

AGENDA

The McLean County Board of Health Meeting Wednesday, July 13, 2016, 5:30 p.m., at McLean County Health Department, 200 W. Front Street, **Room 324**, Bloomington, Illinois.

Item	Packet Page #	00																												
A. Call to Order, Roll Call																														
B. Establish Agenda		00																												
C. Public Participation																														
D. Approve Minutes of May 11, 2016		01-06																												
E. Consent Agenda																														
1. Bills to be Paid	<table border="0" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;"></th> <th style="width: 10%; text-align: center;"><u>May 2016</u></th> <th style="width: 10%; text-align: center;"><u>June 2016</u></th> <th style="width: 50%;"></th> </tr> </thead> <tbody> <tr> <td>Health Department</td> <td style="text-align: right;">112-61</td> <td style="text-align: right;">\$148,592.40</td> <td style="text-align: right;">\$185,636.04</td> </tr> <tr> <td>Dental Sealant</td> <td style="text-align: right;">102-61</td> <td style="text-align: right;">21,920.28</td> <td style="text-align: right;">27,930.48</td> </tr> <tr> <td>WIC</td> <td style="text-align: right;">103-61</td> <td style="text-align: right;">8,486.38</td> <td style="text-align: right;">22,980.71</td> </tr> <tr> <td>Preventive Health</td> <td style="text-align: right;">105-61</td> <td style="text-align: right;">1,858.86</td> <td style="text-align: right;">4,383.22</td> </tr> <tr> <td>Family Case Mngmt</td> <td style="text-align: right;">106-61</td> <td style="text-align: right;">16,622.82</td> <td style="text-align: right;">29,529.07</td> </tr> <tr> <td>AIDS/CD</td> <td style="text-align: right;">107-61</td> <td style="text-align: right;">6,539.94</td> <td style="text-align: right;">14,318.26</td> </tr> </tbody> </table>		<u>May 2016</u>	<u>June 2016</u>		Health Department	112-61	\$148,592.40	\$185,636.04	Dental Sealant	102-61	21,920.28	27,930.48	WIC	103-61	8,486.38	22,980.71	Preventive Health	105-61	1,858.86	4,383.22	Family Case Mngmt	106-61	16,622.82	29,529.07	AIDS/CD	107-61	6,539.94	14,318.26	
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F. Committee Reports –																														
Mental Health Advisory Board – Cory Tello																														
Behavioral Health Coordinating Council – Sonja Reece																														
County Board -																														
Scott Commission – Cathy Coverston Anderson																														
G. Old Business																														
1. <u>Items For Action</u>																														
a. Strategic Plan Review and Approval																														
2. <u>Items For Discussion</u>																														
a.																														
H. New Business																														
1. <u>Items For Action</u>																														
a. CHNA 2016 Review and Approval																														
b. Contracts/Applications Grants – FY17		A-1, 2, B																												
c. Healthy Child Care Illinois (HCCI) Nurse Consultant		A-3, C																												
2. <u>Items For Discussion</u>																														
a. SB 2047		A-4																												
b. FY17 County Budget Preview																														
I. Director's Report		Attachment A.																												
J. Staff Reports																														
1. Community Health Services		07-10																												
2. Maternal/Child Health		11-14																												
3. Environmental Health		15-18																												
4. Behavioral Health		19-23																												
K. Board Issues -																														
1. CLOSED SESSION pursuant to section 2 (c)(1) of the Open Meetings Act (5 ILCS 120/2(c)(1)) to discuss the appointment, employment, compensation, discipline, performance, or dismissal of specific employees of the public body or legal counsel for the public body, including hearing testimony on a complaint lodged against an employee of the public body or against legal counsel for the public body to determine its validity.																														
2. Items for Action (if necessary)																														
a. Formal approval of action to be taken regarding the appointment, employment, compensation, discipline, performance, or dismissal of specific employees of the public body or legal counsel for the public body, including hearing testimony on a complaint lodged against an employee of the public body or against legal counsel for the public body to determine its validity.																														
3. Items for Discussion																														
L. Adjourn																														

MINUTES
 McLEAN COUNTY BOARD OF HEALTH
 REGULAR MEETING – MAY 11, 2016

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

MEMBERS ABSENT:

STAFF PRESENT: Howe, Anderson K, Anderson T, Aune, Beavers, Coverston Anderson, Dreyer, and Voss

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

PUBLIC PRESENT: Phylis VerSteegh, 377 Board Member; Edith Brady Lunny, Pantagraph; and Jessica Woods, Asst. States Attorney

MINUTES: Powell requested approval for the minutes of March 9, 2016.

Owens /Buchanan moved and seconded the minutes of March 9, 2016. Motion carried.

CONSENT AGENDA:

1. Bills to be Paid

		<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

Tello/Kerber moved and seconded the Consent Agenda as printed. Motion carried.

COMMITTEE REPORTS: None

STAFF REPORTS: Coverston Anderson reported for the Community Health Services Division and explained the report was on pages 8 through 11 in the packet. She noted the department has been dealing with mumps cases during April and May and explained that with a slight increase in cases during April the outbreak has not concluded.

Coverston Anderson explained Zika activity during the first quarter of the year and a conference call with stakeholders who handle international travel to share CDC and IDPH recommendations. Health Department staff continues to field calls regarding testing and providing documents to health care providers such as OB/GYNs. Reece inquired if the department was doing testing for Zika. Coverston Anderson explained the department doesn't but it coordinates the testing, using the protocols provided by both IDPH and CDC; clients will be referred to their healthcare provider for specimen collection and the department will be involved with follow-up and monitoring.

Coverston Anderson directed the Board to packet page 11, which gave Health Promotion activity numbers for the first quarter of the year. She explained that the staff of four has been very busy with over 1300 contacts, five grants, and the activities of the County Wellness program.

Coverston Anderson spoke about the IPLAN/Community Health Needs Assessment Collaboration. She explained about the newly formed McLean County Community Health Council and the review process to determine the top health priorities for McLean County for the next 3 to 5 year period. The top 3 health priorities were identified to be: 1. appropriate access to health care; 2. behavioral health; and 3. obesity. In April, stakeholders identified high level goals for each 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, in July for Board approval. They include OSF, Advocate BroMenn, MCHD, and United Way.

Tello inquired about the length of time the goals would be in place. Coverston Anderson stated three years. Bowers inquired about the meaning of appropriate access to healthcare. Aune explained that issue is being explored. It had been noted there is a disparity issue between zip code areas, race, age groups and efforts to reduce ER visits versus having a primary care physician.

Anderson K, reported for the Maternal Child Health Services Division stating that the report was on packet pages 12 through 15. As a follow up from the last meeting she shared WIC caseloads nationwide are down 4.9% comparing rates from October 2015 to October 2014. In Illinois, during the same time period, the Illinois caseload was down 13.5%. McLean County WIC, falls between the two figures at 7.6%. Anderson K stated that the WIC program supervisor continues to monitor the situation and currently they are looking at partnering with Head Start to offer WIC services to their clients which would be eligible for services.

Anderson K was happy to note that Tammy Brooks, WIC program supervisor, has been requested to present at the National WIC Association annual conference, presenting on the Grocery Store Tour program. This is a 90 minute breakout session and will include nutritionist, Sara Stark who conducted most of the grocery tour programs.

Anderson K stated that the Family Case Management program began screening pregnant women for exposure to the Zika virus in March. Those clients with a recent travel history are being referred to their obstetrician.

Anderson K reported that DHS program reviews were conducted for both the Family Case Management and HealthWorks programs. The reviewer for the FCM program was happy to see 100% of the charts had a depression screening for postpartum women and noted much improvement from last year in the Medical Case Management of the HealthWorks program. The final report for both programs is expected in the next week.

Anderson K explained that FCM is collaborating with the OSF Care Management team to improve health outcomes for FCM clients with chronic physical or mental health diagnoses. She explained that this is already being done for BBO participants with ongoing medical issues.

Buchanan inquired about the program service numbers for the AOK program. Anderson K explained that the lack of State budget has impacted AOK sponsored events.

Anderson T reported for the Environmental Health Division noting that the report was on packet pages 16 through 19 and reviewed several program numbers explaining that with the warmer temperatures, program activity is busy. The Geothermal program has been

busy and Anderson T felt it could be related to a tax rebate incentive.

The West Nile Virus program is causing staff to watch the weather for mosquito activity. Mosquitoes prefer warmer temperatures at night, around 55 degrees. The intern hired to conduct mosquito testing will begin the middle of the month. The State lab has delayed bird testing due to a lack of a negotiated contract with testing laboratories. Concerns about the Zika virus and when and if it will show up in Central Illinois have been expressed. IDPH is providing information regarding the possibility of the Aedes species mosquito's ability to transmit the Zika virus within Illinois.

