

**AITKIN COUNTY HEALTH & HUMAN SERVICES
BOARD MEETING AGENDA
October 25, 2016**

- 9:05 A.M.**
- I. Attendance**
 - II. Approval of Health & Human Services Board Agenda**
 - III. Review September 27, 2016 Health & Human Service Board Minutes**
 - IV. Review Bills**
 - V. General/Miscellaneous Information**
 - A. NACo (National Association of Counties) Appointments of Tom Burke**
 - 1. Confirmed nomination as member of the Health Steering Committee**
 - 2. Member appointment of the Healthy Counties Initiative Advisory Board**
 - VI. Contracts/Agreements**
 - A. CY17/18 Adult Mental Health Grant Plan - Kathy Ryan**
 - VII. Administrative Reports:**
 - A. Financial Reports - Kathleen Ryan**
 - VIII. Joint Powers Board Reports:**
 - A. Tri-County Community Health Services Board (CHS)
Commissioner Westerlund / Erin Melz / Tom Burke**
 - IX. Committee Reports from Commissioners**
 - A. H&HS Advisory Committee – Commissioners Westerlund and/or Marcotte
Committee Members attending today Carole Holton & Marlene Abear
Draft Copy of the October 5th meeting minutes included in packet.**
 - B. AEOA Committee Update – Commissioner Westerlund**
 - C. NEMOJT Committee Update – Commissioner Napstad**
 - D. CJI (Children’s Justice Initiative) – Commissioner Westerlund**
 - E. Lakes & Pines Update – Commissioner Niemi**
 - X. Break at 9:___ a.m. for _____ minutes Next Meeting –November 22, 2016**

**AITKIN COUNTY HEALTH & HUMAN SERVICES
BOARD MEETING MINUTES
September 27, 2016**

I. Attendance

The Aitkin County Board of Commissioners met this 27th day of September, 2016, at 9:04 a.m. as the Aitkin County Health & Human Services Board, with the following members present: Chairperson Commissioner Mark Wedel; Commissioners, Brian Napstad, Anne Marcotte, Don Niemi, and Laurie Westerlund; and others present included: Interim County Administrator Patrick Wussow; H&HS Staff Members Erin Melz, Public Health Supervisor; Kathy Ryan, Fiscal Supervisor; Jessi Schultz & Heather Overn, Social Service Supervisors; Jessi Goble, Financial Assistance Supervisor; Julie Lueck, Clerk to the Health & Human Services Board; and guests; Adam Hoogenakker, Aitkin Independent Age; and Katie Nelson, Amanda Voller and Bob Marcum, H&HS Advisory Committee Members; Bob Harwarth, Bill Pratt, and Bart Law, 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 August 23, 2016 Health & Human Service Board Minutes

Motion by Commissioner Napstad, seconded by Commissioner Niemi, and carried; the vote was to approve the Minutes of the August 23, 2016 Health & Human Services Board Meeting.

IV. Review Bills

Motion by Commissioner Niemi, seconded by Commissioner Westerlund, and carried; the vote was to approve the Bills.

V. General/Miscellaneous Information

A. NEMT (Non-Emergency Medical Transportation) - Jessi Goble discussed the fact we were notified on June 30th that as of July 1st we were to take over the Mode 4 transportation for ambulatory patients for handling the paperwork involved in transporting and seeking reimbursements. Within the next 20-22 months we will also get Modes 5-7 to pay for and seek reimbursement through MA Access adding to our workload.

B. NACo (National Association of Counties) Appointments of Tom Burke

1. Confirmed nomination as member of the Health Steering Committee

Consensus of the Board was to table the approval of this appointment until the next meeting.

2. Member appointment of the Healthy Counties Initiative Advisory Board

Consensus of the Board was to table the approval of this appointment until the next meeting.

C. Anoka Regional Treatment Center - Kathy Ryan & Pat Wussow discussed the letter to Shirley Jacobson at DHS with respect to a payment plan of \$500.00 per month towards our debt with Anoka Metro RTC. Motion by Commissioner Marcotte, seconded by Commissioner Napstad, and carried, the vote was to approve the payment plan of \$500.00 for the Cost of Care Claims over 90 days with the hopes for legislation to relook at the legislation that directs these charges.

VI. Contracts/Agreements

- A. **Secure Transport Services Agreement between General Security Services Corporation (GSSC) and ACHHS effective September 1, 2016 and ongoing as needed.** *Motion by Commissioner Napstad, seconded by Commissioner Marcotte, and carried; the vote was to approve and authorize the Board Chair to sign the Secure Transport Services Agreement between General Security Services Corporation (GSSC) and ACHHS effective September 1, 2016 and ongoing as needed.*
- B. **WIC Agreement between Hill City Assembly of God Church & ACHHS to provide space to administer the WIC Program from October 1, 2016 to September 30, 2017.** *Motion by Commissioner Marcotte, seconded by Commissioner Niemi, and carried; the vote was to approve and authorize the Board Chair to sign the WIC Agreement between Hill City Assembly of God Church & ACHHS to provide space to administer the WIC Program from October 1, 2016 to September 30, 2017.*

VII. Administrative Reports:

- A. **Financial Reports** - Kathleen Ryan noted that we are 75% of the way through the year and we are at 74% of the budget. Kathy also discussed the tracking for over payments as a pass through for folks leaving placements and retrieving the money to return to the State. Commissioner Napstad asked for a graph showing the trend line throughout the year for the funding balance.

VIII. Committee Reports from Commissioners

- A. **H&HS Advisory Committee** – Commissioners Westerlund and/or Marcotte
Committee Members attending today: Katie Nelson & Amanda Voller
Draft Copy of the September 7th meeting minutes included in packet.
Commissioners Westerlund & Marcotte noted there was a Family Services Collaborative presentation and discussion from the various Task Forces. It was also noted the committee members served the Community Meal at First Lutheran Church.
- B. **AEOA Committee Update** – Commissioner Westerlund – Next meeting is in October.
- C. **NEMOJT Committee Update** – Commissioner Napstad – Next meeting is October 8th.
Commissioner Napstad discussed the various grants and their impact. Amanda Voller asked Commissioners to encourage their schools to send 9-12 grade students to the "Construct Tomorrow" program on October 19th. Forty-five students from Aitkin will be attending.
- D. **CJI (Children's Justice Initiative)** – Commissioner Westerlund noted they discussed change in placement forms and confidentiality as well as Policy and Procedures in the Child Protection area. She also noted that Judge Solien will be retiring by the end of this year.
- E. **Lakes & Pines Update** – Commissioner Niemi said their meeting discussion was on the center-based versus home based-concept. He has contacted Amy Klobuchar about his concerns of not getting teachers into the homes, busing or barriers involving transporting the children to the centers in rural areas, and the new requirement of having "degreed" teachers requiring more money in wages.

IX. Break at 10:08 a.m. until 10:15 a.m.

Next Meeting – October 25, 2016

SLM1
 10/21/16 11:27AM
 Health & Human Services

Aitkin County



Audit List for Board COMMISSIONER'S VOUCHERS ENTRIES

	<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>
21	88284 AITKIN CO RECORDER 05-430-710-3670-6020			26.00	Birth Certificate - Parent Sup	10/13/2016 10/13/2016		PSOP - Parent Support Outreach Services
	88284 AITKIN CO RECORDER			26.00	1 Transactions			
30	86222 AITKIN INDEPENDENT AGE 05-430-720-3020-6069			74.80	Child Care Advertising - Commu	09/17/2016 09/21/2016		Community Ed & Prevent/Advertising
	86222 AITKIN INDEPENDENT AGE			74.80	1 Transactions			
24	360 ARROWHEAD ECON OPP AGENCY 05-430-720-3370-6038			2,834.75	DWP Empl Service- Qtrly Pmt	10/01/2016 12/31/2016		Mfip- Employment Services
25	05-430-720-3370-6038			14,924.88	MFIP Empl Service- Qtrly Paymen	10/01/2016 12/31/2016		Mfip- Employment Services
	360 ARROWHEAD ECON OPP AGENCY			17,759.63	2 Transactions			
23	87882 Central MN Mental Health Ctr 05-430-730-3710-6080			12,460.00	Detoxification (Category I)	08/28/2016 09/22/2016		Detoxification - Other
	87882 Central MN Mental Health Ctr			12,460.00	1 Transactions			
28	11051 Department of Human Services 05-430-730-3590-6072			8,069.03	CCDTF Maintenance of Effort	08/01/2016 08/31/2016		Ccdtf County % State Billings
	11051 Department of Human Services			8,069.03	1 Transactions			
22	10342 DHS- Anoka Metro Rtc 05-430-745-3721-6081			500.00	State- operated inpatient	11/01/2015 11/30/2015		Commitment Costs - Poor Relief
	10342 DHS- Anoka Metro Rtc			500.00	1 Transactions			
4	9220 DHS- MSOP 05-430-745-3721-6081			1,110.00	State- operated inpatient	09/01/2016 09/30/2016		Commitment Costs - Poor Relief
9	05-430-745-3721-6081			1,110.00	State- operated inpatient	09/01/2016 09/30/2016		Commitment Costs - Poor Relief
19	05-430-745-3721-6081			2,775.00	State- operated inpatient			Commitment Costs - Poor Relief

Aitkin County



SLM1
10/21/16 11:27AM
Health & Human Services

Audit List for Board COMMISSIONER'S VOUCHERS ENTRIES

Page 3

<u>Vendor Name</u>	<u>Accr</u>	<u>Rpt</u>	<u>Amount</u>	<u>Warrant Description</u>	<u>Invoice #</u>	<u>Account/Formula Description</u>
<u>No. Account/Formula</u>				<u>Service Dates</u>	<u>Paid On Bhf #</u>	<u>On Behalf of Name</u>
9220 DHS-MSOP			4,995.00	09/01/2016 09/30/2016 3 Transactions		
89965 DHS-ST PETER- SEE LIST						
1 05-430-745-3721-6081			2,010.00	State-operated inpatient 09/01/2016 09/30/2016		Commitment Costs - Poor Relief
12 05-430-745-3721-6081			2,010.00	State-operated inpatient 09/01/2016 09/30/2016		Commitment Costs - Poor Relief
13 05-430-745-3721-6081			2,232.00	State-Operated Inpatient 09/01/2016 09/30/2016		Commitment Costs - Poor Relief
89965 DHS-ST PETER- SEE LIST			6,252.00	3 Transactions		
91345 Elvecrog/Roberta C						
8 05-430-750-3950-6020			35.00	Public guardianship 09/01/2016 09/30/2016		Public Guardianship Dd
10 05-430-750-3950-6020			105.00	Public guardianship 09/01/2016 09/30/2016		Public Guardianship Dd
11 05-430-760-3950-6020			70.00	Guardianship/Conservatorship 09/01/2016 09/30/2016		Guardianship/Conservatorship
15 05-430-760-3950-6020			105.00	Guardianship/Conservatorship 09/01/2016 09/30/2016		Guardianship/Conservatorship
20 05-430-760-3950-6020			70.00	Guardianship/Conservatorship 09/01/2016 09/30/2016		Guardianship/Conservatorship
91345 Elvecrog/Roberta C			385.00	5 Transactions		
11385 GOOSSENS, MA LP/PAUL						
33 05-430-740-3050-6020			975.00	Child Outpatient Diagnostic As 03/17/2016 03/18/2016		Child Outpat Assess/Psyc. Testing
11385 GOOSSENS, MA LP/PAUL			975.00	1 Transactions		
13525 HEARTLAND EXPRESS						
14 05-430-760-3160-6075			60.00	Bus passes - Transportation 10/01/2016 10/31/2016		Waiver & Ac Transportation
13525 HEARTLAND EXPRESS			60.00	1 Transactions		
6110 Lakes & Pines CAC, Inc						
36 05-430-745-3025-6020			2,481.68	Family Resource Specialist - A 08/01/2016 08/31/2016		COMMUNITY ED & PREVENTION

SLM1
 10/21/16 11:27AM
 Health & Human Services

Aitkin County



Audit List for Board COMMISSIONER'S VOUCHERS ENTRIES

<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.</u> <u>Account/Formula</u>						<u>Paid On Bhf #</u>	<u>On Behalf of Name</u>
37	05-430-745-3025-6020		3,643.88	Family Resource Specialist - W	08/01/2016 08/31/2016		COMMUNITY ED & PREVENTION
38	05-430-745-3025-6020		3,100.71	Family Resource Specialist - A	09/01/2016 09/30/2016		COMMUNITY ED & PREVENTION
39	05-430-745-3025-6020		3,643.88	Family Resource Specialist - W	09/01/2016 09/30/2016		COMMUNITY ED & PREVENTION
6110	Lakes & Pines CAC, Inc		12,870.15	4 Transactions			
2	11072 Lutheran Social Service Of Mn- St Paul 05-430-750-3950-6020		275.65	Public guardianship	08/02/2016 08/31/2016		Public Guardianship Dd
	11072 Lutheran Social Service Of Mn- St Paul		275.65	1 Transactions			
26	89163 NEMOJT 05-430-720-3370-6038		2,834.75	DWP Empl Service- Qtrly Pmt	07/01/2016 09/30/2016		Mfip- Employment Services
27	05-430-720-3370-6038		14,924.88	MFIP Empl Service- Qtrly Paymen	07/01/2016 09/30/2016		Mfip- Employment Services
	89163 NEMOJT		17,759.63	2 Transactions			
31	10977 Northern Psychiatric Associates 05-430-740-3900-6020		360.00	Clinical supervision- Child Rul	09/08/2016 09/08/2016		Child Rule 79 Case Mgmt
32	05-430-740-3900-6020		90.00	Clinical supervision- Child Rul	09/27/2016 09/27/2016		Child Rule 79 Case Mgmt
35	05-430-745-3085-6020		1,093.77	Adult Outpatient Diagnostic As	09/09/2016 09/09/2016		Adult Outpat Diagnostic Assess/Psyc
34	05-430-745-3910-6020		360.00	Clinical supervision- Adult Rul	09/08/2016 09/08/2016		Adult Rule 79 Case Mgmt
	10977 Northern Psychiatric Associates		1,903.77	4 Transactions			
40	3639 Northland Counseling Ctr Inc 05-430-730-3710-6020		4,225.00	Detoxification (Category I)	09/03/2016 09/27/2016		Detoxification - Grand Rapids
	3639 Northland Counseling Ctr Inc		4,225.00	1 Transactions			
7	90748 Oakridge Homes Sils 05-430-750-3340-6073		538.24	Semi- Independent Living Servic			Semi- Independent Living Serv (Sils)

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>
17 05-430-750-3340-6073		496.19	09/02/2016 09/23/2016	Semi-Independent Living Serv
90748 Oakridge Homes Sils		1,034.43	09/01/2016 09/29/2016	Semi-Independent Living Serv (Sils)
88878 Productive Alternatives Inc				2 Transactions
6 05-430-750-3380-6050		232.50	09/01/2016 09/30/2016	Extended and supported employm
88878 Productive Alternatives Inc		232.50		1 Transactions
88890 Scharrer/Shirley				Extended Supported Employment
3 05-430-750-3950-6020		70.00	09/01/2016 09/30/2016	Public Guardianship
88890 Scharrer/Shirley				3 Transactions
16 05-430-750-3950-6020		70.00	09/01/2016 09/30/2016	Public guardianship
18 05-430-750-3950-6020		70.00	09/01/2016 09/30/2016	Public guardianship
88890 Scharrer/Shirley		210.00		3 Transactions
86177 SHERIFF AITKIN COUNTY				Public Guardianship Dd
29 05-430-720-3980-6020		10.00	09/27/2016 09/27/2016	Day Care Background Check - Li
86177 SHERIFF AITKIN COUNTY		10.00		1 Transactions
9140 SIMAR/CANDACE				License And Resource Development
5 05-430-760-3950-6020		70.00	09/01/2016 09/30/2016	Guardianship/conservatorship
9140 SIMAR/CANDACE		70.00		1 Transactions
Final Total		90,147.59		21 Vendors 40 Transactions

SLM1
10/21/16 11:27AM
Health & Human Services

Aitkin County

Audit List for Board COMMISSIONER'S VOUCHERS ENTRIE!



<u>Recap by Fund</u>	<u>Fund</u>	<u>AMOUNT</u>	<u>Name</u>
	5	90,147.59	Health & Human Services
All Funds		90,147.59	Total

Approved by,

.....

.....

