

Community Health Board

LE SUEUR-WASECA

Date: August 14, 2025

TO: Le Sueur-Waseca Advisory Committee

FROM: Sarah Berry, CHS Administrator

Le Sueur-Waseca Advisory Committee

Wednesday, September 10th

2:00-3:30pm

Location: Waterville Senior Center

1. Introductions & Ice Breaker
2. Public Health Infrastructure Grant: Where are we & where are we going
3. CHIP Priorities:
 - a. Mental Health: funding, ideas & feedback for Public Health
 - b. Substance Use/Misuse: current work, interventions & gaps
4. Midyear Strong Foundations Report: feedback & opportunities for improvement
5. Environmental Health Delegation Updates
 - a. NonCommunity Public Water Evaluation
 - b. Delegated Fee Structures, license category considerations
6. Preliminary 2026 Community Health Board Budget Review

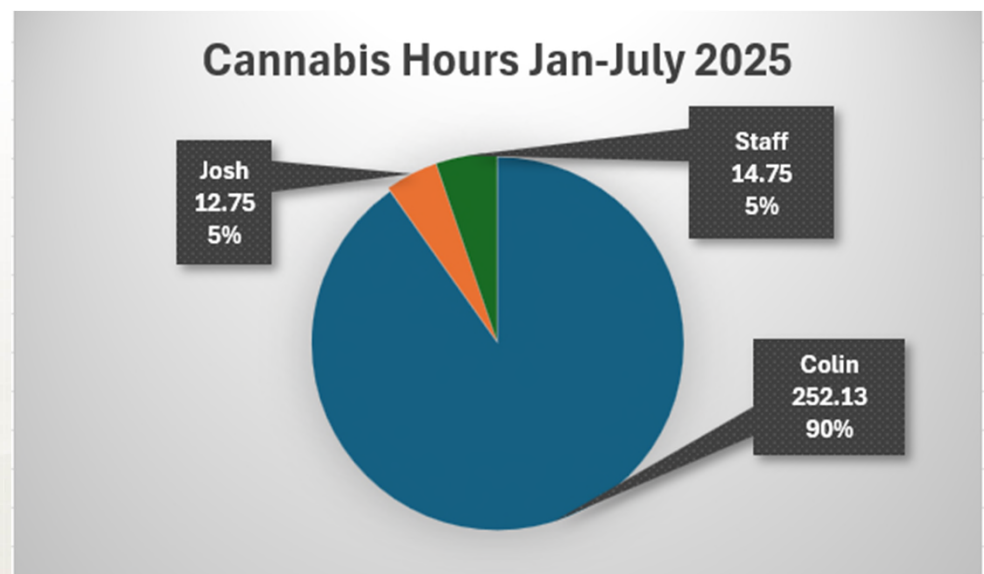
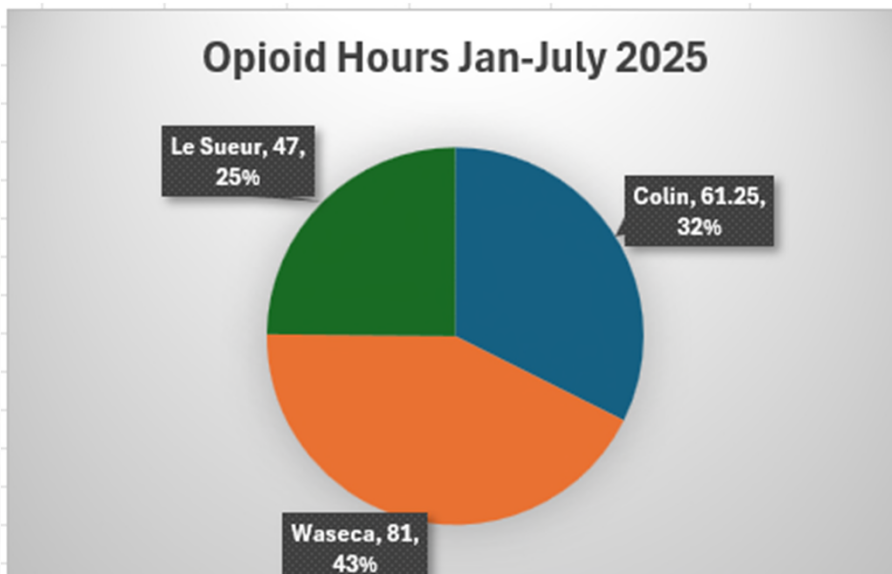
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Community Health Board

