



**AITKIN COUNTY HEALTH & HUMAN SERVICES
COUNTY BOARD MEETING MINUTES
December 19, 2017**

Attendance

The Aitkin County Board of Commissioners met this 19th day of December, 2017 at 9:04 a.m. as the Aitkin County Health & Human Services Board, with the following members present: Board Chair J. Mark Wedel, Commissioners Laurie Westerlund, Anne Marcotte, Don Niemi, and Bill Pratt. Others present included: County Administrator Jessica Seibert, Health & Human Services Director Cynthia Bennett, Fiscal Supervisor Carli Goble, Public Health Supervisor Erin Melz, Social Services Supervisor-Adult Services Kim Larson, Social Services Supervisor-Children's Services Jessi Schultz, Health & Human Services Administrative Assistant Shawn Speed, and Guests: Jon Moen/H&HS Advisory Committee Member, Kristine Layne/H&HS Advisory Committee Member, and Brielle Bredsten/Aitkin Independent Age.

Agenda

Shawn Speed requested two additions to the Agenda, the WIC Agreement, Item V.B. and the Riverwood Healthcare Center Family Planning Contract, Item V.C. All Commissioners agreed to the additions.

Motion by Commissioner Marcotte, seconded by Commissioner Niemi and carried, all members voting yes to approve the December 19, 2017, 2017 Health & Human Services Board agenda.

Minutes

Cynthia Bennett requested the minutes be changed to reflect Carli Goble as the Fiscal Supervisor versus an Accounting Technician. All Commissioners agreed.

Motion by Commissioner Westerlund, seconded by Commissioner Niemi and carried, all members voting yes to approve the November 28, 2017 Health and Human Services Board minutes with change.

Bills

Carli Goble, Fiscal Supervisor, presented the bills to the board. Noted that there were less payments due to the meeting being a week earlier than usual for the holidays.

Motion by Commissioner Pratt, seconded by Commissioner Westerlund and carried, all members voting yes to approve the bills.

Health & Human Services Director Reports, Cynthia Bennett H&HS Director

Building Updates –

1. Basement is progressing nicely, a lot of progress has been made. Walls, floors, electrical, ceiling, lighting, and painting has been completed. New doors and trim are going in as we speak.
2. New security door has been installed inside of the north entrance to HHS so we can maintain the security of HHS after people move into the new basement offices.
3. Lobby has also started to transform nicely. The painting of the walls is completed and we have started on the metal blue doors, the carpet has been removed and the floor has been prepped for the new flooring. Anticipated work in the next month include the flooring installation and furniture assembly.

4. Hope to have a walk through tour of both the lobby and basement upon final completion.

Looking Ahead 2018 –

1. Looking to complete the John Maxwell Leadership Train-the-Trainer course. By late spring will offer some in house training and then towards fall reach out to our community partners to see what their needs might be and offer some training opportunities if they so desire.
2. Plan to attend the John Maxwell Leadership Conference in the end of February.
3. Also will be focusing in 2018 on strengthening our infrastructure. We will start with small steps that include updating the Mission, Vision, and Values. These basic platforms are important as they set the tone of the agency's culture and have been proven to improve morale, employee satisfaction, retention, and productivity.
4. Our goal is to shape the growth of our culture rather than permitting random growth that may not support a healthy work environment.
5. In addition, we are hoping to better identify gaps in services and keep a pulse on the happenings in our county to better respond to the needs of our residents. One way we will accomplish this is through the Community Health Assessment which we will be conducting in the next year.

Commissioner Wedel asked if there were any legislative changes coming up in the next year.

Cynthia responded that at the last AMC meeting that the HHS Committee met and had a long list of legislative priorities that were brought before them, one useful priority is to instill requirements related to software changes. For example DHS would need to pilot any new software to avoid experiencing major issues such as those which happened with the new METS system.

Kim Larson added that the Region 5 Mental Health Initiative met last week and hopes to utilize grant dollars to create a program to work with people to prevent the revolving door for them in and out of corrections.

Commissioner Marcotte asked if there were any conversations relating to chemical dependency placements and Kim answered her question to her satisfaction.

Commissioner Wedel ended the discussion by asking us to ask Representative Dale Lueck and Senator Carrie Ruud to come to the January or February Board Meeting to discuss more legislative priorities.

Contracts/Agreements

Ambulance Service contract renewal between Meds-1 Ambulance Service – Grand Rapids and ACH&HS. Motion by Commissioner Westerlund, seconded by Commissioner Pratt and carried, all members voting yes to approve the contract renewal.

WIC Agreement renewal between Bethesda Lutheran Church of Malmo and ACH&HS. Motion by Commissioner Marcotte, seconded by Commissioner Niemi and carried, all members voting yes to approve the contract renewal.

Family Planning Contract renewal between Riverwood Health Care Center and ACH&HS. Commissioner Wedel asked if the contract included abortion funding and was assured that it did not before putting it forth for a motion. Motion by Commissioner Marcotte, seconded by Commissioner Niemi and carried, all members voting yes to approve the contract renewal.

County Child Support Program Interagency Cooperative Agreement renewal between the State of Minnesota and ACH&HS. This is a 2 year agreement that allows us to obtain the 66% federal

funds for Child Support. Only changes beside the effective dates are a slight rise in the rates to the Sheriff's Department and the County Attorney's Office. Motion by Commissioner Westerlund, seconded by Commissioner Pratt and carried, all members voting yes to approve the contract renewal.

Financial Reports

Carli Goble reviewed the financial statement for the board-

- 1) We are on budget overall at around 95% and should end around 98% for the year.

Committee Reports

H&HS Advisory Committee – Commissioner Westerlund and/or Pratt

- 1) Committee member Jon Moen and Kristine Layne provided details of their last meeting, held December 6, 2017.
 - a. As always was a good meeting, minutes are attached.

NEMOJT Update – Commissioner Niemi

- 1) Received a presentation, at the last meeting, on AOI and how they are helping high schools prepare students to enter the workforce upon graduation with knowledge of industrial arts training and trades.
- 2) Also mentioned how NEMOJT considers the Aitkin office as the model for all others and wants to emulate that at their other offices.

CJI Update – Commissioner Westerlund

- 1) Pick up orders or Immediate Custody orders, talked about which departments were going to do what.

CHB Update – Commissioner Westerlund

- 1) Talked about budget, that Maggie Rothstein had accepted the administrator position for the CHB, and that they were looking for a new member from Itasca County.
- 2) Had a presentation on Diabetes prevention and about alcohol, tobacco, and other drugs.
- 3) Looking to be more proactive on the consumption of alcohol and tobacco with the high schools utilizing a more positive campaign versus the traditional negative.

The meeting was adjourned at 9:54 a.m.

Next Meeting – January 23, 2018

Aitkin County



SLM1
1/19/18 3:20PM

Audit List for Board COMMISSIONER'S VOUCHERS ENTRIES

Print List in Order By: 4
1 - Fund (Page Break by Fund)
2 - Department (Totals by Dept)
3 - Vendor Number
4 - Vendor Name

Explode Dist. Formulas Y

Paid on Behalf Of Name
on Audit List?: N

Type of Audit List: D
D - Detailed Audit List
S - Condensed Audit List

Save Report Options?: N

Aitkin County



<u>Vendor</u>	<u>Name</u>	<u>Rpt</u>	<u>Amount</u>	<u>Warrant Description</u>	<u>Invoice #</u>	<u>Account/Formula Description</u>
<u>No.</u>	<u>Account/Formula</u>	<u>Accr</u>		<u>Service Dates</u>	<u>Paid On Bhf #</u>	<u>On Behalf of Name</u>
2	86359 Aitkin Co Attorney 05-420-600-4800-6263	AP	247.50	FRAUD BILLING OCT-DEC'17 10/01/2017 12/31/2017		Contract Legal Services-Fraud
1	05-420-640-4800-6263	AP	5,625.00	IV-D BILLING OCT-DEC'17 10/01/2017 12/31/2017		Contract Legal Services Iv-D
	86359 Aitkin Co Attorney		5,872.50	2 Transactions		
3	85003 Aitkin County DAC 05-400-440-0410-6231	AP	4.05	CLEANING 12/05/2017 12/26/2017		Services/Labor/Contracts
4	05-400-440-0410-6231	AP	16.72	PAPERSHRED 12/07/2017 12/27/2017		Services/Labor/Contracts
3	05-420-600-4800-6231	AP	8.35	CLEANING 12/05/2017 12/26/2017		Services/Labor/Contracts
4	05-420-600-4800-6231	AP	34.49	PAPERSHRED 12/07/2017 12/27/2017		Services/Labor/Contracts
3	05-430-700-4800-6231	AP	12.90	CLEANING 12/05/2017 12/26/2017		Services/Labor/Contracts
4	05-430-700-4800-6231	AP	53.31	PAPERSHRED 12/07/2017 12/27/2017		Services/Labor/Contracts
	85003 Aitkin County DAC		129.82	6 Transactions		
5	8239 Ameripride Linen & Apparel Services 05-257-000-0000-6422	AP	4.25	CLEANING SUPPLIES 12/05/2017 12/05/2017	2200990470	Janitorial Services/Supplies
5	05-390-000-0000-6422	AP	0.77	CLEANING SUPPLIES 12/05/2017 12/05/2017	2200990470	Janitorial Services/Supplies
5	05-400-440-0410-6422	AP	5.41	CLEANING SUPPLIES 12/05/2017 12/05/2017	2200990470	Janitorial Services/Supplies
5	05-420-600-4800-6422	AP	11.20	CLEANING SUPPLIES 12/05/2017 12/05/2017	2200990470	Janitorial Services/Supplies
5	05-430-700-4800-6422	AP	16.99	CLEANING SUPPLIES 12/05/2017 12/05/2017	2200990470	Janitorial Services/Supplies
	8239 Ameripride Linen & Apparel Services		38.62	5 Transactions		
6	12106 Antoine Electric 05-420-630-4800-6801	AP	70.87	T8 PINK TUBE GUARDS(6) 12/20/2017 12/20/2017	16471	Bonus Bucks Expenditures

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12106	Antoine Electric		70.87	1 Transactions	
7	12491 AXIOM SYSTEMS, INC 05-400-440-0410-6239		221.40	CLAIM SHUTTLE - YEARLY SERVICE 02/01/2018 01/31/2019	C000780.0218 Software Fees/License Fees
	12491 AXIOM SYSTEMS, INC		221.40	1 Transactions	
8	89185 Bethesda Lutheran Church Of Malmo 05-400-410-0413-6301	AP	45.00	WIC RENT OCT-DEC'17 10/01/2017 12/31/2017	Wic Space Rentals
	89185 Bethesda Lutheran Church Of Malmo		45.00	1 Transactions	
9	5398 CDW Government, Inc 05-430-700-4800-6402		138.35	VIEWSONIC VA2452SM 24 FULL HD 01/10/2018 01/10/2018	LJL8749 Computer/Technology Supplies
	5398 CDW Government, Inc		138.35	1 Transactions	
10	10855 Culligan 05-257-000-0000-6342		19.98	COOLER RENTAL SERVICE 01/01/2018 01/31/2018	150-10016285-1 Office Equipment Rental/Contracts
10	05-390-000-0000-6342		3.63	COOLER RENTAL SERVICE 01/01/2018 01/31/2018	150-10016285-1 Office Equipment Rental/Contracts
10	05-400-440-0410-6301		25.43	COOLER RENTAL SERVICE 01/01/2018 01/31/2018	150-10016285-1 Equipment Lease/Space Rental
10	05-420-600-4800-6301		52.66	COOLER RENTAL SERVICE 01/01/2018 01/31/2018	150-10016285-1 Equipment Lease/Space Rental
10	05-430-700-4800-6301		79.90	COOLER RENTAL SERVICE 01/01/2018 01/31/2018	150-10016285-1 Equipment Lease/Space Rental
	10855 Culligan		181.60	5 Transactions	
17	11051 Department of Human Services 05-400-440-0410-6231		430.08	MERIT SYSTEM QE 01/01/2018 03/31/2018	A300MR01E8P Services/Labor/Contracts
11	05-420-650-4400-6025	AP	247.26	MA ESTATE COLLECITONS-FED 12/01/2017 12/31/2017	A300MM8T01I State/Fed Share - MA
12	05-420-650-4400-6025	AP	123.62	MA ESTATE COLLECTIONS-STATE 12/01/2017 12/31/2017	A300MM8T01I State/Fed Share - MA
13	05-420-650-4400-6025	AP	10.00	MA AX RECEIPT INEL-FED	A300MM8T01I State/Fed Share - MA

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17	05-420-600-4800-6231		887.04	MERIT SYSTEM QE 12/01/2017 12/31/2017	A300MR01E8P	Services/Labor/Contracts
14	05-420-610-4100-6011	AP	3,239.25	MAXIS MFIP RECOV TANF 01/01/2018 03/31/2018	A300MX00178I	County Share-Afdc/Mfip
15	05-420-620-4100-6011	AP	5.00	MAXIS GA RECOVERIES 12/01/2017 12/31/2017	A300MX00178I	County Share - Ga
16	05-420-620-4100-6011	AP	2,692.41	MAXIS GRH RECOVERIES 12/01/2017 12/31/2017	A300MX00178I	County Share - Ga
17	05-430-700-4800-6231		1,370.88	MERIT SYSTEM QE 01/01/2018 03/31/2018	A300MR01E8P	Services/Labor/Contracts
11051	Department of Human Services		9,005.54	9 Transactions		
18	13904 Hill City Assembly of God Church 05-400-410-0413-6301	AP	45.00	WIC RENT OCT-DEC'17 10/01/2017 12/31/2017		Wic Space Rentals
	13904 Hill City Assembly of God Church		45.00	1 Transactions		
19	2186 Hillyard Inc - Kansas City 05-257-000-0000-6422	AP	29.21	CLEANING/BATHROOM SUPPLIES 12/28/2017 12/28/2017	602830661	Janitorial Services/Supplies
19	05-390-000-0000-6422	AP	5.31	CLEANING/BATHROOM SUPPLIES 12/28/2017 12/28/2017	602830661	Janitorial Services/Supplies
19	05-400-440-0410-6422	AP	37.17	CLEANING/BATHROOM SUPPLIES 12/28/2017 12/28/2017	602830661	Janitorial Services/Supplies
19	05-420-600-4800-6422	AP	77.01	CLEANING/BATHROOM SUPPLIES 12/28/2017 12/28/2017	602830661	Janitorial Services/Supplies
19	05-430-700-4800-6422	AP	116.84	CLEANING/BATHROOM SUPPLIES 12/28/2017 12/28/2017	602830661	Janitorial Services/Supplies
	2186 Hillyard Inc - Kansas City		265.54	5 Transactions		
20	88102 Itasca Co Human Services 05-400-430-0408-6240		218.75	MCH 1/2 HFA ACCREDITATION FEE 01/01/2018 06/30/2018		Membership/Dues/Association Fees
	88102 Itasca Co Human Services		218.75	1 Transactions		
21	90182 Laboratory Corp Of America Holdings 05-420-640-4800-6397	AP	65.80	IVD GENETIC TEST 0014557103-03	57651184	Genetic Tests Iv-D

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22 05-420-640-4800-6397	AP	98.70	11/17/2017 11/17/2017 IVD GENETIC TEST 0014166018	57658200 Genetic Tests Iv-D
23 05-420-640-4800-6397	AP	32.90	12/08/2017 12/08/2017 IVD GENETIC TEST 0014557103-03	57769042 Genetic Tests Iv-D
24 05-420-640-4800-6397	AP	32.90	12/21/2017 12/21/2017 IVD GENETIC TEST 0014052005-05	57792962 Genetic Tests Iv-D
90182 Laboratory Corp Of America Holdings		230.30	12/28/2017 12/28/2017 4 Transactions	
13624 MailFinance				
25 05-400-440-0410-6300	AP	68.89	MAIL MACHINE CONTRACT 11/05/2017 02/04/2018	N6930620 Maintenance/Service Contracts
25 05-420-600-4800-6300	AP	142.08	MAIL MACHINE CONTRACT 11/05/2017 02/04/2018	N6930620 Maintenance/Service Contracts
25 05-430-700-4800-6300	AP	219.59	MAIL MACHINE CONTRACT 11/05/2017 02/04/2018	N6930620 Maintenance/Service Contracts
13624 MailFinance		430.56	3 Transactions	
88127 MFWCAA CONFERENCE				
27 05-420-600-4800-6240		180.00	MFWCAA'18 DUES (9) 01/01/2018 12/31/2018	Membership/Dues/Association Fees
88127 MFWCAA CONFERENCE		180.00	1 Transactions	
89765 Minnesota Elevator, Inc				
26 05-257-000-0000-6300		19.61	ELEVATOR SERVICE - JAN'18 01/01/2018 01/31/2018	733636 Maintenance-Service Contracts
26 05-390-000-0000-6300		3.57	ELEVATOR SERVICE - JAN'18 01/01/2018 01/31/2018	733636 Maintenance-Service Contracts
26 05-400-440-0410-6300		24.95	ELEVATOR SERVICE - JAN'18 01/01/2018 01/31/2018	733636 Maintenance/Service Contracts
26 05-420-600-4800-6300		51.70	ELEVATOR SERVICE - JAN'18 01/01/2018 01/31/2018	733636 Maintenance/Service Contracts
26 05-430-700-4800-6300		78.44	ELEVATOR SERVICE - JAN'18 01/01/2018 01/31/2018	733636 Maintenance/Service Contracts
89765 Minnesota Elevator, Inc		178.27	5 Transactions	
12449 NEOPOST USA INC				
28 05-400-440-0410-6300		45.30	RATE CHARGE PROTECTION	55444465 Maintenance/Service Contracts

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28	05-420-600-4800-6300		93.45	RATE CHARGE PROTECTION 02/01/2018 01/31/2019	55444465	Maintenance/Service Contracts
28	05-430-700-4800-6300		144.42	RATE CHARGE PROTECTION 02/01/2018 01/31/2019	55444465	Maintenance/Service Contracts
12449	NEOPOST USA INC		283.17	3 Transactions		
29	3810 Paulbeck's County Market 05-400-440-0410-6405	AP	6.42	AGENCY COFFEE 12/12/2017 12/12/2017	002000951520	Office Supplies
29	05-420-600-4800-6405	AP	13.24	AGENCY COFFEE 12/12/2017 12/12/2017	002000951520	Office Supplies
29	05-430-700-4800-6405	AP	20.47	AGENCY COFFEE 12/12/2017 12/12/2017	002000951520	Office Supplies
30	3810 Paulbeck's County Market		40.13	3 Transactions		
30	4205 Rowe Funeral Home & Cremation Servs, 05-420-650-4800-6810		1,729.00	COUNTY BURIAL 01/09/2018 01/09/2018		County Burials
	4205 Rowe Funeral Home & Cremation Servs,		1,729.00	1 Transactions		
31	89003 Seven County Process Servers LLC 05-420-640-4800-6379	AP	15.00	IV-D SERVICE 0014052005-05 12/28/2017 12/28/2017	20172065	Other Iv-D Charges
	89003 Seven County Process Servers LLC		15.00	1 Transactions		
32	12794 Sheriff Roseau County 05-420-640-4800-6379	AP	50.00	IV-D SERVICE 0015549179-01 12/30/2017 12/30/2017	1025	Other Iv-D Charges
	12794 Sheriff Roseau County		50.00	1 Transactions		
33	88859 Spee*Dee-St Cloud 05-400-440-0410-6205	AP	42.42	PH SERVICE 12/04/2017 12/30/2017	3437675	Postage
33	05-420-600-4800-6205	AP	322.12	IM SERVICE 12/04/2017 12/30/2017	3437675	Postage
34	05-430-700-4800-6205	AP	11.02	SS SERVICE 12/04/2017 12/30/2017	3437675	Postage

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88859	Spee*Dee-St Cloud		375.56	3 Transactions		
36	86235 The Office Shop Inc 05-400-440-0410-6405	AP	19.02	BATTERIES & OSS FAX TONER 12/14/2017 12/14/2017	1037238-0	Office Supplies
37	05-400-440-0410-6405	AP	66.00	PH-PRINTER TONER 12/15/2017 12/15/2017	1037293-0	Office Supplies
39	05-400-440-0410-6405	AP	1.92	AGENCY-SUPPLIES 12/18/2017 12/18/2017	1037307-1	Office Supplies
36	05-420-600-4800-6405	AP	39.24	BATTERIES & OSS FAX TONER 12/14/2017 12/14/2017	1037238-0	Office Supplies
38	05-420-640-4800-6405	AP	33.68	CS-2 PKT PORTFOLIOS 12/15/2017 12/15/2017	1037307-0	Office Supplies
39	05-420-600-4800-6405	AP	3.95	AGENCY-SUPPLIES 12/18/2017 12/18/2017	1037307-1	Office Supplies
40	05-420-630-4800-6801	AP	217.98	RE-DESIGN - ACTIVITY TABLE 12/21/2017 12/21/2017	1037611-0	Bonus Bucks Expenditures
36	05-430-700-4800-6405	AP	60.64	BATTERIES & OSS FAX TONER 12/14/2017 12/14/2017	1037238-0	Office Supplies
39	05-430-700-4800-6405	AP	6.11	AGENCY-SUPPLIES 12/18/2017 12/18/2017	1037307-1	Office Supplies
86235	The Office Shop Inc		448.54	9 Transactions		
42	3518 Voyageur Press Of Mcgregor/The 05-400-440-0410-6231		5.76	SUBSCRIPTION (1YR) 01/01/2018 12/31/2018	37173	Services/Labor/Contracts
41	05-400-450-0451-6231		365.00	HE - ADVERTISING 01/10/2018 01/10/2018	37173	Services/Labor/Contracts
42	05-420-600-4800-6231		11.88	SUBSCRIPTION (1YR) 01/01/2018 12/31/2018	37173	Services/Labor/Contracts
42	05-430-700-4800-6231		18.36	SUBSCRIPTION (1YR) 01/01/2018 12/31/2018	37173	Services/Labor/Contracts
3518	Voyageur Press Of Mcgregor/The		401.00	4 Transactions		
Final Total			20,594.52	24 Vendors	76 Transactions	

Aitkin County



Recap by Fund	<u>Fund</u>	<u>AMOUNT</u>	<u>Name</u>	
	5	20,594.52	Health & Human Services	
	All Funds	20,594.52	Total	Approved by,
			
			

Print List in Order By: 4
1 - Fund (Page Break by Fund)
2 - Department (Totals by Dept)
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4 - Vendor Name

Explode Dist. Formulas Y

Paid on Behalf Of Name
on Audit List?: N

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Save Report Options?: N

Aitkin County



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1	6094 AADA 05-430-710-3190-6020		135.00	Supervised visitation - Court- 12/07/2017 12/07/2017	Court Related Services & Activities
2	05-430-710-3190-6020		450.00	Supervised visitation - Court- 12/05/2017 12/23/2017	Court Related Services & Activities
	6094 AADA		585.00	2 Transactions	
3	88284 AITKIN CO RECORDER 05-430-710-3930-6020		26.00	A/G certified birth certificat 01/09/2018 01/09/2018	General Case Management
4	05-430-710-3930-6020		26.00	A/G certified birth certificat 01/09/2018 01/09/2018	General Case Management
5	05-430-710-3930-6020		26.00	A/G certified birth certificat 01/09/2018 01/09/2018	General Case Management
6	05-430-710-3930-6020		26.00	A/G Certified Birth Certificat 01/09/2018 01/09/2018	General Case Management
7	05-430-710-3930-6020		26.00	A/G certified birth certificat 01/09/2018 01/09/2018	General Case Management
8	05-430-710-3930-6020		26.00	A/G certified birth certificat 01/09/2018 01/09/2018	General Case Management
9	05-430-710-3930-6020		26.00	A/G certified birth certificat 01/09/2018 01/09/2018	General Case Management
10	05-430-710-3930-6020		26.00	A/G certified birth certificat 01/09/2018 01/09/2018	General Case Management
	88284 AITKIN CO RECORDER		208.00	8 Transactions	
11	86222 AITKIN INDEPENDENT AGE 05-430-720-3020-6069		77.10	Child Care Advertising - Commu 12/16/2017 12/20/2017	Community Ed & Prevent/Advertising
	86222 AITKIN INDEPENDENT AGE		77.10	1 Transactions	
12	9791 Bieganek/Joan M 05-430-760-3950-6020		105.00	Guardianship/Conservator Activ 12/01/2017 12/31/2017	Guardianship/Conservatorship
	9791 Bieganek/Joan M		105.00	1 Transactions	
13	87882 Central MN Mental Health Ctr 05-430-730-3710-6080		890.00	Detoxification (Category I)	Detoxification - Other

