



**Public Health**  
Prevent. Promote. Protect.

**Macon County**  
Health Department

## Macon County Health Department Board of Health Meeting Minutes

Tuesday, January 20<sup>th</sup>, 2026 – 5:30 p.m.  
Main Conference Room - Macon County Health Department  
1221 E. Condit St., Decatur, IL 62521



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Meeting called to order at 5:31 p.m.

### Attendance

- Mark Scranton, President – absent
- Jeff Entler, Vice President – present
- Jan Hack – present
- Cody Parks – present
- Debbie Hill – present
- Dr. Bret Jerger – absent
- Dr. Venkat Minnaganti – present
- Dr. Jeff Smith – absent
- Deborah Pulliam – present
- Jennifer Mahannah – present

### Health Department Staff in Attendance

- Lindsey Munsterman, Public Health Administrator
- Laura Zuber, Accounting Director
- Scott Parks, Director of Human Resources
- Tiffany Reed, Administrative Assistant
- Teresa Smith, Starting Point Director

### Other Attendance:

- N/A

### Consent Calendar

- *Jeff Entler made a motion to approve the consent agenda, properly seconded by Cody Parks. Voice vote: all in favor; motion carried.*

### Public Comment

- Jeff stated there is no public comment.

### Employee Recognition

- Jeff congratulated and thanked the following people for their years of service: Pamela Day (7 years) and Amy Hawkins (2 years)

### Old Business

- Lindsey stated no old business.

### New Business

- Teresa started the discussion about the GUIDE program presented by Eli Health. She said that GUIDE stands for Guiding an Improved Dementia Experience and that it is a Medicare program for people with confirmed or suspected dementia. She stated that she has been in contact with the Dementia Friendly Decatur group, and that they suspect there is 2,600 people in Macon County currently living with dementia. She said that the GUIDE program will provide those who are enrolled with a 24/7 medical hotline, so that if they have an emergency outside of our business hours, Eli Health will manage and provide those services. She said they also provide medication management. She stated that she believed the biggest benefit for our clients would be that they would qualify for \$2,500.00 in respite funds per person and compared it to the \$1,050.00 that we are currently being provided for the entire county as a whole. She stated that our goals align nicely in that we just want to help people age nicely. She said that Eli Health would manage the insurance and billing as well as telehealth diagnosis. She said that every month we would make a phone call to run assessments to make sure the clients are being properly taken care of, and that we would be reimbursed \$140 once a year for the annual assessments, and that the monthly 5 minute phone calls would get reimbursed at \$69.50 per phone call each month. She stated that if we enrolled only 20 clients, we would generate \$19,480.00. She said that the reason they used 20 clients as the input was that they have already gone through current clients and think that we have 20 clients already that qualify and would greatly benefit from enrolling in the GUIDE program. She said that 50 clients would generate \$48,000.00 which would nearly pay for the salary of a full-time employee. 75 clients would generate \$73,050.00 which would more than cover the salary of a full-time employee. She said that they are looking at it under the intention of rolling it out slowly with the current staffing we have and see how the community responds. If there is an extremely positive response, and they start to get a surplus of clients, they will ask to be allowed to bring on another employee. She was asking the board for permission to proceed with the contract. Cody asked if it was considered a grant program, and Teresa said that it was a reimbursement program, meaning it would cost us nothing and that we would be making profits instead. She said that Eli Health bills the insurance and provides training for our staff on how to properly abide by the program. She said that she believes that Macon County would greatly benefit from this. She talked about communicating with doctor offices, retirement homes, and other ways to get the word out about the program. She said that a letter had already gone out to the public about how to sign up for the GUIDE program, though we aren't on the list of providers yet, and that we would like to be a local provider for our clients before someone else swooped in to take advantage of the program. Lindsey said that the contract had a 90-day termination clause, meaning that if we sign it and determine that it doesn't align with our current services, we can terminate the agreement 90 days in advance of the renewal. Lindsey also stated that this isn't a 5- or 7-year decision, that if we decide 12 months in that it isn't working or we need to make changes, it will be brought back to the board for a discussion. Teresa said that we would be responsible for marketing the program and that we would be financing the marketing for it. Lindsey said that there was a lot of educating that needed to be done to really inform the public on the services that we offer to help market this program as well as the other ones that we offer. Jeff Entler requested that Teresa explain to everyone what a CCU is, to which she said it is a Care Coordination Unit. She said that every county has one and that they are responsible for in-home senior assessments, and they contract with the Department on Aging to provide a community care program. She said that the CCA is the group of leaders from all of the different CCUs in the state, and they have all vetted the programs. She said two CCUs have already completed their assessment of Eli Health and are very happy with the program, and 2 to 3 other CCUs who are in the process of becoming certified deciding if they also are happy with the program, meaning that Eli Health is doing what they are offering and is something that other CCUs are implementing. Jeff asked if people have to be diagnosed to be enrolled in the program. Teresa said that there has to be a suspicion of dementia in order to get started in the enrollment of the program. If there is a suspicion, Eli Health will then provide the formal diagnosis. Jeff then asked what we define as a suspicion of dementia. Teresa said that for us, the suspicion would be something we assess over the phone, but a suspicion could be a caregiver calling in with concerns about symptoms and they can then call in to get a formal diagnosis. She said that the goal would be to have the clients contact their primary care doctor, but that a lot of our clients don't have primary doctors and just use the emergency room as needed, which is why Eli Health providing telehealth medical care would be very beneficial to our community. Dr. Minnaganti said that the emergency room does not typically check for dementia because they only treat acute problems. Jeff said that it was exciting to hear that there is a program out

