

WILL COUNTY COMMUNITY HEALTH CENTER  
GOVERNING COUNCIL MEETING  
MINUTES  
1/8/2020

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**MEMBERS PRESENT**

Marie Lindsey, Chairman - arrived @ 5:48pm  
Vernice Warren, Vice Chairman  
Alan Dyche, Secretary  
Paul Lauridsen  
Deborah Kornacker  
Cindy Brassea  
Cathi Niewinski  
George Mora  
Judith Easley

**MEMBERS ABSENT**

Eloy Ramirez  
Edith Cline-Kabba

**WCCHC STAFF PRESENT**

Mary Maragos, Chief Executive Officer  
Dr. Jennifer Byrd, Chief Medical Officer  
Stacy Baumgartner, Director of Operations  
Mary Kilbride, Executive Assistant

**WCCHC STAFF ABSENT**

**WCHD STAFF PRESENT**

Sue Olenek, Executive Director  
Elizabeth Bilotta, Assistant Executive Director

**OTHERS PRESENT**

Adam Lipetz, Assistant State's Attorney  
Joyce Wallace-Butler, Director of Nursing

**I. CALL TO ORDER**

The regular meeting of the Will County Community Health Center Governing Council was held at the Will County Community Health Center, 1106 Neal Avenue, Joliet, Illinois. Ms. Vernice Warren, Vice Chairman, called the meeting to order at 5:42p.m.

ROLL CALL AND DETERMINATION OF QUORUM – **Quorum present.**

Pledge of Allegiance

**II. MISSION STATEMENT**

Mr. Dyche read the Mission Statement

**III. APPROVAL OF MINUTES**

A **motion** was made by Mr. Dyche and **seconded** by Ms. Easley to accept the December 4, 2019 meeting minutes as written. **Motion carries.**

**IV. Chairman's Comments:** Ms. Maragos stated that Ms. Niewinski has resigned from the Governing Council Committee effective immediately.

**V. CEO Report**

● **Substance Use Disorder Recovery Coaches:**

Kathleen Burke of the Will County Executive's Office has received a grant for Recovery Coach Internships, in collaboration with Governor's State University. She plans to have people placed in January and is recruiting interns now. The interns should be former users or family members of users and who live in Will County. We will accept one intern. If the GC Board Members know of anyone, please contact Sonia Perez, WCCHC BH Manager, at [sperez@willcountyhealth.org](mailto:sperez@willcountyhealth.org).

● **Will County Adult Detention Facility:**

We were approached by the management of the WCHD Division of Behavioral Health and asked to collaborate with them to provide BH services to the inmates of the Will County Adult Detention Facility (ADF). The ADF is a 318,000 sq. ft facility at 95 South Chicago Ave., Joliet, IL 60436, in the downtown area. It has the capacity for more than 1000 inmates ages 18 and over, male and female. The WCHD has 3 full-time BH counselors on-site. They also had a psychiatrist, but he recently retired. A contractual psychiatrist has been unreliable. There currently is no medication assisted treatment for inmates with substance use disorders. Approximately 20% of inmates have a serious mental illness, according to national statistics. On the ADF website, they cite US Dept. of Justice estimates that up to 80% of inmates are involved with drugs or alcohol prior to their incarceration. Current rules at the ADF require the inmates to be evaluated by a psychiatric provider within 14 days of admission. The ADF offers drug counseling, substance abuse classes, and recovery lessons. In addition, the ADF has on-site medical assistants and nurses who could measure vital signs and monitor patients receiving treatment from WCCHC psychiatric providers. The WCCHC proposes to provide telepsychiatry services to the inmates for 7 hours per day, 5 days per week, and a 24-hour answering service availability for coverage when the psychiatric provider is not "present" via skype. The ADF uses its own computer system, ERMA, a standard software for correctional facilities. Although the WCCHC uses Nextgen E.H.R., accommodations can be made to share medical records via e-fax or secure email. Currently, inmates who are released are given WCCHC's information to make appointments for medical, psychiatric, and dental services. We plan to establish a more seamless transition of care when the inmates leave the ADF and are released to the community. This will ultimately increase our patient count and facilitate access to care.

According to our HRSA Project Officer, Joanne Thompson, it is not necessary for us to apply for a "change of scope" for telehealth as it is another form of delivery of the services already approved and in our scope. Since inmates lose their Medicaid insurance once they are incarcerated, the ADF reimburses the psychiatrist at an hourly rate, and thus billing the inmate will not occur. As it turns out, HRSA does not allow a jail or prison to be included within a scope of service site for the purpose of enhanced rate billing. We plan to meet with ADF and WCHD Division of BH management in the next week or so.

