

Lake County Illinois

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



Meeting Minutes - Final

Tuesday, June 9, 2020

5:30 PM

**Via Zoom (<https://zoom.us/j/94903439898> or 1-312-626-6799,
Meeting ID 949 0343 9898)**

**Lake County Community Health Center Governing
Council**

1. Call to Order

Chair Withem-Voss called the meeting to order at 5:31 p.m.

Present 8 - Chair Withem-Voss, Vice Chair Fornero, Member Washington, Member Brown, Member Tarter, Member Bejster, Secretary Smith and Member Vargas

Excused 2 - Member Cunningham and Member Argueta

2. Pledge of Allegiance

This matter was presented

3. Approval of Minutes

3.1

May 12, 2020 Meeting Minutes

Attachments: [GC Minutes 5.12.20 - DRAFT](#)

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

Aye: 8 - Chair Withem-Voss, Vice Chair Fornero, Member Washington, Member Brown, Member Tarter, Member Bejster, Secretary Smith and Member Vargas

4. Public Comment to the Council

None

5. Executive Director's Report

Mark Pfister, Executive Director, provided the Council with an update on the renovations being completed at 3010 Grand. Phase One, the 3010 Grand lobby, is nearing completion and he emailed two photos to the Council members earlier today. We are also well underway on Phase Three, which is the East side of the FQHC, with offices having been added for behavioral health counseling and psychiatry services. On the South side of the FQHC, demolition in areas of Child and Adolescent Behavioral Health Services (CABS) has been done. He then asked Jerry Nordstrom, Director of Business Operations, if he had anything to add. Jerry stated that the project is 4-6 weeks ahead of schedule due to the limited number of health department staff working on site as a result of the response to COVID-19, allowing the construction crew to work more hours and faster. He anticipates health department staff in those areas will be able to return to a more normal function by the end of July. Mark thanked Jerry and Bruce Robbins, Facilities Manager, for all their work on the project. Mark then provided a COVID-19 update and informed the Council that Lake County has now entered Phase 3 of the Restore Illinois Plan. While some businesses are starting to open, there are still many things the public is unable to do and many of the restrictions, such as face masks and social distancing, continue. For example, some restaurants are now open but patrons can only dine outside while continuing to observe appropriate distancing. COVID-19 continues to greatly affect Lake County residents, especially those in long-term care facilities. Almost 90% of the 336 Lake

County COVID-19 related deaths to-date are among people over the age of 60, and almost 70% are linked to individuals in long-term care facilities as staff and asymptomatic residents in those facilities are passing on the disease. As of June 9, 2020, Lake County has 8,890 cases, but we have dropped from 120 new cases per day to approximately 70 or less per day, so its moving in the right direction. In looking at race and ethnicity, we have found that African Americans have a two times greater chance of becoming positive with COVID-19 than Caucasian non-Hispanic, and LatinX have an eight times greater chance. This means that COVID-19 is having a greater impact on those individuals unable to stay at home because they may have to go to multiple jobs, since they are essential workers, where they were exposed and were then bringing it back to other household members. Member Brown asked if the health department has anything to do with the testing site located in downtown Waukegan. Mark stated that it does and that the health department worked on it with the City of Waukegan to get the Governor's office to make the decision to locate a testing site in Waukegan due to its high COVID-19 positivity rate. That positivity rate has now dropped to below 30% as a result of more people being tested. The testing site was initially located in the IDOT vehicle emissions testing facility on Northwestern Avenue, but had to be relocated due to vehicle emissions testing starting back up. The new site is located at 102 W. Water Street in Waukegan and anyone who wants to be tested can go and it is free of charge. The test involves a nasal swab and results take an average of 4-7 days. He reminded the Council that the test is only to detect a current infection of COVID-19 in an individual, it does not detect if they ever had it previously. Member Brown asked if it was drive-up testing only or are they doing walk-up testing, too. Mark stated that staff at the site are maintaining appropriate social distance, but that if someone were to walk up they would possibly be given a test kit to complete and turn in while there. Mark added that one of the issues the health department experienced during the earlier part of COVID-19 is a dramatic drop in patient volumes because people did not want to risk exposure to COVID-19 by coming in for regular care. We are doing outreach to encourage them to stay in care and do telehealth, because we're very concerned about other diseases such as hypertension, cardiovascular disease, and diabetes that patients are not appropriately managing. Member Fornero asked how Lake County compares to Kenosha County now that Wisconsin has opened up. Mark explained that the Supreme Court of the State of Wisconsin took away the authority of the Governor of Wisconsin to issue executive orders, so the Kenosha County health department then attempted to create their own restrictions, but the court also said that was not allowed. Lake County Health Department has a lot of employees that live in Wisconsin which is why we continue to screen staff and patients at all sites, but he is concerned that another peak is going to be seen in June because of people not taking appropriate social distancing and wearing face masks. Member Fornero asked how the infection rates between Kenosha County and Lake County compare. Mark stated that Lake County has always had a higher infection rate than Kenosha County, however, Wisconsin counties that opened up too soon are seeing another peak in their infection rates and at higher levels than during the stay-at-home order previously issued by Wisconsin's Governor. Member Fornero asked

