



**AMENDED
HEALTH COMMITTEE AGENDA
Government Center, Room 400
Monday, February 6, 2017
4:30 p.m.**

- 1) Roll Call
- 2) Chairman's Approval of Minutes January 4, 2017
- 3) Appearance by Members of the Public
- 4) Departmental Matters:
 - A. Cindy Wegner, Director, Nursing Home
 - 1) Items to be presented for information:
 - a) General Report 3-4
 - b) Other
 - B. Walt Howe, Health Department Administrator
 - 1) Items to be presented for action:
 - a) Request approval of an Emergency Appropriation Ordinance Amending the McLean County Fiscal year 2016 Combined Annual Appropriation and Budget Ordinance for the Health Department Fund 0112 5
 - 2) Items to be presented for information:
 - a) Activity Summary January – December 2016 6-9
 - b) Division Reports submitted to Board of Health in January 2017 10-32
 - c) Other
 - C. Adult/Juvenile Detention
 - 1) Items to be presented for information:
 - a) McLean Co. Juvenile Detention Center Healthcare Report 33-35
 - b) McLean Co. Adult Detention Center Healthcare Report 36-38
 - c) Other
 - D. Bill Wasson, County Administrator
 - 1) Items to be presented for information:
 - a) Report on Recent Employment Activities 39
 - b) General Report
 - c) Other

5) Other Business and Communication

A. **REMINDER:** Next meeting of the Health Committee is:
Monday, March 6, 2017 at 4:30 p.m.

6) Recommend payment of Bills and Transfers, if any, to the County Board

40-43

7) Adjournment



NURSING HOME

(309) 888-5380 FAX (309) 454-4954
901 N. Main St. Normal, IL 61761

To: Honorable Susan Schafer, Chairman, Health Committee
 Honorable Members of the Health Committee
 Mr. Bill Wasson, County Administrator
 Ms. Hannah Eisner, Assistant County Administrator

From: Cindy Wegner, Administrator, McLean County Nursing Home

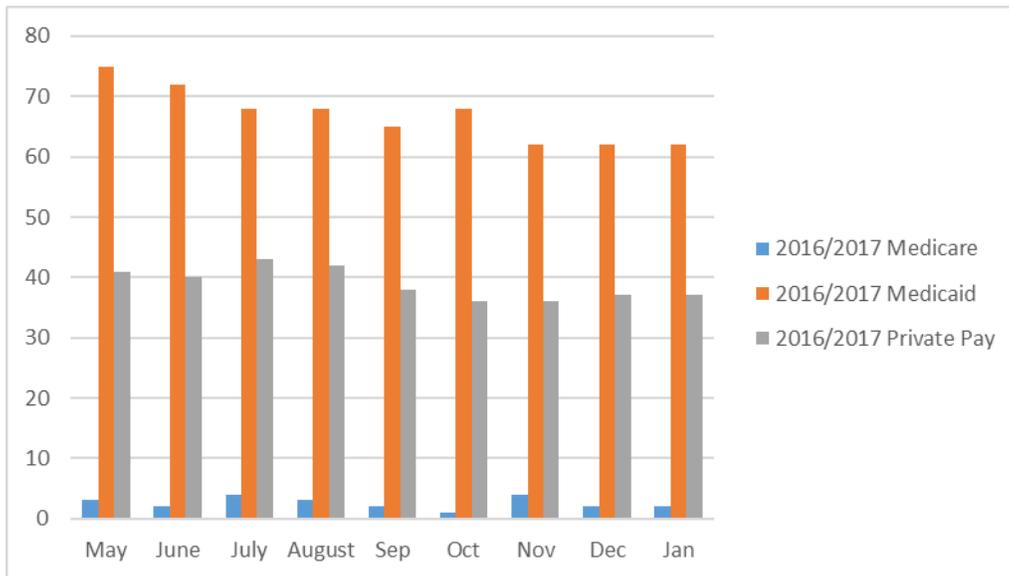
Date: January 30, 2017

Re: Monthly Report for February 2017

Average Daily Census

The chart below summarizes the monthly average daily census for May 2016 through January 2017. Census averaged 102 in December and 103 in January.

**Monthly Average Daily Census by Payor
May 2016 through January 2017**



Admissions & Discharges

The table below summarizes the monthly admits and discharges. Admissions have increased, however so have the number of discharges/expirations.

Admissions and Discharges January 2016 to January 2017

| 2016/2017 | Medicare Admits | Non-Medicare Admits | Total Admits | Total Discharges/Expirations |
|-----------|-----------------|---------------------|--------------|------------------------------|
| 16-Jan. | 1 | 9 | 10 | 14 |
| Feb. | 3 | 5 | 8 | 12 |
| March | 7 | 10 | 17 | 19 |
| April | 2 | 13 | 15 | 9 |
| May | 4 | 8 | 12 | 11 |
| June | 3 | 4 | 7 | 11 |
| July | 2 | 6 | 8 | 8 |
| August | 1 | 4 | 5 | 3 |
| September | 1 | 1 | 2 | 10 |
| October | 0 | 5 | 5 | 7 |
| November | 2 | 2 | 4 | 7 |
| December | 2 | 7 | 9 | 10 |
| 17-Jan. | 1 | 10 | 11 | 10 |

Inquiries/Admissions

| Dec 1 2016- Jan 30 2017 Referrals/Inquiries | Referral Source | Number Admitted | Reason for not Admitting |
|---|---|--------------------|--|
| 47 | 12-OSF 14-Advocate 15-Other facilities or assisted living 4-Out of area hospitals 2-Home | 20 | 8- Chose another facility 4-Went home 4-No Contract with Insurance 1-Refused to allow IDPH required background check 10-Declined r/t diagnosis or serious behavioral problems* |
| | | | *ex: psychotic disorder, alcohol abuse, combative behavior, etc. |
| | | | |
| | | | |
| | | | |
| | | | |

An EMERGENCY APPROPRIATION Ordinance
Amending the McLean County Fiscal Year 2016
Combined Annual Appropriation and Budget Ordinance

WHEREAS, the McLean County Board, on November 17, 2015, adopted the Combined Annual Appropriation and Budget Ordinance, which sets forth the revenues and expenditures deemed necessary to meet and defray all legal liabilities and expenditures to be incurred by and against the County of McLean for the 2016 Fiscal Year beginning January 1,2016 and ending December 31,2016; and.

WHEREAS, the Combined Annual Appropriation and Budget Ordinance includes the operating budget for the McLean County Health Department Fund 0112,

WHEREAS, the Health Committee at its regular meeting on February 6, 2017, approved and recommended to the County Board an Emergency Appropriation Ordinance; now, therefore,

BE IT ORDAINED by the McLean County Board as follows:

1. That the County Auditor is directed to add (subtract) to the appropriation budget of the following appropriation:

| | <u>ADOPTED</u> | <u>ADD (SUBTRACT)</u> | <u>AMENDED</u> |
|--|----------------|---------------------------|----------------|
| Health Department Fund: | | | |
| Employee Medical/Life Ins 0112-0061-0063-0599-0002 | \$ 37,703 | 26,744 | 64,447 |
| Employee Medical/Life Ins 0112-0061-0064-0599-0002 | \$ 30,397 | 8,666 | 39,063 |
| Countys IMRF Contribution 0112-0061-0096-0599-0001 | \$ 0 | 6,564 | 6,564 |
| Social Security Contribution 0112-0061-0096-0599-0003 | \$ 0 | 3,950 | 3,950 |
| Full-Time Employee Salary 0112-0061-0062-0503-0001 | \$ 652,693 | (45,924) | \$606,769 |

2. That the County Clerk shall provide a Certified Copy of this Ordinance to the County Administrator, County Auditor, County Treasurer, and Health Department Director.

ADOPTED by the McLean County Board the 21st day of February 2017.

ATTEST:

APPROVED:

Kathy Michael, Clerk of the County Board
McLean County, Illinois

John McIntyre, Chairman
McLean County Board

**McLean County Health Department
Activity Summary
January through December, 2016**

| <u>Program/Service</u> | <u>Total Clients</u> | <u>Total Contacts</u> | <u>Total Activity Measures</u> |
|--|--------------------------|---|--|
| Community Health Services | | | |
| <u>Communicable Disease Section</u> | | | |
| *Calls/Correspondence | _____ | <u>15,422</u> (front desk, Triage, RNs, HSS, calls and letters) | _____ |
| *Case Investigations (CD) | _____ | __ 435__ | _____ |
| *Clients – TB Screening | __ 1152__ | _____ | _____ |
| *Clients – Pulmonologist | __ 45__ | _____ | _____ |
| *Clients - STD Clinic | __ 1253__ | _____ | _____ |
| *Activities in HIV Grant | __ 225__ | _____ | _____ |
| *Adult Immunizations Given | __ 554 (clients) | __ 713_ (Adult Imm and STD given) | _____ |
| *Titers drawn (Check Immunity) | __ 107 (clients tested) | __ 156_ (titers) | _____ |
| Child Care Nurse | | | |
| <u>Consultant</u> | | | |
| Presentations/Programs | __ 60__ | _____ | _____ |
| Adults participants | __ 402__ | _____ | _____ |
| Child participants | __ 420__ | _____ | _____ |
| <u>Dental Clinic</u> | | | |
| Children | __ 4847__ | _____ | _____ |
| Adults | __ 276__ | _____ | _____ |
| <u>Home Nursing Program</u> | | | |
| Visits | __ 224__ | _____ | _____ |
| <u>Immunizations and Outreach</u> | | | |
| Child Immunizations (HD) | _____ | __ 11,169__ | _____ |
| Child Immunizations (Off-site) | _____ | __ 171__ | _____ |
| Outreach (Flu) | _____ | __ 3099__ | _____ |
| <u>Vision & Hearing Screenings</u> (thru October) | | | |
| Vision | __ 1122__ | _____ | _____ |
| Hearing | __ 1351__ | _____ | _____ |
| <u>Emergency Preparedness</u> | | | |
| Total Presentations | __ 70__ | _____ | _____ |
| Total MRC Volunteers | __ 76__ | _____ | _____ |

Program/Service

**YTD 2016 Total
Clients/Events**

**YTD 2015
Measures**

Maternal Child Health Division

AOK Program

| | | |
|----------------------|--------------|--------------|
| AOK sponsored events | ___ 66 ___ | ___ 84 ___ |
| Total attendance | ___ 1587 ___ | ___ 1403 ___ |

Trends: Events continue to be well attended.

