1. 8:00 A.M. Agenda And Meeting Materials

Documents:

01-07-2020.PDF

*Revised
POLK COUNTY BOARD

MEETING LOCATION: GOVERNMENT CENTER, CROOKSTON, MN

COMMISSIONERS ROOM

AGENDA

JANUARY 7, 2020

8:00 A.M. MEETING OPEN/CONVENE

CALL TO ORDER

PLEDGE ALLEGIANCE TO FLAG

ELECTION OF OFFICERS
1. Chair
2. Vice Chair

REVIEWAL & APPROVAL OF THE AGENDA

CONSENT AGENDA
1. Approve Auditor Warrants.
2. Approve payment to Card Member Services, St. Louis, MO in the amount of $14,569.33 for credit card purchases.

COUNTY BOARD MEMBERS ISSUE FORUM
1. AMC 2020 Policy Committee & Voting Delegate Appointments
2. Leonard Vonasek – Planning & Zoning - 3 Year Appointment Expired 12-31-2019
3. 2020 Board Committee Assignments

8:45 SARAH REESE – PUBLIC HEALTH
1. Out of State Travel Request – Thompson
2. Public Health Update

9:00 DARIN CARLSTROM – HIGHWAY DEPARTMENT
1. 2020 Diesel Fuel Quotes
2. Nielsville Bridge HAER Report Quote

9:15 KAREN WARMACK – SOCIAL SERVICES
1. Replacement Request for Case Aide Position
2. Agreement with Polk County Collaborative
3. Contract for Transportation & Senior Companion Program with Tri-Valley

9:30 MARK DIETZ - FACILITIES
1. Board Authorization To Fill Custodian I Position

9:35 JAMES TADMAN – SHERIFF
1. Resolution (2020-07) Accepting Financial Donations From Erskine Commercial Club On Behalf Of Polk County Sheriff's Office

9:45 BREAK

10:00 MICHELLE COTE – PROPERTY RECORDS
1. Extension Committee Appointee

2. Resolution (2020-05) Minnesota Voting Equipment Grant

10:15 **CHUCK WHITING - ADMINISTRATOR**

1. Continuation of December 17, 2019 Public Hearing – Five Year Capital Improvements Plan
2. Open Public Hearing
3. Close Public Hearing
4. Resolution (2020-06) Approving the 5-Year Capital Improvements Plan and Authorizing the Issuance and Sale of General Obligation Capital Improvement Plan Bonds
5. Resolution (2020-01) Designating Polk County's Website for Publications of Invitations to Bid on Polk County Transportation Projects
6. Resolution (2020-03) Designating Publication of the Delinquent Tax List Statement of Polk County
7. Resolution (2020-04) Designating Delegates to the Association of Minnesota Counties & Payment of Dues
8. Approval of 2020 Mileage, Meals and Lodging Reimbursement Rates
9. Approve Payment to Abdo, Eick & Meyer

11:00 **2020 OFFICIAL NEWSPAPER & PUBLISHING BIDS**

1. Resolution (2020-02) Designating the Polk County Official Newspaper

11:15

1. *CLOSED SESSION – Pursuant to Minn. Stat. 13D.05, subd. 3 (b), and the attorney-client privilege to discuss ongoing litigation in Lindemer case
2. Reconvene into Open Session

ADJOURN

If you need any type of accommodation to participate in the Polk County Board meeting, please contact Chuck Whiting at (218) 281-5408 at least 1 working day before the meeting. This Board agenda is subject to change without notice.

Valerie Bjerk

Subject: FW: DECEMBER 2019 AUDITOR WARRANTS FOR APPROVAL AND PUBLICATION

AUDITOR WARRANTS 12/02/2019

Vendor Name	Amount
Andover Township Treasurer	53,227.83
Angus Township Treasurer	19,189.25
Badger Township	20,913.63
Belgium Township Treasurer	21,614.78
Beltrami City Clerk- Treasurer	21,319.00
Brandsvold Township Treasurer	32,085.78
Brandt Township Treasurer	26,039.78
Bremer Bank Na	409,599.23
Brislet Township Treasurer	15,674.59
Bygland Township	22,763.18
Climax City Treasurer	26,600.22
Columbia Township Treasurer	34,154.65
County Emergency Medical Serv.	88,885.59
Crookston Area Ambulance Inc	73,231.41
Crookston City	1,039,712.66
Crookston Township Treasurer	41,084.88
East Grand Forks City	2,392,504.35
Eden Township Treasurer	11,703.07
Erskine City Clerk- Treasurer	73,405.65
Esther Township Treasurer	25,876.54
Euclid Township Treasurer	48,827.73
Fairfax Township Treasurer	34,753.91
Fanny Township Treasurer	38,578.90
Farley Township Treasurer	28,844.72
Fertile City	85,834.57
First Care Medical Services	50,236.95
Fisher City	106,859.50
Fisher Township Treasurer	23,766.28
Fosston City	302,071.70
Garden Township Treasurer	27,147.15
Garfield Township Treasurer	31,280.13
Gentilly Township Treasurer	15,501.85
Godfrey Township Treasurer	61,707.30
Grand Forks Township Treasurer	20,855.19
Grove Park Tilden Township	23,508.95
Gully City	6,424.88
Gully Township Treasurer	5,686.89
Hammond Township Treasurer	28,553.86
Helgeland Township Treasurer	9,785.85
Higdem Township Treasurer	40,000.52
Hill River Township Treasurer	16,646.65
Hubbard Township Treasurer	24,351.83

Huntsville Township Treasurer	54,920.76
Johnson Township	11,186.74
Kertsonville Township Treas	7,544.58
Keystone Township Treasurer	23,102.50
King Township Treasurer	19,386.65
Knute Township Treasurer	44,853.12
Lengby City	4,429.73
Lessor Township Treasurer	18,993.39
Liberty Township Treasurer	21,880.80
Lowell Township Treasurer	46,181.30
Maple Lake Imprvmnt District	21,017.50
Marshall Polk Rural Water Sys	40,858.35
Mcintosh City	106,859.97
Mentor City	17,057.82
Middle- Snake- Tamarac Rivers Wtrshd Di	200,184.80
Middle- Snake- Tamarac Rivers Wtrshd Di	106,322.48
Nesbit Township Treasurer	21,308.92
Nielsville City	9,164.26
Northland Township Treasurer	20,342.90
NW Regional Development Comm	42,367.84
NWMN HRA	80,396.38
Onstad Township Treasurer	11,409.68
Parnell Township Treasurer	18,212.69
Queen Township Treasurer	34,205.06
Red Lake Watershed District	769,640.29
Red Lake Watershed District	11,707.99
Reis Township Treasurer	12,436.41
Rhinehart Township Treasurer	20,856.56
Roome Township Treasurer	27,307.19
Rosebud Township Treasurer	29,929.53
Russia Township Treasurer	70,153.53
Sand Hill River W S District	243,189.78
Sand Hill River W S District	33,193.54
Sandsville Township Treasurer	28,833.61
Scandia Township Treasurer	18,088.98
School District 2176 Treas	101,214.15
School District 2311 Treas	6,595.25
School District 2609 Treas	157,358.45
School District 2906 Treas	8,286.45
School District 592 Treas	86,078.68
School District 593 Treas	370,878.13
School District 600 Treas	214,927.03
School District 601 Treas	216,410.41
School District 630 Treas	3,142.46
Sletten Township Treasurer	32,130.52
Sullivan Township Treasurer	26,608.20
Tabor Township Treasurer	25,753.14
Tynsid Township Treasurer	8,922.34
Union Lake Sarah Improvement Dist	5,092.94
Vineland Township Treasurer	27,465.83
Wild Rice Watershed Dist Treas	11,232.29
Wild Rice Watershed Dist Treas	4,248.44
Winger City Clerk Treasurer	29,737.75
Winger Township Treasurer	19,259.78
Woodside Township Treasurer	82,263.75
4 Payments less than 2000	2,115.70
Final Total:	9,168,058.70

Vendor Name	Amount
4 Payments less than 2000	60.00
Final Total:	60.00

AUDITOR WARRANTS 12/03/2019

Vendor Name	Amount
BELTRAMI COUNTY SOLID WASTE	3,169.03
BELTRAMI COUNTY SOLID WASTE	4,330.96
City Of Fosston	89,445.02
Cole Papers Inc	4,020.17
Knife River Materials	92,964.91
Lenes Sand & Gravel Inc	7,263.30
Norman County Public Health	27,011.00
Polk County Public Health	64,873.00
University Of North Dakota	6,250.28
13 Payments less than 2000	4,230.40
Final Total:	303,558.07

AUDITOR WARRANTS 12/10/2019

Vendor Name	Amount
Cardmember Service	13,678.04
Chiller Systems Inc	5,350.00
Great Plains Natural Gas Co	8,929.09
Halstad Telephone Co	9,543.70
Hardwick & Nelson Law PLLC	2,318.00
Knife River Materials	86,873.20
Norman County Public Health	13,004.05
Ottertail Power Co	17,102.83
Polk County Public Health	50,269.79
Powerplan OIB	5,610.00
Voyant	10,324.05
Walmart	2,500.00
17 Payments less than 2000	9,338.26
Final Total:	234,841.01

AUDITOR WARRANTS 12/17/2019

Vendor Name	Amount
Brault Construction LLC	13,500.00
Fertile Oil Company	30,866.51
Fosston Municipal Utilities	39,846.66
Fosston Municipal Utilities	2,005.88
Garden Valley Technoligies	3,076.52
Great Plains Natural Gas Co	2,343.32
Johnson/Travis	24,000.00
King of the Road Trailers	3,824.00
Lepier Oil Company Inc	3,603.05
Mn County Attorneys Assoc	4,797.00
Nor- Son Inc	54,097.18
Norman County Public Health	5,103.12
Polk County	65,554.35
Polk County Public Health	19,967.35
Regents Of The Univ Of Mn	32,666.79
Verizon Wireless	2,001.80
25 Payments less than 2000	13,209.81
Final Total:	320,463.34

AUDITOR WARRANTS 12/26/2019

Vendor Name	Amount
Altru Health System	2,653.00
Building Systems Corporation	4,200.00
Crookston Water Department	2,594.21
Fertile Oil Company	4,348.21
Fischer,Rust & Stock, PLLC	4,047.89
GreatAmerica Financial Services	9,825.32
Johnson Controls Fire Protection LP	3,708.34
Marshall County Coop	3,640.00
MN Counties Intergov'l Trust	4,909.00
Red Lake Watershed District	17,649.43
Sand Hill River W S District	48,089.20
Thomson Reuters - West	2,441.11
Wilkens Inc/Lyle	4,704.66
Wilkens Inc/Lyle	28,561.76
29 Payments less than 2000	20,443.75
Final Total:	161,815.88

AUDITOR WARRANTS 12/31/2019

Vendor Name	Amount
Gladen Construction Inc	286,804.43
Lenes Sand & Gravel Inc	68,641.86
Mn State Treasury	6,741.00
Sandhill Snowcruisers	18,151.99
16 Payments less than 2000	7,632.05
Final Total:	387,971.33

Valerie Bjerk

Subject: FW: DECEMBER 2019 ELECTRONIC FUNDS TRANSFERS FOR APPROVAL AND PUBLICATION

MANUAL WARRANTS 12/02/2019

Vendor Name	Amount
Mn Dept Of Rev Tax Division	99,211.35
Final Total:	99,211.35

MANUAL WARRANTS 12/02/2019

Vendor Name	Amount
FURTHER	1,276.53
Final Total:	1,276.53

MANUAL WARRANTS 12/10/2019

Vendor Name	Amount
FURTHER	2,476.82
Final Total:	2,476.82

MANUAL WARRANTS 12/13/2019

Vendor Name	Amount
Internal Revenue Service	163,131.51
Minnesota Revenue	28,260.01
Final Total:	191,391.52

MANUAL WARRANTS 12/20/2019

Vendor Name	Amount
Minnesota Revenue	4,897.00
Minnesota Revenue	399.29
Mn Dept Of Rev Tax Division	64,596.33
Mn Dept Of Revenue	52.00
Mn Dept Of Revenue	194.00
Final Total:	70,138.62

MANUAL WARRANTS 12/20/2019

Vendor Name	Amount
Mn Dept Of Revenue	1,991.00
Final Total:	1,991.00

MANUAL WARRANTS 12/20/2019

Vendor Name	Amount
Northwest Service Cooperative	269,452.00
Final Total:	269,452.00

MANUAL WARRANTS 12/20/2019

Vendor Name	Amount
U.S. Bank Corporate Payment Systems	32.75
Final Total:	32.75

MANUAL WARRANTS 12/23/2019

Vendor Name	Amount
FURTHER	1,547.23
Final Total:	1,547.23

MANUAL WARRANTS 12/27/2019

Vendor Name	Amount
Internal Revenue Service	143,473.00
Minnesota Revenue	26,667.56
Final Total:	170,140.56

MANUAL WARRANTS 12/30/2019

Vendor Name	Amount
FURTHER	86.66
Final Total:	86.66

Association *of* Minnesota Counties

AMC 2020 POLICY COMMITTEE & VOTING DELEGATE APPOINTMENTS

2020 AMC POLICY COMMITTEE APPOINTMENTS

Counties must appoint at least one commissioner or county official to each of the five AMC policy committees. Individuals may not serve as a voting member on more than one policy committee.

Policy Committee	2020 Policy Committee Member
Environment & Natural Resources Policy Committee	
General Government Policy Committee	
Health & Human Services Policy Committee	
Public Safety Policy Committee	
Transportation & Infrastructure Policy Committee	

2020 AMC VOTING DELEGATE APPOINTMENTS

Please type (or clearly print) the names of your county's appointed AMC Voting Delegates for 2020 in the spaces below. Voting delegates are permitted to cast votes on behalf of one's county during official AMC meetings/business.

1	
2	
3	
4	
5	
6	
7	
8	

ARTICLE 8: ASSOCIATION DELEGATES & DISTRICTS

Section 1. Association Delegates Each member county shall be entitled to a number of delegates equal to three more than the number of persons on the board of county commissioners of the member county. Delegates shall be appointed annually by the county board from among the officials and employees of the county. Each delegate so appointed shall be eligible to vote at any meeting of the Association or to be elected an officer or director of the Association. The right to vote at any meeting of the Association or to hold an office or directorship in the Association shall terminate when such person ceases to be a delegate from a member county or the county that delegate represents ceases to be a member of the Association. A vacancy in the office of delegate shall be filled by the county board for the unexpired term.

Please return to Laurie Klupacs @ lklupacs@mncounties.org

	BOARD COMMITTEE ASSIGNMENTS AS OF DECEMBER 2019			2020
	COMMITTEE	Commissioner Delegate	Commissioner Delegate	Commissioner Alternate
AMC / MCIT (General)				
1	AMC Annual Conference Planning			
2	AMC Futures Committee (New for 2017)	Lee		
3	AMC Education and Training (New for 2018)	Lee		
4	AMC General Government Policy Committee	Willhite		
5	MN Counties Intergovernmental Trust Board of Directors/District 3	Diedrich		
6	MN Counites Intergovernmental Trust Board of Directors (Voting Delegate)	Diedrich		
DITCH/WATERSHED				
1	Judicial Ditch No. 60 Committee	Willhite	Diedrich	Jacobson - 3rd Delegate
2	Middle-Snake-Tamarac River Wastershed Advisory Committee	Diedrich		
3	One Watershed One Plan	Diedrich		
4	Red Lake County - Polk County Joint Ditch 1,3, 66 Committee	Lee	Jacobson	
5	Red Lake Co -Polk County Joint Ditch 64, 71 Committee	Diedrich	Jacobson	Lee - 3rd Delegate
6	Polk-Red Lake County Ditch 2	Lee	Jacobson	Diedrich - 3rd Delegate
7	Red Lake Watershed (formerly Clearwater Co) -Polk County Judicial Ditch No. 72 Committee	Jacobson	Lee	Diedrich - 3rd Delegate
8	Red Lake River Corridor Joint Board (Initial Appointment April 19, 2016 Board meeting)	Lee		Diedrich - 3rd Delegate
9	Red Lake Watershed Advisory Committee	Diedrich	Strandell	
10	Sandhill Watershed District Advisory Comm.	Jacobson		
11	Wild Rice Marsh River Watershed	Lee		
ENVIRONMENTAL / SOLID WASTE				
1	AMC Environmental & Natural Resources Policy Committee	Jacobson		
2	Acquatic Invasive Species Task Force	Lee		
3	Five County Solid Waste Advisory Committee	Lee	Jacobson	Jacobson
4	Household Hazardous Waste Advisory Committee	Lee		
5	Regional Solid Waste Advisory Board	Lee		Jacobson
HUMAN SERVICES - PUBLIC HEALTH				

	COMMITTEE	Commissioner Delegate	Commissioner Delegate	Commissioner Alternate
1	AMC Health & Human Services Policy Committee	Lee		
2	County Board of Health	All Commissioners		
3	East Polk County Development Achievement Center Board	Lee		
4	Inter-County Community Council Board	Lee		
5	NW Mental Health Board	Diedrich	Jacobson	
6	Polk County Providers (Senior Health Care)	Willhite		
7	Polk, Norman, and Mahnomen Joint Community Health Board	Lee	Willhite	
8	Region 1 Area Agency on Aging (AAA)	Jacobson		
9	Retired Senior Volunteer Program	Jacobson		
10	State Community Health Services Advisory Committee (SCHSAC) New for 2018	Lee		
11	Strengthening Public Health by the State of MN Commissioner of Health (New for 2019)	Lee		
12	Social Services Board	All Commissioners		
13	Tri-Valley Opportunity Council	Diedrich	Willhite	
MISCELLANEOUS				
1	Crookston Downtown Task Force	Willhite	Jacobson	
2	East Grand Forks InterGoverment (** returned to the list 2019)	Strandell	Diedrich	
3	Grand Forks-East Grand Forks Metropolitan Planning Org.	Strandell		Diedrich
4	Lake Agassiz Regional Library	Willhite		Jacobson
5	Land of the Dancing Sky Region 1	Jacobson		
6	MN Rural Counties Caucus	Jacobson		All Commissioners
7	NW Regional Development Commission Executive Board	Strandell		Jacobson
8	Down Payment Assistance Program (Loan Pool) Added 2-7-2017 Minutes	Jacobson		
9	Water Resource Advisory Committee	Lee		
POLK COUNTY (General)				
1	Building Committee	Willhite	Strandell	
2	Extension Service Committee	Lee	Willhite	
3	Finance Committee (New for 2017)	Willhite	Lee	
4	Law Library Board of Directors	Diedrich		

	COMMITTEE	Commissioner Delegate	Commissioner Delegate	Commissioner Alternate
5	Negotiating Task Force (labor contracts)	Lee	Willhite	
6	Planning and Zoning Advisory Board	Chair		Vice Chair
7	Viewing Committee/Tax Forfeited (Michelle C. , Mark L. & Jon S.)	Diedrich		
8	NW Regional Transportation Coordination Council Advisory Board - Added 10-16-2018 Minutes	Jacobson		
PUBLIC SAFETY				
1	AMC Public Safety Policy Comm.	Strandell		
2	Drug Task Force	Strandell		Lee
3	Fosston Law Enforcement	Lee		
4	Hazardous Mitigation Committee	Strandell		
5	NW Emergency Communications Board	Strandell		Willhite
6	Public Safety Committee	Strandell	Willhite	
7	Tri County Corrections fka NW Regional Corrections	Diedrich	Strandell	
8	911 Planning Commission (Initial appointment October 25, 2016 board meeting)	Diedrich	Strandell	
9	Emergency Management Committee	Chair		Vice Chair
TRANSPORTATION/PUBLIC WORKS				
1	AMC Transportation & Infrastructure Policy	Diedrich		
2	MnDOT District 2 Area Transportation Partnership	Strandell		
3	NWRDC Transportation Advisory Committee	Strandell		
4	Parks Committee	Willhite	Jacobson	
5	Polk, Norman, Clay Agassiz Trail Advisory Committee	Lee		
6	Public Works/Transportation	Diedrich	Lee	

Board of Commissioners

Polk County Government Center
612 N Broadway – Room 211
Crookston, MN 56716-1452

TO: POLK COUNTY BOARD OF COMMISSIONERS

CC: CHUCK WHITING, POLK COUNTY ADMINISTRATOR

FROM: SARAH REESE, PUBLIC HEALTH DIRECTOR

MEETING DATE: January 7, 2020

AGENDA ITEM: Out of State Travel Request - Thompson

Out of state travel request for Sue Thompson to go to Washington, DC for the Community Anti-Drug Coalitions of America (CADCA) Leadership Conference from February 1-7, 2020. This conference meets Drug Free Communities grant deliverables.

Thompson has been asked to present at the conference representing Polk-Norman-Mahnomen CHB. Expenses paid by DFC/CADCA funds.

Action Requested: *Approval for out of state travel for Sue Thompson to attend the Community Anti-Drug Coalitions of America Leadership Conference in Washington, DC from February 1-7, 2020.*

Board of Commissioners

Polk County Government Center
612 N Broadway – Room 211
Crookston, MN 56716-1452

TO: POLK COUNTY BOARD OF COMMISSIONERS

CC: CHUCK WHITING, POLK COUNTY ADMINISTRATOR

FROM: SARAH REESE, PUBLIC HEALTH DIRECTOR

MEETING DATE: January 7, 2020

AGENDA ITEM: Public Health Update

- Review Minnesota Hepatitis A Response.
- Overview of rates of syphilis in Minnesota and action being taken in order to prevent and slow the spread of syphilis.
- Public Health Screenings – Lipid Panel and Glucose screenings
- Local public health assessment and planning cycle deliverables
  - -Community Health Improvement Plan
  - -Strategic Plan

Action Requested: *Information Only*

POLK-NORMAN-MAHNOMEN COMMUNITY HEALTH SERVICES

COMMUNITY HEALTH IMPROVEMENT PLAN

Developed in years 2018-2019
For Implementation in 2020-2024

November 22, 2019

POLK NORMAN MAHNOMEN community health services

Polk County Public Health

Norman-Mahnomen Public Health

Public Health
Prevent. Promote. Protect.

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ACKNOWLEDGEMENTS

PNM CHS would like to thank these people and organizations for participating in the planning process that led to this plan:

Alanna Strom, Altru Health System
Amanda Lien, PCPH
Andrew Larson, Tri-County Community Corrections
Angel Karynta, PCPH
Ann Longtin, Longtin Insurance Agency
Ann March, Minnesota Department of Health
April Grunhovd, RiverView Health
Brooke Novak, University of Minnesota Crookston
Caldyn Johnson, Youth Advisory Board
Carol Bye, Dancing Sky Area Agency on Aging, Northwest Regional Development Commission
Carrie Danielson, Essentia Health Fosston
Cassie Heide, City of Fosston
Cheryl Smart, Polk County Social Services
Colleen MacRae, Polk County Collaborative/Northwestern Mental Health Center
Darcey Larsen, RiverView Health
Dean Vikan, Fosston Community Volunteer
Jami Lee, Tri-Valley Opportunity Council
Janet Denison, Northwestern Mental Health Center
Jason Carlson, Tri-Valley Opportunity Council
Jeremy Olson, Crookston Schools
Joshua Mailhot, Fisher School
Jim Tadman, Polk County Sheriff's Office
Julie Praska-Moser, Luthern Social Services
Karen Warmack, Polk County Social Services
Kari Bolstad, Fertile-Beltrami High School
Kelsey Billing, RiverView Health
Kirsten Fagerlund, PCPH
Laura Heller, RiverView Health
Leif Olson, Essentia Health Fosston
Lisa Loegering, UMN Extension
Lynae Finseth, Essentia Health Fosston
Maia Bowman, Youth Advisory Board
Melissa Burnette, Peer Recovery, Northwestern Mental Health Center
Marita Kendig, Crookston High School
Megan Starr, Polk County Social Services
Mike Hedlund, East Grand Forks Police Department
Mike Norland, Polk County Sheriff's Office
Mitch Bakken, Tri-Valley Opportunity Council
Naomi Swanson, Youth Advisory Board
Nate Dorr, Northwest Minnesota Foundation
Phil Larsen, Pastor
Sarah Nereson, Fertile-Beltrami School
Shannon Kronlund, Northwestern Mental Health Center
Shannon Stassen, City of Crookston
Shayla Solberg, Altru Health System
Stacey Grunewald, University of Minnesota-Crookston
Sue Chase, Fosston School District
Suraya Driscoll, East Grand Forks Schools
Terri Heggie, Crookston Chamber of Commerce/Visitor's Bureau
Victoria Ramirez, Polk County Social Services
Kimberly Myers, NMPH
Erin Stollman, Essentia Health Ada
John Rosenberger, Veteran Service Officer
Angie Nelson, Halstad Living Center
Karie Kirschbaum, City of Gary, NC EDA
Karen Pither, Essentia Health
Julie Hanson, Mahnomen County Human Services
Jeff Bisek, Mahnomen Schools
Karen Ahmann, Mahnomen County Commissioner
Mark Askelson, KRJB Radio, NC EDA
Liz Kuoppala, Mahube-Otwa Community Action Partnership
Melinda Anderson, Norman County East School
Hilary Chisholm, Norman County DAC
Jessica Spaeth, Compass Business Consulting, NC EDA
Curt Johannsen, City of Hendrum, NC EDA
Lee Ann Hall, Norman County Commissioner, NC EDA
John Hintz, Norman County EDA, NC EDA
Rachel Johnson, City of Twin Valley
Patricia Bowen, Community Member
Marijo Vik, Norman County News Online
LeAnn Moen, Community Member
Cindy Julin, Julin Law Office
Kristi Melling, Local business owner
Jeremy Melling, City of Halstad
Sheila Capistran, Local business owner

LETTER TO THE COMMUNITY

Dear Polk, Norman and Mahnomen County Residents,

It is with great gratitude and pride that we introduce the 2020-2024 Community Health Improvement Plan (CHIP) for Polk, Norman and Mahnomen counties.

While the creation of a collaborative regional CHIP was launched and stewarded by local public health, the product is the result of engagement and expertise of organizations and individuals from multiple sectors across our three-county region. Thank you to all who've participated in, and provided support for, the collaborative planning process so far. If you're new, we encourage you to join in as we take action together.

We recognize the circumstances in which people are born, live, learn, work and age directly shape their health and well-being, and that no single organization or sector can improve the health of the community alone. Public Health works diligently to break down the partnership silos, to a system of working in collaboration with each other (and having a little fun doing it!). We have an opportunity to work more intentionally in collaboration with the people most impacted. Polk County Public Health and Norman-Mahnomen Public Health continues to challenge ourselves and our partners to ask these questions: "Who's most impacted?" and "Who is missing from the conversation and decision-making process?". With intent and purpose, our goal is to invite, listen, engage, learn from and work with those most impacted to improve health outcomes and the communities where people live, work and play.

Sincerely,

Sarah Reese

Sarah Reese, MS, CHES, Director
Polk County Public Health

Sarah Kjono, RN, PHN, Director
Norman-Mahnomen Public Health

EXECUTIVE SUMMARY

A community health improvement plan is a long-term plan, describing how the local health departments and a broad set of community partners and stakeholders plan to address needs identified in recent community health assessments. This 2020-2024 plan is based on a community health assessment completed for Polk, Norman and Mahnomen Counties in 2017 and 2018. The top 10 PNM health issues were identified from the assessment. Partners cultivated and established strategies for addressing the three health priorities (focus areas) for 2020-2024. **The Polk, Norman and Mahnomen counties focus areas will be decreasing adults overweight, improving mental health and well-being, and decreasing poverty.**

Community Health Vision: *Healthy Behaviors. Healthy Communities....an opportunity for all PNM residents to experience optimal health and well-being.*

Community Health Advisory Committee/Partners Role: *Serve as a community representative and to work with health department staff to guide and participate in the community health improvement process... towards a shared goal of improving community health together.*

Definitions and Concepts Guiding Our CHIP Process

"Community Health" refers to the health of the whole population of Polk, Norman and Mahnomen Counties, as opposed to the health of any one individual. To improve health at the community level requires convening and engaging the community. Community health improvement often includes a range of evidence-based to innovative strategies and making changes to policies and systems. There are many collaborative initiatives in Polk, Norman and Mahnomen Counties, led by a variety of organizations. Efforts to improve equity, education, transportation, housing, or access to mental health care can all prevent illness,injury, and health care expenditures.

"Health Equity" as defined by the Minnesota Department of Health as "the opportunity for every person to realize their health potential—the highest level of health possible for that person - without limits imposed by structural inequities" (*Advancing Health Equity in Minnesota: Report to the Legislature, 2014*). Health inequities are differences in health between groups due to social, economic, geographic, etc. conditions, known as the social determinants of health. Health inequities specifically result from social conditions that we can transform through the implementation of policies and practices.

POLK-NORMAN-MAHNOMEN COMMUNITY HEALTH SERVICES

The Polk-Norman-Mahnomen Community Health Services (PNM CHS) comprised of Polk County Public Health (PCPH) and Norman-Mahnomen Public Health (NMPH) is a multi-county community health services entity responsible for protecting and promoting the health of Polk, Norman and Mahnomen County residents. The two public health departments are assigned the general authority and responsibility for ongoing planning, development, implementation and evaluation of an integrated system of local community health services. We maintain a diverse board of directors (elected officials and community representatives) and staff, in terms of geographical and professional backgrounds.

Making progress towards improving the data indicators and monitoring the plan, in collaboration with community stakeholders and partners, is a responsibility of Polk-Norman-Mahnomen CHS under Minnesota Statutes §145A.

Description of Polk, Norman and Mahnomen Counties

Located in Northwest Minnesota, the three counties cover 3,403 square miles and are home to 43,704 people (US Census, 2016). The three counties consist of 98 townships, 26 small towns/cities and Mahnomen County has one "Census Designated Place" known as Naytahwaush, MN. Mahnomen County is also the home to the majority of the White Earth Indian Reservation. The counties lie close to the North Dakota and Canadian borders with agricultural production and related agri-business as dominant factors in the economy. According to the Health Resources and Services Administration (HRSA), most of the region is sparsely populated. Overall, the population density within the proposed project area is a scarce 12.8 people/square mile, vs the state of Minnesota at 69.3 people/square mile.

