides are responsible for the prudent expenditure of millions of dollars annually and must meet high standards of job performance in determining eligibility for public assistance; and
- WHEREAS: The duties performed by County Financial Workers and Case Aides require that they be well versed in a number of areas in order to effectively provide services to clients and the general public; and
- WHEREAS: The nature of federal and state legislation necessitates that County Financial Workers and Case Aides continually expand their knowledge, skills, and expertise related to their profession; and
- WHEREAS: It is important to recognize the valuable service County Financial Workers and Case Aides provide to Minnesota's citizens.

NOW, THEREFORE, I, MARK DAYTON, Governor of Minnesota, do hereby proclaim Wednesday, October 16, 2013, as:

COUNTY FINANCIAL WORKER AND CASE AIDE DAY

in the State of Minnesota.



IN WITNESS WHEREOF, I have hereunto set my hand and caused the Great Seal of the State of Minnesota to be affixed at the State Capitol this 15th day of October.


GOVERNOR


SECRETARY OF STATE

TODD COUNTY SOCIAL SERVICES
2013 REVENUES / EXPENDITURE SUMMARY BY DEPARTMENT

DEPT 420 - INCOME MAINTENANCE	2013 BUDGET	Q1 TOTAL	Q2 TOTAL	Q3 TOTAL	Q4 TOTAL	YTD TOTAL	YTD % OF BUDGET	2012 Q3 YTD	2013 over/(under) 2012
REVENUE:									
LEVY DOLLARS	1,019,230.00	20,621.78	507,264.14	0.00	0.00	527,885.92	51.79%	476,199.72	51,686.20
STATE	36,000.00	17,466.10	6,193.76	20,780.02	0.00	44,439.88	123.44%	40,039.92	4,399.96
FEDERAL	928,900.00	240,058.66	222,524.27	247,330.49	0.00	709,913.42	76.43%	679,869.82	30,043.60
STATE REIMB REVENUE*	202,100.00	45,823.95	36,420.05	60,230.08	0.00	142,474.08	70.50%	134,101.57	8,372.51
FEDERAL REIMB REVENUE*	177,000.00	35,998.15	27,139.37	50,238.48	0.00	113,376.00	64.05%	112,317.46	1,058.54
CHARGES FOR SERVICES	4,300.00	610.43	1,268.49	1,364.23	0.00	3,243.15	75.42%	2,712.28	530.87
GIFT & CONTRIBUTIONS	0.00	0.00	0.00	0.00	0.00	0.00		0.00	-
RECOVERIES	212,200.00	63,734.47	20,594.32	127,126.29	0.00	211,455.08	99.65%	111,128.24	100,326.84
OTHER	60,050.00	33,592.57	40,147.80	29,205.05	0.00	102,945.42	171.43%	85,255.41	17,690.01
TOTAL INC MAINT REVENUE	2,639,780.00	457,906.11	861,552.20	536,274.64	0.00	1,855,732.95	70.30%	1,641,624.42	214,108.53
EXPENSES:									
SALARIES/FRINGE & OVERHEAD	1,812,637.00	417,471.91	489,413.81	441,979.70	0.00	1,348,865.42	74.41%	1,297,436.45	51,428.97
COUNTY SUPPORTED PROGRAMS	274,000.00	59,288.04	54,338.70	52,662.61	0.00	166,289.35	60.69%	198,660.69	(32,371.34)
RECOVERIES - ST/FED SHARE	164,300.00	6,514.56	47,867.82	102,447.74	0.00	156,830.12	95.45%	147,479.30	9,350.82
STATE REIMBURSED SERVICES*	343,000.00	83,061.45	93,009.67	86,590.22	0.00	262,661.34	76.58%	252,935.51	9,725.83
OTHER / MISCELLANEOUS	45,843.00	22,219.39	20,755.15	20,823.50	0.00	63,798.04	139.17%	59,821.04	3,977.00
TOTAL INC MAINT EXPENSES	2,639,780.00	588,555.35	705,385.15	704,503.77	0.00	1,998,444.27	75.70%	1,956,332.99	42,111.28
VARIANCE	0.00	-130,649.24	156,167.05	-168,229.13	0.00	-142,711.32		-314,708.57	

* combine State / Federal sources

DEPT 430 - SOCIAL SERVICES

REVENUE:									
LEVY DOLLARS	2,608,048.00	59,618.61	1,297,946.34	0.00	0.00	1,357,564.95	52.05%	1,376,717.44	(19,152.49)
STATE	624,183.00	91,139.80	72,107.52	426,473.35	0.00	589,720.67	94.48%	630,023.51	(40,302.84)
FEDERAL	1,043,389.00	258,749.57	167,935.97	222,237.19	0.00	648,922.73	62.19%	826,150.05	(177,227.32)
CHARGES FOR SERVICES	131,000.00	61,911.93	53,468.91	19,916.70	0.00	135,297.54	103.28%	113,812.98	21,484.56
GIFTS & CONTRIBUTIONS	0.00	0.00	0.00	0.00	0.00	0.00		0.00	-
MISC CHILD WELFARE	47,000.00	22,452.02	34,523.88	38,563.10	0.00	95,539.00	203.27%	37,279.02	58,259.98
OTHER	33,000.00	7,727.89	-1,419.45	9,909.24	0.00	16,217.68	49.14%	31,663.39	(15,445.71)
PASS THROUGH	65,000.00	17,804.00	13,429.00	20,834.00	0.00	52,067.00	80.10%	41,715.00	10,352.00
TOTAL SOCIAL SERVICES REVENUE	4,551,620.00	519,403.82	1,637,992.17	737,933.58	0.00	2,895,329.57	63.61%	3,057,361.39	(162,031.82)
EXPENSES:									
SALARIES/FRINGE & OVERHEAD	2,212,202.00	505,225.00	571,715.12	505,643.16	0.00	1,582,583.28	71.54%	1,520,214.19	62,369.09
CHILDREN'S SERVICES	987,750.00	193,356.93	230,664.90	278,180.04	0.00	702,201.87	71.09%	636,362.38	65,839.49
CHILD CARE SERVICES	304,229.00	47,519.37	52,216.57	103,043.42	0.00	202,779.36	66.65%	191,861.80	10,917.56
CHEMICAL DEPENDENCY	91,000.00	25,147.40	39,755.35	33,300.48	0.00	98,203.23	107.92%	68,517.22	29,686.01
MENTAL HEALTH	533,700.00	76,981.28	85,944.43	62,723.77	0.00	225,649.48	42.28%	430,060.36	(204,410.88)
DEVELOPMENTAL DISABILITIES	298,000.00	57,548.98	67,867.64	69,435.76	0.00	194,852.38	65.39%	198,527.31	(3,674.93)
ADULT SERVICES	59,739.00	17,461.47	16,273.67	13,922.51	0.00	47,657.65	79.78%	55,132.26	(7,474.61)
PASS THROUGH	65,000.00	17,804.00	13,429.00	21,120.00	0.00	52,353.00	80.54%	41,715.00	10,638.00
TOTAL SOCIAL SERVICES EXPENSES	4,551,620.00	941,044.43	1,077,866.68	1,087,369.14	0.00	3,106,280.25	68.25%	3,142,390.52	(36,110.27)
VARIANCE	0.00	-421,640.61	560,125.49	-349,435.56	0.00	-210,950.68		-85,029.13	

TOTAL 2013 HUMAN SERVICES REVENUE	7,191,400.00	977,309.93	2,499,544.37	1,274,208.22	0.00	4,751,062.52	66.07%	4,698,985.81	52,076.71
TOTAL 2013 HUMAN SERVICES EXPENSE**	7,191,400.00	1,529,599.78	1,783,251.83	1,791,872.91	0.00	5,104,724.52	70.98%	5,098,723.51	6,001.01
VARIANCE	0.00	-552,289.85	716,292.54	-517,664.69	0.00	-353,662.00		-399,737.70	

** Expenses exclude \$510,300 transferred out of HHS for Renovation Project

TODD COUNTY SOCIAL SERVICES
2013 EXPENDITURES

DEPT 420 - INCOME MAINTENANCE	2013 BUDGET	Q1 TOTAL	Q2 TOTAL	Q3 TOTAL	Q4 TOTAL	YTD TOTAL	YTD % OF BUDGET	2012 Q3 YTD	2013 over/(under) 2012
SALARIES/FRINGE & OVERHEAD									
FIN PLANNING UNIT SALARIES/FRINGE	795,816.00	183,730.11	209,399.49	184,424.34		577,553.94	72.57%	567,670.43	9,883.51
ADMIN SALARIES/FRINGE	463,088.00	124,007.69	143,839.77	122,569.31		390,416.77	84.31%	355,193.46	35,223.31
FIN PLANNING OVERHEAD	138,150.00	35,902.95	31,343.96	33,150.76		100,397.67	72.67%	90,400.78	9,996.89
CHILD SUPPORT SALARIES/FRINGE	374,283.00	65,864.01	88,552.12	80,989.85		235,405.98	62.90%	250,862.15	(15,456.17)
CHILD SUPPORT OVERHEAD	41,300.00	7,967.15	16,278.47	20,845.44		45,091.06	109.18%	33,309.63	11,781.43
TOTAL SALARIES/FRINGE & OVERHEAD	1,812,637.00	417,471.91	489,413.81	441,979.70	0.00	1,348,865.42	74.41%	1,297,436.45	51,428.97
COUNTY SUPPORTED PROGRAMS									
BURIALS	73,000.00	14,235.00	22,370.00	18,367.00		54,972.00	75.30%	44,000.00	10,972.00
POOR RELIEF - STATE HOSPITAL COSTS	132,000.00	37,412.30	23,955.10	24,807.30		86,174.70	65.28%	104,558.80	(18,384.10)
10% COST NURSING HOME UNDER 65	50,000.00	3,972.92	4,507.42	5,698.59		14,178.93	28.36%	37,837.80	(23,658.87)
5% COST ICF/MR > 90 DAYS	14,000.00	3,080.12	2,906.43	3,099.01		9,085.56	64.90%	9,907.83	(822.27)
5% COST DTH - ICF/MR > 90 DAYS	5,000.00	587.70	599.75	690.71		1,878.16	37.56%	2,356.26	(478.10)
TOTAL COUNTY SUPPORTED PRGMS	274,000.00	59,288.04	54,338.70	52,662.61	0.00	166,289.35	60.69%	198,660.69	(32,371.34)
RECOVERIES - STATE/FEDERAL SHARE									
MFIP MAXIS RCV - STATE SHARE	5,250.00	604.80	1,950.93	721.40		3,277.13	62.42%	3,587.66	(310.53)
AFDC MAXIS RCV - STATE SHARE						0.00	#DIV/0!	1,352.25	(1,352.25)
GA MAXIS RCV - STATE SHARE	900.00		103.00	101.50		204.50	22.72%	603.78	(399.28)
GA/SSI RCV TO STATE	700.00	211.50	4,687.42	702.00		5,600.92	800.13%	3,293.12	2,307.80
DWP MAXIS RCV - STATE SHARE						0.00	#DIV/0!	-	-
SNAP-FS MAXIS RCV - STATE SHARE	1,300.00	69.94	988.70			1,058.64	81.43%	10.00	1,048.64
MA/GAMC RCV - STATE SHARE	156,000.00	5,628.32	40,084.53	100,922.84		146,635.69	94.00%	138,471.49	8,164.20
MSA MAXIS RCV - STATE SHARE	150.00	0.00	53.24			53.24	35.49%	161.00	(107.76)
TOTAL RECOVERIES	164,300.00	6,514.56	47,867.82	102,447.74	0.00	156,830.12	95.45%	147,479.30	9,350.82
STATE REIMBURSED SERVICES									
MA COST EFF INS PAYMENTS	204,000.00	54,721.72	58,786.22	57,893.48		171,401.42	84.02%	160,714.13	10,687.29
GA/MA CTY BUY IN PREM MED PART B	19,000.00	10,008.06	9,486.56	10,514.76		30,009.38	157.94%	22,020.10	7,989.28
GA/MA ACCESS	120,000.00	18,331.67	24,736.89	18,181.98		61,250.54	51.04%	70,201.28	(8,950.74)
TOTAL STATE REIMB SERVICES	343,000.00	83,061.45	93,009.67	86,590.22	0.00	262,661.34	76.58%	252,935.51	9,725.83
OTHER / MISCELLANEOUS									
FOOD SUPPORT BONUS EXP	1,000.00	218.69	230.08	135.87		584.64	58.46%	801.44	(216.80)
FEMA						0.00	#DIV/0!	-	-
MISC EXP/EBT CARD EXP						0.00	#DIV/0!	6.00	(6.00)
PMAP MILEAGE	10,000.00	6,430.35	3,943.75	6,728.94		17,103.04	171.03%	14,064.95	3,038.09
MA MILEAGE - NO LOAD						0.00	#DIV/0!	2,624.16	(2,624.16)
MA CTY SHARE TRANS MN CARE PRGM						0.00	#DIV/0!	-	-
SOUTH COUNTRY HEALTH ALLIANCE	34,843.00	15,570.35	16,581.32	13,958.69		46,110.36		42,324.49	3,785.87
TOTAL OTHER/MISCELLANEOUS	45,843.00	22,219.39	20,755.15	20,823.50	0.00	63,798.04		59,821.04	3,977.00
FUND BALANCE TRANSFER OUT	0.00	306,180.00				306,180.00		-	-
TOTAL INCOME MAINT EXPENSES	2,639,780.00	894,735.35	705,385.15	704,503.77	0.00	2,304,624.27	87.30%	1,956,332.99	348,291.28
DEPT 430 - SOCIAL SERVICES									
SALARIES/FRINGE & OVERHEAD									
SOCIAL SERVICES SALARIES/FRINGE	1,474,661.00	353,267.40	403,620.82	356,316.29		1,113,204.51	75.49%	1,133,007.88	(19,803.37)
ADMIN SALARIES/FRINGE	621,741.00	123,787.38	140,665.93	125,781.90		390,235.21	62.76%	303,106.05	87,129.16
OVERHEAD EXPENSES	115,800.00	28,170.22	27,428.37	23,544.97		79,143.56	68.35%	84,100.26	(4,956.70)
TOTAL SALARIES/FRINGE & OVERHEAD	2,212,202.00	505,225.00	571,715.12	505,643.16	0.00	1,582,583.28	71.54%	1,520,214.19	62,369.09
PURCHASED SERVICES (POS)									
(710) CHILDRENS SERVICES:	987,750.00	193,356.93	230,664.90	278,180.04		702,201.87	71.09%	636,362.38	65,839.49
(720) CHILD CARE/ E & T SERVICES:									
OTHER CHILDCARE	45,000.00	15,311.52	16,434.53	28,733.01		60,479.06	134.40%	34,292.74	26,186.32
IVE CHILDCARE	10,000.00	949.00	294.00	3,020.16		4,263.16	42.63%	4,868.75	(605.59)
BSF COUNTY MATCH	12,493.00	2,082.20	3,123.24	3,123.24		8,328.68	66.67%	8,328.68	-
MFIP/DWP/INNOV SERV (CEP)	236,236.00	29,176.65	32,312.80	68,141.01		129,630.46	54.87%	144,285.78	(14,655.32)
CHILDCARE LICENSING & RESOURCE	500.00	0.00	52.00	26.00		78.00	15.60%	85.85	(7.85)
(730) CHEMICAL DEPENDENCY:									
CD TRANSPORTATION & EXPENSE	1,000.00	342.73	367.84	331.66		1,042.23	104.22%	443.21	599.02
CCDTF ADVANCE	65,000.00	16,157.67	28,047.51	27,570.98		71,776.16	110.42%	49,939.01	21,837.15
DETOXIFICATION	25,000.00	8,647.00	11,340.00	5,397.84		25,384.84	101.54%	18,135.00	7,249.84
(740) MENTAL HEALTH (less hold orders):	488,700.00	76,981.28	85,944.43	62,723.77		225,649.48	46.17%	403,156.36	(177,506.88)
HOLD ORDERS	45,000.00	0.00	0.00	0.00		0.00	0.00%	26,904.00	(26,904.00)
(750) DEVELOP DISABILITIES:	298,000.00	57,548.98	67,867.64	69,435.76		194,852.38	65.39%	198,527.31	(3,674.93)
(760) ADULT SERVICES:	59,739.00	17,461.47	16,273.67	13,922.51		47,657.65	79.78%	55,132.26	(7,474.61)
TOTAL PURCHASED SERVICES	2,274,418.00	418,015.43	492,722.56	560,605.98	0.00	1,471,343.97	64.69%	1,580,461.33	(109,117.36)
PASS-THROUGH									
LOCAL COLLAB TIME STUDY (FRESHWATER)	65,000.00	17,804.00	13,429.00	21,120.00		52,353.00	80.54%	41,715.00	10,638.00
TOTAL PASS THROUGH	65,000.00	17,804.00	13,429.00	21,120.00	0.00	52,353.00	80.54%	41,715.00	10,638.00
FUND BALANCE TRANSFER OUT	0.00	204,120.00				204,120.00		-	-
TOTAL SOCIAL SERVICES EXPENSES	4,551,620.00	1,145,164.43	1,077,866.68	1,087,369.14	0.00	3,310,400.25	72.7%	3,142,390.52	168,009.73
TOTAL 2013 HUMAN SERVICES EXPENSES	7,191,400.00	2,039,899.78	1,783,251.83	1,791,872.91	0.00	5,615,024.52	78.1%	5,098,723.51	516,301.01
LESS: TRANSFER OUT - RENOVATION PRJCT	0.00	510,300.00				510,300.00		-	-
TOTAL 2013 HUMAN SERVICES ACTUAL	7,191,400.00	1,529,599.78	1,783,251.83	1,791,872.91	0.00	5,104,724.52	71.0%	7 of 45	

