

**AITKIN COUNTY HEALTH & HUMAN SERVICES
BOARD MEETING AGENDA
March 24, 2015**

- 9:05 A.M.**
- I. Attendance**
 - II. Approval of Health & Human Services Board Agenda**
 - III. Review February 24, 2015 Health & Human Service Board Minutes**
 - IV. Review Bills**
 - V. General/Miscellaneous Information**
 - A. CHIP (Community Health Improvement Plan) Erin Melz/Amy Wyant**
 - B. VIP (Aitkin County Volunteer Initiative Program) Erin Melz/Amy Wyant**
 - C. 2014 Year End Budget Review – Kathy Ryan**
 - VI. Administrative Reports:**
 - A. Financial & Transportation Reports**
 - VII. FYI**
 - A. Agenda reflecting discussion topics reviewed at the meeting on March 13, 2015 with Senator Carrie Ruud, Representative Dale Lueck and the Health & Human Services Administrative Staff.**
 - VIII. Committee Reports from Commissioners**
 - A. H&HS Advisory Committee – Commissioners Westerlund and/or Marcotte
Meeting updates from Committee Members: Bob Marcum & Roberta Elvecrog
Draft minutes of the March 4, 2015 meeting.**
 - B. AEOA Committee Update – Commissioner Niemi**
 - C. NEMOJT Committee Update – Commissioner Napstad**
 - D. CJI (Children’s Justice Initiative) – Commissioner Westerlund**
 - E. Lakes & Pines Update – Commissioner Niemi**
 - IX. Break at 9:___ a.m. for _____ minutes Next Meeting – April 28, 2015**

**AITKIN COUNTY HEALTH & HUMAN SERVICES
BOARD MEETING MINUTES
February 24, 2015**

I. Attendance

The Aitkin County Board of Commissioners met this 24th day of February, 2015, at 9:03 a.m. as the Aitkin County Health & Human Services Board, with the following members present: Chairperson Commissioner Mark Wedel; Commissioners, Anne Marcotte, Brian Napstad, Don Niemi, and Laurie Westerlund; and others present included: County Administrator Nathan Burkett; H&HS Staff Members Sue Tange & Ann Rivas, Social Service Supervisors; Erin Melz, Public Health Supervisor; Eileen Foss, Income Maintenance Supervisor; Kathy Ryan, Fiscal Supervisor; Julie Lueck, Clerk to the Health & Human Services Board; and guests; Adam Hoogenakker, Aitkin Independent Age; Jessica Seibert, Jim Carlson and Roberta Elvecrog, H&HS Advisory Committee Members; Bob Harwarth, Galen Tveit, and Leah Heggerston, citizens.

II. Approval of Health & Human Services Board Agenda

Motion by Commissioner Westerlund, seconded by Commissioner Napstad, and carried; the vote was to approve the Agenda.

III. Review January 27, 2015 Health & Human Service Board Minutes

Motion by Commissioner Westerlund, seconded by Commissioner Marcotte, and carried; the vote was to approve the Minutes as mailed/posted.

IV. Review Bills

Motion by Commissioner Napstad, seconded by Commissioner Marcotte, and carried; the vote was to approve the Bills as presented this date.

V. General/Miscellaneous Information

- A. Various Housing Options** – Eileen Foss reviewed the handout for housing resources. Jessica Seibert, from HRA, answered questions about various housing types/programs/availability in the county.
- B. Lakes & Pines Collaborative/Wrap** – Kathy Ryan discussed the developing program known as School Readiness Wrap-Around which is a collaboration between Health & Human Services and Lakes & Pines to develop in-home assistance to support parents with young children preparing to start school. It is in the planning stages and Lakes & Pines will be the employer of the worker and H&HS would contract with them. Kathy noted that to receive assistance from this program a formal Mental Health diagnosis is not needed. Potential referral sources for families to this program may come from the Lakes & Pines HeadStart program staff, Social Workers at H&HS, Home Visiting nurses at H&HS, and the schools. Ann Rivas noted that the Aitkin Independent Age will be doing a series of articles for Health & Human Services on Mental Health in the coming months.
- C. Window Film** – Eileen Foss discussed the bulletin indicating the Feds are requiring extra security measures be put into place to comply with the FTI (Federal Tax Information) Security System. One of the solutions for our office is the window film on 17 windows. Board asked for additional information with respect to the amount of the fine and consequences for non-compliance. The Board also requested contact with Sheriff Turner as to whether or not he would agree to having film on the windows for the safety of his deputies and our staff. If he agrees with having the window film, we should resubmit the request to go on the Consent Agenda for the March 10th Board meeting.

- D. **Retirement Resignation – Eileen Foss, Income Maintenance Supervisor – The Board acknowledged Eileen’s upcoming retirement noting they were sorry and sad to see her departure from the agency and noted they appreciated her work over the past many years. (43+ years in county government)**
- E. **CY2015 Adult Mental Health Grant – CSP – Acceptance – Kathy Ryan discussed the CY 2015 CSP grant dollars for Aitkin County and asked for approval to accept the money along with the Board Chair signature.**
Motion by Commissioner Napstad, seconded by Commissioner Niemi, and carried; the vote was to approve and authorize the Board Chair to sign the CY2015 Adult Mental Health Grant – CSP Agreement between Aitkin County and Department of Human Services for the dollar amount of \$55,418.

VI. Administrative Reports:

- A. **Financial & Transportation Reports - Kathy Ryan reviewed the reports.**

VII. Joint Powers Board Reports:

- A. **Tri-County Community Health Services Board (CHS) – Commissioner Westerlund / Erin Melz –Feb. 12, 2015 Meeting Minutes.**
Erin Melz reviewed the minutes and reports included with the Board packet highlighting various important points.

VIII. Committee Reports from Commissioners

- A. **H&HS Advisory Committee – Commissioners Westerlund and/or Marcotte Meeting updates from Committee Members: Jessica Seibert & Jim Carlson Draft minutes of the February 4, 2015 meeting. Jim Carlson reviewed an Operation Christmas statistical report he handed out. Commissioner Marcotte noted she has two openings from her district available on the Advisory Committee and has not been able to find candidates to fill the positions.**
- B. AEOA Committee Update – Commissioner Westerlund did not attend the last meeting.
- C. NEMOJT Committee Update – Commissioner Napstad was unable to attend the last meeting.
- D. CJI (Children’s Justice Initiative) – Commissioner Westerlund – Sue Tange noted they had a conversation regarding upcoming legislation.
- E. Lakes & Pines Update – Commissioner Niemi noted there has not been a recent meeting.

IX. Break at 10:12 a.m. for 15 minutes

Next Meeting – March 24, 2015

SLMI
3/20/15 11:30AM
Health & Human Services

Aitkin County

Audit List for Board COMMISSIONER'S VOUCHERS ENTRIES



<u>Vendor</u>	<u>Name</u>	<u>Accr</u>	<u>Rpt</u>	<u>Amount</u>	<u>Warrant Description</u>	<u>Service Dates</u>	<u>Invoice #</u>	<u>Account/Formula Description</u>
<u>No.</u>	<u>Account/Formula</u>						<u>Paid On Bhf #</u>	<u>On Behalf of Name</u>
24	6094 AADA 05- 430- 710- 3640- 6020			900.00	Supervised visits/Family Asses	02/04/2015 02/26/2015		Family Assessment Response Services
36	05- 430- 710- 3650- 6027			405.00	Supervised visitation - Servic	02/11/2015 02/27/2015		Serv For Concurrent Perm Plan
	6094 AADA			1,305.00	2 Transactions			
19	11416 Aitkin County C.A.R.E 05- 430- 710- 3640- 6020			354.42	Homemaking services - Family A	02/06/2015 02/25/2015		Family Assessment Response Services
3	05- 430- 760- 3250- 6050			10.00	Homemaking Services	02/12/2015 02/12/2015		Homemaking Services/TXX
	11416 Aitkin County C.A.R.E			364.42	2 Transactions			
44	86222 AITKIN INDEPENDENT AGE 05- 430- 720- 3020- 6069			72.60	Child Care Advertising - Commu	02/18/2015 02/21/2015		Community Ed & Prevent/Advertising
	86222 AITKIN INDEPENDENT AGE			72.60	1 Transactions			
6	91222 ARROWHEAD TRANSIT- GRAND RAPIDS 05- 430- 750- 3160- 6094			30.00	bus tickets	09/01/2014 09/30/2014		Transportation - Waiver
7	05- 430- 750- 3160- 6094			30.00	bus tickets	10/01/2014 10/31/2014		Transportation - Waiver
8	05- 430- 750- 3160- 6094			30.00	bus tickets	11/01/2014 11/30/2014		Transportation - Waiver
9	05- 430- 750- 3160- 6094			30.00	bus tickets	12/01/2014 12/31/2014		Transportation - Waiver
10	05- 430- 750- 3160- 6094			30.00	bus tickets	01/01/2015 01/31/2015		Transportation - Waiver
11	05- 430- 750- 3160- 6094			30.00	bus tickets	02/01/2015 02/28/2015		Transportation - Waiver
12	05- 430- 750- 3160- 6094			30.00	bus tickets	03/01/2015 03/31/2015		Transportation - Waiver
	91222 ARROWHEAD TRANSIT- GRAND RAPIDS			210.00	7 Transactions			
20	8125 BACKSTROM/MARILYN 05- 430- 750- 3950- 6020			61.25	Public guardianship			Public Guardianship Dd

Aitkin County



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<u>No. Account/Formula</u>	<u>Accr</u>	<u>Amount</u>	<u>Service Dates</u>	<u>Paid On Bhf # On Behalf of Name</u>
21 05- 430- 750- 3950- 6020		52.50	01/01/2015 01/31/2015 Public guardianship	Public Guardianship Dd
29 05- 430- 750- 3950- 6020		17.50	02/01/2015 02/28/2015 Public guardianship	Public Guardianship Dd
30 05- 430- 750- 3950- 6020		61.25	01/01/2015 01/31/2015 Public guardianship	Public Guardianship Dd
8125 BACKSTROM/MARILYN		192.50	02/01/2015 02/28/2015 4 Transactions	
9791 Bieganeck/Joan M				
26 05- 430- 760- 3950- 6020		105.00	02/01/2015 02/28/2015 Guardianship/Conservator Activ	Guardianship/Conservatorship
9791 Bieganeck/Joan M		105.00	1 Transactions	
11062 BLAND/KENNETH D				
34 05- 430- 710- 3820- 6040		306.00	03/01/2015 03/31/2015 Relative Custody Assistance	Relative Custody Assistance
11062 BLAND/KENNETH D		306.00	1 Transactions	
12734 CARITAS MENTAL HEALTH CLINIC				
14 05- 430- 745- 3085- 6020		900.00	02/16/2015 02/16/2015 Adult Outpatient Diagnostic As	Adult Outpat Diagnostic Assess/Psyc
22 05- 430- 745- 3085- 6020		154.41	02/09/2015 02/09/2015 Adult Outpatient Diagnostic As	Adult Outpat Diagnostic Assess/Psyc
23 05- 430- 745- 3085- 6020		600.00	02/09/2015 02/09/2015 Adult Outpatient Diagnostic As	Adult Outpat Diagnostic Assess/Psyc
12734 CARITAS MENTAL HEALTH CLINIC		1,654.41	3 Transactions	
12191 COOPER/SHIRLIE				
40 05- 430- 710- 3820- 6040		87.00	03/01/2015 03/31/2015 Relative custody assistance	Relative Custody Assistance
12191 COOPER/SHIRLIE		87.00	1 Transactions	
11051 Department of Human Services				
43 05- 430- 730- 3590- 6072		3,546.38	01/01/2015 01/31/2015 CCDTF Maintenance of Effort	Ccdtf County % State Billings
11051 Department of Human Services		3,546.38	1 Transactions	

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<u>No. Account/Formula</u>						<u>Paid On Bhf #</u>	<u>On Behalf of Name</u>
4 9220 DHS-MSOP			1,057.10	State- operated inpatient	01/01/2015 01/31/2015		Commitment Costs - Poor Relief
15 05- 430- 745- 3721- 6081			1,057.10	State- operated inpatient	01/01/2015 01/31/2015		Commitment Costs - Poor Relief
35 05- 430- 745- 3721- 6081			2,642.75	State- operated inpatient	01/01/2015 01/31/2015		Commitment Costs - Poor Relief
9220 DHS-MSOP			4,756.95	3 Transactions			
1 89965 DHS- ST PETER- SEE LIST			1,847.60	State- operated inpatient	01/01/2015 01/31/2015		Commitment Costs - Poor Relief
17 05- 430- 745- 3721- 6081			1,847.60	State- operated inpatient	01/01/2015 01/31/2015		Commitment Costs - Poor Relief
39 05- 430- 745- 3721- 6081			1,847.60	State- operated inpatient	01/01/2015 01/31/2015		Commitment Costs - Poor Relief
89965 DHS- ST PETER- SEE LIST			5,542.80	3 Transactions			
18 91221 McCormick/John			335.00	Relative custody assistance	03/01/2015 03/31/2015		Relative Custody Assistance
91221 McCormick/John			335.00	1 Transactions			
46 10977 NORTHERN PSYCHIATRIC ASSOCIATES			845.33	Child Outpatient Diagnostic As	02/13/2015 02/13/2015		Child Outpat Assess/Psyc. Testing
45 05- 430- 740- 3900- 6020			360.00	Clinical supervision- Child Rul	02/06/2015 02/06/2015		Child Rule 79 Case Mgmt
47 05- 430- 745- 3910- 6020			360.00	Clinical supervision- Adult Rul	02/06/2015 02/06/2015		Adult Rule 79 Case Mgmt
10977 NORTHERN PSYCHIATRIC ASSOCIATES			1,565.33	3 Transactions			
48 3639 NORTHLAND COUNSELING CTR INC			2,925.00	Detoxification (Category I)	02/02/2015 02/19/2015		Detoxification - Grand Rapids
3639 NORTHLAND COUNSELING CTR INC			2,925.00	1 Transactions			
90748 Oakridge Homes Sils							

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<u>No.</u>	<u>Account/Formula</u>	<u>Accr</u>	<u>Amount</u>	<u>Service Dates</u>	<u>Paid On Bhf #</u> <u>On Behalf of Name</u>
13	05- 430- 750- 3340- 6073		546.65	Semi- Independent Living Servic 02/01/2015 02/28/2015	Semi- Independent Living Serv (Sils)
31	05- 430- 750- 3340- 6073		521.42	Semi- Independent Living Servic 02/01/2015 02/28/2015	Semi- Independent Living Serv (Sils)
90748	Oakridge Homes Sils		1,068.07	2 Transactions	
12676	OESTREICH/LINDA J				
16	05- 430- 710- 3820- 6040		70.00	Relative custody assistance 03/01/2015 03/31/2015	Relative Custody Assistance
12676	OESTREICH/LINDA J		70.00	1 Transactions	
3810	PAULBECK'S COUNTY MARKET				
25	05- 430- 740- 3300- 6020		9.16	Food for meal - Other Family C 02/26/2015 02/26/2015	Other Family Community Support Services
3810	PAULBECK'S COUNTY MARKET		9.16	1 Transactions	
88878	Productive Alternatives Inc				
42	05- 430- 730- 3710- 6080		670.00	Detoxification (Category I) 02/26/2015 02/28/2015	Detoxification - Other
88878	Productive Alternatives Inc		670.00	1 Transactions	
9360	Redwood Toxicology Laboratory, Inc.				
49	05- 430- 710- 3180- 6020		348.66	SOCIAL SERVICE DRUG TESTING SU 02/23/2015 02/23/2015	Health- Related Services
9360	Redwood Toxicology Laboratory, Inc.		348.66	1 Transactions	
88890	SCHARRER/SHIRLEY				
27	05- 430- 750- 3950- 6020		70.00	Public guardianship 01/01/2015 01/31/2015	Public Guardianship Dd
28	05- 430- 750- 3950- 6020		70.00	Public guardianship 02/01/2015 02/28/2015	Public Guardianship Dd
32	05- 430- 750- 3950- 6020		70.00	Public guardianship 02/01/2015 02/28/2015	Public Guardianship Dd
33	05- 430- 750- 3950- 6020		70.00	Public guardianship 02/01/2015 02/28/2015	Public Guardianship Dd
88890	SCHARRER/SHIRLEY		280.00	4 Transactions	
12573	SCHLEIFER/DANI				

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 Health & Human Services

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<u>No. Account/Formula</u>				<u>Service Dates</u>	<u>Paid On Bhf #</u>	<u>On Behalf of Name</u>
37 05-430-710-3820-6040			177.00	Relative custody assistance 03/01/2015 03/31/2015		Relative Custody Assistance
41 05-430-710-3820-6040			8.00	Relative custody assistance 03/01/2015 03/31/2015		Relative Custody Assistance
12573 SCHLEIFER/DANI			185.00	2 Transactions		
5 9140 SIMAR/CANDACE 05-430-760-3950-6020			70.00	Guardianship/conservatorship 02/01/2015 02/28/2015		Guardianship/Conservatorship
9140 SIMAR/CANDACE			70.00	1 Transactions		
2 90035 T & M Enterprises 05-430-760-3410-6075			5,882.00	Bathroom modifications - Env. 03/16/2015 03/16/2015		Environment Access,Adapt,Special Supply
90035 T & M Enterprises			5,882.00	1 Transactions		
38 8671 Village Laundromat & Car Wash, Inc 05-430-710-3180-6020			8.00	Laundry - Health-Related Servi 02/20/2015 02/20/2015		Health-Related Services
8671 Village Laundromat & Car Wash, Inc			8.00	1 Transactions		
Final Total			31,559.28	25 Vendors		49 Transactions

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Health & Human Services

Aitkin County

Audit List for Board COMMISSIONER'S VOUCHERS ENTRIES



<u>Recap by Fund</u>	<u>Fund</u>	<u>AMOUNT</u>	<u>Name</u>	
	5	31,559.28	Health & Human Services	
All Funds		31,559.28	Total	Approved by,
			
			

Aitkin County



Recap by Fund

<u>Fund</u>	<u>AMOUNT</u>	<u>Name</u>
5	16,654.95	Health & Human Services
15	98.05	Aitkin County Collaborative
All Funds	16,753.00	Total

Approved by,

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AMD1
 3/20/15 1:24PM
 Health & Human Services

Aitkin County



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<u>No.</u>	<u>Account/Formula</u>	<u>Accr</u>	<u>Service Dates</u>	<u>Paid On Bhf #</u>	<u>On Behalf of Name</u>
61	05-400-440-0410-6239		ACS QTR END 06/30/15 04/01/2015 06/30/2015	046362	Software Fees/License Fees
58	05-420-600-4800-6239		GENERAL QTR END 06/30/15 04/01/2015 06/30/2015	046362	Software Fees/License Fees
59	05-420-600-4800-6239		IFS QTR END 06/30/15 04/01/2015 06/30/2015	046362	Software Fees/License Fees
60	05-420-600-4800-6239		SWS QTR END 06/30/15 04/01/2015 06/30/2015	046362	Software Fees/License Fees
61	05-420-600-4800-6239		ACS QTR END 06/30/15 04/01/2015 06/30/2015	046362	Software Fees/License Fees
58	05-430-700-4800-6239		GENERAL QTR END 06/30/15 04/01/2015 06/30/2015	046362	Software Fees/License Fees
59	05-430-700-4800-6239		IFS QTR END 06/30/15 04/01/2015 06/30/2015	046362	Software Fees/License Fees
60	05-430-700-4800-6239		SWS QTR END 06/30/15 04/01/2015 06/30/2015	046362	Software Fees/License Fees
61	05-430-700-4800-6239		ACS QTR END 06/30/15 04/01/2015 06/30/2015	046362	Software Fees/License Fees
5167	Trimin Systems Inc		12 Transactions		
Final Total			16,753.00	36 Vendors	109 Transactions

