

LIVINGSTON COUNTY BOARD OF HEALTH
MEETING MINUTES
October 5, 2009

PRESENT:	Board of Health	Katherine Austman M.D. Janine Boggs, J.D. James Day D.D.S. Jeanne Elliott R.N. Steven Norris M.D. Pat Platz R.N.
ABSENT:	Board of Health	Armin Groom (Buzz)
PRESENT:	Health Department	MaLinda Hillman, Adm. Jackie Dever, Dir. Nursing Donnie Simmons Dir. Envir Health
PRESENT:	Public Health Committee	Vicki Allen George Knudsen
ABSENT:	Public Health Committee	Judy Campbell

I. Call to Order

The meeting was rescheduled from September 14, 2009 to October 5, 2009 due to a lack of a quorum. The meeting was called to order by President Jim Day at 7 PM.

II. Approval of June 8, 2009 Meeting Minutes

Janine Boggs made a motion, seconded by Pat Platz, to approve the June 8, 2009 meeting minutes as submitted. Motion carried.

III. Reports

A. Administrative Report by MaLinda Hillman, Administrator

Our Healthy Families Illinois program has been accredited again as a provider of high quality home visitation services to families who want to improve their child's health and developmental outcomes. This accreditation is effective through September 30, 2013.

The PTHS School Based Health Center had their annual quality review visit by the state in August. The program was found to be in substantial compliance with all state requirements.

The county has gone with the Blue Cross Blue Shield insurance carrier for employees. Dental benefits will be from Delta Dental and the vision component through VSP. This is effective September 1. We are set up as a provider with Blue Cross Blue Shield for several other clinics, thus we will investigate whether we will be able to bill BC/BS for influenza vaccinations without having to charge

co-pays to county employees. The health insurance policy for the county doesn't have a deductible, eliminating that tracking challenge.

County bookkeeping has been evaluating payroll software tracking packages. Patsy Campbell has attended the presentations. This will include the use of time clocks to document work time. The information would then be available immediately for payroll. The health department would still have to segregate the time according to our various programs/grants. Eventually it should save staff time. Our security cards would be able to be programmed to use with the time clock and would replace the county ID cards. Policy would have to be set by the health department on how to handle employees who travel in conjunction with their positions. There was discussion. This would allow employees to have direct deposit, which has been a frequent request.

Currently there is a Health Information Exchange (HIE) project that MaLinda agreed to participate on. It is a region wide effort to make health information more readily accessible to providers based on an individual's permission. The goal is to combine health information from multiple locations, improve information sharing and make it cost-effective. Our region includes Livingston, McLean, Dewitt and parts of LaSalle counties. There is a wide variety of stakeholders participating in the project.

There is currently an effort by the Illinois Health Care and Family Services to expand the Medicaid Match program to capture more federal funds. Currently Family Case Management is the program that receives Medicaid Match for 50 cents per dollar spent. Cornerstone (state software system) is in the process of being modified to capture these costs. Potential services to be included are EPSDT screenings, immunizations, Family Planning services, STD services, lead screening and others. Development will probably take one year. Entities will have to enroll in the program.

Staffing: Kathy Kennel CD Coordinator has resigned to take a position at Woodford County Health Department. Amanda Sass has resigned to return to OSF Saint James and further her education. She will remain as a PRN employee. Kelly Barron has been hired as CD Coordinator and Joellyn Nabors has been hired for the Community Health Care program. One home health aide will be going on medical leave in September. The county has implemented a hiring freeze unless authorization is obtained from the Board.

The three agencies located in the H & E building continue to work on building security issues with a request for a fire alarm being submitted as part of a capital expenditure request. IHR has a fire alarm but the rest of the building does not. The internal system for locking designated doors to segregate the building has been implemented.

B. Nursing Report by Jackie Dever Director of Nursing

There were 5 school physical exam clinics held this year with 92 students seen. Four clinics were held at the HD, one at Prairie Central and one at Woodland. The majority of clients were underinsured, had a high deductible or were on Medicaid.

The WIC program implemented the changes to the food packages in August. There has been positive response from clients, but the vendors have had many complaints. Unfortunately, USDA started the program before the manufacturers had products available in the correct amounts. That is supposed to be resolved by October 1st.

