

Lake County Illinois

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



Meeting Minutes - Final

Thursday, November 14, 2019

12:00 PM

3010 Grand Ave., Waukegan, IL 60085

**Lake County Community Health Center Governing
Council**

1. Call to Order

Acting Chair Fornero called the meeting to order at 12:05 p.m.

2. Approval of Minutes

2.1

October 10, 2019 Meeting Minutes

Attachments: [GC Minutes 10.10.19 - DRAFT](#)

Member Fornero made the following comments in regard to the minutes from the October 14, 2019 meeting:

- Kudos to Member Smith on her response to Phanon K. Greenwood, Jr., who addressed the Council during the public comment section of the October 14, 2019 agenda, as she was able to provide him with informative and helpful information pertaining to his inquiry about behavioral health services for youth. She is an asset to the Council.

- In regard to the Strategic Plan presentation, it states the Mission and Vision statement will not be revisited or revised and that is not a good idea. It also states a 3-5 year plan does not give the longevity needed to address chronic health issues and used the Forest Preserve's 100 year plan as a comparison, but the LCHD needs a 3-5 year plan, not a 100 year plan. Mark explained that the Forest Preserves' 100 year plan was only an example of a plan with longevity, that the LCHD will be doing a 25 year plan. He further explained that chronic health issues cannot be resolved in 3-5 years as it would take at least that long to get an upward trend to plateau. Setting lofty goals has not worked in the past so realistic time frames need to be set that allow for realistic, data driven goals to be attained. The agency's Vision still stands for the health problems being seen today which is why he recommended not changing the Mission and Vision statement. Member McConico asked for access to the health data and Mark stated that it is on the Health Department website and that he would have Lisa Kroeger send that link to the Council members.

- Minutes should not be a transcription of what is actually said and called Council members to review page 9 of 13, item 8.2 - Providers in the Workforce. He is concerned about the language used as it is not good english. It should be condensed, in proper english, and not a verbatim record. Member Tarter stated that this issue has been visited in the past as entire discussions were being summarized in to one or two sentences. It is important to have an accurate representation of what was said to show HRSA that significant discussions are taking place. Member Brown added that he does not want his words translated in to something he did not say. Member Smith agreed with Member Tarter and Member Brown in that summarizing may not convey what a member is truly trying to say. Lisa Kroeger added that the minutes are currently done verbatim as that is the instruction she was given when she accepted the administrative duties for the Council, but that she would do them however the Council would like. Mark added that he reviews the minutes prior to being added to the agenda packet and that he and Lisa had a discussion about this specific matter and the decision was made to leave them "as is" per the Council's previous request. Member McConico added that minutes are an important

public record, therefore we do not want the appearance of having altered them as it creates suspicion. If people can understand what transpired during a meeting, that is the primary goal. Lisa added that documented meeting minutes are accessible through the County website and that digital recordings can be accessed through a Freedom of Information Act (FOIA) request.

A motion was made by Member Tarter, seconded by Member McConico, that the minutes be approved. Motion carried unanimously.

Aye: 6 - Vice Chair Fornero, Brown, McConico, Tarter, Bejster and Smith

Absent: 4 - Chair Withem-Voss, Secretary Washington, Cunningham and Vargas

3. Public Comment to the Governing Council

None

4. Presentations

None

5. Executive Director's Report

Mark Pfister, Executive Director, informed the Council of the following:

- The new parking lot under the ComEd power lines is done and provides 90 additional parking spaces. Lighting of the new lot will be completed soon. Patient and client parking in the main lot will be expanded and signage added. Member Fornero asked about expectant mother parking and Member Brown stated that is something he mentioned at a prior meeting. Mark stated that standardization at all locations is being looked in to by Dimitry Petion, Director of Physical Health.

- The next round of changes at 3010 Grand Avenue is the lobby renovation. The bid came back at \$1.265M, which is what the architect estimated, and will be going to the Board of Health at their meeting on November 20, 2019.

- A resignation from Council member Cynthia Vargas is expected as her new job schedule is preventing her from attending meetings. She is a consumer member which will put the total number of consumers on the Council at the minimum and she is a latina, which is another requirement of HRSA. Council members are to assist in recruiting latinas. He contacted Mano-a-Mano Executive Director Dulce Ortiz to request her assistance in recruiting latinas.

6. Items for Approval

6.1

Provider Credentialing and Privileging - Batch #131

Personnel Committee Chair Bejster informed the Council that the credentialing 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 Bejster, seconded by Member Tarter, that this item

be approved. Motion carried unanimously.

Aye: 6 - Vice Chair Fornero, Brown, McConico, Tarter, Bejster and Smith

Absent: 4 - Chair Withem-Voss, Secretary Washington, Cunningham and Vargas

6.2

Professional Staff Reappointments

Personnel Committee Chair Bejster informed the Council that professional staff reappointments were also reviewed in the Personnel Committee meeting and the Committee recommends approval.

