



The McLean County Board of Health  
Wednesday, July 10, 2019, 5:30 p.m.  
200 W. Front Street, Room 324, Bloomington, Illinois.

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## MINUTES

### 1. Call to Order

2. Roll Call: 5:35 PM

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

**Members Absent:** Ms. Rose Stadel, Mr. Robert Kohlhase, Ms. Hannah Eisner

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

### 3. Public Participation: None

Judy Buchanan (JB) noted that both Dr. Swanson and Mr. Kohlhase had terms that expired in June. They were both given the option of continuing with the Board of Health. Dr. Swanson declined, but Mr. Kohlhase will be continuing. County Board Chairman McIntyre has identified a physician for the BOH: Dr. Richard Ginnetti. He will join the BOH at the next meeting.

JB noted the presence of Kate Myers and Nicole Anderson. They are part of the Family Case Management staff.

Tammy Brooks (TB) noted that Ms. Myers and Ms. Anderson were presented the WINGS Award. The WINGS Award is for a woman to improve her skill for a notable purpose which allows her to grow professionally and achieve success. A woman is eligible for the WINGS award upon demonstration of her commitment to personal and professional growth and her service to McLean County.

JB noted that the WINGS award is part of the YWCA Women of Distinction. Women of Distinction has contributed to that fund over the years to assist and encourage women.

Both Kate Myers and Nicole Anderson plan to use the monetary portion of the award towards study materials and licensure as LCSWs.

### 4. Approve Minutes: June 12, 2019

Wording in the minutes from June 12, 2019 was corrected in two places.

Motion by Reece/Tello to approve minutes as corrected.  
Motion carried.

**5. Consent Agenda**

**A. Bills to be Paid**

		June 2019
Dental Sealant	0102	\$21,465.94
WIC	0103	\$13,278.17
Preventive Health Program	0105	\$7.08
Family Case Management	0106	\$8,388.69
AIDS/COMM Disease Control	0107	\$15,209.05
Health Department	0112	\$138,306.87
<b>Total</b>		\$196,655.80

Motion by Reece/Hume to approve bills to be paid as presented.  
Motion carried.

**6. Committee Reports**

**A. Mental Health Advisory Board**

Cory Tello (CT) reported that the Mental Health Advisory Board met on June 28, 2019. Information discussed included a potential grant, the FUSE and Triage programs, the Behavioral Health Forum on Oct. 17, 2019, and consideration of an adolescent intensive outpatient treatment program. The MHAB discussed the new RFP process and how 553 dollars will be spent. The MHAB liked the idea of the Preferred Provider (PP) services. These are services that the community cannot do without.

Areas that the MHAB would like to see selected for RFP include adult psychiatry, Embedded Schools, and programs that support children and families.

**B. County Board**

Susan Schafer (SS) reported that Ms. Cassy Taylor has been named as the New Assistant County Administrator. Ms. Taylor has been the Director of Court Services over the last few years. Things are still being worked out on the Communications Specialist that will be shared between several departments in the County.

**C. Ad Hoc Funding Committee**

JB noted that this committee will reconvene at some point to look at tax dollars earmarked for behavioral health being used for co-pays. What should the policy be in this area? Unbeknownst to us, it had been happening for many years.

#### **D. Behavioral Health Coordinating Council**

Sonja Reece shared that the BHCC met on June 14, 2019. Most of the meeting centered on the proposed adolescent intensive outpatient program. The program would be for those between 13 - 18. Participants would need to have at least one behavioral health diagnosis. It would be an intensive day program with at least four hours of intense counseling per day. This could be used as a transition between hospital and school or it might be used to forgo hospitalization. Additional time would be utilized for setting up other services. There is the potential of some Medicaid funding/reimbursement. The program would exclude those that are actively psychotic, suicidal, or assaultive. It would run 5 days a week and have a staffing ratio of 1:4. Staff would need to be trained in therapeutic crisis intervention. Proposals to run the program would need to include placement and transportation.

SR shared that changes in United Way were also discussed. Their focus is youth and families. The United Way is looking into a training program with Heartland.

SS noted that the grant the Behavioral Health Coordinating Council has been working on had the deadline extended. The grant would provide funds for CAT team type services.