there like the GUIDE program for people with dementia and mentioned that it hit closer to home for him. Teresa commented that there is a fine line between normal aging symptoms and symptoms of dementia, which is why it is beneficial to have experts and professional doing assessments and diagnosing clients. Laura stated that we are already doing these minor assessments every month in our regular phone calls, and that moving forward with this program means that we will be getting reimbursed for something that we are already doing every month. Teresa said that that was the reason they were so comfortable rolling it out with our current staff, because we already have someone making these phone calls every month, so adding 20 more clients to her work load wouldn't be that big of an issue, and if we enroll 20 people she's already calling every month, that's just us making revenue for something we were already doing. Cody asked how many clients she is already taking on as of now, and Teresa stated that she is calling about 1,000 clients every month. She then clarified that we would only get reimbursed for the phone calls to the clients that are enrolled in the program, but that, in theory, if we enroll up to 50 people that are already one of our clients, it would be extremely beneficial in not only helping the community, but making a revenue to be able to hire a care coordinator to make the assessments. Jeff asked if a care coordinator would be difficult to obtain in the instance that we needed to hire one. Teresa said that they can be pretty difficult to be obtain, and that the last one we hired was someone who had interned with us before employment. Jeff asked what kind of credentials a care coordinator would need, and Teresa said that, per the GUIDE program, a degree was not required, however, if we were going to utilize them for the rest of our caseloads as well, a degree would be required. She said that the goal would be to have one person to have every client in the GUIDE program who can also manage the regular CCP assessments so that there would be only one person going out to the homes to doing those assessments per client. Cody asked what kind of degree is required, and Teresa said just a bachelor's degree. Jeff asked if she meant just any undergrad degree or something specific, to which Teresa responded by saying that technically it's supposed to be in social services, but that we could receive a waiver to broaden it to just any bachelor's degree. Jeff asked about the kind of credentials required for the position, and Teresa stated that we would give them all of the dementia training required before allowing them to take on cases. Lindsey said for FY26, we weren't looking at there being any expenses, we were just looking at pure revenue and that we were estimating the clientele on the low side to be safe. She said that we would most likely know by around July of this year what a more realistic number would be for proper approval in the budget or personnel. She said that we were estimating at a good faith evaluation on 20 clients to approve, but that it was just an estimate to gauge input and that come FY27, we would have a more solidified number on what our revenue with this program would look like. Lindsey stated that we needed two motions, one to approve the contract with Eli Health, and one to approve the implementation of the GUIDE Program through the budget. *Cody made the motion to approve the contract with Eli Health, Debra Pulliam seconded it, and the motion was approved unanimously.*

- Laura presented the resolution for the GUIDE Program's revenue assessment to be approved by the board, reminding them that there were no expenses expected at this time. *Jeff asked for a motion, Cody Parks made a motion, Deborah Pulliam seconded, and the motion carried unanimously.*
- Jeff introduced the new Board Member, Jennifer Mahannah, who is a Nurse Practitioner among many other jobs.
- Laura said that we were in our first month of the fiscal year, and that we had a total revenue of \$226,824.14 and expenses of \$527,132.19. She broke down our accounts totals by department, our total accounts payable was \$119,872.89. She then broke down the two pay rolls for the month of December, the total being \$401,970.23 which was higher because we had the bonus going out that month. She then went through our interest on investments, stating our checking was \$199, our money market interest was \$3,876, our IMET investment was \$11,834, and our Iprime investment was \$1.06, which she clarified that we only get the Iprime payout every six months, which is why it probably seems so low. Jeff asked how our interest rate was on our investment, and Laura stated that she believed it was at 4.32% this month. She said that she doesn't have the actual statements because the treasurer's office is always behind on getting her the actual statements.
- Scott said that December is the slowest month for any HR movement, and that his report proved that to be true. He said that he had no new hires for the month of December but had voluntary notice of resignation which was filed December 22<sup>nd</sup> and the final day of employment was January 9<sup>th</sup>. He said the good news is, is that that position has already been filled and that the new employee had started the same day as the meeting was being held, so the Dental Clerical Support position was already filled.