● **Strategic Planning for 2020:**

On December 4 the Governing Council conducted a strategic planning session for 2020. Financial and quality metrics as well as community assessment data was reviewed. Five goals were identified.

- Increase awareness of services and improve reputation in the community
- Improve care coordination and patient engagement
- Improve customer service/service excellence
- Implement Trauma Informed Care
- Expand substance abuse and mental health services

Measurable objectives and strategies for each of the goals were incorporated into the plan and approved by the WCCHC Management Team. The Governing Council will be asked for its approval of the plan at this meeting.

• **AIDS Foundation of Chicago Grant:**

We received notice that our application for Ryan White funding was approved by the AIDS Foundation of Chicago! They will fund one nurse case manager at 0.5 FTE, and will also fund patient visits and labs, as a funder of last resort (if the patient is uninsured and meets financial requirements). Further details of the funding amount and allowances will be sent to us in the next 1-2 months. Meanwhile, we have been asked to sign an MOU with the AIDS Foundation of Chicago. The GC will be asked for approval of this document that has been reviewed by our attorney once we receive the final funding amount.

• **CVS Agreement Addendum:**

In light of the new Ryan White funding, we will add specialty pharmacies to our 340B program, so patients with costly HIV medications can obtain them at one of our network pharmacies. The GC is asked for approval of this addendum that was reviewed by our attorney.

**Patient Numbers**

	<b>2019</b>	<b>2018</b>	
Jan	2096	2470	
Feb	1344	1293	
Mar	1300	1239	
Apr	901	1035	
May	882	916	
June	883	736	
July	877	815	
August	838	936	
Sept	662	616	
Oct	679	608	
Nov	508	413	
Dec	506	447	
<b>TOTAL</b>	<b>11475</b>	<b>11524</b>	<b>-0.42%</b>

As of November 30, the VISIT count was up 2% compared to the same period in 2018.

**CMO Report**

The health center is in need of:

- \* 2 – Family Medicine MDs
- \* 2 – Family Medicine APN
  - \* 2 – Psychiatric APRN (1 has been hired since last report)
- \* 1 – Behavioral Health RN
- \* 1 – Primary Care Coordinated Care Nurse
- \* 2 – OB Coordinated Care Nurses
- \* 4 – Certified Medical Assistants: Primary Care (1 hired and began working since last report)
- \* 2 – Certified Medical Assistants: Behavioral Health
- \* 2 – Medical Secretaries

One (1) other Certified Medical Assistant was hired and should have begun on December 30th, however this person failed to show on her first day of work.

Three (3) Registered Nurse candidates have been made offers, all of them declined secondary to pay rate.

Provider candidate interviews are being scheduled, we are also engaging our recruiters.

One (1) Family Medicine Physician was in contract review, since my last report, however the candidate declined the post-secondary to our restrictive covenant requirement. Of note, our requirement being usual and ordinary.

### **Quality**

Our Director of Nursing has begun to refine the duties of the Medical Secretaries. These persons are an integral part of our Population Management program. This kind of program ensures that we have a proactive system of care that ensures that our patients are up to date on their Routine Health Maintenance, that they have the proper follow up appointment based on diagnosis type, that they have complied with their treatment plan and have gotten labs and diagnostic tests performed, and also assist them with making appointments for our health center and specialty services...amongst many other tasks.

Another function of theirs is to proactively schedule lab follow-up activities. This is done by using standing orders to offer to those patients whom are late for lab follow up.

Since beginning this one initiative, in the area of Diabetes, we have data to show that 42% of the patients contacted have shown a decrease in the Hemoglobin A1C results to a level below 9.0 (goal), and 16% have shown a decrease in general, though not yet at the goal of < 9.0.

Ultimately, this minor shift in process has been markedly impactful on our Diabetic population.

Next steps, we will have monthly educational initiative with the clinical staff and medical staff to reiterate the definitions of our Health Outcome measures, to share data on these measures, and to direct the Medical Staff to shift their practices progressively more from episodic care to preventive care. We do this by, 1) working with the medical secretaries to ensure timely follow up and, 2) pre-ordering labs and diagnostic tests at minimum.

Further, during the writer's last cycle of Provider Performance Evaluations, several providers were asked to be "Champions" of certain Health Outcome Domain, i.e., Immunizations, Diabetes. The goal in this being a more collaborative and robust team approach to truly increasing the positive outcomes that we seek.

### **Compliance**

We continue to skate towards our anticipated Joint Commission Survey, which we presume will be in April of 2020.

We do know that the areas of Medication Management, Infection Control, and Competency Testing are always topics of great oversight.

