



The McLean County Board of Health
Wednesday, June 12, 2019, 5:30 p.m.
200 W. Front Street, Room 322, Bloomington, Illinois.

Minutes

1. Call to Order: 5:34 PM

2. Roll Call

Members Present: Ms. Judy Buchanan, Dr. Scott Hume, Ms. Susan Schafer, Ms. Hannah Eisner, Ms. Carla Pohl, Ms. Sonja Reece, Mr. Robert Kohlhase, Ms. Rose Stadel, Dr. Jim Swanson

Members Absent: Ms. Cory Tello, Dr. Alan Ginzburg

Staff Present: Mr. Tom Anderson, Ms. Kim Anderson, Ms. Cathy Coverston Anderson, Ms. Tammy Brooks, Ms. Amy Hancock, Mr. Trevor Sierra, Ms. Trisha Malott, Ms. Hannah Emerson

3. Public Participation: Ms. Kirsten Clerkin, Ms. Jessica Sullivan (ISU)

4. Approve Minutes: May 8, 2019 and May 16, 2019

Motion by Reece/Hume to approve both May 8, 2019 and May 16, 2019 minutes as presented.

Motion carried.

5. Consent Agenda

A. Bills to be Paid

		May
Dental Sealant	0102	\$22,308.50
WIC	0103	\$1,843.37
Preventive Health Program	0105	\$60.96
Family Case Management	0106	\$7,005.96
AIDS/COMM Disease Control	0107	\$17,822.46
Health Department	0112	<u>\$89,188.65</u>
Total		\$138,229.90

Motion by Schafer/Reece to approve consent agenda.
Motion carried.

6. Committee Reports

A. Ad Hoc Funding Committee

Judy Buchanan (JB) approved Funding guidelines and an agreement on how we handle co-pays-tax dollars or not. SS asked Amy Hancock if funding guidelines has been taken to the providers and any feedback. AH states one agency had some general questions regarding timeline. So far, everyone has been fine.

B. Behavioral Health Coordinating Council

Sonja Reece (SR) reported they will be meeting on Friday, haven't met since this group last met. Lots going on, stay tuned.

C. Mental Health Advisory Board

AH noted meeting June 28th. Action items will be RFP process and talking about NOFO's & RFP drafts that will come before the Board in July. Update on Embedded School Evaluation.

D. County Board

SS states the new County Administrator started end of May. Health Committee, not a lot news

7. Health Department Administrator's Report

A. Items to be presented for information:

1. General Report and Other

Tammy Brooks (TB) started off by expressing her gratitude to the Board. It is a great honor to be named interim and she confirmed that she will continue things moving in a forward direction, the way they were set up by Camille. TB has been in on the County Budget meetings and participating in interviewing for the Communications Specialist, with Trisha Malott.

The Dental program continues to do well. Cathy Dreyer thinks we may not need to use FFP money to supplement.

Hannah Eisner (HE)asked what is driving changes?

TB noted that the small adjustments are making the big difference such as lengthening appointment times.

AH has started to conduct site visits in May, they are going well.

Received an Amendment to the Local Health Protection grant, additional money, allows us to replace some larger equipment.

TB highlighted our dedication to ensuring strong business practices and coming up with innovative solutions. In the Budget Work session, we will be looking at the sustainability for our Home Health Program, and its future. We are at the point to where there are only 7 patients in the program. We are exploring ways these patients can get what they need elsewhere.

SR asked if patients are out there but no funding? TB answered our numbers have gone down annually

Cathy Coverston Anderson shared that we started out with 20-30 or more patients and over time they have gone into nursing homes or they pass away. This program kept people at home, and services are not reimbursable through Medicare or insurance.

Robert Kohlhasse asked why the change where new clients were not coming in.

CCA responded that some patients can afford skilled care, some are finding other placements, or have long term care insurance. We provided options for services that insurances were not picking up.

TB spoke about a couple options for the patients- Pharmacies and offering Bubble packs, or a local pharmacy-AxLine-that will set up pill boxes for patients.

2. Mclean County Behavioral Health Program Updates:

Trisha Malott (TM) updated the board on the Behavioral Health unit.

