

# Lake County Illinois

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



## **Meeting Minutes - Final**

**Thursday, October 10, 2019**

**12:00 PM**

**3010 Grand Ave., Waukegan, IL 60085**

**Lake County Community Health Center Governing  
Council**

1. Call to Order

**Chair Withem-Voss called the meeting to order at 12:06 p.m.**

**Present** 7 - Chair Withem-Voss, Vice Chair Fornero, Brown, Tarter, Bejster, Cunningham and Smith

**Absent** 3 - Secretary Washington, McConico and Vargas

2. Approval of Minutes

2.1

September 12, 2019 Meeting Minutes

**Attachments:** [GC Minutes 9.12.19 - DRAFT](#)

*Member Fornero asked about the category of "Not Present." Lisa Kroeger explained that it means the member was not present for that agenda item.*

**A motion was made by Member Brown, seconded by Member Fornero, that the minutes be approved. Motion carried unanimously.**

**Aye:** 7 - Chair Withem-Voss, Vice Chair Fornero, Brown, Tarter, Bejster, Cunningham and Smith

**Absent:** 3 - Secretary Washington, McConico and Vargas

3. Public Comment to the Governing Council

*Phanon K. Greenwood Jr., addressed the Council and asked what is being done about improving access to behavioral health services for kids/teens/young adults. During the age of 14 to 21 is when most mental health issues, such as depression and anxiety, start to set in. If it were caught early it would save time and money. Mr. Greenwood stated he has been attempting to obtain behavioral health services for 8 months and that on average the wait is 3 months to see a provider. Mark Pfister, Executive Director, stated that he would have a brief presentation given at the November meeting on ways we are building behavioral health capacity and invited Mr. Greenwood to return for it, but if he could not make it, a copy of the presentation would be provided to him through Member Brown. He also said the Health Department obtained additional federal grants for youth and adolescents, such as the Systems of Care (SOC) grant and a recent grant to expand our child psychiatry at the Midlakes clinic, and is trying to hire additional child psychiatrists. Mark Pfister also stated that the #1 challenge is finding child and adolescent psychiatry providers, not only in Lake County, but nationally, as well. Mr. Greenwood asked what is being done about access, especially in schools. Member Smith informed him that she is on the Suicide Prevention Task Force with the National Alliance of Mental Illness (NAMI) of Lake County, that she is a Wellness Recovery Action Plan (WRAP) Facilitator, a class she is currently teaching in Gurnee, and that she would be happy to speak with him after the meeting regarding other resources available to him. Mr. Greenwood said he wasn't asking for himself but wants to know what's being done about access for kids. He personally believes most mental illness starts in middle school to high*

*school and he wants to know what Lake County is doing for those kids. Member Smith reiterated that NAMI, and other programs like it, are working with the State of Illinois and the Lake County Health Department to increase and improve mental health resources for youth and that she would still like to speak with him after the meeting regarding those resources.*

#### **4. Presentations**

##### **4.1**

Strategic Planning Process - Pfister & McMillan-Wilhoit

**Attachments:** [October19 GC Strategy](#)

*Mark Pfister began the presentation by recapping the 3-year strategic plan developed for 2017-2019 and the health impacts made during that period, focusing on Social Determinants of Health (SDOH) and health equity. He also noted that the vision and mission statements created during the last strategic plan cycle will serve the Health Department well in the direction it wants to go and recommended to the Council that they not be revisited or revised, and informed them that the Board of Health has already agreed to leave them as is. As a reminder, based on the HRSA compliance manual and the Governing Council bylaws, the Council is responsible for approving the annual Health Center program budget, approving proposed services, sites, and hours of operation, evaluating the performance of the Health Center and ensuring good customer service, establishing or adopting policy related to the operations of the Health Center, ensuring the Health Center operates in compliance with applicable federal, state, and local laws and regulations, following the Open Meetings Act (OMA), following HRSA regulations, approving selection and dismissal or termination of the project director/CEO, assuring at least 51% of the voting members on the Council are patients served by the Health Center and that the patient members of the Council represent the individuals served by the Health Center, selecting non-patient members that can contribute to the Council, assuring that members do not have an immediate family member who is an employee of the Health Center, and holding monthly meetings. The strategic plan is part of those mandates and on the Council Strategic Planning Committee is Member Mallory Bejster as Chair, Member Quinton Brown, and Member Frederick McConico. A meeting will be held with the Strategic Planning Committee to consider some of the things Jefferson is going to talk about next. He then turned the presentation over to Jefferson McMillan-Wilhoit, Director of Health Informatics and Technology, to address next steps moving forward. Jefferson informed the Council that historically the LCHD Strategic Plan has been a 3-5 year vision, but 3-5 years does not give the longevity needed in order to address chronic health issues. Therefore, the Health Department is going to look at it's strategy over a 25-year period, asking what are the things we want to see successful over the next 25 years, and tying them back to our Vision and Mission. As an example, he presented the Lake County Forest Preserves Strategic Plan which sets a 100-year vision. The process begins with our vision and from that developing themes which are broad and focus on the larger areas in which the Health Department wants and needs to have impact in the community over the*