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

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

TB explored information regarding the Triage Center entrance. She shared that concerns had been take to County Administration and addressed. At one point the atrium entrance was considered; however, staff felt that would be more disruptive to the clinic. Ms. Brooks will be the gatekeep on issues those in the building face with the location of the Triage Center. Everyone has access to the building during regular business hours. Staff will document issues above and beyond what is normally seen.

TB stated that she is hopeful that there will be more information regarding the Communications Specialist soon.

TB updated the BOH on the home visiting clients. This program is being disbanded. Staff are working with home visiting clients to ensure that the role this program played is replaced in some way. Overall, that work has gone well.

#### **1. Contract List**

#### **2. Behavioral Health Update**

Amy Hancock updated the BOH on the quarterly agency visits. It provides an opportunity to hear from the agencies. It also allows AH to share about HD services.

The Center for Human Services is continuing to see new patients. The partial contract began May 1<sup>st</sup>. CHS is still planning to take 40 new patients by the end of the year. Their quarterly report is due July 30.

#### **3. General Report and Other**

JB thanked Tom Anderson for his memo laying out options regarding proposed fee increases or new fees.

There were no questions for Mr. Anderson. SS commented that County Board members seemed more comfortable with increasing food permits rather than introducing new fees.

## **8. Old Business**

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

#### **1. FY'20 McLean County Health Department Budget**

JB clarified that the budget would not be approved at this meeting. It is typically approved in August.

Cathy Dreyer (CD) provided an overview of the budget to Board members.

JB noted that the MHAB had discussed the future and sustainability of the tax money available mental health. They offered suggestions to maximize these funds. They would like the BOH to explore the provision of a resource navigator to assist agencies in locating and maximizing funds. This might free up some funds for other uses.

CT elaborated that the discussion centered on sustainability. Through the Embedded School Pilot, some districts that were asked what they were poised to do to keep the program. Some said that if they didn't have the money from the County, the program would go away. In contrast, a different district had determined how to keep the program going if the grant money was unavailable. MHAB would like to find a way to build the capacity of all the grantees in locating and maximizing funds.

CT pointed out that the Mental Health Action Plan called for building capacity. By focusing on equipping service providers in this way, the BOH would be making a targeted effort to do just that.

JB shared that some money will be freed up when the Triage Center opens. The HD will not be paying for the rental and utilization costs of those areas. Square footage will be decreased.

CD noted that this budget is 7% less than 2019. It was built knowing that in 2020 the HD will not receive federal claiming. That made up half of the decrease. The additional decrease was the result of putting expenses in line with historical amounts and a decrease of 2.6 FTEs. These were primarily through attrition. The utilization of the Shared Service Center and combining adult and child immunizations for efficiencies provided the option of not filling 2 of the 2.6 positions. The .6 position was elimination of the parking lot attendant due to the loss of federal claiming revenue.

The EAV grew by 1.4% for 2020. This resulted in an additional \$52,000 in tax dollars. The budget reduces the tax rate by .43%. The budget calls for use of the unencumbered fund balance in the amount of \$199,433. It calls for \$115,000 from the FFP fund balance. That money will only be transferred if needed. Transfers that have been budgeted include \$25,000 for the Mental Health Advisory Board and \$10,000 for the purchase of Mental Health First Aid books. There is an additional small amount to help the WIC fund and a small amount for the dental clinic. She stated that she isn't sure the money for the dental clinic will be needed. It has been supporting itself this year.

JB asked that members let Cathy Dreyer know of questions before the next meeting.

SS suggested the creation of a small group to dive into the budget and ask questions. She stated that she has a lot of questions.

JB suggested that questions and concerns to Cathy Dreyer in the next week to ten days and then a small group could meet.

## **2. Community Health Needs Assessment**

Cathy Coverston Anderson (CCA) handed out an overview of the Community Health Needs Assessment (CHNA).

Advocate BroMenn, OSF-St Joseph, HD, and Chestnut FQHC collaborate on the CHNA and CHIP. Each organization is represented on the executive steering committee and support the McLean County Community Health Council. They identified three health priorities for the McLean County: access to care, healthy eating-active living, and behavioral health. In January, the team will present a Community Health Improvement Plan (CHIP).

## **3. Preferred Service Providers and Focus Areas for RFPs**

JB asked for questions on this topic.