TM handed out a 'rough' floor plan for the Triage Center to be housed on the first floor of the Health Department in the Communicable Disease area. This is currently being used as office and storage space. Construction is expected to begin the last week of June and anticipates little disruption and noise during clinics. One peer and one Triage specialist will always be onsite-with more added during noted peak times. Patients may come on their own, or by law enforcement. Patients can stay up to 23 hours. The Triage center will not have beds or reclining chairs-that would encourage people to come to the clinic to sleep. They can leave on their own or be transported to the hospital-if that is where it is decided that they need to go. Triage can bill Medicaid and Private Insurance, however no one will be turned away. The Triage supervisor has been hired.

HE asked how patients will enter either after or during business hours of the building? (TM) states during regular hours, the main doors will be unlocked, and after hours, the locked door that is being installed.

RK asked how people will know to come here, and what happens after their 23

hours here?

TM reported it will be communicated to the community through our news partners, crisis providers, and medical providers. After 23 hours, it will depend on their assessments-either CRU at Chestnut or to their home; the intent is to link them to the most appropriate place.

JB asked when Triage is opening?

TM stated a disclaimer that nothing has been approved; BHCC meets Friday the 14th and has not been given the information yet. She anticipates staff being trained beginning the week of August 5th. The Supervisor has been hired and she is a fantastic fit.

JB, TM & RK voiced that on day 1 there needs to be clear signage, so that there is no confusion on where patients need to go.

TM noted there will be a doorbell and a camera. There will not be access to other areas of the building. She will take the suggestion of enlarging the vestibule-suggested by HE-back to County Administration.

SS mentioned that this is not necessarily a permanent place for the Triage center.

TM reported Telepsych is being presented at the BHCC meeting on Friday, the 14th. There is a program being presented for recommendation for an adolescent concept for 13-18 year olds who are either transitioning out of psychiatric hospitalization or at risk of entering psychiatric hospitalization. This is a new youth grant.

SR shared she is very excited to see how this is rolled out to the community and exciting for the County.

8. Old Business

A. Items to be presented for Discussion

1. Conflict of Interest Form:

AH shared this was brought about awhile ago. She will bring to the next board meeting on July 10th.

HE asked if board members needed to fill this out, since they already do a similar page with the statement of economic interest.

AH replied it is part of the process as recommended by the ad-hoc committee. And if you are on the selection committee that members of the committee complete the form to show there isn't any specific

agency that may receive funding.

JB remarked that members already use their discretion and already know that they can't vote if there is a conflict.

SS stated we need to be cognizant of what we are not able to do.

SR suggested the group take a pause and have Trevor and his team look at this.

JB asked Trevor to look at it and come back with a recommendation.

B. Items to be presented for action:

1. Approve target population/gaps in services for the Notice of Funding Opportunity/Request for Proposal for FY '20

AH stated the document is provided in the agenda for discussion points of potential services, and potential focus areas. The Board is choosing 2-3 areas outside of the preferred services and identify RFP focus areas the Board would like.

SS asked if these are potential funding focus areas. Did the MHAB come up with any of these? SS would like to wait to hear their input on what they want, so there won't be any overlapping.

AH replied the challenge has been the MHAB schedule. The schedules haven't coincided and the MHAB will meet the end of this month to discuss the RFP and NOFO process.

JB asked what if the Board of Health waits until July to act on this.

AH replied the NOFO's and RFP's cannot be written without approval to be presented in July and released in August. Each focus area will have their own NOFO and RFP; she could make a 'generic' template.

JB recommended to bring the Board the recommendations from advisory board to approve in July. JB suggested that AH create a generic template on the NOFOs, and put in the details when she has them- and have ready in August.

SS asked if we need to have a NOFO in this community.

JB responded that this time around we may.

AH cautioned against changing the requirements. There has already been conversation with agencies who are asking when the NOFOs will be posted for them to write their Letter of Intent. Amy stated that this year we should try to follow this process as closely as possible to what was put into place last year for consistency.

SS suggested to take Psychiatry out of potential preferred services, and let it be a potential funding focus area. We need clarification on Potential Preferred services.