He said that we made a contingent and formal offer of employment to a Family Support Specialist in December, and she started January 5<sup>th</sup>. He said that the Clerical Support positions on the list of open positions were either already filled or were being interviewed for both internally and externally. He said that our turnover calculation for December, being as we had no one leave in the month of December, put us at a 0% turnover rate. He also stated that over the last five months, our turnover rate has not exceeded 5%, which is a great percentage from an HR standpoint. He said that January is already proving positive and would be explained more in the next meeting with the actual report. Lindsey stated that RD and RN positions are very difficult to fill and welcomed the board to provide advice and/or feedback on recruiting and keeping nurses. Scott said that the current positions we were trying to fill came with sign-on bonuses, but that everyone in the market seems to be facing the same issue, so everyone has a sign-on bonus. Jeff asked how much our sign-on bonus was, and Lindsey stated that it was a \$5,000 sign-on bonus which gets paid out at \$2,500 after the first 6 months and then \$2,500 after the first year. Scott stated that the way we handle bonuses is standard, that no one typically gets the big money up front. Lindsey stated that we have a decent number of nurses in Macon County, but that there aren't a lot of dietitians in Macon County. Deborah asked what the starting salary is for that position is, and Lindsey stated that it is currently \$30 an hour which comes out to be \$54,600 a year. She said that our salary is comparable to other health departments and counties. She said that our usual incentives of government benefits and insurances is no longer the shining point that it used to be as some hospitals are implementing the same practices as us. Jennifer mentioned that loyalty isn't what it used to be in nurses anymore, that the turnover rate is high across the board. Deborah agreed that it isn't just nurses, it's most positions in the medical field. They agreed that most individuals are just chasing the money instead of staying to build. Jennifer commented that our current turnover rates are very impressive given what they know about the current job market. Jeff said that the work environment here is a big factor into our ability to retain employees. Jennifer said that, from what she's seen, we have happy people working here. They agreed that the work-life balance offered at the health department is something that should be promoted in the job listings, as well as the fact that we offer weekends off and government holidays off as well. Scott mentioned that around six months into the year, if we still haven't had any traction in the hard to fill positions, we may need to revisit things like salaries and benefits to see if that may help our efforts. Jeff asked Deborah what kind of salary the hospital would offer a dietitian, and she said that she doesn't know off the top of her head, but that the website has all starting salaries posted to maintain transparency. Deborah mentioned that difference would be that the hospitals offer shift work, which means most nurses are working three twelves, but then off the rest of the time. Lindsey mentioned that our current obstacle with potentially raising the salary is that the step above the nursing salary in our scale is \$60,000 from \$54,600 which is designated to management. So, raising the salary in one grade would require raising everything above it, so that incoming nurses wouldn't be making the same as their supervisors. Jeff mentioned that in the past 24 months, we've made some pretty drastic changes to our salary already, and Lindsey agreed, stating that in 2023 the nurses base salary was \$21.84 an hour and then they did a salary analysis with Clifton Larson Allan, which is a compensation analysis company, and they provided an in-depth analysis of the community, which prompted the salary increase of roughly \$9 an hour.

- Lindsey presented the resolution for approving an increase in the budget for the SHIP Grant, which stands for State Health Insurance Program. She said that we already have the program, but that they awarded us an additional \$5,000. But, since we didn't calculate the additional \$5,000 in the current budget, it's being presented to the board for approval to add it to the budget. *Jeff Entler made a motion to approve the amendment, seconded by Cody Parks; motion carried unanimously.*
- Laura presented a resolution for a new grant from the Illinois Vaccine Access Program, that we were allowed to apply for this year. She said that the application didn't go out until November 19<sup>th</sup>, but it states that it starts July 1<sup>st</sup>, which is why it was not included in the fiscal year budget. She said that the grant would pay for some salary and fringes with the \$25,000 we were awarded. The salary cost being \$13,169 and the fringes being \$4,064 but the expenses that were not included were \$105 in travel costs, \$5,660 for supplies, and \$2,002 for ads. So, approving this resolution would then allow it to be sent to EEHW for approval. Laura asked for a motion to approve the resolution. *Cody Parks made a motion to approve the resolution, Deborah Pulliam seconded it; motion carried unanimously.*
- Lindsey brought forward the personnel manual that needed approval, as every January the Board will presented with the entire personnel manual to approve of, and that they will continue to be updated on

any policy changes or procedure changes throughout the year. *Jeff Entler made a motion to approve the personnel manual, Deborah Pulliam seconded it; motion carried unanimously.*