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<u>No.</u>	<u>Account/Formula</u>	<u>Accr</u>		<u>Service Dates</u>	<u>Paid On Bhf #</u>	<u>On Behalf of Name</u>
86944	Sheriff Crow Wing County		225.00	3 Transactions		
27	86478 Sheriff Kanabec County 05-420-640-4800-6379		40.00	IVD SERVICE 00015395675-01 03/04/2015 03/04/2015	15-000003	Other Iv-D Charges
	86478 Sheriff Kanabec County		40.00	1 Transactions		
45	88530 Sheriff Renville County 05-420-640-4800-6379		60.00	IVD SERVICE 0014502806-01 02/19/2015 02/19/2015	1518	Other Iv-D Charges
	88530 Sheriff Renville County		60.00	1 Transactions		
40	4507 Sorenson Root Thompson Funeral Home 05-420-650-4800-6810		2,000.00	COUNTY BURIAL 03/12/2015 03/12/2015		County Burials
	4507 Sorenson Root Thompson Funeral Home		2,000.00	1 Transactions		
31	88859 Spee*Dee-St Cloud 05-420-600-4800-6231		342.63	IM SERVICE 03/02/2015 03/02/2015	2780798	Services/Labor/Contracts
33	05-420-640-4800-6231		4.68	CS SERVICE 03/02/2015 03/02/2015	2780798	Services/Labor/Contracts
32	05-430-700-4800-6231		9.35	SS SERVICE 03/02/2015 03/02/2015	2780798	Services/Labor/Contracts
	88859 Spee*Dee-St Cloud		356.66	3 Transactions		
44	86235 The Office Shop Inc 05-420-640-4800-6405		14.18	CS FILE HOLDER & HOOKS-AD 02/24/2015 02/24/2015	277111-0	Office Supplies
	86235 The Office Shop Inc		14.18	1 Transactions		
58	5167 Trimin Systems Inc 05-400-440-0410-6239		126.40	GENERAL QTR END 06/30/15 04/01/2015 06/30/2015	046362	Software Fees/License Fees
59	05-400-440-0410-6239		48.33	IFS QTR END 06/30/15 04/01/2015 06/30/2015	046362	Software Fees/License Fees
60	05-400-440-0410-6239		26.08	SWS QTR END 06/30/15 04/01/2015 06/30/2015	046362	Software Fees/License Fees

Aitkin County



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<u>No. Account/Formula</u>	<u>Accr</u>	<u>Amount</u>	<u>Service Dates</u>	<u>Paid On Bhf # On Behalf of Name</u>
56 05-400-430-0407-6262		115.20	FAM PLAN-DEPO INJ 03/15/2015 03/15/2015	MAR15 Family Planning Services/Methods
5774 Riverwood Healthcare Clinic		115.20	1 Transactions	
4233 S & T Office Products Inc				
18 05-400-440-0410-6405		7.13	AGENCY SUPPLIES 02/12/2015 02/12/2015	01QU9962 Office Supplies
22 05-420-640-4800-6405		13.53	CS WALL FILE-AD 02/12/2015 02/12/2015	01QU9585 Office Supplies
23 05-420-640-4800-6405		3.78	CS SUPPLIES 02/12/2015 02/12/2015	01QU9585 Office Supplies
18 05-420-600-4800-6405		16.65	AGENCY SUPPLIES 02/12/2015 02/12/2015	01QU9962 Office Supplies
18 05-430-700-4800-6405		23.78	AGENCY SUPPLIES 02/12/2015 02/12/2015	01QU9962 Office Supplies
4233 S & T Office Products Inc		64.87	5 Transactions	
10878 Sew Much & More				
57 05-420-600-4800-6231		22.67	UPS CHARGES COMP WARRANTY-NS 03/05/2015 03/05/2015	875404 Services/Labor/Contracts
10878 Sew Much & More		22.67	1 Transactions	
86177 Sheriff Aitkin County				
30 05-420-600-4800-6265		45.00	FRAUD-OCT-DEC'14 10/01/2014 12/31/2015	15-0068 Sheriff - Fraud Investigation
29 05-420-640-4800-6270		50.00	IVD SERVICE 0015395675-01 03/05/2015 03/05/2015	2944 Aitkin Co Sheriff Fees Iv-D
28 05-420-640-4800-6270		50.00	IVD SERVICE 0011213783-02 03/19/2015 03/19/2015	2965 Aitkin Co Sheriff Fees Iv-D
86177 Sheriff Aitkin County		145.00	3 Transactions	
86944 Sheriff Crow Wing County				
24 05-420-640-4800-6379		75.00	IVD SERVICE 0011550217-02 02/25/2015 02/25/2015	1495 Other Iv-D Charges
26 05-420-640-4800-6379		75.00	IVD SERVICE 0011550217-02 03/04/2015 03/04/2015	1500 Other Iv-D Charges
25 05-420-640-4800-6379		75.00	IVD SERVICE 0014265056-02 03/12/2015 03/12/2015	1539 Other Iv-D Charges

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Vendor Name	Rpt	Warrant Description	Invoice #	Account/Formula Description
No. Account/Formula	Accr	Amount	Service Dates	Paid On Bhf # On Behalf of Name
42 05-400-410-0413-6430		53.62	WIC MEDICAL SUPPLIES 03/05/2015 03/05/2015	826922891 WIC - Medical Supplies
90318 Moore Medical Corp-LLC		1,104.90	2 Transactions	
89081 North Ambulance Brainerd				
14 05-400-401-0000-6809		1,080.00	AMBULANCE RUNS-FEB'15 02/01/2015 02/28/2015	No. Memorial Ambulance-Aitkin
89081 North Ambulance Brainerd		1,080.00	1 Transactions	
3638 Northern Air Plumbing & Heating, Inc				
48 05-400-440-0410-6231		10.00	REPAIR LEAK 02/17/2015 02/17/2015	21604 Services/Labor/Contracts
37 05-400-440-0410-6231		7.30	REPAIR LEAK 03/05/2015 03/05/2015	21633 Services/Labor/Contracts
48 05-420-600-4800-6231		23.34	REPAIR LEAK 02/17/2015 02/17/2015	21604 Services/Labor/Contracts
37 05-420-600-4800-6231		17.04	REPAIR LEAK 03/05/2015 03/05/2015	21633 Services/Labor/Contracts
48 05-430-700-4800-6231		33.34	REPAIR LEAK 02/17/2015 02/17/2015	21604 Services/Labor/Contracts
37 05-430-700-4800-6231		24.34	REPAIR LEAK 03/05/2015 03/05/2015	21633 Services/Labor/Contracts
3638 Northern Air Plumbing & Heating, Inc		115.36	6 Transactions	
3810 Paulbeck's County Market				
16 05-400-450-0451-6406		54.09	SHIP-HSF WORKSHOP HILL CITY 02/19/2015 02/19/2015	0039 PH Program Related Supplies
17 05-400-450-0451-6406		19.95	SHIP-HSF INFORMATIONAL BOOTH H 02/12/2015 02/12/2015	0103 PH Program Related Supplies
15 05-400-440-0410-6405		4.04	AGENCY SUPPLIES 02/06/2015 02/06/2015	0115 Office Supplies
15 05-420-600-4800-6405		9.43	AGENCY SUPPLIES 02/06/2015 02/06/2015	0115 Office Supplies
15 05-430-700-4800-6405		13.47	AGENCY SUPPLIES 02/06/2015 02/06/2015	0115 Office Supplies
3810 Paulbeck's County Market		100.98	5 Transactions	
5774 Riverwood Healthcare Clinic				

Aitkin County



<u>Vendor</u>	<u>Name</u>	<u>Rpt</u>	<u>Amount</u>	<u>Warrant Description</u>	<u>Invoice #</u>	<u>Account/Formula Description</u>
<u>No.</u>	<u>Account/Formula</u>	<u>Accr</u>		<u>Service Dates</u>	<u>Paid On Bhf #</u>	<u>On Behalf of Name</u>
90182	Laboratory Corp Of America Holdings		140.00	2 Transactions		
55	12492 LexisNexis Risk Data Management Inc. 05-430-700-4800-6231		116.00	FEBRUARY 2015-SERVICES 02/01/2015 02/28/2015	1598721-201502	Services/Labor/Contracts
	12492 LexisNexis Risk Data Management Inc.		116.00	1 Transactions		
43	89079 McGregor Area Ambulance Service 05-400-401-0000-6812		1,265.00	AMBULANCE RUNS-FEB'15 02/01/2015 02/28/2015		Mcgregor Area Ambulance
	89079 McGregor Area Ambulance Service		1,265.00	1 Transactions		
35	89078 Mille Lacs Health System 05-400-401-0000-6814		95.00	AMBULANCE RUNS JAN'15 01/01/2015 01/31/2015		Isle Ambulance/Mille Lacs Health System
	89078 Mille Lacs Health System		95.00	1 Transactions		
13	89765 Minnesota Elevator, Inc 05-400-440-0410-6300		24.09	ELEVATOR SERVICE-FEB'15 03/01/2015 03/31/2015	616048	Maintenance/Service Contracts
13	05-420-600-4800-6300		56.22	ELEVATOR SERVICE-FEB'15 03/01/2015 03/31/2015	616048	Maintenance/Service Contracts
13	05-430-700-4800-6300		80.32	ELEVATOR SERVICE-FEB'15 03/01/2015 03/31/2015	616048	Maintenance/Service Contracts
	89765 Minnesota Elevator, Inc		160.63	3 Transactions		
39	10948 MN Dept of Labor & Industry 05-400-440-0410-6300		15.00	ELEVATOR INSPECTION 03/02/2015 03/02/2015	ALR0048812I	Maintenance/Service Contracts
39	05-420-600-4800-6300		35.00	ELEVATOR INSPECTION 03/02/2015 03/02/2015	ALR0048812I	Maintenance/Service Contracts
39	05-430-700-4800-6300		50.00	ELEVATOR INSPECTION 03/02/2015 03/02/2015	ALR0048812I	Maintenance/Service Contracts
	10948 MN Dept of Labor & Industry		100.00	3 Transactions		
41	90318 Moore Medical Corp-LLC 05-400-400-0402-6430		1,051.28	DP&C MEDICAL SUPPLIES 03/05/2015 03/05/2015	82692289I	DP & C - Medical Supplies

Aitkin County



Audit List for Board COMMISSIONER'S VOUCHERS ENTRIES

<u>Vendor Name</u>	<u>Rpt</u>	<u>Warrant Description</u>	<u>Invoice #</u>	<u>Account/Formula Description</u>
<u>No.</u> <u>Account/Formula</u>	<u>Accr</u>	<u>Amount</u>	<u>Service Dates</u>	<u>Paid On Bhf #</u> <u>On Behalf of Name</u>
11051 Department of Human Services		1,653.99	6 Transactions	
36 2186 Hillyard Inc - Kansas City 05-400-440-0410-6422		35.00	CLEANING/BATHROOM SUPPLES 02/24/2015 06/04/8038	601507167 Janitorial Services/Supplies
36 05-420-600-4800-6422		81.66	CLEANING/BATHROOM SUPPLES 02/24/2015 06/04/8038	601507167 Janitorial Services/Supplies
36 05-430-700-4800-6422		116.66	CLEANING/BATHROOM SUPPLES 02/24/2015 06/04/8038	601507167 Janitorial Services/Supplies
2186 Hillyard Inc - Kansas City		233.32	3 Transactions	
20 11406 Innovative Office Solutions 05-400-440-0410-6405		10.30	AGENCY SUPPLIES 03/10/2015 03/10/2015	01QW1138 Office Supplies
21 05-400-440-0410-6405		28.83	AGENCY SUPPLIES 03/16/2015 03/16/2015	01QW3749 Office Supplies
19 05-400-440-0410-6405		9.50	AGENCY SUPPLIES 03/18/2015 03/18/2015	01QW4814 Office Supplies
20 05-420-600-4800-6405		24.05	AGENCY SUPPLIES 03/10/2015 03/10/2015	01QW1138 Office Supplies
21 05-420-600-4800-6405		67.27	AGENCY SUPPLIES 03/16/2015 03/16/2015	01QW3749 Office Supplies
19 05-420-600-4800-6405		22.19	AGENCY SUPPLIES 03/18/2015 03/18/2015	01QW4814 Office Supplies
20 05-430-700-4800-6405		34.36	AGENCY SUPPLIES 03/10/2015 03/10/2015	01QW1138 Office Supplies
21 05-430-700-4800-6405		96.11	AGENCY SUPPLIES 03/16/2015 03/16/2015	01QW3749 Office Supplies
19 05-430-700-4800-6405		31.70	AGENCY SUPPLIES 03/18/2015 03/18/2015	01QW4814 Office Supplies
11406 Innovative Office Solutions		324.31	9 Transactions	
12 90182 Laboratory Corp Of America Holdings 05-420-640-4800-6397		56.00	IVD GENETIC TEST 0014044674-01 03/04/2015 03/04/2015	47512392 Genetic Tests Iv-D
11 05-420-640-4800-6397		84.00	IVD GENETIC TEST 0015395675-01 03/12/2015 03/12/2015	47625273 Genetic Tests Iv-D

Aitkin County



<u>Vendor Name</u>	<u>Accr</u>	<u>Rpt</u>	<u>Amount</u>	<u>Warrant Description</u>	<u>Service Dates</u>	<u>Invoice #</u>	<u>Account/Formula Description</u>
<u>No. Account/Formula</u>						<u>Paid On Bhf #</u>	<u>On Behalf of Name</u>
10855 Culligan							
4 05-400-440-0410-6301			20.25	COOLER RENTAL SERVICE	03/20/2015 03/20/2015	150-10016285-1	Equipment Lease/Space Rental
4 05-420-600-4800-6301			47.25	COOLER RENTAL SERVICE	03/20/2015 03/20/2015	150-10016285-1	Equipment Lease/Space Rental
4 05-430-700-4800-6301			67.50	COOLER RENTAL SERVICE	03/20/2015 03/20/2015	150-10016285-1	Equipment Lease/Space Rental
10855 Culligan			135.00	3 Transactions			
88628 Dalco							
47 05-400-440-0410-6422			7.90	TOWELS/TISSUE	03/03/2015 03/03/2015	2856449	Janitorial Services/Supplies
46 05-400-440-0410-6422			15.42	TOWELS/TISSUE	03/03/2015 03/03/2015	2857269	Janitorial Services/Supplies
47 05-420-600-4800-6422			18.45	TOWELS/TISSUE	03/03/2015 03/03/2015	2856449	Janitorial Services/Supplies
46 05-420-600-4800-6422			35.97	TOWELS/TISSUE	03/03/2015 03/03/2015	2857269	Janitorial Services/Supplies
47 05-430-700-4800-6422			26.36	TOWELS/TISSUE	03/03/2015 03/03/2015	2856449	Janitorial Services/Supplies
46 05-430-700-4800-6422			51.39	TOWELS/TISSUE	03/03/2015 03/03/2015	2857269	Janitorial Services/Supplies
88628 Dalco			155.49	6 Transactions			
11051 Department of Human Services							
5 05-420-640-4800-6231			29.30	CS MONTHLY FED OFFSET FEE	01/01/2015 01/31/2015	A300C504501	Services/Labor/Contracts
8 05-420-650-4400-6025			1,012.14	MA LTC UN 65	01/05/2015 01/05/2015	A300MM7H011	State/Fed Share - MA
9 05-420-650-4400-6025			371.24	MA ESTATE COLLECTIONS-FED	01/01/2014 12/31/2015	A300MM7H011	State/Fed Share - MA
10 05-420-650-4400-6025			185.61	MA ESTATE COLLECTIONS-ST	01/05/2015 01/05/2015	A300MM7H011	State/Fed Share - MA
6 05-420-620-4100-6011			12.50	MAXIS GA RECOVERIES	01/01/2015 01/31/2015	A300MX011431	County Share - Ga
7 05-420-630-4100-6011			43.20	MAXIS SNAP RECOVERIES	01/01/2015 01/31/2015	A300MX011431	County Share-Food Support

Aitkin County



<u>Vendor Name</u>	<u>Rpt</u>	<u>Warrant Description</u>	<u>Invoice #</u>	<u>Account/Formula Description</u>
<u>No. Account/Formula</u>	<u>Accr</u>	<u>Amount</u>	<u>Service Dates</u>	<u>Paid On Bhf # On Behalf of Name</u>
87975 AMSSA		150.00	3 Transactions	
12106 Antoine Electric				
38 05-400-440-0410-6231		6.75	REPAIR VACUUM CLEANER MOTOR 03/09/2015 03/09/2015	13794 Services/Labor/Contracts
38 05-420-600-4800-6231		15.75	REPAIR VACUUM CLEANER MOTOR 03/09/2015 03/09/2015	13794 Services/Labor/Contracts
38 05-430-700-4800-6231		22.50	REPAIR VACUUM CLEANER MOTOR 03/09/2015 03/09/2015	13794 Services/Labor/Contracts
12106 Antoine Electric		45.00	3 Transactions	
91007 Applied Professional Services				
51 05-420-640-4800-6379		60.00	IVD SERVICE 0015409921-01 03/13/2015 03/13/2015	23995 Other Iv-D Charges
91007 Applied Professional Services		60.00	1 Transactions	
10463 Beanery an Internet Cafe				
34 15-453-000-0000-6231		98.05	FAMILY HOME VISITING-WRAP MEET 03/02/2015 03/02/2015	437 Ach&Hs Services
10463 Beanery an Internet Cafe		98.05	1 Transactions	
730 Breezy Point Resort				
52 05-400-440-0410-6332		158.65	AMSSA-SUMMER CONFERENCE	Hotel/Lodging
52 05-420-600-4800-6332		370.18	AMSSA-SUMMER CONFERENCE	Hotel/Lodging
52 05-430-700-4800-6332		528.84	AMSSA-SUMMER CONFERENCE	Hotel/Lodging
730 Breezy Point Resort		1,057.67	3 Transactions	
11154 Bunge/Trudy				
53 05-400-440-0410-6208		240.00	CPR TRAINING 01/04/2015 01/04/2015	Staff Development/Training
11154 Bunge/Trudy		240.00	1 Transactions	
11368 Child Abuse Prevention Council				
54 05-430-000-0000-2055		3,279.91	CTF-FY 2014 RADIOTHON REIMBURS 01/01/2014 12/31/2014	Accounts Payable
11368 Child Abuse Prevention Council		3,279.91	1 Transactions	