The population landscape in NW Minnesota is changing. We are altering our path from a single cultural lens (primarily Caucasian) to a multi-cultural worldview that is welcoming and reflective of values, beliefs, customs, traditions and practices of all people. For us, this includes, but is not limited to, Indigenous/First Nations people, original settlers (primarily Scandinavian and German), established immigrant populations (Mexican, Hispanic, Latino, Russian Orthodox and Amish) and relative newcomers (Somalian and Arabian), persons identifying as LGBTQI, veterans/military and their families, farmers and their families, ag-related businesses, and other persons arriving who may have a variety of beliefs choosing to live in Polk, Norman and Mahnomen counties.

BACKGROUND

Purpose

Community health issues require community solutions, and a wide range of organizations and community partners play a role in addressing the factors and conditions that create health. Public health convened partners and coordinated a community health assessment and planning process.

The Community Health Assessment (CHA) provided the community with important information on the population's health, the factors that influence health, and assets and resources available to address health issues. During the assessment process, quantitative and qualitative data was collected, analyzed, shared, and used to prioritize health issues. This Community Health Improvement Plan (CHIP) reflects the collaborative planning process that followed the Community Health Assessment and serves as a roadmap to guide our communities to taking collective action to address specific population health issues and achieve a shared vision of community health.

The CHIP is intended to be a community plan, rather than a public health agency plan.

A community-driven improvement framework called *Results Based Accountability* (RBA), and *Art of Hosting* facilitation style, was used to guide the health improvement planning process. The CHIP, created with community members and organizations, broadens and builds upon successful local PNM initiatives. It is an action-oriented, living document to mobilize partners in areas where we can be most impactful on improving the health of residents, particularly those most vulnerable or impacted.

We recognize that by working together we can accomplish more than we could alone. The purpose of the CHIP is not to create more work for local public health or our partners, but to align and leverage the efforts of multiple organizations and to move toward improved health for the residents of Polk, Norman and Mahnomen (PNM) in a strategic manner.

Our CHIP is truly an example of meeting people and organizations where they are at and empowering people to contribute in ways that are personally and professionally meaningful while always working towards common goals.

No issue can be addressed alone; it requires a multifaceted approach in building and sustaining healthy communities.

We are asset 'rich' in people with passion, loyalty, determination, and willingness to facilitate change to improve the lives and well-being of our communities.

We recognize that there are many assets in PNM that will help this process move toward accomplishing its goals. What follows is the result of the community's deliberation and planning to address community health concerns in a strategic way that aligns resources and energy to make a measurable impact on health issues in PNM.

The data related to the health of Polk, Norman and Mahnomen counties that is referenced throughout this document and this report can be found on the local health department websites.

Polk County Public Health https://www.co.polk.mn.us/191/Public-Health Norman-Mahnomen Public Health www.co.norman.mn.us/publichealth

Planning Process

In 2019, after consultation with various partners the PNM CHIP process transitioned to a more local route (health department specific) for our important community health conversations, planning, and, perhaps more importantly, action. Some people, local public health included, have been unsatisfied by past efforts that felt more like talk with limited action. Each health department is utilizing the Results-Based Accountability (RBA) process that gets us from talking to action quickly. RBA uses a data-driven, decision-making process. It uses "common language, common sense and common ground".

RBA is made up of two parts:

- **Population Accountability: Well-being of whole populations** (community, county, state)
- **Performance Accountability: Well-being of client/customer populations** (programs, agencies, service systems)

Who is responsible for what? Population accountability organizes the work with **co-equal partners** to promote health and well-being whereas performance accountability is **what partners do for customers/clients**, which are our contributions to the **collective community impact**.

Results-Based Accountability

Population Accountability

About the well-being of whole populations

Neighborhoods - Cities - Counties

Result: A condition of well being that we want to achieve for a given population

Indicator: A measure that helps quantify the achievement of a Result

- *Youth succeeding in school*
- *A healthy environment*
- *A Safe community*
- *Graduation rate*
- *Air quality index*
- *Crime rate*

Performance Accountability

About the well-being of client populations

The people who are directly affected by a program

Program: A program, agency, or service system that is helping to achieve our Result

Performance Measure: A measure of how well our programs are serving the people that they reach

- *How much did we do?*
- *How well did we do it?*
- *Is anyone better off?*

PNM Result: Healthy Behaviors, Healthy Communities

The Top 10 - Priority Health Issues Resulting from the Community Health Assessment (quantitative and qualitative) and partners local expertise/recommendations are access to health care services, aging population, economic stability Education, mental health, neighborhood and built environment, parenting-family systems, physical activity, social connectedness and general substance use.

In effort to keep the CHIP realistic and manageable, three population indicators were selected. Population indicators were chosen based on overall communication, importance and data power.

Top 10 - Priority Health Issues Resulting from the Community Health Assessment

Health issue	Statement of Context
Access to health care services	Broad access to healthcare services (health, mental and dental). Access to appropriate, timely and affordable healthcare and preventing the delayment of needed treatment because of high cost/deductibles are concerns impacting quality of life.
Aging population	Our counties are aging at a faster rate than the state of MN. Anticipation of future needs is a high priority. Lack of timely transportation, stigma of riding the public transportation and elderly depression/social isolation are concerns impacting quality of life.
Economic stability	Poverty (generational, situational and working poor), employment, food insecurity, housing instability - These issues continue to remain a high priority in our counties.
Education	High school graduation rates are good in most of our districts but are still an area of concern in Mahnomen County. Experience higher education challenges to meet workforce needs.
Mental health	The spectrum of mental health and well-being is a concern for all ages. Reducing the stigma, and increasing resiliency and coping strategies for stress, depression and anxiety are needed. Adverse Childhood Experiences (ACE's), trauma and hope informed care are high priority for many agencies and school districts.
Neighborhood and built environment	Transportation, quality housing, and access to affordable, healthy foods.
Parenting-family systems	Changing family systems and lack of supports/isolation are a continuous issue that affects health and well-being.
Physical activity	Adults in all counties are far below the state average in getting the recommended levels of physical activity. Our counties continue to have a high percent of overweight and obese residents. Physical inactivity expressed as a contributing factor to preventable chronic diseases.

Health issue	Statement of Context
Social connectedness	Increased social isolation is seen as an issue in both children and adults. Lack of informal/formal supports, increased use of technology and lack of civic engagement noted in our assessment.
Substance use: General	Alcohol, tobacco and other drugs all continue to be issues. The specific issue varies by area which is why we chose general. *i.e. Opioids are a larger issue in Mahnomen county. Vaping is seen as a larger issue in Norman and Polk County schools. Mahnomen administration say cigarettes are still a larger issue than vaping in school. Alcohol is viewed as socially acceptable and a rite of passage across much of the three counties. Methamphetamines concern law enforcement across the three counties.*

CHIP PRIORITIES SELECTED - PNM Indicators:

1) ***Decreasing the percentage of adults overweight.***

2) ***Decreasing the percentage of* adults feeling hopelessness, anxiety or loss on interest and percent of 9th graders feeling bothered, down, depressed, hopeless.**

3) **Decreasing the percentage of all people whose income in the last 12 months is below the poverty level.**

Results-Based Accountability

For each population data indicator, PCPH and NMPH partners used a step-by-step process to get from ends to means. This is called "Turn the Curve" thinking and involves five steps. The process is short and succinct to get from talk to action more quickly.

1. **How are we doing?**

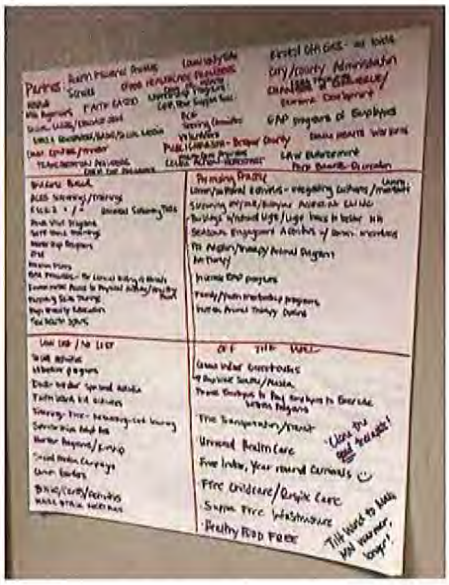
2. **What is the story behind the data?** (root causes, why here/locally?)

3. **Who are the partners who have a role in impacting the data/issue?** (asked partners "who is missing")

4. **What will work to improve the data/issue?**

   Evidence Based, Promising Practices, Low Cost/No Cost, Off the Wall Strategies

   - ✓ **Leverage:** How much difference will in make on the result and indicator? (Most important criteria)
   - ✓ **Feasibility:** Is the proposed strategy feasible and affordable? Can it be done? (Rank low cost/no cost higher)
   - ✓ **Specificity:** Is the strategy specific enough to be implemented?
   - ✓ **Value:** Is the strategy consistent with the values of the community?



5. **What is our action plan? What do we propose to do?**

For more information on Turn the Curve thinking see: https://clearimpact.com/results-based-accountability/turn-the-curve-thinking/.

POLK NORMAN MAHNOMEN

2020-2024 COMMUNITY HEALTH IMPROVEMENT PLAN JOURNEY

CHA ● CHIP ● PARTNERS ●

2015-2019 Focus Areas
- Decreasing Persistent Poverty
- Coordination of Behavioral and Physical Health
- Positive Social Connections for Youth

JULY 18 2017

PNM All Partners Meeting
- Partners examined strategies, agreed to keep focus areas
- Explored data and agreed 50+ outcome data needed to be narrowed
- Participants agreed that "more is not always better" and having less outcome data would be valuable

DEC 2017 - APR 2018

2017 NW Region Adult Health Behavior Survey
- Executive Summary of Results & Methods [Appendix A]
- Response Rates:
  - Polk 21.9%
  - Norman 23.9%
  - Mahnomen 18.7%

NOV 18 - APR 19

Norman County Making it Home
- Facilitated study circle focused on community member lived experiences
- Action planning forum held with the community to identify & prioritize strategies

APR 30 2018

SHIP Health Equity Data Analysis
- *Engage with PNM clients [Appendix B]*

"WHERE WE'VE BEEN & WHERE WE'RE GOING"

DEC 2017

Draft Indicator Data Sets

NOV 2018 + JAN 2019

Essentia Health invited PNM to participate in Results Based Accountability (RBA) Workshops

"WHAT ARE THE 2-3 MOST IMPORTANT ISSUES TO ADDRESS IN ORDER TO HELP FURTHER IMPROVE QUALITY OF LIFE IN OUR COMMUNITY?"

MAY - SEPT 2018

55+ Key Informant Interviews
- Variance / Concept Map [Appendix C]

NOV 2017

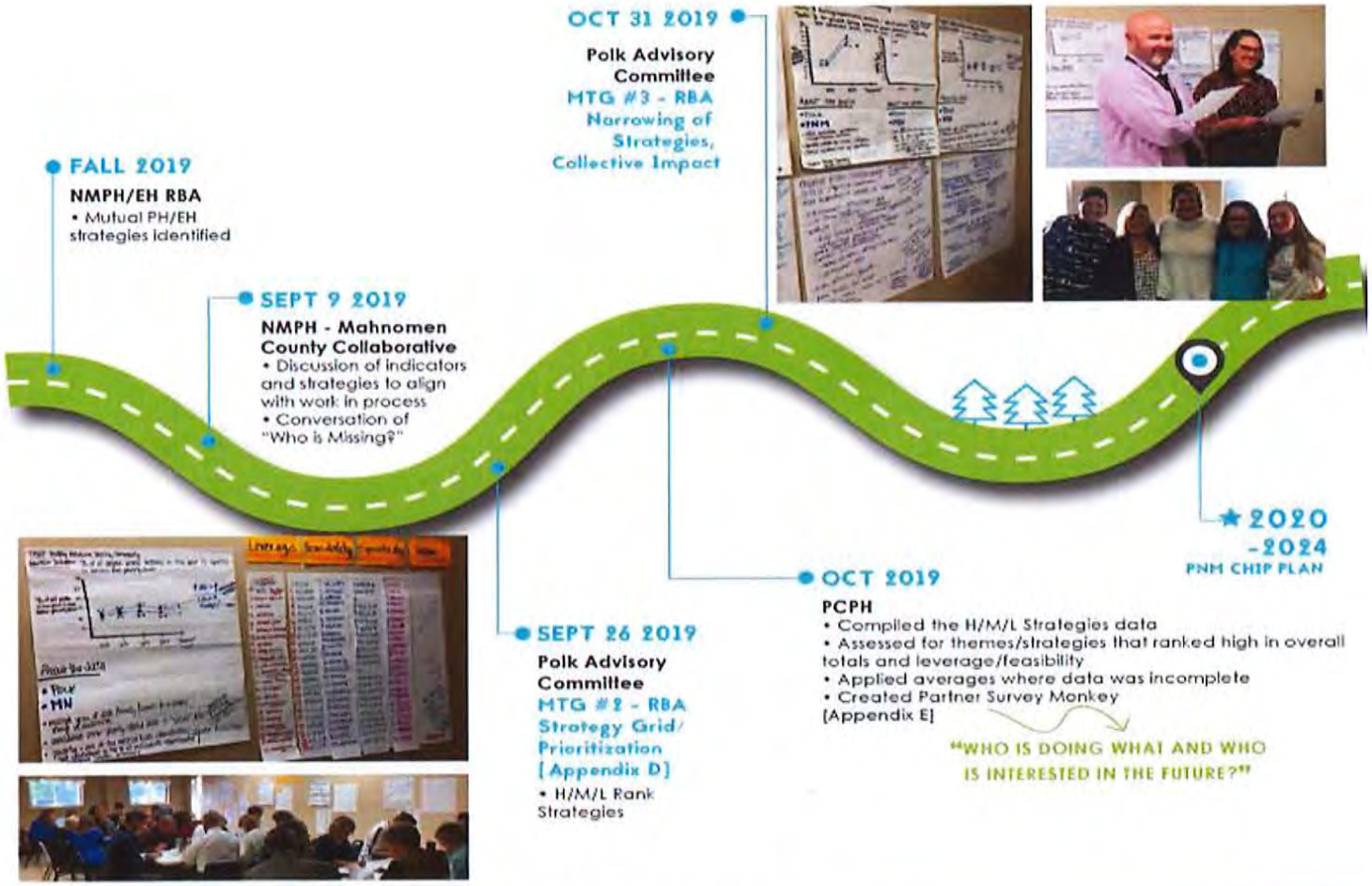
Art of Hosting (AoH) Conversations that Matter
- PH Directors attended workshop
- Co-creation of innovation to address complex challenges

JAN 30 2018

PNM All Partners Mtg
- CHIP Open Space: Time & space for partners to engage around 3 focus areas.
- Identify common data indicators, definitions & sources.

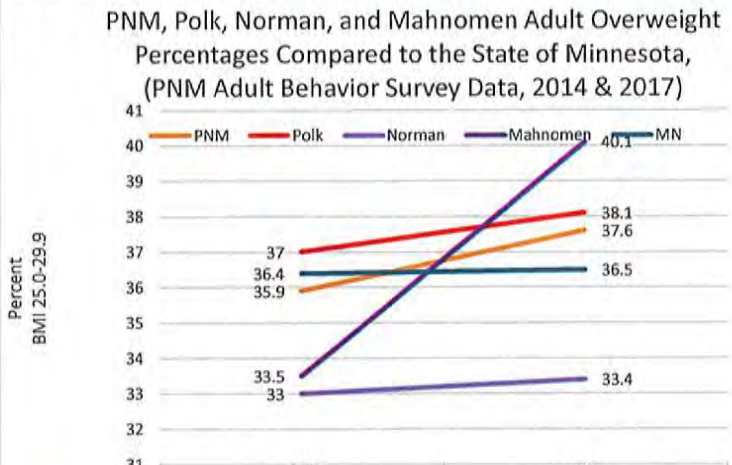
OPEN SPACE PRINCIPLES
Whoever comes are the right people • Whenever it starts is the right time • Whatever happens is the only thing that could have • and when it's over, it's over.

DEC - FEB 2019
Planning
• PCPH and NMPH consulted with various partners on population indicators and agreed on new, more local (by health department) structure for strategy planning and implementation.
• Selected RBA process to complete planning
• RBA Template – 3 Priority Health Issues
EXPOSED TO RAIN = Populations "left out" of systems & structures / experience adverse health outcomes
"WHY SHOULD WE BE CONCERNED WITH HEALTH EQUITY?"
We as partners can advance health equity.
UNDER UMBRELLA = Some populations live under certain conditions; "life happens" & causes a difficult recovery
UNDER ROOF = Populations who have the greatest opportunity to experience optimal health.
NOV 2018
Impact Coalition ATOD Student Survey
SUMMER/FALL 2019
Community Health Needs Assessment - PH Involvement
- Altru Health Grand Forks/Grand Forks Public Health CHNA/CHIP
- River View Health CHNA - PH Director Interviewed
- Essentia Health Ada & Fosston CHIP
AUG 1 2019
PCPH Community Health Improvement Advisory Committee (Polk Advisory Committee) Mtg
MTG #1 - RBA Turn the Curve
"Who is Missing" from this collaborative work?
Partners/PH invites made between Meetings #1 & 2
JUNE 20 2019
NMPH/Essentia Health Mtg
RBA Turn the Curve
Strategy Prioritization of mutual EH/PH data indicators
JUNE 4 2019
PCPH Convened Healthcare Partners
• Discuss health and wellness initiatives
• Examine indicator data
• CHIP Planning Mtg
• Polk Advisory Committee Invites
AUG 19 2019
PNM RBA Mtg in Detroit Lakes with Essentia Health partners
• Review strategies
• EH launched Clear Impact (Performance Mgmt System)


FALL 2019
NMPH/EH RBA
• Mutual PH/EH strategies identified
SEPT 9 2019
NMPH - Mahnomen County Collaborative
• Discussion of indicators and strategies to align with work in process
• Conversation of "Who is Missing?"
SEPT 26 2019
Polk Advisory Committee
MTG #2 - RBA Strategy Grid/ Prioritization [Appendix D]
• H/M/L Rank Strategies
OCT 2019
PCPH
• Compiled the H/M/L Strategies data
• Assessed for themes/strategies that ranked high in overall totals and leverage/feasibility
• Applied averages where data was incomplete
• Created Partner Survey Monkey [Appendix E]
"WHO IS DOING WHAT AND WHO IS INTERESTED IN THE FUTURE?"
OCT 31 2019
Polk Advisory Committee
MTG #3 - RBA Narrowing of Strategies, Collective Impact
★ 2020 -2024
PNM CHIP PLAN

Result: Healthy Behaviors, Healthy Community

Population Indicator: Percent adults overweight



	2014	2017
PNM	35.9	37.6
Polk	37	38.1
Norman	33	33.4
Mahnomen	33.5	40.1
MN	36.4	36.5

Process to Selecting Population Indicator:

- Indicator data was reviewed and analyzed by local public health with consultation from local/regional content experts.
- Indicator was recommended to PNM All Partners (previous workgroup) and both Health Department (Health Improvement Advisory Committees) (current workgroups).
- Partners reviewed recommended population indicator data based on: *Can this indicator speak to a broad range of audiences? Is quality data available on a timely basis? Does this indicator rise above other metrics in its ability to impact the result (healthy behaviors, healthy community)?*
- Partners agreed to keep the recommended population indicator.

Why was this population data indicator recommended? What other data was considered?
-PNM Adult Behavior Survey (Dec 2017)
-CHIP Priorities Exercise at All Partners Meeting (Jan 2018)
-Variance/Concept Map Results (Summer 2018)
Further analysis...Deeper dive=
-**CDC - Prediabetes Rate** (fasting glucose/A1C level*) -considered, couldn't access county level data
(Around 1 in 3 (34%) of American adults have prediabetes. If we wanted to use this Indicator (vs Overweight that is recommended) we could do the math of 34% of adults in each county of the three counties as estimates.)
http://www.health.state.mn.us/divs/healthimprovement/data/quick-facts/prediabetes.html
**People without diabetes were classified as having prediabetes if they had fasting plasma glucose values of 100 to 125 mg/dL or A1C values of 5.7% to 6.4%.*
https://www.cdc.gov/diabetes/data/statistics-report/appendix.html#methods-7 Reviewed the root causes of pre/diabetes and the groups' CHIP priorities, overweight was risk factor.
-**Physical Activity and meeting the recommended PA Guidelines** was reviewed for consideration as the Population Indicator – however, people could be physically active and overweight which can lead to pre/diabetes.
-Overweight is a risk factor for prediabetes and other chronic diseases – if we address overweight (physical activity/nutrition/stress, etc) then we reduce risk factor for pre/diabetes and other chronic diseases (heart disease, etc)
-**Reviewed the MN Community Measurement**– *HealthScores* – data is related to adult diabetes care.
Links below. After review, we noted that these are Program/Clinic-Performance Measures (vs. Population Indicators).
http://www.mnhealthscores.org/all-measure-topics
http://www.mnhealthscores.org/diabetes-13184
D5 - D5 is a set of five treatment goals that when reached together, represent the gold standard for managing diabetes.
http://mncm.org/reports-and-websites/the-d5/#the-d5-for-diabetes
-MDH/State-level indicators - meant to present a broad picture of diabetes in Minnesota:
http://www.health.state.mn.us/divs/healthimprovement/diabetes-dashboard/index.html

NORMAN-MAHNOMEN PUBLIC HEALTH – *TURN THE CURVE (Facilitated conversation with partners)*

Story Behind the Data

What factors are pushing up on the data?

- Poverty
- Unsafe living conditions
- Poor coping skills, lack of resilience
- Lack of access to recreational opportunities
- Lack of transportation
- Lack of access to healthy foods
- ACES
- Suicide rates
- Social isolation
- Substance abuse
- Socioeconomic factors

What factors are pushing down on the data?

- Therapy
- Medication
- Social connection/caring adult
- Screening/early intervention
- Health insurance (affordable)
- Services within close proximity
- Care coordination
- Expertise to know what to look for and who to connect with
- Access to active living/parks/recreation
- Access to healthy foods
- Access to healthcare
- Safe living conditions
- Positive social determinants
- Positive/healthy relationships
- Coping skills and resilient behaviors

Partners who can help?

NMPH PARTNERS

EDUCATION	HEALTHCARE	GOVERNMENT/TRIBAL	OTHER
Norman Mahnomen School Districts	NW Mental Health Center	Social Services	Norman County East Early Childhood Initiative
U of MN Extension	Sanford Health	Public Health	Tri-Valley Opportunity Council / Head Start
	Essentia Health	Law Enforcement	Mahube-OTWA
	Mahnomen Health Center	White Earth	Wellness in the Woods
		City Government	Churches
		Dekko Center	

Who's Missing?

NMPH is committed to routinely asking "Who is missing?" and intentionally including individuals and communities most impacted.

What are we going to do?

Strategy #1: Engage and collaborate with community to provide education on nutrition and healthy living.

Action Steps:

- Identify current community education plans and gaps, assess need for evidence-based programs that are for all ages of the lifespan.
- Allocate resources for education within the school system to meet identified needs

Strategy #2: Engage in planning of access to parks and recreational opportunities.

Action Steps:

- Collaborate with local government/EDA's and parks and recreational committees to identify areas of opportunity for expanded additional parks, trails and recreation.

Strategy #3: Continue to support Safe Routes of School activities.

- Assess current plans/funding opportunities
- Assist schools without current funding and plans to apply for SRTS funding.

POLK COUNTY PUBLIC HEALTH – *TURN THE CURVE (Facilitated conversation with partners)*

Story Behind the Data

What factors are pushing up on the data?	What factors are pushing down on the data?

• Sedentary lifestyles – social media – use the car for everything
• Desk jobs
• Quick food isn't healthy XX
• Healthy food is expensive XX
• Winter or perception that winter is sedentary XXX
• Less family mealtimes due to busy lifestyles
• No knowledge on how to prep healthy foods
• People in early recovery– sugar becomes an addiction
• Binge use disorder
• Less education on what is "Healthy food"
• Video games for Young adults/middle age now
• Decrease in extracurricular participation and availability for adults
• Genetics
• Generational – less modeling of healthier behaviors
• Screen time/Technology - parents and kids
• Food deserts
• Youth choosing not to go into sports
  o schools cutting programs
  o expensive
	• Increase in # programs around PA/ increase awareness of them
	• More 5K/10K/ more are focused on fun – everybody can walk and have a good time.
	• Employer wellness opportunities
	• Integrative care in healthcare – looking at whole person
	• Hospital design for new Altru/"In the Park" farmers market on premises, etc.
	• Greenspaces/Bike paths/Community efforts
	• SNAP program/POP grogram – increase education and access
	• Technology – online programs – FIT BITS
	• "Challenges"
	• Insurance benefits
	• Mental Health access in Polk is good
	• Physical care access in Polk is good
	• Farmers Markets access is increasing (Fertile)
	• Food boxes; mobile food trucks are reality

- parents too busy to get students to activities/rural living/drive too far to go home and back many times
  - incarcerated parents
  - coaches – kids don't like so don't join
  - Coaches – hard to get good people to coach – parents and students are too much to deal with/not worth it
  - Youth don't have enough time to do homework; too much time away from school for games, etc.
  - Sports are all about winning instead of the health benefits
- Education – public gets too many messages – online, FAD diets; fad information, quick fix surgery
  - Less family consumer science classes/ "Home Ec"
- Embarrassment to walk into a gym – people judge – only for those already fit.
- No PE required past 9th grade
- Cultural – Farmers used to be very active in their jobs so didn't need to worry about healthy eating and lifestyle – farming now is less active / Cultural – "entitlement"
- Parents don't want to play actively with their kids – they play video games – they want to sit and watch
- Parents worried about safety, abductions
- No indoor playgrounds in the area – weather
- Daycare is expensive – makes everything else more expensive and harder to access
- Stress – busy lives – goes across all income sectors
- Technology
- Need convenient food that is healthy – Drive through salad bar!
- Kids are more sedentary – video games; kids like them and now they are readily available to all ages and incomes
- Parents fear letting their kids just go and be outside for the day
- No insurance; paperwork for applying for insurance is very detailed and hard to understand; overwhelming
- Isolation of kids and adults and families
  - Faith based organizations used to be more central to the lives of families; more active; more opportunities for social connections;
  - Other community groups; not as important in people's lives
- Poverty – transportation to opportunities – memberships
- Prescriptions for every illness – side effects of drugs – cause wt. gain
- Physical disabilities limit mobility to be active

- Community gardens are increasing
- Community Partners – Polk works together
- Summer free meals
- Various groups promoting healthy options
  - Grocery stores/WLF
  - Increase number of Farmers Markets
- Schools – getting some funds for fresh foods and equipment
- Healthcare – more holistic/more preventative care in healthcare – offering free classes
- Cities –
  - Safe Kids Programs
  - Working to make streets safer – starting
  - Helmets – promotes by police – DQ tickets
- Cornerstone Residence – incentives are healthier for residents/fruit for prizes instead of candy, etc.
- Smaller rural area – we work together
- Splash parks/Pools
- Health insurance – incentives offered; rates lower for healthier numbers and lifestyles
- Lots of initiatives – Bike groups; grassroots groups; FFF/Activities
- Wellness Committees at work – incentives
- Food Shelves – getting messages out – better messages
- Better access to healthy foods
- School menus offer more healthy options
- Summer Food Programs/Backpack program
- Sugar Free Beverage policies – Healthy food access
- Healthy insurance benefits
- Bike paths/trails
- Increase of MNDOT funding for non-motorized
- $ for City Bus is from MNDOT – helps people get to things
- Technology – good - FIT BITS – online exercise classes/workouts
- Increase in education from internet
- Increase education and information on restaurant menus

Partners who can help?

Current Partners:

PCPH PARTNERS

EDUCATION

- University of Minnesota Crookston - Brooke Novak, Stacey Grunewald
- Crookston Schools - Jeremy Olson, Marita Kendig
- Fisher School - Joshua Malhot
- Fertile-Beltrami Schools - Kat Bakkas, Sarah Nereson
- UMN Extension - Lisa Lategoring
- Fosston School District - Sue Chase
- East Grand Forks Schools - Sunaya Driscoll

HEALTHCARE

- Altru Health System - Alanna Strom, Shayla Sobberg
- Longlin Insurance Agency - Ann Longlin
- RiverView Health - April Gronhovd, Dacey Larsen, Kelsey Billing, Laura Heller
- Essentia Health Fosston - Carrie Danielson, Leif Olson, Lynae Finseth
- Polk County Collaborative - Colleen MacRae
- Northwestern Mental Health Center - Colleen MacRae, Janet Denison, Melissa Burnette, Shannon Fronlund

GOVERNMENT - TRIBAL

- Tri-County Community Corrections - Andrew Larson
- MN Department of Health - Ann March
- Dancing Sky Area Agency on Aging, NW Regional Development Comission - Carol Bye
- City of Fosston - Carrie Heide
- Polk County Social Services - Cheryl Smart, Karen Warmack, Megan Starr, Victoria Ramirez
- Polk County Sheriff's Office - Jim Tadman, Mike Motland
- East Grant Forks Police Department - Mike Hedlund
- City of Crookston - Shannon Stassen
- Polk County Public Health - Amanda Lien, Angel Konynta, Kristen Fagerlund, Sarah Reese

OTHER

- Youth Advisory Board - Caldyn Johnson, Maia Bowman, Naomi Swanson
- Fosston Community Volunteer Dean Vikan
- Tri-Valley Opportunity Council - Jami Lee, Mitch Bakken, Jason Carlson
- Lutheran Social Services - Julie Prasta-Maier
- Northwest Minnesota Foundation - Nate Dorr
- Pastor Phil Larsen
- Crookston Chamber of Commerce / Visitor's Bureau - Terri Heggie

Who's Missing?

PCPH is committed to routinely asking "Who is missing?" and intentionally including individuals and communities most impacted.

