

# Lake County Illinois

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



## Meeting Minutes - Final

**Tuesday, October 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 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.

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Chair's Determination of Need to Meet by Audio or Video Conference.

**Attachments:** [Determination of Need for GC Mtgs to be Held by Audio or Video 8.18.21](#)

**1. Call to Order**

*Member Lara joined the meeting at 5:41 p.m. Member Washington joined the meeting at 6:01 p.m.*

**Chair Smith-Taylor called the meeting to order at 5:36 p.m.**

**Present** 7 - Member Fornero, Member Washington, Member Tarter, Member Bejster, Member Cunningham, Chair Smith-Taylor and Member Lara

**Absent** 2 - Vice Chair Brown and Secretary Argueta

**2. Pledge of Allegiance**

**Chair Smith-Taylor called upon Member Ross-Cunningham to lead the Pledge of Allegiance.**

**3. Approval of Minutes**

3.1

September 14, 2021 Meeting Minutes

**Attachments:** [GC Minutes 9.14.21 - DRAFT](#)

**A motion was made by Member Ross-Cunningham, seconded by Member Fornero, to approve the minutes of the September 14, 2021, regular meeting. Roll call vote, all in favor, motion carried.**

**Aye:** 5 - Member Fornero, Member Tarter, Member Bejster, Member Cunningham and Chair Smith-Taylor

**Absent:** 2 - Vice Chair Brown and Secretary Argueta

**Not Present:** 2 - Member Washington and Member Lara

**4. Public Comment to the Council**

*None*

**5. Executive Director's Report**

*Mark Pfister, Executive Director, reported on the following:*

*-- Status of Vaccinations in Lake County: We are making headway toward our fully vaccinated goal of 80%. For residents age 65 and above, 83.43% are fully vaccinated and 88.82% have had their first dose. For residents age 12-17, 64.66% are fully vaccinated and 71.34% have had their first dose. For residents age 18-64, 65.88% are fully*

*vaccinated and 70.54% have had their first dose. While we are moving in the right direction it is not as quickly as we would like. We are hopeful that the Pfizer vaccine will be authorized by the end of October for those age 5-11 and that vaccinations will be available by the second week in November. Dr. Zun and Kim Burke are working on the vaccination process we will use in our FQHC for our patients/clients age 5-11. As reported by Lake County hospital Presidents, the majority of individuals hospitalized and dying due to COVID-19 are unvaccinated. Those who are vaccinated have ten times less risk of being hospitalized or having severe illness, and eleven times less risk of death.*

*-- Vaccine Requirement: The policy requiring LCHD/CHC staff to be vaccinated went into effect the first week in September. As of today, 79.62% of health department staff are fully vaccinated. There are 4.65% waiting on their second dose. So, effectively, we are at 85% of staff vaccinated. Nine individuals, or 1%, have received either a medical or religious exemption, and we are waiting on 14% to either submit documentation of vaccination or a request for exemption. Also, staff are reaching out to flex employees to ensure they either submit documentation of vaccination or give approval for us to access that information in ICARE. Jefferson and his team have done an excellent job of making this process easy for staff to navigate.*

*-- North Chicago Health Center Renovations: Staff have successfully been moved from the North Chicago clinic to BMB. Mark sent an email to Council members with pictures of the renovations underway in the dental operatories. The work is progressing very well. Approval was received from the ARPA/HRSA grant for the change in scope, and the new windows will be paid for through the HRSA grant. There have been no complaints received from the patients regarding their temporary move to BMB.*

*Member Ross-Cunningham thanked Mark and his team for their hard work in regard to the renovation of the North Chicago Health Center. She has heard nothing but good from the residents who utilize the services at that location. They have no complaints with temporarily moving to BMB and are just excited and looking forward to the new North Chicago building.*

