



Public Health
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Meeker • McLeod • Sibley
Community Health Services

Meeker-McLeod-Sibley Community Health Board Packet

Date: February 12, 2026

Time: 9:30am-12:00pm

Location: 1065 5th ave SE, Hutchinson, Mn 55350

Meeker-McLeod-Sibley Community Health Board Meeting

Date: February 12, 2026

Meeting Location: McLeod County Environmental Services Building

1065 5th ave SE, Hutchinson, Mn 55350

9:30am-12:00pm

1. Meeting called to order

2. Approval of Agenda (Action)

3. Approval of the Consent Agenda Items (Action)

- a. November 2025 Minutes* pg -5
- b. January 16, 2026, Executive Team Minutes* pg 6-7
- c. November Expense Report* pg 8
- d. December Expense Report* pg 9
- e. January Expense Report* pg 10
- f. November Grant Summary Report* pg 11-
- g. December Grant Summary Report* pg 1 - 1
- h. January Grant Summary Report* pg -4

4. Administrative Items

- a. Conflict of Interest pg 4 -44
- b. Agent of the Board Resolution * (Action) pg 45
- c. Bank Designation Resolution * (Action) pg 46
- d. Medical Director Resolution* (Action) pg 47
- e. Credit Card Resolution* (Action) pg 48
- f. Local Public Health Payout (Action)
- g. Indirect Cost Payout (Action)

5. Other Agenda Items

- a. Administrator Update* pg 49-50
- b. Fiscal Update* pg 51
- c. County Updates (Meeker, Sibley, McLeod)
 - i. Meeker
 - ii. Sibley
 - iii. McLeod

6. Presentations

- a. PM/QI Annual Report* – Brett Nelson pg 52
- b. HMA* – Kate Lerner pg 53-89

7. Closed Session – Administrator Review

8. Reconvene Closed Session

9. Adjournment



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Meeker • McLeod • Sibley
Community Health Services



Meeker-McLeod-Sibley Community Health Board Meeting

Date: November 13, 2025

Meeting Location: Meeker County Government Center

Room:

114 N Holcombe ave

Litchfield, Mn 55355

9:30am-12:00pm

Present: Commissioner Oberg, Commissioner Johnson, Commissioner Cacka (late), Commissioner Schmalz, Commissioner Grochow, Commissioner Koch, Sarah Gassman, Kiza Olson, Brett Nelson, Kay Winterfedlt, Chukuma Ijioma, Brittany Becker, Berit Spors, Rachel Fruhwirth, Klea Rettmann.

Absent: Tina Schenk

Guests: Rhonda Buerkle, Jayme Krauth, Kerry Ward, Kristen Houle (CLA), Charlene Dale, Jessica Remington

1. **Meeting called to order** Commissioner Oberg called meeting to order at 9:34am
2. **Approval of Agenda (Action)** Commissioner Grochow motion to approve, Commissioner Schmalz seconded
3. **Approval of the Consent Agenda Items (Action)** Commissioner Schmalz motion to approve, Commissioner Grochow seconded
 - a. August 2025 Minutes*
 - b. October 31, 2025 Executive Team Minutes*
 - c. August Expense Report*
 - d. September Expense Report*
 - e. October Expense Report*
 - f. August Grant Summary Report*
 - g. September Grant Summary Report*
 - h. October Grant Summary Report*
4. **Presentations**
 - a. SHIP ATOD Update – Rhonda Buerkle
 - b. ~~Project Harmony Update – Kristi Whitcomb~~
 - c. Farm to Daycare – Jayme Krauth
 - d. PHWINS – Kerry Ward
 - e. CHAT Update – Commissioner Schmalz, Jayme Krauth
 - f. Audit Findings – Kristen Houla, CLA
 - i. Discussion was had around renewing the contract with CLA for the next three audit years. OSA said they do not have capacity at this time to take us back. No opposition in discussion.
 - g. McLeod TB Update – Brittany Becker
5. **Administrative Items**
 - a. SCHSAC Report* – ~~Commissioner Oberg~~ Kiza Olson
 - i. Kiza Olson attended the retreat and did a FPHR report out there on the work we are doing locally. Data Modernization workgroups are happening, we are not currently involved in. MiDOG will be coming forth in the future at all staff meetings. She had opportunities to learn about tribal health and their culture.
 - b. Mn Partners in Public Health – Kiza Olson
 - i. LPHA and MDH partnered to host the conference. Brittany, Rachel, Kiza, Kay attended. Learned about the benefit of CHS. CRPHI (Collaborative for Rural Public Health) presentation on population health.
 - c. Innovation Grant – Kiza Olson

- i. Currently working in phase one and phase two. Will deploy staff survey in coming weeks. We are under contract with them. They came in the lowest the bid. Commissioner Oberg stated she was comfortable with the presentation HMA gave to the Executive Team. HMA will look at the needs of all three counties. HMA will have findings report at the February 2026 CHB. The Community Health Board to reflect on findings after that and make recommendations for the next steps. No decision needs to be made at the February 2026 CHB meeting.
- d. WIC Funding – Kiza Olson
 - i. CHS has a contract for 1/12 of the total dollars that has been signed. Hoping to see the remainder of the contract in the coming weeks.
- e. 2026 Meeting Dates (Action)* Motion by Commissioner Schmalz, Commissioner Grochow seconded
- f. 2026 Executive Committee (Action)
 - i. Currently running two-year terms. Motion to continue with current practice by Commissioner Koch, Commissioner Schmalz seconded. Commissioner Johnson opposes due to how the bi-laws are written.
- g. 2026 COLA (Action)*
 - i. SSI is 2.8%, the Executive Committee recommended 3.0% COLA. Motion made by Commissioner Grochow, Commissioner Johnson. No opposition.
 - 1. Commissioner Johnson questions what the cost of 3% is and would like to see a deeper financial dive in the future. Commissioner Oberg would like to see going back to having a Finance Committee, other Commissioners are on board with this.
- h. 2026 Merit (Action)*
 - i. The Executive Committee recommended a 0-3% merit increase with the understanding that there is an annual review process that each employee undergoes with goals that are set and evaluated.
 - 1. Commissioner Koch motions up to 3% merit, Commissioner Schmalz seconded. All in favor no opposition.
 - ii. Commissioner Oberg asked the county Management Team reps and the county Directors and Deputy Directors if they were comfortable with the increases for the CHS staff which are employed outside their agencies.
- i. 2026 Benefits (Action)*
 - i. 22.24% increase in cost and an increase in deductible. BlueCross BlueShield of Mn was the best value to the employees. Kiza inquired about hoping on McLeod benefits to save dollars, and there was no cost savings.
 - ii. The Executive Committee recommended staying where we are. Motion by Commissioner Grochow, Commissioner Schmalz seconded. No opposition.
- j. MN Paid Leave (Action)*
 - i. The Executive Committee recommended splitting cost 50/50 with staff. Motion by Commissioner Johnson, Commissioner Koch seconded. No opposition.
- k. 2026 Administrative Budget (Action)*
 - i. Commissioner Johnson inquired how budget is made. PHDoc, MCIT, Survey Monkey, Constant Contact, Audit, CDS, CHA work (statutory), Website hosting are some of the fixed costs that come out of here. Some of Kiza Olson, Sarah Gassman, Julie Kloeckl salary and fringe pull from the LPHG then the county allocations.
 - ii. Commissioner Oberg would like to see a Commissioner from each county to form the Finance Committee. She would like to see someone other than the Executive Team to participate. Recommends one Commissioner plus once fiscal staff from each county, plus Kiza and Sarah.
 - 1. Add to agenda in February for formal discussion.
 - iii. Commissioner Johnson made motion to approve 2026 Administrative and 2026 Grant Allocation in one motion, Commissioner Schmalz seconded.
- l. 2026 Grant Allocation (Action)*

6. Other Agenda Items

- a. Administrator Update*
- b. Fiscal Update*
- c. County Updates (Meeker, Sibley, McLeod)
 - i. Meeker – Nurses starting PAT2 program, new connecting families group starting.
 - ii. Sibley – Hired RN in FHV.
 - iii. McLeod – TB update as previously presented, fully staffed.

7. Additional Discussion

- a. Commissioner Johnson asked about the indirect dollars. Kiza mentioned it was discussed at the Executive Committee meeting, and it was decided to hold for WIC staff salaries because funding was uncertain at that time due to the government shutdown. The discussion will now be brought back to the Executive Committee for discussion and recommendation ahead of the February 2026 CHB meeting.
- b. Commissioner Johnson asked about the Deputy Director position at CHS. The CHS does not currently employ a Deputy Director. Diane Winter, former Meeker County Public Health Director, served as an interim Administrator between the former MMS CHS Administrator and Kiza. Diane Winter also had designated authority to bank account access and employee services for agency operations. Since her retirement, Sarah now holds the designated authority to bank account access and employee services for agency operations.
 - i. Commissioner Johnson stated that it should match other documentation and will send what he is referring to, to Kiza for review.
 - ii. This resolution is passed at the annual meeting each year.
- c. Commissioner Johnson had questions around the Joint Powers Agreement (JPA), Article 4, section 4, letter 'D.' He is wondering if the per diem that is referred to is to be paid by the counties or MMS CHS.
 - i. Commissioner Oberg is ok keeping it how it is but open for discussion.
 - ii. Is this something that should be added to the LPHG grant budget? To show 'true' cost?
- d. Kiza clarified that PHWINS data is from a survey put out by de Beaumont and we work with this data to create our workforce development plan and strategies

8. Adjournment at 12:32 pm by Commissioner Grochow, seconded by Commissioner Koch.

Meeker-McLeod-Sibley Community Health Services Executive Committee Agenda

Date: 1/16/2026

Time: 1:30pm

Location: Teams Virtual Meeting

Present: Commissioner Oberg, Commissioner Grochow, Commissioner Cacka, Rachel Fruhwirth, Berit Spors, Kiza Olson, Chukuma Ijioma, Kay Winterfeldt,

Absent: Brittany Becker, Sarah Gassman, Tina Schenk, Klea Rhettman

Guests:

Topic	Discussion/Plan	Action/Do	Follow up Responsible Person Deadline
Welcome	<p>Read mission statement – Commissioner Oberg</p> <p>Our mission is to promote health, prevent disease, and protect those who live, work, learn, and play in our community.</p>		
LPHG	<p>Local Public Health Grant (LPHG) Funds Summary</p> <ul style="list-style-type: none"> MMS CHS had \$97,686.11 in unspent LPHG funds at the end of the fiscal year. <p>Recommendation Management Team (MT) recommends that the remaining LPHG funds be returned to the member counties using the Joint Powers Agreement (JPA) population-based formula, consistent with prior practice. Meeker 30.32% McLeod 48.58% Sibley 20.10%</p>	<p>Commissioners Oberg, Grochow, and Cacka agreed to MT's recommendation.</p> <p>This will be brought to the full board as Exec Committee's recommendation.</p>	

Our mission is to promote health, prevent disease, and protect those who live, work, learn, and play in our community.

Indirect	<p>Indirect Costs Summary</p> <ul style="list-style-type: none"> MMS CHS collected \$69,786 in indirect costs in FY24. MMS CHS is projected to collect approximately \$60,000 in indirect costs in FY25. <p>Recommendation Management Team (MT) recommends that the total indirect costs collected across FY24 and FY25 be split evenly among the four entities (each member county and MMS CHS).</p> <p>MT further recommends holding distribution of these funds until there is clarity that WIC funding is not subject to a federal freeze. If no freeze is in place as of June 1, MMS CHS would issue the payments at that time.</p>	<p>Commissioners Oberg, Grochow, and Cacka agreed to MT's recommendation.</p> <p>This will be brought to the full board as Exec Committee's recommendation.</p>	
Respectfully Submitted by:	Kiza Olson		

MEEKER-MCLEOD-SIBLEY COMMUNITY HEALTH SERVICES
114 N Holcombe Ave, Suite 250, Litchfield MN 55355
INVOICE PAYMENTS Acct #000991730

Date	Vendor	Vendor Address	Vendor City	Vendor State	Vendor Zip-Code	Payment Amount	Invoice #	Grant/Program Number	Account Class	Object Number	Account	Reason for Payment
5-Nov	Career/Life Alliance Services	2804 Highland Dr	Burnsville	Mn	55337	\$ 900.00	2895	108	Infrastructure	6350	Other Charges & Services	All Staff Speaker
5-Nov	Cherryroad Media, Inc	PO Box 1283	Hutchinson	KS	67504-1283	\$ 129.30	294130	248	Cannabis	6350	Other Charges & Services	Outreach Items
5-Nov	The Vision Companies	PO Box 248	Rogers	Mn	55374	\$ 70.32	85822	234	WIC Peer Grant	6265	Professional Services	Peer Payroll
5-Nov	The Vision Companies	PO Box 248	Rogers	Mn	55374	\$ 33.76	85822	234	WIC Peer Grant	6881	Other Contractor Fees	Peer Markup
5-Nov	The Vision Companies	PO Box 248	Rogers	Mn	55374	\$ 300.74	85822	234	WIC Peer Grant	6265	Professional Services	Lead Peer Payroll
5-Nov	The Vision Companies	PO Box 248	Rogers	Mn	55374	\$ 144.36	85822	234	WIC Peer Grant	6881	Other Contractor Fees	Lead Peer Markup
7-Nov	Nathan Schmalz	19906 Cable Ave	Lester Prairie	Mn	55354	\$ 90.00	11.5.25	109	FPHR	6350	Other Charges & Services	CHAT Stipend
7-Nov	Diane Bias-Mosel	48267 236th St	Gaylord	Mn	55334	\$ 98.80	11.5.25	109	FPHR	6350	Other Charges & Services	CHAT Stipend
7-Nov	Dixie Messner	501 W 8th St	Winthrop	Mn	55355	\$ 108.60	11.5.25	109	FPHR	6350	Other Charges & Services	CHAT Stipend
12-Nov	Health Management Associates Inc.	Lockbox 11071 PO Box 7411071	Chicago	IL	60674-1071	\$ 18,136.25	335551-0000002	110	Innovation	6154	Contracted Services	Consulting Services
12-Nov	The Vision Companies	PO Box 248	Rogers	Mn	55374	\$ 59.82	85870	234	WIC Peer Grant	6880	IBCLC	IBCLC Payroll
12-Nov	The Vision Companies	PO Box 248	Rogers	Mn	55374	\$ 28.71	85870	234	WIC Peer Grant	6881	Other Contractor Fees	IBCLC Markup
12-Nov	The Vision Companies	PO Box 248	Rogers	Mn	55374	\$ 66.19	85870	234	WIC Peer Grant	6265	Professional Services	Peer Payroll
12-Nov	The Vision Companies	PO Box 248	Rogers	Mn	55374	\$ 31.77	85870	234	WIC Peer Grant	6881	Other Contractor Fees	Peer Markup
12-Nov	The Vision Companies	PO Box 248	Rogers	Mn	55374	\$ 272.89	85870	234	WIC Peer Grant	6265	Professional Services	Lead Peer Payroll
12-Nov	The Vision Companies	PO Box 248	Rogers	Mn	55374	\$ 130.99	85870	234	WIC Peer Grant	6881	Other Contractor Fees	Lead Peer Markup
14-Nov	Sibley Co HHS	111 8th St PO Box 237	Gaylord	Mn	55334	\$ 34.06	11.12.25	100	Local Public Health Grant	6350	Other Charges & Services	CHA Expense
14-Nov	Conway, Deuth & Schmiesing, PLLP	820 Sibley ave N	Litchfield	Mn	55355	\$ 1,700.00	357227	100	Local Public Health Grant	6265	Professional Services	Accounting Firm
20-Nov	The Vision Companies	PO Box 248	Rogers	Mn	55374	\$ 16.55	85922	234	WIC Peer Grant	6265	Professional Services	Peer Payroll
20-Nov	The Vision Companies	PO Box 248	Rogers	Mn	55374	\$ 7.94	85922	234	WIC Peer Grant	6881	Other Contractor Fees	Peer Markup
20-Nov	The Vision Companies	PO Box 248	Rogers	Mn	55374	\$ 317.45	85922	234	WIC Peer Grant	6265	Professional Services	Lead Peer Payroll
20-Nov	The Vision Companies	PO Box 248	Rogers	Mn	55374	\$ 152.37	85922	234	WIC Peer Grant	6881	Other Contractor Fees	Lead Peer Markup
21-Nov	McLeod County Public Health	520 Chandler ave N NW 5960	Glencoe	Mn	55336	\$ 24.71	104	100	Local Public Health Grant	6350	Other Charges & Services	CHA Expense
21-Nov	Regents of the U of Mn	PO Box 1450	Minneapolis	Mn	55485-5960	\$ 950.00	0.0300037989	100	Local Public Health Grant	6350	Other Charges & Services	Staff Continuing Ed
21-Nov	Hutchinson Public Schools, ISD 423	1365 South Grade Rd SW, STE 2	Hutchinson	Mn	55350	\$ 231.00	9258	248	Cannabis	6154	Contracted Services	McLeod Rental
25-Nov	CliftonLarsonAllen LLP	PO Box 776376	Chicago	IL	60677-6376	\$ 2,100.00	L251733198	100	Local Public Health Grant	6266	Audit Expense	Audit Expense
26-Nov	The Vision Companies	PO Box 248	Rogers	Mn	55374	\$ 16.55	85972	234	WIC Peer Grant	6265	Professional Services	Peer Payroll
26-Nov	The Vision Companies	PO Box 248	Rogers	Mn	55374	\$ 7.94	85972	234	WIC Peer Grant	6881	Other Contractor Fees	Peer Markup
26-Nov	The Vision Companies	PO Box 248	Rogers	Mn	55374	\$ 289.61	85972	234	WIC Peer Grant	6265	Professional Services	Lead Peer Payroll
26-Nov	The Vision Companies	PO Box 248	Rogers	Mn	55374	\$ 139.00	85972	234	WIC Peer Grant	6881	Other Contractor Fees	Lead Peer Markup

MEEKER-MCLEOD-SIBLEY COMMUNITY HEALTH SERVICES
114 N Holcombe Ave, Suite 250, Litchfield MN 55355
INVOICE PAYMENTS Acct #000991730

Date	Vendor	Vendor Address	Vendor City	Vendor State	Vendor Zip-Code	Payment Amount	Invoice #	Grant/Program Number	Account Class	Object Number	Account	Reason for Payment
3-Dec	The Vision Companies	PO Box 248	Rogers	Mn	55374	\$ 49.64	86021	234	WIC Peer Grant	6265	Professional Services	Peer Payroll
3-Dec	The Vision Companies	PO Box 248	Rogers	Mn	55374	\$ 23.83	86021	234	WIC Peer Grant	6881	Other Contractor Fees	Peer Markup
3-Dec	The Vision Companies	PO Box 248	Rogers	Mn	55374	\$ 272.89	86021	234	WIC Peer Grant	6265	Professional Services	Lead Peer Payroll
3-Dec	The Vision Companies	PO Box 248	Rogers	Mn	55374	\$ 130.99	86021	234	WIC Peer Grant	6881	Other Contractor Fees	Lead Peer Markup
4-Dec	Nathan Schmalz	19906 Cable Ave	Lester Prairie	Mn	55354	\$ 102.00	12.3.25	240	SHIP	6350	Other Charges & Services	CHAT Stipend
4-Dec	Diane Bias-Mosel	48267 236th St	Gaylord	Mn	55334	\$ 98.80	12.3.25	240	SHIP	6350	Other Charges & Services	CHAT Stipend
4-Dec	Dixie Messner	501 W 8th St	Winthrop	Mn	55355	\$ 108.60	12.3.25	240	SHIP	6350	Other Charges & Services	CHAT Stipend
4-Dec	Darlene Kotelnicki	425 N Gorman Ave	Litchfield	Mn	55355	\$ 135.20	12.3.25	240	SHIP	6350	Other Charges & Services	CHAT Stipend
10-Dec	Vivid Image, Inc	897 Hwy 15 S, STE A	Hutchinson	Mn	55350	\$ 2,000.00	27234	206	SRHS	6154	Contracted Services	Pre-Paid Plan
10-Dec	Vivid Image, Inc	897 Hwy 15 S, STE A	Hutchinson	Mn	55350	\$ 100.00	27234	206	SRHS	6350	Other Charges & Services	Outreach
10-Dec	The Vision Companies	PO Box 248	Rogers	Mn	55374	\$ 57.92	86064	234	WIC Peer Grant	6265	Professional Services	Peer Payroll
10-Dec	The Vision Companies	PO Box 248	Rogers	Mn	55374	\$ 27.80	86064	234	WIC Peer Grant	6881	Other Contractor Fees	Peer Markup
10-Dec	The Vision Companies	PO Box 248	Rogers	Mn	55374	\$ 395.42	86064	234	WIC Peer Grant	6265	Professional Services	Lead Peer Payroll
10-Dec	The Vision Companies	PO Box 248	Rogers	Mn	55374	\$ 229.00	86064	234	WIC Peer Grant	6881	Other Contractor Fees	Lead Peer Markup and Mileage
15-Dec	Mn Counties Intergovernmental Trust	LBX-139157 PO Box 1691	Minneapolis	Mn	55480-1691	\$ 528.00	WCAUDIT1996	100	Local Public Health Grant	6151	Work Comp Insurance	WC Audit
16-Dec	Health Management Associates Inc.	Lockbox 11071 PO Box 7411071	Chicago	IL	60674-1071	\$ 14,381.25	335551-0000003	110	Innovation	6154	Contracted Services	Consulting Services
17-Dec	The Vision Companies	PO Box 248	Rogers	Mn	55374	\$ 53.78	86108	234	WIC Peer Grant	6265	Professional Services	Peer Payroll
17-Dec	The Vision Companies	PO Box 248	Rogers	Mn	55374	\$ 26.51	86108	234	WIC Peer Grant	6881	Other Contractor Fees	Peer Markup and Mileage
17-Dec	The Vision Companies	PO Box 248	Rogers	Mn	55374	\$ 317.45	86108	234	WIC Peer Grant	6265	Professional Services	Lead Peer Payroll
17-Dec	The Vision Companies	PO Box 248	Rogers	Mn	55374	\$ 152.37	86108	234	WIC Peer Grant	6881	Other Contractor Fees	Lead Peer Markup
19-Dec	Conway, Deuth & Schmiesing, PLLP	820 Sibley ave N	Litchfield	Mn	55355	\$ 1,655.00	358174	100	Local Public Health Grant	6265	Professional Services	Accounting Firm
29-Dec	CliftonLarsonAllen LLP	PO Box 776376	Chicago	IL	60677-6376	\$ 945.00	L251792281	100	Local Public Health Grant	6266	Audit Expense	FY25 Audit Expense
29-Dec	The Vision Companies	PO Box 248	Rogers	Mn	55374	\$ 20.68	86148	234	WIC Peer Grant	6265	Professional Services	Peer Payroll
29-Dec	The Vision Companies	PO Box 248	Rogers	Mn	55374	\$ 9.93	86148	234	WIC Peer Grant	6881	Other Contractor Fees	Peer Markup
29-Dec	The Vision Companies	PO Box 248	Rogers	Mn	55374	\$ 345.30	86148	234	WIC Peer Grant	6265	Professional Services	Lead Peer Payroll
29-Dec	The Vision Companies	PO Box 248	Rogers	Mn	55374	\$ 165.74	86148	234	WIC Peer Grant	6881	Other Contractor Fees	Lead Peer Markup
29-Dec	The Vision Companies	PO Box 248	Rogers	Mn	55374	\$ 119.64	86148	234	WIC Peer Grant	6880	IBCLC	IBCLC Payroll
29-Dec	The Vision Companies	PO Box 248	Rogers	Mn	55374	\$ 57.42	86148	234	WIC Peer Grant	6881	Other Contractor Fees	IBCLC Markup