LE SUEUR-WASECA

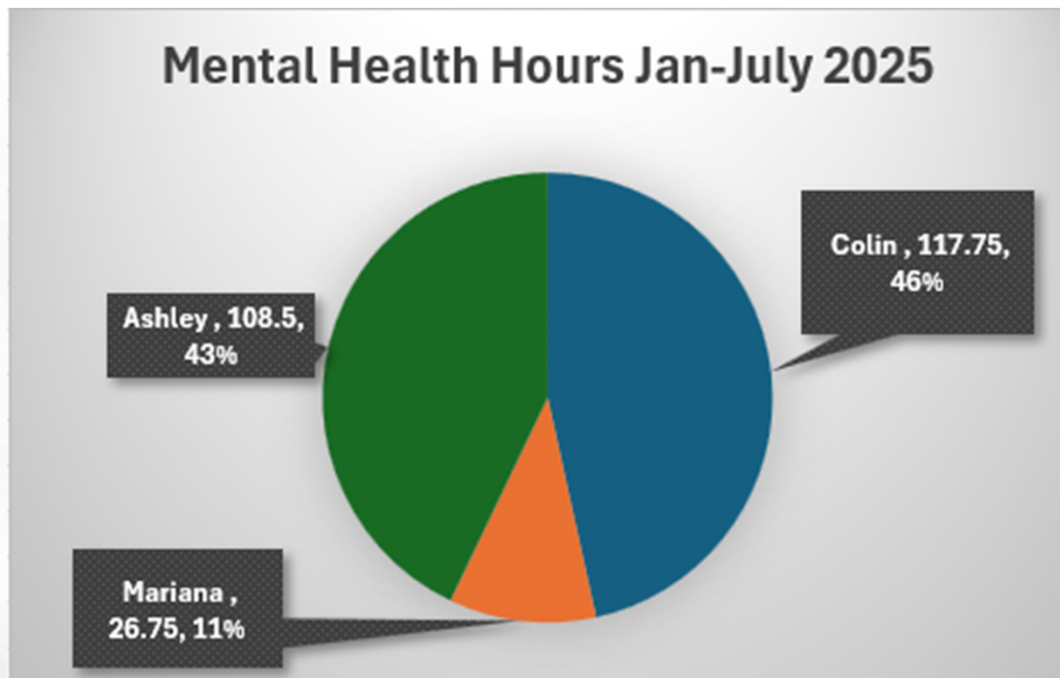
Substance Abuse

Substance Abuse work is funded through the Cannabis Grant and Opioid Settlements. The Opioid settlement money use is decided by Advisory Groups in each county – it is not Community Health Board money.



Mental Health

Community Mental Health was primarily funded by the Covid grant which was rescinded in March 2025. Post March, Mental Health work that can be tied to substance abuse is billed to Cannabis and/or Opioid grants. Mental Health work that is not substance abuse related is funded by levy.



- All hours shown in the graph were grant funded.

COMMUNITY HEALTH IMPROVEMENT PLAN

YEAR 1 OF 5

The Community Health Improvement Plan prioritizes mental health and substance abuse, and emphasizes partner collaboration to help identify resources to improve resident health.

MENTAL HEALTH

ADVERSE CHILDHOOD EXPERIENCES (ACES)

Public Health partnered with community organizations to train individual ACE presenters to help educate about ACEs and empower action to raise community awareness and foster healthy environments for children and families.



MENTAL HEALTH

RESOURCE MAP

Public Health identified existing regional mental health resource maps and shifted the focus to promoting the resources through partner meetings, events, and awareness campaigns like Mental Health Month and Suicide Prevention Week.

SUBSTANCE ABUSE

OPIOID DATA FOR POLICY CHANGE

Public Health prioritized data collection like naloxone usage, opioid-related deaths, emergency room visits, and hospitalizations. The data supports the opioid advisory committee and can help inform substance abuse policy changes.



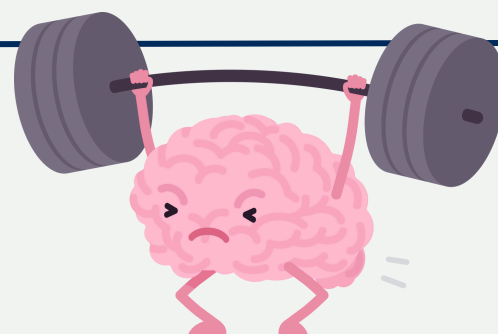
SUBSTANCE ABUSE

LOCAL AND STATE POLICY REVIEW

Public Health prevention efforts focus on a comprehensive school policies, strategic plans, and handbooks review to ensure best practice alignment, and systemic changes like Minnesota Student Survey participation. Local ordinance assessment can help build a substance abuse prevention foundation.

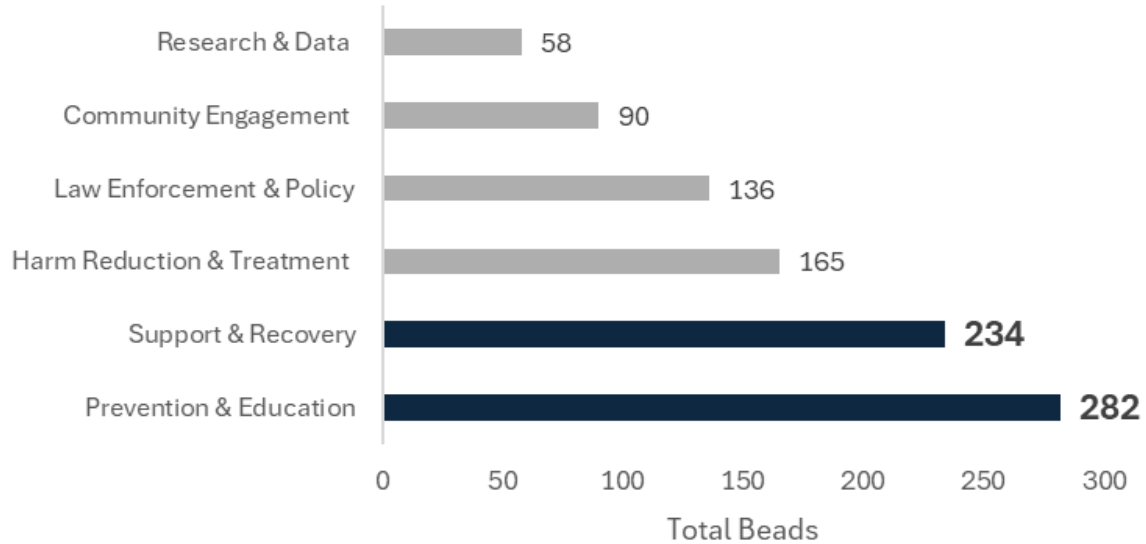
CONCLUSION

Public Health established a strong foundation to help address mental health and substance abuse with collaboration, data collection, education, and advocacy to build healthier communities.



