



The McLean County Board of Health  
Wednesday, March 8, 2023, at 5:30 p.m.  
McLean County Health Department, Room 324  
200 W. Front Street  
Bloomington Illinois 61701  
**IN-PERSON**

---

Minutes

1. Call to Order

2. Roll Call

Members Present: Scott Hume, Susan Schafer, Carla Pohl, Hannah Eisner, Dameron Beverly, Gustave Galue, Liza Yambay, Cory Tello, Sonja Reece, Robert Kohlase

Members Absent: David Selzer

Staff Present: Jessica McKnight, Amy Brooke, Tammy Brooks, Marianne Manko, Kim Anderson, Tom Anderson

3. Public Participation: None

4. Approve Minutes: February 8, 2023, Regular Meeting

Motion by Tello/Reece to approve the February 8, 2023, Regular Meeting minutes.  
Motion carried.

5. Consent Agenda

A. Bills to be Paid

		<b>February 2023</b>
Dental Sealant	0102	\$17,901.27
WIC	0103	\$4,416.01
Preventive Health Program	0105	\$322.16
Family Case Management	0106	\$10,318.76
AIDS/COMM Disease Control	0107	\$22,772.47
Health Department	0112	\$275,010.44
<b>Total</b>		<b>\$330,741.11</b>

Motion by Reece/Schafer to approve the consent agenda.  
Motion carried.

## 6. Informational Items

### A. 2022 End-of-Year Budget Report

Scott Hume (SH) wanted to clarify the fund balance issue. He shared that he joined the Board of Health (BOH) five or six years ago. At that time, there was a lot of animosity between the board and the director. There were reports in the media about the Health Department (HD) having this large fund balance. By his third meeting, that director had left. There was still the issue of the fund balance. They searched for a new director. The new director helped stabilize the relationship between the BOH and the HD. She eventually left for a position in County Administration. They searched for a new director. Jessica McKnight (JM) was hired, and COVID-19 emerged. He said that he wasn't sure what had happened to the fund balance over that time. Last year it should have decreased by \$200,000, but COVID funds offset the decrease.

JM shared that COVID grant money offset the cost of items for which we had budgeted in the 112 Fund. Vacant positions in the 112 fund that were in the budget also contributed. It was over \$200,000 just from offsetting COVID.

SH stated that in fall 2022, we realized that there would be \$300,000 in the 112 fund to spend. This money was transferred into the mental health fund to balance the budget. There is \$65,000 yet to be allocated.

JM clarified that \$300,000 was put into the revenue and as an expense was awarded for Mental Health Services. Of the \$300,000, \$65,000 remains. This is yet to be officially awarded.

Cory Tello (CT) noted that the \$300,000 allowed us to fully fund all the requests for funds. Typically, we are unable to support them at the requested amount.

Hannah Eisner (HE) reminded members that the budget always looks good. Reality hits during the implementation. If a grant comes in or there are vacant positions, we don't spend the amount of money that was anticipated, which results in fund balance growth. Part of it is a staffing problem.

JM shared a plan to meet with the senior accounting specialists in May or June to look at vacant or empty positions and determine the amount of unused salary and fringe money. We will examine what projects the revenue could be used for within those funds. The money is already budgeted. This would be supplemented using already budgeted tax money.

Sonja Reece (SR) complimented the solution. She pointed out that it is a good problem to have. It is also wise to rethink the staffing if you have positions you are unlikely to fill and have figured out how to manage without.

JM pointed out that six months of revenue and expense would already be budgeted for but not used. If positions are vacant from January to May or June, we will have the budget for them. The revenue is there. We can use some of the expenses to do some of the projects.

JM shared that the HD would receive additional COVID money in 2023. Amendments will be made

to account for the money in the budget.

SH discussed the possibility of a budget committee. If members are interested, they should contact him.

Liza Yambay (LY) asked when the earliest budget information is available. It is March, and the report is for the end of 2022.