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Date	Vendor	Vendor Address	Vendor City	Vendor State	Vendor Zip-Code	Payment Amount	Invoice #	Grant/Program Number	Account Class	Object Number	Account	Reason for Payment
2-Jan	MCIT	LBX-138157 Box 1691	Minneapolis	Mn	55480-1691	\$ 12,774.00	21124R	100	Local Public Health Grant	6151	Work Comp Insurance	PC WC Renewal 2026
2-Jan	MnCCC Lockbox	PO Box 860687	Minneapolis	Mn	55486-0687	\$ 12,392.24	2601109	100	Local Public Health Grant	6264	PH-Doc Software	PHDoc Q1 2026
2-Jan	Vivid Image	897 Hwy 15 S STE A	Hutchinson	Mn	55350	\$ 75.13	27333	212	Project Harmony Grant	6354	Coypying	Program Flyer
2-Jan	The Vision Companies	PO Box 248	Rogers	Mn	55374	\$ 49.64	86188	234	WIC Peer Grant	6265	Professional Services	Peer Payroll
2-Jan	The Vision Companies	PO Box 248	Rogers	Mn	55374	\$ 23.83	86188	234	WIC Peer Grant	6881	Other Contractor Fees	Peer Markup
2-Jan	The Vision Companies	PO Box 248	Rogers	Mn	55374	\$ 239.48	86188	234	WIC Peer Grant	6265	Professional Services	Lead Peer Payroll
2-Jan	The Vision Companies	PO Box 248	Rogers	Mn	55374	\$ 114.95	86188	234	WIC Peer Grant	6881	Other Contractor Fees	Lead Peer Markup
7-Jan	The Vision Companies	PO Box 248	Rogers	Mn	55374	\$ 50.01	86224	234	WIC Peer Grant	6265	Professional Services	Peer Payroll
7-Jan	The Vision Companies	PO Box 248	Rogers	Mn	55374	\$ 28.44	86224	234	WIC Peer Grant	6881	Other Contractor Fees	Peer Markup
7-Jan	The Vision Companies	PO Box 248	Rogers	Mn	55374	\$ 285.33	86224	234	WIC Peer Grant	6265	Professional Services	Lead Peer Payroll
7-Jan	The Vision Companies	PO Box 248	Rogers	Mn	55374	\$ 136.96	86224	234	WIC Peer Grant	6881	Other Contractor Fees	Lead Peer Markup
14-Jan	The Vision Companies	PO Box 248	Rogers	Mn	55374	\$ 111.82	86260	234	WIC Peer Grant	6265	Professional Services	Peer Payroll
14-Jan	The Vision Companies	PO Box 248	Rogers	Mn	55374	\$ 57.02	86260	234	WIC Peer Grant	6881	Other Contractor Fees	Peer Markup and Mileage
14-Jan	The Vision Companies	PO Box 248	Rogers	Mn	55374	\$ 377.95	86260	234	WIC Peer Grant	6265	Professional Services	Lead Peer Payroll
14-Jan	The Vision Companies	PO Box 248	Rogers	Mn	55374	\$ 181.41	86260	234	WIC Peer Grant	6881	Other Contractor Fees	Lead Peer Markup
20-Jan	Health Management Associates Inc.	Lockbox 11071 Box 7411071	Chicago	IL	60674-1071	\$ 26,805.00	335551-0000004	110	Innovation	6154	Contracted Services	Consulting Services
21-Jan	The Vision Companies	PO Box 248	Rogers	Mn	55374	\$ 62.62	86298	234	WIC Peer Grant	6265	Professional Services	Peer Payroll
21-Jan	The Vision Companies	PO Box 248	Rogers	Mn	55374	\$ 30.06	86298	234	WIC Peer Grant	6881	Other Contractor Fees	Peer Markup
21-Jan	The Vision Companies	PO Box 248	Rogers	Mn	55374	\$ 407.47	86298	234	WIC Peer Grant	6265	Professional Services	Lead Peer Payroll
21-Jan	The Vision Companies	PO Box 248	Rogers	Mn	55374	\$ 237.64	86298	234	WIC Peer Grant	6881	Other Contractor Fees	Lead Peer Markup and Mileage
21-Jan	Conway, Deuth & Schmiesing, PLLP	820 Sibley ave N	Litchfield	Mn	55355	\$ 2,697.00	359345	100	Local Public Health Grant	6265	Professional Services	Accounting Firm
21-Jan	Vivid Image	897 Hwy 15 S STE A	Litchfield	Mn	55350	\$ 6,800.00	27442	248	Cannabis	6154	Contracted Services	Website Development
29-Jan	The Vision Companies	PO Box 248	Rogers	Mn	55374	\$ 44.73	86337	234	WIC Peer Grant	6265	Professional Services	Peer Payroll
29-Jan	The Vision Companies	PO Box 248	Rogers	Mn	55374	\$ 21.47	86337	234	WIC Peer Grant	6881	Other Contractor Fees	Peer Markup
29-Jan	The Vision Companies	PO Box 248	Rogers	Mn	55374	\$ 372.04	86337	234	WIC Peer Grant	6265	Professional Services	Lead Peer Payroll
29-Jan	The Vision Companies	PO Box 248	Rogers	Mn	55374	\$ 178.58	86337	234	WIC Peer Grant	6881	Other Contractor Fees	Lead Peer Markup

9:49 AM

Meeker-McLeod-Sibley Community Health Services

12/02/25

Grant Summary Report

Accrual Basis

November 2025

	100 - Local Public Health Grant	108 - CDC Federal Infrastructure
Ordinary Income/Expense		
Income		
5303 · SHIP Grant	0.00	0.00
5305 · Innovation - MDH	0.00	0.00
5365 · Foundational Public Health Resp	0.00	0.00
5375 · Early Hearing Detection	0.00	0.00
5380 · Cannabis & Substance Use Prev.	0.00	0.00
5400 · Federal Grant	0.00	0.00
5404 · Early Hearing Detect/Intervent	0.00	0.00
5413 · WIC Grant	0.00	0.00
5430 · Project Harmony	0.00	0.00
5433 · TANF	0.00	0.00
5860 · Miscellaneous	27.13	0.00
Total Income	27.13	0.00
Expense		
6100 · Total Payroll Expense	0.00	0.00
6105 · Salaries & Wages-FT	4,953.54	2,679.64
6110 · Salaries & Wages	0.00	0.00
6152 · HSA Insurance-County Share	53.90	37.19
6153 · Health & Life Ins-County Share	287.31	198.68
6154 · Contracted Services	0.00	0.00
6163 · PERA-County Share	305.89	313.71
6175 · FICA-County Share	370.32	203.25
6203 · Communications	76.82	0.00
6265 · Professional Services	1,700.00	0.00
6268 · Bank Service Fees & Charges	0.00	0.00
6269 · Payroll Services	80.00	0.00
6335 · Mileage	295.40	312.20
6350 · Other Charges & Services	34.06	900.00
6356 · Program Costs	0.00	0.00
6858 · FPSP County Payment	0.00	0.00
6859 · MCH County Payment	0.00	0.00
6863 · Healthy Homes CP	0.00	0.00
6864 · Early Hearing & Dect. CP	0.00	0.00
6865 · SHIP - County Payment	0.00	0.00
6871 · TANF CP	0.00	0.00
6875 · Covid Vacc 3	0.00	0.00
6880 · IBCLC	0.00	0.00
6881 · Other Contractor Fees	0.00	0.00
6882 · CDC Federal Infrastructure CP	0.00	0.00
6895 · MN Emergency RSG CP	0.00	0.00
6908 · Cannabis and Sub. Use Prev. CP	0.00	0.00
6909 · Innovation - MDH CP	0.00	0.00
Total Expense	8,157.24	4,644.67
Net Ordinary Income	-8,130.11	-4,644.67
Net Income	-8,130.11	-4,644.67

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Meeker-McLeod-Sibley Community Health Services

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Grant Summary Report

Accrual Basis

November 2025

	109 - FPHR	110 - Innovation MDH
Ordinary Income/Expense		
Income		
5303 · SHIP Grant	0.00	0.00
5305 · Innovation - MDH	0.00	13,242.29
5365 · Foundational Public Health Resp	42,362.97	0.00
5375 · Early Hearing Detection	0.00	0.00
5380 · Cannabis & Substance Use Prev.	0.00	0.00
5400 · Federal Grant	0.00	0.00
5404 · Early Hearing Detect/Intervent	0.00	0.00
5413 · WIC Grant	0.00	0.00
5430 · Project Harmony	0.00	0.00
5433 · TANF	0.00	0.00
5860 · Miscellaneous	0.00	0.00
Total Income	42,362.97	13,242.29
Expense		
6100 · Total Payroll Expense	0.00	0.00
6105 · Salaries & Wages-FT	10,285.59	2,304.11
6110 · Salaries & Wages	0.00	0.00
6152 · HSA Insurance-County Share	0.00	7.03
6153 · Health & Life Ins-County Share	3.03	38.09
6154 · Contracted Services	0.00	18,136.25
6163 · PERA-County Share	658.68	172.80
6175 · FICA-County Share	786.30	173.65
6203 · Communications	38.41	0.00
6265 · Professional Services	0.00	0.00
6268 · Bank Service Fees & Charges	0.00	0.00
6269 · Payroll Services	0.00	0.00
6335 · Mileage	147.00	0.00
6350 · Other Charges & Services	314.40	0.00
6356 · Program Costs	0.00	0.00
6858 · FPSP County Payment	0.00	0.00
6859 · MCH County Payment	0.00	0.00
6863 · Healthy Homes CP	0.00	0.00
6864 · Early Hearing & Dect. CP	0.00	0.00
6865 · SHIP - County Payment	0.00	0.00
6871 · TANF CP	0.00	0.00
6875 · Covid Vacc 3	0.00	0.00
6880 · IBCLC	0.00	0.00
6881 · Other Contractor Fees	0.00	0.00
6882 · CDC Federal Infrastructure CP	0.00	0.00
6895 · MN Emergency RSG CP	0.00	0.00
6908 · Cannabis and Sub. Use Prev. CP	0.00	0.00
6909 · Innovation - MDH CP	0.00	4,683.76
Total Expense	12,233.41	25,515.69
Net Ordinary Income	30,129.56	-12,273.40
Net Income	30,129.56	-12,273.40

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Grant Summary Report

Accrual Basis

November 2025

	203 - Early Hearing Detection	206 - Sexual & Reproduct Health
Ordinary Income/Expense		
Income		
5303 · SHIP Grant	0.00	0.00
5305 · Innovation - MDH	0.00	0.00
5365 · Foundational Public Health Resp	0.00	0.00
5375 · Early Hearing Detection	1,650.00	0.00
5380 · Cannabis & Substance Use Prev.	0.00	0.00
5400 · Federal Grant	0.00	0.00
5404 · Early Hearing Detect/Intervent	225.00	0.00
5413 · WIC Grant	0.00	0.00
5430 · Project Harmony	0.00	0.00
5433 · TANF	0.00	0.00
5860 · Miscellaneous	0.00	0.00
Total Income	1,875.00	0.00
Expense		
6100 · Total Payroll Expense	0.00	0.00
6105 · Salaries & Wages-FT	0.00	0.00
6110 · Salaries & Wages	0.00	0.00
6152 · HSA Insurance-County Share	0.00	0.00
6153 · Health & Life Ins-County Share	0.00	0.00
6154 · Contracted Services	0.00	0.00
6163 · PERA-County Share	0.00	0.00
6175 · FICA-County Share	0.00	0.00
6203 · Communications	0.00	0.00
6265 · Professional Services	0.00	0.00
6268 · Bank Service Fees & Charges	0.00	0.00
6269 · Payroll Services	0.00	0.00
6335 · Mileage	0.00	0.00
6350 · Other Charges & Services	0.00	200.00
6356 · Program Costs	0.00	0.00
6858 · FPSP County Payment	0.00	10,592.68
6859 · MCH County Payment	0.00	0.00
6863 · Healthy Homes CP	0.00	0.00
6864 · Early Hearing & Dect. CP	1,875.00	0.00
6865 · SHIP - County Payment	0.00	0.00
6871 · TANF CP	0.00	0.00
6875 · Covid Vacc 3	0.00	0.00
6880 · IBCLC	0.00	0.00
6881 · Other Contractor Fees	0.00	0.00
6882 · CDC Federal Infrastructure CP	0.00	0.00
6895 · MN Emergency RSG CP	0.00	0.00
6908 · Cannabis and Sub. Use Prev. CP	0.00	0.00
6909 · Innovation - MDH CP	0.00	0.00
Total Expense	1,875.00	10,792.68
Net Ordinary Income	0.00	-10,792.68
Net Income	0.00	-10,792.68

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Meeker-McLeod-Sibley Community Health Services

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Grant Summary Report

Accrual Basis

November 2025

	209 - MCH	212 - Project Harmony Grant
Ordinary Income/Expense		
Income		
5303 · SHIP Grant	0.00	0.00
5305 · Innovation - MDH	0.00	0.00
5365 · Foundational Public Health Resp	0.00	0.00
5375 · Early Hearing Detection	0.00	0.00
5380 · Cannabis & Substance Use Prev.	0.00	0.00
5400 · Federal Grant	0.00	0.00
5404 · Early Hearing Detect/Intervent	0.00	0.00
5413 · WIC Grant	0.00	0.00
5430 · Project Harmony	0.00	19,288.36
5433 · TANF	0.00	0.00
5860 · Miscellaneous	0.00	0.00
Total Income	0.00	19,288.36
Expense		
6100 · Total Payroll Expense	0.00	0.00
6105 · Salaries & Wages-FT	0.00	4,078.41
6110 · Salaries & Wages	0.00	0.00
6152 · HSA Insurance-County Share	0.00	100.00
6153 · Health & Life Ins-County Share	0.00	888.22
6154 · Contracted Services	0.00	0.00
6163 · PERA-County Share	0.00	305.88
6175 · FICA-County Share	0.00	304.31
6203 · Communications	0.00	38.41
6265 · Professional Services	0.00	0.00
6268 · Bank Service Fees & Charges	0.00	0.00
6269 · Payroll Services	0.00	0.00
6335 · Mileage	0.00	375.89
6350 · Other Charges & Services	0.00	0.00
6356 · Program Costs	0.00	127.00
6858 · FPSP County Payment	0.00	0.00
6859 · MCH County Payment	3,614.76	0.00
6863 · Healthy Homes CP	0.00	0.00
6864 · Early Hearing & Dect. CP	0.00	0.00
6865 · SHIP - County Payment	0.00	0.00
6871 · TANF CP	0.00	0.00
6875 · Covid Vacc 3	0.00	0.00
6880 · IBCLC	0.00	0.00
6881 · Other Contractor Fees	0.00	0.00
6882 · CDC Federal Infrastructure CP	0.00	0.00
6895 · MN Emergency RSG CP	0.00	0.00
6908 · Cannabis and Sub. Use Prev. CP	0.00	0.00
6909 · Innovation - MDH CP	0.00	0.00
Total Expense	3,614.76	6,218.12
Net Ordinary Income	-3,614.76	13,070.24
Net Income	-3,614.76	13,070.24

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Meeker-McLeod-Sibley Community Health Services

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Grant Summary Report

Accrual Basis

November 2025

	224 - TANF	234 - WIC Peer Grant
Ordinary Income/Expense		
Income		
5303 · SHIP Grant	0.00	0.00
5305 · Innovation - MDH	0.00	0.00
5365 · Foundational Public Health Resp	0.00	0.00
5375 · Early Hearing Detection	0.00	0.00
5380 · Cannabis & Substance Use Prev.	0.00	0.00
5400 · Federal Grant	0.00	0.00
5404 · Early Hearing Detect/Intervent	0.00	0.00
5413 · WIC Grant	0.00	0.00
5430 · Project Harmony	0.00	0.00
5433 · TANF	40,878.17	0.00
5860 · Miscellaneous	0.00	0.00
Total Income	40,878.17	0.00
Expense		
6100 · Total Payroll Expense	0.00	0.00
6105 · Salaries & Wages-FT	0.00	1,011.47
6110 · Salaries & Wages	0.00	0.00
6152 · HSA Insurance-County Share	0.00	0.00
6153 · Health & Life Ins-County Share	0.00	98.90
6154 · Contracted Services	0.00	0.00
6163 · PERA-County Share	0.00	76.40
6175 · FICA-County Share	0.00	76.33
6203 · Communications	0.00	152.55
6265 · Professional Services	0.00	1,427.78
6268 · Bank Service Fees & Charges	0.00	0.00
6269 · Payroll Services	0.00	0.00
6335 · Mileage	0.00	0.00
6350 · Other Charges & Services	0.00	125.00
6356 · Program Costs	0.00	0.00
6858 · FPSP County Payment	0.00	0.00
6859 · MCH County Payment	0.00	0.00
6863 · Healthy Homes CP	0.00	0.00
6864 · Early Hearing & Dect. CP	0.00	0.00
6865 · SHIP - County Payment	0.00	0.00
6871 · TANF CP	38,728.17	0.00
6875 · Covid Vacc 3	0.00	0.00
6880 · IBCLC	0.00	59.82
6881 · Other Contractor Fees	0.00	812.74
6882 · CDC Federal Infrastructure CP	0.00	0.00
6895 · MN Emergency RSG CP	0.00	0.00
6908 · Cannabis and Sub. Use Prev. CP	0.00	0.00
6909 · Innovation - MDH CP	0.00	0.00
Total Expense	38,728.17	3,840.99
Net Ordinary Income	2,150.00	-3,840.99
Net Income	2,150.00	-3,840.99

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Meeker-McLeod-Sibley Community Health Services

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Grant Summary Report

Accrual Basis

November 2025

	236 - WIC	240 - SHIP-Eats
Ordinary Income/Expense		
Income		
5303 · SHIP Grant	0.00	19,084.36
5305 · Innovation - MDH	0.00	0.00
5365 · Foundational Public Health Resp	0.00	0.00
5375 · Early Hearing Detection	0.00	0.00
5380 · Cannabis & Substance Use Prev.	0.00	0.00
5400 · Federal Grant	0.00	0.00
5404 · Early Hearing Detect/Intervent	0.00	0.00
5413 · WIC Grant	32,283.00	0.00
5430 · Project Harmony	0.00	0.00
5433 · TANF	0.00	0.00
5860 · Miscellaneous	0.00	0.00
Total Income	32,283.00	19,084.36
Expense		
6100 · Total Payroll Expense	40.00	0.00
6105 · Salaries & Wages-FT	10,580.39	6,232.00
6110 · Salaries & Wages	0.00	0.00
6152 · HSA Insurance-County Share	99.07	100.00
6153 · Health & Life Ins-County Share	1,161.70	812.02
6154 · Contracted Services	0.00	0.00
6163 · PERA-County Share	861.63	467.40
6175 · FICA-County Share	796.58	467.18
6203 · Communications	76.82	38.41
6265 · Professional Services	0.00	0.00
6268 · Bank Service Fees & Charges	0.00	0.00
6269 · Payroll Services	0.00	0.00
6335 · Mileage	456.40	52.50
6350 · Other Charges & Services	35.00	2,999.00
6356 · Program Costs	0.00	0.00
6858 · FPSP County Payment	0.00	0.00
6859 · MCH County Payment	0.00	0.00
6863 · Healthy Homes CP	0.00	0.00
6864 · Early Hearing & Dect. CP	0.00	0.00
6865 · SHIP - County Payment	0.00	22,384.22
6871 · TANF CP	0.00	0.00
6875 · Covid Vacc 3	0.00	0.00
6880 · IBCLC	0.00	0.00
6881 · Other Contractor Fees	0.00	0.00
6882 · CDC Federal Infrastructure CP	0.00	7,718.77
6895 · MN Emergency RSG CP	0.00	0.00
6908 · Cannabis and Sub. Use Prev. CP	0.00	0.00
6909 · Innovation - MDH CP	0.00	0.00
Total Expense	14,107.59	41,271.50
Net Ordinary Income	18,175.41	-22,187.14
Net Income	18,175.41	-22,187.14

