



The McLean County Board of Health  
 Wednesday, May 8, 2019, 5:30 p.m.  
 200 W. Front Street, Room 324, Bloomington, Illinois.

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Minutes

**1. Call to Order: 5:31 PM**

**2. Roll Call**

**Members Present:** Ms. Judy Buchanan, Dr. Alan Ginzburg, Dr. Scott Hume, Ms. Susan Schafer, Ms. Hannah Eisner, Ms. Carla Pohl, Ms. Sonja Reece, Ms. Cory Tello, Mr. Robert Kohlhase

**Members Absent:** Ms. Rose Stadel, Dr. Jim Swanson

**Staff Present:** Ms. Camille Rodriguez, Mr. Tom Anderson, Ms. Kim Anderson, Ms. Cathy Coverston Anderson, Ms. Cathy Dreyer, Ms. Tammy Brooks, Ms. Amy Brooke, Ms. Amy Hancock, Mr. Trevor Sierra

**3. Public Participation: None**

**4. Approve Minutes: April 10, 2019**

Motion by Hume/Kohlhase to approve April 10, 2019 minutes as presented.  
 Motion carried.

**5. Consent Agenda**

**A. Bills to be Paid**

		March	April
Dental Sealant	0102	\$23,212.90	\$19,640.86
WIC	0103	\$2,194.08	\$1,227.34
Preventive Health Program	0105	\$300.75	\$44.00
Family Case Management	0106	\$6,484.65	\$9,442.66
AIDS/COMM Disease Control	0107	\$263.12	\$1,930.75
Health Department	0112	<u>\$97,423.51</u>	<u>\$122,605.66</u>
Total		\$129,879.01	\$154,891.27

Motion by Ginzburg/Pohl to approve consent agenda.  
Motion carried.

## **6. Committee Reports**

### **A. Ad Hoc Funding Committee**

Judy Buchanan (JB) reported on the Ad Hoc Funding Committee. She expressed her gratitude to the committee members: Cory Tello, Susan Schafer, Alan Ginzburg, Dan Deneen, Brian Mohr, Wanda Holloway, and Laurie Wollrab. JB explained that a looser system had previously been used. The new system will require outcome measures and explanations of expenditures. The BOH will also be more directive in the RFP process.

### **B. Behavioral Health Coordinating Council**

Susan Schafer (SS) shared that the tentative date for the annual Behavioral Health Forum is October 17, 2019. Venues are still being confirmed. There is a group working on a youth mental health plan. That will be presented at the June BHCC meeting. They are looking at four topics and will prioritize.

### **C. Mental Health Advisory Board**

Report was not given.

### **D. County Board**

SS acknowledged the appointment of a new County Administrator beginning June. 1<sup>st</sup>.

## **7. Health Department Administrator's Report**

### **A. Items to be presented for information:**

#### **1. Behavioral Health Stakeholder Survey Results**

Camille Rodriguez (CR) shared that Ms. Hancock had conducted a Behavioral Health Stakeholder survey. She stated that she would like the BOH to consider the information presented in the April BOH packet and the stakeholder survey results in formulating recommended priority areas for the funding provided by the BOH.

Amy Hancock (AH) presented on the Behavioral Health Stakeholder Survey results. The overwhelming need that came through in the survey was children's mental health and parental support. The needs for transportation and housing support were also significant.

Hannah Eisner (HE) asked for the breakdown of clients, service providers, etc. that were surveyed.

AH shared that the survey was anonymous. Once it was sent out, there was an inability to track clients versus service providers, etc. The link was sent to 30-40 emails asking that it be disseminated. There were 134 responses.

CR stated that this was not research based but was much more grass roots. The goal was to cast the widest net possible.

Sonja Reece (SR) observed that the questions all seemed to strike a nerve with people. It amassed validation.

CR reiterated that the April data and results of this survey will be used, along with the Chairman's committee looking at the needs of youth and mental health, for directions for funding.

JB stated that the Community Health Assessment report will also inform the Board's recommendations.

Members discussed sharing the results of the survey broadly. Examples included the BHCC, hospitals, agencies, and the Mental Health Advisory Board.

CR requested that if there were additional observations from the data, that Board members email Mandy McCambridge within the week.

