AITKIN-ITASCA-KOOCHICHING COMMUNITY HEALTH BOARD

Talking Points
Meeting Date: February 9, 2012

Election of Officers:

- **Chair: Brian McBride**
- **Vice-Chair: Laurie Westerlund**
- **Secretary: Phyllis Karsnia**
- **SCHSAC Rep: Cynthia Bennett**
- **SCHSAC Alternate: Laurie Westerlund**

- **New Medical Consutant/Representative to Board: Dr. Shara Pehl. Dr. Pehl is a Physician from Itasca County, currently the Medical Director for Itasca Medical Care.**

Bylaws / Joint Powers Agreement:

- The Board is required to review the Bylaws and Joint Powers Agreement annually.
- Susan Congrave highlighted areas reviewed and revised in both documents. Most changes were to update language to coincide with changes in legislation in the years since the original documents were drafted.
- The Board discussed changes and accepted the documents with changes made and recommended that the Joint Powers Agreement be brought to county Boards for review and approval.
- Public Health staff will be bringing the Joint Powers document to their respective county attorney and county board for review and ratification.

Financial Information:

- Reviewed the CHS budget and financial reports for various grants. Grants expenditures were on target for the year.
- The 2011 year ended with a carryover of $6,300.

Administrative Information:

- **Triad Update** - PH sups /directors, CHS Grant Manager and MDH Public Health Nurse Consultant make up Triad Group. This group has been meeting monthly for the past several months to work on bylaw reviews, Joint Powers review, working on evaluating organizational structure and quality improvement and we are developing plans to conduct the Local Public Health Assessment which is a required comprehensive assessment of our community's health. The group is also looking at the administrative

structure ie who is designated as the agent of the board or CHS administer and will be preparing an evaluation and recommendations report for the board in the near future.

- **Preparedness Update** – All counties are participating in a Risk and Vulnerability Assessment as part of the Emergency Preparedness Grant. This is due to MDH March 31. The end product will be to select the 3 most pressing issues of risk in our county and include plans to address these in an 18 month work plan.
- **SHIP Update** – The Statewide Health Improvement Grant was again funded in our 7 county region which includes our 3 county CHS. The goal of this grant is to improve the health of Minnesotans by reducing chronic disease. Chronic disease is addressed across 4 sectors including, work, medical, community and school. Each county will address healthy food/snack choices at work sites and schools, safe routes to schools, smoke free housing, tobacco free college campuses, breastfeeding policies. Some initiatives began in the past two years, and this initiative will replicate in other communities what was successful in the original community. So in Aitkin County we are replicating in McGregor what we did in Aitkin proper. And, McGregor I must say has been really really on fire about this opportunity. They had already started developing plans to address these issues and this support from SHIP has magnified and strengthened what they are able to do.
- **Electronic Medical Records (EMR)** – All 3 counties are required to have EMR capabilities by 2015. The 3 counties are exploring purchasing a system which will be compatible with all 3 counties and meet the requirements. This is in the early stages of discussion. Triad is exploring utilizing some of the CHS Administration carryover funding for this effort.
- **Budget 2012** – The 2012 budget was reviewed and adopted.

Local Public Health Association Report:

- LPHA Representative, Sue Erzar was unable to attend today's meeting. A report will be presented at the next meeting.

State CHS Advisory Committee (SCHSAC) Report:

- SCHSAC Representative Cynthia Bennett presented the report (minutes attached).
- Highlights discussed at the SCHSAC meeting included 2010 MDH Accomplishments and Opportunities, MDH goals related to Public Health Infrastructure, Community – Oriented Prevention and Primary Care, SHIP, Children's Initiative being prompted or driven by the Governor's Children's Cabinet, and then the Governors Health subcabinet (which includes 5 workgroups, Public Health prevention, quality payment reform, exchange, workforce and stakeholder engagement/communications),
- Also discussed MN health ranking which has moved from number one in the US to #6 over the past 10 years…. (due largely to binge drinking and low per capita public health funding and Pertussis is one of the indicators in the past couple of years MN and CA have had high pertussis rates although that is primarily due to our good surveillance and reporting system…. So CDC should just use a different indicator!
- Reviewed the supreme court justice ruling of the newborn screening program and the outcome is that MDH will be allowed to continue to conduct newborn screening with an opt out option VS an opt in option. About 140 babies are identified every year by this process and treatments that reduce the impact or eliminate any repercussions are

implemented.