TODD COUNTY SOCIAL SERVICES
2013 REVENUES

	2013 BUDGET	Q1 TOTAL	Q2 TOTAL	Q3 TOTAL	Q4 TOTAL	YTD TOTAL	YTD % OF BUDGET	2012 Q3 YTD	2013 over/(under) 2012
DEPT 420 - INCOME MAINTENANCE									
LEVY DOLLARS									
PROPERTY TAX CURRENT	1,019,230.00	19,098.32	492,394.09			511,492.41	50.18%	459,563.39	51,929.02
PROPERTY TAX DELINQUENT		1,492.66	14,870.05			16,362.71		16,598.35	(235.64)
MOBILE HOME		30.80				30.80		37.98	(7.18)
TOTAL LEVY DOLLARS	1,019,230.00	20,621.78	507,264.14	0.00	0.00	527,885.92	51.79%	476,199.72	51,686.20
STATE									
MV CREDIT - AG						0.00		-	-
DISPARITY REDUCTION AID				3,071.84		3,071.84		2,685.13	386.71
PERA AID				2,466.99		2,466.99		2,466.99	-
PAYMENT IN LIEU				6,193.39		6,193.39		5,334.74	858.65
IV-D INCENTIVE	9,500.00	3,298.00	1,846.65	1,710.32		6,854.97	72.16%	6,721.65	133.32
FOOD SUPPORT BONUS (SNAP)		6,847.00				6,847.00		7,706.34	(859.34)
MA MED SUPP INCENTIVE	26,500.00	7,321.10	4,347.11	7,337.48		19,005.69	71.72%	15,125.07	3,880.62
TOTAL STATE	36,000.00	17,466.10	6,193.76	20,780.02	0.00	44,439.88	123.44%	40,039.92	4,399.96
FEDERAL									
FED ADMIN RMB - 60 IV-E	2,800.00	1,064.00	944.00	790.00		2,798.00	99.93%	2,880.00	(82.00)
60 TANF COUNTY ADMIN	40,000.00	15,804.00	15,830.00	10,476.00		41,910.00	104.78%	37,270.00	4,640.00
FEDERAL SCHIP MN CARE DIRECT	100.00					0.00	0.00%	46.00	(46.00)
SNAP ADMIN AID	158,000.00	54,645.00	37,678.00	39,799.00		132,122.00	83.62%	115,865.00	16,257.00
IV-D ADMIN AID	340,000.00	75,433.00	59,598.00	88,056.00		223,087.00	65.61%	232,261.00	(9,174.00)
IV-D INCENTIVE	80,000.00	17,100.00	20,164.00	17,100.00		54,364.00	67.96%	47,947.00	6,417.00
MA ADMIN AID	290,000.00	71,615.00	85,482.00	86,494.00		243,591.00	84.00%	231,165.00	12,426.00
REFUGEE ASSISTANCE ADMIN AID		205.00	220.00	213.00		638.00		135.00	503.00
MA MED SUPP INCENTIVE	18,000.00	4,392.66	2,608.27	4,402.49		11,403.42	63.35%	12,300.82	(897.40)
TOTAL FEDERAL	928,900.00	240,058.66	222,524.27	247,330.49	0.00	709,913.42	76.43%	679,869.82	30,043.60
STATE REIMB REVENUE									
GAMC ACCESS				192.10		192.10		(212.00)	404.10
GAMC COST EFF HEALTH INS	100.00					0.00	0.00%	99.90	(99.90)
MA CNTY BUY-IN PREMIUM	25,000.00	9,827.24	9,281.76	9,801.26		28,910.26	115.64%	21,904.40	7,005.86
MA COST EFF HEALTH INS	102,000.00	27,206.42	16,826.05	41,010.78		85,043.25	83.38%	80,208.18	4,835.07
MA ACCESS	75,000.00	8,790.29	10,312.24	9,225.94		28,328.47	37.77%	32,101.09	(3,772.62)
TOTAL STATE REIMB REVENUE	202,100.00	45,823.95	36,420.05	60,230.08	0.00	142,474.08	70.50%	134,101.57	8,372.51
FEDERAL REIMB REVENUE									
MA COST EFF HEALTH INS	102,000.00	27,207.04	16,826.49	41,011.87		85,045.40	83.38%	80,210.71	4,834.69
MA ACCESS	75,000.00	8,791.11	10,312.88	9,226.61		28,330.60	37.77%	32,106.75	(3,776.15)
TOTAL FEDERAL REIMB REVENUE	177,000.00	35,998.15	27,139.37	50,238.48	0.00	113,376.00	64.05%	112,317.46	1,058.54
CHARGES FOR SERVICES									
IV-D FEES	4,000.00	522.86	1,078.70	432.05		2,033.61	50.84%	2,365.93	(332.32)
NON IV-D FEES	300.00	87.57	189.79	932.18		1,209.54	403.18%	346.35	863.19
TOTAL CHARGES FOR SVCS	4,300.00	610.43	1,268.49	1,364.23	0.00	3,243.15	75.42%	2,712.28	530.87
GIFTS & CONTRIBUTIONS									
						0.00		-	-
TOTAL GIFTS & CONTRIBUTIONS	0.00	0.00	0.00	0.00	0.00	0.00		-	-
RECOVERIES									
MFIP RECOVERIES - MAXIS	7,000.00	1,786.50	983.00	1,150.00		3,919.50	55.99%	6,883.00	(2,963.50)
AFDC RECOVERIES - MAXIS						0.00		-	-
GA RECOVERIES - MAXIS	1,800.00	25.00	384.00	43.00		452.00	25.11%	973.20	(521.20)
GA RECOVERIES	700.00	211.50		702.00		913.50	130.50%	642.00	271.50
DWP MAXIS RECOVERIES						0.00		-	-
SNAP RECOVERIES - MAXIS	2,000.00	2,107.66	601.49	41.66		2,750.81	137.54%	3,543.67	(792.86)
MA RECOVERIES	200,000.00	59,497.34	18,625.83	125,164.63		203,287.80	101.64%	98,287.37	105,000.43
MSA RECOVERIES - MAXIS	200.00	106.47				106.47	53.24%	521.00	(414.53)
NON-CLIENT RECOVERIES - INC	500.00			25.00		25.00	5.00%	278.00	(253.00)
TOTAL RECOVERIES	212,200.00	63,734.47	20,594.32	127,126.29	0.00	211,455.08	99.65%	111,128.24	100,326.84
OTHER									
EBT CARD REPLACEMENT	50.00					0.00	0.00%	16.00	(16.00)
BURIAL REFUNDS	7,000.00	258.08	5,273.41			5,531.49	79.02%	4,897.00	634.49
MISCELLANEOUS	1,000.00	541.08	56.47	72.83		670.38	67.04%	2,131.40	(1,461.02)
PMAP MILEAGE REVENUE	20,000.00	10,577.41	6,164.42	8,831.02		25,572.85	127.86%	20,371.76	5,201.09
FEMA						0.00		-	-
SCHA REVENUE	32,000.00	22,216.00	28,653.50	20,301.20		71,170.70	222.41%	57,839.25	13,331.45
TOTAL OTHER	60,050.00	33,592.57	40,147.80	29,205.05	0.00	102,945.42	171.43%	85,255.41	17,690.01
TOTAL INCOME MAINT REVENUES	2,639,780.00	457,906.11	861,552.20	536,274.64	-	1,855,732.95	70.3%	1,641,624.42	214,108.53

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

	<u>3RD QUARTER 2012</u>	<u>3RD QUARTER 2013</u>	<u>YEAR TO DATE 2013</u>
EXPENDITURES \$	\$651,561	\$650,890	\$1,996,466
Program Expenditures by %:			
Prevent the Spread of Infectious Disease	1.6%	1.5%	1.6%
Disaster Preparedness & Response	1.1%	1.2%	1.8%
Protect Against Environmental Hazards	1.8%	1.2%	1.5%
Promote Health Communities & Behaviors	34.5%	39.2%	37.8%
Assure Quality & Access to Health Services	59.6%	52.6%	55.0%
Assure Adequate Infrastructure	<u>1.3%</u>	<u>4.4%</u>	<u>2.4%</u>
TOTAL %	100.0%	100.0%	100.0%

Source of Funds by %:

MDH Grants	40.7%	37.7%	35.2%
County Levy	2.8%	0.5%	6.5%
3rd Party Reimburse/Fees	54.0%	58.7%	54.8%
Contracts/Other Grants	1.3%	1.8%	2.1%
Other	<u>1.2%</u>	<u>1.2%</u>	<u>1.5%</u>
TOTAL %	100.0%	100.0%	100.0%

Todd County Social Services Fund 11
Fund Bal/Revenue/Expenditures Recap by Month

Date	Fund Balance	YTD Total Expenses	% Budget	YTD Total Revenues	% Budget	County \$ Alloc	YTD Adj Revenue	% Budget	% Year	City dollars received	Year	Exp Over/ (Under)
2013 BUDGET		7,196,800		7,191,400								
Jan-13	2,474,392	492,581	6.8%	192,673	2.7%	-	192,673.00	2.7%	8.33%	80,240.39	2012	299,908
Feb-13	2,004,634	981,329	13.6%	730,300	10.2%	-	730,299.92	10.2%	16.67%	-		251,030
Mar-13	1,701,474	1,529,600	21.3%	977,310	13.6%	-	977,309.93	13.6%	25.00%	-		552,290
Apr-13	1,298,324	2,584,702	35.9%	1,106,924	15.4%	-	1,106,924.22	15.4%	33.33%	-		1,477,778
May-13	2,786,594	3,269,953	45.4%	3,283,694	45.7%	-	3,283,694.24	45.7%	41.67%	1,805,210.48	2013	(13,741)
Jun-13	2,425,507	3,823,152	53.1%	3,476,854	48.3%	260,295	3,737,149.66	52.0%	50.00%	-		86,002
Jul-13	2,502,700	4,412,201	61.3%	4,138,652	57.6%	260,295	4,659,242.50	64.8%	58.33%	-		(247,041)
Aug-13	2,442,941	4,955,286	68.9%	4,619,190	64.2%	260,295	5,400,076.22	75.1%	66.67%	-		(444,790)
Sep-13	1,905,775	5,615,104	78.0%	4,751,063	66.1%	260,295	5,792,243.96	80.5%	75.00%	-		(177,140)
Oct-13			0.0%		0.0%	260,295	1,301,476.80	18.1%	83.33%	-		(1,301,477)
Nov-13			0.0%		0.0%	260,295	1,561,772.16	21.7%	91.67%	-		(1,561,772)
Dec-13			0.0%		0.0%	260,295	1,822,067.52	25.3%	100.00%	-		(1,822,068)
						1,822,068				1,885,450.87		
Note: Expenses exclude \$510,300 transferred out to renovation project fund						3,627,278.00	2013 Alloc					
						<u>1,805,210.48</u>	Received 2013					
						1,822,067.52	Remaining county dollars					

Budgeted expenses includes a budget revision for printing of HHS meeting minutes \$5400 for 2013

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

Date	Fund Balance	YTD Total Expenses	% Budget	YTD Total Revenues	% Budget	County \$ Alloc	YTD Adj Revenue	% Budget	% Year	Cty dollars received	Year	Exp Over/ (Under)
2013 BUDGET		2,711,817		2,711,817								
Jan-13	1,010,315	265,806	9.8%	244,373	9.0%	-	244,373.06	9.0%	8.33%	6,087.90	2012	21,433
Feb-13	935,488	472,090	17.4%	372,749	13.7%	-	372,748.80	13.7%	16.67%	-		99,341
Mar-13	975,339	666,068	24.6%	609,802	22.5%	-	609,802.15	22.5%	25.00%	-		56,265
Apr-13	994,679	849,963	31.3%	826,030	30.5%	-	826,030.20	30.5%	33.33%	-		23,932
May-13	1,016,528	1,136,832	41.9%	1,131,245	41.7%	-	1,131,245.27	41.7%	41.67%	163,046.88	2013	5,587
Jun-13	1,057,883	1,345,576	49.6%	1,387,648	51.2%	23,922	1,411,569.41	52.1%	50.00%	-		(65,994)
Jul-13	944,112	1,590,599	58.7%	1,573,400	58.0%	23,922	1,621,242.82	59.8%	58.33%	-		(30,644)
Aug-13	884,642	1,793,953	66.2%	1,722,123	63.5%	23,922	1,793,887.57	66.2%	66.67%	-		66
Sep-13	1,059,366	1,996,466	73.6%	2,035,044	75.0%	23,922	2,130,730.19	78.6%	75.00%	-		(134,264)
Oct-13			0.0%		0.0%	23,922	119,607.94	4.4%	83.33%	-		(119,608)
Nov-13			0.0%		0.0%	23,922	143,529.53	5.3%	91.67%	-		(143,530)
Dec-13			0.0%		0.0%	23,922	167,451.12	6.2%	100.00%	-		(167,451)
						167,451				169,134.78		
						330,498.00	2013 Alloc					
						<u>163,046.88</u>	Received 2013					
						167,451.12	Remaining county dollars					

PURCHASE OF SERVICE AGREEMENT
BETWEEN
GREATER MINNESOTA FAMILY SERVICES
AND
TODD COUNTY HEALTH AND HUMAN SERVICES

The Todd County Health and Human Services, 212 2nd Ave South, Long Prairie, MN 56347, hereafter referred to as "Department" and Greater Minnesota Family Services, 513 5th Street SW, Willmar, Minnesota 56201, hereafter referred to as "Contractor", enter into this agreement, for the period from January 1, 2014 to December 31, 2014.

