

# Major Community Health Board Funding Sources

JANUARY 2024

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## 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](mailto:health.ophp@state.mn.us)).

## Local Public Health Grant

### Minn. Stat. § 145A.131

These 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 [Local Public Health Grant webpage \(www.health.state.mn.us/communities/practice/lphact/lphgrant/index.html\)](http://www.health.state.mn.us/communities/practice/lphact/lphgrant/index.html) or contact the MDH Center for Public Health Practice ([health.ophp@state.mn.us](mailto:health.ophp@state.mn.us)).

## Foundational Public Health Responsibilities Grant

### Minn. Stat. § 145A.131

This funding is to fulfill foundational public health responsibilities (FPHR). This is ongoing funding to strengthen the local public health system in Minnesota. The funding for FPHR is based on a funding formula that is different than the Local Public Health Grant. The funding is based on three principles: 1) every community health board should get enough funding to be able to make meaningful progress on Foundational Public Health Responsibilities (FPHRs); 2) the funding formula should consider that not everyone has the same opportunity to be healthy across our state; 3) the funding formula should help alleviate variation in capacity across our system.

While the statute authorizing these funds allows CHBs to use these funds for community health priorities if the CHB can demonstrate full implementation of foundational public health responsibilities, SCHSAC recommended that the MDH withhold funding for community health priorities until SCHSAC has adopted a set of minimum standards for FPHR implementation.

- Funding source: State general funds
- Grant cycle: Calendar year for five years with annual award letter
- Funding is based on a SCHSAC funding formula of base funding, SVI funding and a capacity bonus for some CHBs
- 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 [Funding for foundational public health responsibilities webpage \(www.health.state.mn.us/communities/practice/systemtransformation/foundationalfunding.html\)](http://www.health.state.mn.us/communities/practice/systemtransformation/foundationalfunding.html) or contact the MDH Center for Public Health Practice ([health.ophp@state.mn.us](mailto:health.ophp@state.mn.us)).

## CDC Federal Infrastructure Grant

The CDC Federal Infrastructure Grant provides funding to community health boards to recruit, retain, and train a skilled and diverse public health workforce, address longstanding public health infrastructure needs, and increase the size of the public health workforce.

## CHB FUNDING SOURCES

- Funding source: Federal funds (Federal Assistance Listing 93.967 – Strengthening Public Health Infrastructure, Workforce and Data Systems)
- Grant cycle: March 1, 2023 to November 30, 2027
- Funding: Formula based on CDC formula

**Reporting:** Biannual.

**Invoicing:** Quarterly.

**More information:** Visit the [CDC Federal Infrastructure Grant webpage \(www.health.state.mn.us/communities/practice/funding/cdcinfrastructuregrant.html\)](https://www.health.state.mn.us/communities/practice/funding/cdcinfrastructuregrant.html) or contact [health.ophp@state.mn.us](mailto: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 (Federal Assistance Listing 93.994 – Maternal and Child Health Services Block Grant)
- Grant cycle: federal fiscal year on October 1 to September 30
- 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 the invoice period.

**More information:** Visit the [Title V Maternal and Child Health \(MCH\) Block Grant Program webpage \(www.health.state.mn.us/communities/titlev/index.html\)](https://www.health.state.mn.us/communities/titlev/index.html) or contact the MDH Child and Family Health Division ([health.CFHcommunications@state.mn.us](mailto:health.CFHcommunications@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 kindergarten entrance 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: State funds
- Grant cycle: State fiscal year (July 1 through June 30)
- Funding: Total amount is split evenly between participating agencies

**Reporting:** Quarterly.

**Invoicing:** Quarterly.

**More information:** Visit the [Follow Along Program webpage \(www.health.state.mn.us/mnfap\)](http://www.health.state.mn.us/mnfap) or contact the MDH Children and Youth with Special Health Needs Program ([health.cyshn@state.mn.us](mailto:health.cyshn@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 (Federal Assistance Listing 93.558 – Temporary Assistance to Needy Families)
- 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 the invoice period.

**More information:** Visit [Funding and grants management \(www.health.state.mn.us/communities/fhv/grant.html\)](http://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)).

## Strong Foundations: Evidence-based Family Home Visiting

Strong Foundations stabilizes and sustains existing home visiting programs while supporting start-up implementation of new home visiting programs seeking to address some of Minnesota's greatest disparities over a five-year period. This funding is not restricted to CHBs and includes Tribes and CBOs.

- Funding sources:
  - MIECHV Federal Grant (Federal Assistance Listing 93.870 93.870 Maternal, Infant and Early Childhood Home Visiting Grant)
  - Nurse Family Partnership Program State Grant (Minn. Stat. § 145A.145)
  - Home Visiting for Pregnant Woman and Families with Young Children State Grant (Minn. Stat. § 145.97)
- Grant cycle: Calendar year for five years
- Funding: Determined based on at-risk population

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

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

**More information:** Visit [Funding and grants management \(www.health.state.mn.us/communities/fhv/grant.html\)](http://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 (Federal Assistance Listing 10.557 – WIC Special Supplemental Nutrition Program for Woman, Infants and Children)
- 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 \(www.health.state.mn.us/people/wic/localagency/\)](http://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)).