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Grant Summary Report

Accrual Basis

November 2025

	248 - CSUP - Cannabis	306 - COV Vacc 3 (Fed Funding)
Ordinary Income/Expense		
Income		
5303 · SHIP Grant	0.00	0.00
5305 · Innovation - MDH	0.00	0.00
5365 · Foundational Public Health Resp	0.00	0.00
5375 · Early Hearing Detection	0.00	0.00
5380 · Cannabis & Substance Use Prev.	15,190.52	0.00
5400 · Federal Grant	0.00	2,763.80
5404 · Early Hearing Detect/Intervent	0.00	0.00
5413 · WIC Grant	0.00	0.00
5430 · Project Harmony	0.00	0.00
5433 · TANF	0.00	0.00
5860 · Miscellaneous	0.00	0.00
Total Income	15,190.52	2,763.80
Expense		
6100 · Total Payroll Expense	0.00	0.00
6105 · Salaries & Wages-FT	949.36	0.00
6110 · Salaries & Wages	0.00	0.00
6152 · HSA Insurance-County Share	0.00	0.00
6153 · Health & Life Ins-County Share	0.33	0.00
6154 · Contracted Services	0.00	0.00
6163 · PERA-County Share	71.20	0.00
6175 · FICA-County Share	71.92	0.00
6203 · Communications	0.00	0.00
6265 · Professional Services	0.00	0.00
6268 · Bank Service Fees & Charges	0.00	0.00
6269 · Payroll Services	0.00	0.00
6335 · Mileage	0.00	0.00
6350 · Other Charges & Services	129.30	0.00
6356 · Program Costs	0.00	0.00
6858 · FPSP County Payment	0.00	0.00
6859 · MCH County Payment	0.00	0.00
6863 · Healthy Homes CP	0.00	0.00
6864 · Early Hearing & Dect. CP	0.00	0.00
6865 · SHIP - County Payment	0.00	0.00
6871 · TANF CP	0.00	0.00
6875 · Covid Vacc 3	0.00	2,763.80
6880 · IBCLC	0.00	0.00
6881 · Other Contractor Fees	0.00	0.00
6882 · CDC Federal Infrastructure CP	0.00	0.00
6895 · MN Emergency RSG CP	0.00	0.00
6908 · Cannabis and Sub. Use Prev. CP	14,284.38	0.00
6909 · Innovation - MDH CP	0.00	0.00
Total Expense	15,506.49	2,763.80
Net Ordinary Income	-315.97	0.00
Net Income	-315.97	0.00

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Meeker-McLeod-Sibley Community Health Services

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Grant Summary Report

Accrual Basis

November 2025

	309- Perinatal Hepatitis B	401 - Healthy Homes
Ordinary Income/Expense		
Income		
5303 · SHIP Grant	0.00	0.00
5305 · Innovation - MDH	0.00	0.00
5365 · Foundational Public Health Resp	0.00	0.00
5375 · Early Hearing Detection	0.00	0.00
5380 · Cannabis & Substance Use Prev.	0.00	0.00
5400 · Federal Grant	0.00	0.00
5404 · Early Hearing Detect/Intervent	0.00	0.00
5413 · WIC Grant	0.00	0.00
5430 · Project Harmony	0.00	0.00
5433 · TANF	0.00	0.00
5860 · Miscellaneous	0.00	0.00
Total Income	0.00	0.00
Expense		
6100 · Total Payroll Expense	0.00	0.00
6105 · Salaries & Wages-FT	0.00	0.00
6110 · Salaries & Wages	0.00	0.00
6152 · HSA Insurance-County Share	0.00	0.00
6153 · Health & Life Ins-County Share	0.00	0.00
6154 · Contracted Services	0.00	0.00
6163 · PERA-County Share	0.00	0.00
6175 · FICA-County Share	0.00	0.00
6203 · Communications	0.00	0.00
6265 · Professional Services	0.00	0.00
6268 · Bank Service Fees & Charges	0.00	0.00
6269 · Payroll Services	0.00	0.00
6335 · Mileage	0.00	0.00
6350 · Other Charges & Services	0.00	0.00
6356 · Program Costs	0.00	0.00
6858 · FPSP County Payment	0.00	0.00
6859 · MCH County Payment	0.00	0.00
6863 · Healthy Homes CP	0.00	9,464.63
6864 · Early Hearing & Dect. CP	0.00	0.00
6865 · SHIP - County Payment	0.00	0.00
6871 · TANF CP	0.00	0.00
6875 · Covid Vacc 3	0.00	0.00
6880 · IBCLC	0.00	0.00
6881 · Other Contractor Fees	0.00	0.00
6882 · CDC Federal Infrastructure CP	4,105.37	0.00
6895 · MN Emergency RSG CP	0.00	0.00
6908 · Cannabis and Sub. Use Prev. CP	0.00	0.00
6909 · Innovation - MDH CP	0.00	0.00
Total Expense	4,105.37	9,464.63
Net Ordinary Income	-4,105.37	-9,464.63
Net Income	-4,105.37	-9,464.63

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Grant Summary Report

Accrual Basis

November 2025

	502 - Emergency Preparedness	505 - EP - CRI
Ordinary Income/Expense		
Income		
5303 · SHIP Grant	0.00	0.00
5305 · Innovation - MDH	0.00	0.00
5365 · Foundational Public Health Resp	0.00	0.00
5375 · Early Hearing Detection	0.00	0.00
5380 · Cannabis & Substance Use Prev.	0.00	0.00
5400 · Federal Grant	0.00	0.00
5404 · Early Hearing Detect/Intervent	0.00	0.00
5413 · WIC Grant	0.00	0.00
5430 · Project Harmony	0.00	0.00
5433 · TANF	0.00	0.00
5860 · Miscellaneous	0.00	0.00
Total Income	0.00	0.00
Expense		
6100 · Total Payroll Expense	0.00	0.00
6105 · Salaries & Wages-FT	4,462.50	0.00
6110 · Salaries & Wages	0.00	0.00
6152 · HSA Insurance-County Share	0.00	0.00
6153 · Health & Life Ins-County Share	779.96	0.00
6154 · Contracted Services	0.00	0.00
6163 · PERA-County Share	334.68	0.00
6175 · FICA-County Share	324.69	0.00
6203 · Communications	22.41	0.00
6265 · Professional Services	0.00	0.00
6268 · Bank Service Fees & Charges	0.00	0.00
6269 · Payroll Services	0.00	0.00
6335 · Mileage	279.30	0.00
6350 · Other Charges & Services	0.00	0.00
6356 · Program Costs	0.00	0.00
6858 · FPSP County Payment	0.00	0.00
6859 · MCH County Payment	0.00	0.00
6863 · Healthy Homes CP	0.00	0.00
6864 · Early Hearing & Dect. CP	0.00	0.00
6865 · SHIP - County Payment	0.00	0.00
6871 · TANF CP	0.00	0.00
6875 · Covid Vacc 3	0.00	0.00
6880 · IBCLC	0.00	0.00
6881 · Other Contractor Fees	0.00	0.00
6882 · CDC Federal Infrastructure CP	0.00	0.00
6895 · MN Emergency RSG CP	0.00	0.00
6908 · Cannabis and Sub. Use Prev. CP	0.00	0.00
6909 · Innovation - MDH CP	0.00	0.00
Total Expense	6,203.54	0.00
Net Ordinary Income	-6,203.54	0.00
Net Income	-6,203.54	0.00

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Grant Summary Report

Accrual Basis

November 2025

	506 - MN Emergency RSG	507 - MRC STTRONG
Ordinary Income/Expense		
Income		
5303 · SHIP Grant	0.00	0.00
5305 · Innovation - MDH	0.00	0.00
5365 · Foundational Public Health Resp	0.00	0.00
5375 · Early Hearing Detection	0.00	0.00
5380 · Cannabis & Substance Use Prev.	0.00	0.00
5400 · Federal Grant	0.00	0.00
5404 · Early Hearing Detect/Intervent	0.00	0.00
5413 · WIC Grant	0.00	0.00
5430 · Project Harmony	0.00	0.00
5433 · TANF	0.00	0.00
5860 · Miscellaneous	0.00	0.00
Total Income	0.00	0.00
Expense		
6100 · Total Payroll Expense	0.00	0.00
6105 · Salaries & Wages-FT	2,861.31	0.00
6110 · Salaries & Wages	0.00	0.00
6152 · HSA Insurance-County Share	1.88	0.00
6153 · Health & Life Ins-County Share	300.94	0.00
6154 · Contracted Services	0.00	0.00
6163 · PERA-County Share	214.59	0.00
6175 · FICA-County Share	214.99	0.00
6203 · Communications	16.00	0.00
6265 · Professional Services	0.00	0.00
6268 · Bank Service Fees & Charges	0.00	0.00
6269 · Payroll Services	0.00	0.00
6335 · Mileage	0.00	0.00
6350 · Other Charges & Services	0.00	0.00
6356 · Program Costs	0.00	0.00
6858 · FPSP County Payment	0.00	0.00
6859 · MCH County Payment	0.00	0.00
6863 · Healthy Homes CP	0.00	0.00
6864 · Early Hearing & Dect. CP	0.00	0.00
6865 · SHIP - County Payment	0.00	0.00
6871 · TANF CP	0.00	0.00
6875 · Covid Vacc 3	0.00	0.00
6880 · IBCLC	0.00	0.00
6881 · Other Contractor Fees	0.00	0.00
6882 · CDC Federal Infrastructure CP	0.00	0.00
6895 · MN Emergency RSG CP	28,910.70	0.00
6908 · Cannabis and Sub. Use Prev. CP	0.00	0.00
6909 · Innovation - MDH CP	0.00	0.00
Total Expense	32,520.41	0.00
Net Ordinary Income	-32,520.41	0.00
Net Income	-32,520.41	0.00

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Grant Summary Report

Accrual Basis

November 2025

	601 - Child & Teen Checkups	Unclassified
Ordinary Income/Expense		
Income		
5303 · SHIP Grant	0.00	0.00
5305 · Innovation - MDH	0.00	0.00
5365 · Foundational Public Health Resp	0.00	0.00
5375 · Early Hearing Detection	0.00	0.00
5380 · Cannabis & Substance Use Prev.	0.00	0.00
5400 · Federal Grant	0.00	0.00
5404 · Early Hearing Detect/Intervent	0.00	0.00
5413 · WIC Grant	0.00	0.00
5430 · Project Harmony	0.00	0.00
5433 · TANF	0.00	0.00
5860 · Miscellaneous	0.00	0.00
Total Income	0.00	0.00
Expense		
6100 · Total Payroll Expense	0.00	0.00
6105 · Salaries & Wages-FT	55.85	0.00
6110 · Salaries & Wages	0.00	7.04
6152 · HSA Insurance-County Share	0.94	-150.00
6153 · Health & Life Ins-County Share	5.22	-2,131.96
6154 · Contracted Services	0.00	0.00
6163 · PERA-County Share	4.19	0.01
6175 · FICA-County Share	4.12	-2.98
6203 · Communications	0.00	0.00
6265 · Professional Services	0.00	0.00
6268 · Bank Service Fees & Charges	0.00	6.95
6269 · Payroll Services	0.00	0.00
6335 · Mileage	0.00	-284.90
6350 · Other Charges & Services	0.00	0.00
6356 · Program Costs	0.00	0.00
6858 · FPSP County Payment	0.00	0.00
6859 · MCH County Payment	0.00	0.00
6863 · Healthy Homes CP	0.00	0.00
6864 · Early Hearing & Dect. CP	0.00	0.00
6865 · SHIP - County Payment	0.00	0.00
6871 · TANF CP	0.00	0.00
6875 · Covid Vacc 3	0.00	0.00
6880 · IBCLC	0.00	0.00
6881 · Other Contractor Fees	0.00	0.00
6882 · CDC Federal Infrastructure CP	0.00	0.00
6895 · MN Emergency RSG CP	0.00	0.00
6908 · Cannabis and Sub. Use Prev. CP	0.00	0.00
6909 · Innovation - MDH CP	0.00	0.00
Total Expense	70.32	-2,555.84
Net Ordinary Income	-70.32	2,555.84
Net Income	-70.32	2,555.84

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Meeker-McLeod-Sibley Community Health Services

12/02/25

Grant Summary Report

Accrual Basis

November 2025

	TOTAL
Ordinary Income/Expense	
Income	
5303 · SHIP Grant	19,084.36
5305 · Innovation - MDH	13,242.29
5365 · Foundational Public Health Resp	42,362.97
5375 · Early Hearing Detection	1,650.00
5380 · Cannabis & Substance Use Prev.	15,190.52
5400 · Federal Grant	2,763.80
5404 · Early Hearing Detect/Intervent	225.00
5413 · WIC Grant	32,283.00
5430 · Project Harmony	19,288.36
5433 · TANF	40,878.17
5860 · Miscellaneous	27.13
Total Income	186,995.60
Expense	
6100 · Total Payroll Expense	40.00
6105 · Salaries & Wages-FT	50,454.17
6110 · Salaries & Wages	7.04
6152 · HSA Insurance-County Share	250.01
6153 · Health & Life Ins-County Share	2,442.44
6154 · Contracted Services	18,136.25
6163 · PERA-County Share	3,787.06
6175 · FICA-County Share	3,790.66
6203 · Communications	459.83
6265 · Professional Services	3,127.78
6268 · Bank Service Fees & Charges	6.95
6269 · Payroll Services	80.00
6335 · Mileage	1,633.79
6350 · Other Charges & Services	4,736.76
6356 · Program Costs	127.00
6858 · FPSP County Payment	10,592.68
6859 · MCH County Payment	3,614.76
6863 · Healthy Homes CP	9,464.63
6864 · Early Hearing & Dect. CP	1,875.00
6865 · SHIP - County Payment	22,384.22
6871 · TANF CP	38,728.17
6875 · Covid Vacc 3	2,763.80
6880 · IBCLC	59.82
6881 · Other Contractor Fees	812.74
6882 · CDC Federal Infrastructure CP	11,824.14
6895 · MN Emergency RSG CP	28,910.70
6908 · Cannabis and Sub. Use Prev. CP	14,284.38
6909 · Innovation - MDH CP	4,683.76
Total Expense	239,078.54
Net Ordinary Income	-52,082.94
Net Income	-52,082.94

Grant Summary Report

December 2025

	100 - Local Public Health Grant	108 - CDC Federal Infrastructur
Ordinary Income/Expense		
Income		
5303 · SHIP Grant	0.00	0.00
5413 · WIC Grant	0.00	0.00
5430 · Project Harmony	0.00	0.00
5476 · MRC STTRONG	0.00	0.00
5860 · Miscellaneous	454.79	0.00
5990 · Refunds & Reimbursements	30.00	0.00
8010 · Interest Income	802.72	0.00
Total Income	1,287.51	0.00
Expense		
6100 · Total Payroll Expense	0.00	0.00
6105 · Salaries & Wages-FT	5,564.21	3,612.54
6110 · Salaries & Wages	0.00	0.00
6151 · Work Comp Insurance	528.00	0.00
6152 · HSA Insurance-County Share	58.75	37.50
6153 · Health & Life Ins-County Share	529.66	200.14
6154 · Contracted Services	0.00	0.00
6163 · PERA-County Share	417.31	270.94
6175 · FICA-County Share	420.22	272.75
6203 · Communications	76.82	0.00
6265 · Professional Services	0.00	0.00
6266 · Audit Expense	3,045.00	0.00
6268 · Bank Service Fees & Charges	0.00	0.00
6269 · Payroll Services	85.00	0.00
6335 · Mileage	340.20	323.40
6336 · Meals/Lodging/Parking & Misc.	138.51	0.00
6350 · Other Charges & Services	1,129.21	0.00
6353 · Meeting Expense	63.90	0.00
6856 · WIC County Payment	0.00	0.00
6862 · Project Harmony CP	0.00	0.00
6865 · SHIP - County Payment	0.00	0.00
6880 · IBCLC	0.00	0.00
6881 · Other Contractor Fees	0.00	0.00
6906 · MRC STTRONG CP	0.00	0.00
6908 · Cannabis and Sub. Use Prev. CP	0.00	0.00
Total Expense	12,396.79	4,717.27
Net Ordinary Income	-11,109.28	-4,717.27
Net Income	-11,109.28	-4,717.27

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Meeker-McLeod-Sibley Community Health Services

01/05/26

Grant Summary Report

Accrual Basis

December 2025

	109 - FPHR	110 - Innovation MDH
Ordinary Income/Expense		
Income		
5303 · SHIP Grant	0.00	0.00
5413 · WIC Grant	0.00	0.00
5430 · Project Harmony	0.00	0.00
5476 · MRC STTRONG	0.00	0.00
5860 · Miscellaneous	0.00	0.00
5990 · Refunds & Reimbursements	0.00	0.00
8010 · Interest Income	0.00	0.00
Total Income	0.00	0.00
Expense		
6100 · Total Payroll Expense	0.00	0.00
6105 · Salaries & Wages-FT	8,339.42	1,801.30
6110 · Salaries & Wages	0.00	0.00
6151 · Work Comp Insurance	0.00	0.00
6152 · HSA Insurance-County Share	0.00	1.25
6153 · Health & Life Ins-County Share	94.11	7.25
6154 · Contracted Services	0.00	14,381.25
6163 · PERA-County Share	625.45	135.10
6175 · FICA-County Share	630.34	134.27
6203 · Communications	236.41	0.00
6265 · Professional Services	0.00	0.00
6266 · Audit Expense	0.00	0.00
6268 · Bank Service Fees & Charges	0.00	0.00
6269 · Payroll Services	0.00	0.00
6335 · Mileage	160.30	54.60
6336 · Meals/Lodging/Parking & Misc.	0.00	0.00
6350 · Other Charges & Services	2.79	0.00
6353 · Meeting Expense	0.00	0.00
6856 · WIC County Payment	0.00	0.00
6862 · Project Harmony CP	0.00	0.00
6865 · SHIP - County Payment	0.00	0.00
6880 · IBCLC	0.00	0.00
6881 · Other Contractor Fees	0.00	0.00
6906 · MRC STTRONG CP	0.00	0.00
6908 · Cannabis and Sub. Use Prev. CP	0.00	0.00
Total Expense	10,088.82	16,515.02
Net Ordinary Income	-10,088.82	-16,515.02
Net Income	-10,088.82	-16,515.02

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Meeker-McLeod-Sibley Community Health Services

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Grant Summary Report

Accrual Basis

December 2025

	206 - Sexual & Reproduct Health	212 - Project Harmony Grant
Ordinary Income/Expense		
Income		
5303 · SHIP Grant	0.00	0.00
5413 · WIC Grant	0.00	0.00
5430 · Project Harmony	0.00	15,034.93
5476 · MRC STTRONG	0.00	0.00
5860 · Miscellaneous	0.00	0.00
5990 · Refunds & Reimbursements	0.00	0.00
8010 · Interest Income	0.00	0.00
Total Income	0.00	15,034.93
Expense		
6100 · Total Payroll Expense	0.00	0.00
6105 · Salaries & Wages-FT	0.00	4,078.40
6110 · Salaries & Wages	0.00	0.00
6151 · Work Comp Insurance	0.00	0.00
6152 · HSA Insurance-County Share	0.00	100.00
6153 · Health & Life Ins-County Share	0.00	948.03
6154 · Contracted Services	2,000.00	0.00
6163 · PERA-County Share	0.00	305.88
6175 · FICA-County Share	0.00	296.63
6203 · Communications	0.00	38.41
6265 · Professional Services	0.00	0.00
6266 · Audit Expense	0.00	0.00
6268 · Bank Service Fees & Charges	0.00	0.00
6269 · Payroll Services	0.00	0.00
6335 · Mileage	0.00	185.49
6336 · Meals/Lodging/Parking & Misc.	0.00	0.00
6350 · Other Charges & Services	100.00	0.00
6353 · Meeting Expense	0.00	0.00
6856 · WIC County Payment	0.00	0.00
6862 · Project Harmony CP	0.00	17,265.47
6865 · SHIP - County Payment	0.00	0.00
6880 · IBCLC	0.00	0.00
6881 · Other Contractor Fees	0.00	0.00
6906 · MRC STTRONG CP	0.00	0.00
6908 · Cannabis and Sub. Use Prev. CP	0.00	0.00
Total Expense	2,100.00	23,218.31
Net Ordinary Income	-2,100.00	-8,183.38
Net Income	-2,100.00	-8,183.38

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Meeker-McLeod-Sibley Community Health Services

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Grant Summary Report

Accrual Basis

December 2025

	234 - WIC Peer Grant	236 - WIC
Ordinary Income/Expense		
Income		
5303 · SHIP Grant	0.00	0.00
5413 · WIC Grant	70,762.00	0.00
5430 · Project Harmony	0.00	0.00
5476 · MRC STTRONG	0.00	0.00
5860 · Miscellaneous	0.00	0.00
5990 · Refunds & Reimbursements	0.00	0.00
8010 · Interest Income	0.00	0.00
Total Income	70,762.00	0.00
Expense		
6100 · Total Payroll Expense	0.00	40.00
6105 · Salaries & Wages-FT	922.55	10,669.32
6110 · Salaries & Wages	0.00	0.00
6151 · Work Comp Insurance	0.00	0.00
6152 · HSA Insurance-County Share	0.00	99.07
6153 · Health & Life Ins-County Share	90.20	1,157.09
6154 · Contracted Services	0.00	0.00
6163 · PERA-County Share	69.68	802.71
6175 · FICA-County Share	68.73	787.15
6203 · Communications	152.55	76.82
6265 · Professional Services	1,819.24	0.00
6266 · Audit Expense	0.00	0.00
6268 · Bank Service Fees & Charges	0.00	0.00
6269 · Payroll Services	0.00	0.00
6335 · Mileage	0.00	375.20
6336 · Meals/Lodging/Parking & Misc.	0.00	0.00
6350 · Other Charges & Services	0.00	0.00
6353 · Meeting Expense	0.00	0.00
6856 · WIC County Payment	0.00	59,601.95
6862 · Project Harmony CP	0.00	0.00
6865 · SHIP - County Payment	0.00	0.00
6880 · IBCLC	119.64	0.00
6881 · Other Contractor Fees	970.53	0.00
6906 · MRC STTRONG CP	0.00	0.00
6908 · Cannabis and Sub. Use Prev. CP	0.00	0.00
Total Expense	4,213.12	73,609.31
Net Ordinary Income	66,548.88	-73,609.31
Net Income	66,548.88	-73,609.31