Clinic Services

| | | |
|----------------------------------|--------------|--------------|
| Lead screening tests | ___ 1133 ___ | ___ 1274 ___ |
| Lead results above normal limits | ___ 20 ___ | ___ 28 ___ |
| Hemoglobin tests | ___ 2738 ___ | ___ 3097 ___ |
| HGB results below normal limits | ___ 239 ___ | ___ 344 ___ |
| Developmental Screenings | ___ 2441 ___ | ___ 3035 ___ |
| Early Intervention referrals | ___ 79 ___ | ___ 99 ___ |

Trends: Lead screening, hemoglobin test and developmental screening numbers are reflective of the smaller caseload this year compared to last year; early intervention referrals are case-dependent and fluctuate from year to year based on the needs of the children we see-our EI referral rate is 3%, a "expected" rate of referral/children in services is 1-3% of total cases screened.

Family Case Management

| | | |
|------------------------------------|---------------|---------------|
| FCM Caseload | ___ 1030 ___ | ___ 1266 ___ |
| BBO Caseload | ___ 153 ___ | ___ 132 ___ |
| Home visits/office contacts | ___ 27924 ___ | ___ 29236 ___ |
| Perinatal Depression Screenings | ___ 1641 ___ | ___ 1909 ___ |
| Referrals to Center for Human Svcs | ___ 47 ___ | ___ 64 ___ |

Trends: FCM caseload remains above grant assignment and children are being closed out at 13 months of age as recommended; BBO caseload is meeting grant assignment; home visits/contacts dipped slightly this month due to a case manager out on maternity leave; all pregnant and post partum women are given depression screens, fewer screens are reflective of a lower clinic caseload earlier in the year, all women scoring high are referred for services.

HealthWorks Lead Agency

| | | |
|---------------------|------------|------------|
| Children 0-6 served | ___ 89 ___ | ___ 88 ___ |
|---------------------|------------|------------|

WIC

| | | |
|--------------------------|--------------|--------------|
| WIC caseload | ___ 2013 ___ | ___ 2214 ___ |
| Total certifications | ___ 4810 ___ | ___ 5548 ___ |
| Total education contacts | ___ 4429 ___ | ___ 5569 ___ |

Trends: Facebook is being more heavily utilized when clinic attendance is low with positive results; education contacts are lower this year due to a reduction in secondary nutrition education contacts for pregnant clients.

| <u>Program/Service</u> | <u>Total Clients</u> | <u>Total Contacts</u> | <u>Total Activity Measures</u> |
|---|-----------------------|-----------------------|--------------------------------|
| Environmental Health Division | | | |
| <u>Food Program</u> | | | |
| *FT Estab Permits Issued | _____ | _____ | _____ 894 _____ |
| *Temp Permits Issued | _____ | _____ 1304 _____ | _____ 504 _____ |
| *Total Inspections | _____ | _____ 3725 _____ | _____ 2904 _____ |
| <u>Private Sewage Disp Prog</u> | | | |
| *Installation Permits | _____ | _____ 2262 _____ | _____ 106 _____ |
| *Total Inspec/Reinspec | _____ | _____ | _____ 204 _____ |
| *Septic System Evaluations | _____ | _____ | _____ 228 _____ |
| <u>Potable Water Program</u> | | | |
| *Total Installation Permits | _____ | _____ 722 _____ | _____ 76 _____ |
| *Abandoned Wells Inspec | _____ | _____ 84 _____ | _____ 17 _____ |
| *New Well Inspection | _____ | _____ | _____ 62 _____ |
| <u>Tanning Program</u> | | | |
| *Facilities Inspected | _____ | _____ 11 _____ | _____ 13 _____ |
| <u>Solid Waste, Nuisance, Pest Cont</u> | | | |
| *Complaints received | _____ | _____ 244 _____ | _____ 47 _____ |
| <u>Geothermal Exchange Prog</u> | | | |
| *Installation/Registrations | _____ | _____ 211 _____ | _____ 51 _____ |
| <u>West Nile Virus Surveillance Prog</u> | | | |
| * # suspect birds submitted | _____ | _____ 1553 _____ | _____ 5 _____ |
| * # mosquito pools tested | _____ | _____ 0 _____ | _____ 246 _____ |
| Behavioral Health Prog | | | |
| | (3 rd qtr) | (Jan-Sept) | (Jan-December) |
| * \$ Mental Health Prog Funded | _____ 5041 _____ | _____ 14537 _____ | _____ \$ 1,048,028.00 _____ |
| * \$ Sub Abuse Prog Funded | _____ 1403 _____ | _____ 3036 _____ | _____ \$ 224,046.00 _____ |
| * \$ DD Programs Funded | _____ 597 _____ | _____ 1729 _____ | _____ \$ 670,538.75 _____ |
| Vital Statistics (Records) | | | |
| *Live Births | _____ | _____ | _____ 2392 _____ |
| *Total Deaths | _____ | _____ | _____ 1222 _____ |
| *Birth Certificate Copies | _____ | _____ | _____ 3114 _____ |
| *Death Certificate Copies | _____ | _____ | _____ 9183 _____ |

| | <u>Total Clients</u> | <u>Total Contacts</u> | <u>Total Activities</u> |
|---|--------------------------|---------------------------|-----------------------------|
| FOIA's | | | |
| *Administration | | | |
| *Community Health | | | |
| *Environmental Health | | 101 | |
| *Behavioral Health | | | |
| Health Promotion | | | |
| *Educational Programs | | 3302 | 194 |
| *Health Fairs | | 5589 | 34 |
| *Materials Distributed | | | 4777 |
| Communications & Program Support | | | |
| *Media Interactions | | | 174 |
| *Facebook Likes | | | 918 |
| *Twitter Profile Visits | | | 1136 |

ENVIRONMENTAL HEALTH DIVISION

Activity Report

November 1, 2016 – December 31, 2016

FOOD INSPECTION PROGRAM

| | <u>2016</u> | <u>2015</u> |
|--|-------------|-------------|
| Full-Time Food Establishments | | |
| Active Food Permits - With Fees | 687 | 687 |
| Active Food Permits - No Fees | 138 | 139 |
| Total Active Food Permits | 825 | 826 |
| | | |
| New Food Permits Issued for Report Interval | 9 | 13 |
| New Food Permits Issued for Year-To-Date | 75 | 101 |
| | | |
| Food Permits Inactivated for Report Interval | 11 | 14 |
| Food Permits Inactivated for Year-To-Date | 75 | 98 |

Temporary Food Establishments

| | | |
|---|-----|-----|
| Single Event Temp. Food Permits Issued for Report Interval | 37 | 26 |
| Single Event Temp. Food Permits Issued for Year-To-Date | 440 | 367 |
| | | |
| Multiple Event Temporary Permits Issued for Report Interval | 0 | 0 |
| Multiple Event Temporary Permits Issued for Year-To-Date | 58 | 53 |
| | | |
| Total Temporary Food Permits Issued for Report Interval | 37 | 26 |
| Total Temporary Food Permits Issued for Year-To-Date | 498 | 420 |

FOOD ESTABLISHMENT COMPLAINTS

| | <u>2016</u> | <u>2015</u> |
|---|-------------|-------------|
| Food Est. Complaints Received for Report Interval | 19 | 19 |
| Food Est. Complaints Received for Year-To-Date | 99 | 94 |

FOOD PRODUCT INQUIRIES

| | <u>2016</u> | <u>2015</u> |
|---|-------------|-------------|
| Food Product Inquiries Received for Report Interval | 0 | 0 |
| Food Product Inquiries Received for Year-To-Date | 0 | 2 |

FOOD ESTABLISHMENT PLAN REVIEWS

| | <u>2016</u> | <u>2015</u> |
|--|-------------|-------------|
| Plans Received For New/Remodeled Food Est. for Report Interval | 7 | 10 |
| Plans Received For New/Remodeled Food Est. for Year-To-Date | 59 | 54 |

PRIVATE SEWAGE DISPOSAL PROGRAM

| | <u>2016</u> | <u>2015</u> |
|---|-------------|-------------|
| Permits Issued for New Construction for Report Interval | 4 | 6 |
| Permits Issued for New Construction for Year-To-Date | 42 | 39 |
| Permits Issued for Repairs or Additions to Existing Systems for Report Interval | 2 | 3 |
| Permits Issued for Repairs or Additions to Existing Systems for Year-To-Date | 12 | 13 |
| Permits Issued for the Replacement of a Previous Legal System for Report Interval | 0 | 1 |
| Permits Issued for the Replacement of a Previous Legal System for Year-To-Date | 15 | 11 |
| Permits Issued for the Replacement of a Previous Illegal System for Report Interval | 3 | 5 |
| Permits Issued for the Replacement of a Previous Illegal System for Year-To-Date | 31 | 38 |
| Permits Issued for Systems Probed by Sanitarians for Report Interval | 0 | 0 |
| Permits Issued for Systems Probed by Sanitarians for Year-To-Date | 0 | 0 |
| Permits Issued for "Information Only" Systems for Report Interval | 0 | 0 |
| Permits Issued for "Information Only" Systems for Year-To-Date | 6 | 5 |
| Permits Voided for Report Interval | 0 | 0 |
| Permits Voided for Year | 0 | 1 |
| Total Private Sewage Disposal System Permits Issued for Report Interval | 9 | 15 |
| Total Private Sewage Disposal System Permits Issued for Year-To-Date | 106 | 107 |
| Septic System Evaluations Received and Reviewed for Report Interval | 31 | 26 |
| Septic System Evaluations Received and Reviewed for Year-To-Date | 228 | 242 |

| | <u>2016</u> | <u>2015</u> |
|---|-------------|-------------|
| Licensed Private Sewage System Installers for Report Interval | 0 | 0 |
| Licensed Private Sewage System Installers for Year-To-Date | 25 | 28 |

| | <u>2016</u> | <u>2015</u> |
|--|-------------|-------------|
| Licensed Private Sewage System Pumpers for Report Interval | 0 | 0 |
| Licensed Private Sewage System Pumpers for Year-To-Date | 14 | 17 |

PRIVATE SEWAGE SYSTEM COMPLAINTS

| | <u>2016</u> | <u>2015</u> |
|---|--------------------|--------------------|
| Private Sewage System Complaints for Report Interval..... | 1 | 1 |
| Private Sewage System Complaints for Year-To-Date..... | 6 | 7 |

OTHER SEWAGE RELATED COMPLAINTS

| | <u>2016</u> | <u>2015</u> |
|---|--------------------|--------------------|
| Other Sewage Complaints Received for Report Interval..... | 1 | 2 |
| Other Sewage Complaints Received for Year-To-Date..... | 3 | 5 |

