

# Lake County Illinois

*Lake County Health Department and Community Health Center  
3010 Grand Avenue  
Waukegan, Illinois 60085  
Conference Room #3112*



## **Meeting Minutes - Final**

**Tuesday, January 12, 2021**

**5:30 PM**

**Via Zoom (<https://zoom.us/j/91712301006> or 1-312-626-6799,  
Meeting ID 917 1230 1006)**

**Lake County Community Health Center Governing  
Council**

Pursuant to Section 7(e) of the Illinois Open Meetings Act, the June 26, 2020, Gubernatorial Disaster Proclamation, and the Written Determination of the Lake County Community Health Center Governing Council Chair, this meeting will be held via audio and video conference and not in the Board Room on the 3rd Floor of the Lake County Health Department at 3010 Grand Avenue, Waukegan, Illinois.

**PUBLIC VIEWING:** Participation in the meeting will be via zoom at (<https://zoom.us/j/91712301006> or 1-312-626-6799; Meeting ID: 917 1230 1006). Please note that by joining the meeting by video or audio conference your name or phone number may be visible (in whole or in part) to others participating in the meeting. Per the Governor's Disaster Proclamation, in accordance with section 120/7(e)(4) of the OMA, in-person attendance by members of the public will be available in the Board Room on the 3rd Floor of the Lake County Health Department at 3010 Grand Avenue, Waukegan, Illinois.

**PUBLIC COMMENT:** Public comments are welcomed and encouraged. Emailed public comments received by 8:30 a.m. the day of the meeting will be read at the beginning of the meeting under Public Comment in the order they are received or, at the discretion of the Council Chair, with the agenda item the comment addresses. Comments received during the meeting will be held until the end of the meeting. Please note: Public Comment is limited to three minutes per individual or spokesperson pursuant to the Governing Council Bylaws. All comments received will be included in the Council's meeting minutes regardless of whether they are read aloud at the meeting.

Email public comments to [lkroeger2@lakecountyil.gov](mailto:lkroeger2@lakecountyil.gov) with the following:

- **Subject Title: Lake County Community Health Center Governing Council Meeting**
- **Name**
- **Street Address (Optional)**
- **City, State (Optional)**
- **Phone (Optional)**
- **Organization, agency, etc. being represented. (If representing yourself, put "Self")**
- **Topic or Agenda Item Number followed by Public Comment.**

Public in attendance on the 3rd Floor of the Lake County Health

Department at 3010 Grand Avenue, Waukegan, Illinois, may provide public comment. Public with no access to email may leave a message with the Governing Council Office at 847-377-8118.

**1. Call to Order**

Chair Smith-Taylor called the meeting to order at 5:40 p.m.

**Present** 8 - Member Fornero, Member Washington, Vice Chair Brown, Member Tarter, Member Bejster, Member Cunningham, Chair Smith-Taylor and Secretary Argueta

**Absent** 2 - Member Withem-Voss and Member Vargas

**2. Pledge of Allegiance**

Chair Smith-Taylor called for Executive Director Mark Pfister to lead the pledge.

**3. Approval of Minutes**

**3.1**

December 8, 2020 Meeting Minutes

**Attachments:** [GC Minutes 12.8.20 - DRAFT](#)

*Member Tarter noted that the attendance reflected for the December 8, 2020 meeting was incorrect and requested a revision. Executive Director Assistant Lisa Kroeger stated that it is most likely due to an error in the legislative software and will work with County IT on resolving the matter so that all members present are shown. Once that is done she will finalize and post those minutes.*

**A motion was made by Member Tarter to approve the minutes as corrected, Member Washington seconded the motion. Motion carried by the following roll call vote:**

**Aye:** 7 - Member Fornero, Member Washington, Vice Chair Brown, Member Tarter, Member Bejster, Chair Smith-Taylor and Secretary Argueta

