



Health & Human Services Agenda Request

1D
Agenda Item #

Requested Meeting Date: March 28, 2023

Title of Item: Approval of Advisory Committee Appointments

<input checked="" type="checkbox"/> REGULAR AGENDA	Action Requested:	<input type="checkbox"/> Direction Requested	
<input type="checkbox"/> CONSENT AGENDA		<input checked="" type="checkbox"/> Approve/Deny Motion	<input type="checkbox"/> Discussion Item
<input type="checkbox"/> INFORMATION ONLY		<input type="checkbox"/> Adopt Resolution (attach draft) <i>*provide copy of hearing notice that was published</i>	<input type="checkbox"/> Hold Public Hearing*

Submitted by: Paula Arimborgo	Department: H&HS Administration
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Presenter (Name and Title): Sarah Pratt, H&HS Director	Estimated Time Needed: 5 min
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Summary of Issue:

Request the approval of new appointments to the Health & Human Services Advisory Committee as follows:

- a. Lynette Maas, Commissioner District 4
- b. Jodi Olson, Commissioner District 3
- c. Marcia Anderson, Commissioner District 3

Alternatives, Options, Effects on Others/Comments:

Recommended Action/Motion:

Financial Impact:

Is there a cost associated with this request? Yes No

What is the total cost, with tax and shipping? \$

Is this budgeted? Yes No *Please Explain:*

MINNESOTA OPEN APPOINTMENT ACT APPLICATION FOR SERVICE ON COUNTY/STATE AGENCY

NAME OF AGENCY OR COMMITTEE YOU WISH TO SERVE ON:

Aitkin County Health & Human Services Advisory Committee

NAME OF APPLICANT: Lynette Maas

STREET ADDRESS OF APPLICANT:
51425 Long Point Place
McGregor, MN. 55760

PHONE NUMBERS: 218-232-2295
DAYS _____
EVENINGS _____

AITKIN COUNTY COMMISSIONER DISTRICT 4

Minnesota Statutes 15.0597, state that the application shall include a "statement that the nominee satisfies any legally prescribed qualifications and any other information the nominating person feels be helpful to the appointing authority." (May include employment, community service experience, or education that would be pertinent to this appointment)

I grew up in Tamarack and attended McGregor School. I attended UMD, St. Cloud, and the University of Minnesota, earning degrees in Education and Educational Administration. I was a teacher, high school principal, and superintendent before retiring (including 9 years as superintendent for the McGregor School District). I've also managed grants for area high schools and FDLTCC. I am active in some community organizations and church and have a vested interest in helping the children and adults of this community.

I, the undersigned, hereby state that I satisfy, to the best of my knowledge, all legally prescribed qualifications for the position sought.

Lynette Maas
Signature of Applicant

3/6/23
Date

If applicant is being nominated by another person or group, the above signature indicates consent to nomination.

Is this application submitted by appointing authority? Yes No

Is this application submitted at the suggestion of appointing authority? Yes No

**Please return application to the Aitkin County Health & Human Services office, located at
204 - 1st Street NW, Aitkin, MN 56431**

For Office Use Only

Date Appointed: _____

Date of Term Expiration: _____

Term #: _____



AITKIN COUNTY HEALTH & HUMAN SERVICES

204 First Street NW
Aitkin, MN 56431

Phone: 800-328-3744/218-927-7200
Fax: 218-927-7210

Advisory Committee Application Form

NAME: Lynette (First) Maas (Last)
Address: 51425 Long Point Place Home Phone: _____
McGregor, MN. 55760 Business Phone: _____
Cell Phone: 218-232-2295
Employer: _____ Occupation: Retired
Email Address: lmaas4882@gmail.com

1. Please state your reason for applying:

I am knowledgeable of the District 4 community and want to be an advocate for this area.

2. What has been your past involvement with Public Health Services, Social Services, Financial Services, and other civic and community activities?