The immunization program was audited in August. There were no corrections needed. The State will be receiving stimulus money to expand vaccine availability and services to individuals previously not covered under the VFC program. The target population will include children needing Varicella and Menacta vaccines and Tdap for WIC/FCM mothers who are not on Medicaid. In addition, funding will be available to local health departments to provide vaccine to staff in need of an MMR, Tdap, or Hepatitis B vaccine.

The CD department reported the first confirmed case of H1N1 flu in the county. The new reporting requirements for cases in I-NEDDS are only for hospitalized patients or deaths.

Health Department FP staff has been involved in a state wide workgroup that is looking at reimbursement rates for the FP clinic. Increased rates will not go in to effect until at least January. The State will be sending out the RFP for FY11 grant in November. There is a plan to include funding to support infrastructure, which has never been available.

Seasonal flu clinics have been set starting in September. All schools will be contacted to provide clinics for staff, as we have done in the past.

Health Education Program

Tobacco: FY10 tobacco prevention and intervention grant application was approved by IDPH – Illinois Tobacco Free Communities Office. FY10 plan includes five mandated objectives: **1)** enforce the *Smoke-Free Illinois Act*; **2)** convene a coalition; **3)** participate in IDPH quarterly meetings; **4)** promote the Illinois Tobacco Quitline; and **5)** select one program goal area for implementation. The selected goal area is promoting tobacco-use cessation. LCHD will use the Break The Habit (BTH) telephone intervention system and provide clients with four weeks of free nicotine replacement patches. No tobacco prevention programs will be offered to schools this year.

This quarter 11 clients enrolled in the BTH program.

Diabetes: Focus of Diabetes grant has been revised for FY10. Focus is helping people with diabetes prevent complications caused by diabetes. People with pre-diabetes will no longer be enrolled in the program. The target number to be reached has been revised from 32 per year to 10 per year (all with diagnosed diabetes). FY10 activities are to focus on promoting social, environmental, policy and systems approaches at the State and community level. Mandated activities include: **1)** LCHD diabetes grant staff attending training for Coalition Building and developing a coalition; **2)** LCHD diabetes grant staff attending Advocacy training and providing advocacy training for coalition; **3)** implementing health communications interventions; **4)** promoting the Illinois Tobacco Quitline to diabetics; **5)** refer newly identified diabetics for services and complete annual assessments on clients already enrolled in the program-making referral for services as needed; and **6)** improve health care systems through contacts with local health care professionals.

Several health education projects, STI Prevention, Women's Health and Ticket for the Cure did not receive funding.

C. CLIA Report by Jackie Dever, Director of Nursing
There has been no activity needed for CLIA this quarter.

D. Environmental Health Report by Donnie Simmons, LEHP, Director of Environmental Health

Saunemin School addition required the installation of a private sewage disposal system to accommodate the wastewater needs of the existing school and the new addition. Several obstacles had to be overcome due to the building project was started prior to the planning of the wastewater system. Two separate subsurface seepage fields have been installed that are dosed based on volume. The system design is for 3,000 gallons per day.

An amendatory veto of HB 170 was done by the governor. This bill requires new surface discharging private sewage disposal systems to obtain a National Pollution Discharge Elimination System Permit (NPDES) from the Illinois Environmental Protection Agency. The governor's veto amends the bill to change the definition of "waters of the United States" and to delete language that would allow a person to install such a system where a local health department has a general NPDES program approved by IEPA. This is significant because IEPA would be the only permitting agency eliminating the possibility of passing it down to local health departments to administer.

A compact florescent light (CFL) collection container has been set up in the main lobby entrance. This program is being sponsored with a grant obtained by Ameren. There is no cost to the health department for this program. The goal of this program is to divert these items from being disposed in a landfill to a facility where the mercury can be recycled. We have been unable to put out a press release until Governor Quinn announces implementation of the program.

Donnie discussed the IDPH proposal for local health departments to do inspections of Body Art facilities. Livingston County has an ordinance prohibiting tattooing unless performed by a physician. Janine Boggs made a motion, seconded by Pat Platz, to decline entering into an agreement with IDPH to inspect Body Art facilities. Motion carried.

E. Advisory Board Reports

1. Case Coordination/Senior Services Advisory Council
The minutes of the July 30, 2009 meeting were furnished.
2. Healthy Families
The minutes of the August 6, 2009 meeting were furnished.
3. Family Planning Information & Education Committee
The minutes of the July 8, 2009 meeting were furnished.