AH shared that questions for the survey came from a variety of sources: Macon County Needs Assessment meeting, Chestnut, research, and consultation with Trisha Malott, Behavioral Health Coordinating Counsel Supervisor.

## **2. General Report and Other**

CR shared that prior to Lisa Slater's departure, she had been used more frequently by other departments. This encouraged more responsibility for products and messages among Health Department staff. Lisa's assistance was still valuable but was being shared with other departments approximately 50% of the time. In looking at posting for Ms. Slater's position, other departments have been asked to consider sharing in the salary for that position and have been open to that.

Cory Tello (CT) asked if hiring for the position will be joint.

CR stated that various departments (Sheriff, Nursing Home, and County Administration) will be asked to participate.

CR noted that division stats are in the packet. She invited Tammy Brooks to highlight her division.

Tammy Brooks (TB) shared about the clinic areas. There has been reassignment of staff, changes in supervision responsibilities, as well as changes in daily conduction of business. She shared that the changes were made after doing lots of observing, asking questions, and spending time with staff. She pulled from the six questions in THE ADVANTAGE by Patrick Lencioni: 1) Why do we exist; 2) How do we behave; 3) What do we do; 4) How will we succeed; 5) What is most

important, right now; 6) Who must do what. The goal with the changes is to focus on assuring strong business practices.

CR noted that some of what TB was doing was building relationships. One of the significant things to happen was observing how long families were waiting in the dental area and realizing that we were scheduling 20 minutes for appointments that were routinely taking 30 minutes. This has been changed. Under Ms. Brooks leadership we are in the black. It is a small amount, but we are in the black.

Hannah Eisner complimented Ms. Brooks' report and the changes being made. She recalled that last year there had been an agreement with the Area Agency on Aging for medication management. She would like to hear how that is going.

Cathy Coverston Anderson (CCA) stated there were continued delays in implementation. With a change in the governors, funding changed, and the program was canceled.

Susan Schafer commented on the Youth Build program mentioned in packet. Was this the first-time clinic staff has gone to Youth Build?

TB clarified that this was the first time staff had offered Get Yourself Tested (GYT) for Youth Build.

HE noted from Kim Anderson's report that her staff continue to do prenatal depression screening and that people are being referred to the Center for Human Services. She asked if those clients were being served through CHS.

Kim Anderson stated that some are referred to CHS, but they are also managed through primary care doctors, obstetric offices, and other counseling services. In addition, staff have been sent for certification in the area of prenatal depression and mood disorder and they are working on how to serve clients with this need in our own clinic.

TB shared about someone she knows being followed up in the OB's office after a prenatal depression screening through WIC.

Members discussed the desire to know if clients being referred to CHS are actually being seen there. Privacy rules make this information difficult to attain.

## **8. Old Business**

### **A. Items to be presented for Discussion:**

#### **1. Update, Center for Human Services contracts for Psychiatric Services and Emergency Crisis Intervention Services**

CR shared that she had further discussions with CHS. An agreement was reached

that CHS would see 5 new clients a month or 40 new clients by the end of December. These would be clients that receive the full compendium of services. She expressed confidence that the contracts will meet the needs of clients and will hold the CHS accountable to the BOH. The contracts are in line with BOH contracts with other agencies.

Scott Hume (SH) expressed that it would be valuable to look at the CPT codes that each client generates.

CR stated that billed codes were requested on March 8<sup>th</sup>. CHS has not provided that information. It would allow us to see what types of services are being billed, frequency, and give us an idea of per member per month.

SH stated that the codes would quantify the assertion by CHS that the patients seen are the most severe cases.

SS noted that it was asked for it on March 8<sup>th</sup> and on April 2<sup>nd</sup> they said they would formally respond.

CR noted that the President of the CHS Board had sent a letter and a copy of the State of Illinois CPT code manual. Specific billing codes were not provided. She will be formally following up on that. Specific patient information has never been requested. There is nothing proprietary about codes that have been billed.

HE suggested that the Board might be able to FOIA the State for the reimbursements they make to CHS.

JB stated that while the issue of no new patients has been resolved, this is an important question. Putting a contract in place was in the best interest of those additional 40 clients and those already being served. Time will tell if the BOH is able to give CHS funding in the future.