WITNESSETH

That this addendum specifies the amount of services Todd County will purchase from the Contractor and the method of payment used to reimburse the Contractor for purchased services, and the method by which additional services will be purchased.

1. PURCHASE OF SERVICES:

Units of services purchased will be for direct and indirect time as defined in the lead county contract.

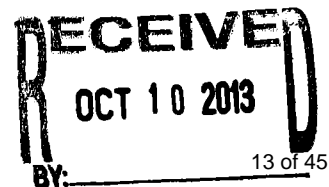
The Department agrees to purchase and the Contractor agrees to furnish the following services:

<u>FAMILY BASED SERVICES</u>	<u>NUMBER OF UNITS</u>	<u>RATE PER UNIT</u>
Family Therapist	On a case by case basis	\$85.48
Family Counselor	On a case by case basis	\$60.55

Cost for this service will be charged on a billable hour basis. All eligible MA severely emotionally disturbed or emotionally disturbed children will reduce the total costs of these services.

<u>DIAGNOSTIC ASSESSMENTS</u> <u>UNIT</u>	<u>NUMBER OF UNITS</u>	<u>RATE PER</u>
Family Therapist	On a case by case basis	\$85.48


The cost of this service will be charged on a billable hour basis. Total costs may vary due to insurance eligible clients and the number of non-insured cases referred.



2. ADDITIONAL COUNTY REQUIREMENTS

When services to a family are expected to exceed six months duration, the case will be staffed prior to the end of six months with the contract staff providing the services, county case manager, and county social service supervisor.

APPROVED BY:



CEO, Greater Minnesota Family Services

10/13
Date

Director, Todd County Health & Human Services

Date

An Equal Opportunity/Affirmative Action Employer

**AGREEMENT BETWEEN TODD COUNTY HEALTH AND HUMAN SERVICES
AND
FRESHWATER EDUCATION DISTRICT #6004**

**SCHOOL BASED MENTAL HEALTH SERVICES
July 1, 2013 – June 30, 2014**

Todd County Health and Human Services and Freshwater Education District have entered into an agreement to provide School Based Mental Health Services. Freshwater Education District will pay Northern Pines Mental Health an amount not to exceed \$70,000 for the length of the contract period.

Todd County Health and Human Services has agreed to contribute toward the cost of services an amount not to exceed \$30,000.00 during this term of agreement. Todd County Health and Human Services agrees to pay Freshwater Education District \$3,000.00 per month for a 10 month period of time beginning July 1, 2013.

Freshwater Education District will bill the remaining cost to the participating member districts based on student usage. The member districts, in turn, will collect the Special Education Aid available to students that are served by this program.

The program will be reviewed yearly by the Director of Special Education and assigned Todd County Health and Human Services Representative. The Program must be evaluated by March 1, 2014 to allow for any board action that would be needed if program was being terminated.

If program is terminated, any dollars remaining in the program will be distributed based on participating district student usage and any Todd County Contributions will be returned to Todd County Health and Human Services.

Lori Mundock
Freshwater Education District

9.30.13
Date

Todd County Health and Human Services

Date

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): School Based Mental Health Services Agreement with Freshwater Education District, Staples MN	
Date of Meeting: Oct 22, 2013	Total time requested: 5
Department Requesting Action: HHS	
Presenting Board Action/Discussion at Meeting: Emily Steinert	
Background <input type="checkbox"/> Supporting Documentation enclosed	
Todd County HHS contributes towards the costs to have mental health service providers in the schools of Todd County to provide services to students and consultation to the school staff in their work with students who are experiencing an emotional, behavioral, &/or mental health issue. This expense is part of the county's Maintenance of Effort expense for county mental health services.	
Options <input type="checkbox"/> Supporting Documentation enclosed	
Recommendation <input checked="" type="checkbox"/> The Todd County Board of Commissioners approves the following by Motion:	
the School Based Mental Health Services Agreement between Todd County Health and Human Services and Freshwater Education District 6004, Staples MN effective date of July 1, 2013- June 30, 2014.	
Financial Implications: \$30,000	Comments
Funding Source: Fund 21	
Budgeted: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

Signatures STATE OF MINNESOTA } COUNTY OF TODD } I, Karen Busch, 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 TODD COUNTY HEALTH AND HUMAN SERVICES
AND
FRESHWATER EDUCATION DISTRICT #6004**

**SCHOOL BASED MENTAL HEALTH SERVICES
July 1, 2013 – June 30, 2014**

Todd County Health and Human Services and Freshwater Education District have entered into an agreement to provide School Based Mental Health Services. Freshwater Education District will pay Northern Pines Mental Health an amount not to exceed \$70,000 for the length of the contract period.

Todd County Health and Human Services has agreed to contribute toward the cost of services an amount not to exceed \$30,000.00 during this term of agreement. Todd County Health and Human Services agrees to pay Freshwater Education District \$3,000.00 per month for a 10 month period of time beginning July 1, 2013.

Freshwater Education District will bill the remaining cost to the participating member districts based on student usage. The member districts, in turn, will collect the Special Education Aid available to students that are served by this program.

The program will be reviewed yearly by the Director of Special Education and assigned Todd County Health and Human Services Representative. The Program must be evaluated by March 1, 2014 to allow for any board action that would be needed if program was being terminated.

If program is terminated, any dollars remaining in the program will be distributed based on participating district student usage and any Todd County Contributions will be returned to Todd County Health and Human Services.

Lori Mundock
Freshwater Education District

9.30.13
Date

Todd County Health and Human Services

Date

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 Nurse Family Partnership Agreement with MTW and Cass CHBs	
Date of Meeting: Oct 22, 2013	Total time requested: 5
Department Requesting Action: HHS	
Presenting Board Action/Discussion at Meeting: Emily Steinert & Cheryl Schneider	
Background <input checked="" type="checkbox"/> Supporting Documentation enclosed	
Nurse Family Partnership 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 parntered with Morrison County in Oct 2010; During 2013 Wadena and Cass County have joined this regional service and annual NFP program registration costs are shared by the four counties. Heidi Brings, PHN provides supervision for this program across the four counties. The Board of Health will approve the final agreement at the Oct 25, 2013 meeting.	
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 its agreement to continue participation with Morrison Todd Wadena Community Health Board CHB and Cass CHB for the regional Nurse Family Partnership Program through Oct 31, 2016.	
Financial Implications: \$ Todd Co NFP registration 2014 = \$5,140; 2015 and 2016 \$5397 annually	Comments
Funding Source: Client services are billed to third party payers or the TANF grant. Maternal child Health and Local Public Health grant pays balance of program expenses. Morrison Wadena and Cass counties are billed for supervisor time.	
Budgeted: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

Signatures
 STATE OF MINNESOTA }
 COUNTY OF TODD }
 I, Karen Busch, 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:

NURSE-FAMILY PARTNERSHIP IMPLEMENTATION AGREEMENT

This Agreement (“Agreement”), for the period November 1, 2013, through October 31, 2016, is by and between Morrison County Public Health and Todd County Public Health, members of the Morrison-Todd-Wadena Board of Health (“Agency”) and Nurse-Family Partnership (“NFP”), a Colorado nonprofit corporation, (together the “Parties”).

RECITALS:

- A. The Parties understand and agree that the Nurse-Family Partnership® Program (the "Program") is an evidence-based program developed on the basis of randomized controlled trial research to yield certain benefits for low-income, first-time mothers and their children (“Program Benefits”).
- B. The Parties understand and agree that Program Benefits can be described generally as helping low-income, first-time mothers develop behaviors that enable them to have healthier pregnancies, be better parents, have emotionally and physically healthier children, and attain greater economic self-sufficiency.
- C. Agency desires and intends to implement the Program to serve low-income, first-time mothers in the geographic area it serves and to be known to the public as Nurse-Family Partnership.
- D. Agency desires and intends to implement the Program through one or more approved Subcontractors (“Subcontractors”), which are listed in Exhibit B, Approved Implementation Subcontractors.
- E. The Parties understand and agree that Program implementation by Agency and Subcontractors must be based upon key parameters (“Model Elements”) identified through research and refined based upon the Program’s experience since 1997 and attached to this Agreement as Exhibit A, Nurse-Family Partnership Model Elements.
- F. NFP desires and intends to guide and support the Program implementation process in order to help Agency obtain Program Benefits for the mothers and children that Agency and Subcontractors serve.
- G. Accordingly, the Parties wish to enter into this Agreement in order to memorialize the mechanisms and means by which Agency and Subcontractor(s) shall implement the Program and NFP shall support such implementation. The Parties intend to remain in a contractual relationship for the period described in Section V herein and thereafter, so long as funding is available to both of the Parties for this purpose.

AGREEMENT:

In consideration of the foregoing recitals, which are incorporated herein, and for other good and valuable consideration, the receipt and adequacy of which are hereby acknowledged, the Parties agree as follows:

I. DEFINITIONS.

- A. Agreement-Specific Definitions. In addition to terms defined above and elsewhere in this Agreement, the following terms shall have the meanings set forth below:
 - 1. “ETO™” means the Efforts to Outcomes™ software system that NFP makes available to Agency and Subcontractor, into which designated, NFP-approved Agency and/or Subcontractor personnel enter data collected about Clients and the

- Program, and from which the Parties can obtain reports to help manage and evaluate program implementation and results.
2. "ETO Website" means the Internet URL through which designated, NFP-approved Agency and Subcontractor personnel can access the ETO to enter data and obtain certain reports and other services. ETO software is secured against unauthorized use by VeriSign® 128-bit Security Encryption, the industry standard in Internet site protection. Authorized access to the ETO Website can only be provided by NFP
 3. "Administrator" means a person with fiscal and quality oversight, operational coordination responsibilities, and/or evaluation responsibility for the Program's management.
 4. "Client" means a low-income, first-time mother who is enrolled in the Program implemented by Agency or Subcontractor.
 5. "Effective Date" means the date first noted above and upon which this Agreement becomes effective.
 6. "Fidelity to the Model" means implementing the Program in a manner consistent with the Model Elements and therefore maximizing the likelihood of achieving results comparable to those measured in research.
 7. "Visit-to-Visit Guidelines®" means a written guide or guides for how a Nurse Home Visitor schedules and conducts visits with Clients during their participation in the Program.
 8. "Location" means the work address of a Program Supervisor.
 9. "Program Supervisor" means a person who supervises up to eight Nurse Home Visitors who implement the Program on behalf of Agency or Subcontractor.
 10. "Research" means any activity, including program evaluation and/or quality improvement activities, (i) that would, according to Federal regulations, require review by an Institutional Review Board ("IRB"), or (ii) that could be expected to yield generalizable knowledge that could be shared publicly with the professional, academic, and/or lay communities.
 11. "Team" means a half- to full-time Program Supervisor and up to eight (8) Nurse Home Visitors who report to the Program Supervisor.
- B. "Proprietary Property" means all of (i) the Program, including facilitators and handouts, (ii) the Model Elements, (iii) the name "Nurse-Family Partnership" and the acronym "NFP" when used in connection with the NFP Logo and the goodwill associated therewith, (iv) all NFP Community Website and ETO website content, and (v) the copyrighted materials and other materials used in the Program as of the date hereof that would be designated as protectable intellectual property under applicable law, including, but not limited to, all modifications, additions, updates, and derivative works thereof and all of the rights of NFP and its licensors associated with this property. Proprietary Property shall also include, individually and collectively, all ideas, concepts, designs, methods, inventions, modifications, improvements, new uses, and discoveries which are conceived and/or made in the performance of the responsibilities stated under this Agreement by one or more of Agency, Subcontractor, NFP, or its licensors, whether or not they are incorporated into the Program or the Proprietary Property. NFP and its licensors reserve the right to modify the Proprietary Property from time to time in accordance with the data, research and current modalities of delivery of the Program and for any other reason NFP or its licensors, in their sole and absolute discretion, deem appropriate. NFP will provide Agency with reasonable notice of those modifications. NFP and its licensors shall retain ownership and all rights to all Proprietary Property, whether modified or not by Agency or Subcontractor.
- C. General Application. Unless a clear contrary intention appears, words used with initial-capitalized letters shall have the meanings set forth in this Agreement, and (i) the singular includes the plural and vice versa, (ii) reference to any document means such

document as amended from time to time, (iii) "include" or "including" means including without limiting the generality of any description preceding such term, and (iv) the term "or" is not exclusive.

