

**AGENDA**

- A. Call to Order
- B. Establish Agenda 00
- C. Public Participation
- D. Approve Minutes of July 13, 2016 01-07
- E. Consent Agenda – September
  - 1. Bills to be Paid

		<u>July 2016</u>	<u>August 2016</u>
Health Dept	112-61	\$144,580.24	\$311,545.93
Dental Sealant	102-61	26,896.14	30,491.21
WIC	103-61	20,980.84	15,464.39
Prev Health	105-61	3,447.30	4,865.29
Family Case	106-61	24,706.14	40,605.77
AIDS/CD	107-61	9,131.93	11,716.83
- F. Committee Reports –
  - Mental Health Advisory Board – Cory Tello
  - Behavioral Health Coordinating Council – Sonja Reece
  - County Board – Susan Schafer
- G. Old Business
  - 1. Items For Action
    - a. CY17 Budget - Approval Funds 0102 through Fund 0109, and 0112 A-1
    - b. FY17 Behavioral Health Funding (553) A-2, B
- H. New Business
  - 1. Items For Action
    - a. Contracts/Applications – September 2016 A-3, C
    - b. Budget Amendment – Fund 0103 WIC Grant A-4, D
    - c. Budget and FTE Amendment for Fund 0112 and Fund 0107 A-5, E
    - d. Proposed Amendments to Food Service and Health and Sanitation Ordinances A-6, F
  - 2. Items For Discussion
    - a. Article - Best practices in helping government agencies during disaster recovery A-7, G
    - b. DHFS Public Notice – 1115 Waiver Behavioral Health Transformation A-8, H
- I. DIRECTOR’S REPORT: A
- J. Quarterly Staff Reports
  - 1. Behavioral Health 08-10
  - 2. Community Health Services 11-15
  - 3. Maternal Child Health 16-19
  - 4. Environmental Health 20-23
  - 5. Administration 24
- 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 – JULY 13, 2016

MEMBERS PRESENT: Buchanan, Reece, Bowers, Ginzburg, Kerber, Swanson, Tello, Turley, and Zeunik

MEMBERS ABSENT: Kohlhase

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

CALL TO ORDER: Buchanan called the Board meeting to order at 5:33 p.m. Roll call was taken. There were two additions to the agenda. The first was an addition to New Business, Items for Action, change of meeting date from September 14, 2016 to a date to be determined. The second was Old Business, Items for discussion, an updated Website presentation.

PUBLIC PRESENT: Don Knapp, Asst States Attorney and Edith Brady-Lunny, Pantagraph

5:34 Bowers arrived.

MINUTES: Buchanan requested approval for the minutes of May 11, 2016.

Reece/Turley moved and seconded approval for the minutes of May 11, 2016. Motion carried.

CONSENT AGENDA:

1. Bills to be Paid		<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

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

COMMITTEE REPORTS: Buchanan requested a report from the Mental Health Advisory Board (MHAB). Tello discussed the MHAB meeting of June 24<sup>th</sup> they had both great attendance and engagement. A packet of materials was given to the Board which explained the 12 programs funded by both the 553 and 377 Boards. The MHAB also received the 1<sup>st</sup> quarter quarterly reports that contained statistical information as well as outcome data for the 12 funded programs. The CY17 Funding Guidelines and criteria were discussed and reviewed as well as the link to the mental health action plan, funding timelines, meeting schedules, oral presentations and input on funding applications.

Tello noted that the MHAB was made aware that funding dollars have been reduced both at the federal and state levels and discussing ways to make sure that the community understands the dilemma in McLean County and that we aren't able to supplement funding from Medicare and Medicaid.

Reece reported for the Behavioral Health Coordinating Council (BHCC). Reece reported that there were 17 members at the first meeting, which included a mix of agencies and others from different organizations in the community. The meeting was chaired by John McIntyre, Chair of the McLean County Board. The BHCC plans to meet quarterly to hear updates, ask questions.

There was a report on the grant request from CHS for the Crisis Intervention program to handle the increase number of calls; 210 over a three year period. The increase will also allow for the additional hiring of a project director and statistician, as well as additional training for the police and emergency responders. Training is essential for emergency responders.

The BHCC is reviewing how communication happens between the court system and health providers. The sharing of information is valuable and some medical information can't be shared due to HIPAA. The group is discussing what information can be shared.

5:44 Ginzburg arrived.

Buchanan noted that at the present there won't be a County Board report. Chair John McIntyre has not yet appointed the County Board representative to fill the vacancy that resulted from the resignation of Owens.

Coverston Anderson reported for the John M. Scott Health Care Commission. There is no meeting minutes from the June meeting, but actions from earlier meetings and activities include, as a result of strategic planning efforts last fall, the Commission moving to an all grants program by 2018 and discontinue serving individuals in the current manner. A grants committee and a finance committee have been formed to begin planning for the transition. This year's grant funds will be focused on mental health and oral health.

In April, the Commission voted unanimously to recommend dissolution of the Intergovernmental agreement (IGA) that designates the Township supervisor as administrator of the trust. The rationale is that a large percentage of Judge Scott's money is going towards administrative costs. Last year, 50% of the budget went towards administrative costs. The recommended percentage is 10% or less and not more than 20%. Also, the Affordable Care Act has had significant impact on use of the funds; clients that used to be eligible for assistance through the fund are now eligible for Medicaid so they can no longer receive JMS services. For example, only 4 individuals received services in May, yet the administrative expense was significant.

Coverston Anderson shared the Bloomington City Council serves as Trustee for the trust and they have been notified of the recommendation above. The Commission is interested in helping the health department provide teeth cleanings for adults in the community and maybe willing to provide funds to assist with costs. A pilot program is being discussed. The commission voted to raise the \$200 cap for dental care for individuals receiving assistance from JMHR to \$500 per calendar year. Currently the process is being worked out.

**OLD BUSINESS:** Howe presented the Strategic Plan for review and approval. He noted that the plan was submitted in an electronic format to each member. There was one comment on item 4.3F, action steps, should read, "Utilize plans, including but not limited to the McLean County..... In addition, Buchanan explained the numbering needed to be sequential in that area. Howe stated that those changes will be made and the additional pieces that belong to the Strategic Plan will be added to make it a complete plan. Those are the Executive Summary, Mission Statement, Environmental Scan, and SWOT Analysis,

Buchanan inquired if the additional pages will include outcome measures. Howe stated the intent is to have a crosswalk to the plan with quarterly or semiannual reports.

Reece inquired if the plan will include base level information. Howe stated most were introduced as new items. However, when the first status report is prepared staff can explain the current status of each objective and where we plan to go with those identified.

Turley/Ginzburg moved and seconded the Strategic Plan as presented. Motion carried.

Buchanan asked Lisa Slater, Public Health Communication Specialist to display and explain the new Website. Slater mentioned the Website is easier to navigate and will be a resource for the community. Also, there are places to highlight services that the Department provides. Slater asked the Board, as they take a look at the Website, to send feedback to her. The Board thanked her for her hard work.

**NEW BUSINESS:** Howe asked Coverston Anderson to present the CHNA 2016 Review. Copies of the PowerPoint presentation were distributed so that members could follow along with the presentation. She discussed the history and process that took place to-date.

Coverston Anderson mentioned that they welcomed the opportunity to work with both hospitals and the United Way, and noted that three separate community health plans were written for McLean County and it made sense to generate a joint community health needs assessment for the County. In 2015, the McLean County Community Health Council (CHC) was formulated with 19 other organizations represented and approximately 33 members.

Coverston Anderson reported on the data sources used and the top 13 health issues that were prioritized, by the CHC to the following 6 health issues: access to appropriate healthcare for high socioeconomic need; behavioral health; birth outcomes; obesity; oral health; and respiratory disease. Coverston Anderson explained the Hanlon Method used to identify the top 3 health priorities on February 25, 2016. The top 3 were: behavioral health; access to appropriate healthcare; and obesity. Coverston noted that it was a time consuming project and well worth it.

Reece inquired about the high suicide rates. Beavers explained the largest demographic category shows more suicides in white males, ages 45 to 65 years of age.

Kerber/Bowers moved and seconded the Community Health Needs Assessment for 2016. Motion carried.

Howe requested approval for the Contracts/Applications, included in the packet as Attachment B, which 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 (GATA) 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.

Also included is 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 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.

Tello/Reece moved and seconded the approval for the Contracts/Applications for FY17 as presented. Motion carried.

Howe requested approving 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. Howe explained that this is a critically important health and safety resource for child care facilities to ensure child care environments are safe and healthy for children. Information on the program was in the packet. Staff requested Board of Health approval for the Health Department to 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. Howe noted that funds would be available from FCM reserves. Howe also explained the request is for 30% of the nurse's time is approved for July 1, through December 31, 2016, to assure health and safety of staff and children.

Heidi German, nurse consultant reported the discontinuation of this program is a big void in the County. She further explained that she was the first child care nurse consultant in the County and the coordination between day care facilities and the Health Department is an important piece of public health.

Tello inquired about the handling of routine cases or child specific issues. German explained that there were routine situations but she also assisted with complicated medical cases and trained staff to be able to assist the children in their care.

Kerber stated that it was a sad situation for the daycare centers and that she supported the extension.

Tello/Kerber moved and seconded temporary extension of the Child Care Nurse Consultant, June 30, 2016 through December 31, 2016. Motion carried.

Howe discussed SB 2047, which was passed and signed by Governor Rauner and 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.

Howe explained that public health came out the loser overall with the FY16 State Budget impasse. The department will probably only receive about 65% of the money earmarked from FY16 of the GRF grants. The additional money, somewhere around \$711,000, to continue critical programs, will probably require support from the unappropriated fund balance.

Howe took the opportunity to review the fund balance discussion and explained that is not a simple issue but wanted to explain it better to the Board so they could understand what the fund balance is and also, what it isn't. Howe distributed paperwork that was originally prepared for the Board in January to further explain the necessity to have available funds to tap into while property tax money isn't available in the spring and to respond in the community to prevent and control epidemics and, in case of a crisis, to other public health emergencies.

Howe distributed a copy which contained a balance sheet, copies of court cases, and the articles shared in January. The balance sheet, showed the fund balance ending December 31, 2015. He explained that the audited Health Fund had a balance of \$2,313,000 and showed the existing funds in each program. Howe showed that during January through May of 2016 the department had expenditures of \$2,203,375 and revenue of \$435,117. The net equaled \$1,768,258, which Howe noted cannot be considered a fund balance but an operational fund to maintain programs until taxes are collected.

Howe reviewed the court cases, including the one from McLean County, supporting the Supreme Court threshold on unnecessary accumulation of funds.

Howe reiterated that the fund balance allowed the department to stay open and not cut services, it was good stewardship.

Tello inquired about how close the department was to the 2.84 annual threshold. Howe stated that the department was nowhere close and is about .59.

Reece felt that the court's opinion of three times all of the expenditures was not practical and felt that it should be identified as months of reserves. Reece also stated that it would be helpful to understand the forecast of what is going on with the State, reshape our programs or have a long range forecast. Howe explained that the department is in the midst of analysis and hope to have it prepared in time for the September meeting.

Tello inquired about a digestible way to explain this issue. Bowers appreciated the detail and collection of information. Kerber agreed.

Zeunik stated that this is a point in time and will continually change. He explained the past County practice was to attract special revenue funds that had alternate sources of revenue to allow these funds to cover expenses until property taxes come in during June. The fund balances always change.

Dreyer presented the FY17 County Budget preview explaining that total tax levies for development disabilities, tuberculosis care and treatment, mental health, and public health services represents 0.113% of a property tax payer's overall payment. A handout was distributed to Board members as a preliminary overview until the meeting in September. It showed the FY17 budget highlights and anticipated expenses.

Howe discussed the changing of the September Board meeting from September 14, 2016 due to a scheduling conflict. He explained that it is a critical meeting and asked if Board members would be able to select a different date. Unanimously, the Board selected Wednesday, September 7, 2016, as the September meeting.

DIRECTOR'S REPORT: Items already addressed.

STAFF REPORTS: Coverston Anderson reported for the Community Health Services division and noted the report was on packet pages 7 through 10. Coverston Anderson explained the department prepared and presented a proposal for John Scott Health Commission to provide adult preventive dental services with the assistance of JSHC funding. Medicaid doesn't pay for adult hygiene services unless it is for pregnant women. If approved, hygiene appointments could be incorporated into the current adult schedule of Friday mornings.

Coverston Anderson updated the Board that Trumenba (Meningitis B) vaccine was recently added to the VFC inventory and is also available for clients with private insurance.

Coverston Anderson explained that the department was notified in June that CDC is no longer recommending the nasal flu vaccine (FluMist) be utilized for any age group due to its decreased efficacy.

Coverston Anderson noted that as of July 1, 2016, the STI/HIV program will begin billing insurance for sexually transmitted infections or HIV services.

Coverston Anderson reported that on June 22, 2016, David Hopper, emergency preparedness coordinator, was presented an award at the Public Health Emergency Preparedness Summit. The award was for the "Most Relevant to Preparedness Presentation". His poster was on the Functional Needs Mapping Project. A copy of the award was on page 10 in the packet.

