

# AGENDA

The McLean County Board of Health Meeting Wednesday, May 11, 2016, 5:30 p.m., at McLean County Health Department, 200 W. Front Street, Room 322, Bloomington, Illinois.



Item	Packet Page #																												
<u>AGENDA</u>																													
A. Call to Order	00																												
B. Establish Agenda	00																												
C. Public Participation																													
D. Approve Minutes of Mar 9, 2016	01-07																												
E. Consent Agenda																													
1. Bills to be Paid																													
	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;"></th> <th style="width: 10%;"></th> <th style="width: 20%; text-align: center;"><u>March 2016</u></th> <th style="width: 20%; text-align: center;"><u>April 2016</u></th> </tr> </thead> <tbody> <tr> <td>Health Dept</td> <td style="text-align: center;">112-61</td> <td style="text-align: right;">\$205,570.25</td> <td style="text-align: right;">\$179,345.83</td> </tr> <tr> <td>Dental Sealant</td> <td style="text-align: center;">102-61</td> <td style="text-align: right;">23,894.99</td> <td style="text-align: right;">29,214.06</td> </tr> <tr> <td>WIC</td> <td style="text-align: center;">103-61</td> <td style="text-align: right;">13,976.92</td> <td style="text-align: right;">7,113.03</td> </tr> <tr> <td>Prev Health</td> <td style="text-align: center;">105-61</td> <td style="text-align: right;">4,581.77</td> <td style="text-align: right;">2,432.02</td> </tr> <tr> <td>Family Case</td> <td style="text-align: center;">106-61</td> <td style="text-align: right;">43,416.45</td> <td style="text-align: right;">22,590.90</td> </tr> <tr> <td>AIDS/CD</td> <td style="text-align: center;">107-61</td> <td style="text-align: right;">10,706.23</td> <td style="text-align: right;">7,046.00</td> </tr> </tbody> </table>			<u>March 2016</u>	<u>April 2016</u>	Health Dept	112-61	\$205,570.25	\$179,345.83	Dental Sealant	102-61	23,894.99	29,214.06	WIC	103-61	13,976.92	7,113.03	Prev Health	105-61	4,581.77	2,432.02	Family Case	106-61	43,416.45	22,590.90	AIDS/CD	107-61	10,706.23	7,046.00
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F. Committee Reports																													
G. Quarterly Staff Reports																													
1. Community Health Services	08-11																												
2. Maternal Child Health Services	12-15																												
3. Environmental Health	16-19																												
4. Behavioral Health	20-23																												
5. Administration	24-28																												
H. Director's Report	Attachment A																												
I. Old Business																													
1. <u>Items For Action</u>																													
a. Grant staff the authority to expend funds to Streamline Healthcare Solutions, L.L.C.	Attachment I																												
b. Approval of Amendment(s) to the By-Laws of the McLean Co Board of Health	Attachment J																												
c. Election of Officers to serve a term until the ensuing fiscal year																													
d. 2015-2019 Strategic Plan Review and Approval																													
e. IDPH – FY16 Dental Sealant Grant Amendment	A-1, B																												
f. Orland Park Dental Services, FY16 Amendment	A-2, C																												
2. <u>Items For Discussion</u>																													
a. IPHA, Two memos regarding State Budget Impasse	A-4, E																												
b. Jackson County Health Department – Press release	A-5, F																												
J. New Business																													
1. <u>Items for Action</u>																													
a. University of Illinois – Board of Trustees Contract	A-3, D																												
2. <u>Items For Discussion</u>																													
a. IDPH News Release – Elizabethkingia anopheles	A-6, G																												
b. New England Journal of Medicine on Tobacco 21	A-7, H																												
K. Board Issues																													
L. Adjourn																													

MINUTES  
 McLEAN COUNTY BOARD OF HEALTH  
 REGULAR MEETING – MARCH 9, 2016

MEMBERS PRESENT: Powell, Bowers, Buchanan, Ginzburg, Kerber, Naour, Owens, Reece, Tello, Turley, and Wollrab

MEMBERS ABSENT:

STAFF PRESENT: Howe, Anderson K, Anderson T, Aune, Coverston Anderson, Dreyer, Graven, Morris, McHugh, and Voss

CALL TO ORDER: Powell called the Board of Health meeting to order at 5:34p.m., with no corrections to the agenda.

PUBLIC PRESENT: Carlo Robustelli and Victoria F. Harris, McLean County Board; Jessica Woods, McLean County State's Attorney; Nicole Jones, MCHD Intern; and Sarah Koeller, AmeriCorps

MINUTES: Powell requested approval for the minutes of January 13, 2016. Wollrab stated that she had three corrections. Second paragraph, page 3 should read, "Having been on the County Board, she feels that there was a disconnect between the County Board and the Health Department at budget approval. More communication between the two would lead to a better understanding and help in approval." Last paragraph on page 3 should read, "Wollrab noted that she was horrified by the diseases in Illinois and bringing this type of information to the Health Committee would help give them a better understanding of these types of issues." Page 5, 2nd full paragraph should read, "Wollrab believes that if the reserve fund is depleted there may be the option that funds come out of the County reserves."

Owens/Buchanan moved and seconded the approval for the minutes of January 13, 2016, with the above noted corrections. Motion carried.

Reece noted that minutes should not be verbatim but should contain the approvals and general discussion of the meeting. Other Board members agreed.

CONSENT AGENDA:

1. Bills to be Paid –		<u>As of 2/1/16</u>	<u>As of 2/29/16</u>
Health Department	112-61	\$132,160.87	\$190,473.43
Dental Sealant	102-61	21,489.54	28,494.43
WIC	103-61	3,587.66	9,428.13
Preventive Health	105-61	1,038.30	2,939.17
Family Case Mngemt	106-61	11,501.44	24,736.26
AIDS/CD Control	107-61	1,000.79	9,973.96

Turley/Reece moved and seconded the approval for the Consent Agenda as printed. Motion carried.

COMMITTEE REPORTS: Powell reported that she had appointed an Ad Hoc Nominating Committee, composed of Kurt Bowers, David Naour, and her. Bowers presented the following slate of officers: President, Jane Turley; Vice President, Cory Tello; and Secretary, Cindy Kerber. Owens inquired if any of the terms were consecutive. They were not.

Powell asked if there were any nominations from the floor for the office of President. There were no additional nominations from the floor. Powell asked if there were any nominations from the floor for the office of Vice President. There were no additional nominations from the floor. Powell asked if there were any nominations from the floor for the office of Secretary. There was not at this point, nominations for officers were closed.

Powell explained that the Board of Health Bylaws didn't require election by ballot but voice vote. Powell asked if all members were in agreement with election of the slate of officers as presented. Members agreed, no one objected. Powell stated that the nominations are accepted and the slate of officers for the time frame July 2016 through June 2018 would be as follows: President, Jane Turley; Vice President, Cory Tello; and Secretary, Cynthia Kerber.

OLD BUSINESS: Howe noted that the draft copy of the FY2015-2019 Strategic Plan was sent to Board members through email. This sizeable document will be presented at the May 2016 Board meeting for approval. He explained that the document was a year long process which included special reviews for the Board and it was a document used for direction of the Health Department in the future.

Tello stated that it incorporated changes and was intended to be a responsive flexible plan.

5:45 p.m. Naour left.

Powell appreciated the time taken to prepare the Strategic Plan. Howe asked that the Board review and get any comments or changes to him by April 8<sup>th</sup> in time to be included in the review at the May 11, 2016 meeting.

NEW BUSINESS: Howe requested approval for the CONTRACTS/GRANT APPLICATIONS for March 2016, Attachment B, which contained a listing of all new contracts and grant applications requiring Board action that have been received or submitted since the last Board of Health meeting on January 13, 2016. He explained that one contract was an amendment. The three contracts and two renewal applications are on file for this reporting period. A summary of changes are listed at bottom of Attachment B.

Wollrab stated that she didn't feel comfortable voting on contracts that she had not seen or had not been reviewed by County Legal. Howe noted that all contracts use to be submitted in Board packets but that the Board members had requested a summary sheet explaining the information which saved copy costs, mailing costs, and staff time in preparation for the packet. These were actually renewals and not new contracts. In the event of new contracts those are sent to the County for appropriate contract language review. Howe also explained that Attachment B contained language noting that all contracts and/or grant applications may be reviewed in their entirety upon request.

Buchanan/Tello moved and seconded approval for the CONTRACTS/GRANT APPLICATIONS for March 2016 as printed. Motion carried.

Howe requested approval for pursuing the process of entering into a contract with Streamline Healthcare Solutions (SHS) who has a Software Package for both 553/377 reporting needs. Howe explained that a description of the 553/377 Streamline Healthcare Solutions (SHS) software package that was recently demonstrated to behavioral health staff, 377 Board members, several Board of Health members, and a select number of interested stakeholders. This is a web based automated application and reporting program designed specifically for behavioral health programs by SHS. Behavioral Health staff is asking for consideration of entering into a Professional Service Contract that would model the application of this web software to our behavioral health services and allow web based interaction between our staff and service applicants via the system. He noted that in the absence of Beavers this program would automate the quarterly report process.

Tello noted that Board members could access the reports in the program via a Website portal. Turley really liked the software and the flexibility of the query process; and the real advantage that staff didn't have to hand count all of the data. She appreciated that this software was being utilized by five other counties in Illinois. Turley summarized by stating that her favorite part of the software was the ability to generate ad hoc reports.

Tello liked the tracking of progress and the gathering of data among other features. She feels that compiling the data will be an important tool in the future.

Buchanan inquired clarification if the Board was approving the pursuit of getting a contract or the approval of a contract. Howe explained that the Board was being asked to pursue the process of entering into a contract not the approval of the contract that would be at a later date.

Buchanan inquired if there was money in the budget for this purchase. Howe noted that there was and it would be a simple line item adjustment. There was money in both Fund 110 and 112-60 for the purchase.

Tello inquired if this process required bidding out. Howe explained that the purchase wasn't over \$30,000 so we didn't have to go through the formal bid process and only required quotes, which staff received.

Buchanan inquired if there would be any additional concerns from the County towards entering into this purchase. Howe explained that the only question would be the contract document and the checking for appropriate legal language.

Tello inquired if this software would need to be approved by the County IT Department. Howe stated that it is a Web based program and server. There will be no need to download anything on to County computers. The data will be stored off-site.

Reece clarified that this approval was to pursue looking at the contract but not final action. Howe explained that if everything appeared to be in order and the County Legal and IT didn't have any objections he would hope to bring back for final approval.

Turley inquired about approving pending no contract concerns. Wollrab questioned again about getting multiple quotes. Howe stated that a number of companies were unable to provide quotes because this is a specific program tailored to behavioral health entities. Howe explained that approximately 98 entities use this program.

Owens inquired about where the corporate headquarters of SMS. Morris stated that it was Kalamazoo Michigan but five counties in IL are using this: Macon, Champaign, Oak Park Township, St. Clair, and McHenry Counties.

Questions again were asked about using County IT and getting approval from Craig Nelson. Howe reiterated that it was a Web based program and nothing would be installed on County servers and no support would be needed from IT.

The question of whether funded agencies could access the program and could enter their data without health department employees having to do the work was asked. Turley noted that was correct and there is a secure access so that the providers couldn't see each other's data.

Discussion continued about the additional available components, maintenance, and support. The company is very sensitive to budget needs and develops the program to individual needs.

Owens inquired how soon we could get a contract for review. Howe explained that he would hope shortly because we need to move forward with the new funding cycle. Morris stated within two weeks. Howe reported that the County would only be reviewing the contract language.

Owens/Wollrab moved and seconded to have the contract reviewed and approved by County Legal and IT and a special meeting scheduled to approve by the Board of Health at another date. Motion did not carry. Bowers wanted to go ahead with the vote for the contract pending review. A roll call vote was taken with Ginzburg, Owens, Reece, and Wollrab voting yes to the motion and Bowers, Buchanan, Kerber, Tello, and Turley voting no.

It was determined that there were 4 yes votes and 5 no votes. Tello amended the motion.

Tello/Bowers moved and seconded to approve going ahead with the stipulation that County IT and County Legal review the contract and it meets the needs of behavioral health staff.

Wollrab stated that she didn't feel comfortable approving a contract that she has not seen. Tello respected Wollrab and understood her concerns. Discussion continued.

Owens/Reece moved and seconded to table the motion until the contract could be reviewed and be brought back to the Board for approval. Motion carried.

Howe requested approval to the McLean County Health Department Fee Resolution contained in Attachment D. Staff is requesting the Fee Resolution be amended to reflect the rising costs of immunization vaccines to the Health Department and adjusting the charges for STD services that have never been amended to levels billable under private insurance companies. Howe noted that these amendments will bring our Fee Resolution in line with costs and billable service levels.

Owens inquired why this approval isn't brought to the County Board. Howe explained that only enforcement ordinances are required for County Board approval.

Owens/Buchanan moved and seconded approval to the McLean County Health Department Fee Resolution. Motion carried.

Howe shared a copy of the Monthly Activity Summary Report, Attachment E, which was prepared after Chairman McIntyre requested the information for the Health Committee. After a review of what other County Departments routinely prepare for their County Committee's this document was prepared for routine activity. Staff will prepare the document for submission to the Health Committee.

Howe shared the Illinois Department Human Services (IDHS) response to program reviews, Attachment, F. Howe noted that three associations; IAPHA, IPHA, and the Northern Illinois Public Health Consortium (NIPHC) had requested that the IL Department of Human Services suspend program reviews that are supported by state funds until after a budget is adopted.

The reply simply stated that given the extraordinary circumstances there are state statutes that they must comply with in regard to certification reviews which must be

completed every two years. In essence, the program reviews will be conducted but IDHS will take into account the unique budget difficulties LHD's are experiencing during the reviews.

Howe included in the packet, Attachment G, a program anecdote from the Health Department Dental Clinic staff. He noted that the Children's Dental Clinic, which treats children under the age of 18, Monday through Thursday, is making a positive impact in the community.

Reece shared her appreciation noting that dental health in children is a big issue.

DIRECTOR'S REPORT: Nothing additional.

STAFF REPORTS: Anderson K reported for the Maternal Child Health Division noting that her report was on packet pages 10 through 13. Anderson noted that the new recommendation from the United States Preventative Services Task Force is to screen pregnant and postpartum women for depression; research specific to the WIC population shows how maternal depression can be a barrier to program participation and enormous stress in their lives. Anderson K explained that the WIC and FCM program have been screening pregnant and postpartum clients for depression since 2004. This information helps validate what these programs have been offering clients.

Anderson K explained that the nutrition staff moved into exam rooms at the first of the year. This allows greater versatility during low staffing or high client volume times as the nutrition staff are able to conduct program intake in the exam rooms. She reported that each one of the nutritionists took ownership of their space.

Anderson K was pleased to report that the division received praise from Children's Hospital of Illinois's NICU staff on how well we educate our pregnant clients on breastfeeding. The NICU staff also stated that they don't see that level of knowledge from women coming from other area WIC agencies.

Wollrab congratulated Anderson and her staff but questioned the WIC caseload numbers being down. Anderson K explained that caseload numbers continue to be down, but the report comparing FY15 and FY16 are not identical time periods. FY15 reflects three months of data while FY16 only two. Staff has continued to be creative with advertisement on buses, increased hours, and the window posters. However, the WIC program is seeing about 100 less clients each quarter. Tello inquired if that was still the case with other WIC agencies. Anderson K stated that it was.

Anderson T discussed the increase in Private Sewage Disposal Permits issued noting that these are usually a result of a septic evaluation which reveals an illegal or undocumented disposal system.

Anderson T explained that the Tanning program is holding at 15 tanning establishments in McLean County and another facility is closing in April of this year.

Anderson T reported the State labs are discontinuing water sample testing for non-community water program and how it relates to routine sampling which is required. Part of the problem with the changing of labs is that the samples are time sensitive. The water being tested needs to be tested within 36 hours from the time the sample is drawn.

Anderson T explained that the State has not submitted the Non-Community Water Supply Total Coliform Rules to JCAR and Local Health Departments will be required to follow the Federal rules. The process for State to receive approval for their proposed Total Coliform rule will take at least 45 days for public comment and response and another 60 to 90 days or maybe the end-of-the year for final approval.

Tello inquired if the Department has done all we can. Anderson T noted that we have.

Reece congratulated the Environmental Health about the accolades shared in *The Pantagraph*, about the recent Web update on restaurant inspections.

Reece questioned the State not following through with the guidelines. Anderson T stated that the Division was just informed and they didn't have enough information. There will be more information as it is known.

Howe explained that with Beavers out-of-town attending the Behavioral Health Training and Technical Assistance Conference there wasn't a Behavioral Health report.

Dreyer reported that the Administration Division report for January 1, 2015 through December 31, 2015 was on packet pages 18 through 20. Dreyer explained that 2015 was a busy year for the Health Department with the expansion of the community flu clinics, increased activity in the immunization clinic, the implementation of the new Food Program software in Environmental Health, and the electronic medical record system in the clinics. Through all of this the revenue and expenses stayed consistent with each other and resulted in 94% of the budgeted revenue being collected and 93% of the budgeted expense being used. Dreyer explained that the expense side of the budget saw increases but the increases were proportionate to the increases in revenue.

Coverston Anderson reported for the Community Health Services Division and discussed the report on packet pages 21 through 27. She explained the 2015 yearly total of VFC vaccines provided demonstrated a 15.7% increase in comparison to 2014 and due in part to several VFC private providers unable to provide VFC vaccines and sending them to the Health Department.

Coverston Anderson stated that staff had been busy handling calls concerning the Zika virus. She noted that a conference call was held on February 19, 2016 to share CDC and IDPH recommendations for travelers. Staff continues to field calls regarding testing and forwards documents to health care providers.

Coverston Anderson explained that the weekly Mumps conference calls were re-instituted for stakeholders and a total of 5 occurred between mid-January and the end of February. Cases are leveling off.

Coverston Anderson reported that there have been no active TB cases in 2014 or 2015 but latent TB infection clients continue to be followed. She explained by providing medication and case management to these individuals it prevents conversion to active TB. She explained the cost difference of providing treatment to an uncomplicated active TB case at \$17,000 versus a person with latent TB and case management at about \$582 for a 12 week course.

Coverston Anderson discussed the Quality of Life grant and hi-risk clients being tested and treated.

Coverston Anderson explained the MRC Unit Activity Summary Report on page 27 which displays that the Medical Reserve Corp volunteered 417 hours in 2015 and the economic value of their contribution was \$13,911.28.

Coverston Anderson explained that on page 22 she referred to the HE Monthly Report 2015, which noted the many health education programs and materials provided to the Community. The report was left out but that she would be sharing this data in future packets. She also explained that the top 3 health priorities out of the IPLAN/Community Assessment Collaboration Efforts are: appropriate access to health care, behavioral health, and obesity.

Tello inquired about geo-mapping and if that will figure into the data. Aune explained that Healthy Community Institute breaks out ER and hospitalization rates at the zip code level. It is helpful and provided data that the Department didn't have access to. The partnerships with both of the hospitals and United Way have been beneficial.

**BOARD ISSUES:** Owens shared interest in reviewing the Board of Health Bylaws and suggested that maybe a sub-committee could be appointed to look at them. He stated that he would be happy to head that committee. Buchanan also expressed interest.

The question of a joint meeting with the Health Committee was brought up. Powell explained that she was contacted by Susan Schafer, Chairperson of the Health Committee about a date and time. Many of the Board members knew nothing about this joint meeting. Powell stated that should would reach out to Schafer and find out about an agenda for the meeting.

Wollrab inquired about the Mental Health Advisory Board and if all spots had been filled. Morris explained that there were nine members and that there had been two "Meet and greet" opportunities. Morris stated that during the "Meet and Greet" meetings the members were polled for future meeting availability. The consensus was Friday a.m. was the best day. Therefore, the MHAB meeting has been tentatively scheduled for April 8, 2016 at 8:30 a.m. Beavers will send out the meeting notice. Morris noted that there will be an orientation at the meeting.

**ADJOURN:** Reece moved and the Board of Health meeting was adjourned at 7:42 p.m.

## COMMUNITY HEALTH SERVICES DIVISION

### Board of Health—1<sup>st</sup> Quarter Report

For May 11<sup>th</sup>, 2016

#### Highlights and Service Trends:

##### Community Health:

- **Dental Program:**
  - **Adult Dental:** The 1<sup>st</sup> Quarter # of dental appointments kept (N=71) showed a decrease of 38% in comparison to the same time period in 2015 (N=115).
  - **Child Dental:** The 1<sup>st</sup> Quarter # of dental appointments kept (N=1274) showed an increase of 10.5% in comparison to the same time period in 2015 (N=1153).
  - Office Support staff routinely text appointment reminders to clients and fill cancellations as soon as they are identified.
  