- Talked about the Legislative Auditor's report on the MN Legacy Amendment funding the auditor found that the funded projects MDH is working on are appropriate but what is lacking is the long range vision that should be included in the 25 year project. MDH is just one of 12 state agencies focused on water quality issues. MN is the watershed for the country so much of the water for the rest of the country begins here……. MN motto should be We used your water first in addition to land of 10,000 lakes.
- Then there are always all the committee and work group reports……. And that is all I am going to say about SCHSAC

Public Health Reports:

- Reports were presented by Public health staff from each county. Basically each county is working on the same tasks and requirements.

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STATE COMMUNITY HEALTH SERVICES ADVISORY COMMITTEE

Friday, December 16, 2011
Minnesota Department of Health
Mississippi Room, Snelling Office Park ~ St. Paul, Minnesota

DRAFT Meeting Summary

CALL TO ORDER AND INTRODUCTIONS

Dave Perkins, Chair, Olmsted CHB, called the meeting to order and welcomed those in attendance. SCHSAC members introduced themselves and gave one word to describe what they were looking forward to this holiday season.

REVIEW AND APPROVAL OF DECEMBER 16, 2011 AGENDA

A motion was made for approval and seconded by Larry Kittelson, Horizon CHB. The motion was approved.

REVIEW AND APPROVAL OF SEPTEMBER 14, 2011 MEETING SUMMARY

A motion was made for approval by David Benson, Nobles-Rock CHB, and seconded by Nancy Schouweiler, Dakota CHB. The motion was approved.

REVIEW AND APPROVAL OF 2012 MEETING DATES

A motion was made for approval by Susan Morris, Isanti-Mille Lacs CHB, and seconded. The motion was approved.

CHAIR'S REMARKS

Dave Perkins recognized the retirement of Don Mleziva, SCHSAC member from Wright CHB.

Commissioner Perkins noted that Marv Tinklenberg, Lincoln-Lyon-Murray-Pipestone CHB, was awarded Commissioner of the Year by AMC, Association of Minnesota Counties.

Dave asked if there were any new members attending the meeting. Jack Miller, SCHSAC Alternate, Fillmore-Houston CHB, was welcomed.

Commissioner Perkins thanked Chair-Elect Karen Nordstrom, Bloomington CHB, for filling in for him at the September SCHSAC meeting and the Community Health Conference. He presented Karen with a holiday gift in appreciation.

GENERAL AND DIVISION REPORTS

The chair directed members' attention to the written General Reports in their folders. This time the General Reports included updates on committees with SCHSAC participation and written updates from MDH division directors. Those in attendance were encouraged to review the materials and ask questions later in the morning during the open discussion time.

COMMISSIONER'S REMARKS

Dave Perkins introduced Commissioner Ed Ehlinger, MD, MSPH, and invited him to address SCHSAC.

Commissioner Ehlinger began by saying Minnesota local public health has a great reputation around the nation. His colleagues at the Association of State and Tribal Health Officers, ASTHO, meeting in San Antonio last week commented on how fortunate he is to work with SCHSAC. Many see SCHSAC as a model of engagement and partnership to replicate, even Minnesota's DHS Commissioner. Commissioner Ehlinger was struck at the Community Health Conference how engaged the counties are in public health and how knowledgeable and informed county commissioners are. He then thanked them for all the work being done at the local level.

The Commissioner announced that Minnesota received about $45 million from the federal "Race to the Top" grant just this morning. This is just one of the initiatives from the Governor's Children's Cabinet. The Minnesota Department of Health will be collaborating with the Departments of Education and Human Services on the grant at the state and local levels. The grant focuses on coordinating early childhood systems. As part of the health component of the grant, MDH will be working with the new quality rating system for early daycare and education settings and developing technical assistance for childcare providers. The Department of Education will receive the majority of the funds. Commissioner Ehlinger added that he had to leave the SCHSAC meeting a little early in order to participate in the Governor's press conference on the award.