Anderson K reported for the Maternal/Child Health division and noted the report was on packet pages 11 through 14. She explained a photo shoot was held in April with breastfeeding WIC clients and staff. Posters and canvases have been hung in the clinic. Many of the photos are also being used to promote the breastfeeding program on social media with favorable responses from the public. One WIC dad, who was part of the photo shoot, was excited that his family's photo was chosen for display and came into clinic just to take a photo of his family picture on the wall.

Anderson K updated the Board on lead testing done in the WIC clinic. She also explained the delay from the state lab due to key testing equipment being non-functional at this time. Test samples are being sent to other labs in the state so that results can be obtained before the samples degrade.

Anderson K spoke about the recent increase of pregnant women and the baby boom in the clinic. She noted that the BBO program caseload increased in June.

Ginzburg questioned the anecdote on page 12 in the packet. As a physician, he was concerned with the difficulty the woman had in obtaining follow up care for a delivery complication. He explained that there are rules and regulations that must be followed and the treating physician should be held accountable. He strongly felt that this issue must be reported. Howe stated that he will assure that the situation is reported.

Anderson T reported for the Environmental Health division and stated his report was on packet pages 15 through 18. Anderson T stated that the Food program continues to be busy and they have received plan reviews for 3 long term care facilities; making this a total of 6 new long term care facilities within recent years.

Anderson T explained that the Geo Thermal program continues to be busy. Parkside Junior High recently installed 120 wells that took 18 days to inspect.

Anderson T stated discussions will need to be initiated to determine if the department should renew the Tanning program contract because the amount reimbursed by the state doesn't cover the cost of inspections. Anderson T further explained that since Tanning was labeled as a Class 1 Carcinogen and children under the age of 18 aren't allowed to tan, business has dropped and many establishments have closed.

Anderson T reviewed page 18 in the packet on the West Nile Virus surveillance activity ending June 30, 2016. He also explained that the State of Illinois is negotiating a contract for bird testing with the U of I Vet Lab and gave an update on ability to test specific birds in house.

Beavers stated that the Behavioral Health report was on packet pages 19 through 23. Beavers reviewed the funding timeline for FY17.

Beavers explained that the State of Illinois eliminated the psychiatric leadership grant that provided funding to local mental health providers which covered psychiatric costs and it has had a significant impact on providers. Beavers did note that SB2047 is designed to increase reimbursement rates for psychiatric service, however to date they are still waiting for additional information. Unfortunately, the psychiatric services cuts can't be supplemented with tax dollars.

Beavers reviewed the memo on page 23 and explained that individuals affected with mental illness and substance abuse disorders are more likely to suffer from chronic health conditions. In an effort to increase the life expectancy of individuals diagnosed with behavioral health challenges and improve the health and wellness of the community, staff is requesting the approval, to the FY17 Budget, \$300,000 to implement a Behavioral Health and Wellness pilot project.

More on this issue will be provided at the September meeting during the FY17 Budget Presentation. Tello offered that she thought it was a wonderful opportunity for the community.

**BOARD ISSUES:**

Ginzburg/Bowers moved and seconded to go in to Closed Session at 7:45 p.m. Motion carried.

**RECONVENE:**

Ginzburg/Bowers moved and seconded to reconvene the Board of Health meeting at 8:57 p.m. Motion carried.

**ITEMS FOR ACTION:** Buchanan indicated there would be no action taken.

**ITEMS FOR DISCUSSION:** The Board of Health has completed their annual evaluation of the Director of the McLean County Health Department. The Board has identified performance goals to be accomplished by the Director in the next year. Timelines and target completion dates have been established. The Board of Health will do periodic review of the status. The goals provide a path for forward movement, enhanced accountability and increased communication at all levels, while working to continue and enhance the high level of professional services offered by the Health department.

The Board of Health is committed to being an active, informed partner in leading policy decisions to protect and improve public health. Included in this commitment is the recognition that the McLean County Department of Public Health, as a part of McLean County Government, will engage community, professional and government partners in a collaborative and cooperative manner that recognizes the importance and value of those relationships.

**ADJOURN:** Ginzburg moved and the Board of Health meeting was adjourned at 9:00 p.m.

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

Quarter	Total New Served	Total Served	Total Allocated Funding
Q1	1348	5746	\$318,018.39
Q2	2760	5358	\$318,018.39
Q3			
Q4			
<b>CY 16 TOTAL</b>	<b>4108</b>	<b>11,104</b> *duplicated	<b>\$636,036.78</b>

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**Agency Specific Quarterly Data**  
**April 1, 2016- June 30, 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	4	13	
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	4	58	
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	16	73	
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	424	512	
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	16	79	
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	1993	3940	
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	72	97	\$ 40,000
Q2 – April – Jun	51	109	
Q3 – July – Sept			
Q4 – Oct – Dec			

# 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	7	18	
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	232	556	
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	13	25	
Q3 – July - Sept			
Q4 – Oct - Dec			

**COMMUNITY HEALTH SERVICES DIVISION**  
**McLean County Board of Health—2<sup>nd</sup> Quarter Report**  
 For September 7<sup>th</sup>, 2016

**Highlights and Service Trends:**

**Community Health:**

- **Dental Program:**
  - Meetings continue with local stakeholders to discuss short-term and long-term planning for oral health needs in McLean County.
  - **Adult Dental:** The 2<sup>nd</sup> Quarter # of dental appointments kept (N=63) showed a decrease of 18% in comparison to the same time period in 2015 (N=77). (1<sup>st</sup> Quarter: 38% decrease in 2016 compared to 1<sup>st</sup> Quarter of 2015).
  - **Child Dental:** The 2<sup>nd</sup> Quarter # of dental appointments kept (N=1270) showed a decrease of 1.7% in comparison to the same time period in 2015 (N=1293). (1<sup>st</sup> Quarter: 10.5% increase in 2016 compared to 1<sup>st</sup> Quarter of 2015).
  
- **Immunizations:**
  - **2<sup>nd</sup> Quarter Vaccines for Children (VFC):**
    - The 2<sup>nd</sup> Quarter # of VFC immunizations given (N=2264) showed a decrease of 24% in comparison to the same time period in 2015 (N=2992). (1<sup>st</sup> Quarter: 16.8% increase in 2016 compared to 1<sup>st</sup> Quarter of 2015).
    - To assist with minimizing the back-to-school rush in August, 2 outreach clinics were conducted in May at local schools to provide the required Varicella and Meningitis vaccines. A total of 29 clients were seen (11 VFC; 18 private insurance/self-pay).
  - **3<sup>rd</sup> Quarter Activities:**
    - **Strategies to reduce the summer back-to-school rush:** Several approaches were used to assist with meeting immunization needs: 1) two additional late afternoon/evening clinics were offered; 2) throughout August, appointments were made for infants and required school vaccines only; 3) 5 outreach clinics (for the meningitis requirement) were held at NCHS, NWHS, BHS, and Ridgeview; and, 4) for the 4 days before, during and immediately after the start of school (8/16-8/19), the Child Immunization Clinic was walk-in only for required school vaccines. Several school nurses reported that these efforts assisted with significantly reducing the number of children that had to be excluded from school this year.
  
- **Teletask (appointment reminder):** In February 2016, MCHD enhanced its Teletask capabilities and CHS Division began using the new system on 3/2/16 for its Child Immunization reminders. It is now able to text as well as call clients to provide them with appointment reminders. Clients can choose how they want to receive the notification; most choose texting or both texting and a phone call (voice mails can be left). “No show” rates for Child Immunizations are noted below and will continue to be documented to asses impact:

**“No Show” Percentage by Month—2016**

January	February	March	April	May	June	July	Aug (1 <sup>st</sup> -29 <sup>th</sup> )
35.22%	24.70%	24.59%	26.10%	24.65%	19.71%	19.91%	13.08%

- **Vision and Hearing Screening Program:** an additional staff member will be sent to Vision and Hearing training this fall. Hearing training will be on 9/20 - 9/22/16; Vision training will be held 11/7 - 11/9/16.

**Personnel:**

- **Personnel changes during 2<sup>nd</sup> Quarter include:**
  - Student Nurse Extern: Caley Roehrig began her externship in May and completed it on 8/18/16.

- AmeriCorps: IPHA offered MCHD an additional AmeriCorps member, without charge, for an April – September interval. Kevin McCall joined us in mid-April and will complete his hours by 9/23/16.
- New Interns: 1) Emily Preske accepted a summer internship with the Public Health Emergency Planning and Response (PHEPR) Program in May. Her term ended 8/12/16. 2) Liam O'Rourke, Spring semester intern for the PHEPR Program ended his term of service in May 2016.

#### Communicable Disease:

- **Communicable Disease:** During 2<sup>nd</sup> Quarter, the annual reportable disease reminder to local health care providers was sent. It provided 2 handouts: "Required Reportable Diseases and Timelines" (included in this BOH report) and a copy of the most current "Morbidity Report Form". In addition to a mumps outbreak update, providers were also informed that: 1) MCHD will start to accept insurance for STI/HIV services as of 7/1/16; 2) Meningitis B vaccine is now available here for both children and adults; and, 3) health care providers should continue to screen clients for Zika.
- **Mumps Outbreak:** The outbreak was officially declared over on 8/4/16.
- **HIV Quality of Life Grant (QOL):** this grant was applied for on 1/15/16. Official notification was received this summer that MCHD's QOL application had been accepted. The grant began on 7/1/16.

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

- **2<sup>nd</sup> Quarter Activities for the PHEPR Program:**
  - 6/6/16: MCHD's Emergency Preparedness Coordinator, David Hopper, presented an overview of the Public Health Emergency Planning and Response Program to the Health Committee.
  - April – June: staff, MRC and ISU faculty/students assisted with the implementation of the CASPER component of the Functional Needs Mapping Project. Using the Center for Disease Control and Prevention's (CDC) CASPER method, teams of 2 went door-to-door to administer a survey to local residents, from the 3<sup>rd</sup> week of May and into the second week of June. This event was the first time CASPER had been used in Illinois. David Hopper presented a poster presentation on this project at IDPH's annual Integrated Medical and Preparedness Summit in Schaumburg, IL, and received the *Most Relevant to Preparedness* presentation award at the summit on 6/22/16.
  - Trainings: On 5/18/16, a make-up table top exercise session was held for staff that were unable to attend the mandatory training held on 3/16/16; on 6/15/15, an overview/refresher on the incident command system was provided for staff after the monthly General Staff meeting.

#### Administrative Activities:

- **Health Promotion:** please refer to the attached "Health Promotion Program—2<sup>nd</sup> Quarter Year-to-Date Totals" 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 1,646 McLean County residents were reached during 2<sup>nd</sup> Quarter and 2,982 were reached YTD.
- **IPLAN/Community Assessment Collaboration Efforts:** During the 2<sup>nd</sup> Quarter, the joint community health needs assessment (CHNA) was completed and approved by the United Way Board (6/10/16). During 3<sup>rd</sup> Quarter, Board approval was obtained by the McLean County Board of Health (7/13/16), the Advocate BroMenn Governance Council (7/19/16), and the OSF Healthcare Governing Board (7/25/16). The report summarizes the data assessment completed 2015-2016, documents the top three county health priorities agreed upon by the McLean County Community Health Council on 2/25/16, and identifies the overall goals for the three high priority health problems (Obesity; Behavioral Health; Access to Appropriate Health Care). The CHNA has been posted on each organization's website. Media interviews, including the Pantagraph, WGLT, and WJBC, were conducted to assist with community awareness of this new resource. Next Steps: the development of the joint community health plan.
- **RWJF Invest Health Grant:** with the United Way acting as the fiscal agent, the Collaborative Needs Assessment Steering Group applied for a \$60,000 Invest Health planning grant during 1<sup>st</sup> Quarter from the Robert Wood Johnson Foundation and Reinvestment Fund. During 2<sup>nd</sup> Quarter, notification was received in April 2016 that the Bloomington team was one of 50 recipients across the country to receive this grant for mid-sized cities. The awards were announced nation-wide on 5/17/16.

