

## PIKE COUNTY HEALTH DEPARTMENT

### FISCAL YEAR 2021 (FY 21) ADMINISTRATIVE AGENCY EVALUATION

1. **By-Laws and Policies/Procedures** New/revised bylaws and policies/procedures are presented to the Pike County Board of Health (BOH) annually and as needed for approval. BOH President is Dr. David Iftner. Jim Sheppard, Pike County Board Chairman, also serves on the 11-member board. Dr. Ronald Johnson serves as volunteer Medical Director.
2. **Personnel Policies** Personnel Policies are reviewed by Administration and the Personnel Committee. Recommendations for new/revised policies are presented to the BOH for approval. All staff receive written copies of any additions/changes made during the year. Staff is required to submit written certification to Administration that they have reviewed updates. Job descriptions, hiring salaries for each position, and yearly cost of living increases are reviewed annually by Administration.
3. **Home Health (HH)** The total number of HH referrals for FY 21 was 316, an increase from 291 in FY 20. The number of referrals not seen in FY 21 were 97, an increase from 69 in FY 20.

**The main referral source in FY 21 continued to be hospitals (211), followed by physician offices (77), and long-term care/SNF (28). The main payer source for HH continues to be traditional Medicare (73%), Medicare HMO (8%), VA (3%), Medicaid (10%), and Private Insurance (3%).**

HH staff collaborate with physicians, hospital discharge planners, and other service providers to keep 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. Various resources are used to educate the public regarding PCHD HH services.

Since 1999, CMS (Centers for Medicare and Medicaid Services) has required Medicare-certified HH agencies to collect and report OASIS (Outcome and Assessment Information Set) data for all adult patients whose care is reimbursed by Medicare and Medicaid. OASIS is a comprehensive assessment designed to collect information on nearly 100 items related to a home care recipient's demographic information, clinical status, functional status, and service needs. OASIS data is used by CMS for multiple purposes including calculating several types of quality reports which are provided to HH agencies to help guide quality and performance improvement efforts. OASIS-D1 is the current version of the OASIS data set.

CMS is delaying the release of the updated version of the OASIS (OASIS-E) to provide maximum flexibilities for HH agencies to respond to the COVID-19 Public Health Emergency (PHE). The release of the updated version of the OASIS will be delayed until January 1<sup>st</sup> of the year that is at least one full calendar year after the end of the COVID-19 PHE. For example, if the COVID-19 PHE ends on April 30, 2021, HH agencies will be required to begin collecting data using the updated versions of the item sets beginning with patients discharged on January 1, 2023.

CMS has posted the various quality reports since 2003 on the **Medicare.gov website, Home Health Compare**. These publicly reported measures include outcome measures which indicate how well HH agencies assist their patients in regaining or maintaining their ability to function, and process measures which evaluate the 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, while helping agencies identify areas for improvement and encouraging the agencies to strive for higher level of quality. Each HH agency will receive a single summary Quality of Patient Care Star Rating encompassing that agency's relative performance on quality measures posted on Home Health Compare.

There are two types of home health star ratings: Quality of Patient Care Star Ratings; and Patient Survey Star Ratings. The 7 measures that are part of the *Quality of Patient Care Star Ratings* are as follows:

- Timely Initiation of Care
- Improvement in Ambulation
- Improvement in Bed Transferring
- Improvement in Bathing
- Improvement in Shortness of Breath
- Improvement in Management of Oral Medications
- Acute Care Hospitalization

The *Patient Survey Star Ratings* include the following four measures reported on Home Health Care Compare:

- Care of Patients
- Communication Between Providers and Patient
- Specific Care Issues
- Overall Rating of Care Provided by the Home Health Agency

During FY 21, staff education and monitoring of Medicare's new payment model, **PDGM (Patient-Driven Groupings Model)**, continued to be a priority. CMS finalized the case-mix classification model, effective January 1, 2020. PDGM relies more heavily on clinical characteristics, and other patient information to place home health periods of care into the following meaningful payment categories for the purposes of adjusting payment:

- Admission Source (two subgroups): Community or Institutional Admission source
- Timing of the 30-day period (two subgroups): Early or Late
- Clinical Grouping (twelve subgroups)\*
- Functional Impairment Level (three subgroups): Low, Medium, or High
- Comorbidity Adjustment (three subgroups): None, Low, or High based on secondary diagnoses

*\*The Clinical Grouping case-mix variable is the assignment of the principal diagnosis to one of 12 clinical groups to explain the primary reason for home health services, including the following: 1) Musculoskeletal Rehabilitation; 2) Neuro/Stroke Rehabilitation; 3) Wounds; 4) Medication Management Teaching, and Assessment (MMTA) - for Surgical Aftercare; 5) MMTA - Cardiac and Circulatory; 6) MMTA - Endocrine; 7) MMTA - Gastrointestinal Tract and Genitourinary System; 8) MMTA - Infectious Disease, Neoplasms, and Blood-Forming Diseases; 9) MMTA - Respiratory; 10) MMTA- other; 11) Behavioral Health; 12) Complex Nursing Interventions.*

**RCD (Review Choice Demonstration/Pre-Claim Review)** continues for Illinois HH agencies. RCD provides flexibility and choice for HH agencies, as well as risk-based changes to reduce burden on providers demonstrating compliance with Medicare HH policies. HHAs will select from three initial choices: Pre-claim Review; Post-payment Review; Minimal Post-payment Review with a 25% payment reduction. After a 6-month period, HHAs demonstrating compliance with Medicare rules through pre-claim review or post-payment review will have additional choices, including relief from most reviews except for a review of a small sample of claims. To be eligible, HHAs must meet a 90% target full provisional affirmation rate based on a minimum of 10 submitted requests/claims. This program reduces the number of Medicare appeals, improves provider compliance with Medicare program requirements, should not delay care to Medicare beneficiaries, and does not alter the Medicare HH benefit.