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Meeker-McLeod-Sibley Community Health Services

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Grant Summary Report

Accrual Basis

December 2025

	240 - SHIP-Eats	248 - CSUP - Cannabis
Ordinary Income/Expense		
Income		
5303 · SHIP Grant	37,895.45	0.00
5413 · WIC Grant	0.00	0.00
5430 · Project Harmony	0.00	0.00
5476 · MRC STTRONG	0.00	0.00
5860 · Miscellaneous	0.00	0.00
5990 · Refunds & Reimbursements	0.00	0.00
8010 · Interest Income	0.00	0.00
Total Income	37,895.45	0.00
Expense		
6100 · Total Payroll Expense	0.00	0.00
6105 · Salaries & Wages-FT	6,232.00	1,012.64
6110 · Salaries & Wages	0.00	0.00
6151 · Work Comp Insurance	0.00	0.00
6152 · HSA Insurance-County Share	100.00	0.00
6153 · Health & Life Ins-County Share	820.77	0.35
6154 · Contracted Services	0.00	231.00
6163 · PERA-County Share	467.40	75.95
6175 · FICA-County Share	457.63	75.41
6203 · Communications	38.41	0.00
6265 · Professional Services	0.00	0.00
6266 · Audit Expense	0.00	0.00
6268 · Bank Service Fees & Charges	0.00	0.00
6269 · Payroll Services	0.00	0.00
6335 · Mileage	52.50	0.00
6336 · Meals/Lodging/Parking & Misc.	0.00	0.00
6350 · Other Charges & Services	444.60	0.00
6353 · Meeting Expense	0.00	0.00
6856 · WIC County Payment	0.00	0.00
6862 · Project Harmony CP	0.00	0.00
6865 · SHIP - County Payment	10,183.56	0.00
6880 · IBCLC	0.00	0.00
6881 · Other Contractor Fees	0.00	0.00
6906 · MRC STTRONG CP	0.00	0.00
6908 · Cannabis and Sub. Use Prev. CP	0.00	7,459.21
Total Expense	18,796.87	8,854.56
Net Ordinary Income	19,098.58	-8,854.56
Net Income	19,098.58	-8,854.56

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Meeker-McLeod-Sibley Community Health Services

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Grant Summary Report

Accrual Basis

December 2025

	306 - COV Vacc 3 (Fed Funding)	502 - Emergency Preparedness
Ordinary Income/Expense		
Income		
5303 · SHIP Grant	0.00	0.00
5413 · WIC Grant	0.00	0.00
5430 · Project Harmony	0.00	0.00
5476 · MRC STTRONG	0.00	0.00
5860 · Miscellaneous	0.00	0.00
5990 · Refunds & Reimbursements	0.00	0.00
8010 · Interest Income	0.00	0.00
Total Income	0.00	0.00
Expense		
6100 · Total Payroll Expense	0.00	0.00
6105 · Salaries & Wages-FT	0.00	4,812.50
6110 · Salaries & Wages	0.00	0.00
6151 · Work Comp Insurance	0.00	0.00
6152 · HSA Insurance-County Share	0.00	0.00
6153 · Health & Life Ins-County Share	0.00	981.22
6154 · Contracted Services	0.00	0.00
6163 · PERA-County Share	0.00	360.94
6175 · FICA-County Share	0.00	334.11
6203 · Communications	0.00	22.41
6265 · Professional Services	0.00	0.00
6266 · Audit Expense	0.00	0.00
6268 · Bank Service Fees & Charges	0.00	0.00
6269 · Payroll Services	0.00	0.00
6335 · Mileage	0.00	278.60
6336 · Meals/Lodging/Parking & Misc.	0.00	0.00
6350 · Other Charges & Services	0.00	0.00
6353 · Meeting Expense	0.00	0.00
6856 · WIC County Payment	0.00	0.00
6862 · Project Harmony CP	0.00	0.00
6865 · SHIP - County Payment	0.00	0.00
6880 · IBCLC	0.00	0.00
6881 · Other Contractor Fees	0.00	0.00
6906 · MRC STTRONG CP	0.00	0.00
6908 · Cannabis and Sub. Use Prev. CP	0.00	0.00
Total Expense	0.00	6,789.78
Net Ordinary Income	0.00	-6,789.78
Net Income	0.00	-6,789.78

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Meeker-McLeod-Sibley Community Health Services

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Grant Summary Report

Accrual Basis

December 2025

	505 - EP - CRI	506 - MN Emergency RSG
Ordinary Income/Expense		
Income		
5303 · SHIP Grant	0.00	0.00
5413 · WIC Grant	0.00	0.00
5430 · Project Harmony	0.00	0.00
5476 · MRC STTRONG	0.00	0.00
5860 · Miscellaneous	0.00	0.00
5990 · Refunds & Reimbursements	0.00	0.00
8010 · Interest Income	0.00	0.00
Total Income	0.00	0.00
Expense		
6100 · Total Payroll Expense	0.00	0.00
6105 · Salaries & Wages-FT	0.00	3,353.43
6110 · Salaries & Wages	0.00	0.00
6151 · Work Comp Insurance	0.00	0.00
6152 · HSA Insurance-County Share	0.00	2.50
6153 · Health & Life Ins-County Share	0.00	396.00
6154 · Contracted Services	0.00	0.00
6163 · PERA-County Share	0.00	251.51
6175 · FICA-County Share	0.00	236.09
6203 · Communications	0.00	16.00
6265 · Professional Services	0.00	0.00
6266 · Audit Expense	0.00	0.00
6268 · Bank Service Fees & Charges	0.00	0.00
6269 · Payroll Services	0.00	0.00
6335 · Mileage	0.00	0.00
6336 · Meals/Lodging/Parking & Misc.	0.00	0.00
6350 · Other Charges & Services	0.00	60.00
6353 · Meeting Expense	0.00	0.00
6856 · WIC County Payment	0.00	0.00
6862 · Project Harmony CP	0.00	0.00
6865 · SHIP - County Payment	0.00	0.00
6880 · IBCLC	0.00	0.00
6881 · Other Contractor Fees	0.00	0.00
6906 · MRC STTRONG CP	0.00	0.00
6908 · Cannabis and Sub. Use Prev. CP	0.00	0.00
Total Expense	0.00	4,315.53
Net Ordinary Income	0.00	-4,315.53
Net Income	0.00	-4,315.53

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Meeker-McLeod-Sibley Community Health Services

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Grant Summary Report

Accrual Basis

December 2025

	507 - MRC STTRONG	601 - Child & Teen Checkups
Ordinary Income/Expense		
Income		
5303 · SHIP Grant	0.00	0.00
5413 · WIC Grant	0.00	0.00
5430 · Project Harmony	0.00	0.00
5476 · MRC STTRONG	5,104.89	0.00
5860 · Miscellaneous	0.00	0.00
5990 · Refunds & Reimbursements	0.00	0.00
8010 · Interest Income	0.00	0.00
Total Income	5,104.89	0.00
Expense		
6100 · Total Payroll Expense	0.00	0.00
6105 · Salaries & Wages-FT	0.00	55.85
6110 · Salaries & Wages	0.00	0.00
6151 · Work Comp Insurance	0.00	0.00
6152 · HSA Insurance-County Share	0.00	0.94
6153 · Health & Life Ins-County Share	0.00	5.22
6154 · Contracted Services	0.00	0.00
6163 · PERA-County Share	0.00	4.19
6175 · FICA-County Share	0.00	4.06
6203 · Communications	0.00	0.00
6265 · Professional Services	0.00	0.00
6266 · Audit Expense	0.00	0.00
6268 · Bank Service Fees & Charges	0.00	0.00
6269 · Payroll Services	0.00	0.00
6335 · Mileage	0.00	0.00
6336 · Meals/Lodging/Parking & Misc.	0.00	0.00
6350 · Other Charges & Services	0.00	0.00
6353 · Meeting Expense	0.00	0.00
6856 · WIC County Payment	0.00	0.00
6862 · Project Harmony CP	0.00	0.00
6865 · SHIP - County Payment	0.00	0.00
6880 · IBCLC	0.00	0.00
6881 · Other Contractor Fees	0.00	0.00
6906 · MRC STTRONG CP	1,900.17	0.00
6908 · Cannabis and Sub. Use Prev. CP	0.00	0.00
Total Expense	1,900.17	70.26
Net Ordinary Income	3,204.72	-70.26
Net Income	3,204.72	-70.26

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Meeker-McLeod-Sibley Community Health Services

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Grant Summary Report

Accrual Basis

December 2025

	Unclassified	TOTAL
Ordinary Income/Expense		
Income		
5303 · SHIP Grant	0.00	37,895.45
5413 · WIC Grant	0.00	70,762.00
5430 · Project Harmony	0.00	15,034.93
5476 · MRC STTRONG	0.00	5,104.89
5860 · Miscellaneous	0.00	454.79
5990 · Refunds & Reimbursements	0.00	30.00
8010 · Interest Income	0.00	802.72
Total Income	0.00	130,084.78
Expense		
6100 · Total Payroll Expense	0.00	40.00
6105 · Salaries & Wages-FT	0.00	50,454.16
6110 · Salaries & Wages	7.04	7.04
6151 · Work Comp Insurance	0.00	528.00
6152 · HSA Insurance-County Share	100.00	500.01
6153 · Health & Life Ins-County Share	310.48	5,540.52
6154 · Contracted Services	0.00	16,612.25
6163 · PERA-County Share	0.00	3,787.06
6175 · FICA-County Share	0.54	3,717.93
6203 · Communications	0.00	657.83
6265 · Professional Services	0.00	1,819.24
6266 · Audit Expense	0.00	3,045.00
6268 · Bank Service Fees & Charges	6.95	6.95
6269 · Payroll Services	0.00	85.00
6335 · Mileage	-598.50	1,171.79
6336 · Meals/Lodging/Parking & Misc.	0.00	138.51
6350 · Other Charges & Services	0.00	1,736.60
6353 · Meeting Expense	0.00	63.90
6856 · WIC County Payment	0.00	59,601.95
6862 · Project Harmony CP	0.00	17,265.47
6865 · SHIP - County Payment	0.00	10,183.56
6880 · IBCLC	0.00	119.64
6881 · Other Contractor Fees	0.00	970.53
6906 · MRC STTRONG CP	0.00	1,900.17
6908 · Cannabis and Sub. Use Prev. CP	0.00	7,459.21
Total Expense	-173.49	187,412.32
Net Ordinary Income	173.49	-57,327.54
Net Income	173.49	-57,327.54

Grant Summary Report

January 2026

	100 - Local Public Health Grant	108 - CDC Federal Infrastructure
Ordinary Income/Expense		
Income		
5270 · Indirect Costs	15,812.51	-921.20
5303 · SHIP Grant	0.00	0.00
5336 · Local Public Health Grant	164,931.46	0.00
5338 · FPSP Grant	0.00	0.00
5370 · Healthy Homes S	0.00	0.00
5375 · Early Hearing Detection	0.00	0.00
5380 · Cannabis & Substance Use Prev.	0.00	0.00
5404 · Early Hearing Detect/Intervent	0.00	0.00
5413 · WIC Grant	0.00	0.00
5414 · MCH Grant	0.00	0.00
5430 · Project Harmony	0.00	0.00
5460 · PHEP Grant	0.00	0.00
5470 · CDC Federal Infrastructure	0.00	27,752.09
5860 · Miscellaneous	0.06	0.00
5990 · Refunds & Reimbursements	112.50	0.00
Total Income	180,856.53	26,830.89
Expense		
6105 · Salaries & Wages-FT	6,966.66	3,431.09
6151 · Work Comp Insurance	12,774.00	0.00
6152 · HSA Insurance-County Share	100.00	0.00
6153 · Health & Life Ins-County Share	1,622.89	0.00
6154 · Contracted Services	588.00	0.00
6163 · PERA-County Share	522.51	257.33
6175 · FICA-County Share	545.83	270.03
6203 · Communications	76.82	0.00
6264 · PH.DOC Software	12,392.24	0.00
6265 · Professional Services	0.00	0.00
6335 · Mileage	0.00	0.00
6350 · Other Charges & Services	12.00	0.00
6354 · Copying	0.00	0.00
6859 · MCH County Payment	0.00	0.00
6862 · Project Harmony CP	0.00	0.00
6863 · Healthy Homes CP	0.00	0.00
6864 · Early Hearing & Dect. CP	0.00	0.00
6865 · SHIP - County Payment	0.00	0.00
6881 · Other Contractor Fees	0.00	0.00
6882 · CDC Federal Infrastructure CP	0.00	12,955.73
6908 · Cannabis and Sub. Use Prev. CP	0.00	0.00
Total Expense	35,600.95	16,914.18
Net Ordinary Income	145,255.58	9,916.71
Net Income	145,255.58	9,916.71

Grant Summary Report

January 2026

	109 - FPHR	110 - Innovation MDH
Ordinary Income/Expense		
Income		
5270 · Indirect Costs	-3,851.18	0.00
5303 · SHIP Grant	0.00	0.00
5336 · Local Public Health Grant	0.00	0.00
5338 · FPSP Grant	0.00	0.00
5370 · Healthy Homes S	0.00	0.00
5375 · Early Hearing Detection	0.00	0.00
5380 · Cannabis & Substance Use Prev.	0.00	0.00
5404 · Early Hearing Detect/Intervent	0.00	0.00
5413 · WIC Grant	0.00	0.00
5414 · MCH Grant	0.00	0.00
5430 · Project Harmony	0.00	0.00
5460 · PHEP Grant	0.00	0.00
5470 · CDC Federal Infrastructure	0.00	0.00
5860 · Miscellaneous	0.00	0.00
5990 · Refunds & Reimbursements	0.00	0.00
Total Income	-3,851.18	0.00
Expense		
6105 · Salaries & Wages-FT	7,992.94	1,982.95
6151 · Work Comp Insurance	0.00	0.00
6152 · HSA Insurance-County Share	100.00	0.00
6153 · Health & Life Ins-County Share	696.34	0.00
6154 · Contracted Services	0.00	26,805.00
6163 · PERA-County Share	598.94	148.72
6175 · FICA-County Share	625.90	156.06
6203 · Communications	137.41	0.00
6264 · PH.DOC Software	0.00	0.00
6265 · Professional Services	0.00	0.00
6335 · Mileage	23.80	0.00
6350 · Other Charges & Services	0.00	0.00
6354 · Copying	0.00	0.00
6859 · MCH County Payment	0.00	0.00
6862 · Project Harmony CP	0.00	0.00
6863 · Healthy Homes CP	0.00	0.00
6864 · Early Hearing & Dect. CP	0.00	0.00
6865 · SHIP - County Payment	0.00	0.00
6881 · Other Contractor Fees	0.00	0.00
6882 · CDC Federal Infrastructure CP	0.00	0.00
6908 · Cannabis and Sub. Use Prev. CP	0.00	0.00
Total Expense	10,175.33	29,092.73
Net Ordinary Income	-14,026.51	-29,092.73
Net Income	-14,026.51	-29,092.73

Grant Summary Report

January 2026

	203 - Early Hearing Detection	206 - Sexual & Reproduct Health
Ordinary Income/Expense		
Income		
5270 · Indirect Costs	0.00	-837.68
5303 · SHIP Grant	0.00	0.00
5336 · Local Public Health Grant	0.00	0.00
5338 · FPSP Grant	0.00	7,228.14
5370 · Healthy Homes S	0.00	0.00
5375 · Early Hearing Detection	1,550.00	0.00
5380 · Cannabis & Substance Use Prev.	0.00	0.00
5404 · Early Hearing Detect/Intervent	225.00	0.00
5413 · WIC Grant	0.00	0.00
5414 · MCH Grant	0.00	0.00
5430 · Project Harmony	0.00	0.00
5460 · PHEP Grant	0.00	0.00
5470 · CDC Federal Infrastructure	0.00	0.00
5860 · Miscellaneous	0.00	0.00
5990 · Refunds & Reimbursements	0.00	0.00
Total Income	1,775.00	6,390.46
Expense		
6105 · Salaries & Wages-FT	0.00	0.00
6151 · Work Comp Insurance	0.00	0.00
6152 · HSA Insurance-County Share	0.00	0.00
6153 · Health & Life Ins-County Share	0.00	0.00
6154 · Contracted Services	0.00	0.00
6163 · PERA-County Share	0.00	0.00
6175 · FICA-County Share	0.00	0.00
6203 · Communications	0.00	0.00
6264 · PH.DOC Software	0.00	0.00
6265 · Professional Services	0.00	0.00
6335 · Mileage	0.00	0.00
6350 · Other Charges & Services	0.00	0.00
6354 · Copying	0.00	0.00
6859 · MCH County Payment	12,956.63	0.00
6862 · Project Harmony CP	0.00	0.00
6863 · Healthy Homes CP	0.00	0.00
6864 · Early Hearing & Dect. CP	1,775.00	0.00
6865 · SHIP - County Payment	0.00	0.00
6881 · Other Contractor Fees	0.00	0.00
6882 · CDC Federal Infrastructure CP	0.00	0.00
6908 · Cannabis and Sub. Use Prev. CP	0.00	0.00
Total Expense	14,731.63	0.00
Net Ordinary Income	-12,956.63	6,390.46
Net Income	-12,956.63	6,390.46

Grant Summary Report

January 2026

	209 - MCH	212 - Project Harmony Grant
Ordinary Income/Expense		
Income		
5270 · Indirect Costs	0.00	-1,954.70
5303 · SHIP Grant	0.00	0.00
5336 · Local Public Health Grant	0.00	0.00
5338 · FPSP Grant	0.00	0.00
5370 · Healthy Homes S	0.00	0.00
5375 · Early Hearing Detection	0.00	0.00
5380 · Cannabis & Substance Use Prev.	0.00	0.00
5404 · Early Hearing Detect/Intervent	0.00	0.00
5413 · WIC Grant	0.00	0.00
5414 · MCH Grant	30,596.64	0.00
5430 · Project Harmony	0.00	11,085.08
5460 · PHEP Grant	0.00	0.00
5470 · CDC Federal Infrastructure	0.00	0.00
5860 · Miscellaneous	0.00	0.00
5990 · Refunds & Reimbursements	0.00	0.00
Total Income	30,596.64	9,130.38
Expense		
6105 · Salaries & Wages-FT	0.00	4,200.81
6151 · Work Comp Insurance	0.00	0.00
6152 · HSA Insurance-County Share	0.00	100.00
6153 · Health & Life Ins-County Share	0.00	1,180.08
6154 · Contracted Services	0.00	0.00
6163 · PERA-County Share	0.00	315.06
6175 · FICA-County Share	0.00	310.68
6203 · Communications	0.00	38.41
6264 · PH.DOC Software	0.00	0.00
6265 · Professional Services	0.00	0.00
6335 · Mileage	0.00	214.60
6350 · Other Charges & Services	0.00	0.00
6354 · Copying	0.00	75.13
6859 · MCH County Payment	17,640.01	0.00
6862 · Project Harmony CP	0.00	4,544.67
6863 · Healthy Homes CP	0.00	0.00
6864 · Early Hearing & Dect. CP	0.00	0.00
6865 · SHIP - County Payment	0.00	0.00
6881 · Other Contractor Fees	0.00	0.00
6882 · CDC Federal Infrastructure CP	0.00	0.00
6908 · Cannabis and Sub. Use Prev. CP	0.00	0.00
Total Expense	17,640.01	10,979.44
Net Ordinary Income	12,956.63	-1,849.06
Net Income	12,956.63	-1,849.06

Grant Summary Report

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	224 - TANF	234 - WIC Peer Grant
Ordinary Income/Expense		
Income		
5270 · Indirect Costs	-1,000.00	-1,946.72
5303 · SHIP Grant	0.00	0.00
5336 · Local Public Health Grant	0.00	0.00
5338 · FPSP Grant	0.00	0.00
5370 · Healthy Homes S	0.00	0.00
5375 · Early Hearing Detection	0.00	0.00
5380 · Cannabis & Substance Use Prev.	0.00	0.00
5404 · Early Hearing Detect/Intervent	0.00	0.00
5413 · WIC Grant	0.00	0.00
5414 · MCH Grant	0.00	0.00
5430 · Project Harmony	0.00	0.00
5460 · PHEP Grant	0.00	0.00
5470 · CDC Federal Infrastructure	0.00	0.00
5860 · Miscellaneous	0.00	0.00
5990 · Refunds & Reimbursements	0.00	0.00
Total Income	-1,000.00	-1,946.72
Expense		
6105 · Salaries & Wages-FT	0.00	1,105.69
6151 · Work Comp Insurance	0.00	0.00
6152 · HSA Insurance-County Share	0.00	0.00
6153 · Health & Life Ins-County Share	0.00	0.00
6154 · Contracted Services	0.00	0.00
6163 · PERA-County Share	0.00	82.93
6175 · FICA-County Share	0.00	87.01
6203 · Communications	0.00	219.78
6264 · PH.DOC Software	0.00	0.00
6265 · Professional Services	0.00	1,584.32
6335 · Mileage	0.00	0.00
6350 · Other Charges & Services	0.00	0.00
6354 · Copying	0.00	0.00
6859 · MCH County Payment	0.00	0.00
6862 · Project Harmony CP	0.00	0.00
6863 · Healthy Homes CP	0.00	0.00
6864 · Early Hearing & Dect. CP	0.00	0.00
6865 · SHIP - County Payment	0.00	0.00
6881 · Other Contractor Fees	0.00	810.31
6882 · CDC Federal Infrastructure CP	0.00	0.00
6908 · Cannabis and Sub. Use Prev. CP	0.00	0.00
Total Expense	0.00	3,890.04
Net Ordinary Income	-1,000.00	-5,836.76
Net Income	-1,000.00	-5,836.76

