

DEKALB COUNTY BOARD OF HEALTH MEETING
MEETING MINUTES
DATE: June 25, 2024

BOARD OF HEALTH MEMBERS PRESENT

Derryl Block, RN, PhD
Lorraine Daly, Secretary
Karen Federici
Kimberly Heinisch
Mark Mattson, Vice President
Jill Olson
Michael Thornton, MD
Anita Zurbrugg, President

BOARD OF HEALTH MEMBERS ABSENT

Rukisha Crawford
Kellen Bosma, DMD
Carlos Dominguez, DVM

STAFF MEMBERS PRESENT

Lisa Gonzalez, MPH, *Public Health Administrator*
Greg Maurice, LEHP, *Director of Health Protection*
Adriana Milan, MPA, *Director of Administrative Services*

CALL TO ORDER

The DeKalb County Board of Health meeting of June 25th, 2024 was called to order at 6:03pm by Ms. Zurbrugg, President.

AGENDA

On a motion by Dr. Block, seconded by Ms. Daly, the Board of Health Meeting Agenda of June 25, 2024 was approved. Motion carried.

APPROVAL OF MINUTES

Full Board

On a motion by Dr. Thornton, seconded by Mr. Mattson, the Board of Health Meeting Minutes for May 28, 2024 were approved. Motion carried.

Personnel Committee

On a motion by Ms. Olson, seconded by Dr. Federici, the Personnel Committee Meeting Minutes for June 13, 2024 were approved. Motion carried.

COMMITTEE REPORTS

None.

PERSONS TO BE HEARD FROM THE FLOOR

None.

PRESENTATION

1. Family Case Management Program

Mrs. Gonzalez presented on the Health Departments' Family Case Management (FCM) Program. She explained the FCM program serves any pregnant individual or child through the age of one year enrolled in the Medicaid program or whose income is up to 200% of the federal poverty level. She clarified pregnant and postpartum individuals are eligible for services in FCM throughout their pregnancy and up to 9 months after delivery date.

Mrs. Gonzalez shared the FCM Program is a statewide program that provides comprehensive service coordination to improve the health, social, educational, and developmental needs of pregnant individuals and infants from low-income families. She stated FCM aims to assess the needs of, and increase positive health outcomes for, infants and children, ultimately reducing infant mortality.

Mrs. Gonzalez stated during the first appointment, clients meet with a Registered Nurse (RN) during intake to develop their individualized care plan empowering parents to collaborate in making goals for their pregnancy and infant care. She noted clients are also often enrolled in the Women, Infants and Children (WIC) program and receive referrals to other community programs.

Mrs. Gonzalez explained FCM provides safe sleep home visits for infants where staff share information on best practices for safe sleep and if needed, families are given a sleep sack and pack and play at the home visit, via funding from a Northwestern Medicine grant.

Mrs. Gonzalez shared FCM RN's conduct head to toe physical assessments for infants, prenatal and postnatal depression screenings for moms. She stated RN's also follow up with client's Obstetrician and/or primary care doctors when a concern is identified.

Ms. Zurbrugg asked what happens if a mom is identified at-risk due to a depression screening result. Mrs. Gonzalez shared staff provide a direct referral by contacting Northwestern Medicine and setting up an appointment for the client or in rare cases, when an immediate risk is identified, a 9-1-1 call is made.

Mrs. Gonzalez explained FCM clients are able to meet with any nurse or nutritionist for follow-up in-person visits for any ongoing care needed. She shared clients are monitored by their primary case manager, and are seen in the office every three months.

Mrs. Gonzalez introduced the High-Risk Infant Follow-up arm of the FCM program for infants born with high risk factors such as prematurity, small size for gestational age and birth defects. She shared infants who meet the eligibility guidelines are referred to the DeKalb County Health

Department (DCHD) by the hospital when the infant is discharged home. She stated public health nurses can work with the families for the first two years of life. She clarified there is no income eligibility for program participation and the program itself is free.

Mrs. Gonzalez discussed the services provided for high-risk infant follow-up including assistance in obtaining pediatric primary care, well-child visits, immunizations and specialty medical care, conducting developmental screenings of the infant at specified ages, conducting home visits, and providing referrals to appropriate community resources and services based on the assessment of the infant and family needs.

Mrs. Gonzalez shared some conditions that are considered high risk; a birth defect or congenital anomaly, a blood disorder, infant death (before discharge from the newborn stay), a metabolic, endocrine, or immune disorder, multiple births (3 or more), prematurity (less than 30 weeks), a prenatal drug exposure and serious congenital infections, among other conditions.

Mrs. Gonzalez provided an overview of the FCM program caseload, noting that DCHD is consistently above the assigned caseload of 748 individuals, enrolling approximately 16 new families per week. She shared SFY25 program funding, from the Bureau of Maternal and Child Health grant, based on caseload is \$396,440. Mrs. Gonzalez explained the payor source breakdown between private pay and Medicaid for 2019 through 2024 (to date) for billable screenings – the Ages and Stages Developmental Screening and the Edinburgh Depression Screening.

Mrs. Gonzalez shared the FCM Program is likely to experience significant changes in the next year, moving toward a nurse case manager home visiting model.

Dr. Block asked if the program knows what percent of the population in the community who are eligible for the program, is actually enrolled. Mrs. Gonzalez responded that the data is not readily available and the answer is unknown.

Ms. Zurbrugg asked how the FCM Program relates to the IPLAN objectives under access to care. Mrs. Gonzalez replied the four FCM nurse case managers at DCHD work to identify those at risk and get them enrolled into early care.

COMBINED REPORT

Mrs. Gonzalez shared the May/June Combined Report will be included in the packet for the September Board of Health Meeting.

