

Bismarck-Burleigh Public Health Strategic Plan 2019-2021



Public Health
Prevent. Promote. Protect.

Bismarck-Burleigh Public Health

*Prepared by: Renae Moch, MBA, FACMPE
Director, Bismarck-Burleigh Public Health*

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Introduction

Public Health continues to face new and unprecedented challenges. Ongoing changes to reimbursement for services and funding cutbacks are serious concerns as we continue to experience growth in demand for public health services in our community. New challenges emerge such as the opioid epidemic and access to behavioral health services. The team of professionals at Bismarck-Burleigh Public Health is working diligently to face these challenges and embrace new opportunities to strengthen our abilities to serve this community through quality public health services.

I am pleased to share with you Bismarck-Burleigh Public Health's Strategic Plan for 2019-2021. This plan establishes a unified vision for the future of our department and will guide us to effectively and efficiently carry out our roles and responsibilities aimed at improving the health and safety of our residents while ensuring the best use of resources and personnel. This plan contains goals, objectives and strategies committing us to leadership, advocacy, and quality in public health programs and services. We intend to utilize this strategic plan to serve as a roadmap for our department for the next three years.

I look forward to leading the Bismarck-Burleigh Public Health team as we continue our journey and move forward with identified strategies to improve the public's health in Bismarck and Burleigh County.

Sincerely,



Renae Moch, MBA, FACMPE
Public Health Director
Bismarck-Burleigh Public Health



Renae Moch, MBA, FACMPE
Public Health Director

"The development of this plan reinforces my belief that the strength each employee brings to our department is vital to our success. As a team we will work together with our community partners to efficiently meet the health and wellness needs of our residents."



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Executive Summary

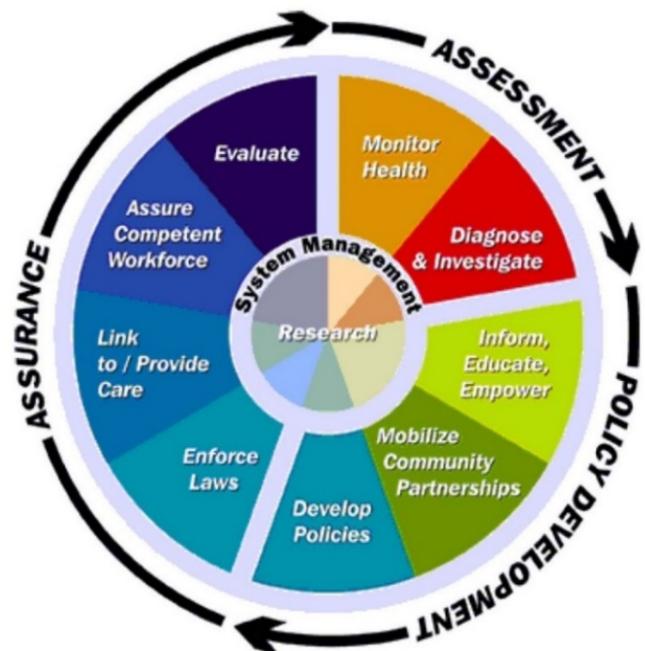
Nationally, public health is guided by “Ten Essential Public Health Services” which serve as the framework for public health systems across the United States. This framework is built on the foundation of Public Health known as the “Three Core Functions” (Assessment, Policy, and Assurance). Bismarck-Burleigh Public Health (BBPH) utilizes the essential services and core functions to determine areas of focus when serving the residents of our community.

Ten Essential Public Health Services

1. Monitor health status to identify and solve community health problems.
2. Diagnose and investigate health problems and health hazards in the community.
3. Inform, educate, and empower people about health issues.
4. Mobilize community partnerships and action to identify and solve health problems.
5. Develop policies and plans that support individual and community health efforts.
6. Enforce laws and regulations that protect health and ensure safety.
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
8. Assure competent public and personal health care workforce.
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
10. Research for new insights and innovative solutions to health problems.

The “Ten Essential Services” and “Three Core Functions” were taken into consideration during the development of our strategic plan in addition to the needs identified via the Community Health Needs Assessment completed in 2018.

The BBPH leadership team played an active role in the development of the strategic plan. Mission, vision, values and guiding principles were reviewed and determined to be appropriate for our department. The department’s mission, vision, values and guiding principles are as follows:



Mission, Vision, Values, Guiding Principles



Dedicated to improving the health and safety of our community.