Reece inquired about the number of traps set for mosquito surveillance and how many mosquitoes are trapped. Anderson T explained that this year there will be six traps, reduced from eight traps in previous years, and that they are placed in densely populated areas. In prior years, one trap averages over 300 mosquitoes overnight.

Beavers reported for the Behavioral Health program and noted that the quarterly reports were on pages 20 through 22, sharing that during the first quarter 5,746 individuals obtained behavioral health services through programs funded by the 553 Board. Beavers stated that May is Mental Health Awareness Month and this month there will be a Mental Health First Aid training for nurses and included on page 23 in the packet is a copy of a brochure for the, Connecting the Dots, a panel presentation being held on May 19, 2016 at Normal Public Library from 5:00 to 7:00 p.m.

Dreyer reported for the Administration Division and noted that the quarterly reports were on packet pages 25 through 28. Dreyer explained that as of March 31st, 11.25% of the budgeted revenue had been collected compared to 5.10% in 2015. She noted the amount was low because property tax revenue hadn't been collected yet.

Dreyer stated that expenses as of March 31st were at 19.92% of the budget and was less than projected for the end of the first quarter and almost level where the department was at this time in 2015.

Tello inquired about the lack of State budget and if there was a problem making payroll. Howe explained that the County works on an accrual accounting system and it appears that the resources are there. However, if there isn't a State budget by June 30th, it may be a different story.

DIRECTOR'S REPORT: Items will be addressed below.

OLD BUSINESS: Howe directed the Board to Attachment I and asked Beavers to give an update explaining the Streamline Health Care Solutions Web Based Health Service program. Beavers stated that a motion was needed to approve purchasing the program at an anticipated cost of \$25,730 and the cost would be allocated between both the 553 Board and the 377 Board.

Owens wanted to assure that IT verified that they wouldn't be able to provide the information. Beavers stated that IT was involved in the decision process and couldn't support the needs to streamline coordination.

Reece inquired about the 377 Board sharing in the cost. Beavers explained the cost sharing. Buchanan inquired about the 377 Board taking action. Beavers noted the 377 Board took action at the last meeting.

Buchanan inquired if this delay in purchasing the program puts the Behavioral Health program behind schedule. Beavers explained that yes, but the agencies are aware of the delay and are also waiting to hear more about the State budget.

Tello inquired about the next step. Beavers replied there will be a schedule made so that Board members and agencies can be trained. Tello inquired about

timelines for funding. Beavers hopes to have application and funding decisions by September for Board approval.

Buchanan/Tello moved and seconded staff the authority to expend funds to Streamline Healthcare Solutions, L.L.C. Motion carried.

Powell requested approval for the Amendment(s) to the By-Laws of the McLean Co Board of Health as explained in Attachment J. Powell explained the change in Article III, #1, which removes the office of Vice President. The officers for the Board of Health shall be President and Secretary, holding election prior to the end of each operating fiscal year. Another amendment was to remove #4 from Article XI, Committees.

Reece/Bowers moved and seconded the amendments to the Board of Health By-Laws, which include removing the office of Vice President, holding election prior to the end of each operating fiscal year, and removing the Executive Committee. Motion carried.

Powell stated pursuant to the amendments approved to the Board of Health Bylaws an election of officers, to serve a term until the ensuing fiscal year, needed to take place. She requested nominations from the floor to serve July 1st to the end of December and to elect new officers in November.

Powell asked for nominations from the floor for the office of President. Tello nominated Judy Buchanan to the office of President. There were no additional nominations from the floor.

Tello/Owens moved and seconded the nomination of Judy Buchanan to the office of President of the Board of Health effective July 1, 2016 through December 31, 2016. Motion carried.

Powell asked for nominations from the floor for the office of Secretary. Turley nominated Sonja Reece to the office of Secretary. There were no additional nominations from the floor.

Turley/Owens moved and seconded the nomination of Sonja Reece to the office of Secretary of the Board of Health effective July 1, 2016 through December 31, 2016. Motion carried.

Howe requested approval for the 2015 through 2019 Strategic Plan. Aune distributed copies of the Strategic Plan Board of Health comments, a draft copy of the Strategic Plan, and the Ten Essential Public Health Services Definitions. A review of the process took place noting that the plan started with the Environmental Scan in 2013 and was followed by the SWOT analysis. Staff took the strategies and explored new strategies along with the development of associated action steps. As a reminder, Aune noted that a draft copy was presented to the Board in August of 2015 and feedback was obtained.

A quick review of the Ten Essential Public Health Services Definitions was also presented noting that this is the framework routinely used by local health departments in formulating strategic plans.

After review of the plan and discussion it was decided to incorporate changes and review again by the Board for final approval in July.

Buchanan/Reece moved and seconded to table the approval of the 2015 through 2019 Strategic Plan until the July 13, 2016, Board meeting. Motion carried.

Howe requested approval for the grant amendment from the Illinois Department of Public Health for the FY16 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.

Owens/Buchanan moved and seconded the approval for the grant amendment from IDPH for the FY16 Dental Sealant Grant. Motion carried.

Howe stated that with the approval of the IDPH FY16 Dental Sealant Grant, approval was needed for the FY16 contract amendment with Orland Park Dental Services (OPDS). 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.

Bowers/Tello moved and seconded the approval for the FY16 contract amendment with Orland Park Dental Services. Motion carried.

Howe explained that included in the packet was two memos regarding State Budget Impasse. The first was the Illinois Public Health Association results of the 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 local health departments responded to the survey. All seven of IDPH's administrative regions are represented in the survey.

In regards to the second memo, Howe commented on the Jackson County Health Department press release contained in the packet, indicating that their board of health 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. Howe explained that 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.

NEW BUSINESS: Howe requested approval for the University of Illinois, Board of Trustees Contract, 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. Previously, services were provided by Quest and the State Lab. The services at U of I will provide a 50% savings and was the best explored lab.

Ginzburg/Buchanan moved and seconded the approval for the University Of Illinois, Board of Trustees Contract, for all clinic lab services for clients served at MCHD. Motion carried.

Howe shared the IDPH News Release 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.

Howe explained that an article out of the *New England Journal of Medicine* on Tobacco 21 laws 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 endorse broader support for such legislation. Howe further stated that in Illinois, the laws will include electronic cigarettes.

BOARD ISSUES: There was a discussion about the director's evaluation and review. Powell stated once she received the requested information from the Board, the evaluation will be finished and reviewed with the director. Buchanan wanted to make sure the Board would be able to receive a summary of the evaluation along with the strengths, weaknesses, and future goals.

Owens brought up the email sent to Board members by Chairman McIntyre of the County Board. A discussion of the particulars was shared. Chairman McIntyre wanted the Board to request that Howe withdraw his support for SB386.

Howe explained that he was contacted by IPHA, as the co-chair of the Legislative and Policy Committee to testify about SB386.

Some members of the Board found the situation offensive and micro-managing the director. They felt that the situation should have been clarified by the County Chairman as to the opposition and rationale. There was a consensus by the Board that this should be relayed to the County Chairman.

Tello presented a plaque and certificate, to Powell for her years of service to the Board and as President. Cake was enjoyed by all. Powell thanked the Board and said she will miss her time on the Board and it was a honor.

ADJOURN: Ginzburg moved and the Board of Health meeting was adjourned at 8:53 p.m.

COMMUNITY HEALTH SERVICES DIVISION

Board of Health—Update

For July 13th, 2016

Highlights and Service Trends:

Community Health:

- **Dental Program:**
 - **Adult Dental:** MCHD prepared and presented a proposal for the John Scott Health Commission on 6/22/16 to provide adult preventive dental services (hygiene/teeth cleaning) with the assistance of JSHC funding. Medicaid does not pay for hygiene services. If approved as a pilot project, hygiene appointments would be incorporated into the current adult schedule (2 Fri. AMs/month).

- **Immunizations:**
 - **Vaccines for Children (VFC):** Trumenba (Meningitis B) vaccine was recently added to IDPH's VFC inventory. It will also be available to MCHD clients (children and adults) with private insurance. Standing Orders are in place and both child and adult immunization staff have received training on its use and administration.
 - **ezEMRx:** July 9th marks the one year anniversary of MCHD's implementation of a new electronic medical record, ezEMRx, in use for immunizations, STI Clinic and TB Clinic.
 - **Flu vaccines for children:** In June, staff was notified that the CDC is no longer recommending that the nasal flu vaccine (FluMist) be utilized for any age group due to its decreased efficacy (3%) in comparison to the injectable alternatives (63%). The IL VFC program will not be stocking it.
 - **Back to school season:** several approaches are being used to reduce the back to school immunization rush. As was done in previous years, more Monday evening clinics will be offered in August (8/1; 8/8) in addition to the standard 3rd Monday of the month evening clinics (7/18; 8/15) and 1st Saturday of the month morning clinics (7/9; 8/6). This year, for the first time, the days immediately around the 1st day of school in the larger school districts will be set aside for clients walking in for back to school vaccinations. All other days will remain open by appointment only (with walk-ins accepted when staffing and scheduling permits), with optional vaccinations not provided during the month of August so that required school immunizations can be given priority.