SCHSAC members received a handout with a list of MDH's accomplishments for 2011 and its opportunities for 2012. It was compiled at the request of the governor to acknowledge the work of public employees.

Commissioner Ehlinger pointed out several of the opportunities for 2012 that MDH will be working on including the Healthy Minnesota 2020 goals for the state that will form the foundation for many of the department's initiatives over the next several years, aligning hospital community benefits programs with statewide public health goals, and maintaining a strong newborn screening program.

Next, the commissioner discussed Minnesota's number 6 health ranking by the United Health Foundation. He noted that a high prevalence of binge drinking and low per capita public health funding are two reasons for Minnesota falling from first to sixth over the last ten years. Minnesota was also docked for a high incidence of infectious disease. Commissioner Ehlinger stated that the indicator is based on pertussis cases. Minnesota has an active program to identify and track pertussis. He said, "We should be proud of the surveillance. They should use a different indicator."

Discussion followed on the Minnesota Supreme Court ruling on newborn screening. Parents sued MDH for using blood spots from their newborns without expressed permission. The court ruled that MDH can continue to screen newborns, but the department is awaiting more court decisions on whether or not blood spots can also be used to develop new program tests and for quality improvements. About 140 babies are identified each year by the process and are then provided lifesaving treatment. Commissioner Ehlinger reiterated the court's opinion that newborn screening is a major public health activity.

Assistant Commissioner Ellen Benavides spoke about MDH's strategic initiative on community-oriented prevention and primary care. She commented that they are making some headway at the state and will soon reach out to the community for more input. The goal is to link public health and social services in an effective, robust way, and use saved dollars for prevention instead of medical care.

Commissioner Ehlinger invited local public health and their non-profit community hospitals to be part of the conversation on community benefits related to the SHIP legislative rider from the 2011 special session. A meeting was scheduled for December 20th with a follow-up meeting set for January 23rd.

He added that there is an IRS requirement for these hospitals to conduct a community health needs assessment similar to that conducted by local public health. MDH will be convening a work group to discuss how these assessments may be aligned. Assistant Commissioner Ayers stated that MDH has had the opportunity to speak with several hospital administrators with strong relationships with local public health. There is an opportunity to create a statewide consensus on how best to align the efforts of non-profit hospitals, local public health, and health plans.

SHIP grants were the next topic of conversation. Commissioner Ehlinger stated that there were more great applications throughout the state than there was available funding.

Commissioner Ehlinger encouraged local public health to participate in the health reform discussions and work groups. The Health Insurance Exchange Task Force has a set a goal to develop an exchange prototype by 2014. (More detailed information on health reform was provided in the December 16 Take Home Points.)

Assistant Commissioner Aggie Leitheiser discussed the Legislative Auditor's report on the Minnesota Legacy Amendment funding. Minnesota is the watershed for the country; so much of the water for the rest of country begins here. She joked that the state motto could be "We Used Your Water First" in addition to "Land of 10,000 Lakes." The auditor found that the funded projects for clean water are appropriate, but what is lacking is the long-range vision that should be included in this 25 year project. MDH is just one of twelve state agencies focused on water quality issues.

The upcoming legislative session was the commissioner's final topic. MDH is working with the Governor's Office to develop the legislative agenda. 2012 will be a short session and the projected budget surplus keeps state departments from having to plan for cuts. Grants that were held up by the Legislative Advisory Committee have now all been certified and MDH can use those dollars.

Commissioner Ehlinger recognized Patricia Coldwell, Association of Minnesota Counties, for her many years of service and wished her well on her retirement. He congratulated Julie Ring, Local Public Health Association Director, on her new role at AMC.

OPEN DISCUSSION

Dave Perkins then opened up the discussion for comments and questions. It was asked if Community Transformation Grants would supplement SHIP funds. The commissioner said that the grants do not replace SHIP dollar, but they do build on SHIP efforts. The pros and cons of providing the option to parents to either "opt-in" or "opt-out" of the newborn screening program was discussed. Opting-in would magnify health disparities and reduce the program's ability to quickly identify babies in need of interventions. The Maternal and Child Health Task Force will be reinstated. Maggie Diebel, MDH division director for Community and Family, noted that the task force will be advising MDH on home-visiting, a critical public health nursing activity. Binge drinking was also discussed. Commissioner Ehlinger stated that we have ignored the issue of alcohol in this state for a long time. We need to have community conversations to reduce this problem. Several SCHSAC members commented on how difficult it is to get cost of care information from the medical industry. One of the health reform work groups is addressing

this issue. Linda Bruemmer, MDH, Environmental Health, stated that the delegation advisory council will be reconvened to address some issues that have come up since the 2009 work. Dave Perkins thanked SCHSAC members and MDH staff for their participation in the discussion.

