

PIKE COUNTY HEALTH DEPARTMENT

FISCAL YEAR 2019 (FY 19) ADMINISTRATIVE AGENCY EVALUATION

1. **Medical and Dental Policies-Procedures, By-Laws, and Department Policies & Procedures** were reviewed with recommended changes. Necessary changes are identified throughout the year and presented to the Professional Advisory Committee or the Oral Health Advisory Committee and then to the Board of Health (BOH) for approval. Our volunteer Medical Director is Dr. Ronald Johnson, and our Alternate Medical Director is Dr. Christopher Wagoner, and both are current members of the Board of Health. Our volunteer Dental Director is Dr. Stephen Liesen who is a past member of the Board of Health.
2. **Personnel Policies** continue to be reviewed by Administration and the Personnel Committee. Recommendations for changes are presented annually and as needed to the BOH for final approval. All staff has access to the personnel policies approved by the BOH and submits to Administrator, written certification that they have reviewed changes and updates. All staff receives written copies of any additions or changes made during the year. Recommendations for position titles, job descriptions, hiring salaries for each position and yearly increases based on cost of living are researched yearly.
3. **Home Health (HH) In FY19, the total number of HH referrals was 280**, which is an increase from 205 referrals in FY18. **The number of referrals not seen in FY19 was 75**, which is an increase from 69 in FY18.

HH's main referral source in FY19 continued to be hospitals (208), followed by physician offices (45), long term care/SNF (27). The main payer source for HH continues to be traditional Medicare (84%), Medicare HMO (1%), VA (3%), Medicaid (7%), and Private Insurance (5%).

HH staff work closely with physicians, hospital discharge planners and other service providers as a way of keeping referral sources informed of services. Providing HH education to physicians and their office staff and other area service providers is an ongoing process accomplished through personal contact and written information. Additional advertising through Facebook, local newspapers, and a redesigned brochure are utilized to educate the public regarding HH services available through PCHD.

During FY19 the focus of staff education continues to reinforce the compliance of the new Conditions of Participation per Medicare regulations, as well as, instructing on all the new changes and additions of the OASIS assessments to ensure accuracy and compliance. OASIS is the instrument/data collection tool used by Medicare-certified HH agencies to collect and report performance data. Since 1999, the Centers for Medicare and Medicaid Services (CMS) has required agencies to collect and transmit OASIS data for all adult patients whose care is reimbursed by Medicare and Medicaid. OASIS data is used by CMS for multiple purposes including calculating several types of quality reports which are provided to home health agencies to help guide quality and performance improvement efforts. Another focus of education in FY19 has been with the new Medicare payment system PDGM implemented **January 1, 2020**. This is a major overhaul of Medicare's

home health reimbursement. RCD/PCR continues for the state of Illinois home health agencies as well.

Since 2003, CMS has posted this information on the Medicare.gov website “**Home Health Compare.**” These publicly reported measures include outcome measures which indicate how well home health agencies assist their patients in regaining or maintaining their ability to function; and process measures which evaluate the rate of home health agency use of specific evidence-based processes of care. CMS added **Star Ratings** in 2015. Star ratings are an additional tool to support consumers’ health care decision-making. Since implementing the SHP oasis scrubbing application our star ratings have increase and continue to do so.

Every OASIS type visit is audited by the HH Supervisor for accurate clinical documentation and regulatory compliance, prior to billing. Results of chart audits are used for staff education, focused problem solving, and appropriate interventions. In addition, the Strategic Healthcare Program (SHP) OASIS scrubbing service is now being utilized to identify errors and inconsistencies and to alert clinicians to the findings for correction to prevent billing errors.

4. **Performance Improvement (PI)** provides for an on-going quality improvement process at PCHD. Focused record reviews continue in HH, with on-going staff training, especially related to documentation requirements and OASIS. Management staff continue to monitor the PCHD CMS Home Health Compare reports and Star Ratings; Healthcare First (Deyta) patient satisfaction reports; CASPER reports; PEPPER reports; multiple clinical and billing reports per the computer documentation system, Brightree, including SHP; HHQI reports; and the Illinois Homecare and Hospice (IHHC) list serve and emails to stay on top of constant regulation changes.

For FY19, the projects for PI were to continue monitoring physician’s verbal orders, plans of care, and infection control. Monthly and quarterly monitoring tools were utilized for ensuring that physician’s orders and plans of care are received within 30 days, as per COP’s. The average percentage of verbal orders returned within 30 days was 96.56%. The average percentage of plans of care returned within 30 days was 94.44%.

To assure compliance with a revised infection control COP, a Cleaning Record to track weekly and monthly HH equipment and nursing/medical bag cleanings was developed and is being utilized by staff. Nursing bag cleanings take place following the weekly patient care conference. In addition, nurses keep the appropriate cleaning supplies in their nursing bag to clean non-critical patient care devices after each visit.

5. **Skilled Nursing (SN) visits increased to 1938 in FY 19**, compared to 1897 in FY18. In **FY19, admission visits totaled 206** the same as in FY18. HH continues to provide services for a high volume of patients with complicated wound care, including those with negative pressure wound therapy; open heart surgical patients; patients with multiple co-morbidities; and many who need in-home IV infusions. HH nurses provide skilled services including teaching with patients and families regarding medications, wound care, chronic disease management and safety. The nurses rotate being on-call, allowing HH services to be available 24 hrs/day, 7 days/week, including weekends and Holidays for SN visits.

6. **Home Health Aide (HHA) visits in HH were 607 in FY19**, which is an increase from 515 in FY18. PCHD continues to contract with Blessing Hospice to provide HHA visits for hospice patients on an as needed basis. There were no HHA hospice visits made in FY 2019, unchanged from FY18.
7. **Homemaker (HMKR) visits provided in FY19 were 172**, an increase from 63 in FY18 due to the increase of need and referrals.
8. **Speech Therapy (ST) There was a total of 11 ST visits in FY19**, compared to 23 ST visits in FY 18. Skilled ST visits are provided through a service agreement with one Speech Therapist on a PRN basis.
9. **Physical Therapy (PT) In FY19, there were 1106 visits for PT**, versus 995 visits in FY18. PT services are provided by a full-time Physical Therapist, one contracted PT Assistant, and through Rehab Care Group and Advance Physical Therapy on a PRN basis.
10. **Occupational Therapy (OT) In FY19, there were 113 OT visits**, compared to 375 visits in FY18. OT services are provided per contract with Rehab Care Group and Advance Therapy on a PRN basis.
11. **Home Nursing Services (HN) are skilled nursing services provided by an RN and/or skilled personal services provided by a HHA for an individual who does not qualify for Home Health Services**. These services are provided for an individual in his or her personal residence and require a physician's order. *Skilled nursing services* may include lab draws, pre-fill medication boxes, pre-fill insulin syringes, and trimming finger/toenails. **HN visits made in FY 19 were 300**, compared to 881 in FY18 due to the loss of pre-filling medication organizers at an assisted living facility.

Skilled Personal Services are provided by a HHA under the supervision of an RN in accordance with the plan of treatment established by a physician and may include skilled personal care and personal care including bath, shampoo, oral hygiene, skin and nail care, shaving, foot care, dressing, feeding, toileting, and household services essential to health care at home. **There were 0 Skilled Personal Services visits through the Home Nursing Services program in FY 19**, the same as FY 18.