JM explained that closing out the year takes time. This is the earliest we can get the information for the previous year. Next month, actual first-quarter budget information will be provided. The quarterly information will always be presented a month after the quarter ends.

SH pointed out that, in the budget report, the first six to seven funds are grant funded. The other one by itself is the developmental disability fund. A tax levy funds it. A different tax levy funds the 112 fund.

SH stated that he thinks of salaries as services of some kind. It could be inspecting wells or something else. If we use the extra money for capital improvements, we shift money away from services. It concerns him. We are taking COVID relief money and using it for salaries. We then use the salary money for capital improvements. He questions if that is how the money should be spent.

HE stated that the reports indicate our numbers stay steady. The staff works hard and provides those services. How many more services might we offer if the open positions were filled?

SH shared that it would be rare to have 100% employment. We currently have 15 openings out of 85 positions.

JM explained that we want to take services mobile. We must be fully staffed or have more staff to see that happen.

CT asked if additional recruitment and retention activities could be funded with that money.

Members discussed the difficulty of hiring in society. The competition is high for one or two people. The HD particularly needs nurses, case managers, and dental hygienists.

Dameron Beverly (DB) asked if an LPN would be considered.

JM stated that they are looking into it.

LY noted that ISU has a case management program.

JM shared that the HD tries to educate people about careers in public health. This week there was a class here. We are open to shadowing and have increased the number of paid internships.

JM discussed community healthcare workers and a partnership with Illinois Public Health Association (IPHA) to skill up those workers. Community healthcare workers would start, and

IPHA would pay them to attend school for specific certifications.

DM shared that Heartland Community College has a health fair once a semester. It could be an opportunity to recruit. She will be at the event and can share about jobs at the HD. It is April 13, 2023, 5:00-7:00 PM.

Tammy Brooks noted that any job posted on the County site links to Indeed.

## 7. Committee Reports

### A. Behavioral Health Coordinating Council (BHCC)

SR shared that two subcommittees have met.

The Crisis committee met. She shared that PATH's 988 program covers 85 counties. The entire program needs to be humming by July. Those on the Crisis committee are reaching out to other organizations. For example, EMS is being asked where they direct crisis calls. The County has hired Frank Beck to collect crisis call data.

The Youth Work Group is pulling together organizations that deal with youth behavioral health. Some organizations are Easter Seals, Marcfirst, The Baby Fold, etc. There are school-age issues and issues with younger children. PATH keeps a list of calls they receive related to youth.

### B. Mental Health Advisory Board (MHAB)

CT shared about the February 16, 2023, meeting. The meeting focused on the recent RFP. Because the money must be spent by December 2023, it must be a short-term project. Members were asked for ideas. The ideas for the RFP money included training and or support for targeted audiences like youth, the homeless, and those impacted by physical and mental health disparities. Additional ideas include support for the social service workforce, targeted training to EMTs and law enforcement to assist them in understanding alternatives to the Emergency Department or the Detention Facility, increasing IT support for agencies, and helping in data collection.

MHAB would like to see Mental Health First Aid (MHFA) provided to everyone. CT mentioned that there is now a teen version for teens supporting teens.

### C. County Board

Susan Schafer (SS) noted that the Health Committee meets on March 9, 2023.

### D. Behavioral Health Policy and Funding Committee (BHPFC)

CT shared that the MHAB examined ideas for the RFP. They concluded that a broader language was necessary. This allows increased innovation by those who apply. The idea is to provide some evidence-based education or training that included but was not limited to information for

clients, parents, caregivers, staff, or a trainer of trainers.

The RFP is due back by April 5, 2023.

Members discussed that agencies are stretched. They are not eager to take on something that will entail more work.

Members discussed that the \$65,000 would return to the fund balance without interest in the RFP.

HE proposed that a project might be done in-house if this is the case.