- **Health Care for Children Illinois/Child Care Nurse Consultant Position (HCCI/CCNC):** Staff was notified in June that the state of Illinois was not going to offer the HCCI grant that funded the Child Care Nurse Consultant position, which was primarily housed at the Child Care Resource and Referral Network. This RN provided much needed consultant services to all child care centers, including home-licensed centers. Examples of services provided include: educational presentations for staff, children and parents; assessments to assist with compliance with DCFS regulations; infection control guidance; injury prevention; telephone and in-person consultations; on-site flu vaccinations; and, assistance with outbreak investigations. During the time period of January through May 2016, the Child Care Nurse Consultant provided 40 presentations—reaching 285 adults and 255 children. A proposal for maintaining components of this critical position, which focuses on prevention and health promotion for the youngest, most vulnerable in our population, will be submitted.

Personnel:

- **Personnel changes during 2nd 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.
 - **AmeriCorps Member:** an additional AmeriCorps member, Kevin McCall, was offered to MCHD by the IL Public Health Association (IPHA) for the period of April through mid-September for no additional charge. He will work on a Smoke-Free College project for IPHA from April through July. Additional projects from Health Promotion, Emergency Preparedness, and the Outreach Program will be given to him as time allows and after the completion of his time-limited IPHA project.

Personal Health Services/Communicable Disease (PHS/CD):

- **Communicable Disease: 1) Mumps:** The mumps outbreak declared on 2/5/16 continues since a few “probable cases” (which are treated as cases) continue to be identified—prolonging the 50-day (2 incubation periods) interval that must pass without the identification of a case (or probable case) in order to declare the outbreak “over”. Case #s as of 6/30/16: 22 cases and 19 probables; 45 tests have been ordered and completed during this outbreak. **2) Zika:** In June, a Zika Screening Form, initially developed in February 2016 by MCHD staff for use with pregnant clients, was updated and re-distributed to providers. **3) Case investigations (all reportable diseases):** 205 case investigations have been initiated during the time period of January through May 2016. **4) Calls/Correspondence:** during the time period of January through May 2016, at least 6,050 calls/correspondence have been responded to/initiated by Personal Health Services/Communicable Disease staff (front desk; Triage; RNs, Human Services Specialist). **5) Client Numbers:** In 2015, the # of clients seen in PHS/CD for whom Office Support Specialists (OSS) scheduled appointments, registered, and provided intake shows an 11.7% increase from 2014: 1,511 in 2015; 1,358 in 2014.
- **STI/HIV Billing:** As of July 1st, 2016, the program will begin billing insurance for sexually transmitted infections/HIV services. Fees were previously approved at the March 2016 Board of Health meeting. This change will expand our service capabilities and continue to assure services for all. This change to billing is also now being encouraged by the HIV grant Lead Agency (IPHA) as grant funds decrease across the state; however, for HIV services, individuals who meet HIV grant eligibility criteria cannot be charged a fee for receiving grant-related services.

Public Health Emergency Planning and Response (PHEPR) Program:

- **Functional Needs Mapping Project:** the project period for this joint effort with Illinois State University ended on 6/30/16. Data is being analyzed and reports should be ready in the fall of 2016.
- **2016 Integrated Public Health and Healthcare System Preparedness Summit:** this IDPH conference is mandatory for the Emergency Preparedness Coordinators at each local health department and hospital receiving Public Health Emergency Preparedness (PHEP) or ASPR funding from IDPH. MCHD’s ERC, David Hopper, attended and also presented a poster on the Functional Needs Mapping Project. On 6/22/16, he was awarded the *Most Relevant to Preparedness Presentation Award* by IDPH for his excellent poster presentation. The poster is now on display in Room 321 at MCHD. Congratulations David!

Administrative Activities:

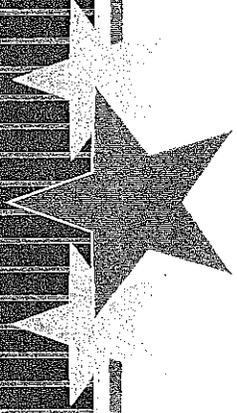
- **IPLAN/Community Health Needs Assessment Collaboration:** A draft report, summarizing the collaborative community health needs assessment (CHNA) and outlining the overall goals for the three high priority health problems, was completed by June 2016. It must be presented for approval to each of the governing boards for the 4 organizing entities: (OSF, Advocate BroMenn, MCHD, and United Way) in June/July. The draft CHNA received approval from the United Way Board on 6/10/16. After approval by the boards, the development of a community health implementation plan (including outcome objectives, impact objectives and intervention strategies) to address the 3 health priorities will begin in the late summer to fall of 2016 with the assistance of stakeholder groups. A final document/plan must be completed and approved by 2/1/17 for the hospitals, and by July 2017 for MCHD for re-certification.
- **Robert Wood Johnson Foundation (RWJF) “Invest Health” Grant Participation:** In March 2016, the collaborative Community Health Needs Assessment (CHNA) Executive Committee Steering Group assisted with the application for a \$60,000, 18-month planning grant, “Invest Health”, from RWJF, with the United Way acting as fiscal agent. It was announced on 5/17/16, in a nation-wide media release, that our application was approved. RWJF awarded grants to fifty 5-member teams from mid-sized cities across the country to participate in this unique 18-month project focused on impacting the social determinants of health. The local team, including an MCHD representative, was sent to Philadelphia from 6/7/16 – 6/10/16 to receive training on the project from RWJF and its consultants.

**COMMUNITY HEALTH SERVICES DIVISION
PRELIMINARY QUARTERLY REPORT
2nd Quarter, 2016**

COMMUNITY HEALTH SERVICES	Apr	May	Jun	2nd Qtr 2016	2nd Qtr 2015	YTD 2016	YTD 2015
Home Nursing Visits	21	20	18	59	73	122	141
Child Care Nurse Consultant Services	7	7		14	116	40	243
Dental Appointments, Adults	22	19		41	77	112	192
Dental Appointments, Children	393	375		768	1293	2,042	2,446
Vision & Hearing Screenings	306			306	1150	1,704	2,313
Outreach Child Imm (Schools) # of Clients Vaccinated	0	33		33	0	33	0
Outreach Child Imm (Schools) # of Clinics Held	0	2		2	0	2	0

COMMUNICABLE DISEASE CONTACTS	Apr	May	Jun	2nd Qtr 2016	2nd Qtr 2015	YTD 2016	YTD 2015
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STD Counseled	65	74		139	194	308	417
Gonorrhea: Tested & Investigated	90	107		197	262	425	501
Chlamydia: Tested & Investigated	113	114		227	360	516	639
Syphilis: Tested & Investigated	40	68		108	110	218	277
HIV Counseled	52	77		129	119	255	391
HIV Tested & Investigated	52	80		132	127	249	294
Immunizations Given - VFC	796	679		1475	2992	4,601	5,668
Immunizations Given - CD STD Clinic	0	0		0	13	10	36
Immunizations Given - Private (Adult & Children)	56	53		109	174	256	333
Flu Immunizations Given - Adults Seasonal				0	10	16	26
Flu Immunizations Given - Children Seasonal	65	30		95	75	542	459
Communicable Disease Contacts	1206	1255		2461	4212	6,050	8,646
HIV/STD Program Attendance at Presentation	0	0		0	0	0	5
Other CD Program Attendance at Presentation	225	16		241	85	327	170
Child Imm # of Clients Seen in Clinic(Appt/Walk-in)	336	331		667	0	1,820	0
Child Imm Phone Calls & Voicemails for Clinic	277	267		544	0	1,568	0



CERTIFICATE OF AWARD



THIS CERTIFICATE IS AWARDED TO

Functional Needs Mapping of Bloomington-Normal

MOST RELEVANT TO PREPAREDNESS POSTER PRESENTATION

2016 Integrated Public Health and Healthcare System Preparedness Summit

Dr. Nirav Shah, Director

Winfred Rawls, Deputy Director

**Maternal Child Health Services Division
July 13, 2016 Board of Health Meeting
Second Quarter Report & Highlights for May & June 2016**

Staffing:

- The MCH division said good bye to WIC OSS Karen Miles Jones on May 27.
- The WIC program welcomed back Staci Rutledge, RN on May 2.

MCH Clinic Services:

- WIC started a “No Poke, No Joke” campaign to highlight our new non-invasive hemoglobin machines being used in MCH clinic. Due to falling caseloads and challenges recruiting nurses to the department, these machines were sought out to allow non-nurse staff to complete WIC certification visit requirements. The machines were recommended by the state WIC program director and regional nutrition staff and have been used successfully in other clinics around the country. The response so far has been very favorable from clients and MCH staff.
- Lead results are being delayed from the state lab due to key testing equipment being non-functional at this time. Test samples are now being forwarded to other labs around the state so that results can be obtained before the samples degrade. We are still awaiting results from screenings taken on May 20th.