Aitkin County



CJG1
10/21/16 11:41AM
Health & Human Services

Audit List for Board COMMISSIONER'S VOUCHERS ENTRIES

Vendor	Name	Accr	Rpt	Amount	Warrant Description	Service Dates	Invoice #	Account/Formula Description
No.	Account/Formula						Paid On Bnf #	On Behalf of Name
1	85003 Aitkin County DAC			9.90	PAPER SHREDDING	09/07/2016 09/26/2016		Services/Labor/Contracts
2	05-400-440-0410-6231			7.53	CLEANING	09/01/2016 09/26/2016		Services/Labor/Contracts
1	05-420-600-4800-6231			21.04	PAPER SHREDDING	09/07/2016 09/26/2016		Services/Labor/Contracts
2	05-420-600-4800-6231			15.99	CLEANING	09/01/2016 09/26/2016		Services/Labor/Contracts
1	05-430-700-4800-6231			30.94	PAPER SHREDDING	09/07/2016 09/26/2016		Services/Labor/Contracts
2	05-430-700-4800-6231			23.52	CLEANING	09/01/2016 09/26/2016		Services/Labor/Contracts
	85003 Aitkin County DAC			108.92	6 Transactions			
3	8239 Ameripride Linen & Apparel Services			5.22	CLEANING SUPPLIES	09/13/2016 09/13/2016	2200825782	Janitorial Services/Supplies
3	05-400-440-0410-6422			11.08	CLEANING SUPPLIES	09/13/2016 09/13/2016	2200825782	Janitorial Services/Supplies
3	05-420-600-4800-6422			16.30	CLEANING SUPPLIES	09/13/2016 09/13/2016	2200825782	Janitorial Services/Supplies
	8239 Ameripride Linen & Apparel Services			32.60	3 Transactions			
4	12106 Antoine Electric			36.11	REPAIR BASEMENT SUMP PUMP	09/12/2016 09/12/2016	16144	Services/Labor/Contracts
5	05-400-440-0410-6231			22.89	REPAIR BSMNT FLORESCENT LIGHTS	09/16/2016 09/16/2016	16145	Services/Labor/Contracts
4	05-420-600-4800-6231			76.75	REPAIR BASEMENT SUMP PUMP	09/12/2016 09/12/2016	16144	Services/Labor/Contracts
5	05-420-600-4800-6231			48.65	REPAIR BSMNT FLORESCENT LIGHTS	09/16/2016 09/16/2016	16145	Services/Labor/Contracts
4	05-430-700-4800-6231			112.87	REPAIR BASEMENT SUMP PUMP	09/12/2016 09/12/2016	16144	Services/Labor/Contracts
5	05-430-700-4800-6231			71.55	REPAIR BSMNT FLORESCENT LIGHTS	09/16/2016 09/16/2016	16145	Services/Labor/Contracts

Aitkin County



CJG1
10/21/16 11:41AM
Health & Human Services

Audit List for Board COMMISSIONER'S VOUCHERS ENTRIES

Page 3

<u>Vendor Name</u>	<u>Accr</u>	<u>Rpt</u>	<u>Amount</u>	<u>Warrant Description</u>	<u>Invoice #</u>	<u>Account/Formula Description</u>
<u>No. Account/Formula</u>				<u>Service Dates</u>	<u>Paid On Bhf #</u>	<u>On Behalf of Name</u>
12106 Antoine Electric			368.82	6 Transactions		
7 5398 CDW Government, Inc 05-430-700-4800-6402			358.88	VIEWSONIC VG2439M LED 24" (2) 09/26/2016 09/26/2016	FLS9587	Computer/Technology Supplies
5398 CDW Government, Inc			358.88	1 Transactions		
6 10855 Culligan 05-400-440-0410-6301			21.62	COOLER RENTAL SERVICE 10/01/2016 10/31/2016	150-10016285-1	Equipment Lease/Space Rental
6 05-420-600-4800-6301			45.93	COOLER RENTAL SERVICE 10/01/2016 10/31/2016	150-10016285-1	Equipment Lease/Space Rental
6 05-430-700-4800-6301			67.55	COOLER RENTAL SERVICE 10/01/2016 10/31/2016	150-10016285-1	Equipment Lease/Space Rental
10855 Culligan			135.10	3 Transactions		
15 11051 Department of Human Services 05-420-640-4800-6231			29.30	CS MONTHLY FED OFFSET FEE 09/01/2016 09/30/2016	A300C628201	Services/Labor/Contracts
8 05-420-650-4400-6025			245.05	MA LTC UN 65 09/01/2016 09/30/2016	A300MM8C011	State/Fed Share - MA
9 05-420-650-4400-6025			7,042.32	MA ESTATE COLLECTIONS - FED 09/01/2016 09/30/2016	A300MM8C011	State/Fed Share - MA
10 05-420-650-4400-6025			3,521.16	MA ESTATE COLLECTIONS - ST 09/01/2016 09/30/2016	A300MM8C011	State/Fed Share - MA
11 05-420-620-4100-6011			301.91	MAXIS GA RECOVERIES 08/01/2016 08/31/2016	A300MX01162I	County Share - Ga
12 05-420-630-4100-6011			545.20	MAXIS FS RECOVERIES 08/01/2016 08/31/2016	A300MX01162I	County Share-Food Support
13 05-420-610-4100-6011			341.25	MAXIS AFDC RECOV PRE TANF 09/01/2016 09/30/2016	A300MX01163I	County Share-Afdc/Mfip
14 05-420-620-4100-6011			104.00	MAXIS GA RECOVERIES 09/01/2016 09/30/2016	A300MX01163I	County Share - Ga
11051 Department of Human Services			12,130.19	8 Transactions		
16 1754 Garrison Disposal Company, Inc 05-400-440-0410-6231			8.00	DISPOSAL - CARPET 09/16/2016 09/16/2016	8229067	Services/Labor/Contracts

CJG1
 10/21/16 11:41AM
 Health & Human Services

Aitkin County



Audit List for Board COMMISSIONER'S VOUCHERS ENTRIES

Vendor Name	Accr	Rpt	Warrant Description	Invoice #	Account/Formula Description
No. Account/Formula	Amount	Service Dates	Paid On Bhf #	On Behalf of Name	
16 05-420-600-4800-6231	17.00	DISPOSAL - CARPET 09/16/2016 09/16/2016	8229067	Services/Labor/Contracts	
16 05-430-700-4800-6231	25.00	DISPOSAL - CARPET 09/16/2016 09/16/2016	8229067	Services/Labor/Contracts	
1754 Garrison Disposal Company, Inc	50.00	3 Transactions			
2186 Hillyard Inc - Kansas City 05-400-440-0410-6422	60.29	CLEANING / BATHROOM SUPPLIES 09/28/2016 09/28/2016	602256596	Janitorial Services/Supplies	
17 05-420-600-4800-6422	128.11	CLEANING / BATHROOM SUPPLIES 09/28/2016 09/28/2016	602256596	Janitorial Services/Supplies	
17 05-430-700-4800-6422	188.40	CLEANING / BATHROOM SUPPLIES 09/28/2016 09/28/2016	602256596	Janitorial Services/Supplies	
2186 Hillyard Inc - Kansas City	376.80	3 Transactions			
2386 Information Systems Corp 05-400-440-0410-6300	158.40	DR9080C - SCANNER MAINT AGRMNT 09/30/2016 09/30/2016	8323	Maintenance/Service Contracts	
19 05-420-600-4800-6300	336.60	DR9080C - SCANNER MAINT AGRMNT 09/30/2016 09/30/2016	8323	Maintenance/Service Contracts	
19 05-430-700-4800-6300	495.00	DR9080C - SCANNER MAINT AGRMNT 09/30/2016 09/30/2016	8323	Maintenance/Service Contracts	
2386 Information Systems Corp	990.00	3 Transactions			
13624 MailFinance 05-400-440-0410-6300	68.89	MAIL MACHINE CONTRACT 08/05/2016 11/04/2016	N6165642	Maintenance/Service Contracts	
20 05-420-600-4800-6300	146.39	MAIL MACHINE CONTRACT 08/05/2016 11/04/2016	N6165642	Maintenance/Service Contracts	
20 05-430-700-4800-6300	215.28	MAIL MACHINE CONTRACT 08/05/2016 11/04/2016	N6165642	Maintenance/Service Contracts	
13624 MailFinance	430.56	3 Transactions			
86580 McGregor Public School 15-452-000-0000-6231	15,000.00	'16 - '17 LCTS ALLOCATION		Mcgregor School Services	
86580 McGregor Public School	15,000.00	1 Transactions			
89078 Mille Lacs Health System					

Aitkin County



CJG1
10/21/16 11:41AM
Health & Human Services

Audit List for Board COMMISSIONER'S VOUCHERS ENTRIES

Page 5

<u>Vendor Name</u>	<u>Accr</u>	<u>Rpt</u>	<u>Amount</u>	<u>Warrant Description</u>	<u>Invoice #</u>	<u>Account/Formula Description</u>
<u>No. Account/Formula</u>				<u>Service Dates</u>	<u>Paid On Bhf #</u>	<u>On Behalf of Name</u>
22 05-400-401-0000-6814			155.00	AMBULANCE RUNS - JULY '16 07/01/2016 07/31/2016		Isle Ambulance/Mille Lacs Health System
23 05-400-401-0000-6814			175.00	AMBULANCE RUNS - AUG '16 08/01/2016 08/31/2016		Isle Ambulance/Mille Lacs Health System
89078 Mille Lacs Health System			330.00	2 Transactions		
89765 Minnesota Elevator, Inc						
18 05-400-440-0410-6300			26.44	ELEVATOR SERVICE - OCT '16 10/01/2016 10/31/2016	679891	Maintenance/Service Contracts
18 05-420-600-4800-6300			56.19	ELEVATOR SERVICE - OCT '16 10/01/2016 10/31/2016	679891	Maintenance/Service Contracts
18 05-430-700-4800-6300			82.64	ELEVATOR SERVICE - OCT '16 10/01/2016 10/31/2016	679891	Maintenance/Service Contracts
89765 Minnesota Elevator, Inc			165.27	3 Transactions		
89081 North Ambulance Brainerd						
24 05-400-401-0000-6809			2,115.00	AMBULANCE RUNS - SEPT '16 09/01/2016 09/30/2016		No. Memorial Ambulance-Aitkin
89081 North Ambulance Brainerd			2,115.00	1 Transactions		
3810 Paulbeck's County Market						
26 05-400-440-0410-6405			2.89	AGENCY SUPPLIES 09/14/2016 09/14/2016	005001571743	Office Supplies
25 05-400-410-0413-6405			26.46	WIC SUPPLIES 09/13/2016 09/13/2016	006000761507	Office Supplies
26 05-420-600-4800-6405			6.15	AGENCY SUPPLIES 09/14/2016 09/14/2016	005001571743	Office Supplies
26 05-430-700-4800-6405			9.05	AGENCY SUPPLIES 09/14/2016 09/14/2016	005001571743	Office Supplies
3810 Paulbeck's County Market			44.55	4 Transactions		
11678 Plunkett's Pest Control Inc						
27 05-400-440-0410-6422			46.56	AGENCY - MOUSE TRAPS 09/01/2016 09/01/2016	5524967	Janitorial Services/Supplies
27 05-420-600-4800-6422			98.94	AGENCY - MOUSE TRAPS 09/01/2016 09/01/2016	5524967	Janitorial Services/Supplies
27 05-430-700-4800-6422			145.50	AGENCY - MOUSE TRAPS 09/01/2016 09/01/2016	5524967	Janitorial Services/Supplies

Aitkin County

Audit List for Board COMMISSIONER'S VOUCHERS ENTRIES



Vendor No.	Name Account/Formula	Accr	Rpt	Amount	Warrant Description Service Dates	Invoice # Paid On Bhf #	Account/Formula Description On Behalf of Name
11678	Plunkett's Pest Control Inc			291.00	3 Transactions		
30	86177 Sheriff Aitkin County 05-420-640-4800-6270			100.00	IVD SERVICE 0015230168-01 09/28/2016 09/28/2016	C1600492	Aitkin Co Sheriff Fees Iv-D
29	05-420-640-4800-6270			50.00	IVD SERVICE 0014765466-01 09/23/2016 09/23/2016	C1600494	Aitkin Co Sheriff Fees Iv-D
	86177 Sheriff Aitkin County			150.00	2 Transactions		
31	86944 Sheriff Crow Wing County 05-420-640-4800-6379			75.00	IVD SERVICE 0011764883-01 09/20/2016 09/20/2016	3329	Other Iv-D Charges
	86944 Sheriff Crow Wing County			75.00	1 Transactions		
32	87016 Sheriff Itasca County 05-420-640-4800-6379			55.00	IVD SERVICE 0011559787-01 09/29/2016 09/29/2016	201602434	Other Iv-D Charges
	87016 Sheriff Itasca County			55.00	1 Transactions		
28	13025 ST LOUIS COUNTY AUDITOR 05-420-600-4800-6239			2,397.12	REG 3 EDMS - IT SUPPORT 07/01/2016 09/30/2016	00000676	Software Fees/License Fees
	13025 ST LOUIS COUNTY AUDITOR			2,397.12	1 Transactions		
35	86235 The Office Shop Inc 05-400-440-0410-6405			8.03	AGENCY SUPPLIES 09/06/2016 09/06/2016	1011605-0	Office Supplies
36	05-400-440-0410-6405			2.68	AGENCY SUPPLIES 09/07/2016 09/07/2016	1011632-0	Office Supplies
40	05-400-440-0410-6405			3.06	AGENCY SUPPLIES 09/15/2016 09/15/2016	1012179-0	Office Supplies
41	05-400-440-0410-6405			2.56	AGENCY SUPPLIES 09/20/2016 09/20/2016	1012179-1	Office Supplies
42	05-400-440-0410-6405			8.84	AGENCY SUPPLIES 09/16/2016 09/16/2016	1012259-0	Office Supplies
43	05-400-440-0410-6405			3.08	AGENCY SUPPLIES 09/20/2016 09/20/2016	1012259-1	Office Supplies
44	05-400-440-0410-6405			4.07	AGENCY SUPPLIES	1012540-0	Office Supplies

Aitkin County



Audit List for Board COMMISSIONER'S VOUCHERS ENTRIES

<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.</u> <u>Account/Formula</u>						<u>Paid On Bhf #</u>	<u>On Behalf of Name</u>
45	05-400-440-0410-6405		2.11	AGENCY SUPPLIES	09/21/2016 09/21/2016	1012540-1	Office Supplies
46	05-400-440-0410-6405		34.80	AGENCY SUPPLIES	09/23/2016 09/23/2016	1012653-0	Office Supplies
47	05-400-440-0410-6405		28.88	AGENCY SUPPLIES	09/23/2016 09/23/2016	1012658-0	Office Supplies
48	05-400-440-0410-6405		5.97	AGENCY SUPPLIES	09/28/2016 09/28/2016	1012773-0	Office Supplies
50	05-400-440-0410-6405		70.91	AGENCY SUPPLIES	09/26/2016 09/26/2016	1012918-0	Office Supplies
51	05-400-440-0410-6405		3.09	AGENCY SUPPLIES - CREDIT	09/28/2016 09/28/2016	C1011351-0	Office Supplies
35	05-420-600-4800-6405		17.06	AGENCY SUPPLIES	09/19/2016 09/19/2016	1011605-0	Office Supplies
36	05-420-600-4800-6405		5.70	AGENCY SUPPLIES	09/06/2016 09/06/2016	1011632-0	Office Supplies
37	05-420-600-4800-6450		196.39	IM - CHAIR (CH)	09/07/2016 09/07/2016	1011856-0	Small Equipment: Telephones,Chairs, etc.
38	05-420-600-4800-6405		90.99	PRINTER TONER (JG)	09/09/2016 09/09/2016	1011938-0	Office Supplies
40	05-420-600-4800-6405		6.51	AGENCY SUPPLIES	09/12/2016 09/12/2016	1012179-0	Office Supplies
41	05-420-600-4800-6405		5.43	AGENCY SUPPLIES	09/15/2016 09/15/2016	1012179-1	Office Supplies
42	05-420-600-4800-6405		18.77	AGENCY SUPPLIES	09/20/2016 09/20/2016	1012259-0	Office Supplies
43	05-420-600-4800-6405		6.56	AGENCY SUPPLIES	09/16/2016 09/16/2016	1012259-1	Office Supplies
44	05-420-600-4800-6405		8.66	AGENCY SUPPLIES	09/20/2016 09/20/2016	1012540-0	Office Supplies
45	05-420-600-4800-6405		4.48	AGENCY SUPPLIES	09/21/2016 09/21/2016	1012540-1	Office Supplies
46	05-420-600-4800-6405		73.95	AGENCY SUPPLIES	09/23/2016 09/23/2016	1012653-0	Office Supplies
47	05-420-600-4800-6405		61.39	AGENCY SUPPLIES	09/23/2016 09/23/2016	1012658-0	Office Supplies
48	05-420-600-4800-6405		12.70	AGENCY SUPPLIES	09/28/2016 09/28/2016	1012773-0	Office Supplies
					09/26/2016 09/26/2016		

