

1) Average number of employees per manager by division (span of control);

The Department of Health's strategic plan includes the goal that the people of Utah will be the healthiest in the country. This goal includes strategies that require very specialized skills and technical expertise that are critical to the operations of the Department many of which are working managers who maintain a workload or caseload of their own.

1. Executive Director's Office (EDO)

The average number of employees per manager for the Executive Director's Office is currently **3**. These offices include: The Executive Director's office, Deputy Director's office, Policy Support, Organizational Development and Performance Improvement, Data Security, Indian Health, Health Disparities, Office of Fiscal Operations, Internal Audit, and the Cannabis Program.

Each of these offices provide highly specialized services to the Department of Health and many of the offices include only less than a handful of employees which leads to the lower span of control. An example of this would be the office Data Security in which there are only three FTE's including one as the supervising manager (span of control of 2). All the individuals in the group require very high technical skills to ensure the integrity of all of Health's data which includes the safeguarding and security of very sensitive personal and health information. Another example would be one of our financial managers in the office of fiscal operations with the span of control of 1. This Manager maintains a professional CPA license and was hired for their high degree of accounting knowledge and skill to work with Medicaid to ensure all federal and state financial requirements were being met. This manager compiles, processes, and reports the quarterly Medicaid admin, program, and CHIP financial reports to CMS which is critical to the success of a multibillion-dollar program.

All managers in the Executive Director's Office are working managers just like those examples above and require certain skills and technical expertise that are critical to the operations of the Department and many must have a professional license. Any mandatory or arbitrary increases in a manager's span of control would negatively impact the Department's ability to carry out its responsibilities.

2. Family and Health Preparedness (FHP)

The current span of control in FHP is an average of 7 Employees per supervising manager in FHP. The division works with very specific targeted areas of health such as maternal and infant health, WIC, early childhood development, children with special health care

needs, early hearing detection and prevention, birth defects, baby watch, EMS, and health facility licensing and certification. Many of which, again, require a very specialized and specific set of skills.

Most of the federal grants awarded to FHP contain funding that determines the size of the program and the number of staff required to run that program. Since every program requires a dedicated manager who can devote their focus to issues that specifically impact their program the number of staff, they can hire is directly linked to the amount of funding they receive for their program. Thus, programs with limited funding will in turn have a lower number of staff for each manager. An example of this would be the WIC program in which the WIC program manager has a span of control of 7. This program manager is a working manager who utilizes their skills and knowledge to ensure eligible families have supplemental food and nutritional education to help insure their physical and mental health needs are met. Another example is the Fostering Health Children Program in which the program manager has a span of control of 6. This working manager is required to maintain a professional nursing license and maintain their own caseload as well as supervise staff in “regions” throughout the state who also are required to maintain nursing licenses and manage their own caseloads.

FHP does their best to utilize the skills of each manager and many do manage or participate in multiple programs to maximize funding for the benefit of the people of the State of Utah. And Just like in the other divisions these managers are working managers who are expected to maintain a workload or caseload of their own and any increase to their span of control would negatively impact their ability to carry out their responsibilities and would be detrimental to the success of the Department.

3. Disease Control and Prevention (DCP)

The current average number of employees per manager in DCP is 4.66. This division also works with very specific targeted areas of health to ensure the proper services are provided to the people of the State of Utah such as the Medical Examiner’s office, chemical environmental lab, forensic toxicology, infectious disease lab testing, HIV, immunizations, disease response evaluation and response (which is currently leading much of the response for Covid-19), cancer, heart disease and stroke and many other programs that require a very specialized set of skills.

More than half of the funding for the division is provided through federal grants which contain funding that determines the size of the program and the number of staff required to run that program. These managers also maintain their own programmatic workload or caseload. Many of the managers also must maintain a professional license

which requires them to use their medical or scientific expertise while also performing administrative functions. An example of this would be the Ryan White program manager who currently has a span of control of 4. This program requires very specific eligibility requirements from the feds and requires the program to provide drug and health care needs to HIV positive individuals in the state. The funding requires this manager be dedicated to the program and carry their own workload while also limiting the use of funds for admin costs to 25% of funding. Another example is forensic toxicology in which the program manager currently has a span of control of 4. This manager is required to have a degree of scientific skill and knowledge which allows them to provide proper forensic assessment of cases received. Any change to their span of control would be negatively impact the divisions ability to carry out its responsibilities and would not present cost savings as we would need to hire more staff with similar knowledge and skills to take the workload and cases.