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

<b>COMMUNITY HEALTH SERVICES</b>	<b>Apr</b>	<b>May</b>	<b>Jun</b>	<b>2nd Qtr 2016</b>	<b>2nd Qtr 2015</b>	<b>YTD 2016</b>	<b>YTD 2015</b>
Home Nursing Visits	21	20	18	59	73	122	141
Child Care Nurse Consultant Services	7	7	5	19	116	45	243
Dental Appointments, Adults	22	19	22	63	77	134	192
Dental Appointments, Children	393	375	502	1270	1293	2,544	2,446
Vision & Hearing Screenings	306	94	302	702	1150	2,100	2,313
Outreach Child Imm (Schools) # of Clients Vaccinated	0	33	0	33	0	33	0
Outreach Child Imm (Schools) # of Clinics Held	0	2	0	2	0	2	0

<b>COMMUNICABLE DISEASE CONTACTS</b>	<b>Apr</b>	<b>May</b>	<b>Jun</b>	<b>2nd Qtr 2016</b>	<b>2nd Qtr 2015</b>	<b>YTD 2016</b>	<b>YTD 2015</b>
STD Counseled	65	74	62	201	194	370	417
Gonorrhea: Tested & Investigated	90	107	92	289	262	517	501
Chlamydia: Tested & Investigated	113	114	98	325	360	614	639
Syphilis: Tested & Investigated	40	68	48	156	110	266	277
HIV Counseled	52	77	58	187	119	313	391
HIV Tested & Investigated	52	80	50	182	127	299	294
Immunizations Given - VFC	796	679	789	2264	2992	5,390	5,668
Immunizations Given - CD STD Clinic	0	0	5	5	13	15	36
Immunizations Given - Private (Adult & Children)	56	53	62	171	174	318	333
Flu Immunizations Given - Adults Seasonal	0	0	0	0	10	16	26
Flu Immunizations Given - Children Seasonal	65	30	5	100	75	547	459
Communicable Disease Contacts	1206	1255	1380	3841	4212	7,430	8,646
HIV/STD Program Attendance at Presentation	0	0	80	80	0	80	5
Other CD Program Attendance at Presentation	225	16	0	241	85	327	170
Child Imm # of Clients Seen in Clinic(Appt/Walk-in)	336	331	421	1088	0	2,241	0
Child Imm Phone Calls & Voicemails for Clinic	277	267	294	838	0	1,862	0

**Health Promotion Program  
2<sup>nd</sup> Quarter (April – June 2016)  
Year-to-Date Totals**

ACTIVITY	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec	YTD
# of Educational Programs	9	20	29	23	17	15							113
# of program Participants	129	305	235	279	164	81							1,193
# of Fairs	2	3	1	7	6	1							20
# reached through fairs	250	400	17	797	275	50							1,789
# of evaluations distributed	16	125	232	422	23	0							818
# of evaluations returned	16	33	211	121	23	0							404
Material distribution	105	232	465	927	1485	50							3,264
Networking & professional development	31	26	33	27	30	17							164
Promotional materials developed/updated	9	9	6	5	3	6							38
Website Updates/Social Media Posts/Benefits Emails	32	20	19	44	26	12							153

Required Reportable Diseases and Time Lines  
January 2016

Any suspected or confirmed case of the following required reportable diseases must be reported to McLean County Health Department (MCHD) within the number of hours or days as indicated in each section (Class I (a), Class I (b), and Class II).

**Class I (a)**

**Immediately upon suspicion (within 3 hours)**

- Any unusual case or cluster of cases that may indicate a public health hazard (ie, Viral Hemorrhagic Fever, Acute flaccid myelitis (AFM))
- Any suspected bioterrorism threat or event
- If the following are suspected to be related to bioterrorism OR an outbreak: Brucellosis, Q-fever & Tularemia
- Anthrax
- Botulism, foodborne
- Diphtheria
- Influenza A, Variant
- Plague
- Poliomyelitis
- Severe Acute Respiratory Syndrome (SARS)
- Smallpox

**Class I (b)**

**24 hours**

- Botulism ( infant, wound, other)
- Brucellosis
- Chickenpox (Varicella)
- Cholera
- E. coli infections
- Foodborne or waterborne outbreaks
- Haemophilus influenzae invasive
- Hantavirus pulmonary syndrome
- Hemolytic uremic syndrome, post-diarrheal
- Hepatitis A
- Influenza, ICU admissions
- Measles
- Mumps
- Neisseria meningitidis, invasive
- Pertussis (whooping cough)
- Q-fever
- Rabies; animal, human & potential human exposure
- Rubella
- Smallpox vaccination complications
- Staphylococcus aureus, Methicillin resistant (MRSA) clusters of 2 or more cases in a community setting
- Staphylococcus aureus, Methicillin resistant (MRSA),in infants under 61 days of age
- Staphylococcus aureus infections with intermediate or high level vancomycin resistance
- Streptococcal infections, Group A invasive
- Tularemia
- Typhoid fever
- Typhus

**Class II**

**Within 7 days**

- AIDS
- Arboviral infection (including, but not limited to, Dengue Fever, California Encephalitis, St. Louis encephalitis, Chikungunya, West Nile virus and Zika)
- Campylobacter
- Chancroid
- Chlamydia
- Cruetzfeldt-Jacob Disease
- Cryptosporidiosis
- Cyclosporiasis
- Drug resistant organism, extensively
- Gonorrhea
- Hepatitis B & Hepatitis D
- Hepatitis C
- Histoplasmosis
- HIV infection
- Influenza, deaths in <18 yr olds
- Legionellosis (Legionnaires disease)
- Leprosy
- Leptospirosis
- Listeriosis
- Malaria
- Ophthalmia neonatorum (gonococcal)
- Psittacosis
- Reye Syndrome
- Salmonellosis, other than typhoid fever
- Shigellosis
- Toxic Shock Syndrome due to Staph. aureus
- Streptococcus pneumoniae, invasive disease in children under 5 years of age
- Syphilis
- Tetanus
- Tickborne Disease, including ehrlichiosis, anaplasmosis, Lyme Disease & Rocky Mountain Spotted Fever
- Trichinosis
- Tuberculosis
- Vibriosis (Non-cholera Vibrio infections)
- Yersiniosis

**TO REPORT:**

During business hours, Monday – Friday,  
8:00 AM – 4:30 PM

**Call (309) 888-5435**

After business hours, weekends & holidays  
for Class Ia and Ib diseases:

**Call (309) 838-1688**

**Maternal Child Health Services Division  
September 7, 2016 Board of Health Meeting  
Highlights for July & August 2016  
Second Quarter Report**

**Staffing:**

- The FCM program welcomed Rachel Lilienthal, RN on July 11.
- The WIC program welcomed Samantha Mayberry, OSS on August 29.

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

- Maureen Sollars, AOK Coordinator, will be attending the Youth Mental Health First Aid trainer course held in Springfield in September. She obtained a tuition sponsorship worth \$550 from the Central Illinois Area health Education Center.

**HealthWorks Lead Agency (HWLA):**

- Marie McCurdy, HWLA Coordinator reports that children are coming into care from Peoria and Macon Counties and placed in McLean County foster homes. The majority of placements continue to be as a result of parental drug use, predominantly heroin.

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

- FCM staff took part in the SAMHSA webinar "Depression in Mothers: More than the Blues" in August. The webinar focused on maternal depression and how home visitors can help. Speakers also encouraged the use of a maternal depression screening tool. McLean County has been a leader in this area; FCM program staff has been using the Edinburgh Postnatal Depression Scale for many years. Sophie Rebert, FCM Program Supervisor, shared information from the webinar with MCH staff at the quarterly division meeting in August.
- FCM masters in social work staff will be working with an ISU social work student over the course of the 2016-17 school year as she completes a 600 hour internship.

**MCH Clinic Services:**

- Lead testing results are still running about a month behind due to equipment needing repair at the Springfield lab.
- Staff has been screening pregnant women for possible environmental lead exposure since March 2016; lead has a negative impact on pregnancy and fetal development. The top 3 risk factors which indicate possible lead exposure risk:
  1. 31% of respondents state they live in a home built before 1978. Lead paint used in older homes, especially on windows, porches and outside surfaces or any surface that is chipping or peeling is a lead poisoning hazard.
  2. 28% of respondents state they have oral piercings. Oral piercing jewelry may contain lead and expose the person to a constant source of lead.
  3. 17% of respondents state they were born or have spent time outside of the US. Many identified lead-poisoned pregnant women are foreign born.

Other risks include having a hobby that involves lead, renovating older homes containing lead paint, craving or eating non-food items such as starch or dirt, using pottery or china painted with a lead paint or glaze, and use of lead containing cosmetics or herbal remedies from foreign countries. Any woman found to be at risk for lead exposure is referred to her obstetrician for lead testing.

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

- WIC caseload for July: 1,992 women, infants and children and 1 blue dragon. Staff recently certified a 4 year old child on WIC who had been involved with WIC her whole life and was very familiar with the routine. The child walked in carrying a blue stuffed toy dragon and told Nurse Staci that the dragon needed a checkup first before Staci could check the child. Staci played along, weighing the dragon on the baby scale and getting the dragon's height before proclaiming the dragon healthy and fit. The child then settled down and let the nurse complete the child's measurements and health screenings. You never know who you will meet in clinic!

- The WIC program sponsored a Breastfeeding Awareness Walk on Saturday, August 6 in conjunction with World Breastfeeding Week 2016. Thirty eight people joined in on the walk this year (an increase from 17 last year.) Part of the activities included participating in "The Global Big Latch On," a world-wide event to support and raise awareness of breastfeeding and normalize breastfeeding as part of day-to-day life at a community level. WIC staff also recognized Chesterbrook Academy Preschool as a baby friendly business for their efforts to support breastfeeding at the Emerson Street location.



#### More trends...

- Caseloads are slowly increasing. We are seeing an increase in pregnant women and births as well as returning clients who were previous clients but have let their benefits lapse.
- The programs are seeing an increase in exclusive breastfeeding moms; on August 19, we had 10 new moms report to clinic to certify their infants and 9 of the moms were exclusively breastfeeding.

**A day in the life...** A case manager (CM) has been working with a pregnant women with many complex medical and social issues since January. The woman qualifies for BBO based on her risk factors of previous incarceration (3 felonies), previous DCFS involvement (all 5 of her children were removed from her care), chronic homelessness, histories of mental illness and sexual abuse. The client quickly warmed up to the CM and revealed she has a heroin addiction and the father of the baby she is carrying died from a heroin overdose. Between January and July, the client moved from and back to McLean County 8 times, each time with a plan to enter rehab and with a fierce determination to not use heroin with this pregnancy as she did with previous pregnancies. Each time she moves away, she severs ties to medical providers and social services, uprooting her support system and burning bridges with providers. However, each time she moves away, she notifies her CM. Her time away never lasts long and upon her return to McLean County, she is promptly reopened in BBO and WIC. While most doors have been closed to this client, her case manager has remained a constant support as an advocate and educator. The client told her CM, "This pregnancy feels different, in a good way, because I'm not using heroin." With the ongoing support and guidance from her CM, we are optimistic for the best birth outcome this client has ever had.

**MATERNAL CHILD HEALTH SERVICES DIVISION  
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	1	0	1	8	5	13
Lead results above normal limits (10 mcg/dl or above)	0	0	0	0	3	0	4
Hemoglobin tests	220	227	261	708	817	1,371	1,612
Hgb results below normal limits	32	38	21	91	97	152	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.

**MATERNAL CHILD HEALTH SERVICES DIVISION  
PRELIMINARY QUARTERLY REPORT  
3rd Quarter, 2016**

PROGRAM SERVICES	Jul	Aug	Sep	3rd Qtr 2016	3rd Qtr 2015	YTD 2016	YTD 2015
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**AOK Program**

AOK Network-sponsored events	4	3		7	18	47	68
AOK attendance - Professional	32	9		41	146	504	505
AOK attendance - Public	46	59		105	30	607	754

**WIC Program**

WIC caseload	1992	2095		2044	2281	2048	2245
WIC clinic certifications and mid-year follow ups	394	479		873	1,382	3,299	4,257
Clinic visits-Women	119	158		277	391	1,002	1,235
Clinic visits-Infants	106	129		235	413	915	1,302
Clinic visits-Children	169	192		361	578	1,382	1,720
WIC nutrition education contacts	383	370		753	1,536	3,085	4,326
Breastfeeding Initiation (percent)	56	61		59	69	67	74
BPC contacts	18	20		38	217	247	738

Lead screenings	111	145		256	320	767	969
Lead results above normal limits (5-9 mcg/dl)	2			2	7	7	20
Lead results above normal limits (10 mcg/dl or above)	0			0	1	0	5
Hemoglobin tests	247	300		547	755	1,918	2,367
Hgb results below normal limits	16	20		36	101	188	280
Pregnancy tests	24	29		53	61	200	161
Developmental screens	201			201	781	1,530	2,348
Early Intervention Referral to Child & Family Connections	10	11		21	31	42	77
Early Intervention Referral to School	0	1		1	3	8	4
All Kids Applications	13			13	23	69	89
Medicaid Presumptive Eligibility (MPE) applications	6			6	31	55	86

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

FCM caseload	996	1016		1006	1279	1024	1,279
Better Birth Outcomes caseload	154	154		154	126	155	127
FCM contacts	2130	2447		4577	7076	19,685	21,194
APORS	13	11		24	42	82	105
Depression screens	138			138	445	997	1,441
Referrals to Center for Human Services	4	8		12	14	27	49
Genetic screens	3	7		10	17	69	43
Prenatal physician assignments	26	34		60	75	199	237
Pediatrician assignments	63	67		130	173	436	539

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

** Number of children in care	92				81		
Number of children closed to care	3			3	13	13	37
Number of children entering care	4			4	14	28	28

**DCFS HealthWorks Lead Agency Program**

DCFS Lead Agency wards in custody	Jul	Aug	Sep	3rd Qtr 2016	3rd Qtr 2015		
** DeWitt County	22	22		0	17		
** Livingston County	16	15		0	21		
** McLean County	241	240		0	239		
** Piatt County	16	14		0	15		