Grant Summary Report

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	236 - WIC	240 - SHIP-Eats
Ordinary Income/Expense		
Income		
5270 · Indirect Costs	-4,380.00	0.00
5303 · SHIP Grant	0.00	995.10
5336 · Local Public Health Grant	0.00	0.00
5338 · FPSP Grant	0.00	0.00
5370 · Healthy Homes S	0.00	0.00
5375 · Early Hearing Detection	0.00	0.00
5380 · Cannabis & Substance Use Prev.	0.00	0.00
5404 · Early Hearing Detect/Intervent	0.00	0.00
5413 · WIC Grant	54,124.00	0.00
5414 · MCH Grant	0.00	0.00
5430 · Project Harmony	0.00	0.00
5460 · PHEP Grant	0.00	0.00
5470 · CDC Federal Infrastructure	0.00	0.00
5860 · Miscellaneous	0.00	0.00
5990 · Refunds & Reimbursements	0.00	0.00
Total Income	49,744.00	995.10
Expense		
6105 · Salaries & Wages-FT	10,795.55	6,345.60
6151 · Work Comp Insurance	0.00	0.00
6152 · HSA Insurance-County Share	149.50	100.00
6153 · Health & Life Ins-County Share	922.61	1,030.95
6154 · Contracted Services	0.00	0.00
6163 · PERA-County Share	809.66	475.92
6175 · FICA-County Share	833.16	490.54
6203 · Communications	76.82	38.41
6264 · PH.DOC Software	0.00	0.00
6265 · Professional Services	0.00	0.00
6335 · Mileage	210.85	22.40
6350 · Other Charges & Services	50.00	0.00
6354 · Copying	0.00	0.00
6859 · MCH County Payment	0.00	0.00
6862 · Project Harmony CP	0.00	0.00
6863 · Healthy Homes CP	0.00	0.00
6864 · Early Hearing & Dect. CP	0.00	0.00
6865 · SHIP - County Payment	0.00	995.10
6881 · Other Contractor Fees	0.00	0.00
6882 · CDC Federal Infrastructure CP	0.00	0.00
6908 · Cannabis and Sub. Use Prev. CP	0.00	0.00
Total Expense	13,848.15	9,498.92
Net Ordinary Income	35,895.85	-8,503.82
Net Income	35,895.85	-8,503.82

Grant Summary Report

January 2026

	248 - CSUP - Cannabis	401 - Healthy Homes
Ordinary Income/Expense		
Income		
5270 · Indirect Costs	0.00	0.00
5303 · SHIP Grant	0.00	0.00
5336 · Local Public Health Grant	0.00	0.00
5338 · FPSP Grant	0.00	0.00
5370 · Healthy Homes S	0.00	12,036.35
5375 · Early Hearing Detection	0.00	0.00
5380 · Cannabis & Substance Use Prev.	6,191.06	0.00
5404 · Early Hearing Detect/Intervent	0.00	0.00
5413 · WIC Grant	0.00	0.00
5414 · MCH Grant	0.00	0.00
5430 · Project Harmony	0.00	0.00
5460 · PHEP Grant	0.00	0.00
5470 · CDC Federal Infrastructure	0.00	0.00
5860 · Miscellaneous	0.00	0.00
5990 · Refunds & Reimbursements	0.00	0.00
Total Income	6,191.06	12,036.35
Expense		
6105 · Salaries & Wages-FT	884.96	0.00
6151 · Work Comp Insurance	0.00	0.00
6152 · HSA Insurance-County Share	0.00	0.00
6153 · Health & Life Ins-County Share	0.00	0.00
6154 · Contracted Services	6,800.00	0.00
6163 · PERA-County Share	66.37	0.00
6175 · FICA-County Share	69.65	0.00
6203 · Communications	0.00	0.00
6264 · PH.DOC Software	0.00	0.00
6265 · Professional Services	0.00	0.00
6335 · Mileage	0.00	0.00
6350 · Other Charges & Services	0.00	0.00
6354 · Copying	0.00	0.00
6859 · MCH County Payment	0.00	0.00
6862 · Project Harmony CP	0.00	0.00
6863 · Healthy Homes CP	0.00	12,036.35
6864 · Early Hearing & Dect. CP	0.00	0.00
6865 · SHIP - County Payment	0.00	0.00
6881 · Other Contractor Fees	0.00	0.00
6882 · CDC Federal Infrastructure CP	0.00	0.00
6908 · Cannabis and Sub. Use Prev. CP	4,846.74	0.00
Total Expense	12,667.72	12,036.35
Net Ordinary Income	-6,476.66	0.00
Net Income	-6,476.66	0.00

Grant Summary Report

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	502 - Emergency Preparedness	505 - EP - CRI
Ordinary Income/Expense		
Income		
5270 · Indirect Costs	0.00	0.00
5303 · SHIP Grant	0.00	0.00
5336 · Local Public Health Grant	0.00	0.00
5338 · FPSP Grant	0.00	0.00
5370 · Healthy Homes S	0.00	0.00
5375 · Early Hearing Detection	0.00	0.00
5380 · Cannabis & Substance Use Prev.	0.00	0.00
5404 · Early Hearing Detect/Intervent	0.00	0.00
5413 · WIC Grant	0.00	0.00
5414 · MCH Grant	0.00	0.00
5430 · Project Harmony	0.00	0.00
5460 · PHEP Grant	22,161.23	4,587.01
5470 · CDC Federal Infrastructure	0.00	0.00
5860 · Miscellaneous	0.00	0.00
5990 · Refunds & Reimbursements	0.00	0.00
Total Income	22,161.23	4,587.01
Expense		
6105 · Salaries & Wages-FT	4,955.45	0.00
6151 · Work Comp Insurance	0.00	0.00
6152 · HSA Insurance-County Share	0.00	0.00
6153 · Health & Life Ins-County Share	1,635.17	0.00
6154 · Contracted Services	0.00	0.00
6163 · PERA-County Share	371.81	0.00
6175 · FICA-County Share	359.26	0.00
6203 · Communications	22.41	0.00
6264 · PH.DOC Software	0.00	0.00
6265 · Professional Services	0.00	0.00
6335 · Mileage	0.00	0.00
6350 · Other Charges & Services	0.00	0.00
6354 · Copying	0.00	0.00
6859 · MCH County Payment	0.00	0.00
6862 · Project Harmony CP	0.00	0.00
6863 · Healthy Homes CP	0.00	0.00
6864 · Early Hearing & Dect. CP	0.00	0.00
6865 · SHIP - County Payment	0.00	0.00
6881 · Other Contractor Fees	0.00	0.00
6882 · CDC Federal Infrastructure CP	0.00	0.00
6908 · Cannabis and Sub. Use Prev. CP	0.00	0.00
Total Expense	7,344.10	0.00
Net Ordinary Income	14,817.13	4,587.01
Net Income	14,817.13	4,587.01

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	506 - MN Emergency RSG	507 - MRC STTRONG
Ordinary Income/Expense		
Income		
5270 · Indirect Costs	-921.03	0.00
5303 · SHIP Grant	0.00	0.00
5336 · Local Public Health Grant	0.00	0.00
5338 · FPSP Grant	0.00	0.00
5370 · Healthy Homes S	0.00	0.00
5375 · Early Hearing Detection	0.00	0.00
5380 · Cannabis & Substance Use Prev.	0.00	0.00
5404 · Early Hearing Detect/Intervent	0.00	0.00
5413 · WIC Grant	0.00	0.00
5414 · MCH Grant	0.00	0.00
5430 · Project Harmony	0.00	0.00
5460 · PHEP Grant	0.00	0.00
5470 · CDC Federal Infrastructure	0.00	0.00
5860 · Miscellaneous	0.00	0.00
5990 · Refunds & Reimbursements	0.00	0.00
Total Income	-921.03	0.00
Expense		
6105 · Salaries & Wages-FT	2,644.93	262.50
6151 · Work Comp Insurance	0.00	0.00
6152 · HSA Insurance-County Share	0.00	0.00
6153 · Health & Life Ins-County Share	0.00	0.00
6154 · Contracted Services	0.00	0.00
6163 · PERA-County Share	198.34	19.58
6175 · FICA-County Share	208.17	20.66
6203 · Communications	16.00	0.00
6264 · PH.DOC Software	0.00	0.00
6265 · Professional Services	0.00	0.00
6335 · Mileage	0.00	0.00
6350 · Other Charges & Services	32.71	0.00
6354 · Copying	0.00	0.00
6859 · MCH County Payment	0.00	0.00
6862 · Project Harmony CP	0.00	0.00
6863 · Healthy Homes CP	0.00	0.00
6864 · Early Hearing & Dect. CP	0.00	0.00
6865 · SHIP - County Payment	0.00	0.00
6881 · Other Contractor Fees	0.00	0.00
6882 · CDC Federal Infrastructure CP	0.00	0.00
6908 · Cannabis and Sub. Use Prev. CP	0.00	0.00
Total Expense	3,100.15	302.74
Net Ordinary Income	-4,021.18	-302.74
Net Income	-4,021.18	-302.74

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	601 - Child & Teen Checkups	Unclassified
Ordinary Income/Expense		
Income		
5270 · Indirect Costs	0.00	0.00
5303 · SHIP Grant	0.00	0.00
5336 · Local Public Health Grant	0.00	0.00
5338 · FPSP Grant	0.00	0.00
5370 · Healthy Homes S	0.00	0.00
5375 · Early Hearing Detection	0.00	0.00
5380 · Cannabis & Substance Use Prev.	0.00	0.00
5404 · Early Hearing Detect/Intervent	0.00	0.00
5413 · WIC Grant	0.00	0.00
5414 · MCH Grant	0.00	0.00
5430 · Project Harmony	0.00	0.00
5460 · PHEP Grant	0.00	0.00
5470 · CDC Federal Infrastructure	0.00	0.00
5860 · Miscellaneous	0.00	0.00
5990 · Refunds & Reimbursements	0.00	0.00
Total Income	0.00	0.00
Expense		
6105 · Salaries & Wages-FT	18.62	0.00
6151 · Work Comp Insurance	0.00	0.00
6152 · HSA Insurance-County Share	0.00	76.56
6153 · Health & Life Ins-County Share	0.00	0.00
6154 · Contracted Services	0.00	0.00
6163 · PERA-County Share	1.38	0.00
6175 · FICA-County Share	1.46	0.00
6203 · Communications	0.00	0.00
6264 · PH.DOC Software	0.00	0.00
6265 · Professional Services	0.00	0.00
6335 · Mileage	0.00	0.00
6350 · Other Charges & Services	0.00	0.00
6354 · Copying	0.00	0.00
6859 · MCH County Payment	0.00	0.00
6862 · Project Harmony CP	0.00	0.00
6863 · Healthy Homes CP	0.00	0.00
6864 · Early Hearing & Dect. CP	0.00	0.00
6865 · SHIP - County Payment	0.00	0.00
6881 · Other Contractor Fees	0.00	0.00
6882 · CDC Federal Infrastructure CP	0.00	0.00
6908 · Cannabis and Sub. Use Prev. CP	0.00	0.00
Total Expense	21.46	76.56
Net Ordinary Income	-21.46	-76.56
Net Income	-21.46	-76.56

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January 2026

	TOTAL
Ordinary Income/Expense	
Income	
5270 · Indirect Costs	0.00
5303 · SHIP Grant	995.10
5336 · Local Public Health Grant	164,931.46
5338 · FPSP Grant	7,228.14
5370 · Healthy Homes S	12,036.35
5375 · Early Hearing Detection	1,550.00
5380 · Cannabis & Substance Use Prev.	6,191.06
5404 · Early Hearing Detect/Intervent	225.00
5413 · WIC Grant	54,124.00
5414 · MCH Grant	30,596.64
5430 · Project Harmony	11,085.08
5460 · PHEP Grant	26,748.24
5470 · CDC Federal Infrastructure	27,752.09
5860 · Miscellaneous	0.06
5990 · Refunds & Reimbursements	112.50
Total Income	343,575.72
Expense	
6105 · Salaries & Wages-FT	51,587.75
6151 · Work Comp Insurance	12,774.00
6152 · HSA Insurance-County Share	626.06
6153 · Health & Life Ins-County Share	7,088.04
6154 · Contracted Services	34,193.00
6163 · PERA-County Share	3,868.55
6175 · FICA-County Share	3,978.41
6203 · Communications	626.06
6264 · PH.DOC Software	12,392.24
6265 · Professional Services	1,584.32
6335 · Mileage	471.65
6350 · Other Charges & Services	94.71
6354 · Copying	75.13
6859 · MCH County Payment	30,596.64
6862 · Project Harmony CP	4,544.67
6863 · Healthy Homes CP	12,036.35
6864 · Early Hearing & Dect. CP	1,775.00
6865 · SHIP - County Payment	995.10
6881 · Other Contractor Fees	810.31
6882 · CDC Federal Infrastructure CP	12,955.73
6908 · Cannabis and Sub. Use Prev. CP	4,846.74
Total Expense	197,920.46
Net Ordinary Income	145,655.26
Net Income	145,655.26

Conflict of Interest Policy
Meeker-McLeod-Sibley Community Health Services

An official shall not engage in any official duties, private enterprise, participate in any professional activity or perform any act or service during or outside their official duties with the Community Health Services, which would affect the official's ability to perform the normal duties and responsibilities of their position, or which is adverse to the interests of Meeker-McLeod-Sibley Community Health Services. In determining whether such outside official duties or activities for private gain constitute a conflict of interest with public duties, or are inconsistent or incompatible with the public official duties, the following shall be considered;

1. The performance of an act in other than the capacity as an official which may later act directly to the control, inspection, review, audit or enforcement by said official for the Community Health Services is prohibited
2. The use of Community Health Services time, facilities, equipment and supplies or the badge, uniform, prestige or influence of Community Health Services official duties for private gain.
3. Receipt or acceptance by the official of any money or other consideration from anyone other than the Community Health Services for the performance of an act which the official would be required or expected to perform in the regular course of the official's official duties, or as part of their duties as an official.
4. Officials participating in compensated or non-compensated activities/volunteer work are encouraged to continue in such participation. If an official is participating in any compensated or non-compensated activity that may cause a conflict, the official should discuss the potential conflict with the Community Health Board, whose decision shall be final.
5. Failure to follow this policy by the Community Health Services Coordinator or Fiscal Officer may result in termination of the contract between the Community Health Board and the Coordinator or Fiscal Officer.
6. The Meeker-McLeod-Sibley Community Health Services Conflict of Interest Policy shall be reviewed yearly by the Elected Officials of the Community Health Board, the Community Health Services Coordinator and Fiscal Officer. The Original Statement of Conflict of Interest shall be signed yearly by the Elected Officials of the Community Health Board, the Community Health Services Coordinator and Fiscal Officer.

Approved 12-14-98
Meeker-McLeod-Sibley Community Health Board

Original Statement of Conflict of Interest
Local Official for Meeker-McLeod-Sibley Community Health Services

Instructions

- * This statement must be completed by each local official, it must be signed and dated. The signature indicates that the official understands and agrees to the Meeker-McLeod-Sibley Community Health Services Conflict of Interest Policy.
- * This statement is due to the Community Health Services Coordinator within 80 days after undertaking duties of office.
- * This statement may *not* be filed electronically.
- * All information on this statement is public information.
- * It is unlawful to use this information for commercial purposes.
- * Address questions to the Meeker-McLeod-Sibley Community Health Services Coordinator

Local Official

Name	Title of office held
Government Unit	Telephone (daytime)
Address	
City, State, Zip	
Occupation	Principal place of business

Period Covered

January 1, 2026 _____ to December 31, 2026 _____

Certification

I, _____, certify that I have read, understand and agree to the
(Print or type name)

Meeker-McLeod-Sibley Community Health Services Conflict of Interest Policy, and am aware of no current conflict of interest with my present official position. I agree to make the Meeker-McLeod-Sibley Community Health Board aware if any potential conflict of interest develops.

Signature of local official

Date

Any person who signs and certifies to be true a statement which the person knows contains false information, or who knowingly omits required information, is guilty of a gross misdemeanor.



Public Health
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Meeker McLeod Sibley
Community Health Services

Meeker-McLeod-Sibley Community Health Services

114 N Holcombe Ave, Litchfield, Minnesota 55355
Main Line (320)693-5370

RESOLUTION 2026-1

Meeker-McLeod-Sibley Community Health Board

The Meeker-McLeod-Sibley Community Health Board by virtue of its authority under Minnesota Statutes 145A, in accordance with the Board's Operating Procedures, and by this Resolution of the Board adopted at a scheduled meeting on February 12, 2026 hereby appoints and authorizes the following persons to act on the Board's behalf and bind the board for the following purposes(s):

- A. To serve as the Board's authorized agent according to MN Statutes 145A, in communicating with the Commissioner of Health between Board meetings, including receiving information from the Commissioner and disseminating that information to the Board, as well as providing information to the Commissioner on the Board's behalf.
- B. To sign and execute, on behalf of the Board, contracts for funding and other administrative items under the following grant contracts administered by the Commissioner of Health or other granting agencies:
- Local Public Health Grant
 - Maternal and Child Health Formula Special Project Grant (MCH) (MDH)
 - TANF Home Visiting (MDH)
 - Special Supplemental Food Program for Women, Infants, and Children (WIC) (MDH)
 - Family Planning Special Project Grant (FPSPG) (MDH)
 - Child and Teen Check-ups Administrative Services, (DHS)
 - Public Health Emergency Preparedness Grant (MDH)
 - Project Harmony-DHS
 - COVID Grant – MDH
 - Health Equity Grant – MDH
 - Newborn Hearing Screening - MDH
 - Statewide Health Improvement Grant – MDH
 - Foundational Public Health Responsibilities
 - Sustainability Response Grant
 - MRC STTRONG
 - Other grants/contracts and budgets

Name: Kiza Olson, CHS Administrator

Address: 114 N. Holcombe Ave, STE 250, Litchfield, MN 55355

Telephone: (W): (320)-510-1319

This resolution authorizes the above-referenced appointees to act on behalf of, and bind, the Board to the extent, and for the purposes, indicated in this Resolution.

Signed: _____

Chairperson, Community Health Board

Date



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Community Health Services

Meeker-McLeod-Sibley Community Health Services

114 N Holcombe Ave, Litchfield, Minnesota 55355
Main Line (320)693-5370

RESOLUTION 2026-2

Meeker-McLeod-Sibley Community Health Board

The Meeker-McLeod-Sibley Community Health Board (MMS CHB) by virtue of its authority under Minnesota Statutes 145A, in accordance with the Board's Joint Powers Agreement and By-Laws, and by this Resolution of the Board adopted at a scheduled meeting on February 12, 2026 hereby designates Security Bank and Trust Company, Glencoe as the official bank of the MMS CHB.

Security Bank and Trust Co.
735 11th St. E
Box 218
Glencoe MN 55336
(320) 864-3171

The Meeker-McLeod-Sibley Community Health Board designates the following employees' authority and access to the bank account, including on-line access to conduct financial transactions and employee services required for agency operations, according to regulatory requirements.

Name: Kiza Olson, Administrator
Address: 114 N. Holcombe #250, Litchfield MN 55355
Telephone: (W): (320) 510-1319

Name: Sarah Gassman, MMS CHS Business Office Manager
Address: 114 N. Holcombe #250, Litchfield MN 55355
Telephone: (W): (320) 221-0346

This resolution authorizes the above-referenced appointees to act on behalf of, and bind, the Board to the extent, and for the purposes, indicated in this Resolution.

Signed: _____

Meeker-McLeod-Sibley Community Health Board Chair

Date



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Meeker McLeod Sibley
Community Health Services

Meeker-McLeod-Sibley Community Health Services

114 N Holcombe Ave, Litchfield, Minnesota 55355
Main Line (320)693-5370

RESOLUTION 2026-3

Meeker-McLeod-Sibley Community Health Board

The Meeker-McLeod-Sibley Community Health Board (MMS CHB) by virtue of its authority under Minnesota Statutes 145A, in accordance with the Board's Joint Powers Agreement and By-Laws, and by this Resolution of the Board adopted at a scheduled meeting on February 12, 2026 hereby designates Cassandra Bulau, MD as the Medical Director for Meeker-McLeod-Sibley Community Health Services.

Cassandra Bulau, MD
Meeker Memorial Hospitals and Clinics
520 S Sibley Ave
Litchfield, Mn 55355
320-693-3233

This resolution authorizes the above-referenced appointees to act on behalf of, and bind, the Board to the extent, and for the purposes, indicated in this Resolution.

Signed: _____

Meeker-McLeod-Sibley Community Health Board Chair

Date



Public Health
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Meeker McLeod Sibley
Community Health Services

Meeker-McLeod-Sibley Community Health Services

114 N Holcombe Ave, Litchfield, Minnesota 55355
Main Line (320)693-5370

RESOLUTION 2026-4

Meeker-McLeod-Sibley Community Health Board

The Meeker-McLeod-Sibley Community Health Board (MMS CHB) by virtue of its authority under Minnesota Statutes 145A, in accordance with the Board's Joint Powers Agreement and By-Laws, and by this Resolution of the Board adopted at a scheduled meeting on February 12, 2026 hereby authorizes the use of an agency credit card from America Express

American Express
PO Box 60189
City of Industry, CA 91716

The Meeker-McLeod-Sibley Community Health Board designates the following employees' authority and access to the American Express credit card.

