

# Lake County Illinois

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



## Meeting Minutes - Final

**Tuesday, January 11, 2022**

**5:30 PM**

**Via Zoom (<https://zoom.us/j/99446994724> or 1-312-626-6799,  
Meeting ID 994 4699 4724)**

## **Lake County Community Health Center Governing Council**

Pursuant to Section 7(e) of the Illinois Open Meetings Act and the Written Determination of Need 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/99446994724> or 1-312-626-6799; Meeting ID: 994 4699 4724). 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 Written Determination of Need of the Lake County Community Health Center Governing Council Chair, 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.

0.

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**

**Chair Smith-Taylor called the meeting to order at 5:31pm.**

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

**Absent** 2 - Member Cunningham and Member Washington

**2. Pledge of Allegiance**

**Chair Smith-Taylor called upon Vice Chair Fornero to lead the Pledge of Allegiance.**

**3. Approval of Minutes**

3.1

December 14, 2021 Meeting Minutes

**Attachments:** [GC Minutes 12.14.21 - DRAFT](#)

**A motion was made by Vice Chair Fornero, seconded by Member Bejster, to approve the minutes of the December 14, 2021, meeting. Roll call vote taken, all in favor, motion carried.**

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

**Absent:** 2 - Member Cunningham and Member Washington

**4. Public Comment to the Council**

*None*

**5. Executive Director's Report**

*Executive Director Mark Pfister reported on the following:*

*1. Omicron Variant Update: This variant has been circulating since December 2021. Lake County is now being hit very strongly with it. As of today, over 1400 cases came to LCHD for contact tracing and case investigation. This is a new record for the number of cases received in one day. The good news is that for the majority of individuals positive with this variant it is not as virulent, so not causing as much severe illness as some of the previous variants. However, hospitalizations lag at least a week or more and deaths at least 3 weeks or more, so we are concerned that Omicron is still circulating very rapidly throughout Lake County. We are also seeing many more breakthrough cases. Lake County has the highest*

*vaccination rate of all counties in the State of Illinois, so it is not unforeseen that with so many vaccinated we are seeing more breakthrough cases. However, those breakthrough cases have been relatively mild for most people that are boosted or have had at least their second dose. The hospitalizations are still being seen in those that are unvaccinated so we are continuing our efforts to get all of our patients vaccinated as well as the general public of Lake County.*

*2. Vaccinations Update: We were seeing a rapid, week-to-week overall increase in the number of children ages 5-11 being vaccinated. Unfortunately, over the last week that number has been slowing. As it stands today, 42% of Lake County children ages 5-11 have received at least one dose, and only 32.25% are fully vaccinated so we are very hopeful that parents continue to bring their children in. For ages 12-17, 70.43% are fully vaccinated, for ages 18-64, 70.29% are fully vaccinated, and for age 65+, 86.39% are fully vaccinated. According to CDC's data, which includes individuals vaccinated in Wisconsin and other states, 78.7% of the population eligible to be vaccinated, which is age 5 and above, are fully vaccinated so that is the highest vaccination rate of all counties in the State of Illinois.*

*3. Operations and Recruiting Update: We are embarking on several different things. As discussed and decided by the Executive Team, other staff are going to be assisting with recruiting because 30% of Behavioral Health positions are vacant and we just received a Mobile Crisis grant for which we need to fill 31 positions giving us a total of 160 vacancies. Mark, Dr. Zun, and Kim Burke agreed, and Board of Health President Tim Sashko signed off, on an upgrade to our Certified Medical Assistant (CMA) positions to one or two grades higher as we are continuing to lose CMA's because our pay grade was lower than current market. The cost to the agency is approximately \$250,000. It was incumbent upon us to make this change to continue operating and providing the services and the appropriate care needed by our FQHC patients. We are also looking at other positions to see that they are graded appropriately. We will soon be hiring a consultant to look at our management structure in the FQHC to assure that we are set up for success and moving in to value-based care thinking, processes, and procedures which we will be discussing with the Council in the near future. In March, we will be bringing to the Council the Action Plan for 2022 with regard to our Strategic Plan, which the Strategic Planning Committee Chair will be discussing with that committee.*

## **6. Action items**

### **6.1**

Governing Council Committee Appointments for 2022 - Smith-Taylor

**Attachments:** [2022 GC Committee Appointments](#)

**A motion was made by Member Bejster, seconded by Member Tarter, that the Chair's 2022 Committee Appointments be approved. Roll call vote, all in favor, motion carried.**

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

**Absent:** 2 - Member Cunningham and Member Washington

## 7. Presentations

None

## 8. Discussion Items

### 8.1

CQI Update - Hayes

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

*Christina Hayes, CQI Coordinator, informed the Council that she does not have any updates since last month's meeting and asked if there were any questions on the UDS report contained in the agenda packet. There were none.*