12. **Home Services (HS) are services provided by a Homemaker (HMKR) for an individual in his or her personal residence**. These services provide non-medical and non-skilled assistance with activities of daily living, personal care, housekeeping, personal laundry, and companionship which are intended to enable that individual to remain safely and comfortably in his or her own personal residence. These services do not require a physician's order. Additional duties of HS HMKRs may include the following: cooking and meal preparation, bathing, dressing, hair care, nail care, shaving and basic oral hygiene (mouth care) such as cleaning dentures or brushing teeth. **In FY19, there were 300 HS (HMKR) visits**, compared to 476 HS visits in FY18.
13. **Cancer Education & Awareness** Eligible Pike County residents continue to be referred for mammograms and pap smears through the Illinois Breast & Cervical Cancer Program (IBCCP). Hancock County Health Department is the lead agency for the IBCCP program in

Pike County. Since 2011, PCHD has had an agreement with Hancock County Health Department for PCHD staff to promote the IBCCP program in Pike County, with Hancock County providing reimbursement for staff time and mileage.

14. **Tobacco Free Communities** Effective January 1, 2008, Illinois passed the Smoke Free Illinois Act (SFIA). This requires all public places and places of employment to be smoke-free inside and within 15 feet from entrances, exits, windows that open, and ventilation intakes. The grant work plan specified PCHD Environmental (EH) staff to make random business contacts to review compliance with the SFIA. These random visits to non-food businesses are pursued more as educational visits with copies of required signage being provided while noting anything that may be a violation. EH staff also conduct non-smoking compliance checks during their routine unannounced food inspections at all food businesses in the county. **In FY 19, EH staff conducted SFIA compliance checks during 170 food business inspections and 118 random visits at non-food businesses.** Complaints on businesses that are not complying with the SFIA must be filed through the Illinois Department of Public Health's (IDPH) online complaint system. Designated PCHD staff is notified of complaints via email from this web portal. **PCHD did not receive any complaints in FY19.**

The Illinois Toll-Free Tobacco Quitline (ITQL) number continues to be distributed through all PCHD programs and through local MD offices, dental offices, and Illini Community Hospital. The partnership continues with the American Lung Association's ITQL, providing free phone counseling for those wishing to quit tobacco.

Again, during FY19, EH staff collaborated with the Chamber of Commerce to ensure all new businesses have signage and know requirements of the SFIA. A letter for all new and prospective businesses was provided to the Chamber of Commerce for distribution, along with information and FAQ about the SFIA. **EH staff mailed SFIA information and signage to 112 Pike County businesses.**

Information regarding SFIA is shared with EH Advisory Group at the quarterly meetings. EH staff provided SFIA information each quarter to local media outlets (i.e., newspapers, radio station, & newsletters). Each month, SFIA Summary Report is completed utilizing the log, tracking complaints and outcomes. EH staff submitted quarterly summary report by the 15th of each month to IDPH Tobacco Control Program.

EH staff was trained in Brief Tobacco Intervention and receives ITQL Healthcare Provider Tool Kits. EH staff developed a list of potential partners to engage in tobacco cessation referrals. Staff provided outreach to these potential partners and set up meetings via letters and/or phone calls. Monthly ITQL stats were reviewed and analyzed each month by the Tobacco Program Coordinator.

15. **Pike County Wellness Benefit** PCHD coordinates and promotes the wellness benefit program for county employees. Email is utilized in the promotion of upcoming wellness screenings and general reminders to all county employees that shared their email address on their claim form. **During CY 19, 73 county employees utilized the wellness benefits,** compared to 71 county employees in CY 18.

16. **Laboratory Services** provided by the PCHD include hemoglobin by Hemocue in WIC and Family Planning (FP), pregnancy testing, urinalysis by dipstick, and microscopic wet mounts in FP. Capillary lead is obtained and sent to the state lab for testing. Pap smears along with Gonorrhea and Chlamydia are sent to Quest Diagnostics. Venous blood specimens ordered by a physician through Home Health are sent to Illini Hospital or other specified labs. Water samples are sent to the state lab. The state lab is also utilized for Communicable Disease specimens. PCHD is certified as a waived lab through CLIA.
17. **Immunizations** Regular immunization clinics are held 2 times per month at PCHD. These clinics extend into the evening hours to accommodate working adults/parents and offer recommended vaccinations for both children and adults. Immunizations are also available by appointment and on a walk-in basis. It is noted that a larger number of immunization clients present as walk-ins, as opposed to presenting at the scheduled clinics or making appointments. This seems to be a sign of the times and a generalized cultural shift.

Tdap, HPV, Hepatitis A and Meningitis vaccinations are promoted during the summer months to meet school requirements and current CDC (Centers for Disease Control) vaccine recommendations. PCHD offers flu vaccination at several private entities/businesses around the county every autumn. Adult and child flu vaccination clinics are held in-house each October and walk-ins for flu shots are accepted throughout the influenza vaccination season. PCHD maintains a supply of flu vaccine into the spring of each year.

Since 2013, there have been numerous changes to the VFC Immunization program. Beginning July 1, 2019, the Illinois VFC program started providing vaccines purchased by HFS for use with children under the age of 19 with CHIP coverage. These changes to the VFC/CHIP programs have been difficult for the public to understand. **It is crucial for PCHD staff to check Medicaid coverage level on the on-line Medi System prior to vaccinating any child with VFC or CHIP vaccines.** At times, vaccination is delayed checking Medicaid eligibility, CHIP status, or to verify private insurance coverage. Besides completing the appropriate billing; monitoring, separating, and maintaining adequate supply of the various vaccination caches (i.e., VFC, CHIP, privately purchased child, privately purchased adult vaccine, and state supplied 317 adult vaccine) proves to be a challenge. Vaccines cannot be used interchangeably from pay source to pay source. PCHD often finds that there either is not enough vaccine on hand, or too many doses of vaccine in stock. A child often presents needing a vaccine that is not in stock for the appropriate pay source; the same vaccine may be available from a different pay source but cannot be used for that child. The reminder/recall system for notifying the parent when to return for the vaccine requires great attention to detail. **Although fewer total vaccinations are given compared to 15-20 years ago, the process for vaccinating has become much more complicated and cumbersome, for health department staff and clients alike.**

Grand total of all immunizations given in FY19 was 1560 vaccinations given with 1220 client contacts, compared to 1523 vaccinations given with 1141 client contacts in FY18. PCHD has seen an increase in the numbers of immunizations administered in the past two years. A vaccination decrease was seen in years 2013 – 2017 and was a common trend for small local health departments across the state of Illinois. Several factors are felt to have contributed to the general decrease of immunizations at health departments across the state. These include pharmacies offering vaccinations; Health Care Provider (HCP) providing

vaccinations at school physical exams and well child visits; HCP not missing opportunities to vaccinate; the health department being out of insurance networks; and the public's general perception that health departments do not provide insurance billing.

PCHD attributes its increase in immunizations administered the past 2 years to doing more private insurance billing for immunizations over-all, more effective advertising for flu vaccination, conducting private insurance billing for flu vaccinations in the fall of 2018 and 2019, and providing Shingles vaccine.

Private insurance immunization billing has increased steadily since 2017. Insurance billing to private insurance companies for child & adult vaccinations began in 2013. In 2013, private insurance immunization billing totaled \$19,287; in 2014 -- \$21,000; in 2015 -- \$11,170; in 2016 -- \$11,821; in 2017 -- \$13,61; in 2018 -- \$15,794. **There was \$24,600 billed to private insurance companies/entities in 2019.** (These numbers do not include any Medicaid billing for immunizations, Medicare part B billing for flu and pneumonia shots, or other vaccinations given and billed through the TransAct Rx Medicare part D platform).