SS broached the subject of Chestnut's statement about being able to bill for most of the \$25,000.

AH stated that the entire program is approximately \$75,000. Of that \$25,000 that is granted from the Health Department, they (Chestnut) are predicting that they don't need the full \$25,000 for this calendar year. "But I haven't received any further information on how much they are funded."

JB asked if SS was referring to the funding focus areas.

SS stated that she was specifically asking about the Embedded Schools Intervention. She had been told that once a certain rate is achieved, it is sustainable on its own. She

questions the amount here and if that is really a direction the BOH wants to continue going. The program is currently being evaluated.

AH responded that as far as the potential funding focus areas, Embedded School Interventions, so for now this would be saying that this would be an area that I would write NOFO and RFP. The estimated funding allocation of \$100,000 would be for \$20,000 per contract. That would be \$5,000 less than what they are receiving now. Right now, each contract is \$25,000. It would be \$5,000 less than what they are receiving now. The other part of this is that the Mental Health Advisory Board discussed this. Per contract, for example, one contract has Parkside and Fox Creek. It is two schools being served under one contract for \$25,000. Whereas Olympia School District is three schools within that school district for \$25,000. It would be how many schools can we maximize per contract. If it only takes \$5,000 for one of the schools, then we could look at other schools that operate under that same district or how Fox Creek feeds into Parkside. That was the thinking. The decision tonight would be saying that we want to continue to do the Embedded School Interventions. The RFP would be looking at the school districts that would be in the highest need. We would invite agencies that would have that ability to provide Embedded School therapists to apply. We would also look at collaborating with the schools. "If I am my own agency and I want to work with Sophie's school, the RFP would say that you have to be in these highlighted zip codes and then you have to show us that you and Sophie are collaborating and that you are both working on this together for this grant. The RFP would include a budget. 'Please tell us, Sophie and Agency, how much do you need from the Health Department to be able to do this? Do you just need \$10,000? Do you feel like you are going to get the rest from billing? Or maybe it is brand new and you need the full \$20,000?' It is very flexible."

JB pointed out that SS is raising the point that we have an evaluator under contract looking at this project. The advisory board knew that. She believes that they were hopeful that this would continue as a program and that we may adjust some of it once we hear from the evaluator.

CT stated that if we receive multiple RFPs from multiple agencies and multiple partnerships, we might find some new models with high efficiency and cost effectiveness.

SS stated that she is concerned about granting a certain amount of money when we do not have the answers about the program yet. "Are we making sure that we are getting the most bang for our buck?" She is not yet ready to move forward with it.

JB agreed that we need clarification from Chestnut. MHAB believes that this service has been very successful. They are recommending an allocation of \$100,000.

AH stated that Dr. Adena Meyers is planning on having the Embedded Schools evaluation completed by August 15, 2019. The NOFO will be released around that date. We would use her information by inviting people to apply and start looking at the collaboration and plans. What they need for funding doesn't mean that the Board is going to agree on that. Her direction would be utilized in the contract and how the program

would be formatted. It is still using the evaluation. This is saying that it is okay for the NOFO to be released.

JB clarified that SS had said that she wasn't comfortable with the \$20,000 per school.

SS suggested that it should say "up to" with any of the potential funding focuses. With the Embedded Schools funding, it depends on how the funding is done. It could be by district or a school by itself. It allows for clarification on our end one what this really means.

AH stated that it could be up to \$20,000 per contract. Part of the contract would be how many schools that contract would serve. We don't know how many schools because each school is a different size.

CT cautioned that some of the rural districts are the same size as a city school or there is a difference between high school and elementary school. More specificity in how this is laid out in the RFP will assist in efficiency and equity.

SS cautioned that some of the schools getting money today will start expecting that money. It is important to show them how to be sustainable. If you can bill for 99%, only \$1,000 might be needed for a school or school district. Hopefully, the pilot and evaluation will provide information and help ensure correct billing.

JB clarified that this is exactly why the MHAB was suggesting a coaching service.

SR asked if the HD has capacity to provide that type of coaching back to the grantees on billing.

CD stated the \$25,000 is to help with that.

JB stated that it won't cover it entirely, but it might be something with which we could collaborate with another entity to offer the consultation.

JB stated that the NOFO and RFP language will be an action item in August. The action item today is about potential funding focus and preferred providers.