Optimal health in a thriving community.



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VALUES: (WE CARE)	GUIDING PRINCIPLES:
Wellness	We promote healthy lifestyles within our community.
Education	We provide education to promote a healthy population.
Collaboration	We engage community partners to identify and address health needs and disparities.
Advocacy	We empower individuals to make sound health decisions.
Responsiveness	We plan for the health and safety of our community.
Evolving	We promote quality outcomes through continuous learning and performance improvement.

SWOT Analysis Summary

Bismarck-Burleigh Public Health's leadership team completed a SWOT (Strengths, Weaknesses, Opportunities, Threats) analysis during group discussion sessions. The team identified both internal and external strengths and weaknesses, opportunities and threats to our department.

The SWOT Analysis Summary is Listed Below:

INTERNAL STRENGTHS:

- Knowledgeable/professional staff
- Strong leadership/goal oriented
- Cohesive team environment
- Dedicated/passionate staff
- Support for continuing education/training

EXTERNAL STRENGTHS:

- Community partnerships
- Agency networking
- Commission/decision-maker support
- Credibility/community support

INTERNAL WEAKNESSES:

- Staff resistance to change
- Increasing workloads
- Disproportionate staffing ratios
- Silos
- Generational/cultural differences
- Expected to do more with less

EXTERNAL WEAKNESSES:

- Lack of standardization among local public health in ND
- Lack of communication
- Lack of funding
- Behind the scenes often unrecognized
- Administrative disconnect
- Generational/cultural differences
- Disconnect/silos between departments
- Expectation to do more with less
- Lack of qualified applicants for specialized positions

OPPORTUNITIES:

- Evolving programs
- Collaborative efforts through community partnerships
- Population growth
- Affordable Care Act regulations/ access to health insurance coverage

THREATS:

- Funding
- Legislation
- Changes to Affordable Care Act
- Population growth/change in demographics
- Meeting healthcare demands of a rapidly changing community
- More complex emergent public health issues/challenges (diseases, pest infestations, outbreaks)

Prioritization Summary

Bismarck-Burleigh Public Health completed a Community Health Needs Assessment (CHNA) in 2018 in collaboration with CHI St. Alexius Health and Sanford Health in Bismarck. Data collection occurred during December of 2017 and January of 2018. A total of 645 respondents participated in the survey. Survey participants indicated their level of concern for community health needs based on a rating scale of 1 to 5 with 1 = no attention needed and 5 = critical attention needed. Needs scoring 3.5 and above are concerning and should be considered as priorities addressed through community health improvement planning.

On April 5, 2018 approximately 60 community health stakeholders met at the Bismarck Event Center and were presented with assessment results. Immediately following the presentation of data, stakeholders gathered into smaller groups for facilitated discussion regarding the needs identified.

Attendees participated in discussion around the following questions:

1. What major concerns affecting health did you identify through the information presented today?
2. Were there any concerns you expected to see but were not identified?
3. Which health concern do you feel is most important and why?
4. What could you do as a representative of your agency that could help address the needs identified?
5. Rank priorities identified in order of importance on the prioritization worksheets.

The groups came to consensus and ranked the concerns in order of importance taking the following criteria into consideration for prioritization:

- Cost and/or return on investment
- Availability of solutions
- Impact of the problem
- Availability of resources to solve the problem
- Urgency of solving the problem
- Size of the problem



Group prioritization of needs were ranked as follows:

Health Indicator/Concern CHNA Survey Results	Stakeholder Group Consensus Ranking
Economic Well-Being A. Homelessness 4.44 B. Housing accepting chemical dependency, mental health, criminal history, domestic violence 4.33 C. Availability of affordable housing 3.87 D. Hunger 3.64 (No food no \$ to buy more)	1. Homelessness 2. Affordable Housing 3. Hunger
Children and Youth A. Cost of quality child care 3.97 B. Substance abuse by youth 3.97 C. Childhood obesity 3.94 D. Teen suicide 3.86 E. Cost of services for at-risk youth 3.79 F. Bullying 3.78 G. Availability of quality child care 3.69 H. Availability of services for at-risk youth 3.69 I. Teen tobacco use 3.54	1. Available services for at-risk youth 2. Childhood Obesity 3. Substance Abuse by Youth
Aging Population A. Cost of long-term care 4.07 B. Cost of memory care 4.03 C. Cost of in-home services 3.69	1. Cost of long-term care 2. Cost of in-home services 3. Cost of memory care
Safety A. Abuse of prescription drugs 4.27 B. Culture of excessive and binge drinking 3.74 C. Domestic violence 3.74 D. Presence of street drugs 3.71 E. Child abuse and neglect 3.64 F. Sex trafficking 3.63 G. Criminal activity 3.50	1. Abuse of prescription drugs 2. Culture of excessive & binge drinking 3. Child abuse & neglect
Healthcare Access A. Availability of mental health providers 4.27 B. Availability of behavioral health providers 4.23 C. Access to affordable prescription drugs 3.67 D. Access to affordable healthcare 3.66 E. Access to affordable health insurance 3.65 F. Care coordination between providers/services 3.64 G. Availability of non-traditional hours 3.56	1. Availability of mental health providers 2. Availability of behavioral health providers 3. Access to affordable healthcare
Wellness A. Obesity (30% self-report overweight/38% obese) B. High cholesterol (26% self-reported high) C. Hypertension (22% self-reported high BP) D. Asthma (19% self-reported asthma) E. Arthritis (17% self-reported arthritis) F. Diabetes (11% self-reported diabetes)	1. Obesity 2. Diabetes 3. High cholesterol
Mental Health and Substance Abuse A. Drug use and abuse 4.53 B. Alcohol use/abuse 4.19 (42% self-report binge drinking) C. Depression 3.90 D. Suicide 3.89 E. Dementia and Alzheimer's Disease 3.63 F. Anxiety and stress (49% report anxiety/stress)	1. Drug use and abuse 2. Depression 3. Alcohol use & abuse

Priorities

Bismarck-Burleigh Public Health has chosen to include the following priorities in the 2019-2021 strategic plan:

- 1. Access to Affordable Health Care**
- 2. Behavioral Health & Addiction**
- 3. Cost of Care & Services for the Aging Population**
- 4. Chronic Disease & Obesity**
- 5. Environmental Health & Safety**
- 6. Prevent, Prepare for & Respond to Public Health Threats**

These priorities align with our mission and vision statements and the core functions of public health. We will focus on these priorities to make a difference in the health and wellness of our residents.



1. Access to Affordable Health Care



Access to health care impacts one's overall physical, social and mental health status and quality of life. Bismarck-Burleigh Public Health chose improving access to affordable health care as a priority for the department.

Access to health care focuses on three components:

- Insurance coverage
- Access to health services
- Timeliness of care

Health insurance coverage helps patients gain entry to the healthcare system. Lack of coverage makes it difficult for people to get the healthcare they need. Improving health care services includes increasing access to evidence-based preventive services to prevent illness and promote healthy behaviors before clinical illnesses develop. Timely access to care is important to avoid negative impacts on health and cost of care.

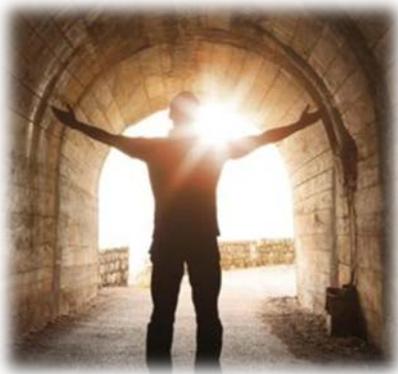
One of the "Ten Essential Public Health Services" is to link individuals to necessary personal health services and assure the provision of health care when otherwise unavailable. We will connect individuals with appropriate programs, services, and health insurance options to ensure they are linked to the health services they need.

In addition to the goals and objectives defined in this document, Bismarck-Burleigh Public Health incorporates access to affordable health care in many of the services provided through our agency on a daily basis.

Some of these services include:

- Immunizations
- Case Management Services / Health Maintenance Program
- Testing for Infectious Diseases
- Preventive Care Services and Screenings
- Prenatal Care
- Maternal and Child Health Programs
- Nutrition Counseling
- Tobacco Cessation
- Access to Patient Navigation Services

2. Behavioral Health & Addiction



Behavioral health and addiction showed the most dramatic increase in concern from the 2015 to 2018 Community Health Needs Assessment. Issues showing highest concern were drug use and abuse, homelessness, housing accepting people with chemical dependency, mental health, criminal history and domestic violence issues, abuse of prescription drugs, and alcohol use and abuse.