II. NFP OBLIGATIONS

- A. NFP grants to Agency and Subcontractor(s) a non-exclusive limited right and license to use the Proprietary Property for the purpose of carrying out Agency's obligations under this Agreement in the geographic area within which Agency or Subcontractor Nurse Home Visitors serve Clients. Agency shall not use the Proprietary Property in connection with any social impact bond or pay-for-success contract, including responses to solicitations for such agreements, without NFP's prior written consent. NFP reserves the right to modify the Proprietary Property from time to time in accordance with the data, research and current modalities of delivery of the Program. NFP will provide reasonable notice of those modifications as set forth in the Implementation Agreement. NFP shall retain ownership and all of the rights to any Proprietary Property, whether modified or not by any agency and/or Subcontractors. In any event, all software and ETO Website content, excluding Agency's, Subcontractors', and other agencies' data shall remain the sole property of NFP.
- B. NFP will provide support directly to Subcontractors and to Agency to help them implement the Program as described in Exhibit C, Nurse-Family Partnership Support for an Agency.
- C. NFP shall submit invoices to Agency for services provided to Agency and/or to Subcontractors, listing a date of provision, a description of each such service, and amounts based upon the fee schedule provided in Exhibit D, Fees for Nurse-Family Partnership Services.
- D. NFP may, from time to time, request that Agency and/or one or more Subcontractors collect additional data and/or participate in Research initiated by NFP and intended to improve the NFP model or implementation of the model. The decision as to whether to participate in such Research is, however, entirely up to Agency and/or Subcontractors. NFP may provide the public with information about Agency's and/or Subcontractors' NFP-related Research, publications and presentations.
- E. NFP, independently or jointly with Agency and/or Subcontractors, may publish or present NFP-related information or Program results in research reports, books, book chapters, peer-reviewed journal articles, and at academic or professional conferences, always giving due credit to the Parties involved and recognizing the rights of the individuals doing the work.
- F. NFP understands that pursuant to this Agreement, NFP and its employees may have access to patients' Protected Health Information ("PHI") and Agency's business information. NFP acknowledges that this information has a high level of confidentiality, and NFP and its employees agree to keep all information made available to its employees confidential and not to disclose this information. NFP will instruct its employees/staff/affiliates to follow Agency's policies regarding patient and business confidentiality. Further, NFP acknowledges that Agency is bound by law to have written agreements with its business partners, including Subcontractor(s), who may have access to patient information requiring compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the rules and regulations promulgated thereunder. Accordingly, NFP warrants and represents that NFP is in compliance with HIPAA and all relevant federal statutes, rules, regulations, and applicable interpretive

rulings promulgated under HIPAA, or will become compliant to regulations and requirements effective at future dates according to the applicable timetables. Exhibit D, HIPAA Business Associate Addendum, is hereby incorporated in this Agreement. Failure by NFP to comply with this provision and the provisions of Exhibit D, HIPAA Business Associate Addendum, shall result in immediate and automatic termination of this Agreement without penalty or cost to Agency. NFP will cooperate with any Agency program(s) instituted in the future to bring Agency into compliance with HIPAA.

III. AGENCY OBLIGATIONS

- A. Agency will provide an electronic (scanned pdf) or paper copy of its agreement with each Subcontractor, and any amendments thereto, within thirty (30) days of the full execution of each such agreement or amendment.
- B. Agency will make best efforts and will require Subcontractors to make best efforts to implement the Program with Fidelity to the Model and will undertake the steps described in Exhibit F, Agency Responsibilities, in order to do so.
- C. Agency will take all appropriate steps and will require Subcontractors to take all appropriate steps to maintain Client confidentiality and obtain any necessary written Client consents for data analysis or disclosure of protected health information, in accordance with applicable federal and state laws, including, but not limited to, authorizations, data use agreements, business associate agreements, as necessary.
- D. Agency and Subcontractor(s) assume responsibility for knowledge of and compliance with the State Nurse Practice Act of their state, state laws, regulations, and licensing requirements pertaining to nursing practice and state laws and regulations pertaining to mandatory reporting.
- E. Agency will ensure and will require Subcontractors to ensure that nurses whom it employs to implement that Program are able to provide care to clients in a manner consistent with the Visit-to-Visit Guidelines.
- F. When requested by NFP, Agency and/or Subcontractors will make reasonable efforts to collect additional data and/or participate in Research intended to improve the NFP model or implementation of the model. The decision as to whether to participate in such Research is, however, entirely up to Agency and/or Subcontractors.
- G. In order to avoid becoming involved in Research that conflicts with implementing the Program with Fidelity to the Model, Agency and each of its Subcontractors will request NFP's permission prior to participating in any Research that is (1) initiated by a party other than NFP and (2) that involves Program staff or explicitly targets the families that are enrolled in the Program. NFP will review and approve or disapprove Agency's or Subcontractors' request for participation in such Research on a timely basis and will not unreasonably withhold such approval.
- H. Agency and/or Subcontractors will inform NFP of Agency and/or Subcontractor proposals to publish or present NFP-related information in research reports, books, book chapters, peer-reviewed journal articles, and at academic or professional conferences. Results of the Program herein outlined may be published by Agency, Subcontractors, or jointly by any combination of Agency, Subcontractors, and NFP, always giving due credit to all Parties and recognizing the rights of the individuals doing the work.

- I. Agency and Subcontractors are authorized to reproduce certain published materials specified below and used in the implementation of the Program so long as (1) this Agreement is in effect, (2) Agency and Subcontractors use the reproductions solely for Program implementation, and (3) neither Agency nor Subcontractors sell or otherwise distribute the reproductions to any third party not involved in Agency's and Subcontractors' implementation of the Program.
 1. The published materials covered by this authorization are delivered to Nurse Home Visitors as part of the Nurse-Family Partnership Visit-to-Visit Guidelines and education materials in sets referred to as follows:
 - a) Pregnancy Facilitators and Handouts
 - b) Infancy Facilitators and Handouts
 - c) Toddler Facilitators and Handouts
 2. The handouts bear notices indicating copyright by any of the following:
 - a) University of Colorado
 - b) University of Colorado Health Sciences Center
 - c) University of Colorado at Denver and Health Sciences Center
 - d) Nurse-Family Partnership
 3. NFP has the right to grant permission to reproduce materials specified above and that bear the University copyright notice under the terms of a Memorandum of Understanding ("MOU") dated March 31, 2003, between the University of Colorado Health Sciences Center, now known as University of Colorado at Denver and Health Sciences Center, and NFP. The MOU gives NFP an exclusive, perpetual, royalty-free right and license to use copyrighted materials and other materials used in the Program for the purpose of implementing the Program to serve low-income, first-time mothers and their families.
 4. The corresponding Spanish-language versions of these materials are also covered by this authorization.
 5. Neither Agency nor any Subcontractor may authorize any other entity to reproduce the materials without prior written permission from NFP.
- J. Agency understands and agrees that all Proprietary Property is owned exclusively by NFP and its licensors, including all intellectual property rights therein. Agency shall use the Proprietary Property solely for the purpose of carrying out Agency's obligations under this Agreement and shall not modify any Proprietary Property without the prior express written permission of NFP. Agency shall protect all Proprietary Property that belongs to NFP or its licensors. Agency shall not duplicate and shall prohibit distribution of or access to Visit-to-Visit Guidelines and the ETO to any individual or organization not party to the implementation, administration, and operation of the Program, except as authorized by this Agreement. Agency shall not change or alter the ETO software, and shall allow only trained, NFP-authorized users to access the ETO Website. If a person leaves Agency's employ, Agency shall retrieve all Proprietary Property that the person may have in his or her possession.

IV. FEES AND PAYMENT

- A. Fees associated with NFP services in support of implementation of the Program are as follows:

1. Initial Education Services. NFP provides initial Nurse-Family Partnership education for nurse home visitors, Program Supervisors, and Agency and Subcontractor Administrators. This fee applies once for each individual nurse home visitor, nurse supervisor, and administrator at Agency or Subcontractor. Fees are due upon completion of the face-to-face session.
 - a) Nurse Home Visitor Initial Education Tuition. Education for nurse home visitors (NHV) consists of one face-to-face education unit supported by distance education components. All Program Supervisors who have never taken NHV Education or who completed it more than two years prior to being promoted to Supervisor are required to attend NHV Education as well as Supervisor Education.
 - b) Supervisor Initial Education Tuition. For Program Supervisors, education consists of Nurse Home Visitor Initial Education plus two face-to-face education units supported by distance education components and nurse consultation.
 - c) Annual Supervisor Education. Program Supervisors are required to attend a three day face-to-face session held annually in Denver. There is no tuition or registration fee.
 - d) Agency Administrator Orientation. A two day face-to-face session in Denver, required for new administrators and recommended for experienced administrators.
 - e) Nurse-Family Partnership Education Materials Fee. Contributes toward the cost of the following materials :
 - (1) Nurse-Family Partnership Orientation Materials
 - (2) Set of Prenatal, Infancy and Toddler Guidelines
 - (3) A series of additional nursing practice and program management resources tied to implementation of Nurse-Family Partnership.
2. Implementation Support Services. Fees are due on the Effective Date and each anniversary thereof and are based on the number of Program Supervisor Positions (the greater of (1) the number of individuals with supervisory responsibility at the agency or (2) the number of supervisor FTEs that are required to be implementing the model with fidelity (at least one per eight nurse home visitors). Fees are as follows:
 - a) Program Support. Fees are per Program Supervisor Position per year and contributes to covering costs associated with the following:
 - (1) Data system (ETO) operation and use, Program Quality System, and Reporting.
 - (2) Ongoing Nurse-Family Partnership nurse home visitor, supervisor, and administrator education; resource library; conference calls; web forums; Nurse-Family Partnership Community resources; and updating of Nurse-Family Partnership Education and Visit-to-Visit Guidelines and supporting materials.
 - (3) Marketing and Communications consultation and support, including marketing and community outreach materials (brochures, posters, Client Referral Kits (with wallet cards, counter display, posters and other program information); health fair bags, and nurse recruitment packets. The agency, however, is responsible for printing, stamping or affixing labels with their local contact information to the majority of these materials. Client Referral Kits are

customized/printed at no additional charge to the agency. Also provided are the NFP marketing and communications resources and guidance and a copy of the NFP Public Awareness Video, as well as updates and regular monthly communications from the NFP National Service Office.

(4) Policy and Government Affairs, including advocacy and educational work at federal and state levels.

b) Nurse Consultation. The fee is per Program Supervisor Position per year. The full fee is charged for the first Program Supervisor Position at a geographic location and a reduced fee is charged for each additional Program Supervisor Position at that same location. The fees contribute to covering costs associated with a Nurse-Family Partnership Nurse Consultant providing the following support to Program Supervisors:

(1) Helping each Program Supervisor develop an annual plan for implementation.

(2) Monitoring reports based on each Program Supervisor and her/his team's activity and performance.

(3) Ongoing email support for each Program Supervisor and periodic regular calls with each Program Supervisor.

(4) Periodic visits to each Program Supervisor with potential travel with each Program Supervisor and/or selected nurse home visitors.

(5) Clinical and supervisory coaching and consultation with each Program Supervisor.

c) Program Supervisor Expansion or Replacement Fee. A one-time fixed fee is charged for extra support when a new Program Supervisor Position is added or a vacant position is filled.

B. All fees are based upon NFP's standard terms of invoicing and payment, as follows:

1. Program Support and Nurse Consultation Fees are invoiced on the Effective Date and each anniversary thereof to cover each ensuing year and are due in 30 days. No special reporting or documentation is provided with the invoice(s).

2. Education Fees are invoiced when individuals attend in-person education sessions. No special reporting or documentation is provided with the invoice(s).

C. Program Supervisor Expansion or Replacement Fees are invoiced when the new supervisor is hired. No special reporting or documentation is provided with the invoice(s).

D. NFP shall invoice Agency, without limitation, for services provided to Agency and Subcontractors based upon the fee schedule set forth in Exhibit D, Fees for Nurse-Family Partnership Services. NFP reserves the right to change the fees set forth in Exhibit D during the term of this Agreement but not more often than annually. NFP will notify Agency at least one year prior to any such change becoming effective.

E. Invoices will be sent to:

Attention:
Telephone:
Facsimile:
Email:

F. Agency will send payments, identifying the NFP invoice, within 30 days of invoice to:
Nurse-Family Partnership
Attention: Finance Department
1900 Grant Street, Suite 400
Denver, CO 80203

V. TERM AND DEFAULT

- A. Term of Agreement. This Agreement shall remain in full force and effect through October 31, 2016, unless it is terminated by mutual agreement of the Parties or as otherwise provided below.
- B. Term Extension. Upon November 1, 2016, and each anniversary of that date, this Agreement shall automatically extend for an additional year unless either party has provided not less than sixty (60) days notice to the other of its intention to terminate the Agreement on the upcoming anniversary date.
- C. Early Termination. The Parties agree that they intend to and will engage in mutual efforts to keep this Agreement in force for the term defined in Paragraph A of this Section V. Recognizing, however, that circumstances beyond the control of the Parties may compel one Party to desire termination before completion of the term or an extension thereof, either Agency or NFP may terminate this Agreement at any time by giving the other party written notice of not less than sixty (60) days.
- D. Default. A party shall be in default under this Agreement if a party (i) breaches a material provision of this Agreement, which breach is not cured to the non-breaching party's reasonable satisfaction within thirty (30) days of written notice given to the breaching party by the non-breaching party or (ii) the bankruptcy of a party.
- E. Remedies upon Default. The Parties shall use commercially reasonable efforts to take steps necessary to cause the breaching party to cure the applicable default. If such default is not cured to the reasonable satisfaction of the other party, and both of the Parties do not agree to terminate this Agreement, the Parties shall proceed in accordance with the dispute resolution process set forth in Section VI.
- F. Effect of Termination.
1. If this Agreement is terminated by notice of one party to the other, Agency will pay NFP for all work performed up to the date of termination and all non-cancelable obligations incurred in accordance with this Agreement. Payment shall be due within thirty (30) days of termination.
 2. If this Agreement is terminated through the dispute resolution process, the rights and obligations of each of the Parties upon termination shall be spelled out in the dispute resolution process.

3. Upon termination of this Agreement, regardless of the timing, cause, or mechanism of such termination:
 - a) Agency will no longer have access to ETO or the ETO Website;
 - b) All software and ETO Website content, excluding data which has been collected by Agency in the course of implementing the Program, shall remain the sole property of NFP;
 - c) NFP may retain a record of all data which has been collected by Agency in the course of implementing the Program and may use that data and reports derived from it to evaluate the overall progress in national replication of the Program;
 - d) Agency and NFP will continue to comply with all relevant state, federal laws and all other provisions of this Agreement with respect to maintaining Client confidentiality;
 - e) All materials in Agency's possession that utilize the Nurse-Family Partnership logo, tag line, or other protected marks must be returned to NFP or destroyed;
 - f) All copies of Proprietary Property that have been provided to Agency by NFP or that have come into Agency's possession from other sources must be returned to NFP or destroyed; and
 - g) Agency will cease to implement the Program and will cease to represent that it is implementing the Program.