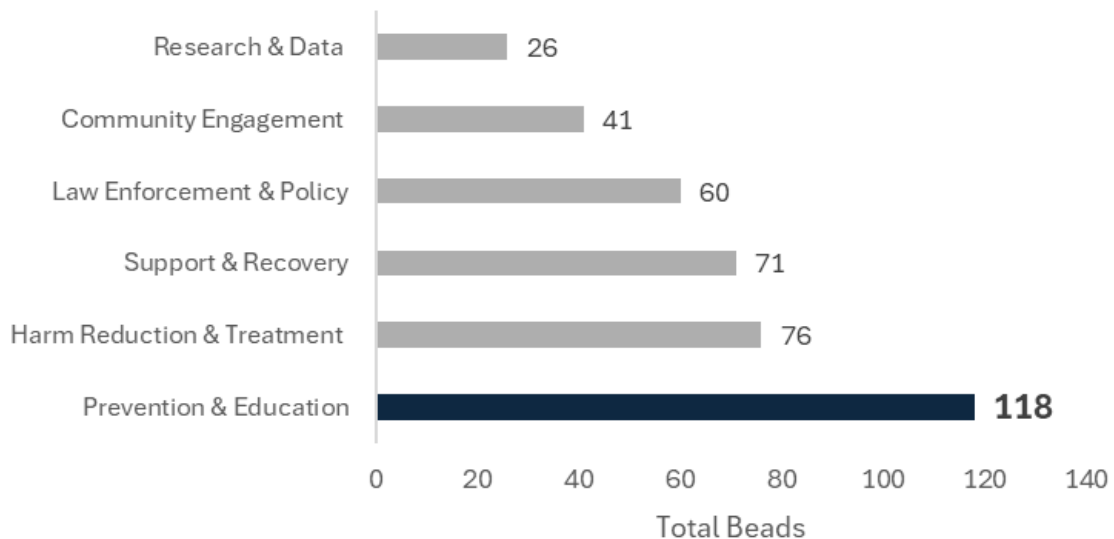
Opioid Jar/bead Activity Results

Current CHB Results



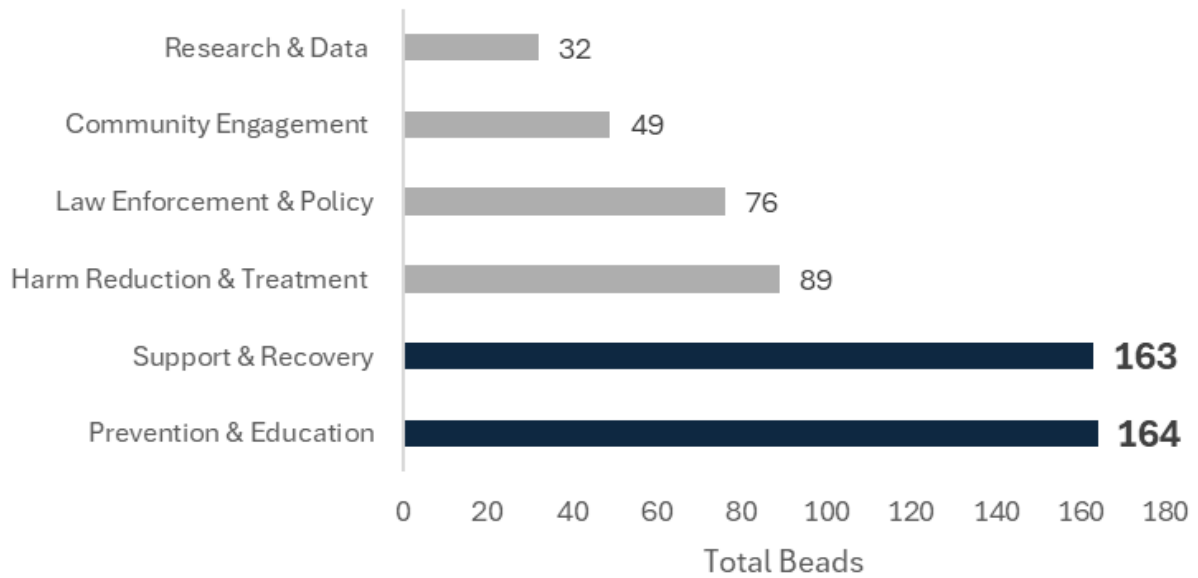
*A total of 8 events have been used to collect input about the opioid settlement. Almost 1,000 beads have been recorded. The number of participants ranges from a minimum of 160 to a maximum of 965. **Prevention & Education** and **Support & Recovery** are currently leading.

Le Sueur County Current Results



*A total of 5 events have happened in Le Sueur. **Prevention & Education** is currently leading the way.