Members discussed that the MHAB is meant to assist the BOH. Could MHAB members be of more help? CT suggested that the size of the MHAB might be increased. It is heavily populated by first responders, shelter workers, etc. Different populations might be represented by adding more members and broadening the scope of the MHAB.

8. Health Department Administrator's Report  
A. General Report

JM noted that her report highlighted the Behavioral Health program and provided other stats from January and February.

Robert Kohlhasse (RK) noted an increase in complaints related to food service. He asked why that was.

Tom Anderson (TA) stated that he believes that coming out of COVID, there are higher expectations from the public while being short-staffed. Those expectations are driving the increase in complaints.

9. Action Items  
A. Approval of 2022 McLean County Health Department Annual Report

Motion by Eisner/Pohl to approve the 2022 McLean County Health Department Annual Report.

Motion carried.

Members discussed how the 377 Board connects to the BOH. The 377 Board is independent and focuses on intellectual and developmental disability services. However, funds pass through the Health Department. It is a different stream of money, a different tax levy.

JM noted that some 377 money is used to cover staff salaries and fringe to oversee the program. The Behavioral Health staff works with the programs within the BOH fund and those funded by the 377 Board.

Members noted that funding was higher than the revenues. JM will double-check the figures in the Annual Report.

B. Approval of the Memorandum of Understanding with Chestnut Health Systems

Motion by Pohl/Yambay to approve the Memorandum of Understanding with Chestnut Health Systems.

Motion by Schafer/Reece to table the motion to approve the Memorandum of Understanding with Chestnut Health Systems.

Motion carried.

JM explained that the MOU is for a community health worker employed by Chestnut to work out of the HD. Multiple community health workers work from different locations in the community: shelters and other agencies. They would be able to assist our clients with insurance navigation and referrals. It would be a benefit to our clients and the public.

HE: Why here?

JM shared an example of a benefit to our clients. Imagine if someone shows up for dental services and their insurance is inactive that day; instead of giving them a number to call, we could hand them off to the community health worker to try to reactivate their insurance that day. It is a benefit to the public to have a person that can help them through that process. They can help with referrals, accessing services, and insurance navigation.

CT asked how often the community health worker would be at the HD.

JM shared that this MOU is strictly to establish space. The frequency is yet to be determined. They will likely be in one of the clinic areas at times. They may also be located away from clinics in other spaces completing phone referrals or connecting with clients they are serving from different locations.

Liza Yambay (LY) noted that this service could benefit patients. They might not act on a referral if only given a phone number. It helps get someone from point A to point B.

CP agreed with the benefits of having a community health worker in the HD.

SS asked if this is this part of the Medicaid innovation with OSF. OSF has partnered with Chestnut because of the Federally Qualified Health Center (FQHC) to help clients get healthcare. They want to put someone here, yet that partnership is between OSF and Chestnut. It is being referred to as the Medicaid thing. As a public health department, does it look like we focus only on Medicaid? We have improved our image in the community during COVID to have that stigma come into the HD. That is what people might think. If you look at what OSF has put out on this, it is basically to drive clients to the FQHC. We have a community health worker; instead of saying go to the HD dental

clinic, will they drive clients to the FQHC? Will we lose potential clients? A lot of it is what we want to be as a public health department, so we aren't necessarily favoring any agency. We partner with them. We partnered with them during COVID: OSF, Carle, and Chestnut. It was a broad partnership. We have raised our visibility and our public outlook. When you think about County nursing home, people think it is only for people on Medicaid without insurance. They are stigmatized. I am concerned about that.

SS shared a phone call with Maureen Sollars (MS) regarding a program called IRIS. IRIS is a referral-type program. A provider asked SS about it. MS gave SS a lot of information about IRIS. It has huge potential to do some of these things for our clients. Kane County is doing amazing things with IRIS. We currently use it for AOK. There is more potential there.

SS stated that she is not looking at this favorably. The concept is a good idea. She is not sure it is what we want to project.