POTABLE WATER PROGRAM

| | <u>2016</u> | <u>2015</u> |
|---|--------------------|--------------------|
| Private Water Reports Sent Out for Report Interval..... | 27 | 65 |
| Private Water Reports Sent Out For Year-To-Date..... | 148 | 239 |

| | <u>2016</u> | <u>2015</u> |
|--|--------------------|--------------------|
| New Non-Community Water Supplies for Report Interval | 0 | 0 |
| Non-Community Water Supplies Year-To-Date | 30 | 31 |

WATER WELL PROGRAM

| | <u>2016</u> | <u>2015</u> |
|--|--------------------|--------------------|
| Water Well Permits Issued for Report Interval..... | 5 | 5 |
| Water Well Permits Issued for Year-To-Date..... | 47 | 33 |
| Abandoned Water Wells Properly Sealed for Report Interval..... | 1 | 14 |
| Abandoned Water Wells Properly Sealed Year-To-Date | 32 | 73 |

GEOHERMAL EXCHANGE SYSTEM PROGRAM

| | <u>2016</u> | <u>2015</u> |
|--|--------------------|--------------------|
| Geothermal Exchange System Registrations for Report Interval | 9 | 6 |
| Geothermal Exchange System Registrations Year-To Date | 51 | 35 |

TANNING FACILITY INSPECTION PROGRAM

| | <u>2016</u> | <u>2015</u> |
|---|-------------|-------------|
| Number of IDPH Licensed Tanning Facilities in McLean County | 13 | 15 |

SOLID WASTE, NUISANCES, PEST CONTROL AND OTHER ENVIRONMENTAL COMPLAINTS

| | <u>2016</u> | <u>2015</u> |
|---|-------------|-------------|
| Complaints Received for Report Interval | 0 | 2 |
| Complaints Received for Year-To-Date | 42 | 26 |

Nov-Dec 2016

08/15

MCLEAN COUNTY HEALTH DEPARTMENT

HIRE/EXIT REPORT

4th Quarter 2016

| <u>HIRE</u> | This Qtr | This Qtr Last Year | Year to Date | Yr to date Last year |
|---------------------------------|----------|-----------------------|-----------------|-------------------------|
| Accounting Clerk | | | | |
| Case Manager | | | | 1 |
| Case Man Supv | | | | |
| CD Investigator | 2 | | 3 | 1 |
| OSS | 1 | | 2 | 6 |
| Clinic Nurse | | 3 | | 1 |
| Director | | | | |
| Extern | | | 1 | 1 |
| Fiscal Manager | | | | |
| Health Promotion Spec | | | | 1 |
| Intern | | 1 | 1 | 1 |
| Public Health Nurse | | | 2 | 4 |
| Vision & Hearing Tech | | | | 1 |
| Sanitarian | 1 | | 1 | |
| Supervisor | | | | |
| Nutritionist | | | | 1 |
| Health Program Manager | 1 | | 1 | 4 |
| Clinic Coordinator | | 1 | | |
| Network Specialist | | | | 1 |
| Hygienist | | | | 1 |
| Supervising Office Support Spec | | | | |
| Parking Lot Attendant | | | | |
| Peer Counselor/Outreach | | | 2 | 1 |
| P H Comm Spec | | | | |
| Clerical Asst. | | | | |
| TOTAL | 5 | 5 | 13 | 25 |

| <u>Exit</u> | This Qtr | This Qtr Last Year | Year to Date | Yr to date Last year |
|---------------------------------|----------|-----------------------|-----------------|-------------------------|
| Accounting Spec | | | | |
| Case Manger | | | | 1 |
| Case Man Supv | | | | |
| CD Investigator | | 1 | 1 | 1 |
| OSSI/OSSII/Adm Spec | 1 | 2 | 2 | 6 |
| Clinic Nurse/LPN | | | 1 | 1 |
| Director | | | | |
| Extern | | | 1 | 1 |
| Fiscal Manager | | | | |
| Health Promotion Spec | | | | 1 |
| Intern | | 1 | 1 | 1 |
| Public Health Nurse | 1 | | 2 | 4 |
| Vision & Hearing Tech | | | | 1 |
| Sanitarian/Prog Supv | | | 1 | |
| Supervising Nurse/Div Dir | | | | |
| Nutritionist | | | | 1 |
| Health Program Manager | 1 | | 1 | 4 |
| Clinic Coordinator/Prog Coord | | 1 | | |
| Network Specialist | | | | 1 |
| Hygienist | | | | 1 |
| Supervising Office Support Spec | | | | |
| Parking Lot Attendant | | | | |
| Peer Counselor/Outreach | 1 | | 1 | 1 |
| PH Comm Spec | | | | |
| Clerical Asst | | | | |
| TOTAL | 4 | 5 | 11 | 25 |

Memo

To: The McLean County Board of Health

From: Laura Beavers, Behavioral Health Division Manager 

Date: January 10, 2017

RE: Calendar Year 18 Funding

Attached you will find the Calendar Year 18 Funding Timeline and a draft of Calendar Year 18 Funding Criteria and Guidelines. As discussed, the Criteria and Guidelines will be presented to the Mental Health Advisory Board for feedback and advice in February 2017. You will note that I have made some tentative draft recommendations utilizing the McLean County Mental Health Action Plan, Community Health Needs Assessment, Board Member feedback, current practices, and best practice standards. The tentative draft recommendations should serve as discussion points in finalizing the CY 18 Funding Criteria and Guidelines.

Brief Review of CY 17 Funding

Calendar Year 17 was marked by several key changes in our funding processes. This was our first full funding year that mirrored the County Budget year of January 1 through December 31. The Mental Health Advisory Board was established and provided advice, guidance, feedback and suggestions to our processes. In addition, we were able to incorporate the McLean County Mental Health Action Plan within in our funding practices to strengthen our guidelines, applications, and desired outcomes. We specifically added and emphasized the importance of “No Wrong Door”, collaboration, participant centered trauma informed services, rapid response, and Medicaid supplementation (payer of last resort). We were able to purchase and implement a Behavioral Health and Developmental Disability electronic administrative health service system for funding requests and quarterly reporting. This opportunity greatly enhanced our funding process by streamlining communication and increasing transparency. Full utilization of this system will be evidenced in Calendar Funding Year 18.

CY 18 Funding Timeline

Tentatively, the electronic health service system will open on March 15, 2017 and will close on April 12, 2017. Agencies/Entities applying for continuation funding for core services will be able to clone their CY 17 grant application. Programs can then be reconfigured from existing information. All new applicants and initiatives will require system registration and full application.

Points of Consideration for CY 18

As we move into CY 18, we remain challenged by the ongoing Illinois Budget halt. The budget stalemate has presented many unique opportunities and challenges for all. Essentially, the challenges are passed to individual constituents residing in McLean County. It is important that we are engaged, flexible, and

responsive to our community's behavioral health needs as we move forward with the Calendar Year 18 funding process. Should the 1115 Waiver submitted by the State of Illinois pass, it will allow for greater flexibility of Medicaid funding. It is also important that we monitor the potential changes in the Affordable Care Act. The Affordable Care Act significantly expanded Medicaid Coverage that not only increased access to behavioral health services, but also created a payer source for behavioral health services. Despite the unknown economic factors, the following known factors are present:

- Prevention and early intervention is critical. We support SAMSHA's motto: "Behavioral Health is Essential to Health, Prevention Works, Treatment is Effective, and People Recover.
- 1 in 4 Americans will be diagnosed with a behavioral health disorder.
- Each year, serious mental illness costs Americans \$193 billion in lost earnings. The National Institute of Health indicates that much of the economic burden of mental illness is not only the cost of care, but also the loss of income due to unemployment, expenses for social supports, and a range of ancillary costs due to a chronic disability that begins early in life. In order to implement effective interventions, we must treat individuals holistically, treating both the body and mind.
- Individuals with severe mental illness and substance use disorders have significant health challenges. In comparison to the general population, persons with major mental illness lose 25-30 years of normal life expectancy.
- Individuals suffering with mental illness are more likely to have asthma, arthritis, cardiovascular disease, cancer, diabetes, and obesity.
- The majority of individuals, who commit suicide, commit suicide within 2 weeks of being seen by their primary care provider.
- In 2016, 25 lives were lost to suicide in McLean County. The number of lives lost to suicide increased from 22 lives in 2015.
- Emergency rooms remain a primary provider of behavioral health services for many McLean County residents.
- The stigma associated with behavioral health disorders is so great that many individuals do not even access treatment. Only 1/3 of the individuals with diagnosed mental health conditions access treatment.
- We have a number of updated assessments to incorporate into our practices. Including the Community Health Needs Assessment that identified community priorities such as Access to Health Care Services and Behavioral Health and the Surgeon General's Report, "Facing Addiction in America". The Surgeon General's Report details the importance of a comprehensive approach that includes public health prevention efforts, evidenced based services, integrated services, recovery services, and data informed financing strategies.
- McLean County Government is engaged in significant activities on Data Driven Justice Initiatives to improve system coordination and enhance behavioral health outcomes for the justice involved population.

I look forward to working with you during the CY 18 Funding process. Should you have any questions, please contact me at 309-888-5526 or laura.beavers@mcleancountyil.gov.