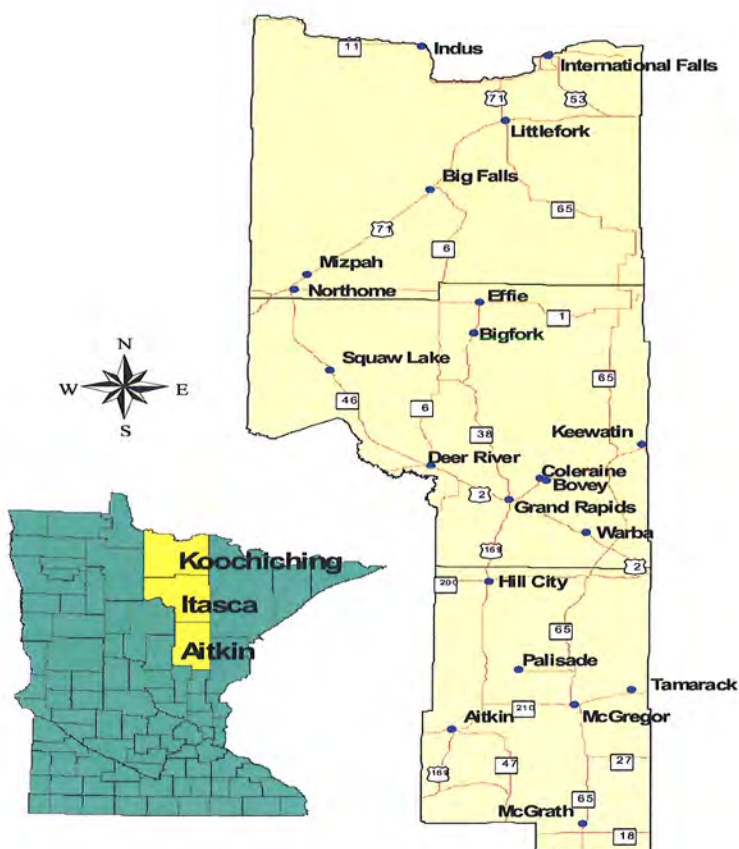
Aitkin County



Audit List for Board COMMISSIONER'S VOUCHERS ENTRIES

<u>Vendor Name</u>	<u>Rpt</u>	<u>Warrant Description</u>	<u>Invoice #</u>	<u>Account/Formula Description</u>
<u>No. Account/Formula</u>	<u>Accr</u>	<u>Amount</u>	<u>Service Dates</u>	<u>Paid On Bhf # On Behalf of Name</u>
85003 Aitkin County DAC				
1 05-400-440-0410-6231		10.56	PAPER SHREDDING 02/02/2015 02/23/2015	Services/Labor/Contracts
2 05-400-440-0410-6231		2.97	CLEANING 02/10/2015 02/24/2015	Services/Labor/Contracts
1 05-420-600-4800-6231		24.64	PAPER SHREDDING 02/02/2015 02/23/2015	Services/Labor/Contracts
2 05-420-600-4800-6231		6.93	CLEANING 02/10/2015 02/24/2015	Services/Labor/Contracts
1 05-430-700-4800-6231		35.20	PAPER SHREDDING 02/02/2015 02/23/2015	Services/Labor/Contracts
2 05-430-700-4800-6231		9.90	CLEANING 02/10/2015 02/24/2015	Services/Labor/Contracts
85003 Aitkin County DAC		90.20	6 Transactions	
86222 Aitkin Independent Age				
49 05-400-440-0410-6231		9.90	AGENCY SUBSCRIPTION(1 YR) 02/28/2015 02/28/2015	00001329 Services/Labor/Contracts
49 05-420-600-4800-6231		23.10	AGENCY SUBSCRIPTION(1 YR) 02/28/2015 02/28/2015	00001329 Services/Labor/Contracts
49 05-430-700-4800-6231		33.00	AGENCY SUBSCRIPTION(1 YR) 02/28/2015 02/28/2015	00001329 Services/Labor/Contracts
86222 Aitkin Independent Age		66.00	3 Transactions	
8239 Ameripride Linen & Apparel Services				
3 05-400-440-0410-6422		5.60	CLEANING SUPPLIES 02/28/2015 02/28/2015	220161366 Janitorial Services/Supplies
3 05-420-600-4800-6422		13.06	CLEANING SUPPLIES 02/28/2015 02/28/2015	220161366 Janitorial Services/Supplies
3 05-430-700-4800-6422		18.66	CLEANING SUPPLIES 02/28/2015 02/28/2015	220161366 Janitorial Services/Supplies
8239 Ameripride Linen & Apparel Services		37.32	3 Transactions	
87975 AMSSA				
50 05-400-440-0410-6241		22.50	AMSSA-SUMMER CONFERENCE	Meeting/Conference Registration Fee
50 05-420-600-4800-6241		52.50	AMSSA-SUMMER CONFERENCE	Meeting/Conference Registration Fee
50 05-430-700-4800-6241		75.00	AMSSA-SUMMER CONFERENCE	Meeting/Conference Registration Fee

Aitkin-Itasca-Koochiching Community Health Improvement Plan 2014



Map of Aitkin-Itasca-Koochiching
Community Health Services Area

June 2014-December 2014

Acknowledgments

- Advocates Against Domestic Abuse
- Aitkin City Council
- Aitkin County CARE
- Aitkin County Environmental Services Department
- Aitkin County Growth
- Aitkin County Health & Human Services
- Aitkin County Road & Bridge Department
- Aitkin County Sheriff's Department
- Aitkin County Veteran's Services
- Aitkin Independent Age
- Aitkin School District
- American Red Cross, Northern MN Chapter
- ANGELS of McGregor
- Backus Community Center
- Betsy Johnson, U of M Extension Services
- Brian Napstad, Aitkin County Commissioner
- Cathy Gordon, U of M Extension
- City of Hill City
- Concerned citizens of Koochiching County
- Crisis Line & Referral
- Dale Lueck
- Don Niemi, Aitkin County Commissioner
- Eldercircle
- Ellen Pillsbury, ARDC
- Essentia Hospital-Deer River
- Falls Hunger Coalition
- Friends Against Abuse
- Good Samaritan Society
- Grand Itasca Clinic & Hospital
- International Falls Public Library
- Itasca County Committee on Aging
- Itasca County Public Health & Human Services
- Itasca County Schools Nursing Staff
- Itasca Get Fit/SHIP Staff
- Janelle Schroeder, MDH
- Joe Radinovich, former State House of Representatives
- Koochiching Aging Options
- Koochiching County Board of Commissioners
- Koochiching County Public Health & Human Services
- Koochiching Family Planning
- KOOTASCA Community Action
- Laurie Westerlund, Aitkin County Commissioner
- Long Lake Conservation Center
- McGregor Community Education
- McGregor School District
- Nashwaik-Keewatin Wellness Team
- Northland Counseling Center
- Occupational Developmental Center
- Paper Makers Place
- Rainy Lake Medical Center
- Rainy River Community College
- Ranier Roost
- Riverwood Healthcare Center
- Senior LinkAge Line

Community Health Improvement Plan Review Checklist: [A-I-K CHS]

For more information about this checklist, including references for each item, refer to the website;
www.health.state.mn.us/lphap.

Review Characteristics ¹	On Which Page(s) is this Found?	Not Found (X)	Notes
Dated within past five years	1		Date:
Includes full name of CHB or LHD on cover	1		
Describes jurisdiction for which the plan is created	6		
Describes health inequities in the jurisdiction for which the plan is created	13-15, 17, 20-21		
Names (e.g. MAPP ²) and/or describes process used to complete planning	7		Process Used: MAPP
Lists community stakeholders who participated in planning process ³	2, 9		

¹ References for the review characteristics include PHAB Standard 5.2 [<http://www.phaboard.org/wp-content/uploads/PHAB-Standards-and-Measures-Version-1.0.pdf>], NACCHO Recommended CHA/CHIP Characteristics Checklist [<http://www.naccho.org/topics/infrastructure/chaip/chachip-online-resource-center.cfm>] and MDH Local Assessment and Planning Guidance [<http://www.health.state.mn.us/lphap>].

² Models suggested in PHAB include: MAPP [<http://www.naccho.org/topics/infrastructure/Mapp/index.cfm>] and Healthy Cities/Communities [<http://ctb.dept.ku.edu/en/assessing-community-needs-and-resources>]. Other tools that could be adapted include Community Asset Mapping, MDH Model, NPHPSP, Healthy People 2020, or PACE-EH. CHBs may use a blend of these or a process of their own design.

³ At least three sectors, in addition to public health, should be identified. Collaboration with hospitals that are now required to conduct a community health needs assessment (CHNA) and adopt an implementation strategy is strongly encouraged [<http://www.naccho.org/topics/infrastructure/Mapp/chahealthreform.cfm>].

Review Characteristics ¹	On Which Page(s) is this Found?	Not Found (X)	Notes
Documents that CHA information was shared with participants	9, 10		
Lists issues and themes identified by stakeholders	10		
Describes how community was engaged throughout the planning process	9, 10		
Describes the prioritization process used to identify the primary issues (from the CHA) that will be included in the CHIP	10, 11		
Lists the top community health needs or priorities	12		
Includes justification for why each issue is a priority	13-23		
Includes at least one priority aimed at addressing a social determinant of health that arose based on health inequities that were identified in the jurisdiction	17		
Includes evidence-based or promising practices in the selected strategies ⁴	18		Healthy Families America
References state-of-the-art guidance in the strategy descriptions ⁵	14		Healthy Minnesota 2020
Includes policy changes needed to accomplish health objectives	16, 19, 23		

⁴ NACCHO Resource Center for Evidence-Based Prevention and Cross-Sector Approaches [<http://www.ebprevention.org>] and Community Guide [<http://www.naccho.org/topics/HPDP/commguide/index.cfm>].

⁵ National state-of-the-art guidance noted in PHAB includes the National Prevention Strategy [<http://www.surgeongeneral.gov/initiatives/prevention/strategy/>] or Healthy People 2020 [<http://www.healthypeople.gov/2020/default.aspx>].

Review Characteristics ¹	On Which Page(s) is this Found?	Not Found (X)	Notes
Identifies individuals or organizations, beside public health, responsible for strategy implementation	29-41		
Identifies measurable health outcomes or indicators of progress ⁶	15-16, 18-19, 21-23		
Notes existing community assets and resources	29-41		
Describes alignment with state and national priorities	15-16, 18-19, 21-23		MN Statewide Local Public Health Objectives

⁶ For example, "More students from every population group graduate from high school within four years." Documented by Minnesota Compass (<http://www.mncompass.org/education>) based on high school on-time graduation rates from the Minnesota Department of Education.

What is a Community Health Improvement Plan?

The 2014 Aitkin-Itasca-Koochiching Community Health Services (A-I-K CHS) Community Health Improvement Plan (CHIP) is a long-term, systematic effort to address public health priorities identified during the Community Health Assessment (CHA) and health improvement processes. The CHIP will be used by the A-I-K CHS along with community partners to set priorities, coordinate resources, develop policies, and define actions to target efforts that protect and promote health.

A CHIP is developed through a collaborative process, and defines a vision for the health of the community. In Minnesota, plans

Public Health *is what we, as a society, do collectively to assure the conditions in which people can be healthy.*

– Health Resources and Services Administration (HRSA)

are developed for the geographic regions covered by the local health department. Community health improvement planning is a foundational practice of public health as well as a national standard for all public health departments. Since the passage of the Local Public Health Act in 1976, Minnesota local health departments have been required to engage in a community health improvement process,

beginning with a CHA. As part of Minnesota's Local Public Health Assessment and Planning process, every health department must submit a CHIP dated within five years to the Minnesota Department of Health.

A snapshot of people and place

The three counties in this CHS are in a line from south to north: Aitkin, Itasca, and Koochiching. These counties cover a considerable area: 8,077 square miles. In fact, Koochiching and Itasca are the 2nd and 3rd largest counties in Minnesota (after St. Louis County). Our CHS is decidedly rural with a population of only about 74,000. We live among valuable natural resources, beautiful nature, and opportunities for recreation.

Community Health Improvement Planning Process

Organize

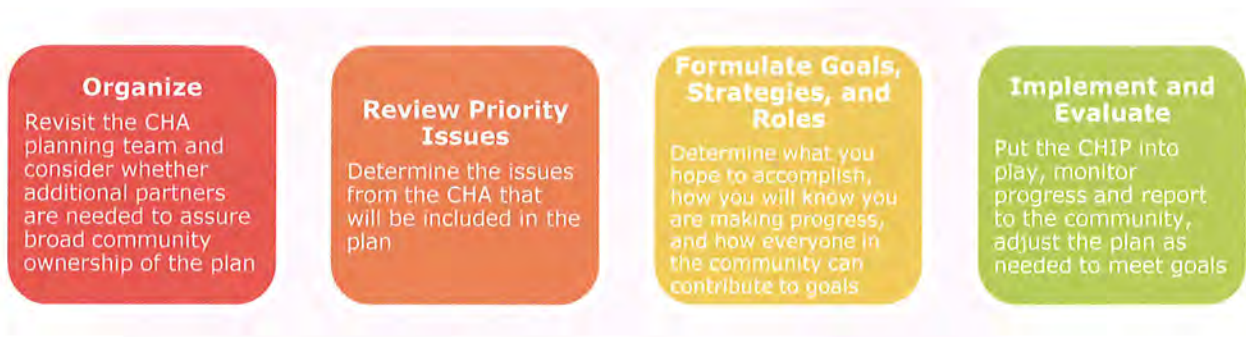
The CHIP is the link between assessment and action; it will be used by A-I-K CHS along with our community partners to define how we will work together to improve the health of the community. The CHIP outlines goals, objectives and strategies that A-I-K CHS and its partners will address beginning in 2015, for the next five years. The plan also includes activities and measures to ensure progress towards these goals. The CHA and CHIP play an important role in local health departments aligning with National Public Health Standards. Public Health departments that meet these standards are better equipped to promote and protect the health of the public by advancing the quality and performance of all health departments.

Stakeholder engagement

Community engagement is essential to creating a CHIP that ensures effective, sustainable solutions. Stakeholders were engaged in three substantial ways: listening sessions, key stakeholder interviews and a community health summit.

Planning framework

To conduct the CHA, the A-I-K CHS applied elements of the *Mobilizing for Action Through Planning and Partnerships* (MAPP) framework in combination with the Minnesota Department of Health (MDH) community health improvement planning process. MAPP is a community-driven strategic planning process for improving public health.¹ The framework provided a structure and best practices to help the steering committee prioritize public health issues, identify resources for addressing them, and take action. Upon identification of the community health priorities, the MDH community health improvement planning process (outlined below) was applied. As the A-I-K CHS transitioned from the assessment to the planning phase, the following process was used to develop goals and strategies, assign roles, and take the necessary actions to put the CHIP into play.



MDH Community Health Improvement Planning Process Diagram

Data collection

Primary and secondary data from a variety of sources was used to complete the CHA.

Secondary data

Secondary data, or data not collected directly by A-I-K CHS, included: federal, state, and local data; hospitals and health care providers; local schools; academic institutions; other departments of government; and nonprofit organizations. Many sources of data for this health assessment are government agencies, such as the Minnesota Department of Health. Other data originate from nonprofit research organizations such as Wilder Research, and other public and private data such as Minnesota Hospital Association data. The categories of secondary data used include:

Disease and Injury

Healthy Living

Opportunities for Health

People and Place

Primary data

A-I-K CHS collects primary data for the purpose of incorporating the values and priorities of county residents into health improvement decisions.

Community input was collected as part of the CHA process between June 2013 and June 2014 in an effort to create a picture of the community's beliefs and perceptions regarding health in the community. A special emphasis was made to reach out to community members from across the A-I-K CHS to hear health concerns directly from them. The goals of collecting community input were to:

- gather broad, representative perspectives regarding current health issues in A-I-K CHS;
- discover resident information both about what is healthy and what is unhealthy in their community;
- provide a variety of options for input; and
- engage traditionally under-represented groups.

Listening sessions

Listening sessions were conducted in June 2013 by A-I-K CHS staff in partnership with Rainy Lake Medical Center, Grand Itasca Clinic and Hospital, and Essentia Deer River Hospital. These sessions collected knowledge from those who live and work in the A-I-K CHS about health issues from a community standpoint. Key findings from the information data tables were presented to the participants, who then engaged in small group discussions generating top health themes and ranking them in order of importance.

Key Stakeholder interviews

In-depth key stakeholder interviews were conducted in 2013 and 2014 with select individuals based on their specific knowledge or experience with health issues in the A-I-K CHS. Participants provided a unique perspective about current and emerging health issues in the communities they work with. Key stakeholder interviews were conducted with individuals from the following settings:

- non-governmental community organizations, groups or coalitions (including food shelves, homeless services, non-profits, minority groups, disabled, and senior services);
- clinical professional (including hospital administrators, dentists, pediatricians, pharmacists, and nurses);
- professionals working with or serving youth; and
- governmental administrators or representatives from city or county services

Community Health Summit

In June 2014 the Aitkin County Health & Human Services Public Health Unit hosted a Community Public Health Summit for eighty-five community stakeholders. It was promoted through local newspapers, social media, emails to key contacts and collaboratives, promotional postcards and invitations. Data was shared from the four categories of secondary data. Those in attendance participated in four feedback sessions: individual prioritization, impact effort matrix, dot based ranking, and identifying the three most important issues. Key themes that emerged from the summit included: Access, Outreach and Education for Early Childhood, Obesity in Children, Access, Outreach and Education for Seniors, Increasing Access to Fresh Fruits and Vegetables, Alcohol, Tobacco and Other Drug use amongs Adolescents and Young Adults and Opportunity for Physical Activity across the Lifespan.

Review of priority issues

A-I-K CHS Leadership Team met on June 25, 2014, and used the CHA results to identify community health priorities in A-I-K CHS. Community health priorities are those issues critical to achieving the vision of the CHIP. A-I-K CHS Leadership Team completed a ranking exercise for the top 10 categories of health issues:

- Access to Services for Seniors;
- Access/Uninsured and/or Underinsured;
- Chronic Disease;
- Eating Habits;
- Healthy Start for Children-Adolescents;
- Mental Health/Wellbeing;
- Obesity;
- Other-ATOD;
- Parenting-Family Systems (lack of family stability);
- Physical Activity

A-I-K Leadership Team consisted of: Local Public Health Leaders, Health Educators, CHS Grants Manager and NE Public Health Nurse Consultant.

The three community health priorities identified were:

1. Eating Habits
2. Parenting-Family Systems (lack of family stability)
3. Healthy Start for Children-Adolescents

Additionally, the Leadership Team decided to incorporate Mental Health across all three priority health issues.

Steps of the prioritization process included:

- sharing of county specific priorities;
- common themes among counties were identified which resulted in more than 10 priorities in the A-I-K CHS;
- a discussion of tangible and intangible A-I-K CHS assets and resources guided the process; assets included people, physical structures, relationships, and organizations.

In order to reach consensus on which issues to move forward with and assist in the prioritization process, the Leadership Team decided to align priorities with the 2015 Planning and Performance Measurement Reporting System (PPMRS). The Leadership Team then completed a second simple ranking determining the top three community health priorities to address in the CHIP.

Formulate goals and strategies

Once the Leadership Team identified the top three priorities, the group moved forward with formulating goals and strategies for each.

For priority issue #1 (Eating Habits) the Leadership Team was able to align CHIP goals with the Statewide Health Improvement Program (SHIP) goals and activities.

For priority issues #2 and #3 (Parenting/Family Systems and Healthy Start for Children-Adolescents) the Leadership Team was able to align CHIP goals with evidence based home visiting objectives and strategies. Across all priority issues, goals and strategies were created with both national and state goals in mind, and will use evidence-based strategies for implementation.

Eating Habits – taking action through SHIP

SHIP was established in 2009 by the Minnesota Legislature as part of the state's Health Care Reform Initiative. SHIP succeeds by encouraging and supporting healthy living and addressing health disparities through community engagement, local decision-making and sustainable, evidence based strategies.² Initially, all local health departments in the state received two years of significant funding to address obesity and tobacco use. After those first two years, funding was greatly reduced and only a few local health departments continued with funding. Throughout this period, the A-I-K CHS retained its SHIP funding. In 2013, the Minnesota Legislature restored the funding and A-I-K CHS has been awarded funding through 2015.

Parenting/Family Systems and Healthy Start for Children-Adolescents – taking action through Evidence Based Home Visiting

Maternal, Infant, and Early Childhood Home Visiting supports pregnant women and families and helps parents of children from birth to age 5 tap the resources and develop the skills they need to raise children who are physically, socially and emotionally healthy and ready to learn. A-I-K CHS is committed to developing and implementing voluntary, evidence-based home visiting programs using models that are proven to improve child health and to be cost effective. These programs help to prevent child abuse and neglect, encourage positive parenting, and promote child development and school readiness. Each county within the A-I-K CHS will choose the home visiting models that best meet the needs of its own at-risk communities, then supports local agencies in providing the home visiting services to families in their own communities.

Community Health Priorities

The A-I-K Leadership Team identified the following community healthy priorities:

Community Health Priorities Table
1. Eating Habits
2. Parenting/Family Systems
3. Healthy Start for Children-Adolescents

Additionally, the Leadership Team decided to incorporate Mental Health across all three priority health issues.

The following sections describe each community health priority, including:

Why do we care?

Describes the issue at hand and links to state and national priorities.

What do we know?

Provides relevant health data from A-I-K CHS on each priority.

Where do we want to be?

Describes the goals, objectives and strategies.

What needs to happen?

Discusses potential policy, system or environmental changes. Additional policy changes may be identified over time.

It is important to note that while the CHIP will guide important work related to these community health priorities, A-I-K CHS will continue to work both internally and with partners on other public health and environmental health issues as need arises, and as part of our state mandated work. This includes, but is not limited to, disease prevention and control, WIC and breastfeeding promotion, emergency preparedness, Child and Teen Checkups Outreach, rising cases of tick borne illnesses, as well as other environmental health related issues.

Eating Habits

Why do we care?

Many health benefits or problems stem directly from what and how much we eat. We feel and function better when we eat well. Eating has an effect on a child's brain development and academic success. By eating healthier and having access to nutritious food, we hope that the residents of the A-I-K CHS will experience less chronic disease.

What do we know?