Name: Kiza Olson, Administrator
Address: 114 N. Holcombe #250, Litchfield MN 55355
Telephone: (W): (320) 510-1319

Name: Sarah Gassman, MMS CHS Business Office Manager
Address: 114 N. Holcombe #250, Litchfield MN 55355
Telephone: (W): (320) 221-0346

Name: Julie Kloeckl, MMS CHS Emergency Preparedness Coordinator
Address: 114 N. Holcombe #250, Litchfield MN 55355
Telephone: (W): (320) 510-4839

This resolution authorizes the above-referenced appointees to act on behalf of, and bind, the Board to the extent, and for the purposes, indicated in this Resolution.

Signed: _____

Meeker-McLeod-Sibley Community Health Board Chair

Date



Public Health
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Meeker McLeod Sibley
Community Health Services

Meeker-McLeod-Sibley Community Health Services

Public Health Board Update February 2026

- **Leadership & Staffing Updates:**
 - MMS CHS MT continues to see low to no turnover in Public Health.
- **Community Health Assessment (CHA):**
 - Progress remains strong.
 - Staff are still amazing with the facilitation of CHAT. The group is strong. We are looking for additional partnership within Meeker County – please send recommendations my way.
 - CHAT meetings are typically held the first Wednesday of each month at 10:00 AM at the McLeod County Government Center.
- **Performance Management & Systems:**
 - Most programs are running with our new system. Our PET team has done a nice job creating guidelines and setting expectations while Sarah and Brett have been working hard implementing the system and training staff. Reminder, this is statutory work and good work.
- **Strategic Initiatives & Internships:**
 - MMS CHS MT and county leadership have been working closely with HMA. The participation has been strong and the conversations good.
 - In alignment with our Strategic Plan's *Increase Visibility* objective, Brett is continuing to lead our communications campaign. A 2026 communication plan has been developed and is being implemented.
 - No internships
- **Grants & Funding:**
 - New grant cycles have started for the following programs: C&TC, SRHS, FPHR, Addressing Diabetes, & LPHG.
 - All budgets and workplans have been turned in with only one waiting for approval.
 - At this time, any proposed federal funding freeze is on hold pending court action, and no interruption to WIC or TANF funding has occurred. Both programs continue to operate as normal.

If a freeze were to take effect, the impact would differ by program:

- **WIC** is funded through federal grants that support staff, clinic operations, nutrition education, and food benefits. A funding interruption could delay reimbursements and, if prolonged, may affect program operations and service capacity.
- **TANF-related funding** supports specific public health and social service activities. A freeze could temporarily delay funding availability for these activities, depending on timing and duration.



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Community Health Services

Meeker-McLeod-Sibley Community Health Services

We are actively monitoring the situation and remain in communication with state partners. At this point, no immediate action is required at the county level. We will provide updates promptly if circumstances change or if there is any anticipated impact to services or county finances.

In Summary:

2026 looks promising for continued community partnership, planning, and good public health work within Meeker, McLeod, and Sibley counties.

Sincerely,

Kiza Olson, Administrator

February 12, 2026

Business Office Manager Update,

I continue to sit on the Workforce Development, PET, Fiscal, CORE, CHIT teams for MMS CHS. Within these teams I continue to work towards creating a robust All Staff training schedule, tracking of our grant performance measures, ensure we get payments timely from MDH, work within PH-Doc.

We continue to work with our performance management system. All the teams have been onboarded into the Clear Impact website and have started utilizing the technology. Our goal is to have them all comfortable using this and to eliminate the forms they have been filing out. In 2026, we are going to explore what it would look like to have progress reports put on our website.

Quarterly invoicing was done again. There are some grants that have indicated they need much more detail in their workplan then have those details also reflected on the invoice.

Kiza and I have scheduled a work session with the Meeker County Fiscal and Leadership team to review the grant process. From writing to statute requirements, workplans, rostering staff, reimbursement, and everything in between. We are hoping to build off this meeting to explore a finance committee as requested by the Community Health Board.

I will be working with the county fiscal teams to complete our annual REDCap reporting that is done each March. We have our first work session scheduled for the end of February and typically have a second one in March where we submit the data online.

Have a rejuvenating spring,

Sarah Gassman

Our mission is to promote health, prevent disease, and protect those who live, work, learn, and play in our community.

MEEKER-MCLEOD-SIBLEY COMMUNITY HEALTH SERVICES
PERFORMANCE MANAGEMENT

MMS CHS used data for decision-making by setting objectives, measuring and reporting progress toward those objectives, and engaging in quality improvement activities when desired progress toward those objectives is not being made throughout **2025**.

WOMEN, INFANTS, AND CHILDREN (WIC)

Meeker, McLeod and Sibley each will increase breastfeeding initiation rates by **1%**



+3.8%
Meeker



+8.28%
McLeod



+9.3%
Sibley

HEAT

Translated new program public facing materials into **Spanish**



SHIP

Support/update a minimum of **one** portable lactation station



DIABETES GRANT

Project staff will provide **5** opportunities for Hispanic community members impacted by the Diabetes project to provide input into implementation development.



WORKFORCE DEVELOPMENT

MMS CHS will provide at least **7** learning opportunities at all-staff days and will be delivered to staff to address **Foundation Public Health Responsibilities**.



7



10



143%

CHILD AND TEEN CHECKUPS

Complete **15** dental presentations within the community.



2025

MMS-CHS Governance and Organizational Structure

Final Report

February 2, 2026

Submitted by:

Kate Lerner, Associate Principal

Sarah Oachs, Associate Principal

Joanna Powers, Consultant

HMA

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ACKNOWLEDGEMENT

HMA would like to thank MMS-CHS leadership and team members for the opportunity to partner on this important effort, and for the support, participation, and guidance provided to the HMA team as we completed the work.

In addition, we would like to thank the commissioners, leaders, and staff from each county (Meeker, McLeod, and Sibley) as well as the others who contributed their time, insight, and expertise to this project.

PROJECT OVERVIEW

HMA was engaged to conduct a comprehensive discovery and analysis of the Meeker, McLeod, and Sibley (MMS) Community Health Services (CHS) organizational structure. The primary goal of this project was to identify opportunities to strengthen governance and optimize the operating model to support effective and efficient delivery of community health services. It should be noted that this project was not driven by any preconceived notions of what the optimal governance structure should be, nor by concerns that the current model is flawed. Rather, this project reflects MMS-CHS's ongoing commitment to excellence, innovation, and continuous improvement and is rooted in a desire to enhance service delivery in ways that better promote the health and well-being of residents across the three counties.

A project team was established to oversee and guide project activities. The team was comprised of members of the MMS-CHS Management Team (i.e., MMS-CHS Administrator; a public health supervisor from each county, and the MMS-CHS Business Office Manager), each county's Health and Human Services Director, and the HMA consulting team.

To achieve the project goals, the project team solidified an overall project approach grounded in collaboration and transparency, focused on:

- Conducting an objective assessment of the current governance structure and operating model.
- Identifying strengths, challenges, and opportunities for improvement.
- Exploring options that align with best practices and the unique needs of MMS-CHS.

Findings from these efforts were used to inform the development of opportunities and options for consideration to improve efficiency, strengthen governance, and ensure sustainable operations to help advance community health outcomes across the three counties.

LEGAL FRAMEWORK FOR COMMUNITY HEALTH SERVICES IN MN

The Local Public Health Act (Minn. Stat. §145A) specifies that the Minnesota Department of Health has oversight responsibility for coordinating and integrating local, state, and federal public health programs and services, while legal responsibility for administering public health programs and services at the local level falls to Community Health Boards (CHBs), or, in the alternative, a County Human Services Board created pursuant to the requirements of Minn. Stat. §402 and all requirements of CHBs.

The law further dictates that, to be eligible to receive Local Public Health Grant funding, CHBs must represent a minimum population size of 30,000 or, in lieu of meeting that minimum population threshold, be comprised of three or more contiguous counties (with the exception of CHBs formed prior to 2014). CHBs must also meet the requirements and perform the duties described in Minn. Stat. §145A.03 and §145A.04, which include, but are not limited to:

- Assuring an adequate local public health infrastructure
- Promoting healthy communities and healthy behaviors
- Preventing the spread of communicable disease
- Protecting against environmental health hazards

- Preparing for and responding to emergencies
- Assuring the availability of health services
- Completing a community health assessment and community health improvement plan
- Implementing a performance management process to achieve desired outcomes
- Annually reporting to the commissioner on a set of performance measures
- Appointing a community health services administrator
- Appointing a medical consultant

Legislation passed in 2023 amended the Local Public Health Act to reflect the requirement that

Figure 1: Foundational Public Health Framework and Responsibilities



CHBs uphold certain “Foundational Public Health Responsibilities” and charged the MDH with defining those responsibilities and providing funding to CHBs that must first be used to fulfill the foundational responsibilities before the funds could be used for other local priorities. In response, the MDH subsequently developed a Framework of Foundational Public Health Responsibilities (**Figure 1**) in collaboration with the State Community Health Advisory Committee (SCHAC) that consists of five areas and eight capabilities, encircled by equity.¹

Minn. Stat. §145A.07 allows a CHB to delegate its powers and duties to a city or county within its jurisdiction. However, the law requires that these delegation agreements be documented in writing, signed by both parties, and approved by the commissioner. The agreements must include a defined scope of duties and responsibilities being delegated, and a list of “criteria the delegating authority will use to determine if the designated agent’s performance meets appropriate standards and is sufficient to replace performance by the delegating authority” (Minn. Stat. §145A.07, Subd. 3(b)). The delegating entity is responsible for consulting with, advising, and assisting the designated agent in the performance of its duties under the agreement (Minn. Stat. §145A.07, Subd. 3(g)).

As a multi-county joint powers CHB, the MMS-CHS Board is the governing body with legal responsibility to ensure local public health responsibilities are carried out. This includes general responsibility for governing the activities of the local public health departments within its jurisdiction, determining whether and which of the CHB’s responsibilities to delegate to each individual county, and accountability for monitoring and managing public health program performance across the CHB’s 3-county region. This context provides an important foundation for both understanding and assessing the current MMS-CHS governance model and operating structure.

¹ More information about the Framework is available on the MDH website: [Foundational Public Health Responsibilities and Framework - MN Dept. of Health](#).

METHODS

As an initial step, HMA collaborated with the project team to establish an Assessment Framework defining the specific criteria that will be used to assess the existing MMS-CHS governance model and organizational structure. The identified criteria are reflected in Table 1 and grouped into four thematic categories. This approach provided a structured foundation, grounded in evidence-based standards, for identifying strengths, gaps, and opportunities for improvement within the existing multi-county CHS delivery system.

Table 1: MMS-CHS Assessment Framework

Thematic Categories	Assessment Criteria
Category 1: Leadership and Governance	Leadership and Governance <ul style="list-style-type: none"> Strong, ethical leadership with strategic vision. Effective governance structures that ensure accountability and oversight. Decision-making processes that are transparent and inclusive.
Category 2: Operational Efficiency, Effectiveness, and Adaptability	Operational Efficiency: <ul style="list-style-type: none"> Clear, streamlined policies, procedures, and workflows. Effective use of technology and data systems. Resource optimization (human, financial, physical). Workforce Capacity and Development Skilled, diverse, and motivated staff. Ongoing training and professional development. Succession planning and leadership development. Innovation & Adaptability: <ul style="list-style-type: none"> Capacity to respond to emerging challenges. Encouragement of innovation and experimentation. Organizational learning and resilience Financial Sustainability: <ul style="list-style-type: none"> Sound financial management and budgeting. Diverse and stable funding sources. Risk management and fiscal accountability.
Category 3: Strategic Management, Performance Measurement, and Results	Clear Mission & Vision: <ul style="list-style-type: none"> A well-defined purpose that guides strategy and operations. Alignment of goals across departments and stakeholders. Strategic Planning & Goal Setting: <ul style="list-style-type: none"> Long-term and short-term planning aligned with the mission. Measurable objectives and key performance indicators (KPIs). Flexibility to adapt plans based on changing conditions. Performance Measurement & Evaluation: <ul style="list-style-type: none"> Systems for tracking progress and outcomes. Use of data for continuous improvement. Feedback loops for learning and adaptation.
Category 4: Internal Culture and Collaboration	Communication & Collaboration: <ul style="list-style-type: none"> Internal communication that supports coordination and morale. External communication that builds trust with stakeholders. Partnerships and networks that enhance capacity and reach. Culture & Values: <ul style="list-style-type: none"> A culture of equity, inclusion, and respect. Shared values that support mission-driven work. Employee engagement and overall satisfaction/experience

With the Assessment Framework criteria identified, HMA utilized a mixed-methods approach consisting of stakeholder engagement, document reviews, and best practice research to gather and analyze information in support of the project goals.

STAKEHOLDER ENGAGEMENT

A considerable amount of information was gathered from key stakeholders through a survey and 1:1 interviews.

Survey

The *Meeker, McLeod, Sibley Community Health Services (CHS) Governance Survey* was designed by HMA to gather individual perspectives from staff and leaders within Meeker, McLeod, and Sibley counties on topics related to the current MMS-CHS governance and organizational structure.

The survey consisted of 20 questions designed to align with the Assessment Framework criteria, each using a Likert scale to capture respondents' perceptions. Respondents were also given the option to include open text comments after each question. See **Appendix A** for survey questions.

Survey participation was requested from the following:

- All public health staff and supervisors in Meeker, McLeod, and Sibley counties
- All individuals employed by the MMS-CHS Board
- The Health and Human Services Director and County Administrator from each county
- All members of the MMS-CHS Board
- All elected Commissioners from each county

The survey was conducted using Qualtrics. Two days prior to administering the survey, respondents were alerted by the CHS Administrator and CHS Management Team members that they would be receiving an email from HMA with a link to the survey, and they were encouraged to complete it. A link to the survey was distributed to all participants via email on November 18, 2025, and remained open for completion through November 24, 2025.

A total of 59 responses were collected from the 75 participants invited to complete the survey, equating to an impressive 78.66 % response rate. A breakdown of responses by staff role and county is shown in **Tables 2 and 3**, respectively. Role types included:

- **Local Public Health Staff:** Public health staff employed by one of the three counties or the MMS-CHS Board, and not classified as a supervisor, manager, director, or administrator.
- **MMS-CHS Board Member:** Appointed members of the MMS-CHS Board.
- **County Commissioner:** Elected Commissioners representing one of the three counties that are not serving as appointed members of the MMS-CHS Board.
- **County Leader:** Supervisors, Managers, Directors, or Administrators with oversight responsibility for county public health services and employed by either the MMS-CHS Board or one of the three counties.

Table 2: Response by Role

Staff/Role	Count	Percent
Local Public Health Staff	42	71%
County Leader	10	17%
MMS-CHS Board Member	4	7%
County Commissioner	3	5%
Total	59	

Table 3: Response by County

County	Count	Percent
McLeod County	27	46%
Meeker County	14	24%
Sibley County	11	19%
MMS CHS	6	10%
Other	1	2%

Interviews

HMA conducted 1:1 interviews with each member of the current MMS-CHS Management Team, to understand their individual lived experiences as leaders within the current MMS-CHS structure. Individuals included:

- Kiza Olson, MMS-CHS Administrator
- Brittany Becker, Public Health Supervisor, McLeod County
- Rachel Fruhwirth, Public Health Supervisor, Sibley County
- Chukuma Ijioma, Public Health Supervisor, Meeker County
- Sarah Gassman, MMS-CHS Business Office Manager

Interviews with individuals outside the organization provide critical external perspectives, help to validate assumptions, identify emerging trends, and ensure that the assessment is informed by broader industry practices rather than internal viewpoints alone. Toward that end, interviews with the following individuals were also conducted:

- Allie Elbert, former MMS-CHS Administrator: To learn more about past efforts related to integration and results from past assessment efforts.
- Ann Stein, Director Horizon Community Health Services: To understand her perspectives about working within a fully integrated community health services joint powers agreement.
- Kari Oldfield-Tabbert, LPHA Director: To learn more about emerging trends in Minnesota's Local Public Health ecosystem including work of the *Joint Leadership Team for Public Health System Transformation* in Minnesota.

Additionally, all survey respondents were given contact information for, and invited to reach out to, one of HMA's consultants following the survey if they had additional information they wished to share. As a result of the invitation, HMA conducted a joint interview with Tina Shenk, Meeker County Health and Human Services Director and Andrew Letson, Meeker County Administrator.

In total, HMA conducted interviews with 10 people, and used the information gathered to inform the subsequent analysis and identification of key observations.

DOCUMENT REVIEW

To establish a comprehensive understanding of MMS-CHS operations, HMA conducted a review of more than 150 documents that spanned a broad spectrum of current and historical information related to MMS-CHS, including legal, administrative, and operational records. Most of the information was provided by MMS-CHS leadership, while other artifacts were accessed online from the Public Health Accreditation Board (PHAB), the Minnesota Department of Health (MDH), the State Community Health Services Advisory Committee (SCHSAC), the Minnesota Legislature and Office of Revisor of Statutes, the National Association of Local Boards of Health (NALBOH), and the Minnesota Local Public Health Association.

This extensive document review served as a critical foundation for assessing organizational structure, governance, and performance, ensuring that subsequent analysis was grounded in accurate and context-rich data. Examples of documents reviewed include:

- MMS-CHS Joint Powers Agreement, Delegate Agreements, Bylaws, and Strategic Plan
- Current and historical budget and financial information
- Workforce, human resources, and personnel policies
- Administrative and operational policies and procedures
- Artifacts from past examinations of MMS-CHS's governance and organizational structure

- Current job descriptions for the CHS Administrator, Health and Human Services Directors from each county, and the CHS-MMS Management Team representatives, among others
- MMS-CHS Community Needs Assessment and Community Health Improvement Plan
- Program related performance management and measurement data
- Applicable Minnesota Statutes, laws, and regulations
- Public Health Accreditation Board standards and expectations

BEST/PROMISING PRACTICES RESEARCH

To support the MMS-CHS assessment and subsequent identification of options for consideration, research was conducted to identify best and promising practices related to the organizational and operational effectiveness of public health delivery systems. A summary of relevant insights and recommendations is included in **Table 6** for review and consideration.

Information was gathered from Minnesota, other states, and national frameworks emphasizing actionable insights for strengthening governance, leadership, and foundational public health functions within multi-jurisdictional structures. Unfortunately, much of the available information emphasized best practices for states to consider within the scope of their authority and responsibility to oversee all public health functions within the state's jurisdiction. While important, these best practices are less relevant for purposes of assessing MMS-CHS governance and organizational effectiveness. As a result, many of the best practices recommendations cited for consideration in **Table 6** are informed by research on broader organizational and operational effectiveness, whereas those specific to public health program administration stem from trusted sources known to MMS-CHS including PHAB, the MDH, and National Frameworks.

SURVEY ANALYSIS AND RESULTS

ANALYSIS APPROACH

The survey analysis was conducted using StatsIQ, a statistical analysis tool within Qualtrics, to identify patterns and variations across respondent groups. Each question was examined by calculating counts and percentages for all respondents and then segmenting by county and role type. Role types included:

- **Local Public Health Staff:** A public health staff person employed by one of the three counties or the MMS-CHS Board, and not classified as a supervisor, manager, director, or administrator.
- **MMS-CHS Board Member:** An appointed member of the MMS-CHS Board.
- **County Commissioner:** An elected Commissioner representing Meeker, McLeod, or Sibley county who is not also a member of the MMS-CHS Board.
- **County Leader:** A Supervisor, Manager, Director, or Administrator employed by the MMS-CHS Board, or one of the three counties, and who has oversight responsibility for public health services.

Additionally, analysis was conducted to determine whether any individual cell values were meaningfully higher or lower than expected, and the extent to which any identified differences were statistically significant.

Survey questions were grouped into the four thematic assessment categories, as shown in **Table 4**.

Table 4: Survey Questions by Thematic Category

Survey Questions Grouped by Thematic Categories	
Category 1: Leadership & Governance	
■	The CHS structure creates clear channels for me to provide input to the CHB. (Q10)
■	The CHS structure provides me the right level of authority to carry out the responsibilities I am accountable for completing as part of my job. (Q12)
■	The CHS structure creates clear lines of accountability and decision-making authority across all public health programs and services in each county. (Q13)
■	The CHS structure supports decision making processes that are transparent and inclusive. (Q18)
Category 2: Operational Efficiency, Effectiveness, and Adaptability	
■	The CHS structure supports the effective use of technology and data systems necessary to do my job. (Q5)
■	The CHS structure supports seamless sharing of data between counties. (Q6)
■	The CHS structure makes it easy to coordinate and streamline public health operations and workflows across the three counties. (Q7)
■	The CHS structure enhances each county's public health service capacity and reach. (Q16)
■	The CHS structure supports strong fiscal accountability and oversight of public health services in the three county jurisdictions. (Q19)
■	The CHS structure supports each of the three counties to efficiently and effectively respond to emerging public health threats and emergencies. (Q20)
Category 3: Strategic Management, Performance Measurement, & Results	
■	The CHS structure supports a clear public health vision and mission that are consistent across the three county jurisdictions. (Q8)
■	The CHS structure helps to reinforce a consistent set of public health priorities across the three county jurisdictions. (Q9)
■	The CHS structure makes it easier to ensure the unique public health needs within each county jurisdiction are effectively addressed. (Q11)
■	The CHS structure facilitates equitable access to local public health services in each county. (Q2)
■	The CHS structure contributes to improved public health outcomes in each of the three county jurisdictions. (Q15)
Category 4: Internal Culture and Collaboration	
■	The CHS structure strengthens collaboration between public health staff across the three county jurisdictions. (Q1)
■	The CHS structure makes it easy for public health and human services staff to coordinate services when needed. (Q3)
■	The CHS structure helps me feel connected to a cohesive team of public health professionals across the three counties. (Q4)
■	The CHS structure supports consistent behavioral norms and expectations for all public health staff, regardless of the county in which they work. (Q14)
■	The CHS structure promotes positive organizational culture and staff morale. (Q17)

SURVEY LIMITATIONS

While the survey provides valuable insights into perception of governance and organization structure with MMS CHS, several limitations should be considered when interpreting results.