I was on the Aitkin County H & HS Advisory Board a few years ago. Also, worked with various County services in Aitkin, Carlton, and Hennepin County through my work as a principal and superintendent. I am the Treasurer of the Don Sather ALS group in McGregor, Friends of Don Sather, Inc.

3. Are you able to attend meetings during the day? Yes No
Currently meetings are held at 3:00pm on the first Thursday of each month.

4. Are you able to attend at least 10 meetings per year? Yes No

5. Would you be willing to serve a one-year or a two-year term? 1yr 2yr

Signature of Applicant: Lynette Maas Date: 3/8/23

PLEASE COMPLETE AND SUBMIT THIS APPLICATION TO:

Aitkin County Health & Human Services Attention:
Paula Arimborgo
204 1st Street NW
Aitkin, MN 56431

or email to paula.arimborgo@co.aitkin.mn.us
Questions? Call: 218-927-7203 or 1-800-328-3744

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MINNESOTA OPEN APPOINTMENT ACT APPLICATION FOR SERVICE ON COUNTY/STATE AGENCY

NAME OF AGENCY OR COMMITTEE YOU WISH TO SERVE ON:

Aitkin County Health & Human Services Advisory Committee

NAME OF APPLICANT: (Jodi) Jaudette Olson

STREET ADDRESS OF APPLICANT:

38382 Dove St
Aitkin, MN

PHONE NUMBERS:

DAYS 218-330-4303

EVENINGS Same

AITKIN COUNTY COMMISSIONER DISTRICT 3

Minnesota Statutes 15.0597, state that the application shall include a "statement that the nominee satisfies any legally prescribed qualifications and any other information the nominating person feels be helpful to the appointing authority." (May include employment, community service experience, or education that would be pertinent to this appointment)

I AM currently a Licensed Marriage and Family therapist. I have been one since 2009. I have My own business. for 30-40 years I have worked with children in some capacity. when you work with children you automatically work with their parents. I have been a 4-H leader, Youth leader in Church, work in the school system twice. I have helped out in many fund raises. I have led many mission trips and (Outward bound) Christian camps. I have many different types of work experiences. Mainly I have a large knowledge of mental health.

I, the undersigned, hereby state that I satisfy, to the best of my knowledge, all legally prescribed qualifications for the position sought.

Jaudette Olson
Signature of Applicant

3-20-23
Date

If applicant is being nominated by another person or group, the above signature indicates consent to nomination.

Is this application submitted by appointing authority? Yes No
Is this application submitted at the suggestion of appointing authority? Yes No

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AITKIN COUNTY HEALTH & HUMAN SERVICES

204 First Street NW
Aitkin, MN 56431

Phone: 800-328-3744/218-927-7200
Fax: 218-927-7210

Advisory Committee Application Form

NAME: (Jodi) Jaudette M Dison
(First) (MI) (Last)

Address: 38382 Dove St
Aitkin, MN

Home Phone: _____
Business Phone: _____
Cell Phone: 218-330-4303

Employer: self

Occupation: LMFT

Email Address: jaudette31@gmail.com

1. Please state your reason for applying:

Travis Keriska asked if I would be involved knowing that I am a licensed marriage and family therapist. I have shared values and concerns for our friends and neighbors.

2. What has been your past involvement with Public Health Services, Social Services, Financial Services, and other civic and community activities?

I have done years of community and volunteer work. Through 4-H, Church, Community member at large and some through local BPOW.

3. Are you able to attend meetings during the day?
Currently meetings are held at 3:00pm on the first Thursday of each month.