- There are areas in the A-I-K CHS that are considered food deserts due to lack of access to fresh fruits and vegetables. Even people who live within walking distance of a grocery store, garden, or orchard may prefer to buy more of lower quality packaged foods because quantity is most important to them due to lack of financial resources. Fresh produce can be expensive, especially when you consider that some of it may spoil before it gets eaten; this most likely happens in a family where fruits and vegetable are not part of the usual diet.
- We know that increasingly the population, children and adults, is overweight or obese. We know that being overweight and obese leads to many chronic health problems.
- In 2010 food scarcity throughout the A-I-K CHS was measured at 14.3%.
- According to the 2014 Minnesota County Health Rankings for Health Factors, out of 85 counties Aitkin ranks lowest at number 80, Itasca at 69 and Koochiching ranking 74.

Eating Habits The term *eating habits* (or *food habits*) refers to why and how people eat, which foods they eat, and with whom they eat, as well as the ways people obtain, store, use, and discard food. Individual, social, cultural, religious, economic, environmental, and political factors all influence people's eating habits.³

- Regarding the WIC population, ages two to five, the 2007 Minnesota WIC Program Pediatric Nutrition Surveillance Report measured obesity of this population for the A-I-K CHS at 10.5%. Overall Minnesota's rate for the same population was 13.3%. Individually, Aitkin reported 9.2%, Itasca 11.8% and Koochiching 7.2%. The 2010 data indicates a general increased rate in obesity throughout the A-I-K CHS measuring at 11.4%. Aitkin and Koochiching reported measurable increases with 13.7% and 11.4% respectively. However, Itasca County reported a decrease to 10.6%.
- According to the U.S. Census 2007-2011 America Community Survey, poverty status amongst children (<18 years of age) throughout the A-I-K CHS are consistently higher than the state average of 14.0%. Aitkin has the highest percentage at 19.4%, Itasca at 14.7% and Koochiching at 15.1%.
- Between 2007 and 2010, the U.S. Department of Commerce, Bureau of Economic Analysis, reported a significant increase in the unemployment rate throughout the A-I-K CHS from 7.2% to 9.5%. Each county also experienced a substantial fluctuation in their rates with Aitkin jumping from 6.9% to 9.7%, Itasca increasing from 7.3% to 9.7% and Koochiching rising from 7.1% to 8.6%.
- Stated in the December 2010 final report, the prevention and reduction of obesity is a MN Statewide Local Public Health Objective including the following key indicator: Percentage of children ages 2 to 5 years, receiving WIC services, with a Body Mass Index (BMI) at or above the 85th percentile.⁵
- The Healthy Minnesota 2020 report stated the following indicator: By 2020, fewer Minnesota households will experience food insecurity. Why this indicator? Food security means having enough to eat, and being able to make healthy food choices. Adequate nutrition is particularly important for children, as it affects their cognitive and behavioral development. Children from food insecure, low-income households are more likely to experience irritability, fatigue, and difficulty concentrating on tasks, especially in school, when compared to other children.⁶
- The Healthy Minnesota 2020 report also stated the following indicator: By 2020, more Minnesota children are exclusively breastfed for six months. Why this indicator? Breastfeeding conveys important protective factors for infants, such as boosting immune system response and preventing obesity. Children who are breastfed are less likely to develop diabetes than those who were fed formula or introduced early to solid foods. Breastfeeding also promotes the development of healthy relationships through maternal-infant

Food Desert urban neighborhoods and rural towns without ready access to fresh, healthy, and affordable food. Instead of supermarkets and grocery stores, these communities may have no food access or are served only by fast food restaurants and convenience stores that offer few healthy, affordable food options. The lack of access contributes to a poor diet and can lead to higher levels of obesity and other diet-related diseases, such as diabetes and heart disease.⁴

bonding, has health benefits for the mother, decreases absenteeism for both mother and child, and reduces health care costs.⁷

Where do we want to be?

Goal: Decrease the percent of children in the A-I-K CHS who are obese

Objective: Obesity rates for A-I-K CHS WIC children (ages 2-5 years) will be reduced from 11.4% to 9% or less by 2020.

Strategy 1: Education

Parents and children will receive education regarding nutrition, how to get assistance buying fresh produce when applicable (WIC benefits, food shelf options, etc.), how to utilize benefits to their fullest extent and a movement toward community vegetable gardens.

Strategy 2: Accessibility

Make healthy options more accessible through business development in food deserts, and transportation to existing grocery stores if business development does not happen.

Goal: Increase food security

Objective: By 2020, A-I-K CHS will work to decrease food insecurity by 3%.

Strategy 1: Education regarding Farmer's Markets.

Provide information by promoting and sharing the MN Grown publication in each county. Work with local Farmer's Markets to ensure research, planning and implementation for the acceptance of EBT and WIC vouchers is being considered.

Strategy 2: Educate about eligibility for food and nutrition programs.

Provide education regarding eligibility for food and nutrition programs. Provide outreach to increase participation in food and nutrition programs.

Strategy 3: Accessibility*

The A-I-K CHS will support ongoing efforts and new partnerships to increase accessibility to healthy and nutritious foods with a specific focus on the food deserts identified within the A-I-K CHS by strengthening linkages between existing transportable meal providers and nutritious food suppliers in order to incorporate more fresh deliverable options.

*A food desert is defined by the USDA a food desert is a 10-mile radius without ready access to fresh, healthy and affordable food.

Strategy 4: Gaps in Services

Survey A-I-K CHS residents to determine gaps in services and resources related to obtaining healthy food and nutrition.

Goal: Increase healthy eating in youth

Objective: Increase in the number of youth who eat fruits and vegetables 3 times or more per day from 5% to 8% by 2020.

Strategy 1: Healthy School Food*

Partner with local school districts to implement nutrition initiatives such as healthy breakfast promotion, healthy lunch and snacks, alternatives to classroom celebrations, incentives, and fundraising, healthy choice concessions or vending, school gardens and Farm-To-School initiatives. (Healthy School Foods SHIP Initiative)

Strategy 2: Child Care

Provide training and resources to develop policies and practices to improve healthy eating, physical activity and support for breastfeeding or nursing moms in licensed childcare homes, centers and pre-school settings.

Strategy 3: Education

Increase breastfeeding training opportunities for A-I-K Public Health staff.

* For school-related goals, an emphasis will be put on working with schools identified with higher eligibility rates for free and reduced lunch.

What needs to happen?

Potential policy changes related to eating habits include:

- school nutrition policies to increase fruits and vegetables, decreasing sodium, saturated fat, and added sugar;
- child care nutrition and breastfeeding practices to improve healthy food options and support breastfeeding;
- increased use of benefits to purchase healthy foods;
- increase in business development in food desert areas
- increased participation in food and nutrition programs
- increase in breastfeeding training opportunities for A-I-K Public Health staff
- comprehensive survey of A-I-K residents to determine gaps in services and resources related to obtaining healthy food and nutrition
- strengthening linkages between existing transportable meal providers and nutritious food suppliers in order to incorporate more fresh deliverable options

A-I-K CHS consumers and their families, social service agencies and referral source personnel often cannot get clear, basic information such as treatment options, the full range of available services, payment mechanisms, or how to access the services. Additionally, basic information, communications, and linkage systems are lacking, particularly for individuals that are uninsured or have Medicaid or Medicare.

Parenting/Family Systems

Why do we care?

We care because these are our clients. They may not have seen positive parenting role models or examples of healthy families, and are thus perpetuating unhealthy behaviors in their own families. Research shows that inconsistent parenting and responsiveness leads to attachment issues of the child and possibly brain development concerns as well as higher level costs such as child protection involvement, out of home placement, special education services, mental health concerns, delinquency – costs to all of us in society. We want across the age continuum for families to be less stressed and more self reliant.

Throughout the community health assessment and planning process, community members and collaborators repeatedly stated how difficult it is for individuals affected by behavioral health problems to talk about it.

What do we know?

- Between 2006 and 2010 in the state, 24.7% of children less than 18 years old lived in single parent households. Similar to the state, the CHS reported at 24.4%. Individually, Aitkin reported 30.3%, Itasca 21.5% and Koochiching 27.5%.
- Throughout the state and in the CHS, the unemployment rate increased between 2007 and 2010. The state increased from 4.6% to 7.3% while the CHS documented an increase from 7.2% to 9.5%. Aitkin had the highest increase from 6.9% to 9.7%. Itasca reported from 7.3% to 9.7% and Koochiching from 7.1% to 8.6%.
- In 2009-2010, the CHS high school graduation rate was across the board higher than the state average of 75.9%. Aitkin had the highest at 81.0%, Itasca at 78.0% and Koochiching reporting 80.5%.
- In attaining a bachelor's degree or higher from 2006 to 2010, the CHS is consistently below the state average of 31.4%. Reporting the lowest was Aitkin at 14.4%, Itasca reported at 20.8% and Koochiching at 16.3%.
- In March of 2012, the MN Department of Health Office of Rural Health declared the A-I-K CHS a service area with a shortage of mental health practitioners.
- Stated in the December 2010 final report, the promotion of optimum mental health is a MN Statewide Local Public Health Objective with the following key indicator: percentage of MN children birth to 5 enrolled in Medicaid who received a mental health screening using a standardized instrument as part of their Child and Teen Checkup (C&TC) visit.⁸

Where do we want to be?

Goal: Families in the A-I-K CHS will have increased awareness of and access to healthy parenting resources and education to reduce health inequities

Objective: Increase partnerships and collaborations with healthy parenting providers in the A-I-K CHS by 1%.

Strategy 1: Resource identification

Identify healthy parenting education resources for parents and/or caregivers that target health inequities for families.

Strategy 2: Guide

Develop a community-wide healthy parenting resources guide with a health equity focus.

Strategy 3: Outreach

Actively refer families to and encourage utilization of the developed healthy parenting resources guide.

Goal: Increase opportunities for and access to parent education

Objective: Increase the number of nutrition class offerings to families by 1%.

Strategy 1: Offer classes

Offer classes to families, promoted through Head Start, WIC or other partnering organizations on healthy eating, exercise and food preparation skills.

Goal: Maintain opportunities for and access to parent education

Objective: Maintain and/or increase parental education opportunities on promoting positive mental health in young children by 1%.

Strategy 1: Evidence based programming

Support evidence-based programming for services that serve families such as Healthy Families America.

Strategy 2: Training for professionals and community

Provide infant mental health and attachment training for professionals and community.

Strategy 3: Training in schools and existing services

Incorporate infant mental health into school districts, child birthing classes, and other parent education centered services.

Strategy 4: Child and Teen Check Ups

Promote universal mental health screening at C&TC check-ups.

Goal: Increase access to health services for people facing behavioral health issues

Objectives:

- *Reduce total A-I-K CHS self-directed violence deaths from 55 to no more than 50 between 2015-2020.*
- *Explore ways to increase the capacity of primary care providers to provide mental health services by 1%.*

Strategy 1: Rethink the collaborative "landscape"

Implement a series of conversations among existing partnerships and collaboratives in the A-I-K CHS to assess capacity and opportunity for shared work. Complete an environmental scan of programs, services, and initiatives in the A-I-K CHS. Determine shared messaging to promote awareness of the inventory.

Strategy 2: Strengthen clinical-community linkages

Strengthen relationships among health care providers and community organizations within each respective county. Build partnerships to support evidence-based clinical behavioral health practices and referral systems, and increase access to lifestyle change, prevention or self-management programs.

What needs to happen?

Potential policy changes related to behavioral health include:

- Follow legislative and industry standards
- Research and implement evidence-based practices for behavioral health improvement

Healthy Start for Children-Adolescents

Why do we care?

Children pay for and will continue to be negatively affected because of the faults and failures of their parents and modern society. They are growing up in a hyper-accessible world with more exposure and fewer boundaries than any previous generations. Not only is there more danger but fewer tools for our youth to deal

with it. Many of these children are lonely and insecure: their parents may give them everything in the material sense (if they are able) but not really spend quality time with them.

What do we know?

Children who are treated considerately by people who they know love them and have high (but not unreasonably or pressure-inducing high) standards for them thrive. Children who are interacted with learn and grow at incredible rates. Children who eat well do better in many areas of life, not just physically.

Early childhood is such a crucial developmental window. A child should not experience far-reaching delays or losses because their parent was overwhelmed or didn't care.

- Between 2006 and 2010 in the state, 24.7% of children less than 18 years old lived in single parent households. Similar to the state, the CHS reported at 24.4%. Individually, Aitkin reported 30.3%, Itasca 21.5% and Koochiching 27.5%.
- Throughout the state and in the CHS, the unemployment rate increased between 2007 and 2010. The state increased from 4.6% to 7.3% while the CHS documented an increase from 7.2% to 9.5%. Aitkin had the highest increase from 6.9% to 9.7%. Itasca reported from 7.3% to 9.7% and Koochiching from 7.1% to 8.6%.
- In 2009-2010, the CHS high school graduation rate was across the board higher than the state average of 75.9%. Aitkin had the highest at 81.0%, Itasca at 78.0% and Koochiching reporting 80.5%.
- In attaining a bachelor's degree or higher from 2006 to 2010, the CHS is consistently below the state average of 31.4%. Reporting the lowest was Aitkin at 14.4%, Itasca reported at 20.8% and Koochiching at 16.3%.
- In March of 2012, the MN Department of Health Office of Rural Health declared the A-I-K CHS a service area with a shortage of mental health practitioners.
- Evidence-based research supported by the Substance Abuse and Mental Health Services Administration (SAMHSA) and the National Prevention Framework suggests that initiatives that improve overall social and emotional wellbeing reduce the incidence of behavioral health problems.
- Stated in the December 2010 final report, improving birth outcomes is one of the MN Statewide Local Public Health Objectives with the following key indicator: percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.⁹
- Stated in the December 2010 final report, prevention and reduction of tobacco use is one of the MN Statewide Local Public Health Objectives with the following key indicator: percentage of youth in 9th grade who report smoking any cigarettes during the past 30 days.¹⁰

Reviews of more than 15 evaluation studies of Healthy Families of America (HFA) programs in 12 states produced the following outcomes:

- Reduced child maltreatment;
- Increased utilization of prenatal care and decreased pre-term, low weight babies;
- Improved parent-child interaction and school readiness;
- Decreased dependency on welfare, or TANF (Temporary Assistance to Needy Families) and other social services;
- Increased access to primary care medical services; and
- Increased immunization rates.

How To Read Your Baby (HTRYB) curricula are designed to support infant mental health by increasing the emotional availability of those caring for children. Research has shown that children who have emotionally available caregivers develop:

- Secure attachments
- School readiness
- Healthy emotional development
- Strong problem solving skills
- Emotional regulation

Where do we want to be?

Goal: Increase opportunities for and access to parent education

Objective: Increase the percentages of mothers receiving prenatal care in the first trimester by 3%.

Strategy 1: Clinical Partners

Work with clinical partners regarding the importance of prenatal care.

Strategy 2: Referral System

Establish a referral system between the clinics and local public health departments.

Strategy 3: WIC

Continue partnerships and referrals between WIC and local public health departments.

Goal: Increase community awareness around the effects of trauma on children.

Objective: Educate the community about the ACE (Adverse Childhood Experience) study by providing at least 1 annual opportunity.

Strategy 1: Schools

Provide educational opportunities for school personnel about the ACE study.

Strategy 2: Community Professionals

Provide education opportunities for community professionals (i.e. physicians, nurses, child care providers) about the ACE study.

Strategy 3: Families

Provide educational opportunities for parents, grandparents and guardians about the ACE study.

Goal: Decrease tobacco use in 11th grade youth

Objective: Decrease percent of 11th graders who use any tobacco products in the last 30 days from 36% to 31% by 2020.

Strategy 1: Other Tobacco Work

Develop relationship with tobacco vendors and clerks, high school and college health services staff and administrators, law enforcement and city and county administration. Build partnerships to promote new tobacco policies and offer resources for education, cessation, compliance and enforcement.

Strategy 2: SHIP Advocacy

Express strong support for SHIP funding which supports the prevention and control work of the American Lung Association including: preventing initiation of tobacco use among youth and young adults, reducing current tobacco use among youth and adults, eliminating nonsmokers' exposure to secondhand smoke, identifying and eliminating tobacco-related disparities, continuing to provide leadership on tobacco prevention and control in Minnesota and nationwide.

Goal: Increase social and emotional wellbeing.

Objectives:

- Maintain or increase the percentage of 5th-11th grade students who agree or strongly agree that the teachers at their school care about them from 71% to 80%.***
- Reduce suicide attempts in the last year among 9th grade students from 6% to no more than 3% by 2020.***

Strategy 1: Explore ways to integrate behavioral health into school wellness programs

Strengthen relationships between behavioral health staff and School Health/Wellness Committees in every school district throughout the A-I-K CHS.

Strategy 2: Establish a shared communication plan

Develop common messages around behavioral health issues that explore “upstream” ways to increase capacity for resilience for individuals, neighborhoods and communities. Promote community awareness that connectedness and social support makes everyone better off.

Strategy 3: Explore ways to strengthen social support and involvement among adults

Begin discussions among community partners about how to measure and improve social support and community involvement among adults. Make decisions about how to assess these data and who is willing to get involved in the process. This strategy may involve assessment, strategic planning, and further narrowing of target populations.

Goal: Reduce stigma related to behavioral health issues

Objective: By December 2020, reach a minimum of 500 people in the A-I-K CHS with the “Make it OK” or QPR “Question, Persuade and Refer” presentation by a trained presenter.

Strategy 1: Trainers

In collaboration with community partners, recruit two presenters for each county.

Strategy 2: Presentations

Support presentations throughout counties.

What needs to happen?

Potential policy changes related to behavioral health include:

- Follow legislative and industry standards
- Research and implement evidence-based practices for behavioral health improvement

Implement and Evaluate

Action and evaluation plans have been developed for each community health priority goal and objective, and are found in Appendix F. These priorities cannot be addressed by the county alone, but require the work and commitment of community partners. The action and evaluation plans include:

- the priority issue and goal
- SMART objective (specific, measureable, achievable, relevant, time frame)
- action steps, activities and deliverables
- resources needed
- status with dates
- lead person

Leadership, implementation, and action for the community health priorities of **eating habits, parent/family systems** and **healthy start for children-adolescents**, will continue through the A-I-K Leadership Team. SHIP is helping communities prioritize healthy living. Local public health agencies chose from a menu of evidence-based strategies to match their local needs.

Partners working toward health improvement in the A-I-K CHS will continually assess the value of measures and indicators utilized by stakeholders in the CHIP. Partners will consider the use of a tool, such as the Plan-Do-Study-Act (PDSA) Worksheet, for documenting improvement and change. The PDSA Cycle is a systematic series of steps for gaining valuable learning and knowledge for the continual improvement of a product or process. The PDSA cycle is shorthand for testing a change by developing a plan to test the change (Plan), carrying out the test (Do), observing and learning from the consequences (Study), and determining what modifications should be made to the test (Act).

PDSA Cycle Worksheet



PDSA Cycle Diagram

Project Name: _____ Date: _____

Objective of this Project: _____

CHB Aitkin Itasca Koochiching Accepted Declined



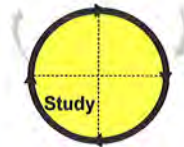
What change are we testing?

What predictions do we have?



Plan for Change or Test: Who, What, When, Where?

What measure will you use to learn if this test is successful or has promise?



Describe the measured results. Do the results agree with the predictions made in the planning phase?



**What action are we going to take as a result of this cycle (Adopt, Adapt or Abandon)?
Are we ready to implement the change?**

What are the objectives of the next cycle?:

Acronym Guide

A-I-K CHS—Aitkin-Itasca-Koochiching Community Health Services

ATOD—Alcohol, Tobacco and Other Drugs

CHA—Community Health Assessment

CHB—Community Health Board

- The Community Health Board is the legal governing authority for local public health in Minnesota, and CHBs work with MDH in partnership to prevent diseases, protect against environmental hazards, promote healthy behaviors and healthy communities, respond to disasters, ensure access to health services, and assure an adequate local public health infrastructure.
- CHBs have statutory responsibility under the Local Public Health Act and must address and implement the essential local public health activities.

