

**DEKALB COUNTY BOARD OF HEALTH
MINUTES OF THE MEETING
DATE: August 2, 2011**

BOARD OF HEALTH MEMBERS PRESENT

Linda Liston, MD – President
Jesus Romero – Vice President
Dennis Diemer, DVM
Tim Duez, DDS
Karen Hagen, RN, MS
Todd Latham
David Phillips, MD
Paul Stoddard
E. Sue Thompson, RN, MS

BOARD OF HEALTH MEMBERS ABSENT

Kevin Buick, JD
Scott Starkweather

STAFF MEMBERS PRESENT

Jane Lux, Administrator
Bette Chilton, Director of Personal Health Services
Marcy Zanellato, Director of Health Education
Greg Maurice, Director of Environmental Health
Lisa Hardcastle, Director of Home Care

CALL TO ORDER

The DeKalb County Board of Health meeting of August 2, 2011, was called to order at 7:35 PM by Dr. Linda Liston, President.

MINUTES

FULL BOARD

On a motion by Tim Duez, seconded by David Phillips, the Board of Health Minutes of the Meeting for May 24, 2011, were approved. Motion carried.

On a motion by Karen Hagen, seconded by Jesus Romero, the Board of Health Executive Session Minutes of the Meeting for May 24, 2011, were approved. Motion carried.

FINANCE COMMITTEE

On a motion by Jesus Romero, seconded by Dennis Diemer, the Finance Committee Minutes of the Meeting for July 21, 2011, were approved. Motion carried.

DIVISION REPORTS

Public Health Administrator – Jane Lux

Mrs. Lux reported that House Bill 3717, containing the state fiscal year 2012 budget, passed and was signed by the Governor June 30th. The budget contained large reductions to administration and operations in state agencies. The two agencies that administer our programs, the Illinois Department of Public Health

(IDPH) and the Illinois Department of Human Services (IDHS) had large cuts affecting both the state and local levels. Payment delays have not improved, and legislation, once again, extended the deadline for paying bills to December 31st from August 31st.

The state is behind schedule with grant applications and agreements for the new fiscal year that started July 1st. We received grant agreements for a four-month period for our IDHS grants (Family Planning, Family Case Management, WIC and Coordinated School Health Education). Based on an annualized amount, these grants were all reduced from last year, except for WIC, which remained the same.

We have not received IDPH grant agreements, but based on verbal notification, our reduction in these grant awards is sixteen percent for Public Health Emergency Preparedness (PHEP), thirteen percent for Cities Readiness (CRI), one percent for the Local Health Protection Grant (LHPG), twenty-eight percent for the Vision and Hearing Screening grant and no change for the Tobacco grant.

The loss in dollars for these grants is \$57,069. After three consecutive years of reductions, the grants have decreased thirteen percent since 2009.

Mrs. Lux stated that our experience is not unique. The National Association of County and City Health Officials (NACCHO) reported that Local Health Departments (LHDs) nationally have experienced deep job losses and cuts to core funding.

Mrs. Lux highlighted the Illinois Maternal and Child Health (MCH) Coalition fact sheet that provides summary data of improved maternal and child health outcomes since 1980 resulting from programs in Illinois supported by IDHS funds. Maternal and Child Health programs have always been considered “legacy” public health programs and we do not want to lose gains that have been made. Mrs. Lux and Mrs. Chilton attended the Illinois Public Health Association Maternal and Child Health Summit June 14th, where a statewide leadership coalition spearheaded efforts to address the erosion of human and funding resources at the state level for MCH over the past decade.

Dr. Liston asked if our Environmental Health program conducted the Food Service Manager Training Course mentioned in the Legislation update. Mrs. Lux explained the course is taught by independent certified instructors.

Environmental Health

Mr. Maurice reported that approximately ten percent of food establishments failed to pay for annual renewal permits by the June 30 deadline, which is expected. After sending reminder letters, the majority paid, with approximately 15 establishment payments still outstanding.

Personal Health Services

Mrs. Chilton reported that the Division continues to adapt daily to unplanned absences with a reduced workforce. She credited cross training and strong staff with continued successful operations. Mr. Latham complimented the Division for the successful site reviews in the PHS Division, and Mrs. Chilton credited the staff and Program Coordinators.