Potential Partners:

- City Councils
- Park and Rec
- Schools/Schools Boards
- Food Service
- Coaches
- ECFE, PTA - parents
- Small and large businesses
- Human Resources - Worksite Wellness
- Clubs that support athletics
- Fitness instructors/ centers
- Senior Centers
- Addt. Insurance Companies
- Addt. CAP Agencies
- Probation
- Health Care – Weight management programs
- Local Media Outlets
- Food Shelves
- Daycare/childcare/Head Start
- Government grants
- Policy Makers
- Medicare
- Mentors
- Leaders of local groups
- Farmers Markets
- Master Gardeners
- 4-H
- Restaurants
- Faith Based sports/activity – safe place

What are we going to do? (# of current partners invested in strategy)

Strategy #1: Implement/support workplace wellness initiatives in healthy eating, active living, tobacco reduction, breastfeeding support and resiliency (formerly called stress management). (18)

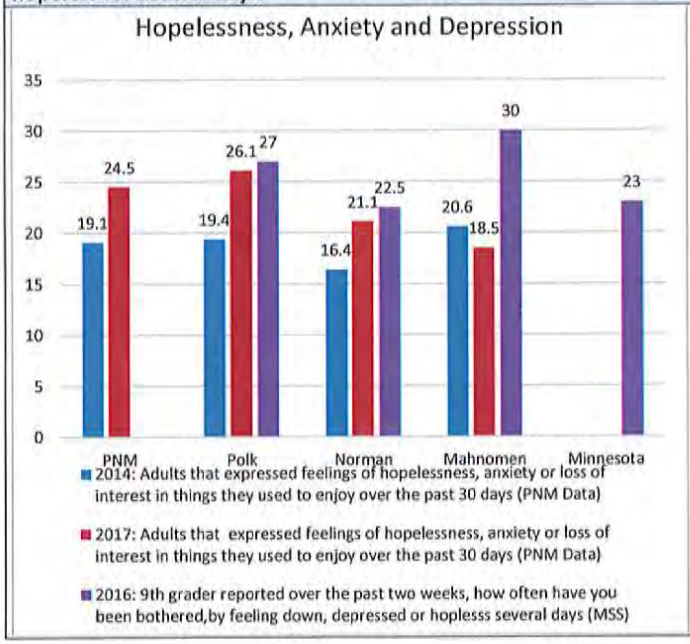
Strategy #2: Facilitate conversations that educate, engage and lead to policies or agreements that support the gathering/storage of healthier food choices. (10)

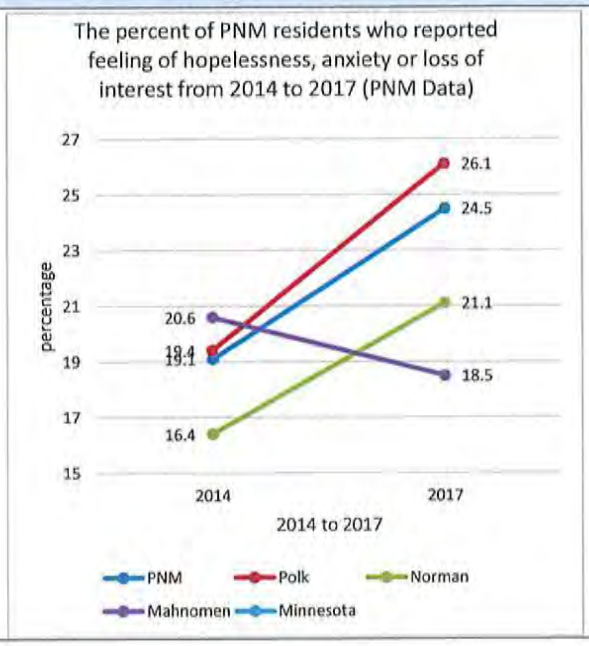
Strategy #3: Facilitate conversations that educate, engage and lead to policies and practices that create active communities by increasing opportunities for physical activity, such as use of *trails and rivers, open streets, community-wide campaigns, supporting/hosting walk/bike events, etc.* (10)

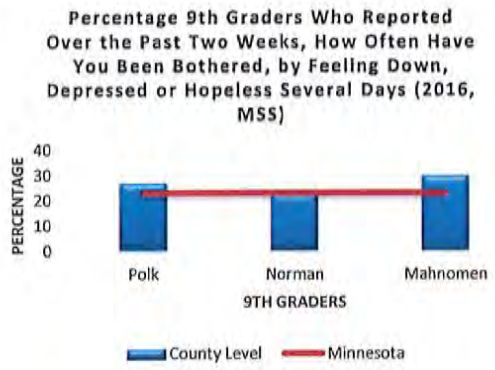
Strategy #4: Engage with partners and media to make routine physical activity and healthy food choices the social norm. (New, TBD)

POPULATION Result: Healthy Behaviors, Healthy Community

Population Indicator: Percent of Adults feeling hopelessness, anxiety and depression / 9th graders feeling bothered, down, depressed, hopeless for several days







Process to Selecting Population Indicator:

- Indicator data was reviewed and analyzed by local public health with consultation from local/regional content experts.
- Indicator was recommended to PNM All Partners (previous workgroup) and both Health Department (Health Improvement Advisory Committees) (current workgroups).
- Partners reviewed recommended population indicator data based on: *Can this indicator speak to a broad range of audiences? Is quality data available on a timely basis? Does this indicator rise above other metrics in its ability to impact the result (healthy behaviors, healthy community)?*
- Partners agreed to keep the recommended population indicator.

Why was this population data indicator recommended? What other data was considered?

-PNM Adult Behavior Survey (Dec 2017) – alarming change from 2014 to 2017

-CHIP Priorities Exercise at All Partners Meeting (Jan 2018)

-Variance/Concept Map (Summer 2018)

-Further analysis...Deeper dive=

-**Group priority was mental wellbeing/mental health across the lifespan.** Recommend indicators (adult + youth) to paint picture of mental health/well-being across the life span and be population based (vs clinic/program based).

-**Reviewed 2016 MN Student Survey Report and Questions** –

Reviewed the *Health of Adolescents 2016* (Report from MN Student Survey) - Pg 2 Mental and Emotional Health

http://www.health.state.mn.us/divs/chs/surveys/mss/Health-related_fact_sheet_MSS_2016_10-31-16.pdf
-MSS Questions review- Caring adult, School/parent/community cares about you, # of Adverse Childhood Experiences (ACES), ACES relative to ATOD. Caution - We wanted to be careful not to say *"no caring adult, so youth have poor mental health"* and we wanted to be inclusive of the spectrum of mental health that each person has.
For the youth Indicator that is recommended, one constraint is only 1 survey year of MSS data available b/c it was a new question.
-**Vetted indicators from the CHIP Priorities/All Partners Mtg with Content Experts** Meeting with Shauna Reitmeier and Colleen MacRae, Northwestern Mental Health Center (Jan 2019) – Short story... realized that many of the proposed "indicators" from the *CHIP Priorities/All Partners Meeting* are clinic or program performance measures (vs population indicators). Clinical screeners like PHQ9 are not necessarily a whole population indicator, rather they are clinic/program compliant with screener, and assessing if improvements are being seen 6-12 months out using the screener as a tool.
-Suicide is certainly a concern, perhaps not the best indicator to choose if we want to focus on *mental wellbeing/mental health across the lifespan* – suicide has a more narrow scope, inadvertent suicide can skew data, we want the indicator to speak to a broad range of audiences so want a broader reaching indicator.
-Individuals with a co-occurring disorder (physical and mental health) have a mortality rate 8-25 years earlier than the general population.
-**Reviewed the 2017 MN Statewide Health Assessment**
http://www.health.state.mn.us/healthymnpartnership/docs/2017MNStatewideHealthAssessment.pdf
Noted/Considered: Partner/Program/Clinic Performance Measures:
-Rate of ER visits related to mental health crisis.
-Core healthy days (BRFSS): % of population with good-excellent health screening.
-% of adults (18-75) with PHQ9 depression screening composit score of >10 (moderate to severe).
-% of adolescents (12-17) who have had mental health and/or depression screening documented.

NORMAN-MAHNOMEN PUBLIC HEALTH – *TURN THE CURVE (Facilitated conversation with partners)*

Story Behind the Data

What factors are pushing up on the data?

- ACES
- Suicide rates
- Social isolation
- Substance misuse/abuse
- Poverty
- Unsafe living conditions
- Lack of resiliency
- Lack of transportation
- Socioeconomic factors
- Lack of access to active living/recreational opportunities

What factors are pushing down on the data?

- Social connections/caring adult
- Screening/early intervention
- Therapy
- Medication
- Health insurance
- Services within close proximity
- Care coordination
- Access to healthcare
- Positive social determinants
- Positive or healthy relationships
- Healthy coping skills and resilient behaviors

Partners who can help

NMPH PARTNERS

EDUCATION

- Norman Mahnomen School Districts
- U of MN Extension

HEALTHCARE

- NW Mental Health Center
- Sanford Health
- Essentia Health
- Mahnomen Health Center

GOVERNMENT/TRIBAL

- Social Services
- Public Health
- Law Enforcement
- White Earth
- City Government
- Dekko Center

OTHER

- Norman County East Early Childhood Initiative
- Tri-Valley Opportunity Council / Head Start
- Mahube-OTWA
- Wellness in the Woods
- Churches

Who's Missing?

NMPH is committed to routinely asking "Who is missing?" and intentionally including individuals and communities most impacted.

What we are going to do?
Strategy #1: Support programs focused on increasing awareness and support among community members so that they are comfortable having conversations about mental health, are able to identify the signs of psychological distress, and know how to refer a person to appropriate resources when they are experiencing pre-crisis and crisis situations. Action Steps: • Identify current community education plans and gaps • Partner with the Ada Alive committee to host a community forum around suicide/ mental health crisis to increase awareness of the issue and resources available • Continue to host the Mental Wellbeing Learning Community provided through MDH and expand outreach to increase participation from local community partners. • Research implementation of a stigma reducing campaign such as "Make it Okay" **Strategy #2: Increase access to mental health service through collaboration** • Collaborate with mental health providers to identify areas of opportunity to expand crisis and mental health outpatient services to the community. • Continue to support school-linked mental health grants

POLK COUNTY PUBLIC HEALTH – *TURN THE CURVE (Facilitated conversation with partners)*

Story Behind the Data	

What factors are pushing up on the data?
Forecast: Adults: The consensus between the groups 5-10% increase. Mental Health worker felt it would decrease 2-3%.
Youth: The consensus between the groups was an 2-10% increase. The group forecasted 2-3%, but youth participant felt it would be higher based on acceptance.
• Work/home life balance=stressful*
• Lack of socialization skills
• Farming stressors*
• Broken home: Divorce
• Opioid addiction/Hopelessness
• Poverty – Transportation, Cost of living*
• Elderly population increasing*
• Parents stressors increase child stressors
• Social Media
  o Constant negative media
  o Cat fishing-scam*
	What factors are pushing down on the data?
	• Less Stigma
	• Zero Suicide
	• Youth are talking more**
	• Employer recognition
	  o EAP
	  o Okay to use sick days for mental health well-being
	• Early recognition (screeners)= earlier intervention
	• Social Media
	  o Support groups
	  o Education
	• Relationship with healthcare providers
	• Increase in screeners
	• Technology
	  o Access to EHR
	  o Learning about signs/symptoms
	• Accessible routes

○ Perception of life: Everyone's life looks great and people compare their life to it-not as great. ○ Selective sharing: people share all the awesome stuff going on ○ Sensationalization? ○ Cellphone use • Bullying • Expectations/Perception - feels like more expectations in life. • Materialistic life -affects expectation bullet • Isolation ○ Perception there is nothing to do** ○ Lack of social connection • Isolation-rural* • Transient culture—no longer the generations staying around AND new people community members-welcomed? • Work ethic-people won't take a self-care day • Faith-Based community ○ Lack of Access • Acceptance-people are willing to talk (decrease stigma) • Family history—genetics • Figuring out who you are** • Access to a provider ○ Transportation • Looking for attention (more youth) ○ Low self-esteem ○ Lack of coping skills • Trauma • Treatment options- cost, side effects • Income: Affects many things (ie. purchase of meds or other things people feel they need based on expectations/perception	• Empowerment of youth by leaders/adults • Faith-Based Community • Mentors • Recognizing symptoms sooner • More resources ○ Support groups ○ Learning about side effects ○ Learning about signs and symptoms • Texting options-nice to have resources that are not local. • Support groups • EMDR- Trauma informed care • Cultural change=change in narrative • Increased access to Mental Health Providers • MN Nice • Lots of efforts being made/implemented • People have options • Adult Mentor Programs ○ Foster Grandparent Program ○ Ignite Program ○ COVE

- Some group activities cost money=can't pay bills* (casino night)
- Family dynamics-both working parents, structure change
- Decrease in coping skills
- Sexual identity **
- School stressors **
- Lack of mental health providers
- Lack of community/sense of community

Partners who can help

Current Partners:

Potential Partners:

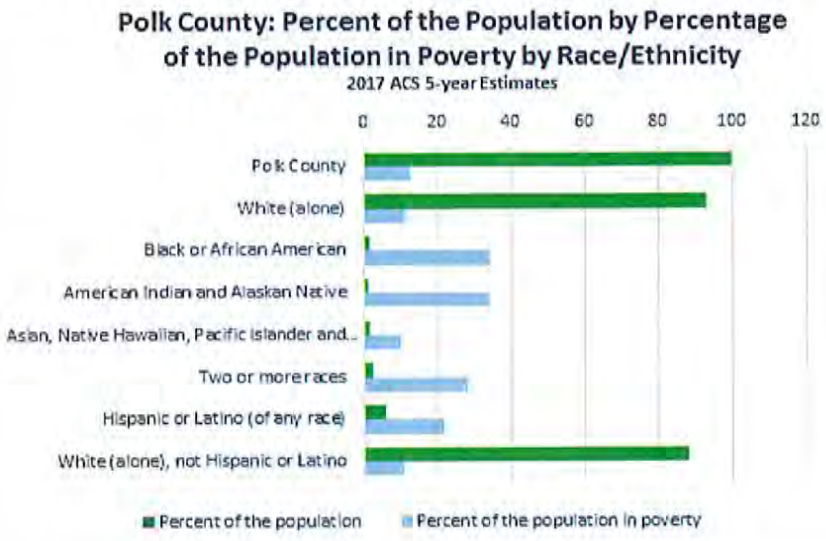
Other Schools - Parents, coaches, teachers, administration, students;
Additional employers/businesses
Additional faith-based organizations
Additional cities
Elected officials
Minnesota Department of Agriculture
Minnesota Department of Transportation
Citizens/community members/consumers
Media outlets
Recovery centers
Fitness centers
Grant writers
Retired Senior Volunteer Program
Parks N Recreation
Service clubs
Community action coalitions/United Way

What we are going to do? (# of current partners invested in strategy)
Strategy #1: Add well-being to worksite wellness/safety and provide mental health and well-being employee engagement/training opportunities on social skills, coping, dealing with grief, compassion, compassion fatigue, joy, work-life balance, etc. (13) Strategy #2: Adopt/create intergenerational programs (i.e. youth go into elders' homes – assist, senior companion) (6) Strategy #3: Outreach programs/initiatives & model/encourage behaviors of sense of community, kindness, belonging, gratitude, etc. (10) Strategy #4: Seek opportunities to normalize the spectrum of mental health by having conversations and supporting programs, such as *Make It OK and Mental Health First-Aid,* to increase awareness and support community members so that they are comfortable having conversations about mental health, are able to identify the signs of psychological distress, and know how to refer a person to appropriate resources when they are experiencing pre-crisis situations. (New, TBD) Strategy #5: Health and behavioral health care systems adopt the Zero Suicide framework for integrating evidence-based treatments and suicide prevention interventions into safety planning and care. (7) Strategy #6: Offer higher risk individuals with programming/services (such as Nurse Family Partnership) that focus on mental well-being in the curriculum. (6)

POVERTY

The region's poverty level is one of the most critical characteristics that contribute to the number of individuals experiencing health disparities and health inequities. Reinforcing poverty as one of three PNM Community Health Improvement Plan (CHIP) priorities. Most of the participants agreed with the notion that there were not usually easy answers to this issue- that often, the root causes have stemmed from circumstances and situations that were in place decades in the past, and potentially resulting from things outside of an individuals' control. While poverty significantly affects health, it is often an overlooked inequity in our region. Further, part of the reason we moved to a more local planning process was because even within our three-county region we have varying inequities between the three counties.

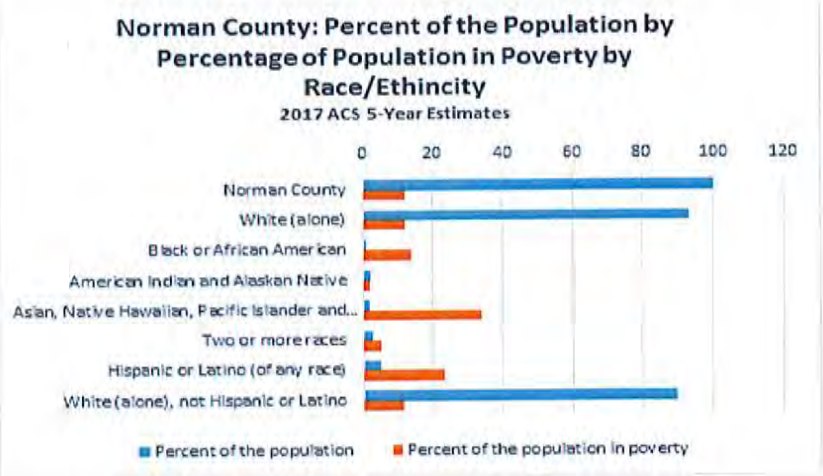
Charts showed inequities in the jurisdiction for which the plan is created. Taking a deeper dive into the data, local public health has pointed out the disproportionate number of people living in poverty for our nonwhite minority. Albeit the charts are not all encompassing, the following data describes our population and was gathered by local public health to take a deeper dive into the data when reflecting on the *"Story Behind the Curve" (RBA)*.

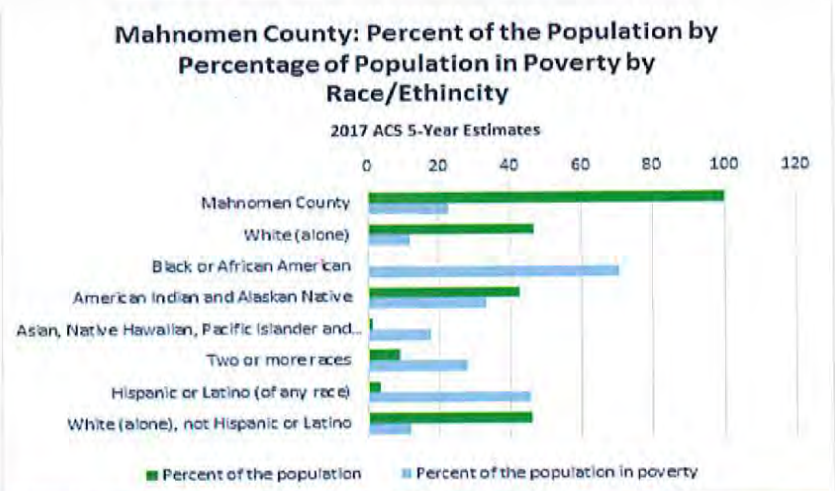


The group felt the issues around economic disparities- specifically poverty, was important enough to have its own priority. Not addressing the social determinants of health would undermine the good work that is being undertaken in the other priority areas.

Public Health Administration has longed expressed that the environments and financial resources (or lack thereof) in which people live, work, learn and play have a tremendous impact on their health. Administration appreciates the partner's interest in exploring, discussing and addressing the social determinants of health, such as poverty.

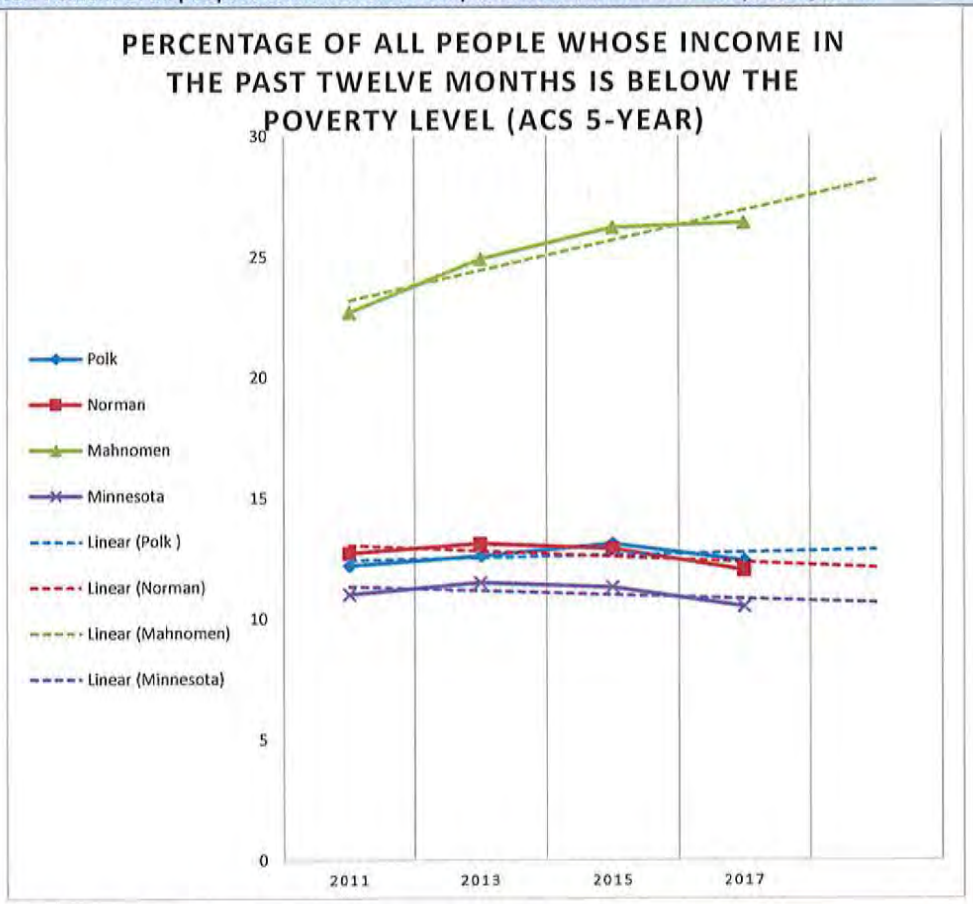
The bottom line is that no matter how we look at health, our coalition members, community stakeholders and partners are saying and prioritizing the need to collaboratively address highly complex and often linked challenges- ultimately affecting health.





Result: Healthy Behaviors, Healthy Community

Population Indicator: Percent of all people whose income in the past 12 months is below the poverty level.



Process to Selecting Population Indicator:

- Indicator data was reviewed and analyzed by local public health with consultation from local/regional content experts.
- Indicator was recommended to PNM All Partners (previous workgroup) and both Health Department (Health Improvement Advisory Committees) (current workgroups).
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- Partners agreed to keep the recommended population indicator.

Why was this population data indicator recommended? What other data was considered?

-PNM Adult Behavior Survey (Dec 2017)
-CHIP Priorities Exercise at All Partners Meeting (Jan 2018)
-Variance/Concept Map (Summer 2018)
-Further analysis...Deeper dive=
- CHIP Priorities/All Partners Mtg – poverty across the whole population/lifespan was noted as important
Reviewed and vetted multiple indicators of poverty for example, children 5 and under, all children 18 and under, individuals living 100%/185%/250% of poverty
-**Poverty- American Community Survey** – reviewed variety of poverty indicators, recommend indicator b/c multiple years of data available, timely data, indicator speaks to a broad range of audiences. *Note: Children under 18 – poverty rates were higher (ACS)*
-**Other data considered:** graduation rate, safe and affordable housing, transportation, childcare, and equity (we reviewed and noted that these are not solely the measurement that will help quantify the achievement of our result.
-As in the past, we continue to recognize that collectively tackling poverty is a huge undertaking.
Poverty level is one of the most critical characteristics that contribute to the number of individuals experiencing preventable chronic diseases.
People and communities experiencing the greatest differences in health are also the people and communities experiencing the greatest differences in the opportunity for health, in education, income, health care and living environments.

NORMAN-MAHNOMEN PUBLIC HEALTH – *TURN THE CURVE (Facilitated conversation with partners)*

Story Behind the Data

What factors are pushing up on the data?

- Family income and earnings potential
- Family structure and support
- Trauma
- Mental health
- Generational poverty
- Lack of access to resources
- Health insurance
- Housing
- Public transportation options
- Access to services
- ACES
- Teenage pregnancy
- Childcare availability and affordability

What factors are pushing down on the data?

- Safety net programs
- Education
- Increased access/utilization of safety net programs
- Health insurance
- Family Navigator Initiative

Partners who can help

NMPH PARTNERS

EDUCATION

- Norman Mahnomen School Districts
- U of MN Extension

HEALTHCARE

- NW Mental Health Center
- Sanford Health
- Essentia Health
- Mahnomen Health Center

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- Social Services
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- City Government
- Dekko Center

OTHER

- Norman County East Early Childhood Initiative
- Tri-Valley Opportunity Council / Head Start
- Mahube-OTWA
- Wellness in the Woods

Churches

Who's Missing?

NMPH is committed to routinely asking "Who is missing?" and intentionally including individuals and communities most impacted.

What we are going to do?
Strategy #1: Increase outreach of and access to safety net programs Action Steps: • Explore need to renew the county resource groups so staff have a good understanding of partner programs and services to increase referrals. • Support expanded services/locations and hours to better meet the community needs (after hours clinics, additional locations. • Continue partnership with Family Navigator Initiative (currently A-B schools) to help better help families access services. **Strategy #2: Increase public awareness of poverty levels and the impact it has in our communities** • Explore need to hold additional poverty simulation events locally. • Educate policymakers at all levels on Health in all Policies Roadmap (Cook County example)

POLK COUNTY PUBLIC HEALTH – *TURN THE CURVE (Facilitated conversation with partners)*

Story Behind the Data	
What factors are pushing up on the data?	**What factors are pushing down on the data?**
• Addiction broadly • Top heavy/wage disparities • Increased mental health and increased unemployment • Decreased lifestyle/quality of life • Cost of formal education for working poor (asset limited, income constrained)- start out in debt • Lack of early education on personal finances, managing credit and financial literacy • Unwillingness to work – prefer government help, entitlement, "if I work, I get less"- ripple effect, and some people need to work less b/c of health issues and cost of insurance/medications • Stricter rules/paperwork (fed/state/local) • Individuals in the justice system- no MA in jail, lack sustainable housing and workforce options • Generational poverty, situational poverty and resources • Compassion fatigue • Diversity of culture/language and lack of understanding diverse life experiences • Mnsure- assets/misappropriation of funds • History of mental illness • Childhood trauma and related health outcomes	• Loan forgiveness (limited/lack of knowledge of availability, certain professions and certain geo areas) • Assistance programs/benefits in place • Financial planning, debt consolidation (NWSC) • Social networks, employment and job placement • Tri-Valley/CDA services • Work at home (individuals are employed in a non-traditional way) • Jobs with shift pay differential • Felony friendly workplaces • County programs/supports • NWMHC/employment – individual placements/matching • Jail/NWMHC- care coordination in preparation for leaving the jail setting, resource fair at the jail, work release, focus on stabilizing factors- learn a new skill, structure and meds as needed. • More trades – construction related and technical skills • Childcare asst programs • Connecting people to resources already available • CAP agencies and nonprofits working on specific solutions with community members

• Technology is changing work environment (work at home, fewer social connections) • Cost of childcare and lack of childcare • Lack of motivation- long winters, welfare benefits/assistance, can be learned behavior • Living beyond means (choice) • Cost of living, cost of medications • Constantly looking for employees- things important to staff don't align with individual/generational priorities or are a mismatch for organizational needs • College is expensive/people aren't going to college so less job options (when 4 yr degree is required) • Transportation – no driver's license in rural setting (by choice- use walk/bike/public transit, medically unable to drive or have had driving privileges removed)- can't get to work, healthcare clinic or amenities easily, lack access of transportation through social supports -timing and coordination, • Cost of living is rapidly increasing- barrier to higher education, costs associated and opportunities in the workforce for high paying jobs • Farming/Ag Business- tariffs and weather, increased drug use and mental health concerns; impact employability • Not enough supports- not being inclusive of minorities/people who are different points of view, homeless shelter, immigration – takes time to get situated (housing, job) in a new community • Crime/punitive discipline/hard to get out of the cycle, leaving jail it can be difficult to resettle in the community • High deductible health plans/financial impact • Childcare costs • Families have less informal supports to weather difficult circumstances • Less overall people • Employee turnover • Loss of wages and poverty • Unintended employment difficulty/consequences of association- having a family member who is incarcerated	• Federal/2yr pilot- integrative care + social factors at NWMHC- mental health, chemical health and primary care, opportunities for people in generational poverty • More companies coming in/expansion – employment opportunities, tight market-push wages up

Partners who can help-

Current Partners:

Potential Partners:
State/federal legislation
Financial Planners/Banks
Utility companies
Food bank/shelters
Lifestyle coaches
Employers/Chambers
Parents/families/residents
Support groups- generational, addictions, college kids in poverty/share common concern
Advisory Committee- individuals experiencing poverty
Addt Church/faith based
Community Action- ICCC
Judicial system- judges, attorneys
Nonprofits
Childcare providers/universities teaching soon to be early childhood Teachers
Service clubs
Workforce Development Center/MN DEED
Northwest Private Industry Council/NW Region 1, CareerForce

What we are going to do? (# of current partners invested in strategy)

Strategy #1: Create awareness about poverty and its effects on health by talking with family and friends. (New, TBD)
Strategy #2: Explore opportunities to offer financial education in schools and at worksites (financial literacy, debt ratio, cc company vs. bank lending and so forth). (8)
Strategy #3: Increase/Ensure K-12 high school graduation. (9)
Strategy #4: Engage employers in planning and creating positive, welcoming workplaces. (12)
Strategy #5: Instill hope and increase life skills for personal and community resiliency (ability to bounce back from difficult situations). (8)
Strategy #6: Update and maintain *Polk County Resource Group* website, a list of local resources to refer residents/clients to. (11)
Strategy #7: Support and advocate for public transit availability at a lower cost. (7)
Strategy #8: Raise community awareness related to housing issues and partner to make housing affordable, safe and possible. (6)

CALL TO ACTION

HOW CAN YOU HELP IMPROVE COMMUNITY HEALTH IN POLK, NORMAN AND MAHNOMEN COUNTY?

