

Considerations for Delegation Decision

- 1) Contracts are held with the CHB and oversight, management and assurance of completion of the contract/grant requirements is responsibility of CHS Administrator. With a delegation agreement the following issues need to be addressed:
 - Direction of the contract work is provided by the CHS Administrator, but staff are supervised by County Directors
 - Authority of the CHS Administrator to address staffing issues
 - A high degree of confusion for staff and related to the delineation of CHS work vs County work
 - Unable to separate out employee time between CHS and County

- 2) The current model to complete contract works, typically includes identifying a staff member in each county to work together as team. This approach is necessary because the Minnesota Department of Health only recognizes the CHB and all grant reporting requirements, including budgeting and invoice have to be combined into 1 for submission. With a delegation agreement, the current challenges of this model need to be addressed:
 - Differences in County pay scales and HR policies creates an underlying tension for teams. For example two different county staff doing the same work having an hourly pay difference of 5.00/hour or more
 - It causes visibility and recognition confusion for community partners and clients, especially for health educators who work with partners across the county lines.
 - With this model it is critical to have a team lead identified. Historically there have been issues with team leaders and payment for the additional expectations. Without team leaders, all the directors and CHS Administrator need to attend team meetings.

- 3) With a delegation agreement, duplication of job functions, such as fiscal, administrative, etc needs to be reviewed and addressed, including duplication of leadership (MT).

- 4) With a delegation agreement, options need to be explored, and solutions identified that allow the CHS and Counties to **maximize revenue and services** being offered.
 - Example 1: Currently McLeod County has a waiting list for Home Visiting Clients, while Meeker and Sibley struggle to identify clients.
 - Example 2: WIC clinic hours should meet the needs of the participants, and we are currently unable to restructure staff in order to offer more WIC clinic hours.

- 5) With a delegation agreement issues of staff turn-over, retention, and burn-out needs to be addressed. Staff wear “too many hats” causing staff to feel over worked, and stressed out. In a staff survey that was done in May, it was reported that 42% of staff feel above maximum capacity for their work load. Additionally, 46% of staff had considered a career change in the past three months.