F. Quarterly Financial Report by MaLinda Hillman, Adm.

The balance on hand as of June 1, 2009: \$521,810.15. Quarterly receipts: \$660,065.75. Second quarter disbursements: \$592,601.10. This leaves a balance on hand of \$589,274.80 as of August 31, 2009. The state finished paying the expenditures for the state fiscal year ending 6/30/09. For the county fiscal year, the health department is a negative \$26,480 with approximately half of the tax levy receipts being received. A detailed financial statement was available.

G. Quarterly Wellness Financial Report by MaLinda Hillman, Adm.

The balance on hand as of May 31, 2009: \$28,354.14. Second quarter receipts: \$17,322.64 which includes the semi annual interest. Third quarter expenses: \$14,493.37. This leaves a balance on hand of \$31,183.41 as of August 31, 2009.

H. Gladys Kohrt Memorial Fund by MaLinda Hillman, Adm.

Balance on hand as of May 31, 2009: 5,577.46. Third quarter receipts: \$20.00. Third quarter disbursements: \$128.97. The balance as of August 31, 2009: \$5,468.49.

I. Donation/Cancer Fund by MaLinda Hillman, Adm.

The balance on hand of the Donation Fund (without the cancer fund included) as of May 31, 2009 was \$36,510.49. Third quarter receipts: \$847.62. Third quarter expenses: \$35.00. The balance of the fund as of August 31, 2009: \$37,323.11.

The balance on hand of the Cancer Fund as of May 31, 2009: \$23,997.50. Third quarter receipts: \$167.99. Third quarter disbursements: \$1,408.69. The balance on hand as of August 31, 2009: \$22,756.80.

Jeanne Elliott made a motion, seconded by Janine Boggs, to approve all the financial reports. Motion carried.

IV. Old Business

A. H1N1 Plan/Update

Local planning to address H1N1 this fall has begun. H1N1 is the predominant strain of influenza circulating now. The Illinois Department of Public Health hosts weekly conference calls to provide updates on the situation. These calls include both public health and hospital issues. Several staff members, hospital representatives, and ESDA have participated locally. In addition the BT Executive Advisory Board for the state has gone to weekly conference calls. Informational presentations have been done on H1N1 to various organizations.

Updates/guidance documents continue to be broadcasted faxed to various partners as they become available.

The state now tracks hospitalizations and deaths instead of cases to assess the incident of disease along with sentinel providers. We will be working with each school district to track the frequency of influenza like symptoms causing absenteeism on a weekly basis. School districts have been very receptive to any information furnished. We are working with the schools in regards to possible vaccination clinics at the schools. Schools would prefer that clinics are help in the afternoon/evening so a parent might accompany the student.

As of 10/2/09 Illinois

Age	Hosp	% hosp	Deaths	% deaths
0 - 4 yrs	61	14%	1	5%
5 - 18 yrs	125	28%	2	10.5%
19 - 24 yrs	36	8%	2	10.5%
25 - 49 yrs	105	23%	7	37%
50 - 64 yrs	55	12%	4	21%
65 + yrs	20	5%	3	16%
Unknown	46	10%	0	0
Total	448	100%	19	100%

In the United States the majority of deaths caused by H1N1 have been in individuals under 49 years of age.

The pre-registration process to assess interest in administering the H1N1 vaccine when it becomes available concluded on August 31st. The health department

encouraged providers to register and will work with those who don't require at least 100 doses to receive the vaccine. Anyone receiving vaccine must sign an agreement with the state and follow the state guidance's on vaccine use. A large order (<20,000 doses) has been placed for use in the county. The order was based on population and can be adjusted as the situation evolves and the demand for vaccination is established. Vaccine will be distributed based on orders/population with a week turn around time. The nasal spray will be distributed first. Flu mist can only be utilized for age 2 – 49 years without any health conditions.

The following priority groups have been designated. These priorities can be modified depending on the disease impact. All five will be addressed at the same time:

1. **Pregnant women** at higher risk of complications and can potentially provide protection to infants who can't be vaccinated.
2. **Household contacts and caregivers for children younger than 6 months of age.** Infants are at higher risk of flu complications and can't be vaccinated.
3. **Healthcare and emergency medical services.** Direct patient contact as potential source of infection for vulnerable patients and increased absenteeism could reduce healthcare system capacity.
4. **All people 6 months thru 24 years.**
5. **25 – 64 years who have health conditions associated with higher risk of medical complications.** Chronic medical conditions: respiratory, heart, liver, kidney, diabetes, immunosuppressive conditions or immunosuppressive medicines.