Bismarck-Burleigh Public Health will continue to engage the community, mobilize community partnerships and facilitate change to address these concerns through our local behavioral health coalition.

In June 2017, the Mayors' Gold Star Community Task Force was formed as a Mayors' effort to address behavioral health and substance abuse issues in the Bismarck-Mandan-Lincoln area. Since then this task force has evolved into a community coalition addressing behavioral health and addiction issues across Burleigh and Morton Counties. The public health director facilitated quarterly meetings with stakeholders and committees were formed to address the following priorities:

- Prevention/Education Awareness
- Intoxication/Withdrawal Management
- Treatment and Recovery

Committees meet regularly to move forward with implementation of strategies to address community behavioral health needs.



In addition to the goals and objectives identified in the strategic plan, our department incorporates behavioral health and addiction services in the work that we do in the following areas:

- Health Maintenance Program
- Health Services Programs
- Ryan White Case Management Services
- Tobacco Prevention Programs
- Environmental Health Assessment Services

3. Cost of Care/Services for the Aging Population



According to North Dakota Compass, between 2010 and 2025, the number of adults age 65 and older in North Dakota is expected to grow by 52%. By 2025, adults age 65 and older are expected to be 18% of the state's population.

As our population ages, this demographic shift affects many aspects of our community including the cost and availability of services

for aging residents. Bismarck-Burleigh Public Health acknowledges this concern and has seen an increase in the need for services for the aging population in our area.

Our Health Maintenance Program consists of a weekly visit to a client's home by a Registered Nurse who provides nursing care and case management services. A home visit may consist of medication management, a physical assessment, patient education and referrals for appropriate services as needed.

Home health visits are designed to help people in many different situations, such as those who are homebound, newly discharged from the hospital, experiencing changes in their ability to complete daily activities or adjusting to a new diagnosis or medication.

Home visits serving the aging population have a positive impact not only on the individual receiving the care, but on the community as a whole. Health Maintenance visits help clients improve function, live with greater independence, keep people in their homes longer, decrease emergency room visits and hospital admissions, and reduce the overall cost of healthcare in our community.

In addition to the goals and objectives identified through this strategic plan, programs and services addressing the cost of care/services for the aging population are as follows:

- Health Maintenance Program
- Health Services Programs
- Immunizations
- Nutrition Counseling
- Tobacco Cessation



4. Chronic Disease & Obesity



Chronic diseases and conditions such as heart disease, cancer and diabetes are among the most common, costly and preventable of all health problems in the United States. According to the Centers for Disease Control, half of the adult population has at least one chronic health condition and one-fourth live with multiple chronic conditions. More than two-thirds of deaths in the United States

are the result of chronic diseases. Fortunately, many chronic diseases may be preventable through the practice of healthy behaviors.

One of the “Ten Essential Public Health Services” is to inform, educate and empower people about health issues. When it comes to chronic disease prevention and management, educating and empowering individuals to take an active role in their health is vital. We promote and encourage healthy behaviors. Empowered and educated individuals are capable of making informed decisions relating to their healthcare and their behaviors which can prevent many chronic diseases and reduce obesity. Bismarck-Burleigh Public Health will work to encourage healthy behaviors to make an impact on the effects of chronic disease and obesity in our community.

In addition to the goals and objectives identified throughout this document, Bismarck-Burleigh Public Health incorporates chronic disease and obesity prevention through several of our programs and services. Some of these services include:

- Diabetes Prevention Program
- Diabetes Testing and Screening
- Cholesterol Screenings
- Cancer Prevention Efforts (Women’s Way/Colorectal Cancer/Etc.)
- Lactation Support
- Nutrition Education and Health Promotion
- Tobacco Cessation
- Case Management Services
- Go! Bismarck-Mandan Coalition Participation & Leadership
- Community Worksite Wellness Efforts
- Employee Health and Wellness for City/County Employees
- Referrals for Assistance with Obesity Offered in all BBPH programs

5. Environmental Health & Safety



The Environmental Health Division at Bismarck-Burleigh Public Health is a vital resource for food and environmental health, safety, and compliance information for the City of Bismarck. While food establishment licensing and safety inspections continue to be a large portion of the division's work, additional environmental health and safety functions are performed by the staff.