COMMITTEE REPORTS

Nominating and Awards Sub-Committee
John Baerg, Watonwan CHB, Chair of the Nominating and Awards Sub-Committee addressed SCHSAC to elect the 2012 Chair-Elect (2013 Chair). He introduced the two candidates, Nancy Schouweiler, Dakota CHB, and Bill Groskreutz, Faribault-Martin CHB. Each briefly addressed SCHSAC.

There were no additional nominees from the floor, so SCHSAC members were asked to cast their ballots with the results to be announced later in the morning.

Executive Committee
Dave Perkins reported that the Executive Committee discussed potential items for the 2012 SCHSAC Work Plan. Many of the items were also brought up during the SCHSAC open discussion. The work plan will be presented at the February SCHSAC meeting.

Conference Planning Workgroup
Karen Nordstrom, Chair of the Conference Planning Workgroup, shared information about the September Community Health Conference. There were 286 attendees. Evaluations showed that networking with colleagues was the "most liked" part of the conference, followed by the variety of topics and session formats, the timely and relevant conference theme and content, and the general session presenters, who were thought to be some of the best ever. Conference attendees also enjoyed engaging with the MDH Executive Team, the awards ceremony and reception, and the fun time activities especially Zumba and "Ring the Commissioner" horseshoe scholarship fundraiser. She thanked the planners and conference work group and encouraged others to sign up for next year. Planning for the 2012 conference will begin in March. The conference will be held at Cragun's Conference Center on October 3-5.

Dave Perkins pointed out that there was a Call for Volunteers for this committee and the nominating committee in the folders.

ANNOUNCEMENT OF 2012 CHAIR-ELECT
Dave then announced the 2012 Chair-Elect will be Bill Groskreutz, Faribault-Martin CHB.

SCHSAC members were instructed to caucus by region during the lunch break to select Executive Committee members and alternates.

ANNOUNCEMENT OF 2012 EXECUTIVE COMMITTEE
After lunch, SCHSAC members enjoyed watching the CDC's "The 12 Ways to Health" video. Dave Perkins then announced the results of the regional caucuses.

Region	Member	Alternate
Northwest	Helene Kahlstorf, North Country	Rachel Green, Quin County

Northeast	Cynthia Bennett Aitkin-Itasca-Koochiching	Tom Clifford Carlton-Cook-Lake-St. Louis
West Central	Doug Huebsch, Otter Tail	Neil Folstad, Clay-Wilkin
Central	Susan Morris, Isanti-Mille Lacs	Jim McMahon, Benton
Metro	Nancy Schouweiler, Dakota	Dan Erhart, Anoka
Southwest	David Benson, Nobles-Rock	Marvin Tinklenberg, Lincoln-Lyon-Murray-Pipestone
Southeast	Ted Seifert, Goodhue	Marcia Ward, Winona
South Central	Mark Piepho, Blue Earth	Jim Berg, Brown-Nicollet

PASSING OF THE GAVEL

Commissioner Ehlinger stated that "Some things you can hand off to your deputy and some things you can't. A commissioner needs to be involved with SCHSAC chairs." He apologized for having to leave early for the Governor's press conference.

Then Commissioner Ehlinger presented Dave Perkins with a plaque in appreciation for not just this year, but for all of his service to local public health.

He then presented Karen Nordstrom, the 2012 SCHSAC Chair, with her engraved gavel. He noted that he appreciates the passion, sense of humor, and fun she brings to this work.

INFRASTRUCTURE INITIATIVE

Assistant Commissioner Aggie Leitheiser is the lead on MDH's Public Health Infrastructure Initiative. She discussed the changing landscape for local public health since the 1976 Community Health Services Act.