next 25 years. Once themes are determined and developed, they will be presented to the Board of Health and to the Governing Council for discussion and prioritization. Then comes the objectives setting phase. Objectives are the 2-5 year goals that guide programming and to which the governing bodies will have input, and will all align with their respective theme. Once objectives are set, activities and key results will be set. Activities and key results are the year-over-year things we need to do in order to further the objectives and achieve the themes. They will be reported annually to the Board of Health and the Council so that members can understand and see in which direction the Health Department is moving. The goal is that everything in the strategic plan has longevity and ties back to our mission and vision. Mark added that the Executive Team has already begun to meet and come up with recommended themes for the Board of Health and the Governing Council. Member Bejster asked about the timeframe and Mark stated it will all happen by February 2020 for their approval.

## 5. Executive Director's Report

Mark Pfister informed the Council that the parking lot expansion project at 3010 Grand has begun and thanked Member Cunningham for her assistance at the County level in getting things moving forward. The lease agreement with ComEd is in place and work is literally starting tomorrow, October 11, 2019. The goal is to have the parking lot ready for use by the first week in November. With the move of 30 Patient Access Center (PAC) staff from the 3010 campus to the former Immunizations Clinic next to the Belvidere Medical Building, parking at 3010 improved slightly, but we are also considering parking all LCHD vehicles in the new parking area which will free up more parking for patients within the main lot. He took the Interim County Administrator and Deputy County Administrator for a tour of the new and newly remodeled PAC location and they were very impressed with what has been accomplished. The 3010 lobby renovation has gone out for bid. Improvements may include adding a covered area at the main entrance to make it more weatherproof, heated entrance sidewalks, reconfiguring the lobby area to move waiting area seating away from the doors, and removing the DMV-like windows at the registration counter and repositioning it to afford more privacy and dignity to patients and clients. The lobby area for Child and Adolescent Behavioral Services (CABS) will also be changed. Jerry Nordstrom, Director of Business Operations, will present the new layout at a future meeting once it is finalized. Member Tarter asked if Mark had ever seen the patient intake area at Vista as he feels it is a good design and offers privacy. Mark stated he has and that the architect working on the 3010 project has designed the new registration area so that it is angled, has no windows so that it is more conversational, and has higher and deeper side wings to keep in sound and provide more distance between the seating area. At closing time that area will then be secured behind a rolling metal gate.

## 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 Cunningham, that this item be approved. Motion carried unanimously.**

**Aye:** 7 - Chair Withem-Voss, Vice Chair Fornero, Brown, Tarter, Bejster, Cunningham and Smith

**Absent:** 3 - Secretary Washington, McConico and Vargas

## 6.2

Professional Staff Reappointment

*Member Fornero commented that during the Personnel Committee meeting all those present spoke very favorably of Dr. Cockey and asked that the record show that the Committee voted unanimously for his reappointment. Member Cunningham added that before Dr. Cockey came on board she used to receive numerous complaint calls and letters regarding the dental services provided at the North Chicago Clinic. She stated that since he's been with the Health Department she has not received one complaint and she thanked him for all his hard work. She also added how the Health Department has improved and grown, and made special note of the Round Lake School-Based Health Center, and how wonderful the Health Department has become. Mark thanked Member Cunningham and noted that all of the credit for the School-Based Health Center goes to Jeanne Ang, the former Director of Primary Care.*