<u>Vendor</u>	<u>Name</u>	<u>Rpt</u>	<u>Warrant Description</u>	<u>Invoice #</u>	<u>Account/Formula Description</u>
<u>No.</u>	<u>Account/Formula</u>	<u>Accr</u>	<u>Amount</u>	<u>Service Dates</u>	<u>Paid On Bhf #</u> <u>On Behalf of Name</u>
87882	Central MN Mental Health Ctr		890.00	12/14/2017 1 Transactions	12/16/2017
14	89953 COCHRAN RECOVERY SERVICES INC 05-430-730-3710-6080		525.30	Detoxification (Category I) 12/07/2017 1 Transactions	12/09/2017 Detoxification - Other
18	11051 Department of Human Services 05-430-710-3750-6057		3,024.00	Q4 2016 - Northstar Kinship As 10/01/2016	12/31/2016 Northstar Kinship Assistance
19	05-430-710-3780-6057		8,156.00	Q4 2016 - Northstar Adoption A 10/01/2016	12/31/2016 Northstar Adoption Assistance
15	05-430-720-3110-6069		361.38	BSFE County Match Invoice #A30 12/01/2017	12/31/2017 Bsf Child Care
16	05-430-720-3140-6020		211.03	MEC2 TY Recoveries Invoice #A3 12/01/2017	12/31/2017 Other Child Care
17	05-430-730-3590-6072		3,748.07	CCDTF Maintenance of Effort 11/01/2017	11/30/2017 Ccdtf County % State Billings
11051	Department of Human Services		15,500.48	5 Transactions	
20	10342 DHS-Anoka Metro Rtc 05-430-745-3720-6081		500.00	State-operated inpatient 11/01/2015	11/30/2015 State-Operated Inpatient - Rtc Or Cbhh
10342	DHS-Anoka Metro Rtc		500.00	1 Transactions	
21	9220 DHS-MSOP 05-430-745-3721-6081		11,532.00	State-operated inpatient 12/01/2017	12/31/2017 Commitment Costs - Poor Relief
22	05-430-745-3721-6081		1,153.20	State-operated inpatient 12/01/2017	12/31/2017 Commitment Costs - Poor Relief
23	05-430-745-3721-6081		2,883.00	State-operated inpatient 12/01/2017	12/31/2017 Commitment Costs - Poor Relief
24	05-430-745-3721-6081		1,153.20	State-operated inpatient 12/01/2017	12/31/2017 Commitment Costs - Poor Relief
9220	DHS-MSOP		16,721.40	4 Transactions	
89965	DHS-ST PETER-SEE LIST				

Aitkin County



Audit List for Board COMMISSIONER'S VOUCHERS ENTRIES

<u>Vendor Name</u>	<u>Rpt</u>	<u>Warrant Description</u>	<u>Invoice #</u>	<u>Account/Formula Description</u>
<u>No.</u> <u>Account/Formula</u>	<u>Accr</u>	<u>Amount</u>	<u>Service Dates</u>	<u>Paid On Bhf #</u> <u>On Behalf of Name</u>
25 05-430-745-3721-6081		8,091.00	State-operated inpatient 12/01/2017 12/31/2017	Commitment Costs - Poor Relief
26 05-430-745-3721-6081		2,504.80	State-operated inpatient 12/01/2017 12/31/2017	Commitment Costs - Poor Relief
27 05-430-745-3721-6081		3,893.60	State-operated inpatient 12/01/2017 12/31/2017	Commitment Costs - Poor Relief
89965 DHS-ST PETER-SEE LIST		14,489.40	3 Transactions	
91345 Elvecrog/Roberta C				
28 05-430-750-3950-6020		105.00	Public guardianship 12/01/2017 12/31/2017	Public Guardianship Dd
30 05-430-750-3950-6020		52.50	Public guardianship 12/01/2017 12/31/2017	Public Guardianship Dd
29 05-430-760-3950-6020		70.00	Guardianship/Conservatorship 12/01/2017 12/31/2017	Guardianship/Conservatorship
31 05-430-760-3950-6020		105.00	Guardianship/Conservatorship 12/01/2017 12/31/2017	Guardianship/Conservatorship
91345 Elvecrog/Roberta C		332.50	4 Transactions	
11135 Hills/Marcia				
32 05-430-710-3810-6057		32.03	Child Family Foster Care 12/21/2017 12/21/2017	Family Foster Care
33 05-430-710-3810-6057		32.03	Child Family Foster Care 12/21/2017 12/21/2017	Family Foster Care
11135 Hills/Marcia		64.06	2 Transactions	
3639 Northland Counseling Ctr Inc				
34 05-430-730-3710-6020		1,950.00	Detoxification (Category I) 12/07/2017 12/22/2017	Detoxification - Grand Rapids
3639 Northland Counseling Ctr Inc		1,950.00	1 Transactions	
90748 Oakridge Homes Sils				
35 05-430-750-3340-6073		50.46	Semi-Independent Living Servic 11/29/2017 11/29/2017	Semi-Independent Living Serv (Sils)
36 05-430-750-3340-6073		681.21	Semi-Independent Living Servic 12/01/2017 12/28/2017	Semi-Independent Living Serv (Sils)
37 05-430-750-3340-6073		605.52	Semi-Independent Living Servic 12/01/2017 12/30/2017	Semi-Independent Living Serv (Sils)

Aitkin County



<u>Vendor No.</u>	<u>Name</u> <u>Account/Formula</u>	<u>Rpt</u> <u>Accr</u>	<u>Amount</u>	<u>Warrant Description</u> <u>Service Dates</u>	<u>Invoice #</u> <u>Paid On Bhf #</u>	<u>Account/Formula Description</u> <u>On Behalf of Name</u>
90748	Oakridge Homes Sils		1,337.19	3 Transactions		
39	89879 OCCUPATIONAL DEVELOPMENT CENTER 05-430-700-4800-6809		180.00	Supported Employment and Individ 12/01/2017 12/31/2017		Mh Init - Employability
38	05-430-760-3160-6050		140.00	Transportation for employment 12/01/2017 12/31/2017		Transportation - Txx
	89879 OCCUPATIONAL DEVELOPMENT CENTER		320.00	2 Transactions		
40	14744 PRESBYTERIAN FAMILY FOUNDATION, 05-430-760-3950-6020		133.13	Guardianship/Conservatorship 12/01/2017 12/31/2017		Guardianship/Conservatorship
41	05-430-760-3950-6020		304.15	Guardianship/Conservatorship 12/01/2017 12/31/2017		Guardianship/Conservatorship
	14744 PRESBYTERIAN FAMILY FOUNDATION,		437.28	2 Transactions		
42	9489 Redwood Toxicology Laboratory, Inc 05-430-710-3190-6020		6.75	Drug testing - Court-Related S 12/21/2017 12/21/2017		Court Related Services & Activities
43	05-430-710-3190-6020		2.50	Drug testing - Court-Related S 12/29/2017 12/29/2017		Court Related Services & Activities
44	05-430-710-3190-6020		6.75	Drug testing - Court-Related S 12/02/2017 12/02/2017		Court Related Services & Activities
45	05-430-710-3190-6020		25.00	Drug testing - Court-Related S 12/15/2017 12/15/2017		Court Related Services & Activities
46	05-430-710-3190-6020		6.75	Drug testing - Court-Related S 12/21/2017 12/21/2017		Court Related Services & Activities
47	05-430-710-3190-6020		10.00	Drug testing - Court-Related S 12/21/2017 12/21/2017		Court Related Services & Activities
48	05-430-710-3190-6020		2.50	Drug testing - Court-Related S 12/21/2017 12/21/2017		Court Related Services & Activities
	9489 Redwood Toxicology Laboratory, Inc		60.25	7 Transactions		
49	14518 ROSS RESOURCES, LTD 05-430-710-3190-6020		306.00	Supervised visitation - Court- 12/06/2017 12/28/2017		Court Related Services & Activities
50	05-430-740-3920-6020		90.00	Supervised visitation - Child 12/11/2017 12/11/2017		Child General Case Mgmt

Aitkin County



<u>Vendor Name</u>	<u>Rpt</u>	<u>Warrant Description</u>	<u>Invoice #</u>	<u>Account/Formula Description</u>
<u>No. Account/Formula</u>	<u>Accr</u>	<u>Amount</u>	<u>Service Dates</u>	<u>Paid On Bhf # On Behalf of Name</u>
14518 ROSS RESOURCES, LTD		396.00	2 Transactions	
88890 Scharrer/Shirley				
55 05-430-750-3950-6020		70.00	Public guardianship 11/01/2017 11/30/2017	Public Guardianship Dd
56 05-430-750-3950-6020		70.00	Public Guardianship 11/01/2017 11/30/2017	Public Guardianship Dd
57 05-430-750-3950-6020		70.00	Public guardianship 11/01/2017 11/30/2017	Public Guardianship Dd
58 05-430-750-3950-6020		35.00	Public guardianship 12/01/2017 12/31/2017	Public Guardianship Dd
59 05-430-750-3950-6020		17.50	Public guardianship 12/01/2017 12/31/2017	Public Guardianship Dd
60 05-430-750-3950-6020		70.00	Public Guardianship 12/01/2017 12/31/2017	Public Guardianship Dd
61 05-430-750-3950-6020		70.00	Public guardianship 12/01/2017 12/31/2017	Public Guardianship Dd
64 05-430-750-3950-6020		70.00	Public guardianship 11/01/2017 11/30/2017	Public Guardianship Dd
65 05-430-750-3950-6020		43.75	Public guardianship 11/01/2017 11/30/2017	Public Guardianship Dd
66 05-430-750-3950-6020		70.00	Public guardianship 12/01/2017 12/31/2017	Public Guardianship Dd
67 05-430-750-3950-6020		70.00	Public guardianship 12/01/2017 12/31/2017	Public Guardianship Dd
51 05-430-760-3950-6020		70.00	Guardianship/Conservatorship 11/02/2017 11/30/2017	Guardianship/Conservatorship
52 05-430-760-3950-6020		35.00	Guardianship/Conservatorship 12/01/2017 12/31/2017	Guardianship/Conservatorship
53 05-430-760-3950-6020		70.00	Guardianship/conservatorship 11/01/2017 11/30/2017	Guardianship/Conservatorship
54 05-430-760-3950-6020		70.00	Guardianship/conservatorship 12/01/2017 12/31/2017	Guardianship/Conservatorship
62 05-430-760-3950-6020		70.00	Guardianship/conservatorship 11/01/2017 11/30/2017	Guardianship/Conservatorship
63 05-430-760-3950-6020		70.00	Guardianship/conservatorship 12/01/2017 12/31/2017	Guardianship/Conservatorship

Aitkin County



<u>Vendor</u>	<u>Name</u>	<u>Rpt</u>	<u>Warrant Description</u>	<u>Invoice #</u>	<u>Account/Formula Description</u>
<u>No.</u>	<u>Account/Formula</u>	<u>Accr</u>	<u>Amount</u>	<u>Service Dates</u>	<u>Paid On Bhf #</u> <u>On Behalf of Name</u>
88890	Scharrer/Shirley		1,041.25	17 Transactions	
68	12214 Shopko Store Operating Co. LLC 05-430-710-3630-6020		10.49	Incentive - book - Family-Base 12/15/2017 12/15/2017	Family-Based Life Mgmt Skills Services
	12214 Shopko Store Operating Co. LLC		10.49	1 Transactions	
69	14390 TANGE, MSW/PHILIP B 05-430-740-3900-6020		180.00	Clinical supervision-Child Rul 11/16/2017 11/16/2017	Child Rule 79 Case Mgmt
71	05-430-740-3900-6020		157.50	Clinical supervision-Child Rul 12/14/2017 12/14/2017	Child Rule 79 Case Mgmt
73	05-430-745-3090-6050		495.00	Pre-Petition Screening/Hearing 12/12/2017 12/13/2017	Pre-Petition Screening/Hearing
74	05-430-745-3090-6050		315.00	Pre-Petition Screening/Hearing 12/13/2017 12/13/2017	Pre-Petition Screening/Hearing
75	05-430-745-3090-6050		517.50	Pre-Petition Screening/Hearing 12/20/2017 12/20/2017	Pre-Petition Screening/Hearing
70	05-430-745-3910-6020		292.50	Clinical supervision-Adult Rul 11/16/2017 11/16/2017	Adult Rule 79 Case Mgmt
72	05-430-745-3910-6020		270.00	Clinical supervision-Adult Rul 12/14/2017 12/21/2017	Adult Rule 79 Case Mgmt
	14390 TANGE, MSW/PHILIP B		2,227.50	7 Transactions	
76	14040 WELLS FARGO BUSINESS CREDIT 05-430-700-4800-6805		1,107.90	MH INIT Transportation 12/18/2017 12/27/2017	Mh Init - Transportation
	14040 WELLS FARGO BUSINESS CREDIT		1,107.90	1 Transactions	
77	10756 Wright County Court Services 05-430-710-3190-6020		75.00	Diversion Fee - Court-Related 01/09/2018 01/09/2018	Court Related Services & Activities
	10756 Wright County Court Services		75.00	1 Transactions	
Final Total			58,961.10	23 Vendors	77 Transactions

Aitkin County



Recap by Fund	<u>Fund</u>	<u>AMOUNT</u>	<u>Name</u>	
	5	58,961.10	Health & Human Services	
	All Funds	58,961.10	Total	Approved by,
			
			

**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: Kristine Layne

STREET ADDRESS OF APPLICANT:

35728 387th Ave

Aitkin, MN 56431

PHONE NUMBERS:

DAYS (218) 839-3336

EVENINGS _____

AITKIN COUNTY COMMISSIONER DISTRICT 1

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 have a master's degree in Healthcare Administration
Have worked at Riverwood Healthcare for 14 years
I have served on several boards: CLC Curriculum Advisory, Aitkin Health Services Advisory Board,
and Minnesota Organization of Leaders in Nursing Board

Public Health and the Hospital frequently partner on community health endeavors.

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

Kristine Layne
Signature of Applicant

12/5/17
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, MINNESOTA 56431-1291
 PHONE 1-800-328-3744 or 1-218-927-7200
 FAX # 1-218-927-7210

Advisory Committee Application Form

NAME: Joy A. Janzen
 (First) (MI) (Last)

Address: 36208 Deer St Home Phone: 218-927-6119
Aitkin, MN Business Phone: _____
56431 Cell Phone: _____

Employer: _____ Occupation: Retired

Email Address: janze003@umn.edu

1. Please state your reason for applying:

I have served on the ACHHS Committee for two terms and have learned so much about each department. I worked in Nutrition Ed. for Aitkin County Extension for 22 years. Served as Chm. for 2 yrs of ACHHS Committee.

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

Worked in Public Health office with my nutrition program for five years. Member of Aitkin Lions Club for over 12 years, American Legion Auxiliary for over 25 yrs, Aitkin Co. Vet. Support Group over 15 years, member of St. John's Lutheran.

3. Are you able to attend meetings during the day? Yes No
 Currently meetings are held at 3:30pm on the first Wednesday 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? 1-Year 2-Year

Signature of Applicant: Joy Janzen

Date: 12-26-2017

PLEASE COMPLETE AND SUBMIT THIS
 APPLICATION TO:

Aitkin County Health & Human Services Attention:
 Shawn Speed
 204 - 1st Street NW
 Aitkin, MN 56431

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

An Equal Opportunity Employer

RECEIVED

DEC 26 2017

Aitkin County H & HS

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: Joy Janzen

STREET ADDRESS OF APPLICANT:
36208 Deer St
Aitkin, MN 56431

PHONE NUMBERS:
 DAYS 218-927-6119
 EVENINGS same

AITKIN COUNTY COMMISSIONER DISTRICT 2

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 served for 22 years as Aitkin Co. Extension Educator and Nutrition Ed. Assist. for the University of MN. Ext. Served on the ACHHS Advisory Committee for 2-2 1/2 terms and during that time served as Vice Chn & Chn. Very active in my church, St. John's Lutheran, 15 years in Aitkin Lions serving on many events & offices, Aitkin American Legion Auxiliary for over 25 years, 10 yrs. with the Aitkin Co. Pension Full Support Group as organizer, served on Ext. Committee for Aitkin Co. organized 4-H Club and HomeMaker group in Aitkin Co.

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

Joy Janzen
 Signature of Applicant

12-26-2017
 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, MINNESOTA 56431-1291
 PHONE 1-800-328-3744 or 1-218-927-7200
 FAX # 1-218-927-7210

Advisory Committee Application Form

NAME: CAROLE A HOLTEN
 (First) (MI) (Last)

Address: 48263 241ST Place Home Phone: 218-426 3627
McGregor Business Phone: —
MN. 55760 Cell Phone: 218 820-5155

Employer: Retired Occupation: —

Email Address: vatlake89@frontier.com

1. Please state your reason for applying:

*Interest in keeping seniors in home longer.
 Interest in child welfare. would like to know how I could be involved.
 Overall interest in Human Services.*

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

*Past Board member ANGELS
 Past Township Clerk
 volunteer work @ McGregor School*

3. Are you able to attend meetings during the day? Yes No

Currently meetings are held at 3:30pm on the first Wednesday 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? 1-Year 2-Year

Signature of Applicant: Carole Holten Date: _____

PLEASE COMPLETE AND SUBMIT THIS
 APPLICATION TO:

Aitkin County Health & Human Services Attention:
 Shawn Speed
 204 - 1st Street NW
 Aitkin, MN 56431

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

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: CAROLE HOLTEN

STREET ADDRESS OF APPLICANT:

48263 241ST Place

McGregor MN 55760

PHONE NUMBERS: 218426 3627

DAYS X

EVENINGS X

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

Carole Holten
Signature of Applicant

12/6/17
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, MINNESOTA 56431-1291
 PHONE 1-800-328-3744 or 1-218-927-7200
 FAX # 1-218-927-7210

Advisory Committee Application Form

NAME: Kari M Paulsen

 (First) (MI) (Last)

Address: 42593 300th Lane Home Phone: (218) 330-4472

 Business Phone: (218) 735-6121

 Aitkin MN 56431 Cell Phone: (218) 330-4472

Employer: NE MN Office of Job Training Occupation: Career Counselor

Email Address: kari.paulsen@nemojt.org

1. Please state your reason for applying:

I feel that it is imperative that community members stay active and knowledgeable about programs which directly impact our county. The Advisory Committee is an excellent opportunity to become engaged in human services to learn about programs and make recommendations from a citizen perspective. Through participation in the committee, I will be able to provide accurate information and referral sources to community members seeking services.

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

Health and Human Services Advisory Committee in 2015-2015, Operation Community Connect 2006 to 2014, Aitkin County mental Health Local Advisory Council, 2012 to 2014, Aitkin Area Chamber of Commerce Board 2015 to Present, Wilkins Lake Association Board 2010 to Present, Citizen Lake Monitor 2010 to 2014, Aitkin County Homeless Coalition 2004 to Present, Economic Development Committee 2014 to Present.

3. Are you able to attend meetings during the day? Yes No

Currently meetings are held at 3:30pm on the first Wednesday 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? 1-Year 2-Year

Signature of Applicant: Kari Paulsen

Digitally signed by Kari Paulsen.
 DN: cn=Kari Paulsen, o=NE MN Office of Job Training, ou=emh@kar.paulsen@nemojt.org, c=US
 Date: 2018.01.11 11:32:14 -0500

Date: 01/11/2018

PLEASE COMPLETE AND SUBMIT THIS
 APPLICATION TO:

Aitkin County Health & Human Services Attention:
 Shawn Speed
 204 - 1st Street NW
 Aitkin, MN 56431

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

An Equal Opportunity Employer

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: Kari M. Paulsen

STREET ADDRESS OF APPLICANT:

42593 300th Lane

Aitkin, MN 56431

PHONE NUMBERS:

DAYS (218) 735-6121

EVENINGS (218) 330-4472

AITKIN COUNTY COMMISSIONER DISTRICT 2

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 feel that it is imperative that community members stay active and knowledgeable about programs which directly impact our county. The Advisory Committee is an excellent opportunity to become engaged in human services to learn about programs and make recommendations from a citizen perspective. Through participation in the committee, I will be able to provide accurate information and referral sources to community members seeking services.

Health and Human Services Advisory Committee in 2015-2015, Operation Community Connect 2006 to 2014, Aitkin County mental Health Local Advisory Council, 2012 to 2014, Aitkin Area Chamber of Commerce Board 2015 to Present, Wilkins Lake Association Board 2010 to Present, Citizen Lake Monitor 2010 to 2014, Aitkin County Homeless Coalition 2004 to Present, Economic Development Committee 2014 to Present.

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

Kari Paulsen

Digitally signed by Kari Paulsen
DN: cn=Kari Paulsen, o=NE MN Office of Job Training, ou,
email=kari.paulsen@mnjobs.org, c=US
Date: 2018.01.11 13:40:20 -0600

01/11/2018

Signature of Applicant

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 #: _____

PURCHASE OF SERVICE AGREEMENT

The Aitkin County Health & Human Services Courthouse, Aitkin, Minnesota 56431, hereafter referred to as the Department and Lakes & Pines CAC, Inc., Address: 1700 Maple Ave E, Mora, MN 55051, hereafter referred to as Contractor, enter into this agreement for the period from January 1, 2018, to December 31, 2018.

WHEREAS, Aitkin County Health and Human Services wishes to purchase Family Resource Specialist services.

WHEREAS, the Contractor is an autonomous Community Action Program and is qualified and willing to perform such services;

NOW THEREFORE, in consideration of the mutual understandings and agreements set forth, the Department and Contractor agree as follows:

I SERVICES TO BE PROVIDED OR PURCHASED

The Department agrees to purchase and the Contractor agrees to furnish services as listed in Attachment A.

II COST AND DELIVERY OF PURCHASED SERVICES

Statements will be submitted by the 10th of each month in the approved format detailing services provided in the prior month. Payment by the Department to Contractor will be by the end of the month and will be based on actual billing.

III DELIVERY OF CARE AND SERVICES:

Except as otherwise provided herein, Contractor shall maintain in all respects its present control over and autonomy with respect to:

1. The application of its intake procedures and requirements to clients.
2. The methods, times, means and personnel for furnishing Purchased Services to eligible clients.
3. The determination of when to terminate the furnishing of Purchased Services to eligible clients.

Nothing in this agreement shall be construed as requiring Contractor to provide or continue Purchased Services to or for any eligible clients.

IV AUDIT AND RECORD DISCLOSURE

1. Allow personnel of the Department, the Minnesota Department of Human Services, and the Department of Health and Human Services, access to the Contractor's records, in accordance with state and federal laws and regulations, at reasonable hours in order to exercise their responsibility to monitor the services.
2. Maintain records at Lakes & Pines CAC, Inc. office for audit purposes.

liability insurance policy in the amount of \$1,000,000.

IX CONDITIONS OF THE PARTIES' OBLIGATIONS:

1. Before the termination date specified in the Introduction of this agreement, the Department may evaluate the performance of the Contractor in regard to the terms of this agreement to determine whether such performance merits renewal of this agreement.
2. Any alterations, variations, modifications or waivers of provisions of this agreement shall be valid only when they have been reduced to writing, duly signed, and attached to the original of this agreement.
3. No claim for services furnished by the Contractor, not specifically provided in the agreement, will be allowed by the Department, nor shall the Contractor do any work or furnish any material not covered by the agreement unless this is approved in writing by the Department. Such approval shall be considered to be a modification of the agreement.
4. If the Department determines that funds are not being administered in accordance with the approved plan and budget, they may be withdrawn after reasonable notice to the Contractor. It is understood and agreed that the parties do not anticipate that Contractor will administer funds as a result of this agreement.
5. In the event that there is a revision of Federal regulations which might make this agreement ineligible for Federal financial participation, all parties will review the agreement and renegotiate those items necessary to bring the agreement into compliance with the new Federal regulations.
6. In accordance with Minnesota Statutes, Section 245.466, Subd.3 (1), the Commissioner of Minnesota Department of Human Services is a third party beneficiary to this contract.

X SUBCONTRACTING

The Contractor shall not enter into subcontracts for any of the work contemplated under this agreement without written approval of the Department. All subcontracts shall be subject to the requirements of this contract. The Contractor shall be responsible for the performance of any subcontractor.

XI COMPLIANCE WITH THE CLEAN AIR ACT:

The Contractor certifies that it meets lawful conditions of the Clean Air Act, as required by 45 CFR 228.70 and 74.159 (4).