**Absent:** 2 - Member Withem-Voss and Member Vargas

**Not Present:** 1 - Member Cunningham

**4. Public Comment to the Council**

*None*

**5. Executive Director's Report**

*Executive Director Mark Pfister provided a COVID-19 update. The positivity rate in Lake County and Region 9 has been dropping over the last couple of weeks. The current positivity rate for Region 9 is 10% and for Lake County it is 9%, both under the 12% for Tier 3. Unfortunately, Lake County will not be moving out of Tier 3 until we have more medical and surgical beds as we are currently under the 20% threshold, and starting to see 5-day COVID-19 patient increases. We are also starting to see a slight rise in cases due to the recent holidays and will continue to monitor that. We are not out of the woods yet*

as there are still too many infections and we're still in substantial community transmission. Currently, over 200,000 people have registered in our AllVax system for the COVID-19 vaccine. Lake County has received over 36,000 doses of vaccine which we are working to distribute so that people can get vaccinated in a timely manner. The State of Illinois released today that in Lake County, 15,332 doses have been administered, and 3,942 people have been fully vaccinated. The State of Illinois will receive \$90 million from the Federal Government to enhance mass vaccination efforts. Other than the CARES Act federal funds that helped pay for various equipment and the AllVax portal configuration, LCHD has not yet received any dollars from the Federal Government or the State specifically for mass vaccination. Those mass vaccination funds are something we desperately need as we have no capacity at this point in time to increase the number of points of dispensing (POD) LCHD will be operating. However, Lake County hospital systems are looking at methodologies on how to start vaccinating Phase 1b eligible people once they complete the Phase 1a second dose vaccination of their health care workers and the other health care workers they are providing vaccinations for because last week Governor Pritzker announced that the age for Phase 1b would be reduced from 75 and above to 65 and above. Lake County has over 100,000 residents age 65+, of which approximately 51,000 are registered in AllVax, a clear indication that our 65+ population is very interested in receiving the vaccine. Our hope is that there will be multiple locations at which they can receive their vaccination, whether it's at the hospitals or through their primary care provider. We are pushing for providers to enroll in IDPH I-CARE (Illinois Comprehensive Automated Immunization Registry Exchange) so we can start sending them vaccine so they can start vaccinating their patients. Dr. Zun and Kim Burke have been working on how we can start scheduling appointments for our 65+ FQHC patients so we can get them vaccinated in a timely manner. He then asked the Council members for their patience in receiving their vaccination because we have limited vaccine and limited vaccinators in the county. The State is currently working with the Federal Government on a program in which all skilled nursing facilities are vaccinated first and then the independent and assisted living facilities after that. The State is currently one week away from providing a first dose vaccination to all Illinois skilled nursing facility staff and residents, after which they will start providing those second doses. They will be getting to the independent and assisted living facilities in Lake County by mid-February. While there are multiple efforts happening, we really need funding to assure that we can scale up the vaccine delivery system. Vice Chair Brown stated that he read that there has been a COVID-19 outbreak in the Lake County Jail, which he considers to be a vulnerable population, and asked where they are in the list of vaccination recipients. Mark stated that they are in Phase 1b and that, hopefully, we can provide the vaccine to the jail medical unit who will vaccinate the inmates and staff. Member Fornero asked if the Health Department is responding to complaints of bars and restaurants not following the Governor's order and where it fits in to the scope of the Health Department. Mark stated that the Health Department does have a regulatory authority and does have to take enforcement action against businesses for multiple reasons, so it is not outside our scope, it's just in addition to our regular scope