- **Immunizations:**
  - **Vaccines for Children (VFC):** The 1<sup>st</sup> Quarter # of VFC immunizations given (N=3126) showed an increase of 16.8% in comparison to the same time period in 2015 (N=2676). The 2015 yearly total of VFC vaccines provided (11,656) demonstrated a 15.7% increase in comparison to the 2014 total (10,072). As noted in the March 2016 report, this increase occurred despite the need to reduce service provision during the training for and transition to the new electronic medical record and billing system, ezEMRx, during June, July and August of 2015.
  - **Flu vaccines for children:** The 1<sup>st</sup> Quarter # of flu immunizations given to children (N=447) showed an increase of 16.4% in comparison to the same time period in 2015 (N=384).
  - **Strategies to reduce the summer back-to-school rush:** During the 1<sup>st</sup> Quarter, a meeting was held on 2/22/16 with several school nurses to brainstorm strategies that might encourage parents of school-age children to make their appointments for immunizations earlier in the spring and summer so that the last minute rush in August is avoided.
  
- **Vision and Hearing Screening Program:** 1 Vision and Hearing Tech is available to provide screenings in McLean County schools. During the 1<sup>st</sup> Quarter, the # of vision and hearing screenings (N=1398) demonstrated an increase of 20% in comparison to the same time period in 2015 (N=1163).

##### Personnel:

- **Personnel changes during 1<sup>st</sup> Quarter include:**
  - **Transfers:** Katelyn Stites, RN, hired to become the new Lead RN for STIs; she will be transferring from the McLean County Jail staff; her first day at MCHD was on 3/7/16.
  - **Interns:** 1) Liam O'Rourke (for Emergency Preparedness); 2) Matt Hattendorf (for CHS), Univ. of IL College of Applied Health Sciences, for clinical hours. Each internship concluded in April 2016.
- **Personnel changes during 2<sup>nd</sup> Quarter:**
  - **Promotion:** Michele Bar, RN, Lead RN for TB was promoted to the CD Coordinator position as of 5/2/16. Her promotion creates an opening for an RN in the CD Program.

##### Communicable Disease:

- **Communicable Disease:** The 1<sup>st</sup> Quarter of 2016 was filled with the additional demands of 2 infectious diseases: 1) mumps—the 1<sup>st</sup> new case was identified in mid-January, and another outbreak was declared on 2/5/16; and, 2) Zika—no cases have been identified in McLean County, but there was intense media and health care provider interest during February 2016, in addition to many requests for testing that had to be coordinated by CD Program staff).
  - **1) Mumps Outbreak:** weekly conference calls were re-instituted for stakeholders and a total of 5 occurred between mid-January and 2/29/16. As activity decreased, calls were replaced with weekly

email updates to those on the conference call distribution list. Case #s (as of 4/28/16): 22 cases and 16 “probables” (which are treated as cases); 36 tests completed. With a slight increase in the # of cases in April, the outbreak has still not concluded.

- **2) Zika:** During 1<sup>st</sup> Quarter, a conference call was held on 2/19/16 with stakeholders who handle international travel for students, faculty and staff, to share CDC and IDPH recommendations for travelers. MCHD staff continues to field calls regarding testing and forwards on CDC and IDPH guidance documents to health care providers such as OB/GYNs. Several media interviews were provided in Feb., but requests for interviews and presentations during 2<sup>nd</sup> quarter have decreased.
- **HIV:** During 1<sup>st</sup> Quarter, an application was submitted for a Quality of Life Grant (1/15/2016), with official notification of the award due in May or June 2016 for a July 1<sup>st</sup> start date. If received, this grant would cover additional testing services for men who have sex with men (MSM).

#### Public Health Emergency Planning and Response (PHEPR) Program:

- **Two Sources of Additional Funding:** In the 1<sup>st</sup> Quarter, staff prepared and submitted proposals for 2 sources of additional funding. Notification that each proposal had been accepted was recently received:
  - **\$12,044:** was requested and received from IDPH Public Health Emergency Preparedness (PHEP) funding for a Functional Needs Mapping Project, in conjunction with Illinois State University. A budget amendment was submitted on 2/26/16 to reflect the additional funding in the FY'16 (“PHEP BP4”) PHEP grant, ending 6/30/16. The mapping project is in progress and will be completed by 6/30/16. During 1<sup>st</sup> Quarter, an abstract proposal was submitted to IDPH to have MCHD staff provide a poster presentation about the mapping project at the annual emergency preparedness integrated summit in Schaumburg, IL, in June 2016.
  - **\$15,000:** a NACCHO (National Association of County and City Health Officials) MRC Challenge Award proposal was submitted during 1<sup>st</sup> Quarter. MCHD was recently notified that the proposal had been accepted. This award will help fund additional Mental Health First Aid training for first responders as well as provide partial funding for monthly training for our 86 MRC volunteers and a Disaster Mental Health conference in late 2016.
- **Capability Planning Guides (CPGs):** During 1<sup>st</sup> Quarter, staff and community stakeholders continued to meet to complete grant-required CPG assessments. All were completed before the deadline of 2/1/16.

#### Administrative Activities:

- **Health Promotion:** please refer to the attached “Health Promotion Program—1<sup>st</sup> Quarter” report, which notes the many health education programs and materials provided to the community through the Health Promotion Program at MCHD. Through educational programs and health fairs, over 1,336 McLean County residents were reached.
- **IPLAN/Community Assessment Collaboration Efforts:** During 1<sup>st</sup> Quarter, meetings were held with the newly-formed McLean County Community Health Council on 2/11/16 and 2/25/15 to review the community health needs assessment data and to determine the top health priorities for McLean County for the next 3-5 year period. The top 3 health priorities were determined to be: 1) Appropriate Access to Health Care; 2) Behavioral Health; and, 3) Obesity. Next steps were taken at the beginning of 2<sup>nd</sup> Quarter when stakeholders met in April 2016 to identify 1-3 high level goals for each health priority. A report summarizing the health needs assessment and outlining the overall goals will be written in May and June, and presented to each of the Boards represented in the steering group (OSF, Advocate BroMenn, MCHD, and United Way) in July and August. After approval by boards, the development of an implementation plan (including outcome objectives, impact objectives and intervention strategies) will begin in the late summer to fall of 2016 with the assistance of the stakeholder groups. A final document/plan must be completed and approved by 2/1/17.
- **New Grant Application:** During 1<sup>st</sup> Quarter, the Collaborative Needs Assessment Steering Group assisted with the application for a \$60,000 planning grant, “Invest Health”, from the Robert Wood Johnson Foundation, with the United Way acting as fiscal agent. Awards will be announced on 5/17/16.
- **New Medical Advisor:** 1<sup>st</sup> Quarter: As of 1/1/16, MCHD’s new Medical Advisor is Dr. Justin Holschbach. His specialty is family practice.

**COMMUNITY HEALTH SERVICES DIVISION  
PRELIMINARY QUARTERLY REPORT  
1st Quarter, 2016**

<b>COMMUNITY HEALTH SERVICES</b>	<b>Jan</b>	<b>Feb</b>	<b>March</b>	<b>1st Qtr 2016</b>	<b>1st Qtr 2015</b>	<b>YTD 2016</b>	<b>YTD 2015</b>
Home Nursing Visits	21	20	22	63	68	63	68
Child Care Nurse Consultant Services	8	7	11	26	127	26	127
Dental Appointments, Adults	23	23	25	71	115	71	115
Dental Appointments, Children	398	367	509	1274	1153	1274	1153
Vision & Hearing Screenings	668	285	445	1398	1163	1398	1163

<b>COMMUNICABLE DISEASE CONTACTS</b>	<b>Jan</b>	<b>Feb</b>	<b>March</b>	<b>1st Qtr 2016</b>	<b>1st Qtr 2015</b>	<b>YTD 2016</b>	<b>YTD 2015</b>
STD Counseled	64	47	58	169	223	169	223
Gonorrhea: Tested & Investigated	76	65	87	228	239	228	239
Chlamydia: Tested & Investigated	93	101	95	289	279	289	279
Syphilis: Tested & Investigated	42	22	46	110	167	110	167
HIV Counseled	49	39	38	126	272	126	272
HIV Tested & Investigated	42	30	45	117	167	117	167
Immunizations Given - VFC	1035	1059	1032	3126	2676	3126	2676
Immunizations Given - CD STD Clinic	5	4	1	10	23	10	23
Immunizations Given - Private (Adults & Children)	53	34	60	147	159	147	159
Flu Immunizations Given - Adults Seasonal	11	2	3	16	16	16	16
Flu Immunizations Given - Children Seasonal	152	161	134	447	384	447	384
Communicable Disease Contacts	1313	1258	1018	3589	4434	3589	4434
HIV/STD Program Attendance at Presentation	0	0	0	0	5	0	5
Other CD Program Attendance at Presentation	80	6	0	86	85	86	85

**Health Promotion Program**  
**1<sup>st</sup> Quarter**  
 (January 2016 – March 2016)

ACTIVITY	Jan.	Feb.	March	YTD
# of Educational Programs	9	20	29	58
# of program Participants	129	305	235	669
# of Fairs	2	3	1	6
# reached through fairs	250	400	17	667
# of evaluations distributed	16	125	232	373
# of evaluations returned	16	33	211	260
Material distribution	105	232	465	802
Networking & professional development	31	26	33	90
Promotional materials developed/updated	9	9	6	24
Website Updates/Social Media Posts/Benefits Emails	32	20	19	71

**Maternal Child Health Services Division  
May 11, 2016 Board of Health Meeting  
First Quarter Report & Highlights for March & April 2016**

**Follow up from last meeting:**

- The WIC caseload nationwide is down 4.9% comparing October 2015 rates to October 2014. In that same time period, Illinois WIC caseload is down 13.5%. McLean County falls between the two figures, down 7.6% during that time frame. The WIC program supervisor continues to monitor the certification process and outreach efforts and make changes as needed to improve upon customer service. Many clients have noticed the changes. A foster parent of a 2 year old child recently stated, "I really appreciate the things that you have done to make WIC easier for us. It is such a simple process now. I come in during the morning hours when it is not too busy and get in and out pretty quickly. I really appreciate how easy it has become."

**Staffing:**

- The MCH division said good bye to WIC nurse Susan Giermann on March 11 and FCM/BBO nurse case manager Laura Sandoval on April 29.
- The WIC program welcomed breastfeeding peer counselor Maggie Thomas on March 10.

**MCH Clinic Services:**

- Congratulations to FCM and WIC programs for receiving a Community Partner Award from Children's Home + Aid during their Blue Bow Award ceremony on April 1. April is Child Abuse Awareness Month. FCM and WIC received the award for collaborating with CH+A and other community partners to help end child abuse and neglect.

**Special Supplemental Nutrition Program for Women, Infants and Children (WIC)**

- WIC program supervisor, Tammy Brooks, is exploring a partnership with Heartland Head Start (HHS) to develop a process to enroll HHS children on WIC.
- WIC and FCM partnered with SPICE for a third round of infant massage classes held at MCHD. The sessions will be held once a week on Friday afternoons April 22 through May 12.
- The State WIC program breastfeeding coordinator asked McLean to host the FY17 Breastfeeding Peer Counselor enrichment day. This is an opportunity for the local agency BPCs around the state to gain continuing education and network.
- The National WIC Association requested that McLean present at the NWA annual conference in May in Cincinnati on our grocery store tour grant. Tammy Brooks and nutritionist Sara Stark will attend the conference and conduct the 90 minute break out session. This will be Tammy's second appearance as a presenter at the National conference. She presented at the 2014 National conference as part of a panel discussing the WIC retention project.

**All Our Kids (AOK) Network:**

- Maureen Sollars, AOK Coordinator, successfully completed the training for Mental Health First Aid instructors held at MCHD the week of April 11, 2016. AOK, by contract, is to conduct 3 trainings each year with 1 focused on mental health; this designation will assist with meeting the AOK program contract goals.

**HealthWorks Lead Agency (HWLA):**

- In response to the Illinois Safe Children Act, DCFS established a human trafficking media campaign "Our Children Are Not For Sale" aimed at raising awareness to assure that everyone knows that buying or selling a child is abuse and should be reported to the DCFS Hotline. In 2010, Illinois became one of the first states to pass comprehensive legislation to address the human trafficking of children under the age of 18. Children who are coerced into prostitution are immune from criminal prosecution and are diverted to the child protection system with DCFS instead of the criminal justice system. Staff has been alerted to this information and posters are on display in client areas of the building.
- HWLA was also notified that as of March 2, DCFS revised its foster home licensing to state that "no person shall smoke tobacco or any product containing nicotine or mood altering substances

in a(n)...open or enclosed motor vehicle...or within 15 feet of entrances, exits, windows that open, and ventilation intakes that serve the foster family home.”

- HWLA was reviewed by state DCFS staff on April 8. The preliminary report revealed no deficiencies. HWLA staff was praised for the great work they do and the reviewer noted that the program records were all in good shape and clearly marked. The program exceeded contract goals in all but one area, falling short on the requirement that comprehensive health exams be completed within 21 days of placement. The goal for CHE in 21 days is 90%; our achievement rate was 78%. One difficulty is that we don't always know when a child comes into care; the DCFS caseworker doesn't always send the placement form in a timely fashion, but our timer still starts when the child is placed, not when we are notified.

#### **Family Case Management (FCM) & Better Birth Outcomes Program (BBO):**

- FCM began screening pregnant women for exposure to the Zika virus in March due to concerns of the Zika virus causing birth defects throughout the Americas. All pregnant women seeking services at MCHD are screened for recent travel history to areas identified as having active Zika transmission. Women who have recently traveled to an area with active Zika transmission are referred to their obstetrician.
- All pregnant women are now evaluated for risk of lead exposure. Pregnant women assessed to be at an elevated risk of lead exposure will be referred to their physician for possible testing and educated on methods to lower her risk of lead exposure and poisoning. At this time, MCHD is not conducting testing on pregnant women. Should IDPH begin to accept lead tests on pregnant women, MCHD will also begin to screen women through capillary blood testing.
- DHS program reviews were conducted on FCM's APORS and Medical Case Management/HealthWorks programs on April 11 by the regional nurse consultant. Preliminary reports indicate minimal findings, with a complete report expected in hand later in May. The reviewer was happy to see that 100% of the charts had a depression screening for postpartum women and noted much improvement from last year in Medical Case Management. There were some areas where we were not meeting outcome goals, falling just short of the 80% goal for face-to-face visits, achieving only 78.6% and noted our continued struggle with immunizations rates. She noted that our percents were lower for developmental screenings but could find the hard copies in the charts and asked us to double check that we complete a service entry in order to get credit for our work.
- FCM is collaborating with the OSF Care Management team to improve health outcomes for FCM patients with chronic physical or mental health diagnoses. This collaboration is already in place for BBO participants with ongoing medical issues.

**A day in the life...**A recent BBO participant was asked about her oral health history and stated she had not had her teeth cleaned in over eight years. She stated she had been calling dentists to get price quotes, but could not afford to pay over \$200 for an exam and cleaning. Since the participant was pregnant, FCM was able to utilize an existing oral health grant to cover cleanings for pregnant women. The participant's case manager referred her for a dental cleaning, free of charge, through a community dental partner. The participant was very grateful for the referral as she was able to get a long overdue dental cleaning, lowering her risk of preterm labor which can be associated with harmful bacteria present in the mouth.

**DEFINITIONS FOR QUARTERLY REPORT FIGURES  
MATERNAL CHILD HEALTH SERVICES DIVISION**

**All Our Kids Program**

**AOK Network-sponsored events:** # of events AOK planned, promoted or participated in.

**AOK Attendance – Professional:** # of staff from community agencies in attendance at events.

**AOK Attendance – Public:** # of lay persons in attendance at events.

**WIC Program**

**WIC caseload:** Achieved caseload as reported through Cornerstone; assigned for FY16=2806.

**WIC clinic certifications and mid-year follow ups:** Total # of WIC clinic visits.

**Women:** # of clinic visits for pregnant, breastfeeding & post-partum women.

**Infants:** # of clinic visits for infants aged 0 to 12 month birthday.

**Children:** # of clinic visits for children aged 1 year to 5<sup>th</sup> birthday.

**WIC nutrition education contacts:** Total # of clients attending group nutrition education sessions or completing self-study nutrition modules in clinic or on approved web site.

**Breastfeeding initiation:** % infants initially breastfed (counted at 1 mo of age).

**BPC contacts:** # contacts (phone, clinic, home visit) made by peer counselors to pregnant and breastfeeding women.

**BPC caseload:** Unduplicated count of active WIC pregnant and breastfeeding women with BPC contacts from state report.

**MCH Clinic Services**

**Lead screenings:** # of blood lead screenings completed on children 6 months to 6 years of age.

**Lead results (5-9 mcg/dl):** result in phone or letter contact by public health nurse to parent encouraging that child have a follow up visit by their pediatrician.

**Lead results (10 mcg/dl or above):** result in home visit by public health nurse to educate parent about lead sources and encourage that child have a follow up visit by their pediatrician.

**Hemoglobin tests:** # of hgb tests completed on children 9 months to 5 years of age and pregnant, breastfeeding and postpartum women.

**Hgb results below normal limits:** clients are educated on sources of iron in the diet, client's physician is notified and client is retested at next clinic visit.

**Pregnancy tests:** # of pregnancy tests completed on clients who apply for MPE in prenatal clinic who are without a medically confirmed proof of pregnancy.

**Developmental screens:** # of Denver II or Ages & Stages screenings completed in clinic or on home visits.

**Early Intervention referral to CFC:** # of referrals on children who are birth to 35 months based on developmental screen results outside normal limits for child's age.

**Early Intervention referral to school district:** # of referrals to child's school district on children who are 3 to 5 years of age based on developmental screen results outside normal limits for child's age.

**All Kids applications:** # of applications submitted on line to assist client in obtaining medical insurance coverage.

**MPE applications:** # of applications submitted for prenatal clients who do not currently have medical coverage.

**FCM / BBO / APORS / Genetics Programs**

**FCM caseload and BBO caseload:** monthly caseload achievement based on program enrollment reports; FY16 assigned FCM=690; BBO=150.

**FCM Contacts:** Total # of Family Case Management contacts including home visits, face-to-face and phone contacts by nurses & case managers to provide assessment, education, counseling, referral and follow-up. Also included are contacts to families not eligible for FCM but referred for APORS, lead poisoning, or other high-risk situations.

**APORS:** # of cases referred through Adverse Pregnancy Outcome Report System.

**Depression Screens:** # of Edinburgh Postnatal Depression Scale screens completed on pregnant and pp women.

**Referrals to CHS:** based on a self-reported high score on EPDS.

**Genetic Screens:** # of clients assessed for referral to IDPH Genetics Services.

**Prenatal physician assignments:** # physician referrals made for prenatal clients who have medical card coverage and do not have an OB.

**Pediatrician assignments:** # physician referrals made for prenatal clients for their infants who will be covered by a medical card.