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

**Aye:** 7 - Chair Withem-Voss, Vice Chair Fornero, Brown, Tarter, Bejster, Cunningham and Smith

**Absent:** 3 - Secretary Washington, McConico and Vargas

## 6.3

Approval of Change in Operating Hours at School-Based Health Center - Dr. Zun

*Dr. Zun reviewed this item as presented in the agenda packet. Member Fornero commented that the full-time Advanced Practice Nurse, Shannon Trocki, noted in agenda item 6.1 will be working at the School-Based Health Center (SBHC) and was impressed by the fact that 36 hours per week are dedicated to that location for the services provided. He also noted that it is open until 7:00 p.m. on Wednesdays which is very accommodating to the patients. He also mentioned the prospect of having the same type of facility at Waukegan High School. Mark stated the Health Department has recommended to the Health Care Foundation of Northern Lake County (HFNLC), the organization that supported and helped build the Round Lake SBHC, that the Waukegan School District work with a consultant to get an understanding of whether or not the Waukegan School District could support a SBHC because it requires enough encounters to staff it. Mark also reminded the Council that zero tax dollars went in to the Round Lake SBHC. Member*

*Fornero asked how it was funded. Mark stated that the actual brick and mortar was paid for by a \$500,000 grant, that the day-to-day operation is funded through encounters, and seed money was also provided by HFNLC and an anonymous foundation. When it initially opened, it was only for the high school students, but about a year and a half ago it was opened up to middle school students accompanied by a parent or legal guardian, and even some of the teachers are utilizing it which all goes back to the strategic plan and sustainability because if you don't have people coming in, it's just expense, no revenue. Another change is that for encounters we used to see more on the behavioral health side, but now we see more on the medical side. Member Tarter commented that a Waukegan SBHC was previously discussed but there was no support for it. Mark confirmed that it has been discussed in Waukegan for quite some time and that in North Chicago it's still being talked about but there are a lot of people in North Chicago who still don't realize there is an FQHC in their backyard. This is why he and Dr. Zun are doing the patient townhalls and Communications is doing more marketing within the communities surrounding our FQHC's because sometimes we're the best kept secret which is exactly what we don't want.*

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

**Aye:** 7 - Chair Withem-Voss, Vice Chair Fornero, Brown, Tarter, Bejster, Cunningham and Smith

**Absent:** 3 - Secretary Washington, McConico and Vargas

#### 6.4

Annual Approval of Title X Educational Materials - Dr. Zun

**Attachments:** [Title X Brochures](#)

*Dr. Zun commented that the information is in the agenda packet, that it is quite extensive, has been approved before, and recommends approval. Member Bejster noted that most of the brochures have been updated to use STI (sexually transmitted infection) but in a couple of the brochures it still states STD (sexually transmitted disease) and asked that those be changed to STI. Mark thanked her for catching it and stated it would be corrected.*

**A motion was made by Member Brown, seconded by Member Fornero, to approve this item with the changes noted by Member Bejster. Motion carried unanimously.**

**Aye:** 7 - Chair Withem-Voss, Vice Chair Fornero, Brown, Tarter, Bejster, Cunningham and Smith

**Absent:** 3 - Secretary Washington, McConico and Vargas

### 7. Approval of Grants

#### 7.1

Health Resources and Services Administration (HRSA), Integrated Behavioral Health Services (IBHS), \$348,501 in Grant Funding and Related Program Income - Zun

**Attachments:** [HRSA IBHS \\$348K](#)

*Dr. Zun reviewed this item as presented in the agenda packet. Mark added that another good thing about having the additional psychiatry services at Midlakes is that the clients from the SBHC can access them. Dr. Zun added that there is a behavioral health counselor embedded at the SBHC so we will be able to expand those hours, as well. Member Tarter asked if these would be in-person psychiatry services or telepsychiatry. Dr. Zun stated it has not been finalized as it is still being discussed based on recruitment efforts, but the preference is for in-person. Mark added that there is a lead on a provider, as referred by Dr. Joshua Nathan, Behavioral Health Medical Director, who he hopes will be a full-time physical presence.*

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

**Aye:** 7 - Chair Withem-Voss, Vice Chair Fornero, Brown, Tarter, Bejster, Cunningham and Smith

**Absent:** 3 - Secretary Washington, McConico and Vargas

## 7.2

Health Resources and Services Administration (HRSA), Quality Improvement (QI) Funding, \$66,000 - Zun