**MCLEAN COUNTY HEALTH DEPARTMENT
Working 2018 Funding Timeline**

BOARD OF HEALTH and MENTAL HEALTH ADVISORY BOARD

| Date | Activity | Responsible Party |
|------------------------------|---|-------------------------------|
| 1/18/17 | Review Guidelines, Priorities and Application | BOH and MCHD Staff |
| 2/24/17 | Review & Recommend Guidelines, Priorities and Application | MHAB and MCHD Staff |
| 3/8/17 | Approve Guidelines, Priorities and Application | BOH and MCHD Staff |
| 3/15/17 | RFP Posted for BOH | EMK Consulting and MCHD Staff |
| 4/12/17 | BOH Applications Due | Interested Partners |
| 4/15/17 – 4/22/17 | Review Applications via Website | BOH, MHAB and MCHD Staff |
| Time Period 4/24/17 – 5/5/17 | Oral BOH Presentations | BOH, MHAB and MCHD Staff |
| 5/10/17 | Review CY18 Proposed Programming/Funding Discussion | BOH and MCHD Staff |
| 6/30/17 | CY18 Funding Recommendations | MHAB and MCHD Staff |
| 7/12/17 | Review MHAB Recommendations Approval of BOH CY18 Funding | BOH and MCHD Staff |
| 8/25/17 | Progress Review | MHAB and MCHD Staff |
| 9/13/17 | TBD | Scheduled BOH Meeting |
| October | Notification of Funding Approval Letters – Pending Budget | MCHD Staff |
| 10/27/17 | Review CY19 Funding Guidelines and Priorities | MHAB and MCHD Staff |
| November | Work on Contracts | MCHD Staff |
| 11/8/17 | TBD | Scheduled BOH Meeting |
| 12/1/17 | Provider Meeting and Distribution of Contracts | Funded Partners |
| 12/15/17 | Return Due Date of Contracts | Funded Partners |

**MCLEAN COUNTY HEALTH DEPARTMENT
Working 2018 Funding Timeline**

377 BOARD

| Date | Activity | Responsible Party |
|-------------------------------|--|-------------------------------|
| 1/18/17 | Finalize Guidelines, Priorities and Application | 377 Board and MCHD Staff |
| 3/1/17 | RFP Posted for 377 Board | EMK Consulting and MCHD Staff |
| 3/29/17 | 377 Applications Due | Interested Partners |
| 4/1/17 – 4/9/17 | Review Applications via Website | 377 Board and MCHD Staff |
| Time Period 4/10/17 – 4/12/17 | Oral 377 Presentations | 377 Board and MCHD Staff |
| 4/13/17 | Review CY18 Proposed Programming/Funding Discussion | 377 Board and MCHD Staff |
| May Meeting | Review CY18 Proposed Programming and Final Recommendations | 377 Board and MCHD Staff |
| 7/13/17 | Approval of 377 CY18 Funding | 377 Board and MCHD Staff |
| 10/12/17 | TBD | Scheduled 377 Board Meeting |
| October | Notification of Funding Approval Letters – Pending Budget | MCHD Staff |
| November | Work on Contracts | MCHD Staff |
| 12/1/17 | Provider Meeting and Distribution of Contracts | Funded Partners |
| 12/15/17 | Return Due Date of Contracts | Funded Partners |

U:\Administration\MTL\CY18\Working 2018 Funding Timeline by Board

McLean County Board of Health (553 Board)
CY 18 Funding Criteria and Guidelines

Section I
Criteria

All programming and services must have an impact in the following areas:

- Mental Health
- Substance ~~Abuse, Substance Use, Substance Misuse, and Substance Abuse Disorders~~

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Contract funds overseen by the McLean County Board of Health (553 Board) must be designated for behavioral health services, specifically, mental health and substance use disorder services only.

Section II
General Conditions for Funding

- ~~1.~~ All applicants will be required to apply electronically through the MCHD electronic health service system, <https://www.mchdbhdd.org>. Compliance with the application deadline. Late applications will not be accepted.
- ~~2.~~ Applicants will be required to review the McLean County Mental Health Action Plan .
- ~~3.~~ The McLean County Board of Health (553 Board) supports system integration and encourages inter-agency cooperation, coordination, joint planning and any such cooperation evidenced by written agreements between agencies or evidence of participation in local inter-agency joint planning committee will be noted as positive factors when designating mental health funds.
- ~~3-4.~~ A clear demonstration of need must be established prior to the granting of all or part of the funding request.
- ~~4-5.~~ Contract dollars provided through the McLean County Board of Health cannot supplement Medicaid. Illinois Department of Healthcare and Family Services (HFS) is responsible for establishing rates for all eligible services in the Illinois Medicaid Program. The HFS established rate is the maximum allowable rate for each eligible service. Reimbursement of a Medicaid service by a public payer in any amount up to the maximum allowable rate published by HFS shall be considered payment in full and cannot be supplemented in any way. (Community Mental Health Services: Service Definition and Reimbursement Guide, Section 1 Service Provision 201.2.4, pg. 5)
- ~~5-6.~~ All agencies must adhere to a No Wrong Door approach. A No Wrong Door approach, cited in the McLean County Mental Health Action Plan, seeks to improve access to care. A linkage to participant centered services can be obtained through any entry point or

"door". This type of service delivery is based on the principal that all people should receive participant centered services regardless of the access point (organization/agency/entity). This approach relies on organizations in our community knowing that the others exist, what services are provided, and empowering each other to work together for the common good.

~~6.7.~~ Favorable consideration will be given to applicants who clearly demonstrate that a substantial effort has been made to explore other funding resources. Sustainability should be included in the program plan.

~~7.8.~~ Only clearly documented non-duplicative requests will be considered. Any program request that overlaps with an existing available program in McLean County shall be removed from consideration. ~~Pilot programs may be considered.~~ All applicants must consult with other agencies/entities currently providing the service(s) to the target population and explore potential partnerships prior to applying. Applicants will be required to provide linkage agreements, letters of support, and or Memorandums of Understanding to demonstrate programming is non duplicative, coordinated partnerships.

Comment [H1]: Does CY 18 have adequate funding to support pilot projects beyond current efforts?

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~~8.9.~~ Program plans: Objectives, Client Outcomes, and Staffing will be a prime consideration when allocating funds and must be designed to meet the stated objectives. There must be assurance that the agency and personnel assigned to the program are qualified and experienced. Program plans must include services that are participant centered, evidenced informed or evidenced based, trauma informed, and outcome driven. A clear, concise description of the impact of the provided service on the targeted population must be included. Rapid response service delivery is strongly encouraged. Program plans must also identify a sustainability plan.

~~9.10.~~ Each applicant must have a clearly defined plan to assess program results using the designated process to evaluate the desired impact of the program on the client outcomes.

~~10.11.~~ All agencies must demonstrate an ability to meet and agree to accept, all of the following conditions in order to be considered for funding:

- A. A mutually agreed upon contract between the grantee and the Board of Health (553 Board) must be negotiated and approved by the State's Attorney prior to awarding the grant.
- B. Payments for contractual services will be made on a schedule stated within the contract provided the agency has met all contractual conditions and obligations.
- C. Periodic reports and site visits will be required in accordance with the contractual agreement. Each applicant must utilize the designated process to document quarterly progress. Reports should contain, at a minimum, types of service

- rendered, service outcomes, evidence of progress in attaining program objectives, and narrative describing program activities during the quarter.
- D. At the end of the funding period, the Board of Health Board will require a final report summarizing program activities, evaluation of the program in accordance with the proposal outlined above, and an accounting of all funds received from the Board of Health.
 - E. Funds will be provided to not for profit or governmental agencies only. Satisfactory evidence of not for profit and tax exempt status must be on file or accompany the program proposal.
 - F. The Board of Health will require evidence of fiscal responsibility and sound accounting practice prior to contracting with the agency for mental health services. An Annual CPA audit prepared in accordance with AICPA Industry Audit Standards will satisfy this requirement.
 - G. All new proposals will require a public presentation detailing the submitted funding proposal will be required as scheduled by the Board of Health. The Board of Health may require public presentations for continuation funding requests, should the Board of Health have additional questions regarding the defined services, outcomes, and financial reports.
 - ~~H.~~ All grants are subject to limitation depending on the availability of funds designated under 55-ILCS 5/5-2505 to the Board of Health.
 - ~~H.~~ Approved grantees must comply with the Title VI of the Civil Rights Act of 1964 (PL88-353) and Tile VII of the Civil Rights Act of 1964.
 - ~~I.~~ Agencies must submit a revised Budget and Application of Revenue Form to the Department, no later than January 31st-5th for the prior calendar year funded, outlining an annual expenditure plan.
 - ~~J.~~ DHS grantees must submit all grant applications for State funding to the Health Department for review and comment. In addition, notification of all site visits by DHS will be given to the Department as well as submission of other State reports as specified in the agency contracts.

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Section III
CY 18 Funding Priorities
January 1, 2018-December 31, 2018

~~Behavioral Health and Substance Abuse~~

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- Behavioral Health is essential to health. It includes mental health and substance use disorders. Prevention reduces the likelihood of the onset of health problems, reduces harm and saves dollars.
- Individuals impacted by mental illness and substance use disorders have the opportunity to live healthy, productive lives.

- Individuals impacted by mental illness and substance use disorders should have access to treatment tailored to their specific needs, at the required level of care, that promotes overall improved health and wellness.
- Supports for individuals with mental illness and substance use disorders should focus on developing and strengthening their individual capacities and support networks. A natural part of this process includes wellness, recovery, and termination.
- Support for individuals impacted by mental illness and substance use disorders should seek to reduce the stigma associated with their illness/disorder.
- Suicide is one of the leading causes of death. Research and Data suggest the following:
 - According to the Center for Disease Control, suicide was ranked as the 10th leading cause of death among person ages 10 and older in the United States in 2009.
 - According to 2008 data provided by The Illinois Department of Public Health, suicide was the 10th leading cause of death in McLean County.
 - ~~In 2016, there was 25 deaths due to suicide. In 2015, there were 22 suicide deaths. A report provided by the McLean County Coroner for the year 2015 indicated there were 22 suicide deaths in McLean County.~~
 - In the United States, suicide is the third leading cause of death in young people, age, 15-24 years. ~Provided by CDC, cited within Youth Mental Health First Aid manual, page 135.
- Prevalence Data from Behavioral Health, United States 2012 publication indicates:
 - In 2011, more than 41 million U.S. adults (18 percent) had any mental illness, and nearly 20 million (8 percent) had a substance use disorder.
 - In 2011, nearly 9 million U.S. adults (4 percent) had mental illness that greatly affected day-to-day living, or serious functional impairment.
 - Data collected in 2010 and 2011 indicate that almost half of United States children ages 4-11 with emotional or behavioral difficulties used mental health services at least once during the past year.

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McLean County Priorities & Objectives

Children, Adolescent and Family Focused Programs and Services

1. Provide a full spectrum of community based crisis response services, including a 24 hour crisis line, mobile crisis services, crisis stabilization services, and recovery services.
2. Identify youth at risk of social, emotional, and/or behavioral health issues, and using evidence based/informed services, engage in a process of healing and positive development. Employ prevention and early intervention strategies to improve behavioral health outcomes.
3. Expand access to psychiatric services.

4. Provide supportive employment and residential services.

Access to Community Based Services, Resource Development and Collaboration

1. Increase investments in programs and services through system integration, collaboration and innovative approaches with a strong emphasis on prevention and early intervention.
2. Increase the ability to access high quality community based services that include prevention, treatment, recovery, and wellness services at the earliest age and earliest stage.
3. Reduce involvement of target populations in the criminal justice system.

Section IV Decision Authority

Overarching Decision Support Considerations

The CY18 allocation process will require all applications to address the overarching criteria listed below.