4. **Performance Improvement (PI)** 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. **To assure accurate clinical documentation and regulatory compliance, the PCHD HH Supervisor and/or field staff audit each OASIS type visit prior to billing.** Results of chart audits are used for focused problem solving, appropriate intervention, and staff education.

PCHD implemented the **SHP (Strategic Healthcare Program)** a few years ago. SHP is an OASIS scrubbing application utilized to identify errors and inconsistencies. SHP also minimizes billing errors. Management staff continue to monitor the PCHD **CMS Home Health Compare** reports and **Star Ratings; Healthcare First (Deyta)** patient satisfaction reports; **CASPER\* (Certification And Survey Provider Enhanced Reports)** reports; **PEPPER\* (Program for Evaluating Payment Patterns Electronic)** reports; multiple clinical and billing reports per the computer documentation system, **Brightree**, including SHP; **HHQI (Home Health Quality Improvement)** reports; and the **Illinois Homecare and Hospice list-serve/emails** to stay on top of constant regulation changes. With SHP, chart audits, and education of staff, **Star Ratings have improved over the last few years for PCHD, currently a 4.5 out of 5.**

*\*CASPER reports that are compiled using agency submitted OASIS data to demonstrate performance. Current metrics are benchmarked against a prior period and the national rate*

*\*PEPPER is a comparative data report that summarizes an agency's Medicare claims data statistics in areas identified as at risk for improper Medicare payments. PEPPER can help guide a provider's auditing and monitoring activities with the goal of preventing improper Medicare payments. Each PEPPER summarizes claims*

*data statistics (obtained from paid Medicare claims) for the most recent three calendar years (the calendar year). A HH agency is compared to other agencies in three comparison groups: the nation, the MAC (Medicare Administrative Contractors) jurisdiction, and the state. The MACS regionally manage policy and payment related to reimbursement and act as the fiscal intermediary for Medicare. These comparisons enable agencies to determine whether their billing statistics differ from others and whether they may be at higher risk for improper Medicare payments. PEPPER identifies areas at risk for improper Medicare payments based on preset control limits. The upper control limit for all target areas is the national 80th percentile. Coding-focused target areas also have a lower control limit, which is the national 20th percentile.*

5. **Skilled Nursing (SN)** SN visits decreased to 1720 in FY 21, compared to 1915 in FY 20. Admission visits totaled 236 in FY 21, an increase from 222 in FY 20. 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.
6. **Home Health Aide (HHA)** HHA visits were 548 in FY 21, an increase from 470 in FY 20. PCHD continues to contract with Blessing Hospice to provide HHA visits for hospice patients on an as needed basis. There were zero HHA hospice visits FY 2021 compared to 48 in FY 2020.
7. **Homemaker (HMKR)** HMKR visits in FY 21 were 106, a decrease from 138 in FY 20.
8. **Speech Therapy (ST)** There were a total of 26 ST visits in FY 21, a decrease from 31 visits in FY 20. Skilled ST visits are provided PRN by one contractual Speech Therapist.
9. **Physical Therapy (PT)** There were 1176 visits for PT in FY 21, a decrease from 1286 visits in FY 20. PT services are provided by a full-time Physical Therapist, one contractual PT Assistant, Rehab Care Group, and Advance Physical Therapy on a PRN basis.
10. **Occupational Therapy (OT)** In FY 21, there were 6 OT visits, a decrease from 25 visits in FY 20. OT services are provided per contract with Rehab Care Group and Advance Therapy on a PRN basis.
11. **Home Nursing Services (HN)** HN services are *skilled nursing services provided by a RN and/or skilled personal services provided by a HHA for an individual who does not qualify for HH*. 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 21 were 33**, a decrease from 36 in FY 20.

*Skilled Personal Services* are provided by a HHA under the supervision of a 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 zero Skilled Personal Services visits through the HN program in FY 21, the same as FY 20.**

12. **Home Services (HS)** 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 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 HMKRs may include the following: light housekeeping and cooking with meal preparation, bathing, dressing, hair care, nail care, shaving and basic oral hygiene (mouth care) such as cleaning dentures or brushing teeth. **In FY21, there were 172 HS (HMKR) visits, a decrease from 277 FY 20.**
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 (HCHD) is the lead agency for the PCHD IBCCP program. Since 2011, PCHD has had an agreement with HCHD for PCHD to promote the IBCCP program in Pike County, with HCHD 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 21 , EH staff conducted SFIA compliance checks during 160 food business inspections and 112 random visits at non-food businesses. We also sent out information to 30 hunting lodges and 4 school districts. We included vaping education in all the materials sent to the schools. This type of tobacco use is extremely high among High School age children and poses a significant threat. Again, during FY 21, 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 110 Pike County 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 FY 21.**

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 (ICH). The partnership continues with the American Lung Association's ITQL, providing free phone counseling for those wishing to quit tobacco.