what affect the 30,000+ protest marchers in downtown Chicago last weekend, most without masks, is having. Mark stated that the Health Department is informing the public that if they participated in a protest, were in close proximity to others, it is recommended, based on IDPH recommendation, they get tested 5-7 days after the event because its going to take that long to incubate and show that they are infected, or to get tested immediately if they are experiencing any symptoms. Mark informed the Council that Lake County has now made approximately \$17M in cuts to their original budget, leaving them with a budget of \$322M and anticipated revenue of \$280-290M, resulting in a deficit of approximately \$40M. He stated that he, Pam Riley, Toby Karg, and Diane Pelli are working on various budget related projections and will be discussing with the Council the potential cuts in services and staffing to be made in 2020. The good news is that no health department staff have been laid off yet, staff have continued to be paid during the last seven months of this fiscal year, and we continue to receive additional grants that will help offset, but the bottom line is that revenues are not coming in as previously projected.

6. Action items

6.1

Professional Staff Reappointments - Dr. Zun

Dr. Zun 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 Bejster, seconded by Member Fornero, that this item be approved. Motion carried unanimously.

Aye: 8 - Chair Withem-Voss, Vice Chair Fornero, Member Washington, Member Brown, Member Tarter, Member Bejster, Secretary Smith and Member Vargas

6.2

Health Resources and Services Administration (HRSA) Health Center Coronavirus Aid, Relief, and Economic Security (CARES) Act Funding, \$1,490,120.00 - Zun

Attachments: [HRSA CARES \\$1.4M](#)

Dr. Les Zun, Medical Director, reviewed the details of the grant as presented in the agenda packet. Member Bejster pointed out that the budget sheet attached showed a total allocation of \$97K and asked where the remaining dollars were being allocated. Pam Riley explained that it is out of balance because it is offsetting the salary of existing medical assistants, that are already in the FY2020 budget.

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

Aye: 8 - Chair Withem-Voss, Vice Chair Fornero, Member Washington, Member Brown, Member Tarter, Member Bejster, Secretary Smith and Member Vargas

6.3

Illinois Department of Human Services (IDHS) Grant, \$11,650 - Dr. Zun

Attachments: [WIC \\$11K](#)

Dr. Les Zun, Medical Director, reviewed the details of the grant as presented in the agenda packet. Mark added that this change to the program will eliminate the old WIC coupons as it is now all going to be done via electronic transfer. It will also eliminate the need for clients to buy their WIC approved items in one visit. This new system is great for the client, for the stores, and for the customers in line behind them as it will vastly speed up the process. Member Tarter asked if this impacts the caseload in any way. Mark stated that it does not.

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

Aye: 8 - Chair Withem-Voss, Vice Chair Fornero, Member Washington, Member Brown, Member Tarter, Member Bejster, Secretary Smith and Member Vargas

6.4

FY2021 Proposed Budget Timetable - Riley

Attachments: [FY21 Proposed Budget Timetable](#)

Pam Riley, Director of Finance, reviewed the attachment to this item as provided in the agenda packet.. She pointed out that July 15, 2020, is the joint meeting of the Board of Health Budget Committee and the Governing Council Budget Committee. And that the Governing Council will be voting on the budget at their regular meeting on August 11, 2020. Member Tarter, Chair of the Governing Council Budget Committee, asked that a Governing Council Budget Committee meeting be scheduled for 5:00 p.m. on July 15, 2020, in order to give the committee the opportunity to review the budget with Pam and Diane Pelli, Business Manager, prior to the joint budget committee meeting at 6:00 p.m. Lisa Kroeger stated she would arrange that and send a meeting invite. Member Tarter stated that all other Governing Council members are welcome to attend.