VI. DISPUTE RESOLUTION. If a dispute arises relating to this Agreement, the Parties shall attempt to resolve that dispute at the lowest possible level. If the dispute cannot be resolved at that level, the dispute shall be elevated to the Director, Program Development, of NFP and the Program Supervisor. If these persons cannot resolve the dispute, it shall be elevated to the next organizational level of NFP and Agency. If the dispute is not resolved through the foregoing process within a reasonable period of time, not to exceed any period of time that could reasonably be deemed to have a detrimental impact on the implementation of the Program by Agency, either party may initiate dispute resolution through any avenue permitted in law or in equity.

VII. LIABILITY.

- A. Each party hereto agrees to be responsible and assume liability for its own wrongful or negligent acts or omissions, or those of its officers, agents or employees to the full extent allowed by law.
- B. No liability hereunder shall result to a party by reason of delay in performance caused by force majeure, that is, circumstances beyond the reasonable control of the party.

VIII. ASSIGNMENT; SUBCONTRACTING. Except as provided herein, this Agreement, and the rights and obligations, interests and benefits hereunder, shall not be assigned, transferred, pledged or hypothecated in any way to any third party, including financing institutions, without the prior written consent of the other Party. Without limiting the previous sentence, Agency shall not have the right to engage or utilize the services of any subcontractor other than those subcontractors specified in Exhibit B, Approved Implementation Subcontractors, to perform any of Agency's services hereunder without the prior written consent of NFP. Additionally, the Agency shall not respond to social impact bond or "pay for success" solicitations or enter into contracts or funding arrangements that link Program implementation performance to repayment of funding and name the Program as the targeted service without NFP's prior written consent.

IX. MISCELLANEOUS PROVISIONS.

- A. Consents. Whenever a party's consent or approval is required under this Agreement, such consent or approval shall not be unreasonably withheld. If consent or approval is required by an employee of a party, the party who employs such employee shall cause the employee to give or withhold such consent or approval in accordance with this Paragraph. If no response is received by the requesting party within ten business days after delivery of the applicable request, consent shall be deemed given.
- B. Notices. All notices and other communications that are required or permitted to be given to the Parties under this Agreement shall be sufficient in all respects if given in writing and delivered by overnight courier or certified mail, postage prepaid, return receipt requested, to the receiving party at the following address:

For NFP:

Original to:

Nurse-Family Partnership
 1900 Grant Street, Suite400
 Denver, CO 80203
 Attention: Chief Executive Officer
 Telephone: 303-327-4274
 Facsimile: 303-327-4260
 Email:

Tom.Jenkins@NurseFamilyPartnership.org

With a copy to:

Nurse-Family Partnership
 1900 Grant Street, Suite400
 Denver, CO 80203
 Attention: Elizabeth Jasper
 Telephone: 303-327-4247
 Facsimile: 303-327-4260
 Email:

Elizabeth.Jasper@NurseFamilyPartnership.org

For Agency:

Original to:

Attention:
 Telephone:
 Facsimile:
 Email:

Attention:
 Telephone:
 Facsimile:
 Email:

or to such other address as such party may have given to the other by notice pursuant to this Paragraph. Notice shall be deemed given on the delivery or refusal date, as specified on the return receipt in the case of certified mail or on the tracking report in the case of overnight courier.

- C. Binding Upon Successors and Assigns. This Agreement, and all covenants, terms, provisions, and agreements contained herein, shall be binding upon and shall inure to the benefit of the Parties' respective successors and permitted assigns.
- D. Waivers. No covenant, term, or condition, or the breach thereof, shall be deemed waived, except by written consent of the party against whom the waiver is claimed; and any waiver of the breach of any covenant, term, or condition shall not be deemed to be a waiver of any preceding or succeeding breach of the same or any other covenant, term, or condition.
- E. Responsibility for Debts and Obligations. Neither party shall be responsible either directly or indirectly for any of the debts or obligations of the other party except as provided under this Agreement.
- F. No Third Party Beneficiary. This Agreement does not create any third party beneficiary rights in any person or entity, including without limitation, financing institutions.

- G. Authority to Contract. The undersigned individuals represent that they are fully authorized to execute this Agreement on behalf of the respective Parties and make all representations, warranties and covenants set forth herein. The Parties represent and warrant that the execution, delivery, and performance of this Agreement have been duly authorized by all necessary corporate actions of the Parties and do not violate any laws or any provisions of any agreement to which the Parties are bound.
- H. No Joint Venture. Nothing contained in this Agreement shall be deemed or construed as creating a joint venture or partnership among the Parties. No party shall have the power to control the activities or operations of another party and their status is, and at all times shall continue to be, that of independent contractors with respect to each other. No party shall hold itself out as having authority or relationship in contravention of this Paragraph.
- I. Attorneys' Fees. If a party shall commence any action or proceeding against another party in order to enforce the provisions of this Agreement, or to recover damages as a result of the alleged breach of any of the provisions of this Agreement, the prevailing party shall be entitled to recover all reasonable costs in connection therewith, including reasonable attorneys' fees.
- J. Further Assurances. The Parties shall cooperate fully with each other and execute such further instruments, documents, and agreements, and shall give such further written assurances, as may be reasonably requested by another party to better evidence and reflect the transactions described herein and contemplated hereby, and to carry into effect the intent and purposes of this Agreement.
- K. Entire Agreement. This Agreement (together with Exhibits hereto, which are hereby incorporated by this reference) constitutes the entire agreement between the Parties relating to the subject matter hereof and supersedes all prior or contemporaneous agreements, whether written or oral, among themselves or their agents and representatives relating to the subject hereof. This Agreement may be altered, amended, or revoked only by an instrument in writing signed by all the Parties hereto.
- L. Severability. If any term or provision of this Agreement shall, to any extent, be determined to be invalid or unenforceable by a court or body of competent jurisdiction, the remainder of this Agreement shall not be affected thereby, and each term and provision of this Agreement shall be valid and enforceable to the fullest extent permitted by law.
- M. Applicable Law. This Agreement shall be governed by and construed according to the internal laws of the State of Colorado. By execution of this Agreement, each party submits and irrevocably waives any objection to in personam jurisdiction in the State of Colorado and the forum and convenience of the state and federal courts thereof.
- N. Survival. The terms and condition of this Agreement shall survive the expiration or termination of this Agreement to the full extent necessary for their enforcement and for the protection of the party in whose favor they operate.
- O. Counterparts and Facsimile Signatures. This Agreement may be executed in two or more counterparts, each of which shall be deemed an original and all of which, taken together, shall constitute one agreement. A facsimile signature to this Agreement shall be deemed an original and binding upon the party against whom enforcement is sought.

P. Dispute Resolution. If a dispute arises relating to this Agreement, the Parties shall attempt to resolve that dispute in good faith. If the dispute is not resolved through the best efforts of the Parties within a reasonable period of time, not to exceed any period of time that could reasonably be deemed to have a detrimental impact on the implementation of the Program, either Party may initiate dispute resolution through any avenue permitted in law or in equity.

Q. Social Impact Bonds. The Parties acknowledge and agree that, because of the nature of the outcome payments associated with social impact bonds and other “pay for success” arrangements, investors will be more likely to select programs with proven records and evaluation techniques that maximize the chances of demonstrating positive outcomes, such as the Program. Recognizing that investors may want to have more control over Program implementation to shore up investment, Agency shall request NFP’s prior written consent before entering into any such agreements, including responses to solicitations for such agreements.

IN WITNESS WHEREOF, the Parties hereto have caused this Agreement to be executed as of the date set forth herein by their duly authorized representatives.

For NFP:
Nurse-Family Partnership

For Agency:

By: _____

By: _____

Date: _____

Date: _____

Federal EIN: 20-0234163

EXHIBIT A. NURSE-FAMILY PARTNERSHIP MODEL ELEMENTS

When the Program is implemented in accordance with these Model Elements, the Parties can reasonably have a high level of confidence that results will be comparable to those measured in research. Conversely, if implementation does not incorporate these Model Elements, results may be different from research results.

- Element 1 Client participates voluntarily in the Nurse-Family Partnership program.
- Element 2 Client is a first-time mother.
- Element 3 Client meets low- income criteria at intake.
- Element 4 Client is enrolled in the program early in her pregnancy and receives her first home visit by no later than the end of the 28th week of pregnancy.
- Element 5 Client is visited one to one, one Nurse Home Visitor to one first-time mother/ family.
- Element 6 Client is visited in her home.
- Element 7 Client is visited throughout her pregnancy and the first two years of her child's life in accordance with the current Nurse-Family Partnership Guidelines.
- Element 8 Nurse Home Visitors and Nursing Supervisors are registered professional nurses with a minimum of a Baccalaureate degree in nursing.
- Element 9 Nurse Home Visitors and Nursing Supervisors complete core educational sessions required by NFP NSO and deliver the intervention with fidelity to the NFP Model.
- Element 10 Nurse Home Visitors, using professional knowledge, judgment and skill, apply the Nurse-Family Partnership Visit-to-Visit Guidelines individualizing them to the strengths and challenges of each family and apportioning time across defined program domains.
- Element 11 Nurse Home Visitors apply the theoretical frameworks that underpin the program, emphasizing Self-Efficacy, Human Ecology and Attachment theories, through current clinical methods
- Element 12 A full time Nurse Home Visitor carries a case load of no more than 25 active clients.
- Element 13 A full-time Nursing Supervisor provides supervision to no more than 8 individual Nurse Home Visitors
- Element 14 Nursing Supervisors provide Nurse Home Visitors clinical supervision with reflection, demonstrate integration of the theories, and facilitate professional development essential to the Nurse Home Visitor role through specific supervisory activities including 1:1 clinical supervision, case conferences, team meetings and field supervision.
- Element 15 Nurse Home Visitor and Supervisors collect data as specified by the NFP NSO and use NFP Reports to guide their practice, assess and guide program implementation, inform clinical supervision, enhance program quality, and demonstrate program fidelity.

Element 16 Nurse-Family Partnership Implementing Agency is located in and operated by an organization known in the community for being a successful provider of prevention services to low-income families.

Element 17 Nurse-Family Partnership Implementing Agency convenes a long-term Community Advisory Board that meets at least quarterly to promote a community support system to the program and to promote program quality and sustainability.

Element 18 Adequate support and structure shall be in place to support Nurse Home Visitors and Nursing Supervisors to implement the program and to assure that data is accurately entered into the data base in a timely manner.

EXHIBIT B. APPROVED IMPLEMENTATION SUBCONTRACTORS

NFP has approved the following organization as a Subcontractor through which Agency will implement the Program according to the terms of this Agreement:

Additional Subcontractors may be added by mutual agreement and written amendment to this Exhibit B.

Cass County
Wadena County

EXHIBIT C. NURSE-FAMILY PARTNERSHIP SUPPORT FOR AGENCY

To help Agency implement the Program with Fidelity to the Model, NFP provides the following support to Agency:

- I. NFP provides support to help Agency prepare to implement the Program including:
 - A. Materials to help Agency:
 1. Maintain Agency's work space;
 2. Maintain telecommunications and computer capabilities;
 3. Recruit, hire, and retain Program Supervisors, Nurse Home Visitors, and administrative support staff;
 4. Maintain and improve a network of sources who may refer low-income, first-time mothers to Agency;
 5. Facilitate enrollment of Clients;
 6. Maintain and improve a network of social services that can provide support to Agency's Clients;
 7. Work with media;
 8. Inform the community and build support for Agency, the Program, and Program Benefits;
 9. Establish and maintain strong, stable, and sustainable funding for Agency operations.
 - B. An ETO users' manual, which provides instructions describing what data must be collected for ETO by Agency staff, how that data must be entered into ETO, and how reports can be obtained. NFP may modify the ETO users' manual from time to time and will provide Agency with updated versions on a timely basis.
 - C. Access to an Internet-based discussion forum with other entities that are implementing the Program.
 - D. A visit to Agency by a member of NFP staff to offer direct consultation on Program implementation.
- II. NFP provides ongoing support to Agency via telephone and email during Program implementation and operation, including:
 - A. Consultation with respect to topics such as human resources, developing community support, keeping interested constituencies informed about progress and results, planning and implementing expansion, and sustaining and increasing funding;
 - B. Clinical consultation for Program Supervisors and Nurse Home Visitors;
 - C. Consultation regarding data collection, entry, management, and interpretation.
 - D. On-site consultation as is mutually deemed necessary and appropriate.
- III. NFP provides a description of education programs, both required and optional, and a schedule of upcoming education events and locations. NFP may modify the specific names, descriptions, and content of education programs, as well as their schedule and locations from time to time and will inform Agency of such modifications on a timely basis.
- IV. NFP provides education to Program Supervisors and Nurse Home Visitors at dates and locations to be determined by NFP. Education will cover the following topics:
 - A. The Program, Program Benefits, and Model Elements;
 - B. Use of ETO, including data collection, entry, management, and interpretation;
 - C. Implementation of the Program using the NFP Visit-to-Visit Guidelines and associated tools and materials;
 - D. Knowledge and skills needed by the NFP Program Supervisor; and
 - E. Other aspects of the Program that NFP believes are warranted for successful Program implementation by the staff at Agency.

- V. NFP provides Visit-to-Visit Guidelines and other materials to help Program Supervisors and Nurse Home Visitors implement the Program with Fidelity to the Model Elements. NFP may modify the Visit-to-Visit Guidelines from time to time and will provide Agency with updated versions on a timely basis.
- VI. NFP provides support for Agency's use of ETO, including:
 - A. Monitoring the Agency's data collection and entry activity and quality and providing feedback to Agency as appropriate;
 - B. Maintaining and supporting ETO software;
 - C. Upgrading ETO software when deemed necessary by NFP; and
 - D. Technical assistance via telephone or e-mail to support Agency's use of ETO.
- VII. NFP provides implementation reports and evaluation reports at such times as NFP deems commercially reasonable and necessary to meet the needs of Agency and entities to which Agency may be obligated to provide such information. Subject to applicable federal and state laws, if any, such reports cover:
 - A. Agency activity. Reports designed primarily for Program Supervisors and Nurse Home Visitors to help them manage Nurse Home Visitor activity.
 - B. Quality improvement. Reports aimed to help Agency improve Fidelity to the Model including reports designed (i) to assist Program Supervisors and Nurse Home Visitors identify and prioritize actions for improving Program outcomes, and (ii) to help NFP staff assess how Agencies are performing with respect to Fidelity to the Model.
 - C. Program outcomes. Reports designed to help Program Supervisors and funding decision makers assess the effectiveness of the Program as applied to Agency's particular circumstances.
 - D. These reports are available on a pre-defined schedule or from the ETO Website on demand. NFP may modify the Program Reports from time to time.
- VIII. NFP will provide art work and color and usage guidelines to help Agency develop and produce communications materials that properly use the NFP trademark, logo, tag lines, and other copyrighted or otherwise protected language, images, and materials controlled by NFP.
- IX. From time to time, NFP may engage either internal or external auditors to evaluate the performance of the Agency. Agency will cooperate fully with any quality audit that is undertaken by or on behalf of NFP.