In FY19, 90 vaccinations were billed through the Medicare Part D prescription drug billing program called "TransAct Rx." This revenue intake totaled \$13,455.75 in FY19. Most of these vaccinations were the Shingrix vaccination. This compares to FY18, with a TransAct Rx revenue intake of \$2,645.77 and 19 vaccinations billed through TransAct Rx.

PCHD immunization insurance billing capabilities are affected by insurance intricacies, no standardized process, and delayed payment from insurance companies. Despite this, the persistent PCHD immunization billing staff has made great strides in learning the process for insurance billing and payment. Billing staff continually looks for training opportunities to learn new or different processes for the different insurance companies and are diligent in claims collection.

Adult vaccines are purchased privately from the manufacturer or distributor. Adults pay out-of-pocket for the cost of the vaccine plus administration fee; or PCHD bills the patient's insurance; or utilizes TransAct Rx for Medicare Part D prescription drug billing.

In FY19, the new Shingles vaccine (Shingrix) was in high demand through-out the nation and in Pike County. Supply could not keep up with the demand. PCHD worked to keep the vaccine in stock, educate the public about the vaccine, and organize waitlists in a fair manner. Clients were placed on wait lists and called when the vaccine became available. 144 Shingrix doses were administered in FY19.

In FY18 and again in FY19, PCHD raised fees for privately purchased vaccines. This was necessary due to price increases from the manufacturer. The vaccine administration fee was raised from \$16 to \$20 in FY18. The immunization program coordinator evaluates the cost of vaccines and any need for corresponding price increase throughout the year.

Travel counseling regarding communicable disease and travel vaccinations such as Hepatitis A, Hepatitis B and Typhoid vaccine are available through the immunization program.

In FY19, numerous measles outbreaks across the United States prompted states to take some pro-active measures to reduce illness and better prepare/equip health departments. Additional funding (\$6,731.00) was received from IDPH for measles prevention efforts. PCHD purchased two more portable refrigerator/freezer units, syringes, MMR vaccine, and other immunization supplies.

Twenty-three flu vaccination clinics were held in FY 19 (in-house & outside clinics), compared to 23 flu clinics in FY 18. **There were 581 adult flu vaccinations given, 124 child flu doses given administered in FY 19**, compared to 679 adult flu vaccinations given, and 168 child flu vaccinations administered in FY 18. Adult flu vaccination numbers were down in the fall of 2019 due to late arrival of High Dose Flu vaccine. Many adults received their High Dose flu vaccine from another provider. This surplus of unused flu vaccine will be returned to the distributor and PCHD will receive a credit to next year's flu vaccine order. It is also noted that Scott County Health Department ran out of flu vaccine and purchased some of our surplus flu vaccine in FY19.

Pike County continues to have strong infant immunization rates. For those infants who are in the Illinois Comprehensive Automated Immunization Registry (I-CARE), 79% of children 24-35 months of age are fully vaccinated. The goal of Healthy People 2020 is 90%. 47% of children aged 24-35 months of age (in I-CARE system) have received flu vaccine. The influenza vaccination goal of Healthy People 2020 is 80%. Immunizing children when they are here for their WIC visit, dental visit, etc, and continued use of immunization reminder/recall mailings contribute to strong immunization rates.

Current CDC recommendations for adult and child vaccination are followed. PCHD staff is informed about current CDC vaccine recommendations for healthcare providers and efforts are made to make sure all staff is adequately immunized. New hires must provide an immunization record and any recommended vaccinations are given to new employees at no cost to the employee. Vaccination and vaccine preventable disease educational programs and updated literature are offered to the public, to PCHD staff, and to health care providers in the community throughout the year. PCHD immunization staff is seen as the "experts" on vaccination in the county and are frequently called upon to provide guidance to local providers in vaccine storage issues, appropriate scheduling of immunizations, and general immunization recommendations.

IDPH VFC enrollment requirements are very stringent. Providers who provide VFC immunizations must comply with specific requirements such as screening for VFC eligibility, record maintenance & ordering of vaccine in I-CARE system, appropriate use of Vaccine Information Sheets, and avoidance of wastage of VFC vaccines. Proof of compliance with temperature monitoring equipment and vaccine storage and handling practices is mandated by the VFC program. Immunization staff must show proof of annual training in vaccine storage and handling. A VFC program review is conducted by IDPH every two years by IDPH. Pike County Health Department had its bi-annual VFC review in February 2019. IDPH awarded a "Certificate of Excellence" to PCHD for achieving 100% in the VFC program review/compliance site visit in 2019.

- 18. Communicable Disease (CD) In FY 19, a grand total of 85 disease investigations, including Sexually Transmitted Disease/Sexually Transmitted Infections (STD/STI)**

were completed with 57 of the 85 meeting the Center for Disease Control (CDC) case definition (probable and confirmed) for a reportable disease case. These 57 probables and confirmed cases were then reported on to IDPH via I-NEDSS. Only probable and confirmed cases are included in state case counts.

A surveillance case definition is a set of uniform criteria used to define a disease for public health surveillance. Surveillance case definitions enable public health officials to classify and count cases consistently across reporting jurisdictions. Surveillance case definitions are not intended to be used by healthcare providers for making a clinical diagnosis or determining how to meet an individual patient's health needs.

The FY 18 numbers are: 124 disease investigations (including STD/STI) completed with 78 of the 124 meeting the CDC case definition (probable and confirmed) for a reportable disease case.

In FY19, PCHD reported 23 chlamydia, 1 gonorrhea, and 0 syphilis cases to IDPH. In FY18, there were 35 chlamydia cases; 9 gonorrhea cases, and 0 syphilis cases reported to IDPH. The increase in gonorrhea cases in FY 18 reflects the increase in gonorrhea cases statewide and nationwide.

In FY 19, the probable & confirmed communicable disease cases that were reported to IDPH included the following diseases: Campylobacteriosis, Chlamydia, Hepatitis A, Gonorrhea, Hepatitis C, Potential Rabies exposure, Salmonellosis, Spotted Fever Rickettsioses, TB disease (extra pulmonary), active pulmonary TB, and Latent TB infection.

In FY 19, as in most years, CD staff fielded multiple calls regarding a variety of issues including bedbugs, head lice, bat encounters, animal bites, multi-drug resistant enteroviruses, and possible TB infections.

In FY 19, PCHD investigated 2 disease outbreaks: both acute gastro-enteritis outbreaks (one at a LTC facility and one at a school.)

In FY18, PCHD investigated 5 influenza outbreaks, all-in long-term care facilities.

In FY 19 there was one foodborne outbreak. This was a Toxoplasmosis outbreak that occurred in a group of Canadian deer hunters. This outbreak investigation involved coordination with IDPH and the Canada Department of Health. Two other potential foodborne cluster illnesses were investigated in FY19; but neither met outbreak definition. In FY 18, there were no foodborne or waterborne disease outbreaks. There were no waterborne outbreaks in FY19.

19. **Tuberculosis (TB)** In FY 18, there were 154 TB skin tests given with 1 positive test, 1 chest X-ray, and 1 person on treatment for active non-pulmonary TB. **FY 19 stats were as follows: 173 skin tests given; 1 positive TB skin test; 1 chest X-ray; 1 latent TB infection (LTBI); 1 active (non-pulmonary) TB case, and 1 active (pulmonary) TB case.** Pike County's most previous active pulmonary TB case was in 2007.