Yes No

4. Are you able to attend at least ⁶~~10~~ meetings per year?

Yes No

5. Would you be willing to serve a one-year or a two-year term?

1yr 2yr

Signature of Applicant: Jodi Dison

Date: 3-20-23

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Questions? Call: 218-927-7203 or 1-800-328-3744

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AITKIN COUNTY HEALTH & HUMAN SERVICES

204 First Street NW
Aitkin, MN 56431

Phone: 800-328-3744/218-927-7200
Fax: 218-927-7210

Advisory Committee Application Form

NAME: Marcia (First) K (MI) Anderson (Last)

Address: 16597 329th Avenue
Isle, MN 56342

Home Phone: None
Business Phone: None
Cell Phone: 763-439-2531

Employer: Retired

Occupation: Registered Nurse and Quality Consultant

Email Address: marciaka.rn@gmail.com

1. Please state your reason for applying:

I am a retired RN with a extensive clinical and organizational background and believe my skills, knowlege and experience would be beneficial for this Advisory Committee, as well as for the citizens of Aitkin County. I have owned property in the county for over 44 years, and have retired to that property so am now able to be involved with this community. When I first lived here I was able to benefit from the WIC program, and I have always appreciated the help that I recieved. I see this as an opportunity to recognize that assistance and be involved to assist others.

2. What has been your past involvement with Public Health Services, Social Services, Financial Services, and other civic and community activities?

I been very involved with many projects including the National Demonstration project for what is now Managed Care as the Quality Consultant. I have been at the forefront of many programs for the state including but not limited to Free Standing Emergency Department for Abbott Northwester Hospital at the West Health Complex. Also, I obtained my K-12 Substitute Teaching License after I retired to help with the need for substitute teachers in more rural communities primarily at Isle High School prior to the pandemic. I assisted with health screenings. Also, I have assisted Township Supervisors to achieve operational improvements through fiscal analysis to facilitate organizational changes to meet the needs and obligations for their townships when inheriting budgeting dysfunction and neglected roads.

3. Are you able to attend meetings during the day? Yes No
Currently meetings are held at 3:00pm on the first Thursday of each month.

4. Are you able to attend at least 10 meetings per year? Yes No

5. Would you be willing to serve a one-year or a two-year term? 1yr 2yr

Signature of Applicant: *Marcia K. Anderson* Date: 3-23-2023

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Aikin, MN 56431

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**MINNESOTA OPEN APPOINTMENT ACT
APPLICATION FOR SERVICE ON COUNTY/STATE AGENCY**

NAME OF AGENCY OR COMMITTEE YOU WISH TO SERVE ON:

Aitkin County Health & Human Services Advisory Committee

NAME OF APPLICANT: Marcia K. Anderson, R.N.

STREET ADDRESS OF APPLICANT:

16597 329th Avenue

Isle, MN 56342

PHONE NUMBERS:

DAYS (763) 439-2531

EVENINGS (763) 439-2531

AITKIN COUNTY COMMISSIONER DISTRICT 3

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Retired Registered Nurse with extensive health care experience, both clinically and organizationally; the following provides a general overview. My background includes a wide variety of settings from the Fairview University of Minnesota Hospital system, to Regional and Critical Access Hospitals and systems; as well as LTC, Subacute, Adult Day Care and Hospice settings. Responsibilities included obtaining or retaining accreditation from CMS/JCAHO as internal consultant for Quality and Risk to assure regulatory compliance and certification. As an internal Quality Consultant at Fairview Health system for over 25 years, I worked in a variety of roles and settings. I also worked with Allina to obtain certification for their 1st free standing ED in their system. Additionally, I have a BA in Organizational Development and HR Training and Development. Also, I am certified in Quality Management, and hold a Six Sigma Green Belt. I have excellent computer skills and experience. I have implemented and trained many E.H.R. and Healthcare computer systems. I completed the CPC-H Coding course for implementing Hospitalist program compliance while optimizing reimbursements and assuring clinical documentation integrity. I completed training through APIC for Infection Control/Prevention. I was an Accredited Case Manager for all levels of care both inpatient/outpatient. My public speaking experience includes presentations and training for Executives and Managers including professional organizations, as well as sessions for State Healthcare Conventions.

I, the undersigned, hereby state that I satisfy, to the best of my knowledge, all legally prescribed qualifications for the position sought.

Marcia K. Anderson
Signature of Applicant

03/23/2023
Date

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Is this application submitted at the suggestion of appointing authority? Yes No

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