XII MISCELLANEOUS

1. Entire Agreement: It is understood and agreed that the entire agreement of the parties contained herein and that this agreement supersedes all oral agreements


IN WITNESS WHEREOF the Department (Aitkin County Health & Human Services) and the Contractor (Lakes and Pines C.A.C, Inc.) have executed this agreement as of the day and year first above written:

BY: _____
Mark Wedel, Chairperson
Aitkin County Board of Commissioners

DATE: _____

BY: _____
Cynthia Bennett, Director
Aitkin County Health & Human Services

DATE: _____

BY: 
Bob Benes, Executive Director
Lakes and Pines C.A.C, Inc.

DATE: 12-22-17

APPROVED AS TO FORM AND EXECUTION

BY: _____
James Ratz, Aitkin County Attorney

DATE: _____

PURCHASE OF SERVICE AGREEMENT

This agreement by and between Aitkin County Health and Human Services, 204 1st Street NW, Aitkin, MN, 56431, herein after referred to as the "Agency" and Presbyterian Family Foundation, 901 North Highway 71, Willmar, MN, 56201, hereinafter referred to as the "Contractor", enter into this agreement for the period January 1, 2018 to December 31, 2018.

WITNESSETH

WHEREAS, the Agency has identified persons who may be candidates for private guardianship or conservatorship; and

WHEREAS, the Contractor is willing and able to provide guardianship services to Vulnerable Adults in accordance with Minnesota Statutes 626 and Minnesota Department of Human Services rules; and

WHEREAS, Minnesota Statute 525 allows for reimbursement for the provision of Guardianship and Conservatorship services; and

WHEREAS, the Agency, pursuant to Minnesota Statutes, section 256, wishes to purchase such services from the Contractor;

NOW, therefore, in consideration of the mutual understandings and agreements set forth, the agency and Contractor agree as follows:

I. Contractor's Duties

- A. The Agency agrees to purchase and the Contractor agrees to provide guardianship services which includes actions and decisions on behalf of the ward and that will encourage and allow the maximum level of independent functioning in a manner least restrictive of the ward's personal freedom consistent with the need for supervision and protection. Such actions and decisions shall be limited to only those powers granted by the court and which are necessary to provide for the demonstrated needs of the ward. The Contractor shall permit and encourage input by the nearest relative of the ward in planning and decision making in behalf of the ward as long as this person is acting in the best interests of said ward.
- B. Guardianship/Conservatorship services will be provided in accordance with MN Statutes, Section 252A, and applicable Minnesota Rules, including 9525.3010=3100 and incorporated herein by reference.
- C. Purchased services will be provided within the State of Minnesota.
- D. The Contractor agrees to provide the Agency with a written description of their Guardianship/Conservatorship program.

E. The Contractor shall, in writing within 10 days, notify the Agency whenever it is unable to, or going to be unable to, provide the required quality or quantity of the Purchased Services. Upon such notification, the Agency shall determine whether such inability will require modification or cancellation of the contract.

II. Terms of Payment

A. The rate to be paid by the Agency for purchased services under this contract is \$56.65 per hour with monthly contact permitted to two hours per month for individuals living in a supervised setting and three hours per month for individuals living in their own homes and shall not exceed \$4078.80 per case, plus mileage. Situations deeming addition contact beyond the established time will require prior authorization by the county case manager coordinating the case. The Contractor shall, upon authorization from a Court of Law, charge the individual for whom services are being provided or bill alternative financial resources available to pay for services, prior to any payments from the Agency. All payment will be in the amount and in the manner described below.

a. Services will be reimbursed on a fee-for-service basis for authorized services in accordance with the rate schedule in Exhibit A.

B. The Contractor shall, within five (5) working days following the last day of each calendar Month, submit a standard invoice to the Agency or the County of Financial Responsibility. The invoice shall show the total cost for all program services, and the name and home address of each client for whom services were provided.

C. Compensation to the Contractor shall be conditioned on compliance of all applicable laws, rules and standards by the Contractor.

D. The Contractor shall establish written procedures for terminating services to a client. The written procedures shall include the specific grounds for termination of service.

III. Individual Service Plan

A. The parties understand and agree that all services provided to eligible clients under the Terms of this contract shall be in accordance with the individual service plan, (if Applicable). The Agency will develop the client's individual plan and the Contractor will coordinate service delivery with the client's case manager, as required.

B. All services provided to eligible clients under the terms of this contract shall be directed toward the client's achievement of the goals and objectives identified in the client's individual plan. Performance of the Contractor will be monitored and evaluated in accordance with client outcomes as specified in the individual plan, and in accordance with the Minnesota Data Privacy Act.

IV. Audit and Record Disclosures

- A. The Contractor must include the name and home address of each client for whom services are included on a bill submitted to the Agency or County of Financial Responsibility if the Agency or County of Financial Responsibility has requested the information.
- B. The Agency's procedures for monitoring the Contractor's performance under this contract, including compliance with all applicable rules and laws, which may include but are not limited to: on-site visits to the Contractor's facility; review of the client files; review of the Contractors' records; and review of reports and data provided by the Contractor at the Agency's request. Program records, including written policies and procedures required by rule or law, client records, medical records, assessments, individual service or treatment plans, shall be maintained for four years. Consistent with Minnesota Statutes, Section 13.46, Subdivisions 7, 8 and 9, the Contractor agrees to allow personnel of the Agency, the Minnesota Department of Human Services, and the Department of Health and Human Services, access to the Contractor's facility and records at reasonable hours to exercise their responsibility to monitor purchased services. The Contractor agrees to keep complete books and records according to generally accepted accounting principles which shall fully document receipts and expenditures under this contract. Either manual or electronically stored records shall include, but not be limited to: ledgers, vouchers, receipts, bank statements, cancelled checks, payroll and cash account records, and other supporting documents. Contractor further agrees to maintain all records pertaining to the contract at its offices for four years for audit purposes.

V. Safeguard of Client Information

- A. The use or disclosure by any party of information concerning an eligible client in violation of any rule of confidentiality provided by in Minnesota Statutes, Chapter 13, or for any responsibility with respect to the Purchased Services hereunder is prohibited except on written consent of such eligible client, the client's attorney or the client's responsible parent or guardian.
- B. The individual employed by the Contractor who is designated to assure compliance with the Minnesota Government Data Practices Act, in accordance with Minnesota Statutes, Section 13.46, Subdivision 10, Paragraph (3) shall be Shirley Olson.

VI. Equal Employment Opportunity and Civil Rights and Nondiscrimination

The Contractor agrees to comply with the Civil Rights Act of 1964, Title VII (42 USC 2000e); including Executive Order No. 11246, and Title VI (42 USC 2000d); and the Rehabilitation Act of 1973, as amended by Section 504.

VII. Fair Hearing and Grievance Procedures

The Agency agrees to provide for a fair hearing and grievance procedure in conformance with Minnesota Statutes, Section 256.045, and in conjunction with the Fair Hearing and Grievance Procedures established by administrative rules of the Minnesota Department of Human Services.

VIII. Bonding, Indemnity, Insurance, and Audit Clause

- A. Bonding: The Contractor agrees to obtain and maintain for the duration of this agreement a fidelity bond covering the activity of its personnel authorization to receive or distribute monies. Such bond shall be in the amount of \$10,000.
- B. Indemnity: The Contractor agrees that it will at all times indemnify and hold harmless the Agency from any and all liability for loss, damage, or injuries arising from its performance under this contract if:
- 1.) By reason of any service clients suffer personal injury, death, or property loss or damages either while participating in or receiving from the Contractor the care and services to be furnished by the Contractor under this contract, or while on premises owned, leased, or operated by the Contractor, or while being transported to or from the premises in a vehicle owned, operated, chartered, or otherwise contracted for by the Contractor or its assigns:
 - 2.) By reason of any service a client causes injury to, or damage to, the property of another person during any time when the Contractor, the Contractor's assigns or employee thereof has undertaken or is furnishing the care or service called for under this contract.
- C. Insurance: The Contractor does further agree that in order to protect itself as well as the Agency under the indemnity provisions set forth above, it will, at all time during the term of this agreement, have and keep in force a liability insurance policy in the minimum amount of \$500,000 (Five Hundred Thousand Dollars) for total injuries or damages to any one person and \$1,500,000 (One million and five hundred thousand dollars) for total injuries or damages arising from any on incident. In addition, will carry a \$3,000,000 general aggregate liability policy.
- D. Audit: The Contractor agrees that within 150 days of the close of its fiscal year an audit will be conducted. After completion of the audit, a copy of the audit report must be available upon request.
- IX. Conditions of the Party's Obligations

- A. This agreement may be cancelled by either party at any time, upon 30 days notice, in writing, delivered by mail or in person.
- B. Any alterations, variations, modification, or waivers of provisions of this agreement shall be valid only when they have been reduced to writing, duly signed, and attached to the original of this agreement.
- C. No claim for services furnished by the Contractor, not specifically provided in the agreement, will be allowed by the Agency, nor shall the Contractor do any work or furnish any material not covered by the agreement, unless this is approved in writing by the Agency. Such approval shall be considered to be a modification of the agreement.
- D. In the event there is a revision of State or Federal regulations which might make this agreement ineligible for Federal or State financial participation, all parties will review the agreement and renegotiate those items necessary to bring the agreement into compliance with the new regulations.
- E. In accordance with Minnesota Statutes, Section 245.466, Subdivision 3 (1), the Commissioner of the Minnesota Department of Human Services is a third party beneficiary to this contract.

X. Subcontracting

The Contractor shall not enter into subcontracts for any of the goods and services contemplated under this agreement without written approval of the Agency. This provision shall include services to be provided by the Contractor's legal consult for which additional charges would be assessed to the individual or the Agency.

All subcontracts shall be subject to all the requirements of this contract, including the requirement that the Commissioner of Human Services shall be a third party beneficiary of the contract. The Contractor shall be a third party beneficiary of the contract. The Contractor shall be responsible for the performance of any subcontractor.

XI. Miscellaneous

It is understood and agreed that the entire agreement of the parties is contained herein and that this agreement supersedes all oral agreements and negotiations between the parties relating to the subject matter hereof, as well as any previous agreements presently in effect between the Contractor and any county social services relating to the subject matter hereof.

It is agreed and understood that should the county discontinue participation in the contract or be unable to pay for services that the county agrees to be willing to be names as or provide a successor guardian or conservator.

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

Catherine C. Johnson
Presbyterian Family Foundation, Inc.

12-27-17
Date

Administrator
Title

Dyann Bennett
Director, Aitkin County Health & Human Services

12-26-17
Date

Chairperson, Aitkin County Board

Date

Approved as to legality and form:

Aitkin County Attorney

Date

Attachment A

GUARDIANSHIP/CONSERVATORSHIP FEES

GUARDIANSHIP OF THE PERSON
CONSERVATORSHIP OF THE ESTATE

GENERAL DUTIES (include, but are not limited to)

1. Visits with the clients shall be at least once a month. They may be by telephone or written communication with the person's caregiver, if appropriate.
2. Attend case conferences, annual meetings and appropriate court hearings.
3. File annual well-being reports to the court.
4. Review and sign consents, fill out financial applications as needed, monitor personal needs monies and take care of any required correspondence.
5. Take necessary and appropriate actions on behalf of the client and his/her estate.
6. File an annual or final account when necessary.

Whenever possible, trained volunteers will be matched with some clients to be a friend and a liaison to enhance the relationship between the person and PFF.

The hourly rate to be paid is \$56.65. Mileage is to be paid at a rate of current federal tax rate.

Fees do not include attorney fees on behalf of client. See Section X of this contract.

PURCHASE OF SERVICE AGREEMENT

The Aitkin County Health & Human Services Courthouse, Aitkin, Minnesota 56431, hereafter referred to as the Department and Phil Tange, LICSW, hereafter referred to as Contractor; enter into this agreement for the period from January 1, 2018 to December 31, 2018.

WHEREAS, Minnesota Statutes, section 245.461 to 245.486 and 245.487 to 245.4888 establishes the Comprehensive Adult Mental Health Act and the Comprehensive Children's Mental Health Act; and

WHEREAS, the Department is required to provide Mental Health services in accordance with the Comprehensive Mental Health Act and the Comprehensive Children's Mental Health Act; and

WHEREAS, the Department pursuant to Minnesota statutes, section 373.01, 373.02, 245.465(4), and 256E.08 wishes to purchase mental health services from multi-disciplinary service Contractor; and

WHEREAS, the Contractor is an autonomous mental health provider in private practice, and in multiple disciplines and is qualified and willing to perform such services;

NOW THEREFORE, in consideration of the mutual understandings and agreements set forth, the Department and Contractor agree as follows:

I SERVICES TO BE PROVIDED OR PURCHASED

The Department agrees to purchase and the Contractor agrees to furnish services as listed in Attachment A.

Individual and group clinical supervision as required under the Comprehensive Mental Health Act and the Comprehensive Children's Mental Health Act. Pre-petition screenings for chemical dependency and mental health commitments. Read and approve LOCUS, functional assessments, and adult mental health case plans. Complete Diagnostic Assessments for those without insurance, if needed.

II COST AND DELIVERY OF PURCHASED SERVICES

Statements will be submitted by the 10th of each month in the approved format detailing services provided in the prior month. Payment by the Department to Contractor will be by the end of the month and will be based on actual billing.

III DELIVERY OF CARE AND SERVICES:

Except as otherwise provided herein, Contractor shall maintain in all respects its present control over and autonomy with respect to:

1. The application of its intake procedures and requirements to clients.

2. The methods, times, means and personnel for furnishing Purchased Services to eligible clients.
3. The determination of when to terminate the furnishing of Purchased Services to eligible clients.

Nothing in this agreement shall be construed as requiring Contractor to provide or continue Purchased Services to or for any eligible clients.

IV AUDIT AND RECORD DISCLOSURE

1. Allow personnel of the Department, the Minnesota Department of Human Services, and the Department of Health and Human Services, access to the Contractors records, in accordance with state and federal laws and regulations, at reasonable hours in order to exercise their responsibility to monitor the services.
2. Maintain records for audit purposes.
3. Comply with Minnesota Code for Agency Rule - Minnesota Department of Public Welfare and the Minnesota Government Practice Act, M.S. 15.1611 - 16.1698. (Suppl. 1979)

V SAFEGUARD OF CLIENT INFORMATION:

1. The use or disclosure by any party of information concerning an eligible client in violation of any rule of confidentiality of for any purpose not directly connected with the administration of the Departments or Contractors responsibility with respect to the Purchased Services hereunder is prohibited except on written consent of such eligible client or his/her responsible parent or guardian.
2. The Contractor assures compliance with Minnesota Government Data Practices Act, in accordance with Minnesota Statutes, section 13.46, subdivision 10, paragraph (d).

VI EQUAL EMPLOYMENT OPPORTUNITY AND CIVIL RIGHTS CLAUSE:

The Contractor agrees to comply with the Civil Rights Act of 1964, Title VII (43 USC 2000e), including Executive Order No. 11246, and Title VI (42 USC 2000d).

VII FAIR HEARING AND GRIEVANCE PROCEDURES:

The Contractor agrees that a fair hearing and grievance procedure will be established.

VIII BONDING, INDEMNITY, AND INSURANCE CLAUSE:

1. The Contractor shall save and hold the County of Aitkin and the Department

harmless from all liability for damages to persons or property arising out of the services performed under the terms of the contract. The Contractor shall indemnify the County of Aitkin and the Department for any liability assessed to the county and the Department on account of the services performed under the terms of the contract. The Contractor agrees to purchase liability insurance naming Aitkin County Department of Health & Human Services as an additional insured in an amount at least equal to the maximum liability limits set forth in Minnesota Statutes, 466.04, Subd.1, of \$500,000 per person and \$1,500,000 per occurrence and agrees to provide the County of Aitkin and the Department a certificate of insurance or other document demonstrating that such insurance has been procured. Contractor shall provide proof of insurance prior to commencement of Contractors performance under this agreement.

2. Insurance: The Contractor does further agree that, in order to protect itself as well as the Department under the indemnity agreement provision hereinabove set forth, it will, at all times during the term of this contract, have and keep in force a liability insurance policy in the amount of \$1,500,000.

IX CONDITIONS OF THE PARTIES OBLIGATIONS:

1. Before the termination date specified in the Introduction of this agreement, the Department may evaluate the performance of the Contractor in regard to the terms of this agreement to determine whether such performance merits renewal of this agreement.
2. Any alterations, variations, modifications or waivers of provisions of this agreement shall be valid only when they have been reduced to writing, duly signed, and attached to the original of this agreement.
3. No claim for services furnished by the Contractor, not specifically provided in the agreement, will be allowed by the Department, nor shall the Contractor do any work or furnish any material not covered by the agreement unless this is approved in writing by the Department. Such approval shall be considered to be a modification of the agreement.
4. If the Department determines that funds are not being administered in accordance with the approved plan and budget, they may be withdrawn after reasonable notice to the Contractor. It is understood and agreed that the parties do not anticipate that Contractor will administer funds as a result of this agreement.
5. In the event that there is a revision of Federal regulations which might make this agreement ineligible for Federal financial participation, all parties will review the agreement and renegotiate those items necessary to bring the agreement into compliance with the new Federal regulations.
6. In accordance with Minnesota Statutes, Section 245.466, Subd.3 (1), the

Commissioner of Minnesota Department of Human Services is a third party beneficiary to this contract.

X SUBCONTRACTING

The Contractor shall not enter into subcontracts for any of the work contemplated under this agreement without written approval of the Department. All subcontracts shall be subject to the requirements of this contract. The Contractor shall be responsible for the performance of any subcontractor.

XI COMPLIANCE WITH THE CLEAN AIR ACT:

The Contractor certifies that it meets lawful conditions of the Clean Air Act, as required by 45 CFR 228.70 and 74.159 (4).

XII MISCELLANEOUS

1. Entire Agreement: It is understood and agreed that the entire agreement of the parties contained herein and that this agreement supersedes all oral agreements and negotiations between the parties relating to the subject matter hereof, as well as any previous agreements presently in effect between the Contractor and Aitkin County Health and Human Services Department relating to the subject matter hereof.
2. This contract may be terminated or renegotiated upon 30 days written notification by either party.
3. Phil Tange agrees to provide Aitkin County Health & Human Services, (attached to the contract):
 - A. Verification of professional qualifications and licensure. (Attachment B).
4. Program and fiscal records shall be retained in the Contractor facility for a minimum of five years.
5. This contract may be extended for a period of six months at the option of the County of Aitkin. If the county desires to extend the term of the contract, it shall notify the Contractor in writing at least sixty days before the expiration of the contract. All terms of this contract will remain in effect pending execution of a contract amendment, execution of new contract or notice of termination.

IN WITNESS WHEREOF the Department (Aitkin County Health & Human Services) and the Contractor (Phil Tange) have executed this agreement as of the day and year first above written:

BY: Cynthia Bennett
Cynthia Bennett, Director
Aitkin County Health & Human Services

DATE: 1-2-18

BY: _____
Commissioner ~~Mark Weast~~, Chairperson
Aitkin County Health & Human Services Board

DATE: _____

BY: Phil Tange
Phil Tange, LICSW

DATE: 12/22/17

APPROVED AS TO FORM AND EXECUTION

BY: _____
Jim Ratz
County Attorney

DATE: _____

COST & DELIVERY OF PURCHASED SERVICES

Mental Health Professional Time as follows:

Clinical Supervision for four staff at one hour each	@	\$90.00/hour
Clinical Supervision via conference call	@	\$90.00/hour
Group Supervision	@	\$90.00/hour
Consultation with staff upon appointment	@	\$90.00/hour
Pre-petition screens for mental health and/or chemical dependency commitments (preparation and interviews)	@	\$90.00/hour
Read and approve LOCUS, functional assessments, and adult mental health case plans	@	\$90.00/hour

Mental Health professional will be on-site at Aitkin County Health & Human Services one day per month; minimum of four hours with maximum of eight hours per day.

Since the request for pre-petition screens is unpredictable, this service will be provided upon the availability of the mental health professional.

Both parties have agreed to increase the time to two (2) days per month should the need for this service increase.



2018-2019 County MFIP Biennial Service Agreement

January 1, 2018 - December 31, 2019

DHS-3863-ENG 9-17

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Enter the county's unique ID number

Contact Information

COUNTY/CONSORTIUM NAME

PLAN YEAR

CONTACT PERSON

TITLE

ADDRESS

CITY

STATE

ZIP CODE

PHONE NUMBER

EMAIL ADDRESS (where correspondence related to this form will be sent)

CONFIRM EMAIL ADDRESS

Note: Please review the 2018-2019 MFIP Biennial Service Agreement Bulletin for more details before you complete this document.

County MFIP Biennial Service Agreement

Page 2 of 17

A. Needs Statement

1. Besides funding, what is the single biggest challenge you are facing in financial assistance services?

As a small county, our Financial Workers are unable to specialize in a singular program area. It is a challenge to keep all program rules clear due to the different policy per program. Creating simplicity and standardization of program rules and manuals would assist my staff immensely. All programs are going through major reforms and this causes frustration and confusion for my team. ^

Better resources at DHS regarding policy and less "silo" thinking would be helpful to my team. For instance, CCAP and MFIP are paired together quite often these programs have such different ways of looking at eligibility it is difficult to keep existing workers in the loop on changes and new workers to understand the intricacies of each program. v

characters remaining

2. Besides funding, what is the single biggest challenge you are facing in employment services?

A significant number of our clients are open to MFIP through the FSS program with our workforce center. These clients have difficult challenges to move through to become self-sufficient. There is a lack of mental health and chemical dependency providers in our area to assist people through these challenges. Due to our area, transportation feeds into these issues for our clients. ^

I have been in discussion with our Employment Services Providers about these barriers and the opioid and transportation issues are the major items impeding self-sufficiency. v

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County MFIP Biennial Service Agreement

Page 3 of 17

A. Needs Statement (continued)

3. What strengths and resources do you have available to address the needs of your participants?

Please **check all** the resources available to participants in your service area and check whether the resource is available within MFIP financial or employment services "in-house" or from a partner organization (county resources with developed connections to MFIP), and/or an external community resource or both. If you lack sufficient resources in your area, check the Resource Gaps column, even if there are some resource sources. Add any "other" resources that you consider necessary.

MFIP Resources	Partner Resources	Community Resources	Resource Gaps	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ABE/GED
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adult/elder services
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Career planning
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Childcare funds
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chemical health services
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Computer lab access
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Credit counseling/financial literacy
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	English Language Learner (ELL)
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food shelf
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Housing assistance
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Job club
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Job development
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Job placement
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Job retention
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Job search workshops
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Mental health services
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	On-the-job training program
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Post-secondary education planning
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Short-term training
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Supported work
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Paid work experience
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transportation assistance (gas cards, bus cards)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Vehicle repair funds
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Volunteer opportunities
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Youth program
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other

Other

4. County Program Contact Information

Please name contacts for the following programs if different from the contact on the cover page. You only need to give a person's phone and email once.

MFIP STAFF CONTACT NAME	PHONE NUMBER	EMAIL ADDRESS
DWP STAFF CONTACT NAME	PHONE NUMBER	EMAIL ADDRESS
FINANCIAL ASSISTANCE SERVICES STAFF CONTACT NAME	PHONE NUMBER	EMAIL ADDRESS

County MFIP Biennial Service Agreement

Page 4 of 17

A. Needs Statement (continued)

Employment Services Provider(s) Information

Statute 256J.50, subdivision 8: Each county, or group of counties working cooperatively, shall make available to participants the choice of at least two employment and training service providers as defined under Minnesota Statutes, section 256J.49, subdivision 4, except in counties contracting with workforce centers that use multiple employment and training services or that offer multiple services options under a collaborative effort and can document that participants have choice among employment and training services designed to meet specialized needs.

List your current employment services provider(s) and check the respective box to indicate which population served. If a Workforce Center is the only employment services provider, list the multiple employment and training services among which participants can choose. Section G of this form addresses provider choice.