**This matter was presented**

### 8.2

LCHD/CHC Payer Mix FY2021 - Burke

**Attachments:** [Payer Mix FY21](#)

*Kim Burke, Director of Healthcare Operations, stated that the current payor mix is provided in the agenda packet and compares FY 2021 to FY 2020. She noted an increase was seen in visits by individuals who had Medicaid and a decrease in visits by the uninsured patient population, indicating a shift in people moving to Medicaid coverage. During COVID, the State did loosen up on Medicaid eligibility and re-determinations which also leads to an increase in Medicaid patients. Vice Chair Fornero asked about the Financial Class of Commercial. Kim explained that Commercial would be any commercial insurance plans we accept that individuals get through the Healthcare Exchange or their employer group. We are currently contracted with BlueCross BlueShield PPO and all of the Humana products. What is primarily seen in the 6% is BCBS PPO and that is mostly our employees because that is one of their insurance options.*

### 8.3

Annual Review of Cooperative Operational Agreement - Pfister

**Attachments:** [BOH GC COA 2.8.22](#)

*Mark Pfister asked the Council to review the attached document and bring any suggested changes to the February 8, 2022, meeting where the document will be on the agenda for approval. He added, as a reminder, that the Cooperative Operational Agreement (COA) is the agreement between the Governing Council (GC) and the Board of Health (BOH). As the BOH has statutory authority as a governmental entity, the GC is co-applicant, and this agreement ties the BOH and the GC together. Vice Chair Fornero asked Mark to explain*

how the BOH and the GC are different. Mark stated that most federally qualified health centers (FQHC) in the United States are not-for-profit, a 501c3. This GC is in charge of FQHC operations and is required by law to exist, but because it is not a 501c3, it is tied to the BOH, a governmental entity. Additionally, all employees of LCHD/CHC are employees of the County of Lake, which is why our employee identification number (EIN) and tax identification number (TIN) are the same as the County's. He then noted in the COA, page 3 of 5, paragraph (10) Termination, and explained that if the GC ever chose to obtain a 501c3 and become a separate entity they would need to terminate the COA with the BOH. In that case, any employee of the FQHC would then become an employee of the not-for-profit rather than the County. The benefit of the tying the BOH and the GC together in a COA is that the Health Department receives property tax dollars from the County to fund its operations. If the Health Department did not receive those property tax dollars, the GC would need to be involved, along with Mark, in doing fundraising to obtain replacement dollars for the over \$10M in property tax dollars currently received to help subsidize FQHC operations.

#### 8.4

Governing Council Member Self-Evaluation Results - Pfister

**Attachments:** [Self-Eval Results 2021](#)

Mark Pfister reviewed the results of the seven Self-Evaluations received noting that the majority of the responses in all categories were either Strongly Agree or Agree. There were one or more respondents that indicated Strongly Disagree with the following four categories: decision-making process is effective; Council maintains its role as policymakers; agenda background materials are complete and received in a timely manner; Council communicates effectively with the Executive Director. In response to the Strongly Disagree for "agenda background materials are complete and received in a timely manner," he commented that we are a governmental entity and as such have to meet all of the Open Meetings Act (OMA) requirements and that, for the record, we have had zero violations of OMA with regard to getting the agenda packet out on time per the Governing Council bylaws. So he is confused as to why someone indicated Strongly Disagree. He is also concerned with the Strongly Disagree response for "Council communicates effectively with the Executive Director," and reminded the Council that he is available at any time and open to having any discussion on policy and/or operations they may want. He is concerned about four Strongly Disagrees as this is the first time since he has been Executive Director that any were indicated and he would like to speak with the member or members who submitted them on how we can improve those issues that were cited. Vice Chair Fornero commented that he is surprised by those, as well. Member Brown announced that he is the one who submitted all four Strongly Disagrees as he feels he has been silenced or sidelined every time he makes a suggestion, attempts to go in a certain direction, or gives a directive which is what he thought was his role as a Council member. He stated that he has tried to reach out to Mark many times before and can never get in touch with him. Mark responded that he recently spoke with Member Brown