If there is an initial shortage it would be limited to #1 - # 3 and 5 to 18 year olds with chronic conditions. Once demand is met for the prioritized groups the vaccine can be offered to healthy 25 – 64 year olds. After that demand is met than anyone over 65 may receive it.

Clinical trials have shown that only those 9 years of age and younger will need a booster dose. The vaccine and supplies will be provided free. Providers may charge an administration fee with health departments receiving a grant to administer the vaccine for free. A vaccine shortage is not expected but availability and demand is unpredictable at this time. Seasonal influenza vaccine is recommended for 83% of the population with only 40% actually receiving it.

Vaccine dispensing

We will utilize our SNS plan to aid in the vaccination clinic planning process. Clinics will be expanded into some evening hours and on some Saturdays. The health department will not charge an administrative fee for the vaccine unless all the PHER grant funds are depleted. Grant funds would be utilized to pay all staff overtime instead of using comp time. Depending on staffing, some meals will be purchased for clinic staff. The state is providing a mass advertising campaign and

we will be able to purchase additional advertising to promote the clinic schedule. We continue to plan internally to prepare for our clinics. Once we know the amounts and dates the vaccine will arrive, clinics will be set. Initially, clinics will just occur in one central location.

Good web sites: Ready.illinois.gov
 www.idph.state.il.us
 www.flu.gov
 www.cdc.gov

Illinois Flu Hotline for nonmedical questions
 866-848-2094 English
 866-241-2138 Spanish

B. Bioterrorism/Pandemic Flu Preparedness

The minutes of the September 16, 2009 pandemic flu committee was furnished. A discussion was held on the use and/or distribution of the SNS stockpile and the health department's purchased antiviral medication.

PPE

	Health Department purchased	SNS
Surgical Masks	600	1000
N95 (small and regular)	265	720

Anti viral medication

	Health Department	SNS
Relenza	100 courses expires 6/2012	416 courses expires 6/2012
Tamiflu	100 courses expires 11/2011	1392 courses expires 1/2012

Health Department purchase

1. These drugs may only be used during a declared influenza pandemic.
2. Local funds were used. If BT grant funds had been used, the drugs could only be used for public health first responder. A public health first responder is defined as those personnel, including volunteers, tasked with assisting in a public health-related mission during a pandemic flu event, including those providing medical support, dispensing of medications and security at dispensing sites. SNS guidelines

SNS Guidelines

1. All local health departments should work with their FQHCs and Community Clinics.
2. If these providers have patients who need treatment based on IDPH Guidelines and cannot obtain antivirals through their own means, local health

departments may provide these entities with supplies of SNS antivirals, as needed and as available.

3. Those entities must meet prescription and dispensing requirements.
4. Local health departments are not authorized to provide private pharmacies with SNS antivirals for dispensing

Antiviral treatment is currently recommended for those with suspected or confirmed influenza requiring hospitalization. Treatment is generally recommended for persons with suspected or confirmed influenza who are at higher risk for complications (children younger than 5 years old, adults 65 years and older, pregnant women, persons with certain chronic medical or immunosuppressive conditions, and persons younger than 19 years of age who are receiving long-term aspirin therapy. Clinical judgment is important. Persons who are not at higher risk for complications or do not have severe influenza requiring hospitalizations generally do not require antiviral medications for treatment.

The health department must account for all PPE supplies using their own internal procedures for accountability. It is the responsibility of the health department to provide documentation of how SNS supplies were distributed.

There was discussion. Since the antiviral medication doesn't expire until 2012 there isn't any urgency in getting it dispensed unless the need increases due to an outbreak. A survey will be conducted for local medical providers to assess whether they would be interested in dispensing from their individual offices or from specific locations. A signed agreement with the health department would be utilized if stockpile supplies are transferred to private providers. The need for PPE will be assessed along with obtaining information from first responders on their need. The first priority for PPE is to dispense to First Responders and information from LivCom will be obtained to assist with an allocation formula based on the number of "runs" the first providers make.

The health department will be able to furnish H1N1 vaccine to interested county medical providers if they have a signed agreement on file with IDPH. Providers must follow the same guidelines as the health department in vaccine administration although they may charge patients an administration fee for providing vaccination.