Environmental Health continues to assist Health Maintenance nursing staff with vulnerable adult site visits and inspections assessing for safety in a client's home. Through these safety inspections, Environmental Health contributes to public health's focus on behavioral health issues and provides referrals for services as needed.

Another area of focus for the Environmental Health Division is the vector control program. This program concentrates on mosquito control efforts from May through September each year and educates the public on prevention of vector-borne diseases such as the West Nile Virus and Zika.



Environmental Health is responsible for the following programs within the City of Bismarck:

- Public & Semi-Public Swimming Pools (Includes Rural Burleigh Area)
- Tanning Establishments
- Tattoo/Body Art Establishments
- Lodging Establishments
- Special Pet Licensure
- Public Health Nuisances (Includes Rural Burleigh Area)
- Vector Control/Mosquito Surveillance

6. Prevent, Prepare & Respond to Public Health Threats



Public health threats are always present. They include natural disasters, biological and chemical incidents and can range from local outbreaks to those with national or global ramifications.

Bismarck-Burleigh Public Health plays an important role in emergency preparedness and response efforts in our community. When public health events happen, we are ready to protect the health and safety of our residents.

Bismarck-Burleigh Public Health is determined to build a resilient community prepared to withstand and recover from public health incidents in both the short and long term. In preparation we will participate in emergency exercises and complete and update emergency response plans to be ready for any catastrophic event. We will continue to engage and coordinate with a cross-section of community partners to ensure the community and the staff at BBPH are competent and prepared to respond to any threat we are faced with.

Bismarck-Burleigh Public Health's Emergency Preparedness and Response Coordinator leads emergency preparedness exercises where public health department staff have the opportunity to participate in hands-on exercises and role play as if we were in a real emergency situation. Exercises have ranged from mass vaccination clinics to active shooter and shelter-in-place exercises involving other City departments and outside entities.

Bismarck-Burleigh Public Health will continue to provide education and training to the community and staff to test and evaluate emergency preparedness and response capacity in Bismarck and Burleigh County.



Goals & Objectives

The goals and objectives defined in this strategic plan are measurable efforts that Bismarck-Burleigh Public Health will put forth to address these needs.

These goals and objectives are not all-inclusive of all department functions and activities. Several programs operate on work plans, goals, and objectives defined through grant applications and contract awards and are evaluated separately from this strategic plan.

Priority: Increase Access to Affordable Health Care

Strategy 1 of 2:

Conduct outreach and educational activities to promote access to quality, affordable health care opportunities.

Goal 1 of 2:

Enhance BBPH's client knowledge of affordable health care coverage options.

Objective 1 of 1:

By December 2019, BBPH will provide 100% of uninsured and underinsured Ryan White and Women's Way Clients with marketplace open enrollment and Medicaid Expansion information.

Goal 2 of 2:

Educate Bismarck-Burleigh residents on immunization services offered by BBPH.

Objective 1 of 1:

By December 2021, BBPH will increase vaccination rates of uninsured and underinsured individuals by 20% through community outreach and marketing campaigns.

Strategy 2 of 2:

Educate community providers and BBPH clients on the importance of accurate medication management and its impact on affordable health care.

Goal 1 of 1:

Reconciliation of health maintenance client medications at the time of hospital discharge.

Objective 1 of 1:

By December 2021, 100% of health maintenance clients will have medication reconciliation completed upon hospital discharge.

Priority: Behavioral Health & Addiction

Strategy 1 of 2:

Conduct outreach and educational activities to reduce substance use disorder.

Goal 1 of 1:

Educate community members about substance abuse disorders.

Objective 1 of 4:

By December 2021, Bismarck-Burleigh Public Health will launch a minimum of one public education campaign to inform the community of prescription drug/opioid abuse.

Objective 2 of 4:

By December 2021, reduce the rate of self-reported binge drinking on the Community Health Needs Assessment from 42% to 32%.

Objective 3 of 4:

By December 2020, reduce youth electronic smoking device use by 5%.
(*Baseline: 20.6% YRBS 2017*)

Objective 4 of 4:

By December 2021, the Burleigh-Morton Behavioral Health Coalition will host a minimum of one community educational event regarding substance use disorders impacting our local community.