Waseca County Current Results



*A total of 3 events have happened in Waseca. **Prevention & Education** and **Support & Recovery** are currently leading the way.

Strong Foundations: Evidence-based Family Home Visiting

Healthy Families America

Healthy Families America (HFA)

- Prenatal to 3 years of age
 - Families need to be enrolled before the child is 3 months of age
 - Waseca County has Child Welfare Protocols in place with local CPS
 - Allows clients families to start as long as the child is under 24 months of age and working with CWP
- Eligibility Requirements
 - Single Parent
 - Prenatal care initiated after week 12 of pregnancy
 - Considered termination of pregnancy
- Offering Weekly Visits
 - Visits start out weekly and as families are successful in the program visits become less frequent
- Evidenced Based Curriculum
 - Growing Great Kids (GGK)

Minnesota

Healthy Families America® 2022 State Profile



HEALTHYFAMILIESAMERICA.ORG

Healthy Families America® (HFA) is the nationally recognized, evidence-based home visiting program of Prevent Child Abuse America®. HFA focuses on building nurturing, safe and secure relationships between parent and child that are essential for all children –and parents– to lead a healthy and productive life. Voluntary home visiting helps new and expectant parents develop the skills and confidence to raise healthy children and increases family well-being by preventing adversity and building resilience during a child's most critical years of development.

Research with the HFA model demonstrates sustained positive impact for HFA families:



Reduced
recurrence of
maltreatment
by **1/3**



48%
fewer
low-birthweight
infants



5x
more likely to
enroll in school or
training programs

↑ Improved maternal
and child health

↑ Increased child
development and
school readiness

↑ Increased family
economic self-
sufficiency

↓ Reduced family
violence

By investing in evidence-based home visiting programs, like Healthy Families America®, we strengthen Minnesota families, create thriving communities, and save taxpayer dollars.

Strong Foundations

- Grant supports 18 families
- Visits and assessments can be billed to insurances
- Prep, charting, follow up and mileage are billed to the grant.

The programs

Le Sueur County

- Supervisor
- Program Lead
- Home Visiting Nurse

Waseca County

- Supervisor
- 3 Home Visiting Nurses
- Certified Community Health Worker

Midyear report

- Information generated from Quarterly reports and the Information for Home Visiting Evaluation (IHVE), the MDH family home visiting data system
- Based on our Strong Foundations 2023-2027 workplan and grantee requirements

Prenatal Enrollment

Objective: At least 50% or more of families will be recruited into home visiting services during the prenatal period.

By enrolling families prenatally, family home visiting programs can maximize home visiting benefits and outcomes. Prenatal enrollment provides opportunities to promote adequate prenatal care, encourage breastfeeding initiation, and connect families to resources early.



Table 1. Prenatal enrollment percentage of new families

Grantee and Providers	Measure	Q1	Q2	Q3	Q4	Cumulative
Le Sueur-Waseca CHB	Prenatal Enrollment	3	2	--	--	5
Le Sueur-Waseca CHB	Newly Enrolled Clients	6	4	--	--	10
Le Sueur-Waseca CHB	Prenatal Enrollment %	50%	50%	--	--	50%
All Strong Foundations Grantees	Prenatal Enrollment %	55%	60%	--	--	57%
Le Sueur County Public Health	Prenatal Enrollment	1	1	--	--	2
Le Sueur County Public Health	Newly Enrolled Clients	1	2	--	--	3
Le Sueur County Public Health	Prenatal Enrollment %	100%	50%	--	--	67%
Waseca County Public Health Services	Prenatal Enrollment	2	1	--	--	3
Waseca County Public Health Services	Newly Enrolled Clients	5	2	--	--	7
Waseca County Public Health Services	Prenatal Enrollment %	40%	50%	--	--	43%

Target Caseload

Objective: achieve and maintain an average of at least 85% of Target Caseload

Le Sueur- Waseca Maximum Service Capacity/ Target Caseload is 18 Households.

HFA standards allow for home visitors to carry a higher caseload determined by FTE, Le Sueur is currently serving 7 families, and Waseca is serving 17 families.

Table 2. Strong Foundations caseload by quarter

Grantee	Measure	Q1	Q2	Q3	Q4	2025
Le Sueur-Waseca CHB	Total Households	24	24	--	--	--
Le Sueur-Waseca CHB	Target Caseload	18	18	--	--	--
Le Sueur-Waseca CHB	Percent	133%	133%	--	--	133%
All Strong Foundations Grantees	Percent	92%	92%	--	--	92%

Source: Quarterly Report

Family Engagement

The number and percentage of open cases who received a visit in the 90 days prior to the last day of the quarter.