*Chair Smith-Taylor asked if literature has been prepared for when vaccine is authorized for age 5-11. Mark stated there will be information available, we just have to wait to hear what the FDA authorizes and the CDC advises. He reiterated that Pfizer is the only vaccine awaiting authorization for use on age 5-11 and that it is currently the only vaccine authorized for age 12-15. Our providers will be the trusted resource for the parents of our age 5-11 patients, along with our call center, pandemic health navigators, and community health workers, so that those parents have the information necessary to make the decision we want them to make which is getting their children vaccinated.*

*At this point, Lisa Kroeger, Executive Director Assistant, noted for the record that Member Lara joined the meeting.*

## **6. Action items**

6.1

Provider Credentialing and/or Privileging - Dr. Zun

*Dr. Zun presented three providers for credentialing and privileging (Ikenna Obasi, MD; Crystal Stamps, FPAPRN-CNM; Nicole Vargas, APRN-CNM) and concurs with the findings of the Personnel Committee to recommend approval.*

**A motion was made by Member Ross-Cunningham, seconded by Member Bejsgter, to approve the privileges for the providers named (Ikenna Obasi, MD; Crystal Stamps, FPAPRN-CNM; Nicole Vargas, APRN-CNM), as requested. Roll call vote, all in favor, motion carried.**

**Aye:** 6 - Member Fornero, Member Tarter, Member Bejster, Member Cunningham, Chair Smith-Taylor and Member Lara

**Absent:** 2 - Vice Chair Brown and Secretary Argueta

**Not Present:** 1 - Member Washington

6.2

Provider Reappointment - Dr. Zun

*Dr. Zun presented four providers for reappointment (Carolyn Bautista, APRN-FP; Omar Cockey, DMD; Shami Goyal, MD; Shannon Trocki, APRN-FP) and concurs with the findings of the Personnel Committee to recommend approval. He informed the Council that during the Personnel Committee meeting, Member Bejster noted that the Core Privileges for Shannon Trocki, APRN-FP, appeared to be incomplete as only Collaborative Practice was indicated. Dr. Zun stated that he would have Luz Pulgarin, Medical Staff Office Specialist, make the necessary corrections to Ms. Trocki's paperwork.*

**A motion was made by Member Bejster, seconded by Member Fornero, to approve the reappointment of the providers named (Carolyn Bautista, APRN-FP; Omar Cockey, DMD; Shami Goyal, MD; Shannon Trocki, APRN-FP), as requested. Roll call vote, all in favor, motion carried.**

**Aye:** 6 - Member Fornero, Member Tarter, Member Bejster, Member Cunningham, Chair Smith-Taylor and Member Lara

**Absent:** 2 - Vice Chair Brown and Secretary Argueta

**Not Present:** 1 - Member Washington

6.3

Governing Council Member Reappointment - Pfister

**Attachments:** [Tarter Reappt 9.27.21](#)

**A motion was made by Member Fornero, seconded by Member Bejster, to approve the reappointment of Bob Tarter to serve another two-year term ending October 31, 2023. Roll call vote, all in favor, motion carried.**

**Aye:** 5 - Member Fornero, Member Bejster, Member Cunningham, Chair Smith-Taylor and Member Lara

**Present:** 1 - Member Tarter

**Absent:** 2 - Vice Chair Brown and Secretary Argueta

**Not Present:** 1 - Member Washington

#### 6.4

Proposed 2022 Governing Council Meeting Dates - Pfister

**A motion was made by Member Fornero, seconded by Member Bejster, to approve the proposed 2022 meeting dates as presented. Roll call vote, all in favor, motion carried.**

**Aye:** 6 - Member Fornero, Member Tarter, Member Bejster, Member Cunningham, Chair Smith-Taylor and Member Lara

**Absent:** 2 - Vice Chair Brown and Secretary Argueta

**Not Present:** 1 - Member Washington

### 7. Presentations

#### 7.1

FY2021 Audit Results - Riley

**Attachments:** [FINAL Lake County Health Department FQHC FS 2020](#)

*Kelly Kirkman, Senior Manager with RSM US LLP, reviewed the year-end financial audit results as provided in the agenda packet. Pam Riley, Director of Finance, noted that these are the FY2020 audit results and not FY2021 as indicated in the agenda item.*

