Major community health board funding sources in Minnesota

Program areas in this document:
- Master grant contract
- Local Public Health Act
- Title V Maternal and Child Health (MCH) Block Grant
- Family Home Visiting (TANF)
- Maternal Infant and Early Childhood Home Visiting (MIECHV)
- Evidence-Based Home Visiting (EBHV)
- Women, Infants, and Children (WIC)
- State Health Improvement Partnership (SHIP)
- Public Health Emergency Preparedness
- Early Hearing Detection and Intervention (EHDI) and Birth Defects follow-up
- Minnesota Vaccines for Children (MnVFC) site visits
- Eliminating Health Disparities: Tuberculosis Follow Along Program (FAP)
- Child and Teen Checkups (C&TC)
- Other

Master grant contract

Every five years, the Minnesota Department of Health (MDH) enters into a master grant contract with all community health boards. There is no funding attached to this contract. It serves as the legal foundation for subsequent grant project agreements with community health boards for all MDH grant program funding. The master grant contract is intended to streamline the grant process between MDH and community health boards.

More information: Contact the MDH Center for Public Health Practice (health.ophp@state.mn.us).

Local Public Health Act

Minn. Stat. § 145A.131

The state general funds (i.e., state tax dollars) and match provide a base of stable, non-categorical grant funding to community health boards. Community health boards use the funding to support local public health infrastructure activities and develop action plans to address the local public health priorities and issues as identified by their community health assessment.

- Funding source: State general funds
- Grant cycle: Calendar year for five years with annual award letter
- Funding is based on a 2003 funding allotment
- 75 percent match required

Reporting: Annually.

Invoicing: Quarterly or monthly (determined by community health board). Within 30 days after end of the invoice period.
More information: Visit Invoice and reconciliation instructions for the Local Public Health Grant (www.health.state.mn.us/communities/practice/lphact/lphgrant/invoice.html) or contact the MDH Center for Public Health Practice (health.ophp@state.mn.us).

**Title V Maternal and Child Health (MCH) Block Grant**

Minn. Stat. § 145.88

The federal Title V Maternal and Child Health (MCH) Block Grant and match provide funding to improve the health and wellbeing of pregnant women, infants, children and adolescents, children and youth with special health care needs, and the provision of family planning services. Two-thirds of the federal dollars are distributed to community health boards for a broad array of MCH services.

- Funding source: Federal funds (CFDA 93.994)
- Grant cycle: Currently on a calendar year, but will move to federal fiscal year on October 1, 2019
- Funding is based on a 2003 funding allotment
- 50 percent match required

**Reporting:** Annually.

**Invoicing:** Quarterly or monthly (determined by community health board). Within 30 days after end of invoice period.

More information: Visit Title V Maternal and Child Health (MCH) Block Grant program (www.health.state.mn.us/communities/titlev/) or contact the MDH Child and Family Health Division (health.CFHcommunications@state.mn.us).

**Family Home Visiting (TANF)**

Minn. Stat. § 145A.17

Community health boards can use Family Home Visiting funds for non-medical home visiting services for families, WIC nutritional services, and group teen pregnancy prevention efforts.

- Funding source: Federal funds (CFDA 93.558)
- Grant cycle: State fiscal year (July 1 through June 30)
- Funding is based on a 2003 funding allotment

**Reporting:** Quarterly and annually.

**Invoicing:** Quarterly or monthly (determined by community health board). Within 20 days after end of invoice period.

More information: Visit Funding and grants management (www.health.state.mn.us/communities/fhv/grant.html) or contact the MDH Child and Family Health Division: Family Home Visiting Program (health.homevisiting@state.mn.us).

**Maternal Infant and Early Childhood Home Visiting (MIECHV)**

The federal Affordable Care Act of 2010 created Maternal Infant and Early Childhood Home Visiting Program (MIECHV) to provide funding for evidence-based home visiting programs to improve the health and development outcomes for at-risk children and families. Evidence-based home visiting models funded by
MIECHV implemented in Minnesota include Healthy Families America, Nurse-Family Partnership and Family Spirit. Not all community health boards receive MIECHV funding. Funding, when available, is offered through an request for proposals (RFP) on an at-risk formula ranking.