Strengthening Minnesota's local public health infrastructure is a priority for MDH. SCHSAC members were encouraged to begin thinking big and long-term about what is going well with the current system and where there are opportunities for improvements.

Aggie asked SCHSAC members to contemplate some complicated issues such as:

- Incentives to work together
- Paying for performance
- Accreditation and should there be incentives to achieve this
- Requirements for local public health directors
- CHBs formed with 30,000 minimum population; now research says it is most effective to serve populations of 50,000-100,000
- Do we want the same access for all? Do we want things more comparable?

Deb Burns, Office of Performance Improvement, then asked those present at the meeting to have small-group discussions at their tables on the assets and strengths of the current system, major issues or challenges, and which to address first. She reminded them that this was just the first discussion and an opportunity to raise some ideas. The conversation will be continued during 2012.

Key thoughts were shared after a brief discussion. Topics included maintaining SCHSAC, increasing overall funding, the value of regional epidemiologists, accreditation, flexibility to meet community

needs, and changing demographics, especially the aging and more diverse rural population. Changing people's behaviors and figure out how to measure results were also mentioned.

COMMITTEE REPORTS (Continued)

Public Health Emergency Preparedness Oversight Group
Co-chairs, Susan Morris and Pete Giesen updated SCHSAC on the work of the ongoing PHEP Oversight Group. The Oversight Group lead the creation of a statewide grant workshop that was held December 2 to focus on the public health emergency preparedness grant duties for local public health. The policy statements approved by SCHSAC in May 2011 were introduced at the meeting, called the PHEP Rally. The group is carrying forward the policy statements, which represent Minnesota's priorities, into this planning cycle. Susan then led SCHSAC members in a cheer to capture the enthusiasm of the PHEP Rally.

Performance Improvement Steering Committee
Chair Bonnie Brueshoff asked members of this ongoing committee to stand. She then highlighted that the group is working on the current performance management system and reviewing performance management systems in other systems. They hosted guests from the state of Washington at their November meeting. The committee is also working on a training plan for local public health and developing new PPMRS performance measures aligned with the national standards. New measures will be determined by this summer.

The Performance Improvement Steering Committee was mentioned in an article on performance management in the AMC newsletter that came out this fall. It is available at http://www.mncounties.org/Publications/MN%20Counties/MnCountiesSEP-OCT11.pdf.

Building Health Information Exchange Capacity Workgroup
Co-Chair Diane Thorson, Otter Tail CHB, gave a presentation on the work of the Health Information Exchange Capacity Workgroup. The work group's final report and recommendations were sent via email for SCHSAC members to review before the meeting.

There were five recommendations:

- Develop a framework for collaboration between state and local public health, Minnesota-based public health software vendors, private partners, and academia
- Utilize evidence-based practices and methodologies for reporting population outcomes using data standards
- Establish business requirements for bi-directional exchange of health information
- Provide an on-going financial commitment to electronic public health systems
- Extend the workgroup so it may continue to identify issues and make recommendations for complying with the 2015 electronic health record mandate and improve public health outcomes.

Dave Perkins asked for a motion to approve the recommendations. Bev Wangerin, Meeker-McLeod-Sibley CHB, made the motion. Dave Benson, seconded the motion. SCHSAC members approved the recommendations.

Climate Change Adaptation Workgroup
Chair Bill Groskreutz reminded SCHSAC members that the work group asked them to complete a survey at the SCHSAC meeting prior to the Community Health Conference. The majority of respondents agreed that Minnesota is currently experiencing climate change.

Only eight community health boards reported that they were planning for climate change events. Bill encouraged representatives from those unidentified CHBs to share their planning process with the group. He noted that the workgroup will be developing its recommendations in January. The survey was also given to AMC members in December and those results will be shared at the February SCHSAC meeting.

He introduced Kristin Raab, MDH, Environmental Health, to present the results of the survey taken by those present at the September SCHSAC meeting. She provided a handout of her presentation.

Harlan Madsen, Kandiyohi CHB, commented that we are just scratching the surface on planning for events related to climate change. He told about the devastation, physical and economic, of the current drought in Texas. He stated he was skeptical in the past, but believes we should be addressing the issue of climate change now. Lowell Johnson, Washington CHB, commented that this fits with the water planning that Aggie Leitheiser had mentioned earlier.