1. **Underserved Populations:** Programs and services that promote access for the underserved populations as identified in the Surgeon General's Report: ~~on~~ Mental Health: Culture, Race, and Ethnicity, the Surgeon General's Report : Facing Additon in America, McLean County Mental Health Action Plan, and the Community Health Needs Assessment.
2. **Countywide Access:** Programs and services that promote county wide access for all people, cradle to grave, in McLean County. Concentrating on documented, underserved populations needing access to locally funded services.
3. **Budget and Program Connectedness:** Applications must clearly explain the relationship between budgeted costs and program components and must demonstrate how individuals and their preferences are driving the services. For example, "What is the Board of Health buying and for whom?" is the salient question to be answered in the proposal and clarity is required. Administrative costs and indirect personnel costs must not exceed 1.5%.

Secondary Decision Support and Priority Criteria

The process items included in this section will be used as important discriminating factors which influence final allocations decision recommendations.

1. **Approach/Methods/Innovation:** Applications proposing evidence-based, evidenced informed or research based approaches must cite the fidelity model. Applications demonstrating creative and/or innovative approaches to meet defined community need.
2. **Evidence of Collaboration:** Applications identifying collaborative efforts and system integration employing practices that work towards a more efficient, effective inclusive system of care. Memorandum's of Understanding, Linkage Agreements, and/or Letters of Support will be required to detail partnerships.
3. **Sustainability:** Applications highlighting a sustainable program plan or detailing specific funding gaps.
4. **Staff Credentials:** Applications highlighting staff credentials and specialized training.
5. **Records systems reflecting the McLean County Board of Health's Values and Priorities:** Applications proposing to develop and utilize records systems for individuals' supports, programs and projects that clearly reflect the BOH values and priorities. Such records systems can be used to provide rapid feedback to the BOH and the impact and efficacy of innovative projects and provide project managers and direct support staff with direction and feedback that can be utilized in day to day management, supervision, and mentoring/coaching.

Final Decision Authority

The McLean County Board of Health (553 Board) will make the final decision concerning all applications for funding.

Should you have any questions regarding your CY 18 Application, please contact Laura Beavers at 309-888-5526 or laura.beavers@mcleancountyil.gov

COMMUNITY HEALTH SERVICES DIVISION
McLean County Board of Health—3rd Quarter Report
For January 18th, 2017

Highlights and Service Trends:

Community Health:

- **Dental Program:**
 - **Adult Dental:** The 3rd Quarter # of dental appointments kept in 2016 (N=66) showed only a slight decrease in comparison to 3rd quarter of 2015 (N=69); however, the Year-to-Date (YTD) totals show an overall -23% decrease compared to 2015.
 - **Anecdote from the adult dental hygiene pilot project:** hygiene staff worked with a young mother, who had come with her child to the Child Dental Clinic, to help her schedule an appointment for herself to have her teeth cleaned after we learned that she was eligible for our services. As a child, she had a decayed tooth that had never been addressed and she quit tooth brushing on that side of her mouth because it hurt too much. Over time, the plaque on her teeth had hardened and layer after layer had built up and was visible when she smiled. There were places of calculus that were over 6 mm thick. She had sought help at another clinic but was told it would cost \$750 to remove the tooth and perform cleaning. Staff brought her into the hygiene project and worked for 2 hours on her first visit to perform hygiene and remove the tooth. She will need an additional hygiene visit to remove the remaining build up. Staff reported that the client “was so excited to see some of her teeth that she hadn’t seen in years”, and a staff member stated “This is why I love Friday clinic! Every week I am thanked profusely, hugged and even had patients cry they are so grateful.”

- **Immunizations:**
 - **3rd Quarter Vaccines for Children (VFC):**
 - The 3rd Quarter # of VFC immunizations given (N=2942) showed an increase of 1.2% in comparison to the same time period in 2015 (N=2907). (1st Quarter: 16.8% increase in 2016 compared to 1st Quarter of 2015).
 - **3rd Quarter Activities:**
 - **Strategies to reduce the summer back-to-school rush:** Several approaches were used to assist with meeting immunization needs: 1) two additional late afternoon/evening clinics were offered; 2) throughout August, appointments were made for infants and required school vaccines only; 3) 5 outreach clinics (for the meningitis requirement) were held at NCHS, NWHS, BHS, and Ridgeview; and, 4) for the 4 days before, during and immediately after the start of school (8/16-8/19), the Child Immunization Clinic was walk-in only for required school vaccines. Several school nurses reported that these efforts assisted with significantly reducing the number of children that had to be excluded from school this year.

- **Children’s Flu Vaccine:** In 2016, January through July encompasses the remaining months of the 2015/2016 flu season. The new season essentially begins each August with the arrival of the new seasonal flu vaccine.

Comparison of # of VFC and Private Flu Vaccine Doses Administered - 2016

| Date | VFC (in clinic) | VFC(outreach) | Private Vaccine (in clinic) | Private Vaccine(outreach) |
|-------------------------|-----------------|---------------|-----------------------------|---------------------------|
| 2016 Total | 1172 | 5 | 105 | 35 |
| 8/2016 – 12/2016 | 890 | 5 | 95 | 35 |

- **Adult Flu Vaccines through Outreach Clinics:** 3400 doses of flu vaccine in various formulations for adults were ordered for the fall flu vaccination season. Through outreach clinics alone, 3081 doses were administered; a total of 80 doses remain available; the other doses were administered at MCHD.
- **Vision and Hearing Screening Program:** Heidi German, RN, completed Hearing training during 3rd Quarter, and Vision training during 4th Quarter. She is now qualified to provide screenings in local schools and preschool/childcare facilities.

Personnel:

- **Personnel changes during 3rd Quarter include:**
 - Student Nurse Extern: Caley Roehrig, student nurse extern, completed her term on 8/18/16.
 - AmeriCorps: 1) Sarah Koeller: completed her 11-month term on 8/12/16; 2) Kevin McCall joined us in mid-April and completed his hours 9/23/16; 3) MCHD's new AmeriCorps member is John Hilliard, who joined us on 9/19/16.
 - Interns: 1) Emily Preske: summer intern with the PHEPR Program ended her term on 8/12/16.
 - Retirements: Valerie Harlacher, RN: last day was on 9/16/16.
 - Resignations: Nicole Aune, Health Promotion Manager: last day on 10/12/16.
- **Personnel changes since 10/1/16:**
 - Resignations: Nicole Aune, Health Promotion Manager: last day on 10/12/16.
 - New Staff: Laswana Spiller, RN in CD/PHS (10/31/16); Angela Young, RN in CD/PHS (10/31/16); Kim Barman, Health Promotion Manager (11/8/16).
 - Retirements: the retirement of Trish Cleary, Immunization Clinic Supervisor, was announced on 1/12/17. Her last day at MCHD will be 2/24/17.

Communicable Disease/Personal Health Services:

- **3rd Quarter Activities include:**
 - The McLean County mumps outbreak was officially declared over by IDPH on 8/4/16.
 - MCHD began to offer the new Meningitis B vaccine (Trumenba) for both children and adults.
 - As of 7/1/16, the program began to offer insurance billing for sexually transmitted infections. Most services in the CD/PHS program can now be billed to insurance.
 - On 9/14/16, the CD/PHS Program Supervisor presented a concurrent session at the IPHA Annual Conference in Springfield on "Mumps: Coming to a Campus Near You". She brought with her representatives from ISU Student Health Services and Heartland Community College to share how collaboration between these entities and other stakeholders assisted MCHD in controlling 2 mumps outbreaks between August of 2015 and August of 2016.
- **Anecdote:** CD/PHS staff provides much education and support to their clients. One staff member reported seeing a client, who had come in to the clinic distraught, leave the clinic smiling. The individual came back periodically to see a staff member and would "leave hugging her and smiling" according to another employee.

Public Health Emergency Planning and Response (PHEPR) Program:

- **3rd Quarter Activities for the PHEPR Program:**
 - Preparations continued for the 3rd biennial Disaster Mental Health Conference at Heartland Community College, sponsored by MCHD and the MCHD Medical Reserve Corps on 11/1/16 (Mental Health First Aid) and 11/2/16 (Conference).
 - MCHD's Emergency Preparedness Coordinator (ERC), David Hopper, presented a concurrent session on 9/14/16 at the Annual IPHA Conference and meeting in Springfield, reviewing the Functional Needs Mapping Project and CDC CASPER activities process and results. This was a project conducted with Illinois State University and the project results have been shared with local responders to improve and prepare for assisting county residents with functional needs during a public health emergency.

Administrative Activities:

- **Health Promotion:** The program welcomed its new manager, Kim Barman, on November 8th, 2016. Grants and activities provided in this program include support for the County Employee Wellness program, breast cancer detection and prevention, smoke-free multi-unit housing, smoking cessation and prevention for youth, e-cig education and awareness, asthma education and control initiatives, health promotion presentations on various topics, and a strong presence at health fairs throughout the county. Staff is also active in the McLean County Wellness Coalition and other local organizations and efforts. During 2016, this program promoted health information at 34 health fairs, achieving 5,589 contacts at them; and, provided 194 educational programs, reaching 3,302 participants.
- **IPLAN/Community Assessment/Health Plan Collaboration Efforts:** During the 3rd Quarter, the joint community health needs assessment (CHNA) was completed and approved by the McLean County Board of Health (7/13/16), the Advocate BroMenn Governance Council (7/19/16), and the OSF Healthcare Governing Board (7/25/16). It had previously been approved in June by the governing board for the United Way of McLean County. Third quarter and 4th quarter efforts focused on the development of a joint Community Health Improvement Plan (CHIP) for the county. The new CHIP document was approved by the McLean County Community Health Council on 12/8/16 and is being brought before the McLean County Board of Health for its approval on 1/18/17.
- **RWJF Invest Health Grant:** 3rd Quarter: The Invest Health team traveled to Denver for training at the end of September, and continued to meet locally with organizations to improve health through the built environment, as well as to improve access to healthcare and healthy foods. This planning grant continues until 12/31/17.