*Member Tarter noted that the attachment shows "Total revenue" and "Total expenditures" of \$33,196,556 and asked if this is actually money spent and that is why it balances. Pam stated that the adjustment is in the property tax line, that the FQHC is just a subset of the Health Department.*

*At this point, Mark Pfister noted for the record that Member Washington joined the meeting.*

**This matter was presented**

#### 7.2

Introduction to Survey Confidence in Intervention Testing - McMillan-Wilhoit

**Attachments:** [Confidence Testing](#)

*Jefferson McMillan-Wilhoit, Director of Health Informatics and Technology, reviewed the confidence testing presentation as provided in the agenda packet. He reminded the Council that Member Tarter asked about confidence testing at the September 14, 2021*

meeting.

*Member Fornero noted that the example provided is a bell curve but that the points of standard deviation are not equal on the right and left side. Jefferson explained that the sample size has to fit within the blue lines and that this is made up data so it is not going to fit perfectly.*

*Member Tarter commented that he thought we were talking to everyone, that the survey was a standard question to every one of our patients. Jefferson clarified that every single one of our patients, when they come for a visit, has the opportunity to answer those questions. The sample is the actual number of patients that do.*

**This matter was presented**

## **8. Discussion Items**

### **8.1**

CQI Update - Hayes

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

*Christina Hayes, CQI Coordinator, reviewed the information provided in the agenda packet. Work continues on QI projects around depression screening follow up, childhood weight assessment and counseling, diabetes, and childhood immunizations, and we are seeing improvements in most of those areas. We are also seeing improvements in tobacco screening, breast cancer screening, and dental sealants. We recently started enrolling patients in our diabetes care management program and while it is too early to do a program assessment, of the few patients enrolled we are already seeing some improvement in our success metrics compared to the rest of our diabetic patient population.*

**This matter was presented**

### **8.2**

Analysis of the School-Based Health Center Sliding Fee - Riley

**Attachments:** [SBHC Audit Summary 8.11.21-9.22.21](#)

*Pam Riley and Diane Pelli, Business Manager, reviewed the information provided in the agenda packet.*

*Member Tarter asked if the increase in price resulted in a decrease of utilization. Diane explained that she did not do a comparison of the same time period from the prior year because we were in the midst of COVID-19 and patient visit numbers were much lower then. Also, having the same sliding fee scale at all locations is a requirement of HRSA, so we have to do it no matter what. We have not had anyone leave the clinic due to the increased fee, but we also would not turn anyone away if they cannot pay. We would still see them and encourage them to fill out the hardship application form.*

*Member Bejster stated that her main concern is that the process for applying for a sliding fee discount and completing the hardship application is well structured and easily accessible for patients so that no one is falling through the cracks. Diane noted that she will speak with the training team to ensure this is a standard item on the office manager agenda because she feels frequent reminders are needed, that the information is consistently available, and that staff are screened to ensure they are asking those questions.*

**This matter was presented**

**8.3**

Information Privacy Incident Summary - Nordstrom

*Jerry Nordstrom, Director of Business Operations, reviewed the information provided in the agenda packet. In July 2019 a possible breach of information incident was brought to our attention. The only identifiable information contained in the spreadsheet involved was first and last name. It did not contain any health, financial, or personal information. Out of an abundance of caution and transparency we erred on the side of compliance and reported it to the Department of Health and Human Services. Over the course of the next several months, they investigated the situation to determine next steps. Then COVID-19 hit and communications between the Department of Health and Human Services and the Health Department regarding the issue were put on hold around June/July 2020. The Department of Health and Human Services then contacted the Health Department in May 2021 with additional questions and requirements for next steps. We clarified those questions and worked with the State's Attorney's Office, and while we disagreed that the circumstances of the situation warranted what we were being asked to do, we ultimately decided that we were going to do everything needed and required. We were required to do a direct mailing to anyone who may have been included in the spreadsheet and that mailing consisted of over 14,000 pieces, a formal press release was published, and we posted notice of the situation along with documents and resources on the Health Department's website. The Office of Civil Rights, Department of Health and Human Services, has notified us that the situation has been officially closed as the potential violations of regulations and other aspects of the information security breach have been addressed to their satisfaction. To date, we have received no notifications that the information contained in the spreadsheet was ever used inappropriately. Since then, because of this incident and security measures in general, we have worked on improving our ability to monitor, prevent, and identify any activities that could potentially jeopardize information security in any way.*