Throughout the planning process community members and organizations have been actively involved, and our goal is for that to continue! As you think about what you have read here, please think about ways YOU can contribute to building an even healthier region.

Community health improvement is not a static process. We promote a "Health in All Things" approach to community health planning and are therefore looking for partners in a variety of sectors interested in partnering across the local public health system to help develop recommendations, implement strategies, and evaluate our efforts.

Here are some things you might consider:

Advocate for the plan's adoption in your organization or other parts of the community

It is our goal that organizations from all sectors of the community – schools, health care providers, local government, faith organizations, service providers, and others – will actively adopt and participate in this community health plan.

In our daily lives we touch other's lives throughout our community. Think about the specific opportunities for community action listed in this plan. How could some of these actions be supported in the places where you learn, work, and play? How can you personally help advocate change? Advocating for changes like this across all sectors of our community is important if we want to see true change.

Stay involved with groups working to implement the plan

Within the community there are already wellness coalitions and work groups that are active in efforts to improve community health.

If you, or your organization, are the missing partner in the CHIP please contact the Health Department to get more information about how you can help support our efforts to improve community health. We look forward to working with you!

SUSTAINABILITY

The community health improvement plan (CHIP) created by community members and organizations broadens and builds upon successful local initiatives. Leadership of the efforts and resources needed to implement the plan will be shared across participating community and healthcare partners. The community health improvement plan identifies specific evidence-based components based on community health needs (including social determinants of health).

The first priority issue involves strengthening the local public health system partnerships and structure. If this structure is enhanced and maintained, it will provide a platform for ongoing community health improvement.

We recognize that if we are to achieve our vision for community health improvement in Polk, Norman and Mahnomen counties and successfully implement the strategies highlighted in this document, then we need to explore, plan, implement and promote policies, systems and environments that reinforce this effort. Therefore, the policy, systems and environmental recommendations included are designed to address our collective public health concerns, guide the implementation of the strategies proposed in this CHIP, and promote a "health in all things" approach.

In order to meet public health standards, Polk County Public Health and Norman-Mahnomen Public Health are committed to facilitating implementation of the Community Health Improvement Plan.

Appendix A

2017 Polk-Norman-Mahnomen Adult Health Behavior Survey- Executive Summary and Methods

Weight

74.5% of all individuals residing in the Polk-Norman-Mahnomen (P-N-M) county region are considered either overweight (37.6%) or obese (36.9%).

- This is a generally flat trend from 2014 and is higher than the state average of 64.5% (36.7% overweight; 27.8%, obese).
    - The percentage of individuals who are overweight or obese increases with age.
    - Males tend to be both more overweight and obese than females.

Physical Activity

Across the three-county region, only an estimated 26% of individuals are getting their recommended levels of physical activity, far lower than the state rate of 55%.

- The attainment of Physical Activity Guidelines in the P-N-M region has little/no relationship to age, gender, education or income.
- Lack of time is cited by 63% of respondents as the second largest barrier to getting more exercise after adverse weather (67%)

Tobacco

Approximately 12% of all adults in the P-N-M region are smokers.

- This is lower than 15.5% found three years previously and suggests that significant positive impacts may be the result of tobacco prevention efforts.
- Current smokers are split equally across genders but differ significantly by income and education.
    - Individuals with less than $34,000 annual household income smoke at three times the rate of all other income groups (24% vs. 8%).
    - Only 5% of those with 4-year degrees smoke compared to all other educational demographic groups which smoke at approximately 16%.

Alcohol

The percentages of individuals that report drinking at least once/past 30 days are split evenly across genders at approximately 64%.

- 81% of individuals from higher income households (>$75k) report any drinking compared to those earning $34k or less (37%).
- 26% of respondents indicated that alcohol had a 'harmful effect' on themselves or a family member. Income level did not change the outcome.
    - 38% of respondents aged 34 and younger report experiencing harmful effects from alcohol.

Mental Health

29% of respondents had been told by a healthcare professional that they had a mental health concern at some point in their lives.

- Over the past 30 days, nearly 25% of respondents expressed feelings of hopelessness, anxiety or loss of interest in things they used to enjoy.

Survey Instrument - Staff from the public health agencies representing Beltrami, Clearwater, Hubbard, Kittson, Lake of the Woods, Mahnomen, Marshall, Norman, Pennington, Polk, Red Lake and Roseau counties developed the questions for the survey instrument with technical assistance from the Minnesota Department of Health Center for Health Statistics. Existing items from the Behavior Risk Factor Surveillance System (BRFSS) survey and from recent county-level surveys in Minnesota were used to design some of the items on the survey instrument. The survey was formatted by the survey vendor, Survey Systems, Inc. of New Brighton, MN, as a scannable, self-administered English-language questionnaire.

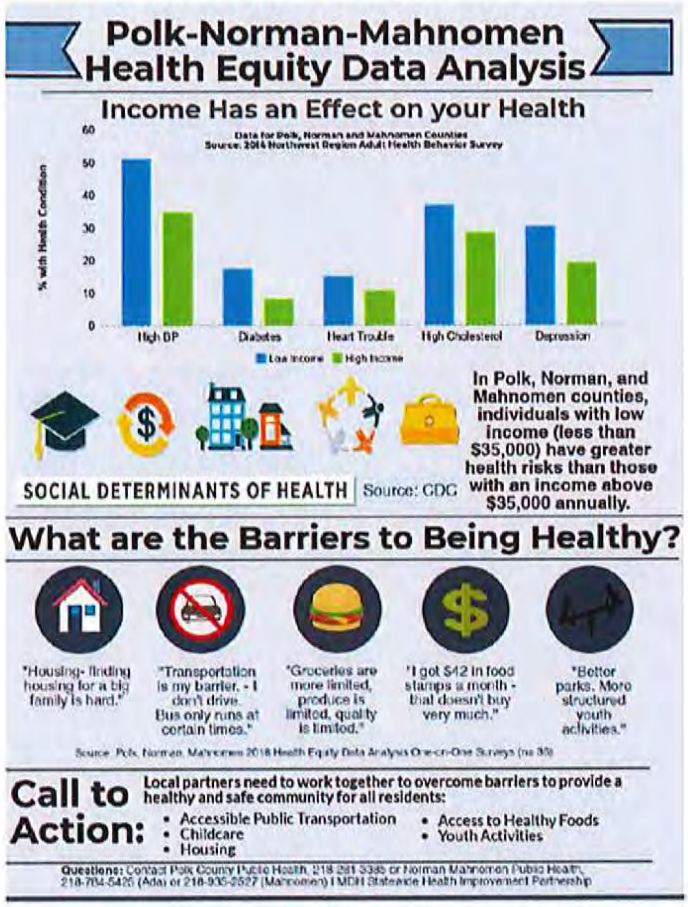
Sample - A two-stage sampling strategy was used for obtaining probability samples of adults living in each of the twelve counties. A separate sample was drawn for each county. For the first stage of sampling, a random sample of county residential addresses was purchased from a national sampling vendor (Marketing Systems Group of Horsham, PA). Address-based sampling was used so that all households would have an equal chance of being sampled for the survey. Marketing Systems Group obtained the list of addresses from the U.S. Postal Service. For the second stage of sampling, the "most recent birthday" method of within-household respondent selection was used to specify one adult from each selected household to complete the survey.

Survey Administration - An initial survey packet that included a cover letter, the survey instrument, and a postage-paid return envelope was mailed November 27, 2017, to 18,679 households in the 12-county region. In nine of the counties, survey packets were mailed to samples of 1600 households per county. Three of the counties have fewer than 1600 households; in these cases, survey packets were mailed to all households.

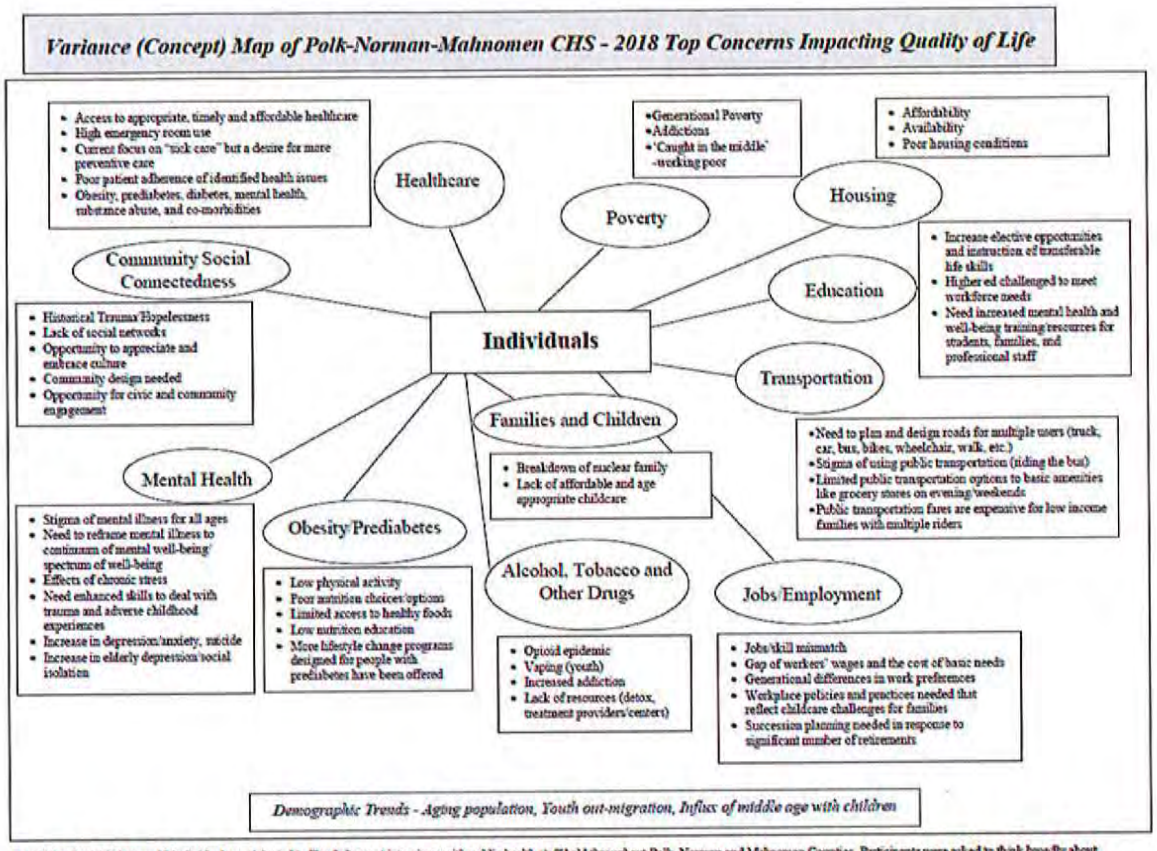
About one week after the first survey packets were mailed (December 5), a reminder postcard was sent to all sampled households, reminding those who had not yet returned a survey to do so, and thanking those who had already responded. Three weeks after the reminder postcards were mailed (December 27), another full survey packet was sent to all households that still had not returned the survey. The remaining completed surveys were received over the next six weeks, with the final date for the receipt of surveys being January 31, 2018.

Data Entry and Weighting - The responses from the completed surveys were scanned into an electronic file by Survey Systems, Inc. To ensure that the survey results are representative of the adult population of each of the twelve counties, the data were weighted when analyzed. The weighting accounts for the sample design by adjusting for the number of adults living in each sampled household. The weighting also includes a post-stratification adjustment so that the gender and age distribution of the survey respondents mirrors the gender and age distribution of the adult populations of the twelve counties, according to U.S. Census Bureau American Community Survey 2012-2016 estimates.

Appendix B


Polk-Norman-Mahnomen
Health Equity Data Analysis
Income Has an Effect on your Health
Data for Polk, Norman and Mahnomen Counties
Source: 2014 Northwest Region Adult Health Behavior Survey
% with Health Condition
60
50
40
30
20
10
0
High BP
Diabetes
Heart Trouble
High Cholesterol
Depression
Low Income
High Income
In Polk, Norman, and Mahnomen counties, individuals with low income (less than $35,000) have greater health risks than those with an income above $35,000 annually.
SOCIAL DETERMINANTS OF HEALTH
Source: CDC
What are the Barriers to Being Healthy?
"Housing- finding housing for a big family is hard."
"Transportation is my barrier. - I don't drive. Bus only runs at certain times."
"Groceries are more limited, produce is limited, quality is limited."
"I got $42 in food stamps a month - that doesn't buy very much."
"Better parks. More structured youth activities."
Source: Polk, Norman, Mahnomen 2018 Health Equity Data Analysis One-on-One Surveys (n=30)
Call to Action:
Local partners need to work together to overcome barriers to provide a healthy and safe community for all residents:
• Accessible Public Transportation
• Childcare
• Housing
• Access to Healthy Foods
• Youth Activities
Questions: Contact Polk County Public Health, 218-281-3385 or Norman Mahnomen Public Health, 218-784-5425 (Ada) or 218-935-2527 (Mahnomen) | MDH Statewide Health Improvement Partnership

Appendix C



From May-June 2018, over 55 individuals participated in Key Informant interviews with public health staff held throughout Polk, Norman and Mahnomen Counties. Participants were asked to think broadly about different recurring needs and concerns of clients and the general population. An in-depth analysis of the question, "What do you believe are the 2-3 most important issues that should be addressed in order to help further improve the quality of life for people in our community (county)?" is provided through a concept map. A concept map was developed in order to assist readers in understanding the large volume of information provided. While the qualitative items identified in the concept map are incomplete in terms of exhausting phenomena contributing to the quality of life within the region, at this time it is a highlight of those recurring items viewed by participants as most influential.

Appendix D

Strategy Prioritization

This worksheet helps partners determine the right strategies to undertake.

Partners are invited to do the following:

- For the indicator being addressed, write down each one of the solutions on a separate row.
- Each solution should be assessed by the four criteria in the corresponding columns to the right. Partners should ask themselves if the solution ranks High (H), Medium (M), or Low (L) according to each of the following criteria:

Leverage - How strongly will the proposed strategy impact progress as measured by the baselines?
Given that resources are finite, decisions with respect to the dedication of resources to a proposed strategy must be based on the expected impact of those resources on progress. One way to gauge impact is to assess the importance of the underlying root cause(s) an option is designed to address. In other words, the strategy that is proposed should address the most important root causes identified and, therefore, be geared to having the greatest potential impact on the trend for the corresponding baseline.

Feasibility - Is the proposed strategy feasible? Can it be done?
Counterpart to the question of leverage. Leverage and feasibility must be weighed and balanced in choosing the strategy. A strategy that has high leverage and high feasibility will be a prime candidate for action. The choice among other options, however, will likely involve trade-offs between leverage and feasibility and will need to be weighed accordingly.

Specificity - Is the strategy specific enough to be implemented?
Is there a timeline? Do the deliverables answer the questions of: *Who? What? When? Where? How?*

Values - Is the strategy consistent with the values of the community?
There are many actions that are specific and high leverage but not consistent with our values. For example to improve rates of entry into foster care, we could slow down or stop conducting investigations on child abuse. It may be even be effective, but completely out of line with our shared values.

Adults Overweight – Polk Strategies (Mtg 2):	Leverage	Feasibility	Specificity	Value
Marketing/promotion of physical activity and nutrition	H M L	H M L	H M L	H M L
Offer classes/community education on heathy eating, cooking and/or physical activity.	H M L	H M L	H M L	H M L
Build awareness of how policies and practices facilitate and inhibit individual's choice to be active (ex. walk/bike) thereby affecting health and quality of life	H M L	H M L	H M L	H M L
Develop and implement policies and practices that create active communities by increasing opportunities for physical activity	H M L	H M L	H M L	H M L
Hold events or opportunities to engage partners and general public around physical activity – ex, Trails and Rivers, Open Streets, community-wide campaigns, supporting walk/bike events, etc.	H M L	H M L	H M L	H M L
Promote preventative health exams with a primary care provider.	H M L	H M L	H M L	H M L
Confirm/establish system for healthcare/mental health provider to screen, counsel, refer and follow-up.	H M L	H M L	H M L	H M L
Provide access to a wellness/lifestyle coach, Registered Dietician and/or Integrative Medicine.	H M L	H M L	H M L	H M L
Empower local stakeholders with knowledge and capacity to positively impact their community's local food and farm economy.	H M L	H M L	H M L	H M L
Mobilize resources to create/expand healthy food access (Farm to School, Power of Produce, Healthy Food Trucks, etc).	H M L	H M L	H M L	H M L
Advocate for policy, systems and environmental changes that support healthy eating behaviors.	H M L	H M L	H M L	H M L
Build partnerships with diverse community work groups/people to plan and integrate healthy eating activities into existing systems and policies.	H M L	H M L	H M L	H M L
Facilitate conversations that educate and lead to policies or agreements that support the gathering/storage of healthier food choices.	H M L	H M L	H M L	H M L
Increase access, availability and selection of healthier foods offered through food assistance programs (food shelves, SNAP, etc).	H M L	H M L	H M L	H M L
Implement/support workplace wellness initiatives.	H M L	H M L	H M L	H M L
Improve the work environment in healthy eating, active living, tobacco reduction, breastfeeding support and resiliency (formerly called stress management).	H M L	H M L	H M L	H M L
Provide breastfeeding supports to individuals, families, communities and workplaces.	H M L	H M L	H M L	H M L
Work with insurance companies to increase coverage, incentives (alternative gym memberships – ex. online class) and reduced prior authorizations	H M L	H M L	H M L	H M L
Ensure K-12 students graduate from high school.	H M L	H M L	H M L	H M L

Mental Health and Well-being- Polk Strategies (Mtg 2):	Leverage	Feasibility	Specificity	Value
Educate staff to identify and assist persons at-risk using a variety of tools: gatekeeper training, suicide screenings, evidence-based depression /anxiety screener, and knowing warning signs	H M L	H M L	H M L	H M L
Outreach campaign to improve community awareness of existing resources, that reduce the stigmatism around mental health and promotes mental well-being/resilience	H M L	H M L	H M L	H M L
Make mental health services more convenient, affordable and culturally appropriate using evidence-based best practice (CBT, DBT, EMDR).	H M L	H M L	H M L	H M L
Health and behavioral health care systems adopt the Zero Suicide framework for integrating evidence-based treatments and suicide prevention interventions into safety planning and care	H M L	H M L	H M L	H M L
Support safe care transitions and create organizational linkages (i.e. formal referral protocols, interagency agreements, rapid referrals, and follow-up contacts)	H M L	H M L	H M L	H M L
Improve response to individuals in crisis (hotlines, mobile crisis teams, walk in crisis clinics, peer-support programs; Vidyo 24/7)	H M L	H M L	H M L	H M L
Model/encourage behaviors of: sense of community, kindness, gratitude (i.e. host a neighborhood grill)	H M L	H M L	H M L	H M L
Build a 'sense of community' curriculum that can be imbedded in school. (Pre-K through post-graduate). Require parents to complete sections with children.	H M L	H M L	H M L	H M L
Increase life/social skills in community, such as workshops on critical thinking, stress management, coping, economic stress, mindfulness, self-care, divorce and physical illness in the school/workplace (life span)	H M L	H M L	H M L	H M L
Build resilience, optimism, positive self-concepts, and hopefulness	H M L	H M L	H M L	H M L
Enhance social connectedness and support through social programs for specific population groups (such as older adults, Vets, or LGBT youth)	H M L	H M L	H M L	H M L
Encourage volunteering opportunities. Look at local incentive programs (ie. x amount of volunteer= x amount donated to a local cause).	H M L	H M L	H M L	H M L
Outreach programs to support kindness, sense of belonging, gratitude, etc	H M L	H M L	H M L	H M L
Adopt trauma informed care models in schools and health care	H M L	H M L	H M L	H M L
Provide ACES screening and education to parents and children at enrollment starting in pre-school.	H M L	H M L	H M L	H M L
Create opportunities for staff to have walking meetings	H M L	H M L	H M L	H M L
Adopt the acceptance of mental health days at work and school.	H M L	H M L	H M L	H M L
Create Partnership/Resource Center for Polk County	H M L	H M L	H M L	H M L
Create policies or workplace norms around work-life balance.	H M L	H M L	H M L	H M L
Offer programs that focus on mental well-being in the curriculum to higher risk individuals (NFP, MH, SS)	H M L	H M L	H M L	H M L
Look at systems in your organization that may cause stigma. Ex: Situation depression stays in chart forever	H M L	H M L	H M L	H M L
Adopt/create intergenerational programs (i.e. youth go into elders' homes – assist, senior companion)	H M L	H M L	H M L	H M L
Add well-being to worksite wellness. Provide annual mental health and well-being trainings on social skills, coping, dealing with grief, compassion, compassion fatigue, etc.	H M L	H M L	H M L	H M L

Poverty – Polk Strategies (Mtg 2):	Leverage	Feasibility	Specificity	Value
Create opportunities for co-location of services (Social worker/nurses, DEED) at other locations, including but not limited to: shelters, library, WIC	H M L	H M L	H M L	H M L
Implement Pathways for Success/collaborate on skills development (employment, education, skills, on the job training, financial literacy)	H M L	H M L	H M L	H M L
Enhance student pipeline				
Support local policies and initiatives to improve broadband internet across Polk County	H M L	H M L	H M L	H M L
Provide and support free/available/high quality childcare options	H M L	H M L	H M L	H M L
Develop pathways for inmates leaving the jail to attain jobs. (Steps before and after)	H M L	H M L	H M L	H M L
Challenge/evaluate current healthcare insurance structure	H M L	H M L	H M L	H M L
Create a campaign to control advertising that target vulnerable populations (ie. Credit card, debit, consignment, rent-to-own)	H M L	H M L	H M L	H M L
Work collectively to host job fairs in Polk County	H M L	H M L	H M L	H M L
Create/support DRIVE Fundraisers: (Supporting children from Polk County entering college living poverty)	H M L	H M L	H M L	H M L
Implement financial education in schools and at the worksite (financial literacy, debt ratio, cc company vs. bank lending and so forth)	H M L	H M L	H M L	H M L
Create a list of local resources to refer clients to: SNAP, Sexual Health, Health Coaches, Health Insurance Benefits, EGF tech-financial literacy, DEED/NW Private Industry, Riverview Community Care	H M L	H M L	H M L	H M L
Provide education/opportunity to learn about personal farming practices and nutrition education (UMN)	H M L	H M L	H M L	H M L
Support and advocate for public transit availability at lower cost. (IE Fosston 50 cents per ride, no cost for parents getting their kids to daycare)	H M L	H M L	H M L	H M L
Ensure K-12 high school graduation	H M L	H M L	H M L	H M L
Partner to make housing affordable and safe	H M L	H M L	H M L	H M L
Partner to increase personal and community resiliency (ability to bounce back from difficult situations)	H M L	H M L	H M L	H M L
Increase accessibility of timely and affordable healthcare	H M L	H M L	H M L	H M L
Recognize value of diversity and jointly assess -Are we as welcoming as we think? Underrepresented? Opportunities?	H M L	H M L	H M L	H M L
Attract new talent to the area (workforce)	H M L	H M L	H M L	H M L
Engage employers in planning and creating positive workplace cultures, welcoming workplace	H M L	H M L	H M L	H M L
Create family relocation package/supports for families, partners, spouses	H M L	H M L	H M L	H M L
Branding of benefits to living in NW MN/Collaborate on outreach marketing to immigrants, new residents, return to work individuals (disability/incarcerated, etc)	H M L	H M L	H M L	H M L

Example of Strategy Prioritization Themes (completed after the H/M/L Ranking)

Indicator: Mental Health and Well-being

Leverage, Feasibility, Specificity and Values- High (3), Medium (2) and Low (1), 4 groups

Means were calculated for strategies that partner break out groups did not have time to rank.

Yellow = Strategy Included in Survey Monkey

Overall Totals	
Add well-being to worksite wellness. Provide annual mental health and well-being trainings on social skills, coping, dealing with grief, compassion, compassion fatigue, etc.	46
Offer programs that focus on mental well-being in the curriculum to higher risk individuals (NFP, MH, SS)	44
Adopt/create intergenerational programs (i.e. youth go into elders' homes – assist, senior companion)	44
Health and behavioral health care systems adopt the Zero Suicide framework for integrating evidence-based treatments and suicide prevention interventions into safety planning and care	43
Improve response to individuals in crisis (hotlines, mobile crisis teams, walk in crisis clinics, peer-support programs; Vidyo 24/7)	43
Model/encourage behaviors of: sense of community, kindness, gratitude (I.e. host a neighborhood grill)	43
Outreach programs to support kindness, sense of belonging, gratitude, etc	43
Adopt trauma informed care models in schools and health care	43
Increase life/social skills in community, such as workshops on critical thinking, stress management, coping, economic stress, mindfulness, self-care, divorce and physical illness in the school/workplace (life span)	42
Create policies or workplace norms around work-life balance.	42
Create opportunities for staff to have walking meetings	41.33
Support safe care transitions and create organizational linkages (i.e. formal referral protocols, interagency agreements, rapid referrals, and follow-up contacts)	41
Outreach campaign to improve community awareness of existing resources, that reduce the stigmatism around mental health and promotes mental well-being/resilience	41
Support safe care transitions and create organizational linkages (i.e. formal referral protocols, interagency agreements, rapid referrals, and follow-up contacts)	41
Enhance social connectedness and support through social programs for specific population groups (such as older adults, Vets, or LGBT youth)	40
Create Partnership/Resource Center for Polk County	40
Look at systems in your organization that may cause stigma. Ex: Situation depression stays in chart forever	40
Adopt the acceptance of mental health days at work and school.	38.67
Provide ACES screening and education to parents and children at enrollment starting in pre-school.	38
Build a 'sense of community' curriculum that can be imbedded in school. (Pre-K through post-graduate). Require parents to complete sections with children.	37

Build resilience, optimism, positive self-concepts, and hopefulness	37
Make mental health services more convenient, affordable and culturally appropriate using evidence-based best practice (CBT, DBT, EMDR).	36
Encourage volunteering opportunities. Look at local incentive programs (ie. x amount of volunteer= x amount donated to a local cause).	35
Leverage and Feasibility - *strategy with high leverage and feasibility are a prime candidate for action*	
Model/encourage behaviors of: sense of community, kindness, gratitude (I.e. host a neighborhood grill)	22
Outreach programs to support kindness, sense of belonging, gratitude, etc	22
Create policies or workplace norms around work-life balance.	22
Adopt/create intergenerational programs (i.e. youth go into elders' homes – assist, senior companion)	22
Add well-being to worksite wellness. Provide annual mental health and well-being trainings on social skills, coping, dealing with grief, compassion, compassion fatigue, etc.	22
Outreach campaign to improve community awareness of existing resources, that reduce the stigmatism around mental health and promotes mental well-being/resilience	21
Health and behavioral health care systems adopt the Zero Suicide framework for integrating evidence-based treatments and suicide prevention interventions into safety planning and care	21
Offer/Continue programs that focus on mental well-being in the curriculum to higher risk individuals (NFP, MH, SS)	20
Educate staff to identify and assist persons at-risk using a variety of tools: gatekeeper training, suicide screenings, evidence-based depression /anxiety screener, and knowing warning signs	20
Improve response to individuals in crisis (hotlines, mobile crisis teams, walk in crisis clinics, peer-support programs; Vidyo 24/7)	20
Increase life/social skills in community, such as workshops on critical thinking, stress management, coping, economic stress, mindfulness, self-care, divorce and physical illness in the school/workplace (life span)	20
Enhance social connectedness and support through social programs for specific population groups (such as older adults, Vets, or LGBT youth)	20
Adopt trauma informed care models in schools and health care	20
Look at systems in your organization that may cause stigma. Ex: Situation depression stays in chart forever	20
Support safe care transitions and create organizational linkages (i.e. formal referral protocols, interagency agreements, rapid referrals, and follow-up contacts)	19
Build resilience, optimism, positive self-concepts, and hopefulness	19
Adopt the acceptance of mental health days at work and school.	18.67
Create Partnership/Resource Center for Polk County	18.67
Create opportunities for staff to have walking meetings	18.66
Make mental health services more convenient, affordable and culturally appropriate using evidence-based best practice (CBT, DBT, EMDR).	17
Build a 'sense of community' curriculum that can be imbedded in school. (Pre-K through post-graduate). Require parents to complete sections with children.	17
Encourage volunteering opportunities. Look at local incentive programs (ie. x amount of volunteer= x amount donated to a local cause).	17
Provide ACES screening and education to parents and children at enrollment starting in pre-school.	17

Total plus Leverage and Feasibility	
Add well-being to worksite wellness. Provide annual mental health and well-being trainings on social skills, coping, dealing with grief, compassion, compassion fatigue, etc.	68
Adopt/create intergenerational programs (i.e. youth go into elders' homes – assist, senior companion)	66
Model/encourage behaviors of: sense of community, kindness, gratitude (I.e. host a neighborhood grill)	65
Outreach programs to support kindness, sense of belonging, gratitude, etc	65
Health and behavioral health care systems adopt the Zero Suicide framework for integrating evidence-based treatments and suicide prevention interventions into safety planning and care	64
Create policies or workplace norms around work-life balance.	64
Offer programs that focus on mental well-being in the curriculum to higher risk individuals (NFP, MH, SS)	64
Improve response to individuals in crisis (hotlines, mobile crisis teams, walk in crisis clinics, peer-support programs; Vidyo 24/7)	63
Adopt trauma informed care models in schools and health care	63
Outreach campaign to improve community awareness of existing resources, that reduce the stigmatism around mental health and promotes mental well-being/resilience	62
Increase life/social skills in community, such as workshops on critical thinking, stress management, coping, economic stress, mindfulness, self-care, divorce and physical illness in the school/workplace (life span)	62
Educate staff to identify and assist persons at-risk using a variety of tools: gatekeeper training, suicide screenings, evidence-based depression /anxiety screener, and knowing warning signs	61
Support safe care transitions and create organizational linkages (i.e. formal referral protocols, interagency agreements, rapid referrals, and follow-up contacts)	60
Enhance social connectedness and support through social programs for specific population groups (such as older adults, Vets, or LGBT youth)	60
Look at systems in your organization that may cause stigma. Ex: Situation depression stays in chart forever	60
Create opportunities for staff to have walking meetings	59.99
Create Partnership/Resource Center for Polk County	58.67
Adopt the acceptance of mental health days at work and school.	57.34
Build resilience, optimism, positive self-concepts, and hopefulness	56
Provide ACES screening and education to parents and children at enrollment starting in pre-school.	55
Build a 'sense of community' curriculum that can be imbedded in school. (Pre-K through post-graduate). Require parents to complete sections with children.	54
Make mental health services more convenient, affordable and culturally appropriate using evidence-based best practice (CBT, DBT, EMDR).	53
Encourage volunteering opportunities. Look at local incentive programs (ie. x amount of volunteer= x amount donated to a local cause).	52

Appendix E

Sample from Polk Survey Monkey – *Partners completed questionnaire in preparation for Mtg 3.*

Healthy Behaviors, Healthy Communities

Welcome - Thank you for participating in the Polk County Community Health Improvement Plan. At our last in-person meeting we evaluated each strategy that was proposed at our first meeting when we discussed how we could turn the curve on the data around adults overweight, mental health/mental well-being and poverty. Using a strategy grid each group provided a high, low or medium ranking for Leverage, Feasibility, Specificity and Value for each strategy. Polk County Public Health compiled the data and looked for themes and strategies that ranked high in overall totals and leverage/feasibility.