CJG1
 10/21/16 11:41AM
 Health & Human Services

Aitkin County

Audit List for Board COMMISSIONER'S VOUCHERS ENTRIES



<u>Vendor Name</u>	<u>Accr</u>	<u>Rpt</u>	<u>Warrant Description</u>	<u>Invoice #</u>	<u>Account/Formula Description</u>
<u>No. Account/Formula</u>			<u>Service Dates</u>	<u>Paid On Bhf #</u>	<u>On Behalf of Name</u>
49 05-420-640-4800-6405			278.99 CS - PRINTER TONER 09/26/2016 09/26/2016	1012773-0	Office Supplies
50 05-420-600-4800-6405			150.68 AGENCY SUPPLIES 09/28/2016 09/28/2016	1012918-0	Office Supplies
33 05-420-600-4800-6450			199.99 IM - CHAIR (DJ) 09/02/2016 09/02/2016	11011526-0	Small Equipment: Telephones,Chairs, etc.
51 05-420-600-4800-6405			6.58 AGENCY SUPPLIES - CREDIT 09/19/2016 09/19/2016	C1011351-0	Office Supplies
34 05-430-700-4800-6450			199.00 SS - CHAIR (NA) 09/07/2016 09/07/2016	1011526-1	Small Equipment: Telephones,Chairs, etc.
35 05-430-700-4800-6405			25.10 AGENCY SUPPLIES 09/06/2016 09/06/2016	1011605-0	Office Supplies
36 05-430-700-4800-6405			8.39 AGENCY SUPPLIES 09/07/2016 09/07/2016	1011632-0	Office Supplies
39 05-430-700-4800-6405			16.79 HCBS SUPPLIES 09/15/2016 09/15/2016	1012179-0	Office Supplies
40 05-430-700-4800-6405			9.57 AGENCY SUPPLIES 09/15/2016 09/15/2016	1012179-0	Office Supplies
41 05-430-700-4800-6405			7.99 AGENCY SUPPLIES 09/20/2016 09/20/2016	1012179-1	Office Supplies
42 05-430-700-4800-6405			27.61 AGENCY SUPPLIES 09/16/2016 09/16/2016	1012259-0	Office Supplies
43 05-430-700-4800-6405			9.65 AGENCY SUPPLIES 09/20/2016 09/20/2016	1012259-1	Office Supplies
44 05-430-700-4800-6405			12.74 AGENCY SUPPLIES 09/21/2016 09/21/2016	1012540-0	Office Supplies
45 05-430-700-4800-6405			6.60 AGENCY SUPPLIES 09/23/2016 09/23/2016	1012540-1	Office Supplies
46 05-430-700-4800-6405			108.75 AGENCY SUPPLIES 09/23/2016 09/23/2016	1012653-0	Office Supplies
47 05-430-700-4800-6405			90.28 AGENCY SUPPLIES 09/28/2016 09/28/2016	1012658-0	Office Supplies
48 05-430-700-4800-6405			18.67 AGENCY SUPPLIES 09/26/2016 09/26/2016	1012773-0	Office Supplies
50 05-430-700-4800-6405			221.60 AGENCY SUPPLIES 09/28/2016 09/28/2016	1012918-0	Office Supplies
51 05-430-700-4800-6405			9.68 AGENCY SUPPLIES - CREDIT 09/19/2016 09/19/2016	C1011351-0	Office Supplies

Aitkin County

Audit List for Board COMMISSIONER'S VOUCHERS ENTRIES



<u>Vendor</u>	<u>Name</u>	<u>Accr</u>	<u>Rpt</u>	<u>Warrant Description</u>	<u>Invoice #</u>	<u>Account/Formula Description</u>
<u>No.</u>	<u>Account/Formula</u>			<u>Service Dates</u>	<u>Paid On Bhf #</u>	<u>On Behalf of Name</u>
86235	The Office Shop Inc			45 Transactions		
53	10930 Tidholm Productions 05-400-440-0410-6405			105.47 AGENCY #10 ENVELOPES 10/13/2016	87636066	Office Supplies
52	05-400-440-0410-6405			52.45 AGENCY #9 ENVELOPES 10/13/2016	87645065	Office Supplies
54	05-400-440-0410-6405			100.64 AGENCY #10 ENVELOPES 10/13/2016	87656067	Office Supplies
53	05-420-600-4800-6405			224.14 AGENCY #10 ENVELOPES 10/13/2016	87636066	Office Supplies
52	05-420-600-4800-6405			111.48 AGENCY #9 ENVELOPES 10/13/2016	87645065	Office Supplies
54	05-420-600-4800-6405			213.86 AGENCY #10 ENVELOPES 10/13/2016	87656067	Office Supplies
53	05-430-700-4800-6405			329.62 AGENCY #10 ENVELOPES 10/13/2016	87636066	Office Supplies
52	05-430-700-4800-6405			163.94 AGENCY #9 ENVELOPES 10/13/2016	87645065	Office Supplies
54	05-430-700-4800-6405			314.50 AGENCY #10 ENVELOPES 10/13/2016	87656067	Office Supplies
	10930 Tidholm Productions			1,616.10 9 Transactions		
Final Total				39,277.54 22 Vendors	112 Transactions	

Aitkin County

Audit List for Board COMMISSIONER'S VOUCHERS ENTRIES



Recap by Fund	<u>Fund</u>	<u>AMOUNT</u>	<u>Name</u>	
	5	24,277.54	Health & Human Services	
	15	15,000.00	Aitkin County Collaborative	
	All Funds	39,277.54	Total	Approved by,
			
			



August 24, 2016

Dear Mr. Burke,

As president of the National Association of Counties (NACo), it is my pleasure to confirm your nomination as a member of the Health Steering Committee and offer my congratulations!

Committee membership at the national level is a serious commitment and responsibility, but it is also a rewarding experience. A great deal of NACo's strength is in our committees and your active participation reflects and reinforces that strength. The expertise and engagement of our steering committee members is a main reason why Congress and federal agencies often look to NACo for feedback on legislative policy decisions being made in Washington D.C. This nomination to a NACo steering committee also presents a great opportunity to share with and learn from your county colleagues.

As a member of the Health Steering Committee, it is important to stay informed of legislative and regulatory action relevant to your committee. Your NACo committee liaison is Brian Bowden. Brian will send regular email correspondence to committee members and you are responsible for reviewing the information supplied and responding accordingly.

As a member of a NACo steering committee, you are expected to participate in our monthly conference calls and attend both NACo's Legislative Conference and Annual Conference. Monthly conference calls are a great way to stay up to date on developments from Capitol Hill and provide a platform to discuss county issues with your colleagues across the nation. Please note the following dates and locations for the upcoming conferences:

- NACo's 2017 Legislative Conference takes place February 25-March 1 in Washington, D.C.
- NACo's 2016 Annual Conference takes place July 21-24 in Franklin County, Ohio

I also look forward to working with you the committees this year on my president initiative, "The Counties Matter Challenge: Brilliant Ideas at Work." Working with state associations and affiliates, this initiative will promote best practices that bolster our nation's ability to thrive amid ever-changing physical, social and economic conditions, and help identify and share examples of county leadership that result in improving residents' quality of life.

Again, congratulations on your nomination to the Health Steering Committee. This year promises to be an exciting one and I look forward to working closely with you to further the goals of our nation's counties.

Sincerely,

A handwritten signature in black ink, appearing to be "Bryan Desloge".

Bryan Desloge
President

AUG 29 2016



August 30, 2016

Dear Thomas Burke:

As president of the National Association of Counties, I have the honor and privilege of appointing NACo's leadership team. It is my pleasure to appoint you as a member of Healthy Counties Initiative Advisory Board.

Committee leadership at the national level is a serious commitment and responsibility. Your work may include testifying before congressional committees or otherwise advancing counties' federal policy priorities at a variety of events and meetings. Especially during the next 12 months, as the presidential administration changes, and new members of Congress take office, we must continue to engage the federal government and develop policies that benefit counties and our residents across America.

In accepting your committee leadership position, I hope you will participate in my presidential initiative, "The Counties Matter Challenge: Brilliant ideas at Work." Working with state associations and affiliates, this initiative aims to provide county leaders and partners with the best shared practices to bolster our nation's ability to thrive amid ever-changing physical, social and economic conditions. More information about the initiative will be provided in September.

If you cannot make this commitment, for whatever reason, please let me know. My goal is to build a committed leadership team for NACo. A great deal of NACo's strength is in its committees and that strength is reflected in the dedication and active participation throughout our committee structure.

Your NACo committee staff liaison will follow-up with you to provide specific details on the committee and future meeting dates.

I look forward to working with you!

Sincerely,

A handwritten signature in black ink, appearing to read "Bryan Desloge".

Bryan Desloge
President

SEP 06 2016

State of Minnesota Department of Human Services County Grant Contract

RECITALS

THIS GRANT CONTRACT, and amendments and supplements thereto, is between State of Minnesota, acting through its Department of Human Services, Mental Health Division (hereinafter STATE) and the county of Aitkin, address 204 1st Street NW, Aitkin, Minnesota 56431 (hereinafter COUNTY), witnesseth that:

WHEREAS, the STATE, pursuant to Minnesota Statutes, section 256.01, subdivision 2(a)(6) and 245.461 to 245.486 (the "Minnesota Comprehensive Adult Mental Health Act") is empowered to enter into grant contracts to create and ensure a unified, accountable, comprehensive adult mental health system, and

WHEREAS pursuant to the Minnesota Comprehensive Adult Mental Health Act, County and State will collaborate to provide supports and services that:

- (1) recognize the right of adults with mental illness to control their own lives as fully as possible;
- (2) promote the independence and safety of adults with mental illness;
- (3) reduce chronicity of mental illness;
- (4) eliminate abuse of adults with mental illness;
- (5) provide services designed to:
 - (i) increase the level of functioning of adults with mental illness or restore them to a previously held higher level of functioning;
 - (ii) stabilize adults with mental illness;
 - (iii) prevent the development and deepening of mental illness;
 - (iv) support and assist adults in resolving mental health problems that impede their functioning;
 - (v) promote higher and more satisfying levels of emotional functioning; and
 - (vi) promote sound mental health; and
- (6) provide a quality of service that is effective, efficient, appropriate, and consistent with contemporary professional standards in the field of mental health.

NOW, THEREFORE, it is agreed:

1. COUNTY'S RESPONSIBILITIES. COUNTY shall:

- 1.1 Work to achieve the mission statement described in the Minnesota Comprehensive Adult Mental Health Act by performing the tasks and duties described in County's Approved Mental Health Plan, hereby incorporated as Attachment A (Parts 1, 2 and 5) to this grant contract.
- 1.2 Ensure all revenue received by COUNTY, it's contracted, or subcontracted providers shall be managed according to Minnesota Rules chapter 9535.1740, subp.3.
- 1.3 Have written policy and procedures governing their accounting and operational procedures.
- 1.4 Ensure that all contracts entered into under this agreement are written to comply with Minn. Stat. 245.466, subd. 3, and 256.0112.
- 1.5 Have a transition plan that complies with Minn. Stat. 245.466 subd. 3a.
- 1.6 Include persons with mental illness and tribal organizations of the county/region in the development, implementation, and evaluation of all Adult Mental Health Plans.
- 1.7 Ensure that Adult Mental Health Initiative projects are planned and administered according to Minn. Stat. 245.4661.
- 1.8 Ensure that Community Support Plan services are planned and administered according to Minn. Stat. 245.4712, subd. 1.
- 1.9 Ensure their contracted providers bill eligible insurance before accessing Adult Mental Health grant funding.
- 1.10 Complete all required data reporting and ensure their contracted providers are completing all required data reporting.

2. CONSIDERATION AND TERMS OF PAYMENT.

2.1 Consideration. Consideration for all services performed and goods or materials supplied by COUNTY pursuant to this grant contract shall be paid by the STATE as follows:

(a.) Compensation. COUNTY will be paid in accordance with Attachment B (Grant Application Summary), "Budget" to this grant contract. For the first year of the grant contract, STATE will not compensate COUNTY for any expenses in excess of the total first year budget amount. COUNTY's expenses are determined on a cash basis which recognizes the expense when it is paid by the COUNTY.

All expenditures must be for services, or items necessary for the delivery of those services. "Capital" purchases are prohibited. Exceptions to the prohibition of capital purchases may be granted, in writing, on a case-by-case basis.

Capital purchases are defined as something which has a useful life of more than one year and a per-unit acquisition cost which exceeds \$10,000 and is 1) land, buildings (facilities), equipment, and intellectual

property (including software) whether acquired by purchase, construction, manufacture, lease-purchase, exchange, or through capital leases; or 2) additions, improvements, modifications, replacements, rearrangements, reinstallations, renovations or alterations of the items listed above that materially increase their value or useful life (not ordinary repairs and maintenance).

The COUNTY must seek permission from the STATE, using a Budget Revision Form, of a significant change in a BRASS code expenditure. A significant change is defined as a 50% deviation of any BRASS code expenditure on the Budget in Attachment B.

(b.) Reimbursement. Reimbursement for travel and subsistence expenses actually and necessarily incurred by COUNTY'S performance of this grant contract shall be no greater amount than provided in the current Commissioner's Plan (which is incorporated by reference) promulgated by the Commissioner of Minnesota Management and Budget. COUNTY shall not be reimbursed for travel and subsistence expense incurred outside the State of Minnesota unless it has received prior written approval for such out of state travel from the STATE.

(c.) Total obligation. The total obligation of the STATE for all compensation and reimbursements to COUNTY shall not exceed one hundred ten thousand and eight hundred thirty six dollars (\$110,836).

(d.) For compensation payable under this grant contract, which is subject to withholding under state or federal law, appropriate amounts will be deducted and withheld by the State as required.

2.2. Terms of Payment

(a.) Compensation shall be one cash advance in an amount determined by the STATE which is equal to one quarter's anticipated expenditures followed by quarterly cost reimbursement based on the previous quarter's expenses as documented by receipts, invoices, travel vouchers, and time sheets.

If actual expenditures of the COUNTY are less than provided in the approved program line item budget at the end of the grant contract's term, the STATE shall reduce the final payment so as not to exceed expenditures. COUNTY will not be eligible for an advance more often than once every two years.

(b.) County requires an advance because County is paid on a quarterly basis under this grant contract. County does not have sufficient reserves to cover costs that it incurs during that time frame.

(c.) Payments shall be made by the STATE promptly after COUNTY'S presentation of invoices for services performed and acceptance of such services by the STATE'S authorized agent pursuant to Clause 7. Invoices shall be submitted using the DHS-2895 Form process, as described in the most recent bulletin of the *DHS Summarizes Mental Health Grant Fiscal Reporting Requirements* bulletin and *Changes to DHS BRASS Manual for Calendar Years 2016-2017*. Expenditures shall be reported on the quarterly SEAGR report (DHS-2557) and on the BRASS-Based Grant Fiscal Report (DHS-2895). The COUNTY must use the DHS-2895 form specific to their grant. Invoice submission through the 2895 process shall act as a certification by the County that the expenses reported are allowable.

3. CONDITIONS OF PAYMENT. All services provided by COUNTY pursuant to this grant contract shall be performed to the reasonable satisfaction of the STATE, and in accord with all applicable federal, state, and local laws, ordinances, rules and regulations. COUNTY shall not receive payment for work found by the STATE to be unsatisfactory, or performed in violation of federal, state or local law, ordinance, rule or regulation.

4. PAYMENT RECOUPMENT. The COUNTY must reimburse the STATE upon demand or the STATE may deduct from future payments under this grant contract any amounts paid by the STATE, under this or any previous grant contract, for which invoices and progress reports have not been received, or for which the COUNTY'S books, records or other documents are not sufficient to clearly substantiate that those amounts were used by the COUNTY to perform grant services and in accordance with Minn. Stat. 245.483.

5. TERMS OF GRANT CONTRACT. This grant contract shall be effective on January 1, 2017, or upon the date that the final required signature is obtained by the STATE, pursuant to Minnesota Statutes, section 16C.05, subdivision 2, whichever occurs later, and shall remain in effect through December 31, 2018, or until all obligations set forth in this grant contract have been satisfactorily fulfilled, whichever occurs first. COUNTY understands that NO work should begin under this grant contract until ALL required signatures have been obtained. STATE will notify COUNTY when all required signatures have been obtained. The COUNTY shall have a continuing obligation, after said grant period, to comply with the following provisions of grant clauses: 10. Liability; 11. State Audits; 12. Information Privacy and Security; 13. Intellectual Property Rights; and 17. Jurisdiction and Venue.

6. CANCELLATION.

6.1. For Cause or Convenience. This grant contract may be cancelled by the STATE or COUNTY at any time, with or without cause, upon thirty (30) days written notice to the other party. In the event of such a cancellation, COUNTY shall be entitled to payment, determined on a pro rata basis, for work or services satisfactorily performed. The STATE has the right to suspend or terminate this grant contract immediately when the STATE deems the health or welfare of the service recipients is endangered, when the STATE has reasonable cause to believe that the COUNTY has breached a material term of the grant contract, or when COUNTY'S non-compliance with the terms of the grant contract may jeopardize federal financial participation.

6.2. Insufficient Funds. The STATE may immediately terminate this grant contract if it does not obtain funding from the Minnesota Legislature, or other funding source; or if funding cannot be continued at a level sufficient to allow for the payment of the services covered here. Termination will be by written notice to the COUNTY. The STATE is not obligated to pay for any services that are provided after notice and effective date of termination. However, the COUNTY will be entitled to payment, determined on a pro rata basis, for services satisfactorily performed to the extent that funds are available. The STATE will not be assessed any penalty if the grant contract is terminated because of the decision of the Minnesota Legislature, or other funding source, not to appropriate funds. The STATE

must provide the COUNTY notice of the lack of funding within fifteen (15) days of the STATE's receiving that notice.

6.3. Breach. Notwithstanding clause 6.1., upon STATE's knowledge of a curable material breach of the grant contract by COUNTY, STATE shall provide COUNTY written notice of the breach and thirty (30) days to cure the breach. If COUNTY does not cure the breach within the time allowed, COUNTY will be in default of this grant contract and STATE may cancel the grant contract immediately thereafter. If COUNTY has breached a material term of this grant contract and cure is not possible, STATE may immediately terminate this grant contract.