Dr. Austman made a motion, seconded by Janine Boggs, to approve the plan outlined for H1N1, PPE and antiviral medications. Information will be discussed again at the December meeting. Motion carried.

V. New Business

A. Grant Approval

Janine Boggs made a motion, seconded by Dr. Austman, to approve the Public Health Emergency Response (PHER) Grants 1 – 3 and the Accreditation Project

grant. The PHER grants are for planning and implementing the H1N1 program. The Accreditation project is to evaluate performance measures for a voluntary health department accreditation project. Motion carried.

B. Livingston County Community Health Care Program

MaLinda Hillman reviewed the proposed resolution to renew and expand the program for a year and amend the criteria to include a full fee service and remove the asset requirement. The proposed income and eligibility requirements were reviewed. Over 1000 visits have been made by Home Services and Home Nursing. This resolution will need to be approved by the Livingston County Board for funding. Janine Boggs made a motion, seconded by Pat Platz, to approve the resolution. Motion carried.

C. Amend 2009 Budget

Helen Barrick of the Clifton Gunderson accounting firm recommends that the value of the WIC food instruments and state provided vaccines be included in the budget of the health department. The health department was cited in the county audits for going over the budget once the auditors included these figures. Janine Boggs made a motion, seconded by Jeanne Elliott, to amend the 2009 budget to include in kind value amounts under income and expenditures. Motion carried.

D. FY 2010 Budget for LCHD

The state's fiscal crisis had a roller coaster effect on the health department for the fiscal year of 2009 and 2010. Notification was received that grant funding was significantly decreased. Cash flow is challenging and it's not expected to improve. Federal funds will come through but the state will be slow with reimbursement. MaLinda did meet with the county board's finance committee along with having discussions with the Board's President for direction. Several updates were sent to Board members outlining the situation as it evolved. State grant funding was reinstated at the same level or a slight decrease for the next fiscal year after two months of negotiations, although all contracts have a discontinuation clause. A comparison of grant funds, potential solutions, cash flow and a comparison to 2007 and 2008 actual figures on a cash basis was included along with the county's request to try and eliminate at least 10% in expenditures. The finance committee of the board of health met on August 28th. The proposed budget for 2010 includes the value of in kind WIC food instruments and state vaccines. The proposed levies for public health and TB will remain at the same level. Janine Boggs made a motion, seconded by Jeannie Elliott, to adopt the proposed budget. Motion carried.

E. Closed Loop Well Ordinance

Donnie Simmons reviewed the proposed changes in the Livingston County Water Well Permit and Water Supply Ordinance. The changes center on Section 12 which pertains to geothermal exchange systems and their regulation. The State's Attorney has signed off on the proposed changes along with IDPH. Dr. Norris

made a motion, seconded by Janine Boggs, to recommend approval to the county board for adoption. Motion carried.

F. Policy Review

Janine Boggs made a motion, seconded by Dr. Austman, to approve the proposed fee increases. Motion carried. No changes were made in Record Retention, Environmental Health, Illinois Breast & Cervical Cancer program and Medical Device Reporting manuals.

G. Appoint School Base Health Center Advisory Board for FY10

Janine Boggs made a motion, seconded by Jeanne Elliott, to appoint the following to the PTHS Advisory Board for FY10: MaLinda Hillman, Dawn Thorson, Leo Johnson, Jon Kilgore, Jim Day, Mary Heath, Robert McCarty, Bety Murphy, Jack Vietti, Lisa Meyer, Dr. Fernandez, Norma Francis, Dawn Conway, Jackie Dever, Joe Ronaldson, Dr. Meyers, Kathy Kelly, Pastor Punt, Joel Newkirk and Maggie Verdun. Motion carried.

H. School Based Health Center Income & Expense Report

MaLinda Hillman presented the annual report delineating income and expenses for the Health Center. Janine Boggs made a motion, seconded by Jeannie Elliott, to approve the report. Motion carried.

I. Certification of Physicians

The Board approved Dr. Steven Norris as health department medical advisor with Dr. Kate Austman as alternate.

J. Healthy Families Illinois, Livingston County, Bylaws

No changes.

VI. Other

None.

VII. Adjourn until December 14, 2009

Pat Platz made a motion, seconded by Janine Boggs, to adjourn the meeting until December 14, 2009. Motion carried.

Respectfully submitted,

James Day, DDS

Board of Health President

JD/mh