- Funding source: Federal funds (CFDA 93.505)
- Grant cycle: Based on specific grant agreements
- Funding is determined based on at-risk population formula

**Reporting**: Quarterly as directed by MDH (data) and annually (status report).

**Invoicing**: Quarterly.

**More information**: Visit [Funding and grants management](https://www.health.state.mn.us/communities/fhv/grant.html) or contact the MDH Child and Family Health Division: Family Home Visiting Program ([health.homevisiting@state.mn.us](mailto:health.homevisiting@state.mn.us)).

### Evidence-Based Home Visiting (EBHV)

State Evidence-Based Home Visiting funding can be used for evidence-based home visiting services provided by community health boards, tribal nations, and non-profits. This funding supports the start-up and expansion of selected evidence-based home visiting models to serve families in need. The models are intended to be implemented at the community level as part of a coordinated, integrated system of early childhood services.

- Funding source: State general funds
- Grant cycle: Based on specific grant agreements
- Funding is awarded through competitive application process

**Reporting**: Quarterly as directed by MDH (data) and annually (status report).

**Invoicing**: Quarterly.

**More information**: Visit [Funding and grants management](https://www.health.state.mn.us/communities/fhv/grant.html) or contact the MDH Child and Family Health Division: Family Home Visiting Program ([health.homevisiting@state.mn.us](mailto:health.homevisiting@state.mn.us)).

### Women, Infants, and Children (WIC)

WIC provides funding for nutrition and breastfeeding support for low-income pregnant, breastfeeding, and non-breastfeeding postpartum women, and to infants and children up to age five who are found to be at nutritional risk. Services include nutrition assessment and education, breastfeeding support, nutritious foods, and health care referrals.

- Funding source: Federal funds (CFDA 10.557)
- Grant cycle: Calendar year for five years
- Funding is by reimbursement, based on the number of participants served each month

**Reporting**: HuBERT information system.

**Invoicing**: Monthly.

**More info**: Visit [Information for local agencies: WIC program](https://www.health.state.mn.us/people/wic/localagency/) or contact the MDH Child and Family Health Division ([health.wic@state.mn.us](mailto:health.wic@state.mn.us)).
State Health Improvement Partnership (SHIP)

Minn. Stat. § 145.986

The State Health Improvement Partnership (SHIP) was launched in 2008 as part of Minnesota’s health reform effort, with the goal of helping Minnesotans live longer, healthier lives by decreasing obesity and tobacco use and exposure, the leading causes of chronic disease, disability, and death. Community health boards are awarded grants based on a menu of proven strategies.

- Funding source: State general funds
- Grant cycle: Five-year grant agreement with funding November 1 to October 31
- Funding amount is determined by population

Reporting: Monthly, quarterly, and annual reports as directed by MDH.

Invoicing: Monthly.

More information: Visit Resources for local SHIP staff (www.health.state.mn.us/communities/ship/support/) or contact the MDH Office of Statewide Health Improvement Initiatives (health.oshii@state.mn.us).

Public Health Emergency Preparedness

The MDH Center for Emergency Preparedness and Response oversees emergency preparedness and response funding to local health departments, tribal agencies, and health care coalitions as they develop plans and protocols for responding to public health threats. Priority activities are guided by 15 public health and four health care preparedness capabilities. These capabilities are national standards for state and local planning to identify risks and gaps, determine priorities, and plan with partners to assure safer, more resilient, and better prepared communities whether the public health threat is caused by natural, accidental, or intentional means.

- Funding source: Federal funds (CFDA 93.069)
- Grant cycle: Five-year grant agreement, with funding July 1 through June 30
- Funding determined by a State Community Health Services Advisory Committee (SCHSAC) workgroup formula

Reporting: Mid-year and end-of-year; the MDH Center for Emergency Preparedness and Response consolidates for submission to CDC.

Invoicing: Quarterly; find invoices on the MDH Center for Emergency Preparedness and Response SharePoint site.

More information: Visit Emergency preparedness and response (www.health.state.mn.us/communities/ep/) or contact the MDH Center for Emergency Preparedness and Response (Health.PHEP@state.mn.us).