**DCFS Medical Case Management Program (0-6 years)**

**DCFS Medical Case Management:** # of children in the care of DCFS ages birth to 6 years.

**Number closed to care and entering care:** # closed or entering into care for the given month.

**DCFS HealthWorks Lead Agency Program**

**DCFS Lead Agency Wards in Custody:** # of children in custody at close of quarter in each county listed.

**MATERNAL CHILD HEALTH SERVICES DIVISION  
PRELIMINARY QUARTERLY REPORT  
1st Quarter, 2016**

PROGRAM SERVICES	Jan	Feb	March	1st Qtr 2016	1st Qtr 2015	YTD 2016	YTD 2015
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**AOK Program**

AOK Network-sponsored events	4	6	7	17	29	17	29
AOK attendance - Professional	42	32	55	129	225	129	225
AOK attendance - Public	0	86	0	86	315	86	315

**WIC / BPC Program**

WIC caseload	2139	2011	2006	2052	2207	2052	2207
WIC clinic certifications and mid-year follow ups	415	388	413	1216	1412	1216	1412
Clinic visits-Women	123	114	119	356	417	356	417
Clinic visits-Infants	113	116	113	342	431	342	431
Clinic visits-Children	179	158	181	518	564	518	564
WIC nutrition education contacts	478	344	396	1218	1379	1218	1379
Breastfeeding Initiation (percent)	70	70	79	73	73	73	73
BPC contacts	33	26	15	74	233	74	233

**MCH Clinic Services**

Lead screenings	95	88	81	264	314	264	314
Lead results above normal limits (5-9 mcg/dl)	1	1	2	4	5	4	5
Lead results above normal limits (10 mcg/dl or above)	0	0	0	0	1	0	1
Hemoglobin tests	238	218	207	663	795	663	795
Hgb results below normal limits	20	16	25	61	82	61	82
Pregnancy tests	23	25	26	74	35	74	35
Developmental screens	223	211	250	684	763	684	763
Early Intervention referral to Child & Family Connections	1	6	5	12	27	12	27
Early Intervention referral to school	1	3	1	5	0	5	0
All Kids applications	9	15	10	34	27	34	27
Medicaid Presumptive Eligibility (MPE) applications	7	7	7	21	28	21	28

**FCM / BBO / APORS / Genetics Program**

FCM caseload	1087	1076	1060	1074	1263	1074	1263
Better Birth Outcomes caseload	163	167	166	165	134	165	134
FCM contacts	2544	2654	2873	8071	6316	8071	6316
APORS	10	12	10	32	26	32	26
Depression screens	147	134	147	428	508	428	508
Referrals to Center for Human Services	4	2	2	8	15	8	15
Genetic screens	10	21	11	42	10	42	10
Prenatal physician assignments	25	26	23	74	88	74	88
Pediatrician assignments	63	45	60	168	196	168	196

**DCFS Medical Case Management Program (0-6yrs.) \*\***

** Number of children in care	81	86	87	96	96		
Number of children closed to care	0	5	0	5	7	5	7
Number of children entering care	2	6	2	10	7	10	7

**DCFS HealthWorks Lead Agency Program**

DCFS Lead Agency wards in custody	Jan	Feb	Mar	1st Qtr 2016	1st Qtr 2015		
** DeWitt County	15	15	16	16	18		
** Livingston County	19	16	18	18	21		
** McLean County	228	233	243	243	257		
** Piatt County	16	12	13	13	11		

## WIC, FCM, and Better Birth Outcome program Quarterly and YTD totals will be an average of the respective quarter or YTD.

\*\* For HealthWorks and Medical Case Management, Quarter & YTD totals will be the same numbers.

ENVIRONMENTAL HEALTH DIVISION

Bi-monthly Report

March 1, 2016 – April 30, 2016

FOOD INSPECTION PROGRAM

	<u>2016</u>	<u>2015</u>
<b>Full-Time Food Establishments</b>		
Active Food Permits - With Fees .....	687	677
Active Food Permits - No Fees .....	139	138
Total Active Food Permits .....	826	815
New Food Permits Issued for Report Interval .....	20	14
New Food Permits Issued for Year-To-Date .....	35	31
Food Permits Inactivated for Report Interval.....	21	9
Food Permits Inactivated for Year-To-Date .....	36	37

**Temporary Food Establishments**

Single Event Temp. Food Permits Issued for Report Interval .....	60	52
Single Event Temp. Food Permits Issued for Year-To-Date .....	94	79
Multiple Event Temporary Permits Issued for Report Interval .....	5	2
Multiple Event Temporary Permits Issued for Year-To-Date .....	11	8
Total Temporary Food Permits Issued for Report Interval.....	65	54
Total Temporary Food Permits Issued for Year-To-Date.....	105	87

FOOD ESTABLISHMENT COMPLAINTS

	<u>2016</u>	<u>2015</u>
Food Est. Complaints Received for Report Interval .....	12	18
Food Est. Complaints Received for Year-To-Date .....	25	32

FOOD PRODUCT INQUIRIES

	<u>2016</u>	<u>2015</u>
Food Product Inquiries Received for Report Interval .....	0	0
Food Product Inquiries Received for Year-To-Date .....	0	0

**FOOD ESTABLISHMENT PLAN REVIEWS**

	<b><u>2016</u></b>	<b><u>2015</u></b>
Plans Received For New/Remodeled Food Est. for Report Interval .....	9	15
Plans Received For New/Remodeled Food Est. for Year-To-Date .....	23	23

**PRIVATE SEWAGE DISPOSAL PROGRAM**

	<b><u>2016</u></b>	<b><u>2015</u></b>
Permits Issued for New Construction for Report Interval .....	6	11
Permits Issued for New Construction for Year-To-Date .....	7	12
Permits Issued for Repairs or Additions to Existing Systems for Report Interval.....	3	2
Permits Issued for Repairs or Additions to Existing Systems for Year-To-Date .....	3	2
Permits Issued for the Replacement of a Previous Legal System for Report Interval.....	2	1
Permits Issued for the Replacement of a Previous Legal System for Year-To-Date.....	3	1
Permits Issued for the Replacement of a Previous Illegal System for Report Interval.....	5	3
Permits Issued for the Replacement of a Previous Illegal System for Year-To-Date.....	7	4
Permits Issued for Systems Probed by Sanitarians for Report Interval .....	0	0
Permits Issued for Systems Probed by Sanitarians for Year-To-Date .....	0	0
Permits Issued for "Information Only" Systems for Report Interval.....	0	3
Permits Issued for "Information Only" Systems for Year-To-Date.....	2	3
Permits Voided for Report Interval.....	0	0
Permits Voided for Year .....	0	0
Total Private Sewage Disposal System Permits Issued for Report Interval .....	16	20
Total Private Sewage Disposal System Permits Issued for Year-To-Date .....	22	22
Septic System Evaluations Received and Reviewed for Report Interval .....	60	57
Septic System Evaluations Received and Reviewed for Year-To-Date .....	78	78

**2016**      **2015**

Licensed Private Sewage System Installers for Report Interval .....	4	4
Licensed Private Sewage System Installers for Year-To-Date .....	24	25

**2016**      **2015**

Licensed Private Sewage System Pumpers for Report Interval.....	1	5
Licensed Private Sewage System Pumpers for Year-To-Date.....	13	17

**PRIVATE SEWAGE SYSTEM COMPLAINTS**

	<b><u>2016</u></b>	<b><u>2015</u></b>
Private Sewage System Complaints for Report Interval.....	1	3
Private Sewage System Complaints for Year-To-Date.....	2	5

**OTHER SEWAGE RELATED COMPLAINTS**

	<b><u>2016</u></b>	<b><u>2015</u></b>
Other Sewage Complaints Received for Report Interval.....	0	2
Other Sewage Complaints Received for Year-To-Date.....	0	2

**POTABLE WATER PROGRAM**

	<b><u>2016</u></b>	<b><u>2015</u></b>
Private Water Reports Sent Out for Report Interval.....	24	52
Private Water Reports Sent Out For Year-To-Date.....	48	83

	<b><u>2016</u></b>	<b><u>2015</u></b>
New Non-Community Water Supplies for Report Interval.....	0	1
Non-Community Water Supplies Year-To-Date.....	31	31

**WATER WELL PROGRAM**

	<b><u>2016</u></b>	<b><u>2015</u></b>
Water Well Permits Issued for Report Interval.....	9	15
Water Well Permits Issued for Year-To-Date.....	11	16
Abandoned Water Wells Properly Sealed for Report Interval.....	8	3
Abandoned Water Wells Properly Sealed Year-To-Date.....	9	6

**GEOHERMAL EXCHANGE SYSTEM PROGRAM**

	<b><u>2016</u></b>	<b><u>2015</u></b>
Geothermal Exchange System Registrations for Report Interval.....	7	3
Geothermal Exchange System Registrations Year-To Date.....	11	5

**TANNING FACILITY INSPECTION PROGRAM**

	<b><u>2016</u></b>	<b><u>2015</u></b>
Number of IDPH Licensed Tanning Facilities in McLean County .....	14	15

**SOLID WASTE, NUISANCES, PEST CONTROL AND OTHER ENVIRONMENTAL COMPLAINTS**

	<b><u>2016</u></b>	<b><u>2015</u></b>
Complaints Received for Report Interval .....	6	3
Complaints Received for Year-To-Date .....	10	2

**CY 2016**  
**Quarterly Service Statistics Summary**  
**January 1, 2016 – December 31, 2016**

Quarter	*Total New Served	Total Served	Total Allocated Funding
Q1	1276	5746	\$318,018.39
Q2			
Q3			
Q4			
<b>CY 16 TOTAL</b>	<b>1276</b>	<b>5746</b>	<b>\$1,272,074.00</b>

\*\*Total New Clients do not reflect PATH Programming

\*\*\*\*\*

**Agency Specific Quarterly Data**  
**January 1, 2016- March 31, 2016**

## Center for Youth and Family Solutions

### Moral Reconciliation Therapy

Target Population: Mental Health: Criminal Justice- Adults

Service Provided: Group Counseling

Quarter	Total New Served	Total Served	Contract Amount
Q1 – Jan - Mar	6	13	\$25,716
Q2 – April - Jun			
Q3 – July - Sept			
Q4 – Oct - Dec			

## Chestnut Health Systems

### Specialty Courts

Target Population: Behavioral Health: Criminal Justice--Adults

Service Provided: Treatment Services

Quarter	Total New Served	Total Served	Contract Amount
Q1 – Jan - Mar	12	65	\$162,184
Q2 – April - Jun			
Q3 – July - Sept			
Q4 – Oct - Dec			

# Chestnut Health Systems

## School Based Services

Target Population: Substance Abuse: Children

Service Provided: School Based Early Intervention

Quarter	Total New Served	Total Served	Contract Amount
Q1 – Jan - Mar	24	74	\$100,000
Q2 – April - Jun			
Q3 – July - Sept			
Q4 – Oct - Dec			

# McLean County Center for Human Services

## 24 Hour Crisis Services

Target Population: Behavioral Health: Crisis-All

Service Provided: Crisis Intervention/Mobile Crisis Services

Quarter	Total New Served	Total Served	Contract Amount
Q1 – Jan - Mar	447	541	\$361,916
Q2 – April - Jun			
Q3 – July - Sept			
Q4 – Oct - Dec			

# McLean County Center for Human Services

## Psychiatric

Target Population: Behavioral Health-Uninsured

Service Provided: Psychiatric Treatment

Quarter	Total New Served	Total Served	Contract Amount
Q1 – Jan - Mar	4	108	\$ 311,868
Q2 – April - Jun			
Q3 – July - Sept			
Q4 – Oct - Dec			

# PATH

## Crisis Hotline

Target Population: Behavioral Health-All

Service Provided 24 Hour Telephone Service-211

Quarter	*Mental Health Calls	*Total Served (Calls)	Contract Amount
Q1 – Jan - Mar	2034	3925	\$ 38,000
Q2 – April - Jun			
Q3 – July - Sept			
Q4 – Oct - Dec			

\*Total Served (Calls) are included in the total served Quarter 1 statistics-New Clients cannot be reflected for a Crisis Line

# PATH

## Clinical Follow-up

Target Population: Behavioral Health: Crisis-Non Hospitalized Adults

Service Provided: Crisis Clinical Follow-up Services

Quarter	*Total New Served	Total Served	Contract Amount
Q1 – Jan – Mar	----	69	\$ 40,000
Q2 – April – Jun			
Q3 – July – Sept			
Q4 – Oct – Dec			

\*Total New Served are not recorded

# Labyrinth

## Labyrinth House

Target Population: Behavioral Health-Criminal Justice-Women

Service Provided: Supportive Housing, Case Management, and Care Coordination

Quarter	Total New Served	Total Served	Contract Amount
Q1 – Jan - Mar	3	11	\$41,600
Q2 – April - Jun			
Q3 – July - Sept			
Q4 – Oct - Dec			

# Project Oz

## School Based Services

Target Population: Substance Abuse-Youth

Service Provided: Substance Abuse prevention and education

Quarter	Total New Served	Total Served	Contract Amount
Q1 – Jan - Mar	770	930	\$ 124,046
Q2 – April - Jun			
Q3 – July - Sept			
Q4 – Oct - Dec			

# The Baby Fold

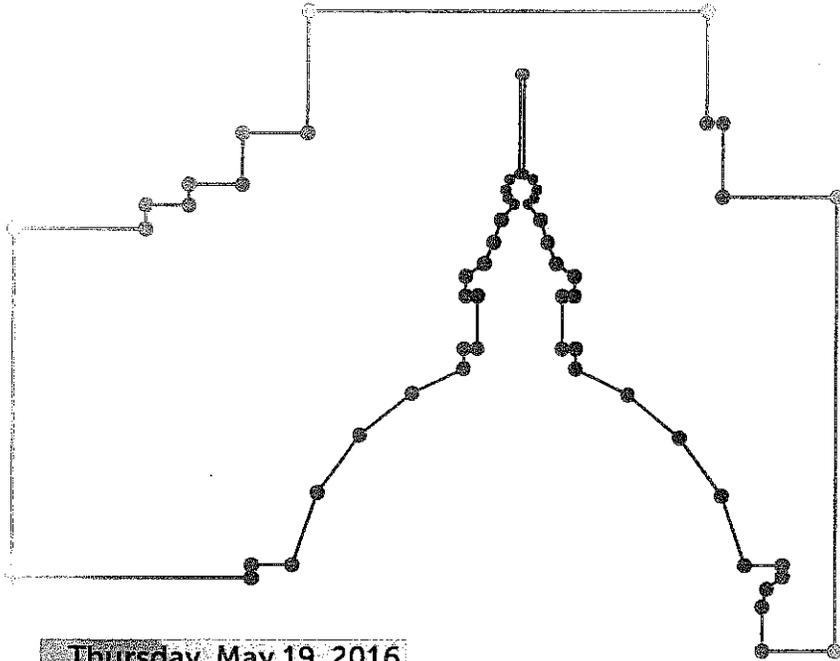
## Healthy Start

Target Population: Behavioral Health-First Time Parents and Infant(s)

Service Provided: Early Intervention

Quarter	Total New Served	Total Served	Contract Amount
Q1 – Jan - Mar	10	10	\$66,744
Q2 – April - Jun			
Q3 – July - Sept			
Q4 – Oct - Dec			

# Connecting the Dots



Thursday, May 19, 2016

5:00 p.m. until 7:00 p.m.

Normal Public Library

206 W College Ave, Normal, IL 61761

**No Wrong  
Door to  
Community  
Crisis Services**

## **You are invited to a Panel Presentation featuring Key Community Crisis Providers**

- Kathy Davis-McLean County Coroner
- Karen Zangerle-PATH-211
- Meghan Moser-McLean County Center for Human Services
- Stephanie Barisch-Center for Youth and Family Solutions
- Tamara Childress-Chestnut Health Systems
- Renee Donaldson-Advocate BroMenn

## **Learn More about McLean County's Crisis Response System**

- Zero Suicide
- Mobile Crisis Services
- Crisis Stabilization Services
- Follow Up Services
- Psychiatric Hospitalization
- Mental Health First Aid
- Questions and Answers

Please RSVP to [phaedra.morris@mcleancountyil.gov](mailto:phaedra.morris@mcleancountyil.gov) by May 12, 2016  
or call (309) 888-5449 for more information



**MCLEAN COUNTY HEALTH DEPARTMENT  
HIRE/EXIT REPORT**

1st Quarter 2016

<u>HIRE</u>	This Qtr	This Qtr Last Year	Year to Date	Yr to date Last year
Accounting Clerk				
Case Manager				
Case Man Supv				
CD Investigator	1		1	
OSS		1		1
Clinic Nurse/LPN				
Director				
Extern				
Fiscal Manager				
Health Promotion Spec				
Intern				
Public Health Nurse		3		3
Vision & Hearing Tech				
Sanitarian				
Supervising Nurse				
Nutritionist				
Health Program Manager		2		2
Clinic Coordinator				
Animal Control				
Hygienist		1		1
Supervising Office Support Spec				
Parking Lot Attendant				
Peer Counselor/Outreach	1	1	1	1
P H Comm Spec				
Clerical Asst.				
<b>TOTAL</b>	<b>2</b>	<b>8</b>	<b>8</b>	<b>8</b>

<u>Exit</u>				
Accounting Spec				
Case Manger				
Case Man Supv				
CD Investigator		1		1
OSSI/OSSII/Adm Spec				
Clinic Nurse/LPN	1		1	
Director				
Extern				
Fiscal Manager				
Health Promotion Spec				
Intern				
Public Health Nurse		1		1
Vision & Hearing Tech				
Sanitarian/Prog Supv				
Supervising Nurse/Div Dir				
Nutritionist				
Health Program Manager				
Clinic Coordinator/Prog Coord				
Animal Control				
Hygienist		1		1
Supervising Office Support Spec				
Parking Lot Attendant				
Peer Counselor/Outreach				
PH Comm Spec				
Clerical Asst				
<b>TOTAL</b>	<b>1</b>	<b>3</b>	<b>1</b>	<b>3</b>

1st Quarter 2016 Fiscal Status Report

January 1, 2016 thru March 31, 2016

**0112 Health Fund**

As of 3/31/16 11.25% of the budgeted revenue has been collected compared to 5.10% in 2015. The amount is low because Property Tax revenue which is 72% of the budget has not been collected yet. Revenue is up from this time period in 2015 due to an increase in Intergovernmental Revenue and License/Permits/Fee Revenue.

Expenses as of 3/31/16 are at 19.92% of the budget which is less than projected for the end of the 1<sup>st</sup> quarter and almost level with where we were at this time in 2015.

**FUND 102: DENTAL FUND  
AS OF 03/31/16**

	2016 Budget	2016 YTD	% of 2016 Budget	2015 Budget	3/31/2015 YTD	\$ Variance 2015/2016	% of 2015 Budget
<b>REVENUE</b>							
Inter-Government	\$383,726.00	\$99,509.57	25.93%	\$505,278.00	\$89,179.73	\$10,329.85	17.65%
Charges for Service	\$28,000.00	\$1,201.00	4.29%	\$26,500.00	\$1,351.92	(\$150.92)	5.10%
Transfer	\$10,000.00				\$0.00		
Misc.	\$43,891.00	\$0.00		\$0.00	\$0.00	\$0.00	
Contributions	\$45,000.00	\$7,456.66	16.57%	\$45,000.00	\$6,916.79	\$539.87	15.37%
Total Revenue	\$510,617.00	\$108,167.23	21.18%	\$576,778.00	\$97,448.44	\$10,718.80	16.90%
<b>EXPENSE</b>							
Salaries	\$149,730.00	\$28,625.76	19.12%	\$148,839.00	\$28,838.47	(\$212.71)	19.38%
Fringe	\$54,680.00	\$8,614.64	15.75%	\$43,289.00	\$8,999.28	(\$384.64)	20.79%
Materials & Supp	\$44,169.00	\$8,941.47	20.24%	\$42,325.00	\$11,078.17	(\$2,136.70)	26.17%
Contractual	\$261,613.00	\$39,133.38	14.96%	\$342,325.00	\$41,788.16	(\$2,654.78)	12.21%
Capital	\$0.00	\$0.00		\$0.00	\$0.00	\$0.00	
Transfer	\$425.00				\$292.26		
Total Expense	\$510,617.00	\$85,315.25	16.71%	\$576,778.00	\$90,996.34	(\$5,388.83)	

**FUND 103: WIC PROGRAM/CHILDHOOD LEAD  
AS OF 03/31/16**

	2016 Budget	2016 YTD	% of 2016 Budget	2015 Budget	3/31/2015 YTD	\$ Variance 2015/2016	% of 2015 Budget
<b>REVENUE</b>							
Inter-Government	\$458,299.00	\$116,432.79	25.41%	\$486,502.00	\$133,283.46	(\$16,850.67)	27.40%
Charge for Service		\$1,054.20			\$0.00		
Transfer	\$44,707.00				\$0.00		
Miscellaneous	\$6,500.00	\$0.00			\$1,000.00		
Total Revenue	\$509,506.00	\$117,486.99	23.06%	\$486,502.00	\$134,283.46	(\$16,850.67)	27.60%
<b>EXPENSE</b>							
Salaries	\$323,294.00	\$56,923.58	17.61%	\$319,145.00	\$70,853.17	(\$13,929.59)	22.20%
Fringe	\$116,890.00	\$18,749.41	16.04%	\$104,678.00	\$25,744.62	(\$6,995.21)	24.59%
Materials & Supp	\$27,646.00	\$3,062.35	11.08%	\$25,550.00	\$9,242.68	(\$6,180.33)	36.17%
Contractual	\$40,176.00	\$4,185.01	10.42%	\$35,864.00	\$5,254.30	(\$1,069.29)	14.65%
Capital	\$0.00	\$0.00	#DIV/0!	\$1,660.00	\$0.00	\$0.00	
Transfer	\$1,500.00				\$1,011.45		
Total Expense	\$509,506.00	\$82,920.35	16.27%	\$486,897.00	\$112,106.22	(\$28,174.42)	

