Community Health Board
LE SUEUR-WASECA

Shared Staffing Financial and Operational Guide

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The Le Sueur - Waseca Community Health Board (LWCHB), as authorized by MN Statute 145A.03 is charged with the assurance of the health and safety of the public. The intent of this document is to provide guidance and outline the contributions of each member county toward that joint implementation of the powers and duties as outlined in MN Statute 145A.04. A pictorial flowchart is appended at the close of this document for illustrative purposes.

Additionally, the goal as determined by the LWCHB is to maximize reach and impact while minimizing local cost. Public health budgets are heavily impacted by staffing costs; therefore, shared staffing is an attractive and viable way to accomplish this goal. Shared staffing comes with inherent risks when funding is heavily tied to grants. This document seeks to clarify how those risks and associated costs are mitigated and assigned as well as provide historical context around shared positions within LWCHB.

LWCHB has used staff across county borders periodically since its inception. The most recent iteration of this began with 2013 Statewide Health Improvement Partnership (SHIP) grant funding and has continued and expanded into the present, with Waseca County housing the current shared positions. Today in 2024, the Health Coordinator & Health Educator/Planner have offices at each location, spend time at each location and do the work for both counties according to FTE splits determined by funding sources and work prioritization guided by the LWCHB Community Health Improvement Plan. These positions have historically been hired, per current LWCHB By-Laws, through Waseca County as the fiscal host. There are additional costs associated with this structure which have been negligible or have been balanced by other opportunistic and fluctuating situations including training time, staff consults, and end of year funding shifts. As the staff burden grows, overhead costs for the Waseca County (i.e. Human Resources Department; Information Technology, Building and Facilities Maintenance) will likely tip this precarious balance.

Also to be considered as we implement additional funding is the impact to staff and leadership. The LSW Community Health Services (CHS) Administrator/Waseca County Public Health Director & the Le Sueur County Public Health Director under the current arrangement have worked together in hiring and disciplinary issues. To best guide the work overtime, challenges have arisen that may be exacerbated by an increase in shared staff directly reporting to the directors. These challenges include differences in county procedures, duplicity in required training, and incidental conflicting staff direction. However, the benefits of sharing staff including building cohesive connections between counties, efficiency discoveries, training de-duplication, subject matter expertise, and staff retention lead us to embrace the change on the horizon. A need to be responsive to our community's changing needs requires us to be positioned to make best use of limited workforce.

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In 2024 the state of Minnesota allocated funding and provided guidance further clarifying the requirements of the community health board. This is illustrated by the state's adoption of the Foundational Public Health Services Framework of the Public Health Accreditation Board. The capabilities outlined by this framework

and associated standards require specific skillsets to be employed by staff in order to result in successful implementation. Guided by the Cost and Capacity study results as well as the foundational public health services framework, it believed that continuation of the sharing of staff across boundaries can result in appropriate subject matter expertise, increased program continuity and additional successful partnerships.

As the LWCHB makes adjustments to their service delivery model across counties, the following process has been agreed upon to provide and protect the public and member county interests. This framework reflects current operational practices as well as changes. It will be reviewed and revisited by the LWCHB at a minimum of every 5 years, and more frequently if the goals above are not being met.

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Joint CHB Implementation

When funding from the state is determined by the LWCHB and its leadership to merit joint implementation, the following steps will be taken:

1) Joint Implementation funding and staffing
    a. Staffing
        i. Hiring entity will be determined by the LWCHB and its leadership, with a goal of shared risk and best service delivery.
        ii. County of hire will provide all necessary supports (benefits, HR, IT, etc) for successful employment.
        iii. Supervision is provided in a team environment.
        iv. Direct reports must meet performance measures as reported to their supervisor. Employees not meeting expectations will work with their hiring HR and direct supervisor, with input from the partner county.
    b. Funding
        i. A budget will be established that covers all joint activities and is the priority for fund allocation. This budget will include:
            1. Staff costs including fringe benefits (as determined by the employing county) for implementation, support, and administrative staff.
            2. Required staff trainings for implementation staff
            3. Mileage and travel expenses
            4. Supplies, equipment and other costs (including contracts when appropriate)
2) If there is funding remaining after all the above costs are covered, these shall be split to be used by each member county according to the funding formula associated with the original funding source or by mutual decision.
3) Reports of outcomes, costs associated (including staff time) and other project expenditures shall be brought to the LWCHB on an annual basis, with the goal of transparency of funding and to inform future funding decisions. Geographic and equity balance measures shall be included in outcome reporting.
4) In the event of a funding stream shortfall, funding allocations for member counties in 2) above shall be used to determine reverse contributions toward work, should the LWCHB determine the work is to be continued without grant funding.
5) If the work is discontinued, and results in unemployment costs, these shall be determined by the allocation formula from 2) as well.

Separate County Implementation

When funding from the state is determined by the LWCHB and its leadership to follow separate county implementation, the following steps will be taken:

1) It shall be established for budgeting purposes whether the funding source allows allocation for administrative time reimbursement.
    a. If it is an allowed expense, administrative allocation for any staff time required of the CHS Administrator and CHS/PH Business Manager shall be done prior to funding splits.