NAME	ADDRESS	CONTACT PERSON	PHONE NUMBER
Arrowhead Economic Opportunity Ag	20 3rd Street NE, Aitkin MN 56431	Aileen DeMenge	218-735-6123
Population Served <input checked="" type="checkbox"/> MFIP ES <input checked="" type="checkbox"/> DWP ES <input checked="" type="checkbox"/> FSS <input checked="" type="checkbox"/> Teen Parents <input checked="" type="checkbox"/> 200% FPG			
NAME	ADDRESS	CONTACT PERSON	PHONE NUMBER
Northeast Minnesota Office of Job T	20 3rd Street NE, Aitkin MN 56431	Kari Paulsen	218-735-6121
Population Served <input checked="" type="checkbox"/> MFIP ES <input checked="" type="checkbox"/> DWP ES <input checked="" type="checkbox"/> FSS <input checked="" type="checkbox"/> Teen Parents <input checked="" type="checkbox"/> 200% FPG			

County MFIP Biennial Service Agreement

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B. Service Models**Minnesota Family Investment Program (MFIP) and the Diversionary Work Program (DWP)**

1. Do you have culturally specific employment services for different racial/ethnic groups?

 No Yes *Check all that apply.*

- African American African immigrant Asian American Asian immigrant
 American Indian Hispanic/Latino Other

2. What strategies do you use for hard-to-engage participants? *Check all that apply.*

- Home visits Sanction outreach services Incentives
 Off-site meeting opportunities Other

3. What types of job development do you do? *Check all that apply.*

- Sector job development Individual job development Other

4. Do you have an ongoing job development partnership or sector based job development with community employers to help participants with employment?

 No Yes *Check all activities employers provide.*

- Interview opportunities Job skills training Job placement Job shadowing On-site job training
 Work experience Helps plan training programs Other SPECIFY:

5. Do you provide job retention services to employed participants while they are receiving MFIP?

 No Yes *Check all that apply.*

- Available to assist with issues that develop on the job Financial planning Soft skills training
 Mentoring Transportation Personal contact with the employee HOW OFTEN?
 Other SPECIFY:

How long do you provide job retention services?

- Less than 3 months 3-6 months 7-12 months More than one year

6. Do you provide job advancement services to employed participants?

 No Yes *Check all that apply.*

- Career laddering Networking Coaching/mentoring Ongoing job search
 Education/training Other

7. Do you utilize any career pathways programs or skill assessment and credentialing programs for your participants?

 No Yes *Check all that apply.*

- Pathways to Prosperity (P2P) Work Keys National Career Readiness Certificate (NCRC)
 Other

County MFIP Biennial Service Agreement

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B. Service Models (continued)

Family Stabilization Services (FSS)

1. Do you have professionals available to assist with FSS cases?

No Yes *Check all that apply*

- Adult Mental Health professional
- Public Health Nurse
- Children's Mental Health professional
- Psychologist
- Chemical Health professional
- Vocational Rehabilitation worker
- Adult Rehabilitation Mental Health Services (ARMHS) worker
- Social Worker
- Other SPECIFY: SPECIFY: Advocates Against Domestic

2. Do you make referrals for children of FSS participants?

No Yes *Check all that apply*

- Children's Mental Health Services
- Women, Infants and Children Program (WIC)
- Public Health Nurse home visiting services
- Other SPECIFY: Child Care Assistance Program
- Child Wellness Check-ups

3. Are any of these services for children offered to non-FSS families?

No Yes

Services for families no longer on MFIP/DWP but under 200% of Federal Poverty Guideline

1. Do you provide services to families who are not receiving DWP or MFIP assistance but are under 200% of the Federal Poverty Guideline (FPG)?

No Yes *Check all the services that apply*

- ABE/ELL Classes
- Job retention services
- Child care
- Referral to other programs
- Computer Lab Access
- Support Services
- GED
- Training/Job Skills Classes
- Job postings
- Other

County MFIP Biennial Service Agreement

B. Service Models (continued)

Minnesota Family Investment Program (MFIP) Services for Teen Parents

1. Are there specialized workers who work primarily with teens (for example, child care worker provides child care resources to teens only)?

No Yes *Check all that apply for each age group*

- | Minors
(under age 18) | Age
18/19 | |
|-------------------------------------|-------------------------------------|---------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Financial worker |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Employment service worker |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Social worker (Social Services) |
| <input type="checkbox"/> | <input type="checkbox"/> | Public health nurse |
| <input type="checkbox"/> | <input type="checkbox"/> | Child care worker |
| <input type="checkbox"/> | <input type="checkbox"/> | Other job role |

2. Is there a single point of contact for teens, that is, one staff with primary responsibility for keeping in contact with the teen, working with the teen, and making connections to other services? Respond for each age group separately. If yes for an age group, check the one position that serves this function within that age group.

No Yes

- | Minors (under age 18) | Age 18/19 |
|------------------------------------------------------------------|------------------------------------------------------------|
| <input type="radio"/> Financial worker | <input type="radio"/> Financial worker |
| <input type="radio"/> Employment service worker | <input checked="" type="radio"/> Employment service worker |
| <input checked="" type="radio"/> Social worker (Social Services) | <input type="radio"/> Social worker (Social Services) |
| <input type="radio"/> Public health nurse | <input type="radio"/> Public health nurse |
| <input type="radio"/> Child care worker | <input type="radio"/> Child care worker |
| <input type="radio"/> Other job role | <input type="radio"/> Other job role |

3. Does your county have an active partnership with the local public health agency to get teen parents enrolled and engaged in public health nurse home visiting services? *Check one for each age group.*

Minors (under age 18)
 Yes, mandatory
 Yes, voluntary
 No

Age 18/19
 Yes, mandatory
 Yes, voluntary
 No

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C. Measures

Performance Measures

1. Performance-based funding is determined by a service area's annualized Self-Support Index value. Review the Information and report links in this section to see the effect of performance on funding and reporting, based on Statute 256J.626, subdivision 7.

Starting for calendar year 2016, each service area funding allocation starts at 100 percent. Each year starting with the 2016 allocation, a bonus to a service area's Consolidated Fund allocation will be based on its performance on the Self-Support Index in the previous April to March year.

The **three-year Self-Support Index (S-SI)**: This measure starts with all adults receiving MFIP or DWP cash assistance in a quarter and tracks what percentage of them, three years later, are no longer receiving family cash assistance or are working an average of 30 hours a week if still receiving cash assistance. Those who left MFIP after reaching 60 counted months and those who left due to 100 percent sanction are only counted as a success if they worked an average of 30 hours per week in their last month of eligibility or if they began receiving Supplemental Security Income (SSI) after family cash assistance ended. To provide fair comparisons across service areas, DHS calculates a "Range of Expected Performance" for the S-SI that is based on local caseload characteristics and economic conditions. The service area's Self-Support Index value is whether the service area was above, within, or below its expected Range.

The S-SI and Range are annualized for the four quarters in the April through March year ending in the reporting year before the funding year. See the MFIP Annualized S-SI and WPR report for 2017 on the MFIP Reports page on the DHS website. A service area with an annualized S-SI "above" its customized Range of Expected Performance for 2017 will receive a 2.5 percent bonus added to its

[Consolidated Fund allocation for calendar year 2018.](#)
[MFIP Annualized S-SI and WPR report \(PDF\)](#)

If your service area is receiving a bonus, congratulations! Please share a success strategy here:

In Aitkin County, MFIP and DWP rules and policies are communicated clearly to each family so that they understand what the expectations are. Additionally, we set high standards so that families are expected to be at their best and are rewarded by their success. We also focus on providing follow up services to those families who have left MFIP and DWP with a strong focus in job retention.

In autumn of 2017, our employment services and financial workers have started utilizing a new tool to ensure we have cases coded correctly. We are working through this as a new function to our meetings and are hoping to improve the WPR in Aitkin County.

A couple of our major challenges in improvement of our WPR are the first two months a client is open are counted in our rate even if the individual is FSS, our transportation issues in the county and we need to be more diligent with our sanction process.

Aitkin County and our ESP have an excellent working relationship and have a shared vision of improving our WPR and S-SI numbers. Aitkin County has fairly successful S-SI number but our WPR is a challenge to meet.

6882 characters remaining

In the future, if your service area has an annualized S-SI below its range for two consecutive years, you will have to **negotiate a multi-year improvement plan** with the commissioner. If no improvement is shown by the end of the second year of the multi-year plan, the next year's allocation must be decreased by 2.5 percent, to remain in effect until the service area performs within or above its Range of Expected Performance. For example, a service area scoring "below" for 2016 and 2017 would need to put in place a multi-year improvement plan. If continuing "below" for 2018 and 2019, there would be a 2.5 percent decrease for the 2020 Consolidated Fund allocation which would continue until an annualized S-SI above or within its Range. Then the service area would receive 100 percent of the allocation.

Supplemental Information about the Performance Management System and Performance Improvement Plans can be found on CountyLink: www.dhs.state.mn.us/HSPM. If you would like additional information, contact the DHS Performance Management team at DHS.HSPM@state.mn.us or 651-431-5780.

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C. Measures (continued)

Racial/Ethnic Disparities

2. A **racial/ethnic disparity** for a service area is defined as a **one-year Self-Support Index** that is five or more percentage points lower for a non-white racial/ethnic group than for the white group of MFIP/DWP-eligible adults in that area. Access the report "Two-Year Performance Trends of Racial/Ethnic and Immigrant Group". This report lists (1) service areas that have any racial/ethnic disparities requiring action and (2) the table of differences for all service areas.

[Performance Measures by Racial/Ethnic or Immigrant Group \(PDF\)](#)

If your service area is in the disparity list, please answer the following question:

DHS will work with you to reduce these disparities.

What strategies and action steps for each of the groups with disparities do you plan for the coming biennium?

8000 characters remaining

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D. Program Monitoring/Compliance

1. What procedures do you have in place to ensure that program funds are being used appropriately as directed in law? *Check all that apply.*

- Budget control procedures for approving expenditures
- Cash management procedures for ensuring program income is used for permitted activities
- Internal policies around use of funds, i.e. participant support services
- Other

2. What procedures do you have in place to ensure program policies are followed and applied accurately? *Check all that apply.*

- Case consultation
- Sample case review by workers
- Sample case review by supervisors
- Other

If your service area has not made changes to your random drug testing policy since the last BSA, go to Section E.

3. What procedures/policies do you have in place for administering random drug tests of convicted drug felons on MFIP as required by Minnesota Statutes, section 256J.26, subdivision 1?

- Written policy within the MFIP unit
- Coordination with Corrections
- Currently establishing new policy/procedure(s)
- Other SPECIFY:

If your random drug testing policy has changed since the last BSA, please submit a copy to Tria Chang at Tria.Chang@state.mn.us

E. Collaboration and Communication with Others

1. How many employment services front-line staff are employed in your county or consortium?

How many employment services front-line staff in your county or consortium have MAXIS access?

How many managers/supervisors have MAXIS access?

2. Describe the process your service area uses to identify and resolve discrepancies between MAXIS and WF1 data in areas such as Family Stabilization Services coding, employment/hours, sanction status, etc.

Employment Service staff work very closely with Aitkin County Health and Human Services Financial Workers to clarify any discrepancies. We meet monthly for caseload reviews where Maxis access is available so that cases can be reviewed and any shortcomings can be discussed and corrected.

In autumn of 2017, our employment services and financial workers have started utilizing a new tool to ensure we have cases coded correctly. We are working through this as a new function to our meetings and are hoping to improve the WPR in Aitkin County.

A couple of our major challenges in improvement of our WPR are the first two months a client is open are counted in our rate even if the individual is FSS, our transportation issues in the county and we need to be more diligent with our sanction process.

Aitkin County and our ESP have an excellent working relationship and have a shared vision of improving our WPR and S-SI numbers. Aitkin County has fairly successful S-SI number but our WPR is a challenge to meet.

6985 characters remaining

F. Emergency Services

1. Does your county provide emergency or crisis services from your Consolidated Fund?

No Yes

If yes, enter your most up-to-date emergency/crisis services plan

This will be attached in an email to you. This is an updated plan that will go before the County Board on 1/23/18 for approval.

characters remaining

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G. Other

Administrative Cap Waiver

Minnesota Family Investment Program (MFIP) allows counties to request a waiver of the MFIP administrative cap (currently at 7.5%) for providing supported employment, uncompensated work or community work experience program for a major segment of the county's MFIP population. Counties that are operating such a program may request up to 15% administrative costs.

If your county is interested in applying for the waiver for the coming biennium, please complete the following four questions. Email Tria.Change@state.mn.us if you need assistance with the waiver.

1. Describe the activity(s) you will provide.

4000 characters remaining

2. Explain the reasons for the increased administrative cost.

characters remaining

3. Describe the target population and number of people expected to be served.

characters remaining

4. Describe how the unpaid work experience is designed to impart skills and what steps are taken to help participants move from unpaid work to paid work.

characters remaining

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G. Other (continued)

Addendum for Unpaid Work Experience Activities

If your county is providing unpaid work experience activities for MFIP participants and you don't already have an Injury Protection Plan (IPP) in place, please fill out the IPP form. Email the completed form to Trla.Chang@state.mn.us.

Provider Choice

Does your county:

- Have at least two employment and training services providers. Go to Section H.
- Have a workforce center that provides multiple employment and training services, offers multiple services options under a collaborative effort and can document that participants have choice among employment and training services designed to meet specialized needs. Go to Section H.
- Intend to submit a financial hardship request.

County MFIP Biennial Service Agreement

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G. Other (continued)

Financial Hardship Request

FINANCIAL HARDSHIP - Exception to Choice of Employment Service Providers Requirement

MFIP provisions require counties to make a choice of at least two employment service providers available to participants unless a workforce center is being utilized (Minnesota Statutes, section 256J.50, subdivision 8). Counties may request an exception if meeting this requirement results in a financial hardship (Minnesota Statutes, section 256J.50, subdivision 9).

A financial hardship is defined as a county's inability to provide the minimum level of service for all programs if a disproportionate amount of the MFIP consolidated fund must be used to cover the costs of purchasing employment services from two providers or the cost of contracting with a workforce center.

To request approval of a financial hardship exception from the choice of provider requirement, please provide the following information.

1. If the county had a choice of providers in calendar year 2015, describe:
 - factors that have changed which indicate a financial hardship
 - why the hardship is expected to persist in the near future and
 - the magnitude of the hardship, which makes limiting delivery of employment services the best financial option for the county.

characters remaining

2. Summarize options explored by the county, including use of other partners in a workforce center or other community agencies, such as a Community Action Program or a technical college. The summary should also include:
 - major factors which prevent the county from utilizing these options and include a cost analysis of each option considered; and
 - the process used to determine the cost of other options (RFP or other county process).

characters remaining

3. If the county proposes to directly deliver MFIP employment services, provide a budget and staffing plan that clearly indicates consolidated funds will not be used to supplant county funds. The description should include information about what steps will be taken to ensure that county staff have the experience and skills to deliver employment services.

characters remaining

The Department of Human Services (DHS) and the Department of Employment and Economic Development (DEED) will also review the amount budgeted by the county for employment and training during calendar year 2015 and use this amount as a guide to determine whether the amount budgeted by the county for calendar year 2016 is reasonable.

If a financial hardship is approved, DHS and DEED will closely monitor county programs to ensure outcomes are achieved and services are being delivered consistent with state law.

County MFIP Biennial Service Agreement

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H. Budget

Click on the link below to review your service area's 2018 MFIP allocations:

[MFIP Consolidated Fund \(PDF\)](#)

In the budget table, indicate the amount and percentage for each item listed for the budget line items for calendar years 2018-2019. Also note:

- Total percent must equal 100.
- MFIP administration is capped at 7.5 percent unless the county is applying for an administrative cap waiver. To apply for the administrative cap waiver, respond to the questions in Section G under Administrative Cap Waiver.
- If "other" is used, briefly describe the line item.

2018 Budget

Budgeted Amount	Percent	Line Items
		Employment Services (DWP)
		Employment Services (MFIP)
		Emergency Services/Crisis Fund
		Administration (cap at 7.5%)
		Income Maintenance Administration
		Other 1
		Other 2
		Total

2019 Budget

Budgeted Amount	Percent	Line Items
		Employment Services (DWP)
		Employment Services (MFIP)
		Emergency Services/Crisis Fund
		Administration (cap at 7.5%)
		Income Maintenance Administration
		Other 1
		Other 2
		Total

Email Brandon.Riley@state.mn.us if you need assistance with this section.

County MFIP Biennial Service Agreement

Certifications and Assurances

Public Input

Prior to submission, did the county solicit public input for at least 30 days on the contents of the agreement?

No Yes

Was public input received?

No Yes

If received but not used, please explain.

The notice will be on the Aitkin County website from 12/27/2017 through 1/31/2018 and in the publications of the Aitkin Independent Age on the following dates: 1/3/2018, 1/10/2018, 1/17/2018 & 1/24/2018

3798 characters remaining

Assurances

It is understood and agreed by the county board that funds granted pursuant to this service agreement will be expended for the purposes outlined in Minnesota Statutes, section 256J; that the commissioner of the Minnesota Department of Human Services (hereafter department) has the authority to review and monitor compliance with the service agreement, that documentation of

compliance will be available for audit; that the county shall make reasonable efforts to comply with all MFIP requirements, including efforts to identify and apply for available state and federal funding for services within the limits of available funding; and that the county agrees to operate MFIP in accordance with state law and federal law and guidance from the department.

Federal Funding Sources

The catalog of Federal Domestic Assistance (CDFA) Number is 93.558 - Temporary Assistance for Needy Families (TANF)
The Award number for the period of January 1, 2018 - December 31, 2019 is 2014G996115.

Service Agreement Certification

Checking this box certifies that this 2018-2019 MFIP Biennial Service Agreement has been prepared as required and approved by the county board(s) under the provisions of Minnesota Statutes, section 256J. In the box below, state the name of the chair of the county board of commissioners or authorized designee, their mailing address and the name of the county.

DATE OF CERTIFICATION	NAME (CHAIR OR DESIGNEE)	COUNTY		
MAILING ADDRESS	CITY	STATE	ZIP CODE	

Save or Submit

To save your work, select the 'Save Form for Later' choice, then click the SUBMIT button. Your information will be saved, and you can come back to the form later.

To submit your information to DHS, select the 'Submit Final Form' choice, then click the SUBMIT button.

<p>Save Form for Later</p> <p>Submit Final Form</p>

CONTRACT NO.

PURCHASE OF SERVICE AGREEMENT

THIS AGREEMENT, by and between **AITKIN COUNTY BOARD OF COMMISSIONERS**, 204 First Street NW, Aitkin, Minnesota 56431 (hereinafter referred to as "Board"), and the **ARROWHEAD ECONOMIC OPPORTUNITY AGENCY**, 702 Third Avenue South, Virginia, Minnesota 55792 (hereinafter referred to as "Provider"), for the period January 1, 2018 to December 31, 2018.

WITNESSETH:

WHEREAS, Funds have been made available to the Board from the Minnesota Department of Human Services for the purpose of providing **MINNESOTA FAMILY INVESTMENT PROGRAM (MFIP) EMPLOYMENT AND TRAINING SERVICES (BRASS 237X)** under Minnesota Statute 256J.50 and PL 104-193 and **DIVERSIONARY WORK PROGRAM SERVICES (DWP) (BRASS 212X)** under Minnesota Statute 256J.95; and

WHEREAS, the Provider is qualified in accordance with State and Federal standards to provide Employment and Training Services; and

WHEREAS, the Board wishes to purchase MFIP Employment and Training and DWP services from the Provider.

NOW THEREFORE, in consideration of the mutual understandings and agreements set forth, the Board and Provider agree as follows:

I. Services to be Provided

A. **MFIP Program:**

- Orientation
- Employability Services Overview
- Initial Assessment
- Job Support Plan
- Secondary Assessment
- Employment Plan
- Job Readiness
- Job Placement
- On The Job Training
- Coordination/Referral
- Grant Diversion Services
- Community Work Experience Program (including procedures for implementing the Injury Protection Program (IPP), as described in Exhibit A (MFIP))
- Functional Work Literacy Training

B. Diversionary Work Program (DWP):

Employment Services (ES) providers must meet with DWP job seekers that are referred to ES within ten days of the DWP participant's referral to ES.

The ES provider and job seekers must complete an initial employment plan within this ten days.

The ES provider must notify the county financial worker (FW) within one day that the employment plan has been completed.

The ES provider administers a work focused DWP-ES program with employment as the primary goal of the program.

The ES provider should complete employment plans that are based on a job seeker's strengths.

The ES provider should have, to the extent possible, a structured job search component that is intensive (i.e. full time) and mirrors work place behavior (expects job seekers to arrive on a timely basis, dress appropriately, complete assignments, etc.)

When appropriate, a job seeker's employment plan should address non-work issues such as securing housing or child care, plus any health or disability issues, which would delay or prevent the job seekers from being fully engaged in work activities.

The ES provider monitors job seeker participation and progress and apply sanctions (which result in disqualification from DWP when appropriate.

C. Provider agrees to place minor caregivers into dual-enrollment, when appropriate, working with a Social Worker in development of the Education Plan.

D. Family Stabilization Services (FSS):

Case management of FSS shall be the responsibility of ES providers and the regional Integrated Services Project (ISP) shall serve as the primary referral source. Job counselors shall conduct assessments on each intake, as is already done with all MFIP clients, and shall maintain monthly contact with FSS clients from then on. Ongoing communication between financial workers, job counselors, and ISP advocates shall be required. The employment plan developed by the job counselor for FSS clients shall include assessment of strengths and barriers, identification of specific family circumstances that impact the plan, employment goals, when appropriate, appropriateness of referral to the ISP project, and identification of services, supports, education, training, and accommodations, as appropriate; the plan shall be reviewed by job counselors every six (6) months to determine the need for additions, deletions, or revisions.

E. Services will be provided by:

Arrowhead Economic Opportunity Agency
702 Third Avenue South
Virginia, MN 55792

II. Payment and Delivery of Services

- A. The Board and Provider agree to monitor utilization and expenditures on a monthly basis. If expenditures are substantially above or below projection, Board and Provider may consider modifications to the specified rates of payment.
- B. The Board and Provider agree that total expenditures under this agreement combined with expenditures made to other Employment and Training Providers for the same services, may not exceed the total County allocation of \$135,448.00 in State and Federal funds made to the Board for this purpose.

III. Eligibility for Services

- A. Determination of eligibility shall be completed in accordance with procedures outlined in Exhibit A.
- B. Any change in eligibility will initiate a notice by either the Board or the Provider within 30 days to the other party; the participant will remain eligible for the Provider's services for six (6) months after termination from MFIP.
- C. Eligibility categories: MFIP registrants are defined as persons who have applied for MFIP services and payments, and who have been determined eligible by the Board for those services and payments.

IV. Payment Process

- A. The Board's obligation to make payment hereunder is subject to review by the Aitkin County Health and Human Service Department to insure that payment is for a referred individual and has not previously been made. Said review shall be the final determination of Board's payment obligation. Nothing herein shall limit the rights of either party to collect from the other any sums improperly paid or improperly withheld.
- B. Payment for MFIP services provided shall be made according to procedures outlined in Exhibit A.
- C. Board's obligation to make payment for MFIP services hereunder is subject to audit by Board or its duly authorized designee and said audit shall be the final determination of Board's payment obligation.
- D. Provider will promptly reimburse to Board any payments for MFIP received in excess of required payments hereunder.
- E. For MFIP, Board shall not be obligated to honor claims for, nor shall Provider claim for, any services furnished or costs incurred by Provider which are not specifically provided for hereunder or requested by Board in writing during the term of this Agreement.

V. Audit and Record Disclosure

The Provider shall provide the Board with the reports and comply with the audit and record requirements specified in Exhibit A under Audit and Record Disclosures.

VI. Safeguard of Client Information

A. The use or disclosure by any party or of any private information concerning a client in a violation of any rule of confidentiality or for any purpose not directly connected with the administration of the Board's or the Provider's responsibility with respect to the Purchased Services is prohibited without the written consent of the client or responsible parent or guardian.

B. Provider agrees to comply in all respects with the Minnesota Government Data Practices Act, Minn. Stat. Section 13.01-.48, and Provider further agrees to comply with any requests of Board which are necessitated by Board's obligations under said Act.

C. HIPAA COMPLIANCE

The parties agree to comply with all respects with the Health Insurance Portability and Accountability Act, Public Law 104-191 (HIPAA), and all rules, regulations and controls affected or promulgated pursuant thereto. The parties agree that as HIPAA and its rules and interpretations become effective, the parties shall execute amendments hereto, provide written assurances, implement policies and procedures, or take whatever other actions are necessary to comply with HIPAA. Should a party fail or refuse to honor its obligations pursuant to this section, the other party may terminate this Agreement with thirty (30) days written notice.

VII. Fair Hearing Appeal

Any determination, action, or inaction on the part of the Board relating to an individual's participation in the program is subject to the notice and hearing procedures in Minn. Stat. 256.045 and 268.86.