**FUND 105:  
V & H/TOBACCO/KOMEN/ASTHMA  
AS OF 03/31/16**

	2016 Budget	2016 YTD	% of 2016 Budget	2015 Budget	3/31/2015 YTD	\$ Variance 2015/2016	% of 2015 Budget
<b>REVENUE</b>							
Lic./Permits/Fees	\$9,190.00	\$1,027.50	11.18%	\$9,342.00	\$2,887.50	(\$1,860.00)	30.91%
Inter-Government	\$110,640.00	\$58,589.17	52.95%	\$109,830.00	\$31,381.05	\$27,208.12	28.57%
Charges for Service	\$0.00	\$0.00		\$0.00	\$0.00	\$0.00	
Misc.	\$0.00	\$564.03		\$7,286.00	\$375.00	\$189.03	
Total Revenue	\$119,830.00	\$60,180.70	50.22%	\$126,458.00	\$34,643.55	\$25,537.15	27.40%
<b>EXPENSE</b>							
Salaries	\$74,032.00	\$16,588.31	22.41%	\$75,214.00	\$16,909.07	(\$320.76)	22.48%
Fringe	\$26,432.00	\$6,144.26	23.25%	\$26,430.00	\$6,042.67	\$101.59	22.86%
Materials & Supp	\$7,454.00	\$616.53	8.27%	\$9,088.00	\$1,239.49	(\$622.96)	13.64%
Contractual	\$11,602.00	\$1,254.20	10.81%	\$15,726.00	\$3,345.49	(\$2,091.29)	21.27%
Capital	\$0.00	\$0.00		\$0.00	\$0.00	\$0.00	
Transfer	\$310.00				\$203.13		
Total Expense	\$119,830.00	\$24,603.30	20.53%	\$126,458.00	\$27,739.85	(\$2,933.42)	

**FUND 106: FCM  
AS OF 03/31/16**

	2016 Budget	2016 YTD	% of 2016 Budget	2015 Budget	3/31/2015 YTD	\$ Variance 2015/2016	% of 2015 Budget
<b>REVENUE</b>							
Inter-Government	\$1,010,696.00	\$437,809.47	43.32%	\$1,050,387.00	\$389,860.44	\$47,949.03	37.12%
Charges for Service	\$0.00	\$414.27		\$0.00	\$6,122.30	(\$5,708.03)	
Transfers	\$10,640.00	\$11,131.20	104.62%	\$132,642.00	\$0.00	\$11,131.20	0.00%
Misc.		\$0.00			\$0.00		
Total Revenue	\$1,021,336.00	\$449,354.94	44.00%	\$1,183,029.00	\$395,982.74	\$53,372.20	33.47%
<b>EXPENSE</b>							
Salaries	\$644,206.00	\$136,398.02	21.17%	\$742,739.00	\$161,737.88	(\$25,339.86)	21.78%
Fringe	\$229,784.00	\$48,222.21	20.99%	\$260,484.00	\$61,097.16	(\$12,874.95)	23.46%
Materials & Supp	\$27,150.00	\$8,027.23	29.57%	\$39,926.00	\$15,916.25	(\$7,889.02)	39.86%
Contractual	\$118,396.00	\$22,859.41	19.31%	\$138,630.00	\$19,838.21	\$3,021.20	14.31%
Capital	\$0.00	\$0.00		\$1,250.00	\$0.00	\$0.00	0.00%
Transfer	\$1,800.00				\$1,395.66		
Total Expense	\$1,021,336.00	\$215,506.87	21.10%	\$1,183,029.00	\$259,985.16	(\$43,082.63)	

**FUND 107:  
AIDS/EMERGENCY PREPAREDNESS/WEST NILE VIRUS  
AS OF 03/31/16**

	2016 Budget	2016 YTD	% of 2016 Budget	2015 Budget	3/31/2015 YTD	\$ Variance 2015/2016	% of 2015 Budget
<b>REVENUE</b>							
Inter-Government	\$305,236.00	\$106,322.11	34.83%	\$274,558.00	\$72,913.18	\$33,408.93	26.56%
Miscellaneous	\$1,457.00	\$30.00	2.06%	\$1,457.00	\$133.21	(\$103.21)	9.14%
Total Revenue	\$306,693.00	\$106,352.11	34.68%	\$276,015.00	\$73,046.39	\$33,305.72	26.46%
<b>EXPENSE</b>							
Salaries	\$161,743.00	\$30,337.29	18.76%	\$127,184.00	\$37,019.56	(\$6,682.27)	29.11%
Fringe	\$53,330.00	\$10,164.61	19.06%	\$35,629.00	\$10,748.57	(\$583.96)	30.17%
Materials & Supp	\$19,285.00	\$2,564.51	13.30%	\$13,459.00	\$2,872.21	(\$307.70)	21.34%
Contractual	\$71,835.00	\$8,576.64	11.94%	\$99,743.00	\$10,616.37	(\$2,039.73)	10.64%
Capital	\$0.00	\$0.00		\$0.00	\$0.00	\$0.00	
Transfer	\$500.00				\$348.57		
Total Expense	\$306,693.00	\$51,643.05	16.84%	\$276,015.00	\$61,605.28	(\$9,613.66)	

**FUND 110: PERSONS/DEV. DISABILITY FUND  
AS OF 03/31/16**

	2016 Budget	2016 YTD	% of 2016 Budget	2015 Budget	3/31/2015 YTD	\$ Variance 2015/2016	% of 2015 Budget
<b>REVENUE</b>							
Taxes	\$705,871.00	\$0.00	0.00%	\$687,144.00	\$0.00	\$0.00	0.00%
Miscellaneous	\$0.00			\$0.00			
Total Revenue	\$705,871.00	\$0.00	0.00%	\$687,144.00	\$0.00	\$0.00	0.00%
<b>EXPENSE</b>							
Salaries	\$22,282.00	\$4,860.55	21.81%	\$13,400.00			
Fringe	\$3,262.00	\$752.64	23.07%	\$1,496.00			
Materials & Supp	\$100.00	\$0.00	0.00%	\$0.00	\$0.00	\$0.00	
Contractual	\$680,175.00	\$167,423.48	24.61%	\$672,248.00	\$169,919.00	(\$2,495.52)	25.28%
Transfer	\$52.00				\$0.00		
Total Expense	\$705,871.00	\$173,036.67	24.51%	\$687,144.00	\$169,919.00	(\$2,495.52)	24.73%

**FUND 112: HEALTH FUND  
AS OF 03/31/16**

	<b>2016 Budget</b>	<b>2016 YTD</b>	<b>% of 2016 Budget</b>	<b>2015 Budget</b>	<b>3/31/2015 YTD</b>	<b>\$ Variance 2015/2016</b>	<b>% of 2015 Budget</b>
<b>REVENUE</b>							
Taxes	\$3,558,092.00	\$0.00	0.00%	\$3,471,226.00	\$0.00	\$0.00	0.00%
Lic./Permits/Fees	\$445,600.00	\$295,339.00	66.28%	\$438,600.00	\$64,954.00	\$230,385.00	14.81%
Inter-Government	\$417,628.00	\$237,585.64	56.89%	\$538,516.00	\$149,957.77	\$87,627.87	27.85%
Charges for Service	\$235,652.00	\$26,403.25	11.20%	\$388,345.00	\$36,760.53	(\$10,357.28)	9.47%
Transfer	\$125,083.00	\$0.00	0.00%	\$0.00	\$0.00	\$0.00	
Misc.	\$189,783.00	\$237.36	0.13%	\$101,829.00	\$300.23	(\$62.87)	0.29%
<b>Total Revenue</b>	<b>\$4,971,838.00</b>	<b>\$559,565.25</b>	<b>11.25%</b>	<b>\$4,938,516.00</b>	<b>\$251,972.53</b>	<b>\$307,592.72</b>	<b>5.10%</b>
<b>EXPENSE</b>							
Salaries	\$2,492,101.00	\$493,815.04	19.82%	\$2,420,933.00	\$454,774.22	\$39,040.82	18.79%
Fringe	\$331,695.00	\$73,756.70	22.24%	\$293,205.00	\$70,986.35	\$2,770.35	24.21%
Materials & Supp	\$194,644.00	\$18,513.11	9.51%	\$312,737.00	\$28,774.55	(\$10,261.44)	9.20%
Contractual	\$1,945,565.00	\$404,346.84	20.78%	\$1,830,305.00	\$375,436.75	\$28,910.09	20.51%
Capital	\$0.00	\$0.00	#DIV/0!	\$87,980.00	\$0.00	\$0.00	0.00%
Transfer	\$7,833.00	\$0.00	0.00%	\$20,816.00	\$4,946.13	(\$4,946.13)	23.76%
<b>Total Expense</b>	<b>\$4,971,838.00</b>	<b>\$990,431.69</b>	<b>19.92%</b>	<b>\$4,965,976.00</b>	<b>\$934,918.00</b>	<b>\$55,513.69</b>	<b>18.83%</b>



- 1. Attachment B.** is a grant amendment from the **Illinois Department of Public Health for the Dental Sealant Grant**. Funding for this grant is used to purchase dental sealant grant services from Orland Park Dental Services (OPDS) for the application of dental sealants to select permanent molars for targeted non-Medicaid eligible students. It is anticipated the additional \$5,000 will be used to provide approximately 237 sealants to 80 eligible children. This amendment increases the total grant from \$8,600 to \$13,600. This is a **Continuing Grant** under Board of Health approval guidelines and is placed under **Items for Action, Old Business. Staff recommends approval.**
- 2. Attachment C.** is a contract amendment with **Orland Park Dental Services (OPDS)** in association with the dental sealant grant amendment provided to the MCHD in the amount of \$5,000 from the Illinois Department of Public Health. The MCHD reimburses OPDS for examinations and sealants provided to eligible non-Medicaid students based upon a negotiated twenty-five percent (25%) of the amount specified by IDPH. This amendment increases the total contract amount from \$2,000 to a maximum of \$3,250. This is an amendment to a **Continuing Contract** under Board of Health approval guidelines and is placed under **Items for Action, Old Business. Staff recommends approval.**
- 3. Attachment D.** is a contract with **The Board of Trustees of the University of Illinois** for all clinic lab services being provided to clients served at the MCHD, including all STI and HIV services. The MCHD will reimburse U of I Professional Healthcare for lab services at the identified rates provided. MCHD will then bill responsible party, either third-party insurance or the client for all services, including provided lab costs. **This is an item for Action, New Business. Staff recommends approval.**
- 4. Attachment E.** is copies of two memos from Illinois Public Health Association commenting on the results of most recent survey of local health departments in Illinois on the impact of the nine months of budget impasse on local public health. Results indicate that 80% of responding health departments reported some impact of the budget impasse. Health departments were considered impacted if they reported any of the following: a change in the number of FTE's in their work force, lay-offs, furloughs, a reduction in the length of the work week, or a change in the number of hours that the health department is "open for business". Fifty-one LHD's responded to the survey. All seven of IDPH's administrative regions are represented in the survey. **This is Item for Information, Old Business.**
- 5. Attachment F.** is a copy of a recent new release from the **Jackson County Health Department** indicating that their BOH voted to cut department hours and cease operations on Fridays as a result of financial pressures on the organization as a result of the nine-month budget impasse. This news release and information contained in **Attachment E** reflect the fact that the public health system is in a state of crisis. Locally we are still monitoring local mumps cases, we are preparing for West Nile Virus and possible Zika Virus surveillance reporting, continuing restaurant inspections, regulation of potable water, monitor safe sewage disposal, continue the provision of a long list of client services from dental to maternal child health to immunizations. We also must continually be on guard and prepared to respond to an emergency response situation that could stem from a natural disaster like tornado or flood to a viral, chemical, biologic crisis. Emergency response takes time, manpower, expertise, and planning. Those are not luxuries, but necessities of a sound public health system. Unfortunately, each time we take our eye off the ball and dismantle a piece of the public health system, we erode our capacity to respond. **This is an Item for Information, Old Business.**
- 6. Attachment G.** is a news release from the **Illinois Department of Public Health** announcing that ten Illinois residents have recently been diagnosed with infections caused by a strain of **Elizabethkingia anopheles**. Six of the ten individuals identified with the infection have died. The strain appearing so far in Illinois is slightly different than the one infecting 56 individuals in Wisconsin. *Elizabethkingia* is a genus of bacteria commonly found in the environment worldwide and has been detected in soil, river water and reservoirs. This is another new bacterial infection that LHD's are being asked to investigate and develop ways to prevent additional infections. **This is an Item for Information, New Business.**
- 7. Attachment H.** is an article out of the **New England Journal of Medicine** on Tobacco 21 laws. The article examines the effectiveness of the implementation of such laws, implies that where these laws have been put into effect they appear to be enjoying very high levels of public support, and have minimum economic impact in the short term. As expected, tobacco lobbies have been working to derail such legislative proposals, but local and state efforts have succeeded in extending Tobacco 21 protections to more than 16 million Americans. This becomes a policy issue for board of health, whether to support broader support for such legislation. **This is an Item for Information, New Business.**



STATE OF ILLINOIS  
GRANT AMENDMENT

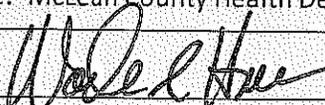
Attachment B

ILLINOIS DEPARTMENT OF PUBLIC HEALTH  
PROGRAM NAME: Dental Sealant Grant Program  
Grant #: 63480128D  
Amendment # 002

The undersigned Agency and Grantee (the Parties) agree that the following shall amend the Grant Agreement referenced herein. All terms and conditions set forth in the original Grant Agreement, not amended herein, shall remain in full force and effect as written. In the event of conflict, the terms of this Amendment shall prevail.

IN WITNESS WHEREOF, the Agency and the Grantee cause this Amendment to be executed on the dates shown below by representatives authorized to bind the respective PARTIES.

**GRANTEE**

Grantee Name: McLean County Health Department	Address: 200 W. Front St., Bloomington, IL 61701
Signature: 	Phone: 309.888.5451
Printed Name: Walter P. Howe	Fax: 309.888.5896
Title: Director	Email: walt.howe@mcleancountyil.gov
Date: 4-26-2016	

**STATE OF ILLINOIS**

Procuring Agency: Illinois Department of Public Health	Phone: 312.814.4278
Street Address: 525 - 535 W. Jefferson	Fax: 312.793.7963
City, State ZIP: Springfield, IL 62761-0001	
Official Signature:	Date:
Printed Name: Nirav D. Shah, M.D., J.D.	
Official's Title: Director of Public Health	

**STATE OF ILLINOIS  
GRANT AMENDMENT**

ILLINOIS DEPARTMENT OF PUBLIC HEALTH  
PROGRAM NAME: Dental Sealant Grant Program  
Grant #: 63480128D  
Amendment # 002

**STATE USE ONLY**

**NOT PART OF CONTRACTUAL PROVISIONS**

PBC# 15-93995	Project Title    Dental Sealant Grant
Contract # 63480128D	Procurement Method (IFB, RFP, Small, etc): N/A
IPB Ref. # N/A	IPB Publication Date:    N/A                      Award Code: N
Subcontractor Utilization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Subcontractor Disclosure? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Funding Source: 872 – Federal	Obligation # 63480128D
CPO 33 – General Counsel Approval:	
Signature	Printed Name                      Date

**STATE OF ILLINOIS**  
**GRANT AMENDMENT**  
ILLINOIS DEPARTMENT OF PUBLIC HEALTH  
PROGRAM NAME: Dental Sealant Grant Program  
Grant #: 63480128D  
Amendment # 002

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**1. GRANT DESCRIPTION** (including Original Purchase Order or Contract Number):

**Grant Agreement 63480128D – Dental Sealant Grant Program** The Dental Sealant Grant Program provides for the application of dental sealants to selected permanent molars for a targeted number of eligible children. This school-based/linked program includes: preventive oral health care, oral health education and case management to dental homes.

**2. DESCRIPTION OF AMENDMENT** (Check all that apply, complete blanks and explain as necessary):

**2.1.** The completion date will be  extended,  shortened or  remain the same.

2.1.1. Original completion date: June 30, 2016

2.1.2. Revised completion date: June 30, 2016

**2.2.** The method of determining compensation (e.g., hourly rate, fixed fee, etc.) will  stay the same or  change as follows:

**2.3.** The cost will be  increased,  decreased or  remain the same.

2.3.1. Original cost: \$8,600.00

2.3.2. Amount of change: \$5,000.00

2.3.3. Revised cost: \$13,600.00

**2.4.** The supplies or services to be provided will  stay the same or  be changed as follows:

**3. EFFECTIVE DATE OF AMENDMENT:** April 25, 2016

**4. WHY IS CHANGE NEEDED?** (Check all that apply and explain.)

**4.1.**  The circumstances said to necessitate the change in performance were not reasonably foreseeable at the time the grant agreement was signed.

**4.2.**  The change is germane to the original grant agreement as signed.

**STATE OF ILLINOIS**  
**GRANT AMENDMENT**  
ILLINOIS DEPARTMENT OF PUBLIC HEALTH  
PROGRAM NAME: Dental Sealant Grant Program  
Grant #: 63480128D  
Amendment # 002

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4.3.  The change order is in the best interest of the State and authorized by law.

Explanation of why change is needed:

The grantee is able to provide more dental sealants than originally expected and able to reach more children that were eligible for the Dental Sealant Grant Program.

5. **WHAT PROVISION OF THE GRANT OR OTHER LAW AUTHORIZED THIS CHANGE?**

N/A

**STATE OF ILLINOIS**  
**GRANT AMENDMENT**  
ILLINOIS DEPARTMENT OF PUBLIC HEALTH  
PROGRAM NAME: Dental Sealant Grant Program  
Grant #: 63480128D  
Amendment # 002

**TAXPAYER IDENTIFICATION NUMBER**

I certify that:

The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and

I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and

I am a U.S. person (including a U.S. resident alien).

- If you are an individual, enter your name and SSN as it appears on your Social Security Card.
- If you are a sole proprietor, enter the owner's name on the name line followed by the name of the business and the owner's SSN or EIN.
- If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner's name on the name line and the D/B/A on the business name line and enter the owner's SSN or EIN.
- If the LLC is a corporation or partnership, enter the entity's business name and EIN and for corporations, attach IRS acceptance letter (CP261 or CP277).
- For all other entities, enter the name of the entity as used to apply for the entity's EIN and the EIN.

Name: McLean County Health Department

Business Name: \_\_\_\_\_

Taxpayer Identification Number: 37-6001569

Social Security Number: \_\_\_\_\_

or

Employer Identification Number: \_\_\_\_\_

Legal Status (check one):

- |  |  |
|--|--|
| <input type="checkbox"/> Individual  | <input checked="" type="checkbox"/> Governmental   |
| <input type="checkbox"/> Sole Proprietor   | <input type="checkbox"/> Nonresident alien   |
| <input type="checkbox"/> Partnership   | <input type="checkbox"/> Estate or trust   |
| <input type="checkbox"/> Legal Services Corporation  | <input type="checkbox"/> Pharmacy (Non-Corp.)  |
| <input type="checkbox"/> Tax-exempt  | <input type="checkbox"/> Pharmacy/Funeral Home/Cemetery (Corp.)                              |
| <input type="checkbox"/> Corporation providing or billing<br>medical and/or health care services     | <input type="checkbox"/> Limited Liability Company<br>(select applicable tax classification) |
| <input type="checkbox"/> Corporation NOT providing or billing<br>medical and/or health care services | <input type="checkbox"/> D = disregarded entity  |
|  | <input type="checkbox"/> C = corporation   |
|  | <input type="checkbox"/> P = partnership   |

Signature of Authorized Representative: Wendell Brown

Date: 4-26-2016

**State of Illinois**  
**DEPARTMENT OF PUBLIC HEALTH**  
**Office of Health Promotion FY2016**

**BUDGET ADJUSTMENT REQUEST**  
**Revision #1**

**Grantee:** McLean County Health Department  
**FEIN #:** 35-6001569  
**Grant Agreement #:** 63480128D  
**Program:** Dental Sealant Grant Program

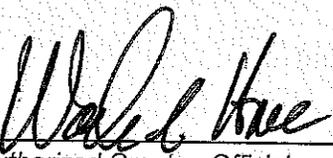
The following adjustments to the approved budget are requested to better attain the goals and objectives of the program.

