

Macon County Board of Health Finance Committee Meeting

**Macon County Health Department
MCHD Main Conference Room
1221 E. Condit Street, Decatur IL 62521
September 15, 2020 at 5:00pm**

Candace Clevenger, Board of Health President, called the meeting to order at 5:03pm.

Roll Call

Candace Clevenger, President – present/on call
Vivian Goodman, Vice President – present/on call
Mary Jane Linton, Treasurer – present/on call

Health Department Staff in Attendance

Brandi Binkley, MPA, SHRM-CP, CPHA Public Health Administrator
Bethany Stapel, MPH, CPHA, Assistant Public Health Administrator
Sheree Zalanka, Chief Financial Officer
Evan Trimby, Information Technology Specialist
Sandy DeDios, Administrative Assistant II

Public in Attendance

None

Approval of Agenda Topics

Mary Jane Linton moved to accept the agenda topics, seconded by Candace Clevenger. Roll call. Motion carried.

Public Comment

No citizen remarks were received via email prior to the deadline and even prior to this meeting time.

Old Business

None

New Business

FY 2019 Audit

Sheree shared the results of the FY19 county-wide audit for the Health Department. The audit was conducted for the period of December 1, 2018 – November 30, 2019. The net change in the fund balance was a positive balance of \$233,951 bringing the fund balance as of November 30, 2019 of \$4,323,000.

The management letter noted a finding from DHS review that the Health Department management should require that all direct wages be documented with a time and effort reporting. Direct payroll allocations should be according to these reports and not based on approved budget or time studies. We checked into a tracking system with our current time clock system and would require significant training with staff and work arounds in the system.

Luckily, we were presented with the next item on the agenda from the County Auditor's office. Sheree advised that the Auditor's office was informed that the current accounting software provider would not be providing support for the payroll application after July 2021. So, the recommendation was to outsource payroll. Carol Reed, County Auditor, estimated that this would cost approximately \$40-50,000. They began researching other software in which Sheree was able to sit in on some of the virtual demonstrations. The County Board recently approved going with the new software. It is called MIP Fund Accounting. This new software will be on the Cloud and will allow any user to access any time. Unlike the current software that only allows one user from the Health Department to access at a time. This new software will also include a program called Employee Web Services which will be our solution to the audit finding. Employees will be allowed to track time spent on any grant program. So, this will give us accurate reporting for staff on various grants. Sheree has submitted a draft policy regarding the audit finding and the draft was approved. The auditors asked for an update once we got the new software up and running. The goal for going live with the new software is December 1, 2020. This will be for everything except payroll, and payroll will possibly begin January 1, 2021.

Approval of the FY 2021 Proposed Budget

Sheree and Brandi presented a summary of the proposed budget for FY21. The Finance Committee met prior to the board meeting to review and discuss the proposed budget.

This budget ended up with a total revenue of \$7,530,996.00, total expense \$7,466,305.00, with an ending balance of \$64,691.00. This is comparable to FY20. Overhead expenditures for this budget represent a 16% indirect cost compared to 17% last year.

Staffing – This budget includes an increase in payroll to be given through performance evaluations which will be completed in the fall. In 2014, a survey of comparable health departments revealed that MCHD salaries were up to 25% lower than positions at the other health departments. Using these results, the MCHD implemented a plan to increase salaries to be as comparable as possible. In 2018, members of the EEHW encouraged our Department to attempt to continue to address this issue to ensure our salaries were appropriate, comparable, and competitive. The MCHD made significant adjustments to current employees' salaries and base pay levels for incoming employees. At this time, we feel as if our salaries are more comparable, but still somewhat lower than comparable health departments. In comparison to other sectors, MCHD salaries for some are still significantly lower and this causes issues recruiting and maintaining staff. This is especially true when it comes to nurses, which are critical to the effective functioning of a health department. Registered Nurse positions are very difficult to fill due to not only the national nursing shortage, but also the fact that our nurses are paid significantly lower than RNs at other types of local healthcare facilities. In addition, we have several pending retirements and must plan for adequately filling these positions.

Another consideration for this and upcoming years is the need to address the increase in minimum wage. We are currently compliant but are aware that increasing the pay for our positions earning just above minimum wage will result in pay compression for higher paid positions. We continue to research and plan for adjustments in our paygrade scale, including base pay for incoming employees and salaries for current employees.

We are also actively prioritizing succession planning by cross-training additional staff in preparation for emergencies, retirements, and transitions of current staff. It is imperative that we had adequate numbers of trained staff in order to sustain services at all times, especially during a time of pandemic. We are working to restructure some parts of the organization as appropriate and as need arises/continues. There has been a need to grow our Administration team with an Accounting Assistant and our Information Technology with an IT Support Specialist Assistant. At this time, we have one person in the building for each function and not only is the workload far beyond realistic for one person, but also it is not a sustainable plan to have only one person in these functions. We do have other staff cross-trained to assist with

accounting and a contractor on call to assist with IT in the case of an emergency. However, we need a permanent solution to these obstacles. Our solution is to add a staff member in each of these areas. We have also restructured our Clinical Nursing Division with the addition of a Clinic Coordinator. This is currently a temporary position to determine the success of this change and could potentially be made permanent if needed and determined to be the most effective structure. It is also a priority of our organization to address and prioritize health equity, inclusion, and diversity. As part of the COVID-19 Contact Tracing Grant, we are adding a Health Equity, Diversity, and Inclusion Coordinator for building-wide efforts. Following the conclusion of this grant, we will maintain this position and continue to support the prioritization of these efforts in local public health.