PCHD provided case management of a client with active *non-pulmonary* TB disease in

FY18. This case management continued into FY19. Although this case was extra-pulmonary in nature and not considered infectious to the public; it was a complicated case.

PCHD provided case management for one active *pulmonary* TB case in FY19. This case was considered infectious to the public. This case required daily Directly Observed Treatment (DOT) for TB on Monday through Friday for the entire 9 months of treatment. The patient was in home isolation for the first 3 months of treatment. Public and home health staff nurses providing care and DOT were required to wear an N95 mask when in the home during this time. Case management was very intensive and time consuming. Along with assessment of medication compliance and side effects, there was referral to other social agencies, coordination/collaboration of care with patient's health care provider, sputum sample collections, education to patient and family, problems due to poverty, and management of home isolation issues.

In FY19, PCHD investigated 3 suspect TB cases (two were inmates at Pike County Jail). All 3 turned out to be non- active TB cases. PCHD provided guidance for one case of LTBI in the community (who did start treatment) in FY19.

In FY 18, PCHD provided guidance on LTBI for 2 clients, neither opted to receive treatment.

Clients with positive TB skin tests are referred to their private health care provider or PCHD TB-contracted MD, Dr. Venu Reddy, from Blessing Physician Services for follow-up care. The TB Program (on a case-by-case basis) will assist clients as payer of last resort for treatment and care related by mycobacterium TB or LTBI only. To qualify for payment by PCHD TB program, this treatment and care must meet CDC recommended guidelines.

PCHD can provide TB skin testing (TST) solution to nursing homes, the Pike County Jail, Illini Community Hospital, and other health care providers in Pike County at no cost to them. Six vials of TST solution and syringes were provided to Pike County Jail in FY19. Targeted skin testing is the standard now, instead of mass skin testing, resulting in decreased numbers requiring TST and private providers are purchasing their own TST solution with their contracted vendor.

20. **HIV/AIDS** One case of HIV was reported to PCHD in October 2018 by IDPH. No new HIV cases were reported to PCHD in FY19. In review of IDPH HIV/AIDS posted statistics (most current post date is January 2019), there have been 1 cumulative HIV and 0 cumulative AIDS cases diagnosed since 2012. As of January 2019 IDPH data, there are 2 cases of AIDS living in Pike County. Department of Corrections cases are included in county totals.
21. **Family Planning (FP)** PCHD had 238 active FP clients in FY 19, as compared to 258 in FY 18. All active clients resulted in 625 FP office visits. Approximately 9% of FP clients were from out of county in FY 19, compared to 10% in FY 18. Comprehensive new exams were up by 5 in FY 19 with 36 initial exams, compared to 31 initial exams in FY18. Annual comprehensive exams totaled 88 in FY 19, compared to 112 in FY 18. Thirty-nine pap smears were done in FY 19, compared to 49 in FY 18. Eight of those pap smears were abnormal, with follow-up by PCHD FP, referral to their own MD or the

Illinois Breast and Cervical Cancer Program for follow-up. This is compared to 9 abnormal paps in FY18. **Pregnancy tests performed totaled 120 in FY 19**, compared to 93 in FY 18. **Twenty-two of those pregnancy tests were positive with referral to PCHD WIC/FCM programs.** Pregnancy tests are purchased with Family Case Management (FCM) outreach funds. FP clinics are offered 2 or 3 days per month depending on need. Late clinic hours are available upon request. Nurse practitioners from local MD offices provide coverage for clinics. A nurse is available Monday through Thursday. Emergency contraceptives may be obtained after work hours by calling PCHD on-call staff. Oral contraceptives are dispensed through FP under Dr. Ronald Johnson's license. **Fifty percent of FP clients were at a zero-fee level in FY19 compared to 42% in FY18, 23% are on a medical card**, compared to 24% in FY18, **2% are at a partial fee as well as 2% at a full fee level. In FY 19, services were provided for 22 male clients in FP**, compared to 24 in FY18. **Nine percent of caseload was of male gender in FY 19 and FY18.** Males were offered STD testing for Gonorrhea and Chlamydia, STD screening, education, treatment for positive results and exam if requested by client. Urine screening for Gonorrhea and Chlamydia for males and females continues to be offered. Due to requirements by Title X, third party insurance companies are billed for services. **Twenty-three percent of FP clients are covered by third party insurance**, compared to 26% in FY 18. In FY 18, PCHD contracted with SIU-Quincy Prenatal Clinic to insert Long-Acting Reversible Contraceptive (LARC) methods for PCHD FP clients. **In FY19, eight PCHD FP clients received a LARC method.** In FY19 PCHD FP Program established a relationship with Pike County Jail, providing STI screens to inmates. FP Nurse will see inmate at the jail for intake, screening, counseling, and treatment.

22. **WIC (Women, Infants, and Children)** WIC caseload continues to be decreased by the State. Assigned caseload was decreased to 505 in July 2013, the first change in caseload since 2007. The caseload was reduced again in July 2015 to 455 and remained at this assigned number through June 2017. For FY 18 (beginning July 2017), the PCHD WIC caseload was reduced to 353. Then for FY 19 (beginning July 2018), the State reduced the PCHD assigned WIC caseload to 315. **The caseload was again reduced for FY 20 (July 1, 2019 – June 30, 2020). Beginning July 2019, the assigned WIC caseload is 299. Pike County WIC program had an average caseload of 241 clients in FY 19**, compared to 264 in FY 18.

Walk-in clinics began January 2, 2013, along with 2 clinics offering appointments extending into the evening hours. The evening clinics are scheduled on the 1st and 3rd Mondays of each month. The schedule was revised again September 2015 due to the decreased caseload/funding. The WIC Clinic schedule was decreased to 2 half-days and 1 full day for appointments only and 1 full day for a walk-in clinic. Caseload numbers have continued to slowly decrease the past few years. This has been seen as a nationwide problem, too. With the reduction in caseload, the achieved caseload has improved. Staff review outreach strategies and are also working with the Illinois Department of Human Services (DHS) for recommendations on methods to increase caseload. The WIC program not only provides nutrition education and nutritious food to WIC families, but also is an excellent method to reach women, infants, and children to identify additional needs and for referral to other programs, e.g., physicians, immunizations. PCHD WIC and FCM programs are 100% integrated.

The WIC program continues to provide a variety of free breast pumps to the breastfeeding WIC clients evaluated to need one, mainly through Neb Medical Services (a durable goods provider) but a few breast pumps are on hand in-house. The WIC program continues to see the importance of having a Breastfeeding Peer Counselor (BFPC) available to pregnant and breastfeeding women (BFPC summarized in next section).

23. **Breastfeeding Support** the designated WIC Breastfeeding Coordinator is a Certified Lactation Educator through the UCLA program. The two RN Case Managers and the WIC Breastfeeding Coordinator attended the Certified Lactation Counselor Program through the Health Education Associate's course some years ago. Breastfeeding is promoted through WIC clinics, phone calls by the Breastfeeding Peer Counselor (BFPC), and at home visits. Assistance is provided on an "as needed" basis to anyone requesting such.