LINE ITEM	CURRENT BUDGET	CHANGE REQUESTED	REVISED BUDGET
Patient/Client Care	\$8,000.00	\$5,000.00	\$13,000.00
Operations	\$600.00		\$600.00
<b>Total</b>	<b>\$8,600.00</b>	<b>\$5,000.00</b>	<b>\$13,600.00</b>

**Justification:**

The grantee is able to provide more dental sealants than originally expected and able to reach more children that were eligible for the Dental Sealant Grant Program.

Upon notification of the approved budget adjustment, submit revised budget detail pages for line item categories affected by the budget adjustment.

 4/26/2016  
 Authorized Grantee Official Date

FOR IDPH USE ONLY	
Program Manager	Date
Division Chief	Date
_____ Approved	_____ Not Approved

*Orland Park Dental Services, Ltd.  
OPDS, Ltd.  
809 W. Detweiller Dr. Suite 805A  
Peoria, IL 61615*

*Phone (309) 692-1320  
Fax (309) 692-1355*

**Contract Amendment #1**

This contract amendment, by and between Orland Park Dental Services (OPDS), and the McLean County Health Department, is established solely to amend provisions of the 2016 Dental Sealant Program Grant contract. The parties understand and agree that the amended provision(s) described below represents the only change to the contract as originally executed April 1, 2015, or as previously amended, and that all other terms and conditions remain in full effect.

**Section 2. COMPENSATION. - as originally stated:**

The parties agree and understand that the total amount to be paid to OPDs under this Contract shall not exceed \$2,000. It shall be OPDS' duty during the term of this Contract to ascertain whether it has reached or exceeded said maximum amount of reimbursement.

The Department shall be responsible for submitting completed forms to the proper entity for reimbursement. The Department shall also be responsible for collecting fees and disbursing payment to OPDS pursuant to this Contract. Completed forms will be submitted to the Department within 30 days from the date the professional services were rendered. Payment to OPDS shall be on no less than a monthly basis after the completed forms have been submitted. No payment will be made to OPDS for any billings submitted by OPDS after June 30, 2016.

Reimbursement to OPDS for examination and sealants will be twenty-five percent (25%) of the amount specified by the Illinois Department of Public Health's 2016 Sealant Grant (Examinations \$12/Sealants \$17). The Department shall pay OPDS in accordance with the following schedule for eligible children served from July 1, 2015 through June 30, 2016.

A. Examinations	\$ 3.00
B. Sealants	\$ 4.25
C. Prophylaxis	NO REIMBURSEMENT
D. Fluoride	NO REIMBURSEMENT

**Section 2. COMPENSATION - is amended to read as follows:**

The parties agree and understand that the total amount to be paid to OPDs under this Contract shall not exceed \$3,250. It shall be OPDS' duty during the term of this Contract to ascertain whether it has reached or exceeded said maximum amount of reimbursement.

The Department shall be responsible for submitting completed forms to the proper entity for reimbursement. The Department shall also be responsible for collecting fees and disbursing payment to OPDS pursuant to this

Contract. Completed forms will be submitted to the Department within 30 days from the date the professional services were rendered. Payment to OPDS shall be on no less than a monthly basis after the completed forms have been submitted. No payment will be made to OPDS for any billings submitted by OPDS after June 30, 2016.

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A. Examinations	\$ 3.00
B. Sealants	\$ 4.25
C. Prophylaxis	NO REIMBURSEMENT
D. Fluoride	NO REIMBURSEMENT

**McLean County Health Department**

**Orland Park Dental Services (OPDS)**

\_\_\_\_\_  
President, Board of Health

\_\_\_\_\_  
Dr. Eric Ondoy, President

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director of Health

\_\_\_\_\_  
Date

# U of I PROFESSIONAL HEALTHCARE SERVICES AGREEMENT

(UIC ref. no. \_\_\_\_\_ )

**THIS Professional Healthcare Services Agreement** (“Agreement”) is made and entered into by and between The Board of Trustees of the University of Illinois, a public body, corporate and politic of the State of Illinois, whose principal office is located in Urbana, Illinois, on behalf of the University of Illinois Hospital and Health Sciences System and its Department of Pathology Laboratories located at 840 S. Wood St., Rm 170, 920 CSB MC750, Chicago, Illinois (hereinafter referred to as “University”), and McLean County Board of Health, whose office is located at 200 W. Front Street, Bloomington, IL 61701 (hereinafter referred to as “Client”). University and Client shall be collectively referred to herein as “the Parties” and individually as “a Party”.

In consideration of the mutual covenants and agreements herein contained and for other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, it is mutually covenanted and agreed by and between the Parties hereto as follows:

## 1. Scope of Services

### 1.1 University responsibilities

See Exhibit 1, attached hereto and incorporated by reference herein

### 1.2 Client’s responsibilities

See Exhibit 1, attached hereto and incorporated by reference herein

### 1.3 Joint responsibilities

See Exhibit 1, attached hereto and incorporated by reference herein

### 1.4 Deliverables

See Exhibit 1, attached hereto and incorporated by reference herein

## 2. Compensation

Client and University have negotiated this Agreement at arm's length, and both Parties believe that the fees to be paid to University represent reasonable compensation for the services to be provided. Notwithstanding any other provisions of this Agreement, in the event University determines, in its sole and absolute discretion, that Client’s credit worthiness is impaired, University may, upon no less than five (5) days written notice, modify payment terms described in section 2.2 of this Agreement. Such written notice shall include a statement of revised payment terms and Client shall be obligated to the payment terms set forth in such written notice.

**2.1 Rate of Compensation:** University shall receive compensation at the rate of compensation attached as Exhibit 2, attached hereto and incorporated by reference herein, for the period of this Agreement for all work and services performed. Fees for services may be adjusted with thirty (30) days written notice. University reserves the unilateral right to change payment terms should Client’s credit risk increase.

**2.2 Method of Payment:** Client agrees to pay University no less frequently than monthly for services rendered for the Agreement period in accordance with the amounts specified in this Exhibit 2.

**2.3 Method of Billing:** University will submit an appropriately itemized invoice to Client for services performed and allowable expenses incurred. Payment should be sent to address indicated on the invoice.

**2.4 Late Payments:** University will assess a finance charge of 21 % per annum (1.75 % per month) on the unpaid balance each month. Late charges will accrue for balances 30 days past due. University may refer Client’s past due account for collection and may authorize legal action against Client for the collection of this account. Client is liable for all reasonable collection costs, including attorney fees, court costs and other charges necessary for collection of the past due account.

## 3. Duration of Agreement

**3.1 Initial Term:** This Agreement shall become effective on March 1, 2016, or from the date of execution of this Agreement, whichever is later, and shall continue for one year.

**3.2 Renewal Options:** This Agreement shall be automatically renewed under the same terms and conditions for up to three (3) additional twelve-month periods. Compensation rates will be reviewed at least ninety (90) days prior to each renewal period. If there is a required change to the original Rate of Compensation, the Parties shall incorporate such

changes in the form of a mutually written and mutually signed amendment with a revised/updated Compensation/Fee for Services (Exhibit 2) attached hereto.

#### 4. Suspension or Termination of Agreement

- 4.1 **Suspension of Services.** In addition to any other remedies, University reserves the right to suspend services with five (5) days notice for breach of this Agreement until Client cures breach to the reasonable satisfaction of University.
- 4.2 **Termination for Convenience:** Either Party may terminate this Agreement without cause upon thirty (30) days prior written notice of such termination to the other party. In the event of termination for convenience, University shall be paid for services performed under this Agreement up to the effective date of termination.
- 4.3 **Termination for Cause:** Should either Party default in the performance of any material duties or obligations stated in this Agreement and such default or breach is not cured within ten (10) days after receipt of written notice of such default or breach from the other Party, the non-defaulting party may terminate this Agreement by giving thirty (30) days written notice of termination for failure to cure to the defaulting party. A waiver of any breach of this Agreement shall not constitute a waiver of any future breaches of this Agreement, whether of a similar or dissimilar nature.

University reserves the right to terminate the Agreement for non-payment, or suspend services, or to suspend providing its services upon no less than five (5) days advanced written notice.

Either Party may terminate this Agreement immediately upon the other Party's:

- 4.3.1 Failure to maintain any of the qualifications described in scope of services;
- 4.3.2 Failure to obtain or inability to maintain the insurance coverage required by Article 5 of Attachment A;
- 4.3.3 Unexcused failure or refusal to provide the services contemplated by this Agreement;
- 4.3.4 Adverse action by any licensing board relating to University healthcare provider.

In the event of termination for cause, University shall be paid for work performed up to the date of cancellation.

- 4.4 **Effects of Termination:** Upon termination of this Agreement, neither Party shall have any further obligation to the other except for obligations accruing prior to the date of termination, and obligations, promises, nor covenants contained which are expressly made to extend beyond the term of this Agreement.

#### 5. Administration and Notification

All communications hereunder shall be in writing and shall be sent by registered or certified mail, return receipt requested, or by an overnight courier service to the persons listed below. A notice shall be deemed to have been given when received at the specified notification address. Include the Agreement number in any notifications.

University Representative:  
Jessica Padilla  
Outreach Operations Contact  
University of Illinois at Chicago  
Reference Laboratory CSB 920, MC750  
840 S. Wood St., Room 170  
Chicago, IL 60612  
Phone: 3129967387  
Email: jpadila1@uic.edu

Client Representative  
Walter P. Howe  
McLean County Board of Health  
200 W. Front Street  
Bloomington, IL 61701  
Phone:  
Email:

#### 6. Taxpayer Identification. Under penalties of perjury:

- 6.1 University certifies that its Federal Taxpayer's Identification Number is: 37-6000511, and is doing business as a government entity.
- 6.2 Client certifies that its Federal Taxpayer's Identification Number or Social Security Number is 376001569, and is doing business as a medical and health care services organization .

7. **General Terms and Conditions.** See Attachment A, attached hereto and incorporated by reference herein.

#### 8. **Entire Agreement**

This Agreement, including Attachment A, Exhibits 1 and 2, amendments/addenda and incorporated references shall constitute the entire Agreement between the Parties with respect to the subject matter herein and supersedes all prior communications and writings with respect to the content of said Agreement.

This Agreement shall not be binding until signed by all Parties. The persons signing this Agreement represent and warrant that all articles including certifications are true and correct and that they have authority to bind their respective Parties.

**The Board of Trustees of the  
University of Illinois**

By: \_\_\_\_\_  
Walter K. Knorr, Comptroller

Date: \_\_\_\_\_

**McLean County Board of Health**

By: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

# U of I PROFESSIONAL HEALTHCARE SERVICES AGREEMENT

(UIC ref. no. \_\_\_\_\_ )

## EXHIBIT 1 SCOPE OF SERVICES

Date: 1-Mar-16

Client: McLean County Board of Health

### 1.1 University Responsibilities:

The University agrees to provide Client laboratory services for the site accounts listed below but not limited to:

McLean County Board of Health  
200 W. Front Street  
Bloomington, IL 61701

University will provide Client with courier services. Courier(s) will pick up the specimens at the Client's location based on a mutually agreed upon schedule and deliver them to the University (UIH Reference Laboratory) for testing.

Patient records will be maintained electronically at the University in the MISYS and Cerner systems.

### 1.2 Client's Responsibilities:

It is the responsibility of the Client to accurately complete and provide the requisitions with the processed specimen when the Courier arrives for pick up.

As provided in EXHIBIT 2, Client agrees to reimburse University for all work and services performed. All tests not listed in Attachment 1 will be at the Laboratory's current list price. Each renewal period may be subject to an increase based on the current Consumer Price Index (CPI).

For all charges that are to be billed to third party insurance, the following billing information must be attached to the requisition:

Clients are to provide a front and back copy of both the insured's primary and secondary insurance cards plus a copy of a valid state ID (Drivers license or State issued ID). Any necessary billing information that is not provided at the time of specimen submission must be sent to the UIH Reference Laboratory Billing Department within 30 days of the testing date.

At a minimum, the Client must include the following information when third party insurance is billed:

- Insured's name as listed on primary insurance card
- Primary insurance carrier
- Date primary insurance was effective

- Billing address of the primary insurance carrier (on back of insurance card)
- Primary insurance carrier's phone number (on back of insurance card)
  
- Insured's name as listed on secondary insurance card
- secondary insurance carrier
- Date secondary insurance was effective
- Billing address of the secondary insurance carrier (on back of insurance card)
- Secondary insurance carrier's phone number (on back of insurance card)
  
- For HOSPICE (stated in HIAQ Screen in Medicare inquiry system) and patients in skilled nursing facilities (SNF) the clients should provide authorization from the HOSPICE or SNF for UIMC Reference Lab to bill the respective facility.

In addition to the insurance information, the client must provide the following:

- Billable covered diagnosis (Numeric value)
- Copy of Advance Beneficiary Notice (ABN) for Medicare patients that do not have billable / covered diagnosis.
- Copy of Pre-certification or Authorization for all HMO patients (Harmony, Wellcare and HMO Illinois Lab tests should not be performed until the Pre-Certification or Authorization are received).

Failure to provide all necessary billing information and all rejections from third party insurance will result in the client being billed. All requisitions not marked with a billable party will be billed to the client.

It is the intent of the parties to comply with Section 1877 of the Social Security Act (commonly known as the "Stark Provisions") and the anti-kickback provisions set forth in the fraud and abuse sections of 42 U.S.C. 1320(a) and other applicable federal and state laws, rules and regulations. Client therefore agrees that all computer equipment, data lines, software, and related supplies that University may provide Client shall be used solely to order or communicate the results of tests or procedures provided for Client and for no other purpose. Client agrees that any such computer equipment, data lines, software, and related supplies that it may receive from University is, and shall remain, University property. Client agrees to not sell, mortgage, assign, transfer, lease, sublet, loan or part with possession of said property, or any interest thereon, or permit any liens or charges to become effective thereon. Client agrees that, in the event of the termination of this Agreement, with or without cause, by either party, all computer equipment, software, supplies and data lines will at the option of University, be returned on demand to University, at University's expense.

### 1.3 Joint Responsibilities:

In accordance with the terms and conditions of this Agreement, both parties may address issues concerning specimen integrity, results or other items, as appropriate. Each party to this Agreement acknowledges that no representation, inducement, promise or agreement, orally or otherwise, has been made by any party, which is not embodied herein, and no other agreement, statement or promise relating to specimen collection services and other services not contained in this Agreement shall be valid or binding.

This agreement will remain in force until the termination upon the earlier of discontinuance of the laboratory testing services agreement between the parties or the provision by either party to the other of thirty days written notice of termination, If client terminates the agreement or the laboratory service

arrangement with out cause within three years hereof, client will reimburse University the interface fees, prorated and calculated on a straight line amortization basis.

#### 1.4 Deliverables:

University shall use best efforts in providing Client a printed or facsimile copy of available laboratory results on a daily basis.

University agrees to bill Client for services rendered at for McLean County Board of Health by submitting a standard invoice/claim monthly that are identified in EXHIBIT 2 to the designated Client representative. University agrees to submit such invoice/claim within thirty (30) days of the end of the month in which service was rendered.

Client will remit payment to: University of Illinois Reference Laboratory 7754 Solution Center, Chicago, IL 60677-7007.

Any applicable adjustments to current invoice will be expedited in a timely manner and corrected invoice(s) forwarded to client designee.

**EXHIBIT 2**  
COMPENSATION/FEE FOR SERVICES

Date: 1-Mar-16

Client: McLean County Board of Health

See Attachment 1

**ATTACHMENT A  
GENERAL TERMS AND CONDITIONS**

**1. Independent Contractor**

Client and University are independent contractors with respect to each other and nothing herein shall create any association, partnership, joint venture or agency relationship between them. Consequently, Client assumes no liability for University's tax liability, employment taxes, workers' compensation, employee benefits, or any other liabilities, obligations or responsibilities normally associated with an employment relationship. In addition, Client assumes no responsibility for any liability University may have to Medical Advisor as a result of the services outlined in this Agreement.

University agrees to use its reasonable best efforts to inform Client's employees of its independent, non-employed status with Client. In furtherance of such, University's healthcare providers shall not refer to themselves as employees of Client.

**2. Non-Exclusivity**

Client shall have the right at any time to enter into other agreements with other healthcare providers, and University shall have the right to provide services to other individuals and businesses during the term of this Agreement.

**3. Discrepancies and Omissions**

If there are any discrepancies and/or omissions regarding the scope of services to be provided, University shall obtain written clarification from Client before proceeding with the work affected by such discrepancies and/or omissions.

**4. Disclaimer; Limitation of Liability**

**UNIVERSITY MAKES NO REPRESENTATIONS OR WARRANTIES, EXPRESSED OR IMPLIED, REGARDING ITS PERFORMANCE UNDER THIS AGREEMENT, INCLUDING BUT NOT LIMITED TO ANY WARRANTY OF THE MERCHANTABILITY, USE OR FITNESS FOR ANY PARTICULAR PURPOSE OF ANY SERVICES, GOODS, OR FACILITIES PROVIDED TO CLIENT UNDER THIS AGREEMENT.** In no event shall University be liable to Client for any indirect, special, exemplary, consequential, or incidental damages or lost profits arising out of, or related to, this contract, even if it has been advised of the possibility of such damages. University's liability for direct damages for services shall in no event exceed the amount actually paid by the Client for the portion of the services involved.

**5. Insurance**

During all times relevant to this Agreement, each Party shall maintain general liability insurance, whether through a commercial policy or through a program of self-insurance, with minimum limits of \$1 million per claim and \$3 million aggregate, and shall furnish the other Party with evidence of such insurance upon request.

The Parties hereto acknowledge the importance of cooperation in the defense of litigation arising in connection with this Agreement. University and Client hereby agree that to the extent possible, they shall consult and cooperate with each other in the defense of any claim arising in connection with the services provided pursuant to this Agreement, and they shall fully disclose the terms of any proposed settlement, prior to entering into any settlement agreement. The Parties contemplate occasions in which University or Client may be caused to pay a settlement, judgment, costs expenses or attorneys' fees, which arise out of the negligent act or omission of the other party. Subject to the approval of their respective insurance carriers, if necessary, an apportionment of any such settlement, judgment, costs, expenses or attorneys fees shall be made by agreement between University and Client.

In the event that the Parties are unable to agree, the issue of apportionment shall be resolved by arbitration in Chicago, Illinois in accordance with the rules of the American Health Lawyer's Dispute Resolution Program. The Parties may agree to a single arbitrator, but if they cannot agree each Party shall select an arbitrator and the two selected arbitrators shall select a third arbitrator. The award by the arbitrator or arbitrators shall be final and binding on the Parties hereto. The Parties to the arbitration shall share all costs and fees of the arbitrator equally. Each party shall be responsible for its own fees and expenses incurred in such arbitration(s).

**6. Force Majeure**

Neither Party hereto shall be liable in damages for any delay or default in performing its respective obligations under this Agreement if such delay or default is caused by conditions beyond its control. Such conditions include but are not limited to, acts of God, government restrictions, strikes, fires, floods, or work stoppages, or acts or failures to act of third Parties. So long as any such delay or default continues, the Party affected by the conditions beyond its control shall keep the other Party at all times fully informed concerning the matters causing the delay or default and the prospects of their ending.

**7. Use of Name**

Both parties agree not to use the other party's name for any commercial purpose without the other party's prior written approval. Client may be required to acknowledge work performed under this Agreement by University.

**8. Certifications**

- **Anti-bribery.** Client certifies it is not barred under 30 Illinois Compiled Statutes 500/50-5(a) from contracting as a result of a conviction for or admission of bribery or attempted bribery of an officer or employee of the State of Illinois or any other state.
- **Non-Discrimination and Equal Employment Opportunity.** Both Parties certify that they are in compliance with applicable provisions of the U.S. Civil Rights Act, the Americans with Disabilities Act, Section 504 of the U.S. Rehabilitation Act and the rules applicable to each. Both Parties shall comply with Executive Order 11246, entitled "Equal Employment Opportunity", as amended by Executive Order 11375, and as supplemented by U.S. Department of Labor regulations (41 C.F.R. Chapter 60).
- **Exclusions Party List.** Client certifies that neither it nor any of its employees and agents is currently subject of an investigation or proceeding to exclude it as a provider under Medicare or Medicaid or under any other federal or state health care program or under any third party insurance program, nor is it currently excluded or debarred from submitting claims to Medicare or Medicaid or to any other federal or state health care program or to any third party insurer. Client represents and warrants it has checked the U. S. General Service Administration's (GSA) Excluded Party Listing System (EPLS), which lists parties excluded from federal procurement and non-procurement programs. The EPLS website includes GSA/EPLS, the U.S. Department of Health and Human Services (HHS) Office of Inspector General's (OIG) List of Excluded Individuals/Entities (LEIE), and the U.S. Department of Treasury's (Treasury) Specially Designated Nationals (SDN) list. Client also represents and warrants it has checked the Illinois Department of Public Aid (IDPA) OIG Provider Sanctions list of individuals and entities excluded from state procurement with respect to Client's employees and agents. See the following websites: <http://exclusions.oig.hhs.gov/> and <http://www.state.il.us/agency/oig/search.asp>. University will terminate contract without penalty to University if Client becomes excluded during life of this Agreement.