over the phone and Member Brown knows how that conversation ended, and that he is more than happy to talk with Member Brown whenever he calls so that they can have this discussion outside the Governing Council. Chair Smith-Taylor stated that this is something that obviously needs to be discussed at length. Member Brown noted that he was Chair of the Strategic Planning Committee but never once chaired a Strategic Planning Committee meeting. Chair Smith-Taylor invited Member Brown to join a Strategic Planning Task Force noting that she is currently on the Trauma Informed Task Force. She also invited him to commit to having a conversation with her, Mark Pfister, and Vice Chair Fornero to discuss his concerns and how to address them. Member Brown responded that he is open to conversation. Vice Chair Fornero pointed out to Member Brown that he was nominated to be Vice Chair for 2021, which is a position with a more active voice. Member Brown stated that he raised his voice as Vice Chair and that former Member McConico tried to raise his voice as well and felt shunned as a result and is now no longer a member. He doesn't want to be a puppet, just a rubber stamp, there is so much more going wrong. Vice Chair Fornero asked Member Brown to elaborate on what is going wrong. Member Brown declined stating he would do it at another time as there is Council business to attend to. Chair Smith-Taylor stated that she would also like to know because at the last meeting she announced in regard to the upcoming self-evaluations that she would welcome everyone's specific comments in regard to her performance as Chair, the good, the bad, the ugly, whatever it is. Member Brown responded that he and the Chair have had numerous long phone conversations, but that she shouldn't be acting like she really doesn't know what's going on as he spilled his heart out and explained everything to her. Chair Smith-Taylor confirmed that those conversations took place and that she has been trying to reach him to continue the conversation because there are solutions. Member Brown responded that the Chair is now talking about personal stuff and he refuses to discuss anything personal with anyone as it will be used against him. Chair Smith-Taylor stated that she is not referring to anything personal, that she is talking about his role on the Council and that she still believes in him and his abilities and that is why she wants to have the meeting with Mark, Vice Chair Fornero, and Member Brown. Member Brown reiterated that he is open to such a conversation. Chair Smith-Taylor asked for a day and time that would be good for the four of them to meet and asked Lisa Kroeger to check calendars. Lisa responded that she would be happy to contact the three Council members tomorrow and compare their availability with Mark's schedule in order to get a day and time set on everyone's calendar. Chair Smith-Taylor asked if Member Brown would commit to that meeting and to taking her phone calls. Member Brown stated that he does.

#### 8.5

Annual Statement of Agreement and Code of Ethics - Pfister

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

Mark Pfister reminded the Council that these forms are provided annually and are used to collect information on all of the members to ensure we are meeting the HRSA compliance



*manual requirement of having appropriate representation of consumers on our Governing Council. He asked them to complete and submit them to Lisa Kroeger. In regard to Member Brown's comment during the self-evaluation discussion on the former member that had to depart the Governing Council, that former member had to depart for no other reason than his daughter started working for the Lake County Health Department which is a prohibition from HRSA. HRSA prohibits Governing Council members from having any blood relation working for the Lake County Health Department and Community Health Center, and if they do they can no longer serve on the Governing Council, which is why former Member Frederick McConico had to depart the Council.*

**8.6**

Status Report on Governing Council Task Force Requests from May 2021 - Riley

*Pam Riley, Director of Finance, turned this item over to Diane Pelli, Business Manager. Diane reviewed the information provided in the agenda packet and then asked for questions. There were none.*

**9. Medical Director Report**

**9.1**

Medical Director Report - Dr. Zun

**Attachments:** [Antibiotic Stewardship](#)

*Dr. Zun reviewed the highlights of his report and attachment as provided in the agenda packet. He informed the Council that since the last meeting there have been a few additional resignations so we are actively recruiting and, unfortunately, the provider noted in the report as having accepted a full-time position has changed his mind and gone elsewhere. So, we not only have staffing challenges with CMA's but with providers, as well. He also noted that for Dental Regulatory, bullet 3, it should state "Dental Sealants has exceeded 85%," not 8%. Member Fornero asked why the antibiotic stewardship Encounter Date graph shows a regularly recurring jump. Dr. Zun explained that it was not being monitored during that period, that monitoring began towards the end which is the point at which the numbers are lower and the line begins to flatten.*

**10. Director of Healthcare Operations Report**

**10.1**

Director of Healthcare Operations Report - Burke

**Attachments:** [FQHC Healthcare Operations Metric Dashboard 01.22](#)

*Kim Burke, Director of Healthcare Operations, reviewed the highlights of her report and attachment as provided in the agenda packet. For COVID-19 vaccinations at the five FQHC sites, patients and community members can schedule an appointment through the AllVax system and walk-ins are also accepted. Remodeling construction at the North Chicago Health Center is moving right along with an anticipated completion date of March 2022. When a move in date is confirmed, the scope change to add that location back to*