A motion was made by Member Bejster, seconded by Member Smith, that this item be approved. Motion carried unanimously.

Aye: 6 - Vice Chair Fornero, Brown, McConico, Tarter, Bejster and Smith

Absent: 4 - Chair Withem-Voss, Secretary Washington, Cunningham and Vargas

6.3

Fee Schedule Review for Lake County Health Department (all fees for clinical services) for Implementation in FY20 - Riley

Attachments: [Summary Grid of Fee Rationale](#)
[FY20 Proposed Fees](#)

Pam Riley, Director of Finance, reviewed this item as provided in the agenda packet. Member Fornero noted that a fee of \$2,500 is indicated for a dental service and wondered if that is because the LCHD is doing more sophisticated procedures. Pam informed him that is for dentures.

A motion was made by Member Bejster, seconded by Member McConico, that this item be approved. Motion carried unanimously.

Aye: 6 - Vice Chair Fornero, Brown, McConico, Tarter, Bejster and Smith

Absent: 4 - Chair Withem-Voss, Secretary Washington, Cunningham and Vargas

6.4

Quality Management System (QMS) Guide - Hayes

Attachments: [QMS Guide Final 10.30.19](#)

Christina Hayes, Quality Management Coordinator, reviewed this item as provided in the agenda packet. Overall, no major changes were made, but the specific areas where added and/or improved language was needed were: Key Performance Indicators (KPI's), steering committees and sub-committees, staff roles and responsibilities, and communication. Member Bejster asked if there is an annual presentation of KPI's other than the monthly dashboard the Council receives. Christina stated that the Annual Report has the primary KPI's but an end-of-year report could certainly be prepared for the Council. Mark added that ultimately everyone will have access to the Health Department's Tableau dashboard

where that information can be seen in real time. Member Smith asked if it is known how many of the patients walking through the doors are actually taking the time to complete the patient satisfaction survey. Christina stated that the information is available and can be reported to the Council. It will also be a part of the Tableau dashboard that Mark mentioned. She also added that the average rate of return is 10%. Member Smith asked if there is any way to increase it. Mark stated that we are looking at a different, shorter version as a survey that is too long tends not to be completed. Member Brown added that the current wall-mounted tablets at the Belvidere Medical Building (BMB) are frequently not charged/plugged in making it impossible to take the survey. Mark stated we are also looking at different methods of implementing the survey such as iPads, text, and email.

A motion was made by Member Bejster, seconded by Member Brown, that this item be approved. Motion carried unanimously.

Aye: 6 - Vice Chair Fornero, Brown, McConico, Tarter, Bejster and Smith

Absent: 4 - Chair Withem-Voss, Secretary Washington, Cunningham and Vargas

6.5

Revised Governing Council Bylaws - Pfister

Attachments: [GC Bylaws 11.14.19 - FINAL](#)

Due to a two-thirds vote of the entire membership of the Council not being present, this item was postponed until the December 12, 2019 meeting. Member Bejster asked if Council members had any other changes to add before the December meeting and there were none.

This matter was postponed

6.6

2020 Governing Council Meeting Dates - Pfister

Member Tarter asked if the dates/times could be revised at a later date if the new member outreach efforts currently being made aren't successful. Mark informed the Council that the time of day the Council currently meets is greatly affecting recent recruitment efforts and that this was discussed with Chair Withem-Voss, Member Tarter and Member Brown at their recent Nominating Committee meeting, hence Chair Withem-Voss' agenda item 8.4, Governing Council Meeting Time. And now with Member Vargas' impending resignation, that will leave the Council at 9 members which is the minimum allowed by HRSA. Member Brown added that in his recruitment effort conversations with potential latina members the time of day is the biggest problem due to work schedules and childcare and that an evening meeting would work best for them. Member Tarter asked if it was known when this possible change would take place. Mark stated a meeting time survey would be brought to the current Council members at their December meeting and a recommendation made after that.

A motion was made by Member Tarter, seconded by Member Brown, that this item be approved. Motion carried unanimously.

Aye: 6 - Vice Chair Fornero, Brown, McConico, Tarter, Bejster and Smith

Absent: 4 - Chair Withem-Voss, Secretary Washington, Cunningham and Vargas

6.7

Governing Council Member Reappointment - Pfister

Attachments: [Tarter & Withem-Voss Reappt Memo - Signed 10.31.19](#)

Mark Pfister reviewed this item as provided in the agenda packet and recommended reappointment for a two year term.

A motion was made by Member Brown, seconded by Member Bejster, that this item be approved. Motion carried unanimously.