SR pointed out that some might not know who Maureen Sollars is.

SS stated that MS is the AOK coordinator. IRIS is software the state provides for free. MS is the guru of IRIS and Mental Health First Aid.

SS shared that a provider encouraged her to look at the potential of IRIS.

CT asked why we aren't using it more.

SS shared that IRIS is rolling out slowly. They are signing more agencies. You refer a person from a screen, and you can get a response if they have enrolled in services.

CP stated that the client must call that agency for an appointment.

SS said that it was meant to be the other way. The agency is to contact the client.

CP: It isn't just Medicaid clients that need assistance navigating insurance. Some people can't navigate the system. I understand what IRIS is doing. It is an electronic system. How many of us screen our phone calls when we get a call? Our patients may have a phone and may or may not have a smartphone. The community health worker is much broader than what you have with IRIS. It is not just for Medicaid clients. It is for anyone at the HD. They navigate a difficult system. We have the most chaotic, user not friendly healthcare system in the United States. It is chaotic even if you have insurance: in-network or out-of-network. It is not just for Medicaid.

SS: If they are doing it because of the participation with that grant, it is Medicaid. Medicaid is the focus.

LY asked if more information could be provided.

JM agreed to provide more information.

HE asked how referrals are made to the FQHC. How much of what a community health worker does is done by our family case management staff? It is one person in the building. I would like to know how it will look structurally. What are they looking for from us? It says providing case management for adult Medicaid or the underinsured. I don't know how many of our clients are adult Medicaid. Do we bill Medicaid for other services?

Staff responded that Medicaid is billed.

SS stated there might be a negative association.

HE said that she needed clarification on what it meant to refer clients or where this person would physically be.

LY stated that JM thought it was positive.

JM said absolutely. Community health workers are an evidence-based philosophy that has existed for at least five or ten years. When the ACA was launched, navigators were very helpful. Chestnut is willing to come to provide more information. They can come next month.

LY clarified that it goes through the end of the year and that it is renewable.

JM pointed out that it is an MOU. We will do this, and you will do that. There is no money involved.

CT agreed that more information is needed. She asked if it benefits our clients, why would we walk away from that? She asked SS if the concern was that they would try to push toward one service provider rather than a broader range of providers.

SS encouraged people to look at the update OSF put out. What precedent are we setting here? Are we going to have anyone who wants to do an MOU come in and use space in the HD? Some other agencies might complain that you are giving them space in your convenient location downtown. Let's make an MOU. You don't have to provide me with anything, just space.

CT encouraged keeping the strategic plan in mind. Where does this fit into the strategic plan? It helps in meeting the underserved and those with health disparities. If it is true to our mission, vision, and goals, we should pay close attention to it. We want to have strategic partnerships. Embedded people are helpful. People don't have to go to five places to get served. This would help people get from the thought of it to the finish. People never get to the finish line sometimes.

CT stated that we need more information before moving forward.



C. Approval of the contract with S. Consulting/Tracey Smith for the provision of Health Department staff training

Motion by Tello/Reece to approve the contract with S. Consulting/Tracey Smith to provide Health Department staff training.  
Motion carried.

JM explained that one of our deliverables for one of our COVID grants is workforce development. This is partially funded by that grant to offer training to our staff. The other part will come out of the budget. Tracey would work in three groups: Admin Leadership Team, Coordinators and Supervisors, and all staff. We focused on social determinants of health, evidence-based public health, and cultural competency.

JM shared that the grant is through IDPH. They referred us to IPHA. Tracy works for IPHA but also has a consulting business.

RK suggested a paragraph for items like this action to explain why it is there and why JM supports it. This will allow them to bear it in mind as it is discussed. It would have been helpful in the previous discussion about the Chestnut MOU. It is good to table it for now. If the staff supports something, he will lean toward it if there is a good justification.

10. Adjournment: 6:35 PM

Motion by Reece/Pohl for adjournment.  
Motion carried.