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. **This Grant was not received for FY22.**

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 21, 59 county employees utilized the wellness benefits,** compared to 67 county employees in CY 20.
16. **Laboratory Services** Laboratory services provided by PCHD include hemoglobin by Hemocue in WIC and Family Planning (FP), pregnancy testing, urinalysis by dipstick, and microscopic wet mounts in FP. Capillary lead obtained and sent to the state lab for testing. Pap smears along with Gonorrhea and Chlamydia sent to Quest Diagnostics. Venous blood specimens, ordered by a physician through HH are sent to ICH or other specified labs. Water samples are sent to the state lab. The state lab is utilized for Communicable Disease specimens. PCHD certified is a waived lab through CLIA.
17. **Immunizations** Regular immunization clinics are usually held two times per month at PCHD. **In March of 2020, all immunization clinics were cancelled due to PCHD COVID response.** PCHD utilized a drive-up process for child and adult flu vaccination clinics that were held in FY 20 due to COVID. PCHD also offered flu vaccination at several private entities/businesses around the county. **Regular immunization clinics were not resumed until September 2021.**

**Cancelling of the regular clinics contributed to decreased vaccinations given by PCHD. Client contacts for vaccination (excluding COVID and Flu) were 120 in FY 21. Vaccination doses (excluding COVID and Flu) were 236 in FY 21.**

**In FY 21, there were 98 COVID-19 vaccination clinics held. In FY 21, there were 6366 COVID-19 vaccinations given.** PCHD contracted with nurses to help staff COVID-19 vaccination clinics. Volunteers were recruited and proved to be a great asset to helping with flow of clinics. **PCHD assisted all LTC facilities in the county with vaccination of their staff and residents. PCHD nurses administered COVID vaccinations at Pike County Jail.**

**Grand total of all immunizations (includes COVID and Flu) given in FY21 was 7,051 as compared to 1,202 in FY 20.**

**Seventeen flu vaccination clinics were held in FY 21 (in-house & outside clinics),** compared to sixteen flu clinics in FY 20. **There were 424 adult flu vaccinations and 25 child flu vaccinations administered in FY 21,** compared to 521 adult flu vaccinations and 118 child flu vaccinations administered in FY 20.

The **Vaccines for Children (VFC) Program** helps provide vaccines to children whose parents or guardians may not be able to afford them. This helps ensure that all children have a better chance of getting their recommended vaccinations on schedule. Vaccines available through the VFC Program are those recommended by the Advisory Committee on Immunization Practices (ACIP). These vaccines protect babies, young children, and adolescents from sixteen diseases.

A child is eligible for the VFC Program if he or she is younger than 19 years of age and is one of the following: Medicaid-eligible; Uninsured; Underinsured; American Indian or Alaska Native. Children whose health insurance covers the cost of vaccinations are not eligible for VFC vaccines, even when a claim for the cost of the vaccine and its administration would be denied for payment by the insurance carrier because the plan's deductible had not been met.

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.

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 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. Due to COVID, the IDPH VFC reviews are now delayed. PCHD expects a review in 2022.

Adult vaccines 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.

The immunization program coordinator evaluates the cost of private vaccines and any need for corresponding price increase throughout the year. There has been no fee increase recently. Travel counseling regarding communicable disease and travel vaccinations such as Hepatitis A, Hepatitis B and Typhoid vaccine are available through the immunization program.

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 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.

18. **Communicable Disease (CD)** **The FY 21 numbers were 74 disease investigations, including Sexually Transmitted Disease/Sexually Transmitted Infections (STD/STI), completed with 49 of the 74 meeting the Center for Disease Control (CDC) *case definition* (probable and confirmed) for a reportable disease case.** The 49 probable and confirmed cases were then reported on to IDPH via I-NEDSS. In FY 20, a grand total of 76 disease investigations were completed with 48 of the 76 meeting the CDC *case definition* for a reportable disease case. Only probable and confirmed cases are included in state case counts. **The FY 20 and FY 21 numbers do not include COVID-19 cases.**

*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 probable & confirmed communicable disease cases that were reported to IDPH in FY 21 included the following diseases: COVID-19, Campylobacteriosis, Chlamydia, Gonorrhea, Syphilis, Hepatitis C, Ehrlichiosis, Potential Rabies exposure, Salmonellosis, Tularemia, and Cryptosporidiosis.**



**In FY 21, there were 13 chlamydia cases; 6 gonorrhea cases, and 2 syphilis cases reported to IDPH, as compared to 12 chlamydia, 13 gonorrhea, and 2 syphilis cases reported in FY 20.**

**In FY 21, there was one acute gastro-enteritis (AGE) outbreak at a LTC facility. In FY 20, PCHD monitored two influenza clusters in schools and another headache/fever cluster illness at a school and 1 disease AGE outbreak at a LTC facility. This was most likely Norovirus.**

**There were no foodborne or waterborne disease outbreaks in FY 21 or FY 20.**

**COVID-19 stats for FY 21 were as follows:**

Positive: 1763  
Probables: 75  
Outbreaks: 26  
Hospitalizations: 122  
Deaths: 37

**Compared to COVID-19 stats in FY 20:**

Positive: 938  
Probables: 56  
Outbreaks: 22  
Hospitalizations: 76  
Deaths: 24

- 19. Tuberculosis (TB) In FY 21, there were 108 TB skin tests given with 0 positive tests, 0 Chest X-Rays, and 0 on treatment for Latent TB Infection. FY 20 stats were as follows: 150 skin tests given; one positive TB skin test; 0 chest X-rays; 1 latent TB infection (LTBI). No active pulmonary or non-pulmonary TB cases were reported in FY 20 or FY 21; FY 19 stats were as follows: 173 skin tests given; one 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. PCHD provided case management of a client with active *non-pulmonary* TB disease in FYs 18/19. Although this case was extra-pulmonary in nature and not considered infectious to the public; it was a complicated case.**

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, ICH, and other health care providers in Pike County at no cost to them. **Two vials of TST solution were provided in Pike County Jail in FY 21**, compared to one vial of TST solution and syringes FY 20. Targeted skin testing is the standard now, instead of mass skin testing, resulting in decreased numbers requiring TST plus private providers are purchasing their own TST solution with their contracted vendor.

