



GOODHUE COUNTY MINNESOTA
TO EFFECTIVELY PROMOTE THE SAFETY, HEALTH, AND WELL-BEING OF OUR RESIDENTS

GOODHUE COUNTY PERSONNEL COMMITTEE
ADMINISTRATION CONFERENCE ROOM
GOVERNMENT CENTER, RED WING

JANUARY 17, 2023
8:00 A.M.

1. Public Safety Telecommunicator

Documents:

[PUBLIC SAFETY TELECOMMUNICATOR OVERLAP.PDF](#)

2. Replacement Of 1 FTE Public Health Nurse And Team Adjustments

Documents:

[REPLACEMENT OF PUBLIC HEALTH NURSE AND FTES ADJUSTMENTS.PDF](#)



Marty Kelly
Goodhue County Sheriff

430 West 6th Street
Red Wing, MN 55066
Office (651) 267.2600
Dispatch (651) 385.3155

DATE: January 9, 2023
TO: Goodhue County Personnel Committee
FROM: Marty Kelly, Sheriff
RE: Request to hire an overlap Public Safety Telecommunicator (PST)

Summary

Public Safety Telecommunicators are an essential position to the Emergency Communications Center. In order to best serve our residents, new staff undergo a comprehensive training program of 5-6 months. We are requesting to hire a Public Safety Telecommunicator (PST) now to begin the training program and backfill an expected vacancy in order to ensure minimal impact to the public safety communications.

Background

The Emergency Communications Center is embracing new terminology for staff which better describes the critical work performed. Public Safety Telecommunicator (PST) is the new term used for Dispatcher. For the 2023 budget, the Emergency Communications Center has 12 approved FTEs: 8 full-time PSTs and 4 full-time PST Sergeants.

A recruitment and hiring process is currently underway for a Public Safety Telecommunicator position vacated by a 25-year employee. This is a significant loss in this relatively small division. Our PSTs go through a five to six-month training program within our Emergency Communications Center. This is a substantial undertaking not just for the new staff, but also for the Communications Training Officer (CTO) overseeing the training.

Additionally, we anticipate the retirement (or phased retirement) of a 32-year Public Safety Telecommunicator Sergeant by the second quarter of 2023. We expect to promote from within to backfill this upcoming vacancy and would like to begin this process immediately in an effort to stem the tide of outgoing institutional knowledge.

During the Public Safety Telecommunicator training period, the new staff is compensated out of the E911 funds until they are proficient in the position thus the approved salary budget is not impacted.

Again, the PST Sergeant retirement date is unknown, but inevitable. Given the training time, we believe Goodhue County is best served by hiring 2 full-time PSTs now to avoid gaps in staffing and pass along vital operations information.

OFFICE OF THE GOODHUE COUNTY SHERIFF

ADULT DETENTION
CENTER
651.267.2804

CIVIL DIVISION
651.267.2601

RECORDS DIVISION
651-267-2600

EMERGENCY
MANAGEMENT
651.267.2639

EMERGENCY
COMMUNICATIONS
651.385.3155

Recommendation

Recognizing the importance of succession planning and continuity of operations, we recommend the Board authorize the immediate hiring of an overlap Public Safety Telecommunicator to best prepare for the forthcoming PST Sergeant retirement.



Goodhue County Health and Human Services

426 West Avenue
Red Wing, MN 55066
(651) 385-3200 • Fax (651) 267-4882

DATE: January 12, 2023

TO: Goodhue County Personnel Committee

FROM: Nina Arneson, GCHHS Director

RE: **Replacement of 1 FTE Public Health Nurse & Family Health Team Adjustments**

BACKGROUND:

Goodhue County Health and Human Services is requesting to replace a Public Health Nurse (PHN) position within our Family Health Team in Public Health Division. On March 31st, 2023 we will have a Public Health Nurse (PHN) retire from our agency after 32 years of service to Goodhue County, and Goodhue County residents. We would like to use this opportunity to adjust our current staffing within the Family Health Team.

Current staffing composition:

Position	FTE	Funding Source	Permanent or Provisional
Supervisor	1.0	MDH, grants, county levy	Perm
PHN-WIC	1.0	MDH, federal WIC grant, County levy	Perm
PHN	1.0	MDH, grant, county levy, 3 rd party billing	Perm
RN	1.0	Minnesota Evidence Based Family Home Visiting Grant (EB-FHV) grant	Provisional
RN-Disease Prevention & Control	1.0	MDH, grants, county levy	Perm
PHN—Retiring	.6	MDH, grants, county levy, 3rd party billing	Perm
Open position	.2	MDH, federal WIC grant	Perm
Total	5.8		Perm - 4.8 Prov - 1.0

The retiring PHN is a .6 FTE position. We also currently have a .2 FTE WIC position open when our Registered Dietician resigned, and that position has not been filled, so we are considering that we have .8 FTE to fill.