Year to date average for CHB is 96%

Grantee or Provider	Data	Jan	Feb	Mar	Apr	May	Jun
Le Sueur-Waseca CHB	Cases with Visit in 90 days	18	20	20	22	20	21
Le Sueur-Waseca CHB	Total Cases	18	21	22	24	21	21
Le Sueur-Waseca CHB	Percentage	100%	95%	91%	92%	95%	100%
Strong Foundations Average	Percentage	90%	91%	91%	92%	91%	90%

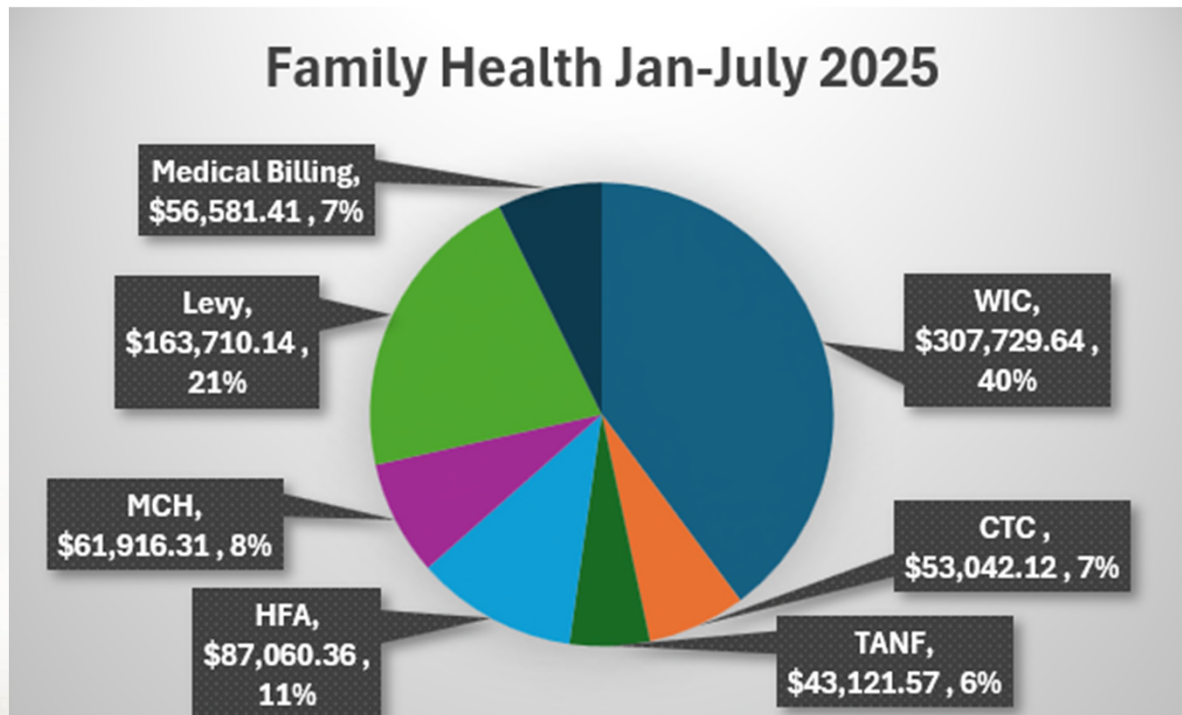
Family Health

Braided Funding is critical for Family Health programs but grant parameters can make that difficult.

- Child & Teen Check Up (C&TC)
- Women, Infants & Children (WIC)
- Maternal Child Health (MCH)
- Temporary Assistance for Needy Families (TANF)
- Evidence Based Family Home Visiting - Strong Foundations / Healthy Families America (HFA)

Family Health

How Family Health activities were funded From Jan-July 2025.



Medical Billing includes Medicaid and PMAP programs. Only a home visit or a 1:1 education is covered. Medical Billing will not cover charting, phone calls, scheduling, or travel.

Drinking Water Evaluation Le Sueur- Waseca CHB

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Summary

The drinking water program review for Le Sueur-Waseca CHB was conducted August 11th through August 13th. The first morning was the materials review with Andrew Nicolin, Josh Ramaker, and Sarah Berry. The second day was reviewing Public Water Systems (PWSs) with Andrew. Day three was the site visit training at three PWS locations. This review demonstrated the program meets the requirements of the Delegation Agreement and overall has achieved an **Acceptable** rating.

While conducting the review, the program was able demonstrate proficiency at conducting sanitary surveys, annual site visits, sample collection, and bacteria investigations. Their knowledge of the rules and procedures helps the program meet requirements for the drinking water program. The program review is conducted every three years by the Minnesota Department of Health (MDH).

During the review some data clean-up in MNDWIS is needed for the deficiency tracker and some sample result entries in the last three years. The details are outlined in section three below.

Le Sueur-Waseca CHB is successfully managing the delegated drinking water responsibilities between local and state government. MDH appreciates the Program's commitment to improvement by regularly attending our trainings. We are committed to assisting Le Sueur-Waseca CHB with their important work in drinking water protection and look forward to continuing our partnership.



Kyle Johnsen, REHS
Delegated Program Coordinator
Noncommunity Public Water Supply Unit
Drinking Water Protection