ADJOURNMENT
Dave Perkins gave his thanks to the commissioner and the MDH staff for their work with SCHSAC during his time as chair.

A motion was made to adjourn and was approved.

AN AGREEMENT CREATING THE

COMMUNITY HEALTH BOARD AND ESTABLISHING PARTICIPATION UNDER THE LOCAL PUBLIC HEALTH ACT

This Agreement is renewed and entered into by the participating counties to become effective _____ 2012. In executing this Agreement, the participating counties (hereinafter referred to as "member counties") indicate their joint purpose to develop and implement policies, structures and procedures to more effectively prevent illness and to promote efficiency and economy in the delivery of Public Health services. Without being limited to the purposes and procedures identified herein, the member counties specifically intend that this Agreement permits them through the various boards, committees and structures herein identified and established to participate in the Community Health program established by the Local Public Health Act of 2007 as the same may be amended from time to time.

The member counties are located contiguous to one another, and have an aggregate population in excess of 30,000 persons.

Each of the member counties has participated in the Community Health program under a Joint Powers Agreement since 1977. It is the intent of the member counties to amend this agreement under the provisions of the Local Public Health Act of 2007 . (M.S. 145A).

To properly implement the provisions of the Local Public Health Act, the member counties intend to enter into this Agreement establishing the Community Health Board and county boards of health and setting forth certain rights and commitments in relation thereto and to one another. This Agreement is entered into under the authority of the Local Public Health Act and pursuant to the provisions of Minnesota Statutes, Section 471.59.

COMMUNITY HEALTH BOARD

Membership: The Aitkin, Itasca and Koochiching Community Health Board (herein referred to as the Community Health Board) is hereby established. The composition of the Board shall be as follows:

1. Except for Itasca County, each member county board of Commissioners shall appoint two members. Itasca County shall be entitled to three members appointed by the county board of commissioners.
2. Of the members appointed by each member county board of commissioners, at least one member shall be a County Commissioner.
3. One of the members appointed shall be a physician. The remaining members shall be laymen representative of the people in the community and shall include at least one person who is not a member of a county board of commissioners.

Community Health Board members shall receive such per diem allowance and travel expense allowance as the Community Health Board may determine and which are consistent with Minnesota law.

Term of Office: All members shall serve three year terms or until a successor has been duly appointed and qualified. A vacancy shall be deemed to exist should any member appointed by virtue of his or her status as a member of a County Board of Commissioners cease to serve as a member of said Board. Any vacancies occurring on the Board shall be filled in the same manner in which the retiring Board member was selected, provided that each member appointed to fill a vacancy shall serve only the remaining balance of the term.

Officers: There shall be a chairman, vice-chairman and a secretary, each of whom shall be elected for a term of one year. All officers may be removed with or without cause by majority vote of the Board. A vacancy in any office shall be filled promptly by the Board provided that notice of time, place and purpose shall be given to the members by letter at least seven (7) calendar days prior to the meeting to which such action is to take place.

The chairman shall preside at all Community Health Board meetings. The Chairman may be designated by the Community Health Board to sign applications for funds and other official documents. He/she may sign and execute all contracts authorized by the Community Health Board in furtherance of Community Health Board purposes. He/she shall be responsible for representing official positions and statements formulated by the Board. He/she shall generally perform all duties common to the office of chairman as the Community Health Board may designate.

The vice-chairman shall assume the powers and duties of the chairman during periods of his absence or incapacity and shall perform such additional duties and functions as the Community Health Board may direct.

The secretary shall keep the minutes of the meetings of the Community Health Board, and shall attend to the delivery of notices and agenda for all Board meetings. He/she shall perform such additional duties as the Board may direct.

The Board may establish such other committees as may be deemed necessary or appropriate. The chairman, with the approval of the Community Health Board, shall name the members and chairman of each committee.

Voting and Quorum: Each Community Health Board member shall be entitled to one vote on the Community Health Board. Votes shall be cast in person, which may include interactive television or telephone conference call, by the member. Voting shall be by voice vote, provided that upon the demand of any member present at the meeting, voting upon any question shall be by signed ballot. A quorum shall consist of at least four members with at least one representative from each county. All Board actions shall be determined by a majority of the votes cast at a meeting of the Community Health Board.