The next step of the process is for you or your organization to select which strategies you or your organization can or feel invested in to TURN THE CURVE on decreasing the percentage of adults overweight, decreasing poverty and improving overall mental health and mental well-being.

Our expectation is NOT that you or your organization try to tackle each strategy, but to select strategies are being implemented or you plan on implementing in the next year.

Overweight

Improve the work environment in healthy eating, active living, tobacco reduction, breastfeeding support and resiliency (formerly called stress management).

Have you or your organization implemented or plan to implement the strategy?

○ Yes ○ No **If yes, what are the plans or future plans?**

How will success be measured? (How much, how well, who is better off?)

POLK-NORMAN-MAHNOMEN COMMUNITY HEALTH SERVICES

STRATEGIC PLAN

November 22, 2019

For Implementation in 2020-2024

Polk County Public Health

Norman-Mahnomen Public Health

Public Health
Prevent. Promote. Protect.

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I. Introduction

The Polk-Norman-Mahnomen Community Health Board (PNM CHB), a multi-county community health services entity, is comprised of Polk County Public Health (PCPH) and Norman-Mahnomen Public Health (NMPH). Formed in 2013 through a Joint Powers Agreement, the PNM CHB includes seven members (county commissioners, local board of health and lay public members). The PNM CHB is responsible by Minnesota Statute 145A for protecting and promoting the health of Polk, Norman and Mahnomen County residents. Through a formal delegation agreement by the PNM CHB, specified powers and duties are delegated to the respective local Boards of Health (i.e. Polk County Board of Health and Norman-Mahnomen Board of Health). The two public health departments under the PNM CHB are assigned the general authority and responsibility for ongoing planning, development, implementation and evaluation of an integrated system of local community health services.

We have acknowledged a need to provide public health services and specialized tasks on an interim and ongoing basis. Through a formal Shared Services Agreement, PCPH and NMPH qualified staff can shared across the three-county geographical area when agreed upon.

This strategic planning process was meant to guide the board, administration and staff as it identifies where we should be going and provides focus for our future efforts. It will serve as a map to guide our team in allocating resources, developing policies and programs and working to authentically engage community partners.

At our best, we are:
Responsive. "We anticipate the needs of our community and work with exceptional competency."
Chief Health Strategists. While we don't always recognize or articulate it, "We are the names at the tip of the tongue when people - leaders, officials, law enforcement, healthcare partners, teachers, elderly - need help to solve problems."
Collaborators. "We engage with people, we are out in the community, and we are good listeners. We bring people together, generate good advocacy, are inclusive, and empathetic."
Fun! "People want to work at Public Health and our workforce is passionate, engaged, and happy."

II. Guiding Statements

Approved by the Community Health Board 11.22.19

The *Vision, Mission, and Values* are the foundation for any strategic plan. Together, they identify why an organization exists, where it wants to go, and how it wants to conduct business.

Vision: Communities where all people have opportunities to achieve their optimal health and well-being.

Mission: Prevents. Promotes. Protects.

Values:

III. Process Overview

The Vision and Mission Statements, Values, Vision Elements, and Prioritized Strategies were reviewed, drafted and identified through engaging all staff from both health departments. Follow-up work delegated to the administrative workgroup under the direction of the CHS Administrator.

This plan reflects many employee and stakeholder voices. We celebrate the vision, expertise, and attitudes of the people who work to make Polk, Norman, and Mahnomen, vibrant and healthy counties.

Date	Who?	What?
11/18	PNM Staff, 29 out of 38 responses	**PNM Workforce Core Competency Assessment** Responses to best describe responders comfort level. Response choices: *None, Aware, Knowledgeable, and Proficient.* 1. Community Health Improvement Planning: Use community health assessment in developing community health improvement plan (62% Aware) 2. External Policies, Programs, and Services: Influence policies, programs, and services external to the organization (72% Aware) 3. Cultural Influences on Policies, Programs, and Services: Recognize the influence of population diversity on programs, policies, and services. Address population diversity in policies, programs, and services. (72% Knowledgeable) 4. Relationship Building: Identify relationships that are affecting health; develop & maintain relationships (69% Knowledgeable) 5. Community Engagement: Engage community members and use community input for policies, programs, and services (48% Knowledgeable) 6. Advocacy: Advocate for policies, programs, and resources (51% Knowledgeable)

		7. Systems Thinking: Describe public health as part of a larger system. Explain how public health, health care, and other organizations can work together or individually (51% Knowledgeable) 8. Performance Management: Develop and use performance management system (51% Aware) *See Appendix A for more information.*
11/28/18	PCPH Staff Mtg, 28 staff	Facilitated **Values Exercise**, Wendy Kvale, PH Nurse Consultant, MDH. Reflection on personal and PCPH departmental values; values prioritization list.
2/4/19	NMPH Staff Mtg, 9 staff	Facilitated **Values Exercise**, Wendy Kvale, PH Nurse Consultant, MDH. Reflection on personal and NMPH departmental values; values prioritization list.
4/30/19	PNM Admin	**Facilitated Planning Session and Identified Shared Values** across PNM (PCPH and NMPH) with Wendy Kvale, PH Nurse Consultant, MDH.
5/16/19	PNM Admin	Further review of Values/Joint Staff Mtg Prep
5/29/19	PCPH and NMPH Joint Staff Mtg, 30 staff	**Background/Timeline, Mission, Vision and Values** • **Vision and Mission Dialogue** -Does the current Vision and Mission still fit? -Recommendations for an updated Vision Statement? -The Vision and Mission of the organization were reaffirmed and modified only slightly. • **PNM Values Dialogue** -Individual Value Words vs Value Words/Descriptions (as in the current 2015-2019 Strategic Plan) —why or why not? -Adjectives/verbs of current value word descriptions are not lost, rather encompassed in our *Strategic Plan Wheel – "I Statements"- consider "we" statements* *-Input on identified Shared Values* -Overall reaction to <u>Respect, Collaboration and Innovation</u> -<u>Positivity</u>? Expectation, culture and spirit of positivity/fun are alive, how to capture in words? Is this the right value word?

		-Equity/Justice/Honor? - Equity is placeholder. What value word? -Integrity/Professionalism/Accountability? What value word? -Anything missing? • PNM Strategic Plan Wheel - "I Statements" Annual Responses (Survey Monkey) for 2016, 2017 and 2018 was provided ahead of time for background/context.
6/26/19	PCPH Staff Mtg, 26 staff	**Now and Future - Strengths, Weaknesses, Opportunities, and Threats/Challenges** (SWOC) analysis. The SWOC analysis is a tool to learn how our organization is functioning. The results helped determine what next steps are needed and helped establish priorities. *In the future we will use Strengths, Opportunities, Aspirations and Results (SOAR) instead of SWOC.*
7/1/19	NMPH Staff Mtg, 9 staff	**Now and Future - Strengths, Weaknesses, Opportunities, and Threats/Challenges** (SWOC) analysis.
7/16/19	PNM Admin	Synthesis of PCPH and NMPH SWOC to identify commonalities for the **PNM SWOC**. *See Appendix B.* Identified **Vision Elements**: • Innovative, Forward Thinking Organization; • Positive Health Outcomes; • Healthy, Positive Work Environment; • Leader in the Region/State; • Commitment to Community and Partnerships; and • Adaptability as Needs Change
7/19/19	PNM CHB Mtg	**Governance Board PNM SWOC**
9/4/19	PNM Admin	**Update Strategic Wheel** based on Staff and Governance Board SWOC – Assess content and drafted *Focus Areas/"I Statements"* – Version 1
9/25/19	PCPH Staff Mtg	Reviewed PNM SWOC. Broke into small groups, reviewed and provided recommendations of **Strategic Wheel Focus Areas and "I Statements".**
10/7/19	NMPH	Reviewed PNM SWOC. Reviewed and provided recommendations of **Strategic Wheel Focus Areas and "I Statements".**
10/16/19	PNM Admin	Reviewed Version 5/Near Final Strategic Wheel-Focus Areas/"I Statements" and began working on the **Action Plan** (based on the "I Statement"

		and SWOC). Assigned PNM Admin to draft additional content for the Action Plan.
10/30/19	PCPH Staff Mtg	Broke into small groups and provided recommendations for the **Objectives and Actions of the Action Plan**.
11/4/19	NMPH	Recommendations for the **Objectives and Actions of the Action Plan**.
11/5/19	PNM Admin	Deliberation on the Action Plan recommendations and cross referenced with "I Statements". Draft Near Final **Action Plan** for final review.
11/22/19	PNM CHB Mtg	Strategic Plan presented to the PNM CHB for approval.

IV. Strategic Goals and Components

PNM utilized the University of Alabama strategic planning process methodology, which uses strategic thinking as the foundation for strategic planning and management. The outcome of this process was not only a strategic plan, but a new and renewed sense of momentum for the next five years.

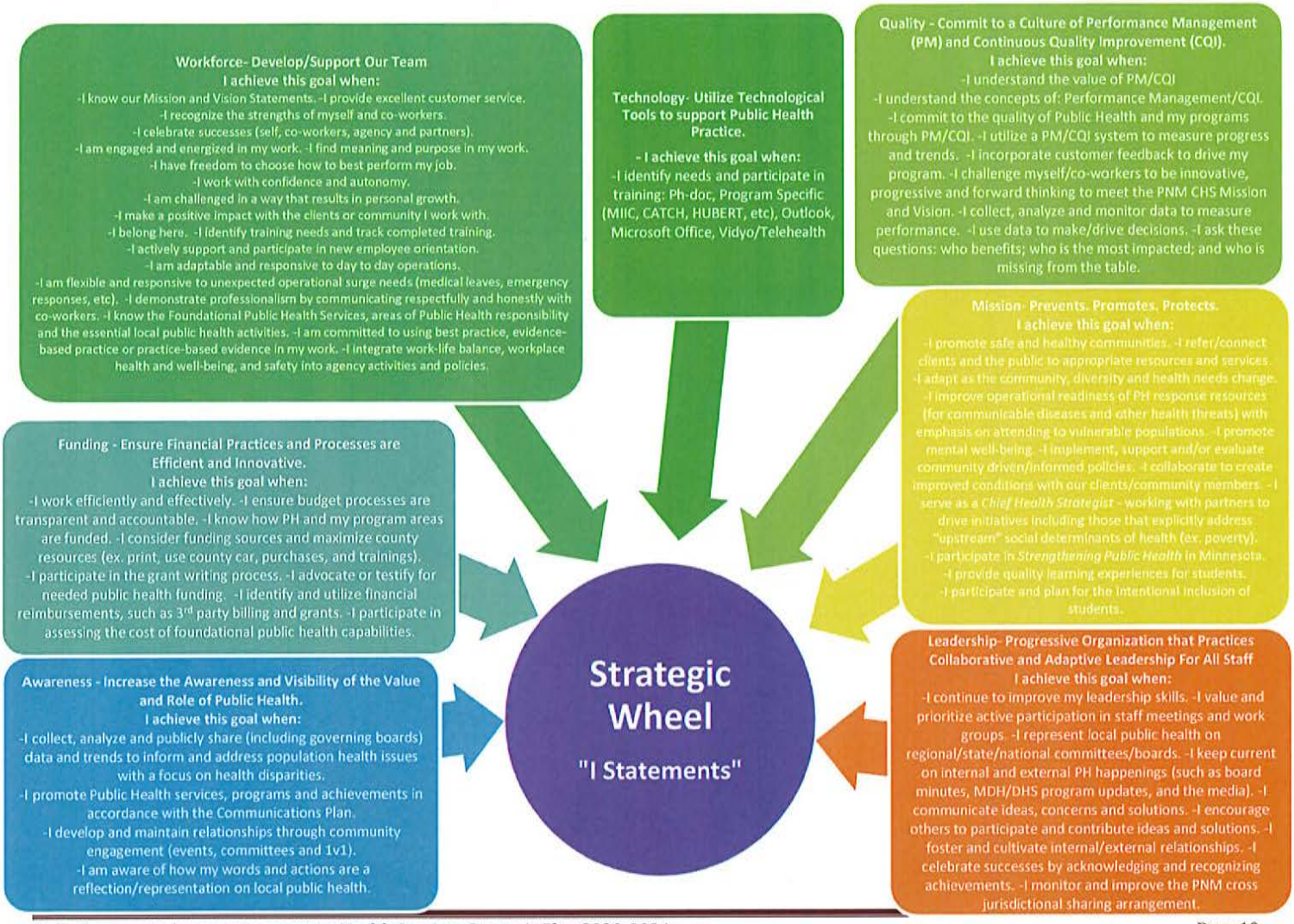
The Strategic Plan consists of seven goals. They are:

1. *Increase the Awareness and Visibility of the Value and Role of Public Health*
2. *Ensure Financial Practices and Processes are Efficient and Innovative*
3. *Develop/Support Our Team*
4. *Utilize Technological Tools to support Public Health Practice*
5. *Commit to a Culture of Performance Management (PM) and Continuous Quality Improvement (CQI)*
6. *Mission - Prevents. Promotes. Protects.*
7. *Progressive Organization that Practices Collaborative and Adaptive Leadership For All Staff*

The Strategic Plan Wheel shows the seven components of the Strategic Plan and includes **"I statements"- *actions each local public health employee may do to work toward achieving our goals.*** Yearly all staff will complete an assessment to ascertain the "I" statements that apply to them, with full understanding that the intent is not that all the "I" statements are required to be marked "yes". From the assessment, the responses will be presented in aggregated form to assess successes, progress and opportunities for the future.

Ultimately the local Public Health Directors are responsible for moving the Strategic Plan forward. Formal and informal leaders are assigned to serve as the Lead Contact in ensuring progress towards the goal. Various PCPH and NMPH staff will be responsible for planning, implementation and evaluation of the Action Plan.

A Performance Management system and Strategic Plan reporting process are being developed to assure that all goals are progressing and accountable for results. The Survey Monkey "I Statement" aggregate responses are reviewed in Q1 each year. The Action Plan will be reviewed (Qtr 1 and Qtr 3) and updated at least annually in Quarter 4 of each calendar year. Periodic updates are/will be given to our employees, the Boards of Health and the Community Health Board.


Workforce- Develop/Support Our Team
I achieve this goal when:
-I know our Mission and Vision Statements. -I provide excellent customer service.
-I recognize the strengths of myself and co-workers.
-I celebrate successes (self, co-workers, agency and partners).
-I am engaged and energized in my work. -I find meaning and purpose in my work.
-I have freedom to choose how to best perform my job.
-I work with confidence and autonomy.
-I am challenged in a way that results in personal growth.
-I make a positive impact with the clients or community I work with.
-I belong here. -I identify training needs and track completed training.
-I actively support and participate in new employee orientation.
-I am adaptable and responsive to day to day operations.
-I am flexible and responsive to unexpected operational surge needs (medical leaves, emergency responses, etc). -I demonstrate professionalism by communicating respectfully and honestly with co-workers. -I know the Foundational Public Health Services, areas of Public Health responsibility and the essential local public health activities. -I am committed to using best practice, evidence-based practice or practice-based evidence in my work. -I integrate work-life balance, workplace health and well-being, and safety into agency activities and policies.
Technology- Utilize Technological Tools to support Public Health Practice.
- I achieve this goal when:
-I identify needs and participate in training: Ph-doc, Program Specific (MIIC, CATCH, HUBERT, etc), Outlook, Microsoft Office, Vidyo/Telehealth
Quality - Commit to a Culture of Performance Management (PM) and Continuous Quality Improvement (CQI).
I achieve this goal when:
-I understand the value of PM/CQI
-I understand the concepts of: Performance Management/CQI.
-I commit to the quality of Public Health and my programs through PM/CQI. -I utilize a PM/CQI system to measure progress and trends. -I incorporate customer feedback to drive my program. -I challenge myself/co-workers to be innovative, progressive and forward thinking to meet the PNM CHS Mission and Vision. -I collect, analyze and monitor data to measure performance. -I use data to make/drive decisions. -I ask these questions: who benefits; who is the most impacted; and who is missing from the table.
Mission- Prevents. Promotes. Protects.
I achieve this goal when:
-I promote safe and healthy communities. -I refer/connect clients and the public to appropriate resources and services. -I adapt as the community, diversity and health needs change. -I improve operational readiness of PH response resources (for communicable diseases and other health threats) with emphasis on attending to vulnerable populations. -I promote mental well-being. -I implement, support and/or evaluate community driven/informed policies. -I collaborate to create improved conditions with our clients/community members. -I serve as a Chief Health Strategist - working with partners to drive initiatives including those that explicitly address "upstream" social determinants of health (ex. poverty).
-I participate in Strengthening Public Health in Minnesota.
-I provide quality learning experiences for students.
-I participate and plan for the intentional inclusion of students.
Funding - Ensure Financial Practices and Processes are Efficient and Innovative.
I achieve this goal when:
-I work efficiently and effectively. -I ensure budget processes are transparent and accountable. -I know how PH and my program areas are funded. -I consider funding sources and maximize county resources (ex. print, use county car, purchases, and trainings).
-I participate in the grant writing process. -I advocate or testify for needed public health funding. -I identify and utilize financial reimbursements, such as 3rd party billing and grants. -I participate in assessing the cost of foundational public health capabilities.
Strategic Wheel
"I Statements"
Awareness - Increase the Awareness and Visibility of the Value and Role of Public Health.
I achieve this goal when:
-I collect, analyze and publicly share (including governing boards) data and trends to inform and address population health issues with a focus on health disparities.
-I promote Public Health services, programs and achievements in accordance with the Communications Plan.
-I develop and maintain relationships through community engagement (events, committees and 1v1).
-I am aware of how my words and actions are a reflection/representation on local public health.
Leadership- Progressive Organization that Practices Collaborative and Adaptive Leadership For All Staff
I achieve this goal when:
-I continue to improve my leadership skills. -I value and prioritize active participation in staff meetings and work groups. -I represent local public health on regional/state/national committees/boards. -I keep current on internal and external PH happenings (such as board minutes, MDH/DHS program updates, and the media). -I communicate ideas, concerns and solutions. -I encourage others to participate and contribute ideas and solutions. -I foster and cultivate internal/external relationships. -I celebrate successes by acknowledging and recognizing achievements. -I monitor and improve the PNM cross jurisdictional sharing arrangement.

V. Tying It All Together

	3 Core Functions:	Assessment			Policy Development			Assurance			
NATIONAL	10 Essential Services	**Monitor** health status to identify and solve community health problems.	**Diagnose and investigate** health problems and health hazards in the community.	**Evaluate** effectiveness, accessibility, and quality of personal and population based health services.	**Develop policies and plans** that support individual and community health efforts.	**Enforce** laws and regulations that protect health and ensure safety.	**Research** for new insights and innovative solutions to health problems.	**Link** people to needed personal health services and assure the provision of health care when otherwise unavailable.	**Inform, educate,** and empower people about health issues.	**Assure** competent public and personal health care workforce.	**Mobilize** community partnerships and action to identify and solve health problems.
	National Accreditation	**Domain 1:** Conduct and disseminate assessments focused on population health status and public health issues facing the community.	**Domain 2:** Investigate health problems and environmental public health hazards to protect the community.	**Domain 9:** Evaluate and continuously improve processes, programs, and interventions.	**Domain 5:** Develop public health policies and plans. **Domain 12:** Maintain capacity to engage the public health governing entity.	**Domain 6:** Enforce public health laws.	**Domain 10:** Contribute to and apply the evidence base of public health.	**Domain 7:** Promote strategies to improve access to health care services.	**Domain 3:** Inform and educate about public health issues and functions.	**Domain 8:** Maintain a competent public health workforce. **Domain 11:** Maintain administration and management capacity.	**Domain 4:** Engage with the community to identify and address health problems.
MN	Framework for MN Gov. Public Health (Draft, 2019)	**Foundational Capabilities:** *Cross-cutting knowledge and skills that are needed to successfully carryout the work of public health.* **Assessment and Planning, Communications, Community Partnerships, Health Equity, Leadership, Organizational Management, Policy Development, and Preparedness and Response**									
LOCAL	PNM CHS Strategic Plan	**Goal 1: Awareness** Increase the Awareness and Visibility of the Value and Role of Public Health **Goal 2: Funding** Ensure financial practices and processes are efficient and innovative **Goal 3: Workforce** Develop and support our team **Goal 4: Technology** Utilize Technological Tools to Support Public Health Practice **Goal 5: Quality** Commit to a Culture of Performance Management and Continuous Quality Improvement **Goal 6: Mission** Prevents. Promotes. Protects. **Goal 7: Leadership** Ensure a Progressive Organization that Practices Collaborative, Adaptive Leadership among all staff									
	PNM CHS Vision:	Communities where all people have opportunities to achieve their optimal health and well-being.									
	PNM CHS Mission:	Prevents. Promotes. Protects.									
	Values:	Health & Well-being - Respect, Collaboration, Innovation, Positivity, Equity, Integrity, Advocacy									

NATIONAL

10 Essential Services

The 10 Essential Public Health Services describe the public health activities that all communities should undertake and serve as the framework for the National Public Health Performance Standards. .

National Accreditation

The goal of the voluntary national accreditation program is to improve and protect the health of the public by advancing the quality and performance of tribal, state, local, and territorial public health departments.

STATE

Framework for Governmental Public Health in Minnesota

A group of local and state public health leaders recently developed a framework for what Minnesotans should expect from the governmental public health system. The framework outlines a set of foundational public health responsibilities that are grounded by a core value: *where you live should not determine your level of public health protection.*

LOCAL

PNM CHB Strategic Plan Wheel, Vision, Mission and Values

VI. Implementation and Action Plan

The 2020-2024 strategic plan represents an ongoing process of setting priorities, reflecting on what is being learned and taking realistic steps forward. The strategic plan provides the organizational guideposts for administration, staff, county partners and board members to discuss and determine where to focus time and resources. At the broadest level, the implementation of the five-year strategic plan occurs through the development, monitoring and updates of the annual work plan. The local public health directors manage this process and oversee communication among agency staff and the CHB.

Putting Our Plan into Action - Staff Roles and Responsibilities	
In order to successfully carry out the goals, objectives and actions, each staff member/team is expected to:	
Fully understand the PNM Mission and conduct work built upon defined focus areas to successfully carry out the Mission.	
Mission: Prevents. Promotes. Protects.	**Focus Areas:** Awareness Funding Workforce Technology Quality Mission Leadership
Fully understand the PNM Vision and carry out daily tasks to reflect established Values to reinforce the Vision.	
Vision: Communities where all people have opportunities to achieve their optimal health and well-being.	**Values:** Respect Collaboration Innovation Positivity Equity Integrity Advocacy
Know the purpose of the Strategic Plan and strive to reflect upon this purpose in conducting everyday roles.	
The PNM Strategic Plan: -Outlines our Vision, Mission and Values defining the purpose, direction and vision elements of our departments.	

-Defines our focus areas, goals, and objectives which represent our firm commitment towards a healthier community. -Provides guidance for decisions about future activities and resource allocation. -Acts a tool to improve public health services, value and accountability to stakeholders. -Lays the groundwork for our departments to continue to be a leader in public health.
Have a working understanding of goals defined within the Strategic Plan and be able to identify places where they are responsible for assisting the departments in implementing action steps to meet each goal.
Goals: 1. Increase the Awareness and Visibility of the Value and Role of Public Health 2. Ensure Financial Practices and Processes are Efficient and Innovative 3. Develop/Support Our Team 4. Utilize Technological Tools to support Public Health Practice 5. Commit to a Culture of Performance Management (PM) and Continuous Quality Improvement (CQI) 6. Mission - Prevents. Promotes. Protects. 7. Progressive Organization that Practices Collaborative and Adaptive Leadership Among All Staff

Goal Statement Action Plan					
Focus Area	**Goal Statement**	**Objectives**	**Actions Necessary to Achieve the Goal**	**Lead Contact**	**Time Frame Completion**
Awareness	Increase the Awareness and Visibility of the Value and Role of Public Health (PH)	Increase employee identification of and engagement with PNM *Mission, Vision,* and *Values.*	Review, implement and evaluate the *Communication Plan* to promote the PNM's *Mission, Vision, Values,* programs, and priorities.	Angel, Sarah, Sarah	Annually, ongoing
		Utilize the Communication Plan for the promotion and marketing of public health happenings.	Provide annual hands-on staff training on the *Communication Plan*. Staff to construct messaging specific to their program area, services provided or expertise during the training). *CHIP	Angel, Aimee	Q1, Annually
			Provide staff training on internal and external communication etiquette.	Directors	2020, 2022
		Increase public and community partner knowledge, understanding, and role of Public Health.	Participate and strengthen relationships in PNM communities and committees (Focusing on communities with less PH presence, awareness, and visibility). *CHIP	All	Ongoing
		PNM staff is knowledgeable and understands the roles of public health, including but not limited to chief health strategist role, programs, services, and public health happenings.	Evaluate and compile a list of community partnerships/committees and strategize to maximize Public Health personnel resources (i.e. Spread staff out vs. multiple on one committee).	Codi, Amy, Aimee, Admin	Q2, Annually
			Share public health program updates at staff meetings to include public health happenings - all staff required annually to provide updates on *Hot*	All	Annually

			Topics/What's new?		
		Analyze marketing and outreach efforts. *(Is it reaching the intended target?)*	Implement/utilize marketing analytical tools (ex. *social media*).	Codi, Amanda, Aimee	Q4, 2020, ongoing
Funding	Ensure Financial Practices and Processes are Efficient and Innovative	Capitalize on financial reimbursements for public health services.	Provide organizational and program specific training and education on budget processes (i.e. reimbursement rates, how organization/programs are funded, and return on investment).	Directors, Lori, Karen	Q1, Annually, and as needed
		Maximize cost savings measures.	Evaluate current workflow and organizational/programs needs to maximize effective and efficient ways of yielding financial stability. (i.e.: *Identifying financial needs, utilization of different funding sources, telehealth*)	Admin	Ongoing
			Establish guidelines/organizational norms around maximizing county resources. (i.e.: county vehicle use, trainings, printing, technology, telehealth).	Admin	Q2, Annually
			Establish a grant writing and review team.	Admin	2021
		Continuously seek funding opportunities that support PNM/LPH Dept capacity, sustainability, and growth.	Identify and pursue emerging funding opportunities. *CHIP	All	Ongoing
			Identify funding needed to deliver Minimum Package of Public Health Services (foundational capabilities and	Sarah R.	Q4/2020; 2021

			other services provided in response to local needs). Provide updates, gather feedback, and educate staff on the outcomes of the assessment/planning around the work that state, local and tribal health is conducting regarding the cost of foundational public health capabilities.	Directors	2020, ongoing
Workforce	Develop and Support Our Team	Competent and engaged workforce that has the capacity to accomplish the *Mission and Vision* through our *Values*.	Explore and implement innovative retention strategies. Explore and implement innovative recruitment strategies. Update Job Descriptions (when we have position openings) to include Public Health Core Competencies. Orient new employees to public health agency and programs. Review new employee Onboarding Process/Checklist with current staff. Dedicate 1v1 staff time for checking-in, reflection, and coaching. Provide training and professional development tailored to meet agency and employee strengths, interests, and specific needs.	Directors Directors Directors All Directors All All	Q3, 2020 Q1, 2021 Ongoing Ongoing Q1, annually Ongoing Annually, ongoing

		Utilization of the *Workforce Development and Training Plan*.	Review and update the *Workforce Development and Training Plan*.	Directors	Annually
		Staff are knowledgeable and understand the cross-cutting foundational public health capabilities in support of all other programs and services the health departments provide.	Provide bi-yearly training on the *Foundational Public Health Responsibilities, Capabilities, and Foundational Areas* to distinguish foundational capabilities (shared) from core protections (funded distinctly via categorical funding, grants, or 3rd party billing).	Directors	2020, 2022 and 2024
		Enhance and support a culture of health and well-being.	Implement and enhance policy, systems and environmental (PSE) changes within health departments/counties to support employee health and well-being. *CHIP	Bethany, Kim	Ongoing
		Staff are ready to respond to PH emergencies.	Exercise Point of Dispensing (POD) Activation for PH Emergency Response.	Terri, Tammy, Directors	Q2, 2020
			Educate/train staff on Continuity of Operations Plan (COOP) (*including Priority Services, Orders of Succession, Delegation of Authority, etc.*)	Directors	Q2, 2021
Mission	Prevents. Promotes. Protects.	Staff are aware of current local and emerging health issues.	Monitor surveillance and disease trend data for new and emerging issues that impact the public's health.	Angel, Nan, Amy, Tammy, Kirsten,	Ongoing