DRINKING WATER EVALUATION OVERVIEW

Program Evaluation Matrix

Program Scoring Ranking	Standard 1 Regulatory Foundation	Standard 2 Trained Staff	Standard 3 SDWA Compliance Activities	Standard 4 Illness & Injury Response	Standard 5 Compliance & Enforcement	Standard 6 Industry and Community	Standard 7 Program Resources
Acceptable -All Orange Program Elements met and a total of 1 yellow program element not met	Orange and Yellow Program Elements met	Orange and Yellow Program Element met	Orange and Yellow Program Elements met	Orange and Yellow Program Elements met	Orange and Yellow Program Elements met	Yellow Program Elements met	Yellow Program Elements met
Acceptable Improvements Needed -All Orange Program Elements met and 1 Yellow Program Element per Standard not met or a total of 4 Yellow not met	Orange elements met 1 Yellow element not met	Orange elements met 1 Yellow element not met	Orange elements met 1 Yellow element not met	Orange elements met 1 Yellow element not met	Orange elements met 1 Yellow element not met	1 Yellow element not met	1 Yellow element not met
Conditionally Acceptable -A total of 1 Orange Program Elements not met and 2 Yellow Program Elements per Standard not met or a total of 6 Yellow not met.	1 Orange element not met 2 Yellow elements not met	1 Orange element not met 2 Yellow elements not met	1 Orange element not met 2 Yellow elements not met	1 Orange element not met 2 Yellow elements not met	1 Orange element not met 2 Yellow elements not met	2 Yellow elements not met	2 Yellow elements not met
Unacceptable -A total of 2 Orange Program Elements not met and 2 Yellow Program Elements per Standard not met or a total of 7 Yellow not met.	2 Orange and 2 Yellow elements not met	2 Orange and 2 Yellow elements not met	2 Orange and 2 Yellow elements not met	2 Orange and 2 Yellow elements not met	2 Orange and 2 Yellow elements not met	2 yellow elements not met	2 Yellow elements not met
Termination -Program Elements not met	Failure to respond to MDH written notice of required corrective plan within 30 days or failure to make the corrections according to approved plan	Failure to respond to MDH written notice of required corrective plan within 30 days or failure to make the corrections according to approved plan	Failure to respond to MDH written notice of required corrective plan within 30 days or failure to make the corrections according to approved plan	Failure to respond to MDH written notice of required corrective plan within 30 days or failure to make the corrections according to approved plan	Failure to respond to MDH written notice of required corrective plan within 30 days or failure to make the corrections according to approved plan	Failure to respond to MDH written notice of required corrective plan within 30 days or failure to make the corrections according to approved plan	Failure to respond to MDH written notice of required corrective plan within 30 days or failure to make the corrections according to approved plan

Program Evaluation Template

Evaluation Key

ORANGE: Essential Program Elements - defined in statute and/or rule and in the Delegation Agreement
YELLOW: Required Program Elements - required by the Delegation Agreement
WHITE: Value-Added Program Elements or MDH Responsibility - not required by law or the Delegation Agreement or the responsibility of MDH.

Program Evaluation

1-Regulatory Foundation (Ordinances)

Status: Acceptable

Le Sueur-Waseca has ordinances in place that meet the requirements of the Delegation Agreement. They have established procedures to address sanitary surveys and deficiencies at public water systems.

Required Actions:

No actions required at this time.

Regulatory Foundation (Ordinances) Evaluation Criteria
The Board has passed an ordinance referring to statutes and rules, as listed in the AUTHORITY and DELEGATION part of the Agreement.
Ordinance revised to be consistent with current statutes and rules.
Any changed ordinance needs to be reviewed by MDH prior to passage.
Ordinance describes enforcement tools and procedures, and grant authority for enforcement.
MDH has reviewed and responded in writing to the Board(s), regarding the proposed ordinances or language changes to existing ordinances, within 30 days of receipt of changes.

2-Trained Regulatory Staff

Status: Acceptable

Le Sueur Waseca County has staff assigned to manage delegated drinking water system duties. Andrew Nicolin, Sarah Berry, and are REHS certified. Katie Reyes is a new employee and is starting to work in the drinking water program this year. The three staff members provide sufficient staff coverage for the drinking water program.

Required Actions:

Trained Regulatory Staff Evaluation Criteria
The Board employs qualified inspection staff as defined in the Delegation Agreement.
Any agreement with other qualified staff to carry out its regular, delegated duties, need to have MDH's written approval before entering into the agreement.
The Board has a written plan that is submitted to MDH when staff changes occur, to assure adequate Program coverage.

3-Safe Drinking Water Act Compliance Activities

Status: Conditionally Acceptable

Le Sueur Waseca CHB is responsible for the administration of the Safe Drinking Water Act (SDWA) for noncommunity transient public water systems.

- All sanitary surveys are up to date
- Bacteria incidents need to be completed.
- Sampling collection for the last three years needs to be updated. The county needs to contact the compliance officer to correct any errors.
- Deficiency tracker needed to be updated.

Required Actions:

Before this report is final the actions below need to be addressed.

- Bacteria Incidents that need to be updated or completed.
 - 5810133 Kiesler's Camp
 - 5810135 Riverview Golf Course
 - 5400224 Wise Stop Resort

DRINKING WATER EVALUATION OVERVIEW

- 5400256 Kamp Dels
- Sampling schedules that need to be addressed
 - 5810148 Pleasant Grove Pizza Farm
 - 5400224 Wise Stop Resort
- Deficiency tracker needed to be updated. Deficiencies that span two or more surveys are marked as new. They need to be switched to active or inactive.