4. Center for Health Data and Informatics (CHDI)

The average number of employees per manager for CHDI is currently 4, however every manager but one is a working manager who maintains a span of control of over 11 employees. All other managers are working managers and have their own workload in addition to supervising. This division includes the Office of Health Care Statistics, Informatics Program, Vital Records, and the Office of Public Health Assessment.

Because most of these programs require a high level of technical knowledge supervision is a small to moderate part of their job duties as they are required to maintain their own workload or caseload and any mandatory or arbitrary increase in a particular manager's span of control would negatively impact CHDI's ability to carry out its responsibilities as we would still need them to complete their tasks.

Additionally, the span of control numbers does not consider DTS personnel assigned to CHDI where CHDI directs and monitors their work.

5. Medicaid and Health Financing (MHF)

The average number of employees per manager for MHF is 5.3. Like all divisions at Health, every manager in MHF is a working manager and has their own workload.

There are many programs in Medicaid that do have managers that support a span control of 8 or more employees; however, that is not practical for other programs. Similar to the other divisions there are several programs within Medicaid that require a dedicated

program manager and staff to have specialized knowledge and skills and It would be impractical for that program manager to manage staff not related to the program.

In summary, the Department of Health does not have managers that are hired to merely manager people. We seek the most skilled and professional people to ensure we have the most highly skilled, knowledgeable people with proper professional licenses to ensure we provide the citizens of Utah with services to meet their needs. Our managers are working managers with their own case load and any expansion of their span of control would not only negatively impact Health's ability to carry out our responsibilities, there would not be any cost savings where we would need to hire more staff, with similar skills or licenses, to assume the workload of those manager.

2) Percentage of employees currently teleworking; also estimate how much of your workforce could move to teleworking.

The Department of Health was selected for a pilot program to start implementing teleworking for employees. Prior to the Covid-19 pandemic, 20% of Health employees had been approved to telework with performance measures approved through the department. However, because of the Covid-19 pandemic 80% of the employees at UDOH began teleworking. There are some offices whose work requires them to be in office and therefore would be exempt from teleworking requirements. An example of this would be the Medical Examiner's Office where they must perform examinations in a sterile environment to ensure employee safety as well as the integrity of the examination. Another would be the Unified Lab where all the receiving, testing, and storage of biohazardous materials must be performed in a controlled setting.

After a preliminary survey of employees 52% of employees expressed interest to continue teleworking once the state was to move to a "green" alert level of the color-coded risk phase. However, executive management believes that amount will be closer to 70% of employees will continue to telework as Executive Management and others without the ability to telework long term will return to the office. This percentage does include those offices whose work could not be done by teleworking and could vary as we anticipate discovering additional areas where teleworking would not be feasible to meet requirements.

There is potential for cost saving with the implementation of teleworking but quantifying those at this stage of the process is difficult as we are finding there are many additional

one-time costs. It is anticipated that the greatest cost savings from teleworking would be from the reduction of leased building space.

Health has identified three building leases that could be cancelled. This includes the end of the lease of the 515 East Tower Building in Salt Lake City. The Department of Health has been paying \$55,000 of General Funds annually (\$550,800 total funds). This reduction was made during the 5th Special Session and the lease is scheduled to end December 31, 2020.

Due to teleworking we have already moved staff from the 44 Med Drive building to the Highland building. This move has already taken place and the savings from that move have already been realized in the previous year.

The Highland building is another lease that Health has identified and plans on ending towards the end of the state fiscal year 2021. Ongoing savings would be \$107,300 of General Funds (\$332,000 total funds).

However, although these are estimated to be ongoing savings, there are also anticipated one-time costs of moving employees from the closing buildings to the Cannon Health Building. Health will need the help of the Division of Facilities Construction and Management (DFCM) to coordinate the efforts of moving from one building to another. There will need to be significant efforts to move office equipment and furniture, create hoteling areas, or even construction costs to reconfigure workspace and to increase the number of available offices or small conference rooms for closed door meetings. There is also an anticipated need for storage space or additional warehouse space for WIC, EMS, and Preparedness equipment and supplies that are not available currently at the Cannon Health Building, which would be on-going costs. Other costs to consider would be for the department to create a secure area in which the public would be required to provide finger printing in which will need to be FBI approved. There is also the need to purchase laptops to replace desktops, network or other electrical rewiring, possible increase of mileage reimbursements, purchase of more cell phones and/or soft phone equipment. All of which the costs are unknown currently.

In summary, there is potential for generated savings to the state from the implementation of teleworking. However, the ability to identify a reliable dollar amount is difficult to calculate with all the variable unknowns and other adjustments that are needing to be made.