Early Hearing Detection and Intervention (EHDI) and Birth Defects follow-up

The MDH Children and Youth with Special Health Needs Program (Early Hearing Detection and Intervention [EHDI] and Birth Defects) provides funding to community health boards to follow up with families in order to identify needs and connect families to federal, state, and community services and supports. In addition, community health boards follow up with families of children who did not pass the newborn hearing screening and may need assistance with diagnosis or further testing.
MAJOR COMMUNITY HEALTH BOARD FUNDING SOURCES IN MINNESOTA

- Funding source: Federal funds and state funds from fees
  EHDI Screening/Diagnosis (CFDA 93.314), EHDI Confirmed Hearing Loss (CFDA 93.251), Birth Defects (state funding)
- Grant cycle: Annual grant (January 1 to December 31)
- Funding is reimbursed by number of clients served (varies every year)

Reporting: MEDSS (Minnesota Electronic Disease Surveillance System).

Invoicing: Quarterly or monthly (determined by community health board).

More information: Visit Children and youth with special health needs (www.health.state.mn.us/people/childrenyouth/cyshn/) or contact the MDH Children and Youth with Special Health Needs Program (health.cyshn@state.mn.us).

Minnesota Vaccines for Children (MnVFC) site visits

Minnesota Vaccines for Children (MnVFC) is a component of the immunization program at MDH. Select community health boards conduct site visits to assess local medical clinics’ compliance with the MnVFC program, including storage and handling techniques of vaccines, and provide teaching and needed follow-up. Clinics that receive MnVFC vaccines are required to be visited every 24 months.

- Funding source: Federal funds (CFDA 93.268)
- Grant cycle: Annual grant
- Funding: Reimbursement for completed components of clinic assessments, education, and follow-up

Reporting: Quarterly as directed by MDH.

Invoicing: Quarterly.

More information: Visit Minnesota Vaccines for Children program (MnVFC) (www.health.state.mn.us/people/immunize/hcp/mnvfc/) or contact the MDH Infectious Disease Epidemiology, Prevention, and Control Division (health.mnvfc@state.mn.us).

Eliminating Health Disparities: Tuberculosis

Minn. Stat. § 145.928, subd. 9

The MDH Refugee and International Health Program and MDH Tuberculosis (TB) Prevention and Control Program provide funding to community health boards for health screening and follow-up services for tuberculosis for persons not born in the U.S. Funds are distributed based on the formula defined in statute.

- Funding source: State general funds
- Grant cycle: State fiscal year (July 1 through June 30)
- Funding: Formula-based (defined in statute)

Reporting: MEDSS (Minnesota Electronic Disease Surveillance System) for TB surveillance.

Invoicing: Yearly (end of fiscal year).

More information: Contact the MDH Infectious Disease Epidemiology, Prevention, and Control Division (RefugeeHealth@state.mn.us).
Follow Along Program (FAP)

MDH Children and Youth with Special Health Needs Program provides funding to community health boards to support the early identification of children birth to three years old with developmental and/or social-emotional concerns and to facilitate connections to community agencies, such as Part C Infant and Toddler Intervention Services. The Follow Along Program provides early childhood developmental guidance, screening, referral and ongoing care connection/coordination.

- Funding source: Federal IDEA Part C funds administered by Minnesota Department of Education, distributed to MDH through a state interagency agreement
- Grant cycle: State fiscal year (July 1 through June 30)
- Funding: Total amount is split evenly between participating agencies

**Reporting:** Bi-annual

**Invoicing:** In conjunction with the Title V Maternal and Child Health Block Grant invoicing: quarterly or monthly (determined by community health board).

**More information:** Visit Follow Along Program (www.health.state.mn.us/mnfap) or contact the MDH Child and Family Health Division (health.cyshn@state.mn.us).

Child and Teen Checkups (C&TC)

The Child and Teen Checkups (C&TC) program is Minnesota’s federal Early Periodic Screening, Diagnosis, and Treatment (EPSDT) program. It is administered by the Minnesota Department of Human Services (DHS) and not covered under the MDH master grant contract.

Other

There are a number of other funding and resource opportunities administered by MDH that may be available to community health boards. These could be awarded on a competitive, formula, reimbursement, or risk-based basis. These may fluctuate based on new federal or state funding awarded to the MDH. For information on overall public health spending, review the expenditures summaries found at: Past data: LPH Act annual reporting (www.health.state.mn.us/communities/practice/lphact/annualreporting/archive.html).

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