Likert Scale. The survey questions used a Likert scale, which captures levels of agreement. While this approach is widely used for gauging attitudes and perceptions, it has inherent constraints:

- **Limited Insights.** Likert scales provide a structured gauge agreement but do not capture the reason behind responses. The survey did capture open responses and are included when able.
- **Interpretation Variability.** Respondents may interpret scale points differently.
- **Central Tendency Bias.** Some respondents tend to avoid extreme options and select middle categories, even when they have a leaning.
- **Social Desirability Bias.** Respondents may choose responses they believe are expected or acceptable rather than their true opinion.

Sample Size and Representation. The survey received 59 responses, which provides a meaningful overview but may not represent all perspectives across counties and roles. Certain subgroups, such as Board Members, had very few respondents, which can amplify variability and limit the reliability of subgroup comparisons. This is particularly relevant when considering anonymity; detailed breakdowns by county and role could risk identifying individuals in small groups.

Contextual Factors. Survey responses reflect a perception at a specific point in time and may be influenced by recent events, organization changes, or individual experiences. These contextual factors should be considered when interpreting results.

OVERALL SURVEY FINDINGS

To assess overall consensus within each category, response options were combined into the following groups and aggregated:

- **Agree.** “Agree” and “Strongly Agree”
- **Disagree.** “Disagree” and “Strongly Disagree”
- **Neutral.** “Neutral”
- **Don’t Know.** “Don’t Know”

Overall, most respondents indicated some level of agreement with the statements in the survey, with the highest levels of agreement relating to strategic management, performance measurement, and results (65%), and the lowest levels of agreement related leadership and governance (46%).

It is important to note, however, that while responses to the Likert-scale questions suggest general satisfaction with the current structure, feedback provided through open-ended questions reflected more widespread dissatisfaction. This discrepancy appears to suggest that respondents generally agree the current MMS-CHS structure has the potential to support effective regional operations, but existing operational challenges unrelated to the current structure are causing concerns, leading to respondents’ dissatisfaction.

County Commissioners and Meeker County respondents showed the greatest variation in responses compared to the overall respondent group and other counties or roles. In particular, they were more likely to express neutral or negative views, especially regarding questions related to leadership, operational effectiveness, and organizational culture. The most notable response variations are highlighted in the following summary of findings by category, with detailed findings available in **Appendix B**.

SUMMARY FINDINGS BY CATEGORY

Category 1: Leadership and Governance

Respondents across all role types tended to agree that the CHS structure provides clear channels for input to the CHB, appropriate authority to fulfill responsibilities, defined accountability lines, and transparent/inclusive decision-making (combined “agree” responses: n = 109; 46% of all responses). There were some exceptions to this trend, including more “neutral” responses from County Commissioners and a tendency from Meeker County respondents to “disagree” with statements related to clear input channels and transparency / inclusive decision-making.

Category 2: Operational Efficiency, Effectiveness, and Adaptability

A slight majority of respondents indicated agreement that the CHS structure enables effective technology and data use, seamless data sharing, coordinated public health operations, expanded service capacity, strong fiscal accountability, and the ability to respond efficiently to emerging public health threats across the three counties (combined agree responses: n=189; 53% of all responses). There were some exceptions to this trend, including more “neutral” responses from County Commissioners.

Category 3: Strategic Management, Performance Measurement, and Results

The majority of respondents indicated agreement that the CHS structure provides a clear and consistent vision and mission, reinforces shared public health priorities, ensures unique local needs are addressed, facilitates equitable access to services, and contributes to improved public health outcomes across all three counties (combined agree responses: n=191; 65% of all responses). There were some exceptions to this trend, including more “neutral” responses from County Commissioners and a tendency from Meeker County respondents to “disagree” with statements related to addressing unique needs of each county and improving public health outcomes.

Category 4: Internal Culture and Collaboration

A slight majority of respondents agreed at some level that the CHS structure fosters strong collaboration and coordination among public health and human services staff; that it builds a sense of team cohesion, and promotes consistent behavioral norms, as well as positive organizational culture and staff morale across all counties (combined agree responses: n=173; 59% of all responses). There were some exceptions to this trend, including more “neutral” responses from County Commissioners and a tendency from Meeker County respondents to “disagree” about feeling connected to a team or that the structure promotes positive organizational culture and staff morale.

ADDITIONAL ANALYSIS AND RESULTS

A number of additional insights and observations emerged from document reviews, open-ended text comments from survey respondents, and stakeholder interviews. **Table 5**, summarizing that information, is provided below and organized according to the four thematic categories.

Table 5: Summary of Insights and Observations

Category 1: Leadership and Governance	
OBSERVATIONS AND INSIGHTS	<ul style="list-style-type: none"> A. There are wide-ranging views across the region regarding the role and level of authority the MMS-CHB holds in setting public health priorities, shaping programming, and influencing service delivery within each of the three counties. B. The joint powers agreement and corresponding delegate agreements lack sufficient specificity regarding roles, responsibilities, and scope of authority of the respective partners. C. According to the current job descriptions for the Health and Human Services Directors in each county and the MMS-CHS Administrator, all positions are assigned oversight of public health functions within their respective counties. This overlap results in blurred lines of authority and decision-making responsibility, which are not clarified in the MMS-CHS Joint Powers Agreement (JPA) or associated Delegate Agreements. D. There appears to be variation in how oversight and decision-making roles are interpreted, with some decision-makers focusing primarily on the public health needs within their own county and others focusing on needs across the full three-county region. E. The CHS Management Team appears to have a trusting and collaborative working relationship and demonstrates an openness and willingness to change.
Category 2: Operational Efficiency, Effectiveness, and Adaptability	
OBSERVATIONS AND INSIGHTS	<ul style="list-style-type: none"> A. The lack of clearly defined and differentiated scopes of authority between MMS-CHS and the individual counties impedes efficient and effective operations. It can lead to slower decision-making, especially around innovation and adaptability, duplicated or reworked efforts, additional layers of review and approval, as well as uncertainty about where specific operational responsibilities should reside. B. Conflicting job descriptions and overlapping duties create uncertainty about who is responsible for key functions, including oversight of fiscal planning, monitoring, and long-term financial sustainability, leading to inconsistent or unclear lines of accountability. C. Salary ranges vary across each jurisdiction for the same or similar staff positions, impacting efficiency and effectiveness in a number of ways. Example: grant funding doesn't stretch as far in counties with higher salaries leading to inequitable distribution of funds. D. Inconsistent and decentralized financial management of public health programs creates inefficiencies and unnecessary duplication of work, diminishes financial transparency, and elevates financial risk. E. Investments in and expectations regarding staff training vary between each jurisdiction, causing inequitable and inconsistent access to staff training across the region. F. Use of different IT systems across counties creates barriers to efficient operations and prevents easy access to information needed to do one's job. G. Promising efforts have been made by MMS-CHS leadership to establish more robust and consistent operational processes and build upon existing processes to improve the efficiency, clarity, and effectiveness of internal administrative operations.

Category 3: Strategic Management, Performance Measurement, and Results	
OBSERVATIONS AND INSIGHTS	<ul style="list-style-type: none"> A. Public health staff and leaders across the MMS region are familiar with the MMS-CHS vision, mission, and strategic priorities; however, there is not a shared understanding of the extent to which these guiding tenets are meant to inform and direct public health work and priority-setting within each county. B. Some expressed uncertainty about where to focus their time because priorities identified by MMS-CHS are not always aligned with or reflective of the priorities identified by each county's health and human services department. C. Program leaders frequently do not have formal authority over personnel carrying out program tasks, limiting the ability of leaders to manage performance effectively. D. Several stakeholders noted that they value the efforts of MMS-CHS leaders to promote consistent awareness and use of the MMS-CHS mission and vision in guiding day-to-day work.
Category 4: Internal Culture and Collaboration	
OBSERVATIONS AND INSIGHTS	<ul style="list-style-type: none"> A. The merging of public health and human services departments within each county has contributed to uncertainty about roles and responsibilities, leading to inconsistent or unclear expectations about whether—and how—coordination of public health and human services should be prioritized within each county or across the region as a whole. B. Previous efforts to consider alternative CHS governance and organizational structures have left some lasting concerns and apprehension, which have affected internal culture and contributed to skepticism about whether the current effort will result in meaningful improvements. C. Stakeholder input suggests that the lack of clear expectations for staff and leaders has negatively impacted the internal culture of collaboration across the region and contributed to an erosion of trust among colleagues. D. Despite challenges, there appears to be a general sense of optimism among stakeholders about the potential for effective regional collaboration and the value it can bring when done well. E. Many stakeholders praised the public health staff and leaders across the MMS region, noting that they are a strong, committed group that cares deeply about their work and strives for excellence. F. Current operating norms afford each county the flexibility to cultivate connections with and increase public health awareness among local partners which has benefitted the MMS-CHS region as a whole.

OPTIONS AND CONSIDERATIONS

PUBLIC HEALTH CONTEXT AND IMPLICATIONS FOR ACTION

Minnesota's public health landscape is currently highly dynamic, shaped by a convergence of factors such as shifting population health needs, evolving policy priorities, service delivery challenges, and changes in funding streams. These developments prompted the establishment of the *Joint Leadership Team for Public Health System Transformation*, a group of state and local public health leaders tasked with critically reexamining the foundational statutory responsibilities and funding mechanisms that underpin the delivery of public health services in Minnesota. This reassessment is essential to ensure that the system remains responsive, sustainable, and aligned with the realities of today's public health environment.

Because Minnesota's public health environment is rapidly evolving, it may not be an optimal time to pursue major changes to MMS-CHS governance or organizational structure. Acting amid such uncertainty could lead to decisions that do not align with future needs, requirements, or emerging priorities. However, as reflected below, there are several actionable steps that are recommended for consideration in the immediate term to strengthen the foundational elements of organizational effectiveness within the existing MMS-CHS joint powers entity.

OPTIONS AND CONSIDERATIONS FOR NEXT STEPS

HMA's analysis of the information gathered through stakeholder engagement, document reviews, and best practice research, culminated in the identification of several options for consideration by the MMS-CHS Board. A summary of these identified action steps is reflected in **Table 6**, along with a description of relevant best and promising practices. The information is organized by theme in alignment with the criteria in the Assessment Framework developed by the Project Team.

Table 6: Summary of Options and Best Practices for MMS-CHS

CATEGORY 1: Leadership and Governance	
Best & Promising Practices	<p>Best-practice governance consistently includes:</p> <ul style="list-style-type: none"> ■ Clear roles and authority ■ Transparent and structured decision-making ■ Strong accountability mechanisms ■ Inclusive governance bodies ■ Effective policy leadership and resource stewardship ■ Cross-sector collaboration ■ Modern performance and data governance systems
OPTIONS:	
<ul style="list-style-type: none"> ■ Refresh the MMS-CHS Joint Powers Agreement and corresponding Delegate Agreements to address identified gaps. ■ Clarify and document expectations for MMS-CHS board members; be explicit about the extent to which board members are expected to represent the needs of their county and the needs of the entire MMS region. ■ Reassess and clarify roles and responsibilities of all positions with responsibility for public health service delivery in the region, to ensure alignment of roles, authority, and fiscal decision-making. 	

- Deliver refresher orientation and training to Commissioners, CHB members, and staff leaders to promote a consistent and accurate understanding of the statutory roles and responsibilities of Community Health Boards.
- Consider opening each MMS-CHS Board meeting with a brief statement that reinforces the Board's role and the responsibilities of its members as a way to promote shared understanding and mutual accountability.

CATEGORY 2: Operational Efficiency, Effectiveness, and Adaptability

- Best & Promising Practices:**
- Clearly define roles, responsibilities, chain of command, and decision rights in support of the mission
 - Formalize mechanisms to coordinate and communicate across jurisdictions, programs, and teams
 - Standardize policies, procedures, and workflows to improve efficiency and reduce duplication
 - Streamline administrative procedures with tools and automation

OPTIONS:

- Document and clearly communicate to all stakeholders the lines of authority or "chain of command" for all public health programs
- Develop and clearly document communication and information-sharing protocols to promote transparent, timely, and consistent dissemination of information to all who need it.
- In the short term, explore opportunities to streamline staff access to needed technology systems.
- Define and document expectations and clear procedures regarding the use of technology and data sharing.
- Develop administrative and operational policies and procedures where they are currently lacking, and consolidate them into a single, easily accessible manual to support consistent adherence to organizational expectations.

CATEGORY 3: Strategic Management, Performance Measurement, & Results

- Best & Promising Practices:**
- Use formal performance management and QI systems to support achievement of desired program outcomes (e.g. PHAB)
 - Embed QI methods into daily operations
 - Promote an internal culture of quality and continuous improvement
 - Use metrics and dashboards to monitor progress

OPTIONS:

- Agree upon and document a consistent process for ensuring alignment of strategic priorities and goals identified by MMS-CHS and the health and human services department in each county.
- In each county's Delegate Agreement, clearly document the delegate's performance expectations, the process and measures that will be used to evaluate the delegate's performance, and the consequences of not meeting performance expectations, as required by MN Statutes.

CATEGORY 4: Internal Culture and Collaboration

- Best & Promising Practices:**
- Ensure processes are transparent to promote trust and shared accountability
 - Establish structures that facilitate joint-problem solving and cross-county cooperation
 - Cultivate shared understanding of purpose and desired outcomes
 - Be intentional about bridging organizational cultures across member agencies
 - Promote shared values and norms around service, accountability, and teamwork

OPTIONS:

- Define, document, and communicate a consistent set of agreed upon cultural norms and behavioral expectations for public health staff and leaders across the MMS region.

CLOSING AND RECOMMENDATIONS FOR NEXT STEPS

As aptly noted in *The Systems and Policies that Shape Governmental Public Health in Minnesota*², “Minnesota law gives local public health jurisdictions the flexibility to arrange themselves and carry out public health responsibilities in a variety of organizational and operational structures, depending on what best meets the needs of the communities served by the community health board.” Despite that flexibility, and the opportunities it provides, Minnesota’s public health system is facing some fundamental challenges prompting a reexamination of state and local public health authority and associated funding.

HMA’s analysis of the current MMS-CHS governance and organizational structure suggests that there are several actionable steps that can strengthen the foundational elements of organizational effectiveness within the existing multi-county joint powers entity. These improvements, largely focused on operational and administrative policies and practices, are likely to enhance the overall effectiveness of MMS-CHS without requiring major changes to governance or organizational structure at this time.

The Public Health Accreditation Board (PHAB) offers particular value in this regard, as it provides a common set of expectations that support consistency across multi-county jurisdictions while preserving local implementation flexibility. As an accredited body, MMS-CHS is already familiar with the fact that PHAB standards also align closely with foundational public health services frameworks and emerging state and federal accountability expectations.³ PHAB’s model demonstrates that strengthening organizational effectiveness, performance management, and accountability does not require immediate structural change. Instead, it can be achieved through disciplined adoption of shared standards, documentation, and continuous improvement practices.^{4,5}

Given the inherent complexity and potential sensitivity involved in navigating the recommended action steps, HMA encourages the MMS-CHS Board to leverage an external consultant to guide and facilitate the next phase of work, with a particular focus on more clearly defining and documenting:

- Lines of accountability and decision-making authority
- Roles, responsibilities, and expectations of public health leaders and staff

² Joint Leadership Team for Public Health System Transformation. (2025). *Systems and policies that shape governmental public health in Minnesota*. Minnesota Department of Health. <https://www.health.state.mn.us/communities/practice/systemtransformation/docs/202509-systemspoliciesinfluence.pdf>

³ Public Health Accreditation Board. (2022). *PHAB standards and measures, version 2022*.

⁴ Ibid

⁵ Public Health Accreditation Board. (2023). *Accreditation impact report*.

- Refreshed and more robust delegate agreements between the MMS-CHS Board and each county
- A consistent approach to measuring and managing public health program performance and outcomes across the region
- Standardized policies, procedures, and workflows where they are needed, but currently lacking
- Shared values and norms around service, accountability, and teamwork

Prioritizing these elements as a next step offers a way to optimize the current MMS-CHS structure in the immediate term and better position the Board to assess, and make well-informed decisions about, the need for future structural or governance changes, which would likely be more costly and resource-intensive to implement. Equally important, this phased approach allows time for the statewide public health transformation work to stabilize, reducing the risk of undertaking significant changes to MMS-CHS governance or organizational design amid uncertainty about where that broader work will ultimately land.

APPENDIX A- MMS CHS SURVEY

The following survey is being used to understand your individual perspective about a variety of topics related to the current governance and organizational structure for Community Health Services in Meeker, McLeod, and Sibley counties. **All survey responses will be anonymous and kept confidential.**

Those being asked to respond to the survey include:

- All public health staff, managers, and supervisors in Meeker, McLeod, and Sibley counties as well as staff directly employed by the Meeker, McLeod, Sibley Community Health Services Board.
- The Health and Human Services Director and County Administrator from Meeker, McLeod, and Sibley counties.
- Members of the Meeker, McLeod, Sibley Community Health Services Board, and elected county commissioners from Meeker, McLeod, and Sibley counties.

The following Acronyms are used throughout the survey and are intended to reflect the definitions below.

- CH: Community Health
- MMS: Meeker, McLeod, Sibley
- MMS-CHB: Meeker, McLeod, Sibley Community Health Board
- MMS CHS: Meeker, McLeod, Sibley Community Health Services

Additionally, references to “each county” or “the three counties” or “each county jurisdiction” are meant to reflect Meeker, McLeod, and Sibley counties.

Demographic Questions – All

A. What group do you belong to? (Dropdown + Text Entry)

- Local Public Health Staff
- MMS-CHS Board Member
- County Commissioner (and not a member of the MMS-CHS Board)
- County Leader (Supervisor, Manager, Director, or Administrator)
- Other (please specify): [Text Entry]

B. I am employed by

- a. Meeker County
- b. McLeod County
- c. Sibley County
- d. MMS CHS
- e. Other (please specify): [Text Entry]

SURVEY INSTRUCTIONS

The survey contains a total of 20 questions. For each question, please rate your level of agreement with the statement using the following scale:

Strongly Disagree, Disagree, Neutral, Agree, Strongly Agree, Don't Know

Following each question, there will be space for you to add additional comments if you choose. Additional comments are not required.

Survey Questions---All Groups

1. **The CHS structure strengthens collaboration between public health staff across the three county jurisdictions.**

☐ Strongly Disagree ☐ Disagree ☐ Neutral ☐ Agree ☐ Strongly Agree

Option for open text: _____

2. **The CHS structure facilitates equitable access to local public health services in each county.**

☐ Strongly Disagree ☐ Disagree ☐ Neutral ☐ Agree ☐ Strongly Agree

Option for open text: _____

3. **The CHS structure makes it easy for public health and human services staff to coordinate services when needed.**

☐ Strongly Disagree ☐ Disagree ☐ Neutral ☐ Agree ☐ Strongly Agree

Option for open text: _____

4. **The CHS structure helps me feel connected to a cohesive team of public health professionals across the three counties.**

☐ Strongly Disagree ☐ Disagree ☐ Neutral ☐ Agree ☐ Strongly Agree

Option for open text: _____

5. **The CHS structure supports the effective use of technology and data systems necessary to do my job.**

☐ Strongly Disagree ☐ Disagree ☐ Neutral ☐ Agree ☐ Strongly Agree

Option for open text: _____

6. **The CHS structure supports seamless sharing of data between counties.**

☐ Strongly Disagree ☐ Disagree ☐ Neutral ☐ Agree ☐ Strongly Agree

Option for open text: _____

7. **The CHS structure makes it easy to coordinate and streamline public health operations and workflows across the three counties.**

☐ Strongly Disagree ☐ Disagree ☐ Neutral ☐ Agree ☐ Strongly Agree

Option for open text: _____

8. **The CHS structure supports a clear public health vision and mission that are consistent across the three county jurisdictions.**

☐ Strongly Disagree ☐ Disagree ☐ Neutral ☐ Agree ☐ Strongly Agree

Option for open text: _____

9. **The CHS structure helps to reinforce a consistent set of public health priorities across the three county jurisdictions.**

☐ Strongly Disagree ☐ Disagree ☐ Neutral ☐ Agree ☐ Strongly Agree

Option for open text: _____

10. The CHS structure creates clear channels for me to provide input to the CHB.

☐ Strongly Disagree ☐ Disagree ☐ Neutral ☐ Agree ☐ Strongly Agree

Option for open text: _____

11. The CHS structure makes it easier to ensure the unique public health needs within each county jurisdiction are effectively addressed.

☐ Strongly Disagree ☐ Disagree ☐ Neutral ☐ Agree ☐ Strongly Agree

Option for open text: _____

12. The CHS structure provides me the right level of authority to carry out the responsibilities I am accountable for completing as part of my job.

☐ Strongly Disagree ☐ Disagree ☐ Neutral ☐ Agree ☐ Strongly Agree

Option for open text: _____

13. The CHS structure creates clear lines of accountability and decision-making authority across all public health programs and services in each county.

☐ Strongly Disagree ☐ Disagree ☐ Neutral ☐ Agree ☐ Strongly Agree

Option for open text: _____

14. The CHS structure supports consistent behavioral norms and expectations for all public health staff, regardless of the county in which they work.