20. **HIV/AIDS** In review of IDPH HIV/AIDS posted statistics (as of November 2020), there have been 1 cumulative HIV and 0 cumulative AIDS cases diagnosed since 2013. There are 2 cases of AIDS and 1 case of HIV living in Pike County. Department of Corrections cases are included in county totals.
21. **Family Planning (FP)** All FP stats are comprised of services during PCHD FY 2021. PCHD FP served 129 unduplicated FP clients in FY 21, as compared to 179 in FY 20. All active clients resulted in 321 FP office visits. Eleven percent of FP clients in both FY 20 and FY 21 were out of county residents. PCHD FP performed 10 initial comprehensive exams in FY 21, compared to 27 in FY 20. Annual comprehensive exams totaled 57 in FY 21, compared to 44 in FY 20. Fifteen pap smears were done in FY 21, compared to 42 in FY 20. Six of those pap smears were abnormal, with follow-up by PCHD FP, referral to their own MD or to the IBCCP. This is compared to 4 abnormal pap smears in FY 20. Pregnancy tests performed totaled 40 in FY 21, compared to 106 in FY 20. Seven 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 staff nurse is available Monday through Thursday for Family Planning services. 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. Eighty-two percent of unduplicated FP clients were at a zero-fee sliding scale in FY 21, compared to 85% in FY 20. Fifty-one percent of unduplicated users are on a medical card, compared to 34% in FY 20. Two percent are partial fee and 2% are full fee. In FY 21, services were provided to 13 male clients, compared to 17 in FY 20. FP caseload consisted of 10 percent male gender in FY 21, compared to 7% in FY 20. Males were offered STD testing for gonorrhea and chlamydia, STD screening, education, treatment for positive results and physical exam. Urine screening for gonorrhea and chlamydia for males and females are offered as per FP grant requirements. Sixteen percent of FP clients were covered by third party insurance in FY 21, compared to 14% in FY 20. In FY 18, PCHD contracted with SIU-Quincy Prenatal Clinic to insert Long-Acting Reversible Contraceptive (LARC) methods for PCHD FP clients. In FY 21, 3 PCHD FP clients received a LARC method. In FY 19 PCHD FP Program established a relationship with Pike County Jail, providing STI screens to inmates. FP Nurse completes visit with inmate at the jail for intake, screening, counseling, and treatment.
22. **WIC (Women, Infants, and Children)** WIC caseload has been decreased by the State for the past few years. 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. For FY 20 (beginning July 2019), the State reduced the caseload to 299. For FY 21 (beginning July 2020), the State reduced the caseload to 291. The caseload was increased for FY 22 (July 1, 2021 – June 30, 2022) to 336. Pike County WIC program had an average caseload of 237 clients in FY 21, compared to 260 in FY 20.

**Walk-in clinics began January 2, 2013, along with two clinics offering appointments extending into the evening hours.** The evening clinics are scheduled on the 1<sup>st</sup> and 3<sup>rd</sup> Mondays of each month. The schedule was revised again September 2015 due to the decreased caseload/funding. The WIC Clinic schedule was decreased to two half-days and one full day for appointments only and one full day for a walk-in clinic. Assigned and achieved caseload numbers have continued to slowly decrease the past few years. This has been seen as a nationwide problem, too. With a reduction in caseload, the achieved caseload usually improves. This current year with the assigned caseload increase, the achieved has not improved well. 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, nutritious food, and breastfeeding promotion/support 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 Illinois WIC Program was beginning the switch over to the Electronic Benefits Transfer (EBT) system and new computer software program in early 2020 with PCHD WIC to “go live” in March 2020. However, with the COVID-19 Pandemic and the closing of the clinics March 16, 2020, training was delayed until May 2020. Statewide WIC clinics have been completed by phone with curbside pickup of benefits since March 16, 2020. USDA granted waivers for the required height, weight, and hemoglobin testing for the program during this Health Emergency. This waiver has been extended to January 2022.** Staff completed training for the new system remotely with the new system “Go Live” date of May 16, 2020. With this switch over to a new computer system, some data numbers have not been completely accurate until at least September 2020.

**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) along with a few breast pumps that 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 FCM 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 no manual or electric pumps distributed, at no charge, to WIC clients in FY 21 (July 1, 2020, through June 30, 2021),** compared to 3 in FY 20. Clients with a medical card and certain insurances can obtain a double electric pump, through Neb Medical Services here at PCHD, with a script from their doctor. This began in May 2015 and continues at this time. **During FY 21, 0 pumps**

were provided to WIC clients through Neb Medical Services, compared to 4 pumps given in FY 20. There were no electric or manual pumps rented or purchased from private pay women during the past 7 fiscal years (FY 15-21). There were 17 WIC infants initially breastfed in FY 20. Additional breastfeeding data from the new I-WIC system indicates there was an average of 12 exclusively breastfed infants, 17 partially breastfed infants, and 75 fully formula fed infants from December 2020 through November 2021.

The part-time BFPC left PCHD in March 2020. PCHD remained without a BFPC for over 8 months. Applications were received in October 2020, but due to staffing issues and the COVID-19 Pandemic, interviews were not held until December 2020 with hiring of a new BFPC in late February 2021. Due to non-attendance, a Breastfeeding Support Group is not advertised/offered at this time.