**9. Use Of Name**

Client agrees not to use the name of University in advertising or for any other commercial purpose without the prior written approval of University, which approval shall not be unreasonably withheld.

OBDS

Attachment A – General Terms and Conditions

MJH rev. 05/07/2015

**10. Confidentiality**

Any information furnished by either party to the other shall be treated as confidential. Neither party shall disclose such information unless specifically authorized by the other or required to do so by law. Client is hereby advised that any part of this Agreement or any materials provided by Client and marked as confidential, proprietary or trade secret can be protected only to the extent permitted by Illinois statute.

**11. Medicare Access To Books And Records**

Both Parties agree to make available, upon written request by the Secretary of Health and Human Services, the Comptroller General of the United States, or any of their duly authorized representatives, this Agreement and any books, documents and records necessary to verify the costs of services rendered under this Agreement. Both Parties further agree to make said Agreement, books, documents and records available until the expiration of four (4) years after the services are furnished under this Agreement.

If any term of provision of this Agreement is rendered invalid or unenforceable by an Act of Congress or the Illinois Legislature, or by any regulation duly promulgated by officers of the United States or the State of Illinois acting in accordance with law, or declared null and void by any court of competent jurisdiction, the remaining provisions of this Agreement shall remain in full force and effect except as otherwise provided herein.

**12. Non-Solicitation**

Both Parties agree that they shall not, during the term of this Agreement and for two (2) years after termination of Agreement, actively solicit and/or offer employment to other party's employees, contractors, or agents who are providing services under this Agreement. Notwithstanding the above, either party may request the consent of the other party to hire, solicit, or offer employment to the aforementioned persons. Such consent shall not be unreasonably withheld.

**13. Compliance With Client's Policies**

All services provided under this Agreement shall be provided in accordance with the methods and practices applicable to the provision of professional services and such other standards as required by Client's policies and procedures.

Client reserves the right to request the removal of University healthcare provider whenever it deems such actions to be in the Client's employees' best interests. University retains the right to assign another healthcare provider subject to Client's approval, which will not be unreasonably denied.

**14. Patient Records**

The Parties hereby agree that ownership of all Client employee medical records shall remain with Client who shall make said records available to the University as needed.

**15. Headings**

The headings of the articles contained in this Agreement are for reference purposes only and shall not affect in any way the meaning or interpretation of this Agreement.

**16. Assignment**

This Agreement may not be assigned, in whole or in part, by either party without the prior written approval of the other party.

**17. Amendments**

This Agreement shall not be amended, modified, altered or changed except by mutual agreement confirmed in writing and duly executed by University and Client.

**18. Compliance With Laws**

Client and University acknowledge that each has certain obligations in connection with applicable laws, regulation and accreditation standards. Both Parties acknowledge that, from time to time, either party may adopt policies, procedures and/or documentation requirements in connection with the implementation of such laws, regulations and accreditation standards. Each party agrees to cooperate with the other in this compliance.

**19. Waiver**

The failure of either party at any time or times to enforce any provision of this Agreement shall in no way be construed to be a waiver of such provisions or to affect the validity of this Agreement or any part hereof, or the right of either party thereafter to enforce each and every provision in accordance with the terms of this Agreement.

**20. Governing Law**

This Agreement is to be governed and construed in accordance with the laws of the State of Illinois.

**Acknowledged and agreed to by:**

**McLean County Board of Health**

By: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Name of Company: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_



UNIVERSITY OF ILLINOIS  
Hospital & Health Sciences System  
— Changing medicine. For good. —

**McLean County Health Department**  
**200 W. Front St., Bloomington, IL 61701**  
**Proposed Pricing – March 9, 2016**

Mnem	Test Name	CPT	Price
AHP	ACUTE HEPATITIS PANEL	80074	60.00
AMPU	AMPHETAMINES URINE SCREEN	G0431	10.00
AML	AMYLASE SERUM	82150	15.00
ANA	ANA SCREEN, IGG	86038	15.00
BAGG	BACTERIAL AGGLUTINATION	87147	10.00
BARBU	BARBITURATES URINE SCREEN	G0431	10.00
CC1	BASIC METABOLIC PANEL	80048	3.45
BZOU	BENZODIAZEPINE URINE SCR	G0431	10.00
DBIL	BILIRUBIN,DIRECT	82248	8.00
BC	BLOOD COUNT	85027	2.95
CBCD	BLOOD COUNT/DIFF	85025	3.00
BNP	B-NATRIURETIC HORMONE	83880	50.00
CARBM	CARBAMAZEPINE	80156	12.00
CDLYM	CD4 LYMPHOCYTES	86361	90.00
PCYGC	CHLAM/GC AMP PROBE-PEDS	87491, 87591	13.00
RCYGC	CHLAM/GC AMP PROBE-RECTAL	87491, 87591	13.00
SCYGC	CHLAM/GC AMP PROBE-SWAB	87491, 87591	13.00
XCYGC	CHLAM/GC AMP PROBE-THINPR	87491, 87591	13.00
TCYGC	CHLAM/GC AMP PROBE-THROAT	87491, 87591	13.00
UCYGC	CHLAM/GC AMP PROBE-URINE	87491, 87591	13.00
COCU	COCAINE URINE SCREEN	G0431	10.00
CH12	COMP METABOLIC PANEL	80053	3.65
CRP	C-REACTIVE PROTEIN	86140	12.00
CK	CREATINE KINASE	82550	10.00
CRE	CREATININE	82565	8.00
BLDCT	CULTURE,BLOOD	87040	22.00
WDCT	CULTURE,WOUND	87070	20.00
URVCT	CULTURE-URINE CLEAN VOID	87086	15.00
URPR	CULT-URINE ISOL&ID	87088	12.00
	CYTO SLIDES CERV/VAG PROF	88164-26	20.00
	CYTOPATH SMEAR,THIN LAYER	88142	30.00
ESRW	ERYTH SED RATE	85652	8.00

Sales Rep: Jonica Stark  
UIH Reference Laboratory  
1 William Maxwell Ln.  
Springfield, Illinois 60703  
Cell: 217-899-0604  
jmstark@uic.edu

CONFIDENTIAL



UNIVERSITY OF ILLINOIS  
Hospital & Health Sciences System  
Changing medicine. For good.

McLean County Health Department  
200 W. Front St., Bloomington, IL 61701  
Proposed Pricing – March 9, 2016

Mnem	Test Name	CPT	Price
FER	FERRITIN	82728	12.50
FOL	FOLIC ACID	82746	12.50
FT4	FREE T4	84439	12.00
FTA	FTA-ABS	86780	12.00
FTAC	FTA-ABS CONFIRMATION	86780	15.00
GGT	GAMMA GT	82977	10.00
GLUC	GLUCOSE	82947	10.00
GLUF	GLUCOSE,FASTING	82947	10.00
HBA1C	GLYCATED HEMOGLOBIN	83036	12.00
HCVRQ	HCV REAL TIME PCR	87522	110.00
HPAB	HELICOBACTER PYLORI ANTI	86677	15.00
HAVT	HEP A AB,TOTAL	86708	15.00
HAVM	HEP A IGM AB	86709	15.00
CORET	HEP B CORE AB,TOTAL	86704	15.00
COREM	HEP B CORE IGM AB	86705	15.00
HBABQ	HEP B SURF AB,QUANT	86317	10.00
HBSAG	HEP B SURFACE AG	87340	15.00
HCVAB	HEP C AB	86803	15.00
LIVPF	HEPATIC FUNCTION PANEL	80076	2.65
HCVQL	HEPATITIS C,QUAL BY TMA	87521	65.00
HIVMS	HIV 1/2 MULTISPOT	86701, 86702	55.00
HIVPC	HIV RNA QUANT BY PCR	87536	125.00
HIVAB	HIV-1 & HIV-2 AB SCREEN	87389	10.00
	HR HPV THIN PREP TECH	87624	50.00
HSV T	HSV TYPING	87253, 87253	25.00
IPF	IRON PROFILE	83540, 83550	12.00
LD	LDH SERUM	83615	10.00
LEAD	LEAD BLOOD	83655	18.00
	LEVEL IV,GR&MICRO PROF	88305-26	40.00
	LEVEL IV,GR&MICRO TECH	88305-TC	40.00
KEPP	LEVETIRACETAM(KEPPRA)LVL	80177	21.00
LIPA	LIPASE	83690	15.00
LPD	LIPID PANEL	80061	10.00

Sales Rep: Jonica Stark  
UIH Reference Laboratory  
1 William Maxwell Ln.  
Springfield, Illinois 60703  
Cell: 217-899-0604  
jmstark@uic.edu

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**McLean County Health Department**  
**200 W. Front St., Bloomington, IL 61701**  
**Proposed Pricing – March 9, 2016**

Mnem	Test Name	CPT	Price
LI	LITHIUM	80178	19.00
MG	MAGNESIUM SERUM	83735	10.00
DIFF	MANUAL DIFF WBC COUNT	85007	28.00
MARU	MARIJUANA URINE SCR	G0431	10.00
MSEIA	MEASLES IGG AB	86765	9.75
ALB24	MICROALBUMIN-URINE	82043	16.00
MRSCT	MRSA CULTURE	87081	20.00
MPIFA	MUMPS IGG AB	86735	10.25
OBS	OCCULT BLOOD SCREEN	82270	12.00
OPU	OPIATES URINE SCREEN	G0431	10.00
BAC1	ORGANISM ID-BACT ROUTINE	87077	12.00
URID	ORGANISM ID-URINE ISOL	87077	12.00
PTT	PARTIAL THROMBO TIME	85730	11.00
PCPU	PHENCYCLIDINE URINE SCR	G0431	10.00
PTN	PHENYTOIN	80185	12.00
PHOS	PHOSPHORUS SERUM	84100	10.00
K	POTASSIUM,BLOOD	84132	8.00
PROL	PROLACTIN	84146	12.00
PSA	PROSTATE SPECIFIC AG SCR	G0103	18.00
PTINR	PROTHROMBIN TIME	85610	10.00
PTH	PTH-INTACT	83970	19.50
QTBGI	QUANTIFERON-TB GOLD	86480	45.00
RFPAN	RENAL FUNCTION PANEL	80069	10.00
SYPS	RPR-QUAL	86592	12.00
RBEIA	RUBELLA IGG AB-E1A	86762	4.00
SASRN	STREP A CULTURE	87081	16.50
SUSCP	SUSCEPTIBILITY-MIC(VITEK)	87186	12.00
RPR	SYPHILIS INITIAL SEROL	86780	6.25
RPRQN	SYPHILLIS FOLLOWUP SERO	86593	12.00
TCELL	T CELL SCREEN	86359, 86360	45.00
T3T	T3-TOTAL	84480	14.00
T4	T4 TOTAL	84436	14.00
FRTES	TESTO-FREE,TTL,SHBG MALE	84270, 84403	25.00

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**McLean County Health Department**  
**200 W. Front St., Bloomington, IL 61701**  
**Proposed Pricing – March 9, 2016**

Mnem	Test Name	CPT	Price
FTIP	THYROID PANEL	84436, 84479	14.00
TSH	TSH	84443	14.00
BUN	UREA NITROGEN	84520	8.00
URIC	URIC ACID SERUM	84550	10.00
UA	URINALYSIS	81001	7.50
UCBIL	URINALYSIS,CHEM SCR ONLY	81003	6.00
VALPR	VALPROIC ACID	80164	14.00
HSV1	VIRUS ISOL,HERPES	87254	19.00
B12	VITAMIN B-12	82607	18.00
VITD	VITAMIN D (25 OH)	82306	15.00
VZIM	VZ IGG Ab	86787	9.00

Note: Client will receive an overall 60% discount for all discountable tests not listed above.

**Client**

Approved By (Print): \_\_\_\_\_ Approved By (Sign): \_\_\_\_\_

Date: \_\_\_\_\_

Sales Rep: Jonica Stark  
 UIH Reference Laboratory  
 1 William Maxwell Ln.  
 Springfield, Illinois 60703  
 Cell: 217-899-0604  
 jmstark@uic.edu





# Illinois Public Health Association

223 South Third Street, Springfield, IL 62701-1144

Phone: 217-522-5687 FAX: 217-522-5689 E-mail: [ipha@ipha.com](mailto:ipha@ipha.com) Web Site: [www.ipha.com](http://www.ipha.com)

## Impact of the Nine Months of Budget Impasse on Local Public Health

**Eighty percent of local health departments have been adversely affected by the budget impasse.**

Public health is public safety. Averting disaster is one of the key jobs of public health and local health departments are on the front lines. Health departments prevent, monitor and investigate disease outbreaks and threats to the public. Local health departments not only serve as an early warning system, collecting and analyzing data that detects the presence or increased activity of certain illnesses and trends, we are on the front lines to investigate and identify causes and prevent further harm. Since the budget impasse, demands on local health departments have outstripped local resources and are slowly eroding our ability to ensure the public safety.

A survey was distributed to all 97 certified local health departments in early April and 51 health departments responded. The questions focused on actions taken since July 1, 2015. Following are the key findings.

### Money owed by the State of Illinois

- \$21.6 million worth of public health services have been delivered in our communities by local health departments without payment.
- This represents on average of 8.9% of these agencies' operating budgets for the current fiscal year. Nearly half (46%) of the agencies are owed between 10 and 25% of their budget.

### Reduction in Workforce

- There were 119.6 fewer employees working in these 51 health departments. This represents 4% of their total workforce. 66% of local health departments reported a decrease in their workforce.
- Sixteen health departments had lost between 0.1 and 10 percent of their workforce; seven had lost between 15.1 and 30 percent of their workforce and two had lost between 30.1 and 35 percent.
- One-third of the health departments had laid-off staff.
- Rural health departments had laid-off the greatest percentage of their workforce (4.9%).

### Reduction in Hours of Work Week and/or Business Hours

- Five health departments had reduced the length of a full-time work week between four and 7.5 hours per week, with corresponding cuts in pay.
- Seven health departments had reduced their operating week by between four and 10 hours.

### Closure of Satellite Clinics or Offices

- Six of the 20 health departments with satellite offices have closed them by the end of March 2016.

A quote from a local health department director, summarizes the situation for that department, "In the last 10 years we have reduced our nursing staff by 50%. Of the remaining nurses many will retire within the next year. **The idea of being prepared for a public health emergency is now just an illusion...even if a budget is passed today.** We can't replace staff who retire without a budget in place... It is an impossible situation for Public Health. The Public Health Workforce has suffered to a point that it will not recover and be fully prepared for another decade."



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## Survey on the Impact of the SFY'16 Budget Impasse Through the Third Quarter of SFY'16

### Introduction

The Illinois Public Health Association distributed a survey to affiliated local health department administrators on April 1, 2016. The survey collected information to measure the impact of the budget impasse through changes in total FTEs, number of layoffs, number of employees required to take furlough days, reductions in the length of the work week for a full-time employee and changes in the number of hours that the health department is "open for business" each week, closure of any satellite offices, and the amount of money owed to the health department by all state agencies combined. The survey used July 12, 2015, the beginning of the current state fiscal year, as its baseline and asked about changes through or "as of" March 31, 2016, the end of the third quarter of the fiscal year. Data collection closed on April 15, 2016.

### Response

Fifty-one affiliated local health departments responded to the survey. All seven of IDPH's administrative regions are represented. The numbers from each region are: Chicago, 2; West Chicago, 6; Rockford, 5; Peoria, 12; Champaign, 7; Edwardsville, 11; and Marion, 8.

### Analysis by Population Size

The respondents were grouped into four strata by population size. The 26 jurisdictions, each with a population less than 38,000,<sup>1</sup> were designated rural. The 12 jurisdictions with populations between 38,000 and 100,000 were designated small mid-sized. The seven jurisdictions with populations between 100,000 and 200,000 were considered large mid-sized. The six jurisdictions with populations above 200,000 were considered large. Roughly half of the respondents were rural, one-fourth were small mid-size, one-eighth were large mid-sized, and one-eighth were large.

### Results

**Overall Impact.** Eighty percent (80%) of local health departments have been affected in some way by the fiscal impasse. Mid-sized health departments – those serving between 38,000 and 200,000 people were all affected. More than two-thirds (69%) of rural health departments and two-thirds (67%) of large health departments have been affected in some way.

---

<sup>1</sup> The county populations of multi-county health departments were averaged.

Health departments were considered to have been impacted if they reported any of the following: a change in workforce; lay-offs, furloughs, a reduction in the length of the work week, or a change in the number of hours that the health department is "open for business."

Reduction in Workforce. By the end of the third quarter, there were 119.6 fewer FTEs working in these 51 health departments. This represents four percent of their total workforce. One-third of respondents reported no decrease in workforce.

Two-thirds of respondents did report a decrease in workforce. Sixteen health departments had lost between 0.1 and 10 percent of their workforce; nine health departments had lost between 10.1 and 15 percent of their workforce; seven had lost between 15.1 and 30 percent of their workforce, and two had lost between 30.1 and 35 percent.

Large mid-sized health departments reported the greatest reduction in the number of FTEs (a total of 44 FTEs, or 10% of their workforce), followed by small mid-size (30 FTEs, or 8% of their workforce), rural (38 FTEs, or 7% of their workforce) and large health departments (7 FTEs, or 1% of their workforce).

Layoffs. The responding health departments have laid-off 66 people since the beginning of the fiscal year. Two-thirds of the respondents have not had to lay off staff so far. Of the one-third of respondents who have laid-off staff, five have laid-off one employee; six have laid-off two or three, and six have laid-off between four and fourteen staff. Lay-offs do not include voluntary separations, retirements, or reassignments to vacant positions elsewhere in the health department.

When considered by population size, rural health departments had laid-off the greatest percentage<sup>2</sup> of their workforce (4.9%), followed by small mid-sized (4.0%), large mid-size (2.2%) and large health departments (1.1%).

Furloughs. Only two health departments reported that staff were being furloughed.

Reductions in the Work Week. We asked health departments to report the number of hours that a full-time employee was expected to work on July 1, 2015 and on March 31, 2016. Most (90%) had not reduced the length of a full-time work week. Five health departments had reduced the length of a full-time work week between four and 7.5 hours per week.

While only five health departments reported reductions in the definition of a full-time work week, four of the five were rural health departments; the other was a small mid-sized health department.

Reductions in Hours of Operation. Most (86%) health departments had not reduced the number of hours that they were "open for business." Altogether, seven health departments had reduced the length of their operating week between four and 10 hours.

---

<sup>2</sup> Number of persons laid-off, divided by number of FTEs on July 1, 2015.

Similar to the pattern observed with reductions in the work week, five of the seven health departments that took this step were rural health departments; one was small mid-sized and one was large mid-sized.

Closure of satellite clinics or offices. Six of the 20 health departments that operated satellite offices had closed them by the end of March 2016.

Five rural health departments reported that they were operating satellite clinics; only one of these had closed. Six small mid-sized health departments were operating satellite clinics at the beginning of the year; four of these had closed. Four large mid-sized health departments were operating satellite clinics at the beginning of the year; none of these had closed. Five large health departments were operating satellite clinics at the beginning of the year; one of these had closed.

Money Owed. We asked local health departments to report the amount of money they were owed from any state government agency on March 31, 2016. We also asked them to report the total amount of their annual budget. Altogether, responding health departments are owed \$21.6 million by the State of Illinois. This represents 8.9 percent of these agencies' operating budgets for the current fiscal year.

Since the size of local health departments annual budgets can vary considerably, we also calculated the percent of their total budget that the State of Illinois owed to each local health department. Local health departments are owed between one and 45 percent of their current year budgets. More than one-third (35%) are owed between 5.1 and 10 percent of their budgets; most (46%) are owed between 10.1 and 25 percent of their budget; three are owed more than 25 percent of their budget.