Strategy 2 of 2:

Mobilize community partnerships to facilitate positive change for behavioral health and substance abuse issues in our community.

Goal 1 of 1:

Create an environment supportive of mental health and reduce the stigma of mental health in our community.

Objective 1 of 4: By December 2021, the Burleigh-Morton Behavioral Health Coalition will host a "Community Conversation" to raise awareness about mental health in our community.

Objective 2 of 4: By December 2021, Bismarck-Burleigh Public Health will educate the general public on mental health through promotion of national mental health awareness observance dates.

Objective 3 of 4: By December 2021, the Burleigh-Morton Behavioral Health Coalition subcommittees will finalize a community solution for intoxication management for the Burleigh-Morton area.

Objective 4 of 4: By December 2021, BBPH will develop one community resource for vulnerable adult behavioral health referral sources.

Priority: Cost of Care & Services for the Aging Population

Strategy 1 of 1:

Improve the health of vulnerable populations in Bismarck and Burleigh County.

Goal 1 of 2:

Retain clients' ability to remain in their own homes with access to community health services.

Objective 1 of 1:

By December 2021, increase Knowledge, Behavior, Status (KBS) score greater than or equal to 3 (basic knowledge) for 10% of health maintenance clients, a measure of client's ability to remain in their home.

Goal 2 of 2:

Cultivate the relationship with AARP to promote health and wellness of the aging population in Bismarck and Burleigh County.

Objective 1 of 1:

By December 2021, BBPH will collaborate with AARP to host a community activity addressing the health and wellness issues of the aging population in Bismarck and Burleigh County.



Priority: Chronic Disease & Obesity

Strategy 1 of 1:

Educate and empower individuals to take an active role in their health.

Goal 1 of 4:

Increase breastfeeding rates at 6 months of age.

Objective 1 of 1:

By October 2019, BBPH will increase the percentage of clients who use BBPH's Maternal and Child Health (MCH) Services by 10%.

Goal 2 of 4:

Increase cancer screening opportunities.

Objective 1 of 1:

By December 2021, BBPH will implement two new strategies to enroll eligible women into the *Women's Way* program for breast and cervical cancer screenings.

Goal 3 of 4:

Encourage and create opportunities for a healthy lifestyle.

Objective 1 of 3:

By October 2019, BBPH will increase access to and consumption of fruits and vegetables by 10% through capacity-building of the community's local farmers' market.

Objective 2 of 3:

By December 2021, BBPH will offer a minimum of one Diabetes Prevention Program (DPP) course in the community.

Objective 3 of 3:

By December 2021, BBPH will implement a minimum of two strategies that provide encouragement for and education of active transportation.

Goal 4 of 4:

Reduce food insecurity in Burleigh County.

Objective 1 of 2:

By January 2019, BBPH will implement one screening process to address food insecurity in clients at BBPH.

Objective 2 of 2:

By January 2019, BBPH will provide community resources to clients indicating food insecurity through implemented screening process.

Priority: Environmental Health & Safety

Strategy 1 of 2:

Protect Bismarck residents from mosquito transmitted diseases.

Goal 1 of 1:

Enhance Bismarck's vector control program with minimal fiscal impact.

Objective 1 of 1:

By 2021, implement a minimum of two new vector surveillance and control measure strategies.

Strategy 2 of 2:

Enhance knowledge of food safety for food service employees and the general public.

Goal 1 of 1:

Educate the community on proper food safety protocols/regulations to reduce foodborne illnesses.

Objective 1 of 1:

By December 2021, Bismarck-Burleigh Public Health Environmental Health Division will host biannual Food Safety Educational events open to the public and food establishments.

Priority: Prevent, Prepare & Respond to Public Health Threats

Strategy 1 of 1:

Provide education and training to the community and BBPH staff on public health emergency preparedness and response.

Goal 1 of 1:

Emergency Preparedness will prevent injury and illness through effective planning and education.

Objective 1 of 3:

By December 2019, Emergency Preparedness staff will provide a minimum of two educational outreach activities on local emergency threats.