## 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

Activity Report

July 1, 2016 – August 31, 2016

FOOD INSPECTION PROGRAM

	<u>2016</u>	<u>2015</u>
<b>Full-Time Food Establishments</b>		
Active Food Permits - With Fees.....	693	688
Active Food Permits - No Fees.....	140	137
Total Active Food Permits.....	833	825
New Food Permits Issued for Report Interval .....	9	23
New Food Permits Issued for Year-To-Date .....	58	73
Food Permits Inactivated for Report Interval .....	8	19
Food Permits Inactivated for Year-To-Date .....	55	70
<b>Temporary Food Establishments</b>		
Single Event Temp. Food Permits Issued for Report Interval .....	134	115
Single Event Temp. Food Permits Issued for Year-To-Date.....	326	281
Multiple Event Temporary Permits Issued for Report Interval .....	19	18
Multiple Event Temporary Permits Issued for Year-To-Date .....	57	52
Total Temporary Food Permits Issued for Report Interval.....	153	133
Total Temporary Food Permits Issued for Year-To-Date .....	383	333

FOOD ESTABLISHMENT COMPLAINTS

	<u>2016</u>	<u>2015</u>
Food Est. Complaints Received for Report Interval.....	16	22
Food Est. Complaints Received for Year-To-Date.....	63	66

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	1

**FOOD ESTABLISHMENT PLAN REVIEWS**

	<b><u>2016</u></b>	<b><u>2015</u></b>
Plans Received For New/Remodeled Food Est. for Report Interval .....	4	8
Plans Received For New/Remodeled Food Est. for Year-To-Date .....	41	38

**PRIVATE SEWAGE DISPOSAL PROGRAM**

	<b><u>2016</u></b>	<b><u>2015</u></b>
Permits Issued for New Construction for Report Interval .....	10	8
Permits Issued for New Construction for Year-To-Date .....	27	28
Permits Issued for Repairs or Additions to Existing Systems for Report Interval .....	3	6
Permits Issued for Repairs or Additions to Existing Systems for Year-To-Date .....	7	10
Permits Issued for the Replacement of a Previous Legal System for Report Interval.....	0	5
Permits Issued for the Replacement of a Previous Legal System for Year-To-Date.....	13	8
Permits Issued for the Replacement of a Previous Illegal System for Report Interval.....	9	9
Permits Issued for the Replacement of a Previous Illegal System for Year-To-Date .....	23	25
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 .....	2	0
Permits Issued for “Information Only” Systems for Year-To-Date .....	5	4
Permits Voided for Report Interval .....	0	0
Permits Voided for Year .....	0	1
Total Private Sewage Disposal System Permits Issued for Report Interval .....	24	28
Total Private Sewage Disposal System Permits Issued for Year-To-Date .....	75	71
Septic System Evaluations Received and Reviewed for Report Interval .....	47	55
Septic System Evaluations Received and Reviewed for Year-To-Date .....	171	185

	<b><u>2016</u></b>	<b><u>2015</u></b>
Licensed Private Sewage System Installers for Report Interval .....	0	1
Licensed Private Sewage System Installers for Year-To-Date.....	25	27

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

**PRIVATE SEWAGE SYSTEM COMPLAINTS**

	<b><u>2016</u></b>	<b><u>2015</u></b>
Private Sewage System Complaints for Report Interval .....	2	0
Private Sewage System Complaints for Year-To-Date .....	4	6

**OTHER SEWAGE RELATED COMPLAINTS**

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

**POTABLE WATER PROGRAM**

	<b><u>2016</u></b>	<b><u>2015</u></b>
Private Water Reports Sent Out for Report Interval.....	26	28
Private Water Reports Sent Out For Year-To-Date.....	101	134

	<b><u>2016</u></b>	<b><u>2015</u></b>
New Non-Community Water Supplies for Report Interval .....	0	0
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	0
Water Well Permits Issued for Year-To-Date .....	26	28
Abandoned Water Wells Properly Sealed for Report Interval .....	7	15
Abandoned Water Wells Properly Sealed Year-To-Date .....	21	29

**GEOHERMAL EXCHANGE SYSTEM PROGRAM**

	<b><u>2016</u></b>	<b><u>2015</u></b>
Geothermal Exchange System Registrations for Report Interval .....	16	3
Geothermal Exchange System Registrations Year-To Date.....	36	17

**TANNING FACILITY INSPECTION PROGRAM**

	<b><u>2016</u></b>	<b><u>2015</u></b>
Number of IDPH Licensed Tanning Facilities in McLean County .....	13	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 .....	15	12
Complaints Received for Year-To-Date .....	31	22

**WEST NILE VIRUS SURVEILLANCE ACITIVY**

<b>West Nile Virus Environmental Surveillance Update</b>				<b>31-Aug-2016</b>			
		Number Collected in all Counties	# WNV Positive	% WNV Positive	<b>McLean County</b>		
					Number collected in county	# WNV Positive	% WNV Positive
<b>2016 MOSQUITO SURVEILLANCE SAMPLES</b>	▶	10,113	1,797	17.8%	164	3	1.8%
<b>2016 BIRD SURVEILLANCE SAMPLES</b>	▶	74	20	27%	1	1	100%
<b>WNV Positive Counties - 2016</b>	▶	43					
<i>As of this Date, Human Cases Reported - 2016</i>	▶	15			1		
<b>▶ 2015 Historical Data as of this Date for Comparison</b>							
<b>2015 MOSQUITO SURVEILLANCE SAMPLES</b>	▶	12,827	1,203	9.4%	212	10	4.7%
<b>2015 BIRD SURVEILLANCE SAMPLES</b>	▶	331	41	12.4%	10	2	20%
<b>WNV Positive Counties as of this Date - 2015</b>	▶	53					
<b>Total Human Cases Reported for 2015</b>	▶	77 cases			0		
<b>2012 Historical Data as of this Date for Comparison - HIGH WNV Activity Year</b>							
<b>2012 MOSQUITO SURVEILLANCE SAMPLES</b>	▶	13,362	3,485	26.1%	174	0	0%
<b>2012 BIRD SURVEILLANCE SAMPLES</b>	▶	534	104	19.5%	6	3	50%
<b>WNV Positive Counties as of this Date - 2012</b>	▶	45					
<b>Total Human Cases Reported for 2012</b>	▶	290 cases			1		

Jul-Aug 16 ..... 08/15

MCLEAN COUNTY HEALTH DEPARTMENT

HIRE/EXIT REPORT

2nd Quarter 2016

<u>HIRE</u>	This Qtr Last Year	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				
Director				
Extern	1	1	1	1
Fiscal Manager				
Health Promotion Spec				
Intern	1	1	1	1
Public Health Nurse	1		1	1
Vision & Hearing Tech		1		
Sanitarian				2
Supervisor				
Nutritionist		1		
Health Program Manager				
Clinic Coordinator				
<b>Network Specialist</b>		1		
Hygienist				
Supervising Office Support Spec				
Parking Lot Attendant				
Peer Counselor/Outreach			1	2
P H Comm Spec				
Clerical Asst.				
<b>TOTAL</b>	<b>3</b>	<b>7</b>	<b>5</b>	<b>8</b>

<u>Exit</u>	This Qtr Last Year	This Qtr Last Year	Year to Date	Yr to date Last year	
Accounting Spec					
Case Manger		1			
Case Man Supv					
CD Investigator		1			
OSSI/OSSII/Adm Spec	1	2	1	1	
Clinic Nurse/LPN			1		
Director					
Extern					
Fiscal Manager					
Health Promotion Spec					
Intern					
Public Health Nurse	1	2	1	1	
Vision & Hearing Tech		1			
Sanitarian/Prog Supv					
Supervising Nurse/Div Dir					
Nutritionist		1		1	
Health Program Manager		1			
Clinic Coordinator/Prog Coord				1	
<b>Network Specialist</b>					
Hygienist				1	
Supervising Office Support Spec					
Parking Lot Attendant					
Peer Counselor/Outreach					
PH Comm Spec					
Clerical Asst					
<b>TOTAL</b>	<b>-24-</b>	<b>2</b>	<b>9</b>	<b>3</b>	<b>5</b>



**DIRECTOR'S REPORT**  
*September 2016*

1. The major agenda action item for the September 7th Board of Health meeting is the **review and approval of the proposed 2016 operational budgets**. An executive summary was distributed to each Board member prior to the budget session that was held on August 25th. A proposed budget book will be distributed to each board member at the meeting. A short budget presentation is planned for the evening of the September 7<sup>th</sup> Board meeting, concentrating on the issues discussed at the budget session of August 25th. Approval of the budget will be placed under **Items for Action, Old Business**.
2. **Attachment B** is the Board of Health FY17 (553) Behavioral Health funding recommendation worksheet. Each applicant applying for Mental Health or Substance Abuse funding is listed on the worksheet along with descriptive information related to their application. Ms. Beavers will be reviewing FY17 funding proposal comments and walking through the specifics of the decision making process by the Board. Contract funds available for FY17 total \$1,149,013 for Mental Health and Substance Abuse programs and \$185,900 for Drug Court funding. **Item for Action, Old Business. Staff recommends approval of contract obligations for each applicant up to the total 553 funding available for FY17.**
3. **Attachment C** is a listing of all new contracts or applications received or submitted since the last Board of Health meeting on July 13, 2016. In line with streamlining Board meetings, a summary page is provided in the Board packet for review. A brief explanation of each contract or application is included at the bottom of the summary page. **Item for Action, New Business. Staff recommends approval of the contracts or applications.**
4. **Attachment D** is a budget amendment for Fund 0103 WIC Grant. This amendment is the result of the Health Department receiving a Special Project award from IDHS in the amount of \$10,000 that was used to purchase hemoglobin testing materials that allowed for the acquisition of 6 non-invasive hemoglobin machines at a cost of \$2,000 each. The WIC program also purchased a large screen TV/Monitor for the WIC classroom for educational Power Point presentations and nutrition education sessions hosted on the internet. All purchases were pre-approved by IDHS. **Item for Action, New Business. Staff recommends approval of amendment**
5. **Attachment E** is a budget and FTE amendment for Fund 0112 associated with the Network Support position and Fund 0107 to support the salary cost for the Senior Sanitarian providing supervision to the WNV Intern. The Network Support position amendment is required as a result of the 1.0 FTE full-time (503) position budgeted in the county budget being filled by a part-time (515) employee working 30 hours a week. We will maintain a vacant .20 FTE full-time position in Fund 0112 if circumstances change and the incumbent or new employee is capable of working the full 37.5 hours per week. The Senior Sanitarian is providing approximately 1.9 hours a week of supervision for the WNV Intern that was not originally budgeted during the budget development process. **Item for Action, New Business. Staff recommends approval of amendments.**
6. **Attachment F**. Attendant to approval of the 2017 budget is **proposals for 3% across-the-board fee increases for food establishment fees and private sewage permit and installer license fees**. The food establishment and private sewage disposal amendments are also included in the entire attachment. The proposed fee amendments will be **presented to the Health Committee of the County Board for review and approval in concert with the department's 2017 budget**. The fee increases will be placed on the Board of Health agenda **under Items for Action, New Business. Staff recommends approval.**
7. **Attachment G** is an article that discusses best practices in helping government agencies craft strategies for effective use of social media during disaster recovery. This represents just one element of the increasing importance of social media as a means of personal and organizational communication. **Item for Information.**
8. **Attachment H** is a copy of the recently published DHFS public notice of intent to submit to CMS a written application to request approval of a Section 1115 Research and Demonstration waiver and solicit public comments on the application. DHFS is seeking a five year Medicaid Section 1115 waiver for its Behavioral Health Transformation. The demonstration waiver is designed to transform the behavioral health system, integrate behavioral and physical health and optimize outcomes for Illinoisans. Public hearings are scheduled for September 8, 2016 in Springfield and September 9, 2016 in Chicago. **Item for Information.**



The McLean County Board of Health (553 Board)  
CY 17 Behavioral Health Proposals

Agency	Target Population	# Served	Priority Area Community Need	Alternative Funding	Evidenced Based/Best Practice	New/Expansion	Previously Funded in CY16/Amt	CY 17 Request	Board of Health Recommendations
Chestnut – Specialty Courts	BH: (CJS) Adult 18 and older, medium to high risk	70	BH: Criminal Justice, Case Coordination, Treatment and Recovery	Yes; \$129,180	Yes	Continuation	Yes; \$162,184	\$208,856	
Chestnut – In School Counseling	BH: Children in Schools	150	BH: Early Intervention, Case Coordination, Treatment (on-site counseling)	Yes; \$36,454	Yes	Expansion	Yes; \$100,000	\$118,895	
McLean County Center for Human Services – Psychiatric	MI: Ages 12 and older with a diagnosable MI and functional impairment; low income and uninsured or underinsured	300	Psychiatric : Prevention, Case Coordination, Treatment and Recovery	Yes; \$612,257	Yes	Continuation	Yes; \$311,868	\$318,000	

The McLean County Board of Health (553 Board)  
CY 17 Behavioral Health Proposals

Agency	Target Population	# Served	Priority Area Community Need	Alternative Funding	Evidenced Based	New/Expansion	Previously Funded in CY16/Amt	CY 17 Request	Board of Health Recommendations
McLean County Center for Human Services – Emergency Crisis Intervention	BH: Open to all	1000	Crisis	Yes; \$240,000	Yes	Continuation	Yes; \$361,916	\$366,000	
McLean County Center for Human Services – Child and Adolescent Outreach Counseling	Diagnosed MI: Youth ages 4-21, uninsured/underinsured low income	50	Prevention, Case Coordination, Treatment and Recovery	Yes; \$38,819	Yes	New: Has previously applied but not funded	Applied in CY16 but not funded	\$15,785	
McLean County Court Services – Risk-Need-Responsivity (RNR)	BH: (CJS) Moderate to High Risk Juveniles and Adults on Probation	560	BH: (CJS) Early Intervention, Case Coordination, Treatment and Recovery	No	Yes	New (includes CYFS MRT Program)	N/A	\$219,520	