To that end, we have planned to convert one room in our health center to become a "training room". This room will be used by our nursing supervisor to have weekly training activities with the clinical staff. In this way, we can institute a longitudinal, regular, and routine training schedule (working with a few staff per session) that will not affect our clinical operations and workflow. We do this, in addition to our annual Skills Day.

Our Infection Control process centers around hand and equipment hygiene, for the most part. We have completed a Hand Hygiene study and found quite low performance. Our goal is to begin a new Hand Hygiene campaign that will include, 1) signage in the exam rooms that queue are patients to observe "did our staff wash their hands today", and 2) cartoon signs over each sink reminding staff of the proper hand hygiene technique.

Medication management centers around the documentation and control of medication use. We believe we have a good system to track and monitor this, and there has now been a staff person assigned to the "med room" to ensure compliance with check-in and check-out of both stock and sample medication.

### **Community Partnerships**

The CMO will serve as the Chair of the Illinois Primary Health Care Association's Clinical Support Committee for 2020. This committee serves to discuss and evaluate clinical issues that impact patient care throughout the state, and acts as an advisor to clinicians.

## **VI. DISCUSSION**

**Revenue Report:** Ms. Maragos presented the Revenue report ending in November. Our target is 100% and our actual was 91.8%. Our variance was -8.2%. We will continue to accrue revenue from FY2019.

**Expenditures:** Ms. Maragos presented the Expenditure report ending in November. Our goal was 91.6% and we came in at 91%.

**Division Statistical Report:** The BOH report was presented and discussed. Our patient visits were up 2%.

**Provider Productivity:** Dr. Byrd presented the provider productivity report. Ms. Kornacker questioned if a staff support position could be part-time? Ms. Olenek stated part-time positions are discouraged in the union.

**Report from the Governance Committee:** Ms. Easley presented a summary of the Governance Committee meeting (see Governance Committee mtg. minutes) which took place prior to GC Meeting:

1. Ms. Easley discussed the Joint Commission training (March) and HRSA training (June) that will take place in 2020 for GC members.
2. Self-evaluation surveys for GC were discussed. Surveys will be sent electronically later in the month and for those unable to utilize a computer, paper copies will be available at the February meeting.
3. Slate of officers were reviewed and discussed.

**Governing Council member patients and last clinic visits:** Ms. Maragos discussed and reviewed the GC member patients and last clinic visit report.

**Development of slate of officers for April, 2020:** Ms. Lindsey, Ms. Warren, Mr. Mora and Ms. Brassea agreed to renew their membership as Governing Council members.

**Strategic Plan for 2020:** Discussion took place regarding the finalized Strategic Plan. Ms. Kornacker spoke of the need to keep all CHC staff aware of our successes in the Center. Discussion took place regarding highlighting staff and their positive attributes. Ms. Olenek asked that we also make sure to personally acknowledge that person.

## **VII. ACTION**

- A **motion** was made by Ms. Easley and **seconded** by Mr. Dyche to approve 2020 strategic plan. **Motion carries.**
- A **motion** was made by Ms. Warren and **seconded** by Ms. Easley to approve adding CVS specialty pharmacy to 340B program. **Motion carries.**
- A **motion** was made by Ms. Easley and **seconded** by Ms. Brassea to approve exploring telepsych services to inmates at the Will County Adult Detention Facility. **Motion carries.**
- A **motion** was made by Ms. Warren and **seconded** by Mr. Lauridsen to approve policy QRM-0066 Patient Follow-up on Missed or Cancelled Appointments. **Motion carries.**
- A **motion** was made by Mr. Dyche and **seconded** by Ms. Warren to approve policy AD-0012 After Hours Coverage. **Motion carries.**

**VIII.** Ms. Maragos questioned if the Finance Committee mtg. on February 5 could be changed to March 4th due to the fee schedules not being available for approval until the March meeting. Ms. Kilbride will reach out to Mr. Ramirez to confirm availability for the March meeting.

**IX. PUBLIC COMMENT:** No comments stated

**X.** A **motion** was made by Ms. Easley and **seconded** by Ms. Brassea to adjourn the meeting at 7:11pm. **Motion carries.**

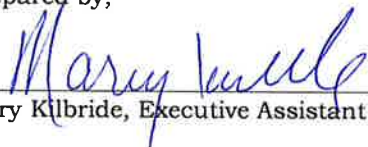
**XI. NEXT MEETING**

**Wednesday, February 5, 2020**  
**Wednesday, February 5, 2020**

**Quality Committee**  
**Governing Council**

**5:00pm-5:30pm**  
**5:30pm-7:00pm**

Prepared by,

  
Mary Kilbride, Executive Assistant

  
Alan Dyche, Governing Council Secretary