**Attachments:** [HRSA QI \\$66K](#)

*Dr. Zun reviewed this item as presented in the agenda packet. Member Tarter asked if this is because the Health Department successfully met a goal set by HRSA or is it money they had laying around. Dave McDermott, Grants Manager, explained that every year we submit all of our quality information in the Utilization Data Survey (UDS) Report and that information is used by HRSA to determine a dollar amount which is the quality improvement funding award for the year. It is a one time award in the sense that it does not add to the annual award, and we have been receiving it consistently for the last 4-5 years. It is based somewhat on our scores, the actual measures submitted, and somewhat on whether the Electronic Health Record (EHR) is used to submit and whether we have PCMH accreditation through The Joint Commission. Member Tarter stated that items routinely referred to the Governing Council in the agenda packets were what he was wondering about and if we were being rewarded for meeting those goals or not. Dave confirmed that is correct and that in this case most of the money came from PCMH Joint Commission Accreditation and the fact that the Health Department is an EHR reporter to report all of our data rather than just a sample. Member Tarter asked if a breakdown of the UDS reporting is provided to show which categories the Health Department was successful in. Dave confirmed it is but that the requirement is a 15 point increase in any one specific category in order to receive payment and that in this particular cycle the Health Department did not have any that went up 15 points. Mark added that one of the strategic plan themes being talked about by the Executive Team is quality and that one of the objectives he is setting for the Executive Team is to become a National Quality Leader (NQL). NQL scores are based on position with UDS scores and comparison with other FQHC's, then more dollars will come. Also, if you're a NQL, your health outcomes are*

*going to be better for your patients, which is job number one. A NQL will get additional funding through a HRSA grant, but also those UDS and HEDIS measures are pretty much the same so we should get additional quality dollars from the managed care organizations (MCO).*

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

**Aye:** 7 - Chair Withem-Voss, Vice Chair Fornero, Brown, Tarter, Bejster, Cunningham and Smith

**Absent:** 3 - Secretary Washington, McConico and Vargas

### 7.3

University of Chicago, Extension for Community Health Outcomes (ECHO) Program, \$2,500 - Zun

**Attachments:** [UoC ECHO \\$2K](#)

*Dr. Zun reviewed this item as presented in the agenda packet. He added that the new ultrasound machine will be used in Women's Health and that it is a wonderful addition because women won't have to go outside of the Health Department to get their prenatal ultrasounds and our OB/Gyn physicians can read it. The scans are then sent to the patient chart so we have record of it. Member Brown asked if the results would be made available through the patient portal. Dr. Zun explained that the providers would have to download it to the patient portal, but it is a possibility.*

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

**Aye:** 7 - Chair Withem-Voss, Vice Chair Fornero, Brown, Tarter, Bejster, Cunningham and Smith

**Absent:** 3 - Secretary Washington, McConico and Vargas

### 8. Information Items

**A this point in the agenda, a motion was made by Member Bejster, seconded by Member Fornero, that item 13.1, Proposed Changes to Bylaws, be moved ahead of Information Items. Motion passed unanimously. See Item 13.1 for notes pertaining to ensuing discussion.**

**Aye:** 7 - Chair Withem-Voss, Vice Chair Fornero, Brown, Tarter, Bejster, Cunningham and Smith

**Absent:** 3 - Secretary Washington, McConico and Vargas

### 8.1

CQI Update - Hayes

**Attachments:** [CQI Update Dashboard](#)

*Christina Hayes, CQI Coordinator, reviewed the CQI information as provided in the agenda packet noting an uptick in the immunizations measure which went from 32% in*

July to 39% in August. The hope is that it will continue to trend upward as initiatives to improve immunization rates continue. The patient care teams in the clinics are currently working on a process to reach out to patients who have uncontrolled diabetes to make sure they continue to remain engaged in care and that they are able to come to their followup visits. The group is also strategizing how to better utilize dieticians as part of the patient care team for those individuals with uncontrolled diabetes. A work group was recently created to review and revise the standard practice guidelines for diabetic care.