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

- Tammy Brooks, WIC Program Supervisor and nutritionist Sara Stark attended the National WIC Association annual conference in Cincinnati in May where they conducted a break out session on our grocery story tour grant. This was 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.
- New breastfeeding posters were printed from a photo shoot held in April of breastfeeding WIC clients and hung in clinic. In addition, many of the photos are also being used to promote the program on social media and are receiving favorable response from the public.



All Our Kids (AOK) Network:

- Maureen Sollars, AOK Coordinator, has noticed an increase in AOK network meeting attendance as agencies are finding the value in staying connected to each other.

HealthWorks Lead Agency (HWLA):

- DCFS held a picnic for foster parents in early June. Marie McCurdy, HWLA Coordinator, collaborated with the organizer to assist with a recognition event for the picnic attendees. DCFS was appreciative of Marie's assistance in making this year's picnic a success.
- HWLA noticed a trend for the month of May; most children were removed from their homes due to drug manufacture, use and/or sold to undercover police by their parents or caregivers. In June, the trend has been that young children have been left alone at home, in one case, for several days, and in another case, a nine year old was left at home along all day and into the evening with his three younger siblings, the youngest of who was only a year old.

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

- FCM continues to screen pregnant women for exposure to the Zika virus. 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.
- Congratulations to FCM Case Manager Leigh Hayes for receiving the WINGS Award through the YWCA at their May 17 Women of Distinction event. The award is given annually to a **W**oman to **I**mprove her skills for a **N**otable purpose which allows her to **G**row professionally and to achieve **S**uccess. Ms Hayes plans to use her award to take the licensed clinical social worker exam in the coming year to fulfill her goal of becoming a LCSW.
- McLean County, like much of the U.S., is currently experiencing an increase in opioid use, abuse, and overdose deaths. Staff is seeing an increase in opioid use in FCM participants, both prenatally and through hospital referrals to the APORS program for newborns with symptoms of drug addiction or drug withdrawal. Staff see participants who are addicted to prescription opioids, as well as participants addicted to heroin. Due to this crisis in our community, FCM has sought out additional resources and training on opioid use and use during pregnancy. New brochures on the effects of opioid use during pregnancy arrived at the end of June from March of Dimes. Two BBO Case Managers and FCM Supervisor attended a training on May 19 on SBIRT (Screening, Brief Intervention, and Referral to Treatment), a method to screen and refer patients experiencing potential alcohol and drug abuse to treatment.

A day in the life... An FCM participant had a baby boy in April; the infant passed away at one week of age due to numerous medical complications. Six weeks later, the woman began to experience medical complications. She learned that she had retained some of the placenta and would need a D&C to remove the tissue, however, her medical card had terminated at six weeks postpartum. Her physician acknowledged the risks of not removing the tissue but would not schedule the procedure until payment could be made. The case manager contacted local Department of Healthcare and Family Services staff to see what, if any arrangements could be made. A week later, a supervisor returned the CM's phone call and stated he would approve the medical card coverage within days. Two weeks later, the client was still without medical coverage. The case manager, tired of the runaround and concerned for the health of her client, followed up again with DHFS at the local office. She spoke to a second supervisor, explained that the client had a potentially life threatening condition and was successful in reinstating the client's medical coverage that day. The advocacy and determination of the case managers benefits the county's underserved populations who often feel voiceless and unheard regarding their own medical care.

**MATERNAL CHILD HEALTH SERVICES DIVISION
PRELIMINARY QUARTERLY REPORT
2nd Quarter, 2016**

PROGRAM SERVICES	Apr	May	Jun	2nd Qtr 2016	2nd Qtr 2015	YTD 2016	YTD 2015
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AOK Program

AOK Network-sponsored events	9	8	6	23	21	40	50
AOK attendance - Professional	53	60	221	334	134	463	359
AOK attendance - Public	360	38	18	416	409	502	724

WIC / BPC Program

WIC caseload	1973	1941	1991	1968	2246	2,010	2,227
WIC clinic certifications and mid-year follow ups	388	408	414	1210	1,463	2,426	2,875
Clinic visits-Women	108	114	147	369	427	725	844
Clinic visits-Infants	117	121	100	338	458	680	889
Clinic visits-Children	163	173	167	503	578	1,021	1,142
WIC nutrition education contacts	383	356	375	1114	1,411	2,332	2,790
Breastfeeding Initiation (percent)	74	65	72	70	79	72	76
BPC contacts	62	41	32	135	288	209	521

MCH Clinic Services

Lead screenings	87	80	80	247	335	511	649
Lead results above normal limits (5-9 mcg/dl)	0	0		0	8	4	13
Lead results above normal limits (10 mcg/dl or above)	0	0		0	3	0	4
Hemoglobin tests	220	227	278	725	817	1,388	1,612
Hgb results below normal limits	32	35	22	89	97	150	179
Pregnancy tests	21	19	33	73	65	147	100
Developmental screens	229	215	201	645	804	1,329	1,567
Early Intervention referral to Child & Family Connections	0	3	6	9	19	21	46
Early Intervention referral to school	0	2	0	2	1	7	1
All Kids applications	7	7	8	22	39	56	66
Medicaid Presumptive Eligibility (MPE) applications	9	7	12	28	27	49	55

FCM / BBO / APORS / Genetics Program

FCM caseload	979	977	1019	992	1,296	992	1,280
Better Birth Outcomes caseload	152	140	143	145	128	145	55
FCM contacts	2964	2028	2045	7037	7,802	15,108	14,118
APORS	5	13	8	26	37	58	63
Depression screens	131	129	171	431	488	859	996
Referrals to Center for Human Services	1	3	3	7	20	15	35
Genetic screens	8	3	6	17	16	59	26
Prenatal physician assignments	17	23	25	65	74	139	162
Pediatrician assignments	53	45	40	138	170	306	366

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

** Number of children in care	82	87	91	91	85		
Number of children closed to care	2	2	1	5	17	10	24
Number of children entering care	2	5	7	14	7	24	14

DCFS HealthWorks Lead Agency Program

DCFS Lead Agency wards in custody	Apr	May	Jun	2nd Qtr 2016	2nd Qtr 2015		
** DeWitt County	16	18	22	22	18		
** Livingston County	19	19	19	19	24		
** McLean County	242	241	243	243	240		
** Piatt County	13	14	15	15	9		

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.

**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 5th 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.

ENVIRONMENTAL HEALTH DIVISION

Activity Report

May 1, 2016 – June 30, 2016

FOOD INSPECTION PROGRAM

	<u>2016</u>	<u>2015</u>
Full-Time Food Establishments		
Active Food Permits - With Fees	692	683
Active Food Permits - No Fees	139	137
Total Active Food Permits	831	820
New Food Permits Issued for Report Interval	14	19
New Food Permits Issued for Year-To-Date	49	50
Food Permits Inactivated for Report Interval.....	11	14
Food Permits Inactivated for Year-To-Date	47	51

Temporary Food Establishments

Single Event Temp. Food Permits Issued for Report Interval	98	87
Single Event Temp. Food Permits Issued for Year-To-Date	192	166
Multiple Event Temporary Permits Issued for Report Interval	27	26
Multiple Event Temporary Permits Issued for Year-To-Date	38	34
Total Temporary Food Permits Issued for Report Interval.....	125	113
Total Temporary Food Permits Issued for Year-To-Date.....	230	200

FOOD ESTABLISHMENT COMPLAINTS

	<u>2016</u>	<u>2015</u>
Food Est. Complaints Received for Report Interval	22	12
Food Est. Complaints Received for Year-To-Date	47	44

FOOD PRODUCT INQUIRIES

	<u>2016</u>	<u>2015</u>
Food Product Inquiries Received for Report Interval	0	1
Food Product Inquiries Received for Year-To-Date	0	1

FOOD ESTABLISHMENT PLAN REVIEWS

	<u>2016</u>	<u>2015</u>
Plans Received For New/Remodeled Food Est. for Report Interval	14	7
Plans Received For New/Remodeled Food Est. for Year-To-Date	37	30

PRIVATE SEWAGE DISPOSAL PROGRAM

	<u>2016</u>	<u>2015</u>
Permits Issued for New Construction for Report Interval	10	8
Permits Issued for New Construction for Year-To-Date	17	20
Permits Issued for Repairs or Additions to Existing Systems for Report Interval.....	1	2
Permits Issued for Repairs or Additions to Existing Systems for Year-To-Date	4	4
Permits Issued for the Replacement of a Previous Legal System for Report Interval.....	10	2
Permits Issued for the Replacement of a Previous Legal System for Year-To-Date.....	13	3
Permits Issued for the Replacement of a Previous Illegal System for Report Interval.....	7	12
Permits Issued for the Replacement of a Previous Illegal System for Year-To-Date.....	14	16
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.....	1	1
Permits Issued for "Information Only" Systems for Year-To-Date.....	3	4
Permits Voided for Report Interval.....	0	1
Permits Voided for Year	0	1
Total Private Sewage Disposal System Permits Issued for Report Interval	29	26
Total Private Sewage Disposal System Permits Issued for Year-To-Date	51	48
Septic System Evaluations Received and Reviewed for Report Interval	46	50
Septic System Evaluations Received and Reviewed for Year-To-Date	124	128