The McLean County Board of Health (553 Board)  
CY 17 Behavioral Health Proposals

Agency	Target Population	# Served	Priority Area Community Need	Alternative Funding	Evidenced Based	New/Expansion	Previously Funded in CY16/Amt	CY 17 Request	Board of Health Recommendations
PATH – Crisis Hotline	BH: All	7052	Crisis Intervention, 24/7 Hotline – Suicide Prevention	Yes; \$330,439	Yes	Continuation	Yes; \$38,000	\$38,000	
Project Oz – Prevention Education	SA- youth grades 5-8	2885	SA-prevention (in school programming)	Yes; \$209,858	Yes	Continuation with Expansion	Yes; \$124,046	\$134,297	
The Baby Fold - Healthy Start	BH: Pregnant and Parenting individuals under age 22	23	BH: Prevention- Early Intervention- Case Coordination	Yes; \$144,475	Yes	Continuation	Yes; \$66,744	\$68,500	
YWCA - Labyrinth	BH: (CJS) Adult Women being released from prison or jail	17	BH: (CJS) Prevention, Crisis, Early Intervention, Case Coordination, Supportive Employment, Supportive Housing, Recovery	Yes; \$77,850	Yes	Continuation: Funded under Labyrinth in CY16	Yes; \$41,600	\$41,600	
CY 16 CYFS & PATH							*\$65,716		
						<b>Grand Total</b>	<b>\$1,272,074</b>	<b>\$1,529,453</b>	<b>\$1,334,913</b>



CONTRACTS/GRANT APPLICATION LIST  
BOARD OF HEALTH September 7, 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	\$72,000.00	\$72,000.00	AOK
2 CONTRACT	Dept of Human Services	7/01/16 - 6/30/17	RENEWAL	\$320,124.00	\$352,136.00	FCM
3 CONTRACT	DCFS	7/01/16 - 6/30/17	RENEWAL	\$85,695.00	\$85,695.00	HealthWorks
4 APPLICATION	IDPH	7/01/2016 - 6/30/2017	RENEWAL	\$8,995.00	\$8,449.00	Lead Poisoning
5 APPLICATION	IDPH	7/01/2016 - 6/30/2017	RENEWAL	\$8,600.00	\$15,000.00	Dental Sealant
6 APPLICATION	IDPH	7/01/2016 - 6/30/2017	RENEWAL	\$3,000.00	\$3,000.00	Tanning
7 APPLICATION	IDPH	7/01/2016 - 6/30/2017	RENEWAL	\$3,640.00	\$3,640.00	Vision and Hearing
8 APPLICATION	IDPH	10/01/16 - 9/30/17	RENEWAL	\$1,450.00	\$1,450.00	Safe Drinking Water
9 APPLICATION	IDPH	9/01/16 - 8/31/2017	RENEWAL	\$5,000.00	\$5,000.00	Asthma

CONTRACT

- 1 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.
- 2 DHS funds the Family Case Management program to provide comprehensive case management services for income-eligible families with a pregnant woman, infant, or a special needs child. The primary goals focus on promoting healthy pregnancies, decreasing infant mortality, and assuring access to healthcare. Grant increase \$32,012 or 10%.
- 3 The DCFS HealthWorks Lead Agency grant assures that wards of the state receive medical care by physicians at determined standards. Level funding.

APPLICATIONS

- 4 This program from IDPH allows for the Case Management of children identified with elevated blood lead level of 10 micrograms per deciliter. Also provides lead poisoning prevention education information to local media, community organizations, and other agencies. Slight decrease in funding of \$546 or 6%.
- 5 The purpose of this school-based program is to provide dental exams, cleanings, fluoride treatments and dental sealants on permanent molar teeth to children in McLean Co schools who are at high risk for dental caries. The intent is to reduce the incidence of tooth decay. Services are provided on a contractual basis by Orland Park Dental Services, Peoria, IL. Increase of \$6,400 from \$8,600 up to \$15,000.
- 6 The purpose of this grant is to inspect Tanning Facilities to make sure that they are compliant with State regulations. Level funding.
- 7 The purpose of the Vision and Hearing Grant is to provide mandated vision and hearing screenings for preschool (age 3 and older) and school age children in order to detect early vision and hearing impairments. Level funding.
- 8 The Environmental Safe Drinking Water Grant application assures non-community public water supplies are in compliance with USEPA Drinking Water Regulations and provide safe drinking water to the public. A non-community public water supply provides water for human consumption through pipes or other constructed conveyances to at least 15 service connections or serves an average of at least 25 people for at least 60 days per year. The FY17 application is identical to previous year.
- 9 The grant focuses on delivering asthma education to children (jr. high and high school) with asthma and their families. Level funding as in past years.

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



Fund 0103 Budget Amendment  
Narrative

In the FY'16 WIC Grant from the Department of Human Services the Health Department was awarded \$10,000 for a Special Project. The WIC program used these funds to purchase 6 non-invasive hemoglobin machines to test lead levels in children. The machines purchased do not require a finger stick on the child which makes children more responsive to the test and makes the test easier to administer. Since the machines do not need a blood sample they also allow for Nutrition staff to administer the test if the area is short on nurse staff which in turn allows for client services to continue without delay.

The WIC program also purchased a television/monitor that is in the WIC Classroom that allows staff to use Power Point presentations for educational purposes and increases the flexibility of education that can be offered. The screen is connected to a computer and staff can present educational and training materials from unlimited sources from the internet. Nutrition education is a required component of the WIC grant.

An Ordinance of the McLean County Board  
Amending the 2016 Combined  
Appropriation and Budget Ordinance for Fund 0103

WHEREAS, Chapter 55, Section 5/6-1003 of the Illinois Compiled Statutes (1992) allows the County Board to approve appropriations in excess of those authorized by the budget; and,

WHEREAS, the McLean County Health Department has requested an amendment to the McLean County Fiscal Year 2016 appropriation in Fund 0103 WIC Fund, and the Board of Health and Health Committee concur; and,

WHEREAS, the County Board concurs that it is necessary to approve such amendment, now, therefore,

BE IT ORDAINED AS FOLLOWS:

1. The Auditor is requested to increase revenue line 0103-0061-0062-0407-0024 I.D.P.A.-Healthy Kids Revenue by \$3,000 from \$13,000 to \$16,000 and to increase revenue line 0103-0061-0062-0404-0031 WIC Grant by \$10,000 from \$445,299 to \$455,299.

2. That the County Auditor is requested to increase the appropriations of the following line item accounts in Fund 0103, Department 0061, Program 0062, WIC Program as follows:

<u>LINE</u>	<u>DESCRIPTION</u>	<u>PRESENT AMOUNT</u>	<u>INCREASE (DECREASE)</u>	<u>NEW AMOUNT</u>
0622-0001	Medical & Nursing Supplies	\$10,554	\$11,000	\$21,554
0832-0001	Pur. Furnishings/Off. Equipment	<u>\$0</u>	<u>\$2,000</u>	<u>\$2,000</u>
		\$10,554	\$13,000	\$23,554

3. That the County Clerk shall provide a copy of this ordinance to the County Administration, County Treasurer, County Auditor, and the Director of the Health Department.

Adopted by the County Board of McLean County this \_\_\_\_\_ day of \_\_\_\_\_, 2016

ATTEST:

APPROVED:

\_\_\_\_\_  
Kathy Michael, Clerk of the McLean County Board of  
the County of McLean

\_\_\_\_\_  
John McIntyre, Chairman of the McLean  
County Board

U:/administration/budget/2016Documents/0103WICBudgetAmendment

Fund 0112 Health Fund and Fund 0107 West Nile Virus  
Emergency Appropriation Ordinance and FTE Amendment  
Narrative

The attached emergency appropriation ordinance is requested to move appropriation funds from Full-time (503) to Part-time (515) for payroll expenses associated with the Network Specialist position of the Health Department. When the FY16 budget was prepared, the approved FTE compliment of the Health Department included a 1.0 FTE Network Specialist in the Health Fund 0112. When the position was filled, the individual hired could only fill .80 of the 1.0 slot due to personal circumstances of the employee. Therefore, since the employee is working less than full-time the employee is classified as part-time and paid out of the 515-0001 line item. This amendment will move the necessary salary from the 503-0001 to the 515-0001 line in the FY16 budget through 12/31/16. This situation has been addressed for FY17 through the budget development process. The attached FTE amendment makes the identical process complete on the FTE side.

In addition, the Emergency Appropriation Ordinance moves \$2,900 from the 0701 Advertising Line in the West Nile Virus Fund to 0503 Full-time Salary line to account for supervision of the West Nile Virus Intern by the Senior Sanitarian staff member of the Environmental Health Division. The training and oversight of the intern position requires about 5% or approximately 1.8 hours per week.

An EMERGENCY APPROPRIATION Ordinance  
Amending the McLean County Fiscal Year 2016  
Combined Annual Appropriation and Budget Ordinance

**WHEREAS**, the McLean County Board, on November 17, 2015, adopted the Combined Annual Appropriation and Budget Ordinance, which sets forth the revenues and expenditures deemed necessary to meet and defray all legal liabilities and expenditures to be incurred by and against the County of McLean for the 2016 Fiscal Year beginning January 1,2015 and ending December 31,2016; and.

**WHEREAS**, the Combined Annual Appropriation and Budget Ordinance includes the operating budget for the McLean County Health Department Funds (AIDS/Comm. Disease Fund/0107 and Health Department/0112), and,

**WHEREAS**, the Health Committee at its regular meeting on September 8, 2016, approved and recommended to the County Board an Emergency Appropriation Ordinance; now, therefore,

**BE IT ORDAINED** by the McLean County Board as follows:

1. That the County Auditor is directed to add (subtract) to the appropriation budget of the following appropriation:

	<u>ADOPTED</u>	<u>ADD (SUBTRACT)</u>	<u>AMENDED</u>
<b>Health Department Fund:</b>			
Part-Time Employee Salary 0112-0061-0061-0515-0001	\$ 0	2,688	2,688
Full-Time Employee Salary 0112-0061-0061-0503-0001	\$ 634,239	(2,688)	631,551
Part-Time Employee Salary 0112-0061-0062-0515-0001	\$ 67,834	10,751	78,585
Full-Time Employee Salary 0112-0061-0062-0503-0001	\$ 663,444	(10,751)	652,693
Part-Time Employee Salary 0112-0061-0064-0515-0001	\$ 41,496	26,877	68,373
Full-Time Employee Salary 0112-0061-0064-0503-0001	\$ 173,449	(26,877)	146,572
Part-Time Employee Salary 0112-0061-0096-0515-0001	\$ 11,038	5,375	16,413

Full-Time Employee Salary 0112-0061-0096-0503-0001	\$	127,326	(5,375)	121,951
Part-Time Employee Salary 0112-0061-0111-0515-0001	\$	6,737	8,063	14,800
Full-Time Employee Salary 0112-0061-0111-0503-0001	\$	168,368	(8,063)	160,305
<b>AIDS/Comm. Disease Fund:</b>				
Full-Time Employee Salary 0107-0061-0061-0503-0001	\$	0	2,900	2,900
Advertising/Legal Notices 0107-0061-0061-0701-0001	\$	19,000	(2,900)	16,100

2. That the County Clerk shall provide a Certified Copy of this Ordinance to the County Administrator, County Auditor, County Treasurer, and Health Department Director.

**ADOPTED** by the McLean County Board the 19<sup>th</sup> day of September 2016.

ATTEST:

APPROVED:

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Kathy Michael, Clerk of the County Board  
McLean County, Illinois

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John McIntyre, Chairman  
McLean County Board

A Resolution Amending the Fiscal Year 2016 McLean County Full-Time Equivalent Position Resolution  
Associated with an Ordinance to Amend the Fiscal Year 2016 McLean County Combined Appropriation  
and Budget Ordinance for Fund 0112

WHEREAS, the County Board adopted a funded Full-Time Equivalent Position Resolution on November 17, 2015 which became effective on January 1, 2016; and,

WHEREAS, it becomes necessary to amend the Funded Full-Time Equivalent Position Resolution in Fund 0112 to authorize position changes associated with part-time hours for Network Specialist. These changes allow for the 1.0 FTE (0503) full-time position to be amended to .80 FTE (0515) part-time position and a .20 FTE (0503) vacant position.