Home Care

Mrs. Hardcastle reported on the program’s excellent patient satisfaction data. The Home Health Care CAHPS Survey instrument has been required since July 2010, and is to be publicly reported on the Centers for Medicare and Medicaid (CMS) Home Care Compare website. In the future, this data will be used as part of value based purchasing to determine reimbursement. In addition, “outcome assessment and information set” (OASIS) outcomes will also be part of the value based reimbursement formula. Christina Voirin started as the Quality Improvement Nurse May 23rd, and her position will help us focus on OASIS and quality measures.

Mrs. Hardcastle reported the program continues to work on streamlining processes and developing new efficiencies.

Health Education

Mrs. Zanellato reported on the Break the Habit program, part of our Illinois Tobacco Free Grant. During our six month pilot program January to June 2011, 35 individuals registered for the program. The program exceeded goals for number served and calls to the Quitline. We also track the ongoing success rate. Of the 35 individuals registered, 9 completed the entire 8-week program and remain smoke free at three months. Mrs. Zanellato discussed baseline data, data collection and factors that influence successful cessation.

Mrs. Lux highlighted the score of 98 out of 100 for the Local Technical Assistance Review (LTAR) of our Emergency Preparedness programs, largely due to the tremendous amount of work Mrs. Zanellato commits to these.

FINANCIAL DATA

Paul Stoddard moved to approve the Financial Statements for May and June 2011, seconded by Dr. Duez. Motion carried.

Sue Thompson moved to approve the Claims for June and July 2011, seconded by Todd Latham. Motion carried.

NEW BUSINESS

2012 HEALTH DEPARTMENT BUDGET

Mrs. Lux presented the proposed 2012 Budget. The Finance Committee, at their July 21, 2011 meeting, voted to recommend the 2012 Budget to the full Board.

The proposed 2012 Budget assumes the fee increases as presented, the salary adjustments in the Collective Bargaining Agreement, and the request to the County as presented.

For 2011 projected, based on the first six months, both revenue and expenditures are under budget. The largest revenue item under budget is Home Care revenue. The Family Case Management Federal Match and immunizations (Medicaid and private pay) are also under budget. The 2011 budget deficit reduction plan included a layoff of 9.8 full time equivalents (FTEs), and elimination of services in the Personal Health Services Division, accounting for a large reduction in expenditures.

Mrs. Lux reviewed revenue line items for 2012. As we have only received a preliminary county assessed valuation, Mr. Hanson advised the Health Department to request the same or a 1 percent increase in our tax levy, and a 1 percent increase is being requested. The budget for Environmental Health line items is up 8 percent due to proposed fee increases. The budget contains a 5 percent increase in Home Care revenue, for which we have a business plan. The grants in total are down 2 percent, although over the last three years, they are down 13 percent. Some grant revenue is still uncertain, as we received four month-only contracts for the Illinois Department of Human Services (IDHS) grants. Of particular concern are the Family Panning and Family Case Management grants that have been cut 16 percent and 19 percent, respectively, since 2009. In addition, the Emergency Preparedness (EP) grants were cut 15 percent this year. The Illinois Association of Public Health Administrators is challenging the "deliverables" expected of the EP grants with such a large funding reduction. Unfortunately, the requirements and deliverables of grants rarely decrease proportionate to the funding.

The additional fee line items are budgeted to generate approximately \$40,000. In reference to the "2012 Proposed Fee Increases," the Finance Committee asked Mrs. Lux to explore the possibility of an additional Food Establishment fee for non-compliance. Consequently, there is a \$45.00 fee for second and subsequent follow up visits, generating approximately \$2400. Regarding Animal Control Fees, Mrs. Lux stated we intend to conduct a study of how Animal Control programs generate revenue to cover program costs.

Interest is budgeted the same as last year, though Mrs. Lux pointed out it is notable that in 2007, our interest was \$104,000, and the budget for 2012 is \$8000. Overall, Revenue at \$5,341,000 is 3 percent over 2011 projected, largely due to proposed fee increases.