Meetings: The first meeting of each year shall be designated the annual meeting of the Community Health Board, on such dates and at such times and places as the Community Health Board shall determine. Special meetings may be called by the chairman or upon the request of two or more Board members. Notice of meetings shall be emailed or delivered to each Community Health Board member at least seven calendar days prior to the date of the meeting; Notices shall include an agenda. All proceedings of the Community Health Board and any committee or subgroup of the Community Health Board shall be open to the public except as provided for in M.S.A. 471.704, commonly called the Open Meeting Law; all votes taken of members of the Community Health Board shall be recorded and shall become matters of public record.

Powers and Duties of the Community Health Board: The Community Health Board has the powers and duties of a Board of Health prescribed in sections 145A.03, 145A.04, 145A.07 and 145A.08, as well as the general responsibility for development and maintenance of an integrated system of community health services as prescribed in sections 145A.09 to 145A.131.

The Community Health Board must prepare and submit to the Minnesota Commissioner of Health a written plan under Minnesota Statutes 145A.10 Subd. 5a. The Community Health Plan must provide for the assessment of community health status and the integration, development, and provision of community health services that meet the priority needs of the community health service area. The plan must be consistent with the standards and procedures established under sections 145.8821 and 145.12, subdivision 7, within the limits of available funding.

The Community Health Board must prepare and submit to the Minnesota Commissioner of Health an annual budget for the expenditure of local match and subsidy funds under M.S. 145A.131 and for other sources of funding for community health services. Budgets must be submitted to the Minnesota Commissioner of Health. The Community Health Board must assure that community health services will comply with applicable state and federal laws.

The Community Health Board must compile and submit reports to the Minnesota Commissioner of Health on its expenditures and activities as required under M.S. 145A.10, Subdivision 5 and M.S. 145A.131.

The Community Health Board may recommend local ordinances pertaining to community health services to any county board within its jurisdiction and advise the Minnesota Commissioner of Health on matters relating to public health that require assistance from the state, or that may be of more than local interest.

The Community Health Board may appoint a member to serve on the State Community Health Services Advisory Committee as provided in M.S. 145A.10 Subdivision 10.

The Community Health Board must appoint, employ, or contract with a medical consultant to ensure appropriate medical advice and direction for the Community Health Board and assist the Community Health Board and its staff in the coordination of Community Health Services with local medical care and other health services.

The Community Health Board must appoint, employ or contract with a person or persons to act on its behalf as agent (M.S. 145A.04, Subdivision 2).

The Community Health Board shall have and exercise all powers that may be necessary and convenient to enable it to perform and carry out the duties and responsibilities conferred on it by this Agreement, or which may hereafter be imposed on it by law or contract. For all accounts, the funds therefore shall be kept in the treasury of Itasca County pursuant to agreement as hereinafter provided. The Itasca County Auditor shall make payments there from on properly authenticated vouchers of the Community Health Board.

Any programs operated under the jurisdiction of the Board may be extended by contract to counties or other units of government not a party to this Agreement on such terms and conditions as the Community Health Board may deem appropriate. Such contract shall be consistent with the plans and policies established by the Community Health Board.

The Community Health Board by any lawful means, including gifts, purchase, lease or transfer of custodial control, may acquire and hold the real and personal property necessary and incident to the accomplishment of the purposes of this agreement, and accept gifts, grants and subsidies from any lawful source, apply for and accept state and federal funds, request and accept local tax funds, and establish and collect reasonable fees for community health services provided.

The Community Health Board shall have the power to enter into any contract of employment with a director, staff or other personnel necessary to carry out the purposes of this Agreement and the Local Public Health Act. The Board is authorized to develop personnel policies and procedures as deemed necessary; such policies and procedures may include provisions for contracts for personal service, the establishment of a merit system or such other and further alternatives or combinations thereof as may be determined by the Community Health Board. In the event a State, County or Municipal employee is employed, notwithstanding the provisions of any other law or ordinance to the contrary, and to the extent possible such employment shall be deemed a transfer in grade for such employee with all of the benefits earned and acquired by such employee while in service of his or her previous State, County or Municipal employer.