24. **Family Case Management (FCM)** 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) collaborate 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 PCHD FY 21 the average FCM caseload was 87 clients**, compared to 81 clients in FY20. **The average DCFS caseload was 15 in FY 21** and 11 in FY 20. **Due to the CoVid 19 pandemic FCM/APORS home visits were completed by phone.** FCM has been a key factor in reducing infant mortality, as documented by the state.
25. **Healthy Kids** Healthy Kids is incorporated in all PCHD programs involving children. Physical assessments are done through WIC and at home visits by RNs. **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. The Regional Lead Inspector (Edwardsville) provides environmental lead services. **In FY 21, 12 children were screened for lead at Pike County Health Department. This is a significant decrease in lead screenings.** In FY 20, PCHD screened 114 children for lead and in FY 19 PCHD performed 273 lead screenings. **Due to the CoVid 19 pandemic Pike County Health Department was closed to the public for several months resulting in decreased screenings. Twenty-three children were identified in FY 21 as having lead levels over 5 ug/dL**, compared to 23 identified for levels of 5 ug/dL or higher in FY 20. In July 2018, guidelines for opening a lead case changed from 10ug/dL to 5ug/dL and higher. Quincy Medical Group (QMG) and Illini Rural Health (IRH) perform lead screenings on their pediatric clients at their facilities. Identified elevated levels are reported to IDPH. PCHD is notified thru HHLPSS (Healthy Homes and Lead Poisoning Surveillance System). PCHD Lead staff are responsible for elevated lead levels identified by QMG and IRH. **Due to COVID 19 Pandemic, lead home visits have been completed by phone.**

27. **Oral Health PCHD transitioned the Pike County Safety Net Dental Clinic (the Clinic) to Southern Illinois University (SIU) Center for Family Medicine, in September of 2020. Oral health services are now provided under the scope of the SIU Federally Qualified Health Center (FQHC), with SIU operating the Clinic. As such, SIU has the capacity to preserve, sustain, and expand services. The FQHC employs all dental staff and leases space and equipment from PCHD. This transition will assure continued access to services for the underserved population in the County.**

**In 2020, prior to the transition of operations to SIU, the Clinic had a total patient caseload of 4,995 with 99% of clients enrolled in Medicaid.** (Caseload for FY 19 - 4582; FY 18 - 4571; FY 17 - 4082; FY 16 – 3417; FY 15 – 2596; FY 14 – 1562) **Per HFS website, Pike County total Medicaid recipients totaled 4935 in FY 21, with 2058 (42%) of those reported as children.** This compares to 4508 Medicaid recipients in Pike County in FY 20, with 1970 (44%) of those reported as children. **Brown (455), Scott (536), Calhoun (585), and Greene (1621) Counties include an additional 3197 children enrolled in Medicaid in FY 21** compared to 2759 children in FY 20.

***History: The PCHD Dental Clinic initially opened in December of 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 was to provide access to basic oral health services for low-income, underserved children. Children and adults who resided anywhere in Illinois and met income guidelines were eligible for services provided by the Clinic.***

***From the beginning, PCHD was well aware of the challenges related to long-term sustainability of Safety Net Dental Clinics. At the same time, primary and secondary data pointed to significant unmet oral health needs in Pike County and the surrounding area, outweighing the challenges. It was also well documented that disparities related to poverty and access to oral health care negatively impact overall health and well-being. Therefore, it was critically important to PCHD and local partners to assure access to services for the low-income, underserved children in Pike County.***

***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 twenty nearby counties. Many children had special needs such as autism. The Clinic also provided 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.***

***Almost 100% of the clients were covered by Medicaid with a small percentage of clients who utilized the Sliding Fee Scale or other payment source for services. As expected, Medicaid reimbursements did not cover the cost of providing oral health services and it was necessary for PCHD to pursue other funding sources to sustain Clinic operations. The agency was successful in securing multiple creative and innovative funding sources to purchase additional equipment to meet the growing caseload; to replace, repair and maintain equipment; and to support general clinic operations.***

***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. Dr. Stephen Liesen, of the Barry Dental Clinic (BDC), served as volunteer Medical Director for the Clinic and served on the BOH. He volunteered approximately one day per month in the Clinic, providing direct services for complicated procedures or cases. In addition, Dr. Liesen and Dr. Brett Schafer, also of BDC, accepted referrals for children requiring extensive restoration under anesthesia in a hospital setting. The surgical procedures were provided at ICH. The dentists billed Medicaid for their services. PCHD did not incur any costs for hospital cases.***

***Also in 2018, newly formed Medicaid Managed Care Organizations (MCOs) started providing reimbursement for adult preventative services. Prior to 2018, HFS only reimbursed for basic restorative and emergency dental services for adult Medicaid recipients. This additional coverage for adults resulted in an increase in the adult caseload and requests for appointments. Per recommendation of the Clinic dentist, new adult patients were required to schedule preventative care prior to restorative care unless there was a need for emergency care.***

***To meet the demand, PCHD hired a part-time hygienist to provide preventative oral health services for the expanding adult population, although she moved out of the area. It was challenging to recruit and retain dentists, hygienists, and dental assistants. It was difficult to compete with for profit salaries and to attract new hires to a rural area. Therefore, PCHD applied for and maintained National Health Service Corp Site status to attract new dentists and hygienists interested in this school loan repayment option. This benefit was utilized by two PCHD dentists, with each completing the 2 years of eligibility.***