Breast pump kits are available for purchase and electric pumps are available for rent for non-WIC clients. There are also a few free breast pumps available to the WIC clients in-house. These pumps were provided by the state in previous fiscal years based on requested orders. These are given to the WIC clients in need of a pump, without charge. The electric pump must be returned to the clinic, but all others (manual, mini electric, and personal pump) are for the client to keep. **There were 4 manual or electric pumps distributed, at no charge, to WIC clients in FY 19**, compared to 5 in FY 18. Clients with a medical card and certain insurances can obtain a double electric pump, through Neb Medical Services, with a script from their doctor. This began in May 2015 and continues at this time. **During FY 19, 3 pumps were provided to WIC clients through Neb Medical Services**, compared to 5 pumps given in FY 18. **There were no electric or manual pumps rented or purchased from private pay women during the past 5 fiscal years (FY 15-19).** **There were 26 WIC infants initially breastfed in FY 19**, compared to 33 in FY 18.

The BFPC, hired January 2010, left PCHD at the beginning of July 2018. In November 2018, a new part-time BFPC (only) was hired at 10-20 hours/week. **She left PCHD in April 2019. Another new part-time BFPC (only) was hired at 10-20 hours/week in April 2019.** In September 2006, a Breastfeeding Support Group had been started and offered on the 1st and 3rd Tuesdays of the month. This was reduced to just the 1st Tuesday of the month in 2014. However, due to non-attendance, a Breastfeeding Support Group is not advertised/offered at this time.

24. **Family Case Management (FCM)** provides services for age and income eligible pregnant women and infants. This includes WIC clients and others identified as High Risk in the Adverse Pregnancy Outcomes Reporting System (APORS), lead, etc. In addition, Department of Children and Family Services (DCFS) wards are case managed as per guidelines. The goal is to reach all eligible clients to promote wellness and healthy lifestyles. Early access to prenatal and primary pediatric care is a priority. Case managers (RNs) work closely with their clients to coordinate medical and social services. In addition, they perform physical and developmental assessments and provide health and safety education. **In FY 19, the average FCM caseload was 97 clients**, compared to 126 clients in FY 18. **The average DCFS caseload was in FY 19 was 11 clients**, compared to 17 in FY 18. **Forty-seven home visits were made in FY 19**, compared to 36 in FY 18. FCM likely was a big factor in reducing infant mortality, as documented by the state. WIC and

FCM programs are 100% integrated. Anticipated increase in home visits is expected for FY2020 with changes in FCM grant requirements.

25. **Healthy Kids** is incorporated in all PCHD programs involving children. Physical assessments are done through WIC and at home visits by RN's. Immunizations, developmental screenings, hemoglobin, and lead screening are also provided through Healthy Kids.
26. **Lead Screening** PCHD contracts with IDPH to provide initial lead screening and follow-up nursing services for Pike County. Home visits are made on children with confirmed lead poisoning, by Lead case management staff, as per current lead guidelines. Environmental services are provided by the Regional Lead Inspector (Edwardsville). **In FY 19, 273 children were screened, with 18 children referred for lead levels over 5 ug/dL;** compared to 286 children screened and 3 referred for levels of 10 ug/dL and 8 children referred for lead levels over 5ug/dL in FY 18. **In July 2018, guidelines for opening a lead case changed from 10ug/dL to 5ug/dL and higher. Quincy Medical Group is now performing lead screenings on their pediatric clients. Identified elevated levels are reported to Illinois Department of Public Health. PCHD is notified thru the HHLPSS (Healthy Homes and Lead Poisoning Surveillance System). PCHD Lead staff are responsible for these elevated lead levels identified by QMG and reported by HHLPSS. Increase in lead case management time and increase in lead home visits is anticipated.**
27. **Oral Health** The Pike County Dental Clinic (the Clinic) opened December 2013 with grant funding from the Illinois Children's Healthcare Foundation (ILCHF), Illinois Department of Healthcare and Family Services (HFS), and assistance from the Health and Wellness Foundation of Pike County (HWFPC). The Clinic's primary mission is to provide access to basic oral health services for low-income, underserved children.

Per HFS website, Pike County total Medicaid recipients totaled 4321 in FY 19, with 1883 (44%) of those reported as children. Brown, Scott, Calhoun, and Green Counties include an additional 2,956 children enrolled in Medicaid.

Initially, children and adults who resided anywhere in Illinois and met income guidelines could be seen in the Clinic. **In 2014, due to the high demand for services, new ADULT patients were limited to only those residing in Pike County.** At one point, the Clinic was providing services for children from Pike and 20 nearby counties. **In 2018, as the caseload continued to grow, new CHILDREN patients were restricted to Pike and four neighboring counties of Brown, Scott, Calhoun, and Greene, to decrease wait times for appointments. At the end of FY 19, the Clinic had a total patient caseload of 4582,** compared to 4571 in FY 18; 4082 in FY 17; 3417 in FY 16; 2596 in FY 15; and 1562 in FY 14. **The Clinic gained 384 new patients in FY 19** compared to 473 FY 18: and 665 in FY 17. **The caseload continues to grow, with 99% of clients enrolled in Medicaid.** Many clients have special needs such as autism. The Clinic also provides services for **Pike County Inmates and Federal Inmates housed in the Pike County Jail; Pike County HIV residents through Adams CHD HIV Case Management Program; PACT children; and residents of the Mental Health Center of Western Illinois (MHCWI) Community Housing Program in Brown County.**

Prior to April 2018, HFS only reimbursed for basic restorative and emergency dental services for adult Medicaid recipients. As of April 2018, newly formed Medicaid Managed Care Organizations (MCOs) started providing reimbursement for adult preventative services as well. This addition resulted in an increase in the adult caseload and request for appointments. Per recommendation of the Clinic dentist, new adult patients are required to schedule preventative care prior to restorative care unless emergency care is needed. PCHD also advertised and hired a part-time hygienist in FY 18 to provide preventative oral health services for the expanding adult population, although she resigned in FY 19 due to moving out of the area.

As a result of the changes in Medicaid and other funding streams, LHDs are looking towards affiliations with a Federally Funded Health Centers (FQHCs) and others to save much needed services, such as Safety Net Dental Clinics. The MCOs could have a significant negative fiscal impact on Local Health Departments (LHDs), expanding to all Illinois' counties and are expected to cover 80% of the Medicaid Population. HFS has acknowledged that LHDs will most likely not receive Federal Matching Funds for Dental, Family Case Management, and Immunizations for Medicaid clients enrolled in MCOs. The loss of Federal Matching funds will be devastating to LHDs. **As of February 2020, HFS reports 2977 (69%) Pike County total Medicaid recipients are now enrolled in an MCO.** This is an increase from 2700 (65%) of 4149 total Medicaid recipients enrolled in an MCO as of February 2019.

Adams, Morgan, and Logan County Health Departments have already partnered with SIU Center for Family Medicine (SIU) FQHC. These Counties have Dental Clinics that are successfully operated by SIU. SIU has the capacity to preserve, sustain, and expand the oral health services in LHDs assuring continued access to care for the unserved/underserved populations in rural Illinois.

PCHD has partnered with SIU on other projects, currently collaborating with SIU in the FP Program. PCHD is also part of a regional consortium, WILCA, Western Illinois Counties Alliance. This group includes SIU, Adams/Brown, Hancock, and Schuyler County health departments, and MHCWI who have partnered to work on common goals and projects for rural health. All agreed that reduction of the incidence, morbidity, and mortality related to substance abuse must be a healthcare priority in western Illinois. WILCA is currently collaborating on a rural opioid response planning and implementation projects with HRSA grant funding awarded to SIU.