	<u>2016</u>	<u>2015</u>
Licensed Private Sewage System Installers for Report Interval	1	1
Licensed Private Sewage System Installers for Year-To-Date	25	26

	<u>2016</u>	<u>2015</u>
Licensed Private Sewage System Pumpers for Report Interval.....	1	0
Licensed Private Sewage System Pumpers for Year-To-Date.....	14	17

PRIVATE SEWAGE SYSTEM COMPLAINTS

	<u>2016</u>	<u>2015</u>
Private Sewage System Complaints for Report Interval.....	0	1
Private Sewage System Complaints for Year-To-Date.....	2	6

OTHER SEWAGE RELATED COMPLAINTS

	<u>2016</u>	<u>2015</u>
Other Sewage Complaints Received for Report Interval.....	1	0
Other Sewage Complaints Received for Year-To-Date.....	1	2

POTABLE WATER PROGRAM

	<u>2016</u>	<u>2015</u>
Private Water Reports Sent Out for Report Interval.....	27	23
Private Water Reports Sent Out For Year-To-Date.....	75	106

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

WATER WELL PROGRAM

	<u>2016</u>	<u>2015</u>
Water Well Permits Issued for Report Interval.....	6	12
Water Well Permits Issued for Year-To-Date.....	17	28
Abandoned Water Wells Properly Sealed for Report Interval.....	5	8
Abandoned Water Wells Properly Sealed Year-To-Date.....	14	14

GEOHERMAL EXCHANGE SYSTEM PROGRAM

	<u>2016</u>	<u>2015</u>
Geothermal Exchange System Registrations for Report Interval.....	9	9
Geothermal Exchange System Registrations Year-To Date.....	20	14

TANNING FACILITY INSPECTION PROGRAM

	<u>2016</u>	<u>2015</u>
Number of IDPH Licensed Tanning Facilities in McLean County.....	13	15

SOLID WASTE, NUISANCES, PEST CONTROL AND OTHER ENVIRONMENTAL COMPLAINTS

	<u>2016</u>	<u>2015</u>
Complaints Received for Report Interval	6	8
Complaints Received for Year-To-Date	16	10

WEST NILE VIRUS SURVEILLANCE ACTIVITY

West Nile Virus Environmental Surveillance Update				30-Jun-2016			
	▶	Number Collected in all Counties	# WNV Positive	% WNV Positive	McLean County		
					Number collected in county	# WNV Positive	% WNV Positive
2016 MOSQUITO SURVEILLANCE SAMPLES	▶	1,893	14	0.7%	66	0	0%
2016 BIRD SURVEILLANCE SAMPLES	▶	9	2	22.2%	0	0	0%
WNV Positive Counties - 2016	▶	11					
<i>As of this Date, Human Cases Reported - 2016</i>	▶	1			0		
▶ 2015 Historical Data as of this Date for Comparison							
2015 MOSQUITO SURVEILLANCE SAMPLES	▶	3,773	25	.7%	88	0	0%
2015 BIRD SURVEILLANCE SAMPLES	▶	128	2	1.6%	2	1	50%
WNV Positive Counties as of this Date - 2015	▶	11					
Total Human Cases Reported for 2015	▶	77 cases			0		
2012 Historical Data as of this Date for Comparison - HIGH WNV Activity Year							
2012 MOSQUITO SURVEILLANCE SAMPLES	▶	4,015	106	2.6%	66	0	0%
2012 BIRD SURVEILLANCE SAMPLES	▶	301	18	6.0%	3	0	0%
WNV Positive Counties as of this Date - 2012	▶	19					
Total Human Cases Reported for 2012	▶	290 cases			1		

MEMO

To: The McLean County Board of Health (553 Board)
From: Laura Beavers-MCHD
Date: July 5, 2016
Subject: Behavioral Health Calendar Year 17 Funding Process

Funding Process

Please see the attached Working 2017 Funding Timeline. As noted, the behavioral health application process began on June 24, 2016. As of date, six providers/entities have registered in the system. Registered entities include:

- The Baby Fold
- Chestnut Health Systems
- McLean County Center for Human Services
- McLean County Court Services
- PATH
- Project Oz

All applications must be submitted by 4:00 pm on July 25, 2016. Board members will be able to view applications within the web based electronic service system beginning on June 27, 2016. For your convenience, we have scheduled additional board training on June 27, 2016 at 8:30 am. We anticipate oral presentations will be held during the time period of August 8, 2016 through August 19, 2016. We encourage board members to attend as many presentations as possible. If you are unable to attend a presentation, and have questions for an applicant, please send your written questions to me at laura.beavers@mcleancountyil.gov. A synopsis of the applications with draft recommendations will be discussed at the September 14, 2016 Board of Health meeting. We hope to finalize all funding recommendations by the November 9, 2016 Board of Health meeting.

Opportunities and Challenges

Projected CY 17 Allocation Table

Board	CY 16 Budgeted Dollars	CY 17 Projected Allocation
BOH(553)	\$1,292,703.00	\$1,335,313.00
DD (377)	\$ 676,341.00	\$ 687,162.00
Total	\$1,969,044.00	\$2,022,475.00

The ongoing State of Illinois budget continues to have a significant impact on behavioral health services in Illinois. There are several areas of concern:

1. Needs-The local needs exceed the available funding. Prioritizing community needs will be critical. Dollars must be allocated birth to grave, across sections of prevention, early intervention, treatment, and recovery. United Way also significantly decreased funding to local providers/entities. This may result in larger financial requests and/or new applicants.
2. Medicaid-Locally, we continue to have a shortage of providers that will accept Medicaid as a form of payment. The State of Illinois reimbursement cost remains significantly lower and reimbursement for services is consistently delayed. Some providers/entities are limiting the number of Medicaid participants and/or refusing to provide services to the Medicaid population. We are prohibited from using local levy dollars to supplement Medicaid costs. This is particularly challenging in the areas of early intervention services and psychiatric services.
3. Psychiatric Leadership Grant-The State of Illinois eliminated the psychiatric leadership grant that provided dollars to local community mental health providers to cover psychiatric costs. The elimination of these dollars is significant. In addition, local dollars designated to psychiatric services was also decreased. On June 30, 2016, Governor Rauner signed Senate Bill 2047. A segment of Senate Bill 2047 is designed to increase reimbursement rates for psychiatric service provided by a physician or community mental health provider. It is anticipated the increased reimbursement will be effective July 1, 2016 through June 30, 2017. As of date, we are awaiting additional information regarding the potential rate change, and the impact this will have on our local service provision.
4. Administrative Fees-Our funding guidelines limit indirect and administrative costs to 15% of the total grant request. Some providers/entities have expressed concern regarding this limitation as their costs exceed 15%. Many providers have applied for a Negotiated Indirect Cost Rate (NICRA) with the State of Illinois or the Federal Government. Thus far, indirect costs are ranging between 27% to 42%. If we were to use a higher indirect rate, it would lessen the amount of direct service grant funds. Please note that the Grants Accountability and Transparency Act (GATA) also limits indirect costs to 10% unless the using the NICRA rate.

Although there are many challenges, there are also many opportunities to improve the health and wellness of our community. The use of the new web based health service system should greatly improve our abilities to analyze grant proposals. Should you have any questions or concern, please contact me at 309-888-5526 or laura.beavers@mcleancountyil.gov.