Grants – For State Fiscal year 2021 we were fortunate to receive level funding for most of our grants.

In FY20 we brought back the car seat program; we have dollars set aside in a restricted fund balance from previous fiscal years to purchase car seats. Parents/guardians in need of a car seat are asked to give a \$20 donation. We also received a grant from IDOT. We currently have 9 trained car seat technicians. Unfortunately, due to the COVID-19 pandemic, we have had to put the car seat program on hold. Grant funding was used to purchase car seats and we hope to get back to holding car seat check events as soon as possible.

For SFY21, we received an increase in funding of \$26,640 for Family Case Management and an increase of \$12,960 for our High-Risk Infant Follow-Up/Healthworks Illinois grants. Assigned caseloads for these programs remained the same.

For SFY21, the Breastfeeding Peer Counselor grant received an increase of \$16,000. This is due to an overall increase of Federal funding for the program. The WIC program received a caseload decrease from \$2,083 to \$2,052 resulting in a \$3,431 decrease in funding.

There were two significant changes presented to us in during SFY21 in our Healthworks Illinois Programs. We currently hold a Healthworks Illinois Lead Agency and Healthworks Illinois Case Management Program. During FY20, the state implemented the transition from state funding (DHS and DCFS) to a managed care through YouthCare. In order to continue to provide these services, YouthCare has presented an option to us to contract with them for both programs. We are currently in this review/contract approval process. The children served by both programs are high-risk, as they are in the DCFS foster care system, so it is critical we continue to provide services or ensure another entity is available to do so to ensure there is no gap. The Lead Agency side of this program has historically been underfunded and the caseload has far exceeded the required amount per the contract. Because of this discrepancy and historically inadequate funding to fully support the staffing needs of the program, we requested an increase in funding if we do contract with YouthCare. They agreed to increase the grant award from \$134,205 to \$152,849. This increase would provide the funding necessary to finally hire an adequate number of staff to serve the high and growing caseload numbers.

As a local health department, we are emergency responders and regularly plan and train for natural and manmade disasters. One of these types of disasters could include a pandemic. While we regularly train and plan for this, the magnitude of the COVID-19 global pandemic has been extraordinary. Local health departments are regularly underfunded and struggle with maintaining and recruiting staff. The MCHD team was monitoring the global situation associated with the novel coronavirus long before a case was confirmed in Illinois and subsequently, Macon County. Our team was as prepared as possible to respond and was continuing (as we always have) to partner with community agencies and stakeholders. COVID-

19 response continued as we started to have local cases confirmed. However, for some time there was no additional funding presented to our organization. Our current staff members stepped up to cover all duties and needs, putting in countless hours to ensure the fight against COVID-19 was as comprehensive as possible. Eventually, we were made aware of a COVID Crisis Grant for \$72,319 and the local CURE reimbursement program with funding up to \$251,469 and a COVID Contact Tracing Grant for \$2,861,712. It was critical to receive these dollars in order to grow our capacity to continue to adequately respond to COVID-19. These dollars have allowed us to hire additional staff we absolutely had to have in order to address all cases and contacts in Macon County. This funding has also assisted with ensuring we have gained access to the technology necessary for current and newly hired staff. The obstacles that exist despite this funding include, but are not limited to: the funding is temporary and following the pandemic, our organization will remain underfunded and possibly understaffed; the grant dollars are extremely restrictive regarding for what they can be used, so some needs remain; and it is still difficult to fill all staff positions due to the issues such as a nursing shortage, lower level salaries for professional positions, and the temporary nature of these COVID-19 related positions. Therefore, we remain understaffed and constantly seeking employees to assist with our response efforts.

Information Technology Upgrades – In FY20, we successfully migrated all accounts to Office 365. When the COVID-19 stay at home orders were issued, a large majority of MCHD employees were able to seamlessly transfer to a work from home environment. This allowed us to continue to serve and provide critical services to our clients. When presenting this project during last year’s budget process, it was predicted that 365 could be beneficial during an emergency event. Microsoft Office 365 has proven to be the asset our team predicted it could be during this global emergency we are currently experiencing.

With Office 365, all MCHD employees have access to files anywhere internet is available. Mobile work and collaboration are much simpler. Instant messaging, sharing documents with team members, video chats, and an internal social network are just the start of the new features available. This also means that all information is being stored in the cloud. This allows for minimum down time, in the case of a catastrophic even at MCHD.