due to the fact that the Governor's Executive Order is requiring a full shut down on indoor dining. Member Fornero commented that we are at the border with Wisconsin and Wisconsin restaurants are open, and that the CDC shows that Wisconsin cases and the number of deaths arising from those cases puts them at 47 out of the 50 states, Illinois is at 12, and the path that we're taking is going to put us in a depression because all of these businesses are going to fail. By closing down these businesses, by not setting a 20% limit or something, it's killing the businesses. The ramifications are going to be long-term and we see our neighbors to the north surviving. Mark explained that there is a myriad of issues that go along with the statistics and what we have found in Lake County, as well as in other communities, is that communities of color have definitely felt a greater impact with regard to COVID-19 because they are the essential workers. They are showing up for work at those businesses infected or are being infected there. This is a very infectious disease and there is going to be challenges on both sides, but the reality is that we do know that people of color that are essential workers in those facilities have been more exposed and have had more detrimental results. Wisconsin has a different population and different demographics, so there are a lot of different variables that go in to that equation. Member Fornero thanked Mark for his comments and added that he feels the same way about the schools in that they should be opened to the children as they are not as vulnerable to contracting the disease. Mark stated that children do get infected, they are asymptomatic carriers, they do not have the same disease burden and are not hospitalized, but there are educators that may be exposed and that is the concern. He doesn't disagree that this is actually having a very harmful impact on many businesses and many peoples lives from an economic point of view, but there is also the fact that hundreds of thousands of people have died from COVID-19. Vice Chair Brown added that some restaurants offering to-go and curbside pickup are not enforcing the masking and distancing with their staff and customers, and wanted to know how often health inspectors are making visits. Mark stated that all inspections, with the exception of the educational inspection, are not announced, they are random, and everything is handled on a complaint-driven basis, meaning that when a complaint comes in, an inspector is sent out. The majority of the time the negligent business will make the necessary changes but if we have to follow up, a ticket will be issued and a potential fine imposed. We do not close down any facilities, because that requires a court order. Chair Smith-Taylor asked how the Health Department handles third-party vendor medical staff who choose to not get vaccinated but are still working with patients. Mark explained that the vaccine is currently not licensed, it is under the emergency use authorization, so while the Health Department has a mandate that all employees must get a flu shot unless they have a medical or religious exemption, we do not have the ability to mandate COVID-19 vaccination internally or externally, it is a voluntary vaccination. Chair Smith-Taylor clarified that her question was in regard to a specific scenario in which someone stated that two family members had COVID-19 and recovered and, therefore, don't feel the need to get a vaccination. Mark stated that those who have had COVID-19 are being asked to delay getting a vaccination for 90-days because they have built some immunity. What we really want are those that haven't built

*immunity to get the vaccines first. After the first dose you get at least 50% immunity, and after the second dose you get up to 95% immunity.*

**6. Action items**

**6.1**

Provider Credentialing and/or Privileging - Dr. Zun

*Dr. Les Zun, Medical Director, turned the floor over to Personnel Committee Chair Bejster who informed the Council that the credentialing and/or privileging information for the provider noted in the agenda packet was reviewed in the Personnel Committee meeting which took place just prior to this regular meeting and the Committee recommends approval.*

**A motion was made by Member Cunningham, seconded by Vice Chair Brown, that this item be approved. Motion carried by the following roll call vote:**

**6.2**

Provider Reappointment - Dr. Zun

*Dr. Les Zun, Medical Director, turned the floor over to Personnel Committee Chair Bejster who informed the Council that the reappointment information for the providers noted in the agenda packet was reviewed in the Personnel Committee meeting which took place just prior to this regular meeting and the Committee recommends approval.*

**A motion was made by Member Cunningham, seconded by Member Fornero, that this item be approved. Motion carried by the following roll call vote:**

**Aye:** 8 - Member Fornero, Member Washington, Vice Chair Brown, Member Tarter, Member Bejster, Member Cunningham, Chair Smith-Taylor and Secretary Argueta