Aye: 6 - Vice Chair Fornero, Brown, McConico, Tarter, Bejster and Smith

Absent: 4 - Chair Withem-Voss, Secretary Washington, Cunningham and Vargas

7. **Approval of Grants**

None

8. **Information Items**

8.1

Youth Behavioral Health Discussion - Johnson-Maurello

Mark Pfister introduced Sam Johnson-Maurello, Director of Behavioral Health, who has been with the Health Department over 20 years in a number of roles in behavioral health but mainly in crisis services and stated that Sam will be giving a brief presentation in response to the public comment received at the October 10, 2019 meeting. Sam informed the Council that the children's program is called CABS (Children and Adolescent Behavioral Services) and has several components: SASS (screening and support services) which is mainly crisis work and is the largest part of childrens services, traditional outpatient office visits with psychiatrist or therapist, Youth Services which is substance abuse oriented, and Systems of Care (SOC) which is a 4-year federal grant to develop a network within the community of child assistance services. For SASS, we are in a contract with the State to take all of the calls for Lake County children in crisis, 24/7, if they have Medicaid, no insurance, or are a DCFS (Department of Children and Family Services) ward. On average, we receive 200 calls a month. In that process, someone calls the Illinois CARES line (Crisis And Referral Entry Service) to report a child in crisis, CARES screens the call and then calls the LCHD who sends a counselor to see the child wherever they're at. Those visits usually take 2-5 hours. Once seen, the counselor either approves to have the child admitted to a psychiatric hospital or "deflects" to obtain services either with LCHD or another provider within the community. Whichever course of action is taken, LCHD follows that child for another 90 days to provide case management services and to connect them with an LCHD psychiatrist or therapist. Since there are so many of those calls, they have to be our first priority. And with 200 calls a month requiring 90 days of followup, there are always at least 600 active crisis cases at any given time. That means

that our outpatient and psychiatry services are second level priority, which is why sometimes there is a wait to see a provider. Patients are fit in to the schedule where we can, but if a spot is not available they are put on a waiting list. Currently, there are 53 people on that list. Member McConico asked what the average case load is per provider. Sam stated it is between 40 and 60, with almost 200 new cases per month, so there is constant turnover. Sam continued by stating it takes about 6 weeks to be seen for the initial assessment. The State mandates that we do the IM+CANS (Illinois Medicaid Comprehensive Assessment of Needs and Strengths), a 14-page assessment. Once that initial assessment is done and the patient is qualified, it takes about another 6 weeks to see a psychiatrist. Member McConico asked why it takes another 6 weeks. Sam stated it takes that long because all of the appointment times during those 6 weeks are taken by the crisis cases. Member Smith shared a personal story about the excellent care her niece recently received from LCHD behavioral health staff and the amazing change made in such a short time. Mark thanked her for sharing and stated he would like to highlight her niece in the LCHD Annual Report, if she is willing. Member Tarter asked if efforts to shorten the 6-week timeframe will be put off until additional funding for additional staff is received. Mark confirmed and stated that Sam will be bringing a potential grant application for the CABS program to the Executive Team. He also reminded the Council that only 28% of the Health Department's budget comes from local tax dollars, and that the County Board did not want to increase the overall tax levy for the entire county, so that means there is no additional investment in building behavioral health capacity. All of the outside additional funding received by the Health Department is a result of the efforts of staff. Member Brown stated that patients coming to the Health Department for mental health services are being referred to Lakes Behavioral Health Hospital for their initial assessment but that Lakes is not sending patients back to LCHD to see a psychiatrist. They're trying to send them to Elgin. Why the run around? Sam stated that LCHD has a legal obligation to send patients to the hospital who are in an emergency situation such as actively suicidal, have attempted to hurt themselves or someone else, or because they can't care for themselves. LCHD patients who are not in an emergency situation are assessed and treated at LCHD.

This matter was presented

8.2

CQI Update - Hayes

Attachments: [2019 September Updated Governing Council Clinical Dashboard](#)

Christina Hayes, CQI Coordinator, reviewed the CQI dashboard as provided in the agenda packet. She also informed the Council that the Diabetes Work Group continues to review standard practice guidelines and develop simplified fact sheets and user guides for the providers, research the use of Telehealth and community health workers to potentially improve diabetes self-management and patient engagement, and have patient care teams reach out to those diabetic patients who are not in care to re-engage them and to find out why they have not been able to come in. The Immunizations Work Group

continues to reach out to patients who are not fully vaccinated. Mark referenced the dashboard pointing out that the percentage of diabetic patients whose HbA1c is greater than 9% is high and that Dimitry Petion, Director of Physical Health, will be working to lower those numbers. Dimitry stated that at his last FQHC he was able to obtain a reduction in those numbers by leveraging technology through the use of electronic glucose monitoring and getting the nutritionists on board to get patients to understand the value of nutrition in their treatment and he is hoping to adopt those principles and introduce those concepts at LCHD. Member Tarter noted that in Dr. Zun's report in the agenda packet he talked about providers making progress in productivity and KPI's, but that Christina's report is essentially stating that there has been no change, so somehow the two need to be reconciled. Christina stated that her report looks at the agency as a whole, while Dr. Zun's report looks at individual providers, so there would be a difference due to the way the data is presented. Member Smith stated that if the providers are giving patients the same information, the same message, then the reconciliation will occur. Christina stated that Dr. Zun and Dimitry are working on standardization across the FQHC sites. Dr. Zun continued the conversation under the next item on the agenda.