SS asked Trevor Sierra (TS), "Can we award single source contracts for the preferred providers? Do we need to do an RFP with any of the dollar amounts that we are looking with these things under the County and State code?" She gave the example of needing to put things out for bid/RFP if an item is over a certain amount. There are different rules of when you need to do that and when you can be exempt from that.

JB clarified that the preferred provider piece is what we need to explore.

TS agreed to look in to these items.

AH interjected that this needs to be clarified soon. If there aren't going to be preferred service providers, they would need to go through the application process. Additional NOFOs and RFPs would need to be written. NOFOs and RFPs are to be sent out in August.

TS stated that it is ambiguous as to if this is a standard procurement process (ex: replacing the roof of a building) or if the statute may allow for a different process in a grant type situation.

JB clarified that we could take formal action as conditioned by review of the State Attorney's Office.

#### **4. Conflict of Interest Form**

JB shared that the conflict of interest form generated a lot of paper and discussion. She shared that the BOH bylaws have a conflict of interest statement. If we thought we had a conflict of interest, we were told to state it. The procurement conflict of interest form was provided.

TS stated that the provided form was a reduced version.

JB stated that it has been suggested as a best practice that the language in the bylaws be shared with the members of the selection committee, have them read it, and initial it if they are okay with it. This would be instead of using this type of document.

SS questioned that if they aren't BOH members and they rate the RFP, is the board 1) abdicating authority; 2) bound to take the highest rated RFP?

JB stated that the BOH will take recommendations from the selection committee. It does not become formal until the BOH acts on it.

AH stated that there is a matrix for the grading. But there's still the discussion piece. It is not that an agency received a 97% and you received a 95%. Each of the member of the selection committee will do their own matrix and then the selection committee will come together and have that discussion. It is still flexible, not that rigid. It isn't that you got the highest score, so we must give it to you. The scores would not be released. It is not in the funding guidelines that whoever received the highest score in the matrix must get the RFP. It goes from the selection committee to the MHAB to the BOH.

Members discussed the use of non BOH members on the selection committee.

SR stated that there is an advantage to having people in the business help with the decision.

JB shared that, historically, the MHAB has participated in the presentations and provided recommendations.

SS voiced the concern that there might be two applications: 97% and 92%. If you take the 92%, what happens if the 97% asks why they didn't receive the grant? How much has to be released on that sort of thing?

JB stated that the Board is being asked to approve the language in NOFO and RFP and identify selection committee members in August.

TB shared that this is a bit like a pilot project. Part of that is figuring out what is legal. Sometimes you must go with the "good enough plan." Next year lets work on perfecting it. She expressed worry about getting into areas that will hold up the timeline. What will the community or agencies think of us if we keep changing the rules?

JB clarified that in this meeting we are going to act on the preferred providers and target areas. In August action is taken on RFPs and the selection committee.

CT suggested reconvening the Ad Hoc committee to fine tune items.

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

**1. Approve FY'20 McLean County Health Department Budget**

JB stated that the budget will not be approved tonight. That will happen in August.

**2. Approve Community Health Needs Assessment**

Motion by Reece/Tello to approve the Community Health Needs Assessment as presented.  
Motion carried.

**3. Approve Preferred Service Providers and Focus Areas for RFPs**

Motion by Pohl/Reece to approve Preferred Service Providers and focus areas for the RFPs conditioned upon the review of the States Attorney's Office for the legalities of the language.  
Motion carried.

**4. Approve Conflict of Interest Form**

JB suggested that the by-laws be shared with the selection committee and have the selection committee initial them.

CT shared that MHAB has its own by-laws.

Members discussed the advisability of having documentation regarding the conflict of interest form. They decided to have the Ad Hoc Funding Committee discuss it.

Item was tabled.

**9. New Business**

**A. Item to be presented for Discussion:**

**1. Behavioral Health Selection Committee**

AH stated that the approved funding guidelines state that there are 3 members per selection committee: 2 members from MHAB or BOH + 1 additional member not on the BOH or MHAB.

**10. Other**

Amy Brooke (AB) shared that the August meeting will be in 322 to free up the current room for use by the CHS division for immunizations.

**11. Adjournment**

Motion by Reece/Hume to adjourn.

Motion carried.

Meeting adjourned at 7:15 PM.