EXHIBIT D. FEES FOR NURSE-FAMILY PARTNERSHIP SERVICES

NFP fees for services provided under this Agreement will be as follows, subject to change in accordance with Section IV F:

Nurse Home Visitor Education Fee (Invoiced upon completion of the face-to-face session)			
Price Effective Date	End Date	Unit Price	Unit of Measure
11/1/2013	10/31/2014	\$4,069.00	One time per NHV or Supervisor
11/1/2014	10/31/2015	\$4,069.00	
11/1/2015	10/31/2016	\$4,272.00	
NFP Program Supervisor Education Fee (Invoiced upon completion of the first face-to-face session)			
Price Effective Date	End Date	Unit Price	Unit of Measure
11/1/2013	10/31/2014	\$734.00	One time per Supervisor
11/1/2014	10/31/2015	\$734.00	
11/1/2015	10/31/2016	\$771.00	
NFP Agency Administrator Education Fee (Invoiced upon completion of the first face-to-face session)			
Price Effective Date	End Date	Unit Price	Unit of Measure
11/1/2013	10/31/2014	\$480.00	One time per Administrator
11/1/2014	10/31/2015	\$480.00	
11/1/2015	10/31/2016	\$504.00	
NHV Educational Materials Fee (Invoiced upon completion of the face-to-face NHV Education session)			
Price Effective Date	End Date	Unit Price	Unit of Measure
11/1/2013	10/31/2014	\$517.00	One time per NHV Trainee
11/1/2014	10/31/2015	\$517.00	
11/1/2015	10/31/2016	\$543.00	
Annual Program Support Fee (Invoiced annually on the Price Effective Date)			
Price Effective Date	End Date	Unit Price	Unit of Measure
11/1/2013	10/31/2014	\$7,046.00	Per Program Supervisor Position per Year
11/1/2014	10/31/2015	\$7,046.00	
11/1/2015	10/31/2016	\$7,398.00	
Annual Nurse Consultation Fee for Each First Program Supervisor at a Location (Invoiced annually on the Price Effective Date)			
Price Effective Date	End Date	Unit Price	Unit of Measure
11/1/2013	10/31/2014	\$8,447.00	Per Program Supervisor Position per Year
11/1/2014	10/31/2015	\$8,447.00	
11/1/2015	10/31/2016	\$8,869.00	
Annual Nurse Consultation Fee for Each Additional Program Supervisor at a Location (Invoiced annually on the Price Effective Date)			
Price Effective Date	End Date	Unit Price	Unit of Measure
11/1/2013	10/31/2014	\$5,068.00	Per Program Supervisor Position per Year
11/1/2014	10/31/2015	\$5,068.00	
11/1/2015	10/31/2016	\$5,321.00	
Program Supervisor Expansion or Replacement Fee (Invoiced at the time of hire)			
Price Effective Date	End Date	Unit Price	Unit of Measure
11/1/2013	10/31/2014	\$2,764.00	One time per Expansion or Replacement Program Supervisor per Year
11/1/2014	10/31/2015	\$2,764.00	
11/1/2015	10/31/2016	\$2,902.00	

Exhibit E. HIPAA Business Associate Addendum

All references to Agency in this Exhibit E are understood to include Subcontractors.

- I. The U.S Department of Health and Human Services has issued final regulations, pursuant to the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), governing the privacy of individually identifiable health information. See 45 CFR Parts 160 and 164 (the “HIPAA Privacy Rule”). The Agency, as a “Covered Entity” as defined by HIPAA, is a provider of health care, a health plan, or otherwise has possession, custody or control of health care information or records.
- II. “*Protected health information*” (“PHI”) means individually identifiable health information including all information, data, documentation and records, including but not limited to demographic, medical, and financial information that relates to the past, present, or future physical or mental health or condition on an individual; the provision of health care to an individual or payment for health care provided to an individual; and that identifies the individual or which Agency believes could be used to identify the individual.
 - A. “*Electronic protected health information*” means PHI that is transmitted by electronic media or maintained in electronic media.
 - B. “*Security incident*” means the attempted or successful unauthorized access, use, disclosure, modification, or destruction of information or interference with system operations in an information system.
- III. NFP is considered a Business Associate of Agency, as NFP either: (A) performs certain functions on behalf of or for Agency that may involve the use or disclosure of protected individually identifiable health information by Agency to NFP, or the creation or receipt of PHI by NFP on behalf of Agency; or (B) provides legal, actuarial, accounting, consulting, data aggregation, management, administrative, accreditation, financial or social services for Agency involving the disclosure of PHI.
- IV. NFP agrees that all PHI obtained as a result of this Agreement shall be kept confidential by NFP, its agents, employees, successors and assigns as required by HIPAA law and regulations and by this Agreement and addendum.
- V. NFP agrees to use or disclose PHI solely (A) for meeting its obligations under this Agreement, or (B) as required by law, rule or regulation or as otherwise permitted under this Agreement of the HIPAA Privacy Rule.
- VI. The parties acknowledge that data that may be (but is not with certainty) PHI is collected during the term of this Agreement for NFP’s reporting and evaluation of (a) Agency’s implementation of the Program, (b) comparison of Agency’s implementation of the Program with implementation by other entities, and (c) regional and national patterns and trends in Program implementation. Returning this data is not feasible. Therefore, NFP shall extend the protections of this Agreement to such data and/or PHI and limit further uses and disclosures of such data and/or PHI to those set out in this agreement for so long as NFP maintains such data and/or PHI. If it becomes necessary for NFP to use the data and/or PHI in any manner other than what is contemplated in this Agreement, NFP agrees to consult with and obtain the permission of the Agency.
- VII. In the course of providing the services to Agency under the terms of this agreement, NFP will be enabling the Prevention Research Center for Family and Child Health (“PRC”), an organization which is part of the University of Colorado at Denver and Health Sciences Center, to access data that may be PHI for the purposes of research, analysis, and reporting. NFP will ensure that PRC and its employees and NFP’s agents, employees, subcontractors or others to whom it provides PHI received by or created by NFP on behalf of Agency agree to the same restrictions and conditions that apply to NFP with respect to such information. NFP also agrees to take all reasonable steps to ensure that its employees’, agents’ or subcontractors’ actions or omissions do not cause NFP to breach the terms of this Addendum. NFP will use all appropriate safeguards to prevent the use or disclosure of PHI other than pursuant to the terms and conditions of this Agreement and Addendum.

- VIII. NFP shall, within three (3) days of becoming aware of any use or disclosure of PHI, other than as permitted by this contract and Addendum, report such disclosure in writing to Agency.
- IX. NFP shall make available such information in its possession which is required for Agency to provide an accounting of disclosures in accordance with 45 CFR 164.528. In the event that a request for accounting is made directly to NFP, NFP shall forward such request to Agency within two (2) days of such receipt. NFP shall implement an appropriate record keeping process to enable it to comply with the requirements of this provision. NFP shall maintain data on all disclosures of PHI for which accounting is required by 45 CFR 164.528 for at least six (6) years after the date of the last such disclosure.
- X. NFP shall make PHI available to Agency upon request in accordance with 45 CFR 164.524.
- XI. NFP shall make PHI available to Agency upon request for amendment and shall incorporate any amendments to PHI in accordance with 45 CFR 164.526.
- XII. NFP shall make its internal practices, books, and records relating to the use and disclosure of PHI received from or created or received by NFP on behalf of Agency available to the Secretary of the U.S. DHHS for purposes of determining Agency's compliance with the HIPAA Privacy Rule.
- XIII. Compliance with Security Regulations: In addition to the other provisions of this Addendum, if NFP creates, receives, maintains, or transmits electronic PHI on Agency's behalf, NFP shall:
- A. Implement administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of the electronic protected health information that it creates, receives, maintains, or transmits on behalf of Agency;
 - B. Ensure that any agent, including a subcontractor, to whom it provides such information agrees to implement reasonable and appropriate safeguards to protect it; and
 - C. Report to Agency any security incident of which it becomes aware.
- XIV. NFP agrees to indemnify and hold Agency harmless from and against all liability and costs, including attorneys' fees, created by a breach of this Addendum by NFP, its agents, employees or subcontractors, without regard to any limitation or exclusion of damages provision otherwise set forth in the Agreement.
- XV. Notwithstanding any other provision of the Agreement, Agency shall have the right to terminate the Agreement immediately if Agency determines that NFP has violated any material term of this Exhibit D.

EXHIBIT F. AGENCY RESPONSIBILITIES

To ensure that the Nurse-Family Partnership Program is implemented with Fidelity to the Model, Agency (all references to Agency in this Exhibit F are understood to include Subcontractors) will undertake the following actions during initial implementation and ongoing operation:

- I. Agency shall:
 - A. Maintain an appropriate work space for staff who are to implement the Program;
 - B. Maintain appropriate telecommunications and computer capabilities for staff;
 - C. Recruit, hire, and retain Program Supervisors, Nurse Home Visitors, and administrative support staff;
 - D. Maintain and improve a network of referral sources who may refer low-income, first-time mothers to Agency;
 - E. Enroll clients that meet the criteria specified in the Model Elements.
 - F. Maintain and improve a network of social services that can provide support to Agency's Clients;
 - G. Work with media to ensure timely and accurate communication to the public about the Program and its implementation by Agency;
 - H. Inform the community and build support for Agency, the Program, and Program Benefits;
 - I. Establish and maintain strong, stable, and sustainable funding for Agency operations.
 - J. Utilize NFP's Internet-based discussion forum to share learning with other entities that are implementing the Program.
 - K. Agency will keep NFP informed of implementation issues that arise.
- II. Agency will keep NFP informed of implementation issues that arise.
- III. Agency will ensure that all Program Supervisors, nurses, and administrative staff attend, participate in, and/or complete education programs required by NFP, do so on a timely basis, and, upon completion, demonstrate a level of competence deemed satisfactory by NFP.
- IV. Agency will ensure that no Nurse Home Visitor is assigned a case load or makes a Client visit (except in the company of an NFP-educated Nurse Home Visitor) until after she/he has completed education on the Program, Program Benefits, Model Elements, use of the CIS, and implementation of the Program for mothers who are pregnant.
- V. Agency will implement the Program in accordance with Visit-to-Visit Guidelines including:
 - A. Ensure enrollment of 23 to 25 first-time mothers per full-time Nurse Home Visitor within nine months of beginning implementation and make best efforts to maintain that level of enrollment on an ongoing basis;
 - B. Ensure that each full-time Nurse Home Visitor carries a caseload of not more than 25 active families;
 - C. Maintain the established visit schedule; and
 - D. Ensure that the essential Program content as described in the Visit-to-Visit Guidelines is covered with Clients by Nurse Home Visitors.
- VI. Agency will ensure the availability of appropriate, fully functioning computer systems and software at Agency for use of ETO and for communication with NFP by email.
- VII. Agency will ensure that Program Supervisors and Nurse Home Visitors (a) collect required data on client visits and enter it in ETO completely and accurately within one week of each client visit and (b) enter any other data for ETO completely and accurately on or before the last day of each calendar month, taking all appropriate steps to maintain client confidentiality and obtain any necessary written permissions or agreements for data analysis or disclosure

of protected health information, in accordance with HIPAA (Health Insurance Portability and Accountability Act of 1996) regulations, including, but not limited to, authorizations, data use agreements, business associate agreements, as necessary. Failure of Agency to comply with any applicable provision of HIPAA will constitute a breach of this Agreement.

- VIII. Agency will ensure that Program Supervisors:
 - A. Aim to develop a supportive relationship with the Nurse Home Visitors she/he supervises;
 - B. Meet one-on-one with each Nurse Home Visitor at least weekly to provide clinical supervision using reflection, preferably in person but by telephone where travel constraints limit nurse or Program Supervisor mobility;
 - C. Run activity reports and quality improvement reports from the ETO Website on a timely basis (typically monthly); use such reports to assess areas where systems, organizational, or operational changes are needed in order to enhance the overall quality of program operations; and develop and implement action plans based on such assessments.

- IX. Agency will develop a Community Advisory Board with diverse representation (for example, health, mental health, education, criminal justice, youth, business, social services, faith-based leaders, other prominent community organization leaders) to ensure broad-based community support for Agency's implementation of the Program.

- X. NFP will periodically assess the extent to which Agency is implementing the Program with Fidelity to the Model. When such assessment indicates opportunities for Agency to improve its results by strengthening Fidelity to the Model, NFP staff will meet with Agency supervision and mutually develop a plan to do so.

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 Community Support Services Plan	
Date of Meeting: Oct 22, 2013	Total time requested: 5
Department Requesting Action: HHS	
Presenting Board Action/Discussion at Meeting: Michael Steinbeisser	
Background <input checked="" type="checkbox"/> Supporting Documentation enclosed	
The Community Support Services Plan describes how the grant dollars are used for community adult mental health services.	
Options <input type="checkbox"/> Supporting Documentation enclosed	
Recommendation <input checked="" type="checkbox"/> The Todd County Board of Commissioners approves the following by Motion:	
Approves the Community Support Services Plan with MN Department of Human Services for CY 2014	
Financial Implications: \$76,418	Comments
Funding Source: 2014 grant from MN DHS	
Budgeted: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

Signatures	
STATE OF MINNESOTA } COUNTY OF TODD }	
I, Karen Busch, 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	

2014

CSP Grant Plan



CY2014 CSP Grant Plan

Adult Mental Health CSP Grant Plan Overview:

Section A: CSP Grant Plan Instructions and Information

Section B: County Specific Information

Section C: Waivers

Section D: Adult Mental Health CSP Grant Proposed Use

1. CSP Proposed Use

2. Housing Proposed Use

3. Projects for Assistance in Transition from Homelessness (PATH) Proposed Use

Section E: Unmet Needs

Section F: Outcome Measures

Section G: Questionnaire

Section H: Attachment: CY 2014 Adult Mental Health: CSP- MH1.xlsx

Section A: CSP Grant Plan Instructions and Information

Completing CSP Grant Plan sections B-F:

CSP Grant Plan sections B through G can be completed through responding to the questions outlined in each respective section.

Approval

Approval of your grant plan will be based on Minnesota Statute 245.465 which states that the county board in each county shall use its share of mental health funds allocated by the commissioner according to the mental health plan approved by the commissioner.