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

Aye: 8 - Chair Withem-Voss, Vice Chair Fornero, Member Washington, Member Brown, Member Tarter, Member Bejster, Secretary Smith and Member Vargas

6.5

Clinical Risk and Patient Safety Management (CRPSM) Program and Training Plan - Koppit

Attachments: [Clinical Risk and Patient Safety Management Program 2020](#)
[Clinical Risk and Patient Safety Management – Training Plan](#)

Denise Koppit, Compliance Manager, reviewed the attachment to this item as provided in the agenda packet. She reminded the Council that one of the benefits of being an FQHC is that our medical malpractice insurance is provided by the federal government, known as FTCA, the Federal Torts Claims Act. As part of that benefit the federal government wants

to ensure that FQHC's are regularly monitoring, from a risk perspective, the services they provide so once a year they are required to go through a deeming process where they present reports on the results of that monitoring. The attached document outlines that process. Member Tarter stated that risk management is organization-wide, but the plan seems to put all of the responsibility on the Governing Council, and he would hope that the system of reporting is available to all employees rather than just Primary Care. Denise explained that from the incident reporting perspective, which is where the bulk of assessment comes from, it is a team of individuals from throughout the agency so it looks at the variety of disciplines we have related to clinical areas. Member Tarter then asked if the data could be presented to the Council on an annual basis along with a comparison to prior years. He also noted that on the signature page it should say "Governing Council Approval" and not "Governing Board Approval." Denise reminded the Council that a Risk Management Report was provided to them at their February 11, 2020 meeting and that will continue on an annual basis. She also noted that she will make the requested change to the signature page.

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

Aye: 8 - Chair Withem-Voss, Vice Chair Fornero, Member Washington, Member Brown, Member Tarter, Member Bejster, Secretary Smith and Member Vargas

7. Presentations

None

8. Discussion Items

8.1

CQI Update - Hayes

Attachments: [CQI Update UDS Dashboard](#)

Mark informed the Council that Christina Hayes, who normally presents this item, was not able to attend this meeting but if there are any questions, he would be happy to answer them. He noted that progress has been seen in the childhood immunization status, but that unfortunately with COVID-19 visits have dropped off. He also advised the Council that the numbers presented are off because COVID-19 has certainly affected our patients and staff in regard to meeting those requirements. Member Bejster asked if there are any concerns with the numbers in regard to not meeting certain measures and the annual reporting or if there has been any discussion around adjusting them based on the current situation. Mark stated that in speaking with other CEO's of FQHCs during these unprecedented times, this is a problem across the nation and HRSA is aware of it, understands, and will take it all into account.

This matter was presented

9. Medical Director's Report

9.1

Medical Director's Report - Dr. Zun

Dr. Zun commented that his report stands as provided in the agenda packet and that he would answer any questions. There were none, so he proceeded to provide an update as to the status of clinic operations and patient volumes as a result of COVID-19. With the reduction in the number of COVID-19 patients, we are continuing to reduce COVID-19 services, both in the Respiratory Illness Clinic (RIC) and telehealth clinic, and as of the week of June 15, 2020, those services will be completely closed and we will return to the normal scheduling of primary care patients. While this is good news, we are always concerned about a second wave and are making sure we remain flexible should we need to reestablish those services. With regard to patient volumes, we continue to make wellness calls, some of which have resulted in patients coming back and being seen. The biggest issue is that patients are hesitant to come back as they are worried about COVID-19 exposure. As a result, we created a Public Service Announcement (PSA) to inform patients and the community that we are taking the appropriate precautions and that our facilities are a safe environment to come to and be seen in. We are working on converting that PSA to an email blast to all of our patients for who we have an email address. It will also be posted on the patient portal. Lastly, we are starting to open our dental service via teledental. We are also working on opening some of our dental clinics and have applied for a grant to fund most of the special equipment needed to do so. Member Smith asked if the procedures patients need to follow upon entering a clinic, temperature check, face mask, hand sanitizing, is spelled out in the PSA. Dr. Zun stated that screening and social distancing procedures while in the clinic is communicated in the PSA. Chair Withem-Voss asked if there will be a RIC location should there be a second wave of COVID-19 infections. Dr. Zun stated that we now have the expertise so it would be quick and easy to put all of our COVID-19 sites and services back in place.