CR noted that she offered to provide help in the form of a consultant to go into their agency to assist with the process of obtaining the information. CHS was not interested in that. Overall, she is pleased that the BOH found a way to facilitate CHS seeing some new patients, but the conversation with this agency is not finished. CPT codes would be a window into the health of the patient.

SR asked for an update on the Triage Center.

CR shared that Administration continues to look at options on the first floor of the building for the Triage Center. No firm decisions have been made, but she expects action relatively quickly. They are close, but no blue prints have been signed off on yet.

The FUSE program will be on the 4<sup>th</sup> floor. The Property committee took a tour of it this week.

SS noted that Trisha Malott has been hiring, scheduling, and training for the programs.

HE suggested that some using the Triage Center may be WIC eligible and that there are opportunities for collaboration.

CR concurred that there may be numerous ways to promote WIC and other Health Department programs. There has been discussion of being able to publicize programs through digital boards in the new visitation area of the jail.

Members discussed the ongoing frequency of meetings with CHS. AH noted that there will be quarterly site visits, but she is having more frequent meetings with them than that.

Robert Kohlhasse (RK) suggested a need for a monthly update from CHS through the end of this year.

AH shared that financial reports will be reported monthly.

CR noted that contract language allows for unannounced visits.

## **9. New Business**

### **A. Item to be presented for discussion:**

#### **1. FY20 State of Illinois Contract cycle**

Cathy Dreyer (CD) shared a list of applications to comply with the request for advanced notice of contracts coming up in July. All the programs listed are established programs. It had previously been discussed that there would be a vote to give the BOH president authorization to sign approved contracts when they arrived. The list explains the purpose of each grant as well as staff recommendations. It includes funding amounts.

CD noted that she received funding notices yesterday. Funds for the Family Case Management Grant is being increased from \$328,320 to \$383,760. The High-Risk Infant Follow-up Grant is being increased from \$87,000 to \$102,000. The Better Birth Outcomes Grant had a slight decrease of \$454,860 to \$434,000. That amount is doable for that program based on expenses this year.

CD noted guidelines for reimbursements have changed in the programs where we received an increase. Previously, monies were paid on a per client basis. Reimbursement will now be based on actual expenditures. She is estimating the use of \$166,000 from FFP. CD noted that the largest change is that the HD will no

longer receive Federal Financial Participation claim reimbursement.

Eisner/Ginzburg motioned to table the FY20 State of Illinois Contract Cycle and discuss it in June and vote on allowing the president to sign contract until next month.  
Motion carried.

## **2. Embedded Schools Pilot Evaluation Proposal**

AH shared that the evaluator is willing and ready. The timeline for the evaluation can start as early as May 15 and completed by August 15, 2019. She would like to present the evaluation to the BOH and the Mental Health Advisory Board in September. She is willing to accept feedback from BOH and MHAB members. She will provide recommendations for projects in the future

JB shared that compensation is in the budget for the evaluation.

### **B. Items to be presented for action:**

#### **1. Letter of resignation from Health Department Administrator**

CR stated that she is grateful for the support of the BOH and leadership. Support is essential. Significant and positive changes have been made. Leadership wants to continue in the vein they are in now. She is looking forward to them keeping up with the strategic map, mission, vision, and values.

CT expressed appreciation for CR's leadership and the team that has formed.

Ginzburg/Hume motioned to accept letter of resignation with deepest gratitude for Camille Rodriguez's service.  
Motion carried.

#### **2. McLean County Board of Health Funding Guidelines**

CR presented the Funding Guidelines Document.

Motion by Kohlhase/Schafer to approve as presented.

HE noted that there was a change from the previous draft to this draft. A statement had been added that funds would not be used to cover copays and deductibles. HE recommended removing that statement (page 60 of the packet).

CR noted that some changes were made. The changes were made for two reasons. First, it came to our attention that agencies were using BOH funds to pay copays and deductibles. She did not believe that was the intention of the BOH funding. Second, many of our programs do not bill Medicaid and other sources for their programs. We were trying to include all programs in the milieu of services.

CT asked if that would be applied where a client had such a high deductible that they were choosing not to get services because they could not meet the deductible. What happens to those people who say that they won't seek services because they cannot afford it?