**COMMUNITY HEALTH SERVICES DIVISION
PRELIMINARY QUARTERLY REPORT
3rd Quarter, 2016**

| COMMUNITY HEALTH SERVICES | Jul | Aug | Sept | 3rd Qtr 2016 | 3rd Qtr 2015 | YTD 2016 | YTD 2015 |
|--|------------|------------|-------------|-------------------------|-------------------------|---------------------|---------------------|
| Home Nursing Visits | 16 | 20 | 16 | 52 | 61 | 174 | 202 |
| Child Care Nurse Consultant Services | 0 | 1 | 1 | 2 | 119 | 47 | 362 |
| Dental Appointments, Adults | 17 | 26 | 23 | 66 | 69 | 200 | 261 |
| Dental Appointments, Children | 304 | 540 | 365 | 1209 | 1342 | 3,753 | 3,788 |
| Vision & Hearing Screenings | 0 | 0 | 0 | 0 | 0 | 2,100 | 2,313 |
| Outreach Child Imm (Schools) # of Clients Vaccinated | 0 | 79 | 0 | 79 | 0 | 112 | 0 |
| Outreach Child Imm (Schools) # of Clinics Held | 0 | 5 | 0 | 5 | 0 | 7 | 0 |
| Outreach Flu-Adult Vaccines given | 0 | 125 | 546 | 671 | 817 | 687 | 843 |

| COMMUNICABLE DISEASE CONTACTS | Jul | Aug | Sept | 3rd Qtr 2016 | 3rd Qtr 2015 | YTD 2016 | YTD 2015 |
|---|------------|------------|-------------|-------------------------|-------------------------|---------------------|---------------------|
| STD Counseled | 61 | 78 | 67 | 206 | 163 | 576 | 580 |
| Gonorrhea: Tested & Investigated | 87 | 100 | 85 | 272 | 272 | 789 | 773 |
| Chlamydia: Tested & Investigated | 93 | 110 | 102 | 305 | 304 | 919 | 943 |
| Syphilis: Tested & Investigated | 40 | 45 | 40 | 125 | 108 | 391 | 385 |
| HIV Counseled | 46 | 34 | 45 | 125 | 141 | 438 | 532 |
| HIV Tested & Investigated | 52 | 44 | 39 | 135 | 115 | 434 | 409 |
| Immunizations Given - VFC | 796 | 1247 | 899 | 2942 | 2907 | 8,332 | 8,575 |
| Immunizations Given -CD STD Clinic | 1 | 1 | 2 | 4 | 12 | 19 | 48 |
| Immunizations Given - Private (Adults & Children) | 92 | 142 | 116 | 350 | 180 | 668 | 513 |
| Flu Immunizations Given - Adults Seasonal | 0 | 3 | 36 | 39 | 817 | 55 | 843 |
| Flu Immunizations Given - Children Seasonal | 0 | 2 | 170 | 172 | 79 | 719 | 538 |
| Communicable Disease Contacts | 1321 | 1601 | 1342 | 4264 | 4515 | 11,694 | 13,161 |
| HIV/STD Program Attendance at Presentation | 3 | 0 | 20 | 23 | 0 | 103 | 5 |
| Other CD Program Attendance at Presentation | 46 | 0 | 10 | 56 | 58 | 383 | 228 |
| Child Imm # of Clients Seen in Clinic(Appt/Walk-in) | 436 | 628 | 468 | 1532 | 0 | 3,773 | 0 |
| Child Imm Phone Calls & Voicemails for Clinic | 433 | 689 | 409 | 1531 | 0 | 3,393 | 0 |

**Maternal Child Health Services Division
January 18, 2017 Board of Health Meeting
Highlights for November & December 2016
Fourth Quarter Report**

Staffing:

- The MCH division welcomed Keyouna Miller, OSS I on November 29.

HealthWorks Lead Agency (HWLA):

- Marie McCurdy, HWLA Coordinator was asked to train a new HW Coordinator from Macon County in November. Marie spent a day with the new coordinator explaining how to handle various reports as well as data entry and reporting requirements. This is the second coordinator this fiscal year that Marie has worked with. The first was from Peoria County early in the fiscal year. In addition, Marie will provide training to the new HW Coordinator from DeWitt/Piatt CHD in the near future.

Family Case Management (FCM) & Better Birth Outcomes Program (BBO):

- Program staff continues to successfully increase the BBO program caseload. Average achieved caseload for the year is 153, with assigned caseload at 150.
- FCM program contacts dipped in November and December due to a case manager out on maternity leave.
- Program staff have been conducting "meet and greet" meetings with partner OB offices to inform staff about FCM and MCHD services. Referring pregnant women to FCM can benefit both the women and the physician offices and is especially beneficial with high risk prenatal patients.

Special Supplemental Nutrition Program for Women, Infants and Children (WIC)

- The December Saturday clinic was cancelled due to electrical line repairs that cut power to the building.
- Program staff continues to address low caseload achievement for the WIC program. Predictably, the caseload dipped slightly in November and December due to holidays and availability of other services within the community. January is off to a strong start with client demand for program services. Staff continues to utilize Facebook and texting as reminders to clients.

MCH Clinic Services:

- In 2016, there were slightly fewer high lead results than the previous year. Seventeen children tested at risk (a blood lead level between 5 and 9.9 micrograms per deciliter); three additional children tested at an elevated risk (a blood lead level between 10 and 44 micrograms per deciliter) requiring a confirmatory venous lead test. Those with a venous lead above 10 receive a home visit and case management services. The three elevated cases ranged from 10 to 13 micrograms per deciliter.

A federal law mandates children receiving Medicaid be tested before 12 and at 24 months of age. Infants are tested in MCH clinic after six months of age (about the same time that many start to crawl) and again at one year of age (when most children are at an active and mobile stage) and at two years of age and for any child under the age of six years who resides or spends a significant portion of their time in an older home or in a high risk zip code. The Illinois Department of Public Health identifies high risk zip codes based upon prevalence of children with elevated lead levels as well as the age of housing stock in that area. In McLean County, the following zip codes are considered high risk: 61701-Bloomington, 61720-Anchor, 61722-Arrowsmith, 61724-Bellflower, 61728-Colfax, 61730-Cooksville, 61731-Cropsey, 61737-Ellsworth and 61770-Saybrook.

- Developmental screenings are conducted on children at each MCH visit. The rate of children needing Early Intervention referrals got 2016 was 2.8%, falling slightly from 2015. A "normal" rate of referral/children in services would be between 1-3% of those screened.

Partnerships... A case manager received a phone call from the physician of one of her pregnant clients. The office was very concerned about the client's health and the health of her unborn twins. Due to several medical complications, the client was at high risk for delivering the infants prematurely and the client was given direction from the physician's office to go to OSF St Francis in Peoria right away. However, the client was refusing to comply with medical directions, refusing to take prescribed medications, refusing to follow a special diet and refusing to go on bed rest. The office was ready to drop her as a patient for refusing to follow directions. The nurse at the office reached out to the case manager as a last hope. The case manager contacted the client and arranged to meet with her in her home. During the home visit, the case manager identified what was keeping the client from agreeing to her doctor's orders and helped the client come up with an agreeable plan on how to remove the obstacles to those orders. The case manager found out the client wasn't trying to be difficult: she had an older child who needed to get to school each day. The father didn't drive due to a disability. The client was concerned about who would take care of her child while she was away. If she were stuck in a hospital bed, who would prepare for the arrival of the babies? She had a distrust of doctors from past situations and was acting on her instincts. Her refusal was dangerous to her in her present condition, but past experience had taught her that her instincts would bring her comfort and reassurance.

The case manager took the time to work with the client and write out a list of obstacles and a solution to each one. They outlined a fair time frame and the case manager helped her make sure her goals were achievable. The case manager helped secure resources for new baby supplies and found several programs to help continue with baby supplies. The client promised to find a trustworthy babysitter for her older daughter and someone who could take her back and forth to school. The daughter's care was no longer an obstacle. The baby supplies were no longer an obstacle. Now, the client just had to put her trust in her medical care team, an obstacle that proved to be the most difficult. The case manager worked as a mediator between the doctor's office and the client, finding solutions that the client would agree to and agreeing to a date to check into the hospital. However, the client got cold feet and was a no-show on the agreed date. The case manager again went back to the client and gave her reassurance, reminding her that being a good mom starts even before the babies are born. The client finally agreed to go to Peoria, just in time. The client's blood pressure was extremely high and she had severe swelling. She had low hemoglobin. The cord was wrapped around the neck of both babies and they were in need of oxygen. The babies were born the next day by emergency c-section and were in fairly good health. All are now home safe and sound after a stay in the NICU. The case manager worked with the client after delivery to accept a medication to help control her high blood pressure.

A day in the life... A breastfeeding peer counselor received a phone call from a client with a clogged milk duct after previous calls to community supports were unsuccessful. The BPC counseled the client on the phone and later, in the clinic. The BPC spent time with the client, and came to discover that the client was actually her on a visit during the holidays and was from out of state and was referred to the WIC BPC by a family member who had received assistance from the BPC in the past. The client called the next day to report that intervention strategies had worked and the client was feeling much better. A great example of WIC becoming more commonly known in the community as a place to go for breastfeeding education and support.

**MATERNAL CHILD HEALTH SERVICES DIVISION
QUARTERLY REPORT
4th Quarter, 2016**

| PROGRAM SERVICES | Oct | Nov | Dec | 4th Qtr 2016 | 4th Qtr 2015 | YTD 2016 | YTD 2015 |
|------------------|-----|-----|-----|--------------|--------------|----------|----------|
|------------------|-----|-----|-----|--------------|--------------|----------|----------|

AOK Program

| | | | | | | | |
|-------------------------------|-----|----|----|-----|-----|-----|-----|
| AOK Network-sponsored events | 3 | 4 | 3 | 10 | 16 | 66 | 84 |
| AOK attendance - Professional | 27 | 36 | 17 | 80 | 106 | 665 | 611 |
| AOK attendance - Public | 275 | 38 | 2 | 315 | 38 | 922 | 792 |

WIC Program

| | | | | | | | |
|---|------|------|------|------|-------|-------|-------|
| WIC caseload | 2031 | 1972 | 1928 | 1977 | 2,122 | 2,013 | 2,214 |
| WIC clinic certifications and mid-year follow ups (total) | 398 | 345 | 362 | 1105 | 1,291 | 4,810 | 5,548 |
| Clinic visits-Women | 118 | 102 | 127 | 347 | 373 | 1,471 | 1,608 |
| Clinic visits-Infants | 110 | 89 | 100 | 299 | 367 | 1,323 | 1,669 |
| Clinic visits-Children | 170 | 154 | 135 | 459 | 551 | 2,016 | 2,271 |
| WIC nutrition education contacts | 324 | 370 | 325 | 1019 | 1,243 | 4,429 | 5,569 |
| Breastfeeding Initiation (percent) | 67 | 85 | 64 | 72 | 72 | 69 | 73 |
| BPC contacts | 81 | 64 | 74 | 219 | 210 | 497 | 948 |