PCHD initiated conversations with SIU in early 2016 seeking assistance for Dental Clinic operations. SIU was unable to assist at that time as their requests for assistance from LHDs and other health organizations extended well into 2017 and they could not commit to any more agencies. PCHD reached out again in June 2017 to question if SIU could possibly consider the Pike County Dental Clinic in 2018 planning. At that time, PCHD was invited to submit a formal **Change in Scope (COS) proposal** to SIU for review and potential submission to HRSA, the Health Resources and Services Administration. HRSA approval of the SIU COS application would allow the organization to operate the Clinic under the scope of their FQHC.

Shortly after submission of the proposal, **SIU notified PCHD of a HRSA New Access Point (NAP) notice of funding opportunity (NOFO)**. Up to 75 grants (\$650,000/year for minimum of 2 years beginning in September 2019) would be awarded to provide operational support for new, full-time, permanent service delivery sites to improve the health status and decrease health disparities of medically underserved communities and vulnerable populations. Funding of NAPs would increase access to affordable quality, cost-effective, comprehensive, primary health care services in the US and in particular, rural areas.

SIU subsequently submitted a NAP proposal to PCHD Board of Health (BOH) to collaborate with PCHD and the Mental Health Centers of Western Illinois to provide primary care, dental care, and behavioral health at the PCHD location. The BOH voted to accept the SIU FQHC proposal allowing SIU to proceed with the HRSA grant application.

SIU reported that the grant application was moved forward in the first round of review in the grant process. They were assigned to a HRSA grant consultant and were required to attend a grant meeting in Washington D.C. The consultant indicated that the application was strong, and Pike County had one of the highest designated Health Professional Shortage Area (HPSA) scores. Prior to the PCHD Dental Clinic opening, the HPSA for Dental had a high score of 17 prior to opening of the Clinic.

Unfortunately, SIU was not awarded the grant for a NAP. Much of the funding was awarded to fund healthcare in Puerto Rico due to the devastating earthquake earlier that year. As such, **SIU regrouped to submit the COS application, seeking partial funding from HWFPC. The collaborative effort proposed to unite the PCHD Dental Clinic, MHCWI, and SIU Behavioral Health Services at one location, PCHD.** The Dental Clinic would be under the scope of the SIU FQHC, the original plan prior to the HRSA release of NOFO for NAPs. Initially, the transition of PCHD Dental to SIU was scheduled for December 2019, however, is now anticipated in March 2020.

Current Clinic staff includes 1 full-time dentist and 3 full-time dental assistants, one whom is also the receptionist & biller. Dr. Stephen Liesen volunteers at least one day per month in the Clinic, providing direct services for difficult cases. **Dr. Matt Liesen** completed his 2-year contract with the National Health Service Corp (NHSC) State Loan Repayment Program (SLRP) during FY 17. He began working in the Clinic in July 2015. As anticipated, Dr. Liesen left at the beginning FY 18 (end of December 2017), to work in a private practice.

Current Clinic dentist, Dr. Kaydi Grote, started working for the Clinic in 2016, initially on a part-time basis, transitioning to full-time during FY 17, to replace Dr. Matt Liesen. Dr. Grote completed her 2-year contract with the NHSC SLRP in the fall of FY 19. She is currently uncertain of her future, giving verbal notice of her intent to work part-time, and possibly resign to work in private practice. Dr. Grote also plans to consider employment with SIU who can offer increased wages and benefits compared to PCHD. Dr. Grote provides efficient, high-quality oral health services. She works well with the underserved population displaying excellent rapport with children and parents. It will be unfortunate if she does, indeed leave the Clinic. It is difficult to recruit dentists to work in safety net dental clinics, especially in rural areas.

Hospital cases for small children requiring extensive restoration are on hold for now. Dr. Brett Schafer, Barry Dental Clinic and BOH member has been providing these services at Illini Community hospital for several years now. However, Barry Dental Clinic chose not to sign any of the MCO contracts and is no longer seeing any Medicaid/MCO clients. As such, Dr. Schafer would need to be credentialed through PCHD to be able to continue to provide hospital cases. The Clinic is not able to cover the costs of hospital cases due to minimal reimbursement. Currently, the closest resource for hospital care covered by Medicaid is in the Chicago area, making it difficult for parents to access services for their young children. Dr. Schafer has indicated that he would consider continuation of hospital cases for SIU.

28. **Vision Screening** is done by certified technicians. **In FY 19, 190 preschool children were screened with 0 referred for follow-up**, compared to 113 screened and 0 referrals in FY 18.
29. **Hearing Screening** is done by certified technicians. **In FY 19, 201 preschool children were screened with 0 referred for follow-up**, compared to 110 screened and 0 referrals in FY 18.
30. **Additional MCH programs** PCHD staff continues to attend and provide leadership roles in the following community organizations: Pike County Social Service (Interagency Council), Pike County Community Health Partnership, and the Mental Health Center of Western Illinois' Human Rights Advisory Committee, and PACT Advisory Board. This community involvement has proven valuable in outreach efforts and opportunities for partnerships.
31. **Health Education** Due to continued staffing and program changes, most health education programs are done within the context of current grant programs and reported under those program reports. With continued reductions in grant opportunities and reduced grant funding, PCHD has few fiscal or personnel resources to provide educational programs other than those associated with a grant programs currently in place.
32. **Environmental Health (EH)**

Food

Licenses: PCHD issued **122 food establishment licenses in FY 19**, compared to 117 licenses in FY 18. **Six cottage food vendors were licensed in FY 19**, the one was issued in FY 18. EH staff continues to work with owners proposing to open new facilities to assist them through the licensing process. **Two pre-inspections were conducted in FY19** for new establishment owners, compared to 5 pre-inspections in FY 18.

Inspections: EH staff conducted **177 routine inspections and 76 rechecks for food establishments in FY 19**, compared to 170 routine inspections and 50 rechecks in FY 18. **Six consultations were provided to businesses owners and/or managers in FY 19**, compared to 32 in FY 18.

Temporary Events:

Beginning on January 1st, 2019, the FDA defined temporary stand as, “any temporary food stand that operates for a period of no more than 14 consecutive days in conjunction with a single event or celebration”. This change required that most stands be licensed and inspected by PCHD. With approval from the Board of Health and the County Board, PCHD began our Temporary Food Inspection Program, including fees, on July 1st, 2019.

143 temporary events were licensed and inspected in FY 19, compared to 13 temporary events in FY 18. In FY 18, the voluntary temporary event program was antiquated.

In FY 19, twenty-four people enrolled in the online 8-hour Certified Food Protection Manager Course (CFPM), 91 people attended an in-house food class and 0 attended a Food Handler Training. This compared to 10 people in the online CFPM course, 39 people in the in-house CFPM course and 6 in the Food Handler Training. EH staff has focused on keeping the EH website routinely updated rather than mailing newsletters. EH receives all recall information from the FDA via email, but only record recalls that require action in the local area. **There were 18 food borne illness/food complaints in FY 19**, compared to 6 in FY 18.

Water: Three water samples were analyzed in FY 19, compared to 11 in FY 18. **Five water wells were permitted in FY 19**, compared to 3 in FY 18. None of the wells constructed in 2019 or 2018 were potable water wells. **Six water wells were sealed in FY 19**, the same as FY 18.