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b. If it is not allowed, time required from the Administrator and CHS/PH Business Manager shall be tracked and reported for inclusion in other CHB funding sources.

2) After any administrative allocation, funds shall be split to be used by each member county according to the funding formula associated with the original funding source or by mutual decision.
3) Reports of outcomes, costs associated (including staff time) and other project expenditures shall be brought to the LWCHB on an annual basis, with the goal of transparency of funding and to inform future funding decisions. Geographic and equity balance measures shall be included in outcome reporting.
4) If funds are not adequate to cover the cost of program implementation, member counties make determinations regarding service delivery adjustments and/or provide other funding sources to accomplish grant duties.

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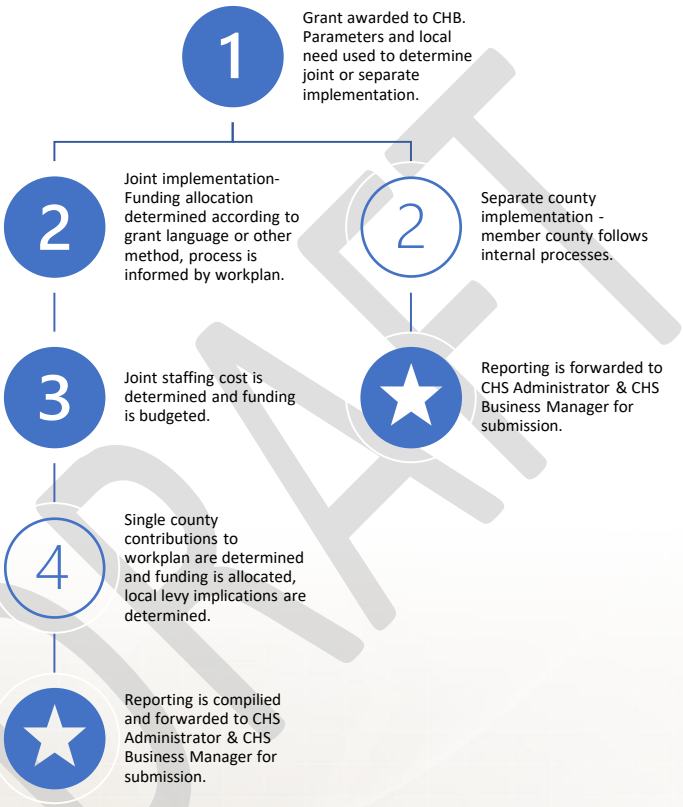
Grant Award Process and Implementation, Funding Flow



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Grant Award Allocation Formulas

2023 Grant Splits	Le Sueur	Waseca	Notes
Local Public Health Grant	60%	40%	Educ./Planner time allocation @2022 salary rate
PHEP (Public Health Preparedness)	50%	50%	**Staff time incurred by Waseca County based staff is reimbursed to Waseca County
PHEP / CRI (Cities Readiness Initiative)	100%	0%	**Staff time incurred by Waseca County based staff is reimbursed to Waseca County
CDC Infrastructure	60%	40%	
COVID-19	60%	40%	
CTC (Child & Teen Checkup)	Based on Ages 0-20 eligible in major programs MA	Based on Ages 0-20 eligible in major programs MA	
EHDI/BD (Early Hearing Detection & Intervention / Birth Defects)	based on clients seen	based on clients seen	
FAP (Follow Along Program)	50%	50%	
EBFHV (Evidence Based Family Home Visiting)	based on caseload	based on caseload	
MCH (Maternal Child Health)	60%	40%	
TANF (Temporary Assistance for Needy Families	60%	40%	*2017 MN poverty report
WIC (Women, Infant & Children)	based on participation	based on participation	

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2025 Allocation Splits	Joint Implementation	Le Sueur	Waseca	
Local Public Health Grant	CHE/P 0.8 FTE Admin 0.25 FTE	60%	40%	
FPHR (Foundational Public Health Responsibilities)	Jt. Sup 0.6 FTE HE/P 0.2 FTE CHC 0.3 FTE	45%	55%	
RSG (Response Sustainability Grant)	Jt. Sup 0.3 Em Prep Spec 0.7 FTE	60%	40%	
PHEP (Public Health Preparedness)	**Staff time incurred by Waseca County based staff is reimbursed to Waseca County	50%	50%	
PHEP / CRI (Cities Readiness Initiative)	**Staff time incurred by Waseca County based staff is reimbursed to Waseca County	100%	0%	
SHIP (Statewide Health Improvement Partnership)	Funding for 0.8 FTE wages	0.22 FTE	0.22 FTE	
MCH (Maternal Child Health)		60%	40%	
TANF (Temporary Assistance for Needy Families		60%	40%	*2017 MN poverty report
WIC (Women, Infant & Children)		based on participation	based on participation	
CTC (Child & Teen Checkup)		Based on Ages 0-20 eligible in major programs MA	Based on Ages 0-20 eligible in major programs MA	
EHDI/BD (Early Hearing Detection & Intervention / Birth Defects)		based on clients seen	based on clients seen	
FAP (Follow Along Program)		50%	50%	
EBFHV (Evidence Based Family Home Visiting)		based on caseload	based on caseload	
CDC Infrastructure		60%	40%	