.6 FTE PHN + .2 FTE (WIC opening) = .8 FTE available to fill

(It should be noted that Goodhue County Child and Family Services Collaborative (GCC&FS) has funded .2 FTE to support the retiring PHN to implement the Follow Along Program. Funding from the GCC&FS is not guaranteed funding, so that funding is not reflected in the staffing plans.)

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In 2017 GCHHS joined a regional group to apply for a Minnesota Evidence Based Family Home Visiting grant known as the Strong Foundations grant. Effective 1/1/2023 GCHHS received \$140,000 which funds 1.0 FTE to provide evidence based family home visiting (FHV) services to approximately 20 families in Goodhue County. During the first round of the 5-year grant cycle, GCHHS used the funds to pay for 1.0 FTE RN who provided the specific evidence based curriculum required by the grant. Other nurses continued to provide family home visiting through a traditional evidence informed model. Evidence informed models have fewer requirements to ensure fidelity to the model, whereas the evidence-based model funded by this program has extensive reporting and fidelity requirements, which are in place to increase the likelihood of successful outcomes.

GCHHS has received another 5-year grant to support Evidence Base Family Home Visiting (Strong Foundations). We seek to have three nurses share the responsibilities of the Evidence Based FHV program. This allows more staff to learn and utilize a program with higher rates of proven successful outcomes, and it divides this particular grant funding among three staff instead of one.

When GCHHS received the grant in 2017, the position was added as a provisional role because the funding was not guaranteed. As we begin a new 5-year grant funding cycle, we would like the position to be permanent for several reasons:

1. Our professionals from HHS Finance Division - Mike Zorn and Kayla Matter have determined that there is adequate funding to support the position with 3rd party billing, other MDH grant funds, and other non-county levy sources. This is true, even if the Family Home Visiting grant would not be renewed in the beginning in 2029, we have adequate funds to support the position.
2. Provisional positions are more difficult to fill. Our last RN position remained open for one year, as nurses are particularly difficult to hire in the current hiring environment.
3. Our professionals have expressed significant concern about the status of being provisional. The provisional status also does not support staff retention and/or satisfaction.

Proposed staffing composition:

Position	FTE	Funding Source	Permanent or Provisional
Supervisor	1.0	MDH, grants, county levy	Perm
PHN-WIC	.9	MDH, federal WIC grant, county levy	Perm
PHN	.9	MDH, county levy, 3 rd party billing, grants, MN EB-FHV grant	Perm
RN	1.0	MDH, county levy, 3 rd party billing, grants, MN EB-FHV grant	Perm
PHN or RN – Retirement Replacement	1.0	MDH, county levy, 3 rd party billing, grants, MN EB-FHV grant	Perm
RN-DP&C	1.0	MDH, grants, county levy	Perm
Total	5.8		Perm - 5.8

We have also heard from our staff that part-time positions are desired. We hear this often on self-evaluations as well as our staff satisfaction survey. We would like to provide our staff with this opportunity. When we look at replacing a retirement this is a good time to also look at our staffing needs. Our team feels that we are able to accommodate part-time positions and we would like to continue to be able to offer that to our staff.

We would like to adjust - “re-arrange” our FTEs to accommodate more part time positions. We are asking to move our 1.0 FTE WIC Coordinator position to 0.9 FTE. We would also like to move one of our 1.0 FTE Home visiting staff to 0.9 FTE while increasing our 0.8 FTE position to full-time.

This proposal is cost neutral, and overall represents a cost saving.

	2023	2023	2023	2023	
Proposed Staffing	Current RN 1 FTE Permanent step 5	Current PHN .9 FTE (1872 Hrs) Permanent step 13	Current PHN .9 FTE (1872 Hrs) Permanent step 8	Replacement PHN 1 FTE Permanent step 2	
Rate	\$33.01	\$49.19	\$39.77	\$30.23	
Gross	\$68,661.00	\$92,084.00	\$74,450.00	\$62,879.00	
PERA/FICA/Medicare/Life	\$10,457.00	\$14,005.00	\$11,334.00	\$9,581.00	Proposed Cost
Total Cost	\$79,118.00	\$106,089.00	\$85,784.00	\$72,460.00	\$343,451.00
				Savings from restructure	\$43,156.00
				Local Public Health Grant Increase (balance left to allocate)	\$12,438.00
				Family Home Visiting SCHA Billing 2022	\$51,127.00
				Family Home Visiting Fee For Service MA	\$5,882.00
				Family Health SCHA Nursing Billing 2022	\$64,757.00
					\$177,360.00
It would take approximately 5-6 years to get to the same cost as the .8 FTE					

RECOMMENDATION:

The HHS Department recommends approving the following:

- 1. Replace 0.8 FTE PHN position with a 1.0 FTE position (either RN or PHN)**
- 2. Adjust FTEs within HHS Family Health Team (no change in the total FTEs)**
 - a. Change 1.0 FTE Nurse provisional position to permanent position
 - b. Decrease 1.0 FTE WIC Coordinator position to 0.9 FTE
 - c. Decrease 1.0 FTE PHN position to 0.9 FTE