**Absent:** 2 - Member Withem-Voss and Member Vargas

**6.3**

Governing Council Committee Appointments for 2021

**Attachments:** [2021 GC Committee Appointments](#)

*Chair Smith-Taylor announced her 2021 committee appointments. Member Cunningham asked if Cynthia Vargas was still a member as she has not seen her at any meetings. Mark explained that she is but was not able to make this meeting, but that he and Chair Smith-Taylor will be discussing attendance. Member Fornero commented that Member Tarter is going to be missed on the Budget Committee and hopes that he can still participate somehow. Chair Smith-Taylor stated she is open to amending the Budget committee appointments by adding Member Tarter. Mark stated that per the Bylaws, there is a limit to the number of members for each committee and encouraged Member Fornero to seek Member Tarter's counsel. Vice Chair Brown reminded everyone that those meetings are open to the public so Member Tarter can still attend.*

*NOTE ON INITIAL VOTE: Member Tarter moved to approve the committee appointments as is, Vice Chair Brown seconded, roll call vote was taken, all in favor, motion carried.*

*After that initial vote, Mark informed the Council that he just looked at the Bylaws and Member Tarter can be added to the Budget Committee as it is a minimum of 3 members, maximum of 5, and only the other committees are limited to a maximum of 3 members.*

**A motion was made by Member Fornero to amend the committee appointments as presented by adding Member Tarter to the Budget Committee, seconded by Member Cunningham, roll call vote taken, all in favor, motion carried.**

**Aye:** 8 - Member Fornero, Member Washington, Vice Chair Brown, Member Tarter, Member Bejster, Member Cunningham, Chair Smith-Taylor and Secretary Argueta

**Absent:** 2 - Member Withem-Voss and Member Vargas

## 7. Presentations

*None*

## 8. Discussion Items

### 8.1

CQI Update - Hayes

**Attachments:** [UDS Measures](#)

*Christina Hayes, CQI Coordinator, informed the Council that there are no major updates and the focus continues to be on diabetes, immunizations, and depression screening. The QI Committee is currently talking about what needs to be added to that list for 2021 and two potential items are hypertension and/or pediatric weight assessment and counseling. There are also no major changes to the metrics since the last meeting, but a bit of improvement has been seen in our childhood immunization measure. Performance is similar across all of the other measures, with a couple that are falling behind due to the pandemic. Final numbers for 2020 and how we compare with other public health departments across the country will be available by March 2021. Vice Chair Brown addressed the HIV Linkage to Care indicator which states "within 90 days of diagnosis," and noted that the Indicator Population is 7 and Compliant Patients is 6, which doesn't appear to be correct since it's for the entire year. He brought this up at the last meeting but felt his question wasn't adequately answered. He therefore went to the STI clinic at BMB and spoke with his health educators who informed him that they are doing testing and that those numbers could possibly be in the double digits. He then asked for clarification on what those numbers are for and what the ramifications are with HRSA and TJC if those numbers are inaccurate. Christina explained that the UDS indicators are only going to look at our FQHC patients. If an individual comes to the STI clinic to be tested, but they are not a patient of one of our health centers or haven't had a regular medical visit with us over the last year, they won't be included in the data. That is why for the HIV measure there*