Septic: Thirty-six alterations or new private sewage disposal systems were permitted in FY 19, compared to 23 in FY 18. Soil evaluation and site-consultation prior to signing off on the building permit is a requirement and this is resulting in better site planning. Many violations by homeowners and contractors have been due to lack of knowledge of rules and regulations, rather than purposeful violations. EH staff constantly works to encourage advance notice of private sewage system installations to allow improved scheduling and inspection capabilities. Staff also distribute these rules and regulations and provide copies of the sewage pre-application worksheet to other county agencies. **Eight sewage complaints were received in FY 19**, compared to 2 in FY 18.

EH staff co-presented 3 educational workshops for private sewage contractors. Two of the workshops were presented in January and one was in October. Approximately 54 persons attended and received continuing education hours towards State licensing. Presentations were also given at the Illinois Association of Local Environmental Health Administrators (IALEHA) and Onsite Wastewater Professional of Illinois (OWPI) conferences.

Staff continues to promote increased awareness of sewage inspections as they pertain to real estate transfers.

U.S. Environmental Protection Agency (EPA) has developed a general National Pollutant Discharge Elimination System (NPDES) permit for homeowners who need to have a surface discharge. This permit went into effect on February 10, 2014. No new Notice of Intent was submitted this year.

Nuisance The Pike County Nuisance Ordinance currently designates PCHD as the enforcement officer for the ordinance. **In FY 19, 23 nuisance complaints were logged,** compared to 18 in FY 18. Many of these were in incorporated areas and, while EH staff continue to help conduct health hazard evaluations, there is limited enforcement capabilities as the Pike County Board voted to exclude the application of the county nuisance ordinance for incorporated areas of the county. This complaint activated program requires extensive staff time with many difficulties encountered and no additional revenue source. The Pike County Board has amended the Code Hearing Ordinance to allow local units of government to separately enter into agreement to enforce local ordinances. This will allow local enforcement of local ordinances. Most incorporated areas have contracted or upgraded their police protection to enforce their local ordinances, but EH staff continues to help when needed for health-related issues. Requests from local units of government to conduct health hazard surveys are occasionally received and EH staff does so when time allows. Many complaints and concerns about bedbugs are still addressed to PCHD office and these are expected to continue. Color-coded complaint forms and confidential envelopes are available for nuisance complainants to use and are provided if requested. These color-coded envelopes are to be opened by the Administrator or designee. Government agencies are specifically offered the opportunity to maintain confidentiality for complainants.

As a feature of the new County Landfill Host Agreement, the Landfill offered two mornings where residents could take permissible items to land fill and deposit for free. They would like to have one in the spring and one in the fall each year. Staff continues to work at promoting this opportunity to public! The County has budgeted 3% of the Host Fee Funds in the new landfill host agreement for PCHD.

West Nile Surveillance PCHD applied for and received \$10,000 to provide support for West Nile Virus (WNV) surveillance and dead bird collection. Staff have attended meetings of local units of governments to discuss the issues of mosquito borne illnesses and how communities and neighborhoods can be impacted by lots where nuisance conditions exist which harbor mosquitoes. In FY 19, one dead bird was submitted for WNV testing and it was negative. In FY 2018, 2 birds tested negative while one horse in Pike County tested positive.

Tanning: **Five tanning salons were inspected in FY 2019, the same of FY 2018. One of these inspections was an out of business inspection, as the salon closed.** This requirement along with a downtrend economy and increased taxes by the federal government seem to contribute to closure of salons over the last few years. **No tanning complaints were received in FY 18 or FY 19.**

Indoor Air Quality PCHD receives occasional indoor air quality inquiries related to mold and carbon monoxide in residential settings. EH staff has access to a Q-TRAC air monitor capable of measuring CO₂, CO, and relative humidity.

Illinois passed a “Smoke –Free” act effective January 1, 2008, which requires all public places and places of employment to be smoke-free inside and within 15 feet from entrances, exits, windows that open, and ventilation intakes. EH can receive complaints on violations of this new act through the IDPH web portal complaint system. See #13 for Tobacco Free Communities activities.

Body Art IDPH developed the “Body Art Code” to provide administrative rules to accompany Public Act 094-1040, the “Tattoo and Body Piercing Establishment Registration Act”. This law requires all establishments in the State of Illinois, which provide tattooing or body piercing services, to register with the State of Illinois and become licensed prior to offering these services to the public. Licensure requires specific warnings and information to be offered to clients; artist and client records are to be kept; commercial disposal of potentially infectious medical wastes; proof of blood-borne pathogen training by the artists; and specific sanitation provisions be observed.

PCHD has one inspector licensed to inspect these establishments. In 2013, the only licensed facility in the county failed to renew their license. There have been no licensed body art facilities in the county since that time. **There were 2 body art complaints filed in FY 19. These complaints were in relation to microblading, which is a semipermanent cosmetic technique that involves tattooing of eyebrows with a thin blade that is formed of tiny needles.**

33. **Vital Records** There were **2 in-county births recorded in FY 19**, compared to 1 in-county births recorded in FY 18.

There were **158 deaths registered in FY 19**, compared to 142 in FY 18.

34. **Emergency Preparedness (EP)** IDPH receives federal grant funds to assist with EP at the local level. PCHD submitted the 5-year Public Health EP grant to IDPH in June 2018 and received funding to continue EP activities. A work plan and budget are submitted annually.

PCHD collaborates with the local Emergency Management Agency (EMA) and other community partners to provide EP planning, training, drills, and exercises. PCHD assists the Pike EMA director by planning meetings and agenda, taking minutes of meetings, inviting new community entities to attend the meetings, and developing and presenting exercises.

IDPH Regional Emergency Response Coordinator visits PCHD bi-annually to review the Medical Counter Measure Strategic National Stockpile (SNS) Plan. The review was conducted in April 2019.

The county Emergency Operations Plan is updated by Pike EMA Director with input from PCHD.

Security updates were made to the PCHD building in FY19.

As part of the EP grant, a Hazard Vulnerability Analysis (HVA) and a Training & Exercise Planning Workshop (TEPW) is completed annually.

In FY 17, the EP program was expanded to include the requirements for CMS Conditions of Participation for PCHD Home Health Program. Additional HH policies were developed to integrate emergency preparedness activities into home health care. Review of these policies continued into FY19.

PCHD staff attended and/or participated in conferences, on-line Federal Emergency Management Agency (FEMA) trainings, and webinars related to EP. As part of the EP grant deliverables, two staff members attended the EP Summit in Normal, IL in June 2019. New PCHD employees are required to complete FEMA courses as part of their job orientation. **Key personnel at PCHD continue to lack completion of FEMA courses required for Incident Command positions.**

EP drills included an all-staff after-hours alert drill, PCHD management staff after-hours “alert and assembly” drill, Illinois Public Health Mutual Aid System (IPHMAS) drill, and monthly Starcom radio drill, and a real-life Tornado drill. Other trainings completed were Illinois National Electronic Disease Surveillance System (I-NEDSS), Civilian Response to Active Shooter Event (CRASE), Public Information Officer (PIO) trainings, Opioid trainings, Communicable Disease trainings, State of Illinois Rapid Emergency Notification system (SIREN), Spanish speaking workshop, vaccine storage & handling, bloodborne pathogen (BBP) & mock OSHA walk-thru, WebEOC, and Inventory Management and Tracking System (IMATS) for SNS.

In FY19, PCHD participated in a Pandemic Flu TTX (Tabletop Exercise) presented by IDPH, an Ebola exercise hosted by Illini Community Hospital, and a Pandemic Flu Functional Exercise. The EP grant requires an annual exercise of some sort, with completion of After-Action Report (AAR) and Improvement Plan.