		Act as the Chief Health Strategist to promote communities where all people have the opportunity to achieve their optimal health and well-being.	Educate staff on PH 3.0 (i.e. PSE focus, role of health strategist). *CHIP	Sarah K. Directors	2020, 2022, and 2024
			Deliver bi-yearly education, advocacy and lobbying staff training (NACCHO).	Directors, Melissa P.	2021, 2023
			Expand community conversations on what's needed to be healthy specifically discuss the impact of poverty on health and balancing Adverse Childhood Experiences/trauma and hope. *CHIP	Sue, Kim, Kirsten, All	Ongoing
			Collaborate, convene and participate in community initiatives to advance policy, systems and environmental (PSE) strategies that reduce health disparities and protect and improve the public's health. *CHIP	Kirsten, Kim, Angel, Amanda, All	Ongoing
			Intentional inclusion of individuals/communities most impacted in the decision-making process. *CHIP	All	Ongoing
		Increase capacity for PH disaster preparedness, response, and recovery.	Review and update PH emergency response plans for POD Activation.	Terri, Tammy, Directors	Q1/2, 2020; as needed
			Assess and identify Access and Functional needs of vulnerable populations for PH Emergency Response.	Terri, Tammy, Directors	Annually, Ongoing
			Review and revise the Continuity of Operations Plan (COOP).	Directors	Q2, 2021

		Staff are aware of and participate in efforts for *Strengthening Public Health in Minnesota.*	Educate and encourage staff to participate as requested in strengthening the public health system in MN by providing direction for strengthening the system, identifying and testing new ways of doing business and narrowing the gap between our current state and the foundational public health responsibilities.	Sarah R.	2020, ongoing
		PH Staff/Services adapt as community, diversity, and health and well-being needs change.	Conduct a *Community Health Assessment* at least once every five years.	Admin, SHIP	2022, ongoing
			Conduct a *Health Equity Data Analysis* (HEDA) to identify differences in health outcomes between population groups and describe the broader policy and systems factors that are significant contributors to those health inequities to provide direction for action to reduce health inequities.	Admin, SHIP	2020, 2022, as needed
			Convene partners, implement, and annually review and monitor our *Community Health Improvement Plan.* *CHIP	Directors, Angel, Kirsten	Annually, ongoing
			Examine agency opportunities and expectations for students (degree seeking, youth board, etc.)	Angel, Kathy G., Kirsten, Sarah K.	2021

Leadership	Ensure a Progressive Organization that Practices Collaborative, Supportive and Adaptive Leadership among all staff	Leadership is an expectation of all staff. *(Lead when we need to lead and follow when we need to follow.)*	Develop and demonstrate staff leadership skills.	All	Ongoing
			Participate in internal and external leadership opportunities. *CHIP	All	Ongoing
		Monitor and improve the implementation and goals of the cross jurisdictional sharing arrangement and for the individual participating organizations.	Review the *Center for Sharing PH Services Roadmap to Cross-Jurisdictional Sharing Initiatives* and complete *Phase 3 to Monitor and Improve* implementation of the PNM organization and shared services.	Directors	2020, 2023
Quality	Commit to a Culture of Performance Management (PM) and Continuous Quality Improvement (CQI)	Integrate PM and CQI into daily practice.	Provide annual PM/CQI staff training.	Angel, Sarah K.	Annually
			Provide training on Results-Based Accountability. *CHIP	Admin	2020, 2022
		Improve staff's engagement in facilitating change at the program, health departments, and governance board level.	Involve all staff in PM and CQI activities *(collecting, analyzing, and monitoring of data; reporting of PM/CQI; updating PM/CQI application and implementing QI when deemed necessary)*.	Angel, Codi, Sarah K.	Ongoing
		Use data to drive decisions.	Integrate PM/CQI as a standing agenda item at the program and organization level.	Leads, Director	Ongoing

		Track and monitor PM and CQI.	Assess PCPH and NMPH PM/CQI application needs and wishes (vendor, depth of data, timeline, funding, etc.)	Angel, Codi, Sarah K, Sarah R	Q1, 2020
			Select and launch a PM/CQI application. *CHIP	Angel, Codi, Sarah K	2020
			Provide training and expectations on PM/CQI application.	PM Team	2020
Technology	Utilize Technological Tools to Support Public Health Practice	Improve service delivery, streamline processes, and improve access to information.	Increase staff knowledge of technological resources available.	Terri, Angel, Aimee	Ongoing
			Implement ongoing internal technical trainings.	Terri, Angel, Sarah K.	Q2/Q4 annually
			Increase the use of Vidyo for telehealth and internal operations.	All	2020, ongoing
			Maximize skills and knowledge around social media platforms. *CHIP	Codi, Amanda, Aimee, All	Ongoing
			Engage/Re-engage local partners to optimize health information exchange with local partners.	Admin	Ongoing

			Evaluate and update policies, procedures and processes around technological tools and usage. (text messaging, telehealth, Health Information Exchange) Challenge MDH/DHS, etc. to update antiquated systems.	Admin All	Ongoing Ongoing

*CHIP = Strategic Plan strategies that are linked to the Community Health Improvement Plan.

VII. Monitor, Revising and Reporting

To assure goals are progressing, monitoring, and revising will be as follows:

1) **Monitoring work plan progress:**
   Two times a year, in Q1 (Jan-March) and Q3 (July-Sept) of each calendar year, the local Public Health Directors will review the action plan together and connect with lead staff listed to check progress completion and establish agreed upon next steps.

2) **Collecting, analyzing, and reporting on performance data:** Collect data on quarterly programmatic reports, PH-Doc reports, Strategic Plan action plan qualitative feedback and, in the future, on Performance Management software. The "I Statement" assessment aggregate responses will be reviewed in Q1 each year. Analyze data at quarterly PNM programmatic staff meetings, PCPH and NMPH staff meetings, Performance Management Team Meetings and PNM Administrative meetings.

3) **Engaging and communicating with stakeholders:**
   All staff will be involved and therefore aware of progress, as we have small health departments. When we launch a Performance Management application, we expect all staff to be actively involved. We conduct routine quality improvement efforts and will continue doing so in the future.

   Periodic updates to the local Boards of Health, Community Health Board and partnering entities/county collaboratives will be made by the local Public Health Directors.

4) **Revising the strategic plan as appropriate:**
   The Action Plan will be updated at least annually, in Quarter 4, of each calendar year.

VIII. Summary

This is a "living document" that establishes strategic direction for the organization while allowing for periodic changes during this ever-changing Public Health environment. This will permit better alignment with our Community Health Improvement Plan in order to fulfill our vision where all people have opportunities to achieve their optimal health and well-being.

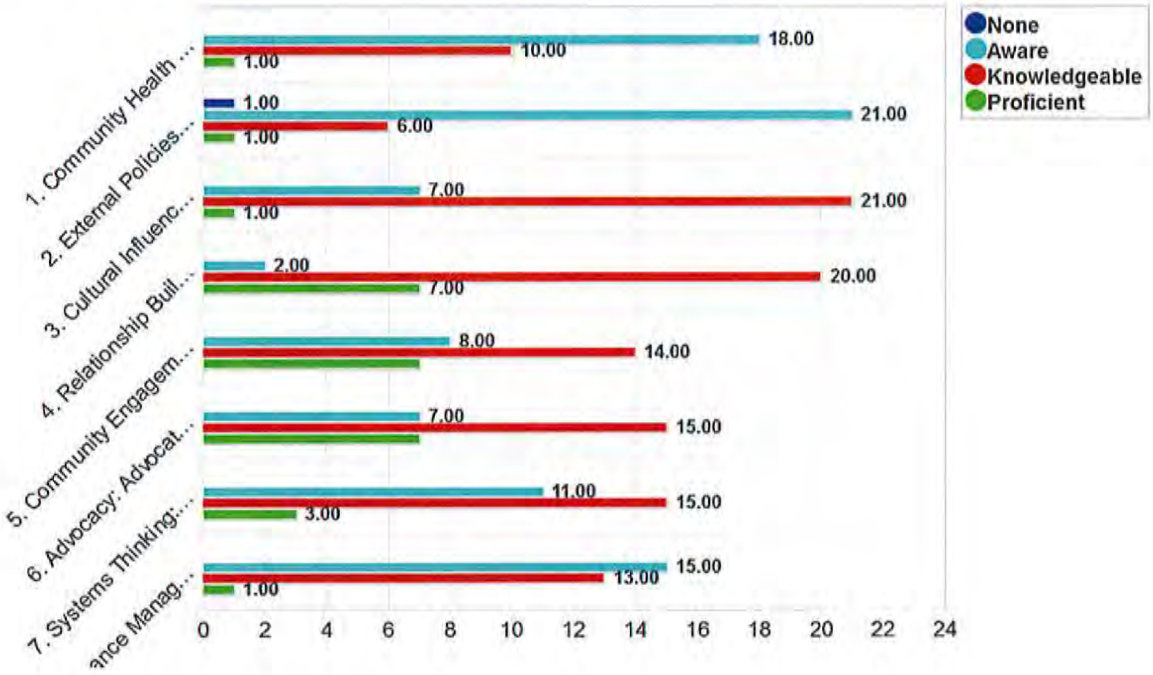
Appendix A-

Core Competency Assessment-Polk-Norman-Mahnomen (November 2018)

Type: Comprehensive Report/Date: 12/11/2018

Total number of responses collected: 29

For each of the competencies listed below, mark the answer based on the description that best describes your comfort level. Respondents could only choose a single response for each topic.



Appendix B- PNM SWOC - 2019

Strengths	Weaknesses
• Staff – Competent, experienced, innovative, passionate, dedicated, client focused, collaborative, supported, self-motivated, resourceful, staff liaisons, multiple skill sets; promote professional development • Staff representation on internal and external leadership opportunities • Team environment, flexibility • Forward thinking • Great partnerships- strong, trusted, invested and respected • Internal/external relationships, referrals and collaboration • Broad public health services • Courage to have difficult conversations • Funding - Budget minded, grant writing, creative, resourceful • Accountability • Encouragement for worksite wellness (ex. walking meetings/breaks, etc.)	• Limited staff time/capacity – multiple tasks/roles are competing for our time • More presence in some communities than others • Personal rigidity/resistance to change - change is/can be hard (There, we said it) • Technology- outdated programs (like Hubert/CATCH) that we are required to use • Continuity of services- what is available in each program, in each county/tribally enrolled? • Capacity of all staff to feel adequately prepared to respond to a PH emergency • Limited program surge capacity • Communication (can always be better) across programs/PNM • Not all staff know/understand funding sources • Some staff feel disconnected from clients when they haven't had the same/similar life experiences (ex. poverty/culture) • Lack of service providers (waivered) – homemaking, PCA, etc.
Challenges	**Opportunities**
• Funding- do more with less, categorical grant limitations, decreasing funding • Public perception/attitude of what PH is/does- articulating the value of what PH is/does in a meaningful way • Public distrust of science/misinformation (ex. vaccines) • Ruralness- geography, time, space, resources • Siloed programs/services • Constant change- programs, forms, partners, staff, technology (challenge and opportunity) • External (ex. MDH/DHS) rules result in missed opportunities for services (ex. WIC/C&TC) • Federal policy doesn't invite or promote innovation • Poor access to real time data (statewide, PH-Doc, Omaha) • Compassion fatigue • Environmental Health expertise/community needs • Hiring pool	• PH Branding/Awareness/Value • Diversity/Culture- continuous learning, framing messages, adaptability in service provision, equity lens • Communication – timing, multi-modes of messages • Align PH Foundational Capabilities with Agency • Development of new partnerships/sustaining partnerships • Leadership - shift conversation and accountability to "how can we ..." • Explore professions not currently employed: Environmental health expert role; client/community navigator role; childhood toxic stress/mitigating childhood trauma/hope and resilience expert role. • PM/CQI • Connect routinely with more youth • Clinic Time Days/Hours responsive/adapt to community needs • Co-location of PH services • PHEP- staff training and exercises • Enhance word of mouth referral and recognition • Customer/client feedback • Social Media • Workforce Talent Management

Changes in our county- over the next 5 years?

- Elderly/aging population/loss of related workforce
- Increased Diversity (culture, race/ethnicity, poverty, etc.)
- Mental Health and Well-being
- Stability of partnerships (community, schools, tribe, etc.)
- Balance of client and population-based services

How roles at PNM/PCPH/NMPH might shift?

- Environmental health
- Telehealth
- Client navigator role
- Client and population resiliency focus

What PNM/PCPH/NMPH will need to start, stop or continue to address its role in 5 years?

- PNM CHB- Cross Jurisdictional Sharing- Monitor and Improve
- All programs using electronic charting
- Data driven decision making
- Assess needs with each vacancy- less nurse availability/capacity to provide services requiring a nurse (ex. Immunizations)
- Coordination and communication (team effort) with social services
- Balance – direct services and primary prevention services
- Aging population – services/financial

How we might describe PNM/PCPH/NMPH in 5 years, if asked by a reporter?

- Innovative, forward thinking
- Healthy, positive work environment
- Leader in the state/region
- Commitment to community and partnerships
- Adaptable/flexible - Able to change focus as county/CHB needs change

Board of Commissioners

Polk County Government Center
612 N Broadway – Room 211
Crookston, MN 56716-1452

TO: POLK COUNTY BOARD OF COMMISSIONERS

FROM: Richard Sanders – County Engineer

MEETING DATE: ~~12-17-2019~~ 1/7/2020

AGENDA ITEM: 2020 Diesel Fuel Quotes

SUMMARY:

1. The abstract of quotes received to furnish Diesel Fuel for 2020 will be handed out at the meeting.
2. Lowest responsible quote is ~~Farstad Oil~~ Fertile Oil.
3. Received quotes until 4pm Friday December 13th.
4. Contacted Farstad Oil after awarding the quote to them on Dec 17, 2019. Was told that they had to decline the award because they are a wholesale supplier and it would be a conflict of interest for them to supply fuel to us.
5. So I contacted Fertile Oil, who was the 2nd low quote and they were able to supply fuel at their quoted amount.

ACTION REQUESTED: (INFORMATION ONLY/MOTION/RESOLUTION)

1. A motion by _____ seconded by _____ to award the Diesel Fuel Quote to Fertile Oil.

DIESEL FUEL QUOTE 2020																		
Vendor	Fuel Type	1st Quarter Jan, Feb, Mar (Gallons)	Unit Price	State Tax**	Total Cost	2nd Quarter: Apr, May, Jun (Gallons)	Unit Price	State Tax**	Total Cost	3rd Quarter: Jul, Aug, Sep (Gallons)	Unit Price	State Tax**	Total Cost	4th Quarter: Oct, Nov, Dec (Gallons)	Unit Price	State Tax**	Total Cost	Grand Total
Fertile Oil	Tanker #2	15,000	$2.090		$31,350.00	15,000	$2.120		$31,800.00	15,000	$2.120		$31,800.00	15,000	$2.150		$32,250.00	$127,200.00
Northdale Oil	Tanker #2	15,000	$2.110		$31,650.00	15,000	$2.145		$32,175.00	15,000	$2.130		$31,950.00	15,000	$2.120		$31,800.00	$127,575.00

Board of Commissioners

Polk County Government Center
612 N Broadway – Room 211
Crookston, MN 56716-1452

TO: POLK COUNTY BOARD OF COMMISSIONERS

FROM: Richard Sanders – County Engineer

MEETING DATE: 1/7/2020

AGENDA ITEM: Nielsville Bridge HAER Report Quote

SUMMARY:

1. Sent out quote information to many different consultants that perform History Reporting for Transportation Projects.
2. The HAER Report is required by both MN and ND State Historic Preservation Office in order to remove the existing bridge.
3. This same process was followed for the Thompson Bridge.
4. Received 2 quotes
5. Lowest Responsible Quote is Streamline Associates, LLC of Minneapolis, MN in the amount of $15,911.50
6. Traill County has already approved spending half and have submitted a check to Polk County already.

ACTION REQUESTED: (INFORMATION ONLY/MOTION/RESOLUTION)

1. A motion by _____ seconded by _____ to award the HAER Report Quote to Streamline Associates, LLC of Minneapolis, MN in the amount of $15,911.50.

Nielsville Bridge over Red River (Bridge 5767/49-129-10.0):
Proposal for Completing Historic American Engineering Record Documentation

Submitted by Charlene Roise, President
Hess, Roise and Company, 100 North First Street, Minneapolis, Minnesota 55401
612-338-1987 / roise@hessroise.com

October 31, 2019

Scope of Work

Task 1: Literature Review
We will look through previously completed studies on the bridge's history, examine files associated with the bridge at the Minnesota Department of Transportation (MnDOT) and the Minnesota State Historic Preservation Office, and check the collections of the Minnesota Historical Society for relevant materials. We will also review information in our in-house library on interstate highway bridge construction and truss bridge technology in the 1930s. Hess Roise files have good background on the development of interstate bridges during this era because we recently completed a book on the history of the 1931 truss bridge that spans the Saint Croix River between Wisconsin and Stillwater, Minnesota. A PDF copy of the book can be downloaded from MnDOT"s website:
https://www.dot.state.mn.us/historicbridges/bridge/4654/saga-stillwater-lift-bridge.pdf.

Task 2: Visit Site and Conduct Research
We will visit the bridge. Project historian Jenna Rempfert will record observations of physical conditions with field notes and digital photography. We will undertake research as needed at the Polk County Highway Department in Minnesota, the Traill County Highway Department in Hillsboro, the Polk and Traill county courthouses and historical societies, and local public libraries. We will also conduct research in Bismarck at the North Dakota Department of Transportation, North Dakota State Historic Preservation Office, and the State Historical Society of North Dakota.

This proposal anticipates that ten to twelve views will be required. These will range from general views showing the bridge in its physical setting to structural details. Jerry Mathiason will be our subcontractor for the photography, which will be done with a large-format (4" × 5") camera. He will process the negatives and produce the prints following archival standards. We have collaborated on numerous documentation studies with Jerry.

Task 3: Complete HAER Report
We will prepare and submit two original archival sets of the documentation following HAER guidelines. Each set will contain negatives in archival sleeves, prints on archival mount cards, and the historical narrative on archival paper. The narrative will generally adopt the HAER outline format for engineering structures. We assume that digital bridge plans are available and can be used as the drawings for the HAER submittal, printed on 8.5" × 11" or 11" × 17" archival paper.

Nielsville Bridge HAER Proposal
Hess, Roise and Company
October 31, 2019

Budget (not to exceed)

	Roise	*Historian*	*Researcher*	*Subtotal*	*Exp.*	*Total*
	Hours	*Hours*	*Hours*	*Hours*		
Task 1: Literature Review	6	40	16	62		
Task 2: Site Visit and Research	0	40	0	40		
Task 3: Complete Report	8	80	16	104		
Total hours	14	160	32	206		
Rate	$200	$125	$95			
Total labor	**$2,800**	**$20,000**	**$3,040**			**$25,840**
Photographer					$2,200	
Lodging and meals					$665	
Mileage, parking, copies					$1,200	
Total expenses						**$4,065**
Total cost						**$29,905**

Additional Services
This proposal assumes that it will not be necessary to produce measured drawings. Drawings were not required for the last major HAER documentation studies that we prepared (for dams and related hydroelectric facilities at the Grand Coulee and Hungry Horse projects). If drawings are required, our fee will be an additional $7,500–$15,000 per drawing, depending on the number of drawings and the level of detail. We will subcontract the work to an architectural firm with experience in creating HAER drawings.

Historical Consultants

The Foster House
100 North First Street
Minneapolis MN 55401

612 338-1987 phone
612 338-2668 fax
www.hessroise.com

Hess, Roise and Company

Hess Roise

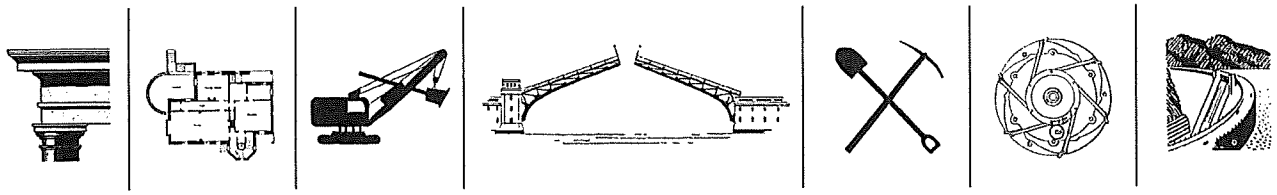
specializes in

- Cultural resource surveys
- Preservation planning
- Exhibits and other historical interpretation
- Historic structure and historic landscape reports
- Archival research
- Documentation studies including
  Historic American Buildings Survey (HABS) and
  Historic American Engineering Record (HAER)
- Section 106/Section 4(f) compliance
  and other environmental assessments
- National Register nominations
- Historic tax credit applications

With particular expertise in architectural history, social and intellectual history, and the history of technology, we have completed a broad variety of projects for public and private clients around the United States since the company's incorporation in 1990.

Our base of operation is the Foster House, a renovated 1880s building just a block from the Mississippi River in Minneapolis's historic warehouse district. We have an extensive in-house reference library and are in close proximity to academic, public, and private libraries and archives. These resources allow us to conduct research efficiently and effectively.

Our dedicated staff includes historians, architectural historians, and researchers. Charlene Roise has served as president since 1997 when the company's cofounder, Jeff Hess, retired. Holder of an advanced degree in Preservation Studies from Boston University, Charlene previously worked as a consultant to government agencies and private firms on the East Coast and in the Midwest. In addition to her historical training, Charlene has experience in commercial real estate sales and small business administration. Hess Roise qualifies as a woman-owned business and is certified by a number of government agencies.



REPRESENTATIVE BRIDGES

- HAER No. MI-16-A: Blue Water Bridge, Port Huron, MI, and Sarnia, Ontario
- HAER No. MN-58: Brosseau Road Bridge, Saint Louis County
- HAER No. MN-74: Etter Bridge, Dakota County
- HAER No. MN-75: Wabasha Street Bridge, Saint Paul
- HAER No. MN-85: Bridge 4759, Cannon Falls
- HAER No. MN-86: Bridge 4666, Redwood County
- HAER No. WI-31: Wagon Trail Road Bridge, Pierce County
- HAER No. WI-73: Shaw Farm Bridge, Rusk County
- HAER No. WI-74: Burt Parsons Bridge, Chippewa County
- HAER No. WI-95: Dunnville Bridge, Dunn County
- HAER No. WI-96: Meadow Hill Drive Bridge, Menomonie

REPRESENTATIVE DAMS

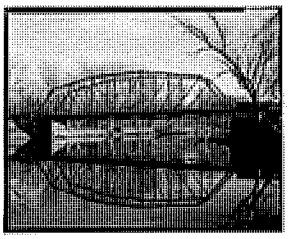
- HAER No. ID-16: Minidoka Dam, Cassia County
- HAER No. ID-27: Arrowrock Dam, Ada County
- HAER No. IL-127: Starved Rock Lock and Dam, La Salle County
- HAER No. WA-79: Kachess Dam, Kittitas County
- HAER No. WA-139: Columbia Basin Project, Grand Coulee Dam

REPRESENTATIVE INDUSTRIAL FACILITIES

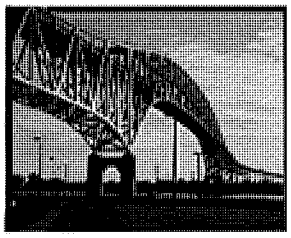
- HAER No. IA-41: Rath Meat Packing Plant, Waterloo
- HAER No. MN-37: Northwest Airways Hangar and Administration Building, Saint Paul
- HAER No. MN-57: Saint Anthony Elevator No. 3, Minneapolis
- HAER No. MN-92: Washburn-Crosby Grain Elevators No. 2 and No. 3, Minneapolis
- HAER No. MN-95: Mines Experimental Station, Minneapolis
- HAER No. NE-9: Offutt Air Force Base, Looking Glass Airborne Command, Bellevue
- HAER No. NE-10: South Omaha Union Stockyards

REPRESENTATIVE BUILDINGS AND COMPLEXES

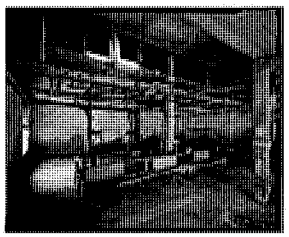
- HABS ID-103: Walcott Park, Lake Walcott, Cassia County
- HABS No. MN-56-AA - MN-56-GG: Fort Snelling Artillery Buildings, Minneapolis
- HABS No. MN-93: National Guard Armory, Minneapolis
- HABS No. MN-110-AG: Minneapolis Warehouse District-Foster House, Minneapolis
- HABS No. MN-123: Merriam Park Branch Library, Saint Paul
- HABS No. MN-133: Glen Lake Sanatorium, Hennepin County
- HABS No. MN-137: Ancient Order of United Workmen Building, Mazeppa
- HABS No. MN-146: Joyce Estate, Itasca County
- HABS No. MN-147: Rabideau Civilian Conservation Corps Camp, Beltrami County
- HABS No. MN-153 - MN-155: Commercial District, 109 and 111 W. Second St., Crookston
- HABS No. MN-157: Montgomery Ward and Company Northwestern Catalog House, Saint Paul
- HABS No. MN-158: Minneapolis-Saint Paul International Airport, Wold-Chamberlain Field
- HABS No. MN-159-A: Saint Olaf College, Men's Dormitory, Northfield
- HABS No. MN-160: Sumner Field Town Homes, Minneapolis
- HABS No. MN-161: Minnesota State Academy for the Blind, Faribault



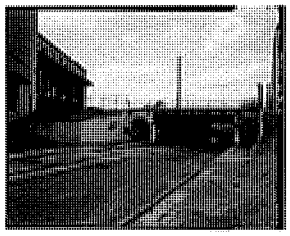
HAER No. MN-74
Etter Bridge (Bridge 740)
CSAH 68 over the Vermillion River
Hastings Vicinity
Dakota County, Minnesota
Jerry Mathiason, Photographer



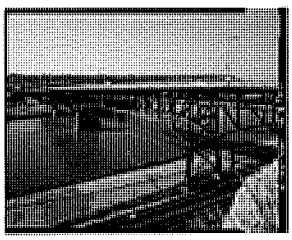
HAER No. MI-16-A
Blue Water Bridge
spanning the Saint Clair River at U.S. Interstates 69 and 94 and Canadian Route 402
Port Huron
Saint Clair County, Michigan
Clay Fraser, Photographer



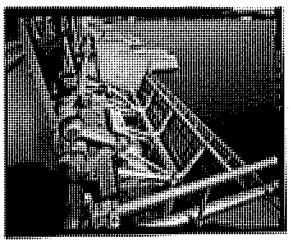
HAER No. IA-41
Rath Packing Company
Inedible Tank House (Building 89)
Sycamore Street between Elm and 18th Streets
Waterloo
Black Hawk County, Iowa
Jerry Mathiason, Photographer



HAER No. MN-92
Tenth Avenue Grade Separation
Washburn-Crosby Company Elevators No. 2 and 3
900 and 1000 Second Avenue South
City of Minneapolis
Hennepin County, Minnesota
Jerry Mathiason, Photographer



HAER No. MN-75
Wabasha Street Bridge
spanning the Misssissippi River Bridge at Wabasha Street
City of Saint Paul, Ramsey County, Minnesota
Burt Levy, Photographer



HAER No. IL-127
Detail of Tainter Gate
Starved Rock Locks and Dam
Illinois Waterway River Mile 231
Peru Vicinity
La Salle County, Illinois
Jerry Mathiason, Photographer

CHARLENE ROISE, President

Education
M.A., Historic Preservation, Boston University
B.A., History, American Studies, and German, St. Olaf College, Northfield, Minnesota
Certified Commercial-Investment Member (CCIM), Realtors National Marketing Institute

Distinctions
President's Award, Preservation Alliance of Minnesota
AIA Minnesota Special Award
Steve Murray Award, AIA-Minneapolis/Minneapolis HPC/Preserve Minneapolis
Leadership Fellowship, Bush Foundation, Saint Paul, Minnesota

Professional Experience
1990- Principal, Hess, Roise and Company

Professional Activities
Cultural Landscape Foundation (Board of Directors, 2002-)
Lambda Alpha International (Board of Directors, 2006-2014)
Artspace Projects, Inc. (Board of Directors, 1993-2004)
National Trust for Historic Preservation (Board of Advisors, 1992-2000)
Preservation Alliance of Minnesota (President, 1984-1986; Board of Directors, 1983-2000)
American Society of Landscape Architects (Associate Member)

Representative Projects
Historic Structures Report, Glensheen (Congdon Estate), Duluth
Historic-Architectural Survey and Determination of National Register Eligibility: Southwest Transitway Draft Environmental Impact Statement, Minneapolis
Section 106 Compliance, Como Park Bridge Rehabilitation, Saint Paul
Section 106 Compliance, Lowertown Ballpark, Saint Paul
National Register Evaluation, 293 Commercial Street, Saint Paul
Historic Tax Credit Application and Heritage Preservation Commission Certificate of Appropriateness, Rayette Lofts, Saint Paul
Section 106 Compliance, West River Road Mudslide, Minneapolis
Interpretive Plan Development and Implementation, Water Power Park, Hennepin Island, Minneapolis
Historic Context Report, Grand Rounds Park and Parkway System, Minneapolis
History of Saint Croix Crossings (book), Stillwater Minnesota/Houlton, Wisconsin

JENNA REMPFERT, Historian/Architectural Historian

Education
M.S., University of Edinburgh, Scotland, Architectural History and Theory
M.S., University of Minnesota, Architecture–Heritage Preservation and Conservation
B.A., University of Minnesota, Anthropology

Professional Experience

2019-	Historian, Hess, Roise, and Company
2016-2017	Cultural Resource Assistant, Mead and Hunt
2015-2017	Teaching Assistant, University of Minnesota School of Architecture
2014-2015	Archaeologist Technician II, 106 Group

Representative Projects at Hess Roise
Madison School Section 106 Assessment — Minneapolis, Minnesota
Lincoln Park Cultural Resources Survey Inventory Forms — Duluth, Minnesota
Third Avenue Bridge National Register Research —Minneapolis, Minnesota
Fremont Avenue Bridge over the Midtown Greenway, Minnesota Historic Property Record Documentation — Minneapolis, Minnesota
Fort Snelling Upper Post Rehabilitation Mapping — Minneapolis, Minnesota
Urban Renewal District Re-evaluation — Saint Paul, Minnesota

Streamline Associates

October 30, 2019

Richard Sanders
Polk County Engineer
820 Old Highway 75 S.
Crookston, MN 56716

Re: HAER Documentation for the Nielsville Bridge

Dear Mr. Sanders:

Streamline Associates, LLC (Streamline) proposes to complete Historic American Engineering Record (HAER) documentation for Bridge No. 49-129-10.0 (ND) / Bridge No. 5767 (MN), also known as the Nielsville Bridge. Polk County is planning to demolish and replace the bridge. Because the bridge has been determined eligible for listed in the National Register of Historic Places (NRHP), HAER documentation has been agreed upon as mitigation for the adverse effect, as stipulated in a Memorandum of Agreement (MOA) and in accordance with Section 106 of the National Historic Preservation Act of 1966, as amended (Section 106). Streamline proposes to complete the HAER documentation in two main tasks: a historical report and photographic documentation, both to the standards of HAER Level I.