Therefore, be it resolved by the Mclean County Board, now in regular session, that the said funded Full-Time and Part-Time Equivalent Positions Resolution be and hereby is amended as follows:

<u>Action</u>	<u>Fund</u>	<u>Program</u>	<u>Position Classification</u>	<u>Annual FTE</u>	<u>Months</u>	<u>Now</u>	<u>New</u>
Decrease	0112-0061	0061	0503-0211	0.01	12	0.05	0.01
Increase	0112-0061	0061	0515-0211	0.04	12	0.00	0.04
Decrease	0112-0061	0062	0503-0211	0.04	12	0.20	0.04
Increase	0112-0061	0062	0515-0211	0.16	12	0.00	0.16
Decrease	0112-0061	0064	0503-0211	0.10	12	0.50	0.10
Increase	0112-0061	0064	0515-0211	0.40	12	0.00	0.40
Decrease	0112-0061	0096	0503-0211	0.02	12	0.10	0.02
Increase	0112-0061	0096	0515-0211	0.08	12	0.00	0.08
Decrease	0112-0061	0111	0503-0211	0.03	12	0.15	0.03
Increase	0112-0061	0111	0515-0211	0.12	12	0.00	0.12

This amendment shall become effective and be in full force immediately upon adoption.

Adopted by the County Board of McLean County this \_\_\_\_\_ day of \_\_\_\_\_ 2016.

ATTEST:

APPROVED:

\_\_\_\_\_  
Kathy Michael, Clerk of the County Board  
McLean County, Illinois

\_\_\_\_\_  
John McIntyre, Chairman  
McLean County Board



McLean County Health Department  
200 West Front Street, Room 304  
Bloomington, IL 61701

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MEMORANDUM

TO: McLean County Board of Health

FROM: Tom Anderson, Director of Environmental Health 

DATE: August 31, 2016

RE: Proposed Amendments to Chapter 205 Article XVIII Section 205-90 and Section 205-95 of the McLean County Code,

Attached are the proposed amendments to the above-referenced County Code chapters regarding the regulation of food service establishments and private sewage disposal systems for 2017. The proposed changes consist of the following:

1. A 3% increase for all food permit fees included in Chapter 205 Article XVIII Section 205-90 Food Service of the McLean County Code.
2. A 3% increase for all permit fees in Chapter 205 Article XVIII Section 205-95 of the McLean County Code covering private sewage disposal systems, installer and pumper license fees, and geothermal exchange system fees.

In 2014 the Board of Health and the McLean County Board approved an annual escalation clause of 3% for all geothermal exchange system applications effective in 2015. All geothermal exchange system application fees will automatically increase 3% for 2017. No action is required for this increase. The 3% increase will change fees for geothermal exchange systems as indicated below:

First 5 bore holes of a closed loop well system	\$206	<u>\$212</u>
Each additional 10 bore holes or portion thereof in a closed loop system	\$103	<u>\$106</u>
Individual horizontal closed loop system trench	\$52	<u>\$54</u>
Body of water loop system	\$103	<u>\$106</u>

Attachments

TJA:du

TA-1901-16 BOH memo

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**Article XVIII: Miscellaneous Code Fees**  
**Chapter 205: Fees**  
**Section 205-90**

Food service fees shall be as follows:

<b>Section</b>	<b>Fee for</b>	<b>Amount</b>	
216-5F	Food service establishment permits:		
	Class A	\$535/year	<u>\$551/year</u>
	[Amended 11-17-2015 <u>11-xx-2016</u> ]		
	Class B	\$403/year	<u>\$415/year</u>
	[Amended 11-17-2015 <u>11-xx-2016</u> ]		
	Class C	\$270/year	<u>\$278/year</u>
	[Amended 11-17-2015 <u>11-xx-2016</u> ]		
216-16G	Retail food store permits:		
	Class A	\$535/year	<u>\$551/year</u>
	[Amended 11-17-2015 <u>11-xx-2016</u> ]		
	Class B	\$403/year	<u>\$415/year</u>
	[Amended 11-17-2015 <u>11-xx-2016</u> ]		
	Class C	\$270/year	<u>\$278/year</u>
	[Amended 11-17-2015 <u>11-xx-2016</u> ]		
	Class D	\$270/year	<u>\$278/year</u>
	[Amended 11-17-2015 <u>11-xx-2016</u> ]		
	Class E	\$133/year	<u>\$137/year</u>
	[Amended 11-17-2015 <u>11-xx-2016</u> ]		
216-32F	Bed-and-breakfast establishment permit:		
	[Amended 11-17-2015 <u>11-xx-2016</u> ]		
	Class H	\$403/year	<u>\$415/year</u>
	Class I	\$270/year	<u>\$278/year</u>

**Article XVIII: Miscellaneous Code Fees**

**Chapter 205: Fees**

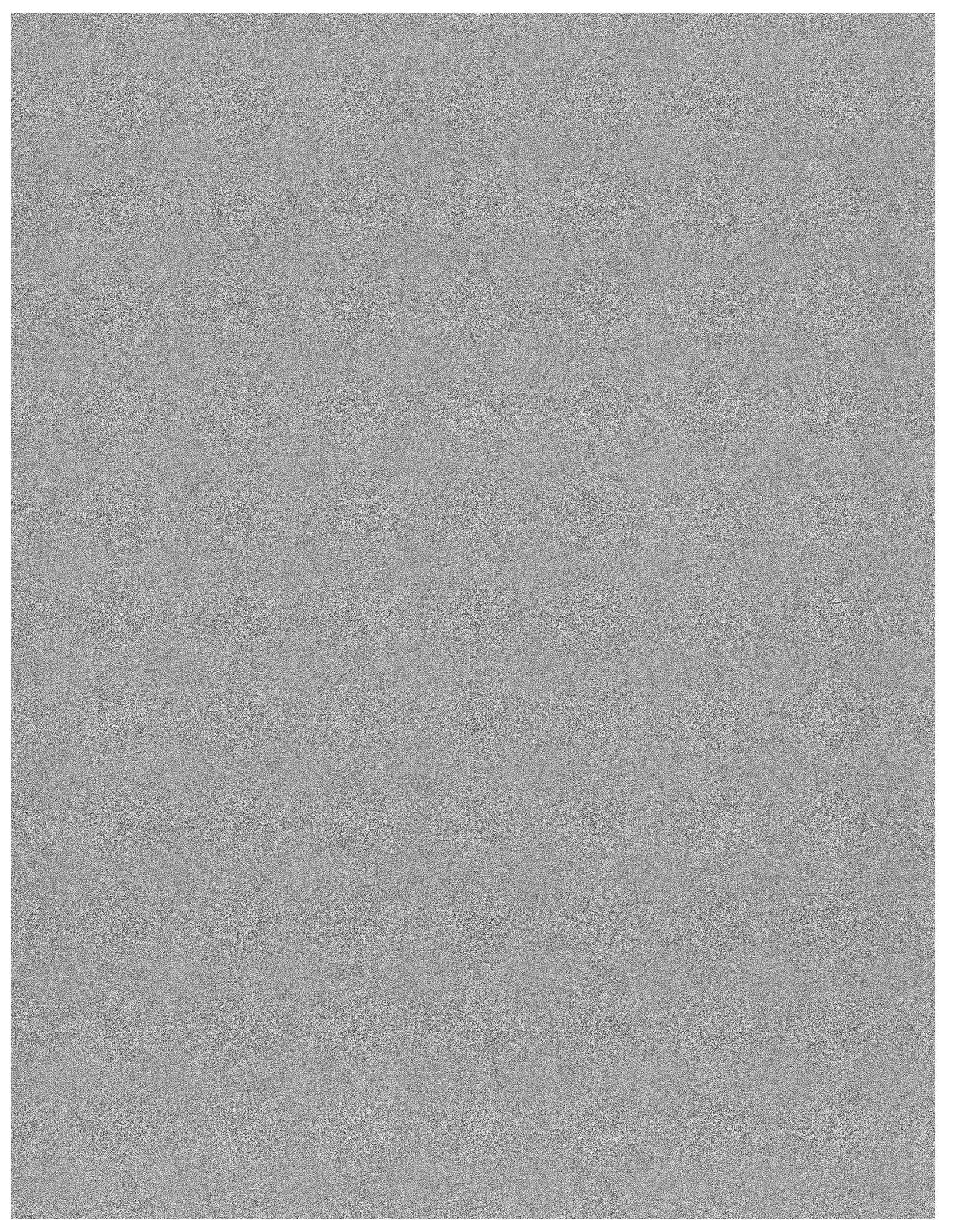
**Section 205-95**

Sewage disposal system, water well and geothermal exchange system fees shall be as follows:

<b>Section</b>	<b>Fee for</b>	<b>Amount</b>
310-17 [Amended 4-17-2015 <del>11-xx-2016</del> ]	Septic tank or Imhoff tank	\$400 <b><u>\$103</u></b>
	Aerobic treatment plant	\$100 <b><u>\$103</u></b>
	Subsurface seepage field	\$149 <b><u>\$153</u></b>
	Seepage bed	\$149 <b><u>\$153</u></b>
	Sand filter (buried or recirculating)	\$149 <b><u>\$153</u></b>
	Waste stabilization pond	\$149 <b><u>\$153</u></b>
	8-inch or 10-inch gravelless seepage field	\$149 <b><u>\$153</u></b>
	Chamber systems	\$149 <b><u>\$153</u></b>
	Treatment unit(s) and waste stabilization pond	\$199 <b><u>\$205</u></b>
	Privies, chemical toilet, recirculating toilet, incinerator toilet, compost toilet	\$199 <b><u>\$205</u></b>
	Private Sewage Mound Code (77 Ill. Admin. Code 906)	\$199 <b><u>\$205</u></b>
	Holding tank(s)	\$199 <b><u>\$205</u></b>
	Dump station	\$199 <b><u>\$205</u></b>
	Any other system for which a variance in accordance with § 310-20 has been issued	\$199 <b><u>\$205</u></b>
310-18A	Licenses:	
	Installer license [Amended 4-17-2015 <del>11-xx-2016</del> ]	\$284 <b><u>\$293</u></b>
	Pumper license [Amended 4-17-2015 <del>11-xx-2016</del> ]	\$284 <b><u>\$293</u></b>

In 2014 the Board of Health and the McLean County Board approved an annual escalation clause of 3% for all geothermal exchange system applications effective in 2015. All geothermal exchange system application fees will automatically increase 3% for 2017. No action is required for this increase. The 3% increase will change fees for geothermal exchange systems as indicated below:

310-41 Geothermal exchange system contractor registration	\$50/year
First-time applicant	40%, plus annual fee
First 5 bore holes of a closed loop well system	\$206 <b><u>\$212</u></b>
Each additional 10 bore holes or portion thereof in a closed loop system	\$403 <b><u>\$106</u></b>
Individual horizontal closed loop system trench	\$52 <b><u>\$54</u></b>
Body of water loop system	\$103 <b><u>\$106</u></b>



## Issue Brief

# Social Media: Emergency Communications' Best Ally



FELCKR.COM/WASHINGTON NATIONAL GUARD

Social media has become the most popular means of personal communication during the last decade. It connects and informs people quickly – the go-to source for immediate insight. But social media has only come into its own as a powerful tool for information dissemination during disasters in the last couple of years, usually the first stop for media and audiences alike because it is the fastest – although not always the most accurate – way to spread news the furthest.

Certain disasters and emergencies even in our recent past were not featured heavily on social media, given the newness of the medium. There was no social media around during the 2001 World Trade Center and Pentagon attacks. Hurricane Katrina in 2005 didn't benefit from social media either. But usage picked up quickly towards the end of the decade. The 2010 earthquake in Haiti put social media into the limelight as a critical emergency management, volunteer recruitment and fundraising tool.

During and after Hurricane Sandy in 2012, users sent more than 20 million Sandy-related Twitter posts, according to FEMA,<sup>1</sup> and during the 2013 Boston Marathon bombings, one quarter of Americans searched Facebook, Twitter and other social networking sites for information.<sup>2</sup>

It's a medium whose popularity and efficacy during emergencies will continue to ebb, flow and evolve – but for the foreseeable future, it's a tool no public entity can afford to do without.

**During the Oso, Wash., mudslide, Snohomish County used social media extensively to keep the public apprised of ongoing developments and breaking news.**

## Social Media for Disasters 101

You're a communications professional for a jurisdiction, in charge of providing useful information to the public that keeps them updated on local events, extreme weather, road alerts, policies and pertinent news.

Suddenly, the worst happens: An unexpected disaster strikes and an emergency situation ensues. Community residents could be endangered. How can you get breaking news to them as quickly as possible?

In the old days, you might pick up the phone and call the TV news stations. In even older days, you may have called the newspapers. But today, the swiftest way to reach the public is via social media. Tweet it, post on Facebook, perhaps even Instagram it, and you're bound to reach thousands of people quickly. And because most media outlets follow social media generated by local jurisdictions, you'll be hitting two birds with one stone. Let primary news organizations help you get that story out there.

The following sections in this Center for Digital Government issue brief offer best practices to help government agencies craft a strategy for the effective use of social media during disaster recovery. In part, these suggestions were formed from the experiences of Snohomish County Deputy Director of Communications Bronlea Mishler and her use of social media in response to the Oso mudslide (see sidebar "Social Media and the Oso Mudslide").

### Identify a consistent hashtag.

You have a social media emergency communications plan ready for implementation, but before you start launching updates far and wide via social media, there are two very important decisions you must make: What will you name your disaster event hashtag (yes, you must have one), and how will you promote it for swift public consumption?

Utilizing a hashtag in posts, whatever the social media platform you use, will make it easier for the public to search and find your information — and nearly as important, will make it easier for you later on to track the flow of information you sent and received. That's crucial when you have the time to reflect on the effectiveness of your outreach, and absolutely critical should your agency be presented with a Freedom of Information Act request for that data later.