***With the shift to MCOs, BCD chose not to sign any of the contracts and would no longer serve Medicaid/MCO clients. Dr. Liesen also decided to cut back and chose not to accept another appointment to the BOH. Because IDPH Certified LHDs are statutorily required to have a dentist on the board, Dr. Schafer accepted an appointment to the BOH and continues to serve in this capacity. Dr. Schafer also indicated that he would consider credentialing through the Clinic for continuation of hospital cases. Due to minimum reimbursement, PCHD did not pursue this option because the agency could not cover the costs for surgery cases. It is uncertain if SIU will provide hospital services in the future or if these cases will be referred to another provider with hospital privileges. 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.***

***The changes in Medicaid and other funding streams forced PCHD and others to look towards affiliations with Federally Funded Health Centers (FQHCs) to save much needed services, such as safety net dental clinics. Agencies were aware that the newly formed MCOs would have a significant negative fiscal impact. LHDs would no longer be eligible to receive Federal Matching Funds for Dental, Family Case Management, and Immunizations for Medicaid clients enrolled in MCOs. Furthermore, MCOs would soon be expanding to all Illinois counties and were expected to cover 80% of the Medicaid population. As of February 2021, HFS reports 3537 (72%) of Pike County total Medicaid recipients are now enrolled in an MCO, an increase from 2977 (69%) in FY 20 and 2700 (65%) in FY 19.***

***Anticipating additional fiscal challenges, PCHD had initiated conversations with SIU in early 2016, seeking assistance for Dental Clinic operations. However, 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 to SIU again in June 2017 to ask if the organization could consider the Dental Clinic in 2018 planning. Several surrounding counties such as Adams, Morgan, and Logan were already partnering with SIU to provide oral health and/or other services. 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 seventy-five 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.***

***With this NOFO, SIU subsequently submitted a NAP proposal to PCHD BOH to collaborate with PCHD and the MHCWI 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 NAP 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. 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.***

***Although disappointed the NAP proposal was not funded, PCHD and SIU regrouped to submit the COS application, seeking partial funding from HWFPC. The collaborative effort proposed to unite the Dental Clinic, MHCWI, and SIU Behavioral Health Services at the PCHD location. The BOH approved the plan and the transition of Clinic operations to SIU was scheduled for December 2019. This date was extended to March 2020 and was delayed once again due to COVID-19. PCHD Dental Clinic operations were finally transitioned to SIU in September of 2020.***

In addition to the Dental Clinic, 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, partnering to work on common goals and projects for rural health.

28. **Vision Screening** Certified technicians do Vision Screenings. **In FY 21, 140 preschool children were screened with zero referred for follow-up**, compared to 116 screened and zero referrals in FY 20.
29. **Hearing Screening** Screenings are done by certified technicians. **In FY 21, 147 preschool children were screened with zero referred for follow-up**, compared to 118 screened and zero referrals in FY 20.
30. **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 grant programs currently in place.
31. **Environmental Health (EH): Food** **PCHD issued 114 food establishment licenses in FY 21**, compared to 118 licenses FY 20. **Three cottage food vendors were licensed in FY 21**. EH staff continues to collaborate with owners proposing to open new facilities to assist them through the licensing process. **Four pre-inspections were conducted in FY 21 for new establishment owners**, compared to three pre-inspections in FY 20. **EH staff conducted 154 routine inspections and 86 rechecks for food establishments in FY 21. Two consultations were provided to businesses owners and/or managers in FY 21**

Beginning on January 1<sup>st</sup>, 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 1<sup>st</sup>, 2019. **There were 118 temporary events were licensed and inspected in FY 21.**

**In FY 21, 33 people enrolled in the online 8-hour Certified Food Protection Manager Course (CFPM), 25 people attended an in-house food class**, which is a large group compared to 19 participants in the previous year, but this was also due to not having as many. We did not host any in-person 8-hour CFPM courses this year. We also did not host any in-person Food Handler Courses. The Food Handler Certificate is something that we are having people achieve online. With Food Handler certificates only requiring a 2-hour online course, and you can print your own certificate, we feel an in-person class is not necessary. We are hoping to resume in person CFPM courses in FY 22. EH receives all recall information from the FDA via email, but only records recalls that require action in the local area. **There were 5 food borne illness/food complaints in FY 21**, compared to 10 in FY 20.

32. **EH: Water** **Three water samples were analyzed in FY 21**, compared to nine in FY 20. **Two water wells were permitted in FY 21. One water well was sealed in FY 21**, compared to the four in FY20. The IDPH Lab in Springfield no longer tests for Nitrate, therefore there were no nitrate testing samples. And no request for Nitrate sample kits.
33. **EH: Sewage** **Thirty alterations or new private sewage disposal systems were permitted in FY 21**, only 5 less than last year. 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. **Six sewage complaints were received in FY 20**, compared to four in FY 20.

**EH staff hosted one educational workshop for private sewage contractors. Approximately 62 individuals attended and received continuing education hours towards State licensing.** This is the highest number of attendees we have had at one of our trainings.

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.**

34. **EH: Nuisance** the Pike County Nuisance Ordinance currently designates PCHD as the enforcement officer for the ordinance. **In FY 21, fourteen nuisance complaints were logged, the same as in FY 20.** Many of these were incorporated areas and while EH staff continue to help conduct health hazard evaluations, there is limited enforcement capabilities since they are governed by their own ordinance. 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 forwarded 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.

35. **EH West Nile Surveillance** PCHD applied for and received \$14,000 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 21, zero birds were submitted for WNV testing. We began mosquito surveillance and testing this summer with a total of 8 mosquito pools tested for West Nile Virus, all tests were negative. Each pool contains 50 female, *Culex spp.* mosquitos, we hope to increase the testing numbers each year.**
36. **Tanning** **Two tanning salons were inspected in FY 21**, two less than FY 20 due to the other two closing. Increased awareness of skin cancer and more strict tanning regulations may contribute to decreases in tanning salons. **No tanning complaints were received in FY 20 or FY 21.**

37. **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 CO<sub>2</sub>, 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 fifteen 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.