The Community Health Board must insure that Community Health services are accessible to all persons on the basis of need. No one shall be denied services because of race, color, sex, age, language, religion nationality, inability to pay, political persuasion, or place of residence, as provided in State Statute 145.10, subd. 7.

COUNTY BOARDS OF HEALTH

Each member county reserves the authority to establish a county board of health and operate under Minnesota Statute 145A.03 and assigns to those Boards of Health powers and duties under sections 145A.04, 145A.07 and 145A.08. The County Health Boards shall advise, consult with and make recommendations to the Community Health Board consistent with the provisions of M.S. 145A.10, Subd. 10b.

At the option of each member county, an Advisory Committee to the county's board of health may also be established to provide input to the county board of health. The membership and composition of such an Advisory Committee shall be determined by each member county.

FINANCING

The Community Health Board shall prepare its annual budget which shall be submitted to each member County Board. The budget shall specify the total amount to be provided by each member county. The County Board of each member county shall approve or disapprove of the budget.

The Community Health Board shall develop and adopt the Community Health Plan as required by the Local Public Health Act. Such Community Health Plan, together with such comments as the Community Health Board may have, shall be submitted to each County Board with the annual budget of the Community Health Board as above provided. The County Board of each member county shall approve or disapprove of the Plan.

The Community Health Plan and the budget shall be prepared in such a manner as will provide essential cost information to the member County Boards regarding the items set forth in the Community Health Plan.

The member counties agree that each county's proportionate share of that portion of the Community Health Budget related to the annual operating costs of the Community Health Board, Committees, their staff and related expenditures shall be equal to each county's proportionate share of the total subsidy funds and/or special project grants available to all member counties through the Local Public Health Act.

The County Board of each member county shall, upon the approval of the budget and the Community Health Plan, provide by levy or otherwise, its portion of the annual budget.

The member counties agree that subsidy monies shall be applied for pursuant to the Local Public Health Act. Subsidy funds shall be promptly remitted to the Auditor of Itasca County. The Community Health Board shall negotiate the cost, terms and conditions under which said Auditor will serve as fiscal officer for the Board under the terms hereof.

The Community Health Board, through its designated agent, shall submit regular program and financial reports to the Commissioner of Health as required pursuant to the Local Public Health Act.

WITHDRAWAL

A member county may withdraw from this Joint Power Agreement consistent with the provisions of Minnesota Statutes 145A.03, Subdivision 3, and 145A.09, Subdivision 7. No withdrawing county shall be entitled to reimbursement of any funds contributed by it during the course of its membership on the Community Health Board, except to the extent of any surplus uncommitted monies as may remain in operating accounts (as opposed to capital asset acquisition accounts) upon expiration of the fiscal year of the county's withdrawal. Such surplus shall be distributed in the proportion that the withdrawing member's contribution bears to the aggregate contributions of all member counties for the year of withdrawal.

No county shall receive any share of surplus funds unless such county has made all back and current contributions required hereunder.

Funds utilized for capital asset acquisition (e.g., real property) shall be paid to a withdrawing county only at the time of sale of such asset or its diversion to a use inconsistent with the purposes of this Agreement. An inconsistent use shall be deemed to exist in the event said asset or facility is not subject to any provision of the Community Health Plan for three (3) consecutive years. Payments shall be made to such withdrawing county in the same amount or proportion as they are allocated to the account of such county regarding such asset on the books of account maintained by or for the Community Health Board.

REVIEW OF AGREEMENT

The Community Health Board shall review and make recommendations to the member counties regarding the status of the Joint Powers Agreement at its annual meeting.

EXECUTION

This Agreement shall be executed pursuant to resolution adopted by the participating County Boards.

IN WITNESS WHEREOF, the following counties by appropriate resolution have authorized the execution of this Agreement, said Agreement to be effective as of the

_____ day of _____ _____, 2012.

By _____ _____ Dated: _____
Chairman - Aitkin County Board of Commissioners

By _____ Dated: _____
Aitkin County Attorney

By _____ Dated: _____
Chairman - Itasca County Board of Commissioners

By _____ Dated: _____
Itasca County Attorney

By _____ Dated: _____
Chairman - Koochiching County Board of Commissioners

By _____ Dated: _____
Koochiching County Attorney