Rural, small mid-sized, and large mid-sized health departments were owed an equal share of their total budgets, an average of 11 percent in each group. Large health departments were owed an average of 7.5 percent of their total budgets.

## Summary

Reductions in workforce (through voluntary separations, retirements, or lay-offs) have been reported across the public health system in Illinois; large mid-sized health departments (those serving jurisdictions with 100,000 to 200,000 residents) experienced the largest reductions. The likelihood of layoffs decreased as population size increased. Rural health departments were also more likely to reduce the length of a full-time work week and reduce their hours of operation than larger health departments. A nearly equal proportion of total operating budgets is owed to rural and mid-sized health departments.



# JACKSON COUNTY HEALTH DEPARTMENT



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

## NEWS

**FOR RELEASE: April 22, 2016**

**For more information contact:**

Miriam Link-Mullison, Administrator  
618/684-3143, ext. 100

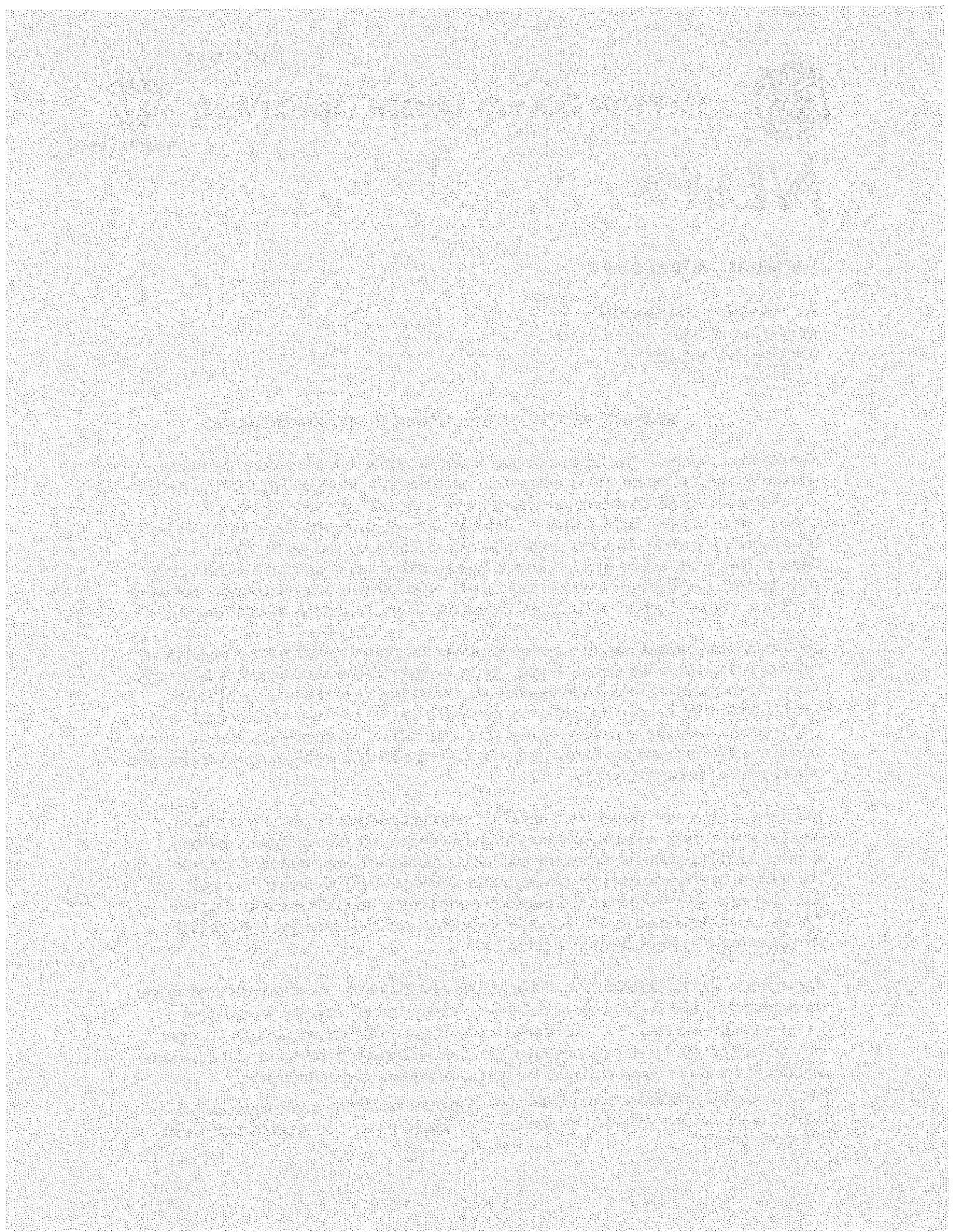
### **BOARD OF HEALTH VOTES to CUT HEALTH DEPARTMENT HOURS**

Murphysboro, Illinois – The Jackson County Board of Health voted to reduce the hours worked by Health Department employees and to cease operations on Fridays. This decision is a direct result of financial pressures faced by the organization, including lack of an adopted State budget. Starting May 1, 2016, Jackson County Health Department will be open weekly Monday – Thursday, from 8:00 a.m. to 5:00 p.m. and will be closed on Fridays. The facility will be open an hour longer each day than in the past and most clinic services will be available on a walk-in basis. Full-time employees face a three hour per week work reduction, going from 35 hours to 32 hours each week, which is an 8.6% pay cut.

The Health Department was on the verge of taking this action last fall but was saved by an influx of support from the County Board. As the budget impasse has dragged on the county board has continued to help. Unfortunately, the Health Department is now owed about \$500,000 from the State for services already provided and it is not clear when or if this money will be reimbursed. The reduction of hours saves over \$215,000 annually and is an important step in making the health department less reliant on state funds and able to continue providing quality services to the community.

Jackson County Health Department has faced very tight budgets for about seven years, due to various issues, including elimination, reduction or stagnation in various revenue sources, including grants and property tax dollars. During this same period, the Health Department has been faced with picking up an additional \$800,000 in benefit costs, including employee retirement and health insurance costs. To counter the funding gap, the agency has tightened its belt in a number of ways, including reducing public health staff by about 20% through attrition since 2008.

According to Miriam Link-Mullison, Public Health Administrator, “All of our cost-cutting and revenue-seeking efforts have helped delay this decision, but the ongoing State budget impasse has proven to be the final straw. We could not delay making significant budget changes any longer. I credit our employees for their willingness to pitch in and do the same amount of work with fewer staff over the past several years, and unfortunately, they are now being asked to take another hit. Without a resolution to the state budget disaster, more changes will likely be needed. Our goal is to continue to protect the health of this community.”





## NEWS RELEASE

**FOR IMMEDIATE RELEASE**

April 20, 2016

**CONTACT:**

Melaney Arnold – 217-558-0500

[melaney.arnold@illinois.gov](mailto:melaney.arnold@illinois.gov)

### **Cluster Of *Elizabethkingia* Cases Identified In Illinois**

**SPRINGFIELD** – The Illinois Department of Public Health (IDPH) announced today recent test results show 10 Illinois residents have been diagnosed with infections caused by a strain of *Elizabethkingia anophelis* that is different from the outbreak in Wisconsin.

Because of the *Elizabethkingia* outbreak in Wisconsin, IDPH sent alerts to Illinois hospitals and laboratories in early February and again in March requesting that they report all cases of *Elizabethkingia* going as far back as January 1, 2014. Additionally, IDPH requested that facilities save any remaining specimens for possible testing.

IDPH sent the specimens it received to the Centers for Disease Control and Prevention (CDC) for testing, which resulted in the confirmation of these 10 cases. Six of those individuals have died; however, IDPH is unable to determine if *Elizabethkingia* was the cause of death because many of those individuals had underlying health conditions. As part of its testing, the CDC previously identified a case of *Elizabethkingia* that matches the strain in the Wisconsin outbreak. Earlier this month, IDPH reported that one case in Illinois related to the Wisconsin strain.

“Although this strain of *Elizabethkingia* is different than the one seen in the Wisconsin outbreak, our investigatory methods remain the same and we continue to work with the CDC and our local health departments to investigate this cluster of cases and develop ways to prevent additional infections,” said IDPH Director Nirav D. Shah, M.D., J.D.

Health officials continue to collect case histories and other information to try to find a connection among these individuals. Previously, health providers were not required to report individual cases of *Elizabethkingia*, so it is difficult to determine the degree and kind of exposure that results in illness. For the same reason, it is difficult to estimate how many cases of illness actually occur each year.

*Elizabethkingia* bacteria are commonly found in the environment, but do not typically cause human illness. The majority of the infections identified to date in Illinois have been bloodstream infections and in patients who are over age 65.

To help prevent illness due to various types of bacteria, implement good health practices, wash your hands frequently, and make sure your health care providers do the same.

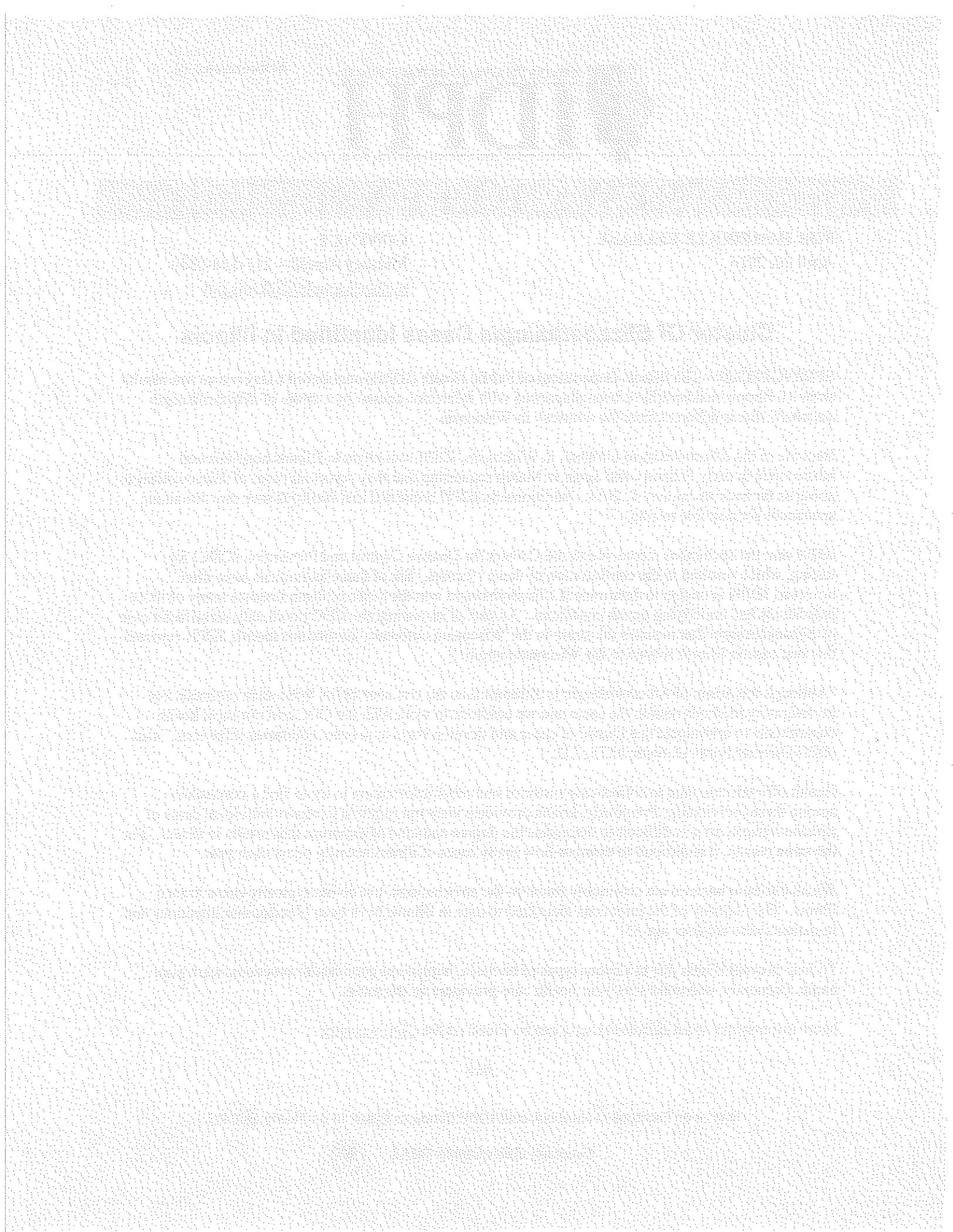
More information about *Elizabethkingia* can be found on the [CDC website](http://www.cdc.gov).

###

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# The NEW ENGLAND JOURNAL of MEDICINE

## Perspective

APRIL 28, 2016

### Have Tobacco 21 Laws Come of Age?

Stephanie R. Morain, Ph.D., Jonathan P. Winickoff, M.D., M.P.H., and Michelle M. Mello, J.D., Ph.D.

**O**n January 20, 2016, New Jersey Governor Chris Christie vetoed a bill passed with strong bipartisan support by his state legislature that would have raised New Jersey's minimum

age of sale for tobacco products to 21. The veto is a setback in an otherwise accelerating movement toward dissemination of "Tobacco 21" laws as a new tool for reducing young people's access to cigarettes and e-cigarettes. In 2013, only 8 U.S. localities had adopted Tobacco 21 laws. By March 2016, at least 125 localities and the state of Hawaii had done so, and California was on the cusp of following suit. In September 2015, the first federal Tobacco 21 legislation was introduced (Tobacco to 21 Act, S. 2100).

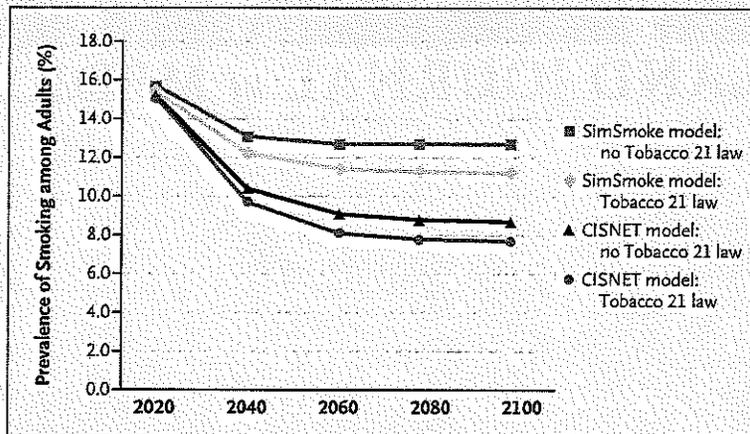
Are Tobacco 21 laws ready to go to scale, as these legislative developments suggest? We believe they are. In the past 2 years, research has generated new evidence that these laws are effective, enjoy

very high levels of public support, and have minimal economic impact in the short term.

In 2012, when momentum for Tobacco 21 laws began to build, the arguments supporting their plausibility as a mechanism for deterring smoking initiation and reducing tobacco consumption among young people were strong. The vast majority of smokers begin smoking during adolescence, a period when the brain has heightened susceptibility to nicotine addiction. Nearly everyone who buys cigarettes for minors in the United States is under 21 years of age; raising the sale age prevents high school students from buying tobacco products for their peers.<sup>1</sup> Raising the age to 21 also facilitates enforcement of sale restric-

tions, because many states use a different color or format for driver's licenses for under-21s.

Today, new evidence greatly buttresses the case for Tobacco 21 laws. A multivariate analysis of the effects of the law adopted in Needham, Massachusetts, using pooled cross-sectional data, revealed a 47% reduction in the smoking rate among high school students, along with a reported decline in area retail tobacco purchases.<sup>2</sup> These decreases were significantly greater than those in 16 comparison communities without Tobacco 21 laws. A 2015 report by an Institute of Medicine (IOM) committee provided evidence from two different simulation models that increasing the minimum age to 21 would lead to a 12% reduction in smoking prevalence (see graph).<sup>2</sup> In terms of smoking initiation by young people, the IOM estimated a "large" (20.8–30.0%) effect among teens 15 to 17 years of age, with effects



Estimated Effects of the Nationwide Tobacco 21 Law on the Prevalence of Smoking among Adults, 2020-2100, According to an Institute of Medicine Report.

in the 12.5-to-18.0% range among other adolescents.

The health effects of such decreases are dramatic. If implemented now, the IOM report estimated, a nationwide Tobacco 21 rule would result in 249,000 fewer premature deaths, 45,000 fewer deaths from lung cancer, and 4.2 million fewer lost life-years among Americans born between 2010 and 2019.<sup>2</sup> The health benefits would multiply as this cohort reached childbearing age: by 2100, the IOM projected 286,000 fewer preterm births among mothers 15 to 49 years of age, 438,000 fewer low-birth-weight babies, and 4000 fewer cases of sudden infant death syndrome. Although further evidence from jurisdictions where Tobacco 21 laws have been implemented is certainly desirable, the IOM found the evidentiary base sufficient to conclude that wider adoption of Tobacco 21 laws would prevent smoking initiation and save lives.

In addition, new survey evidence reveals strong public support for the Tobacco 21 approach. Two national public opinion studies published in 2015 found that 70 to 75% of Americans — including a majority of current

smokers — support raising the minimum purchase age to 21.<sup>3,4</sup>

In July 2015, we surveyed a nationally representative sample of 1125 U.S. adults (≥18 years of age) regarding their attitudes toward various public health laws. The survey was conducted online, using a standing, probability-based panel of civilian, noninstitutionalized adults, and had a completion rate of 61.4%. We found that three in four Americans support the adoption of a federal Tobacco 21 law (see table). Majority support extends across all major sociodemographic groups, including 68.3% support among young adults 18 to 24 years of age. Chi-square analyses revealed no significant differences according to sex, income or educational level, or race or ethnic background. Support is high even among current smokers (66.5%) and former smokers (73.0%).

Past health policy debates have underscored the importance of considering differences in support according to political party affiliation. Our results show that a federal Tobacco 21 law enjoys support across the political spectrum, including about 76% of respondents identifying as Re-

publican and nearly 80% of Democrats. It may also be reassuring for policymakers to know that support among our respondents for a Tobacco 21 law equals or exceeds support for other widely adopted tobacco-control laws such as smoking bans in restaurants and bars. In other words, legislators of both red and blue stripes should feel comfortable supporting these laws without fear of voter backlash.

The major political barrier to scaling up the Tobacco 21 effort may be interest-group opposition. Media reports suggest, for example, that resistance from tobacco manufacturers, e-cigarette companies, and retailers' associations influenced Governor Christie's veto decision. Industry opposition undoubtedly emanates primarily from concerns about reduced sales revenue. Objections from a coalition of tobacco retailers and manufacturers, following a well-rehearsed playbook, emphasize the sanctity of personal liberty and warn that further access restrictions will harm small businesses.

But near-term economic harms are overstated. Estimates suggest that raising the tobacco-purchasing age to 21 would result in a 2-to-3% annual decrease in total tobacco sales.<sup>5</sup> Over the longer term, the revenue loss from decreased smoking prevalence will be substantial. But allowing future generations to become addicted to nicotine in order to preserve tobacco revenue fails the red-face test as an argument against Tobacco 21, just as it failed in debates over other laws restricting youth access to tobacco.

Among the interest groups best placed to counteract industry opposition are medical and health professional organizations. The American Medical Associa-

tion, the American Academy of Pediatrics, the American Academy of Family Physicians, and the American Public Health Association all publicly support Tobacco 21 laws. Active engagement by these and other organizations is critical to ensuring that the policy frame for these laws remains focused on the health benefits, despite efforts to recast the laws as anti-small-business measures. Health professionals can also reinforce the message that Tobacco 21 is a pediatric intervention. The IOM concluded that although Tobacco 21 laws, on their face, affect young adults 18 to 20 years of age, the greatest beneficiaries are children 15 to 17 years of age.<sup>2</sup>

Legal barriers to scaling up Tobacco 21 exist, but they are surmountable. National adoption requires an act of Congress, because the Family Smoking Prevention and Tobacco Control Act of 2009 prohibits the Food and Drug Administration from raising the minimum age by using administrative regulations. Nationwide adoption is desirable because the broader the scope of the rule, the greater its health effects will be — and a federal law would eliminate the potential for adolescents to “jurisdiction hop” to obtain tobacco products. More widespread adoption by states is a next-best alternative. Further dissemination at the local level

 An audio interview with Dr. Mello is available at [NEJM.org](http://NEJM.org)

will continue but is hampered in 19 states by laws preempting any local law that is more stringent than the state law.