Andrew Schmidt of Streamline will be the overall Project Manager and the Principal Investigator for developing the historical content for the HAER documentation, and Daniel Pratt of Arch³ LLC will complete the photography. A full cost breakdown is provided in Attachment A.

PROJECT TASKS

The HAER documentation will include a written narrative of the Recreation Building's significance, as well as large format photographic prints and negatives. Streamline will compile the HAER documentation for the Nielsville Bridge according to the HAER guidelines developed by the National Park Service (NPS). The written and photographic documentation will be completed according to the following tasks.

HAER Historical Report

Streamline will prepare a historical narrative that describes the Nielsville Bridge, its history and context, and the reasons for its historic significance. The narrative will include a detailed architectural description of the structure that states its overall design, materials, and notable architectural features, and that specifies its character-defining features.

It is anticipated that some historical research will be necessary to prepare the historic context and statement of significance because, although the bridge was evaluated for MnDOT, its NRHP eligibility is based on its place in North Dakota engineering history. In addition to the MnDOT study, we will consult previous bridge studies and contexts in North Dakota, and other

documentation related to the construction of the bridge. It is requested that the County provide engineering plans, correspondence files, and photographs related to the bridge that they may have on file. In addition, research may be conducted at the ND SHPO, the State Historical Society of North Dakota, and the University of North Dakota library for additional background information, as needed.

On-Site Photography and Photographic Processing

The photographic documentation will consist of perspective-corrected, large-format (4"x5" negatives) photography utilizing Ilford black-and-white film. Prints (4"x5") will be on double-weight, fiber-based acid-free photographic paper. The Principal Investigator will meet with the photographer prior to the photo shoot to confirm the number and locations of views to be documented.

Photographic views will include: a general view of the Nielsville Bridge and its setting; elevation and oblique views of the substructure and superstructure; and detailed views of the trusses, including upper, middle and lower chord joints, portals, and bracing. All negative film and prints will be archivally processed. Negatives will be placed in individual, acid-free, buffered storage sleeves and the prints will be attached to archival mount cards. The negative sleeves and mount cards will be labeled according to HAER guidelines. Production quality will conform to standards set by the *Photographic Specifications: Historic American Buildings Survey* (National Park Service 1989).

It is understood that engineering drawings of the bridge are available. These drawings will be photographically duplicated using the same standards as the structure photographs above. For legibility purposes, a set of 11"x17" inkjet prints will be produced in addition to the 4"x5" negatives and prints.

Deliverables

Streamline will submit a draft copy of the HAER documentation to the County for submittal to the MnDOT Cultural Resources Unit (CRU) for review. Upon receipt and review of comments, Streamline will submit a revised draft of the documentation for review by ND SHPO and NPS. Streamline will address comments received and then submit the final HAER documentation. Streamline will prepare two full archival sets of the final documentation for submittal to MnDOT CRU. In addition, if requested, xerographic copies will be submitted to the County. The final documentation package will include the following:

- Narrative description and history of the Nielsville Bridge
- Index to Photographs
- Two sets of 4"x5" black-and-white prints on archival mount cards
- Two sets of original 4"x5" negatives in archival sleeves
- Up to five sets of xerographic copies

Assumptions

The costs for the HAER documentation are based on the following assumptions. If conditions change, an amendment to the budget may be necessary.

- Photography will consist of up to 21 views resulting in archival prints.
- Photographic duplication will be prepared for up to 10 engineering plan sheets.
- Two sets of negatives and two sets of archival prints will be produced. Additional copies will be xerographic photocopies.

SCHEDULE

Assuming an executed contract is received by December 16, 2019, the first draft HAER documentation can be completed by March 13, 2020. It is assumed MnDOT CRU will need two weeks to review the documentation. Revisions to the draft and preparation of the final draft HAER documentation can be completed within two weeks of receipt of review comments or approximately April 15, 2020.

It is assumed that ND SHPO and NPS will need 30 days to review the documentation. Revisions to the final draft and preparation of the final documentation can be completed within two weeks of receipt of review comments or approximately June 1, 2020.

COSTS

Streamline proposes to complete Tasks 1 and 2 for a cost not to exceed $15,911.50. A detailed cost breakdown is included in Attachment A. It is proposed that reimbursement will be on a time-and-materials basis with a not-to-exceed amount. Monthly invoices will be submitted for costs incurred.

We look forward to working with you on this project. Should you have any questions, please do not hesitate to contact me.

Sincerely,

Streamline Associates, LLC

Andrew J. Schmidt
President

Attachment A. Costs

COST ESTIMATE

Nielsville Bridge HAER Documentation

CLIENT:	Polk County	ESTIMATED BY:	Andrew Schmidt
ADDRESS:			Streamline Associates
		DATE:	10/30/2019

Task - HAER Documentation

SUB TASK		STAFF	RATE	HOURS	MARK-UP	TOTAL
	Research	Andrew Schmidt	$100.00	24.00	1.00	$2,400.00
	Site Visit	Andrew Schmidt	$100.00	12.00	1.00	$1,200.00
	Historical Narrative	Andrew Schmidt	$100.00	40.00	1.00	$4,000.00
	Revisions to Draft Submittal	Andrew Schmidt	$100.00	10.00	1.00	$1,000.00
	Revisions and Final Submittal	Andrew Schmidt	$100.00	10.00	1.00	$1,000.00
					TASK 1 TOTAL:	**$9,600.00**

Task - Photography

SUB TASK		STAFF	RATE	HOURS	MARK-UP	TOTAL
	Photographs (see Arch3 costs)	Dan Pratt	$5,503.50	1.00	1.00	$5,503.50
					TASK 2 TOTAL:	**$5,503.50**

Expenses

EXPENSE		DESCRIPTION	COST	UNITS	MARK-UP	TOTAL
	Parking	Research	$6.00	5	1	$30.00
	Photocopies	Research	$0.25	100	1	$25.00
	Mileage	Research, site visit	$0.57	900	1	$513.00
	Per Diem	1 person @ 2 days	$30.00	3	1	$90.00
	Lodging	1 person @ 1 night	$75.00	2	1	$150.00
					EXPENSES TOTAL:	**$808.00**

SUMMARY OF ESTIMATED PROJECT COSTS

TASK		TOTAL
	Task - HAER Documentation	$9,600.00
	Task - Photography	$5,503.50
	Expenses	$808.00
	PROJECT TOTAL:	**$15,911.50**

LARGE FORMAT PHOTOGRAPHIC DOCUMENTATION OF
NORTH DAKOTA CSAH 1 BRIDGE 49-129-10.0
(MINNESOTA DEPARTMENT OF TRANSPORTATION BRIDGE 5767)
NIELSVILLE, POLK COUNTY, NORTH DAKOTA AND TRAILL COUNTY, MINNESOTA
TO THE STANDARDS OF
THE HISTORIC AMERICAN ENGINEERING RECORD - LEVEL I
ESTIMATE OF FEE FOR STREAMLINE ASSOCIATES

ESTIMATED DIRECT LABOR

Daniel R. Pratt, ASMP

Project Administration	$200.00
Travel Rate (75%)	$675.00
Large Format Documentary Photography	$1,600.00
Archival Negative Processing	$400.00
Archival Photograph Printing	$700.00
High-Resolution Negative Scan/Post-Processing	$400.00
Index to Photographs Preparation	$200.00
Negative Labeling/Print Labeling/Mount Card Preparation/Gold DVD Production	$500.00
SUBTOTAL ESTIMATED DIRECT LABOR:	*$4,675.00*

ESTIMATED DIRECT EXPENSES

		UNIT	RATE	
Lodging (2019 GSA Rate)	3	Night(s)	$96.00	$288.00
Meals (2019 GSA Rate)	2	Day(s)	$55.00	$110.00
Meals (First & Last Day of Travel 2019 GSA Rate)	2	Day(s)	$41.25	$82.50
Business Vehicle Use (2018 GSA Rate)	600	Miles	$0.58	$348.00
SUBTOTAL ESTIMATED DIRECT EXPENSES:				*$828.50*
TOTAL ESTIMATED FEE:				**$5,503.50**

ASSUMPTIONS

ARCH³, LLC will provide the following to Streamline Associates:

1. *Large Format Documentary Photography*

   Two (2) sets of twenty-one (21) perspective-corrected, large format (4" x 5") photographs of Bridge 49-129-10.0, including:

   Overall Bridge Views

   > One (1) image showing bridge's local context.
   > One (1) oblique image of bridge's northern elevation.
   > One (1) oblique image of bridge's southern elevation.
   > One (1) elevation image of concrete pier.
   > Two (2) elevation imagse of concrete abutments.
   > Three (3) images of representative upper chord joints.
   > Two (2) oblique images of representative middle chord joint groups.
   > Four (4) images of representative lower chord joints.
   > One (1) elevation image of representative truss portal opening, including end posts, portal strut, portal bracing, and roadway.
   > One (1) oblique image of representative truss top lateral and sway bracing.
   > Three (3) oblique images of representative panels on truss interiors, including railings and curbs.
   > One (1) image of the underside of bridge deck system.

   Two (2) sets of 4" x 5" negatives (Ilford Delta 100), processed to archival quality and sleeved in labeled archival envelopes.

   Two (2) sets of properly labeled 4" x 5" prints exposed on archivally-processed, double-weight, fiber-based photographic paper, mounted on labeled, slotted, 8-½" x 11" acid-free mount cards.

2. *Historical Plan Sheet Photoduplication*

   Two (2) sets of ten (10) large format (4" x 5") photographs of historical plan sheets provided in PDF format.

   Two (2) sets of ten (10) 4" x 5" negatives (Ilford Ortho), processed to archival quality, sleeved in labeled archival envelopes.

   Two (2) sets of ten (10) properly labeled 4" x 5" prints exposed on archivally-processed, double-weight, fiber-based photographic paper, mounted on labeled, slotted, 8-½" x 11" acid-free mount cards.

   Two (2) sets of pigment inkjet prints of each historical plan sheet on 11" x 17" archival bond paper.

3. *Index to Photographs*

   Two (2) copies of an *Index to Photographs* on acid-free bond. The *Index* will include the structure recorded, the photographer name, date of photography, and appropriate captions for each current photograph and historical plan sheet.

4. *Electronic Files*

   One (1) TIFF format file of all images, scanned at 2400 spi resolution from the 4" x 5" negatives.

   One (1) JPG format file of all images, downsampled to 400dpi from the TIFF files.

   One (1) PDF format file of the *Index to Photographs*.

   Two (2) standard DVDs containing all project materials in digital format.

   Two (2) gold DVDs containing all project materials in digital format.

All project communication will be with Streamline Associates.
Estimated costs are based on project task information provided by Streamline Associates.
All project deliverables will comply with the guidelines established by the Historic American Engineering Record.

POLK COUNTY SOCIAL SERVICES

612 North Broadway, Room 302, Crookston, MN 56716-1452
Phone (218) 281-3127 * Fax (218) 281-3926
Toll Free (877) 281-3127
www.co.polk.mn.us

DATE: January 7, 2020

TO: Polk County Board of Commissioners

FROM: Karen Warmack, Director

AGENDA ITEM: Replacement request for Case Aide position

SUMMARY: Replacement of Case Aide position in our long-term care unit. This position generates elderly waivered paraprofessional reimbursement for activities. The position works with the managed care programs and provides support to Social Workers.

ACTION REQUESTED: (MOTION)

Board approval to refill Case Aide position and any internal subsequent position vacancies occurring because of this action.

POLK COUNTY SOCIAL SERVICES

612 North Broadway, Room 302, Crookston, MN 56716-1452
Phone (218) 281-3127 * Fax (218) 281-3926
Toll Free (877) 281-3127
www.co.polk.mn.us

TO: Polk County Board of Commissioners

FROM: Karen Warmack, Director

MEETING DATE: January 7, 2020

AGENDA ITEM: Agreement with Polk County Collaborative

SUMMARY:

Agreement with Polk County Collaborative to provide supportive services for Polk County children and families.

ACTION REQUESTED: (INFORMATION ONLY/MOTION/RESOLUTION)

1. Approval of 2020 Agreement with Polk County Collaborative.

Polk County Collaborative

2020 Support Services Agreement

The following Agreement is between Polk County Social Services, host agency for the Polk County Collaborative, (a family services/children's mental health collaborative), serving Polk County Families, hereinafter referred to as the "Host Agency", and the Northwestern Mental Health Center, Inc., 603 Bruce Street, Crookston, MN 56716, hereinafter referred to as the "Center".

WHEREAS, The Polk County Collaborative serving Polk County children and families wishes to secure Collaborative support services from the Center; and

WHEREAS, The Center is willing to provide those services; and

WHEREAS, The Host Agency is interested in the purchase of Collaborative support services at the request of, and on behalf of, The Polk County Collaborative members;

NOW, THEREFORE, in consideration of the above, the Host Agency and the Center agree as follows:

1. **Term of Agreement**:

   The Agreement will begin on January 1, 2020 and terminate on December 31, 2020 or until the agreed upon hours and work is completed, whichever comes earlier. Either party may terminate this Agreement with 30 day's written notice to the other.

2. **Responsibilities of both parties**:

   a. Northwestern Mental Health Center ("Center")

      i. Provide/assign sufficient staffing support to complete the day-to-day business, facilitation, community organizing, research, and other assigned duties which may from-time-to time be assigned.
      ii. Provide a quarterly or annual description of the services provided.
      iii. Provide a monthly invoice at 1/12th of contract plus any additional incidental costs incurred.

   b. Polk County Social Services ("Host Agency")

      i. Serve as the agent for the Polk County Collaborative for the purposes of managing this Agreement.
      ii. Reimburse the Center for contract eligible services provided.
      iii. Coordinate closely with the Center for completion of State (DHS) reporting requirements.

3. **Cost of Services**:

The services to complete the day-to-day business, facilitation, community organizing, research, and other assigned duties which may from-time-to time be assigned will be provided at the rate of $50/hour in an amount not to exceed 300 hours for a total of $15,000.00. If the Host Agency, acting on behalf of the Collaborative, wishes to purchase additional services not described within the expected scope of this Support Services Agreement, it will be amended to reflect the additional request. Photocopying, meeting, travel and subscription costs or other costs which may, from time-to-time be required in addition to the billable hourly rate and as approved by the Polk County Collaborative Executive Board will be presented for payment as they occur.

4. **Safeguard of Client Information**:

a. The use or disclosure by any party of information concerning an eligible client in violation of any rules or confidentiality provided for in Laws of Minnesota and the Code of Federal Regulations, or for any purpose not directly connected with the Host Agency's or the Center's 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, in conformance with these laws and regulations.

b. HIPAA Requirements:

The Center will comply with Health Information Portability and Accountability (HIPAA) requirements necessary to protect individual identifying health information (IIHI). Use and disclosure will require that all IIHI be: appropriately safeguarded; and misuse of IIHI will be reported to the Host Agency; secure satisfactory assurances from any subcontractor; grant individuals access and ability to amend their IIHI; make available an accounting of disclosure; release applicable records to the Host Agency or Department of Social Services, if requested; and upon termination, return or destroy all IIHI in accordance with conventional record practices.

5. **Equal Employment Opportunity and Civil Rights and Nondiscrimination**:

The Center 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.

6. **Fair Hearing and Grievance Procedures**:

The Center agrees to provide for a fair hearing and grievance procedure in conformance with and in conjunction with the Fair Hearing and Grievance Procedures established by administrative rules of the State Department of Social Services.

7. **Provider Debarment, Suspension and Responsibility Certification**:

Current regulation may prohibit the Host Agency from purchasing goods or services with federal money from vendors who have been suspended or debarred by the federal government. Similarly, Minnesota Statues may provide the Commissioner of the Department of Administration with the authority to debar and suspend vendors who seek to contract with the State/ Center. Vendors may be suspended or debarred when it is

determined, through a duly authorized hearing process, that they have abused the public trust in a serious manner.

By signing this contract, the Center certifies that it and its principals* and employees:

a. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from transacting business by or with any federal, state or local governmental department or agency; and

b. Have not within a three-year period preceding this contract: 1) been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain or performing a public (federal, state or local) transaction or contract; 2) violated any federal or state antitrust statutes; or 3) committed embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements or receiving stolen property; and

c. Are not presently indicted or otherwise criminally or civilly charged by a governmental entity for: 1) commission of fraud or a criminal offense in connection with obtaining, attempting to obtain or performing a public (federal, state or local transaction; 2) violating any federal or state antitrust statues; or 3) committing embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements or receiving stolen property; and

d. Are not aware of any information or possess any knowledge that any subcontractor(s) that will perform work pursuant to this contract are in violation of any of the certification set forth above.

e. Shall immediately give written notice to the Host Agency should the Center come under investigation for allegations of fraud or a criminal offense in connection with obtaining, or performing: a public (federal, state or local government) transaction; violating any federal or state antitrust statues; or committing embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements or receiving stolen property.

*"Principals" for the purposes of this certification means officers, directors, owners, partners, and persons having primary management or supervisory responsibilities within a business entity (e.g.: general manager, plant manager, head of a subsidiary, division, or business segment, and similar positions).

8. **Bonding, Indemnity, and Audit Clause**:

a. Bonding: The Center shall, when deemed necessary by the Host Agency, obtain and maintain at all times, during the term of this agreement, a fidelity bond covering the activity of its personnel authorized to receive or distribute monies. Such bond shall be in the amount of $100,000.00.

b. Indemnity: The Center agrees that it will at all times indemnify and hold harmless the Host Agency from any and all claims, liability, loss, damages, costs or expenses which may be claimed against the Host Agency or Center by reason of personal injury, death or property damage to a service client arising out of or resulting from services provided by the Center on premises owned by or leased to the Center under a written lease

agreement or when such personal injury, death or property damage results from or arises out of the Center's negligence in performing services under this agreement, including negligence in transporting service clients vehicles owned or operated by the Center.

c. Insurance: The Center further agrees, in order to protect itself and the Host Agency under the indemnity provisions set forth above, to at all times during the term of this contract, have and keep in force a liability insurance policy in the amount of $1,000,000.00 for bodily injury or property damage to any one person and $3,000,000.00 for total injuries or damages arising from any one incident.

d. Audit: Unless otherwise agreed to by the Host Agency, the Center agrees that within 90 days of the close of its fiscal year an audit will be conducted by a Certified Public Accounting Firm which will meet the requirements of the Single Audit Act of 1984, P.L. 98-502 and the Office of Management and Budget Circular No. A-128. In any case, after completion of the audit, a copy of the audit report must be made available to the Host Agency, upon request.

9. **Other Conditions of the Parties' Obligations**:

a. Any alterations, variations, modifications, or waivers of provisions of this contract shall be valid only when they have been reduced to writing, duly signed, and attached to the original of this contract.

b. No claim for services furnished by the Center, not specifically provided in the contract, will be allowed by the Host Agency, nor shall the Center do any work or furnish any material not covered by the Agreement, unless this is approved in writing by the Host Agency. Such approval shall be considered to be a modification of the contract.

c. In the event that there is a revision of Federal and/or State regulations which might make this contract invalid/non-executable, all parties will review the contract and renegotiate those items necessary to bring the contract into compliance with the new Federal and/or State regulations.

10. **Subcontracting**:

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

11. **Independent Contractor**:

The Center guarantees that it has full legal rights to render the services provided for in this Contract and agrees that its status under this Contract is that of an independent contractor, and Host Agency agrees that the Center shall have full control of the method and manner of performing the services set forth herein, in accordance with the terms hereof. The Center agrees that nothing herein contained is intended or should be construed in any manner as established or creating the relationship of co-partners between the Host County and Center, or as constituting the Center as the agent, representative or employee of the Host Agency for any purpose or in any manner whatsoever. The Center is to be and shall remain an

independent contractor with respect to all services performed under this Contract. The Center represents that it has, or will secure at its expense, all personnel required in performing services under this Contract. Any and all personnel of the Center or other person, while engaged in the performance of any work or services required by the Center under this Contract, shall have no contractual relationships with the Host Agency and shall not be considered employees of the Host Agency and any and all claims that may or might arise under the Workers' Compensation Act of any State on behalf of any such person or personnel arising out of employment against the Center shall in no way be the responsibility of the Host Agency. The Center does hereby hold the Host Agency harmless.

12. **Miscellaneous**:

Entire Contract:

It is understood and agreed that the entire contract of the parties is contained herein and that this contract supersedes all oral agreements/contracts and negotiations between the parties relating to the subject matter hereof, as well as, any previous contracts presently in effect between the Center and any Host Agency relating to the subject matter hereof.

BY _____ _____

Chair, Polk County Board Date

BY Karen Warmack 12-18-2019

Karen Warmack, Director Date
Polk County Social Services

BY _____ _____

Shauna Reitmeier, Executive Director, Date
Northwestern Mental Health Center, Inc.

Approved As To Form and Execution

_____ _____

Greg Widseth, Polk County Attorney Date

POLK COUNTY SOCIAL SERVICES

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Toll Free (877) 281-3127
www.co.polk.mn.us

TO: Polk County Board of Commissioners

FROM: Karen Warmack, Polk County Director

MEETING DATE: January 7, 2020

AGENDA ITEM: Contract for transportation and senior companion program with Tri-Valley.

SUMMARY:

Contract to provide caring companion program for elderly residents in Polk County. Contract also providers transportation services to and from community resources and facilities.

ACTION REQUESTED: (INFORMATION ONLY/MOTION/RESOLUTION)

1. Board approval of 2020 contract with Tri-Valley to provide senior companion program and transportation services.

POLK COUNTY SOCIAL SERVICE AGENCY

PURCHASE OF SERVICE
AND LEAD COUNTY CONTRACT

The Polk County Social Services, 612, North Broadway, Room 302, Crookston, MN 56716, hereafter referred to as the "Lead County" and, Tri Valley, Inc., 102 N. Broadway, Crookston, MN 56715, hereafter referred to as the "Provider", enter into this Contract effective for the period beginning January 1, 2020 through December 31, 2020 regardless of the date of the signatures hereunder, unless sooner terminated or unless extended, as provided herein.

WITNESSETH

WHEREAS, the County of Polk has designated the Agency to provide and/or secure Transportation and Senior Companion (Caring Companion Program) services pursuant to current relative Minnesota Statutes and Minnesota Rules; and

WHEREAS, the Agency, pursuant to current relative Minnesota Statutes, wishes to purchase such services for eligible clients from the Provider; and

WHEREAS, the Provider represents that it is duly qualified and willing to perform such services; and

WHEREAS, the Agency and the Provider, according to current relative Minnesota Statutes and Rules, understand that this agreement serves as a host county agreement for services purchased by financially responsible agencies of other counties and reservations, which may place eligible clients with the Provider;

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

1. Provider's Duties:

   a. The Agency agrees to purchase and the Provider agrees to furnish any and/or all of the services identified in Exhibit A.

   b. In compliance with current relative Minnesota Rules, the Provider agrees to provide as requested:

      1) An explicit description of the services to be provided;

      2) A description of the staffing including job descriptions and professional qualifications of personnel;

3) An organization chart;

4) The licensed program capacity;

5) Program content; and

6) Program budget.

c. The Provider 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 Purchased Services. Upon notification, the Agency shall determine whether such inability will require modification or cancellation of said contract.

2. Costs and Delivery of Purchased Services:

a. Payment for Purchased Services shall be made through state and county funding, per Exhibit B.

b. The Provider certifies that payment claims for Purchased Services will be in accordance with the rates of payments and amounts authorized by the Agency, or by the county or reservation of financial responsibility. Provider agrees to submit all charges in a form and manner acceptable to the Agency.

c. Purchased services will be provided in the community.

3. Eligibility of Services:

The parties understand and agree that eligibility of the client to receive the Purchased Services is to be determined in accordance with eligibility criteria established by current relative Minnesota Statutes and current relative Minnesota Rules.

The parties understand and agree that the Agency, or the county or reservation of financial responsibility, shall determine preliminary and final client eligibility in accordance with the assessment criteria of current relative Minnesota Rules and the eligibility criteria of current relative Minnesota Rules.

The parties understand and agree that when the Agency, or a county or reservation of financial responsibility, refers eligible clients to the Provider for services.

a. It is understood and agreed by the parties that, for eligible clients, clients and responsible relatives shall have fees charged and collected in accordance with the policies and procedures adopted by the Commissioner of Human Services in accordance with the provisions of current relative Minnesota Statutes.

b. The Provider shall not charge any program or service fee to eligible clients, nor shall the Provider seek reimbursement for services from a client's responsible relative or third-party payment sources.

c. The Agency or County of Financial Responsibility shall notify the Provider of the units of service to be provided and of the dates of service, which is in the format of the DHS letter previously mentioned.

d. The Provider will obtain Agency or CFR approval prior to any provision of services in excess of the units, costs, or dates of service authorized by the Agency or CFR.

e. The Provider shall notify the Agency or CFR and the client whenever the Provider proposes to terminate service(s) to a client. The notice must be made at least 48 hours prior to the proposed date of termination of service(s). The Provider shall not discharge or terminate services to a client prior to the proposed date unless delay would seriously endanger the health, safety, or wellbeing of other clients.

f. The Provider shall establish written procedures for terminating services to a client in accordance with current relative Minnesota Rules.

4. Payment for Purchased Services:

Certification of expenditures: The Contractor must, within fifteen working days following the last day of each calendar month, submit a standard invoice for social services purchased to the Polk County Social Services Agency. The Invoice (also referred to as a vendor service voucher) must show: (1) The clients name (2) Contractor name and address (3) service dates(s) (4) total service costs for client for the invoice billing period (5) when possible the provider and client signature.

b. Billing Invoices need to be completed within State guidelines, and be submitted in a timely manner, as suggested by the contracting agency.

5. Audit and Record Disclosures:

The Provider shall:

a. Send the following financial, statistical and service reports to the Agency or CFR as requested:

1. The number of individuals served in each target population;

2. The number of units of each service provided to each client;

3. The age, race and sex of each client;

4. The type of services provided to each client;

5. The cost of unit of service;

b. Provide Notes and Discharge Summaries as requested:

c. Participate in any required client information system and comply with the reporting requirements of current relative Minnesota rules.

d. Allow personnel of the Agency, the Minnesota Department of Human Services, and any other relevant agency/department access to the Provider's facility and records at reasonable hours to exercise their responsibility to monitor purchased services.

e. Maintain all records pertaining to the contract at 102 N. Broadway, Crookston, MN 56716 for ten years for audit purposes.

f. Cooperate with the monitoring procedures of the Minnesota Department of Human Services established pursuant to current relative Minnesota Statues.

6. Safeguard of Client Information:

The use or disclosure by any party of information concerning an eligible client in violation of any rules or confidentiality provided for in Laws of Minnesota and the Code of Federal Regulations, or for any purpose not directly connected with the Agency's or Provider's 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, in conformance with these laws and regulations. Jason Carlson is designated responsible for compliance with Minnesota Data Privacy Act.

HIPAA

HIPPA Protocol - The Contractor provides assurances to the County that it will comply with Health Information Portability and Accountability Act (HIPPA) requirements necessary to protect individual identifying health information (IIHI).
Use and disclosure will require that all IIHI be: appropriately safeguarded; any misuse of IIHI will be reported to the County; secure satisfactory assurances from any subcontractor; grant individuals access and ability to amend their IIHI; make available an accounting of disclosures; release applicable records to the County or Department of Human Services if requested; and upon termination, return or destroy all IIHI in accordance with conventional record destruction practices.

7. Equal Employment Opportunity and Civil Rights and Nondiscrimination:

(When applicable) the Provider certifies that it has received a certificate of compliance from the Commissioner of Human Rights or its equivalent pursuant to current relative State Statutes.

8. Fair Hearing and Grievance Procedures:

The Agency agrees to provide for a fair hearing and grievance procedure in conformance with current relative Minnesota Rules and current relative Minnesota Statutes.

9. Provider Debarment, Suspension and Responsibility Certification:

Current regulation may prohibit the State/Polk County Social Services from purchasing goods or services with federal money from vendors who have been suspended or debarred by the federal government. Similarly, Minnesota Statutes may provide the Commissioner of the Department of Administration with the authority to debar and suspend vendors who seek to contract with the State/Polk County Social Services. Vendors may be suspended or debarred when it is determined, through a duly authorized hearing process, that they have abused the public trust in a serious manner.

By signing this contract, the Provider certifies that it and its principals* and employees:

a. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from transacting business by or with any federal, state or local governmental department or agency; and

b. Have not within a three-year period preceding this contract: 1) been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain or performing a public (federal, state or local) transaction or contract; 2) violated any federal or state antitrust statutes; or 3) committed embezzlement, theft, forgery, bribery, falsification or destruction or records, making false statements or receiving stolen property; and

c. Are not presently indicted or otherwise criminally or civilly charged by a governmental entity for: 1) commission of fraud or a criminal offense in connection with obtaining, attempting to obtain or performing a public (federal, state or local) transaction; 2) violating any federal or state antitrust statutes; or 3) committing embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements or receiving stolen property; and

d. Are not aware of any information or possesses any knowledge that any subcontractor(s) that will perform work pursuant to this contract are in violation of any of the certifications set forth above.

e. Shall immediately give written notice to the Agency should Provider come under investigation for allegations of fraud or a criminal offense in connection with obtaining, or performing: a public (federal, state or local government) transaction; violating any federal or state antitrust statutes; or committing embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements or receiving stolen property.