Evidence-based interventions are also being reviewed to see how they can be tested within the clinical workflows to help improve diabetes care and management. Other things being looked at are pre-visit planning, patient education, patient self-management, and social risk assessments to find out why patients are not coming in or can't get their medications. Is it an issue with transportation, the pharmacy, or money? The immunizations work group is currently focused on improving immunization rates across the entire community by dispelling vaccine myths and providing schools with timely data on immunization rates within the school to keep them high enough to obtain herd immunity. They are also working on a way to best engage clinicians to improve immunization rates within the LCHD clinics. The Quality Improvement subcommittee will be meeting next week and will also be discussing how best to engage clinicians and work with the clinical workflows to improve immunizations and diabetes. Member Tarter asked if it's in the rules that flu vaccine must be administered, isn't that part of the evaluation process that the schools go through to exclude someone if they're not immunized for flu. Mark stated that the recommendation of the Advisory Committee on Immunization Practices (ACIP) is that you can give a child up to 8 shots at one time, but then you also have a schedule of vaccinations depending on the type of vaccine, too. The ACIP does not recommend giving the flu vaccine to a child under the age of 6 months which is why we had great improvement, but that was one of the reasons why we went from very high vaccination rates for children because now it's counting the flu shot. But if you don't catch that child between 6 months and 24 months, then we're going to be hit because that window is so small to get in two flu shots. Member Tarter stated that one of the reasons we had good immunization rates was because we knew at 4-5 years, possibly even preschool, they were screening kids and then saying they can't come in because they haven't had their immunizations, but who put that onus on us. Christina stated the measures are all defined by HRSA so for the quality dollars received this would be one of the indicators we could be incentivized for for meeting. Mark added that the Illinois State Board of Education rules and regulations about children going to school helps us, but the medical or religious exemptions are also driving down the rate. There are still some providers out there who are writing medical exemptions when there is no need but the parent has convinced the provider that they don't want their child vaccinated. Member Tarter asked if there has been any progress in the talk to eliminate exemptions. Mark stated medical exemptions would not be eliminated, but there are definitely conversations taking place at the State level regarding religious exemptions.

**This matter was presented**

8.2

Providers in the Workforce - Harris

*Lorraine Harris, Human Resources Director, reviewed the provider diversity report given to the Council members as a handout. The report breaks down the Health Department's 67 providers by job title. The data being presented is the percentage of Health Department employees compared to the US Health Workforce, which is by type of providers available nationwide. This is also the report presented by HRSA. Provider job opportunities at the Health Department are shared with minority organizations and schools, and presented at job fairs frequently held in Chicago and attended by Health Department HR staff.*

*Providers wanting to stay in the Chicago-land area rather than relocating to Lake County is frequently heard by HR staff and one of the recruitment hurdles they face. Dr. Zun added that an african american dentist was recently interviewed but, unfortunately, she accepted a position elsewhere that offered a higher salary. Member Cunningham asked if Lorraine was saying that the Health Department can't get afro american dentists at all? Lorraine clarified that with the exception of Dr. Omar Cockey, the Health Department currently does not have any other african american dentists despite outreach efforts by HR staff and this is due to only 3% being available nationwide. She encouraged Council members who may have leads on providers to refer them to the Health Department. Member Cunningham stated that she is puzzled by the fact that not one afro american dentist can be found throughout this United States. Lorraine added that the 3.5% unemployment rate nationwide means there are more jobs than there are qualified candidates to fill them, which is affecting recruitment efforts Health Department-wide. Member Cunningham stated she has met a lot of afro american female dental doctors and she refers them to come here and tells them we have a Health Department, put in. Lorraine reiterated that anyone who has a lead on providers should refer them to her. Member Cunningham asked you don't get one applicant for afro-american for this dental? Lorraine reiterated that we had one but we lost her. Member Cunningham asked you don't get anybody put in who live in New York or whatever. You don't get nobody throughout the States. Because she travels a lot and she meets a lot, fresh coming out of college, but they in Chicago. It's strange the Health Department can't get no afro americans here then when she goes to other places, they got all kind of afro americans working in their facilities. Lorraine asked if that was in Lake County. Member Cunningham replied it was not. Lorraine reiterated that that is what she is saying about providers not wanting to come here and that if you know of anyone, send them our way. Member Cunningham stated she has had some say that they put in, but they didn't get picked or whatever. She has had dentists tell her, and afro american doctors, regular medical doctors, they have said they put in and they didn't get picked. Lorraine stated that if Member Cunningham has a list of people who are looking to send it directly to her. Member Brown stated that the color chart alone gets to what he was hitting at last year. There are more white people working in this health department than there is any other race. We see people of black and brown skin and they're not really represented here and this is what he was saying before. They're all hispanic, there is no black face in the front of this health department when you walk in to it. How are african americans supposed to feel comfortable coming to a doctor here when the doctor can't*