are less diagnoses in the UDS than in the Health Department or Lake County as a whole. She stated that if the Council is interested in hearing what the HIV metrics are overall for the Health Department including the STI program, that is something she could provide periodic updates on. Vice Chair Brown stated that his takeaway from the conversations he's had with STI program staff is that the double digits are those patients the Health Department is actually taking care of and he feels the UDS measures should reflect that. He also asked for clarification on the role of Governing Council members when it comes to looking in to things where it is felt discrepancies exist and would appreciate the opportunity to get together to discuss this further. Christina stated that she can confer with the Health Informatics team and the STI program staff to ensure nothing is being missed in the reporting of data and report on that at the next Council meeting. She also indicated that she could include Vice Chair Brown, to which he stated he would like to be a part of that discussion. Business Office Manager Diane Pelli added that the UDS for this particular measure is also looking at the first time a patient has tested positive with the FQHC parameters and treatment within 90 days, which is also why it will be different from what the STI program staff are working with. She noted that she discusses this particular measure with Sara Zamor and Valerie Johansen every year and compares it to the prior year before submitting and that the Health Informatics team is doing the same. Vice Chair Brown stated that he understands but our UDS measures should reflect all of the individuals put on treatment within 90 days. Mark asked Jefferson McMillan-Wilhoit to weigh in. Jefferson stated that what everyone has said is accurate, but that there is always an end-of-year internal audit when UDS numbers are finalized. As part of that end-of-year audit, the HIV numbers are double-checked because we know it's a measure where there is possible flex between what the STI program reports and what the electronic health record (EHR) reflects. He pointed out that all of the measures are very reliant on the documentation that occurs within our EHR and that the audit is done to ensure our numbers match across the Health Department for HRSA and TJC. Secretary Arugeta asked how many questions are there for the depression screening and what are they. Christina explained that the PHQ-2 (Patient Health Questionnaire - 2) is used. It contains two questions, one asking if the individual feels sad most days of the month and one asking if they feel hopeless. If either of those questions elicit a "yes" answer, that triggers the PHQ-9, a more thorough screening tool consisting of 9 questions to assess the severity of any depression present. If the PHQ-9 reaches a certain level, the provider is to sit down with the patient for a brief conversation to determine whether something more severe, such as suicide risk, is not present. We have our Primary Care Behavioral Health (PCBH) program therapists on hand to help assess those who appear to be in severe clinical depression and link them to appropriate care. Chair Smith-Taylor asked about keeping track of the asthma patients, especially now that the COVID-19 Respiratory Illness Clinic (RIC) is open again. Christina stated that the reason it's not on the UDS report is because HRSA retired it as a measure but it doesn't mean that it's not important to our patients and providers. Dr. Zun added that the treatment given by our providers in the clinics is reviewed and that this has not been identified as a deficiency or concern, but in light of the current circumstances it is definitely

something we will look in to. Jefferson added that just because a measure does not appear on the UDS report, it does not mean that we are not monitoring it. We did have several measures drop from UDS this year so we moved to other reporting functions within the FQHC to ensure staff are still monitoring the information, even when UDS measures don't require it, so that we continue to provide the highest level of care. Vice Chair Brown stated that he remembers this discussion from a prior meeting and that tracking and reporting on all of the UDS measures is something that would be useful to Council members and patients and would like to see it in future reports. Jefferson stated that if that is Governing Council's direction to staff, we can adjust the report to add it. Chair Smith-Taylor stated it would be helpful and she would like to see it in future reports. Mark commented that Vice Chair Brown's point is very well taken and that he appreciates everything everyone has said tonight. Our goal on the UDS measures is to meet them on a high enough level that we become a quality leader. With that quality leader designation, not only do we receive national recognition, we get additional funding for ensuring our patients are having good outcomes which is the purpose of the UDS.

**This matter was presented**

**8.2**

Proposed Revisions to the Lake County Community Health Center Governing Council Bylaws - Pfister

**Attachments:** [GC Bylaws Proposed Changes 1.12.21](#)

*Mark Pfister reviewed the proposed changes as provided in the agenda packet. These proposed changes will be amended at the February 9, 2021 regular meeting by a two-thirds vote of the entire membership of the Council.*

**This matter was presented**

**8.3**

Annual Review of Cooperative Operational Agreement - Pfister

**Attachments:** [BOH GC COA Proposed Changes 1.12.21](#)

*Mark Pfister reviewed the proposed changes as provided in the agenda packet. These proposed changes will also be brought to the Board of Health for review at their January 27, 2021 meeting. It will then be brought back to the Governing Council and the Board of Health at their respective February meeting for a request for approval. Member Tarter pointed out that the last page states 6 of 5. Mark stated that Lisa Kroeger will ensure that correction is made. Lisa added that after she accepts all of the redline changes shown, what currently appears on page 6 will most likely move up to page 5, removing page 6 entirely.*