SDWA Compliance Activities Evaluation Criteria
Sanitary Survey reports identify sanitary defects; deficiencies, significant deficiencies, seasonal system requirements, and recommendations.
Sanitary Survey frequency based on MN Statutes 4720 and DWP policies and procedures of once every three years (within the 3 rd year are being met).
All TWS are sampled annually if on reduced monitoring, or as required, for coliform bacteria and nitrates.
Annual site visits are conducted at all TWS except during the year of the Sanitary Survey.
Follow-up activities must be done on sanitary defects and significant deficiencies.
Follow up should be done on deficiencies and Requirements/recommendations
The Board must provide written response of review and amends of the annual TWS inventory list. Update inventory list when changes occur throughout the year.
The Board maintains the current inventory information in MDH DWP database
The Board enters all sampling data (if results are completed by a certified lab other than MDH's lab), Sanitary Survey, and Bacteria incident reports.
The Board uses an approved sampling log when taking all samples.
Inspections are conducted by qualified inspection staff, as described in the Delegation Agreement.
The Board shall encourage that at least one person from its regulatory staff attend the annual MDH training seminar or other continuing education conference.
The Board does incorporate education into the inspection process.

DRINKING WATER EVALUATION OVERVIEW

SDWA Compliance Activities Evaluation Criteria
Written reports are complete, accurate, and describe compliance activities.
Statutes, rules and ordinances are interpreted accurately and consistently.

4-Illness Investigation and Response

Status: Acceptable

The Program has a waterborne illness investigation and response policy in place that meets the requirements of the Delegation Agreement. MDH will lead all epidemiological investigations associated with drinking water at public water systems subject to this agreement. Le Sueur-Waseca CHB will assist MDH with investigations. No illness investigations associated with drinking water were reported or investigated during this evaluation period

Required Actions:

No action required at this time.

Illness Investigation Response Evaluation Criteria
The Board utilizes a protocol, approved by MDH
The Board maintains a log or database for all complaints of waterborne illness.
The Board investigates and document illness reports.
The Board transmits all waterborne illness complaints to MDH within one business day.
MDH has referred to the Board(s), any complaints that MDH receives concerning matters under their jurisdiction.
The Board has qualified staff available for emergency coverage on a 24-hour a day basis and has provided an after-hours contact number to MDH.

5-Compliance and Enforcement

Status: Acceptable

The program effectively works with MDH compliance staff and has enforcement procedures in place that follow the respective county ordinances

Required Actions:

No action required at this time.

Compliance and Enforcement Evaluation Criteria
The Board identifies and documents, sanitary defects, deficiencies, significant deficiencies, recommendations, seasonal system requirements, and preventative measures according to statute, rule, and ordinance.
The Board addresses the identified deficiencies, significant deficiencies, and sanitary defects, by: (1) following up or using appropriate enforcement tools, including revocation or suspension, and (2) by maintaining adequate documentation throughout the enforcement process.
The Board shall assure that all sampling required for compliance with bacteria and nitrate standards is conducted and Incident reports are completed.
The Board assures public posting of water supplies with sampling results that do not met SDWA standards.
The Board resolves identified deficiencies and significant deficiencies within time specified within the SDWA.
The Board maintains records according to its records retention policy.

6-Industry, Community, and MDH Relations

Le Sueur-Waseca Response:

We value our partnership with the Non community Drinking water program. While IT access via VPN has been a large challenge, having the same system as our state partners facilitates communication and learnings. We appreciate the tools available on SharePoint and the customer service from Kyle and Josh is terrific. We would appreciate more specific scheduling communication in advance of the evaluation, but otherwise find the evaluation to be a great mix of assessment, problem solving, and education. The onsite trainings provided at the close of each program’s evaluation is especially helpful and a wonderful way to build a network or peers.

Industry, Community, and MDH Relation Evaluation Criteria
MDH and the Board have entered into a joint partnership to help assure protection of public health through safe drinking water. MDH goal/mission is to provide the Board with the necessary tools and consultation to achieve this goal. Please comment on the how partnership is working and/or where it can be improved.
The Board participates in or leads activities that increase awareness of risk factors, health and safety hazards, and control methods to prevent illness.

7-Program Resources

Status: Acceptable

The program has resources in place that meet the requirements of the evaluated program standards. The program has the required professional staff, funding, and materials to operate an effective Drinking Water Protection Program.

Required Actions:

No action required at this time.

Program Resources Evaluation Criteria
The Board employees an adequate number of qualified inspection staff in order to complete the requirements of the delegation agreement
The Board provides the appropriate inspection equipment to its staff.

8-Inner Well Management Zone (IWMZ)

Status: Acceptable

Completion of the Inner Well Management Zone program was thorough. This review evaluated the well locations and potential contamination sources at the sites selected for the sanitary survey review. The well locations were accurate, and all contamination sources were identified correctly in the program for the selected sites

Required Actions:

No action required at this time.

Inner Well Management Zone (IWMZ) Evaluation Criteria
Locate and map all public water supply wells on the property.
Locate and map all non-public or abandon wells within 200' radius of a public water supply.
Locate and map all potential contamination sources within a 200' radius of all public water supply wells.
Document actions have been taken to eliminate or manage all potential sources of contamination.