VIII. Equal Employment Opportunity and Civil Rights Clause

Provider agrees to comply with the Civil Rights Act of 1964, Executive Order No. 11246 as amended, the Minnesota Human Rights Act, and all applicable Federal and State laws, rules, regulations and orders prohibiting discrimination in employment, facilities and services. Provider shall not discriminate in employment, facilities and in the rendering of purchased services hereunder on the basis of race, color, religion, age, sex, disability, marital status, public assistance status, creed or national origin.

IX. Rehabilitation Act Clause

The Provider agrees to comply with Section 504 of the Rehabilitation Act of 1973, as amended (29 USC 794) and all requirements imposed by the applicable HHS regulation (45 CFR Part 84), and all guidelines and interpretations issued pursuant thereto.

X. Bonding, Indemnity and Insurance Clause

- A. BONDING: The Provider will obtain and maintain at all times during the term of this Agreement, a fidelity bond covering the activities of its personnel authorized to receive or distribute monies in the amount of \$50,000.
- B. INDEMNITY: The Provider agrees it shall defend, indemnify and hold harmless the Board, its officers and employees against any and all liability, loss, costs, damages and expenses that the Board, its officers or employees may hereafter sustain, incur, or be required to pay arising out of the Provider's performance or failure to adequately perform its obligations pursuant to this Purchase of Service Agreement.
- C. INSURANCE: The following insurance must be maintained for the duration of this Agreement. A Certificate of Insurance for each policy must be on file with the Aitkin County Health and Human Services Department within ten (10) days of execution of this contract and before commencement of any work under this contract. Each certificate must include a thirty (30) day notice of cancellation, non-renewal, or material change to all named and additional insured's.

All insurance policies will be open to inspection by the Board, and copies of policies will be submitted to the County upon written request. All subcontractors shall provide evidence of similar coverage.

(1) General Liability Insurance

- (a) **\$500,000** for claims for wrongful death and each Person for other claims
\$1,500,000 Each Occurrence
Claims outside the scope of M.S. 466 \$2,000,000 per claim.
- (b) Policy shall include at least premise, operations, completed operations, independent contractors and subcontractors, and contractual liability.
- (c) Aitkin County must be named additional insured.

(2) Business Automobile Liability Insurance

- (a) **\$500,000** Each Person
\$1,500,000 Each Occurrence
Claims outside the scope of M.S. 466, \$2,000,000 per claim.
- (b) Must cover owned, non-owned and hired vehicles

(3) Workers' Compensation Per Statutory Requirements

- D. NONCOMPLIANCE: The Board reserves the right to rescind any contract not in compliance with these requirements and retains all right thereafter to pursue any legal remedies against Provider.

XI. Maintenance of Effort and Expansion of Services

Provider hereby certifies that the Federal funds to be used under this Agreement do not replace or supplant in any way State or local funds. Provider certifies that the amount to be expended in this Agreement results in increased expenditures by the Provider for services of the type being purchased to individuals of the type included under the Agreement.

XII. Conditions of the Parties' Obligations

- A. It is understood and agreed that in the event the reimbursement by the Board from State and Federal sources is not obtained and continued at an aggregate level sufficient to allow for the continued grant, the obligations of each party hereunder shall thereupon be terminated.
- B. Board may at any time evaluate the performance of Provider in regard to the terms of this Agreement to determine whether such performance merits continuation of this Agreement.
- C. Any alterations, variations, modifications or waivers of provisions of this agreement shall be valid only when they have been reduced to writing, duly signed, and attached to the original of this Agreement.
- D. In the event of a revision in Federal regulations which might make this Agreement ineligible for Federal financial participation, all parties will review this Agreement and renegotiate those items necessary to bring the Agreement into compliance with the new Federal regulations.
- E. Provider agrees to cooperate fully with Board and its designated representatives in the development and implementation of Provider's services. Evaluative data collected will be used by Board in its funding decisions and shall be shared with Provider and community.
- F. Provider agrees that in any reports, news releases, public service announcements or publications regarding Provider's program, Board will be identified as a funding source.

XIII. Subcontracting and Assignment

Provider may enter into subcontracts for the performance of any of the responsibilities contemplated under this Agreement, subject to the approval of the Board. All subcontracts shall be subject to the legal, fiscal and programmatic requirements of this contract. Provider shall continue to be responsible for the performance of the obligations of this Agreement, despite any subcontract.

XIV. Independent Contractor

Provider is an independent contractor and not an employee or agent of Board. No statement contained in this Agreement shall be construed so as to find Provider to be an employee or agent of Board. Provider, its officers, employees and agents shall be entitled to none of the rights, privileges or benefits of Board employees. Nothing contained herein is intended nor shall be construed as constituting Provider, its officers, employees or agents as the agent, representative or employee of Board for any purpose or in any manner, whatsoever.

XV. Cancellation, Default and Remedy

- A. This Agreement shall continue in effect until terminated by either party without cause, with 30 days advance, written notice delivered to the other party, served on the Director of Aitkin County Health and Human Services, 204 First Street NW, Aitkin, Minnesota 56431 on behalf of Board; and on the Director of Arrowhead Economic Opportunity Agency, 702 Third Avenue South, Virginia, Minnesota 55792 on behalf of Provider.
- B. In the event of default by either party, the non-defaulting party may cancel this Agreement immediately by sending written notice of cancellation to the defaulting party at its principal business address, notwithstanding the provisions of Paragraph 15a above. The failure of the defaulting party, including the failure of any employee of the defaulting party, to abide by any of the terms, conditions or requirements expressed in this Agreement shall constitute a default if not corrected within ten (10) days of receipt of written notice of deficiency from Board.
- C. Waiver of any default shall not be deemed to be a waiver of any subsequent default. Waiver of breach of any provision of this Agreement shall not be construed to be a modification of the terms of this Agreement unless stated to be such in writing, signed by an authorized representative of Board upon resolution of Board.

XVI. Single Instrument, Legality

- A. It is understood and agreed that the entire agreement of the parties is contained herein and that this Agreement supersedes all oral agreements and negotiations between the parties relating to the subject matter hereof, as well as any previous agreements presently in effect between the Provider and Board relating to the subject matter hereof.
- B. The provisions of this Agreement are severable. If a court of law holds any paragraph, section, subdivision, sentence, clause or phrase of this Agreement to be contrary to law, or contrary to any rule or regulation having the force and effect of law, such ruling shall not affect the remaining portions of this Agreement. However, upon the occurrence of such event, the parties shall immediately meet to negotiate a revised Agreement which does not violate the above-referenced ruling.

IN WITNESS WHEREOF, Board and Provider agree that this contract is effective from January 1, 2018 to December 31, 2018.

AEOA
PROVIDER

AITKIN COUNTY BOARD
OF COMMISSIONERS

Jeffrey Kletscher
Chairman, Board of Directors

**Mark Wedel, Chairperson
Aitkin County Board of Commissioners**

Jeffrey Kletscher
Printed Name of Signer

Date: _____

Date: 12-20-17

Paul Carlson
**Harlan Tardy
Executive Director**

**Cynthia Bennett, Director
Aitkin County Health & Human Service**

Paul Carlson
Printed Name of Signer

Date: _____

Date: 12/20/17

Approved as to form and execution:

**James Ratz
Aitkin County Attorney**

Date: _____

IMPLEMENTATION PROCEDURES

I. Methods of Determining Eligibility

- A. The participant has the responsibility of requesting and obtaining eligibility determination from the Aitkin County Health and Human Services Department before utilizing the services.
- B. The Aitkin County Health and Human Services Department shall determine MFIP eligibility in accordance with applicable Federal and State law.
- C. The Aitkin County Health and Human Services Department shall decide the eligibility of a participant within thirty (30) days of application for eligibility determination. The participant shall be notified of his/her eligibility status and will be referred to the Provider within the said thirty (30) day time period.
- D. Provider has the responsibility to confirm that a participant is eligible to receive service prior to providing service. Board will not be responsible for services provided to clients prior to eligibility determination.

II. Method of Payment Authorization

- A. The Provider agrees that all MFIP Services monies, including Community Work Experience Program (CWEP), Grant Diversion and On-The-Job Training, received under this contract shall be expended to provide services as specified in Exhibit B.

The Provider shall submit on or before the 10th working day of the month for the previous month an invoice listing;

MFIP Program outcomes achieved, as specified in paragraph 2 of the contract;

Number of persons achieving each outcome;

Rate per outcome;

Provider shall include a listing of MFIP participants served and employment status.

The Board agrees to pay within thirty (30) days of receipt of these reports.

- B. Allowable program components are:

- 1. Orientation - stating the need for immediate employment; rights, responsibilities, and obligations

2. Employment Overview - work focus of MFIP; job search resources; financial program review
3. Initial Assessment - assess the job seeker's ability to obtain and retain employment
4. Job Support Plan - specify job search activities
5. Secondary Assessment - completed for participants who have barriers to employment
6. Employment Plan - participant's overall employment goal and steps needed to achieve the goal
7. Job Readiness Activities - help participants be familiar with general work place expectations
8. Job placement - job development and job placement activities by Provider
9. On-the-Job Training - agreement with Provider and employer for client training needed for employment
10. Grant Diversion - provides subsidies to employers as an incentive to hire participants
11. Community Work Experience (CWEP) - enhance participant's employability through meaningful work experience
12. Educational Activity - specific to the needs of the participant. This includes:
 - a. High school, GED classes
 - b. Basic and remedial education that will provide a person with a basic literacy level in order to fulfill an employment goal (basic education is instruction to provide these educational skills for the first time; remedial education involves repetition of such instruction previously given to the participant); and
 - c. Education in English proficiency for a person who is not sufficiently competent to speak, read, or write the English language to allow employment commensurate with his/her employability goal.
 - d. Post-secondary education – only on a very limited basis and with specific reporting documentation. Any education plan more than 12 months needs approval by the county agency.

- C. The following types of expenditures are explicitly recognized as administrative costs for MFIP Services, Community Work Experience Program, AFDC Grant Diversion and On-the-Job Training (administrative costs shall not exceed 7.5% of the total cost):

All other administrative costs, including overhead expenditures, subsystem costs, personnel costs (salaries and benefits) for staff not directly providing component services to participants (such as second-line supervisors and above), personnel administration costs, costs for processing and managing the Injury Protection Program (IPP) including investigations, medical reports or evaluations and all other indirect costs;

- D. Provider shall submit a monthly invoice to Board by the 10th day of each month listing the number of MFIP participants in each service category as specified in 2 A, B, C, and D of the contract. Provider also will submit a listing of the names of each MFIP participant by service category.
- E. Provider shall submit a quarterly report to Board listing client related expenditures broken down as follows:
1. Client education
 2. Transportation
 3. Employment related
 4. Other
- F. Provider agrees to provide additional statistical reports to Board, or its representatives, as needed and/or requested.

III. Audit and Record Disclosure

- A. Provider agrees that all monies received under this contract shall be expended for the services specified in the contract.
- B. Provider agrees to submit to Board the information required to fulfill the terms of this Agreement and the information required by State law or policy.
- C. Provider agrees to allow personnel of the Board and Aitkin County Health and Human Services Department, the State Auditor and, if appropriate, the Minnesota Department of Economic Security, access to Provider's records at reasonable hours in order to exercise their right to audit Provider's records and to monitor services.
- D. Provider agrees to maintain records at Provider's offices for six (6) years for audit purposes. Provider agrees to keep complete books and records according to generally accepted accounting principles which shall fully document receipt and expenditure of the payments received

hereunder. Provider shall also keep such books and records as are required by Board to fulfill Board's reporting responsibility to the County, State and Federal governments.

- E. Provider shall have an independent audit completed that complies with the requirements of OMB Circular A-133. The audit report shall be forwarded to Board within 30 days following its completion.

IV. Compliance with Injury Protection Program (IPP) Requirements

The contracted agency agrees to comply with Minnesota Statutes 2003, 256J.68 injury protection for work experience participants. The contracted agency shall perform all tasks necessary to implement IPP activities that relate to work site injury and subsequent referral of an injured participant to a medical provider for treatment of a possible work related injury or condition. The contracted agency shall also conduct activities necessary to properly process and submit an IPP claim. All IPP claims, medical provider bills, required forms and supporting documentation shall be forwarded to the county agency. Prior to assigning a participant to an unpaid work experience work site, the contracted agency will ensure that: the program participant will receive appropriate safety training and information required for this position and; and the work site is in compliance with Occupational Safety and Health Administration (OSHA) and the Minnesota Department of Labor and Industry Safety Standards.

The Provider shall be responsible for the following preparatory and front-end tasks required as part of the IPP process for the CWEP program:

- A. Provider will complete the following forms and route to all appropriate agencies, as specified by DHS and the County:
 - * Participation Information and Medical Release Authorization
 - * First Report of Injury
 - * Participant Medical Referral and Medical Care Provider Information Letter
 - * Participant Injury Status Report
 - * Participant Claim Form
- B. Provider shall be responsible for providing participant safety training and information to all CWEP participants.
- C. Provider shall be responsible for work site safety standard compliance check based on OSHA requirements for all CWEP work sites.

METHOD OF SERVICE DELIVERY

MFIP EMPLOYMENT SERVICES

The overall objective of MFIP Employment Services is to move MFIP families toward long term economic self-sufficiency by utilizing the most direct path to unsubsidized employment.

The Provider of MFIP Services must be certified by the Minnesota Department of Jobs and Training as an Employment and Training Service Provider (ETSP) for the duration of this contract.

The general sequence of events in MFIP Employment Services are the following:

- * County Health and Human Services determines eligibility for MFIP
- * The Department provides the job seeker with an orientation which includes MFIP program requirements
- * The client is referred to an employment overview and selects a provider
- * The job seeker has initial assessment and initial employability determination completed
- * The provider/client complete job support plan with 8-week job search
- * A secondary assessment is completed if the above plan is not successful
- * An employment plan with steps to achieve the goal is negotiated

ORIENTATION: this shall state the need for immediate employment; work incentives; mandate to participate; consequences for failure to comply; rights, responsibilities, obligations; services available.

EMPLOYMENT OVERVIEW: urgency and opportunity of obtaining employment; work focus on MFIP; limited use of training; CTC; Child Care; transitional year child care and Medical.

INITIAL ASSESSMENT: review participants ability to obtain and retain employment; education level; prior employment; ability to communicate in the English language; refresher courses needed.

JOB SUPPORT PLAN: specify job search activities; requirement to accept suitable offers of employment; supervision by the provider.

SECONDARY ASSESSMENT: completed for those job seekers who have barriers to employment that shall not be overcome by job search and related support activities.

EMPLOYMENT PLAN: includes the employment goal; activities and time frame necessary to achieve the goal; outline activity for continued job search, ESL, GED, work experience, OJT short term training. All post secondary education plans need to be approved by the County.

JOB READINESS: activities that help prepare job seekers for work by assuring that they are familiar with general workplace expectations and exhibit work behavior/attitudes to compete in the labor market.

JOB PLACEMENT: job development and placement activities by Provider to solicit unsubsidized job openings from public or private employers, to discover such job openings, market job seekers, secure job interviews for job seekers.

ON-THE-JOB TRAINING: permits voluntary participation by MFIP recipients. Payments are made to employers for ongoing job training costs that, during the period of training, must not exceed 50% of the wages paid by the employer to the participant. The payments are deemed to be in compensation for the extra-ordinary costs associated with the lower productivity of the participant during training.

The length of the training will be limited based upon the complexity of the job, and the recipients previous work experience and training. The employer agrees to retain the individual through the training period and beyond into unsubsidized employment.

COMMUNITY WORK EXPERIENCE PROGRAM (CWEP): helps participants achieve self-sufficiency by enhancing their employability through meaningful work experience and development of job search skills. CWEP placements will be used in conjunction with skills training, job search, job readiness.

Employment counselors will assist the placement and monitor the job seeker's progress at each location. Work sites developed under this section are limited to projects that serve a useful public service such as: health, social service, environmental protection, education, urban and rural development, and redevelopment, welfare, recreation, public facilities, public safety, community service, service to aged or disabled citizens, and child care. To the extent possible, prior training and experience of a recipient must be used in making appropriate work experience assignments.

GRANT DIVERSION: uses the MFIP Grant to provide wage subsidies to employers as an incentive to hire MFIP recipients. Grant Diversion is one of the optional Employment and Training services. Priority shall be given to employers who offer permanent full-time employment positions in the private, non-profit or public sector and who agree to hire individuals beyond the period of subsidized employment.

COORDINATION: Employment counselors shall coordinate with, and refer job seekers to, other community agencies or groups for training, social and support services, including, but not limited to other partners of the Workforce Centers.

These services shall be provided in a manner that complies with the Employment and Training Program Sections of the current Local Service Unit Plan for Aitkin County and State Policy as specified in relevant DHS/DES Instructional Bulletins.

SCOPE OF SERVICES

The Contractor shall provide all Services in accordance with all applicable federal and state laws, statutes, regulations, and guidelines. These include the federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996, the Deficit Reduction Act of 2005, and Minnesota Statutes Chapter 256J. In the event that these laws, statutes, regulations or guidelines are amended at any time during the Term of this Agreement, or any extensions or renewals, the Contractor shall comply with such amended laws, statutes, regulations, or guidelines.

The Contractor is responsible for all technical assistance necessary to maintain all software and hardware used to provide the Purchased Services under this Agreement, including virus protection and firewalls.

The Contractor will designate one staff as an Employment Services security liaison who will coordinate with the County MAXIS security liaison to request approval or termination of inquiry access to the MAXIS system ("MAXIS").

The Contractor will designate up to two staff in each service location as Data Specialists that will have inquiry access to MAXIS.

The Contractor will ensure all staff with inquiry access to MAXIS complete annual HIPAA training, and any other necessary training identified by the County.

Information Privacy and Security.

Information Covered by this Provision. In carrying out its duties, AEOA will be handling one or more types of private information, collectively referred to as "protected information," concerning individual DHS clients. "Protected information," for purposes of this Agreement, may include any or all of the following:

- Private data (as defined in Minnesota Statutes § 13.02, subd. 12), confidential data (as defined in Minn. Stat. § 13.02, subd. 3), welfare data (as governed by Minn. Stat. § 13.46), medical data (as governed by Minn. Stat. § 13.384), and other non-public data governed by other sections in the Minnesota Government Data Practices Act (MGDPA), Minn. Stats. Chapter 13;
- Health records (as governed by the Minnesota Health Records Act [Minn. Stat. §§ 144.291-144.298]);
- Chemical health records (as governed by 42 U.S.C. § 290dd-2 and 42 C.F.R. § 2.1 to § 2.67);
- Protected health information ("PHI") (as defined in and governed by the Health Insurance Portability Accountability Act ["HIPAA"], 45 C.F.R. § 160.103);
- Electronic Health Records (as governed by Health Information Technology for Economic and Clinical Health Act (HITECH), 42 USC 201 note, 42 USC 17921(5)); and
- Other data subject to applicable state and federal statutes, rules, and regulations affecting the collection, storage, use, or dissemination of private or confidential information.

Duties Relating to Protection of Information.

- (a) Duty to ensure proper handling of information. AEOA shall be responsible for ensuring proper handling and safeguarding by its employees, subcontractors, and authorized agents of protected information collected, created, used, maintained, or disclosed on behalf of DHS. This responsibility includes ensuring that employees and agents comply with and are properly trained regarding, as applicable, the laws listed above in paragraph X.X.

- (b) Minimum necessary access to information. AEOA shall comply with the “minimum necessary” access and disclosure rule set forth in the HIPAA and the MGDPA. The collection, creation, use, maintenance, and disclosure of protected information shall be limited to “that necessary for the administration and management of programs specifically authorized by the legislature or local governing body or mandated by the federal government.” See, respectively, 45 C.F.R. §§ 164.502(b) and 164.514(d), and Minn. Stat. § 13.05 subd. 3.
- (c) Information Requests. Unless provided for otherwise in this Agreement, if AEOA receives a request to release the information referred to in this Clause, AEOA must immediately notify DHS. DHS will give AEOA instructions concerning the release of the data to the requesting party before the data is released.

Use of Information. AEOA shall:

- Not use or further disclose protected information created, collected, received, stored, used, maintained, or disseminated in the course or performance of this Agreement other than as permitted or required by this Agreement or as required by law, either during the period of this Agreement or hereafter.
 - Use appropriate safeguards, and comply with Subpart C of 45 CFR Part 164 with respect to electronic protected health information, to prevent use or disclosure of the protected information by its employees, subcontractors and agents other than as provided for by this Agreement. This includes, but is not limited to, having implemented administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of any electronic protected health information at rest and in transit that it creates, receives, maintains, or transmits on behalf of DHS.
- (a) Report to DHS any privacy or security incident regarding the information of which it becomes aware, including breaches of unsecured protected health information as required at 45 CFR 164.410. For purposes of this Agreement, “Security incident” means the attempted or successful unauthorized access, use, disclosure, modification, or destruction of information or interference with system operations in an information system. “Privacy incident” means violation of the Minnesota Government Data Practices Act (MGDPA) and/or the HIPAA Privacy Rule (45 C.F.R. Part 164, Subpart E), including, but not limited to, improper and/or unauthorized use or disclosure of protected information, and incidents in which the confidentiality of the information maintained by it has been breached. This report must be in writing and sent to DHS not more than 7 days after learning of such non-permitted use or disclosure. Such a report will at least: (1) Identify the nature of the non-permitted use or disclosure; (2) Identify the PHI used or disclosed; (3) Identify who made the non-permitted use or disclosure and who received the non-permitted or violating disclosure; (4) Identify what corrective action was taken or will be taken to prevent further non-permitted uses or disclosures; (5) Identify what was done or will be done to mitigate any deleterious effect of the non-permitted use or disclosure; and (6) Provide such other information, including any written documentation, as DHS may reasonably request.
- (b) Consistent with this Agreement, and in accordance with 45 CFR 164.502(e)(1)(ii) and 164.308(b)(2), ensure that any agents (including contractors and subcontractors), analysts, and others that create, receive, maintain, or transmit protected health information on behalf of the business associate, enter into a business associate agreement with any subcontractors to agree in writing to be bound by the same restrictions, conditions, and requirements that apply to it with respect to such information.

- Document such disclosures of PHI and information related to such disclosures as would be required for DHS to respond to a request by an individual for an accounting of disclosures of PHI in accordance with 45 C.F.R. § 164.528.
- Mitigate, to the extent practicable, any harmful effects known to it of a use, disclosure, or breach of security with respect to protected information by it in violation of this Agreement.
- In accordance with HIPAA, upon obtaining knowledge of a breach or violation by a subcontractor, take appropriate steps to cure the breach or end the violation, and if such steps are unsuccessful, terminate the agreement.
- Not use or disclose PHI in a manner that would violate Subpart E of 45 C.F.R. Part 164 if done by DHS.

Additional Business Associate Duties. To the extent AEOA handles PHI in order to provide health care-related administrative services on behalf of DHS and is a “Business Associate” of DHS as defined by HIPAA, AEOA further agrees to:

- (a) Make available PHI in accordance with 45 C.F.R. § 164.524.
- (b) Make available PHI for amendment and incorporate any amendments to PHI in accordance with 45 C.F.R. § 164.526.
- (c) Comply with the limited disclosure rules set forth in the HITECH Act, HIPAA, and the MGDPA. To the extent possible, disclosures should be in a limited data set, which is largely information with the patients’ identifying information removed, “to the extent practicable.” Pertinent identifiers include, name and social security number; street address, e-mail address, telephone and fax numbers; certificate/license numbers; vehicle identifiers and serial numbers; URLs and IP addresses; full face photos and any other comparable images; or medical record numbers, health plan beneficiary numbers, and other account numbers. If a limited data set is not feasible, or does not meet the use or disclosure, minimum necessary should be applied. The collection, creation, use, maintenance, and disclosure of protected information shall be limited to “that necessary for the administration and management of programs specifically authorized by the legislature or local governing body or mandated by the federal government.” See, respectively, 45 C.F.R. §§ 164.514, 45 C.F.R. §§ 164.502(b) and 164.514(d), and Minn. Stat. § 13.05 subd. 3.
- (d) Make its internal practices, books, records, policies, procedures, and documentation relating to the use, disclosure, and/or security of PHI available to DHS and/or the Secretary of the United States Department of Health and Human Services (HHS) for purposes of determining compliance with the Privacy Rule and Security Standards, subject to attorney-client and other applicable legal privileges.
- (e) Comply with any and all other applicable provisions of the HIPAA Privacy Rule, Administrative, and Security Standards, including future amendments thereto. Develop written policies and procedures for safeguarding and securing PHI and complying with HIPAA and the HITECH Act, and other privacy laws. Designate a privacy official to be responsible for the development and implementation of its policies and procedures as required by 45 C.F.R. Part 164, Subpart E.