**This matter was presented**

**8.4**

2019-2020 Governing Council Consumer Member Usage Report - Pfister

**Attachments:** [1.1.19-12.31.20 GC Consumer Usage](#)

*Mark Pfister stated that as required by HRSA, we need to report on the review of the Council members who are FQHC consumers and we are in compliance. Unfortunately, the first agenda packet sent out contained some additional information that we did not want to provide, he takes ownership of that, and apologizes to everyone for it. Hopefully, everyone followed the direction to destroy the first copy of the agenda packet they received, via email and USPS. For next year we are going to assure that this does not happen again and we are going to change the report to be more of a summary rather than have exact dates of service. Member Tarter stated that he understands this needs to be reported to HRSA, but asked that the report to the Council be provided in a more data-protected manner. Mark stated that he completely agrees and reiterated that is exactly what it will be for next year. Member Tarter then pointed out that past Chair Withem-Voss is a consumer, as well, but is not listed on the report. Mark confirmed that she is.*

**This matter was presented**

8.5

Governing Council Member Self-Evaluation Results - Pfister

**Attachments:** [Self-Eval Results 2020](#)

*Mark Pfister stated that two self-evaluations were received by the December 31, 2020 deadline, two were received after the deadline, and he reviewed the summary of responses as provided in the agenda packet. He encouraged those members who have not yet completed a self-evaluation to do so, if they desire. An updated summary of all self-evaluations received will be provided at the February 9, 2021 meeting.*

**This matter was presented**

8.6

Annual Statement of Agreement and Code of Ethics - Pfister

**Attachments:** [Statement of Agreement and Code of Ethics](#)

*Mark Pfister reminded the Council that the requirement for the SOA and COE was added a couple of years ago. The reason for doing it every year is to capture all member demographic information as this is something HRSA asks for.*

**This matter was presented**

9. **Medical Director's Report**

9.1

Medical Director Report - Dr. Zun

*Dr. Zun reviewed the highlights of his report as provided in the agenda packet. Kim Burke, Director of Healthcare Operations, added that the School-Based Health Center (SBHC) will be going through its annual site certification survey. It will be conducted virtually with IDPH on February 9, 2021 and she will report back to the Council. We were also informed*

by TJC that we are surveyed under the Ambulatory Health Standards and we are fortunate enough to be having two surveys with TJC. The first survey is unannounced but we should have a couple days notice as it will be virtual. Staff will be practicing for that survey using whatever platform (Zoom, GoToMeeting, Teams, etc.) TJC uses to attain a comfort level with doing a virtual Q&A and electronic health record (EHR) review. The second survey will be an on-site survey with TJC once COVID-19 restrictions are lifted. Chair Smith-Taylor asked about the unexpected resignation of Dr. Nodine and the reason for it as Dr. Nodine is a great doctor. Dr. Zun explained that he did do an exit interview with Dr. Nodine and is encouraging her to stay or at least stay for a new more months, but he believes there is an offer pending for her elsewhere which prompted her decision to move on. Chair Smith-Taylor commented that we are losing some really good doctors. Dr. Zun stated that he was working on increasing her hours and was hoping to get her to join LCHD as a full-time provider but in the interim she obtained another position. Chair Smith-Taylor stated that if there is anything Council members can do to help retain our excellent doctors, to please let them know. Dr. Zun added that there are some very good candidates coming through and that there are two recent hires that he is very happy with. As a public health department, we can't pay the highest salaries so it is a blessing when we get good candidates as it shows that they want to work in a community that has unmet needs. It's a delicate balance between finding those that are committed and will accept the package that we have to offer but we're always happy to have any assistance or referrals Council members can provide as we're always interested in qualified candidates. Member Cunningham echoed Chair Smith-Taylor's sentiments regarding Dr. Nodine. She stated that in the 19 years she has been on the Council, we have lost some very good doctors. That as a member of the Personnel Committee she is interviewing a lot of doctors, but it seems like they are gone a year or so later. We have to find out what the problem is and what we can do about it. She asked if we can have them sign an agreement stating they will stay for a specified length of time. Mark stated that our contracts do provide an out-clause for either party, but if we were funding them, providing up front payment, we could put that in contracts. However, we do have a hard time bringing people to work at LCHD that actually live in Lake County. A lot of our physicians and APRN's live in Cook County or elsewhere outside of Lake County get eventually get tired of the commute. The APRN's tend to be just out of school so we provide them with ways to be more profitable, more marketable, and then they get offered a higher rate than what we can offer. For example, for one provider the difference between us and another employer was \$40,000/year, but the flip side to that is they end up working more hours, more weekends. In most instances, it is a rate that we just cannot match based on our current budget. Being an FQHC we are a very good training ground for recent graduates, but as they get more experience they can get more money, and they move on. Member Tarter asked if the APRN's and LCSW's are in the same situation as some doctors in that some of their school debt will be forgiven through the public health service if they stay for a certain length of time. Dr. Zun explained that we do participate in the federal loan repayment program and that physicians and APRN's can get that, but they need to meet certain requirements in order to qualify. He