In the case of the Oso mudslide, Mishler was lucky. Just two days prior to the slide, she attended a workshop where a professor from the University of Washington spoke about social media during disasters and the value of using hashtags proactively to track incidents.

When she got the first call about the mudslide, Mishler didn't know the extent of the damage, but went on social media to poke around. She noticed rumors and speculation and since she knew the county would be handling the situation, she decided to hop onto Twitter to provide the information she knew, ask people to keep away from the site and tell them more information would be forthcoming. She hashtagged her post "#530slide."

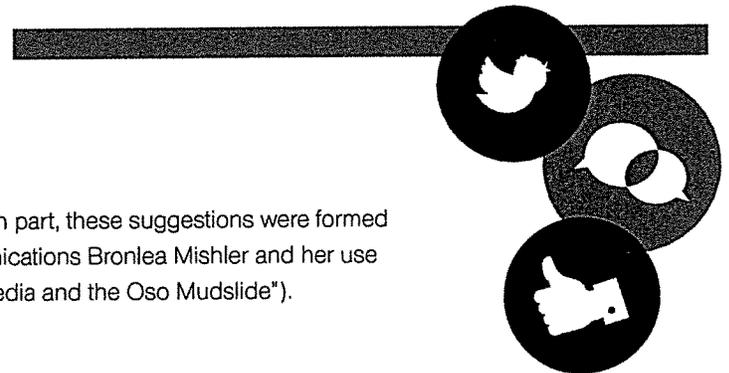
That initial Tweet was followed by press releases, photos and information on the county's Facebook page, and new pages on the county's website — but it was #530slide that people kept returning to in the days and weeks following the incident. The hashtag remained a valuable tool to help the public find new information — and later, helped the Snohomish County communications team track the effectiveness of their outreach during the emergency.

Jeannette Sutton,<sup>3</sup> disaster sociologist and senior research scientist at the University of Colorado, points out that using the right hashtag is just as important as using one at all. As well-utilized as social media was for the Boston Marathon bombing, there was no consistent hashtag on Twitter, making tracking relevant information hard and helping misinformation spread. She points out that without a commonly used hashtag, searching for the word "#Boston" would have fallen short, since it could include unrelated Boston references, like Boston tourism, Boston restaurants or the Boston Bruins. Get the hashtag right from the get-go.

## Social Media and the Oso Mudslide

On Saturday, March 22, 2014, at 10:37 a.m. and 10:41 PDT, two mudslides unleashed massive destruction in an unincorporated area four miles east of Oso, Wash. Part of an unstable hill collapsed, sending mud and debris across the North Fork of the Stillaguamish River and inundating the Steelhead Haven residential neighborhood. In all, 43 people were killed and 49 homes were destroyed, making the Oso mudslide the deadliest in U.S. history.

During this emergency situation, Snohomish County used social media extensively to keep the public apprised of ongoing developments and breaking news. Although it was a new practice for the county, it greatly benefited those searching for information, including the media, the general public, peer agencies working on the disaster, and family and friends of Oso residents.



## **Be the voice of authority.**

In a crisis, people want to be reassured. Try to centralize and coordinate information in as few channels as possible to avoid confusion — and make sure those channels are mobile optimized. Focus on the mission, direct the conversation as much as you can and maintain a steady tone in your messaging. Establishing a reliable voice early on can steady and influence the public, which may be frightened, worried or searching for missing loved ones. Your proactive, calm voice of authority on social media will comfort the public, serve you well and also help control the spread of rumors. Remember as you post that, as much as people search social media for situational awareness, they also use it to express their feelings. Be proactive, be responsive and let citizens know their voices are heard. Sometimes all you need to say is, "We don't have all the answers now, but we promise to get back to you and keep you updated as soon as we know anything."

## **Establish a rumor control website.**

In the course of any high-profile emergency, rumors and misinformation can populate the Web in no time. Establishing a Snopes-style page where rumors can be quashed and information verified or corrected is vital. During Hurricane Sandy, FEMA established a rumor-control resource ([www.fema.gov/hurricane-sandy-rumor-control](http://www.fema.gov/hurricane-sandy-rumor-control)) to refute rumors about reimbursement, reconstruction and other related information.

After the Oso slide, Mishler watched #530slide closely, finding rumors there that weren't true, such as that everyone was being evacuated, or that a thousand volunteers were needed. She began pushing out different messaging to correct and redirect the conversation in a positive way, such as, "No, we're not evacuating, we're just asking people to stay alert. We don't need volunteers at the site, but here are other ways you can help."

## **Divide and conquer with social media tasks.**

Many smaller agencies have only a single employee dedicated to managing social media. In the event of a disaster that requires around-the-clock coverage, that person will burn out swiftly without additional help. It's critical to train alternate staff to bolster social media management during such emergencies. Pinch hitters can provide relief, increase monitoring and handle the heavy volume of questions, requests and rumor correction. Appoint one staff member to post updates, another to answer questions from the public and media, another to identify and correct rumors. Finally, dedicate a staff member to run social media analytics after the event to gauge metrics. Taking the team approach will make your outreach and response less burdensome and more effective.

Mishler suggests that if it's possible (and safe), a public information officer could Tweet live from the field with verified information, while another staff member watches the insights on social media platforms to see precisely who is being reached with the messages. Then information can be tailored to those viewing it.

## **Avoid social media scams.**

It's sad but true: Scammers have become adept at using social media to steal money, and the high emotional arcs that emerge during large disasters can make their manipulation even easier.

In 2012, the FBI arrested a woman soliciting money on Facebook who claimed to be a relative of a victim of the Sandy Hook Elementary School shooting. After the Haitian earthquake in 2010, more than \$5 million was donated in 48 hours to the American Red Cross via text message, prompting the FBI to warn that social media had become a great platform for scam artists.

Train staff to recognize these ploys and alert the public to them. Use your informational social media platform to warn citizens to use caution before giving credit card numbers over the phone or online, and to check a charity's legitimacy and tax-exempt status by going to [www.guidestar.org](http://www.guidestar.org).

## **Implement a social media archiving solution.**

It is critical to remember that the impact of a disaster extends far longer than the incident itself. Of all the long-term best practices to develop in the realm of social media emergency management, activating a social media archiving solution is perhaps the most important one. In the furor of a crisis, communications professionals usually don't have time to do much more than cope — but after it passes, public information requests will flood in demanding documentation and records of how the agency handled the situation. Since social media content is subject to public records requests in most states, and because social

**Since social media content is subject to public records requests in most states, and because social media is often the source of new information during an emergency, these communications constitute important long-term records.**

media is often the source of new information during an emergency, these communications constitute important long-term records. For example, during the Boston Marathon bombing, the very first announcement that the suspect had been captured was sent as a Tweet.

Mishler says, "In the moment, you don't have time to think: 'It's Day 2 of this emergency; I haven't slept; I'm completely overwhelmed with things I have to do; and I also have to create PDFs or screen shots of every Tweet I've ever sent.'"

Snohomish County was fortunate to have established a social media archiving solution nearly a year in advance of the landslide disaster, and had opted to create an "open archive" (available at <http://snoco.wa.gov.archivesocial.com>) for the public to search and access. The county has since received more than 40 public information requests related to the landslide, and for the requests applicable to social media content, can direct the public to the open archive.

It is also valuable to conduct a retrospective to see what social media efforts worked, what didn't, and use those experiences to improve strategies and establish best practices. To do that, you need a solid archiving solution that tracks, updates and retains everything you generate and the responses you receive. With Snohomish County's open archive, it is easy to replay the exact communications that transpired — beginning with the very first Tweet tagged "#530slide."

"If at any time we have to pull together anything related to the slide, we have the ability to do that," says Mishler. "If somebody were to request all the data and metadata for every single Tweet and Facebook post, I don't have to pull my Twitter archive or scroll through all my Facebook posts — I can just go back and export it all into a format that's useful. I don't have to think about it because I know it's constantly being archived and updated. I know that it's handled."

A snapshot of one of the first tweets about the Oso mudslide from Snohomish County's archiving solution.



**Snohomish County** @snocoounty  
 Huge landslide on SR 530 at mp 37-38. Fire/rescue on scene. @SnoCo\_DEM coordinating. Please avoid area. Follow us here for updates #530slide  
 Mar 22, 2014

SOURCE: [HTTP://SNOCO.WA.GOV.ARCHIVESOCIAL.COM](http://snoco.wa.gov.archivesocial.com)

## The Peace of Mind of Being Prepared

Drawing up an effective social media strategy ahead of the game and modifying it as needed is critical to preparedness planning. Outside of the best practices mentioned previously, here are some components of a basic social media plan to consider to ensure your agency is prepared for whatever comes its way.

- **Organizational Mission:** Describe your agency's work in a few simple sentences — and keep it as your focus.
- **Roles and Responsibilities:** As communicators in this crisis, you'll be involved in information sharing, fact checking and managing communication channels. Assign roles to your immediate teams and affiliated departments or agencies so everyone knows who does what.
- **Audiences:** Who do you want to target when distributing information? Constituents, stakeholder groups, peer agencies in or near your jurisdiction?
- **Social Media Channels:** Facebook, Twitter, Reddit ... pick the avenues that will best serve you as a widespread disseminator of public information. Lead on social media and follow with a press release or more information on your website.
- **Metrics:** After the crisis has passed, measure the effectiveness of your public engagement via social media analytics.

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## Endnotes

1. [www.fema.gov/media-library/assets/documents/32509](http://www.fema.gov/media-library/assets/documents/32509)
2. [www.usatoday.com/story/news/2013/04/23/social-media-boston-marathon-bombings/2106701/](http://www.usatoday.com/story/news/2013/04/23/social-media-boston-marathon-bombings/2106701/)
3. <http://news.yahoo.com/social-media-changing-disaster-response-211500734.html>

Underwritten by:



Sample an archive of your own social media at [archivesocial.com](http://archivesocial.com)

## Notice of Public Information

### Illinois Department of Healthcare and Family Services

#### Section 1115 Research and Demonstration Waiver

The Illinois Department of Healthcare and Family Services (DHFS) is providing public notice of its intent to submit to the Centers for Medicare and Medicaid Services (CMS) a written application to request approval of a Section 1115 Research and Demonstration waiver and to hold public hearings to receive comments on this proposal. We are providing this notice pursuant to CMS requirements in Title 42, Section 431.408, Code of Federal Regulations.

DHFS, in partnership with 11 other State agencies and the Governor's office, is seeking a five-year Medicaid Section 1115 Research and Demonstration waiver for its Behavioral Health Transformation. The demonstration waiver is designed to transform the behavioral health system, integrate behavioral and physical health and optimize outcomes for Illinoisans.

#### Program Description and Goals

This demonstration application builds on Illinois' State Innovation Model (SIM) design grant awards, the State Health Assessment (SHA), and the State Health Improvement Plan (SHIP) as well as significant stakeholder feedback. Through these efforts, Illinois identified several priorities for its behavioral health transformation efforts, including the need to reduce silos in behavioral health care to enable a more efficient system with greater integration of physical and behavioral health. This waiver demonstration proposes critical next steps to accomplish this mission. Through this waiver demonstration, Illinois aims to achieve six main goals:

1. Rebalance the behavioral health ecosystem, reducing overreliance on institutional care and shifting to community-based care
2. Promote integrated delivery of behavioral and physical health care for behavioral health members with high needs
3. Promote integration of behavioral health and primary care for behavioral health members with lower needs
4. Support development of robust and sustainable behavioral health services that provide both core and preventative care to ensure that members receive the full complement of high-quality treatment they need
5. Invest in additional support services to address the larger needs of behavioral health members, such as housing and employment services
6. Create an enabling environment to move behavioral health providers toward outcomes- and value-based payments

#### Demonstration Eligibility

Under the demonstration, there is no change to Medicaid eligibility. The standards for eligibility set forth under the State Plan remain in effect.

The demonstration will enhance behavioral health benefits and integrate behavioral and physical health benefits, in both fee-for-service and managed care, for all child and adult full-benefit Medicaid beneficiaries. All affected groups derive their eligibility through the Medicaid State Plan and are subject to all applicable Medicaid laws and regulations in accordance with the Medicaid State Plan. All Medicaid eligibility standards and methodologies for determining eligibility of these groups remain applicable. Expenditures for all groups (other than those specifically excluded) are subject to the demonstration budget neutrality calculation.

The demonstration does not include the groups or benefits described in 42 C.F.R. § 440.255 (limited services available to certain aliens); individuals who are eligible only for payment of Medicare premiums and cost-sharing, including those enrolled in the Specified Low Income Medicare Beneficiaries; the Qualified Individual (QI) program; or the Qualified Disabled Working Individual (QDWI) program.

**Benefits**

Under the 1115 waiver, Illinois requests coverage of six benefits. Each benefit is based on strong evidence showing improvements in the cost and quality of care through similar initiatives across the country. Illinois recognizes the importance of tailoring programs to geographic and population-specific variations and the value of undergoing continuous data analysis and performance review to monitor and improve the program.

In this vein, Illinois has identified pilot target populations most in need of the proposed benefits and for whom the benefits will most likely decrease total cost of care and increase quality of care. As the waiver progresses and the benefits demonstrate significant cost and quality outcomes, benefits will be scaled to reach a broader population where appropriate.