This matter was presented

8.3

Continuation and Expansion of the Provider Incentive Plan - Dr. Zun

In response to Member Smith's comment under item 8.2, Dr. Zun stated that for some of the things we're doing it was discovered that many of the providers didn't know what boxes to check in order for LCHD to get credit for them while for others it is a matter of doing better. He then reviewed the Provider Incentive Plan as outlined in the agenda packet. Of the ten measures the providers were incentivized on, they improved on six, two were unchanged, one declined, and for the final one we had an issue with the data analysis which is being addressed. The bottom line is that they are doing better than last year, but there is still work to do and providers are now asking what they need to do in order to get credit for cancer screening, depression screening, lead screening, etc. Productivity from the same time last year has increased based on a period of relative value units (RVU's) which is a measure of the work providers have done. Last year it was 67% of the target, this year it's at 83%. He then asked for the Council's consideration of continuing the incentive plan for primary care providers (PCP's) for the next fiscal year and expanding it to dental, psychiatry, and women's health as way to ensure we're doing well with productivity and quality. Member Tarter asked if PCP's referred to doctors, psychiatrists, and advanced practice nurses (APN's) or to the entire team. Dr. Zun explained that it currently refers to licensed professionals which are the doctors, APN's, psychiatrists, dentists, etc. It has been discussed on how to incentivize the rest of the clinical staff once it has been determined that the plan is working for the providers. We're not there yet, but the desire to expand it is because they should all be working together as a care team. Member Tarter asked if it has been determined whether or not the enhanced reimbursement covers the cost of the incentives. Dr. Zun stated that the current period ends December 2, 2019, and an analysis will be done at that time.

This matter was presented

8.4

Governing Council Meeting Time - Withem-Voss

This item was addressed by Mark Pfister in the discussion that took place under item 6.6, Proposed 2020 Governing Council Meeting Schedule.

This matter was presented

9. Medical Director's Report

9.1

Medical Director's Report - Dr. Zun

This matter was presented

10. Dental Director's Report

10.1

Dental Director's Report - Dr. Cockey

Omar Cockey, DDS, Dental Director, reviewed his report as provided in the agenda packet.

This matter was presented

11. Director of Finance's Report

11.1

Director of Finance's Report - Riley

Attachments: [FQHC Sep 19](#)

Pam Riley, Director of Finance, reviewed her report as presented in the agenda packet.

This matter was presented

12. Reports of Committees

Acting Nominating Committee Chair Brown informed the Council that the committee met on Thursday, October 31, 2019, and decided that the slate of officers for 2020 would remain the same. Member Fornero asked if there are any potential new Council members under consideration by the Nominating Committee. Mark stated that there have been a number of leads but none that panned out. He then asked Lisa Kroeger to update the Council on Member Washington's current medical issues, which she did. Mark then informed the Council that since the Nominating Committee's meeting on October 31, 2019, Member Washington has informed him that he does not wish to continue serving as Secretary. Mark recommended Member Miriam Smith as a candidate for the office of Secretary, noting that the final decision is up to the Nominating Committee. Member Tarter added that the slate of officers will be presented at the December 12, 2019 meeting but that the floor will be opened at that time to other nominations.

This matter was presented

13. Old Business

Member Brown asked about his question from the October 10, 2019 meeting as to what is being done at the Health Department to educate heterosexual black women about PREP and the rise of HIV. Lisa Kroeger informed him it is on the agenda for the December 12, 2019 meeting because Sam Johnson-Maurello presented at this meeting in response to the October public comment question. Mark informed the Council that while gonorrhea, chlamydia, and syphilis rates are on the rise, the bigger issue is that gonorrhea is becoming more and more drug treatment resistant leaving us with only one drug to use against it, and even that is waning. Just another reason why good education as to appropriate sexual health is beneficial. Member McConico reiterated the importance of dissemination of information and screening. Member Fornero revisited the matter of reimbursement for Council members and informed the Council that he will be asking for a motion at the December 12, 2019 meeting to approve reimbursement of \$25 per month cumulative and retroactive to January 2019, subject to approval by the State's Attorney.

This matter was presented

14. New Business

None

15. Executive Session

None

16. Adjournment and Next Meeting