*Member Fornero noted that he has always thought this incident was much ado about nothing and that he has full confidence, as he thinks the entire Council does, in the security of the data the Health Department maintains.*

*Chair Smith-Taylor thanked Jerry for the update and asked if there is new training for staff working with sensitive data. Jerry explained that all new information is shared with staff and*



*there are new expectations on how they can and should be trying to track and, in any way share, information they gather as part of their job responsibilities.*

**This matter was presented**

**9. Medical Director Report**

**9.1**

Medical Director Report - Dr. Zun

**Attachments:** [Patient Diagnosis 2020](#)

*Dr. Zun reviewed the highlights of his report and its attachment as provided in the agenda packet.*

**This matter was presented**

**10. Director of Healthcare Operations Report**

**10.1**

Director of Healthcare Operations Report - Burke

**Attachments:** [FQHC Healthcare Operations Metric Dashboard 10.21](#)

*Kim Burke reviewed the highlights of her report and its attachment as provided in the agenda packet. The metrics dashboard contains many of the elements we will be working on as one of the operational efficiency initiatives to improve patient and staff experience in our day-to-day operations. Once the operational efficiency team is convened, they will be looking at the metrics and setting goals. We will then put in place operational improvements and test them to see what works and what doesn't in improving the numbers provided.*

*Member Ross-Cunningham asked what Council members can do to assist with the staffing issues and can the County Board members include it in their district newsletter. Mark stated the Health Department first needs to look at how it hires people, its antiquated grade structure, and the speed at which staff move through a grade because currently if they are hired at the minimum of a grade they may not ever get to the median. These are all things the Executive Team will be working on with Human Resources along with innovative and creative incentives with commitments to offer prospective staff to get them to come on board and stay on board. Higher up front costs to do this will reap a bigger benefit in the end. Currently, there is a huge cost to this organization in the fact that we are a great training ground and once staff are trained and more marketable, they leave for more money elsewhere. Member Bejster commented that it's good that the focus is not only on recruiting staff, but on retaining them as well, as too many health care systems are seeing an exodus of staff. She asked if there is the potential for some of the contact tracers, patient navigators and other grant funded staff to fill some of the vacancies when that grant funding ends and potentially improve their current skill set. Mark stated that the Health Department has in fact hired several of its contact tracers and investigators for*

*full-time positions. Member Bejster asked Kim if site specific factors will also be taken in to consideration for the metrics improvements and goals, and cited the numbers provided in the attachment for the Grand Avenue Health Center as an example. Kim stated that they will be and explained that Grand Avenue Physical Health is co-located with many of the Behavioral Health programs so there is a higher percentage of patients seen in both areas at that location. That means that office visits may take a little longer resulting in higher cycle times for that patient population when compared to BMB and Midlakes where services are solely medical. Chair Smith-Taylor asked if an employee satisfaction survey is provided in addition to the patient satisfaction survey. Jerry explained that an employee engagement survey is provided and one was recently completed. Information is also gathered during exit interviews. We are also looking at implementing a "stay" interview to find out what causes staff to consider leaving.*

**11. Director of Finance Report**

**11.1**

Director of Finance Report - Riley

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

*Pam stated that her August report is in the packet and asked for any questions. There were none.*

**This matter was presented**

**12. Added to Agenda**

*None*

**13. Old Business**

*None*

**14. New Business**

*None*

**15. Executive Session**

*None*

**16. Adjournment**

**Chair Smith-Taylor adjourned the meeting at 7:10 p.m.**