CHIP—Community Health Improvement Plan

CHS—Community Health Services

- Minnesota’s public health system can best be described as a state and local partnership. It was created with the passage of the Community Health Services Act (Minn. Stat. § 145A) in 1976, which was subsequently revised in 1987 and 2003. Now called the Local Public Health Act, the legislation delineates the responsibilities of the state (MDH) and city and county governments in the planning, development, funding, and delivery of public health services.
- This partnership, known as the Community Health Services (CHS) system, enables state and local governments to combine resources to serve public health needs in an efficient, cost-effective way. It is fundamental to the success of Minnesota’s public health system because it is the infrastructure for nearly all public health efforts in Minnesota. The system is structured to be flexible so it can meet the different needs of communities around the state and promote direct and timely communications between state and local health departments. The CHS system relies on shared goals and a desire to work together to improve the lives of all Minnesotans. This partnership is the basis of Minnesota’s public health system—one entity cannot function without the other.

CHS Public Health Leadership Team

- Key public health leaders in each of the A-I-K counties.

C&TC—Child and Teen Checkups Program

HFA—Healthy Families America

HTRYB—How To Read Your Baby

- A Colorado based non-profit that offers experiential curricula and training for professionals who work with parents and caregivers of young children

MAPP-Mobilizing for Action through Planning and Partnerships

MDH-Minnesota Department of Health

PDSA—Plan-Do-Study-Act

- The PDSA Cycle is a systematic series of steps for gaining valuable learning and knowledge for the continual improvement of a product or process. The PDSA cycle is shorthand for testing a change by developing a plan to test the change (Plan), carrying out the test (Do), observing and learning from the consequences (Study), and determining what modifications should be made to the test (Act).
- The Plan-Do-Study-Act (PDSA) Worksheet is a useful tool for documenting a test of change.

PHAB-Public Health Accreditation Board

PH—Public Health

Public health is what we, as a society, do collectively to assure the conditions in which people can be healthy

PPMRS-Planning and Performance Measurement Reporting System

SAMHSA-Substance Abuse and Mental Health Services Administration

SHIP-Statewide Health Improvement Program

TANF-Temporary System for Needy Families

WIC-Women, Infants and Children

References for A-I-K CHS

1. National Association of County and City Health Officials. MAPP User's Handbook. 2013.
2. Minnesota Department of Health. Statewide Health Improvement Program Website. 2014
3. See website www.diet.com
4. USDA
5. Statewide Local Public Health Objectives Work Group. MN Department of Health. A joint group of the State Community Health Services Advisory Committee and the Maternal and Child Health Advisory Task Force. Final Report December 2010.
6. Healthy Minnesota 2020 Statewide Health Improvement Framework, December 2012, MN Department of Health & Healthy Minnesota Partnership
7. Healthy Minnesota 2020 Statewide Health Improvement Framework, December 2012, MN Department of Health & Healthy Minnesota Partnership
8. Statewide Local Public Health Objectives Work Group. MN Department of Health. A joint group of the State Community Health Services Advisory Committee and the Maternal and Child Health Advisory Task Force. Final Report December 2010
9. Statewide Local Public Health Objectives Work Group. MN Department of Health. A joint group of the State Community Health Services Advisory Committee and the Maternal and Child Health Advisory Task Force. Final Report December 2010
10. Statewide Local Public Health Objectives Work Group. MN Department of Health. A joint group of the State Community Health Services Advisory Committee and the Maternal and Child Health Advisory Task Force. Final Report December 2010

CHIP: Action Plan Table

Priority Issue: Eating Habits		Goal: Decrease the percent of children in the A-I-K CHS who are obese.		
#1 Objective: Obesity rates for A-I-K CHS WIC children (ages 2-5 years) will be reduced from 11.4% to 9% or less by 2020.				Status of Objective
Action Steps/Activities/Deliverables	By When	Resources Needed	Lead Person	Status w/dates
Parents and children will receive education regarding nutrition, how to get assistance buying fresh produce when applicable (WIC benefits, food shelf options, etc.), how to utilize benefits to their fullest extent and a movement toward community vegetable gardens.		WIC departments Food shelves		
Make healthy options more accessible through business development in food deserts, and transportation to existing grocery stores if business development does not happen.				

CHIP: Action Plan Table

Priority Issue: Eating Habits		Goal: Increase food security		
#1 Objective: By 2020, A-I-K CHS will work to decrease food insecurity by 3%.				Status of Objective
Action Steps/Activities/Deliverables	By When	Resources Needed	Lead Person	Status w/dates
Provide information by promoting and sharing the MN Grown publication in each county. Work with local Farmer's Markets to ensure research, planning and implementation for the acceptance of EBT and WIC vouchers is being considered.		MN Grown publication		
Provide education regarding eligibility for food and nutrition programs. Provide outreach to increase participation in food and nutrition programs.				
The A-I-K CHS will support ongoing efforts and new partnerships to increase accessibility to healthy and nutritious foods with a specific focus on the food deserts identified within the A-I-K CHS by strengthening linkages between existing transportable meal providers and nutritious food suppliers in order to incorporate more fresh deliverable options.				

Survey A-I-K CHS residents to determine gaps in services and resources related to obtaining healthy food and nutrition.				
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CHIP: Action Plan Table

Priority Issue: Eating Habits		Goal: Increase healthy eating in youth		
#1 Objective: Increase in the number of youth who eat fruits and vegetables 3 times or more per day from 5% to 8% by 2020.				Status of Objective
Action Steps/Activities/Deliverables	By When	Resources Needed	Lead Person	Status w/dates
Partner with local school districts to implement nutrition initiatives such as healthy breakfast promotion, healthy lunch and snacks, alternatives to classroom celebrations, incentives, and fundraising, healthy choice concessions or vending, school gardens and Farm-To School initiatives. (Healthy School Foods SHIP Initiative)				
Provide training and resources to develop policies and practices to improve healthy eating, physical activity and support for breastfeeding or nursing moms in licensed childcare homes, centers and pre-school settings.				
Increase breastfeeding training opportunities for A-I-K Public Health staff.				

CHIP: Action Plan Table

Priority Issue: Parenting/Family Systems		Goal: Families in the A-I-K CHS will have increased awareness of and access to healthy parenting resources and education to reduce health inequities		
#1 Objective: Increase partnerships and collaborations with healthy parenting providers in the A-I-K CHS by 1%.				Status of Objective
Action Steps/Activities/Deliverables	By When	Resources Needed	Lead Person	Status w/dates
Identify all healthy parenting education resources for parents and/or caregivers that target health inequities for families.				
Develop a community-wide healthy parenting resources guide with a health equity focus.				
Actively refer families to and encourage utilization of the developed healthy parenting resources guide.				

CHIP: Action Plan Table

Priority Issue: Parenting/Family Systems		Goal: Maintain or increase opportunities for and access to parent education		
#1 Objective: Increase the number of nutrition class offerings to families by 1%.				Status of Objective
Action Steps/Activities/Deliverables	By When	Resources Needed	Lead Person	Status w/dates
Offer classes to families, promoted through Head Start, WIC or other partnering organizations on health eating, exercise and food preparation skills.				
#2 Objective: Maintain and/or increase parental education opportunities on promoting positive mental health in young children by 1%.				Status of Objective
Action Steps/Activities/Deliverables	By When	Resources Needed	Lead Person	Status w/dates
Support evidence-based programming for services that serve families such as Healthy Families America.				
Provide infant mental health and attachment training for professionals and community.				
Incorporate infant mental health into school districts, child birthing classes, and other parent education centered services.				
Promote universal mental health screening at C&TC check-ups.				

CHIP: Action Plan Table

Priority Issue: Parenting/Family Systems		Goal : Increase access to health services for people facing behavioral health issues		
#1 Objective: Reduce total A-I-K CHS self-directed violence deaths from 55 to no more than 50 between 2015-2020.				Status of Objective
Action Steps/Activities/Deliverables	By When	Resources Needed	Lead Person	Status w/dates
Implement a series of conversations among existing partnerships and collaboratives in the A-I-K CHS to assess capacity and opportunity for shared work. Complete an environmental scan of programs, services, and initiatives in the A-I-K CHS. Determine shared messaging to promote awareness of the inventory.				
Strengthen relationships among health care providers and community organizations within each respective county. Build partnerships to support evidence-based clinical behavioral health practices and referral systems, and increase access to lifestyle change, prevention or self-management programs.				

CHIP: Action Plan Table

Priority Issue: Healthy Start for Children-Adolescents		Goal: Increase opportunities for and access to parent education		
#1 Objective: Increase the percentages of mothers receiving prenatal care in the first trimester by 3%				Status of Objective
Action Steps/Activities/Deliverables	By When	Resources Needed	Lead Person	Status w/dates
Work with clinical partners regarding the importance of prenatal care.				
Establish a referral system between the clinics and local public health departments.				
Continue partnerships and referrals between WIC and local public health departments.				

CHIP: Action Plan Table

Priority Issue: Healthy Start for Children-Adolescents		Goal: Increase community awareness around the effects of trauma on children.		
#1 Objective: Educate the A-I-K CHS communities about the ACE (Adverse Childhood Experience) study by providing at least 1 annual opportunity.				Status of Objective
Action Steps/Activities/Deliverables	By When	Resources Needed	Lead Person	Status w/dates
Provide educational opportunities for school personnel about the ACE study.				
Provide education opportunities for community professionals (i.e. physicians, nurses, child care providers) about the ACE study.				
Provide educational opportunities for parents, grandparents and guardians about the ACE study.				

CHIP: Action Plan Table

Priority Issue: Healthy Start for Children-Adolescents		Goal: Decrease tobacco use in 11 th grade youth		
#1 Objective: Objective: Decrease percent of 11 th graders who use any tobacco products in the last 30 days from 36% to 31% by 2020.			Status of Objective	
Action Steps/Activities/Deliverables	By When	Resources Needed	Lead Person	Status w/dates
Develop relationships with tobacco vendors and clerks, high school and college health services staff and administrators, law enforcement and city and county administration. Build partnerships to promote new tobacco policies and offer resources for education, cessation, compliance and enforcement.				
Advocate for SHIP funding which supports the prevention and control work of the American Lung Association throughout the A-I-K CHS.				

CHIP: Action Plan Table

Priority Issue: Healthy Start for Children and Adolescents		Goal : Increase social and emotional wellbeing		
#1 Objective: Maintain or increase the percentage of 5 th -11 th grade students who agree or strongly agree that the teachers at their school care about them from 71% to 80%.				Status of Objective
Action Steps/Activities/Deliverables	By When	Resources Needed	Lead Person	Status w/dates
Strengthen relationships between behavioral health staff and School Health Councils in every school district throughout the A-I-K CHS.				
Develop common messages around behavioral health issues that explore “upstream” ways to increase capacity for resilience for individuals, neighborhoods and communities. Promote community awareness that connectedness and social support makes everyone better off.				
Begin discussions among community partners about how to measure and improve social support and community involvement among adults. Make decisions about how to assess these data and who is willing to get involved in the process. This strategy may involve assessment, strategic planning,				

and further narrowing of target populations.				
#2 Objective: Reduce suicide attempts in the last year among 9 th grade students from 6% to no more than 3% by 2020.				
Action Steps/Activities/Deliverables	By When	Resources Needed	Lead Person	Status w/ dates
Same as above				

CHIP: Action Plan Table

Priority Issue: Healthy Start for Children and Adolescents		Goal : Reduce stigma related to behavioral health issues		
#1 Objective: By December 2020, reach a minimum of 500 people in the A-I-K CHS with the "Make it OK" or QPR "Question, Persuade and Refer" presentation by a trained presenter.			Status of Objective	
Action Steps/Activities/Deliverables	By When	Resources Needed	Lead Person	Status w/dates
In collaboration with community partners, recruit two presenters for each county.				
Support presentations throughout counties.				

Aitkin County Volunteer Initiative Program

DRAFT 3/3/2014

Introducing a new innovation from Aitkin County-The Aitkin County Volunteer Initiative Program [ACVIP]. ACVIP is comprised of volunteers who seek to share their professional expertise and have a high level of commitment and dedication to improving the quality of life for people who work, live and play in Aitkin County. Volunteers are referred to as a "VIP"- a Volunteer In Process and a Very Important Person to this program.

This unique, high-impact program allows volunteers to directly apply their skills and expertise through volunteering at events, one-on-one mentoring and presenting workshops in townships throughout the County. Volunteers contribute to the health and well-being our County.

Who are the VIPs?

Community members, retired health professionals and specialists who live in Aitkin County. Accountants, carpenters, chiropractors, dentists, doctors, educators, electricians, EMTs, family counselors, food service specialists, lawyers, MDH professionals, nurses, pastors, pharmacists, physician assistants, plumbers, psychologists, social workers, soldiers, therapists, YOU!

Program focus areas are: Chronic Disease, Eating Habits, Emergency Preparedness, Gardening, Healthy Start for Children and Adolescents, Mental Health & Wellbeing, Nutrition, Obesity, Parenting & Family Systems, Physical Activity, Senior Citizen Health, Tribal Health & Wellness and WIC-Women, Infants and Children.

Why should YOU consider becoming a VIP?

HELP YOUR COMMUNITY: Know that you are giving your time, talent, wisdom and experience to your community and neighbors who need you.

HELP YOURSELF: Through service, you can add to the quality and health of your life. Research indicates that volunteers enjoy better health, make new friendships, stay active and involved in the community, and learn new skills.

MAKE A DIFFERENCE: Be part of a County movement designed for seniors to transform Aitkin through the involvement of its citizens.



ACVIP Questions & Answers

What will I be doing as a VIP?

Based on your expertise, you will conduct outreach through the County by volunteering at events, one-on-one visits, leading workshops, roundtable discussions or presenting lectures. With support from the Director, outreach sessions will be developed which:

- provide a compelling description of what an attendee can expect learn
- articulate clear take-aways from the session
- are innovative and have the content and approach to support this distinction
- where applicable, provide a format that is engaging and interactive for participants
- incorporate real-world case studies and practical applications

Where will I be working as a VIP?

Your training will be coordinated through the Aitkin County Health and Human Services Agency-Public Health Unit.

Your outreach may include utilizing township halls throughout the County, Food shelves located in Aitkin, Garrison, Hill City, Isle, Jacobson and McGregor and at special events which may partner with other organizations who have facilities.

How much time is required to volunteer for the ACVIP?

Two years, however within the two years, the frequency will be 100% individualized to your interests, schedule and preference. VIP's also have the opportunity to partner and present as a team.

What type of training and support do VIPs receive?

Volunteers are required to attend two 1/2 day introductory ACVIP orientation workshops. Training includes: overview of the services and organizations which serve Aitkin County, the Rural Aging Initiative, the Aitkin County Health & Human Services Agency, The Community Health Services priorities, Volunteer Responsibilities and Rights and the Ten Essential Public Health Services. In addition, session development, presentational skills, office support, scheduling and VIP program reporting will be covered.

When is the 2015 orientation?

Monday, June 15th and Monday, June 22nd from 8 am until noon.

How do I apply to become a VIP

Complete the application form for consideration.

Complete and pass the background check.

Attend the mandatory orientation workshops.



Public Health
Prevent. Promote. Protect.

ACVIP Application

Please complete the application form. Once you complete the form, check the "I agree" box, sign and date the form.

1. Any false or incomplete information may be grounds for not appointing you a volunteer assignment or ending your assignment after beginning volunteering.
2. You may be required to verify any or all of the information given on the application.
3. You are responsible for notifying Aitkin County of any changes to your contact information.

Please be advised that a background check will be performed as part of the application review process.

ACVIP focus area/s you are interested in:

- Active Living
- Chronic Disease
- Eating Habits
- Emergency Preparedness
- Gardening and local foods
- Healthy Start for Children and Adolescents
- Mental Health and Wellbeing
- Nutrition
- Obesity
- Parenting-Family Systems
- Physical Activity
- Senior Citizen Health
- Tribal Health & Wellness
- WIC
- Other, Please list: _____

CHS* specific:

- ACE training,-Adverse Childhood Experiences
- QPR training-Question, Persuade Refer, Suicide Prevention program
- Tobacco prevention

*The CHS is the Community Health Services which consists of Aitkin, Itasca and Koochiching Public Health Departments working together on CHIP. CHIP is the Community Health Improvement Plan which guides public health's work from 2015 to 2020. Specific initiatives are identified and developed during this cycle.

Name and Address

Title [Mr., Ms, Dr.] _____ First Name: _____ Last Name: _____

Street 1: _____

City: _____ State: MN Zip: _____ Township: _____

Phone: _____ Email Address: _____

Experience: Do you have any of the following skills? (place an X in each box)

Administrative Services	<input type="checkbox"/>	Computer Skills	<input type="checkbox"/>	Computer Networking	<input type="checkbox"/>
Clerical Work	<input type="checkbox"/>	Fire/Rescue	<input type="checkbox"/>	Facility Management	<input type="checkbox"/>
Crowd Manage./Flow	<input type="checkbox"/>	Interviewing	<input type="checkbox"/>	Inventory Supplies	<input type="checkbox"/>
Data Entry	<input type="checkbox"/>	Legal Services	<input type="checkbox"/>	Lodging Services	<input type="checkbox"/>
Food Services	<input type="checkbox"/>	Managerial Services	<input type="checkbox"/>	Office Management	<input type="checkbox"/>
Phone Receptionist	<input type="checkbox"/>	Nursing Home	<input type="checkbox"/>	Other (specify)	<input type="checkbox"/>
Supply Distribution	<input type="checkbox"/>	Traffic Control	<input type="checkbox"/>	Transportation	<input type="checkbox"/>

Training/Continuing Education: Have you ever participated in any training or continuing education programs in the following areas? (place an x in each box)

American Red Cross	<input type="checkbox"/>	Citizen Emergency Response	<input type="checkbox"/>	CPR/AED	<input type="checkbox"/>
Emergency/Disaster Response	<input type="checkbox"/>	FEMA	<input type="checkbox"/>	Law Enforcement/Security	<input type="checkbox"/>
Hazardous Material Awareness	<input type="checkbox"/>	First Aid	<input type="checkbox"/>	Mass Casualty	<input type="checkbox"/>
Mental Health	<input type="checkbox"/>	Incident Command System	<input type="checkbox"/>	Pandemic	<input type="checkbox"/>
Vaccination Administration	<input type="checkbox"/>	Infection Control	<input type="checkbox"/>	Trauma	<input type="checkbox"/>

What is your professional occupation?

Accountant	<input type="checkbox"/>	Family Counselor	<input type="checkbox"/>	Physician Assistant	<input type="checkbox"/>
Carpenter	<input type="checkbox"/>	Food Service Professional	<input type="checkbox"/>	Plumber	<input type="checkbox"/>
Chiropractor	<input type="checkbox"/>	Lawyer	<input type="checkbox"/>	Psychologist	<input type="checkbox"/>
Dentist	<input type="checkbox"/>	MDH Professional	<input type="checkbox"/>	Social Worker	<input type="checkbox"/>
Doctor	<input type="checkbox"/>	Nurse	<input type="checkbox"/>	Soldier	<input type="checkbox"/>
Educator	<input type="checkbox"/>	Pastor	<input type="checkbox"/>	Surgeon	<input type="checkbox"/>
Electrician	<input type="checkbox"/>	Pharmacist	<input type="checkbox"/>	Therapist	<input type="checkbox"/>
EMT	<input type="checkbox"/>	Physical Therapist	<input type="checkbox"/>	OTHER:	<input type="checkbox"/>

Authorized Signature & Acknowledgements

The above data are being collected in support of your application for appointment to as an Aitkin County Volunteer Initiative Program. The Aitkin Health and Human Services Director, Public Health Supervisor and the ACVIP Director, who will make appointments to the Institute will review these data. You may refuse to provide these data. However, refusal to supply data may result in denial of your application for appointment to the Institute. If you are chosen as a volunteer, your application and the data it contains may become a part of the County Board documentation, which is public data. If you are not appointed as volunteer, your application will be kept separate from the County Board documentation, but the public data on your application (name and address) may be provided to the public, if requested. All other data on your application is considered private and will not be released to the public.

By checking the box (below) you certify that all of the information provided on this application is true and complete.. Finally, you understand that you may be requested to appear for a personal interview should the County desire as part of its screening and selection process. By checking this box and signing this application form, I acknowledge this application for volunteer assignment has been carefully read and understood, and I accept the agreements herein.