culturally identify with what they're going through. He understands Member Cunningham's point that the Health Department needs to look harder, search harder for other providers to represent the area and take care of the area that the Health Department takes care of. The fact that he said this last year and is now seeing it on the handout is appalling to him. Mark stated that being an FQHC in Lake County is a huge challenge because a lot of providers don't want to live in Lake County, especially the millennials and the younger generation. They want to live in urban big city areas. He then referred to the page of the handout pertaining to physicians and pointed out that the Health Department is below the percentage of white physicians available nationwide and 3x above the percentage of black/african american physicians available nationwide, which is a good thing, but despite latinos being the largest population we serve, we have only been able to recruit 3%, 1/2 of the potentially available percentage. We are also above the percentage of asian physicians available nationwide because as that population has begun to grow within Lake County we have been able to attract more asian providers. But to Member Brown's point, they don't necessarily represent the population we serve. However, the flip side of this is if we don't have providers we get in to all the other issues we've been talking about like wait times, wait lists, and the issue of being able to serve the public. He and Lorraine are in agreement with the Council in that they want the most diverse provider population that look like those we serve but it is an absolute challenge to get providers to even come to the Lake County Health Department and Community Health Center let alone trying to get that diversity mix. In addition, the turnover in the last year has been at least 15 providers, some of which we are still trying to replace. Member Smith stated she is working with a lot of afro latino groups because they identify with their african ancestors, their african roots, as well as latino so there are many organizations available and that may be something to look at. Lorraine stated that if anyone knows of any professional level groups and organizations to contact in regard to recruitment efforts, please send that information to her and she will share it with her staff recruiters. Member Cunningham stated she hears what everyone is saying, but she is an afro american woman, hispanic don't know, the white don't know, they don't know what she needs. You can't dictate what she needs, she can't dictate what the white need, so we need each culture. If she comes in she needs someone like her to talk to so she can be more open to them because they her own culture. She think different, blacks think different, and we all know that. They all think different, so don't dictate what she need, what she want. You got a lot of young girls come in here, you deal with a lot of young men, and they would feel good if Lorraine talked to them, they will open up, because she one of them, and that's the way blacks think. And they will always think like that because we generated from the slave, so we think like that. We wanted educated, we got educated, but that's the way we think. She don't care what you in, what you doing, she can't think for a latino person cause she don't know how they words come. She don't know it and she ain't going to pretend like she do. If she knows any afro americans, she will send them to the Health Department, tell them to go see Lorraine and put their application in. Lorraine added that if any of the Council members have a LinkedIn account, she can send them the job postings to share. And that the Health Department can't hire what doesn't apply

*and what's not available. Member Smith referenced the african american and latino psychiatrist numbers stating it is crucial to get those types of providers to address those issues. Mark stated that african american and latino psychiatrists could have highly developed private practices earning large sums of money and providers of that type are not going to work for an FQHC. The Health Department is more likely to attract those that have been in private practice for a long time, are ready to wind down and no longer manage a business, have made their money and are ready to give back to the community.*

**This matter was presented**

**8.3**

Language Translation Software Demonstration - McMillan-Wilhoit

*This item was postponed.*

**This matter was postponed**

**9. Medical Director's Report**

**9.1**

Medical Director's Report - Dr. Zun

*Dr. Zun reviewed his Medical Director report as provided in the agenda packet. Each new Regional Medical Director is responsible for 1/2 of the clinics and ensuring we're meeting all goals and objectives. The new Director of Physical Health is scheduled to start October 28. The Coleman Associates is working hard at North Chicago and really making progress, we are looking forward to the improvements and efficiencies as a result, and hope to roll it out to the other clinics, as well.*

**10. Dental Director's Report**

**10.1**

Dental Director's Report - Dr. Cockey

*Dr. Cockey thanked the Council for their vote on his reappointment and stated it's been a great ride for the last 6 years. He reviewed his Dental Director report as provided in the agenda packet. In regard to the recruitment of african american dental providers, he has provided Lorraine with the contact information for several dental schools, and he knows of a dental residency program in New York whose mission it is to train underrepresented minorities that he can reach out to. He added that it all comes down to dollars. That there is competition with corporate practices as they pay more. A dentist coming out of school has a large debt, \$300-400K, and that along with starting a family and buying a house has them looking at the bigger money picture. On the other hand, the corporate push can have them rethinking that plan and applying at the Health Department which is something we've seen over the last several months. Mark added that the Health Department may offer assistance in the form of school loan repayment for harder to fill positions.*