38. **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 compliance with specific sanitation provisions.

PCHD does not have any current employees licensed to perform these inspections. 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.** If a licensed body art facility comes to the county, we will send both EH employees to training for licensure. The trainings are available any time through a webinar on the IDPH Portal. **There were no complaints filed for FY 21.**

39. **Vital Records** **There was one in-county birth recorded in FY 21,** compared to zero in-county births recorded in FY 20. **There were 165 deaths registered in FY 21,** compared to 166 in FY 20.

40. **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.** Adjustments were necessary to the PHEP grant due to pandemic response.

**PCHD collaborates with the local Emergency Management Agency (EMA) and other community partners to provide EP planning, training, drills, and exercises.** In most years, 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. These activities were stalled due to the response to the pandemic in FY 21. **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 Pike County Emergency Operations Plan is updated by Pike EMA Director with input from PCHD. **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 continues.**

**PCHD staff attended and/or participated in conferences, on-line Federal Emergency Management Agency (FEMA) trainings, and webinars related to EP.** Due to COVID-19, the annual EP Summit in Normal, IL was cancelled. 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 trainings completed were Starcom radio drill, Illinois National Electronic Disease Surveillance System (I-NEDSS), Communicable Disease trainings, State of Illinois Rapid Emergency Notification system (SIREN), vaccine storage & handling, bloodborne pathogen (BBP) & mock OSHA walk-thru, WebEOC, and Inventory Management and Tracking System (IMATS) for SNS. Other trainings and webinars (too numerous to list) were attended by PCHD staff during the pandemic response in FY 21. PCHD provided trainings to volunteers, contact tracers, and COVID-19 vaccination nurses.**

**In FY 20, PCHD participated in a Medical Surge TTX hosted by Blessing Hospital and an IDPH facilitated Vaccine TTX. The EP grant requires an annual exercise, with completion of After-Action Report (AAR) and Improvement Plan. In FY 20 and FY 21, the real event of the COVID pandemic counted towards the annual exercise, so no additional exercise was necessary. PCHD completed AARs related to the pandemic.**

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

**COVID-19 Activities:** PCHD participated in numerous webinars, meetings, trainings, and ZOOM meetings related to the COVID response. Staff participated in both state level and regional EP meetings. These dealt with management of covid cases, isolation and quarantine, legal preparedness, travel monitoring, contact tracing, resource needs, surge staffing, distribution of PPE, management of vaccine cold chain, and vaccination. PCHD met with local leaders, schools, and other health care entities. Efforts were made to have a coordinated response with ICH Hospital and Pike EMA. The internal Incident Management Team met weekly and often daily to plan. PCHD received a SNS drop of PPE in March 2020. This PPE was distributed to LTC, EMA, hospital, jail, etc. PCHD facilitated the collection of covid lab specimens with LTC facilities and developmentally disabled home. Pike County Highway and Pike County Sheriff's Department assisted with PPE distribution and transport of specimens to IDPH lab in Springfield. Later this transitioned to ordering PPE through private entities. A grant for contact tracing was completed. This involved utilization of the Salesforce platform and hiring/training of contracted contact tracers. A PHEP grant application and a Mass Vaccination Plan was completed. COVID-19 vaccine arrived in December 2020 and the vaccination effort was begun. Vaccination followed priority groups as identified by IDPH and CDC. COVID-19 vaccination efforts continued throughout FY21. COVID-19 vaccine ordering transitioned to the I-CARE ordering system. And the pandemic continued. Public service announcements were developed weekly. Many interviews with media regarding the pandemic response and stats were conducted. Collaboration with

schools for contact tracing, education, and mitigation efforts occurred frequently in FY 21. Additional PPE, vaccination supplies, and technology were purchased. PCHD partnered with ICH to offer the initial vaccinations to health care workers who were in priority groups for COVID-19 vaccine. As vaccination efforts continued in FY 21, vaccination clinics were transitioned away from Illini Hospital site to Pike County Health Department building site. Illini Community Hospital assisted with storage of COVID-19 vaccine in their Ultra Cold Freezer. Vaccine ordering and inventory were completed by PCHD, and other COVID-19 vaccines were stored in-house at PCHD. PCHD contracted with SIU for Contact Tracing in FY 21. PCHD staff worked many long hours to meet the community's needs during this unprecedented time.

41. **Staff** Total PCHD staff at the end of FY 21 was 20, compared to 21 staff members at the end of FY 20. PCHD has service agreements with one nurse practitioners, one speech therapist, one physical therapy assistant and two agencies providing occupational and physical therapy, Rehab Care Group and Advance Physical Therapy, and SIU Center for Family Medicine.