the HRSA scope will be brought to the Council for approval. Included in that scope change will be a change of address as the street the North Chicago Health Center is on is being renamed. As Mark previously mentioned, we are looking at our CMA's as we now have 15 open positions. Current employees in a CMA position have been reclassified and will be receiving a 13% increase in pay putting their hourly pay rate closer to the private sector. In regard to recruitment strategies for CMA's, we are opening it up to non-certified candidates and giving them 90 days from date of hire in which to obtain their certification in the hope it will expand our applicant pool. We are also looking at what it would take to train up a nursing assistant or hospital patient care tech into a CMA role. Within the last couple of weeks we have had many of our staff calling in with COVID-like symptoms or testing positive for COVID so we are holding daily staffing meetings to ensure we are meeting the needs of the patients and preparing for the day ahead. The cycle time for the Grand Avenue Health Center has been substantially reduced as a result of hiring permanent staff for the one open nursing position, the open CMA positions, and the new nurse manager who started in December and hit the ground running to really get operations flowing. Correlated with that improved cycle time is improved patient satisfaction. The increase in no-show rates will be looked at and a report on the different measures utilized to decrease those numbers will be brought to the Council at a future meeting. Chair Smith-Taylor noted that for Third Next Available Appointment the numbers have increased a little bit which is understandable due to the shortage of staff, but asked if there is a way to place patients on a call back list if there is a cancellation so that the patient doesn't have to wait 2-3 months to see a provider. Kim stated that patients are encouraged to call back to ask if there have been any cancellations but that we would like to move to a recall list where we would outreach to patients. The issue with doing that at this time is the current staffing challenge in the Patient Access Center (PAC) where there are currently six open positions out of 18. Once the PAC is staffed up, a recall list will be put in to practice for both new and existing patients. Chair Smith-Taylor then asked if the decrease in the Patient Satisfaction Survey Results was due to no-show's or patients not completing the survey. Kim explained that the actual percentages are based on the results received and in the month of November the results rate was between 3-4%. If a location received only 3 responses and one of those was a dissatisfied customer, it would definitely skew the numbers overall. For future reports, Kim will include the "N" for the number of patients surveyed so Council can see how many responses were received. Member Hegar Chuc asked when and how the survey is given to patients. Kim explained that the next morning after their appointment, a patient will receive a text and/or an email and that a firm called Relatient is used to send those but to the patient it would look like it came from LCHD. The text/email contains a link to a seven question survey. Member Hegar Chuc stated that she is speaking from the patient point of view as she is a consumer and feels there is a lot of work that needs to be done in regard to the patient portal offered by LCHD. She has experienced issues with it but can't get the help and support she needs. She also stated that a lot of people either don't have the technology or computer savvy necessary to complete the survey via a link and that a paper copy given at the time of appointment would be helpful, and that there are a lot of

*Spanish only speakers. Kim stated that the survey is available in Spanish and is sent based on the patient's language of choice as indicated in their electronic health record (EHR). Jefferson McMillan-Wilhoit, Director of Health Informatics and Technology, added that his team is currently working through an upgrade process for the EHR which will include an upgrade to the patient portal. For those patients not technologically savvy, the team is looking at an omni-channel approach where their interaction could be through the portal, through text message, email, phone calls, in-person interactions, etc. The challenge for his team is figuring out how to capture all of those preferences in the EHR as they are running in to some limitations. He encouraged Member Hegar Chuc to contact him outside of the meeting to share her thoughts and ideas. Dr. Zun added that an 80% or better response rate for the patient satisfaction survey is a very good number and feels we are moving in the right direction.*

**11. Director of Finance Report**

*None*

**12. Added to Agenda**

*Vice Chair Fornero stated he is astonished at the number of new Omicron cases being reported daily and asked Mark if he could tell the Council when this nightmare was going to be over. Mark reminded the Council that the Omicron variant is ultra-contagious because it mutated enough that the proteins are just a little bit different so people's bodies aren't able to recognize it as well as the original SARS COV2 virus. The good news is that it appears to be more mild than the original COVID-19 virus and its other variants. In South Africa, the Omicron rate of infection went up very quickly but has now gone back down because it is currently summer there so people can be outdoors, and we know this virus loves the cold season. That is why we are looking to the UK to see what is happening there. They are currently seeing a spike but we are hoping it plateaus. The one thing Omicron may do for us is impact so many unvaccinated people in the US that we build additional herd immunity and the virus doesn't continue to mutate. The problem is that pandemics are worldwide and a lot of countries aren't experiencing the vaccination rate the US is. In Africa there are some countries where less than 6% of the population is vaccinated. That is why it is so important to not only vaccinate Lake County residents but the entire world so that we can burn this virus out. It will never go away and we will have to learn to live with it just like with influenza which changes a little every year and which is why we have to get a flu shot every year. Hopefully this virus will become endemic soon and we will learn to live with it, and possibly have a semi-annual vaccination shot in the near term and then just an annual vaccination shot like we do with the flu. Vice Chair Fornero asked Mark if he thought this was a manmade pandemic. Mark stated that there was some discussion about it possibly being created in a lab but further research shows it probably came from a bat to another animal and then to a human. We also now know that China was not upfront with informing the rest of the world that this virus is transmissible human to human, making it a communicable disease.*

**13. Old Business**

*None*

**14. New Business**

*None*

**15. Executive Session**

*None*

**16. Adjournment**

**Chair Smith-Taylor adjourned the meeting at 6:48 p.m.**