* "Principals" for the purposes of this certification means officers; directors; owners; partners; and persons having primary management or supervisory responsibilities within a business entity (e.g. general manager; plant manager; head of a subsidiary, division, or business segment and similar positions).

10. Bonding, Indemnity, and Audit Clause:

a. Bonding: The Provider shall, when deemed necessary by the Agency, obtain and maintain at all times, during the term of this agreement, a fidelity bond covering the activity of its personnel authorized to receive or distribute monies. Such bond shall be in the amount of N/A.

b. Indemnity: The Provider agrees that it will at all times indemnify and hold harmless the Agency from any and all claims, liability, loss, damages, costs or expenses which may be claimed against the Agency or Provider by reason of personal injury, death or property damage to a service client arising out of or resulting from services provided by Provider on premises owned by or leased to Provider under a written lease agreement or when such personal injury, death or property damage results from or arises out of the Provider's negligence in performing services under this agreement, including negligence in transporting service clients vehicles owned or operated by the Provider.

c. Insurance: The Contractor further agrees, in order to protect Itself as well as the Department and the County under the indemnity contract provision set forth above, it will at all times during the term of the Contract have and keep in force a general liability insurance policy in the amount of $500,000 for bodily injury or property damage to any one person and in the amount of $1,500,000 for total injuries or damages arising from any one occurrence. See Minnesota Statues, Section 3.736, Subd. 4 (c). The County and Department must both be named as additional insured and shall be sent a current certificate of insurance on an annual basis. The Contractor must also maintain worker's compensation insurance per Minnesota statutory requirements. If applicable, the Contractor must also maintain professional liability insurance with a minimum aggregate amount of $1,000,000.

11. Conditions of the Parties' Obligations:

a. This agreement may be canceled by either party at any time, with or without cause, upon 30 day notice, in writing, delivered by mail or in person.

b. Before the termination date specified in Section 1 of this agreement, the Agency may evaluate the performance of the Provider in regard to terms of this agreement to determine whether such performance merits renewal 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. No claim for services furnished by the Provider, not specifically provided in the agreement, will be allowed by the Agency, nor shall the Provider 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 this agreement.

e. 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.

12. Subcontracting:

The Provider shall not enter into subcontracts for goods and services contemplated under this agreement without written approval of the Agency. All subcontracts shall be subject to the requirements of this contract. The Provider shall be responsible for the performance of any subcontractor.

13. Independent Contractor:

Provider guarantees that it has full legal rights to render the services provided for in this Contract and agrees that its status under this contract is that of an independent contractor, and County agrees that Provider shall have full control of the method and manner of performing the services set forth herein, in accordance with the terms hereof. Provider agrees that nothing herein contained is intended or should be construed in any manner as established or creating the relationship of co-partners between the County and Provider, or as constituting Provider as the agency, representative or employee of County for any purpose or in any manner whatsoever. Provider is to be and shall remain an independent contractor with respect to all services performed under this Contract. Provider represents that it has, or will secure at its expense, all personnel required in performing services under this Contract. Any and all personnel of Provider or other person, while engaged in the performance of any work or services required by Provider under this Contract, shall have no contractual relationships with County and shall not be considered employees of County and any and all claims that may or might arise under the Workers' Compensation Act of any State on behalf of any such person or personnel arising out of employment against Provider shall in no way be the responsibility of County. Provider does hereby hold County harmless and agrees to defend County from any and all such claims by

persons associated with or engaged by Provider. Such personnel and/or other persons shall not require nor be entitled to any Compensation, Unemployment Compensation, severance pay or PERA from County by reason of Provider's operations under this Contract or the use of any process, equipment, machinery, or material in furnishing of the same.

14. Miscellaneous:

a. Entire Agreement: 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 any county social services agency relating to the subject matter hereof.

Attachment "A"

Tri-Valley Opportunity Council
102 N. Broadway
Crookston, MN 56716

BRASS	Service
1160	Transportation Provision of travel and escort to and from community resources and facilities.
3160	Transportation Provision of travel and escort to and from community resources and facilities.
4160	Adult Transportation Provision of travel and escort to and from community resources and facilities.
5160	Transportation Provision of travel and escort to and from community resources and facilities.
6160	Transportation Provision of travel and escort to and from community resources and facilities.
6220	Companion Services (Caring Companion Program) Non-medical care, supervision, and oversight provided to a functionally impaired adult including assistance with such tasks as meal preparation, laundry, and shopping that are not performed as discrete tasks. Light housekeeping tasks incidental to the care and supervision of a recipient may also be provided. These services do not include hands-on medical or personal care, but do include supervision and access to community services.

Attachment "B"

Tri Valley Opportunity Council, Inc.
102 N Broadway
Crookston, MN 56716

Access Service Common Carrier Transportation Rates for Medical Assistance (MA) Clients (Non-Waiver) and County Funded Clients:

A0100	Taxi or equivalent, Curb to Curb	$11.00 base payment (pick-up)
S0215*	Unassisted Transport Mileage	$1.30 per mile

Meals, lodging, and parking fees will be reimbursed as reasonable costs of related travel expenses as defined in the Polk County Health Care Access Services Biennial Plan.

All County reimbursed transports that involve more than one client will be paid at $11.00 per additional client rider base rate for each ride.

The rate for no show will be at the current IRS rate of reimbursement for the miles driven or the in-town rate charge of $8.00. This will depend where the driver/ride is from.

Contractor agrees to administrate and coordinate authorized client access transportation through the most appropriate and cost effective method of transportation available.

No payments for transportation will be made for services provided to Prepaid Medical Assistance Plan (PMAP) or MN Sure enrollees eligible for reimbursement through a Managed Care Organization, or where any private pay or other third party reimbursement is available.

Bus service for local transportation will be within the city of Crookston will be paid at $2.00 per trip or $4.00 per round trip for requested non-same day transportation. Requested same day transportation will be paid at $3.00 per trip or $5.00 per round trip. A trip cost of $2.00 per trip will be paid for clients that schedule and fail to ride. Transportation available for rural routes will be billed at the scheduled rural route rate.

HCPC	BRASS	Service	Rate	Funding
	6220	Caring Companion	$1.00/hour	County

APPROVED AS TO FORM AND EXECUTION

DATED:_____, 20____

_____
Gregory A. Widseth
County Attorney

BY Karen Warmack
Karen Warmack
Director, County Social Service Agency

DATED: 1-2, 20 20

BY_____
Chairperson, Social Service Board

DATED:_____, 20_____

BY_____
Authorized Representative of Provider Agency

DATED:_____, 20_____

Board of Commissioners

Polk County Government Center
612 N Broadway – Room 211
Crookston, MN 56716-1452
Phone: (218) 281-5408
Fax: (218) 281-3808
www.co.polk.mn.us

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DON DIEDRICH, CHAIR, Warren

COUNTY ADMINISTRATOR
CHARLES S. WHITING

TO: POLK COUNTY BOARD OF COMMISSIONERS

CHUCK WHITING, POLK COUNTY ADMINISTRATOR

FROM: Mark Dietz, Director, Polk County Facilities Management Department

MEETING DATE: 1/7/2020

AGENDA ITEM: Board Authorization to Fill Custodian I Position

SUMMARY: Seeking Board authorization to fill Custodian I Position approved in the 2020 budget.

1) Oral request by Mark Dietz

ACTION REQUESTED: (INFORMATION ONLY/MOTION/RESOLUTION)
Motion approving the filling of a Custodian I position in the Facilities Management Department.

Board of Commissioners

Polk County Government Center
612 N Broadway – Room 211
Crookston, MN 56716-1452

TO: POLK COUNTY BOARD OF COMMISSIONERS
CHUCK WHITING, POLK COUNTY ADMINISTRATOR

MEETING DATE: January 7, 2020

FROM: Sheriff James Tadman

AGENDA ITEMS:

1. Resolution (2020-07) Accepting Financial Donations From Erskine Commercial Club On Behalf Of Polk County Sheriff's Office

SUMMARY:

Polk County Sheriff's Office Posse received $500.00 donation from the Erskine Commercial Club. The Posse helped with parking and crowd control during the Erskine Carnival in June 2019

ACTION REQUESTED:
Approve attached Resolution (2020-07)

RESOLUTION OF THE POLK COUNTY
BOARD OF COMMISSIONERS

Resolution Accepting Financial Donations From Erskine Commercial Club On Behalf Of Polk County Sheriff's Office

RESOLUTION (2020-07)

The following resolution (2020-07) was offered by Commissioner:

WHEREAS, Erskine Commercial Club has made a financial donation of $500.00 to support the Polk County Mounted Posse in Polk County; and

WHEREAS, Polk County Sheriff's Office, wishes to have the County Board formally accept these financial donations on behalf of Polk County Sheriff's Office and put towards the Polk County Mounted Posse.

NOW THEREFORE BE IT RESOLVED, By the County Board of Polk County, Minnesota as follows:

1. The financial donations from Erskine Commercial Club, which is listed above, hereby are accepted by the Polk County Board of Commissioners on behalf of the Polk County Sheriff's Office and used for Polk County Posse.

Commissioner seconded the foregoing resolution and it was declared adopted upon the following vote. YEAS: NAYS:

STATE OF MINNESOTA)
) ss
COUNTY OF POLK)

I, Charles S. Whiting, County Administrator to and Clerk of the Polk County Board of Commissioners do hereby certify that I have compared the foregoing resolution with the original resolution filed in my office on the 7th day of January, 2020, and that the same is a true and correct copy of the whole thereof.

WITNESS my hand and Official Seal of Polk County at Crookston, Minnesota this 7th day of January, 2020.

_____
Charles S. Whiting, County Administrator
Clerk of the Board

Board of Commissioners

Polk County Government Center
612 N Broadway – Room 211
Crookston, MN 56716-1452

TO: POLK COUNTY BOARD OF COMMISSIONERS

CHUCK WHITING, POLK COUNTY ADMINISTRATOR

FROM: Michelle M. Cote, Director of Property Records

MEETING DATE: January 7, 2020

AGENDA ITEM: Extension Committee Appointee.

SUMMARY:

- Extension Committee Member - Commissioner District V Appointee Brad Grunhovd

  Mr. Grunhovd was appointed on January 22, 2017 to complete the term formerly held by Paul Aakre. He is willing to continue to service. This term is 3 years and will end on December 31, 2022.

ACTION REQUESTED: (INFORMATION ONLY/MOTION/RESOLUTION)

Motion to appoint committee member

Board of Commissioners

Polk County Government Center
612 N Broadway – Room 211
Crookston, MN 56716-1452

TO: POLK COUNTY BOARD OF COMMISSIONERS

CHUCK WHITING, POLK COUNTY ADMINISTRATOR

FROM: Michelle M. Cote, Director of Property Records

MEETING DATE: January 7, 2020

AGENDA ITEM: Election Equipment Grant Application Resolution

SUMMARY:

- Authorization to apply for 2020 Election Equipment Grant Funds

ACTION REQUESTED: (INFORMATION ONLY/MOTION/RESOLUTION)
Resolution – See Attached.

RESOLUTION OF THE POLK COUNTY
BOARD OF COMMISSIONERS

RESOLUTION (2020-05)

Minnesota Voting Equipment Grant

The following resolution (2020-05) was offered by Commissioner:

WHEREAS, The Polk County Board of Commissioners has the authority and responsibility to approve the grant application and submittal for Minnesota's Voting Equipment Grant to the Office of the Minnesota Secretary of State for election equipment

WHEREAS, The 2019 Legislature authorized an additional $2 million in grant funding available to counties, cities, towns, and school districts to assist with the purchase of voting equipment. The legislature authorized the use of these funds to offset up to 50% of optical scan precinct counters, optical scan central counters, or assisted voting devices; or up to 75% of electronic rosters pursuant to Minnesota Laws. 2017, 1st Spec. Sess., Chap 4, Art 3 § 17.

WHEREAS, Applications must be received by the Office of the Minnesota Secretary of State.

THEREFORE BE IT HEREBY RESOLVED, The Director of Property Records/Election Administrator is hereby authorized to submit a grant application on behalf of Polk County for the replacement of election equipment.

Commissioner seconded the foregoing resolution and it was declared adopted upon the following vote. YEAS: NAYS:

STATE OF MINNESOTA)
) ss.
COUNTY OF POLK)

I, Charles S. Whiting, County Administrator to and Clerk of the Polk County Board of Commissioners do hereby certify that I have compared the foregoing resolution with the original resolution filed in my office on the 7th day of January 2020 and that the same is a true and correct copy of the whole thereof.

WITNESS my hand and Official Seal of Polk County at Crookston, Minnesota this 7th day of January 2020.

_____
Charles S. Whiting
County Administrator
Clerk of the Board

Board of Commissioners

Polk County Government Center
612 N Broadway – Room 211
Crookston, MN 56716-1452

TO: POLK COUNTY BOARD OF COMMISSIONERS

FROM: CHUCK WHITING, POLK COUNTY ADMINISTRATOR

MEETING DATE: January 7, 2020

AGENDA ITEM: Capital Improvement Plan – Public Hearing and Resolution 2020-06 Approving CIP and Issuing Bonds

SUMMARY: Continuation of the CIP public hearing, closure of the hearing, and consideration of Resolution 2020-06.

1. The Board is continuing the public hearing from the December 17, 2019 meeting first, and then closing the hearing once comments have been taken, if any.

2. The Board then is asked to approve Resolution 2020-06 approving the CIP plan and issuing bonds for the projects as listed. PFM will handle the bond sale with the award scheduled for a February Board meeting.

3. The main project in the CIP, the remodeling of the East Grand Forks building has had notice given for the submittal of bids. These are due January 21 with Board consideration for award January 28.

ACTION REQUESTED:

1. Continue the public hearing.

2. Close the public hearing once all comments have been taken.

3. Approve Resolution 2020-06 approving the capital improvements plan and authorizing the sale of bonds

CERTIFICATION OF MINUTES RELATING TO
CAPITAL IMPROVEMENT PLAN AND GENERAL OBLIGATION
CAPITAL IMPROVEMENT PLAN BONDS

Issuer: Polk County, Minnesota

Governing body: Board of County Commissioners

Kind, date, time and place of meeting: A regular meeting held at 8:00 a.m. on January 7, 2020 in the County Commissioners Room at the Polk County Government Center.

Commissioners present:
Commissioners absent:

Documents attached: Minutes of said meeting (pages):

RESOLUTION (2020-06)

RESOLUTION APPROVING THE 5-YEAR CAPITAL IMPROVEMENT PLAN AND AUTHORIZING THE ISSUANCE AND SALE OF GENERAL OBLIGATION CAPITAL IMPROVEMENT PLAN BONDS

I, the undersigned, being the duly qualified and acting recording officer of the public corporation issuing the bonds referred to in the title of this certificate, certify that the documents attached hereto, as described above, have been carefully compared with the original records of said corporation in my legal custody, from which they have been transcribed; that said documents are a correct and complete transcript of the minutes of a meeting of the governing body of said corporation, and correct and complete copies of all resolutions and other actions taken and of all documents approved by the governing body at said meeting, so far as they relate to said bonds; and that said meeting was duly held by the governing body at the time and place and was attended throughout by the members indicated above, pursuant to call and notice of such meeting given as required by law.

WITNESS my hand officially as such recording officer on January 7, 2020.

_____
Charles S. Whiting, County Administrator
Clerk of the Board

RESOLUTION OF THE POLK COUNTY
BOARD OF COMMISSIONERS

RESOLUTION (2020-06)

RESOLUTION APPROVING THE 5-YEAR CAPITAL IMPROVEMENT PLAN AND AUTHORIZING THE ISSUANCE AND SALE OF GENERAL OBLIGATION CAPITAL IMPROVEMENT PLAN BONDS

The following resolution (2020-06) was offered by Commissioner:

WHEREAS, Polk County (the "County") has published notice of its intent to hold a hearing on the adoption of its Five-Year Capital Improvement Plan for the Years 2020-2024 (the "Plan") and the issuance of capital improvement plan bonds under Minnesota Statutes, Section 373.40 (the "Bonds"), at least fourteen (14) but not more than twenty-eight (28) days prior to the date hereof, pursuant to and in accordance with Minnesota Statutes, Section 373.40 (the "Act"); and

WHEREAS, the Board of County Commissioners (the "Board") held a public hearing on the date hereof on (i) adoption of the Plan and (ii) the issuance of the Bonds for the purpose of financing the construction of various capital improvements, as described in the Plan; and

WHEREAS, the CIP has been developed in accordance with the provisions of the Act, and (i) covers the five-year period beginning with the date of its adoption; and (ii) sets forth the estimated schedule, timing, and details of specific capital improvements by year, together with the estimated cost, the need for the improvement, and sources of revenues to pay for the improvement; and

WHEREAS, in preparing the Plan, the Board has considered for each project and for the overall Plan:

(1) the condition of the County's existing infrastructure, including the projected need for repair or replacement;

(2) the likely demand for the improvement;

(3) the estimated cost of the improvement;

(4) the available public resources;

(5) the level of overlapping debt in the County;

(6) the relative benefits and costs of alternative uses of the funds;

(7) operating costs of the proposed improvements; and

(8) alternatives for providing services more efficiently through shared facilities with other counties or local government units.

NOW THEREFORE BE IT RESOLVED, by the Board as follows:

SECTION 1. Capital Improvement Plan. The Board hereby adopts the Plan.

SECTION 2. The Bonds; Purpose. It is hereby determined to be in the best interests of the County to issue its General Obligation Capital Improvement Plan Bonds, Series 2020A (the "Bonds"), in the aggregate principal amount not to exceed $3,400,000, contingent upon the satisfaction of the conditions described in the Act and Minnesota Statutes, Chapter 475. The proceeds of the Bonds will be used to finance the construction of projects described in the Plan.

BE IT FINALLY RESOLVED, that this resolution shall be in full force and effect from and after its passage.

Commissioner seconded the foregoing resolution and it was declared adopted upon the following vote. YEAS: NAYS:

STATE OF MINNESOTA)
) ss.
COUNTY OF POLK)

I, Charles S. Whiting, County Administrator to and Clerk of the Polk County Board of Commissioners do hereby certify that I have compared the foregoing resolution with the original resolution filed in my office on the 7th day of January 2020 and that the same is a true and correct copy of the whole thereof.

WITNESS my hand and Official Seal of Polk County at Crookston, Minnesota this 7th day of January 2020.

_____
Charles S. Whiting
County Administrator
Clerk of the Board

RESOLUTION OF THE POLK COUNTY
BOARD OF COMMISSIONERS

Designating Polk County's Website for Publications of Invitations to Bid On Polk County Transportation Projects

RESOLUTION (2020-01)

The following resolution (2020-01) was offered by Commissioner:

BE IT RESOLVED, By the Board of County Commissioners of Polk County that pursuant to M.S. 331A.12, Polk County's web site; http://www.co.polk.mn.us be and hereby is designated by the Board of County Commissioners of Polk County as the official site for the publications of invitations to bid on Polk County transportation projects.

Commissioner seconded the foregoing resolution and it was declared adopted upon the following vote: YEAS: NAYS:

STATE OF MINNESOTA)
) ss.
COUNTY OF POLK)

I, Charles S. Whiting, County Administrator to and Clerk of the Polk County Board of Commissioners do hereby certify that I have compared the foregoing resolution with the original resolution filed in my office on the 7th day of January, 2020 and that the same is a true and correct copy of the whole thereof.

WITNESS my hand and Official Seal of Polk County at Crookston, Minnesota this 7th day of January, 2020.

_____
Charles S. Whiting
Polk County Administrator
Clerk of the Board

RESOLUTION OF THE POLK COUNTY
BOARD OF COMMISSIONERS

Designating Publication Of The Delinquent Tax List Statement Of Polk County

RESOLUTION (2020-03)

The following resolution (2020-03) was offered by Commissioner:

BE IT RESOLVED, By the Board of County Commissioners of Polk County that the _____ with a bid of ____ per column inch be and the same is hereby accepted for the Publication of the Delinquent Tax List Statement of Polk County to be published in 2020.

Commissioner seconded the foregoing resolution and it was declared adopted upon the following vote: YEAS: NAYS:

STATE OF MINNESOTA)
)ss
COUNTY OF POLK)

I, Charles S. Whiting, County Administrator to and Clerk of the Polk County Board of Commissioners do hereby certify that I have compared the foregoing resolution with the original resolution filed in my office on the 7th day of January, 2020 and that the same is a true and correct copy of the whole thereof.

WITNESS my hand and Official Seal of Polk County at Crookston, Minnesota this 7th day of January, 2020.

_____
Charles S. Whiting
Polk County Administrator
Clerk of the Board

RESOLUTION OF THE POLK COUNTY
BOARD OF COMMISSIONERS

Designating Delegates To The Association Of Minnesota Counties & Payment Of Dues

RESOLUTION (2020-04)

The following resolution (2020-04) was offered by Commissioner:

WHEREAS, The Board of County Commissioners of Polk County, Minnesota, has availed itself of the authority granted under Section 375.163, M.S.A., and will pay the dues of said County to the State and National Association of County Commissioners for the year 2020 and it is the intention of said Board of County Commissioners to designate individuals to attend meetings of said Association.

NOW THEREFORE BE IT RESOLVED, That the Board of County Commissioners of Polk County Minnesota, does hereby designate all of its members as delegates from said County to serve on various committees of that Association.

BE IT FURTHER RESOLVED, That upon presentation of a properly verified claim, the finance department be and hereby is authorized to reimburse each of said person for their actual and necessary expenses in attending such meetings, and to pay the annual dues of the County for membership in the Association of Minnesota Counties.

BE IT FURTHER RESOLVED, That the following named individuals are Polk County's official delegates to the Association of Minnesota Counties: Commissioner Jacobson, Commissioner Strandell, Commissioner Willhite, Commissioner Lee, Commissioner Diedrich, Charles S. Whiting, County Administrator, Michelle Cote, County Director of Property Records, and Richard Sanders, County Highway/Ditch Engineer.

Commissioner seconded the foregoing resolution and it was declared adopted upon the following vote: YEAS: NAYS:

STATE OF MINNESOTA)
) ss.
COUNTY OF POLK)

I, Charles S. Whiting, County Administrator to and Clerk of the Polk County Board of Commissioners do hereby certify that I have compared the foregoing resolution with the original resolution filed in my office on the 7th day of January, 2020 and that the same is a true and correct copy of the whole thereof.

WITNESS my hand and Official Seal of Polk County at Crookston, Minnesota this 7th day of January, 2020.

_____

Charles S. Whiting
Polk County Administrator
Clerk of the Board

Board of Commissioners

Polk County Government Center
612 N Broadway – Room 211
Crookston, MN 56716-1452

TO: POLK COUNTY BOARD OF COMMISSIONERS

FROM: CHUCK WHITING, POLK COUNTY ADMINISTRATOR

MEETING DATE: January 7, 2020

AGENDA ITEM: 2020 Mileage, Meals and Lodging Reimbursement Rates

SUMMARY: The Board sets reimbursement rates for meals and mileage costs incurred by employees for travel expenses.

1. The Board has annually adopted the IRS mileage rate for reimbursing employees for travel using their personal vehicles. The IRS rate effective January 1, 2020 is $.575 per mile, down $.005 from 2019.

2. The Board changed meal reimbursement rates in 2016 to federal meal reimbursement rates for in and out of state meals. Reimbursement rates as determined by the federal government in Minnesota for 2020 are attached including lodging and meals rates for specific metro areas.

3. Similar federal rates have been determined for all states in the event of out of state travel.

4. County policy does not set a lodging rate for reimbursement. The majority of overnight travel is preapproved and paid by the County. Personal reimbursement for lodging for County business is rare, but possible due to weather or similar unforeseen circumstances.

ACTION REQUESTED: Approve the following in separate motions:

1. Adopt IRS 2020 mileage rate of $.575 per mile for county business travel with a personal vehicle.
2. Adopt 2020 federal meal reimbursement rates as listed for Minnesota, and for out of state travel at federal rates for the given state.
3. Adopt 2020 federal lodging reimbursement rates for lodging for personal lodging expense incurred on County business.

Minnesota Per Diem Rates for FY 2020

There are four areas in Minnesota for which location-specific per diem rates are specified by the federal government. For travel to areas within Minnesota that do not have specified per diem rates, the general per diem rates are used.

The per diem rates shown here are effective beginning **October 2019**. For a full schedule of per diem rates by month and year for these areas, click on any of the Minnesota destination names below.

General Minnesota Per Diems:

$96.00	$55.00
per night lodging	per day meals

Destination	County	Meal Rate	Lodging Rate
Duluth	St. Louis County	$76.00	$121.00
Eagan / Burnsville / Mendota Heights	Dakota County	$71.00	$98.00
Minneapolis / St. Paul	Hennepin / Ramsey County	$76.00	$130.00
Rochester	Olmsted County	$61.00	$132.00

Per-diems for other cities in Minnesota:

If you are traveling to a city in Minnesota that does not have a specific per diem rate the standard per-diem rates of **$96.00 per night** for lodging and **$55.00 per day** for meals and incidentals apply.

** This Document Provided By **www.FederalPay.org** - The Civil Employee's Resource **
Source: *www.federalpay.org/perdiem/2020/minnesota*

Board of Commissioners

Polk County Government Center
612 N Broadway – Room 211
Crookston, MN 56716-1452

TO: POLK COUNTY BOARD OF COMMISSIONERS

FROM: CHUCK WHITING, POLK COUNTY ADMINISTRATOR

MEETING DATE: January 7, 2020

AGENDA ITEM: Approve Payment to Abdo, Eick & Meyer

SUMMARY: Last year the Board approved an agreement for AEM's services to facilitate the enterprise software RFP process; this is the third quarter payment for those services.

1. The overall agreement is for $135,000. One-half of that or $67,500 has been paid in 2019. This amount is for half of the remaining half, or $33,750.

2. I can review the process to date, but we are nearing the final phase for a decision on selecting an option. I am working with AEM to set up a review of the proposals the County has received and the merits of those options for a selection.

ACTION REQUESTED: Approve the payment of $33,750 to Abdo, Eick & Meyer as presented.

AEM Financial Solutions, LLC

Please remit payments to:
100 Warren St Ste 600
Mankato, MN 56001

Billing Questions:
952.715.3030
507.625.2727 Ext 3030
AEMBilling@aemcpas.com
Fax: 507.388.9139 or 952.835.3261

Polk County
612 N Broadway
Crookston, MN 56716

Invoice No. *422471*
Date *12/01/2019*
Client No. *90064FS*

Professional financial management services
for the calendar year 2019 per the
Scope of Services outlined in contract

Purchasing Card implementation
Banking Services RFP
ERP Request for Proposal
ERP Project Management

December 2019 $ 33,750.00

To make an e-check or credit / debit card payments via our website.
Go to www.aemcpas.com and click on "Client Payment" in upper right corner of our home page.
If you are unable to pay via the internet please feel free to call the number above.

(A LATE FEE computed at 8.0% ANNUAL PERCENTAGE RATE
will be added to any balance remaining 30 days after invoice date)
90064FS

Board of Commissioners

Polk County Government Center
612 N Broadway – Room 211
Crookston, MN 56716-1452

TO: POLK COUNTY BOARD OF COMMISSIONERS

CHUCK WHITING, POLK COUNTY ADMINISTRATOR

FROM: MICHELLE COTE, DIRECTOR OF PROPERTY RECORDS

MEETING DATE: JANUARY 7, 2020

AGENDA ITEM: 2020 PUBLICATION BIDS

SUMMARY:

The 2020 Bid Tally Sheet is attached for the opening of the Publication Bids at 11:00am.

ACTION REQUESTED: (INFORMATION ONLY/MOTION/RESOLUTION)

2020 PUBLISHING

BIDS - TALLY SHEET

January 7, 2020 - 11:00 A.M.

Bidder	(1) Official Newspaper	(2) Delinquent Tax List
Crookston Daily Times	per column inch	per column inch
The Exponent	per column inch	per column inch
Fertile Journal	per column inch	per column inch
McIntosh Times	per column inch	per column inch
The Thirteen Towns	per column inch	per column inch
Erskine Echo	per column inch	per column inch

1. Publication of the County Board Proceedings pursuant to M.S. 375.17, and the publication of all legal notices of the County, including bid notices, sample ballots, and all other publishing requests or needs or requirements of the county, known or unknown, during 2020.

2. Two publications of the list of delinquent taxes pursuant to M.S. 279.05, 279.06, 279.07, 279.08, and 279.09.

RESOLUTION OF THE POLK COUNTY
BOARD OF COMMISSIONERS

Designating The Polk County Official Newspaper

RESOLUTION (2020-02)

The following resolution (2020-02) was offered by Commissioner:

BE IT RESOLVED, By the Board of County Commissioners of Polk County that the____ be and the same is hereby designated by the Board of County Commissioners of Polk County as the Official Newspaper of Polk County for 2020 and as such is the newspaper designated in which shall be published all notices and publications which the County is required to publish during the year of 2020.

BE IT FURTHER RESOLVED, That the bid of ____ per column inch be accepted for the official publications of Polk County.

BE IT FURTHER RESOLVED, That the publication of notices and other publications shall be at the rates as established in the bids and as accepted by the Board.

Commissioner seconded the foregoing resolution and it was declared adopted upon the following vote: YEAS: NAYS:

STATE OF MINNESOTA)
) ss.
COUNTY OF POLK)

I, Charles S. Whiting, County Administrator to and Clerk of the Polk County Board of Commissioners do hereby certify that I have compared the foregoing resolution with the original resolution filed in my office on the 7th day of January, 2020 and that the same is a true and correct copy of the whole thereof.

WITNESS my hand and Official Seal of Polk County at Crookston, Minnesota this 7th day of January, 2020.

_____
Charles S. Whiting
Polk County Administrator
Clerk of the Board