All eligibility groups will continue to receive all State Plan benefits. The benefits described below may be available to any individual in any eligibility group who meets the criteria for the target group on a pilot basis.

#	Benefit	Target group
1	Supportive housing services	Individuals with serious mental illness (SMI) who are either at risk of institutionalization or homelessness or currently reside in permanent supportive housing
2	Supported employment services	Individuals aged 14 years and up with serious and persistent mental illness (SPMI), substance use disorder (SUD), or serious emotional disturbance (SED) needing ongoing support to obtain and maintain a job
3.1	Services to ensure successful transitions for Illinois Department of Corrections (IDOC) and Cook County Jail (CCJ) justice involved individuals	Medicaid-eligible IDOC-justice involved individuals within 30 days of release to the community  Cook County detainees eligible for managed care not previously enrolled in CountyCare

3.2	Medicaid coverage for extended-release injectable naltrexone; medication assisted treatment (MAT) services for targeted individuals within 30 days pre-release	Medicaid-eligible individuals incarcerated at the IDOC appropriate for MAT therapy within 30 days of release to the community
4.1	Short-term residential treatment in an institution for mental diseases (IMD) treating substance use disorder	Individuals with SUD in need of short-term residential treatment as part of a continuum of care
4.2	Substance use disorder case management	Individuals with SUD receiving any ASAM (American Society of Addiction Medicine) treatment level of care but not receiving case management from other sources (e.g., Integrated Health Homes (IHH))
4.3	Withdrawal management	Individuals with substance use disorders who meet the medical necessity ASAM criteria for withdrawal management
4.4	Recovery coaching for substance use disorder	Individuals who have already initiated recovery and are seeking support for long-term recovery
5.1	Short-term residential treatment in a mental health IMD	Individuals with mental health disorders in need of short-term residential treatment as part of a continuum of care
5.2	Crisis beds	Individuals who require psychiatric treatment but without sufficiently high or acute needs to require inpatient stay
6.1	Intensive in-home services	Families and children with high behavioral health needs and/or SED at risk of transition to higher level of care  Limited to children 5-21 years of age
6.2	Respite care	Families and children with high behavioral health needs and/or SED at risk of transition to higher level of care  Limited to children 5-21 years of age

### Initiatives

Under the 1115 waiver, Illinois requests coverage of four initiatives to maximize the impact of the benefits and create the systemic changes necessary to pave the way for integration and value-based payments.

1. The State recognizes the importance of aligning system transformation efforts with broader population and preventative health reform. Just as supportive housing, supportive employment, respite care, and lower-acuity crisis alternatives are vital components of the behavioral health continuum of care, so are prevention services. To build this continuum of care, Illinois requests support through the 1115 waiver for select infant and early childhood mental health interventions.

2. To prepare the State and providers to successfully implement IHHs, Illinois requests support through the 1115 waiver for Medicaid funding for select behavioral and physical health integration activities. This funding will provide payers and providers resources to develop the infrastructure, technology, and provider capabilities required to implement health homes.
3. To ensure the Illinois workforce is sufficiently sized and trained to provide the services requested in this waiver and prepared to function within a value-based payment system, Illinois requests through the 1115 waiver Medicaid funding a set of workforce-strengthening initiatives.
4. To ensure first episodes of psychosis can be addressed and managed as early and effectively as possible, Illinois requests Medicaid funding to expand the reach of the first episode psychosis initiative by supporting the creation of teams to address this critical inflection point in members' lives.

### Cost-Sharing Requirements

There is no cost-sharing for any benefit provided under the waiver; copayments, coinsurance, and/or deductibles for any of the above benefits. State Plan benefits will continue to be applied in accordance with the State Plan.

### Hypotheses and Evaluation

The table below presents an overview of the hypotheses associated with each waiver goal.

PRELIMINARY EVALUATION PLAN	
Goal	Hypothesis
Goal 1: Rebalance the behavioral health ecosystem, reducing overreliance on institutional care and shifting to community-based care	Rebalancing the behavioral health ecosystem will reduce total cost of care and optimize utilization (increasing appropriate utilization and reducing unnecessary utilization)
	Helping members to stay in their communities will improve satisfaction
Goal 2: Promote integrated delivery of behavioral and physical health care for behavioral health members with high needs	Integration of behavioral and physical health care will improve the quality of care for members with high needs (costliest 10% of members)
	Integration will reduce unnecessary utilization and total cost of care for members with high-needs
Goal 3: Promote integration of behavioral health and primary care for behavioral health members with lower needs	Integration of behavioral health and physical health will improve access to services for members with lower-needs
	Integration of behavioral health and physical health will reduce unnecessary utilization and total cost of care for lower-needs members
	Integration of behavioral health and physical health will improve quality of care for lower-needs members

<b>Goal 4:</b> Support the development of robust and sustainable behavioral health services that provide both core and preventative care to ensure that members receive the full complement of high-quality treatment they need	Preventative measures will reduce prevalence of mental health and substance use diagnoses over time
	More robust behavioral health services will decrease the ratio of inpatient vs. outpatient utilization and spend for the behavioral health population
	Better behavioral health services will increase member satisfaction
<b>Goal 5:</b> Invest in additional support services to address the larger needs of behavioral health patients, such as housing and employment services	Supportive services provision will reduce inpatient admissions and lengths of stay
	Supportive services provision will enhance behavioral health member independence, reducing the total cost of care while also increasing rates of stable living conditions and employment
<b>Goal 6:</b> Create an enabling environment to move behavioral health providers toward outcomes- and value-based payments	Creating an enabling environment will increase outcomes- and value-based payments
	Outcomes- and value-based payment models will improve outcomes for behavioral health members

**Waiver and Expenditure Authorities**

The State requests the following waivers:

1. Statewideness, § 1902(a)(1)

To the extent necessary to permit any limited service benefit (e.g., extended-release, injectable naltrexone MAT services for up to 200 individuals within 30 days pre-release, transitional services for justice-involved individuals at CCJ)

2. Comparability, § 1902(a)(10)(B)

To the extent necessary to limit the benefits as set forth in the Demonstration Application

3. Freedom of Choice, § 1902(a)(23)(A)

To the extent necessary to enable the State to assign justice involved individuals to a managed care plan so that services may begin promptly upon discharge

The State requests federal financial participation in the following costs not otherwise matchable (CNOMs):

1. Supportive Housing Services

Expenditures for services to support an individual's ability to prepare for and transition to housing and maintain tenancy once housing is secured

2. Supported Employment Services

Expenditures for services to support an individual who, because of serious mental illness, need ongoing support to obtain and maintain employment

### 3. Transition Pre-Release Services

Expenditures for assessment, treatment, and coordination of focused services for justice involved individuals 30 days prior to release to improve linkages with community behavioral health treatment

### 4. Medicaid coverage for extended-release injectable naltrexone MAT services for targeted individuals within 30 days pre-release

Expenditures for extended-release, injectable naltrexone MAT services for justice involved individuals appropriate for such services 30 days prior to release

### 5. Short-Term Residential Treatment in a Substance Use Disorder IMD

Expenditures for services for individuals who, as part of a continuum of care, are receiving residential substance use disorder treatment in facilities that meet the definition of an Institution for Mental Disease for 30 days or less

### 6. Substance Use Disorder Case Management

Expenditures to provide substance use disorder case management to individuals not otherwise receiving case management

### 7. Withdrawal Management

Expenditures to provide substance use disorder withdrawal management

### 8. Substance Use Disorder Recovery Coaching

Expenditures to provide recovery coaching services to individuals who have entered treatment for substance use disorder

### 9. Short-Term Residential Treatment in a Mental Health IMD

Expenditures for services for individuals who, as part of a continuum of care, are receiving inpatient mental health treatment in facilities that meet the definition of an Institution for Mental Disease for 30 days or less

### 10. Crisis Beds

Expenditures to provide subacute inpatient treatment

### 11. Intensive In-Home Services

Expenditures to provide intensive in-home services to families and children with high behavioral health needs at risk of transition to a higher level of care

### 12. Respite Care

Expenditures to provide respite care to children and caregivers of children with serious emotional disturbance and/or complex mental health issues

**13. Behavioral Health and Physical Health Integration Activities**

Expenditures to support the infrastructure and activities required (e.g., workforce preparation, provider readiness assessment, partnership development between providers, launch of disease specific pilots, etc.) to integrate behavioral and physical health, reduce fragmentation of service, reduce total cost of care, improve behavioral and physical health outcomes, and promote patient centered care

**14. Infant/Early Childhood Mental Health Consultation**

Expenditures to train and support members of the community in identifying and managing behavioral health issues in children

**15. Workforce Development and Workforce Optimization**

Expenditures to develop and implement development of a robust behavioral health workforce, including loan repayment/forgiveness and graduate medical education programs and expenditures to develop and implement behavioral health workforce optimization, including telemedicine infrastructure and improving linkages between community service providers and managed care organizations

**16. First Episode Psychosis**

Expenditures to expand the First Episode Psychosis program

**17. Designated State Health Programs**

Expenditures for costs of designated programs which are otherwise state-funded

**Public Notice and Input**

The draft waiver application is available for public review at the Public Notices link located on the HFS web site: <http://www.illinois.gov/hfs/>. Copies of the draft waiver application will also be available at the location provided below.

Written comments concerning these proposed changes will be accepted on or before September 26, 2016. Comments may be sent to:

Illinois Department of Healthcare and Family Services  
Division of Medical Programs  
Bureau of Program and Policy Coordination  
201 South Grand Avenue East  
Springfield, IL 62763  
Email address: [hfs.bpra@illinois.gov](mailto:hfs.bpra@illinois.gov)

The State will host two public hearings and will provide interested stakeholders the opportunity to learn about and provide input into Illinois Department of Healthcare and Family Services' (DHFS') proposed Section 1115 Demonstration.

*Thursday, September 8, 2016*

10:30 AM to 1:00 PM

Howlett Auditorium

Michael J. Howlett Building

501 South Second Street

Springfield, IL 62756

*Friday, September 9, 2016*

10:30 AM to 1:00 PM

Assembly Hall Auditorium

James R. Thompson Center

100 W. Randolph Street

Chicago, IL 60601

*A telephone conference line will also be available for anyone wishing to call in during the time of the hearing. Call-in information will be posted prior to the hearing at the web site and link provided above.*

Written comments will be accepted at the public hearings. The outcome of this process and the input provided will be summarized for the Centers for Medicare and Medicaid Services (CMS) upon submission of the demonstration application.

## NOTICE OF PUBLIC HEARING

### STATE OF ILLINOIS DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

Summary of Hearing: The hearing will provide the opportunity to learn about and provide input into Illinois Department of Healthcare and Family Services' (DHFS') proposed Section 1115 Demonstration. This Demonstration sets forth a plan to transform behavioral health in Illinois with the goals of improving access, quality, and cost effectiveness. The demonstration aims to promote a robust complement of core, preventative, and supportive behavioral health services as well as the integration of behavioral and physical health for both higher-needs and lower-needs behavioral health customers.

This Demonstration aims to help Illinois achieve its vision for its behavioral health system that:

1. Provides a digitally enabled system to identify and support customers,
2. Provides a comprehensive suite of quality services,
3. Integrates behavioral and physical health, and
4. Is supported by an effective streamlined state system.

The draft waiver application will be posted on August 26, 2016, at the Public Notices link located on the HFS web site: <http://www.illinois.gov/hfs/>

#### Date, Time and Location of Public Hearing:

Thursday, September 8, 2016  
10:30 AM to 1:00 PM  
Howlett Auditorium  
Michael J. Howlett Building  
501 South Second Street  
Springfield, IL 62756

Friday, September 9, 2016 (There will be a conference line option for this meeting. Call-in information will be posted with the waiver information at the web site and link provided above.)

10:30 AM to 1:00 PM  
Assembly Hall Auditorium  
James R. Thompson Center  
100 W. Randolph Street  
Chicago, IL 60601

Other Pertinent Information:

- Persons must sign in at the registration desk located outside of the public hearing location. Persons wishing to provide oral testimony will indicate such during registration and must submit a written copy of the testimony at that time.
- Written testimony from those choosing not to speak will also be accepted during the registration period.
- Speakers will be heard on a first come, first served basis.
- Individuals giving oral testimony are asked to limit their comments to three minutes.
- Organizations are asked to select one spokesperson to present oral testimony on behalf of the organization and will be asked to limit their comments to five minutes.
- To assist the orderly conduct of the hearing and to ensure that the opinions of all interested individuals and/or groups are considered, the Department may impose other rules of procedure as necessary, including, but not limited to, adjusting the time limit or the order of presentation.

Name and address of Agency Contact Person: Any interested party may direct comments, data, views or arguments concerning these proposed changes. All comments not provided at the hearing must be in writing and received by September 25, 2016, and addressed to:

Illinois Department of Healthcare and Family Services  
Division of Medical Programs  
Bureau of Program and Policy Coordination  
201 South Grand Avenue East  
Springfield, IL 62794  
Email address: [hfs.bpra@illinois.gov](mailto:hfs.bpra@illinois.gov)

This notice is being provided in accordance with federal requirements provided at 42 CFR 431.408.