I agree

Signature: _____

Date: _____

Please return this form to:

Amy M. Wyant
 ACVIP Director
 204 1st Street NW
 Aitkin, MN 56431

2014 Year End Review Notes:

- Budgeted to spend \$600,030 of Health and Human Services fund balance in 2014. Actual 2014 fund balance used was \$335,329.
- Levy Amounts for the last 10 years =
 - 2005: \$2,275,097
 - 2006: \$2,373,771
 - 2007: \$2,686,201
 - 2008: \$2,766,787
 - 2009: \$2,684,113
 - 2010: \$2,673,113
 - 2011: \$2,663,913
 - 2012: \$2,747,803
 - 2013: \$2,791,733
 - 2014: \$2,117,591 ***Levy request lowered by \$100,000 per H & HS - Lowered an additional \$500,000 per County Administrator. 12/2013 \$500,000 moved from H & HS Levy to General Revenue Fund, Misc. Revenue.*
 - 2015: \$2,217,591
 - *Total Levy change between 2005 and 2015 equals -2%.*
- Foster Care Costs have decreased over the last couple of years. By using Preventative measures we are hoping to maintain the lower costs we have seen in this area over the last few years.
 - Costs that are not controllable by H & HS include placements made by Corrections and many of the ICWA cases.
 - *The total cost of these placements between 2005 and 2014 equals appx. \$3,701,771.*
- Major events affecting budget areas in 2014 include:
 - MNChoices - reimbursement thru SSTs and not direct claiming for Long Term Care Assessments.
 - MNSure - fluctuating FFP on certain staff activities.
 - Moved 2 OSS positions to Case Aides.
 - Hired an additional Health Educator.
 - Decrease in the amount of TXX received - Sequestration related.
- Health and Human Services is continuing to look at Prevention focused services. Some programs that are in the works for 2015 include:
 - Public Health and Social Service - Cohort/In Home Visitation
 - Partnership with Lakes and Pines for School Readiness/Wrap Around services.

INTEROFFICE MEMORANDUM

TO: TOM BURKE
FROM: KATHLEEN RYAN
SUBJECT: PRELIMINARY 2015 BUDGET NUMBERS
DATE: AUGUST 21, 2014

I have put together the preliminary numbers for our 2015 budget. I have not entered any numbers into the IFSpi GL system yet.

I wanted to share some notes with you regarding what I included in my figures.

1. A FULL Time HCBS PHN nurse into the payroll figures.
2. 2 OSS positions increased to Case Aides.
3. Position increases since the 2014 Budget was completed includes: 1 Health Educator, 1 CPS Worker and 1 HCBS Worker.
4. 6 Laptops, 18 Computers – but did not figure any additional equipment expenses.
5. \$70,000 for other Capital (Bldg Improvement expenses).
6. I increased our levy by \$100,000 over 2014 levy amount.
7. Foster Care was decreased to \$687,500.
8. Travel was budgeted at status quo.
9. Added In-Lieus to the budget. Separate from Levy budgeted amount.
10. Increase in MA Admin Aid in Income Maintenance. Due to Obama Care, reimbursement rate for some MA activities are reimbursed at 75%.

With the items noted above our expenditures are over revenues by \$457,408 (would come out of our Fund Balance).

Requests by Nate: Work in additional Nurse Position, Technology, and Chemical Dependency/Mental Health help in the jail.

Health and Human Services Revenue and Expenditures

Income:	2008	2009	2010	2011	2012	2013	2014
Tax Levy	2,409,856.71	2,340,935.73	2,333,865.63	2,345,969.16	2,649,350.63	2,470,279.73	1,888,236.54
CPA and In Lieu	303,462.53	321,690.72	235,223.92	236,240.57	131,275.60	314,823.94	270,042.48
State Revenue	936,661.64	632,506.88	611,120.93	736,864.33	723,462.02	686,350.95	881,136.72
Federal Revenue	2,031,189.00	2,266,036.42	2,225,918.50	2,120,681.67	2,161,389.09	2,136,553.41	2,168,615.65
Third Party Revenue	-	-	126,077.60	163,265.77	204,217.36	216,749.43	207,345.61
Misc. Revenue	608,372.74	575,677.90	541,300.99	446,320.68	451,663.65	359,291.46	315,012.26
Total:	6,289,542.62	6,136,847.65	6,073,507.57	6,049,342.18	6,321,358.35	6,184,048.92	5,730,389.26
Expenditures:	2008	2009	2010	2011	2012	2013	2014
Payments to Recipients	1,729,049.89	1,818,277.01	1,862,889.86	1,729,427.71	1,604,608.63	1,417,258.22	1,635,620.50
Salaries and Fringes	3,300,291.25	3,658,299.47	3,585,784.86	3,602,677.75	3,516,455.12	3,425,848.90	3,664,934.15
Services, Charges & Fees	327,685.72	295,501.81	305,453.93	271,548.15	397,600.22	423,064.32	336,723.19
Travel and Insurance	125,736.88	125,924.90	175,269.06	129,408.64	109,234.90	112,502.72	143,562.07
Supplies & Small Equipment	79,742.17	52,262.98	56,501.21	61,825.60	33,369.33	61,402.17	73,198.58
Capital Outlay	35,484.07	68,997.74	33,649.79	23,482.25	120,759.15	52,492.10	31,266.36
Misc Expense, Pass Thru	133,581.35	142,355.79	123,123.15	96,549.72	168,640.01	184,722.83	180,413.48
Total:	5,731,571.33	6,161,619.70	6,142,671.86	5,914,919.82	5,950,667.36	5,677,291.26	6,065,718.33
Final Totals:	557,971.29	(24,772.05)	(69,164.29)	134,422.36	370,690.99	506,757.66	(335,329.07)

REVENUES

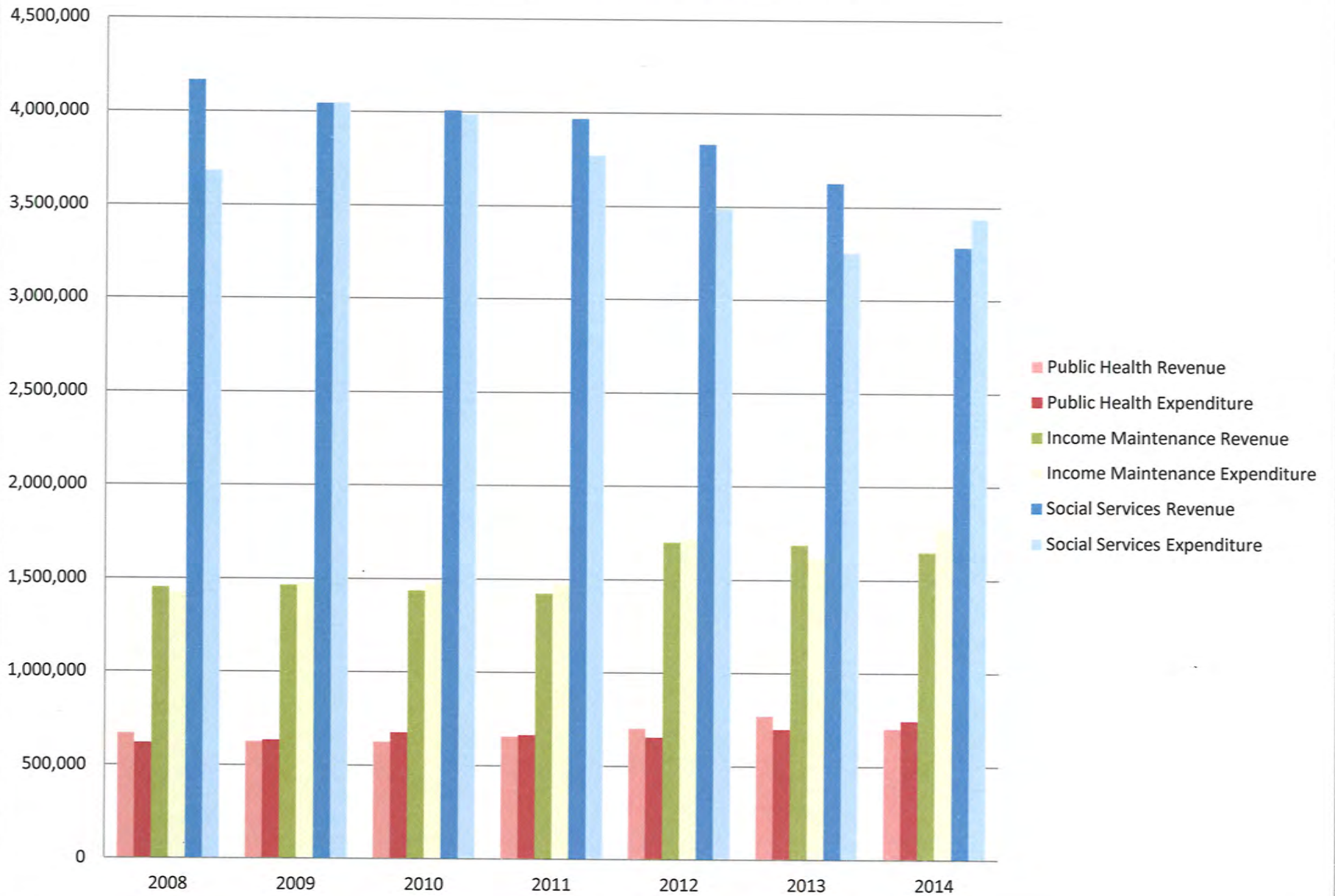
	2008	2009	2010	2011	2012	2013	2014	2014 Budget
Public Health	669,077	626,184	626,163	655,474	701,856	769,394	702,153	619,610
Income Maintenance	1,452,873	1,465,413	1,438,170	1,425,755	1,701,922	1,688,592	1,650,735	1,498,504
Social Services	4,167,593	4,045,253	4,009,177	3,968,115	3,834,970	3,628,816	3,286,936	3,328,842
	6,289,543	6,136,850	6,073,510	6,049,344	6,238,748	6,086,802	5,639,824	5,446,956

EXPENDITURES

	2008	2009	2010	2011	2012	2013	2014	2014 Budget
Public Health	618,206	633,057	674,434	664,028	653,448	698,216	743,511	704,900
Income Maintenance	1,057,431	1,077,253	1,089,430	1,080,556	1,320,905	1,276,326	1,437,530	1,255,408
Child Support	370,822	402,440	387,759	395,923	400,435	347,598	343,144	378,954
Social Services	3,685,114	4,048,882	3,991,061	3,774,412	3,493,269	3,257,904	3,442,447	3,707,724
Total	5,731,573	6,161,632	6,142,684	5,914,919	5,868,057	5,580,044	5,966,632	6,046,986

	2008	2009	2010	2011	2012	2013	2014
Public Health Revenue	669,077	626,184	626,163	655,474	701,856	769,394	702,153
Public Health Expenditure	618,206	633,057	674,434	664,028	653,448	698,216	743,511
Income Maintenance Revenue	1,452,873	1,465,413	1,438,170	1,425,755	1,701,922	1,688,592	1,650,735
Income Maintenance Expenditure	1,428,253	1,479,693	1,477,189	1,476,479	1,721,340	1,623,924	1,780,674
Social Services Revenue	4,167,593	4,045,253	4,009,177	3,968,115	3,834,970	3,628,816	3,286,936
Social Services Expenditure	3,685,114	4,048,882	3,991,061	3,774,412	3,493,269	3,257,904	3,442,447

Department Comparison



REVENUES

	2008	2009	2010	2011	2012	2013	2014	2014 Budget	2015 Budget
Public Health									
County Levy	313,282	304,322	303,403	304,976	344,416	345,839	263,516	294,619	308,619
CPA and In-Lieu	39,450	41,820	30,579	30,711	17,066	44,075	36,421	-	2,100
Fees	37,844	26,315	44,454	13,754	58,143	25,695	30,020	42,400	28,000
EP/Pan Flu	31,234	27,000	59,256	38,050	17,648	19,761	26,499	20,000	23,000
LPHA Funding	52,588	48,166	38,284	53,100	61,749	49,398	49,398	49,398	49,398
WIC	59,931	57,841	52,506	62,566	62,312	61,229	73,153	55,080	61,000
Family Health Grants	129,239	110,705	80,379	133,823	105,144	128,262	111,145	103,313	102,949
Admin and Misc.	4,937	9,607	1,652	3,888	4,637	37,072	35,107	24,700	46,614
Health Education Grants	572	408	15,650	14,606	30,741	58,063	76,895	30,100	57,483
	669,077	626,184	626,163	655,474	701,856	769,394	702,153	619,610	679,163
								2014 Budget	2015 Budget
Income Maintenance									
County Levy	457,873	444,778	443,434	453,644	635,844	590,774	415,412	466,881	488,881
CPA and In-Lieu	57,658	61,121	44,693	44,886	31,506	74,207	59,409	-	3,300
State Grants	132,618	95,906	82,633	91,829	96,496	89,892	134,328	88,293	91,900
Federal Grants	646,972	774,591	735,125	741,355	809,844	820,667	867,257	823,500	864,509
Revenue from TPL	-	-	-	-	5,199	18,209	17,566	20,000	25,000
Recoveries	157,752	89,017	132,285	94,041	123,033	94,843	156,763	99,830	121,430
	1,452,873	1,465,413	1,438,170	1,425,755	1,701,922	1,688,592	1,650,735	1,498,504	1,595,020
								2014 Budget	2015 Budget
Social Services									
County Levy	1,638,702	1,591,836	1,587,029	1,587,350	1,669,091	1,533,667	1,209,308	1,356,091	1,420,091
CPA and In-Lieu	206,354	218,750	159,952	160,644	82,704	196,542	174,213	-	9,600
State Grants	713,726	459,559	465,694	543,244	510,211	461,325	567,266	482,554	613,174
Federal Grants	1,197,481	1,321,296	1,308,821	1,178,913	1,106,582	1,033,599	1,023,691	1,072,554	1,139,303
Revenue from TPL	-	-	126,078	162,874	197,597	196,116	186,926	189,000	170,000
Recoveries	411,330	453,812	361,603	335,090	268,785	207,567	125,532	228,643	145,200
	4,167,593	4,045,253	4,009,177	3,968,115	3,834,970	3,628,816	3,286,936	3,328,842	3,497,368
								2014 Budget	2015 Budget
Agency Revenues									
Public Health	669,077	626,184	626,163	655,474	701,856	769,394	702,153	619,610	679,163
Income Maintenance	1,452,873	1,465,413	1,438,170	1,425,755	1,701,922	1,688,592	1,650,735	1,498,504	1,595,020
Social Services	4,167,593	4,045,253	4,009,177	3,968,115	3,834,970	3,628,816	3,286,936	3,328,842	3,497,368
	6,289,543	6,136,850	6,073,510	6,049,344	6,238,748	6,086,802	5,639,824	5,446,956	5,771,551
								2014 Budget	2015 Budget
Levy									
CPA and In-Lieu	2,409,857	2,340,936	2,333,866	2,345,970	2,649,351	2,470,280	1,888,237	2,117,591	2,217,591
	303,462	321,691	235,224	236,241	131,276	314,824	270,042	-	15,000

Safe Haven Grant - AADA

90565

-

EXPENDITURES

Name of Dept	2008	2009	2010	2011	2012	2013	2014	2014 Budget	2015 Budget
Public Health	618,206	633,057	674,434	664,028	653,448	698,216	743,511	704,900	714,805
Income Maintenance	1,057,431	1,077,253	1,089,430	1,080,556	1,320,905	1,276,326	1,437,530	1,255,408	1,375,207
Child Support	370,822	402,440	387,759	395,923	400,435	347,598	343,144	378,954	367,775
Social Services	3,685,114	4,048,882	3,991,061	3,774,412	3,493,269	3,257,904	3,442,447	3,707,724	3,713,764
Total	5,731,573	6,161,632	6,142,684	5,914,919	5,868,057	5,580,044	5,966,632	6,046,986	6,171,551

Name of Programs	2008	2009	2010	2011	2012	2013	2014	2014 Budget	2015 Budget
Public Health	20,105	16,629	43,491	28,573	6,972	17,022	16,552	10,750	8,907
DP&C and Immunizations	20,105	16,629	43,491	28,573	6,972	17,022	16,552	10,750	8,907
EMS	50,235	43,885	44,400	36,275	34,535	35,435	35,380	37,000	37,000
WIC	5,279	3,998	3,013	2,049	2,602	2,711	1,536	2,150	3,628
Family Health Grants	19,226	18,199	9,657	11,664	9,738	9,674	8,810	14,814	7,932
Admin and Misc.	519,781	545,691	565,534	581,877	596,345	627,418	667,439	637,286	654,663
Health Education	3,579	4,655	8,339	3,590	3,256	5,956	13,793	2,900	2,675
Total	618,205	633,057	674,434	664,028	653,448	698,216	743,511	704,900	714,805

Income Maintenance	2008	2009	2010	2011	2012	2013	2014	2014 Budget	2015 Budget
Administration	737,079	814,684	833,121	833,949	1,029,071	1,018,573	1,019,148	999,162	1,058,957
AFDC/MFIP	3,150	3,482	5,879	7,058	6,481	5,141	4,328	6,600	6,600
General Assistance	3,283	9,775	4,616	879	751	635	786	600	600
Food Support	6,616	12,364	3,535	4,727	2,951	7,431	3,747	3,500	6,000
Medical Assistance	307,181	236,859	242,056	233,943	281,610	244,546	409,514	245,546	303,050
Minn. Supplemental Aid	122	89	223	-	41	-	7	-	-
Child Support	370,822	402,440	387,759	395,923	400,435	347,598	343,144	378,954	367,775
Total	1,428,253	1,479,693	1,477,189	1,476,479	1,721,340	1,623,924	1,780,674	1,634,362	1,742,982

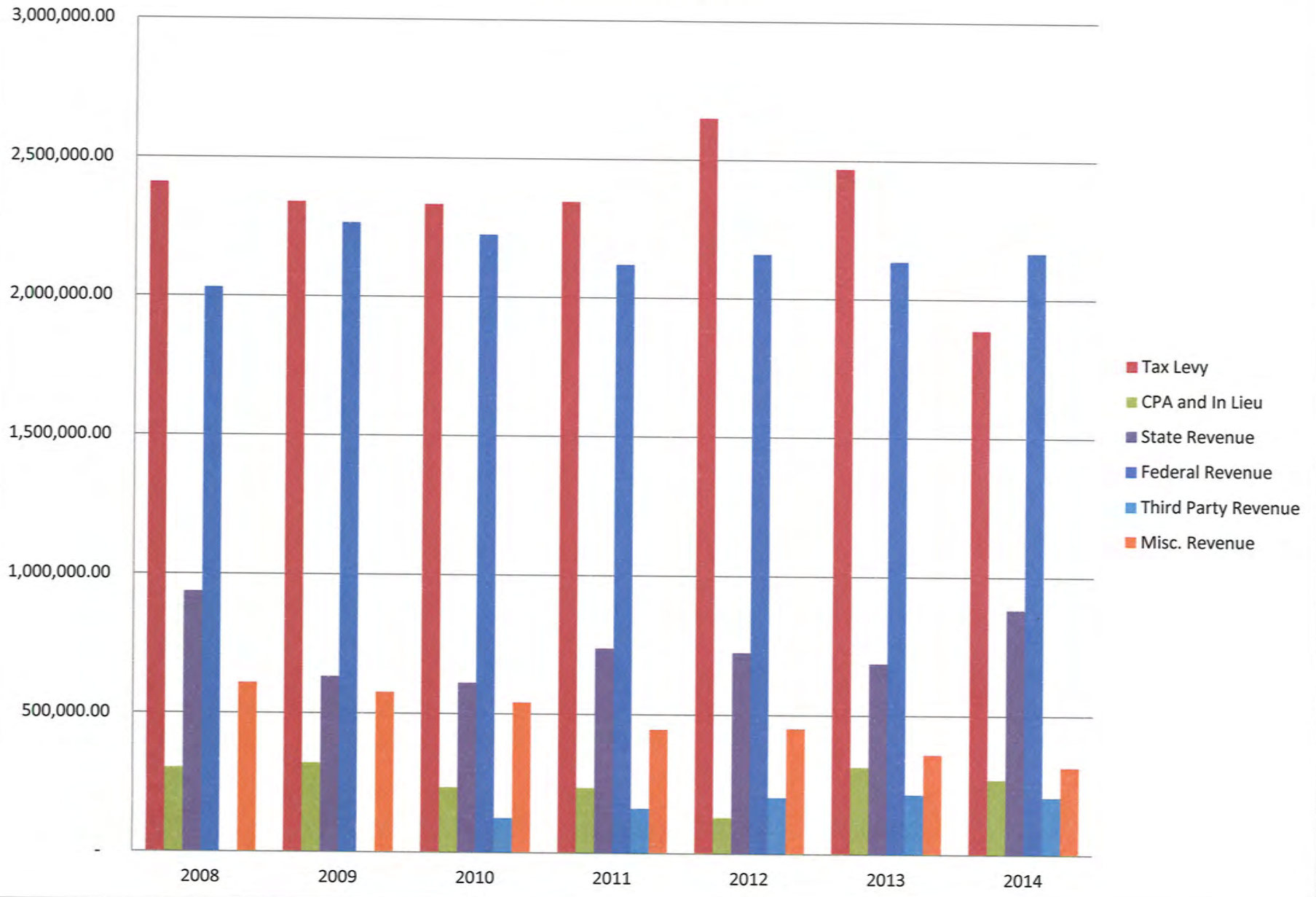
Social Services	2008	2009	2010	2011	2012	2013	2014	2014 Budget	2015 Budget
Administration	2,169,279	2,362,593	2,281,730	2,199,129	2,057,613	1,993,769	2,119,803	2,117,362	2,423,521
Child/Family Programs	872,720	974,735	930,381	956,786	824,678	693,621	685,800	918,050	674,350
Child Care/Employment Svcs	195,595	237,334	246,999	231,625	202,382	166,405	163,189	167,312	150,653
Chemical Dependency	139,214	92,340	170,636	113,558	79,687	89,202	86,843	122,800	109,500
Mental Health-Children	103,635	152,578	166,109	91,816	122,711	88,736	147,546	123,960	125,860
Mental Health-Adult	76,099	101,924	104,746	94,875	152,762	178,419	191,396	195,910	176,280
Developmentally Disabled	84,118	67,449	58,105	54,501	40,193	34,881	30,030	46,360	41,600
Adult Services	44,454	59,929	32,355	32,122	13,243	12,871	17,840	15,970	12,000
Total	3,685,114	4,048,882	3,991,061	3,774,412	3,493,269	3,257,904	3,442,447	3,707,724	3,713,764