7. AUTHORIZED REPRESENTATIVES and RESPONSIBLE AUTHORITY.

7.1. State. The STATE'S authorized representative for the purposes of administration of this grant contract is Gary Travis or his/her successor. Such representative, acting on behalf of the STATE, shall have final authority for acceptance of COUNTY'S services and if such services are accepted as satisfactory, shall so certify on each invoice submitted pursuant to Clause 2.2. All notices required under this grant contract shall be made to the Authorized Representative. If the STATE's Authorized Representative changes at any time during this grant contract, STATE will notify COUNTY in a reasonable amount of time.

7.2. County. The COUNTY's Authorized Representative is Kathleen Ryan or his/her successor. If the COUNTY's Authorized Representative changes at any time during this grant contract, the COUNTY must immediately notify the STATE. All notices required under this grant contract shall be made to the Authorized Representative.

8. ASSIGNMENT. COUNTY will not assign, transfer or subcontract any rights or obligations under this grant contract without the prior written consent of the STATE, except to the extent a subcontract is explicitly listed in Attachment A, the Approved Mental Health Plan.

9. AMENDMENTS. Any amendments to this grant contract shall be in writing, and shall be executed by the same parties who executed the original grant contract, or their successors in office.

10. LIABILITY. To the extent provided for in Minnesota Statutes, section 466.01 to 466.15, the COUNTY agrees to be responsible for any and all claims or causes of action arising from the performance of this grant contract by COUNTY or COUNTY'S agents or employees. This clause shall not be construed to bar any legal remedies COUNTY may have for the STATE'S failure to fulfill its obligations pursuant to this grant.

11. STATE AUDITS. Under Minnesota Statutes, section 16C.05, subdivision 5, the books, records, documents, and accounting procedures and practices of the COUNTY and its employees, agents, or subcontractors relevant to this grant contract shall be made available and subject to examination by the STATE, including the contracting Agency/Division, Legislative Auditor, and State Auditor for a minimum of six years from the end of this grant contract.

12. INFORMATION PRIVACY AND SECURITY.

- A. It is expressly agreed that STATE will not be disclosing or providing information protected under the Minnesota Government Data Practices Act, Minnesota Statutes Chapter 13, (the "Data Practices Act") as "not public data" on individuals to COUNTY under this grant contract. "Not public data" means any data that is classified as confidential, private, nonpublic, or protected nonpublic by statute, federal law or temporary classification. Minn. Stat. § 13.02, subd. 8a.
- B. It is expressly agreed that COUNTY will not create, receive, maintain, or transmit "protected health information", as defined in the Health Insurance Portability Accountability Act ("HIPAA"), 45 C.F.R. § 160.103, on behalf of STATE for a function or activity regulated by 45 C.F.R. 160 or 164. Accordingly, COUNTY is not a "business associate" of STATE, as defined in HIPAA, 45 C.F.R. § 160.103 as a result of, or in connection with, this grant contract. Therefore, COUNTY is not required to comply with the privacy provisions of HIPAA as a result of, or for purposes of, performing under this grant contract. If COUNTY has responsibilities to comply with the Data Practices Act or HIPAA for reasons other than this grant contract, COUNTY will be responsible for its own compliance.

13. Intellectual Property Rights.

Definitions. Works means all inventions, improvements, discoveries (whether or not patentable or copyrightable), databases, computer programs, reports, notes, studies, photographs, negatives, designs, drawings, specifications, materials, tapes, and disks conceived, reduced to practice, created or originated by the COUNTY, its employees, agents, and subcontractors, either individually or jointly with others in the performance of the grant contract. Works includes "Documents." Documents are the originals of any data bases, computer programs, reports, notes, studies, photographs, negatives, designs, drawings, specifications, materials, tapes, disks, or other materials, whether in tangible or electronic forms, prepared by the COUNTY, its employees, agents, or subcontractors, in the performance of this grant contract.

Ownership. The STATE owns all rights, title, and interest in all of the intellectual property, including copyrights, patents, trade secrets, trademarks, and service marks in the Works and Documents created and paid for under this grant contract. The Works and Documents will be the exclusive property of the STATE and all such Works and Documents must be immediately returned to the STATE by the COUNTY upon request of STATE. To the extent possible, those Works eligible for copyright protection under the United States Copyright Act will be deemed to be "works made for hire." If using STATE data, COUNTY must cite the data, or make clear by referencing that STATE is the source. For clarity, COUNTY may maintain copies of records and Works and Documents it creates under this grant contract.

Responsibilities.

Assignment of Rights. Whenever any Works or Documents (whether or not patentable) are made or conceived for the first time or actually or constructively reduced to practice by the COUNTY, including its

employees and subcontractors, and are created and paid for under this grant contract, the COUNTY will assign all right, title, and interest it may have in the Works and the Documents to the STATE.

Filing and recording of ownership interests. The COUNTY must, at the request of the STATE, execute all papers and perform all other acts necessary to transfer or record the STATE'S ownership interest in the Works and Documents created and paid for under this grant contract. The COUNTY must perform all acts, and take all steps necessary to ensure that all intellectual property rights in these Works and Documents are the sole property of the STATE, and that neither COUNTY nor its employees, agents, or subcontractors retain any interest in and to these Works and Documents.

Duty not to Infringe on intellectual property rights of others. The COUNTY represents and warrants that the Works and Documents created and paid for under this grant contract do not and will not infringe upon any intellectual property rights of other persons or entities. Notwithstanding Clause 10, the COUNTY is liable for any and all claims or causes of action arising brought against the STATE to the extent that it is based on a claim that all or part of these Works or Documents infringe upon the intellectual property rights of others. The COUNTY will be responsible for payment of any and all such claims, demands, obligations, liabilities, costs, and damages, including but not limited to, attorney fees. This remedy of the STATE will be in addition to and not exclusive of other remedies provided by law.

14. WORKERS' COMPENSATION. The COUNTY certifies that it is in compliance with Minnesota Statute, section 176.181, subdivision 2, pertaining to workers' compensation insurance coverage. The COUNTY'S employees and agents will not be considered employees of the STATE. Any claims that may arise under the Minnesota Workers' Compensation Act on behalf of these employees or agents and any claims made by any third party as a consequence of any act or omission on the part of these employees or agents are in no way the STATE'S obligation or responsibility.

15. VOTER REGISTRATION REQUIREMENT. COUNTY certifies that it will comply with Minnesota Statutes, section 201.162 by providing voter registration services for its employees and for the public served by the COUNTY.

16. OWNERSHIP OF EQUIPMENT. The STATE shall have the right to require transfer of all equipment purchased with grant funds (including title) to the STATE or to an eligible non-STATE party named by the STATE. This right will normally be exercised by the STATE only if the project or program for which the equipment was acquired is transferred from one grantee to another.

17. JURISDICTION AND VENUE. This grant contract, and amendments and supplements thereto, shall be governed by the laws of the State of Minnesota. Venue for all legal proceedings arising out of this grant contract, or breach thereof, shall be in the state or federal court with competent jurisdiction in Ramsey County, Minnesota.

18. WAIVER. If either party fails to enforce any provision of this grant contract, that failure does not waive the provision or the party's right to enforce it.

19. CONTRACT COMPLETE. This grant contract, and its attachments, contains all negotiations and agreements between the STATE and the COUNTY. No other understanding regarding this grant contract, whether written or oral may be used to bind either party.

20. OTHER PROVISIONS.

20.1. COUNTY agrees that no religious based counseling shall take place under the auspices of this grant contract.

20.2. If the COUNTY has an independent audit, a copy of the audit shall be submitted to the STATE.

20.3. COUNTY must comply with all applicable requirements of the Open Meeting Law in Minnesota Statutes chapter 13D.

20.4. COUNTY must comply with, and ensure that its subcontractors comply with, the Minnesota Office of Grants Management policies, including specifically policies 08-06, 08-10, and 08-13.

20.5. Payment to Subcontractors. (If applicable) As required by Minnesota Statutes, section 471.425, the COUNTY must pay all subcontractors, according to the terms of the contract or, if no contract terms apply, within the standard payment period unless the COUNTY in good faith disputes the obligation. Standard payment period is defined in Minnesota Statutes, section 471.425, subdivision 2.

IN WITNESS WHEREOF, the parties have caused this grant contract to be duly executed intending to be bound thereby.

APPROVED:

1. STATE ENCUMBRANCE VERIFICATION

Individual certifies that funds have been encumbered as required by Minnesota Statutes, chapter 16A and section 16C.05.

By: _____

Date: _____

Grant No: _____

2. COUNTY

Signatory is authorized by applicable articles, by-laws, resolutions, or ordinances to sign on behalf of the County.

By: _____

Title: _____

Date: _____

I certify that the signatories for the County have lawful authority, by virtue of the by-laws or a resolution, to bind the County to the terms of this grant contract.

(Attorney for County)

By: _____

Title: _____

Date: _____

3. STATE AGENCY

By (with delegated authority): _____

Title: _____

Date: _____

Distribution:

Agency - Original (fully executed) grant contract

County

State Authorized Representative

Grant Application Summary

2895 BRASS Code Summary for:

Aitkin

Funding Totals

	CSP	AMHI	Moose Lake	TOTAL
TOTAL REQUESTED	\$ 110,836	\$ -	\$ -	\$ 110,836
TOTAL ALLOCATION	\$ 110,836	\$ -	\$ -	\$ 110,836
DIFFERENCE	\$ -	\$ -	\$ -	\$ -

Requested Funding By BRASS Code

BRASS CODE	CSP	AMHI	Moose Lake	TOTAL
402	\$ 72,418	\$ -	\$ -	\$ 72,418
403	\$ 6,000	\$ -	\$ -	\$ 6,000
408	\$ 5,800	\$ -	\$ -	\$ 5,800
416	\$ 1,500	\$ -	\$ -	\$ 1,500
418	\$ -	\$ -	\$ -	\$ -
420	\$ -	\$ -	\$ -	\$ -
431	\$ -	\$ -	\$ -	\$ -
434	\$ 5,000	\$ -	\$ -	\$ 5,000
436	\$ -	\$ -	\$ -	\$ -
437	\$ -	\$ -	\$ -	\$ -
438	\$ -	\$ -	\$ -	\$ -
443	\$ -	\$ -	\$ -	\$ -
446	\$ -	\$ -	\$ -	\$ -
451	\$ -	\$ -	\$ -	\$ -
452	\$ -	\$ -	\$ -	\$ -
454	\$ -	\$ -	\$ -	\$ -
468	\$ -	\$ -	\$ -	\$ -
469	\$ -	\$ -	\$ -	\$ -
474	\$ -	\$ -	\$ -	\$ -
491	\$ 5,400	\$ -	\$ -	\$ 5,400
493	\$ 14,718	\$ -	\$ -	\$ 14,718

Estimated Persons Served By BRASS Code

BRASS CODE	CSP	AMHI	Moose Lake	TOTAL
402	30	0	0	30
403	20	0	0	20
408	19	0	0	19
416	1	0	0	1
418	0	0	0	0
420	0	0	0	0
431	0	0	0	0
434	20	0	0	20
436	0	0	0	0
437	0	0	0	0
438	0	0	0	0

443	0	0	0	0
446	0	0	0	0
451	0	0	0	0
452	0	0	0	0
454	0	0	0	0
468	0	0	0	0
469	0	0	0	0
474	0	0	0	0
491	20	0	0	20
493	25	0	0	25

Estimated Spending by Person Served By BRASS Code

BRASS CODE	CSP	AMHI	Moose Lake	OVERALL
402	\$ 2,413.93	\$ -	\$ -	\$ 2,413.93
403	\$ 300.00	\$ -	\$ -	\$ 300.00
408	\$ 305.26	\$ -	\$ -	\$ 305.26
416	\$ 1,500.00	\$ -	\$ -	\$ 1,500.00
418	\$ -	\$ -	\$ -	\$ -
420	\$ -	\$ -	\$ -	\$ -
431	\$ -	\$ -	\$ -	\$ -
434	\$ 250.00	\$ -	\$ -	\$ 250.00
436	\$ -	\$ -	\$ -	\$ -
437	\$ -	\$ -	\$ -	\$ -
438	\$ -	\$ -	\$ -	\$ -
443	\$ -	\$ -	\$ -	\$ -
446	\$ -	\$ -	\$ -	\$ -
451	\$ -	\$ -	\$ -	\$ -
452	\$ -	\$ -	\$ -	\$ -
454	\$ -	\$ -	\$ -	\$ -
468	\$ -	\$ -	\$ -	\$ -
469	\$ -	\$ -	\$ -	\$ -
474	\$ -	\$ -	\$ -	\$ -
491	\$ 270.00	\$ -	\$ -	\$ 270.00
493	\$ 588.72	\$ -	\$ -	\$ 588.72

Part 1: APPLICANT INFORMATION

[Click here for Part 1: Applicant Information instructions.](#)

Please scroll all the way to the bottom of this page to ensure all sections are completed. You will see "Click here to return to top" at end of the page.

County/Tribal Nation Information

County/Tribal Nation Code	1 - Aitkin
County/Tribal Nation	Aitkin
Entity, who will be signing contract, if different than above:	

Joint Application Information

Is this a joint application?	No
Please list non-fiscal host counties:	
If yes, what type of arrangement do you have with the counties?	
If "Other", what is that arrangement?	

Application Contact

First Name:	Kathleen
Last Name:	Ryan
Agency:	Aitkin Co. Health & Human Services
Phone Number:	218-927-7295
Extension:	
Email:	kryan@co.aitkin.mn.us

Fiscal Agent Contact

Is this information the same as the application contact person?	Yes
First Name:	Kathleen
Last Name:	Ryan
Agency:	Aitkin Co. Health & Human Services
Phone Number:	218-927-7295
Extension:	0
Email:	kryan@co.aitkin.mn.us

Award Notice/Authorized Representative Mailing Information

Is this information the same as the fiscal agent contact person?	Yes-same as fiscal agent
Authorized Representative First Name:	Kathleen
Authorized Representative Last Name:	Ryan
Email:	kryan@co.aitkin.mn.us
Title:	Fiscal Supervisor
Address Line 1:	204 1st Street NW
Address Line 2 (if needed):	
City:	Aitkin
Zip Code:	56431
Grant Allocations	
Your CSP award :	\$ 110,836.00
Will this application provide CSP data ?	Yes
Your AMHI award :	\$ -
Will this application provide AMHI data ?	No
Will this application provide Moose Lake Alternative award ?	\$ -
Your Moose Lake Alternative award :	No
How were stakeholders, including any local advisory council, involved in developing, implementing and evaluating this plan?	3
CSP Waiver Questions:	
Does the county/tribal nation board request a waiver from provision of adult mental health day treatment services?	Yes
If waiver requested because (please indicate yes/no after each reason):	
An alternative plan of care exists through the county/tribe's community support services for clients who would otherwise need day treatment	No
Day treatment, if included, would be duplicative of other components of the community support services	No

County demographics and geography makes provision of day treatment services cost ineffective and infeasible	Yes
---	-----

Please further explain the reasons selected above:

AMHI Regional Homeless Assessment Plan:

Instructions: Review any data or information available about persons who are homeless in the AMHI region. The information may include any of the following, the Project for Assistance in Transition from Homelessness (PATH) data, HUD Point-in-Time (PIT) Homeless Persons count data, Wilder Research Statewide Homeless Study data, regional specific data, and information from providers of homeless services and housing.

Identify from the previous grant plan the AMHI Regional Homeless Assessment Plan up to three objectives and measures for addressing the needs of person with SMI who are homeless, as well as any progress or revisions for the objectives and measures.

Objective 1:

Describe the goal of objective:

Define the measure for objective:

Describe the progress on achieving, and any revisions to this objective:

Objective 2:

Describe the goal of objective:

Define the measure for objective:

Describe the progress on achieving, and any revisions to this objective:

Objective 3:

Describe the goal of objective:

Define the measure for objective:

Describe the progress on achieving, and any revisions to this objective:

[Click here to return to top.](#)

Part 2: CSP GRANT FUNDING APPLICATION

[Click here for Part 2: CSP Grant Funding Application instructions.](#)

If you have any questions about this process or technical questions about this form, please contact Cortney Jones by phone at (651)431-4206 or email at cortney.jones@state.mn.us.