## Statewide Health Improvement Partnership (SHIP)

**Minn. Stat. § 145.986**

The Statewide 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: Health Care Access Funds
- Grant cycle: Five-year grant agreement with funding November 1 to October 31
- Funding amount is determined by population

**Reporting:** Bi-annual and year-end reports as directed by MDH.

**Invoicing:** Monthly.

**More information:** Visit the MDH [SHIP website \(https://www.health.state.mn.us/communities/ship\)](https://www.health.state.mn.us/communities/ship) or contact the MDH Office of Statewide Health Improvement Initiatives ([health.oshii@state.mn.us](mailto: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 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 Assistance Listing 93.069
- Grant cycle: Five-year grant agreement, with funding July 1 through June 30
- Funding formula approved by a State Community Health Services Advisory Committee (SCHSAC)

**Reporting:** Mid-year and end-of-year

**Invoicing:** Quarterly; additional information on MDH Center for Emergency Preparedness and Response SharePoint site.

**More information:** Visit [Emergency preparedness and response \(www.health.state.mn.us/communities/ep/\)](http://www.health.state.mn.us/communities/ep/), the Emergency Preparedness for CHB/THB SharePoint site ([Emergency Preparedness for CHB/THD - Home \(sharepoint.com\)](http://www.health.state.mn.us/communities/ep/)) or contact [health.phep@state.mn.us](mailto:health.phep@state.mn.us).

## Response Sustainability Grant

### Minn. Stat. § 145A.135

In the 2023 legislative session, CHBs and Tribes received state funding for Emergency Preparedness and Response (EPR). The funding acknowledges a previous lack of state funding specific to EPR and assure that all CHBs and Tribes are able to increase their individual EPR responsibilities. This funding has a funding formula, developed in partnership with SCHSAC that is unique to these state funds. The activities must align with the CDC PHEP capabilities, strengthen capacity across the state (each CHB should have a .5 FTE dedicated to EPR), and multi-county CHBs should ensure that all counties have access to staff dedicated to EPR.

- Funding source: State Funding
- Grant cycle: Four-year grant agreement, with funding July 1 through June 30
- Funding formula approved by MDH Commissioner based on recommendation from the State Community Health Services Advisory Committee (SCHSAC)

**Reporting:** Quarterly reports

**Invoicing:** Quarterly; additional information on MDH Center for Emergency Preparedness and Response SharePoint site.

**More information:** Visit MDH Center for Emergency Preparedness and Response SharePoint site.

**More information:** Visit [Emergency preparedness and response \(www.health.state.mn.us/communities/ep/\)](http://www.health.state.mn.us/communities/ep/), the Emergency Preparedness for CHB/THB SharePoint site ([Emergency Preparedness for CHB/THD - Home \(sharepoint.com\)](http://www.health.state.mn.us/communities/ep/)) or contact [health.epr@state.mn.us](mailto:health.epr@state.mn.us).

## COVID Vaccine Implementation and Response Grant

Pandemic response and vaccination implementation is a combined state and local responsibility that requires close collaboration between public health, health care, external agencies, and community partners. The overall purpose of this grant is the rapid administration of COVID-19 vaccination, response to the pandemic, COVID testing and staff and community recovery.

- Funding source: Federal funds (Federal Assistance Listing 93.268 – Immunization Cooperative Agreements and Federal Assistance Listing 93.323 – Epidemiology and Laboratory Capacity for Infectious Diseases)
- Grant cycle: April 1, 2021 to March 31, 2026
- Funding: Formula-based on the PHEP Grant formula

**Reporting:** Biannual.

**Invoicing:** Quarterly.

**More information:** Visit [Emergency preparedness and response \(www.health.state.mn.us/communities/ep/\)](https://www.health.state.mn.us/communities/ep/), the Emergency Preparedness for CHB/THB SharePoint site ([Emergency Preparedness for CHB/THD - Home \(sharepoint.com\)](https://sharepoint.com)) or contact [health.epr@state.mn.us](mailto:health.epr@state.mn.us).

## Children and Youth with Special Health Needs Follow-up

The MDH Children and Youth with Special Health Needs (CYSHN) Program [formerly known as Early Hearing Detection and Intervention (EHDI) and Birth Defects] provides funding to community health boards. The purpose of this funding is to follow up with families, identify their needs, and connect them to federal, state, and community services and supports. CYSHN supports children identified with specific birth conditions or newborn screening conditions (including hearing loss, critical congenital heart defects and bloodspot conditions).

- 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.

**More information:** Visit the [Children and Youth with Special Health Needs webpage \(www.health.state.mn.us/cyshn\)](https://www.health.state.mn.us/cyshn) or contact the Children and Youth with Special Health Needs Program ([health.cyshn@state.mn.us](mailto: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 Immunization Cooperative Agreements)
- Grant cycle: Annual grant
- Funding: Reimbursement for completed compliance visits

**Reporting:** Quarterly as directed by MDH.

**Invoicing:** Quarterly.

**More information:** Visit the [Minnesota Vaccines for Children program \(MnVFC\) website](http://www.health.state.mn.us/people/immunize/hcp/mnvfc/) ([www.health.state.mn.us/people/immunize/hcp/mnvfc/](http://www.health.state.mn.us/people/immunize/hcp/mnvfc/)) or contact [2020 IDEPC Contact Us](http://vovici.com) ([vovici.com](http://vovici.com)).

## 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 foreign-born persons. 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:** Visit the [TB Information for Local Public Health Departments website](http://www.health.state.mn.us/diseases/tb/lph/index.html) ([www.health.state.mn.us/diseases/tb/lph/index.html](http://www.health.state.mn.us/diseases/tb/lph/index.html)) or contact [2020 IDEPC Contact Us](http://vovici.com) ([vovici.com](http://vovici.com)).

## 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 several 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



## CHB FUNDING SOURCES

expenditures summaries found at: [Past data: LPH Act annual reporting \(www.health.state.mn.us/communities/practice/lphact/annualreporting/archive.html\)](http://www.health.state.mn.us/communities/practice/lphact/annualreporting/archive.html).

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