AH stated the difference between Preferred service & Preferred provider is in the funding guidelines handbook. If more than one agency is interested, we would have to open the application for them both to apply.

SS stated we need to have that preferred service and put out an RFP for the service.

HE stated knowing the preferred service would allow the applicant latitude to be more prescriptive.

AH shared the thought behind preferred services was to follow the MH action plan. Let agencies know on the RFP how many programs we are looking to fund.

JB suggested developing an RFP including what the expectations are, and AH will be developing this based on her research.

AH asked are we going to look at the money being allocated?

SS stated it can say "Up To".

AH suggested it's helpful to have guidelines.

JB remarked there's additional work that needs done and will try to convene the ad-hoc committee.

2. Authorize the Board President to approve FY '20 State of Illinois renewals and contracts, as approved by the legal department

RK made a motion to accept it, SR second.

HE noted that the board approves and the BOH president signs. She suggested to amend motion to state "and authorizes the Board President to sign".

RK agreed to reword B2, and SS second

9. New Business

A. Item to be present for Discussion:

1. Overview of Community Health Needs Assessment

CCA shared that the CHNA & CHIP needs to stay a requirement of local health departments. There is ongoing discussion to simplify the process. The actual document needs approval from the BOH and the other 3 agencies that make up the Steering committee. It will be sent out by email soon.

900 Adults completed surveys; 695 surveys were usable, and over 100 were from at risk populations.

JB thanked Cathy for her work on the CHNA.

2. FY '20 Mclean County Health Department Budget

HE thanked Cathy D & Tammy for the review of the budget.

TB explained division directors have been a part of this process. The dental program is in good standing, by changing appt times and extending hours. The next steps for phasing out the Home Nursing program are making sure services are in place for client needs before the program ends. She also talked about the success of cross training of multiple staff. The vacant dental position was utilized to create a Shared Service Center concept to create a pool of OSS staff and strengthen cross training. She stated that the loss of the FFP money led to the release of our Parking Lot attendant. His last day will be June 28.

HE asked about the budget on the home nursing program; is it non-reimbursable by Medicaid or Medicare?

TB responded that the services provided by the health department's home nursing program are not reimbursable as they are not skilled nursing services.

CD explained it brings in about \$2,000 revenue and the cost analysis is shows that it takes over \$80,000 to operate.

JB suggested monitoring the activity in the parking lot and make suggestions or requests if problems are noted.

JB shared that County administration suggested using either the Unencumbered Fund Balance and Transfers from Fund 0109 in order to track where dollars are needed.

CD explained it would be coming from fund 109 through a budget transfer, but not until the end of the year when we know how much we need, if we do need it.

SS asked that the Board be apprised throughout the year about if/when it needs to happen.

CD agreed; in comparison, in 2018 we didn't have to move any that was budgeted.

HE asked how 2019 is looking.

CD stated she is not sure, but she thinks we are on track to not use very much.

HE asked if the MCP (Managed Care Plan) option impacts this any.

CD noted that we get our money a little faster from an MCO, but it is still the same reimbursement.

SS stated she is under the impression that the State is giving more on the MCO reimbursements and asked if we will benefit from this? Who follows that [reimbursements]?

CD states there is an increase in the FCM grant and hasn't heard about increases to the Medicaid services.

HE asked for budget purposes, if we are losing FFP money or is it given to us in a different form?

SS asked if FCM was getting higher reimbursements?

CD explained FCM program will receive an extra \$55,000 and there is a \$20,000 reduction in Better Birth Outcome grant.

TB reported that CCRRN has been providing car seats for families in need through a grant and the grant money has been exhausted. We would like to include \$5,000 in the 2020 budget to purchase car seats for families in need. The HD is looking to collaborate with fire departments to distribute and

install to assure the correct installation of the seats. This is filling a gap to fill the need in the community.

JB asked if the need is documented.

TB stated FCM does a referral every time they have a client in need of a car seat.

TB states the Health Promotion area has been doing work in schools providing obesity and oral health education. We suggest \$30,000 in funding for 2020 to continue that program area.

JB asked about past costs of the school-based health promotion programs.