Objective 2 of 3:

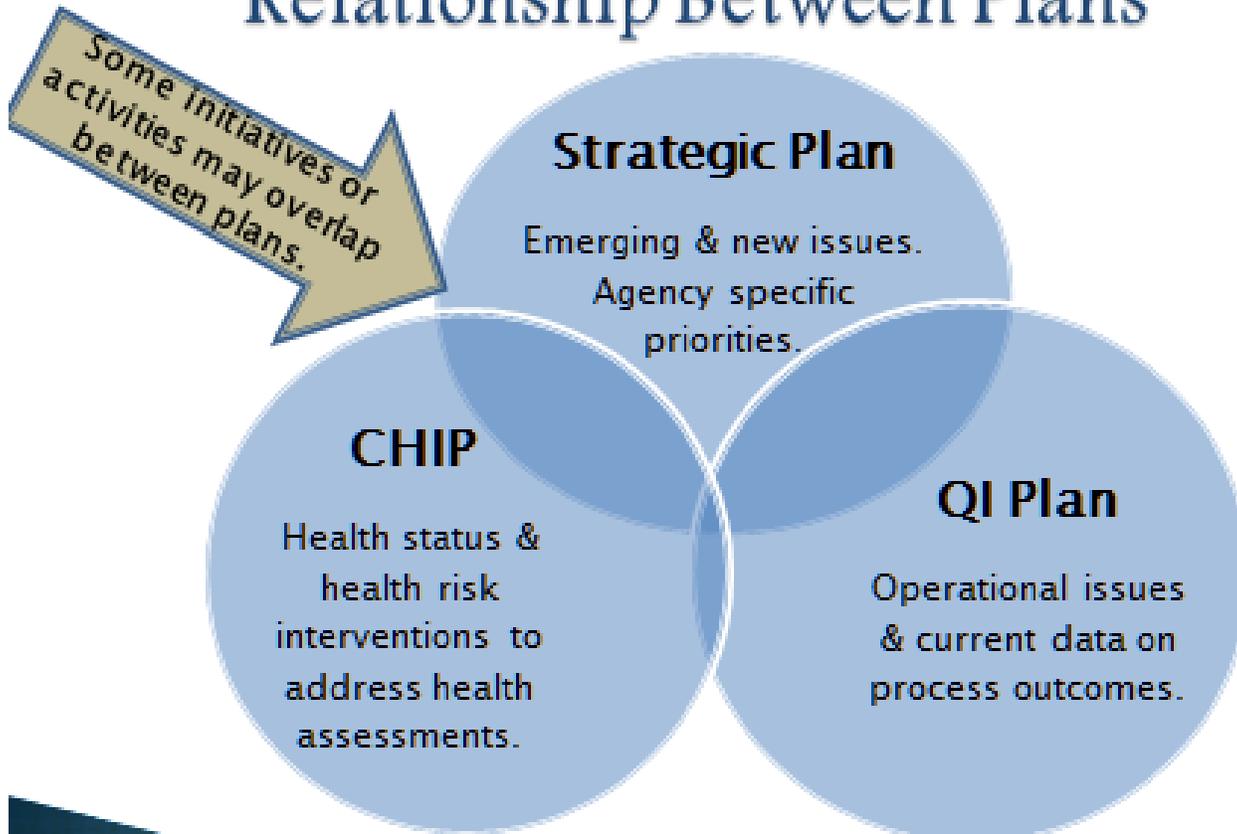
By December 2020, Emergency Preparedness will strengthen response activities by updating a minimum of five emergency response plans.

Objective 3 of 3:

By December 2021, BBPH will strengthen response activities by completing a minimum of 1 exercise focusing on a current or emerging public health threat.

Links with Community Health Improvement Plan & Quality Improvement Plan

Relationship Between Plans



The Community Health Assessment informs all three plans.

Signatures

Dated this 18th day of March, 2019

I hereby approve Bismarck-Burleigh Public Health's Strategic Plan as stated above.

City of Bismarck:



Steve Bakken, President
Bismarck City Commission
City Board of Health



Renae A. Moch, Director
Bismarck-Burleigh Public Health

Attest:



Keith Hunke, Administrator
City of Bismarck

Burleigh County:



Brian Bitner, Chair
Burleigh County Commission

Attest:



Kevin J. Glatt
Burleigh County Auditor/Treasurer

Dated this 18th day of March, 2019