2026 Grant Matches

Grant	Required Match	Grant Award	Match Amount for CHB	LS Match Portion	W Match Portion
Local Public Health Grant (LPHG)	75%	\$ 253,781.00	\$ 190,335.75	\$ 114,201.45	\$ 76,134.30
Foundational Public Health Responsibilities Grant (FPHR)	75%	\$ 196,309.00	\$ 147,231.75	\$ 66,254.29	\$ 80,977.46
Title V Maternal & Child Health Block Grant (MCH)	50%	\$ 52,922.00	\$ 26,461.00	\$ 15,876.60	\$ 10,584.40
Statewide Health Improvement Partnership (SHIP)	10%	\$ 172,797.00	\$ 17,279.70	\$ 8,639.85	\$ 8,639.85
Total		\$ 381,308.20	\$ 204,972.19	\$ 176,336.01	

2026 Grant Splits

Grant	Joint	Le Sueur	Waseca
LPHG (Local Public Health Grant)	none	60%	40%
MCH (Maternal Child Health)	none	60%	40%
TANF (Temporary Assistance for Needy Families)	none	60%	40%
WIC (Women, Infant & Children)	none	based on participation	based on participation
	.2 Sara Porter's time & mileage		
	.03 Josh Ramaker's time & mileage	50% after joint time taken out	50% after joint time taken out
PHEP (Public Health Preparedness)	none	100%	0%
PHEP / CRI (Cities Readiness Initiative)			
	.2 Colin Ayers time, mileage and phone		
	.1 Josh Ramaker's time & mileage	50% after joint time taken out	50% after joint time taken out
Cannabis			
CTC (Child & Teen Checkup)	none	Based on Ages 0-20 eligible in major programs MA	Based on Ages 0-20 eligible in major programs MA
EHDI/BD (Early Hearing Detection & Intervention / Birth Defects)	none	based on clients seen	based on clients seen
FAP (Follow Along Program)	none	base then population	base then population
EBFHV (Evidence Based Family Home Visiting)	none	based on caseload -	based on caseload
CDC Workforce Infrastructure	none	60%	40%
	.30 Josh Ramaker time, mileage & phone		
	.7 Sara Porter's time & mileage. All phone	60% after joint time taken out.	40% after joint time taken out.
RSG (Response Sustainability Grant)			
	.1 Sara Porter's time & mileage		
	.5 Colin Ayer's time & mileage		
	.47 Josh Ramaker's time, mileage & phone	45 % after joint time taken out	55 % after joint time taken out
FPHR (Foundational Public Health Responsibilities)			
SHIP (Statewide Health Improvement Partnership)			
	1.0 Ashley Kilday's time, mileage & all phone.		
	.1 Josh Ramaker's time & mileage.	50% after joint time taken out	50% after joint time taken out

grants with joint time

Le Sueur-Waseca Community Health Board

Budget 2026

Revenue	Combined	Le Sueur	Waseca
CDC Workforce	16,200.44	11,961.20	4,239.24
CTC	72,186.00	42,797.50	29,388.50
EBFHV	135,000.00	60,000.00	75,000.00
EHDI-BD	4,500.00	1,875.00	2,625.00
Refugee	0.00	0.00	0.00
FAP	9,800.00	5,700.00	4,100.00
FPHR	196,309.00	115,466.20	80,842.80
LPH	253,781.00	151,380.60	102,400.40
MCH	52,922.00	31,753.20	21,168.80
PHEP	54,026.00	40,581.00	13,445.00
CRI	16,500.00	16,500.00	0.00
RSG	118,043.00	117,612.25	430.75
SHIP	172,797.00	19,147.70	153,649.30
TANF	59,539.00	35,723.00	23,816.00
WIC	207,195.00	116,029.20	91,165.80
Cannabis	105,222.00	44,032.74	61,189.26
Innovation	62,637.71	26,959.29	35,678.42
Total Revenue	\$1,536,658	\$837,519	\$699,139
		55%	45%
Expenses	Combined	Le Sueur	Waseca
Staff Salaries	1,255,711.65	711,141.48	544,571.18
Staff Fringe	116,106.26	77,670.11	38,436.15
Conf/Trainings/Memberships	4,190.54	1,647.07	2,543.47
Phone	600.00	60.00	540.00
Postage	2,900.00	900.00	2,000.00
Insurance (MCIT)	3,818.00	1,909.00	1,909.00
Professional / Tech	53,473.18	3,000.00	50,473.18
Mileage	15,527.79	5,163.14	10,364.64
Mileage - Advisory Committee	200.00	0.00	200.00
Per Diem - Advisory Committee	1,280.00	0.00	1,280.00
Meals			
Lodging	100.00	50.00	50.00
Rent/Service Agreements	1,800.00		1,800.00
Office / Program Supplies	17,179.82	6,146.82	11,032.00
Medical Supplies			
Ref Materials / Bks / Subscriptions			
Ads / Legal Notices			
Equipment			
Indirect	67,588.66	31,740.64	35,849.02
Total Expenses	\$1,540,476	\$839,428	\$701,049
Excess / Loss	(\$3,818)	(\$1,909)	(\$1,909)

Anticipated notification date if not yet awarded?

*estimated on 4 qtr average minus next 2 billing quarters.

Adjusted to Budget

Adjusted To Budget

*based on last year

Adjusted to Budget

Adjusted to Budget

Adjusted to Budget

Adjusted to Budget

Adjusted to Budget

Adjusted to Budget

*based on last year

October 2025

2025 WIC Split is currently 56/44

Adjusted to Budget

Adjusted to Budget

Letter received from MCIT

Notes

Some grants list Salaries/fringe together. Those grant amounts were put all in Salaries

CDC \$ put in salaries/fringe.

Innovation does not include EMR conversion. Waseca will pass through Contractor.

SHIP includes \$27,473.18 in Community Partner Awards in Waseca bucket,

Waseca will pass through the awards.

WIC was divided using current 2025 split. Final split is not yet known

Per Diems are budgeted at \$80 per member. 2 members /county for 4 meetings