FINANCIAL DATA

On a motion by Dr. Block, seconded by Dr. Federici, the Financial Statement for the months of May 2024 was approved. Motion carried.

OLD BUSINESS

1. **2022-2027 DeKalb County IPLAN**

Mrs. Gonzalez shared the Illinois Project for Local Assessment of Needs (IPLAN) is a community health assessment and planning process that is required of, and conducted every five years by, local health jurisdictions in Illinois and the IPLAN is grounded in the core functions of public health and addresses public health practice standards.

Mrs. Gonzalez shared the three components of the IPLAN are the Organizational Capacity Assessment, the Community Health Needs Assessment (CHNA), and the Community Health Improvement Plan (CHIP). She stated in lieu of an Organizational Capacity Assessment, the DCHD completed a Strategic Plan, an allowed acceptable alternative.

Mrs. Gonzalez explained the CHNA aims to identify prevalent health needs among residents in DeKalb County, illuminating health disparities that particularly affect medically underserved, low-income, and uninsured populations and CHNA insights inform the development of new strategies with the goal of advancing public health and well-being within our communities.

Mrs. Gonzalez shared the Community Engagement Council's (CEC) goals are to review, discuss and analyze the primary and secondary data collected in the CHNA process, identify prevalent health needs among residents in DeKalb County, and prioritize the identified community health needs. She shared the chosen 2022-2027 IPLAN priorities are behavioral health, access to care and substance abuse.

Mrs. Gonzalez stated the CHIP was developed using the priorities selected by the CEC during the prioritization portion of the CHNA process, research was conducted to determine the evidence-based intervention strategies under each health priority, and the outcome objectives, impact objectives and intervention strategies were selected based on the available community health data and in alignment with existing community and health department priorities and funding opportunities.

Mrs. Gonzalez explained behavioral health issues can significantly impact an individual's overall health and quality of life, requiring comprehensive and integrated approaches to treatment and support. She shared the outcome objective for behavioral health is to establish a coordinated system for people diagnosed and/or living with behavioral health conditions in DeKalb County no matter their age, race/ethnicity, gender, or socioeconomic status, by 2027.

Mrs. Gonzalez shared behavioral health impact objectives are to (1) decrease stigma and increase behavioral health literacy by partnering to provide two annual Mental Health First Aid trainings for community members, (2) increase community awareness of adverse childhood experiences (ACES) and trauma by partnering to provide at least one trauma-specific training every two years, and (3) improve the system of care for children 0-8 years old with an emphasis on early screening, detection and referral into behavioral health services.

Mrs. Gonzalez shared access to care refers to the ability of individuals and communities to obtain timely and appropriate medical services, including preventive, diagnostic, treatment, and rehabilitative care, as needed to maintain and improve health outcomes. She shared the outcome objective for access to care is to promote and advocate for a system of care that assures accessibility, availability and quality prenatal, preventive, primary care and health education for individuals and families in DeKalb County by 2027.

Mrs. Gonzalez stated access to care impact objectives are to (1) decrease the number of people who are uninsured, (2) increase utilization of healthcare enrollment assistance, (3) increase pregnant women receiving early and adequate prenatal care, (4) increase the number of women who receive assistance with the completion of the Medicaid Presumptive Eligibility (MPE) application, and (5) increase the number of families who receive assistance All Kids Insurance applications.

Mrs. Gonzalez shared substance abuse is the harmful/hazardous use of psychoactive substances, including alcohol and illicit drugs, characterized by a pattern of behavior that leads to significant impairment or distress, such as failure to fulfill responsibilities, risky use, social or interpersonal problems, and physical dependence. She shared the outcome objectives for substance use are to (1) reduce the drug overdose incidence rate by expanding the use of proven harm reduction strategies, (2) reduce the incidence of tobacco use and vaping among youth, and (3) reduce the incidence of substance use among pregnant women.

Mrs. Gonzalez stated substance abuse impact objectives are to (1) develop a strategy to include fentanyl test strips for distribution through the DeKalb County Opioid Overdose Prevention Program, (2) decrease the number of opioid overdoses in DeKalb County, (3) increase the number of community partners who offer Naloxone distribution, (4) reduce the rate of women who smoke during pregnancy, and (5) collaborate with Northwestern Medicine to expand and enhance current tobacco and vaping prevention and cessation programming for school aged children.

Mrs. Gonzalez shared the DeKalb County 2022-2027 IPLAN will be submitted to the Illinois Department of Public Health (IDPH). She stated IDPH then reviews the IPLAN and requests edits or clarification, as needed. She explained once the IPLAN is approved by IDPH, the DCHD is re-certified through the next IPLAN due date.

On a motion by Ms. Daly, seconded by Ms. Heinisch, the 2022-2027 Organizational Capacity Assessment and IPLAN was approved. Motion carried.

NEW BUSINESS

EXECUTIVE SESSION

1. Employment Matters
 - a. Annual Performance Review of the Public Health Administrator

The Board of Health entered into Executive Session at 6:42pm for the purpose of discussing Collective Bargaining under Subsection Number 21 of Section 2 (c) of the Open Meetings Act.

On a motion by Ms. Olson, seconded by Ms. Heinisch, the move into Executive Session for the purpose of discussing Collective Bargaining, under Subsection number 21 of Section 2 (c) of the Open Meeting Act was approved. Motion carried.

Anita Zurbrugg stated the Board of Health entered Open Session at 7:05pm.

CORRESPONDENCE AND NEWS

ADJOURNMENT

On a motion by Ms. Olson, seconded by Ms. Federici, the Board of Health adjourned at 7:08pm.
Motion carried.

Lorraine Daly, Secretary
DeKalb County Board of Health

DRAFT