In addition to improving efficiency and productivity, Office 365 has provided stability during this pandemic for not only our internal employees, but also for our community partners and members of the public. Our staff use 365 for regular functions, but we have also leveraged this technology to hold virtual meetings with stakeholders throughout COVID-19. Microsoft 365 has also provided us a platform to use to safely and effectively hold Board of Health Meetings that have been live streamed for the public.

A computer refresh began in FY19 and carried into FY20. New computers were purchased for all employees. The computers replaced ranged from 5 to 8 years in age. Industry standard refresh cycle is 3 to 5 years. We will now develop a plan to space out computer purchases.

Plans for FY21 include the following:

ManageEngine Desktop Central – Provides remote monitoring, management, and control. Remote monitoring and management allow for centralized installation and uninstallation of software. It also allows monitoring and control of installed software. Remote control allows for remote troubleshooting and support. These services are essential for our current distributed work environment. IT can assist a staff member without having to be in the same room or coming into contact with their equipment.

ManageEngine ServiceDesk Plus – Provides online helpdesk, asset management, and purchase management. Allows for tracking assets from pre-purchase all the way to decommissioning.

Redundant Internet Connection – MCHD is seeing an increase in the use of cloud services such as Microsoft 365 and business critical State of Illinois applications moving to web-based services. Because of this move to internet-based communications, redundant internet is essential. Additionally, all our COVID-19 Contact Tracing and Case Investigation is done via web-based services. With only a single internet connection from a single provider, we have a single point of failure. A service provider outage can bring all services to a halt. Having a second connection through a second provider give us the resiliency needed to continue operation during this critical time.

Health Fund Balance

The health fund balance was at \$4.9 million as of August 31, 2020.

The FY21 budget show MCHD averaging \$622,192 in expenses per month. This indicates that an appropriate working operational fund balance should average between \$1.8 and \$2.5 million annually. Fluctuation naturally occurs due to property tax payment schedule.

The current global pandemic has been a prime example of why it is crucial for us to maintain a healthy fund balance. In previous years, we have stated that a balance is necessary for possible situations such as a TB outbreak. We have mentioned that there is no separate TB fund for an outbreak situation, as that fund was combined with our overall Health Fund. Local health departments are regularly underfunded across the board. Because of this and unexpected events that can occur, we need to maintain our healthy fund balance to ensure the sustainability of our organization and its functions. The pandemic has clearly exhibited the importance of having adequate, funded, trained, knowledgeable, and experienced public health in a community. While we have now received some grant funding to address COVID-19, that funding came months into the pandemic and is only to be used for very specific needs. That has left and continues to leave our organization at risk. This health fund balance provides the security and sustainability needed.

A plan for some of these dollars in FY20 was to implement electronic health records. A significant amount of research was done on this project prior to the local COVID-19 response. Unfortunately, we will not be able to implement the EHR during FY21 because of COVID and the statewide implementation of a brand-new web-based contact tracing program. We also had plans to implement a digital system in our Environmental Health Division to increase efficiency and speed of production. A significant amount of research also went into this project before the local COVID-19 response. While these two projects have not yet been fully implemented, they are still incredibly important and must be completed as soon as possible. These projects are still a priority for our team and Board of Health, and we hope to continue implementation as soon as possible once the COVID-19 response is not as burdensome.

Another major project discussed in our FY20 plans was the expansion of the Dental Clinic. Funds were received to expand the clinic and serve additional clients. This project was underway before the local COVID-19 response began. Because of the high-risk nature of transmission in a dental setting, we have had to make major adjustments to our clinic and processes. We have not been able to move forward with the expansion project during COVID-19. At this time, we still have been able to maintain the grant dollars received to assist with this and have applied for additional funding. However, this project will be on hold until at least FY21.

Our leadership Team is actively searching for ways to recruit and maintain the strongest team possible. With minimum wage increasing and higher salaries at other places of employment, it becomes increasingly difficult to fill open positions. As pay levels compress, we are investigating ways to address this and ensure that we can obtain the staff needed for positions, especially those with higher level minimum qualifications required. The staffing changes thoroughly detailed in the staffing section will be implemented and maintained with use of health fund dollars. We feel this is an appropriate, effective, responsible way to utilize these dollars to achieve long-term sustainability and success for the organization and entire community. It is also a priority of ours to continue to prioritize the increased awareness of our programs and services.

Candace asked that the FY20 and FY21 figures are higher than previous years due to the COVID-19 grants, correct? And the other grant programs remained about the same?

Sheree replied, yes. We are usually around 6-6.5 million.

Mary Jane asked how many professional staff are retiring. Brandi responded that we have one higher level position retiring on December 4th and possibly two other nurses within the next year or two.

Mary Jane Linton moved to have the FY21 proposed budget presented at the Board of Health Meeting, seconded by Candace Clevenger. Roll call. Motion carried.

Adjournment

Vivian Goodman moved to adjourn, seconded by Mary Jane Linton. Roll call. Motion carried. Meeting adjourned at 5:30p.m.

Respectfully submitted,

Sandy DeDios
Administrative Assistant II

President: _____

Secretary: _____

Date: _____