**MCLEAN COUNTY HEALTH DEPARTMENT
Working 2017 Funding Timeline**

Date	Activity	Responsible Party
10/26/15	Review & Revise Guidelines, Priorities and Application	BOH/377 and MCHD Staff
12/2/15	Review & Revise Guidelines, Priorities and Application	BOH/377 and MCHD Staff
1/26/16	Research & Explore Electronic Health Service Reporting System	MCHD Staff
January – February 2016	Revisions to Guidelines, Priorities and Application	MCHD Staff
2/2/16	Discussion of Electronic Reporting, Data Collection and Reporting; Review, Recommend and Revise Guidelines, Priorities and Application	BOH/377 and MCHD Staff
2/19/16	Presentation of Electronic Health Service Reporting System	BOH/377 and MCHD Staff
4/8/16	Review Funding Guidelines, Practices and Application	MHAB and MCHD Staff
May – June 2016	Finalize Electronic Health Service System	County wide Staff
6/22/16	Provider Technical Assistance Meeting	EMK Consulting LLC and MCHD Staff
6/24/16	RFP Posted	EMK Consulting LLC and MCHD Staff
6/27/16	Board Training	BOH/377
7/25/16 at 4:00 pm	Applications Due	Interested Partners
7/26/16-8/7/16	Review Applications via Website	BOH and MCHD Staff
8/2/16	Funding Discussion	Joint Meeting BOH/377
Time Period of 8/8/16-8/19/16	Oral BOH Presentations	BOH and MCHD Staff
8/26/16	Review 2017 Proposed Programming	MHAB and MCHD Staff
Time Period of 8/23/16-9/9/16	Oral Presentations	377 and MCHD Staff
9/14/16	Funding Discussion, Questions and Potential Recommendations	BOH and MCHD Staff

Date	Activity	Responsible Party
10/4/16	Funding Discussion	Joint Meeting BOH/377
10/13/2016	Recommendations for 377 Funding	377 Board Meeting
10/28/16	Review 2017 Proposed Programming	MHAB and MCHD Staff
11/9/16	Recommendations for BOH Funding	BOH Scheduled Meeting
11/11/16	Notification of Funding Approval Letters – Pending Budget	MCHD Staff
November	Work on Contracts	MCHD Staff
12/1/16	Provider Meeting and Distribution of Contracts	MCHD Staff and Funded Partners
12/15/16	Return Due Date of Contracts	Funded Partners

U:\Administration\MTL\CY17\MHAB\Working 2017 Funding Timeline

MEMO

To: The McLean County Board of Health (553 Board)
From: Laura Beavers and Walt Howe
Date: July 5, 2016
Subject: Behavioral Health and Wellness

The prevention, intervention and treatment of chronic diseases is a pillar of public health. Individuals affected with mental illness and substance use disorders are more likely to suffer from chronic health conditions. By 2020, depression is expected to be second only to heart disease as a source of the global burden of disease. (Champan, Perry, and Strine, 2005) Each year, serious mental illness costs Americans \$193 billion in lost earnings. The National Institute of Health indicates that much of the economic burden of mental illness is not only the cost of care, but also the loss of income due to unemployment, expenses for social supports, and a range of ancillary costs due to a chronic disability that begins early in life. For years, the physical health world and the behavioral health world has operated separately. In order to implement effective interventions, we must treat individuals holistically, treating both the body and mind.

Multiple research studies indicate that individuals with severe mental illness and substance use disorders have significant health challenges. In comparison to the general population, persons with major mental illness lose 25-30 years of normal life expectancy. Research indicates those suffering with mental illness are more likely to have asthma, arthritis, cardiovascular disease, cancer, diabetes, and obesity.

Modifiable risk factors for those with serious mental illness and substance use disorders include:

- Obesity
- Nutrition
- Physical Activity
- Smoking
- Stress
- Diabetes
- Hypertension

In efforts to increase the life expectancy of individuals diagnosed with behavioral health challenges, reduce costs, and improve the health and wellness of our community, we respectfully request approval to budget \$300,000.00 in Calendar Year 2017 to implement a Behavioral Health and Wellness pilot project. Specifically, we would request proposals from local providers/entities to implement evidenced informed behavioral change programming. A couple of examples of this type of programming includes, smoking cessation services, walking programs, collaboration projects with local gyms, etc. Should you have any questions, please contact me at 309-888-5526 or laura.beavers@mcleancountyil.gov.

DIRECTOR'S REPORT

July, 2016

1. Attachment B. is a listing of all new applications for the upcoming FY17 State of Illinois continuing grants. Grant applications are provided to both the Illinois Department of Public Health and the Illinois Department of Human Services. Both code departments require the use of the new Government Accountability and Transparency Act requirements be met, each use their own applications systems of either Electronic Grants and Management System (EGrAMS) for IDPH or the Uniform Grants Administration system (UGA) for IDHS. This has made the application process much more labor intensive and requires substantial amount of duplicate data provision. **Items for Action, New Business. Staff recommends approval of application for ongoing FY17 state grants.**

2. Attachment B also copies of new FY17 IDHS grants that have been received to date. The IDHS has written and apologized for delays in issuing all executed FY17 UGA's. As guidance, they have provided written notification that if you have received your FY17 UGA for without yet receiving your contract, you may begin providing services as of July 1, 2016. This is important for the fact that it provides legal authority to provide services on behalf of the state code department prior to an executed contract. More IDHS contracts will be coming. **Items for Action, New Business. Staff recommends approval of FY17 continuing grant contracts.**

3. Attachment C. is a proposal to temporarily extend services of the Child Care Nurse Consultant program that was abruptly discontinued by the Illinois Department of Human Services effective June 30, 2016. This is a critical important health and safety resource for child care facilities to ensure child care environments are safe and healthy for children. Information on the program is in the packet. Staff would like the Board of Health to approve the Health Department continue to financially support this program on a part-time basis through December 31, 2016 to work with child care centers on a gradual transition from the support provided to them from this program for the last 18 years. Funds would be available from FCM reserves. **New Business, Items for Action. Staff recommends approval of temporarily offering a gradual transition away from full-time Child Care Nurse Consultant with a target end date of December 31, 2016.**

4. Stop Gap Budget SB2047 SUMMARY

SB 2047 as passed and signed by Governor Rauner appropriates a total of \$75 billion for FY16 (\$25 billion) and FY17 (\$50 billion) agency operations, grant lines, capital, and other state spending. \$7,679,693,700 of this appropriation is GRF, \$701,323,000 of this appropriation is from the Commitment to Human Services Fund, \$275,000,000 is from the Budget Stabilization Fund, \$690,502,500 is from the Education Assistance Fund, \$442,498,000 is from the Fund for the Advancement of Education, and the remainder is from Other State and Federal Funds.

Stop-gap Budget Approved

The General Assembly returned to Springfield last week after a month-long break to take act upon a stop-gap budget plan that will keep state government running for the next six months.

Included in the package of legislation is a spending plan that provides money for K-12 education, allowing schools to open as scheduled this fall. Legislators also voted to provide funds for the embattled Chicago Public Schools, signing off on \$100 million in additional general state aid to CPS, as well as more spending for the CPS Pension Fund. In addition, a measure granting the CPS board authority to levy an additional property tax to generate added revenue for the pension fund.

State universities will benefit under the plan with appropriations for university operations and funding for the state's Monetary Assistance Program, which provides need-based aid to college students. The budget agreement does not include any components of Governor Bruce Rauner's Turnaround agenda, but does include appropriations for state government operation costs for corrections facilities, road projects and other purposes sought by the administration and omitted from previous budget proposals.

The stop-gap effort was the result of weeks of meetings between bi-partisan legislative working groups. The term "stop-gap" is apt; the plan is dependent on money swept from state special purpose funds, state income tax revenue and forgiveness of previous fund borrowing, and will only get the state past the general election. While the bill passed both the House and Senate with strong majorities, Governor Rauner has said publicly that it is not a balanced budget but merely a step toward long-term solutions, including the remainder of state fiscal year 2017.

What SB 2047 means to us

The House GOP budget staff has indicated that for all practical purposes we are finished with FY16. When asked if it was fair to say that human services was funded at 65% and he said yes but the Administration will say it is closer to 90% if you include "all" funds. Regardless, FY16 is put to bed and we in human services got a cut. FY 17 they believe will be a mess comes January and open for additional negotiations and movement on numbers. We have to be very vigilante. Based upon our best estimate today, we anticipate that we will have approximately \$711,380 in state grant expenses that will not be collected for FY16. Once we get a final handle on the exact total of accrued revenue that is left unpaid, we will begin the process of reducing receivables and anticipate covering expenses with available unencumbered fund balance resources. **New Business, Items for Discussion.**

ATTACHMENT B

CONTRACTS/GRANT APPLICATION LIST
BOARD OF HEALTH July 13, 2016

DOCUMENT TYPE	FUNDING AGENCY	FUNDING PERIOD	NEW OR RENEWAL	PRIOR FUNDING	NEW TOTAL	DESCRIPTION
1 CONTRACT	Dept of Human Services	7/01/16 - 6/30/17	RENEWAL	\$421,399.00		\$417,000 WIC
2 CONTRACT	Dept of Human Services	7/01/16 - 6/30/17	RENEWAL	\$7,100.00		11,000.00 BFPC
3 CONTRACT	Dept of Human Services	7/01/16 - 6/30/17	RENEWAL	\$1,000.00		1,000.00 Farmer's Market
4 CONTRACT	Dept of Human Services	7/01/16 - 6/30/17	RENEWAL	\$360,000.00		450,000.00 BBO
5 APPLICATION	Dept of Human Services	7/01/16 - 6/30/17	RENEWAL	\$72,000.00		72,000.00 AOK
6 APPLICATION	Dept of Human Services	7/01/16 - 6/30/17	RENEWAL	\$320,124.00		352,136.00 FCM
7 APPLICATION	IDPH	7/01/16 - 6/30/17	RENEWAL	\$180,278.00		180,278.00 LHPG
8 APPLICATION	IDPH	7/01/16-6/30/17	RENEWAL	\$126,294.00		104,143.00 PHEP
9 APPLICATION	IDPH	7/01/16-6/30-17	RENEWAL	11,500.00		11,500.00 Genetics

CONTRACT

- 1 WIC Grant is reduced by \$4399. This reduction was anticipated. Case load for WIC is down across the county and reduction is an attempt to assist with balancing the state budget.
- 2 Peer Counselor Grant reflects only 1/4 of year award. \Balance of contract comes in October.
- 3 Farmers Market Grant remains at same level.
- 4 The DHS funds the Better Birth Outcomes program designed to provide intensive case management to high risk pregnant women in an attempt to reduce premature or low birth weight births. Contract increase \$90,000.