- Lindsey brought together the four policies that needed approval as one group to make it easier to just approve them as a whole instead of individually. The first policy is the EAP, which stands for Employee Assistance Program, and it is offer as a County benefit for all county employees and seeing as we fall under the umbrella of the county, our employees are also offered the benefit. It is a confidential counseling service that employees or eligible family members can use 6 time per rolling year. The next policy is the Deferred Compensation policy, which has no changes, it is just being brough forward to make sure the board knows that we are offering them. There are two deferred compensation plans, which are offered through Mission Square, one being a 457b plan and the other being a Roth IRA. She informed the board that we just had a representative from Mission Square come visit us on January 15<sup>th</sup> to speak with employees who were interested in it. She said that employees can enroll whenever they are hired on or at any point outside of that. The next policy is about our Insurance Benefits, and she stated that we offer medical, dental, and other voluntary plans through Rachel Warnick who is the County HR Manager. Lindsey said that anytime we hire a new employee, they are sent to the county building to meet with her to go over benefits and enroll in the benefits that they want to. She said that Scott typically answers any internal questions about benefits, as he acts as a sort of liaison between us and the county HR manager. The last policy is about Inclement Weather; it goes over what our procedure is in the instance of weather-related incidents. It states that the Public Health Administrator will be responsible for determining whether services will be suspended. Lindsey said that she will continue to maintain what she currently does to judge, which is follow the county. She says that she does not intend to close if other county offices have not declared that they're going to close. She said that employees will get notified through an internal system as well as the county system, which is through CIRDC, that all employees are enrolled in. Full-time employees are paid at their full rate if we have an inclement weather incident, part-time employees are not paid. Jeff asked who Lindsey communicates with pertaining to the other offices being closed, and she stated that she usually contacts Tammy Wilcox, who is the County Administrator. She said that Tammy usually gives her a decent warning about County closures. She then mentioned that, while part-time employees are not technically paid for building closures, but part-time employees are now awarded 1 hour of PTO for every 40 hours they work, and they may use those hours to make up any scheduled time missed due to a building closure. Lindsey requested a motion to approve the policies discussed. *Jeff Entler made a motion, seconded by Deborah Pulliam; motion carried unanimously.*
- Lindsey stated that our dental clinic currently runs Monday through Thursday because of our contract with Dr. Kim, who is our dentist. She stated that we used to have a Friday dentist, named Dr. Huff, who would come in to service adults on Fridays up until 2023. She said that Dr. Larry Osborne, who is a retired dentist in Macon County, is officially working through the process to be enrolled to be able to accept Medicare patients. She said that he is taking the information about the process back to the Illinois Dental Society, and that there are a lot of retired dentists who may be interested in this sort of thing, but that the hoops you have to jump through in order to accept Medicare have deterred most of them from pursuing. She said that Kim Sabin-Pritchett, our Dental Care Coordinator, is projecting that it'll take 3 to 4 months to finalize the enrollment. Lindsey said that she hasn't yet sat down with him about what it is he is wanting to do in terms of scheduling, and that she is planning on waiting until he is approved to then work out the scheduling details with him, and that she is willing to accept anything that he is willing to provide for us. She said that this development is exciting given that since Dr. Huff has been gone, we have had zero movement on anything for Fridays, so the possibility of having someone available to provide adult services on Fridays is a major development, given right now we are only servicing pedes. Jeff asked how Lindsey managed to get in contact with Dr. Osborne, and she explained that at the last board meeting, Dr. Jerger gave her Dr. Osborne's information. Cody asked if the biggest hurdle for getting new dentists is the Medicare enrollment, and Lindsey confirmed that it is the biggest hurdle. Debbie Hill asked if we enroll them or if they must do it themselves, and Lindsey answered that we do everything for them, we just gather the information needed from the individual, then complete the applications and enrollment. Lindsey said that, in her opinion, calling the enrollment process a large barrier is overkill. She said that, while yes, it is a long waiting period, once the application has been sent, you do nothing but wait for it to come back and you don't even need to stay in the area during the waiting period. She said the process has not been difficult so far and that the biggest hurdle is the waiting period. She said that Dr. Osborne has a lot of pull in the Illinois Dental

Society, so having him be able to vouch that we are doing everything for him, it could benefit us greatly, as he said there are other retired dentists who are willing to do things like this as well, they just don't want to go through the application process. Jeff asked how we were planning to pay Dr. Osborne's salary, and Laura answered that there is some self-pay in the form of insurance reimbursement, and then the rest would be payroll. Lindsey said that before Dr. Huff passed away, he had done adult extractions on Fridays, and since his passing, which was unexpected, we have not had any adult services offered in the dental department.

**Closed Session:**

- N/A

**Open Session:**

- N/A

**Adjournment**

The meeting adjourned at 6:46 p.m.

Respectfully Submitted,  
Tiffany Reed  
MCHD Administrative Assistant

President: 

Secretary: Deborah Pulliam

Date: 2/17/26