AG stated that with government funded programs like Medicaid and Medicare, it may not be legal for us to provide co-pay payments. Medicaid's copay is something like \$1.

CT stated that she isn't talking about co-pay. Rather she is talking about deductibles.

AG stated that with deductibles and private pay insurance there may also be issues. The patient buys insurance and they are expected to come up with so much out of pocket. By paying for that, you are giving them their out of pocket. The insurance industry may have an issue with that.

CT asked if there will then be a percentage of people who will be left behind because they do not have the money to come up with deductibles. We have been calling them the underinsured. What happens to the underinsured? What other safety nets are available for that subgroup?

HE suggested it may need some research before putting the statement "Board funding shall not cover the cost of co-payments or deductibles" in the document.

AG stated that in his office they have copay assist cards from drug companies. They cannot be used for any government sponsored program. The government would see that as fraud.

SS questioned that when it comes to paying deductibles, are the agencies making a profit? They are making a profit off our tax dollars. There are not enough tax dollars.

HE/Schafer motioned to amend the approval of the "Requirements and Guidelines for Funding CY20" by striking the sentence (Section IV, A, 6 "Board funding shall not cover the cost of co-payments" and approve as amended.

Motion carried.

Members agreed to do more research on the issue of using tax dollars to pay co-pays.

### **3. Behavioral Health Funding: Timeline for CY20 Funding**

AH stated that if the funding time line is approved, she will pass on the

information to the agencies at their site visits.

Motion by Tello/Eisner to approve the funding Timeline for  
CY20 Funding.  
Motion carried.

**4. Authorize Board President to approve FY20 State of Illinois renewals  
and contracts, as approved by legal department.**

Discussion and motion to delay vote on this item until June 2019 under "9. New  
Business, A".

**5. Embedded Schools Pilot Evaluation Contract**

Motion by Tello/Hume for approval of contract for Embedded  
Schools Pilot Evaluation.

HE asked the name of the evaluator.

AH stated that the evaluator did not want her name announced.

HE reminded the BOH that it is a FOIA-able document.

AH stated that once the evaluator has the contract she is aware that it will be  
public information.

HE stated that she is not comfortable approving the contract without knowing the  
name of the evaluator.

CR shared that the evaluator wants to notify her employer before it is made  
public.

SS suggested discussing it in closed session.

10. Closed Session

- A. Motion by Ginzburg/Schafer to go into closed session at 7:15 PM  
Closed pursuant to section 2(c)(1) of the Open Meetings Action  
(5ILCS 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.  
Motion carried.

11. Resume Open Meeting

Motion by Reece/Schafer to resume opens session.  
Motion carried.

12. Other

**A. Items presented for discussion:**

1. Process and timeline for Health Department Administrator Search  
JB referenced a tentative schedule/timeline for searching for a new Health Department Administrator. It is an aggressive timeframe. She stated that the BOH will be able to move forward quickly. The search committee will report back on a regular basis.

The search committee consists of Robert Kohlhase, Carla Pohl, Cory Tello, and Judy Buchanan. County Administrative staff will be supporting the needs of the search committee. All communication will be generated out of the Government Center.

**B. Items presented for action:**

**1. Approve appointment of Interim Health Department Administrator**

Motion by Schafer/Ginzburg to appoint Tammy Brooks as the interim Health Department Administrator.  
Motion carried.

**2. Approve timeline for Health Department Administrator search**

JB referenced a tentative schedule/timeline for searching for a new Health Department Administrator. It is an aggressive timeframe. She stated that the BOH will be able to move forward quickly. The search committee will report back on a regular basis.

The search committee consists of Robert Kohlhase, Carla Pohl, Cory Tello, and Judy Buchanan. County Administrative staff will be supporting the needs of the search committee. All communication will be generated out of the Government Center.

Motion by Reece/Ginzburg to approve the timeline for the Health Department Administrator search.  
Motion carried.

**Other stemming from Agenda item 9, B, 5: Embedded Schools Pilot**

**Evaluation Contract**

TS advised that a motion remained on the floor regarding this item.

Motion by Ginzburg/Reece to table the pilot evaluation contract.  
Motion carried.

**13. Adjourned**