CSP GRANT FUNDING APPLICATION			
Total Funds Requested	\$110,836.00		
Total Funds Allocated	\$110,836.00		
Difference:	\$0.00		
Additional Questions:			
What amount of your funds would go towards the fiscal host fee?	\$0.00		
<p><i>What is a fiscal host fee? DHS considers a fiscal host fee the money given to a County/Tribal Nation to cover accounting, data, and other administrative requirements/costs of receiving and meeting the requirements of the CSP/AMHI grants . Money given to providers as part of a contract that cover administrative costs are not fiscal host fees, nor is money paid to a county to cover administrative costs of implementation of actual services. More information is available in the instructions, you may find a link at the top of this tab.</i></p>			
BRASS CODE	Question Text	Answer	Totals
BRASS Code 402x Community Education and Prevention			
402	How many CY17-18 providers are there for this BRASS code (funded through these dollars)?	1	Total Budgeted for this BRASS code:

402	Provider 1 name:	Lakes and Pines, LLC	\$72,418
402	Amount budgeted for this provider (by BRASS code)	\$72,418	Total Est. Persons Served by these dollars:
402	# of persons to be served by this provider (CY17-18):	30	30
402	Provider 2 name:		
402	Amount budgeted for this provider (by BRASS code)		
402	# of persons to be served by this provider (CY17-18):		
402	Provider 3 name:		Total Budgeted Plus Allocation of Fiscal Host Fee (\$):
402	Amount budgeted for this provider (by BRASS code)		
402	# of persons to be served by this provider (CY17-18):		\$ 72,418.00
402	Provider 4 name:		
402	Amount budgeted for this provider (by BRASS code)		
402	# of persons to be served by this provider (CY17-18):		
402	Provider 5 name:		
402	Amount budgeted for this provider (by BRASS code)		
402	# of persons to be served by this provider (CY17-18):		
402	Provider 6 name:		
402	Amount budgeted for this provider (by BRASS code)		
402	# of persons to be served by this provider (CY17-18):		
402	Provider 7 name:		
402	Amount budgeted for this provider (by BRASS code)		
402	# of persons to be served by this provider (CY17-18):		
402	Provider 8 name:		
402	Amount budgeted for this provider (by BRASS code)		
402	# of persons to be served by this provider (CY17-18):		
402	Provider 9 name:		
402	Amount budgeted for this provider (by BRASS code)		
402	# of persons to be served by this provider (CY17-18):		
402	Provider 10 name:		
402	Amount budgeted for this provider (by BRASS code)		
402	# of persons to be served by this provider (CY17-18):		

[More than 10 providers for this BRASS code? Click here to enter Providers 11-20. You must indicate a number over 10 to enter data on this new tab. A link on the next sheet will bring you back to this sheet when you are finished.](#)

BRASS Code 403x Client Outreach

403	How many CY17-18 providers are there for this BRASS code (funded through these dollars)?	1	Total Budgeted for this BRASS code:
403	Provider 1 name:	Aitkin Co. Health & Human Svc	\$6,000
403	Amount budgeted for this provider (by BRASS code)	\$6,000	Total Est. Persons Served by these dollars:
403	# of persons to be served by this provider (CY17-18):	20	20
403	Provider 2 name:		
403	Amount budgeted for this provider (by BRASS code)		
403	# of persons to be served by this provider (CY17-18):		
403	Provider 3 name:		Total Budgeted Plus Allocation of Fiscal Host Fee (\$):
403	Amount budgeted for this provider (by BRASS code)		\$ 6,000.00
403	# of persons to be served by this provider (CY17-18):		
403	Provider 4 name:		
403	Amount budgeted for this provider (by BRASS code)		
403	# of persons to be served by this provider (CY17-18):		
403	Provider 5 name:		
403	Amount budgeted for this provider (by BRASS code)		
403	# of persons to be served by this provider (CY17-18):		
403	Provider 6 name:		
403	Amount budgeted for this provider (by BRASS code)		
403	# of persons to be served by this provider (CY17-18):		
403	Provider 7 name:		
403	Amount budgeted for this provider (by BRASS code)		
403	# of persons to be served by this provider (CY17-18):		
403	Provider 8 name:		
403	Amount budgeted for this provider (by BRASS code)		
403	# of persons to be served by this provider (CY17-18):		
403	Provider 9 name:		
403	Amount budgeted for this provider (by BRASS code)		
403	# of persons to be served by this provider (CY17-18):		
403	Provider 10 name:		

[More than 10 providers for this BRASS code? Click here to enter Providers 11-20. You must indicate a number over 10 to enter data on this new tab. A link on the next sheet will bring you back to this sheet when you are finished.](#)

403	Amount budgeted for this provider (by BRASS code)		
403	# of persons to be served by this provider (CY17-18):		
BRASS Code 408x Adult Outpatient Diagnostic			
408	How many CY17-18 providers are there for this BRASS code (funded through these dollars)?	3	Total Budgeted for this BRASS code:
408	Provider 1 name:	Northern Psychiatric Assoc.	\$5,800
408	Amount budgeted for this provider (by BRASS code)	\$3,000	Total Est. Persons Served by these dollars:
408	# of persons to be served by this provider (CY17-18):	15	19
408	Provider 2 name:	Family Assessment Services	
408	Amount budgeted for this provider (by BRASS code)	\$300	
408	# of persons to be served by this provider (CY17-18):	2	
408	Provider 3 name:	Forensic Evaluation Services LLC	Total Budgeted Plus Allocation of Fiscal Host Fee (\$):
408	Amount budgeted for this provider (by BRASS code)	\$2,500	
408	# of persons to be served by this provider (CY17-18):	2	\$ 5,800.00
408	Provider 4 name:		
408	Amount budgeted for this provider (by BRASS code)		
408	# of persons to be served by this provider (CY17-18):		
408	Provider 5 name:		
408	Amount budgeted for this provider (by BRASS code)		
408	# of persons to be served by this provider (CY17-18):		
408	Provider 6 name:		
408	Amount budgeted for this provider (by BRASS code)		
408	# of persons to be served by this provider (CY17-18):		
408	Provider 7 name:		
408	Amount budgeted for this provider (by BRASS code)		
408	# of persons to be served by this provider (CY17-18):		
408	Provider 8 name:		
408	Amount budgeted for this provider (by BRASS code)		
408	# of persons to be served by this provider (CY17-18):		
408	Provider 9 name:		

[More than 10 providers for this BRASS code? Click here to enter Providers 11-20. You must indicate a number over 10 to enter data on this new tab. A link on the next sheet will bring you back to this sheet when you are finished.](#)

408	Amount budgeted for this provider (by BRASS code)	
408	# of persons to be served by this provider (CY17-18):	
408	Provider 10 name:	
408	Amount budgeted for this provider (by BRASS code)	
408	# of persons to be served by this provider (CY17-18):	

BRASS Code 416x Transportation

416	How many CY17-18 providers are there for this BRASS code (funded through these dollars)?	1	Total Budgeted for this BRASS code:
416	Provider 1 name:	Occupational Development Center Inc.	\$1,500
416	Amount budgeted for this provider (by BRASS code)	\$1,500	Total Est. Persons Served by these dollars:
416	# of persons to be served by this provider (CY17-18):	1	1
416	Provider 2 name:		
416	Amount budgeted for this provider (by BRASS code)		
416	# of persons to be served by this provider (CY17-18):		
416	Provider 3 name:		Total Budgeted Plus Allocation of Fiscal Host Fee (\$):
416	Amount budgeted for this provider (by BRASS code)		
416	# of persons to be served by this provider (CY17-18):		\$ 1,500.00
416	Provider 4 name:		
416	Amount budgeted for this provider (by BRASS code)		
416	# of persons to be served by this provider (CY17-18):		
416	Provider 5 name:		
416	Amount budgeted for this provider (by BRASS code)		
416	# of persons to be served by this provider (CY17-18):		
416	Provider 6 name:		
416	Amount budgeted for this provider (by BRASS code)		
416	# of persons to be served by this provider (CY17-18):		
416	Provider 7 name:		
416	Amount budgeted for this provider (by BRASS code)		
416	# of persons to be served by this provider (CY17-18):		
416	Provider 8 name:		

[More than 10 providers for this BRASS code? Click here to enter Providers 11-20. You must indicate a number over 10 to enter data on this new tab. A link on the next sheet will bring you back to this sheet when you are finished.](#)

416	Amount budgeted for this provider (by BRASS code)	
416	# of persons to be served by this provider (CY17-18):	
416	Provider 9 name:	
416	Amount budgeted for this provider (by BRASS code)	
416	# of persons to be served by this provider (CY17-18):	
416	Provider 10 name:	
416	Amount budgeted for this provider (by BRASS code)	
416	# of persons to be served by this provider (CY17-18):	

BRASS Code 418x Client Flex Funds

418	How many CY17-18 providers are there for this BRASS code (funded through these dollars)?	0	Total Budgeted for this BRASS code:
418	Provider 1 name:		\$0
418	Amount budgeted for this provider (by BRASS code)		Total Est. Persons Served by these dollars:
418	# of persons to be served by this provider (CY17-18):		0
418	Provider 2 name:		
418	Amount budgeted for this provider (by BRASS code)		
418	# of persons to be served by this provider (CY17-18):		
418	Provider 3 name:		Total Budgeted Plus Allocation of Fiscal Host Fee (\$):
418	Amount budgeted for this provider (by BRASS code)		\$ -
418	# of persons to be served by this provider (CY17-18):		
418	Provider 4 name:		
418	Amount budgeted for this provider (by BRASS code)		
418	# of persons to be served by this provider (CY17-18):		
418	Provider 5 name:		
418	Amount budgeted for this provider (by BRASS code)		
418	# of persons to be served by this provider (CY17-18):		
418	Provider 6 name:		
418	Amount budgeted for this provider (by BRASS code)		
418	# of persons to be served by this provider (CY17-18):		
418	Provider 7 name:		
418	Amount budgeted for this provider (by BRASS code)		

[More than 10 providers for this BRASS code? Click here to enter Providers 11-20. You must indicate a number over 10 to enter data on this new tab. A link on the next sheet will bring you back to this](#)

418	# of persons to be served by this provider (CY17-18):		will bring you back to this sheet when you are finished.
418	Provider 8 name:		
418	Amount budgeted for this provider (by BRASS code)		
418	# of persons to be served by this provider (CY17-18):		
418	Provider 9 name:		
418	Amount budgeted for this provider (by BRASS code)		
418	# of persons to be served by this provider (CY17-18):		
418	Provider 10 name:		
418	Amount budgeted for this provider (by BRASS code)		
418	# of persons to be served by this provider (CY17-18):		

BRASS Code 420x Peer Support Services

420	How many CY17-18 providers are there for this BRASS code (funded through these dollars)?	0	Total Budgeted for this BRASS code:
420	Provider 1 name:		\$0
420	Amount budgeted for this provider (by BRASS code)		Total Est. Persons Served by these dollars:
420	# of persons to be served by this provider (CY17-18):		0
420	Provider 2 name:		
420	Amount budgeted for this provider (by BRASS code)		
420	# of persons to be served by this provider (CY17-18):		
420	Provider 3 name:		Total Budgeted Plus Allocation of Fiscal Host Fee (\$):
420	Amount budgeted for this provider (by BRASS code)		\$ -
420	# of persons to be served by this provider (CY17-18):		
420	Provider 4 name:		
420	Amount budgeted for this provider (by BRASS code)		
420	# of persons to be served by this provider (CY17-18):		
420	Provider 5 name:		More than 10 providers for this BRASS code? Click here to enter Providers 11-20. You must indicate a number over 10 to enter data on this row.
420	Amount budgeted for this provider (by BRASS code)		
420	# of persons to be served by this provider (CY17-18):		
420	Provider 6 name:		
420	Amount budgeted for this provider (by BRASS code)		
420	# of persons to be served by this provider (CY17-18):		

420	Provider 7 name:		Click here to enter data on this new tab. A link on the next sheet will bring you back to this sheet when you are finished.
420	Amount budgeted for this provider (by BRASS code)		
420	# of persons to be served by this provider (CY17-18):		
420	Provider 8 name:		
420	Amount budgeted for this provider (by BRASS code)		
420	# of persons to be served by this provider (CY17-18):		
420	Provider 9 name:		
420	Amount budgeted for this provider (by BRASS code)		
420	# of persons to be served by this provider (CY17-18):		
420	Provider 10 name:		
420	Amount budgeted for this provider (by BRASS code)		
420	# of persons to be served by this provider (CY17-18):		

BRASS Code 431x Adult Mobile Crisis Services

431	How many CY17-18 providers are there for this BRASS code (funded through these dollars)?	0	Total Budgeted for this BRASS code:
431	Provider 1 name:		\$0
431	Amount budgeted for this provider (by BRASS code)		Total Est. Persons Served by these dollars:
431	# of persons to be served by this provider (CY17-18):		0
431	Provider 2 name:		
431	Amount budgeted for this provider (by BRASS code)		
431	# of persons to be served by this provider (CY17-18):		
431	Provider 3 name:		Total Budgeted Plus Allocation of Fiscal Host Fee (\$):
431	Amount budgeted for this provider (by BRASS code)		\$ -
431	# of persons to be served by this provider (CY17-18):		
431	Provider 4 name:		
431	Amount budgeted for this provider (by BRASS code)		
431	# of persons to be served by this provider (CY17-18):		
431	Provider 5 name:		More than 10 providers for this BRASS code? Click here to enter Providers 11-20. You
431	Amount budgeted for this provider (by BRASS code)		
431	# of persons to be served by this provider (CY17-18):		
431	Provider 6 name:		

431	Amount budgeted for this provider (by BRASS code)		ENTER PROVIDERS 11-20, 104 must indicate a number over 10 to enter data on this new tab. A link on the next sheet will bring you back to this sheet when you are finished.
431	# of persons to be served by this provider (CY17-18):		
431	Provider 7 name:		
431	Amount budgeted for this provider (by BRASS code)		
431	# of persons to be served by this provider (CY17-18):		
431	Provider 8 name:		
431	Amount budgeted for this provider (by BRASS code)		
431	# of persons to be served by this provider (CY17-18):		
431	Provider 9 name:		
431	Amount budgeted for this provider (by BRASS code)		
431	# of persons to be served by this provider (CY17-18):		
431	Provider 10 name:		
431	Amount budgeted for this provider (by BRASS code)		
431	# of persons to be served by this provider (CY17-18):		

BRASS Code 434x Other Community Support Program Services

434	How many CY17-18 providers are there for this BRASS code (funded through these dollars)?	1	Total Budgeted for this BRASS code:
434	Provider 1 name:	Aitkin Co. Health & Human Svc	\$5,000
434	Amount budgeted for this provider (by BRASS code)	\$5,000	Total Est. Persons Served by these dollars:
434	# of persons to be served by this provider (CY17-18):	20	20
434	Provider 2 name:		
434	Amount budgeted for this provider (by BRASS code)		
434	# of persons to be served by this provider (CY17-18):		
434	Provider 3 name:		Total Budgeted Plus Allocation of Fiscal Host Fee (\$):
434	Amount budgeted for this provider (by BRASS code)		\$ 5,000.00
434	# of persons to be served by this provider (CY17-18):		
434	Provider 4 name:		
434	Amount budgeted for this provider (by BRASS code)		
434	# of persons to be served by this provider (CY17-18):		
434	Provider 5 name:		

434	Amount budgeted for this provider (by BRASS code)		More than 10 providers for this BRASS code? Click here to enter Providers 11-20. You must indicate a number over 10 to enter data on this new tab. A link on the next sheet will bring you back to this sheet when you are finished.
434	# of persons to be served by this provider (CY17-18):		
434	Provider 6 name:		
434	Amount budgeted for this provider (by BRASS code)		
434	# of persons to be served by this provider (CY17-18):		
434	Provider 7 name:		
434	Amount budgeted for this provider (by BRASS code)		
434	# of persons to be served by this provider (CY17-18):		
434	Provider 8 name:		
434	Amount budgeted for this provider (by BRASS code)		
434	# of persons to be served by this provider (CY17-18):		
434	Provider 9 name:		
434	Amount budgeted for this provider (by BRASS code)		
434	# of persons to be served by this provider (CY17-18):		
434	Provider 10 name:		
434	Amount budgeted for this provider (by BRASS code)		
434	# of persons to be served by this provider (CY17-18):		

BRASS Code 436x Adult Residential Crisis Stabilization			
---	--	--	--

436	How many CY17-18 providers are there for this BRASS code (funded through these dollars)?	0	Total Budgeted for this BRASS code:
436	Provider 1 name:		\$0
436	Amount budgeted for this provider (by BRASS code)		Total Est. Persons Served by these dollars:
436	# of persons to be served by this provider (CY17-18):		0
436	Provider 2 name:		
436	Amount budgeted for this provider (by BRASS code)		
436	# of persons to be served by this provider (CY17-18):		
436	Provider 3 name:		Total Budgeted Plus Allocation of Fiscal Host Fee (\$):
436	Amount budgeted for this provider (by BRASS code)		\$
436	# of persons to be served by this provider (CY17-18):		-
436	Provider 4 name:		
436	Amount budgeted for this provider (by BRASS code)		

436	# of persons to be served by this provider (CY17-18):		
436	Provider 5 name:		
436	Amount budgeted for this provider (by BRASS code)		
436	# of persons to be served by this provider (CY17-18):		More than 10 providers for this BRASS code? Click here to enter Providers 11-20. You must indicate a number over 10 to enter data on this new tab. A link on the next sheet will bring you back to this sheet when you are finished.
436	Provider 6 name:		
436	Amount budgeted for this provider (by BRASS code)		
436	# of persons to be served by this provider (CY17-18):		
436	Provider 7 name:		
436	Amount budgeted for this provider (by BRASS code)		
436	# of persons to be served by this provider (CY17-18):		
436	Provider 8 name:		
436	Amount budgeted for this provider (by BRASS code)		
436	# of persons to be served by this provider (CY17-18):		
436	Provider 9 name:		
436	Amount budgeted for this provider (by BRASS code)		
436	# of persons to be served by this provider (CY17-18):		
436	Provider 10 name:		
436	Amount budgeted for this provider (by BRASS code)		
436	# of persons to be served by this provider (CY17-18):		