does not know about LCSW's and would have to check, but he doesn't think so. Mark added that with the LCSW's, many of our community behavioral health providers complain that LCHD pays too much, and they are losing their employees to us. Vice Chair Brown added that he spoke with one provider that said they were leaving due to administration, not clinic issues, and wonders if that is the reason for a lot of the providers who leave. Dr. Zun stated that we are trying to get our providers more involved with the operational aspects by adding them to the Credentials Committee, the Quality Committee, and a number of other committees, because if they're more involved at that level they are more likely to stay. The challenge is that it is a competitive environment for primary care providers because they can go to another institution and get paid significantly more. Member Tarter asked if there has ever been a correlation between the providers who are leaving and their productivity, because unlike many private practice providers we have productivity measures that are dictated by HRSA. Dr. Zun stated that has not been looked at directly, but other institutions that hire primary care providers have much more of a push for productivity than we do at the Health Department. In those institutions, a significant portion of a provider's compensation is based on the number of patients seen. Again, it's a balance between ensuring we are good stewards of the monies we receive and not pushing our providers to leave because they feel productivity is our only focus, and we are doing a better job of maintaining that balance than some other institutions. Member Tarter commented that he is encouraged by the fact that Dr. Zun is staying on top of that. Dr. Zun added he and Kim Burke have been working on operations, as well, to help facilitate patients through our system. Secretary Argueta commented that she has heard that the providers at BMB are overwhelmed by the number of client/patient cases they are currently handling, in addition to the evening hours they are required to work, and report to have patients for 12-hours straight. She proposed recruiting retired physicians, across all disciplines, to donate 2-4 hours each evening. Vice Chair Brown added that in speaking with his current provider, Midlakes serves the western portion of Lake County and as a result has become overbooked. His takeaway from the conversation was that more providers and another facility is needed, especially in the western portion. Dr. Zun explained that with the current COVID-19 mass vaccination efforts, retired physicians are best used in our Medical Reserve Corps (MRC), which is working very well. It is more difficult to integrate them on a day-to-day basis because we want patients to have the consistency of working with the same provider. He also added that we realize Midlakes has a need for additional providers and that a new family medicine physician has been added to that location. As for adding another facility, we first have to see how things are going with the addition of the provider at Midlakes.

#### **10. Director of Finance's Report**

Pam Riley, Director of Finance, informed the Council that there is not a formal report at this time as the Finance Department is working on closing out FY20. She will have a preliminary report at the February meeting along with the December report.

**This matter was presented**

**11. Added to Agenda**

*None*

**12. Old Business**

*Vice Chair Brown extended his thanks to Jerry Nordstrom and his team. He recently had a doctor's appointment at Midlakes and was pleased to see that the expectant mother parking signs he has been requesting have been installed. This shows the community how much we care for them and their safety.*

**13. New Business**

*None*

**14. Executive Session**

*None*

**15. Adjournment**

**Chair Smith-Taylor adjourned the meeting at 7:03 p.m.**