- (f) To the extent XXX is to carry out one or more of DHS' obligation(s) under Subpart E of 45 C.F.R. Part 164, comply with the requirements of Subpart E that apply to DHS in the performance of such obligation(s).

DHS Use of Information. DHS shall:

- (a) Only release information which it is authorized by law or regulation to share with AEOA.
- (b) Obtain any required consents, authorizations, or other permissions that may be necessary for it to share information with AEOA.
- (c) Notify AEOA of limitations, restrictions, changes, or revocation of permission by an individual to use or disclose protected information, to the extent that such limitations, restrictions, changes or revocation may affect AEOA's use or disclosure of protected information.
- (d) Not request AEOA to use or disclose protected information in any manner that would not be permitted under law if done by DHS.

Disposition of Data upon Completion, Expiration, or Agreement Termination. Upon completion, expiration, or termination of this Agreement, AEOA will return to DHS or destroy all protected information received or created on behalf of DHS for purposes associated with this Agreement. A written certification of destruction or return to Authorized Representative listed in 5.1 is required. XXX will retain no copies of such protected information, provided that if both parties agree that such return or destruction is not feasible, or if AEOA is required by the applicable regulation, rule or statutory retention schedule to retain beyond the life of this Agreement, AEOA will extend the protections of this Agreement to the protected information and refrain from further use or disclosure of such information, except for those purposes that make return or destruction infeasible, for as long as AEOA maintains the information. Additional information for destruction and handling is available in the DHS Information Security Policy, Policy numbers 3.7, and 2.19, found at <http://edocs.dhs.state.mn.us/lfserver/Legacy/DHS-4683-ENG>.

Sanctions. In addition to acknowledging and accepting the terms set forth in Clause 8, "Liability." Relating to liability, the parties acknowledge that violation of the laws and protections described above could result in limitations being placed on future access to protected information, in investigation and imposition of sanctions by the U.S. Department of Health and Human Services, Office for Civil Rights, and/or in civil and criminal penalties.

Consolidated MFIP Support Services Grant 2018 Allocation

Allocation:	200,448	Admin Limit:	15,034
BONUS:	-		
MFIP Employment Services:			
	Original		
12 Month Allocation	100,000.00		
Administration	15,000.00		
	115,000.00		
Per Service Provider	57,500.00	Qtrly Payments per Provider=	14,375.00
DWP Employment Services:			
12 Month Allocation	20,448.00		
Per Service Provider	10,224.00	Qtrly Payments per Provider=	2,556.00
Crisis:			
12 Month Allocation	25,000.00		
plus Bonus	-		
County Administration:			
12 Month Allocation	40,000.00		
	200,448.00		

AMBULANCE SERVICE CONTRACT

THIS AGREEMENT between the Aitkin County Board of Commissioners, Aitkin, Minnesota, hereinafter referred to as the “County” and Mille Lacs Health System Ambulance, 200 North Elm Street, PO Box A, Onamia, Minnesota, 56359, hereinafter referred to as the “Contractor”. The Contractor agrees to furnish ambulance service in Aitkin County, Minnesota, under the following terms and conditions:

1. Contractor agrees to furnish efficient and prompt ambulance service to all persons desiring the same within the state license service area, and shall have not less than one (1) ambulance in service capable of rendering efficient service. Ambulances shall be equipped in accordance with the current State of Minnesota regulations and licensure.
2. Contractor shall man ambulances with personnel in sufficient number to furnish service adequate to the needs of calls or emergencies normally encountered. Ambulance drivers and attendants shall have received training, which meet the requirements of Minnesota Statutes.
3. Ambulance service shall be provided by the Contractor on a twenty-four (24) hour, seven (7) day basis. The Contractor shall immediately respond to requests for service initiated by any person.
4. All patients shall be taken to hospitals as determined by applicable Minnesota Statutes and/or Rules. All patients shall be taken to the hospital of their choice within a reasonable distance if said choice is not contrary to applicable Minnesota Statutes and/or Rules. Should the patient indicate a preference, said patient shall be taken to the hospital where the appropriate care can be provided.
5. The County agrees to pay the Contractor a fee of \$20.00 per request for service, and \$55.00 per no load runs up to a maximum of \$2000.00. **This agreement shall not include transfers from the local hospital to other tertiary care facilities outside the County.** The County will reimburse the Contractor on a monthly basis after receiving a monthly receipt of ambulance runs in Aitkin County. This itemization will include dates of service, type of **service (emergency or no load run)**. In addition, the Contractor shall be privileged to charge each person requesting transportation a reasonable service fee in accordance with a schedule from time to time set by the Contractor.
6. Each of the parties shall defend, indemnify, save and hold the other party harmless from the liability arising out of the actions of the indemnifying party in connection with the operation of the ambulances or any other services performed under the terms of the contract.
7. The Contractor does further agree that, in order to protect itself as well as the Agency under the indemnity agreement provision hereinabove set forth, it will, at all times during this contract, have and keep in force a liability insurance policy **naming the County as an insured or additional insured** in the amount at least equal to the maximum liability limits set forth in Minnesota Statutes 466.04, subd. 1(a)(3), of at least **\$500,000** bodily injury per occurrence, up to **\$1,500,000.00** per accident and \$50,000.00 property damage and agrees to provide a certificate of insurance or other document demonstrating that such insurance has been procured to the County.

8. Contractor shall also procure motor vehicle insurance and worker's compensation insurance as required under applicable Minnesota laws and agrees to provide certificates of insurance or other documents demonstrating that such insurance has been procured.
9. The term of the contract shall be for a period of twelve (12) months, commencing not later than January 1, 2018, and terminating December 31, 2018.
10. The Contractor shall not sell, assign, or in any way divest itself of its interest herein without prior written notice by registered mail of at least 120 days to the County.
11. The Contractor agrees to comply in all requests with the requirements of the State of Federal laws or City Ordinances which may be applicable hereto in the operation of its ambulance service.
12. Either party may cancel this Agreement, with or without cause, upon written notice by registered mail of at least 120 days.
13. All notices to either party must be in writing mailed by certified mail, return receipt requested, to the address of each party. Notices are effective on the date of mailing.
14. That said Mille Lacs Health System Ambulance shall submit to the County of Aitkin, an annual complete itemized financial statement detailing the ambulance activities, by February 1, 2019. Document shall be mailed to:

CYNTHIA BENNETT, DIRECTOR
 AITKIN COUNTY HEALTH & HUMAN SERVICES
 204 1st STREET N.W.
 AITKIN, MN 56431

Cynthia Bennett
 Cynthia Bennett, Director of ACH&HS

12-6-17
 Date

 Chairperson – Aitkin County Board of Commissioners

 Date

J. CEO
 Contractor and Title

12-29-17
 Date

J. H. Nelson, CEO
Printed Name of Contractor signing this document

Approved as to form and execution:

 Aitkin County Attorney

 Date

AMBULANCE SERVICE CONTRACT

THIS AGREEMENT between the Aitkin County Board of Commissioners, Aitkin, Minnesota, hereinafter referred to as the “County” and McGregor Area Ambulance Service, PO Box 100, McGregor, Minnesota, 55760, hereinafter referred to as the “Contractor”. The Contractor agrees to furnish ambulance service in Aitkin County, Minnesota, under the following terms and conditions:

1. Contractor agrees to furnish efficient and prompt ambulance service to all persons desiring the same within the state license service area, and shall have not less than one (1) ambulance in service capable of rendering efficient service. Ambulances shall be equipped in accordance with the current State of Minnesota regulations and licensure.
2. Contractor shall man ambulances with personnel in sufficient number to furnish service adequate to the needs of calls or emergencies normally encountered. Ambulance drivers and attendants shall have received training, which meet the requirements of Minnesota Statutes.
3. Ambulance service shall be provided by the Contractor on a twenty-four (24) hour, seven (7) day basis. The Contractor shall immediately respond to requests for service initiated by any person.
4. All patients shall be taken to hospitals as determined by applicable Minnesota Statutes and/or Rules. All patients shall be taken to the hospital of their choice within a reasonable distance if said choice is not contrary to applicable Minnesota Statutes and/or Rules. Should the patient indicate a preference, said patient shall be taken to the hospital where the appropriate care can be provided.
5. The County agrees to pay the Contractor a fee of \$45.00 per request for service, and \$55.00 per no load runs, to a maximum of \$13,000.00 per calendar year. This agreement shall not include transfers from the local hospital to other tertiary care facilities outside the County. The County will reimburse the Contractor on a monthly basis after receiving a monthly receipt of ambulance runs in Aitkin County. This itemization will include dates of service, type of service (emergency or no load run). In addition, the Contractor shall be privileged to charge each person requesting transportation a reasonable service fee in accordance with a schedule from time to time set by the Contractor.
6. Each of the parties shall defend, indemnify, save and hold the other party harmless from the liability arising out of the actions of the indemnifying party in connection with the operation of the ambulances or any other services performed under the terms of the contract.
7. The Contractor does further agree that, in order to protect itself as well as the Agency under the indemnity agreement provision hereinabove set forth, it will, at all times during this contract, have and keep in force a liability insurance policy **naming the County as an insured or additional insured** in the amount at least equal to the maximum liability limits set forth in Minnesota Statutes 466.04, subd. 1(a)(3), of at least **\$500,000** bodily injury per occurrence, up to **\$1,500,000.00** per accident and \$50,000.00 property damage and agrees to provide a certificate of insurance or other document demonstrating that such insurance has been procured to the County.

8. Contractor shall also procure motor vehicle insurance and worker's compensation insurance as required under applicable Minnesota laws and agrees to provide certificates of insurance or other documents demonstrating that such insurance has been procured.
9. The term of the contract shall be for a period of twelve (12) months, commencing not later than January 1, 2018, and terminating December 31, 2018.
10. The Contractor shall not sell, assign, or in any way divest itself of its interest herein without prior written notice by registered mail of at least 120 days to the County.
11. The Contractor agrees to comply in all requests with the requirements of the State of Federal laws or City Ordinances which may be applicable hereto in the operation of its ambulance service.
12. Either party may cancel this Agreement, with or without cause, upon written notice by registered mail of at least 120 days.
13. All notices to either party must be in writing mailed by certified mail, return receipt requested, to the address of each party. Notices are effective on the date of mailing.
14. That said McGregor Volunteer Ambulance Service shall submit to the County of Aitkin, an annual complete itemized financial statement detailing the ambulance activities, by February 1, 2019. Document shall be mailed to:

CYNTHIA BENNETT, DIRECTOR
 AITKIN COUNTY HEALTH & HUMAN SERVICES
 204 1st STREET N.W.
 AITKIN, MN 56431

Cynthia Bennett
 Cynthia Bennett, Director of ACH&HS

12-6-17
 Date

 Chairperson – Aitkin County Board of Commissioners

 Date

Penny Olson City Clerk
 Contractor and Title

12-31-17
 Date

Penny Olson
Printed Name of Contractor signing this document

Approved as to form and execution:

 Aitkin County Attorney

 Date

AMBULANCE SERVICE CONTRACT

THIS AGREEMENT between the Aitkin County Board of Commissioners, Aitkin, Minnesota, hereinafter referred to as the “County” and d/b/a North Memorial Medical Transportation Services, Robbinsdale, Minnesota, hereinafter referred to as the “Contractor”. The Contractor agrees to furnish ambulance service in Aitkin County, Minnesota, under the following terms and conditions:

1. Contractor agrees to furnish efficient and prompt ambulance service to all persons desiring the same within the state license service area, and shall have not less than one (1) ambulance in service capable of rendering efficient service. Ambulances shall be equipped in accordance with the current State of Minnesota regulations and licensure.
2. Contractor shall man ambulances with personnel in sufficient number to furnish service adequate to the needs of calls or emergencies normally encountered. Ambulance drivers and attendants shall have received training, which meet the requirements of Minnesota Statutes.
3. Ambulance service shall be provided by the Contractor on a twenty-four (24) hour, seven (7) day a week basis. The Contractor shall immediately respond to requests for service initiated by any person.
4. All patients shall be taken to hospitals as determined by applicable Minnesota Statutes and/or Rules. All patients shall be taken to the hospital of their choice within a reasonable distance if said choice is not contrary to applicable Minnesota Statutes and/or Rules. Should the patient indicate a preference, said patient shall be taken to the hospital where the appropriate care can be provided.
5. The County agrees to pay the Contractor a fee of \$45.00 per request for service, and only if a patient is transported, to a maximum of \$20,000.00 per calendar year. This agreement shall not include transfers from the local hospital to other tertiary care facilities outside the County. The County will reimburse the Contractor on a monthly basis after receiving a monthly receipt of ambulance runs in Aitkin County. This itemization will include dates of service, type of service (emergency or no load run). In addition, the Contractor shall be privileged to charge each person requesting transportation a reasonable service fee in accordance with a schedule from time to time set by the Contractor.
6. Each of the parties shall defend, indemnify, save and hold the other party harmless from the liability arising out of the actions of the indemnifying party in connection with the operation of the ambulances or any other services performed under the terms of the contract.
7. The Contractor does further agree that, in order to protect itself as well as the Agency under the indemnity agreement provision hereinabove set forth, it will, at all times during this contract, have and keep in force a liability insurance policy **naming the County as an insured or additional insured** in the amount at least equal to the maximum liability limits set forth in Minnesota Statutes 466.04, subd. 1(a)(3), of at least **\$500,000** bodily injury per occurrence, up to **\$1,500,000.00** per accident and \$50,000.00 property damage and agrees to provide a certificate of insurance or other document demonstrating that such insurance has been procured to the County.

8. Contractor shall also procure motor vehicle insurance and worker's compensation insurance as required under applicable Minnesota laws and agrees to provide certificates of insurance or other documents demonstrating that such insurance has been procured.
9. The term of the contract shall be for a period of twelve (12) months, commencing not later than January 1, 2018, and terminating December 31, 2018.
10. The Contractor shall not sell, assign, or in any way divest itself of its interest herein without prior written notice by registered mail of at least 120 days to the County.
11. The Contractor agrees to comply in all requests with the requirements of the State of Federal laws or City Ordinances which may be applicable hereto in the operation of its ambulance service.
12. Either party may cancel this Agreement, with or without cause, upon written notice by registered mail of at least 120 days.
13. All notices to either party must be in writing mailed by certified mail, return receipt requested, to the address of each party. Notices are effective on the date of mailing.
14. That said North Memorial Medical Transportation Services shall submit to the County of Aitkin, an annual complete itemized financial statement detailing the ambulance activities, February 1, 2019. Document shall be mailed to:

CYNTHIA BENNETT, DIRECTOR
 AITKIN COUNTY HEALTH & HUMAN SERVICES
 204 1st STREET N.W.
 AITKIN, MN 56431

Cynthia Bennett
 Cynthia Bennett, Director of ACH&HS

12-6-17
 Date

 Chairperson – Aitkin County Board of Commissioners

 Date

Pat Coyne Vice President
 Contractor and Title

12/19/17
 Date

Pat Coyne
Printed Name of Contractor signing this document

Approved as to form and execution:

 Aitkin County Attorney

 Date

PURCHASE OF SERVICE AGREEMENT

The **Aitkin County Health & Human Services**, 204 – 1st Street NW, Aitkin, Minnesota 56431, hereafter referred to as the Department and **Compass Counseling Partners**, 25282 Hazelwood Drive, Nisswa, MN 56468, hereafter referred to as Contractor; enter into this agreement for the period from **January 1, 2018, to December 31, 2018**.

WHEREAS, Minnesota Statutes, section 245.461 to 245.486 and 245.487 to 245.4888 establishes the Comprehensive Adult Mental Health Act and the Comprehensive Children's Mental Health Act; and

WHEREAS, the Department is required to provide Mental Health services in accordance with the Comprehensive Mental Health Act and the Comprehensive Children's Mental Health Act; and

WHEREAS, the Department pursuant to Minnesota statutes, section 373.01, 373.02, 245.465(4), and 256E.08 wishes to purchase mental health services from multi-disciplinary service Contractor; and

WHEREAS, the Contractor is an autonomous mental health provider in private practice, and in multiple disciplines and is qualified and willing to perform such services;

NOW THEREFORE, in consideration of the mutual understandings and agreements set forth, the Department and Contractor agree as follows:

I SERVICES TO BE PROVIDED OR PURCHASED

The Department agrees to purchase and the Contractor agrees to furnish services as listed in Attachment A.

Psychological evaluations and tests ordered by the court system will be subject to review by the Department to determine whether said evaluations and tests appropriately fall under the terms of this agreement. If Department determines that said evaluations and tests fall outside the scope of this agreement, Contractor will be notified upon referral by Department.

II COST AND DELIVERY OF PURCHASED SERVICES

Statements will be submitted by the 10th of each month in the approved format detailing services provided in the prior month. Payment by the Department to Contractor will be by the end of the month and will be based on actual billing.

III DELIVERY OF CARE AND SERVICES:

Except as otherwise provided herein, Contractor shall maintain in all respects its present control over and autonomy with respect to:

1. The application of its intake procedures and requirements to clients.

2. The methods, times, means and personnel for furnishing Purchased Services to eligible clients.
3. The determination of when to terminate the furnishing of Purchased Services to eligible clients.

Nothing in this agreement shall be construed as requiring Contractor to provide or continue Purchased Services to or for any eligible clients.

IV AUDIT AND RECORD DISCLOSURE

1. Allow personnel of the Department, the Minnesota Department of Human Services, and the Department of Health and Human Services, access to the Contractor's records, in accordance with state and federal laws and regulations, at reasonable hours in order to exercise their responsibility to monitor the services.
2. Maintain records at **Compass Counseling Partners** for audit purposes.
3. Comply with Minnesota Code for Agency Rule - Minnesota Department of Public Welfare and the Minnesota Government Practice Act, M.S. 15.1611 - 16.1698. (Suppl. 1979)

V SAFEGUARD OF CLIENT INFORMATION:

1. The use or disclosure by any party of information concerning an eligible client in violation of any rule of confidentiality of for any purpose not directly connected with the administration of the Department's or Contractor's responsibility with respect to the Purchased Services hereunder is prohibited except on written consent of such eligible client or his\her responsible parent or guardian.
2. The individual employed by the Contractor who is designated to assure compliance with Minnesota Government Data Practices Act, in accordance with Minnesota Statutes, section 13.46, subdivision 10, paragraph (d), shall be Frank Weber. Contractor reserves the right to designate an alternate individual to assure such compliance by written notice to Department.

VI EQUAL EMPLOYMENT OPPORTUNITY AND CIVIL RIGHTS CLAUSE:

The Contractor agrees to comply with the Civil Rights Act of 1964, Title VII (43 USC 2000e), including Executive Order No. 11246, and Title VI (42 USC 2000d).

VII FAIR HEARING AND GRIEVANCE PROCEDURES:

The Contractor agrees that a fair hearing and grievance procedure will be established.

VIII BONDING, INDEMNITY, AND INSURANCE CLAUSE:

1. The Contractor shall save and hold the County of Aitkin and the Department

harmless from all liability for damages to persons or property arising out of the services performed under the terms of the contract. The Contractor shall indemnify the County of Aitkin and the Department for any liability assessed to the county and the Department on account of the services performed under the terms of the contract. The Contractor agrees to purchase liability insurance naming Aitkin County Department of Health & Human Services as an additional insured in an amount at least equal to the maximum liability limits set forth in Minnesota Statutes, 466.04, Subd.1, of \$500,000 per person and \$1,500,000 per occurrence and agrees to provide the County of Aitkin and the Department a certificate of insurance or other document demonstrating that such insurance has been procured. Contractor shall provide proof of insurance prior to commencement of Contractor's performance under this agreement.

2. Insurance: The Contractor does further agree that, in order to protect itself as well as the Department under the indemnity agreement provision hereinabove set forth, it will, at all times during the term of this contract, have and keep in force a liability insurance policy in the amount of \$1,000,000.

IX CONDITIONS OF THE PARTIES' OBLIGATIONS:

1. Before the termination date specified in the Introduction of this agreement, the Department may evaluate the performance of the Contractor in regard to the terms of this agreement to determine whether such performance merits renewal of this agreement.
2. Any alterations, variations, modifications or waivers of provisions of this agreement shall be valid only when they have been reduced to writing, duly signed, and attached to the original of this agreement.
3. No claim for services furnished by the Contractor, not specifically provided in the agreement, will be allowed by the Department, nor shall the Contractor do any work or furnish any material not covered by the agreement unless this is approved in writing by the Department. Such approval shall be considered to be a modification of the agreement.
4. If the Department determines that funds are not being administered in accordance with the approved plan and budget, they may be withdrawn after reasonable notice to the Contractor. It is understood and agreed that the parties do not anticipate that Contractor will administer funds as a result of this agreement.
5. In the event that there is a revision of Federal regulations which might make this agreement ineligible for Federal financial participation, all parties will review the agreement and renegotiate those items necessary to bring the agreement into compliance with the new Federal regulations.
6. In accordance with Minnesota Statutes, Section 245.466, Subd.3 (1), the Commissioner of Minnesota Department of Human Services is a third party beneficiary to this contract.

X SUBCONTRACTING

The Contractor shall not enter into subcontracts for any of the work contemplated under this agreement without written approval of the Department. All subcontracts shall be subject to the requirements of this contract. The Contractor shall be responsible for the performance of any subcontractor.

XI COMPLIANCE WITH THE CLEAN AIR ACT:

The Contractor certifies that it meets lawful conditions of the Clean Air Act, as required by 45 CFR 228.70 and 74.159 (4).

XII MISCELLANEOUS

1. Entire Agreement: It is understood and agreed that the entire agreement of the parties contained herein and that this agreement supersedes all oral agreements and negotiations between the parties relating to the subject matter hereof, as well as any previous agreements presently in effect between the Contractor and Aitkin County Health and Human Services Department relating to the subject matter hereof.
2. This contract may be terminated or renegotiated upon 30 days written notification by either party.
3. **Compass Counseling Partners** agrees to provide Aitkin County Health & Human Services, (attached to the contract):
 - A. Description of staffing, including job descriptions and professional qualifications of all personnel under this agreement (Attachment B).
4. Program and fiscal records shall be retained in the Contractor facility for a minimum of five years.
5. This contract may be extended for a period of six months at the option of the County of Aitkin. If the county desires to extend the term of the contract, it shall notify the Contractor in writing at least sixty days before the expiration of the contract. All terms of this contract will remain in effect pending execution of a contract amendment, execution of new contract or notice of termination.

IN WITNESS WHEREOF the Department (Aitkin County Health & Human Services) and the Contractor (Compass Counseling Partners) have executed this agreement as of the day and year first above written:

BY: _____
~~Mark Wedel~~, Chairperson
Aitkin County Board of Commissioners

DATE: _____

BY: Cynthia Bennett
Cynthia Bennett, Director
Aitkin County Health & Human Services

DATE: 1-17-18

BY: Dan Marquardsen
Dan Marquardsen, MS, LP
Compass Counseling Partners

DATE: 1/4/18

BY: _____
Jennifer Vaughn, MS, LMFT
Compass Counseling Partners

DATE: _____

APPROVED AS TO FORM AND EXECUTION

BY: _____
James Ratz, Aitkin County Attorney

DATE: _____

COST & DELIVERY OF PURCHASED SERVICES

A.	Pre-Petition Screens	\$100.00/hour
B.	Psychological Assessment	Flat Rate \$600.00
	Additional Charges for:	
	WAIS	\$200.00
	WISC	\$200.00
	WRAT	\$ 80.00
C.	Outpatient Psychiatric Evaluation	Flat Rate \$440.00



Aitkin County Health & Human Services

204 FIRST STREET NW
 AITKIN, MINNESOTA 56431-1291
 PHONE 1-800-328-3744 or 1-218-927-7200
 FAX # 1-218-927-7210

EMERGENCY GENERAL ASSISTANCE (EGA) POLICY

Section 1. EGA Availability

1.1. Effective July 1, 2011, Emergency Minnesota Supplemental Aid (EMSA) is no longer funded. Persons who would have been eligible for EMSA may apply for EGA. Aitkin County will continue to provide aid to assistance units in emergency situations as long as funding is available through the State Allocation of EGA as established by the county agency and pending approval of the county board.

1.1.1. Availability of funding will be at the sole determination and discretion of the Director of Health and Human Services or designee. No county funds will be expended to supplement, extend, expand, or substitute for Emergency General Assistance.