10. Director of Finance's Report

10.1

Director of Finance's Report - Riley

Attachments: [FQHC Apr 20](#)

Pam Riley, Director of Finance, pointed out that the report in the agenda packet shows a rather large deficit of \$272,163.00. The low patient volumes and reduced services are the largest contributing factor. In response to this, a number of grants have been applied for. With the receipt of the \$1.4M+, that the Council approved earlier in this meeting, it was decided to use it to offset existing staff salaries which will help offset the deficits. Notification of an additional grant approved by HRSA was just received today, so that will be coming to the Council for their approval at the July 11, 2020 meeting. There are also other grants that will be used to offset the salaries of staff reassigned to COVID-19 specific duties, such as dental assistants who were reassigned to be screeners. We have been very judicious in hiring and in ordering only the supplies needed to keep operations running and for the safety of our patients and employees. In other words, we are doing everything we can to offset as much of the revenue shortfall as possible. Over the next

week or two, we will be doing projections for the remainder of the year, but this will be an ongoing process as we go after additional revenue sources. The Medicare Cost Report, for which we received an extension until the end of June, was submitted last week, so ahead of the deadline. The Medicaid Cost Report, which is due at the end of July, cannot be completed until the County audit is complete, and that audit has also been extended. The HRSA grant is one of the grants being audited for the single audit and when that is complete, our audit partner will be brought in to review it with the Council but that may be later than in previous years.

11. Added to Agenda

None

12. Old Business

Member Tarter reminded Pam that back in February he had requested a pie chart so the Council can compare what the fallout is from the local taxes as far as supplementing the revenue stream in primary care, and is still waiting on that. Pam stated she would get it to him for the quarter. Member Tarter stated he doesn't want it for this year, that he would like to see what the local funding share is for last year. Diane Pelli, Business Manager, asked if he was looking for the actual for FY19 to which he responded he is. Pam stated she knows which document he is referring to and will work with Diane on it. She apologized for not getting it to him yet and explained that the response to COVID-19 has been taking up everyone's time.

Mark addressed Member Brown and informed him that Jefferson McMillan-Wilhoit, Director of Health Informatics and Technology, just informed him that the Waukegan drive-up testing site is turning away people attempting to walk in. Mark added that we are working on a potential mobile testing van that will be walk-up only. (NOTE: The State agreed to allow walk-up testing at the Waukegan site.)

Member Brown noted that in a recent COVID-19 press release, Mark was quoted as saying that racism is a public health issue, and while he was glad to hear that statement he challenges the Governing Council and the Health Department to continue conversations about systemic racism, police brutality, and the ongoing oppression of black people in America. A couple of years ago he expressed the racial profiling happening at one of the clinics and asked for training of staff, a request that was partially met as it was training in implicit bias, not specifically anti-racism. Black people are hurting, we are angry, we are tired, we are traumatized, and terrified. We are tired of dying because of the racist structure that allows it. When we put out the call to combat racism, it often turns in to a diversity and inclusion training. If racism is not specifically called out, and we do not actively work to become anti-racism, we are contributing to the problem. I ask the Governing Council to form an ad-hoc or sub-committee to directly work on the principles and the threat to public health. We still need to see representation by people on our Governing Council, on our Board of Health, and in the staff in the clinics. It is the leadership of the agency that must

effectively work to dispel racism. We can't just say that black lives matter, because all lives matter, all lives are important. Racism is a public health crisis. Mark noted that Member Brown's timing is impeccable because just today he received an email from Anna Yankelev containing the Strategic Plan objectives that the team has been working on and one of the objectives is to address racism. He will ensure that at the next Strategic Planning Committee meeting it is discussed as to how to operationalize that. He also agrees that the discussion needs to happen at the governing board level, as well as at the staff level, as there are different perspectives to be gained. The Strategic Plan will be brought to the Council for approval soon as it was delayed due to COVID-19.

13. New Business

None

14. Executive Session

None

15. Adjournment

A motion was made by Member Brown, seconded by Member Fornero, that this meeting be adjourned. Motion carried unanimously. Meeting adjourned at 6:40 p.m.

Aye: 8 - Chair Withem-Voss, Vice Chair Fornero, Member Washington, Member Brown, Member Tarter, Member Bejster, Secretary Smith and Member Vargas