Mrs. Lux reviewed the County Request and Expenditures. Mr. Hanson advised departments to budget a 10 percent increase for Health Insurance. The County is looking into alternatives, including Health Savings Accounts, and additional information will be forthcoming. The FICA/IMRF request is slightly decreased from last year due to fewer employees, though the employer's contribution increases from 9.5 percent to 10.0 percent. The request for public health building expenses is the same as last year. The General Fund request includes \$20,000 for an Animal Control vehicle and \$3100 to help cover costs for the Animal Control Program, as fees cover 66 percent of the total cost. Salaries include a 3 percent and 2 percent adjustment for all employees in January and July, respectively. Commodities and services are budgeted at 1 percent higher than last year. Overall, Expenditures at \$5,500,000 are 5 percent over 2011 projected, largely due to personnel costs. The Budget has a \$159,000 deficit.

The Fiscal Year 2012 Summary sheet outlines Mrs. Lux's strategy, in these difficult financial times, to both decrease Expenditures and expand Revenue. The strategic goal is to sustain all programs, although services may need to be reduced further. Mrs. Lux proposed no layoffs in 2012 contingent upon no further grant reductions. We have already decreased Expenditures significantly in 2011 and cost containment will continue. Mrs. Lux outlined areas of the 2012 budget that realize further savings.

Mrs. Lux detailed the plan to increase Revenue through fees, especially in Home Care, which contributes three-quarters of our fees. In addition, Mrs. Lux proposed using our Fund Balance on a one-time-only basis to give us a year to attempt to reverse the revenue trend with the proposed plan. In the past, we were able to contribute to our Fund Balance annually, however, it is unlikely we will be able to continue that practice during this economy. We would be able to meet our requirements to have enough in the Fund Balance for at least three months operational expenses, and to cover our liabilities and outstanding payments. However, we could not remain financially viable for many more years using the Fund Balance, thus the one-time opportunity to make the changes necessary to sustain the organization during the continued economic down-turn.

Dr. Diemer stated that he voted to recommend the Budget as proposed, with reservations. He reluctantly agreed to proposed fee increases, but generally does not think fees should be increased during these economic times. In addition, he is opposed to the rate of increase in salaries, as it is unsustainable with the decline in Revenue. Moreover, it is not the norm in the current economy. Mrs. Lux explained that the salary adjustments agreed to in the Collective Bargaining Agreement were in line with past practice, and were agreed upon prior to the economic recession. The reduction in Revenue that followed was unforeseen. Dr. Diemer stated it would be more responsible going forward to cut expenditures. Mrs. Lux reiterated the past cuts to expenditures, and the future plan for additional savings, and agreed that these times require different financial and operational management.

With regard to Animal control registration fees, Dr. Diemer stated responsible dog owners should not have to carry the cost of the program. Mrs. Lux stated the goal is reduce reliance on fees for compliant dog owners.

Mrs. Thompson asked if we had considered “per visit” versus hourly as payment for Home Care nurses. Mrs. Lux stated we have discussed the pros and cons. The general trend in the Home Care industry is that most programs have expanded revenue as much as possible, and are now looking at further cost containment measures.

Dr. Liston expressed her agreement with the concerns expressed, and her support of focusing on the sustainability of the Health Department. Dr. Phillips added that, in his practice experience, improvement to accuracy of coding and documentation, as discussed in our plan to expand Home Care revenue, can make a significant difference to increasing revenue that is deserved.

2012 SOLID WASTE PROGRAM BUDGET

Mrs. Lux reviewed the Revenue and Expenditures which are similar to last year. The tipping fees for revenue, and our events planned are about the same. We propose two e-waste events and one latex paint event. We have our Kingston rural recycling site, and we built in expenses to add a site in Somonauk.

On a motion by Dr. Phillips, seconded by Dr. Duez, the 2012 Health Department Budget was approved. Motion carried.

On a motion by Dr. Duez, seconded by Mrs. Hagen, the 2012 Solid Waste Program Budget was approved. Motion carried.

CORRESPONDENCE AND ANNOUNCEMENTS

Highlights noted.

ADJOURNMENT

On a motion by Todd Latham, seconded by Dr. Duez, the Board of Health adjourned at 9:00 PM. Motion carried.

Kevin Buick, JD, Secretary
DeKalb County Board of Health