1.1.2. If, at any time, expenditures meet or exceed the State EGA Allocation, the program will be suspended.

Section 2. Definition of an EGA Unit

2.1. Aitkin County will grant EGA to an individual or married couple who meets the eligibility criteria established by Aitkin County in this policy.

2.1.1. For the purpose of this EGA guideline, an assistance unit is defined as individuals and married couples who do NOT live in the same location as:

2.1.1.1. A pregnant woman.

2.1.1.2. A minor child (defined as one who is less than 18 years old OR is under the age of 19 and a full-time student in secondary school or equivalent level of vocational or technical training, designed to fit students for gainful employment AND is not the parent of a child in the home) who is living with an eligible caregiver as defined by MN Statute, Sec. 256J.08.

Section 3. Eligibility for EGA

3.1. No assistance unit member is eligible for, or a current recipient of, MFIP or DWP.

3.2. EGA eligibility will be determined for the applicant's initial request. If EGA has been issued, it will not be available again until at least 12 months have passed from the date of issuance.

3.2.1. If an individual previously received Aitkin County EGA during the previous 12 month period, the assistance unit is NOT eligible for EGA.

3.2.2. If an assistance unit member previously received Aitkin County Emergency Assistance or any other Minnesota County's Consolidated (Crisis) Fund as an eligible caregiver 18 and older during the previous 12 month period, the assistance unit is not eligible for EGA.

3.3. EGA will try to resolve the emergency situation in the most cost effective manner. The EGA must resolve the emergency, not postpone it.

- 3.4.** The assistance unit's current gross income is at or below 200% of the federal poverty guidelines in effect at the time of application.
- 3.5.** At least one assistance unit member must have resided in the state for at least 30 days before the date of application or maintain Minnesota residency, and must currently be a resident of Aitkin County.
 - 3.5.1.** The county of residence for applicants is the county they live in at the time they apply or, if they live in an excluded-time facility, their county of financial responsibility.
- 3.6.** No assistance unit member is under sanction for failure to cooperate with MFIP, DWP, GA, MSA or Child Support program requirements, or has been disqualified due to program violations. The sanction must not have created the emergency.
- 3.7.** In the previous 60 days, no assistance unit member has refused to accept employment or training for employment in this state or another state without good cause as defined in MN Statute, Sec. 256J.57.
- 3.8.** The assistance unit is without resources available to resolve the crisis; the county agency will assess all sources of income, both available and anticipated, assets, and current living expenses of each assistance unit member.
 - 3.8.1.** Available income includes income from sources that may be excluded for other programs, such as tax returns, child support, and tribal payments.
 - 3.8.2.** Available income includes benefits from GA and MSA. The upcoming month's cash benefit will be vendor paid to the landlord and/or utility company if doing so would contribute to the resolution of the emergency. Voluntary vendor payments of future cash benefits will be discussed with the client to prevent future emergencies.
- 3.9.** EGA is necessary to avoid destitution (including the threat of destitution) or to provide emergency shelter arrangements.
 - 3.9.1.** In order for EGA to be approved and issued, the funding provided must resolve the crisis and enhance the stability of the assistance unit. All eligible and covered expenses of EGA will not be issued unless it is confirmed that assistance, combined with payments by the applicant or funding from any other verified sources, will continue or restore the needed service, and resolve the crisis.
- 3.10.** The assistance unit must not have used, without good cause as determined by the county agency, more than 50% of net income for purposes other than basic needs during the 60 days prior to application. Examples of good cause may be chemical dependency, mental illness, domestic abuse, etc.
 - 3.10.1.** A client's net income will be determined by subtracting mandatory deductions, such as federal and state tax, FICA, medical insurance premiums, child support, etc. will not be considered. Basic needs are limited to:
 - 3.10.1.1.** Shelter and utilities cost.
 - 3.10.1.2.** Food up to the amount of Thrifty Food Plan allotment minus any Food Support issuances that have occurred.
 - 3.10.1.3.** Medical expenses not covered under a private, state, or federal program.
 - 3.10.1.4.** Transportation costs (\$0.22/mile or monthly cost of bus pass)

3.10.1.5. Other work expenses or costs to retain or obtain employment.

Section 4. Processing EGA Applications and Payments

- 4.1.** To apply for EGA, the assistance unit must complete a DHS Combined Application Form, DHS-5223, or other forms designated by Aitkin County.
- 4.2.** Each assistance unit shall be processed on a separate case. One application form can be used if it contains required signatures.
- 4.3.** All assistance units responsible for resolving the emergency are required to apply.
- 4.4.** An interview shall be conducted in person with one responsible member of the assistance unit or their authorized representative. A phone interview can be completed in hardship situations. If an interview is not completed within the 30 day processing period, the application will be denied.
- 4.5.** The county agency will notify the assistance unit as soon as possible, and no later than 30 days from the date of application whether their application was approved or denied.
- 4.6.** Funding approved under the EGA guidelines will be vendor paid.
- 4.7.** The county agency director or designee will make the final decision for approval or denial of EGA funds.

Section 5. Verifications

- 5.1.** Required verifications for EGA may include: income, assets, living expenses, living situation (landlord statement), household composition, and emergency need.
- 5.2.** Applicants will be required to sign the following forms:
 - 5.2.1.** DHS-2243A, General Authorization for Release of Information.
 - 5.2.2.** DHS-3365, Mandatory Vendor Form.
 - 5.2.3.** Aitkin County Crisis Funds Worksheet.
 - 5.2.4.** Emergency Assistance Limits Form
- 5.3.** The county agency will check MONY/INQX in MAXIS for previous EMER issuances to verify the client meets requirements found in Section 3.2.
- 5.4.** Failure to provide requested documentation will be valid grounds for denial. When a client cooperates but still cannot produce adequate source of proof, the best available information may be used.
- 5.5.** The client has the right to appeal eligibility determinations through the State of Minnesota. Decisions will be based on the Aitkin County EGA Policy.

Section 6. EGA Limitations

- 6.1.** The maximum amount of EGA that may be approved and issued for the assistance unit, adding together all expenses needing payment to resolve the crisis, cannot exceed four times the cash grant standard under GA for the

assistance unit's size. In special circumstances, amount four times the cash grant may be approved by the Director or Financial Assistance Supervisor.

- 6.2.** The assistance standard for a married couple with no children shall be used when calculating the assistance amount for a married couple.
- 6.3.** Emergency needs that may be funded by EGA are limited to the following:

- 6.3.1. Rent**

- 6.3.1.1.** The county agency may issue EGA for rent to prevent eviction from rented or leased shelter.

- 6.3.1.1.1.** The county agency will deny EGA when the county agency determines the unit's shelter costs are not cost effective based on anticipated income.

- 6.3.1.1.2.** EGA will not be issued for payment of late fees.

- 6.3.1.1.3.** EGA will not be issued for more than three months' rent, including current month.

- 6.3.1.1.4.** EGA will not be issued to reimburse prepayments made by assistance unit towards the emergency.

- 6.3.2. Mortgage and Contract for Deed Arrears**

- 6.3.2.1.** When a home is owned, occupied, and maintained by the assistance unit, the county agency may issue EGA for mortgage or contract for deed arrears on behalf of an otherwise eligible unit.

- 6.3.2.1.1.** EGA may only be issued when no subsequent foreclosure action can be reasonably expected within the next 12 months following the issuance.

- 6.3.2.1.2.** EGA may only be issued when the assistance unit has been refused refinancing through a bank or other lending institution.

- 6.3.2.1.3.** EGA may only be issued when the creditor will accept the assistance payment, combined with any payments made by the assistance unit, as full payment of arrears.

- 6.3.2.1.4.** EGA may pay mortgage arrearages, including the escrow account.

- 6.3.2.1.5.** EGA will not be issued to reimburse prepayments made by the assistance unit towards the emergency.

- 6.3.3. Damage or Utility Deposits**

- 6.3.3.1.** Damage and Utility Deposits will be paid only in special circumstances upon the discretion of the agency director or designee.

- 6.3.4. Utility Disconnect/Shutoff Costs**

- 6.3.4.1.** EGA for utility costs may be made when an otherwise eligible assistance unit has had a termination or is threatened with a termination of municipal water and sewer service, electric, gas or heating fuel service (minimum fill), or refuse removal service, or lacks wood when that is the primary heating source.

6.3.4.2. The county agency may not issue assistance unless it receives confirmation from the utility provider that assistance combined with payment by the applicant and funding from any other verified sources will continue or restore the utility.

Section 7. Appeals

7.1. Assistance units must request an appeal hearing in writing and state what county agency action is being appealed.

7.1.1. Clients may use the Appeal to State Agency (DHS-0033) or send a letter indicating disagreement with the county agency's decision.

7.2. The appeal request must be received within 30 days of receiving a notice of proposed action, or show good cause for not requesting within that time. People may file an appeal up to 90 days after receiving the notice of proposed action if they show good cause for not filing within 30 days.

Revised 1/12/2018

County Board Approval Date _____



Aitkin County Health & Human Services

204 FIRST STREET NW
 AITKIN, MINNESOTA 56431-1291
 PHONE 1-800-328-3744 or 1-218-927-7200
 FAX # 1-218-927-7210

MINNESOTA FAMILY INVESTMENT PROGRAM (MFIP) CRISIS FUND GUIDELINES

Section I. Crisis Fund Assistance Availability.

- 1.1** The 2003 legislature repealed the Emergency Assistance Program (EA) effective July 1, 2003. Aitkin County will continue to provide aid to assistance units in emergency situations as long as funding is available through the designated portion of the MFIP Consolidated Fund, as established by the county agency and pending approval of the County Board.
- 1.1.1** Availability of funding will be at the sole determination and discretion of the Director of Health and Human Services or designee. No county funds will be expended to supplement, extend, expand, or substitute for the MFIP Consolidated Fund.
- 1.2** Agency Director or designee will establish a capped proportional distribution of Crisis Funding quarterly, based on prior historical expenditures patterns; will monitor expenditures monthly to assure that expenditures remain within the county designated and approved allocation. The county agency may establish proportional distribution of Crisis Fund Assistance funding quarterly, based on prior historical expenditure patterns.
- 1.2.1** The county agency director may adjust the distributions or eligibility factors dependent upon current expenditure patterns, with the goals of allowing full year funding and expending the monies allocated for Crisis Fund Assistance.
- 1.3** The maximum amount of Crisis Fund Assistance that may be approved and issued for a family unit, adding together all expenses needing payment to resolve the crisis, cannot exceed 4 times the cash grant standard under MFIP for the assistance unit.

Section 2. Definition of a Crisis Fund Assistance Unit

- 2.1** Aitkin County will grant Crisis Funds to an assistance unit who meet the eligibility criteria established by Aitkin County in this policy.
- 2.1.1** For purposes of this Crisis Fund guideline, an assistance unit is defined as:
- 2.1.1.1** A pregnant woman and a responsible caregiver who resides together in the same home.
- 2.1.1.2** A minor child (defined as one who is less than 18 years old OR is under the age of 19 and a full-time student in a secondary school or equivalent level of vocational or technical training, designed to fit students for gainful employment) and responsible caregiver(s) who reside together in the same home.
- 2.1.1.2.1** For purposes of this Crisis Fund Assistance, a caregiver is defined as a household member who is responsible for the ongoing care and wellbeing of the minor child and/or unborn child. Household members who do not fit this description must apply separately for emergency funding if they are responsible for resolving the emergency.
- 2.1.2** Crisis Funds may also be approved in order to reunite an eligible caregiver with a child under the age of 19 as long as the other eligibility criteria in this policy is met.

Section 3. Eligibility for Crisis Fund Assistance

- 3.1** MFIP Crisis Fund eligibility will be determined for the applicant's initial request. If Crisis Fund Assistance has been issued, it will not be available again until at least 12 months have passed from the date of issuance.
- 3.1.1** If an assistance unit includes an eligible person who has previously received Aitkin County Crisis Funding, Emergency General Assistance or any other Minnesota County's Consolidated (crisis) Fund during the previous 12-month period, the unit is not eligible for Crisis Funds.
- 3.2** The MFIP Crisis Fund will try to resolve the assistance unit's emergency situation in the most cost-effective manner. The Crisis Funds must resolve emergency, not postpone it.
- 3.3** The assistance unit's gross income is at or below 200% of the Federal Poverty Guidelines that are in effect at the time of application; income to be considered is for the current month and for the period of 60 days prior to the date of application.
- 3.4** At least one assistance unit member must have resided in Minnesota for at least 30 days before the date of application and must currently be a resident of Aitkin County.
- 3.4.1** The county of residence for applicants is the county they live in at the time they apply, or, if they live in an excluded-time facility, their county of financial responsibility.
- 3.4.2** Crisis or emergency services residency requirements must allow for exemptions where unusual hardships exist. In addition, migrant farmworkers and their families are exempt from the 30-day residency requirement if they can provide verification of working in Minnesota within the last 12 month period and earned \$1,000.00 in gross wages during the time they worked in Minnesota as outlined in MN Statute, Sec. 256J.12
- 3.5** At least one child or pregnant woman or noncustodial parent of a minor child in the assistance unit must meet the MFIP citizenship requirements in MN. Statute, Sec. 256J.11.
- 3.6** No assistance unit member is under sanction for failure to cooperate with MFIP, DWP, GA, MSA or Child Support program requirements or has been disqualified due to program violations.
- 3.7** In the previous 60 days no caregiver in the assistance unit has refused to accept employment or training for employment in this state or another state without good cause as defined in MN Statute, Sec. 256J.57.
- 3.8** The assistance unit is without resources available to resolve the crisis; the county agency will assess all sources of income, both available and anticipated, assets and current living expenses of each member of the assistance unit.
- 3.8.1** Available income includes income from sources that may be excluded from other programs, such as tax returns, child support and tribal payments.
- 3.8.2** Available income includes benefits from MFIP, DWP, GA and MSA. The upcoming month's cash benefit will be vendor paid to the landlord and/or utility company if doing so would contribute to the resolution of the crisis. Voluntary vendor payments of the future cash benefits will be discussed with the client in order to prevent future crisis
- 3.9** Crisis Fund Assistance is necessary to avoid destitution (including the threat of destitution) or to provide emergency shelter arrangements.
- 3.10** The assistance unit must not have used, without good cause as determined by the county agency, more than 50% of the net income for purposes other than basic needs during the 60 days prior to the application. Examples of good cause may be chemical dependency, mental illness, domestic abuse, etc.
- 3.10.1** A client's net income will be determined by subtracting mandatory deductions, such as federal and state tax, FICA, medical insurance premiums, child support, etc. Voluntary deductions such as retirement, vacations accounts, etc. will not be considered. Basic needs are limited to:
- 3.10.1.1** Shelter and utility costs.

3.10.1.2 Food up to the Thrifty Food Plan allotment less any SNAP issuances received.

3.10.1.3 Medical expenses not covered under a private, state or federal program.

3.10.1.4 Transportation costs (\$0.22/mile).

3.10.1.5 Child care expenses.

3.10.1.6 Other work expenses or costs to obtain or maintain employment.

3.10.1.7 Auto expenses if employed or necessary for medical expenses.

3.10.1.8 Actual utility expenses shall be used when calculations.

Section 4. Processing Crisis Fund Assistance Applications and Payments.

4.1 To apply for Crisis Fund Assistance, an assistance unit must complete a DHS-5223, Combined Application Form or other forms designated by Aitkin County.

4.2 Each assistance unit shall be processed on a separate cases. One application form can be used if it contains all required information.

4.3 All assistance units responsible for resolving the emergency are required to apply.

4.4 An interview shall be conducted in person with one responsible member of the assistance unit or their authorized representative. A phone interview can be completed in a hardship situation. If an interview is not completed within 30 day processing period, the application will be denied.

4.5 The county agency will notify the assistance unit as soon as possible, and no later than 30 days, whether their application was approved or denied.

4.6 Funding approved under the Crisis Fund guidelines will be vendor paid.

4.7 The county agency director or designee will make the final decision for approval or denial of crisis funds.

Section 5. Verifications.

5.1 Required verifications for Crisis Fund Assistance may include: Income, assets, living expenses, living situation (landlord statement), and household composition and emergency need.

5.2 Applicants will be required to sign the following forms:

5.2.1 DHS-2243A, General Authorization for Release of Information.

5.2.2 Aitkin County Crisis Funds Worksheet.

5.2.3 Emergency Assistance Limits Form.

5.3 The county agency will check MONY/INQX in MAXIS for previous EMER issuances to verify the assistance unit meets requirements found in Section 3.1

5.4 Failure to provide requested documentation will be valid grounds for denial. When an applicant cooperates but still cannot produce adequate sources of proof, the best information available will be used.

5.5 The assistance unit has the right to appeal eligibility determinations through the State of Minnesota. Decisions will be based on Aitkin County's Crisis Funds Policy.

Section 6. Crisis Funding Limitations

6.1 The maximum amount of Crisis Funds that may be approved and issued for an assistance unit, adding together all expenses requiring payment to resolve the crisis, cannot exceed four times the cash grant standard under MFIP/DWP policy for an assistance unit size. In special circumstances, amounts over four times the cash grant may be approved by the Director or Financial Assistance Supervisor. Crisis Funds may be utilized toward the following emergency situations:

6.1.1 Rent.

6.1.1.1 The county agency may issue Crisis Fund Assistance for rent to prevent eviction from rented or leased shelter.

6.1.1.1.1 The county agency will deny Crisis Fund Assistance when the county agency determines the assistance unit's shelter costs are not cost effective based on anticipated income.

6.1.1.2 Crisis Fund Assistance will not be issued for payment of late fees.

6.1.1.3 Crisis Fund Assistance will not be issued for more than three months' rent, including the current month.

6.1.2 Mortgage and Contract for Deed Arrears.

6.1.2.1 When a home is owned, occupied, and maintained by the assistance unit, the county agency may issue Crisis Fund Assistance for mortgage or contract for deed arrears on behalf of an otherwise eligible family unit, not to exceed four times cash grant.

6.1.2.1.1 Crisis Fund Assistance only may be issued when no subsequent foreclosure action can be reasonably expected within the next 12 months following the issuance.

6.1.2.1.2 Crisis Fund Assistance may only be issued when the assistance unit has been refused refinancing through a bank or other lending institution.

6.1.2.1.3 Crisis Fund Assistance may only be issued when the creditor will accept the assistance payment, combined with any payments made by the assistance unit, as full payment of arrears.

6.1.2.1.4 Crisis Fund Assistance will pay mortgage arrearages, including the escrow account.

6.1.2.1.5 Crisis funds will not be issued to reimburse pre-payments made by the assistance unit towards the emergency.

6.1.3 Damage and Utility Deposits

6.1.3.1 Damage and Utility Deposits will be paid only in special circumstances upon the discretion of the agency director or designee.

6.1.4 Utility Disconnects/Shutoff Costs

6.1.4.1 Crisis Fund Assistance for utility costs may be made when an otherwise eligible assistance unit has had a termination or is threatened with a termination of municipal water and sewer service, electric, gas or heating fuel service (minimum fill), refuse removal service or lacks wood when that is the heating source.

6.1.4.1.1 The county agency may not issue assistance unless it receives confirmation from the utility provider that assistance combined with payment by the application and funding from any other verified sources will continue or restore the utility.

Section 7. Appeals

- 7.1** Assistance units must request an appeal hearing in writing and state what county agency action is being appealed.
 - 7.1.1** Assistance units may use the DHS-0033, Appeal to the State Agency or send a letter indicating disagreement with the county decision.
- 7.2** The appeal request must be received within 30 days of receiving the notice of proposed action or show good cause for not requesting within that timeline. Assistance units may file an appeal up to 90 days after receiving the notice of proposed action if they show good cause for not filing within 30 days.

Revised 1/12/18

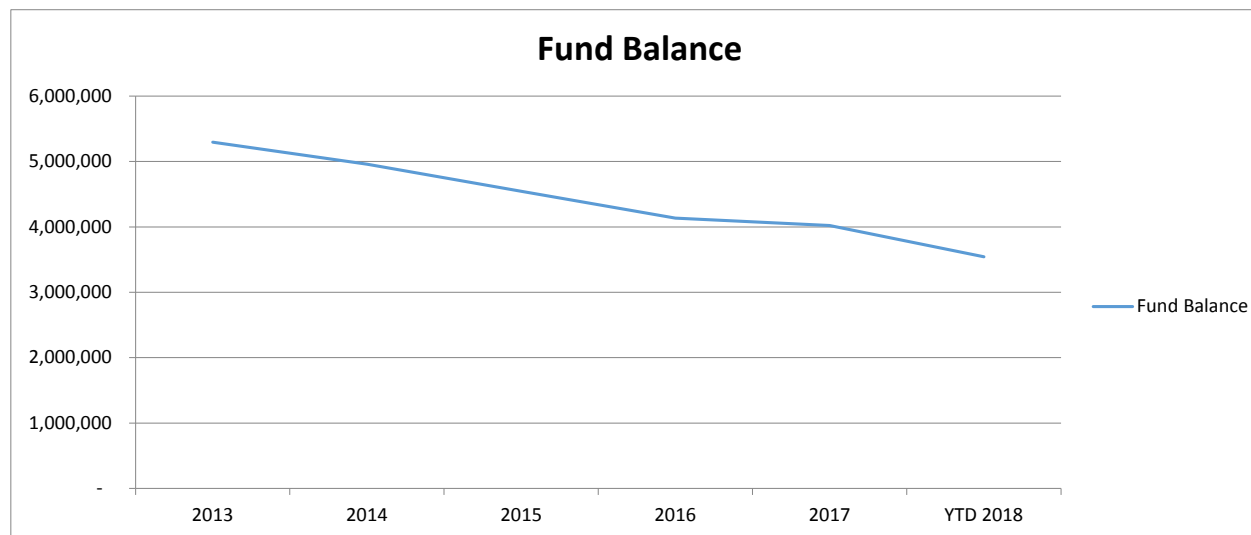
County Board Approval Date_____

Aitkin County Health and Human Services

5-Year Trend

	2013	2014	2015	2016	2017	YTD 2018
Fund Balance	5,295,266	4,959,306	4,544,194	4,132,946	4,018,905	3,542,452

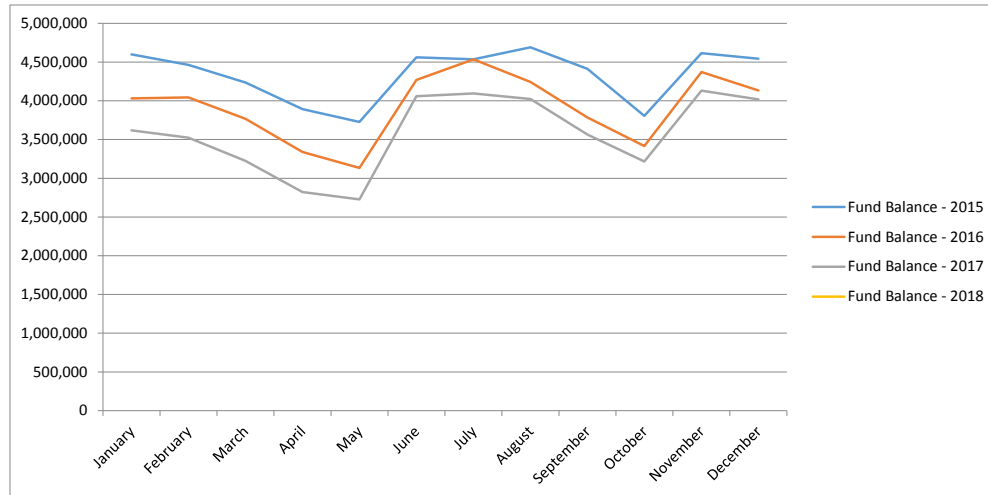
	2013	2014	2015	2016	2017	YTD 2018
Revenue:						
Tax Levy	(2,470,280)	(1,888,237)	(1,982,478)	(2,376,726)	(2,553,009)	-
Intergovernmental Revenue	(314,824)	(270,042)	(279,448)	(207,004)	(179,511)	-
State Revenue	(686,351)	(881,137)	(1,043,277)	(1,062,714)	(1,140,452)	-
Federal Revenue	(2,136,553)	(2,168,616)	(2,084,504)	(2,047,014)	(2,222,386)	-
Third Party Revenue	(216,749)	(207,346)	(258,635)	(341,275)	(355,350)	-
Misc. Revenue/Pass Thru	(359,291)	(315,012)	(388,502)	(311,493)	(197,534)	(303)
Expenditure:						
Payments for Recipients	1,417,258	1,635,621	1,719,526	1,881,399	1,793,401	106,329
Payroll	3,425,849	3,664,934	3,934,931	4,102,280	4,272,534	339,245
Services/Charges and Fees	423,064	336,723	343,675	347,003	370,495	25,574
Travel and Insurance	89,679	143,562	156,611	155,526	90,227	37,215
Supplies and Small Equipment	61,402	73,199	110,486	100,869	113,538	839
Capital Outlay	52,492	31,266	38,483	48,764	25,644	-
Misc. Expenditure/Pass Thru	184,723	180,414	150,934	120,507	96,846	4,244
Net Change to Fund Balance:	(529,581)	335,329	417,802	410,121	114,444	513,143