Administration	2008	2009	2010	2011	2012	2013	2014	2014 Budget	2015 Budget
Staff Provided Service	3,300,291	3,658,299	3,585,785	3,602,678	3,516,455	3,425,849	3,664,934	3,710,259	4,054,033
Heating/Elec/Services	327,686	295,502	305,454	271,548	397,600	423,064	336,723	296,230	307,225
Travel and Insurance	125,737	125,925	175,269	129,409	109,235	112,503	143,562	129,415	121,284
Supplies and Small Equipment	79,742	52,263	56,501	61,826	33,369	61,402	73,199	41,774	88,916
Capital Outlay	35,484	68,998	33,650	23,482	120,759	52,492	31,266	44,200	-
Pass Through	133,581	142,356	123,123	9,295	88,432	106,869	180,414	82,200	83,500
Total	4,002,521	4,343,343	4,279,782	4,098,238	4,265,850	4,182,179	4,430,098	4,304,078	4,654,958

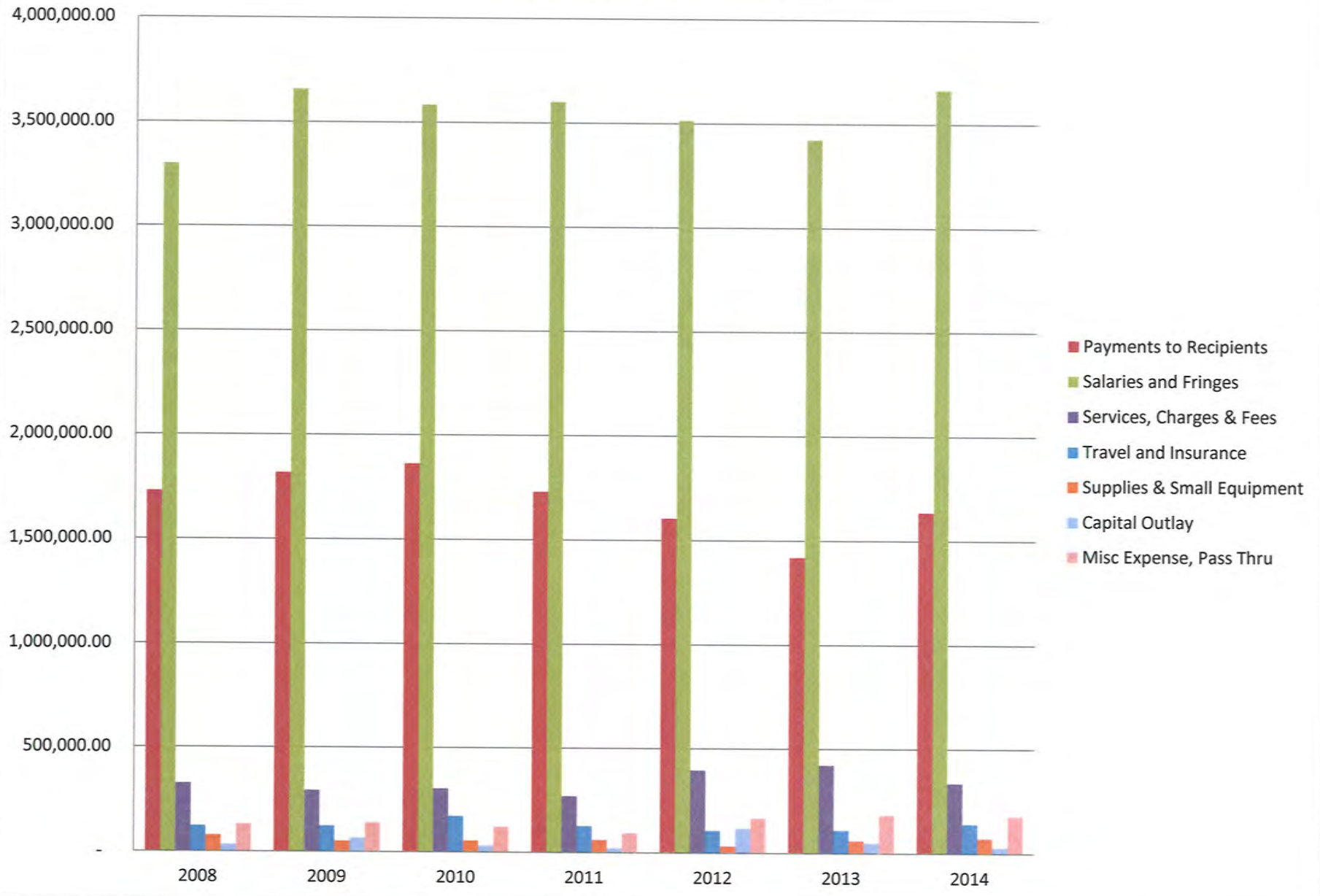
Safe Haven Grant - AADA
Behavioral Health-Flood Grant

\$ 90,565
\$ 8,522

Agency Revenues



Agency Expenditures



The reader should understand that human service program categorizations are somewhat arbitrary. For example, some MA services, such as the waived TBI, CAC, or DD services, are reported under social services. This reflects the fact that county social service workers are significantly involved in these services. Another example is the reporting of Child Care Program (CC) costs as a social service. Some administrative CC costs are shifting as some counties are using financial workers from Support Programs for CC administration. However, we continue to report all Child Care costs and revenue under Social Service Programs.

Medical Assistance (MA)

MA provides payments for health and dental care of individuals or families who qualify according to Minnesota statute. Care in skilled nursing facilities or intermediate-care facilities are also covered. This account also includes the costs incurred to provide the Child and Teen Check-up Program for children ages 0 to 21. The costs of the so-called "MA Waivered" services (MA-funded social services to assist clients in staying in the community rather than using expensive, restrictive medical facilities), certain MA screenings, and MA Case Management services are included in social services rather than here. If a county paid their county revenue share (billed by DHS) for certain clients in nursing or intermediate care facilities through their MA account, these costs are shown here under county public aid.

Mental Health

This program includes social service activities directed toward the support and treatment of adults who have been or may be diagnosed as having mental illness and children who have been or may be diagnosed as having emotional disturbance. This includes services such as Mental Health Residential and Day Treatment, Community Support Services, Family Community Support Services, and Rule 79 (Targeted) Case

Management. Also included are the facilitative, supportive, administrative, and other functions necessary to pursue these activities.

Developmental Disabilities (DD)

This program includes social service activities that support people with a variety of disabilities, including developmental disabilities, chronic medical conditions, acquired or traumatic brain injuries and physical disabilities. This includes Services such as DD Home-based Support Services, DD Screening, MA (waivered) services, Adult Day Training and Habilitation (DAC), Semi-Independent Living Skills (SILS), and VA/DD Targeted Case Management. In the case of children, this program area also includes services directed toward the support of the families involved. Also included are the facilitative, supportive, administrative, and other functions necessary to pursue these activities.

The Health Program centralized costs include Medical Assistance (MA) centralized disbursements and State Absorbed Costs for county clients in state operated services (SOS) facilities and other residential settings.

The Social Service Program centralized costs include Consolidated Chemical Dependency Treatment Fund (CCDTF) payments, Consumer Support Grant Payments, and MEC2 child care payments.

COUNTY PUBLIC AID / COUNTY PURCHASED SERVICES

Support and Health Programs public aid assistance expenditures are county payments to eligible individuals or vendors under each program. These payments have all but disappeared due to centralized payments through MAXIS and MMIS, but there is an occasional payment reported on county abstracts.

Social Service purchased service expenditures are county payments to vendors for services provided to clients through the various social service programs and are reported on the Social Service Fund Report DHS-2556 and the Social Service Expenditure and Grant Reconciliation (SEAGR) Report DHS-2557.

Total Costs	2013	Total Revenue Shares	
		2013	
Support Programs	4,266,142	Federal Revenue	19,555,915
Health Programs	25,375,194	State Revenue	16,864,373
Social Services	<u>9,336,228</u>	County Revenue	1,953,338
		Misc Revenue	<u>603,938</u>
Total	38,977,564	Total	38,977,564

Total Costs	2013	Centralized	Co. Public Aid	Personnel	Non Personnel
Support Programs					
Minn Supplemental Aid (MSA)	\$ 117,267				
Minn Family Investment Program (MFIP)	\$ 793,371				
General Assistance (GA)	\$ 177,719				
Food Support/SNAP	\$ 2,392,382				
Child Support	\$ 530,025				
Group Residential Housing	\$ 255,378				
	\$ 4,266,142	\$ 3,352,809	\$ 23,833	\$ 745,638	\$ 143,862
Health Programs	\$ 2,013				
Medical Assistance (MA)	\$25,375,194	\$24,935,304	\$ -	\$ 372,215	\$ 67,675
General Assistance (GAMC)	<u>\$ -</u>				

How Much MA funded services are in IM and SS?

Total IM and Social Service Cost	\$ 38,977,564
MA Service Costs (Health & Social Service)	\$ 30,813,753
Percent MA Service Costs vs. Total	79% **Does not include any Public Health costs.

Total Costs	2013	Total Revenue Shares	2013
Support Programs	4,266,142	Federal Revenue	19,555,915
Health Programs	25,375,194	State Revenue	16,864,373
Social Services	9,336,228	County Revenue	1,953,338
		Misc Revenue	603,938
Total	38,977,564	Total	38,977,564

Total Costs

Support Programs	2013	Centralized*	Co. Public Aid	Personnel	Non Personnel
Minn Supplemental Aid (MSA)	\$ 117,267				
Minn Family Investment Program (MFIP)	\$ 793,371				
General Assistance (GA)	\$ 177,719				
Food Support/SNAP	\$ 2,392,382				
Child Support	\$ 530,025				
Group Residential Housing (GRH)	\$ 255,378				
	<u>\$ 4,266,142</u>	\$ 3,352,809	\$ 23,833	\$ 745,638	\$ 143,862
Health Programs	\$ 2,013				
Medical Assistance (MA)	\$ 25,375,194	\$ 24,935,304	\$ -	\$ 372,215	\$ 67,675
General Assistance (GAMC)	\$ -				

Social Services	\$ 2,013	Centralized*	Co. Public Aid	Personnel	Non Personnel
Children's Services	\$ 1,420,875	\$ 133,446	\$ 693,622	\$ 530,677	\$ 63,130
Child Care	\$ 430,891	\$ 237,339	\$ 160,132	\$ 29,867	\$ 3,553
Chemical Dependency	\$ 405,646	\$ 217,258	\$ 89,101	\$ 88,731	\$ 10,556
Mental Health	\$ 1,438,609	\$ 915,842	\$ 267,152	\$ 228,439	\$ 27,176
Developmental Disabilities	\$ 3,296,789	\$ 3,073,918	\$ 34,880	\$ 168,005	\$ 19,986
Adult Services	\$ 2,343,418	\$ 1,537,985	\$ 12,871	\$ 708,301	\$ 84,261
	\$ 9,336,228				

Aitkin County Health & Human Services

Financial Statement

	Actual Jan-15	Actual Feb-15	Actual Mar-15	Actual Apr-15	Actual May-15	Actual Jun-15	Actual Jul-15
Income:							
Tax Levy							
CPA and In Lieu							
State Revenue	1,939.91	40,539.90					
Federal Revenue	74,142.95	239,019.53					
Revenue From Third Party	10,836.27	20,079.03					
Misc. Revenue	24,781.43	20,058.61	(673.00)				
Total:	111,700.56	319,697.07	(673.00)	-	-	-	-
Expenditures:							
Payments to Recipients	108,337.55	151,614.51	117,918.89				
Salaries and Fringes	346,067.82	301,340.14	297,321.06				
Services and Charges	34,946.78	31,070.50	13,253.35				
Travel and Insurance	46,931.08	3,721.12	5,297.30				
Office Supplies	2,089.92	3,019.98	2,228.66				
Capital Outlay	-	-	-				
Misc Expense & Pass Thru	3,564.28	36,736.35	5,483.25				
Total:	541,937.43	527,502.60	441,502.51	-	-	-	-
Final Totals:	(430,236.87)	(207,805.53)	(442,175.51)	-	-	-	-

Cash Balance as of 03/2014
4,562,200.11

Cash Balance as of 03/2015
4,018,936.73

	YTD 2015	ACTUAL 2014	ACTUAL 2013	ACTUAL 2012	ACTUAL 2011	ACTUAL 2010	ACTUAL 2009
Income:							
Tax Levy	-	1,888,236.54	2,470,279.73	2,445,757.88	2,345,969.16	2,333,865.63	2,340,935.73
CPA and In Lieu	-	270,042.48	314,823.94	131,275.60	236,240.57	235,223.92	321,690.72
State Revenue	42,479.81	881,136.72	686,350.95	723,462.02	736,864.33	611,120.93	632,506.88
Federal Revenue	313,162.48	2,168,615.65	2,136,553.41	2,161,389.09	2,120,681.67	2,225,918.50	2,266,036.42
Revenue From Third Party	30,915.30	207,345.61	216,749.43	204,217.36	163,265.77	126,077.60	-
Misc. Revenue	44,167.04	315,012.26	359,291.46	451,663.65	446,320.68	541,300.99	575,677.90
Total:	430,724.63	5,730,389.26	6,184,048.92	6,117,765.60	6,049,342.18	6,073,507.57	6,136,847.65
Expenditures:							
Payments to Recipients	377,870.95	1,635,620.50	1,417,258.22	1,604,608.63	1,729,427.71	1,862,889.86	1,818,277.01
Salaries and Fringes	944,729.02	3,664,934.15	3,425,848.90	3,516,455.12	3,602,677.75	3,585,784.86	3,658,299.47
Services and Charges	79,270.63	336,723.19	423,064.32	397,600.22	271,548.15	305,453.93	295,501.81
Travel and Insurance	55,949.50	143,562.07	89,679.42	87,885.39	96,969.42	107,221.46	125,924.90
Office Supplies	7,338.56	73,198.58	61,402.17	33,369.33	61,209.60	56,501.21	52,262.98
Capital Outlay	-	31,266.36	52,492.10	120,759.15	23,482.25	33,649.79	68,997.74
Misc Expense & Pass Thru	45,783.88	180,413.58	184,722.83	168,640.01	96,521.72	123,123.15	142,355.79
Total:	1,510,942.54	6,065,718.43	5,654,467.96	5,929,317.85	5,881,836.60	6,074,624.26	6,161,619.70
Final Totals:	(1,080,217.91)	(335,329.17)	529,580.96	188,447.75	167,505.58	(1,116.69)	(24,772.05)

ACTUAL 2008	ACTUAL 2007	ACTUAL 2006
2,409,856.71	2,303,196.53	1,817,723.90
303,462.53	389,866.09	312,877.69
936,661.64	790,366.43	905,921.06
2,031,189.00	2,013,560.50	1,993,226.16
-	-	-
608,372.74	568,060.27	484,763.05
6,289,542.62	6,065,049.82	5,514,511.86
1,729,049.89	1,827,333.49	1,858,630.93
3,300,291.25	3,091,358.49	2,911,440.42
327,685.72	271,589.87	281,345.91
125,736.88	91,625.96	96,293.29
79,742.17	63,677.05	65,267.30
35,484.07	24,380.79	40,048.96
133,526.22	148,157.71	145,866.15
5,731,516.20	5,518,123.36	5,398,892.96
558,026.42	546,926.46	115,618.90

AITKIN COUNTY FOSTER CARE

2001	\$840,674.02	116	2004	\$1,054,034.05	76	2007	\$818,453.02	75
2002	\$927,493.49	94	2005	\$911,374.91	69	2008	\$834,511.73	63
2003	\$1,210,524.55	81	2006	\$847,823.25	73	2009	\$950,273.21	64

	2010	2011	2012	2013	2014	2015		
JAN	\$73,496.04	\$78,312.32	\$59,278.73	\$52,334.43	\$38,575.68	\$23,366.04		
FEB	\$82,467.05	\$82,982.51	\$78,783.86	\$50,122.31	\$35,579.24	\$79,173.07		
MARCH	\$75,000.60	\$61,384.45	\$89,386.88	\$44,070.76	\$24,095.99	\$65,772.03		
APRIL	\$79,548.43	\$69,570.36	\$101,195.78	\$52,651.49	\$71,994.81			
MAY	\$77,811.48	\$73,398.62	\$70,140.91	\$49,124.55	\$42,970.74			
JUNE	\$99,039.56	\$92,735.90	\$79,654.30	\$51,198.58	\$68,481.80			
JULY	\$74,466.67	\$63,530.39	\$68,929.00	\$59,525.43	\$53,313.73			
AUG	\$97,571.86	\$77,971.22	\$67,386.62	\$50,216.24	\$48,392.38			
SEPT	\$70,427.32	\$65,924.31	\$66,615.87	\$51,396.77	\$85,339.33			
OCT	\$89,100.75	\$83,971.03	\$45,407.15	\$47,334.14	\$44,448.43			
NOV	\$76,359.06	\$78,148.23	\$45,889.63	\$38,819.46	\$65,747.77			
DEC	\$75,599.03	\$58,313.77	\$43,359.27	\$44,200.11	\$49,814.80			
TOTAL CHILDREN	\$970,887.85	\$886,243.11	\$816,028.00	\$590,994.27	\$628,754.70	\$168,311.14	\$0.00	\$0.00
	57	56	49	50	53			
	\$970,887.85	(\$84,644.74)	(\$70,215.11)	(\$225,033.73)	\$37,760.43	(\$460,443.56)		
	Increase from 2009	Decrease from 2010	Decrease from 2011	Decrease from 2012	Increase from 2013			

2013 Foster Care Breakdown

Child Shelter	\$4,194.22
Treatment Foster	\$79,138.00
Child Foster Care	\$ 252,908.55
Rule 8 FC	\$7,305.55
Corrections	\$ 188,405.85
Electronic Monitor	\$2,904.00
Rule 5	\$58,405.55
Respite	\$2,358.48
Child Care	\$718.00
Health Services	\$110.87
Transportation	<u>\$14,128.68</u>
Total	\$610,577.75

2014 Foster Care Breakdown

Child Shelter	\$1,968.00
Treatment Foster	\$35,417.88
Child Foster Care	\$ 185,255.82
Rule 8 FC	\$987.57
Corrections	\$ 360,963.39
Extended FC	\$100.00
Rule 5	\$119,466.26
Respite	\$918.50
Child Care	\$591.50
Health Services	\$2,606.51
Transportation	<u>\$9,790.44</u>
Total	\$718,065.87

2015 Foster Care Breakdown Year to Date

Child Shelter	
Treatment Foster	\$9,762.97
Child Foster Care	\$ 51,375.51
Rule 8 FC	
Corrections	\$ 59,362.45
Extended FC	
Rule 5	\$44,942.84
Respite	\$1,425.34
Child Care	\$690.00
Health Services	
Transportation	<u>\$1,530.48</u>
Total	\$169,089.59

2012 Foster Care Reimbursement

IV-E	\$73,551.00
Rule 5	\$59,512.99
Recoveries	\$112,766.58
Total	\$245,830.57

2013 Foster Care Reimbursement

IV-E	\$105,518.00
Rule 5	\$8,501.46
Recoveries	\$126,112.23
Total	\$240,131.69

2014 Foster Care Reimbursement

IV-E	
Rule 5	
Recoveries	
Total	\$0.00

Recoveries include IV-E recoveries from IV-D and Admin recoveries from SSI.