KA and CD explained due to staffing changes, the program never really got off the ground in 2018. This year staff is working with principals getting programming needs and schedules outlined for the upcoming year and ordering curriculum.

#5 Special Funding

TB reported the embedded school-based services pilot, originally intended for 2-year pilot, will not be complete before this next budget year. The board was asked if they wanted to continue using the 109 funds to extend the pilot through the 2019-2020 school year.

HE asked if this is a supplement for MH grants and if this program budget will transfer into this. It is a little confusing where it was, and this will keep it under the umbrella of behavioral health.

AH explained this is only for 3 of the 5 schools. Olympia and Ridgeview are not under this funding.

SS asked if we are even going to continue. She asked if we want to budget at all, or just have it as part of the regular funding process.

CD suggested a budget transfer from Fund 109, and if it is not needed, then we won't need to transfer.

JB asked would we still have the embedded schools pilot

program budgeted until 2020?

AH reports embedded schools pilot program is budgeted through December 31, 2019.

SS suggested that until we make a decision on our evaluation from the pilots, we can always make a transfer. If we decide we really want to fund it, we will do the transfer.

CD agreed we could do an amendment if needed.

#6 Major funding sources: Any questions?

TB states the FCM amount is 'up to', and now we will bill for services. For the FY20 FCM grant reimbursements will be based on actual expenses.

HE asked if there are issues with staff meeting objectives?

CD reports we don't anticipate any problems. With monthly reporting it will be easier.

#7 Examination of Fee Revenue

TB explained the county asked that each department come up with one way to increase or generate a revenue source. Within the department we are exploring support groups in FCM, adult lead testing and Environmental Health has two suggestions of charging for plan reviews and charging food permit fees to not-for-profit organizations.

HE likes the idea of charging not-for-profit organizations permit fees for those that operate as full-time food services.

SS states she likes the support groups in FCM, and plan review charge.

Tom Anderson (TA)-Explained that there is a built in 40% surcharge, but it doesn't cover all of the costs. Environmental Health does a lot of plan reviews throughout the year and the surcharge does not cover the cost of staff time or supervisor time associated with the review.

SS asked if we will continue the surcharge and not increase the food permit fees?

TA stated the 40% surcharge covers some staff costs but it does not cover the plan reviews. \$168 is proposed fee. Fee could be increased based on square footage of the establishment.

HE states it is worth looking at when the budget gets put together.

JB asked if TA had any info on what other counties charge?

TA replied many health departments charge a review fee.

JB & SS asked TA to email the Board with his numbers on not-for-profit.

SS states she will determine what the health Committee's concerns might be with additional fees.

CD asked how the board would like her to proceed with her budget writing. SS asked her to put in current numbers and not include the proposed fees; the board will discuss at the July BOH meeting and budget writing will proceed from there.

B. Items to be presented for action:

1. Approve contract for Video direct Observed Therapy for active TB cases

HE asked for further information on this.

TB explained it is the same company that IDPH contracts with. It is a smart phone app that saves the time and expense of a nurse going to the house to observe the patient taking the medication. The app has a pill identifier, and the nurse watches them take it.

HE asked how many TB patients do we see in a year?

TB noted about 2/year

10. Other

JB explained the Administrator search is under way. The position advertisement has been extended to the end of June.

An update will be given in July.

RK states he won't be at next meeting, but fantastic job on the report! He is in full support of fee increases, and is proud to represent the Board of Health and the Health Department. His only concern is that we ask for monthly updates on progress and activities of grantees and just make sure to keep up with monitoring.

TB states we did find out that they are taking new patients.

AH reported they met with them in May and worked together on contract. Work schedule has changed a little but everything else seems to be going fine

KA reported an update about FCM referrals as asked in the May BOH meeting. In the month of May, 8 clients were referred to CHS for elevated depression screenings, 2 of those reached out to CHS and received counseling services. 4 of the 8 didn't feel they were ready for that next step. We were not able to reach two of the clients.

SS asked if the counseling that we talked about in the budgeting discussion would be able to do some of this or both.

KA stated the new counseling services would be for those who were not ready for CHS.

11. Adjournment