BRASS Code 437x Supported Employment			
437	How many CY17-18 providers are there for this BRASS code (funded through these dollars)?	0	Total Budgeted for this BRASS code:
437	Provider 1 name:		\$0
437	Amount budgeted for this provider (by BRASS code)		Total Est. Persons Served by these dollars:
437	# of persons to be served by this provider (CY17-18):		0
437	Provider 2 name:		
437	Amount budgeted for this provider (by BRASS code)		
437	# of persons to be served by this provider (CY17-18):		
437	Provider 3 name:		Total Budgeted Plus Allocation of Fiscal Host Fee (\$):
437	Amount budgeted for this provider (by BRASS code)		
437	# of persons to be served by this provider (CY17-18):		\$ -

437	Provider 4 name:	
437	Amount budgeted for this provider (by BRASS code)	
437	# of persons to be served by this provider (CY17-18):	
437	Provider 5 name:	
437	Amount budgeted for this provider (by BRASS code)	
437	# of persons to be served by this provider (CY17-18):	
437	Provider 6 name:	
437	Amount budgeted for this provider (by BRASS code)	
437	# of persons to be served by this provider (CY17-18):	
437	Provider 7 name:	
437	Amount budgeted for this provider (by BRASS code)	
437	# of persons to be served by this provider (CY17-18):	
437	Provider 8 name:	
437	Amount budgeted for this provider (by BRASS code)	
437	# of persons to be served by this provider (CY17-18):	
437	Provider 9 name:	
437	Amount budgeted for this provider (by BRASS code)	
437	# of persons to be served by this provider (CY17-18):	
437	Provider 10 name:	
437	Amount budgeted for this provider (by BRASS code)	
437	# of persons to be served by this provider (CY17-18):	

[More than 10 providers for this BRASS code? Click here to enter Providers 11-20. You must indicate a number over 10 to enter data on this new tab. A link on the next sheet will bring you back to this sheet when you are finished.](#)

BRASS Code 438x Assertive Community Treatment (ACT)		
438	How many CY17-18 providers are there for this BRASS code (funded through these dollars)?	0
438	Provider 1 name:	\$0
438	Amount budgeted for this provider (by BRASS code)	Total Est. Persons Served by these dollars:
438	# of persons to be served by this provider (CY17-18):	
438	Provider 2 name:	0
438	Amount budgeted for this provider (by BRASS code)	Total Budgeted Plus Allocation
438	# of persons to be served by this provider (CY17-18):	
438	Provider 3 name:	

438	Amount budgeted for this provider (by BRASS code)		of Fiscal Host Fee (\$):
438	# of persons to be served by this provider (CY17-18):		\$ -
438	Provider 4 name:		
438	Amount budgeted for this provider (by BRASS code)		
438	# of persons to be served by this provider (CY17-18):		
438	Provider 5 name:		
438	Amount budgeted for this provider (by BRASS code)		
438	# of persons to be served by this provider (CY17-18):		
438	Provider 6 name:		
438	Amount budgeted for this provider (by BRASS code)		
438	# of persons to be served by this provider (CY17-18):		
438	Provider 7 name:		
438	Amount budgeted for this provider (by BRASS code)		
438	# of persons to be served by this provider (CY17-18):		
438	Provider 8 name:		
438	Amount budgeted for this provider (by BRASS code)		
438	# of persons to be served by this provider (CY17-18):		
438	Provider 9 name:		
438	Amount budgeted for this provider (by BRASS code)		
438	# of persons to be served by this provider (CY17-18):		
438	Provider 10 name:		
438	Amount budgeted for this provider (by BRASS code)		
438	# of persons to be served by this provider (CY17-18):		

[More than 10 providers for this BRASS code? Click here to enter Providers 11-20. You must indicate a number over 10 to enter data on this new tab. A link on the next sheet will bring you back to this sheet when you are finished.](#)

BRASS Code 443x Housing Subsidy			
443	How many CY17-18 providers are there for this BRASS code (funded through these dollars)?	0	Total Budgeted for this BRASS code:
443	Provider 1 name:		\$0
443	Amount budgeted for this provider (by BRASS code)		Total Est. Persons Served by these dollars:
443	# of persons to be served by this provider (CY17-18):		0
443	Provider 2 name:		
443	Amount budgeted for this provider (by BRASS code)		

443	# of persons to be served by this provider (CY17-18):		
443	Provider 3 name:		
443	Amount budgeted for this provider (by BRASS code)		Total Budgeted Plus Allocation of Fiscal Host Fee (\$):
443	# of persons to be served by this provider (CY17-18):		\$ -
443	Provider 4 name:		
443	Amount budgeted for this provider (by BRASS code)		
443	# of persons to be served by this provider (CY17-18):		
443	Provider 5 name:		
443	Amount budgeted for this provider (by BRASS code)		
443	# of persons to be served by this provider (CY17-18):		
443	Provider 6 name:		
443	Amount budgeted for this provider (by BRASS code)		
443	# of persons to be served by this provider (CY17-18):		
443	Provider 7 name:		
443	Amount budgeted for this provider (by BRASS code)		
443	# of persons to be served by this provider (CY17-18):		
443	Provider 8 name:		
443	Amount budgeted for this provider (by BRASS code)		
443	# of persons to be served by this provider (CY17-18):		
443	Provider 9 name:		
443	Amount budgeted for this provider (by BRASS code)		
443	# of persons to be served by this provider (CY17-18):		
443	Provider 10 name:		
443	Amount budgeted for this provider (by BRASS code)		
443	# of persons to be served by this provider (CY17-18):		
BRASS Code 446x Basic Living/Social Skills and Community			
446	How many CY17-18 providers are there for this BRASS code (funded through these dollars)?	0	Total Budgeted for this BRASS code:
446	Provider 1 name:		\$0
446	Amount budgeted for this provider (by BRASS code)		Total Est. Persons Served by these dollars:
446	# of persons to be served by this provider (CY17-18):		0

[More than 10 providers for this BRASS code? Click here to enter Providers 11-20. You must indicate a number over 10 to enter data on this new tab. A link on the next sheet will bring you back to this sheet when you are finished.](#)

446	Provider 2 name:		
446	Amount budgeted for this provider (by BRASS code)		
446	# of persons to be served by this provider (CY17-18):		
446	Provider 3 name:		Total Budgeted Plus Allocation of Fiscal Host Fee (\$):
446	Amount budgeted for this provider (by BRASS code)		
446	# of persons to be served by this provider (CY17-18):		\$ -
446	Provider 4 name:		
446	Amount budgeted for this provider (by BRASS code)		
446	# of persons to be served by this provider (CY17-18):		
446	Provider 5 name:		<p>More than 10 providers for this BRASS code? Click here to enter Providers 11-20. You must indicate a number over 10 to enter data on this new tab. A link on the next sheet will bring you back to this sheet when you are finished.</p>
446	Amount budgeted for this provider (by BRASS code)		
446	# of persons to be served by this provider (CY17-18):		
446	Provider 6 name:		
446	Amount budgeted for this provider (by BRASS code)		
446	# of persons to be served by this provider (CY17-18):		
446	Provider 7 name:		
446	Amount budgeted for this provider (by BRASS code)		
446	# of persons to be served by this provider (CY17-18):		
446	Provider 8 name:		
446	Amount budgeted for this provider (by BRASS code)		
446	# of persons to be served by this provider (CY17-18):		
446	Provider 9 name:		
446	Amount budgeted for this provider (by BRASS code)		
446	# of persons to be served by this provider (CY17-18):		
446	Provider 10 name:		
446	Amount budgeted for this provider (by BRASS code)		
446	# of persons to be served by this provider (CY17-18):		
BRASS Code 451x Emergency Response Services			
451	How many CY17-18 providers are there for this BRASS code (funded through these dollars)?	0	Total Budgeted for this BRASS code:
451	Provider 1 name:		\$0

451	Amount budgeted for this provider (by BRASS code)		Total Est. Persons Served by these dollars:
451	# of persons to be served by this provider (CY17-18):		0
451	Provider 2 name:		
451	Amount budgeted for this provider (by BRASS code)		
451	# of persons to be served by this provider (CY17-18):		
451	Provider 3 name:		Total Budgeted Plus Allocation of Fiscal Host Fee (\$):
451	Amount budgeted for this provider (by BRASS code)		\$ -
451	# of persons to be served by this provider (CY17-18):		
451	Provider 4 name:		
451	Amount budgeted for this provider (by BRASS code)		
451	# of persons to be served by this provider (CY17-18):		
451	Provider 5 name:		
451	Amount budgeted for this provider (by BRASS code)		
451	# of persons to be served by this provider (CY17-18):		
451	Provider 6 name:		
451	Amount budgeted for this provider (by BRASS code)		
451	# of persons to be served by this provider (CY17-18):		
451	Provider 7 name:		
451	Amount budgeted for this provider (by BRASS code)		
451	# of persons to be served by this provider (CY17-18):		
451	Provider 8 name:		
451	Amount budgeted for this provider (by BRASS code)		
451	# of persons to be served by this provider (CY17-18):		
451	Provider 9 name:		
451	Amount budgeted for this provider (by BRASS code)		
451	# of persons to be served by this provider (CY17-18):		
451	Provider 10 name:		
451	Amount budgeted for this provider (by BRASS code)		
451	# of persons to be served by this provider (CY17-18):		
BRASS Code 452x Adult Outpatient Psychotherapy			

[More than 10 providers for this BRASS code? Click here to enter Providers 11-20. You must indicate a number over 10 to enter data on this new tab. A link on the next sheet will bring you back to this sheet when you are finished.](#)

452	How many CY17-18 providers are there for this BRASS code (funded through these dollars)?	0	Total Budgeted for this BRASS code:
452	Provider 1 name:		\$0
452	Amount budgeted for this provider (by BRASS code)		Total Est. Persons Served by these dollars:
452	# of persons to be served by this provider (CY17-18):		0
452	Provider 2 name:		
452	Amount budgeted for this provider (by BRASS code)		
452	# of persons to be served by this provider (CY17-18):		
452	Provider 3 name:		Total Budgeted Plus Allocation of Fiscal Host Fee (\$):
452	Amount budgeted for this provider (by BRASS code)		\$ -
452	# of persons to be served by this provider (CY17-18):		
452	Provider 4 name:		
452	Amount budgeted for this provider (by BRASS code)		
452	# of persons to be served by this provider (CY17-18):		
452	Provider 5 name:		
452	Amount budgeted for this provider (by BRASS code)		
452	# of persons to be served by this provider (CY17-18):		
452	Provider 6 name:		
452	Amount budgeted for this provider (by BRASS code)		
452	# of persons to be served by this provider (CY17-18):		
452	Provider 7 name:		
452	Amount budgeted for this provider (by BRASS code)		
452	# of persons to be served by this provider (CY17-18):		
452	Provider 8 name:		
452	Amount budgeted for this provider (by BRASS code)		
452	# of persons to be served by this provider (CY17-18):		
452	Provider 9 name:		
452	Amount budgeted for this provider (by BRASS code)		
452	# of persons to be served by this provider (CY17-18):		
452	Provider 10 name:		
452	Amount budgeted for this provider (by BRASS code)		

[More than 10 providers for this BRASS code? Click here to enter Providers 11-20. You must indicate a number over 10 to enter data on this new tab. A link on the next sheet will bring you back to this sheet when you are finished.](#)

452 # of persons to be served by this provider (CY17-18):

BRASS Code 454x Adult Outpatient Medication Management

454	How many CY17-18 providers are there for this BRASS code (funded through these dollars)?	0	Total Budgeted for this BRASS code:
454	Provider 1 name:		\$0
454	Amount budgeted for this provider (by BRASS code)		Total Est. Persons Served by these dollars:
454	# of persons to be served by this provider (CY17-18):		0
454	Provider 2 name:		
454	Amount budgeted for this provider (by BRASS code)		
454	# of persons to be served by this provider (CY17-18):		
454	Provider 3 name:		Total Budgeted Plus Allocation of Fiscal Host Fee (\$):
454	Amount budgeted for this provider (by BRASS code)		\$ -
454	# of persons to be served by this provider (CY17-18):		
454	Provider 4 name:		
454	Amount budgeted for this provider (by BRASS code)		
454	# of persons to be served by this provider (CY17-18):		
454	Provider 5 name:		
454	Amount budgeted for this provider (by BRASS code)		
454	# of persons to be served by this provider (CY17-18):		
454	Provider 6 name:		
454	Amount budgeted for this provider (by BRASS code)		
454	# of persons to be served by this provider (CY17-18):		
454	Provider 7 name:		
454	Amount budgeted for this provider (by BRASS code)		
454	# of persons to be served by this provider (CY17-18):		
454	Provider 8 name:		
454	Amount budgeted for this provider (by BRASS code)		
454	# of persons to be served by this provider (CY17-18):		
454	Provider 9 name:		
454	Amount budgeted for this provider (by BRASS code)		
454	# of persons to be served by this provider (CY17-18):		

[More than 10 providers for this BRASS code? Click here to enter Providers 11-20. You must indicate a number over 10 to enter data on this new tab. A link on the next sheet will bring you back to this sheet when you are finished.](#)

454	Provider 10 name:	
454	Amount budgeted for this provider (by BRASS code)	
454	# of persons to be served by this provider (CY17-18):	

BRASS Code 468x Adult Day Treatment
--

468	How many CY17-18 providers are there for this BRASS code (funded through these dollars)?	0	Total Budgeted for this BRASS code:
468	Provider 1 name:		\$0
468	Amount budgeted for this provider (by BRASS code)		Total Est. Persons Served by these dollars:
468	# of persons to be served by this provider (CY17-18):		0
468	Provider 2 name:		
468	Amount budgeted for this provider (by BRASS code)		
468	# of persons to be served by this provider (CY17-18):		
468	Provider 3 name:		Total Budgeted Plus Allocation of Fiscal Host Fee (\$):
468	Amount budgeted for this provider (by BRASS code)		
468	# of persons to be served by this provider (CY17-18):		\$ -
468	Provider 4 name:		
468	Amount budgeted for this provider (by BRASS code)		
468	# of persons to be served by this provider (CY17-18):		
468	Provider 5 name:		
468	Amount budgeted for this provider (by BRASS code)		
468	# of persons to be served by this provider (CY17-18):		
468	Provider 6 name:		
468	Amount budgeted for this provider (by BRASS code)		
468	# of persons to be served by this provider (CY17-18):		
468	Provider 7 name:		
468	Amount budgeted for this provider (by BRASS code)		
468	# of persons to be served by this provider (CY17-18):		
468	Provider 8 name:		
468	Amount budgeted for this provider (by BRASS code)		
468	# of persons to be served by this provider (CY17-18):		
468	Provider 9 name:		
468	Amount budgeted for this provider (by BRASS code)		
468	# of persons to be served by this provider (CY17-18):		
468	Provider 9 name:		

[More than 10 providers for this BRASS code? Click here to enter Providers 11-20. You must indicate a number over 10 to enter data on this new tab. A link on the next sheet will bring you back to this sheet when you are finished.](#)

468	Amount budgeted for this provider (by BRASS code)	
468	# of persons to be served by this provider (CY17-18):	
468	Provider 10 name:	
468	Amount budgeted for this provider (by BRASS code)	
468	# of persons to be served by this provider (CY17-18):	

BRASS Code 469x Partial Hospitalization

469	How many CY17-18 providers are there for this BRASS code (funded through these dollars)?	0	Total Budgeted for this BRASS code:
469	Provider 1 name:		\$0
469	Amount budgeted for this provider (by BRASS code)		Total Est. Persons Served by these dollars:
469	# of persons to be served by this provider (CY17-18):		0
469	Provider 2 name:		
469	Amount budgeted for this provider (by BRASS code)		
469	# of persons to be served by this provider (CY17-18):		
469	Provider 3 name:		Total Budgeted Plus Allocation of Fiscal Host Fee (\$):
469	Amount budgeted for this provider (by BRASS code)		\$ -
469	# of persons to be served by this provider (CY17-18):		
469	Provider 4 name:		
469	Amount budgeted for this provider (by BRASS code)		
469	# of persons to be served by this provider (CY17-18):		
469	Provider 5 name:		<p>More than 10 providers for this BRASS code? Click here to enter Providers 11-20. You must indicate a number over 10 to enter data on this new tab. A link on the next sheet will bring you back to this sheet when you are finished.</p>
469	Amount budgeted for this provider (by BRASS code)		
469	# of persons to be served by this provider (CY17-18):		
469	Provider 6 name:		
469	Amount budgeted for this provider (by BRASS code)		
469	# of persons to be served by this provider (CY17-18):		
469	Provider 7 name:		
469	Amount budgeted for this provider (by BRASS code)		
469	# of persons to be served by this provider (CY17-18):		
469	Provider 8 name:		
469	Amount budgeted for this provider (by BRASS code)		

469	# of persons to be served by this provider (CY17-18):	
469	Provider 9 name:	
469	Amount budgeted for this provider (by BRASS code)	
469	# of persons to be served by this provider (CY17-18):	
469	Provider 10 name:	
469	Amount budgeted for this provider (by BRASS code)	
469	# of persons to be served by this provider (CY17-18):	