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	4,534,967	4,244,044	3,785,410	3,417,297	4,372,735	4,132,946		
Fund Balance - 2017	3,619,229	3,524,864	3,223,404	2,822,304	2,727,519	4,060,299	4,095,282	4,024,250	3,565,913	3,217,691	4,131,280	4,018,905		
Fund Balance - 2018	3,542,452													
	Jan-18	Jan-18	Jan-18	Jan-18	Jan-18	Jan-18	Jan-18	Jan-18	Jan-18	Jan-18	Jan-18	Jan-18	Jan-18	YTD 2018
Revenue:														
Tax Levy	0													0
Intergovernmental Revenue	0													0
State Revenue	0													0
Federal Revenue	0													0
Third Party Revenue	0													0
Misc. Revenue/Pass Thru	(303)													(303)
Expenditure:														
Payments for Recipients	106,329													106,329
Payroll	339,245													339,245
Services/Charges and Fees	25,574													25,574
Travel and Insurance	37,215													37,215
Supplies and Small Equipment	839													839
Capital Outlay	0													0
Misc. Expenditure/Pass Thru	4,244													4,244
Net:	513,143	0	0	0	0	0	0	0	0	0	0	0	0	513,143



Foster Care Report

	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Foster Care Expense	847,823	818,453	834,512	950,273	970,888	886,243	816,028	590,994	628,755	626,426	686,956	723,125	33,473
# of Children	73	75	63	64	57	56	49	50	53	65	62	71	

Foster Care	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Child Shelter	3,017	5,139	0	850	0	177	2,696	2,817	0	1,071	2,384	0	0
ICWA	2,448	0	0	709	0	0	0	0	0	0	0	0	0
Corrections	35,626	6,465	5,444	4,227	9,488	2,656	6,151	1,378	1,968	0	0	-	0

Treatment Foster Care	0	8,451	0	0	33,227	101,130	96,216	79,138	35,418	18,948	0	0	0
ICWA	0	0	0	0	0	0	0	0	0	7,870	18,632	11,055	0
Corrections	0	0	33,530	33,811	22,857	0	0	0	0	0	0	-	0

Child Foster Care	318,577	462,600	384,829	396,552	346,845	167,154	174,298	241,526	158,688	190,403	289,650	234,738	20,658
ICWA	49,915	101,147	131,779	99,413	111,278	138,816	92,451	11,382	24,570	52,441	72,284	63,041	0
Corrections	19,740	0	0	0	18,695	11,627	9,783	0	1,998	10,011	0	-	0

Rule 8	53,677	12,310	3,174	19,938	14,710	45,321	7,062	0	100	35,955	0	25,692	0
ICWA	0	0	23,947	10,952	48,097	16,400	25,716	7,306	888	0	0	0	0
Corrections	0	18,675	8,132	44,677	13,373	17,570	43,317	0	0	0	0	-	0

Correction Facilities	0	0	0	0	0	0	0	24,953	0	0	0	83,298	6,245
ICWA	37,418	46,204	35,438	68,751	103,404	107,921	56,691	21,011	68,770	27,341	47,201	890	0
Corrections	264,032	141,084	107,867	120,751	66,821	208,353	188,862	142,442	292,193	142,279	149,222	-	0

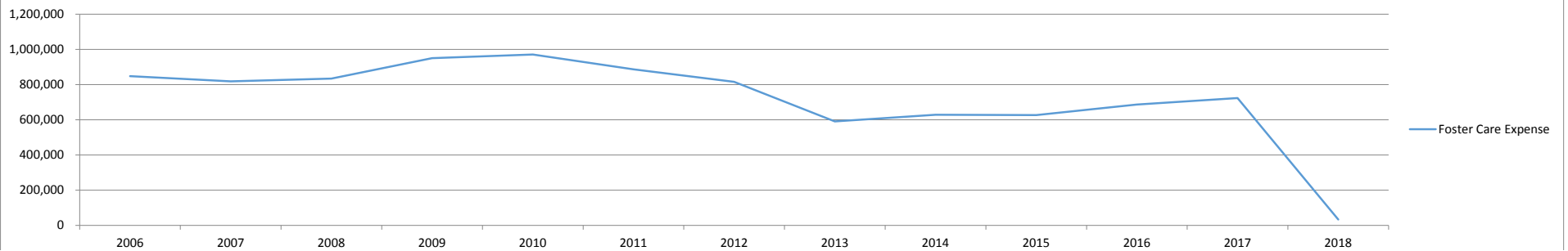
Northstar Kinship Assistance	0	0	0	0	0	0	0	0	0	0	1,973	0	3,024
Northstar Adoption Assistance	0	0	0	0	0	0	0	0	0	0	0	0	8,156
Extented Foster Care	0	0	0	0	0	1,228	0	0	100	0	0	3,960	0
Electronic Monitoring	976	1,848	0	1,504	1,201	0	352	2,904	0	0	0	0	0

Rule 5	56,466	0	61,170	95,415	103,210	70,889	99,575	21,835	119,466	96,403	139,532	301,090	7,579
ICWA	0	7,175	36,321	42,836	36,960	0	0	36,571	0	48,012	27,891	0	0
Corrections	0	0	0	0	0	0	0	0	0	0	0	-	0

Respite	428	115	882	7,862	34,851	8,645	9,183	2,358	919	5,765	1,276	2,356	0
Child Care	1,406	2,178	0	671	1,579	1,167	0	718	592	4,495	981	179	0
Health Services	386	695	0	455	82	194	382	111	2,607	3,108	195	132	0
Transportation	4,436	5,897	5,464	10,803	9,584	10,268	7,188	14,129	9,790	7,789	6,098	10,864	370

Total Foster Care Expenses:	848,548	819,983	837,977	960,176	976,259	909,516	819,923	610,578	718,066	651,892	757,319	737,293	46,032
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Foster Care Expense





Aitkin County Health & Human Services

204 FIRST STREET NW
AITKIN, MINNESOTA 56431-1291
PHONE 1-800-328-3744 or 1-218-927-7200
FAX # 1-218-927-7210

AITKIN COUNTY HEALTH & HUMAN SERVICES ADVISORY COMMITTEE

Meeting Minutes

January 3, 2018

Committee Members Present:

Marlene Abear
Roberta Elvecrog
Carole Holten
Kevin Insley
Joy Janzen
Kristine Layne
Robert Marcum
Penny Olson
Amanda Voller

Commissioner Bill Pratt
Commissioner Mark Wedel

Others Present:

Joel Hoppe

Guests:

Cynthia Bennett, Director, ACH&HS
Jessi Schultz, Child & Family Social Services Supervisor
Shawn Speed, Clerk to the Committee

Absent:

Beverly Mensing
Joell Miranda
Jon Moen

I. Call to Order

- a. Roberta called to order the regular meeting of the Aitkin County Health & Human Services Advisory Committee at 3:33pm on January 3, 2018 at Aitkin County Health & Humans Services in the large conference room.

II. New Chair recognition.

- a. Bob Marcum, Vice Chair, in accordance with the board By-Laws, accepted the position of Board Chair for 2018. All members voting yes to approve him.

III. Approval of January 3, 2018 Agenda

- a. Roberta moved to approve the agenda, Kristine seconded the move to approve the agenda with the following change, moved Item IV down and added approve Vice Chair as Item IV, all members voting yes to approve the January 3, 2018 agenda.

IV. Jessi Schultz introduced her staff to the Board.

- a. Brenda Butterfield, Lori Chenevert, Pam Karnowski, Shannon Parenteau, Stacy Nissen, and Amanda Flier.

V. Approval of minutes from December 6, 2017 meeting

- a. Carole moved to approve the minutes, Roberta seconded the move, all members voting yes to approve the December 6, 2017 minutes.

VI. Committee Member Input / Updates – Must be informational in nature, relative to Aitkin County Health & Human Services and not exceed five minutes per person.

- a. Bob wanted to express his thanks to all of the staff at Riverwood Healthcare Center for all of their efforts during his friend's battle with cancer.
- b. He expressed his desire to collaborate with Riverwood and H&HS to have a larger discussion on end of life issues.
- c. Cynthia talked about the importance of advance directives and their importance. Was her desire that the committee members spread the word about their importance when they are out in the community.
- d. Bill brought forward a pamphlet he received from Amramp, who provides ramps to individuals through short term rental or purchasing options. They are metal and non-slip. Shawn will be providing members with a copy of the pamphlet via email.

VII. Child Protection Court Work – Jessi Schultz, Child & Family Social Services Supervisor

- a. Jessi presented her CHIPS to permanency Timeline and Child Protection Court Work presentation.
 - i. Carole asked whether there was a rule, or not, for once a child hits a certain age whether they can decide where they live.
 1. Jessi said there is no hard rule but that they can request it through their legal council or guardian ad litem as long as they are over 10 years of age.
 - ii. Roberta asked if someone didn't have family and was placed in an inpatient treatment program if the county would then get involved to place the children in foster care.
 1. Yes that is when they would get involved in that situation.
 - iii. Carole asked what happens with Native American families. Whether they have their own system or not?
 1. Jessi said that most tribes have their own services for these cases and can file in Tribal Court and take care of it all form there, minus the cost as the county pays that.
 - iv. When talking about truancy problems, Roberta asked whether tardiness counts when it

comes to truancy.

- 1. Jessi responded that if they miss a period of class and end up doing it seven times, it does count as an absence. But in the case of truancy the school files the petitions, not the county.
- v. Roberta asked about when the family is required to show up to court for their hearing, how many chances they are given to show up?
 - 1. Jessi said more often than not it is two chances, but it really depends on the judge, family history, and other circumstances.
- vi. Carole inquired if it was special judges that hear these cases?
 - 1. Jessi said that they need to be familiar with Child Protection issues and that they try to use the same one for a case that starts with it.
- vii. Bob asked how many children are served by us and what our annual expenses are.
 - 1. Jessi was not 100% sure on our numbers right now, but would get them for the committee.
 - 2. This led to a bigger discussion on how many foster homes we have, to which Jessi said we really only have two that will take anyone at any time, but we have six licensed in the area.
 - 3. To which Bill asked how hard it was to get licensed to become a foster home and Jessi replied it isn't that hard, mainly a lot of paperwork and having a home that is up to code.
 - 4. The whole committee spoke to how them knowing the budget numbers was important when they are out in the community talking to people.

VIII. Comments:

- a. Feedback from the HHS Board Meeting – Kristine – December 19, 2017
 - i. Kristine talked about what went on at the Board meeting, minutes of that meeting are attached.
- b. Committee Members scheduled to attend upcoming HHS Board meetings in 2018:

January 23	Roberta Elvecrog	Bob Marcum
February 27	Carole Holten	Joy Janzen
March 27	Marlene Abear	Amanda Voller
April 24	Kristine Layne	Joell Miranda
May 22	Beverly Mensing	_____
June 26	Kevin Insley	_____
July 24	_____	_____
August 28	Bob Marcum	_____
September 25	Carole Holten	_____
October 23	Jon Moen	_____
November 27	_____	_____
December 18	Bob Marcum	Amanda Voller

- c. Bob, Carole, and Roberta will be getting together, in the future, to discuss the tribal relations presentation they are working on.

- d. Bob also asked if the committee would be interested in having a drug education counselor, that he recently met, come speak to them. Many were interested in learning more about it.

IX. Adjournment

- a. Motion by Kristine to adjourn the meeting, seconded by Beverly, all members voting yes to adjourn the meeting at 4:56pm.

Robert Marcum, Chairperson

Shawn Speed, Clerk to the ACH&HS Advisory Board

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

- Copy of the agenda for the January 3, 2018 meeting.
- Copy of the minutes from the December 6, 2017 meeting.
- Copy of the December 19, 2017 H&HS Board meeting minutes.
- Copy of the Child Protection Court Work Handout and PowerPoint presentation.



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CHIPS TO PERMANENCY TIMELINE

Required Timing for Permanency Proceedings under *Minnesota Statutes Chapter 260C* except CHIPS By-pass Cases and Voluntary Placements

Ann Ahlstrom

Last Revised: February 2015

Month	Day	Event	Other
1	1	Child enters foster care by: 1. Law enforcement hold; or 2. Order for immediate custody; or 3. Voluntary placement agreement	Voluntary placement may occur by agreement under: 1. Minn. Stat. Chapter 260D (for children who are emotionally disturbed or developmentally disabled to access treatment); 2. Minn. Stat. 260C.227 ; 3. Minn. Stat. 260C.229 (youth age 18 and older) Each type of voluntary has unique court review and permanency requirements.
	3	Emergency Protective Care Hearing	If child is removed involuntarily, CHIPS petition is filed within 72 hours. Minn. Stat. § 260C.176 ; MRJPP 33.05 requires petition to be filed at or prior to EPC hearing
	3-13	Admit/Deny Hearing Scheduling Order	If ICWA case, service must take place 10 days prior to hearing; tribe may request up to 20 more days. 25 U.S.C. § 1912 ; MRJPP 34.02, subd 1 (d) . Scheduling order must issue at or within 15 days of this hearing. MRJPP 6.02
	30	Out of Home Placement Plan filed	Court may approve plan based on contents of CHIPS petition, and implementation of approved plan may be basis for reasonable efforts determination. Minn. Stat. § 260C.178, subd. 7 ; MRJPP 37.02, subd. 4 Minnesota Assessment of Parenting for Children and Youth is completed by agency. Minn. Stat. § 256N.24
2 weeks to 14 months	14-53	Pretrial Hearing	Must be held at least 10 days prior to trial. MRJPP 36.01
	63, but not later than day 93	CHIPS Trial	CHIPS matters come to trial by day 63; county attorney determines whether criminal or juvenile case proceeds first in cases of egregious harm. Minn. Stat. § 260C.503, subd. 2(d) ; MRJPP 39.02 subd. 1(d)
	78 or within 15 days of conclusion of testimony at trial	Findings and Adjudication Disposition	Court may extend total time for findings to 30 days under MRJPP 39.05, if extension is in the interests of justice and best interests of child. MRJPP 39.05 ; To extent practicable, disposition is entered same day as adjudication; MRJPP 41.02 . If disposition cannot be entered the same day, R. 41.02 requires disposition to be ordered within 10 days of date petition is found proved. See also last paragraph of Minn. Stat. § 260C.201, subd. 1(b)
	At least every 90 days as long as child is in foster care until there is permanency order	Review Hearings	At any review hearing: 1. Child may be returned home if parent has made progress on case plan and mitigated unsafe conditions to the point home is safe for the child; or 2. If parent is not making significant progress on case plan, agency can move to permanency. Hearings review parent(s) progress on case plan, afford an opportunity to correct problems with services, and address barriers to reunification; also afford opportunity to ensure parent knows consequences to both parent and child of failure to comply with case plan. MRJPP 41.06, subd. 2
6	180	Permanency Progress Review Hearing	See table on next page.
11	335	Permanency Pleadings filed	Permanency petition filed by month 11. MRJPP 42.01, subd. 1(b) , and 42.04, subd 2 ; see also Minn. Stat. § 260C.505
12	365	Admit/Deny Hearing	Finding required regarding whether the permanency petition states a prima facie case that the agency has made reasonable efforts to reunify the child with the parent. MRJPP 34.03, subd. 3 and 4 ; Minn. Stat. § 260C.507(c)
14	Not later than 425	Permanency Trial	Trial, if any, must commence within 60 days of admit/deny hearing. MRJPP 39.02 ; Minn. Stat. § 260C.509
Month 14 or later	Within 15 days	Permanency Order issued by court	15 days runs from the conclusion of testimony. Court permitted to extend the time 15 days to a total of 30 days if the court finds an extension of time is required in the interests of justice and the best interests of the child. MRJPP 39.05, subd. 1
	Within 10 days	Post-trial motions, if any	10 days runs from service of notice of filing by court administrator; response is due within 5 days of service of post-trial motion; hearing on post-trial motion is within 10 days of date the post-trial motion is filed; decision on post-trial motion is required within 10 days of conclusion of hearing, if any. MRCPP 45.01
	Within 20 days	Notice of Appeal	20 days runs from service of notice of filing of the order: <ul style="list-style-type: none"> • finding petition proved and ordering permanency • finding petition not proved; or • disposing of the last post-trial motion. MRJPP 47.02, subd. 2

Permanency Progress Review Hearing at Six Months

When	Required at 6 months for all children removed from home who continue in foster care or in the care of a noncustodial parent. See <i>Minn. Stat. § 260C.204 (a)</i> Agency is required to submit a report to the court at least 5 days prior to the hearing which addresses elements of the court's required findings in <i>Minn. Stat. § 260C.204</i> ; see <i>MRJPP 38.05</i>		
Purpose	Check-in about progress on permanency planning for the child; make decisions about direction of case for next 6 months		
Notice	All parties and participants plus any relative who responded to the agency's notice to relatives provided during initial relative search under <i>Minn. Stat. § 260C.221</i> or asked to be notified of court proceedings regarding the child under <i>Minn. Stat. § 260C.152, subd. 5</i>		
Court review	Agency 1. Reasonable or active efforts for reunification (what has the agency done to support the implementation of the case plan or out-of-home placement plan? Have the efforts been relevant to the safety and protection of the child, adequate, culturally appropriate, available and accessible, consistent and timely, and realistic?) See <i>Minn. Stat. § 260.012, subd. (h)</i> 2. Reasonable efforts to finalize the permanency plan for the child (has the agency provided services and support for both parents, completed the relative search and placement considerations, identified a Plan B, and concurrent permanency planning) See <i>Minn. Stat. § 260.012(c)</i> 3. If ICWA, active efforts to prevent the breakup of the Indian family	Parent Progress on the case plan or out-of-home placement plan 1. Was parent involved in development of case plan? 2. Does parent understand and agree with goals and what services are being provided? 3. Are there barriers to receiving services? 4. Is the parent seeing the child regularly and is visitation meaningful (does it help learn appropriate parenting?)	Child Well-being 1. Is child in Plan B home? 2. Has child received necessary developmental, health, mental health, trauma, and educational assessments? 3. Is the child receiving appropriate follow-up services? 4. How is the child doing in placement and in school? 5. If ICWA, is child placed according to the ICWA placement preferences? 6. Is the child placed with a relative? 7. Is the child visiting parents, siblings, and other relatives?
Possible Outcomes	If parent is complying with case plan and visiting child, the court may: 1. return the child home, if the conditions which led to the out-of-home placement have been sufficiently mitigated that it is safe and in the child's best interests to return home; or 2. continue the matter up to a total of six additional months.	If parent is not complying with case plan or is not visiting the child, the court may order the agency to: 1. develop a plan for legally permanent placement of the child away from the parent; 2. develop and implement Plan B, including placement with relatives 3. file a permanency petition within 30 days	Timing If the court orders a permanency petition to be filed: Petition is required to be filed within 30 days; Trial is required within 60 days of the filing of the petition See <i>Minn. Stat. § 260C.204(d)</i>

Child Protection Court Work

January 3, 2018

Types of Court Involvement

- Child in Need of Protection or Services (CHIPS)
- Permanency Hearings
- Truancy-CHIPS
- Children's Mental Health Placement Reviews

CHIPS Court

- Goal is to provide a child with support so the child is safe and gets his/her needs met.
- CHIPS cases allow social services to have protective supervision of the child or temporary custody of the child for the purpose of placement.
- Protection and services are provided by social services and the child's family working together to develop a plan aimed at keeping the child safe.
- If the child is in foster care, the law allows up to one year for the agency and parents to resolve issues and make it safe for the child to return home.
- **Social services must complete reasonable efforts to reunify the child with their parent (active efforts if the child qualifies under the Indian Child Welfare Act- ICWA)**
- Social services provides concurrent permanency planning when the child is in placement- we plan for both the child to return home as well as find a permanent placement for the child in case the child is not able to be reunified with their family.
- If the child is not returned home in one year, a permanency case must be started and could include termination of parental rights.
- Legal Parents and children over age 10 have the right to a court appointed attorney.

CHIPS Court- How do we get there?

- A petition is filed based on MN Statute 260C
- Child is in need of protection or services because the child is:
 - Abandoned
 - A victim of sexual or physical abuse and resides with perpetrator
 - Without necessary food, clothing, shelter, education or other required care because the parent is unwilling or unable to provide
 - Without special care made necessary by a physical, mental or emotional condition and parent is unwilling or unable to provide
 - Medically neglected
 - Is one whose parent, guardian or other custodian for good cause desires to be relieved of the child's care and custody
 - Has been placed for adoption or care in violation of law
 - Without the proper care because of the emotional, mental or physical disability or state of immaturity of the parent or guardian
 - One whose behavior, condition or environment is such as to be dangerous or injurious to the child or others
 - Experiencing growth delays/failure to thrive
 - A sexually exploited youth
 - Has committed a delinquent act or juvenile petty offense before becoming 10 years old
 - A runaway
 - Habitually truant
 - Has been found incompetent to proceed or been found not guilty by mental illness or mental deficiency in connection with a delinquency proceeding
 - Has a parent whose parental rights to one or more other children were involuntarily terminated or custody was involuntarily transferred to a relative and social services can document compelling reasons not to file an immediate termination petition

CHIPS- Types of Court Hearings

- Emergency Protective Custody (EPC)
- Admit/Deny Hearing
- Pre-Trial
- Trial
- Disposition
- Review
- Permanency Progress Review

CHIPS Court-Scenario #1

- ACHHS receives a report that a newborn baby and mother tested positive for methamphetamines, THC, and opioids. The baby is showing severe withdrawal symptoms and is being sent to the NICU in Duluth. This is the third child that the mother has had that has tested positive for chemicals at birth in the last four years. Mother admitted to using right before the birth of her child and throughout her pregnancy. ACHHS has had several responses to past reports of chemical use and neglect of the children.

CHIPS Court- Scenario #2

- A mother has been working with our agency for 6 months as the result of a family assessment regarding chemical use and neglect. She has three children ages 11, 9, and 3. The family willingly accepted case management services and followed the case plan including completing a chemical use assessment, completing inpatient treatment, and getting mental health services. However, after doing all of this, the mother had a relapse with her chemical use. While using she left the children with a neighbor (who called our agency) and has not returned. The children report that they were without food and the house was very dirty prior to going to the neighbor's as a result of their mother's relapse. In the process of filing the CHIPS petition, the mother has returned and asked for help with her chemical dependency issues.

CHIPS- Permanency

- Once a child is in foster care for 12 months, social services is required to file a permanency petition. (This can be filed sooner as noted earlier)
- Permanency options include transfer of custody to a relative or termination of parental rights.
- There are options to do a voluntary consent to adopt and a voluntary transfer of custody.
- The same court hearings apply that were discussed earlier: admit/deny hearing, pre-trial, trial, and then the permanency order is issued by the court.
- Parties are able to appeal the final decision that is made by the court.

CHIPS-Truancy

- A youth (age 12 and over) is considered truant when they have missed seven or more unexcused days of school during the school year.
- The petition is filed by the school with the help of the county attorney's office.
- Social Services starts on the case once it goes to court and the child/parents admit to the petition.
- Truancy is usually about the child not getting themselves to school (vs the parents being responsible)
- Social Services role is to provide case management services and report progress back to the court.

MN Statute 260D Reviews

(Children's Mental Health Voluntary Placement)

- Addresses when a child is placed via a voluntary placement agreement for the purposes of treatment
- The court must review the placement after the child has been there for 180 days.
- If the placement is approved, the court will review the placement again when the child has been in placement for 13 months.
- At that time, the child needs to be returned home, continue the placement and file a Petition for Permanency Review, or file a Petition for Termination of Parental Rights.

Court Work- Summary

- As you can see, court work is timely and requires a lot work by both families and social services.
- Contrary to what you see on TV, it is not a simple process to place children in foster care.
- All county agencies and outside agencies need to work together for a family to be successful and the child to be safe and have their needs met.