APPLICATIONS

- 5 The purpose of the AOK program gathers together a network of service providers and family members of very young children to ensure that all children under the age of five years and their families have the opportunity to receive the services they need. Level funding.
- 6 DHS funds the Family Case Management program to provide comprehensive case management services for income-eligible families with a pregnant woman, infant or special needs child. The primary goals focus on promoting healthy pregnancies, decreasing infant mortality, and assuring access to healthcare.
- 7 The purpose of the Local Health Protection grant is to ensure that basic levels of protection for Illinois residents are maintained at the community level for infectious diseases, food protection, safety of the potable water supply, and private sewage disposal. Grant amount identical to prior year.
- 8 PHEP Grant has been reduced by \$22,151 due to shift 1 state resources for Zika Intervention and Surveillance.
- 9 Application to IDPH for Genetics Education and Follow-up Grant. This grant is used to increase the availability of genetic services to McLean County families who have a family member with an heritable condition. Application total is identical to current FY16 contract.

All contracts and/or grant applications may be reviewed in their entirety upon request.

THE SPECIAL SUPPLEMENTAL NUTRITION PROGRAM FOR WOMEN, INFANTS, AND CHILDREN (WIC)

WIC is a public health nutrition program under the USDA providing nutrition education, nutritious foods, breastfeeding support and health care referrals, at no cost, for income eligible women, who are pregnant or postpartum, and infants and children up to age five. The program encourages regular health care and promotes breastfeeding and good nutrition through education. Supplemental food packages are prescribed to participants in a non-cash form (food instruments), which are redeemed for specific food items through local participating grocery stores.

BREASTFEEDING PEER COUNSELOR PROGRAM (BPC)

The Breastfeeding Peer Counselor Program, funded through USDA, provides breastfeeding education and support to pregnant and breastfeeding women by a peer. The Peer Counselor is a member of the community, with similar characteristics of WIC clients. The PC is a paraprofessional support person who gives basic breastfeeding information and encouragement to WIC pregnant and breastfeeding mothers and should be a current or previous WIC client who is enthusiastic about breastfeeding, with a desire to help other mothers enjoy a positive breastfeeding experience.

FARMERS MARKET NUTRITION PROGRAM (FMNP)

The Farmer's Market Nutrition Program provides fresh, nutritious, unprepared, locally grown fruits and vegetables through Bloomington's farmers' market, to WIC participants. The program intent is to expand awareness of, use of, and sales at farmers' markets and is funded through USDA.

BETTER BIRTH OUTCOMES PROGRAM (BBO)

The Illinois Department of Human Services funds the Better Birth Outcomes program to select counties in Illinois who incur higher Medicaid costs due to premature or low birth weight births. Pregnant women are screened for risk of premature or low birth weight birth outcomes and those found at high risk are intensively case managed throughout their pregnancy in an effort to achieve better birth outcomes and reduce Medicaid costs.

FAMILY CASE MANAGEMENT PROGRAM (FCM)

The Illinois Department of Human Services funds the Family Case Management Program to provide comprehensive case management services for income-eligible families with a pregnant woman, infant or special needs child. The primary goals focus on promoting healthy pregnancies, decreasing infant mortality, decreasing the incidence of low birth weight births and assuring access to health care for mothers and babies. Clients are assisted with applications for All Kids or temporary medical cards and are referred to participating medical care providers.

GENETIC EDUCATION AND FOLLOW-UP SERVICES

The Genetics Program is funded by the Illinois Department of Public Health to provide access to genetic services to families with concerns about inherited conditions. Family Case Management Program clients are educated about genetic risks and those with risks identified through newborn screening or family health history are referred for genetic counseling.

ALL OUR KIDS: EARLY CHILDHOOD NETWORK

This program gathers together a network of service providers and family members of very young children to ensure that all children under the age of five years and their families have the opportunity to receive the services they need. These services may include: prenatal care, well baby checkups, immunizations, parenting education, child care and specialized services such as speech therapy, physical therapy or home visits. AOK Networks share the goals that babies are born healthy, children maintain physical and emotional health, children enter school ready to learn and families know about community resources and are connected to the services they need.

PUBLIC HEALTH EMERGENCY PLANNING AND RESPONSE PROGRAM

The program is funded primarily by the Local Health Department Public Health Emergency Preparedness (PHEP) Grant from the IDPH Office of Preparedness through a Cooperative Agreement from the CDC during FY17. Smaller grants through NACCHO are periodically available to, in part, support additional activities of the MCHD Medical Reserve Corps unit, which is supervised by the MCHD Public Health Emergency Planning and Response Program (PHEPRP). The PHEPRP uses the available funding to develop, maintain, and update public health response plans and integrate plans with outside agency response documents in order to maintain an All-Hazards approach to public health emergency planning. In addition, funding is used to coordinate training exercises with local responders and other community partners, and to assure staff is trained in incident command, SIREN and CEMP. It also ensures 24/7 response capability, workforce competency, risk communication capability and disease surveillance. The program is intended to meet the community's needs in case of a public health emergency such as natural disasters, a bioterrorism incident, major infectious disease outbreak event or pandemic influenza. In addition, recruiting and training MRC volunteers to provide critical surge capacity for public health emergencies will continue to be a key component of the Department's response planning.



Bruce Rauner, *Governor*

James T. Dimas, *Secretary*

100 South Grand Avenue, East • Springfield, Illinois 62762
401 South Clinton Street • Chicago, Illinois 60607

To: Walt Howe, Director McLean County Health Department
From: Holly Knicker, Child Care Quality Program Manager
Date: June 7, 2016

Dear Mr. Howe,

As you are aware, the Healthy Child Care Illinois (HCCI) program which supports Child Care Nurse Consultant (CCNC) positions and services is no longer a statewide program. Over the past several State fiscal years, fewer and fewer regional service delivery areas have been served through this program. IDHS has made the decision to no longer contract for these services as of July 1, 2016, and work with the remaining contractors to close out program services as of June 30, 2016.

IDHS sincerely thanks your agency and staff for the many years of partnership and service delivery that have occurred. Your health department's long term efforts to deliver HCCI services to child care providers, families and your communities are appreciated.

To close out your agency's current FY 16 contract, final expenditure and program reports will be due by July 15, 2016. If you have any questions please contact Cindy Wall, HCCI Program Manager, at (217)785-9346 or at cynthia.wall@illinois.gov.

Sincerely,

A handwritten signature in cursive script that reads 'Holly Knicker'.

Holly Knicker
Child Care Quality Program Manager
Bureau of Child Care and Development

Cc: Susan Albee
Cindy Wall

Child Care Nurse Consultant

Main Purpose: Health and Safety Resource for Child Care to ensure child care environments are safe and healthy for all children, so children can grow and develop in a quality child care environment

How the purpose is accomplished:

- On-site, phone and email consultations on various health and safety issues
 - Head lice, rashes, temp. policies, immunizations, diabetes, food allergies, use of an Epi pen, too hot or too cold to go outside, child development, early intervention services, complicated medical issues in children – seizures, feeding tube; communicable illnesses – Hand, Foot and Mouth, Molluscum Contagiosum, Cytomegalovirus (CMV), Fifth Disease, Impetigo, RSV, Rotavirus
- Provide training and education to providers when they have or are getting a child with special health needs – diabetes, Epi-pen, seizures, congenital adrenal hyperplasia (CAH)
- Provide up-to-date information on current illness outbreaks
 - Measles, mumps, pertussis
- Present trainings and workshops on a variety of health and safety topics
 - CCRRN Training calendar, staff meetings at centers, in-services for center staff, Family Child Care Associations Meetings
- Provide health/safety education programs for parents
 - Workshops, handouts
- Provide health/safety education programs for children
 - Hand washing, oral health, nutrition, poison prevention, OK/Not Ok Touches, sun safety, water safety
- Assess health and safety practices in child care centers and homes
- Assist child care providers in developing health and safety policies and procedures
- Assess current health and safety policies and procedures
 - Still relevant, information accurate, updates needed

Examples of Assistance

The CCNC was called by the mother of a child with congenital adrenal hyperplasia (CAH). This condition causes his adrenal glands to not produce enough cortisol. This can result in a life-threatening "adrenal crisis" resulting in a seriously low level of sodium in the blood, diarrhea, vomiting, dehydration, low blood sugar levels and shock. This mother was attempting to enroll her child in a child care center but because of his complicated medical condition the center was requesting a medical person train the staff of the center on how to care for his condition, including the possibility of giving him an IM injection. The CCNC coordinated a meeting between the mother, the center director and assistant director, the classroom teachers and the CCNC. At this meeting the CCNC lead a discussion about the condition, possible complications and possible medical needs. The mother had a medical care plan for the child but after going through it with the staff the CCNC determined that more detailed information was needed to properly care for the child. The mother stated she would create a new care plan with more step-by-step instructions on what to do on a daily basis and what to do in an emergency situation – including a more detailed description of if this happens you do this, and if this happens you do this. The director and assistant director stated they felt this would help them to better care for this child. The CCNC also taught the staff how to draw up and give an IM injection. They were very nervous about this but stated they felt much better after the instruction they were given. With the help of the CCNC a child was able to be enrolled in child care, the parents were able to continue to work, the child care staff were better prepared to care for a medical crisis and the child would receive appropriate care.