☐ Strongly Disagree ☐ Disagree ☐ Neutral ☐ Agree ☐ Strongly Agree

Option for open text: _____

15. The CHS structure contributes to improved public health outcomes in each of the three county jurisdictions.

☐ Strongly Disagree ☐ Disagree ☐ Neutral ☐ Agree ☐ Strongly Agree

Option for open text: _____

16. The CHS structure enhances each county's public health service capacity and reach.

☐ Strongly Disagree ☐ Disagree ☐ Neutral ☐ Agree ☐ Strongly Agree

Option for open text: _____

17. The CHS structure promotes positive organizational culture and staff morale.

☐ Strongly Disagree ☐ Disagree ☐ Neutral ☐ Agree ☐ Strongly Agree

Option for open text: _____

18. The CHS structure supports decision making processes that are transparent and inclusive.

☐ Strongly Disagree ☐ Disagree ☐ Neutral ☐ Agree ☐ Strongly Agree

Option for open text: _____

19. The CHS structure supports strong fiscal accountability and oversight of public health services in the three county jurisdictions.

☐ Strongly Disagree ☐ Disagree ☐ Neutral ☐ Agree ☐ Strongly Agree

Option for open text: _____

20. The CHS structure supports each of the three counties to efficiently and effectively respond to emerging public health threats and emergencies.

☐ Strongly Disagree ☐ Disagree ☐ Neutral ☐ Agree ☐ Strongly Agree

Option for open text: _____

21. [OPTIONAL] Is there anything else you would like to share or more fully explain related to your responses above?

[Open text box]

APPENDIX B – DETAILED SURVEY ANALYSIS

The following section provides a detailed analysis of the survey results. Each section highlights main themes from the aggregated results for each category, followed by areas where specific groups differed from the overall trends. Since most respondents agreed with the statements within the categories, the overview is followed by a brief summary of which respondent groups diverged (i.e., more respondents were neutral or disagreed).

Overall, most respondents agreed with the statements in the survey. However, the aggregate results indicate the lowest agreement in the leadership and governance category (46%), with highest agreement in strategic management, performance measurement, and results (65%).

In addition, the aggregate results for County Commissioners and Meeker County showed the greatest variation in responses compared to the overall respondent group and other counties and/or roles. Meeker County and County Commissioners were more likely to express neutral or negative views, especially regarding questions related to leadership, operational effectiveness, and culture.

SURVEY LIMITATIONS

While the survey provides valuable insights into perception of governance and organization structure with MMS CHS, several limitations should be considered when interpreting results.

Likert Scale. The survey questions used a Likert scale, which captures levels of agreement. While this approach is widely used for gauging attitudes and perceptions, it has inherent constraints:

- **Limited Insights.** Likert scales provide a structured gauge agreement but do not capture the reason behind responses. The survey did capture open responses and are included when able.
- **Interpretation Variability.** Respondents may interpret scale points differently.
- **Central Tendency Bias.** Some respondents tend to avoid extreme options and select middle categories, even when they have a leaning.
- **Social Desirability Bias.** Respondents may choose responses they believe are expected or acceptable rather than their true opinion.

Sample Size and Representation. The survey received 59 responses, which provides a meaningful overview but may not represent all perspectives across counties and roles. Certain subgroups, such as Board Members, had very few respondents, which can amplify variability and limit the reliability of subgroup comparisons. This is particularly relevant when considering anonymity; detailed breakdowns by county and role could risk identifying individuals in small groups.

Statistical Significance. The analysis utilized StatsIQ to identify statistically significant differences between respondent groups using adjusted residuals. While statistical significance highlights patterns that are unlikely to occur by chance, it does not necessarily equate to practical significance. Small differences may appear statistically significant due to sample size or distribution. For this reason, findings should be interpreted in conjunction with qualitative insights and organizational context rather than in isolation.

Contextual Factors. Survey responses reflect a perception at a specific point in time and may be influenced by recent events, organization changes, or individual experiences. These contextual factors should be considered when interpreting results.

SURVEY ANALYSIS GUIDANCE

Category Summaries. Each category includes a summary analysis that aggregates responses across all questions within that category (e.g., the total number of “agree” responses from Sibley County for all Leadership & Governance questions). The summary also includes narrative that begins with the consensus among all respondents, followed by highlights of where specific respondent groups differed from the overall pattern of the aggregated results.

A Chi-square test looks at whether different groups (such as counties or roles) answered a question in similar or different ways. In this case, it checks whether the pattern of responses (disagree/neutral/agree) is the same across groups or whether certain groups tend to respond differently. If the test shows a statistically significant result, it means the differences in response patterns between groups are unlikely to be due to random chance—in other words, the groups probably do differ in how they responded. **However, the test has limitations.** When a table includes categories with very few or zero responses, the results can become less reliable. The test works best when each category has a reasonable number of responses. Because of that, even when the test suggests a significant difference, the findings should be interpreted carefully.

Survey Participants. Those asked to respond to the survey include:

- All public health staff, managers, and supervisors in Meeker, McLeod, and Sibley counties as well as staff directly employed by the Meeker, McLeod, Sibley Community Health Services Board.
- The Health and Human Services Director and County Administrator from Meeker, McLeod, and Sibley counties.
- Members of the Meeker, McLeod, Sibley Community Health Services Board, and elected county commissioners from Meeker, McLeod, and Sibley counties.

DETAILED SURVEY RESULTS AND ANALYSIS

Leadership & Governance

Most respondents indicated agreement that the CHS structure provides clear channels for input to the CHB, appropriate authority to fulfill responsibilities, defined accountability lines, and transparent/inclusive decision-making (combined “agree” responses: n = 109; 46% of all responses). Exceptions to this trend include more “neutral” responses from County Commissioners compared to those that “agree” and Meeker County respondents who were significantly less likely to “agree” with statements about clear input channels and transparent/inclusive decision-making.

Leadership & Governance: County Combined Percent						
	Other (n=1)	MMS CHS (n=6)	Sibley County (n=11)	Meeker County (n=14)	McLeod County (n=27)	All respondents (n=59)
Agree	0%	58%	48%	34%	51%	46%
Neutral	0%	4%	27%	21%	28%	23%
Disagree	100%	38%	18%	45%	11%	25%
Don't Know	0%	0%	7%	0%	10%	6%

Leadership & Governance: Staff Combined Percent					
	County Commissioner (n=3)	MMS-CHS Board Member (n=4)	County Leader (n=10)	Local Public Health Staff (n=42)	All respondents (n=59)
Agree	42%	50%	53%	45%	46%
Neutral	58%	19%	18%	23%	23%
Disagree	0%	31%	25%	26%	25%
Don't Know	0%	0%	5%	7%	6%

Note: The color scale is for individual columns (i.e., dark green corresponds to the highest count within that specific group).

Operational Efficiency, Effectiveness, and Adaptability

The majority of respondents indicated agreement that the CHS structure enables effective technology and data use, seamless data sharing, coordinated public health operations, expanded service capacity, strong fiscal accountability, and the ability to respond efficiently to emerging public health threats across the three counties (combined agree responses: n=189; 53% of all responses). Exceptions to this trend include more “neutral” responses from County Commissioners compared to those that “agree.”

Operational Efficiency, Effectiveness, and Adaptability: County Combined Percent						
	Other (n=1)	MMS CHS (n=6)	Sibley County (n=11)	Meeker County (n=14)	McLeod County (n=27)	All respondents (n=59)
Agree	50%	56%	55%	39%	60%	53%
Neutral	0%	17%	27%	31%	17%	22%
Disagree	50%	28%	17%	26%	14%	19%
Don't know	0%	0%	2%	4%	9%	5%

Operational Efficiency, Effectiveness, and Adaptability: Staff Combined Percent					
	County Commissioner (n=3)	MMS-CHS Board Member (n=4)	County Leader (n=10)	Local Public Health Staff (n=42)	All respondents (n=59)
Agree	39%	46%	48%	56%	53%
Neutral	44%	29%	17%	21%	22%
Disagree	0%	25%	28%	18%	19%
Don't know	17%	0%	7%	5%	5%

Note: The color scale is for individual columns (i.e., dark green corresponds to the highest count within that specific group)

Strategic Management, Performance Measurement, & Results

The majority of respondents indicated agreement that the CHS structure provides a clear and consistent vision and mission, reinforces shared public health priorities, ensures unique local needs are addressed, facilitates equitable access to services, and contributes to improved public health outcomes across all three counties (combined agree responses: n=191; 65% of all responses). Exceptions to this trend include more “neutral” responses from County Commissioners compared to those that “agree” and significantly less likely to “agree” from Meeker County on addressing unique needs and improving outcomes.

Strategic Management, Performance Measurement, & Results: County Combined Percent						
	Other (n=1)	MMS CHS (n=6)	Sibley County (n=11)	Meeker County (n=14)	McLeod County (n=27)	All respondents (n=59)
Agree	20%	63%	75%	53%	69%	65%
Neutral	0%	20%	16%	16%	13%	15%
Disagree	80%	17%	5%	27%	7%	14%
Don't Know	0%	0%	4%	4%	11%	7%

Strategic Management, Performance Measurement, & Results: Staff Combined Percent					
	County Commissioner (n=3)	MMS-CHS Board Member (n=4)	County Leader (n=10)	Local Public Health Staff (n=42)	All respondents (n=59)
Agree	33%	65%	68%	66%	65%
Neutral	47%	20%	2%	15%	15%
Disagree	0%	15%	20%	13%	14%
Don't Know	20%	0%	10%	6%	7%

Note: The color scale is for individual columns (i.e., dark green corresponds to the highest count within that specific group)

Internal Culture and Collaboration

The majority of respondents indicated agreement that the CHS structure CHS structure fosters strong collaboration and coordination among public health and human services staff, builds a sense of team cohesion, and promotes consistent behavioral norms, a positive organizational culture, and staff morale across all counties. (combined agree responses: n=173; 59% of all responses). Exceptions to this trend include more “neutral” responses from County Commissioners exceeding those who “agree” and a more likely “neutral” or “disagree” response from Meeker County related to statements about feeling connected to a team and positive culture/ morale.

Internal Culture and Collaboration: County Combined Percent						
	Other (n=1)	MMS CHS (n=6)	Sibley County (n=11)	Meeker County (n=14)	McLeod County (n=27)	All respondents (n=59)
Agree	20%	67%	76%	47%	57%	59%
Neutral	0%	10%	20%	23%	20%	19%
Disagree	80%	23%	2%	29%	13%	17%
Don't Know	0%	0%	2%	1%	10%	5%

Internal Culture and Collaboration: Staff Combined Percent					
	County Commissioner (n=3)	MMS-CHS Board Member (n=4)	County Leader (n=10)	Local Public Health Staff (n=42)	All respondents (n=59)
Agree	20%	65%	62%	60%	59%
Disagree	13%	20%	24%	15%	17%
Don't Know	7%	0%	8%	5%	5%
Neutral	60%	15%	6%	20%	19%

Note: The color scale is for individual columns (i.e., dark green corresponds to the highest count within that specific group)

PROJECT PURPOSE

HMA was engaged to conduct discovery and analysis of the MMS-CHS organizational structure. The primary goal was to identify opportunities to strengthen governance and optimize the operating model to support effective and efficient delivery of community health services.

LEGAL FRAMEWORK

The Local Public Health Act (Minn. Stat. §145A) specifies that the Minnesota Department of Health has oversight responsibility for coordinating and integrating local, state, and federal public health programs and services, while legal responsibility for administering public health programs and services at the local level falls to Community Health Boards (CHBs), or, in the alternative, a County Human Services Board.

As a multi-county joint powers CHB, the MMS-CHS Board is the governing body with legal responsibility to ensure local public health responsibilities are carried out. This includes general responsibility for governing the activities of the local public health departments within its jurisdiction, determining whether and which of the CHB's responsibilities to delegate to each individual county, and accountability for monitoring and managing public health program performance across the CHB's 3-county region.

This context provides an important foundation for both understanding and assessing the current MMS-CHS governance model and operating structure.

METHODS

Criteria identified by the project team, and documented in an Assessment Framework, were used to assess the existing MMS-CHS governance model and organizational structure. The criteria were grouped into four thematic categories. This approach provided a structured foundation, grounded in evidence-based standards, for identifying strengths, gaps, and opportunities for improvement.

SUMMARY OF OBSERVATIONS

Review of the current MMS-CHS governance and organizational structure suggests that there are several opportunities to strengthen organizational effectiveness within the existing multi-county joint powers entity. The final project report provides a comprehensive overview of the insights and observations that emerged from document reviews, open-ended text comments from survey respondents, and stakeholder interviews. Some of the key observations include:

1

Leadership & Governance

- The joint powers agreement and corresponding delegate agreements lack sufficient specificity regarding roles, responsibilities, and scope of authority of the respective partners.
- Current job descriptions assign responsibility for public health programs to the county HHS Directors and the MMS-CHS Administrator, resulting in blurred lines of accountability and decision-making authority.
- The CHS Management Team appears to have a trusting and collaborative working relationship and demonstrates an openness and willingness to change.
- Priorities identified by MMS-CHS and each county are not always aligned, making it difficult for staff to know how to prioritize their time.

3

Strategic Management, Measurement & Results

- Priorities identified by MMS-CHS and each county are not always aligned, making it difficult for staff to know how to prioritize their time.
- Program leaders frequently do not have formal authority over personnel carrying out program tasks, limiting the ability of leaders to manage performance effectively.
- Stakeholders value the efforts of MMS-CHS leaders to promote consistent awareness of the MMS-CHS mission and vision; however, there is not a shared understanding of the extent to which these guiding tenets are meant to inform and direct public health work and priority setting within each county.

2

Operational Efficiency, Effectiveness, & Adaptability

- The lack of clearly defined and differentiated scopes of authority leads to uncertainty about who is responsible for key operational functions, slower decision-making, duplication of effort, and unnecessary layers of review and approval.
- Inconsistent and decentralized financial management of public health programs creates inefficiencies, diminishes financial transparency, and elevates financial risk.
- Promising efforts have been made by MMS-CHS leadership to establish more robust and consistent operational processes and build upon existing processes to improve the efficiency, clarity, and effectiveness of internal administrative operations.

4

Internal Culture & Collaboration

- Expectations are inconsistent across the three counties about whether, and how, coordination of public health and human services should be prioritized.
- Previous efforts to consider alternative CHS governance structures have left lasting concerns and apprehension among staff, contributing to skepticism about whether the current effort will result in meaningful improvements.
- Unclear expectations have negatively impacted culture and regional collaboration, causing an erosion of trust among colleagues.
- Stakeholders are optimistic about the potential for effective regional collaboration and the value it can bring when done well.

OPTIONS AND CONSIDERATIONS

HMA identified several options for the MMS-CHS Board's consideration that: (1) Create a pathway for immediate term improvements; (2) Position the Board to more fairly assess the need for and value of costly structural or governance changes; and (3) Allow time for greater clarity to emerge about the statewide public health transformation work, reducing the risks of implementing significant changes amid uncertainty about where that broader work will ultimately land.

NEXT STEPS

HMA recommends leveraging an external consultant who can guide and facilitate the next phase of work, focusing specifically on clearly defining and documenting:

- Lines of accountability and decision-making authority
- Roles, responsibilities, and expectations of public health leaders and staff
- More robust delegate agreements
- A consistent approach to measuring and monitoring program performance/outcomes
- Standard policies, procedures, and workflows where needed, but currently lacking
- Shared values and norms around service, accountability, and teamwork⁸⁰



MMS-CHS Governance and Organizational Structure

An Overview of the Final Project Report

February 12, 2026

HMA Presenters:

Kate Lerner, Associate Principal
Sarah Oachs, Associate Principal

SCOPE

Conduct an objective process of discovery and analysis to identify whether there are opportunities to improve or optimize MMS CHS's current governance structure and operating model.



DESIRED RESULT:

Provide information that helps YOU to make informed decisions about next steps.



This effort is **NOT** being driven by:

- Preconceived ideas about what the optimal governance structure or operating model could or should be
- A presumption that the current governance structure and/or operating model are in any way flawed.

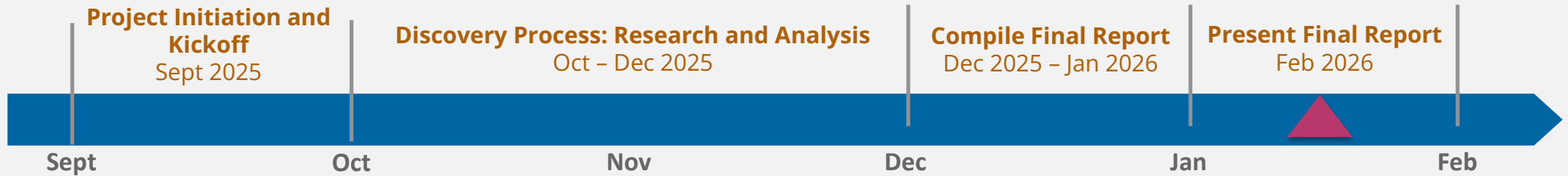


This effort **IS** being driven by:

- The CHB's ongoing commitment to excellence and innovation in community health services
- A desire to continuously improve the efficiency and effectiveness of service delivery to promote residents' health and wellbeing

PROJECT APPROACH AND TIMELINE

Project Phases and Timeline



Discovery Process

Document Reviews
(150+ Documents)

1:1 Interviews
(10 individuals)

Survey of Staff and Leaders
(59 Responses;
78% Response Rate)

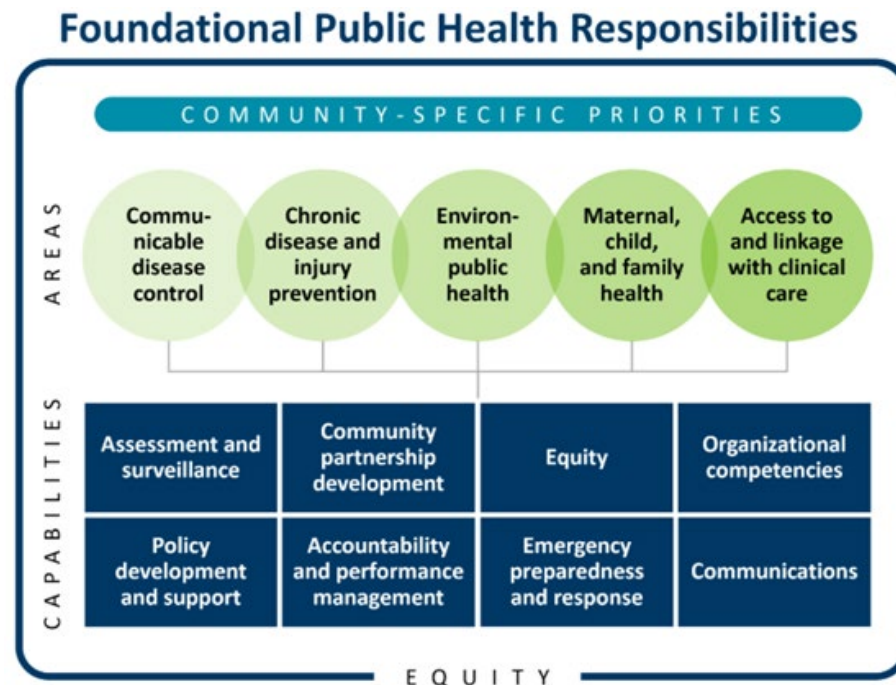
FINAL REPORT

- ✓ What we did
- ✓ How we did it
- ✓ Summary of what we learned
- ✓ Options to consider

ASSESSMENT FRAMEWORK

Thematic Categories	Assessment Criteria
Category 1: Leadership and Governance	Leadership and Governance <ul style="list-style-type: none"> Strong, ethical leadership with strategic vision. Effective governance structures that ensure accountability and oversight. Decision-making processes that are transparent and inclusive.
Category 2: Operational Efficiency, Effectiveness, and Adaptability	Operational Efficiency: <ul style="list-style-type: none"> Clear, streamlined policies, procedures, and workflows. Effective use of technology and data systems. Resource optimization (human, financial, physical). Workforce Capacity and Development Skilled, diverse, and motivated staff. Ongoing training and professional development. Succession planning and leadership development. Innovation & Adaptability: <ul style="list-style-type: none"> Capacity to respond to emerging challenges. Encouragement of innovation and experimentation. Organizational learning and resilience Financial Sustainability: <ul style="list-style-type: none"> Sound financial management and budgeting. Diverse and stable funding sources. Risk management and fiscal accountability.
Category 3: Strategic Management, Performance Measurement, and Results	Clear Mission & Vision: <ul style="list-style-type: none"> A well-defined purpose that guides strategy and operations. Alignment of goals across departments and stakeholders. Strategic Planning & Goal Setting: <ul style="list-style-type: none"> Long-term and short-term planning aligned with the mission. Measurable objectives and key performance indicators (KPIs). Flexibility to adapt plans based on changing conditions. Performance Measurement & Evaluation: <ul style="list-style-type: none"> Systems for tracking progress and outcomes. Use of data for continuous improvement. Feedback loops for learning and adaptation.
Category 4: Internal Culture and Collaboration	Communication & Collaboration: <ul style="list-style-type: none"> Internal communication that supports coordination and morale. External communication that builds trust with stakeholders. Partnerships and networks that enhance capacity and reach. Culture & Values: <ul style="list-style-type: none"> A culture of equity, inclusion, and respect. Shared values that support mission-driven work. Employee engagement and overall satisfaction/experience

Local Public Health Act (*Minn. Stat. §145A*)



CHB Delegation Authority

- Minn. Stat. §145A.07 allows a CHB to delegate its powers and duties to a city or county within its jurisdiction
- Delegation Agreements must include:
 - Defined scope of duties being delegated
 - Performance assessment criteria and standards
- Delegation does not absolve the CHB of legal responsibility to ensure “Foundational PH Responsibilities” are carried out.

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NEXT STEPS: RECOMMENDATIONS

HMA recommends leveraging an external consultant who can guide and facilitate the next phase of work, focusing specifically on clearly defining and documenting:

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- ☐ A consistent approach to measuring and monitoring program performance/outcomes
- ☐ Standard policies, procedures, and workflows where needed, but currently lacking
- ☐ Shared values and norms around service, accountability, and teamwork

THANK YOU!



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