BRASS Code 474x Adult Residential Treatment

474	How many CY17-18 providers are there for this BRASS code (funded through these dollars)?	0	Total Budgeted for this BRASS code:
474	Provider 1 name:		\$0
474	Amount budgeted for this provider (by BRASS code)		Total Est. Persons Served by these dollars:
474	# of persons to be served by this provider (CY17-18):		0
474	Provider 2 name:		
474	Amount budgeted for this provider (by BRASS code)		
474	# of persons to be served by this provider (CY17-18):		
474	Provider 3 name:		Total Budgeted Plus Allocation of Fiscal Host Fee (\$):
474	Amount budgeted for this provider (by BRASS code)		\$ -
474	# of persons to be served by this provider (CY17-18):		
474	Provider 4 name:		
474	Amount budgeted for this provider (by BRASS code)		
474	# of persons to be served by this provider (CY17-18):		
474	Provider 5 name:		
474	Amount budgeted for this provider (by BRASS code)		
474	# of persons to be served by this provider (CY17-18):		
474	Provider 6 name:		
474	Amount budgeted for this provider (by BRASS code)		
474	# of persons to be served by this provider (CY17-18):		
474	Provider 7 name:		
474	Amount budgeted for this provider (by BRASS code)		
474	# of persons to be served by this provider (CY17-18):		

[More than 10 providers for this BRASS code? Click here to enter Providers 11-20. You must indicate a number over 10 to enter data on this new tab. A link on the next sheet will bring you back to this sheet when you are finished.](#)

474	Provider 8 name:		sheet when you are finished.
474	Amount budgeted for this provider (by BRASS code)		
474	# of persons to be served by this provider (CY17-18):		
474	Provider 9 name:		
474	Amount budgeted for this provider (by BRASS code)		
474	# of persons to be served by this provider (CY17-18):		
474	Provider 10 name:		
474	Amount budgeted for this provider (by BRASS code)		
474	# of persons to be served by this provider (CY17-18):		

BRASS Code 491x Adult Rule 79 Case Management			
--	--	--	--

491	How many CY17-18 providers are there for this BRASS code (funded through these dollars)?	1	Total Budgeted for this BRASS code:
491	Provider 1 name:	Northern Psychiatric Assoc.	\$5,400
491	Amount budgeted for this provider (by BRASS code)	\$5,400	Total Est. Persons Served by these dollars:
491	# of persons to be served by this provider (CY17-18):	20	20
491	Provider 2 name:		
491	Amount budgeted for this provider (by BRASS code)		
491	# of persons to be served by this provider (CY17-18):		
491	Provider 3 name:		Total Budgeted Plus Allocation of Fiscal Host Fee (\$):
491	Amount budgeted for this provider (by BRASS code)		
491	# of persons to be served by this provider (CY17-18):		\$ 5,400.00
491	Provider 4 name:		
491	Amount budgeted for this provider (by BRASS code)		
491	# of persons to be served by this provider (CY17-18):		
491	Provider 5 name:		
491	Amount budgeted for this provider (by BRASS code)		
491	# of persons to be served by this provider (CY17-18):		
491	Provider 6 name:		
491	Amount budgeted for this provider (by BRASS code)		
491	# of persons to be served by this provider (CY17-18):		
491	Provider 7 name:		
491	Amount budgeted for this provider (by BRASS code)		
491	# of persons to be served by this provider (CY17-18):		
491	Provider 7 name:		

[More than 10 providers for this BRASS code? Click here to enter Providers 11-20. You must indicate a number over 10 to enter data on this new tab. A link on the next sheet](#)

491	Amount budgeted for this provider (by BRASS code)		Lab. A link on the next sheet will bring you back to this sheet when you are finished.
491	# of persons to be served by this provider (CY17-18):		
491	Provider 8 name:		
491	Amount budgeted for this provider (by BRASS code)		
491	# of persons to be served by this provider (CY17-18):		
491	Provider 9 name:		
491	Amount budgeted for this provider (by BRASS code)		
491	# of persons to be served by this provider (CY17-18):		
491	Provider 10 name:		
491	Amount budgeted for this provider (by BRASS code)		
491	# of persons to be served by this provider (CY17-18):		

BRASS Code 493x Adult General Case Management			
493	How many CY17-18 providers are there for this BRASS code (funded through these dollars)?	1	Total Budgeted for this BRASS code:
493	Provider 1 name:	Aitkin Co. Health & Human Svc	\$14,718
493	Amount budgeted for this provider (by BRASS code)	\$14,718	Total Est. Persons Served by these dollars:
493	# of persons to be served by this provider (CY17-18):	25	25
493	Provider 2 name:		
493	Amount budgeted for this provider (by BRASS code)		
493	# of persons to be served by this provider (CY17-18):		
493	Provider 3 name:		Total Budgeted Plus Allocation of Fiscal Host Fee (\$):
493	Amount budgeted for this provider (by BRASS code)		\$ 14,718.00
493	# of persons to be served by this provider (CY17-18):		
493	Provider 4 name:		
493	Amount budgeted for this provider (by BRASS code)		
493	# of persons to be served by this provider (CY17-18):		
493	Provider 5 name:		
493	Amount budgeted for this provider (by BRASS code)		
493	# of persons to be served by this provider (CY17-18):		
493	Provider 6 name:		
493	Amount budgeted for this provider (by BRASS code)		
493	# of persons to be served by this provider (CY17-18):		
493	Provider 6 name:		

[More than 10 providers for this BRASS code? Click here to enter Providers 11-20. You](#)

493	Amount budgeted for this provider (by BRASS code)
493	# of persons to be served by this provider (CY17-18):
493	Provider 7 name:
493	Amount budgeted for this provider (by BRASS code)
493	# of persons to be served by this provider (CY17-18):
493	Provider 8 name:
493	Amount budgeted for this provider (by BRASS code)
493	# of persons to be served by this provider (CY17-18):
493	Provider 9 name:
493	Amount budgeted for this provider (by BRASS code)
493	# of persons to be served by this provider (CY17-18):
493	Provider 10 name:
493	Amount budgeted for this provider (by BRASS code)
493	# of persons to be served by this provider (CY17-18):



[Sheet Providers 11-20, 104](#)
must indicate a number over 10 to enter data on this new tab. A link on the next sheet will bring you back to this sheet when you are finished.

[Click here to return to top.](#)

Part 5: BARRIERS & SERVICES BY BRASS CODE

[Click here for Part 5: Barriers & Services by BRASS Code instructions.](#)

Types of services Provided By BRASS Code

Instructions: For the select BRASS codes below, please indicate which services will be funded by CSP and AMHI dollars. By default all answers are no. If you allocated funds to a BRASS code please select "yes, grant dollars were used for this service," and then change any applicable services provided under that code from a no to a yes. *If BRASS code is dark grey, then no CSP/AMHI/Moose Lake Alternative funding was allocated.*

[Complete this section last and please scroll all the way to the bottom -- while some sections may be grey based upon your previous answers, there will be sections to complete.](#)

402x - Prevention Services

1:1 Staff Time for Questions	Yes - grant dollars were used for this service
Advertisements & PR Campaigns	No - grant dollars were not used for this service
Community Events, Classes, Workshops	Yes - grant dollars were used for this service
Community literature & Printed Materials	No - grant dollars were not used for this service
Community Support Groups	No - grant dollars were not used for this service
Local Advisory Council Activities	No - grant dollars were not used for this service
Staff Training	No - grant dollars were not used for this service
Stakeholder Networking Activities	Yes - grant dollars were used for this service
Website	No - grant dollars were not used for this service
Other (please list):	

403x - Outreach Services

ACCESS and other homeless outreach programs	No - grant dollars were not used for this service
Adult Inreach worker	No - grant dollars were not used for this service
Adult Outreach Worker/Staff Member	Yes - grant dollars were used for this service

Health fairs/local health center activities	No - grant dollars were not used for this service
Incarcerated Individual Outreach	Yes - grant dollars were used for this service
MH Intake and Triage	Yes - grant dollars were used for this service
Needs & Eligibility Assessments	No - grant dollars were not used for this service
Outreach Events & Activities	No - grant dollars were not used for this service
Partnership Referrals for CSP services	No - grant dollars were not used for this service
Targeted Advertising to SMI Individuals	No - grant dollars were not used for this service
	No - grant dollars were not used for this service
Other (please list):	
416x - Transportation	
Bus Passes	No - grant dollars were not used for this service
Car Insurance Payments	No - grant dollars were not used for this service
Car Repairs	No - grant dollars were not used for this service
Contract Ride Business/Service	Yes - grant dollars were used for this service
Crisis Transportation	No - grant dollars were not used for this service
Gas Vouchers	No - grant dollars were not used for this service
Protected Transport	No - grant dollars were not used for this service
Staff Drivers	No - grant dollars were not used for this service
Taxi Vouchers	No - grant dollars were not used for this service
Volunteer Drivers	No - grant dollars were not used for this service
Other (please list):	
418x - Flexible Funding	
Auto & Home Repair	No - grant dollars were not used for this service
Clothing	No - grant dollars were not used for this service
Food & Household Supplies	No - grant dollars were not used for this service
Homecare Services	No - grant dollars were not used for this service
LAC Stipends	No - grant dollars were not used for this service

Medications	No - grant dollars were not used for this service
Telephones	No - grant dollars were not used for this service
Transportation	No - grant dollars were not used for this service
Utilities	No - grant dollars were not used for this service
Life Skill Classes (parenting, fitness, food, CNA)	No - grant dollars were not used for this service
Misc Medical/Dental Expenses	No - grant dollars were not used for this service
Other Misc Living Expenses	No - grant dollars were not used for this service
Other (please list):	
434x - Other CSP Services	
Chemical Wellness Programs	No - grant dollars were not used for this service
Clubhouse/Drop-in Centers	No - grant dollars were not used for this service
Community Education Programs & Scholarships	Yes - grant dollars were used for this service
Employment Support Services	No - grant dollars were not used for this service
Group & Community Social Activities	Yes - grant dollars were used for this service
Guardian/Conservatorship Services	No - grant dollars were not used for this service
Housekeeping for CADJ ineligible	No - grant dollars were not used for this service
Housing Support Services	No - grant dollars were not used for this service
Independent living skills training	Yes - grant dollars were used for this service
Jail Transitional Services	Yes - grant dollars were used for this service
Medication Monitoring	No - grant dollars were not used for this service
Phone Assistance Programs	No - grant dollars were not used for this service
Pre-Hospitalization Screening	No - grant dollars were not used for this service
Public Benefit Application Support	No - grant dollars were not used for this service
Rule 20 Discharge Planning	No - grant dollars were not used for this service
Socialization Skill Building	Yes - grant dollars were used for this service
Wellness & In-home Visits, Daily Living Assist.	Yes - grant dollars were used for this service
Other (please list):	

443x - Housing	
Rent/mortgage assistance	No - grant dollars were not used for this service
Damage Deposits	No - grant dollars were not used for this service
Utility Assistance and Deposits	No - grant dollars were not used for this service
Moving expenses	No - grant dollars were not used for this service
Household furnishing	No - grant dollars were not used for this service
Household supplies (not furnishing)	No - grant dollars were not used for this service
Rental application fees	No - grant dollars were not used for this service
Storage Units	No - grant dollars were not used for this service
Transitional/Emergency Housing Assistance	No - grant dollars were not used for this service
Other (please list):	
438x - Assertive Community Treatment	
Does your county, AMHI/consortium, or tribe still receive supplemental ACT grant dollars (SAG?)	No
If yes, what amount per year?	
Previous to 2016, SAG dollars were used on which of the following expenses:	
Vocational rehabilitation	No - grant dollars were not used for this service
Discretionary funds	No - grant dollars were not used for this service
If discretionary funds yes, please describe:	
Petty Cash Requests	No - grant dollars were not used for this service
If Petty Cash requests yes, please describe:	
Other (please list):	
Meeting Population Needs & Overcoming Barriers	

For each of the following BRASS Codes, how will funding under this BRASS code improve the availability of needed services and/or overcome barriers to service? Please be specific as possible. *BRASS codes that are shaded gray have no CSP/AMHI/Moose Lake Alternative funding.*

<p>402x Community Education and Prevention</p>	<p>We are targeting adults who are suspected to have a Mental Illness or currently have a Mental Health diagnosis. The adults are identified by individuals who are working within programs that only focus on children and therefore do not support adults. Once identified, the adults are educated about problems associated with mental illness, chemical dependency, and other social problems. The goals are to increase the understanding and acceptance of these problems, increase awareness of the availability of resources and services, and improve skills in dealing with the high-risk situations. Information regarding Mental Illness and treatment options are shared and assistance is given so the adults are able to access the resources needed. Adults are able to access the resources that will teach them the skills needed to deal with high-risk situations and to prevent their mental illness from deepening. Many community resources are available to help support individuals with mental illness. These community resources do not always stand out on their own, but with help, individuals are able to connect with the community resources and increase their skills.</p>
<p>403x Client Outreach</p>	<p>Aitkin County case managers will work with clients inside the jail and surrounding community to share information regarding mental health. Case managers will be involved with community events that help share resources.</p>
<p>408x Adult Outpatient Diagnostic Assessment/Psychological Testing</p>	<p>Aitkin County partners with Northern Psychiatry Associates to provide Mental Health assessments to clients in need. Assessments that are not covered by insurance are covered by mental health grant funds and county levy.</p>

416x Transportation	Transporation is provided to clients to help access work supports and other services that are needed to maintain independence and quality of life.
418x Client Flex Funds	
420x Peer Support Services	
431x Adult Mobile Crisis Services	
434x Other Community Support Program Services	Aitkin County case managers will work with clients inside the jail and surrounding community to connect with providers/services so they can obtain and maintain their independence.
436x Adult Residential Crisis Stabilization	
437x Supported Employment	

438x Assertive Community Treatment (ACT)	
443x Housing Subsidy	
446x Basic Living/Social Skills and Community Intervention	
451x Emergency Response Services	
452x Adult Outpatient Psychotherapy	
454x Adult Outpatient Medication Management	
468x Adult Day Treatment	

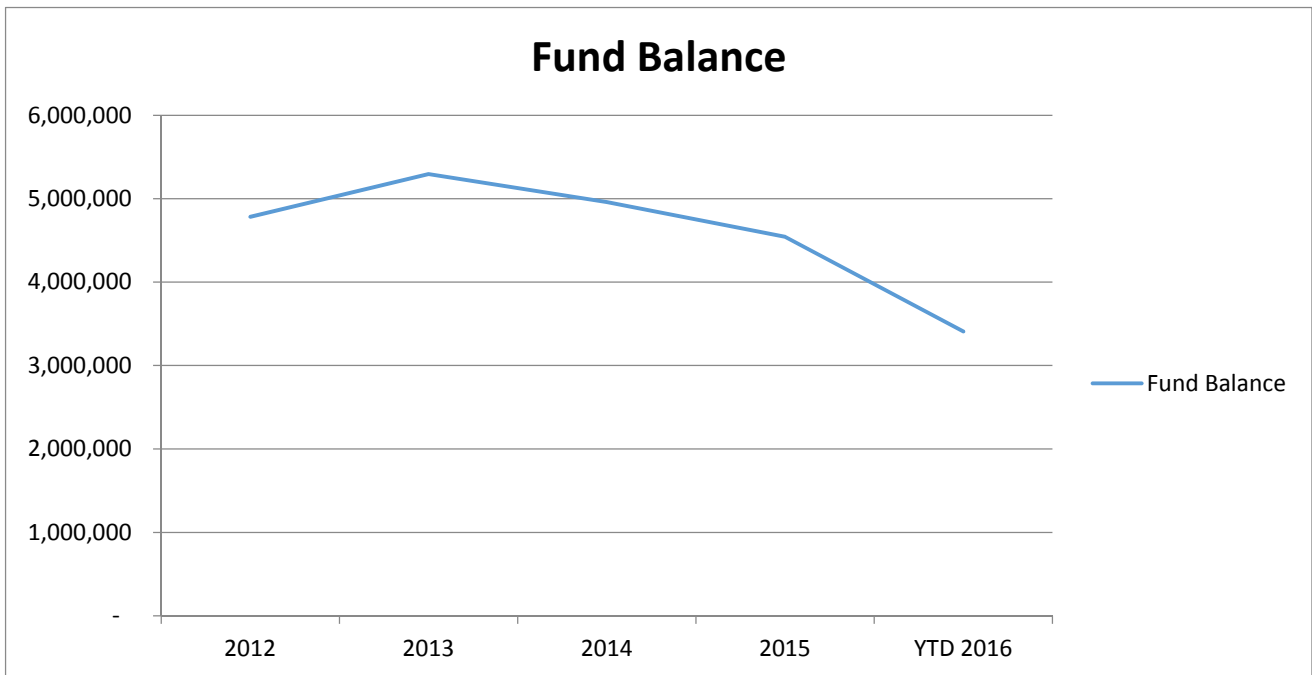
469x Partial Hospitalization	
474x Adult Residential Treatment	
491x Adult Rule 79 (Minnesota Rules, parts 9520.0900 to 9520.0926) Case Management	Clinical Supervision helps case managers maintain their qualifications to provide Rule 79 case management. Clinical Supervision adds to the quality in the case management services that clients are receiving.
493x Adult General Case Management	Aitkin County provides general case management services to clients who are not eligible to receive Rule 79 case management services. By providing general case management, many of these clients are able to live independently and work within the community.
Identifying Areas for Additional DHS Assistance	
Are there additional types of assistance DHS could provide to facilitate the provision of services or overcoming existing barriers? Please be as specific as possible.	
Aitkin County could benefit from continued support with transportation, community supports, and mental health crisis stabilization programs. Due to Aitkin County being located in a rural area we often find it difficult to provide these services to clients, or allowing clients to have a choice within providers.	
<u>Click here to return to top.</u>	