A Memorandum of Understanding (MOU) with Adams County Health Department’s Medical Reserve Core (MRC) is in place for volunteers in an emergency.

In FY19, PCHD collaborated with Illini Community Hospital on several projects. Illini provided N95 fit testing for health department staff at no charge. PCHD provided Illini with education and training on MMR vaccination as they worked to make sure the hospital staff was fully vaccinated. Illini borrowed our portable refrigerator/freezer unit to help with their staff vaccination clinics. PCHD attended Illini’s planning meeting as they prepared for their Ebola exercise. PCHD also participated in this Ebola exercise.

Considering the nationwide and statewide Hepatitis A outbreaks in FY19, PCHD worked to provide Hepatitis A vaccination to high-risk individuals. In a collaborative effort with IDPH (providing free vaccine), Illini Hospital Rural Health Clinic and Pike County Jail, PCHD provided free Hepatitis A vaccinations to staff and inmates at the jail. In 3 clinics, a total of 113 free Hepatitis A vaccinations and 26 free flu vaccinations were administered.

35. **Staff** Total **PCHD staff for FY 19 was 28.** PCHD has service agreements with 1 nurse practitioners, 1 speech therapist, 1 physical therapy assistant and 2 agencies providing occupational and physical therapy, Rehab Care Group and Advance Physical Therapy, and SIU Center for Family Medicine.

37. **Financial**

Revenues

Federal Grants	\$167,423 (↑ from \$162,248 in FY 18)
State Grants	\$191,484 (↑ from \$160,066)

Local Grants	\$24,662 (↑ from \$23,022)
County Funds	
Tax Levy	\$250,338 (↑ from \$237,687)
TB Levy	\$10,800 (remained level)
Landfill	8,974 (1 st year of reimbursement)
Revenue for Services	
Medicare	\$508,979 (↑ from \$464,393)
Medicaid	\$463,652 (↑ from \$463,652)
Private Patient Fees	\$166,993 (↑ from \$132,371)
Other misc. fees, contracts	\$45,585 (↑ from \$45,494)
Interest	\$423 (↑ from 364 in FY 18)
Total Revenues	\$1,839,313 (↑ from \$1,638,861 in FY 18)

Expenditures

Salaries, prof. contracts, travel, education	\$1,436,593 (↑ from \$1,384,188)
Insurance	\$65,503 (↓ from \$132,087)
Office/medical supplies	\$127,860 (↑ from \$98,976)
Utilities and office expenses	\$21,399 (↓ from \$28,264)
Equipment/building expenses	\$45,988 (↓ from \$67,026)
Capital Outlay	\$25,142 (↑ from \$10,347)
Debt Service	\$20,090 (↓ from \$21,109)
Other	\$21,895 (↑ from \$18,865)
Total	1,764,470 (↑ from \$1,760,862)

38. **Illinois Department of Public Health (IDPH) Recertification of Local Health**

Department (LHD) PCHD is an IDPH Certified LHD and is in substantial compliance with the requirements as specified in the Illinois Administrative Code Section 600.400: Certified Local Health Department Code Public Health Practice Standards. LHDs must recertify every 5 years. Recertification includes completion of the Illinois Process for Local Assessment of Needs (IPLAN).

IPLAN is a community health needs assessment and planning process, requiring completion of an Organizational Capacity Assessment, a Community Health Needs Assessment, and a Community Health Plan.

PCHD completed and submitted the 4th round of IPLAN in 2016, successfully recertifying the agency through 2020. The Health and Wellness Foundation of Pike County contracted with Western Illinois University, Illinois Institute for Rural Affairs, to conduct the 2015 Pike County Community Needs Assessment to be utilized by multiple Pike County entities, including PCHD. Cynthia Struthers, PhD, led the team that completed the assessment.

Per Dr. Struthers,

“What has changed in 2015 is that the very health care and social service providers whose mission it is to identify and meet health care needs in the county are in danger of closing their doors due to cuts in funding and

uncertainty about funding. This is particularly true of programs that rely on grants from the State of Illinois to function. The state’s budget impasse has led to the loss of some programs and threatens the existence of others.”

“Pike County has a decade long history of coming together to creatively address the health and wellness needs of residents. But as state funds, programs, and initiatives have been eliminated local groups face the same needs in the county with fewer resources with which to address them.”

“Clearly Pike County has a visible low-income population whose health and social service needs need to be address. Children who do not have access to health care and do not learn healthy habits carry poor health into the future. And finally, older residents face additional health issues as they age. The World Health Organization's definition of health does not allow for a focus on a single population though. **The questions that need to be addressed are what should be done, what can be done, and what can be afforded.**” (www.ncbi.nih.gov)

Per Dr. Struthers’ assessment, the following are the most salient health needs in Pike County:

- 1) Obesity, Nutrition, and Exercise
- 2) Smoking Cessation and Substance Abuse
- 3) Mental Health Services (**This includes a broad range of mental health services, everything from peer counseling to psychiatry**)
- 4) Access to Care/Services

Struthers stated, “**The salient questions at this time are what can be done in Pike County, and what can Pike County afford to do.** One important issue that must be addressed is the preservation of the PCHD. In addition, ICH must continue to promote its role in community programs and providing needed health services locally...Pike County must continue current collaboration efforts with an eye for opportunities for new partnerships and new ideas... The Pike County health and social service environment cannot be all things to all people, but it can be the conduit through which care and connections flow.”

Specific recommendations per Dr. Struthers were as follows: Promote local services and agencies; Preserve existing programs; Address basic needs such as food, shelter, and clothing; Continue to expand Dental/Oral Care; Continue to promote Public Transportation.

*By considering the statement/questions presented by Dr. Struthers in the Assessment, PCHD administrative staff identified and addressed the following 3 priorities in the resulting **PCHD Community Health Plan:** 1) Access to Care; 2) Mental Health; 3) Obesity, Nutrition, Exercise.*

The 2015-2020 Priorities were guided and aligned with the following: 2016 Pike County Community Health Partnership (PCCHP) Strategic Plan; Illini Community Hospital (ICH)

Community Health Plan; Illinois State Health Plan, Healthy Illinois 2021; and Federal Healthy People 2020.

The 2015 IPLAN process has identified “what should” and “what can be done”. However, “what can be afforded” is uncertain at best. Over the last 5 years, unstable funding and cuts in funding threaten the existence of the Partnership and the health and social services provided in rural Pike County Illinois. Ten years ago, agencies such as PCHD had the financial and human resources to invest in and lead health initiatives. This is no longer an option. PCHD and others are fighting to keep their doors open. Therefore, it is critical that we continue to partner to secure ways to preserve and expand programs to meet the growing health and wellness needs of Pike County residents.

In addition to current community resources that are in place, providers must **preserve and sustain existing programs and services**, such as Pike County Health Department, Pike County Dental Clinic, Illini Community Hospital, and Mental Health Centers of Western Illinoisan West Central Mass Transit District. Dr. Struthers advised, **“Local providers need to continue to seek outside resources as appropriate to preserve and expand programs. Providers must utilize innovative ways to promote services.”** “Local providers need to continue to seek outside resources as appropriate to preserve and expand programs. Providers must utilize innovative ways to promote services.” Of note, PCHD, ICH and MHCWI recently initiated communication with SIU School for Family Medicine to explore ways to sustain access to affordable dental, medical, and mental health services.”