MCH Clinic Services

| | | | | | | | |
|--|-----|-----|-----|-----|-----|-------|-------|
| Lead Screenings | 105 | 88 | 76 | 269 | 305 | 1,133 | 1,274 |
| Lead results above normal limits (5-9 mcg/dl) | 3 | 1 | 2 | 6 | 3 | 17 | 23 |
| Lead results above normal limits (10 mcg/dl or above) | 0 | 0 | 1 | 1 | 0 | 3 | 5 |
| Hemoglobin tests | 216 | 205 | 199 | 620 | 730 | 2,738 | 3,097 |
| Hgb results below normal limits | 17 | 12 | 14 | 43 | 64 | 242 | 344 |
| Pregnancy tests | 25 | 20 | 26 | 71 | 52 | 288 | 213 |
| Developmental Screens | 170 | 172 | 146 | 488 | 687 | 2,441 | 3,035 |
| Early Intervention referrals to Child & Family Connections | 9 | 10 | 3 | 22 | 15 | 69 | 92 |
| Early Intervention referrals to school district | 1 | 1 | 0 | 2 | 3 | 10 | 7 |
| All Kids applications | 12 | 9 | 7 | 28 | 28 | 114 | 117 |
| Medicaid Presumptive Eligibility (MPE) applications | 9 | 5 | 8 | 22 | 30 | 94 | 116 |

FCM / BBO / APORS / Genetics Program

| | | | | | | | |
|--|------|------|------|------|-------|--------|--------|
| FCM caseload | 1020 | 1040 | 1046 | 1035 | 1,237 | 1,029 | 1,269 |
| Better Birth Outcomes caseload | 156 | 144 | 150 | 150 | 139 | 153 | 131 |
| FCM contacts | 2620 | 1821 | 1769 | 6210 | 6,042 | 27,924 | 29,236 |
| APORS | 5 | 11 | 10 | 26 | 39 | 128 | 144 |
| Depression screens | 122 | 98 | 122 | 342 | 468 | 1,641 | 1,909 |
| Referrals to Center for Human Services | 5 | 3 | 3 | 11 | 15 | 45 | 64 |
| Genetic screens | 6 | 10 | 4 | 20 | 24 | 99 | 67 |
| Prenatal physician assignments | 37 | 26 | 38 | 101 | 92 | 325 | 329 |
| Pediatrician assignments | 56 | 51 | 59 | 166 | 165 | 653 | 704 |

DCFS Medical Case Management Program (0-6yrs.) **

| | | | | | | | |
|-----------------------------------|----|----|----|----|----|----|----|
| ** Number of children in care | 92 | 91 | 90 | 90 | 81 | | |
| Number of children closed to care | 2 | 1 | 6 | 9 | 8 | 24 | 45 |
| Number of children entering care | 2 | 0 | 3 | 5 | 5 | 42 | 33 |

DCFS HealthWorks Lead Agency Program

| DCFS Lead Agency wards in custody | Oct | Nov | Dec | 4th Qtr 2016 | 4th Qtr 2015 | | |
|-----------------------------------|-----|-----|-----|--------------|--------------|--|--|
| ** DeWitt County | 22 | 21 | 21 | 21 | 17 | | |
| ** Livingston County | 14 | 16 | 18 | 18 | 21 | | |
| ** McLean County | 240 | 226 | 227 | 227 | 238 | | |
| ** Piatt County | 16 | 10 | 11 | 11 | 14 | | |

Better Birth Outcome program Quarterly and YTD totals will be an average of the respective quarter or YTD.

** For # of children in care for HealthWorks and Medical Case Management, Quarter & YTD totals will be the same numbers.

**DEFINITIONS FOR QUARTERLY REPORT FIGURES
MATERNAL CHILD HEALTH SERVICES DIVISION**

All Our Kids Program

AOK Network-sponsored events: # of events AOK planned, promoted or participated in.
AOK Attendance – Professional: # of staff from community agencies in attendance at events.
AOK Attendance – Public: # of lay persons in attendance at events.

WIC Program

WIC caseload: Achieved caseload as reported through Cornerstone; assigned for FY16=2806.

WIC clinic certifications and mid-year follow ups: Total # of WIC clinic visits.

Women: # of clinic visits for pregnant, breastfeeding & post-partum women.

Infants: # of clinic visits for infants aged 0 to 12 month birthday.

Children: # of clinic visits for children aged 1year to 5th birthday.

WIC nutrition education contacts: Total # of clients attending group nutrition education sessions or completing self-study nutrition modules in clinic or on approved web site.

Breastfeeding initiation: % infants initially breastfed (counted at 1 mo of age).

BPC contacts: # contacts (phone, clinic, home visit) made by peer counselors to pregnant and breastfeeding women.

BPC caseload: Unduplicated count of active WIC pregnant and breastfeeding women with BPC contacts from state report.

MCH Clinic Services

Lead screenings: # of blood lead screenings completed on children 6 months to 6 years of age.

Lead results (5-9 mcg/dl): result in phone or letter contact by public health nurse to parent encouraging that child have a follow up visit by their pediatrician.

Lead results (10 mcg/dl or above): result in home visit by public health nurse to educate parent about lead sources and encourage that child have a follow up visit by their pediatrician.

Hemoglobin tests: # of hgb tests completed on children 9 months to 5 years of age and pregnant, breastfeeding and postpartum women.

Hgb results below normal limits: clients are educated on sources of iron in the diet, client's physician is notified and client is retested at next clinic visit.

Pregnancy tests: # of pregnancy tests completed on clients who apply for MPE in prenatal clinic who are without a medically confirmed proof of pregnancy.

Developmental screens: # of Denver II or Ages & Stages screenings completed in clinic or on home visits.

Early Intervention referral to CFC: # of referrals on children who are birth to 35 months based on developmental screen results outside normal limits for child's age.

Early Intervention referral to school district: # of referrals to child's school district on children who are 3 to 5 years of age based on developmental screen results outside normal limits for child's age.

All Kids applications: # of applications submitted on line to assist client in obtaining medical insurance coverage.

MPE applications: # of applications submitted for prenatal clients who do not currently have medical coverage.

FCM / BBO / APORS / Genetics Programs

FCM caseload and BBO caseload: monthly caseload achievement based on program enrollment reports; FY16 assigned FCM=690; BBO=150.

FCM Contacts: Total # of Family Case Management contacts including home visits, face-to-face and phone contacts by nurses & case managers to provide assessment, education, counseling, referral and follow-up. Also included are contacts to families not eligible for FCM but referred for APORS, lead poisoning, or other high-risk situations.

APORS: # of cases referred through Adverse Pregnancy Outcome Report System.

Depression Screens: # of Edinburgh Postnatal Depression Scale screens completed on pregnant and pp women.

Referrals to CHS: based on a self-reported high score on EPDS.

Genetic Screens: # of clients assessed for referral to IDPH Genetics Services.

Prenatal physician assignments: # physician referrals made for prenatal clients who have medical card coverage and do not have an OB.

Pediatrician assignments: # physician referrals made for prenatal clients for their infants who will be covered by a medical card.

DCFS Medical Case Management Program (0-6 years)

DCFS Medical Case Management: # of children in the care of DCFS ages birth to 6 years.

Number closed to care and entering care: # closed or entering into care for the given month.

DCFS HealthWorks Lead Agency Program

DCFS Lead Agency Wards in Custody: # of children in custody at close of quarter in each county listed.

McLean County Juvenile Detention Center
Healthcare Report 2016

| | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sept | Oct | Nov | Dec |
|-------------------------------------|-----|-----|-----|-----|-----|-----|-----|-----|------|-----|-----|-----|
| Population | | | | | | | | | | | | |
| Medical Clearance Not Accepted | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Juveniles in custody first of month | 10 | 18 | 9 | 12 | 9 | 16 | 18 | 17 | 16 | 13 | 14 | 9 |
| Juveniles Admitted | 34 | 21 | 34 | 24 | 41 | 40 | 23 | 22 | 29 | 20 | 23 | 18 |
| Juveniles released during month | 26 | 30 | 31 | 27 | 34 | 38 | 24 | 23 | 32 | 19 | 28 | 15 |
| End of Month Population | 18 | 9 | 12 | 9 | 16 | 18 | 17 | 16 | 13 | 14 | 9 | 12 |
| | | | | | | | | | | | | |
| On-Site Clinical Services | | | | | | | | | | | | |
| Physician & Dentist | | | | | | | | | | | | |
| MD Sick Call Encounters | 5 | 2 | 6 | 7 | 8 | 15 | 7 | 18 | 10 | 10 | 5 | 7 |
| Phone Call consultations | 23 | 16 | 32 | 16 | 12 | 14 | 2 | 7 | 4 | 8 | 3 | 8 |
| Dental Screenings | 0 | 12 | 0 | 18 | 0 | 14 | 0 | 3 | 0 | 4 | 0 | 3 |
| refused | 0 | 4 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Tele psychiatry at JDC | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | | | | | | | | | | | | |
| Staff Nurse | | | | | | | | | | | | |
| Sick Call Encounters | 57 | 35 | 21 | 28 | 36 | 46 | 30 | 71 | 41 | 25 | 25 | 35 |
| Nurse Mental Health Screenings | 15 | 9 | 15 | 8 | 16 | 18 | 12 | 12 | 11 | 9 | 7 | 12 |
| Physicals | 11 | 7 | 10 | 5 | 16 | 16 | 9 | 11 | 9 | 8 | 6 | 8 |
| Health History | 11 | 7 | 10 | 5 | 16 | 16 | 9 | 11 | 9 | 8 | 6 | 8 |
| Medical Transfer forms | 19 | 20 | 11 | 16 | 11 | 26 | 10 | 10 | 14 | 9 | 2 | 5 |
| Phone conference- PO/Family | 8 | 12 | 7 | 6 | 5 | 17 | 1 | 10 | 3 | 8 | 7 | 8 |
| Communicable Disease Treated | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Court Ordered STD/DNA | 3 | 2 | 1 | 1 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 |
| Resident STD testing | 4 | 4 | 2 | 4 | 9 | 9 | 5 | 7 | 11 | 5 | 5 | 8 |
| Other medical testing | 1 | 0 | 4 | 0 | 0 | 7 | 0 | 0 | 0 | 0 | 0 | 0 |
| | | | | | | | | | | | | |
| Tuberculosis Program | | | | | | | | | | | | |
| Number tested | 7 | 22 | 12 | 8 | 8 | 6 | 8 | 6 | 7 | 9 | 4 | 10 |
| Positive Reactor Forms | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Follow Up Chest X-Ray | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| TB Program Total | 7 | 23 | 12 | 8 | 8 | 6 | 8 | 6 | 7 | 9 | 4 | 10 |