Aitkin County Health and Human Services

5-Year Trend

	2012	2013	2014	2015	YTD 2016
Fund Balance	4,783,514	5,295,266	4,959,306	4,544,194	3,408,154

	2012	2013	2014	2015	YTD 2016
Revenue:					
Tax Levy	(2,445,758)	(2,470,280)	(1,888,237)	(1,982,478)	(1,367,861)
Intergovernmental Revenue	(131,276)	(314,824)	(270,042)	(279,448)	(28,517)
State Revenue	(723,462)	(686,351)	(881,137)	(1,043,277)	(911,073)
Federal Revenue	(2,161,389)	(2,136,553)	(2,168,616)	(2,084,504)	(1,534,732)
Third Party Revenue	(204,217)	(216,749)	(207,346)	(258,635)	(259,134)
Misc. Revenue/Pass Thru	(451,664)	(359,291)	(315,012)	(388,502)	(277,561)
Expenditure:					
Payments for Recipients	1,604,609	1,417,258	1,635,621	1,719,526	1,622,919
Payroll	3,516,455	3,425,849	3,664,934	3,934,931	3,323,909
Services/Charges and Fees	397,600	423,064	336,723	343,675	272,449
Travel and Insurance	87,885	89,679	143,562	156,611	84,965
Supplies and Small Equipment	33,369	61,402	73,199	110,486	94,210
Capital Outlay	120,759	52,492	31,266	38,483	6,769
Misc. Expenditure/Pass Thru	168,640	184,723	180,414	150,934	108,473
Net Change to Fund Balance:	(188,448)	(529,581)	335,329	417,802	1,134,816

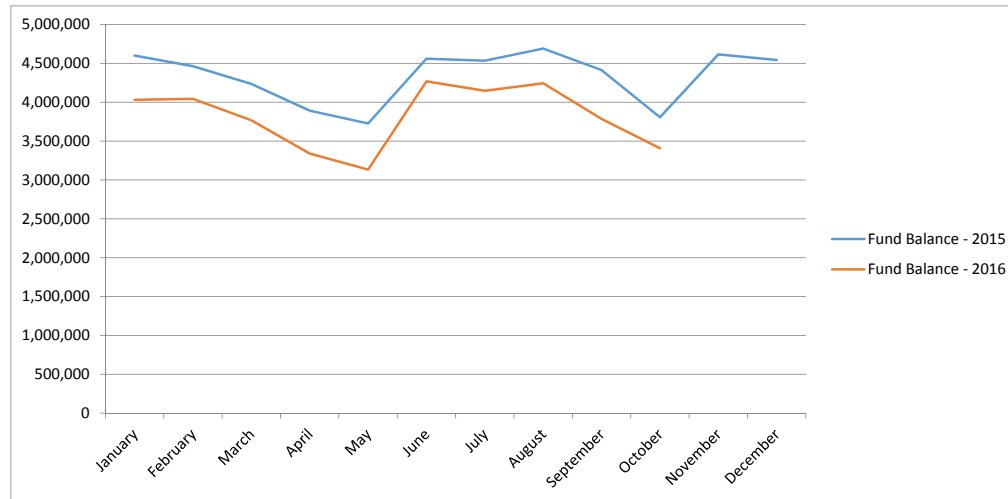


Aitkin County Health and Human Services

Financial Statement for Board

	January	February	March	April	May	June	July	August	September	October	November	December
Fund Balance - 2015	4,600,651	4,463,903	4,236,061	3,892,021	3,727,220	4,560,231	4,534,967	4,690,698	4,413,847	3,806,907	4,615,850	4,544,194
Fund Balance - 2016	4,031,619	4,044,030	3,768,001	3,340,621	3,133,611	4,268,703	4,147,562	4,244,044	3,785,410	3,408,154		

	Jan'16	Feb'16	Mar'16	Apr'16	May'16	Jun'16	Jul'16	Aug'16	Sept'16	Oct'16	Nov'16	Dec'16	YTD 2016
Revenue:													
Tax Levy	0	0	0	0	0	(1,367,861)	0	0	0				(1,367,861)
Intergovernmental Revenue	0	(1,169)	0	0	(3,147)	0	(3,335)	(20,544)	(322)				(28,517)
State Revenue	(19,245)	(59,763)	(115,492)	(8,961)	(66,622)	(117,642)	(255,430)	(171,252)	(96,666)				(911,073)
Federal Revenue	(41,861)	(297,808)	(186,519)	(47,508)	(204,076)	(269,069)	(38,978)	(295,850)	(153,063)				(1,534,732)
Third Party Revenue	(21,482)	(26,607)	(23,547)	(25,549)	(35,066)	(30,230)	(39,229)	(29,940)	(27,486)				(259,134)
Misc. Revenue/Pass Thru	(21,936)	(38,247)	(24,312)	(102,738)	(17,656)	(27,772)	(13,328)	(25,325)	(4,843)	(1,403)			(277,561)
Expenditure:													
Payments for Recipients	204,263	112,406	131,528	166,226	254,225	192,810	130,076	129,105	138,248	164,032			1,622,919
Payroll	377,040	314,235	318,366	452,751	307,453	308,870	326,898	302,908	431,036	184,353			3,323,909
Services/Charges and Fees	43,687	36,473	22,387	31,223	18,423	17,695	39,994	20,812	25,069	16,685			272,449
Travel and Insurance	43,664	3,482	6,996	4,531	3,710	5,110	6,202	4,663	3,483	3,124			84,965
Supplies and Small Equipment	2,494	5,406	6,395	4,003	4,533	3,327	17,782	29,855	15,591	4,823			94,210
Capital Outlay	0	0	0	939	5,830	0	0	0	0	0			6,769
Misc. Expenditure/Pass Thru	14,050	4,007	7,832	17,564	9,253	12,835	12,465	17,582	7,245	5,641			108,473
Net:	580,674	52,416	143,634	492,481	276,861	(1,271,928)	183,116	(37,986)	338,292	377,255	0	0	1,134,816

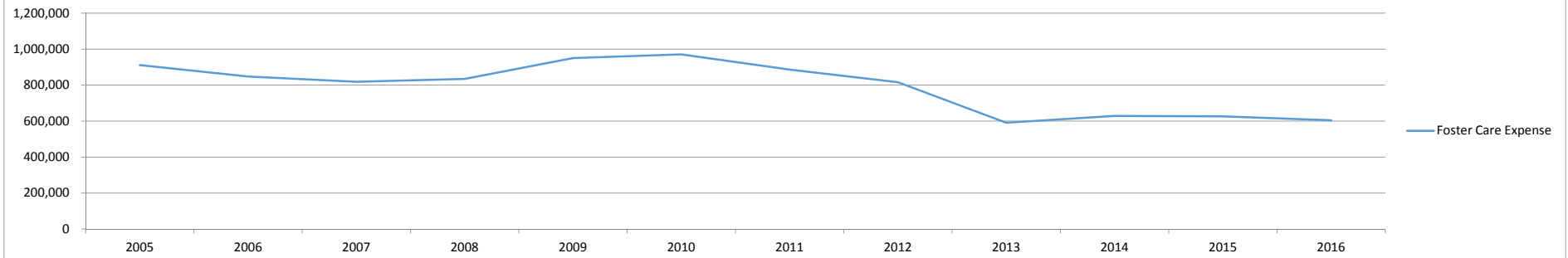


Foster Care Report

	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Foster Care Expense	911,375	847,823	818,453	834,512	950,273	970,888	886,243	816,028	590,994	628,755	626,426	604,484
# of Children	69	73	75	63	64	57	56	49	50	53		

Foster Care	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Child Shelter	339	3,017	5,139	0	850	0	177	2,696	2,817	0	1,071	2,384
ICWA	185	2,448	0	0	709	0	0	0	0	0	0	0
Corrections	0	35,626	6,465	5,444	4,227	9,488	2,656	6,151	1,378	1,968	0	0
Treatment Foster Care	0	0	8,451	0	0	33,227	101,130	96,216	79,138	35,418	18,948	0
ICWA	0	0	0	0	0	0	0	0	0	0	7,870	18,632
Corrections	0	0	0	33,530	33,811	22,857	0	0	0	0	0	0
Child Foster Care	388,841	318,577	462,600	384,829	396,552	346,845	167,154	174,298	241,526	158,688	190,403	245,551
ICWA	22,292	49,915	101,147	131,779	99,413	111,278	138,816	92,451	11,382	24,570	52,441	64,543
Corrections	1,365	19,740	0	0	0	18,695	11,627	9,783	0	1,998	10,011	0
Rule 8	2,750	53,677	12,310	3,174	19,938	14,710	45,321	7,062	0	100	35,955	0
ICWA	0	0	0	23,947	10,952	48,097	16,400	25,716	7,306	888	0	0
Corrections	3,565	0	18,675	8,132	44,677	13,373	17,570	43,317	0	0	0	0
Correctional	0	0	0	0	0	0	0	0	24,953	0	0	0
ICWA	0	37,418	46,204	35,438	68,751	103,404	107,921	56,691	21,011	68,770	27,341	43,304
Corrections	338,671	264,032	141,084	107,867	120,751	66,821	208,353	188,862	142,442	292,193	142,279	114,428
Northstar Adoption/Kinship	0	0	0	0	0	0	0	0	0	0	0	1,973
Extended Foster Care	0	0	0	0	0	0	1,228	0	0	100	0	0
Electronic Monitoring	2,800	976	1,848	0	1,504	1,201	0	352	2,904	0	0	0
Rule 5	109,597	56,466	0	61,170	95,415	103,210	70,889	99,575	21,835	119,466	96,403	79,069
ICWA	0	0	7,175	36,321	42,836	36,960	0	0	36,571	0	48,012	27,891
Corrections	28,130	0	0	0	0	0	0	0	0	0	0	0
Respite	1,889	428	115	882	7,862	34,851	8,645	9,183	2,358	919	5,765	831
Child Care	5,369	1,406	2,178	0	671	1,579	1,167	0	718	592	4,495	981
Health Services	5,546	386	695	0	455	82	194	382	111	2,607	3,108	179
Transportation	4,514	4,436	5,897	5,464	10,803	9,584	10,268	7,188	14,129	9,790	7,789	4,717
Total Foster Care Expenses:	915,854	848,548	819,983	837,977	960,176	976,259	909,516	819,923	610,578	718,066	651,892	604,484

Foster Care Expense



AITKIN COUNTY HEALTH & HUMAN SERVICE ADVISORY COMMITTEE MEETING MINUTES

IX. - A.

October 5, 2016

Committee Members Present: Marlene Abear
Holly Bray
Kim DeMenge
Diane Eastman, AFSCME Union Rep.
Roberta Elvecrog
Kami Genz, Community Corrections
Carole Holten
Joy Janzen
Julie Anne Larkin
Bob Marcum
Katie Nelson, Riverwood Foundation
Commissioner Anne Marcotte
Commissioner Laurie Westerlund

Others Present: Erin Melz, Public Health Supervisor
Heather Overn, Social Service Supervisor
Jessi Goble, Income Maintenance Supervisor
Jessi Schultz, Social Service Supervisor
Kathy Ryan, Fiscal Supervisor
Julie Lueck, Clerk to the Advisory Committee

Guests: Joel Hoppe

Absent: Kristine Layne, Riverwood HealthCare
Bev Mensing, Red Cross
Amanda Voller, Workforce Center

I. Approval of Agenda

Motion by Carole Holton, seconded by Roberta Elvecrog, and carried; the vote was to approve the Agenda.

II. Approval of Minutes of the September 7, 2016 Meeting

Motion by Roberta Elvecrog, seconded by Diane Eastman, and carried; the vote was to approve the Minutes of the September 7, 2016 meeting.

III. Committee Member Input / Updates - Must be informational in nature, relative to Aitkin County Health & Human Services and not exceed (5) minutes per person. Nothing added.

IV. Supervisor Updates:

A. Spousal Impoverishment Law Changes - Jessi Goble explained that the spousal assets amount has risen so the spouse can keep a maximum of \$119,220 now and it applies to all waivers. In the past it was strictly Elderly Waiver but now includes BI (Brain Injury), CAC (Community Alternative Care), CADI (Community Access for Disability Inclusion), and DD (Developmental Disabilities) waivers. The workers will be reassessing those assets back to 1/1/14 and will convert cases when they qualify.

B. Secure Transport Services Contract - Heather Overn discussed the Mental Health transportation noting the sheriff's deputies would transport in the past. Board approved a contact with GSSC (General Security Services Corporation) who provide two law enforcement trained escorts to transport these individuals safely.

C. Flu Shot Clinic Schedule/Clinics - Erin Melz updated the committee members with a list of clinics sites and dates they are open noting there will be a couple walk-in clinics in our office. Erin also reported that they will have the high-dose serum for folks 65 and older but there will be no flu mist this year. We are able to bill a number of insurance companies and Medicare but folks should be sure to bring their insurance cards with them.

V. Task Force Reports/Updates:

A. Corrections - Kami Genz / Roberta Elvecrog / Julie Anne Larkin reported that she met with Kami Genz and discussed collaboration, networking and sharing of resources. She also wants to explore how the committee members can support Community Corrections.

B. Public Health – Bob Marcum / Kristine Layne / Holly Bray - It was noted they have not met.

C. Children's Social Services/Mental Health – Katie Nelson / Holly Bray - It was noted that they have not met recently.

D. Adult Social Services/Mental Health – Bob Marcum / Marlene Abear / Carole Holten
It was noted that Bob Marcum met with Heather today for a last minute meeting. It was also noted that a NAMI group will be meeting in Brainerd this Friday night at the Crow Wing County Land Services Building.

VI. Budget Committee Report/Update – Roberta Elvecrog / Joy Janzen - Kathy Ryan noted they have not met and there are no changes or updates at this time.

VII. Topics for Discussion/Presentations? - December 7, 2016

A. December 2016 - Discuss Purpose of the H&HS Advisory Committee & their meetings. Also introduce one another and what each other does outside of this meeting and what brings them to the table for this meeting?

Commissioner Laurie Westerlund offered to contact NAMI to see about obtaining a presenter at one of the upcoming meetings.

B. January 2017 - Volunteer Transportation

VIII. Comments:

A. Comments from the Committee Members for the Commissioners relative to HHS - *Nothing noted.*

B. Feedback from the Board Meeting

1. September 27, 2016 – Amanda Voller & Katie Nelson

a) Bob Marcum discussed computers for elderly folks to connect with doctors. He also noted that Heather has an article from the Duluth Tribune that he would like to send out to committee members.

b) Katie Nelson discussed the Anoka Regional Mental Health Treatment Center bill that came before the Board noting that we have agreed to pay \$500.00 per month towards the bill of

\$296,000 to show good faith while it goes back to the legislature for further review and action. Katie also discussed the report from Commissioner Napstad noting disparities (NEMOJT) with unrestricted dollars to help local businesses in McGregor. Katie also referred to the transportation issue the State passed on to the county with respect to the volume of work our staff will incur due to the changes, noting there is an article in the Aitkin Age this week about this topic.

C. Committee Members scheduled to attend upcoming Board Meetings in 2016:

OCTOBER 25	Carole Holton	Marlene Abear
NOVEMBER 22	Roberta Elvecrog	Joy Janzen
DECEMBER 27	Bob Marcum	Roberta Elvecrog

D. Additional Information Shared:

1. Joy Janzen noted the Community Meal that was served on Monday, September 12th served 74 people but we were short a number of helpers and that we need a minimum of 8 people to make this work. She noted that the Loaves & Fishes serves another meal on Thursday nights and that they only "help" with the Monday night meal but they do not do the cooking on Monday evenings, as that is left to the group serving the meal.
2. Erin updated the committee members that Liz Short, PH Nurse who is the WIC Coordinator received a Breastfeeding Support Award for Aitkin County Health & Human Service's efforts in drafting and supporting a County policy for lactating mothers which allows time for staff members to express milk in a room that has been set up and provides a comfortable, private setting. It can also be used by mothers visiting the department for other meetings and appointments. Congratulations from the Committee were given to Liz and the Public Health unit.
3. It was announced that Heather Overn, Adult Social Services Supervisor, has submitted her resignation and her last day will be Friday, October 14th.

IX. Adjourn

Motion by Commissioner Westerlund, seconded by Kami Genz, and carried; the vote was to adjourn the meeting at 4:38 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 September 7, 2016, Advisory Committee Meeting
- Draft Copy of the September 27, 2016 Health & Human Services Board Meeting Minutes
- Topics for Discussion/Presentations for 2016
- Public Health Flu Shot Clinic Schedule for Fall of 2016