Submission and Contact Information

Submit your CY014 CSP Grant Plan, including *CY 2014 Adult Mental Health: CSP-MHI* to the DHS-Adult Mental Health Division before October 25, 2013. You can submit the plan to the email address: DHS.AMHD@state.mn.us. If needed the Adult Mental Health Division Program Consultants can provide technical assistance and answer questions about your plan or how to submit it. You can receive technical assistance through contacting your program consultant directly or contacting Wade Brost at 651-431-2244 or wade.brost@state.mn.us. Program Consultant contact information is provided below:

Program Consultants, Adult Mental Health Division

Wade R. Brost, Supervisor	651.431.2244	wade.brost@state.mn.us
Faye Bernstein, Program Consultant	651.431.2230	faye.bernstein@state.mn.us
Paul Heyl, Program Consultant	651.431.4206	paul.hey@state.mn.us
Ruth Moser, Program Consultant	651.431.4373	ruth.moser@state.mn.us
Angie Stratig, Program Consultant	651.431.3068	angela.stratig@state.mn.us
Gary Travis, Program Consultant	651.431.2252	gary.m.travis@state.mn.us
Shelley White, Program Consultant	651.431.2518	shelley.white@state.mn.us

Section B: County Specific Information

1. County Name: Todd

2. Who is the contact person for completing this grant plan?

Name	<u>Michael A. Steinbeisser</u>
Phone Number	320 - 732 - 0991 ext:
Email address	michael.steinbeisser@co.todd.mn.us

Section C: Waivers

Waiver Request for Day Treatment Services

Applicable Statute: M.S. 245.4712, Subd.2

Day treatment services must be developed as a part of the community support services available to adults with serious and persistent mental illness residing in the county. County boards may request a waiver from including day treatment services if they can document that:

- a. an alternative plan of care exists through the county's community support services for clients who would otherwise need day treatment services;
- b. day treatment, if included, would be duplicative of other components of the community support services; and
- c. county demographics and geography make the provision of day treatment services cost ineffective and infeasible.

Does your county request a waiver from the provision of adult mental health day treatment services? Yes No

If you are requesting a waiver, review the criteria described above and provide the rationale for your request, including documentation to support your rationale.

The county has a CSP contract with Northern Pines Mental Health Center which allows for individual services to clients as well as access to ARMHS groups for those not MA Eligible. ARMHS groups have been offered on topics including DBT and IMR.

There are also a number of other support group resources offered to Todd County residents. Lakewood Health Systems in Staples, MN has a Structured Out Patient program for adults over the age of 55, the Consumer Survivor Network offers WRAP classes, Centra Care Health offers the DIAMOND program and Lifesteps Counseling has offered Womens Support Groups as well.

Waiver Request for Emergency Services

Applicable Statute: M.S.245.469, Subp.2.

The county board shall require that all service providers of emergency services to adults with mental illness provide immediate direct access to a mental health professional during regular business hours. For evenings, weekends, and holidays, the service may be by direct toll free telephone access to a mental health professional, a mental health practitioner, or until January 1, 1991, a designated person with training in human services who receives clinical supervision from a mental health professional.

The commissioner may waive the requirements that the evening, weekend, and holiday service be provided by a mental health professional or mental health practitioner if the county documents that:

- a. mental health professionals or mental health practitioners are unavailable to provide this service;

- b. services are provided by a designated person with training in human services who receives clinical supervision from a mental health professional; and
- c. the service provider is not also the provider of fire and public safety emergency services.

The commissioner may waive the requirement that the evening, weekend, and holiday service not be provided by the provider of fire and public safety emergency services if:

- a. every person who will be providing the first telephone contact has received at least eight hours of training on emergency mental health services reviewed by the state advisory council on mental health and then approved by the commissioner;
- b. every person who will be providing the first telephone contact will annually receive at least four hours of continued training on emergency mental health services reviewed by the state advisory council on mental health and then approved by the commissioner;
- c. the local social service agency has provided public education about available emergency mental health services and can assure potential users of emergency services that their calls will be handled appropriately;
- d. the local social service agency agrees to provide the commissioner with accurate data on the number of emergency mental health service calls received;
- e. the local social service agency agrees to monitor the frequency and quality of emergency services; and
- f. the local social service agency describes how it will assure that a mental health professional will be available for at least telephone consultation within 30 minutes.

Does your county request a waiver for emergency services? Yes No

If you are requesting a waiver, review the criteria described above and provide a brief rationale for your request, including a description of the training that the fire and public safety emergency services staff will receive, documentation of the provision of public education provided by the local mental health agency, and how the local social services agency will assure that a mental health professional will be available for at least telephone consultation within 30 minutes of the request for service.

Waiver Request for MA Crisis Response Services

Applicable Statute: (256B.0624)

Mental health mobile crisis intervention services are provided on-site by a mobile crisis intervention team outside of an inpatient hospital setting. Mental health mobile crisis intervention services must be available 24 hours a day, seven days a week (24/7).

Legislation requires that the 24/7 standard must be met in order that any of the Crisis Response Services be authorized for a given provider, unless a waiver of this standard is granted. In order to be eligible for waiver and reimbursement a county or region must:

- a. demonstrate that 24-hour daily service is not feasible due to geographic or other barriers; and
- b. submit a plan for alternative provision of services to be approved by the Commissioner of Human Services.

Does your county request a waiver for MA Crisis Response Services? Yes No

If you are requesting a waiver, review the criteria described above and complete the information provided below.

Please describe the geographic or other barriers that prevent provision of these services.

Please provide any data you have collected identify the need for crisis services at various times of the day.

Please describe the services proposed as an alternative to the 24 hour daily Mobile Crisis Response Services and how these services will meet the following requirements:

- a. result in increased access and a reduction in disparities in the availability of crisis services;
- b. provide mobile services outside of the usual nine-to-five office hours and on weekends and holidays; and
- c. comply with standards for emergency mental health services in section 245.469.

Section D: Adult Mental Health CSP Grant Proposed Use

1. CSP Proposed Use

For each BRASS Code identified below, describe your proposed use of CSP funds to be awarded for CY 2014. If grant funds are being used for a Medicaid billable service, please explain why?

402x Community Education and Prevention

403x Client Outreach (Community Support Program)

408X Adult Outpatient Diagnostic Assessment/Psychological Testing

416x Transportation

418x Client Flex Funds

420x Peer Support Services

431x Adult Mental Health Crisis Assessment and Intervention Services

434x Other Community Support Program Services (CSP)

Northern Pines Mental Health Center is the contracted provider of CSP services for Todd County. Below is the description of the services they provide to clients with the CSP grant dollars.

1. Conducting outreach activities such as home visits, health and wellness checks, and problem solving;
Staff respond to requests for home based mental health support services and meet with individuals to help them problem solve by identifying formal and in-formal resources and supports.
2. Connecting people to resources to meet their basic needs;
Individuals are assisted to access community resources that can meet their basic living needs. This includes financial assistance, community food pantries, Salvation Army, etc. Individuals are assisted to enhance their skills and ability to budget, meal plan, shop, etc.
3. Finding, securing, and supporting people in their housing;
CSP staff are knowledgeable about housing options and availability in the county. They assist clients to access other subsidized housing and other financial housing supports if needed. They also work with clients to maintain current housing.
4. Attaining and maintaining health insurance benefits;
NPMH staff have good working relationships with county financial program staff to assist individuals to access health insurance benefits and also help individuals to communicate with their health care provider to clarify coverage and eligibility questions based on individual situations. They also help individuals complete/update eligibility reviews as necessary to maintain coverage.
5. Assisting with job applications, finding and maintaining employment, and securing a stable financial situation;

Individuals are assisted to locate and utilize resources to find employment. Staff assist individuals to find job openings, complete job applications, and prepare for interviews. Staff also assist individuals to problem solve vocational issues that may arise in order to maintain employment.

6. Fostering social supports (including peer support);
Individuals are assisted to make connections with community resources for peer support. This may include providing information about Drop-In Center hours, locations, and scheduled events. This may also include connecting individuals to other peer support resources, such as CSN, NAMI, and Certified Peer Specialists.
7. Educating about mental illness, treatment and recovery;
Education is done individually and in group settings through the use of IMR principles. Topic specific groups, such as DBT, are also offered. Connections are made to other medical, mental health, and chemical dependency professionals as needed to assist the individual in accessing needed information about their illness and choices for the recovery.

436x Adult Crisis Stabilization

437x Supported employment

438x Assertive Community Treatment (ACT)

443x Housing Subsidy

446x Basic Living/Social Skills and Community Intervention

451x Emergency Response Services

452x Adult Outpatient Psychotherapy

454x Adult Outpatient Medication Management

468x Adult Day Treatment

469x Partial Hospitalization

474x Adult Residential Treatment

491x Adult Rule 79 Case Management

2. Crisis Services Proposed Use

For each BRASS Code identified in the table below, describe your proposed use of Crisis Services funds to be awarded for CY 2014. If grant funds are being used for a Medicaid billable service, please explain why?

431x Adult Mental Health Crisis Assessment and Intervention Services

436x Adult Crisis Stabilization

451x Emergency Response Services

3. Housing with Support Proposed Use

For each BRASS Code identified in the table below, describe your proposed use of Housing with Support renewal funds to be awarded for CY 2014. If grant funds are being used for a Medicaid billable service, please explain why?

403x Client Outreach (Community Support Program)

416x Transportation

418x Client Flex Funds

420x Peer Support Services

434x Other Community Support Program Services (CSP)

1. Conducting outreach activities such as home visits, health and wellness checks, and problem solving
2. Connecting people to resources to meet their basic needs
3. Finding, securing, and supporting people in their housing
4. Attaining and maintaining health insurance benefits
5. Assisting with job applications, finding and maintaining employment, and securing a stable financial situation
6. Fostering social supports (including peer support)
7. Educating about mental illness, treatment and recovery

443x Housing Subsidy

446x Basic Living/Social Skills and Community Intervention

493x Adult General Case Management

Housing with Support Renewal Application: The provider will need to complete and submit the accompanying Application and Narrative and Renewal Budget. See the 2013 HSASMI Renewal Notice for details.

4. *Projects for Assistance in Transition from Homelessness (PATH) Proposed Use*

For each BRASS Code identified in the table below, describe your proposed use of PATH funds to be awarded for CY 2014. If grant funds are being used for a Medicaid billable service, please explain why?

402x Community Education and Prevention

403x Client Outreach (Community Support Program)

434x Other Community Support Program Services (CSP)

1. Conducting outreach activities such as home visits, health and wellness checks, and problem solving
2. Connecting people to resources to meet their basic needs
3. Finding, securing, and supporting people in their housing
4. Attaining and maintaining health insurance benefits
5. Assisting with job applications, finding and maintaining employment, and securing a stable financial situation
6. Fostering social supports (including peer support)
7. Educating about mental illness, treatment and recovery

443x Housing Subsidy

446x Basic Living/Social Skills and Community Intervention

493x Adult General Case Management

PATH Application: Federal PATH, along with the State match, renewal funding is applied for through the annual Federal and State PATH application. The existing 11 PATH projects located in Ten counties will need to reapply for funding in the spring of 2014 upon release of the Federal and State PATH applications.

Section E: Unmet Needs

1. Please identify the Unmet Needs developed by your Local Advisory Councils.
The unmet needs for Todd County were developed by our Local Advisory Council with input from consumer surveys conducted by the Consumer Survivor Network. The Unmet Needs for Todd County were identified as:

1. Lack of awareness of available resources and support services.

This was identified as an unmet need based on Todd County data collected by CSN's survey. Of those surveyed, 51% reported they were not familiar with the region's Mobile Crisis Outreach service or how to access it. 51% reported they did not know what our Local Advisory Council was. 51% did not know where to locate information about legislative issues affecting mental health services, and 64% were not familiar with the Consumer Survivor Network of MN. It should be noted that not all services offered locally were asked about individually in the survey.

2. Participation in Peer Support or Drop-In Centers.

Although these services are available in Todd County, 70% surveyed reported that have not accessed these resources. Many of the reasons given for this included not being aware that it was available or how to access these supports.

3. Access to competitive community employment (both with and without supports)

CSN's survey showed that 58% of respondents reported they were not currently working. 47% of those not currently working reported that they would like to be. Anecdotally, case managers and other mental health providers have reported that it is often difficult for supported employment agencies to find competitive work for consumers with-in the community.

2. How has the County engaged local Tribal Nations or Tribal Organizations in the determination of Unmet Needs in your area?
Our county has participated in the Regional Adult Mental Health Initiatives efforts to engage Tribal Organizations in determination of Unmet Needs in our area. Todd County does not have a Tribal Nation bordering our county, but we do work with the Leech Lake and Mille Lacs Band of Ojibwe as partners at the Region V+ Mental Health Initiative.

3. What is your plan to address the Unmet Needs?

1. Lack of awareness of available resources and support services.

Todd County Health and Human Services will work through it's Local Advisory Council to identify and implement ways to promote awareness of existing services. We will also work with Region V+ on its efforts to do the same. We have the presence of two consumer support agencies, CSN and Wellness in the Woods with-in the county, and plan to work with

them on this effort as well. In addition, the county has participated in the Leaders Partnering to End Poverty project in the Staples/Motley area of the county. Awareness of mental health resources and stigma reduction are among the topics being worked on by the group as well.

2. Participation in Peer Support or Drop-In Centers

A new Drop-In Center location was recently opened with-in the county. There are now two Drop-In Center sites available, one in Browerville and one in Staples. Northern Pines Mental Health Center employees Certified Peer Support Specialists with-in the county, and there are two consumer support agencies with a presence here. We will work with these providers and partners to increase awareness of these resources. We will also help overcome barriers to accessing these supports as they are identified.

3. Access to competitive community employment (both with and without supports)

Todd County Health and Human Services will participate in Region V+'s efforts to implement IPS. We will also reach out to our vocational support providers to encourage their efforts to develop and implement IPS. In addition, we will continue to work with our partners at CEP, VRS, and at the individual vocation support agencies to find meaningful employment opportunities for our consumers.

Section F: Outcome Measures

Through the use of outcome measure we are able to measure the grant’s effect and maximize the impact of the grant dollars. The outcome measures help identify and clarify effective services/practices and those services/practices needing improvement; as well as evidencing the need for continued grant funding.

Beginning in CY15, DHS intends to collect participant level outcome information. In preparation for this DHS will be working with counties, tribal nations and organizations, and AMHIs to develop a data collection methodology that can be used throughout the state.

The outcome measures you complete will assist us in analyzing statewide similarities and differences in services/practices, identify local and statewide technical assistance needs and guide future mental health policy. Please respond to the questions below.

Regional Housing Plan

The availability of affordable and Permanent Supportive Housing is a frequently cited unmet need for persons with a SMI and their families. Identify how many households (person with SMI, or person with a SMI and their family) who were served with CSP funding for BRASS Code 443x Housing Subsidy. An example table is outlined below.