Local and state efforts have succeeded in extending Tobacco 21 protections to more than 16 million Americans. We believe the time has come to expand this effective, broadly supported approach

Support for a Federal Tobacco 21 Law among U.S. Adults, 2015.*				
Group	Definitely Support	Probably Support	Probably Oppose	Definitely Oppose
	%			
Overall	48.6	26.6	12.9	11.9
Political party				
Democrat	55.8	23.9	11.9	8.4
Republican	50.3	25.4	12.3	12.0
Independent	41.0	30.3	13.8	14.9
Smoking status				
Never	51.9	26.8	9.8	11.6
Former	47.8	25.2	15.5	11.6
Current	36.3	30.2	21.8	11.7
Age				
18–24 yr	38.8	29.5	16.1	15.6
25–44 yr	44.5	28.2	13.2	14.1
45–64 yr	51.9	25.0	12.9	10.1
≥65 yr	56.3	24.7	10.1	8.9
Sex				
Male	44.1	29.8	12.2	13.9
Female	52.8	23.6	13.6	10.0
Race or ethnic background				
White	49.0	25.8	12.1	13.1
Black	49.0	26.2	13.5	11.4
Hispanic	52.2	25.5	14.3	8.0
Other	37.8	36.5	15.7	10.1
Annual income				
<\$50,000	44.7	27.3	12.8	15.2
\$50,000–\$99,000	50.7	27.8	11.5	10.1
≥\$100,000	51.8	24.2	14.7	9.3

\* Data are from the authors' survey of a nationally representative panel of 1125 U.S. adults, fielded July 7–18, 2015. Race or ethnic background was self-reported. Question text: “Would you support the U.S. Congress establishing 21 as the minimum legal age to purchase cigarettes?” The table presents weighted proportions accounting for the probability of selection into the survey sample. The Stanford University School of Medicine Institutional Review Board declared this study exempt.

to a much greater share of the population.

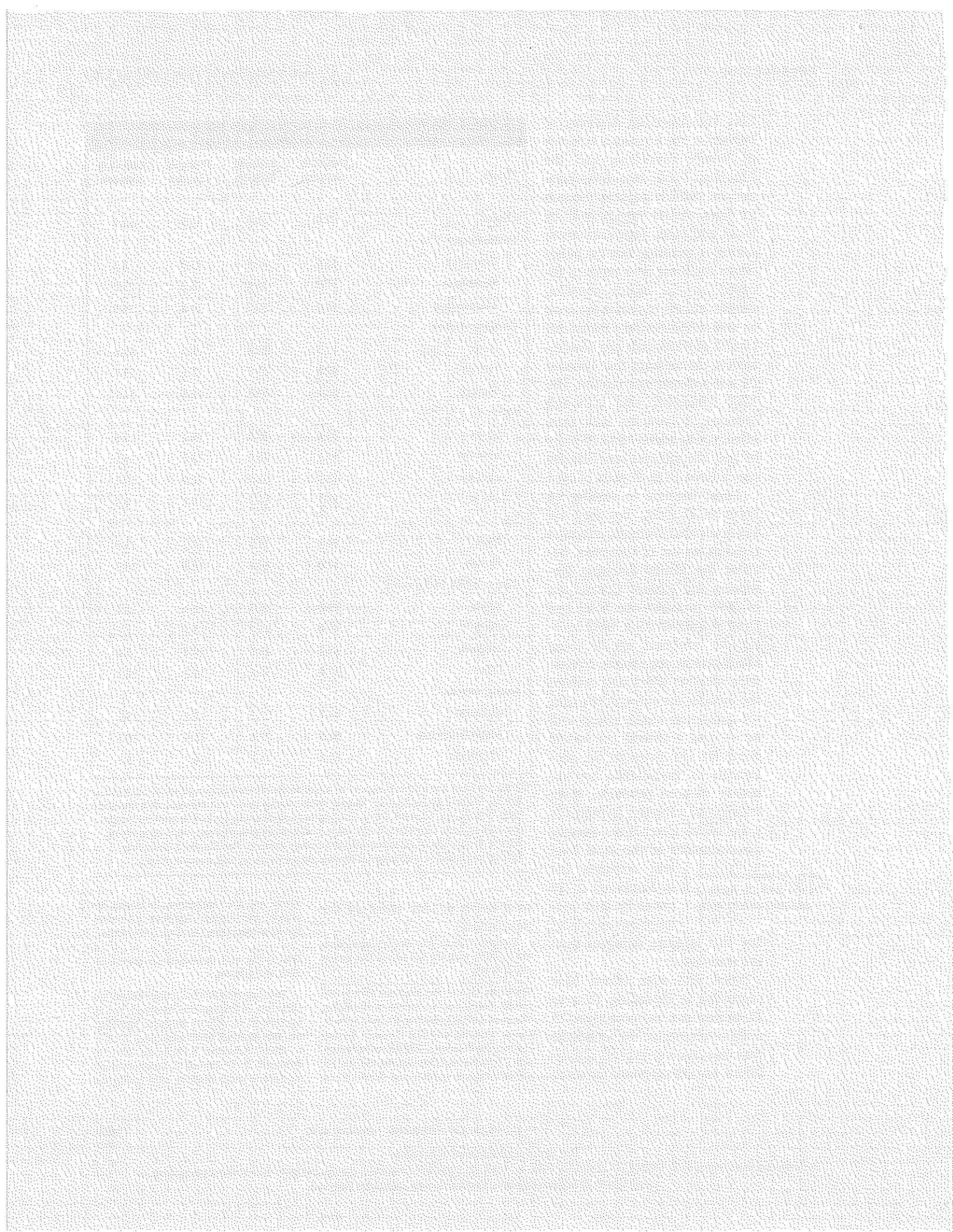
Disclosure forms provided by the authors are available with the full text of this article at [NEJM.org](http://NEJM.org).

From the Center for Medical Ethics and Health Policy, Baylor College of Medicine, Houston (S.R.M.); the Department of Pediatrics, Harvard Medical School, Boston (J.P.W.); the American Academy of Pediatrics Julius B. Richmond Center of Excellence, Elk Grove Village, IL (J.P.W.); and Stanford Law

School and the Department of Health Research and Policy, Stanford University School of Medicine, Stanford, CA (M.M.M.).

This article was published on March 23, 2016, at [NEJM.org](http://NEJM.org).

1. Institute of Medicine. Public health implications of raising the minimum age of legal access to tobacco products. Washington, DC: National Academies Press, 2015.  
2. Kessel Schneider S, Buka SL, Dash K, Winickoff JP, O'Donnell L. Community reductions in youth smoking after raising the



# MEMO

To: The McLean County Board of Health (553 Board)  
 From: Laura Beavers-MCHD, Craig Nelson-McLean County Information and Technology Department and Don Knapp-McLean County State's Attorney's office   
 Date: May 2, 2016  
 Subject: Streamline Health Care Solutions Web Based Health Service Program

---

As discussed, we have received a bid for a web based health service system from Streamline Health Care Solutions. On April 14, 2016, The McLean County Board for Care and Treatment of Persons with a Developmental Disability (377 Board) granted McLean County Health Department staff authority to execute a contract with Streamline Health Care Solutions, L.L. C. and/or its agents. Below I have detailed the specifics of the process.

## Purchasing Process

As part of the County Purchasing Process, we solicited three vendors to provide this service. Specifically, our assessment and purchasing process included the following:

1. Internal Capabilities-Internal review
2. Civic Plus-Civic Plus maintains the MCHD Website and the McLean County Website. Civic Plus indicated they could not provide this service.
3. Proviso Township Mental Health Commission-Quote received ranged from \$80,250 to \$102,500
4. Streamline Health Care Solutions-Total Cost \$25,730-Staff Review, Board Presentation, internal consultation, and County Consultation (including, but not limited to consultation with County Administration, County Legal, and the County IT Department)

## Financing

The total anticipated cost is \$25,730. The web based health care service system cost would be allocated between both the 553 Board and the 377 Board. The cost allocation is as follows:

553 Board	\$19,930 (77%)
377 Board	\$ 5,800 (23%)

The annual support fee of \$5,000 would be built into the 2017 budget. An estimate based on current levied dollars, the 553 Board would cover 65% of the annual fee and the 377 Board would cover 35% of the annual fee.

After a full review, I respectfully recommend that The McLean County Board of Health grant McLean County Health Department staff authority to expend funds to Streamline Health Care Solutions, L.L.C and/or its agents for a web based health service system to satisfy the cost

sharing/user sharing arrangement with the McLean County Board for Care and Treatment of Persons with a Developmental Disability following successfully negotiated acceptable terms. A system of this design will greatly improve our abilities to streamline the application and quarterly reporting process, improve data collection, increase accountability, and improve transparency.

Should you have any questions or concern, please contact me at 309-888-5526 or [laura.beavers@mcleancountyil.gov](mailto:laura.beavers@mcleancountyil.gov).

**Civil Division of the McLean County State's Attorney's Office**



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115 E. Washington Street, P.O. Box 2400  
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May 5, 2016

To: Becky Powell, President, McLean County Board of Health  
Fr: Don Knapp  
Re: By-laws

President Powell,

As we have discussed, since the creation of the by-laws governing the McLean County Board of Health, our General Assembly has enacted changes to some of the wording in the Board's enabling legislation which make it prudent to review and amend your by-laws. The State's Attorney's Office welcomes the opportunity to assist the Board of Health in analyzing your by-laws and writing language for your amendments. While I would not expect this process to take an exceedingly long time, I would caution against rushing through any analysis. In a perfect world, either Jessica or I would have the time and resources to devote to this project in hopes of proposing any necessary amendments at your May meeting. Unfortunately, other assignments will likely not allow us to devote the time necessary to accomplish this task by your May meeting. I fully expect that we will be able to help you work through this process and complete your amendments in a few months' time, I simply doubt we will be able to do so by your May meeting.

Nevertheless, I do offer the attached changes for your next meeting. The Board's enabling legislation, specifically section 5-25013A of the Counties Code, now states that a Board of Health "shall: (1) Hold a meeting prior to the end of each operating fiscal year, at which meeting officers shall be elected for the ensuing operating fiscal year."

Also within section 5-25013 of the Counties Code is the mandate that the Board of Health elect "one of its number as a president and one as secretary." There is no mandate that the Board of Health elect a Vice-President. Moreover, there is no mandate that the Board of Health organize in such a manner as to create an executive committee.



Accordingly, I recommend amending your by-laws at your next meeting to read:

### ARTICLE III

#### OFFICERS

1. The officers of the Board shall be President, ~~Vice-President~~ and Secretary. These officers shall be elected at a meeting prior to the end of each operating fiscal year. The President and Secretary shall be elected for a term encompassing the ensuing operating fiscal year. ~~annually before July 1 by this Board and serve a term of two years. Officers shall serve no more than two consecutive terms.~~ If a vacancy exists, or is known by the President to be imminent, in the office of President and/or Secretary, the Board shall elect an officer to fill such vacancy for the remainder of the departing officer's term. The County treasurer shall serve as Treasurer of the Board, ex-officio.
2. The duties of the officers of the Board shall be those which are customary for such officers, (as defined in Roberts Rules of Order), and any other duties and conditions as shall be set forth in these bylaws.
3. In the absence of the President, ~~Vice-President~~, or Secretary, the Board member in attendance with the longest membership tenure shall preside over meetings.

\*\*\*

### ARTICLE XI

#### COMMITTEES

1. The President of the Board shall, from the Board members appoint committees, or functional area liaisons, as deemed appropriate for the conduct of Board business.
2. The President of the Board may appoint various advisory committees from professional or community groups.
3. The President of the Board may appoint standing committees.
4. ~~The Executive Committee of the Board shall consist of the President, Vice-President, and Secretary and shall be empowered to act between meetings of the Board as deemed appropriate by Board action.~~



## **BYLAWS OF THE McLEAN COUNTY BOARD OF HEALTH**

The McLean County Board of Health was created by Referendum in 1946 as set forth under Illinois law "An Act in Relation to the Establishment and Maintenance of County and Multiple County Health Departments Division 5-25, 55, Illinois Compiled Statutes.

The McLean County Board by resolution on June 10, 2014, abolish the Board of Directors of the TB Care and Treatment Board and increase to 11 members the membership of the Board of health, a majority of which shall be members of the general public.

The term "Board" shall be used in this document to mean and be applicable to the Board of Health.

### **ARTICLE I**

#### **PURPOSE**

The purpose of the McLean County Health Department is to fulfill the public interest in assuring conditions conducive to good health and providing leadership in promoting and protecting the health of county residents. The Department shall carry out its mission through:

- 1) assessment and analysis of health conditions;
- 2) development of local health policies;
- 3) prevention and control of disease through health promotion, early intervention and health protection;
- 4) where applicable, enforcement of state laws and local ordinances pertaining to health;
- 5) assurance of access to personal health care services;
- 6) minimizing the adverse impact of diseases and disabilities;
- 7) conducting programs in accordance with Illinois Department of Public Health certification standards for local health departments; and,
- 8) coordination and planning with other entities for a comprehensive community health system.

### **ARTICLE II**

#### **MEMBERS**

1. Appointments to the Board are made as required by law and are for a three year term, beginning on July 1, except, the county board member whose appointment for one year is made by the chairman of the County Board with the advice and consent of the County Board. Members of the board may succeed themselves.
2. Board members shall not have a conflict of interest in matters brought before the Board, however should a conflict of interest be identified, the Board member in the conflict of interest position shall not vote on the matter involved. The Board member shall retain all other rights and prerogatives of a Board member.



## ARTICLE III

### OFFICERS

1. The officers of the Board shall be President, ~~Vice President~~ and Secretary. These officers shall be elected at a meeting prior to the end of each operating fiscal year. The President and Secretary shall be elected for a term encompassing the ensuing operating fiscal year. ~~annually before July 1 by this Board and serve a term of two years. Officers shall serve no more than two consecutive terms.~~ If a vacancy exists, or is known by the President to be imminent, in the office of President and/or Secretary, the Board shall elect an officer to fill such vacancy for the remainder of the departing officer's term. The County treasurer shall serve as Treasurer of the Board, ex-officio.
2. The duties of the officers of the Board shall be those which are customary for such officers, (as defined in Roberts Rules of Order), and any other duties and conditions as shall be set forth in these bylaws.
3. In the absence of the President, ~~Vice President~~, or Secretary, the Board member in attendance with the longest membership tenure shall preside over meetings.

## ARTICLE IV

### MEETINGS

1. The Board of Health shall hold meetings at least quarterly per year as determined by the Board of Health. A majority vote by the Board of Health may change the meeting date.
2. Special meetings may be called upon a written request signed by two members of the Board and filed with the Secretary, or by request of the Medical Health Officer to the Public Health Administrator, or his authorized representative.
3. Anyone wishing to address the Board during a meeting shall be allowed to do so during the public participation item on the Board's agenda. All requests by non-members of the Board for appearance before the Board to address issues directly related to an item on the agenda shall be made to the Administrative Support Specialist, in writing with the subject matter stated, not less than twenty four (24) hours before the next scheduled Board meeting. Requests to appear that are not directly related to an item on the agenda for the Board of Health meeting shall be scheduled not less than one hundred twenty (120) hours before the next scheduled Board meeting. Such appearance with regard to any particular topic shall be limited to a time not to exceed three minutes for each individual, five minutes for a representative spokesman of a group and fifteen minutes total. The President may act to prevent repetition or digression, to maintain decorum and to exclude discussion of matters which have had a previous public hearing conducted according to law, discussion of matters where public comment would interfere with the due process of law or discussion of matters which would be in direct conflict with restrictions placed upon the Board by other applicable law.

## ARTICLE V

### VOTING



All questions before the Board shall be decided by a majority vote of the Board members present. No action of the Board shall take effect unless a quorum of the membership is present. A quorum is defined as five members in addition to the member presiding.

## **ARTICLE VI**

### **DUTIES OF BOARD**

1. The Board shall, according to the requirements of the County Health Department Act, 55 Illinois Compiled Statutes, 5/5-25013 within the professional and technical competence of its staff and the number of staff employed, enforce all state laws pertaining to the preservation of health, and all County and Municipal Ordinances and Resolutions and shall enforce all rules and regulations promulgated by the Illinois Department of Public Health, except as otherwise provided in the County Health Department Act.
2. The Board shall consider the public health needs of the community and shall, according to the requirements of the County Health Department Act, recommend to the McLean County Board the enactment of such ordinances and rules and regulations as may be necessary or desirable for protection of the health of McLean County citizens and the control of disease in McLean County.
3. The Board shall appoint a Medical Health Officer or shall appoint a Public Health Administrator as the chief executive officer of the Health Department, provided that the Board shall make available medical supervision in accordance with the provisions of Illinois statute. The Chief executive officer appointed shall possess the qualifications as prescribed by the Illinois Department of Public Health (see the County Health Department Act).
4. The Board shall employ a staff, selected by the chief executive officer, adequately qualified to carry out the department program and which shall meet "The Minimum Qualifications for Personnel Employed By Local Health Departments As Established By The Illinois Department of Public Health" (see the County Health Department Act); and shall adopt personnel policies which shall be kept in writing and made available to employees.
5. The Board shall provide for, or request, adequate financing for the Health Department; and, shall adopt fiscal policies which shall be in writing.
6. The Board may enter into contracts with official or non-official agencies, or individuals, for the purchase, sale, or exchange of Health Services. (See the County Health Department Act).
7. The Board may adopt a resolution permitting the charging and collection of fees as may be deemed necessary to finance selected health services (see the County Health Department Act).

## **ARTICLE VII**

### **FISCAL YEAR**



The fiscal year of the Board shall commence January 1st of each year.

## **ARTICLE VIII**

### **BUDGET AND DISBURSEMENTS**

1. The Board shall, at the appropriate time as determined by the McLean County Budget Policy Resolution and prior to the end of the fiscal year, require staff to prepare budgets for Board approval which will then be presented to the McLean County Board for the succeeding fiscal year for approval (see the Health Department Act).
2. The Board shall periodically review the fiscal status of the Health Department and shall act upon all bills presented since the last meeting. The approval of these bills shall be by majority vote.
3. The Board shall periodically review salary information related to staff as outlined in the personnel policies and the Health Department Act.

## **ARTICLE IX**

### **ACCOUNTS**

The Board shall keep a record in the Health Department headquarters of all receipts and disbursements. This record shall be compared monthly or by pay period with the records of the County Treasurer and Auditor.

## **ARTICLE X**

### **ANNUAL REPORT**

The Board shall publish, within 90 days after December 31st of each year, an annual report detailing the Health Department activities, revenue and expenditures for the past year. This report shall be in pamphlet form as required by law, shall be distributed and made available to members of the McLean County Board as well as the general public.

## **ARTICLE XI**

### **COMMITTEES**

1. The President of the Board shall, from the Board members appoint committees, or functional area liaisons, as deemed appropriate for the conduct of Board business.
2. The President of the Board may appoint various advisory committees from professional or



- community groups.
3. The President of the Board may appoint standing committees.
  4. ~~The Executive Committee of the Board shall consist of the President, Vice President, and Secretary and shall be empowered to act between meetings of the Board as deemed appropriate by Board action.~~

## **ARTICLE XII**

### **REIMBURSEMENT FOR EXPENSES OF MEMBERS OF THE BOARD**

1. The Board shall serve without compensation (see County Health Department Act).
2. Board members may be reimbursed for actual and necessary expenses incurred in the performance of their duties, such as attendance at meetings of the Board or other relevant meetings (see the County Health Department Act).

## **ARTICLE XIII**

### **PROPERTY OF THE BOARD**

1. The Board shall require the Public Health Administrator to keep an accurate inventory of all property of the Department.
2. The Board shall cause all the property of the Department to be adequately protected by insurance.
3. The Board may require that property of the Department destroyed or damaged by carelessness of any employee, be replaced at the expense of the employee should circumstances justify such action.

## **ARTICLE XIV**

### **AMENDMENTS TO THE BYLAWS**

Members of the Board may amend these bylaws by a vote of two-thirds of the members of the Board during an official meeting, provided that a written copy of the proposed changes be sent to each Board member at least two weeks before the meeting at which the Bylaws are to be amended.

Note: Adopted January 11, 1967 and Revised June 20 1984; May 21, 1986; June 17, 1987; March 15, 1995; February 21, 1996; November 10, 2010, November 13, 2013, July 30, 2014, November 12, 2014, and May 11, 2016.