McLean County Juvenile Detention Center
Healthcare Report 2016

| | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sept | Oct | Nov | Dec |
|---|-------|-----|-----|------|------|------|-------|-------|------|-------|------|------|
| Quality Review | | | | | | | | | | | | |
| Medication Error Reports | 1 | 2 | 0 | 3 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 |
| Quality Assurance Chart Reviews completed | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 9 | 10 | 8 | 10 | 10 |
| Mental Health Services | | | | | | | | | | | | |
| Contractual Therapist | | | | | | | | | | | | |
| Total contacts | 66 | 45 | 34 | 25 | 38 | 66 | 54 | 61 | 56 | 45 | 51 | 57 |
| Total individual hours | 33.25 | 27 | 24 | 18.3 | 26.5 | 31.5 | 27.25 | 29.75 | 33 | 27.75 | 35.3 | 29.5 |
| Total group hours | 4 | 5 | 6 | 4 | 5 | 3.25 | 4 | 8 | 6 | 4 | 5 | 3.25 |
| Total crisis hours | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Substitute Therapist hours | 0 | 0 | 2.5 | 0 | 3.5 | 7.75 | 0 | 2 | 0 | 0 | 0 | 0 |
| Off -Site Clinical Services | | | | | | | | | | | | |
| Physician Referrals | 1 | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 |
| Psychiatry Services | | | | | | | | | | | | |
| Referral to personal Psychiatrist | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Chestnut Family Clinic: physical/lab | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| Chestnut Family Clinic: Psychiatrist Office visit | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Dental Services | | | | | | | | | | | | |
| Referral to personal dentist | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Hospital | | | | | | | | | | | | |
| Emergency | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Outpatient | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Inpatient/Admitted | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Radiology | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |

McLean County Juvenile Detention Center
Healthcare Report 2016

| | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sept | Oct | Nov | Dec |
|--|-----|-----|-----|-----|-----|-----|-----|-----|------|-----|-----|-----|
| McLean County Health Department | | | | | | | | | | | | |
| TB referrals | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Communicable Disease Clinic referrals | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Dentist referrals | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 0 |
| McLean County Health Department total | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 0 |
| Transports | 2 | 1 | 1 | 0 | 1 | 1 | 0 | 0 | 1 | 1 | 0 | 2 |

McLEAN COUNTY HEALTH SERVICES DEPARTMENT
4th QUARTER REPORT 2016

| | 4th Qtr | Yr End |
|---|---------|--------|
| I. On Site Clinical Services | | |
| A. General Medical Services | | |
| 1. Staff Nurse | | |
| a. Sick Call Encounters | 2554 | 9522 |
| ** 1. # of patients using Respiratory Therapy | 0 | 0 |
| b. Nurse Consultations | | |
| 1. At medication cart | 641 | 2634 |
| 2. New Custody | 459 | 12156 |
| * 3. Emergency to cell | 29 | 38 |
| c. Total NSC/NC | 3683 | 13893 |
| d. Telephone Calls | | |
| 1. Nurse Calls | 691 | 2618 |
| 2. Physician Calls | 39 | 331 |
| e. Health Assessments | | |
| 1. Routine (within 2 weeks) | 213 | 815 |
| 2. Partial | | |
| a. Annual | 0 | 2 |
| b. Repeat in 12 mos | 26 | 109 |
| 3. Tuberculosis | | |
| a. Number Tests Given | 215 | 767 |
| b. Positive Reaction | 0 | 8 |
| c. Quantiferon Test Completed | 1 | 14 |
| d. Follow up Chest X-ray | 1 | 15 |
| e. Seen by Dr. Skillrud | 0 | 4 |
| f. Transports/Transfers | | |
| 1. DOC | 50 | 260 |
| 2. Medical | 0 | 2 |
| 3. Other | 0 | 0 |
| 4. Cancellations | 20 | 65 |
| g. RX Dispensed | | |
| 1. Routine Medications | 1458 | 6210 |
| 2. Psychiatric Medications | 104 | 551 |
| 3. Non-Psychiatric Patients | 277 | 1247 |
| h. Electrocardiograms | 3 | 6 |
| i. Injections | 21 | 99 |
| j. Other Physicians on site | 1 | 1 |
| k. Immunizations | 18 | 18 |
| * l. Refusal of Custody | 11 | 28 |
| * m. Restraints Checked | 6 | 20 |
| * n. Special Diet Orders | 10 | 15 |
| n. Prenatal | | |
| 1. Referrals by MCHD | 0 | 8 |
| 2. # of pregnant inmates | 9 | 36 |
| 3. # of HCG tests completed | 21 | 32 |
| o. Laboratory | | |
| a. Physician ordered tests | 135 | 562 |
| b. STD testing-IDPA (HIV, RPR, GC, Chlamydia) | 325 | 1253 |
| c. STD testing-Court ordered (HIV, RPR, GC, Chlamydia) | 316 | 1701 |
| p. Total Nursing Procedures (including from physician, dental & psych) | 8182 | 33249 |
| * Started counting for Monthly Report August 2016 | | |
| ** Started counting for Monthly Report September 2016 | | |

| I. On Site Clinical Services (con't) | 4th Qtr | Yr End |
|---|---------|--------|
| 2. Physician | | |
| a. Sick Call Encounters | 68 | 359 |
| * 1. Chronic Care Doctor Visits | 20 | 30 |
| b. Consultations | | |
| 1. On site | 53 | 437 |
| 2. Per telephone | 642 | 2247 |
| c. Total Encounters/Consultations | 783 | 3073 |
| 3. Dental Services | | |
| a. Dentist | | |
| 1. Routine visits | 87 | 312 |
| 2. Unscheduled visits | 0 | 0 |
| 3. Total clinic visits | 87 | 312 |
| 4. Number of inmates treated | 69 | 244 |
| 5. Clinical Procedures | | |
| a. Diagnostic | 69 | 230 |
| b. Preventive | 18 | 67 |
| c. Treatment | | |
| 1. Endodontics | 0 | 0 |
| 2. Oral Surgery | 40 | 146 |
| 3. Periodontics | 0 | 14 |
| 4. Prosthodontics | 0 | 0 |
| 5. Restorative | 4 | 28 |
| 6. Other | 0 | 4 |
| b. Dental Nursing | | |
| 1. Consultations | 22 | 81 |
| 2. Dental Nurse Consult | 94 | 410 |
| 3. Sick Call Encounters | 15 | 75 |
| 4. Psychiatric Services | | |
| a. Psychiatrist | | |
| 1. Encounters | | |
| a. New Patient | 42 | 150 |
| b. Return Appointment | 29 | 116 |
| 2. Consultations | | |
| a. On Site | 21 | 96 |
| b. Per Telephone | 203 | 886 |
| 3. Total Encounters/Consults | 295 | 1248 |
| b. Counselors | | |
| 1. Scheduled Individual Visits | 327 | 1345 |
| 2. Crisis Visits | 6 | 28 |
| 3. Total | 333 | 1373 |
| * Started counting for Monthly Report August 2016 | | |
| ** Started counting for Monthly Report September 2016 | | |

| I. On Site Clinical Services (con't) | 4th Qtr | Yr End |
|--------------------------------------|----------|----------|
| 5. Infection Control Program | | |
| a. Infectious Disease | | |
| 1. Ears, Nose, and Throat | 7 | 28 |
| 2. Eyes | 0 | 5 |
| 3. Gastro/Intestinal | 1 | 3 |
| 4. Genital | 4 | 27 |
| 5. MRSA | 7 | 9 |
| 6. Respiratory | 3 | 7 |
| 7. Skin | 40 | 154 |
| 8. Teeth, Mouth, and Tongue | 19 | 53 |
| 9. Urinary | 7 | 18 |
| 10. Other | 2 | 5 |
| 6. Chronic Disease Program | | |
| a. AIDS/HIV Seropositive | 7 | 39 |
| b. Asthma/COPD | 44 | 181 |
| c. Cardiovascular/Hypertension | 137 | 506 |
| d. Diabetes | 34 | 151 |
| e. Seizure Disorder | 12 | 69 |
| f. Tuberculosis | 0 | 0 |
| g. Sickle Cell Anemia | 1 | 1 |
| h. Total Number of patients/TX | 235 | 947 |
| I. Off Site Clinical Services | | |
| A. Physician Referral | | |
| 1. ENT | 0 | 0 |
| 2. Gastroenterology | 0 | 0 |
| 3. Neurologist | 0 | 6 |
| 4. Ob/Gynecologist | 1 | 6 |
| 5. Orthopedic | 7 | 26 |
| 6. Podiatrist | 1 | 3 |
| 7. Surgeon | 0 | 2 |
| 8. Urologist | 3 | 5 |
| 9. Other Speciality | 1 | 17 |
| B. Dental Referral | 0 | 2 |
| C. Hospital Referrals | | |
| 1. Emergency Medical Services | 19 | 72 |
| 2. Inpatient | 3 | 4 |
| 3. Outpatient Department | 1 | 9 |
| D. Radiology | | |
| 1. St. Joseph Medical Center | 19 | 36 |
| 2. OSF Ft. Jesse Imaging | | |
| a. C x R | 2 | 16 |
| b. Other | 0 | 0 |
| E. Physical Therapy | 0 | 22 |
| F. Vision | | |
| 1. Eye Glasses Dispensed | 1 | 1 |
| 2. Ocular Prosthesis Dispensed | 0 | 0 |
| 3. Ophthalmologist Examination | 0 | 8 |
| I. Average Daily Inmate Population | | |
| Total | 228.12 | 220.515 |
| In House | 215.4433 | 210.1758 |
| 38 | | |



OFFICE OF THE ADMINISTRATOR

(309) 888-5110 FAX: (309) 888-5111

115 E Washington St, Room 401, Bloomington, IL 61701

January 24, 2017

To: Honorable Members of the Executive Committee, Finance Committee, Land Use and Development Committee, Property Committee, Transportation Committee, Justice Committee, and Health Committee

From: Bill Wasson, County Administrator

Re: Positions filled from December 22, 2016 – January 23, 2017

| Department | Oversight Committee | Position | Number of Hires |
|-----------------------|----------------------------|---------------------------|------------------------|
| State's Attorney | Justice | Asst. State's Attorney | 1 |
| County Sheriff | Justice | Deputy Patrol | 3 |
| Facilities Management | Property | Custodian | 1 |
| Nursing Home | Health | Licensed Practical Nurse | 2 |
| Nursing Home | Health | Asst. Director of Nursing | 1 |
| Nursing Home | Health | Certified Nursing Asst. | 3 |
| Nursing Home | Health | Accounting Specialist II | 1 |