Services	Households in CY12	Amount in CY12	Households Projected for CY14	Amount Budgeted for CY14
All BRASS Code 443x				
Rent (monthly subsidy)				
Utilities (monthly subsidy)				
Deposits for housing and utilities				
Household furnishing and supplies				
Storage and moving				

Employment

Have you implemented the Individual Placement and Support (IPS) employment model within your county? No

If you have not implemented IPS throughout your county, what is your plan to do so and what technical assistance would you like to assist you in achieving this goal?

Todd County Health and Human Services will participate in Region V+'s efforts to implement IPS. We will also reach out to our vocational support providers to encourage their efforts to develop and implement IPS.

Tribal Nation Involvement

Please describe how Tribal Nations and/or Organizations in the county are involved in the CSP fiscal and mental health service planning, decisions and evaluation?

We do not have any Tribal Nations within or bordering our county, but we do work with the tribes at the regional level.

Culturally Responsive Services

Please identify your plan to provide culturally responsive services throughout your county? The services should be reflective of the people of your county. How will you measure success, effectiveness, etc.?

Todd County Health and Human Services will be implementing an automated telephone answering system, which will include a spanish version of the menu to better assist our spanish speaking residents. Our agency does have two bilingual staff and also utilizes interpreter services when needed. In addition, we encourage staff to participate in training opportunities to increase their own cultural knowledge on any number of topics. We currently do not have a formalized way to measure our effectiveness, but utilize anecdotal information from our customers and staff.

Medicaid and Medicare

What is your plan (outreach and technical assistance) to ensure all MA eligible persons become enrolled? Take into consideration the 2014 MA expansion.

Todd County Health and Human Services has put information on our website and in newspaper articles throughout the county about expanding insurance options. Our agency has also added staff and is implementing an electronic document management system to increase efficiency of existing workers. In addition, there are Navigators and Assistors available in our area to help persons application process for for insurance.

What administrative and legislative barriers prevent Medicare and Medicaid recipients from obtaining the mental and behavioral health care they need?

One barrier that I have recently been made aware of is a lack of providers that are able to take medicare for reimbursement of talk therapy services.

What are the key policies that have led to improved outcomes for beneficiaries in programs that have tried integrated care models?

A mental health center in our county has been exploring the possibility of becoming a behavioral health care home. At this time I can not say with certainty that we have seen improved outcomes for participants of an integrated care model.

How can Medicare and Medicaid be cost-effectively reformed to improve access to and quality of care for people with mental and behavioral health needs?

I think services could be provided more cost effectively if we continued to break down the barriers to integrated services. There has been a renewed effort to increase the integration of care between silo-ed providers, but we still are often faced with situations in which there are a number of hoops that clients and helping professionals must jump through in order to get a person connected to the treatment or service that they need. We have had MI/CD clients who have had to leave CD treatments because of their mental health needs, just to have to start over in treatment with a different provider. It also seems to be a waste of resources to send individuals all over the state and at times out of the state for in-patient mental health hospitalization. Often times this results in a significant amount of travel for the individuals family members and our county staff.

Section G: Questionnaire

1. What technical assistance (data, program consultation, education, etc.) can DHS provide that will help you obtain your mental health service objectives?

I appreciate that assistance that we have received from our regions Program Consultant, Gary Travis. I think it would be helpful though if the CSP and AMHI grant plan applications were released at least a few of months in advance of the due date. I believe any assistance, direction, or education that could be provided in the area of performance and outcome measurements would be helpful.

2. What outcomes are you interested in DHS measuring?

I would be interested in DHS measuring outcomes related to the effectiveness of employment support services. It would be good to know if there are certain programs, counties, or regions that have developed very effective programs related to employment, or any other mental health service for that matter.

Section H: CY 2014 Adult Mental Health: CSP- MH1.xlsx

The CY 2014 CSP-MH1 Excel spreadsheet was sent to you along with the CSP Grant Application. For each BRASS Code identified on *CY 2014 Adult Mental Health: CSP-MH1* provide the proposed CSP, and if applicable Housing grant amount you expect to allocate to the service. Consult the requirements for the service category to ensure that grant funds are budgeted appropriately. Administrative costs are to be allocated across the relevant services. Check the totals on this worksheet are equal to the grant award letter totals for each funding source. Save the completed worksheets using your county name.

CY 2014 Adult Mental Health: CSP-MH1

County Name: **Todd**

BRASS Codes	Service Title	CSP	Total
402x	Community Education and Prevention	\$0	\$0
403x	Client Outreach (Community Support Program)	\$0	\$0
408x	Adult Outpatient Diagnostic Assessment/Psychological Testing	\$0	\$0
416x	Transportation	\$0	\$0
418x	Client Flex Funds	\$0	\$0
420x	Peer Support Services	\$0	\$0
431x	Adult Mental Health Crisis Assessment and Intervention Services	\$0	\$0
434x	(1) Conducting outreach activities	\$6,000	\$6,000
	(2) Connecting people to resources to meet their basic needs;	\$6,000	\$6,000
	(3) Finding, securing, and supporting people in their housing;	\$8,418	\$8,418
	(4) Attaining and maintaining health insurance benefits;	\$6,000	\$6,000
	(5) Assisting job applications, finding, maintaining employment, securing finances;	\$15,000	\$15,000
	(6) Fostering social supports (including peer support);	\$15,000	\$15,000
	(7) Educating about mental illness, treatment and recovery;	\$20,000	\$20,000
436x	Adult Crisis Stabilization	\$0	\$0
437x	Supported Employment	\$0	\$0
438x	Assertive Community Treatment (ACT)	\$0	\$0
443x	Housing Subsidy	\$0	\$0
446x	Basic Living/Social Skills and Community Intervention	\$0	\$0
451x	Emergency Response Services	\$0	\$0
452x	Adult Outpatient Psychotherapy	\$0	\$0
454x	Adult Outpatient Medication Management	\$0	\$0
468x	Adult Day Treatment	\$0	\$0
469x	Partial Hospitalization	\$0	\$0
474x	Adult Residential Treatment	\$0	\$0
491x	Adult Rule 79 Case Management	\$0	\$0
493x	Adult General Case Management		\$0
	Totals:	\$76,418	\$76,418
	CY 2014 Allocation	\$76,418	
	Non-allocated State Award		

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): Initiative Foundation grant award	
Date of Meeting: October 22, 2013	Total time requested: 5 mins
Department Requesting Action: HHS	
Presenting Board Action/Discussion at Meeting: Katherine Mackedanz	
Background <input type="checkbox"/> Supporting Documentation enclosed	
A Thriving Communities Partnership grant application was submitted to the Initiative Foundation to continue the work of Todd County Council on Aging. The grant application has been approved in the amount of \$10,000.	
Options <input type="checkbox"/> Supporting Documentation enclosed	
Recommendation <input type="checkbox"/> The Todd County Board of Commissioners approves the following by Motion:	
To accept the Initiative Foundation \$10,000 grant award for the Thriving Communities Partnership grant.	
Financial Implications: \$10,000	Comments
Funding Source: Initiative Foundation	
Budgeted: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

Signatures

STATE OF MINNESOTA }
 COUNTY OF TODD }

I, Karen Busch, 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

INITIATIVE FOUNDATION

405 1ST Street SE
Little Falls, MN 56345
www.ifound.org
(320) 632-9255

GRANT AGREEMENT

GRANT NUMBER: TCEC13-4406

GRANTEE: Todd County

PROJECT TITLE: "Feasibility Analysis of Eagle Bend School Building for Senior Services"

GRANT AMOUNT: \$10,000

GRANT PERIOD: October 1, 2013 to September 30, 2014

The Initiative Foundation (Foundation) and the Grantee are entering into this Agreement to establish the terms of a grant by the Foundation specific to the project noted above.

RESPONSIBILITIES OF THE INITIATIVE FOUNDATION

The Foundation will make an initial payment of the grant amount within 30 days upon receipt of this signed Grant Agreement. The Foundation reserves the right to discontinue, modify or withhold any amount of this grant if it determines, in its sole discretion, such action is necessary. The Foundation reserves the right to distribute any written, video or digital materials resulting from this effort.

RESPONSIBILITIES OF THE GRANTEE

- A. The Grantee hereby confirms and agrees that it is currently exempt from Federal income tax pursuant to Internal Revenue Code Section 501(c)(3) or is a local unit of government, and that it has not received any revocation or suspension notice from the IRS. The Grantee also agrees to notify the Foundation of any change in exempt status during the grant period.
- B. The Grantee hereby agrees to carry out this project and to use the grant funds only for the designated purpose as described in the grant application submitted to the Foundation. The Grantee agrees to obtain consent of the Foundation when activities deviate substantially from said grant application. The Grantee further agrees not to use the funds for any purpose prohibited by law.
- C. The Grantee hereby agrees to notify the Foundation about any of the following:
 - Any change in key personnel of the project or organization;
 - Any change in address or phone number;
 - Any development that significantly affects the operation of the project or the organization.
- D. The Grantee hereby agrees to maintain its books and records to show and separately account for the funds received under this grant, to maintain records of expenditures adequate to identify the

purposes for which grant funds have been expended for this project, and to retain such records for three years.

- E. The Grantee hereby agrees to permit the Foundation, at its request, access to the Grantee files and records related to this grant, and make available relevant financial audits, verifications, and investigations.
- F. The Grantee hereby agrees to repay to the Foundation any portion of the grant which remains unused or is not used for the purposes specified within the grant application. Such payment is to be remitted along with the Grantee's final reports, all due 30 days after the grant period ends.
- G. The Grantee hereby agrees to provide the Foundation with a copy of any final plan, written reports, or digital materials resulting from this grant and such materials shall contain the following statement: **"This project was funded in part by the Initiative Foundation, a regional foundation."**
- H. The Grantee hereby agrees to defend and hold harmless the Foundation and its officers and employees from and against any claim, including the expense of investigation and defense of such claim, arising out of or in any way connected with this project, grant or expenditure of grant funds.
- I. The Grantee hereby agrees to comply with the reporting requirements and is bound by its terms as stated in this Grant Agreement. Failure to do so may result in repayment to the Foundation by the Grantee for all or part of the grant and jeopardize future grant funding.
- J. The Grantee hereby agrees to submit the following information:

- 1) Financial Report form and Grantee Progress Report form are due within 30 days after September 30, 2014, which is the end of the grant period.
- 2) Other information supported by project funds, e.g. final documents such as survey results, comprehensive plan, housing study, etc.

Thank you for all you are doing to build community in central Minnesota. The responsibilities and obligations outlined in this grant agreement are intended to hold ourselves and our grantees to the highest standards of accountability for greatest impact to our donors, constituents and to the children, families, and communities that we serve. Without strong partners like you, our work would be impossible.

Initiative Foundation

Todd County

Don Hickman

Don Hickman
VP for Community & Economic Development

Randy Neumann
Board Chair

Date: 10/2/2013

Date: _____

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): SHIP 3 grant award	
Date of Meeting: October 22, 2013	Total time requested: 5 mins
Department Requesting Action: HHS	
Presenting Board Action/Discussion at Meeting: Katherine Mackedanz	
Background <input type="checkbox"/> Supporting Documentation enclosed	
The Morrison-Todd-Wadena Community Health Board with Cass County Community Health Board has received a Statewide Health Improvement Program (SHIP) 3 grant award in the amount of \$614,000 for the period of November 1, 2013-October 31, 2015.	
Options <input type="checkbox"/> Supporting Documentation enclosed	
Recommendation <input type="checkbox"/> The Todd County Board of Commissioners approves the following by Motion:	
To continue participating with the Morrison-Todd-Wadena Community Health Board and Cass County Community Health Board on the Statewide Health Improvement Program grant.	
Financial Implications: \$614,000	Comments
Funding Source: MN Dept of Health	
Budgeted: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

Signatures	
STATE OF MINNESOTA } COUNTY OF TODD }	
I, Karen Busch, 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 HHS	
Date of Meeting: October 22, 2013	Total time requested:
Department Requesting Action: HHS	
Presenting Board Action/Discussion at Meeting: Karen	
Background <input type="checkbox"/> Supporting Documentation enclosed	
Information provided to Commissioners	
Options <input type="checkbox"/> Supporting Documentation enclosed	
Recommendation <input type="checkbox"/> The Todd County Board of Commissioners approves the following by Motion:	
to approve the HHS Commissioner Warrants in the amount of \$151,149.48 & \$170,375.78	
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"/> Blessing	<input type="checkbox"/> Blessing
Second:	<input type="checkbox"/> Kneisl	<input type="checkbox"/> Kneisl
<input type="checkbox"/> Passed	<input type="checkbox"/> Erickson	<input type="checkbox"/> Erickson
<input type="checkbox"/> Failed	<input type="checkbox"/> Kircher	<input type="checkbox"/> Kircher
<input type="checkbox"/> Tabled	<input type="checkbox"/> Neumann	<input type="checkbox"/> Neumann

Signatures
STATE OF MINNESOTA } COUNTY OF TODD }
I, Karen Busch, 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

Warrants for Publication

Payment Date:

10/25/2013

Approval Date:

10/22/2013

Vendor name or #

Amount

COMMUNITY & FAMILY SRVS LLC	\$	11,562.86	
DHS	\$	16,050.90	
#4453	\$	4,680.00	foster care provider
HEARTLAND GIRLS RANCH	\$	5,280.00	
KINDRED FAMILY SRVS	\$	3,252.60	
MERIDIAN SERVICES INC	\$	3,495.05	
NORTHERN PINES MENTAL HLTH CTR	\$	41,296.84	
NORTHWOOD CHILDRENS SERVICES	\$	4,526.55	
PINEHAVEN YOUTH AND FAMILY SRVS INC	\$	15,963.30	
PRODUCTIVE ALTERNATIVE INC - FERGUS	\$	3,410.01	
TINIUS PHD PA/TIM	\$	6,400.00	
TODD COUNTY DAC	\$	8,724.37	
WEST CENTRAL REG JUVENILE CTR	\$	5,706.00	
		<hr/>	
	\$	20,801.00	Pymts less than \$2000
		<hr/>	
Final Total	\$	151,149.48	

Warrants for Publication

Payment Date:

10/25/2013

Approval Date:

10/22/2013

Vendor name or #

Amount

# 11876	\$2,791.50
DHS	\$14,248.45
DHS - MSOP - MN SEX OFFENDER PROGRAM	\$6,900.60
HORMEL FOODS BENEFIT SERVICES	\$3,503.62
INFORMATION SYSTEM CORP	\$102,218.46
OTTER TAIL CTY HUMAN SERVICES	\$2,569.35
PERISH/ALAN	\$2,701.24

168 \$35,442.56 Pymts less than \$2000

Final Total

\$170,375.78