**11. Director of Finance's Report**

11.1

Director of Finance's Report - Riley

**Attachments:** [Director of Finance's Report](#)

*Pam Riley reviewed the Director of Finance report as provided in the agenda packet. Medicare and Medicaid keep creeping up on the revenue side, which is good. On the expense side, one of the reasons we're doing well is there are a lot of vacancies so there isn't the salaries expense.*

12. Reports of Committees

None

13. Old Business

13.1

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

**Attachments:** [DRAFT GC Bylaws - REDLINE VERSION](#)

*Mark Pfister turned the floor over to Member Fornero to review some of the additional comments/changes he submitted after the review of the initial changes at the July 11, 2019 meeting. Member Fornero referred to page 4, Article VII - Membership and Terms of Office, paragraph D. Removal. The proposed language in red references "unexcused" but who is going to determine what is excused and what is unexcused. Also, it states, "or dropping below 75% attendance for the last 12 meetings held." So you could have excused absences at 3 consecutive meetings while at the same time dropping below 75% attendance and be removed. He proposed the language in blue below it as there are circumstances in which a member may very well miss 3 meetings out of 12 and in those cases the member should be asked if it is their intent to stay on the Council and if they will be able to attend future meetings on a regular basis. And seeing that the term of appointment is two years, if a member misses 75% of the prior year's meetings, they really only have a one-year term to complete. Member Tarter added that it was just recently discovered that the Council is not bound by HRSA to the 75% which means it's not required to be tracked anymore. Member Fornero added that if a member shows a willingness to stay on even after missing 3 out of 12 meetings, they should be allowed to. It should not be an automatic removal. Member Cunningham added that her many other commitments sometimes conflict with the Council meetings which would not enable her to attend some and also people get sick and can't attend, sometimes there isn't even a quorum in order to conduct business. For example, she won't be able to attend the Council November meeting as she has to attend a meeting for the Forest Preserve, where she is an elected official. Mark reminded the Council that when HRSA visits, they are looking for evidence from the last year that a monthly meeting has been held so as long as this Council can achieve that, that's all that is needed. He also added that he feels it is valuable that the Council be able to ask another member why they have not been in*

*attendance and that if they are not interested in serving anymore, the Council as a group can request that member tender their resignation. For absences that happen occasionally, as long as there is a quorum, its not an issue. Member Smith asked if her recent absence as a result of having to leave the country to attend to an ailing family member would count against her attendance. Mark stated that once the proposed changes to bylaws are approved, including the language Member Fornero suggested, that would no longer be the case. The issue would be with 3 consecutive absences, in which case the Council would hear and decide as a group. Member Fornero asked if the Council was only voting on the one section or the entire bylaws. Mark replied it would be the entire bylaws. Lisa Kroeger clarified that only discussion would be taking place at this meeting since there were additional changes made since the July 11, 2019 meeting and that the vote to approve would take place at the November 14, 2019 meeting. Member Tarter then referenced page 10, Article XIII - Order of Business, and asked that Presentations be moved to after Action Items, so that those items needing a quorum can be addressed first in case any members have to leave early which may leave less than a quorum. Mark stated that if that is the desire of the Council, they can certainly make that change. It was confirmed that Presentations would be moved between Action Items and Discussion Items. Lisa Kroeger pointed out that there was one more change in blue on page 7, under Article X- Committees, pertaining to the Open Meetings Act (OMA), as requested by Member Tarter. Mark stated that a clean, revised version of the bylaws will be on the agenda for approval at the next meeting on November 14, 2019.*

**14. New Business**

*Member Brown addressed the rise of HIV in heterosexual black women and proposed that the Health Department begin introducing and educating african american women about PREP in a step toward ending the epidemic.*

**15. Executive Session**

**None**

**16. Adjournment and Next Meeting**

**A motion was made by Member Cunningham, seconded by Member Brown, that this meeting be adjourned. Motion carried unanimously. Meeting adjourned at 1:56 p.m.**

**Aye:** 7 - Chair Withem-Voss, Vice Chair Fornero, Brown, Tarter, Bejster, Cunningham and Smith

**Absent:** 3 - Secretary Washington, McConico and Vargas