Recoveries may be collected long after child has left placement.

IV-E and Rule 5 equals what has been paid to the county for 2012 expenses.

Recoveries include IV-E recoveries from IV-D and Admin recoveries from SSI.

Recoveries may be collected long after child has left placement.

IV-E and Rule 5 equals what has been paid to the county for 2013 expenses.

Recoveries include IV-E recoveries from IV-D and Admin recoveries from SSI.

Recoveries may be collected long after child has left placement.

IV-E and Rule 5 equals what has been paid to the county for 2014 expenses.

2010 Foster Care Breakdown

	Total	Social Service	Corrections	ICWA
Child Shelter	\$9,488.00	\$0.00	\$9,488.00	\$0.00
Treatment Foster	\$56,083.53	\$33,226.63	\$22,856.90	\$0.00
Child Foster Care	\$476,817.55	\$346,845.36	\$18,694.69	\$111,277.50
Rule 8 FC	\$76,179.08	\$14,709.60	\$13,372.90	\$48,096.58
Corrections	\$170,224.47	\$0.00	\$66,820.90	\$103,403.57
Home Monitoring/Spec. Equip	\$1,201.39	\$721.39	\$480.00	\$0.00
Rule 5	\$140,169.52	\$103,209.65	\$0.00	\$36,959.87
Respite	\$34,850.93	\$34,065.68	\$0.00	\$785.25
Child Care	\$1,579.00	\$1,579.00	\$0.00	\$0.00
Health Services	\$81.56	\$81.56	\$0.00	\$0.00
Transportation	\$9,584.21	\$9,584.21	\$0.00	\$0.00

Total \$976,259.24 \$544,023.08 \$131,713.39 \$300,522.77

Total \$976,259.24

2011 Foster Care Breakdown

	Total	Social Service	Corrections	ICWA
Child Shelter	\$2,832.90	\$177.00	\$2,655.90	\$0.00
Treatment Foster	\$101,130.13	\$101,130.13	\$0.00	\$0.00
Child Foster Care	\$317,597.09	\$167,153.57	\$11,627.25	\$138,816.27
Rule 8 FC	\$79,291.48	\$45,321.48	\$17,569.80	\$16,400.20
Corrections	\$316,273.71	\$0.00	\$208,352.80	\$107,920.91
18-21	\$1,228.00	\$1,228.00	\$0.00	\$0.00
Rule 5	\$70,889.29	\$70,889.29	\$0.00	\$0.00
Respite	\$8,645.32	\$7,336.52	\$0.00	\$1,308.80
Child Care	\$1,166.65	\$1,166.65	\$0.00	\$0.00
Health Services	\$193.65	\$193.65	\$0.00	\$0.00
Transportation	\$10,267.87	\$10,267.87	\$0.00	\$0.00

Total \$909,516.09 \$404,864.16 \$240,205.75 \$264,446.18

Total \$909,516.09

2012 Foster Care Breakdown

	Total	Social Service	Corrections	ICWA
Child Shelter	\$4,194.22	-\$1,956.58	\$6,150.80	\$0.00
Treatment Foster	\$79,138.00	\$79,138.00	\$0.00	\$0.00
Child Foster Care	\$292,908.65	\$150,673.97	\$9,783.11	\$92,451.47
Rule 8 FC	\$7,305.55	-\$61,727.65	\$43,317.20	\$25,716.00
Corrections	\$188,405.85	-\$57,146.74	\$188,881.99	\$58,690.60
Electronic Monitoring	\$2,904.00	\$2,552.00	\$352.00	\$0.00
Rule 5	\$58,405.55	\$58,405.55	\$0.00	\$0.00
Respite	\$2,358.48	-\$986.98	\$0.00	\$1,371.50
Child Care	\$718.00	\$718.00	\$0.00	\$0.00
Health Services	\$110.87	\$110.87	\$0.00	\$0.00
Transportation	\$14,128.68	\$14,128.68	\$0.00	\$0.00

Total \$610,577.75 \$185,883.08 \$248,465.10 \$176,229.57

Total \$610,577.75

2013 Foster Care Breakdown

	Total	Social Service	Corrections	ICWA
Child Shelter	\$4,194.22	\$2,816.72	\$1,377.50	\$0.00
Treatment Foster	\$79,138.00	\$79,138.00	\$0.00	\$0.00
Child Foster Care	\$292,908.55	\$241,526.46	\$0.00	\$11,382.09
Rule 8 FC	\$7,305.55	\$0.00	\$0.00	\$7,305.55
Corrections	\$188,405.85	\$24,953.28	\$142,441.58	\$21,010.99
Electronic Monitoring	\$2,904.00	\$2,596.00	\$308.00	\$0.00
Rule 5	\$58,405.55	\$21,834.76	\$0.00	\$36,570.79
Respite	\$2,358.48	\$2,258.48	\$0.00	\$100.00
Child Care	\$718.00	\$718.00	\$0.00	\$0.00
Health Services	\$110.87	\$110.87	\$0.00	\$0.00
Transportation	\$14,128.68	\$14,128.68	\$0.00	\$0.00

Total \$610,577.75 \$390,081.25 \$144,127.08 \$76,389.42

Total \$610,577.75

2014 Foster Care Breakdown

	Total	Social Service	Corrections	ICWA
Child Shelter	\$1,968.00	\$0.00	\$1,968.00	\$0.00
Treatment Foster	\$35,417.88	\$35,417.88	\$0.00	\$0.00
Child Foster Care	\$185,255.82	\$158,688.03	\$1,998.00	\$24,569.79
Rule 8 FC	\$987.57	\$99.57	\$0.00	\$888.00
Corrections	\$360,963.39	\$0.00	\$292,192.98	\$68,770.41
Extended Foster Care	\$100.00	\$100.00	\$0.00	\$0.00
Rule 5	\$119,466.26	\$119,466.26	\$0.00	\$0.00
Respite	\$918.50	\$918.50	\$0.00	\$0.00
Child Care	\$591.50	\$591.50	\$0.00	\$0.00
Health Services	\$2,606.51	\$2,606.51	\$0.00	\$0.00
Transportation	\$9,790.44	\$9,790.44	\$0.00	\$0.00

Total \$169,089.59 \$327,676.69 \$296,158.98 \$94,228.20

Total \$718,065.87

2015 Foster Care Breakdown Year to Date

	Total	Social Service	Corrections	ICWA
Child Shelter	\$0.00	\$0.00	\$0.00	\$0.00
Treatment Foster	\$9,762.97	\$9,762.97	\$0.00	\$0.00
Child Foster Care	\$51,375.51	\$32,438.28	\$0.00	\$18,937.23
Rule 8 FC	\$0.00	\$0.00	\$0.00	\$0.00
Corrections	\$59,362.45	\$0.00	\$36,436.49	\$22,925.96
Extended Foster Care	\$0.00	\$0.00	\$0.00	\$0.00
Rule 5	\$44,942.84	\$42,316.28	\$0.00	\$2,626.56
Respite	\$1,425.34	\$1,425.34	\$0.00	\$0.00
Child Care	\$690.00	\$690.00	\$0.00	\$0.00
Health Services	\$0.00	\$0.00	\$0.00	\$0.00
Transportation	\$1,530.48	\$1,530.48	\$0.00	\$0.00

Total \$0.00 \$88,163.35 \$36,436.49 \$44,489.75

Total \$169,089.59

AITKIN COUNTY VOLUNTEER DRIVER TRANSPORTATION

MONTH	MEDICAL TRANSPORTS COMPLETED	OTHER TRANSPORTS COMPLETED*	TRANSPORTS CANCELED OR NO SHOWS	TOTAL TRANSPORTS ARRANGED	COUNTY EXPENSE FOR MEDICAL TRANSPORTS
MARCH	55	8	17	80	\$1296.64
APRIL	58	5	20	83	\$597.24
MAY	67	0	9	76	\$435.52
JUNE	68	6	12	86	\$422.00
JULY	49	23	13	85	\$351.16
AUGUST	57	16	22	95	\$475.16
SEPT	60	0	25	85	\$503.16
OCT	75	1	13	89	\$373.80
NOV	61	0	9	70	\$211.44
DEC	59	2	9	70	\$394.82
JAN '15	57	2	7	66	\$131.75
FEB '15	39	3	10	52	\$217.92
MARCH					\$79.85

***COURT, MEDICAL W/NO TRANSPORTATION (SUCH AS MN CARE), VISITATION, ETC.**

AGENDA

VII. – A.

March 13, 2015

Meeting with ACH&HS Administrative Staff, Senator Carrie Ruud and Representative Dale Lueck

I. Funding Concerns

- A. **Anoka** – when a Sex Offender is deemed eligible to dismiss, but is still held in Anoka, the county is responsible for 100% of the cost.
- B. **Detox** – Counties are responsible to pay the Detox center and then collect from the clients. There is no State Share. There should be.
- C. **Tribal Foster Care** – Seeking assistance to relieve counties of foster care for ICWA (Indian Child Welfare Act) child placements.
- D. **Mental Health - MOE (Maintenance of Effort)** – Should it be reformulated?
- E. **State IT (Information Technology) issue.**
 - 1. Example: MAXIS (Minnesota Statewide Automated Eligibility System) being outdated.
 - 2. Example: MNSURE issues.
- F. **SHIP/Transportation Funding**—Communities that have implemented programs such as Complete Streets and Safe Routes to School make it safer and easier to walk and bike to nearby places, while helping increase physical activity among kids. Studies show that children who walk or bike to school are more physically active, have less body fat, lower obesity levels and are more likely to meet physical activity guidelines than students who are drive or bused to school. SHIP Coordinators are broadening their base of involvement in their coalitions to include the integration of communities partners supporting all age and ability ranges, including the Senior population. Creating pedestrian and bicycle infrastructure is proven to positively impact economic development in MN. Studies have shown that for every dollar invested in building pedestrian and bike infrastructure, nearly \$3 can be saved in health-care costs associated with physical activity.
- G. **Restoring Funding to the Local Public Health Grant**—In 2014 the Local Public Health Grant (LPHG) made up less than 7% of all local public health expenditures and according to a recent national report, MN's investment in public health ranks 45th in the nation. Increasing the state's investment will strengthen our local public health system, helping community health boards and tribes address 21st century public health issues, such as changing demographics, health disparities, mental health issues and increased complexity of cases and families served.

II. New Funding Areas

- A. **Governor's Task Force on Child Protection** – Task Force recommendations are coming out at the end of this month after fall and winter regional meetings by the Task Force with social service agencies, community stakeholders and citizens. In December the Task Force published initial recommendations, obviously foreshadowing what is to come from the final report. December's recommendations acknowledge that Minnesota's child protection pendulum has swung from "forensic-focused" in the '90's to "family engagement" in the new millennium. "Forensic-focused" could have been at odds with communities and families, and "family engagement" can sometimes be at odds with child safety. The Task Force's recommendations will encompass screening decisions, transparency, family assessment mode, **adequacy of resources**, and training and supervision. As we digest the preliminary recommendations, we have not seen anything that will dramatically change child protection/welfare practice in Aitkin County. However, we do have concerns that final recommendations could affect staffing patterns and child protection funding.

III. Services/Programs we are implementing by reinvesting existing funds

- A. **Consumer Support Program (CSP) - Jail/Mental Health** – ACHHS is hiring a new Social Worker to assist with Mental Health needs in the jail and discharge planning of residents from jail as well as to assist with Mental Health needs in the community.
- B. **Lakes & Pines - “School Readiness Wrap-Around Program”** - Aitkin County is contracting with Lakes & Pines to augment their ability to work with parents of the children. It is the hope that this investment will allow more time to assist parents in being more prepared to assist in their child’s learning.
- C. **Cohort** – ACHHS has a Nurse and Social Worker going through the University of Minnesota Education Program focusing on Mental Health for children ages 0-5 years. It is hoped this Cohort will be able to intervene with children and parents prior to the child entering school.
- D. **Early Intervention PHN**— With the addition of an early intervention/family home visiting Public Health Nurse, the ability to continue Universal Home Visiting while offering more focused and intense home visiting for some families through an evidence-based model, such as Healthy Families America, would become available. Studies of evidence-based home visiting programs document the following outcomes: reduced child maltreatment, increased utilization of prenatal care and decreased pre-term, low weight babies, improved parent-child interaction and school readiness, decreased dependency on welfare or other social services, increased access to primary care medical services and increased immunization rates. In addition, children who have emotionally available caregivers develop secure attachments, school readiness, healthy emotional development, strong problem solving skills and emotional regulation.
- E. **Volunteer Initiative Program (VIP)**—A program in development, the Aitkin County Volunteer Initiative Program (ACVIP) will be comprised of volunteers who seek to share their professional expertise and have a high level of commitment and dedication to improving the quality of life for people who work, live and play in Aitkin County. This unique, high-impact program allows volunteers to directly apply their skills and expertise through volunteering at events, one-on-one mentoring and presenting workshops in townships and communities throughout the County. Volunteers contribute to the health and well-being in our county, having a direct impact on chronic disease, eating habits, emergency preparedness, gardening, healthy start for children and adolescents, mental health and wellbeing, nutrition, obesity, parenting and family systems, physical activity, senior citizen health, and tribal health and wellness. All areas of expertise will be considered from carpenters and sales associates to doctors and pharmacists. VIP’s will be helping the community, helping themselves and making a difference!
- F. **Aging in Aitkin County**—With initiation and funding through Northland Foundation, Aitkin County agencies and representatives, including staff from Aitkin County Health and Human Services, have embarked on an initiative which has identified the following vision *“Aitkin County seniors receiving caring and effective solutions to safely age in place.”* With the ever increasing population of the retired, aging and elderly populations in Aitkin County, the intent is to assess, coordinate and collaborate with all services and agencies providing resources to this population ensuring that services are adequate, meeting needs and are proving a safe, economical way for citizens to age in place in Aitkin County.

AITKIN COUNTY HEALTH & HUMAN SERVICE ADVISORY COMMITTEE MEETING MINUTES

VIII. – A.

Wednesday, March 4, 2015

Committee Members Present: Marlene Abear
Jim Carlson
Diane Eastman, AFSCME Union Rep.
Roberta Elvecrog
Kami Genz, CMCC
Darlene Hlidek
Gayle Janzen
Joy Janzen
Bob Marcum
Katie Nelson, Riverwood Foundation
Jessica Seibert, HRA
Amanda Voller, Workforce Center
Commissioner Anne Marcotte
Commissioner Laurie Westerlund

Others Present: Tom Burke, Director
Kathy Ryan, Fiscal Supervisor
Erin Melz, Public Health Supervisor
Sue Tange, Social Service Supervisor
Ann Rivas, Social Service Supervisor
Amy Wyant, Public Health Educator

Guests: Joel Hoppe

Absent: Kristine Layne, Riverwood HealthCare
Bev Mensing, Red Cross
Commissioner Anne Marcotte
Commissioner Laurie Westerlund

I. Approval of Agenda

Motion by Jessica Seibert, seconded by Darlene Hlidek, and carried, the vote was to approve the Agenda as presented.

II. Approval of Minutes of the February 4, 2015 Meeting

Motion by Roberta Elvecrog, seconded by Darlene Hlidek, and carried, the vote was to approve the Minutes of the February 4, 2015 meeting as presented.

III. Budget Presentation – Kathy Ryan introduced her staff in accounting. Sara Math and Angie Duus each gave a summary of their job duties. Kathy Ryan updated the Committee on the 2014 yearend report and the approved 2015 budget.

IV. Task Force Reports/Updates:

A. Corrections - Kami Genz/Roberta Elvecrog - Nothing new to report at this time.

B. Public Health – Bob Marcum / Kristine Layne - Bob Marcum asked to have Native American training scheduled at this meeting.

- C. **Children's Social Services/Mental Health** – Bev Mensing/Katie Nelson/Darlene Hlidek
It was reported they have not met.
- D. **Adult Social Services/Mental Health** – Jessica Seibert / Bob Marcum / Marlene Abear
It was reported they have not met.

V. **Budget Committee Report/Update** – Jim Carlson / Jessica Seibert – Thanked Kathleen Ryan, Fiscal Supervisor for a very good report.

VI. **Comments:**

A. **Comments from the Committee Members for the Commissioners relative to HHS** – Roberta noted that she wishes the Commissioners would respect that ACHHS has mandates they need to follow from the Federal government with respect to the rules and laws. Questioned what amounts are required to bring to Board prior to purchases and whether it was necessary to bring a \$2600.00 request to the Board for window film when it was being mandated by the Feds and we receive reimbursement of 50% for the cost.

B. **Feedback from the Board Meetings – February 24, 2015** – Jessica Seibert / Jim Carlson
See above comment.

C. **Committee Members scheduled to attend upcoming Board Meetings in 2015:**

MARCH 24	Bob Marcum	Roberta Elvecrog	APRIL 28	Darlene Hlidek	Marlene Abear
MAY 26	Gayle Janzen	Katie Nelson	JUNE 23		
JULY 28			AUGUST 25	Bob Marcum	
SEPTEMBER 22	Jessica Seibert	Marlene Abear	OCTOBER 27	Jim Carlson	Amanda Voller
NOVEMBER 24	Bob Marcum		DECEMBER 22		

VII. **Miscellaneous Discussion**

A. **Sign Up for the March 18 Community Meal at the Community Center in McGregor**
The sign-up sheet for serving and providing desserts for the Community Meal in McGregor was again circulated and additional people signed up.

B. **List of Activities/Meetings where Advisory Members can participate for review -**
Committee members acknowledged this was a good list with some very good options for their participation. Further discussion will transpire as activities become available. Amy Wyant, PH Educator, reported on the VIP (Aitkin County Volunteer Initiative Program) and reviewed the brochure that was distributed at the meeting.

C. **Aitkin-Itasca-Koochiching CHIP (Community Health Improvement Plan) for review.**
Amy Wyant gave a PowerPoint presentation and Amy & Erin reviewed the CHIP plan.

VIII. **Adjourn**

Motion by Roberta Elvecrog, seconded by Bob Marcum, and carried; the vote was to adjourn the meeting at 4:40 p.m.

Joy Janzen, Chairperson

Julie Lueck, Clerk to the
Aitkin County Health & Human Services Advisory Committee

The following documents were included in the packet of information sent to members for review prior to the meeting or distributed at the meeting:

- Draft copy of the Minutes of the February 4, 2015, Advisory Committee Meeting
- Draft Copy of February 24, 2015, Health & Human Services Board Meeting Minutes
- Sign-Up Sheet for the Community Meal in McGregor on March 18th.
- List of Suggested Activities/Meetings where the H&HS Advisory Committee Members can participate.
- Aitkin-Itasca-Koochiching Community Health Improvement Plan
- Aitkin County Volunteer Initiative Program Brochure (VIP)