The CCNC was asked by a child care director to educate herself and her staff on seizures and specifically a child with a seizure disorder. This child has a complicated seizure disorder with some unusual types of seizures. The CCNC educated the staff on general care of a child having a seizure. The CCNC also educated the staff on the child's seizure care plan, going over what his seizures look like and what to do for him if he is having a seizure. The CCNC also covered what is considered an emergency concerning his seizures and what to do in that situation. As a result, the staff were better informed and better able to care for the child and the child was ensured to be cared for by providers that would know how best to care for him and his condition.

A director of a child care center called to ask about Cytomegalovirus (CMV). The director states they have a child with CMV and she has staff that are very concerned and she needs information about it and any precautions they should be taking and should the child even be in care at this time. The CCNC explained what CMV is and that in most cases there is no need to be concerned as most children have CMV and most of the time you do not even know they have it. The CCNC also explained that CMV is a concern if they have any staff members that are pregnant; it can cause birth defects. The CCNC recommended that if they have any staff that are pregnant or are thinking of becoming pregnant to have them speak with their Dr. about any concerns or risks. The director states this child was born with CMV and has complications from it, she also states she was told the child could still be shedding the virus. The CCNC provided information on precautions to reduce the spread of CMV to staff and the children. The CCNC also provided the director with an informational handout on CMV from the American Academy of Pediatrics and encouraged her to call if she had any further questions or concerns. Several days later the CCNC received a call from a school nurse. She states they were going to have a child with CMV in their early child care (ECE) program next year and wanted more information about the illness. The school nurse stated she had talked to the child care center the child goes to and they had suggested to call me for information. This was the same child the CCNC had already been asked about, she was going to be leaving the child care center in the fall and going to an ECE program in a public school. The school nurse asked if the CCNC would be able to do a short training to all of the teachers and staff on CMV. The CCNC presented information on CMV, what it is, precautions to take and what risk factors are involved to over 70 teachers, staff and school nurses. A few days after school started the ECE teacher called the CCNC and asked additional questions about specific things in the classroom and how best to handle them in regards to the CMV. The CCNC gave suggestions to help with her concerns. As a result of the CCNC services a child care center director and her staff and over 70 school personal were better informed about CMV and how best to care for a child with the virus; this also resulted in the children at the center and the children at the school being better protected from possible exposure to CMV.



June 27, 2016

To The Board of Health,

The end of the Nurse Consultant program is sad news for child care providers. Providing a safe and healthy environment is a priority when serving young children. Over the 14 years I have been Director at Milestones I have relied on Heidi German, our local nurse consultant, countless times. She has provided expertise in the medical field when dealing with illnesses and disease outbreaks. Heidi has worked in the classrooms directly with teachers and children educating them on topics such as proper hand washing, dental hygiene, and safe touches. This support and education for the teachers is invaluable. She is well respected by the teachers and the feedback she provides is always done in a manner that is well received.

It is impossible to quantify how valuable Heidi had been to me as a director and to my program over the years. The number of children, families and providers impacted by the loss of this program is devastating. Illinois is hurting the most valuable in our state once again...children.

Sincerely,

A handwritten signature in black ink that reads "Dana David". The signature is written in a cursive, flowing style.

Dana David
Executive Director

1207 Six Points Road
Bloomington, IL 61701
309-829-4202

A Shining Learning Center

17 Traders Circle • Normal, IL 61761 • (309) 454-5559

www.ashiningstarnormal.com

June 28, 2016

To Whom it May Concern:

This letter is to notify your agency of the importance of the nurse consultant position for our staff and families at A Shining Star Learning Center.

As a center, we utilize our nurse consultant, Heidi German, in various ways. First and foremost, Heidi has been our infant/toddler nurse for over 14 years. In this position, she oversees our health and safety standards, per DCFS guidelines.

We also use Heidi for training purposes such as water safety, special care, hand washing procedures for children and staff, personal hygiene for the school age children, playground safety instruction for staff, allergy/epi pen information for staff, health and fitness for staff.

Heidi has organized flu shots for the staff and parents within our center. Heidi has been a valuable resource on any medical issues with childhood illnesses or vaccinations. If this nurse position is eliminated, this would create a great lack of professional resource for our center staff.

If you wish to discuss this matter any further, please feel free to contact either Mindy or Jyl at A Shining Star Learning Center, 309-454-5559.

Sincerely,

Jyl Waller, Executive Director

Mindy Daily, Director

"Where Your Child Can Shine Like A Star"



June 30, 2016

McLean County Health Department

To whom it may concern;

It is with great pride and pleasure that I submit this letter of support for Heidi German, the CRRN Nurse Consultant. I have worked with Heidi for approximately the last 20 years as the Health and Nutrition Coordinator, Child Health and Development Content Leader and currently the Child and Family Services Director at Heartland Head Start.

Heidi's knowledge and expertise has proven to be a valuable resource for Heartland Head Start, not only for the children, but families and staff as well. Whenever we had a question concerning health, safety and/or nutrition we were able to contact Heidi, and she was always available. We could ask Heidi for advice about playground safety, bed bugs, communicable diseases, staff wellness etc. Without Heidi as our Nurse Consultant we will spend countless hours seeking out accurate resources and information for our families and staff.

Heidi has also served as our chairperson for our Health Services Advisory Committee (HSAC) for the last 6 years. The HSAC is a federally mandated committee responsible for our program's health plans, recommending employee wellness requirements based on prevalence in our communities, and to ensure that every child and family has a medical and dental home.

In conclusion, I believe Heidi exemplifies all the professional and personal qualities that are essential to the Nurse Consultant position. It is so unfortunate this position has been eliminated state-wide. The health and safety of countless at risk children and families is being held hostage by our legislators.

If I could be of further assistance, do not hesitate to contact me.

Respectfully,

Debra L. O'Connell, M.S. Ed
Child & Family Services Director



Central Office

206 Stillwell St. Bloomington, IL 61701 Phone: 309.662.4880 Fax: 309.662.9470



CENTER

Administrative Office
2708 East Lincoln
Bloomington, IL 61704
Phone (309) 661-5600
Fax (309) 662-4202

Programs

Bloomington Day Care
339 East Wood Street
Bloomington, IL 61701
Phone (309) 829-1541

Kids' Club East
2708 East Lincoln
Bloomington, IL 61704
Phone (309) 663-5437

June 22, 2016

Dear Board of Health:

It has come to my attention that the Early Childhood Education and Care community will be losing an extremely valuable service that is provided by the Child Care Resource and Referral Agency. The nurse consultant is one of the most utilized persons from the CRRN. Since 1998 the early childhood community has relied on the nurse consultant for information of a safety and medical origin.

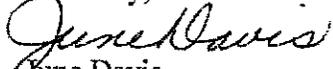
Our nurse consultant, Heidi German has provided trainings to our staff on such topics as SIDS, Safe Sleep for Infants, hand washing/diapering procedures, special needs, and employee safety and health. These are just a few of the trainings Heidi has presented for the adults in the early childhood field. Heidi's expertise in the area of health and safety for young children has been an asset to the early childhood profession.

Heidi German has also spent many hours with the young children in our community programs teaching and encouraging health and safety measures at the children's level of understanding. The presentations for children are too numerous to mention but the favorites have been the Ok-Not Okay Touches and the Hand washing demonstrations.

The nurse consultant has been a person we can rely on to find us answers to medical issues that arise in our early childhood programs. There have been numerous times that Heidi has provided us with clarification of health and safety policies and procedures in a way a non-medical person can understand. This has been extremely helpful to my teachers who are working with parents of young children.

It will be a real shame to see the nurse consultant position
discontinue. A valuable service to young children, parents, and the
early childhood community will be lost. Please reconsider the
discontinuance of this vital service.

Sincerely,



June Davis

Executive Director

Bloomington Day Care Center, Inc.