42. **Financial**

**FY 2021**

**Revenues**

Federal Grants	\$ 607,401 (↑ from \$ 389,956 in FY 20)
State Grants	\$ 120,069 (↓ from \$ 129,232)
Local Grants	\$ 0 (no change)
County Funds	
Tax Levy	\$ 275,624 (↑ from \$ 269,579)
TB Levy	\$ 10,800 (↓ from \$ 55,391)
Landfill	\$ 14,810 (↑ from \$ 14,630)
Revenue for Services	
Medicare	\$ 566,553 (↑ from \$ 543,424)
Medicaid	\$ 43,845 (↓ from \$ 323,247)
Private Patient Fees	\$ 83,982 (↓ from \$ 117,681)
Other misc. fees, contracts	\$ 178,812 (↓ from \$ 189,026)
<u>Interest</u>	<u>\$ 461 (↑ from \$ 336 in FY 20)</u>
<b>Total Revenues</b>	<b>\$1,902,357 (↓ from \$ 2,032,502 in FY 20)</b>

**Expenditures**

Salaries, prof. contracts, travel, education	\$1,319,219 (↓ from \$1,335,043)
Insurance	\$ 101,122 (↓ from \$ 154,691)
Office/medical supplies	\$ 122,497 (↑ from \$ 118,735)
Utilities and office expenses	\$ 64,004 (↓ from \$ 67,417)
Equipment/building expenses	\$ 41,143 (↑ from \$ 24,316)
Capital Outlay	\$ 0 (no change)
Debt Service	\$ 20,090 (↓ from \$ 78,483)
Other	\$ 83,133 (↑ from \$ 68,939)
<b>Total Expenditures</b>	<b>\$1,751,208 (↓ from \$1,847,624)</b>

43. **IDPH Certified Local Health Department (LHD) PCHD is an IDPH Certified LHD as specified in the Illinois Administrative Code Section 600.400: Certified Local Health Department Code Public Health Practice Standards. All certified LHDs must provide the following mandated PH programs: Food, Water, Sewage, and Infectious Diseases.**

**LHDs must recertify every 5 years. Recertification includes completion of the Illinois Process for Local Assessment of Needs (IPLAN), which was added to the LHD recertification process in 1999. The IPLAN process results in the development of an organizational capacity assessment, a community health needs assessment, and a community health plan. The ultimate purpose is to identify, analyze, and address local health priorities with the goal to improve the health of Pike County residents.**

**PCHD has completed four IPLAN processes since 1999. In 2005, the second round of IPLAN for PCHD, the required community advisory committee expressed a desire to continue to work together and demonstrated an ongoing commitment to understand and address existing and emerging health needs in Pike County. *This group assigned a Steering Committee to move forward to develop a formalized structure to address health needs and disparities from a countywide, collaborative approach, thus the development of the Pike County Community Health Partnership (PCCHP).* Focus groups from the 2005 IPLAN process included the Pike County Transit Group and the Oral Health Advisory Committee. These priorities were further guided by the 2010 IPLAN process. *As a result, the West Central Mass Transit District started offering public transportation services in Pike County on January 1, 2011. PCHD opened the Pike County Safety Net Dental Clinic in December of 2013.* The 2015 PCHD IPLAN process resulted in the prioritization and development of the strategies for intervention for the following three priorities: 1) Access to Care; 2) Mental Health; and 3) Obesity, Nutrition, Exercise.**

**PCHD was due for IDPH recertification, including completion of the IPLAN, in late 2020. However, ongoing response duties related to the unprecedented public health emergency, the COVID-19 Pandemic, delayed the process. Therefore, PCHD requested, and IDPH approved, an extension for submission of the PCHD IPLAN.**

**PCHD initiated the IPLAN process in 2021, with support and guidance from IDPH and the HWFPC. To complete the 2022 IPLAN process, PCHD worked with Illini Community Hospital (ICH) as a project partner, exchanging resources, information, and sharing a consultant to assist in the development of both the Community Health Needs Assessment (CHNA) for ICH and the IPLAN for PCHD. The projects were developed and conducted under the direction of ICH and PCHD, in partnership with representatives from the community.**

The consultant facilitated the collaborative, community IPLAN process and completion of the Community Health Needs Assessment and Community Health Plan. The process included community participation to analyze data from various resources, to identify and prioritize community health problems, and to establish objectives and strategies for intervention to address most important health and wellness needs of Pike County residents.

**The 2022 IPLAN Priorities remain the same or similar to health problems identified in the previous IPLAN. They were based on the current 2022 Community Health Needs Assessment and are addressed in the *2022-2027 PCHD Community Health Plan as follows:***

- 1. Mental Health:** A variety of data indicates that Mental Health remains a health problem in Pike County and includes Deaths of Despair (deaths from suicide + drug/alcohol poisoning) which is higher than state and national averages. **Deaths of Despair were 41.2 deaths/100,000 total population as compared to 39.0 statewide. There were 20.3 alcohol related motor vehicle crashes/100,000 total population compared to 4.2/100,000 for the state.** Additional Pike County statistics that indicate or contribute to the potential for poor mental health include the use of tobacco, alcohol, and other drugs, poverty, disability, low educational achievement, poor health, limited access to healthcare and other services to meet basic health, and others.
- 2. Food Insecurity:** Food Insecurity (lack of reliable access to a sufficient quantity of affordable, nutritious food) Pike County is a geographically large, primarily rural county. Pike County is a designated Food Desert which directly contributes to limited access to food. **There are 13,847 of the 16,430 residents living in food deserts, 23.80% of those in the report area have Low Food Access as compared to 20.19% statewide. Poverty is a key driver of health status. Within the report area, 13.82% are living in households with income below the Federal Poverty Level (FPL). This is higher than the state level of 12.49%** This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status. **27.00% of low-income have low food access as compared to 16.57% statewide. 57.1% of public-school students are eligible for free or reduced-price lunch, which is higher than the state average of 48.7%. 15.2% of the population is receiving SNAP benefits as compared to 14.5% statewide.** Further Pike County statistics document disability, elderly living alone, and poor health as indicators higher than state average. All can contribute to Food Insecurity.
- 3. Access to Care:** Pike County is designated as a Health Professional Shortage Area (HPSA), defined as having a shortage of primary medical care, dental, or mental health professionals. This indicator is relevant because a shortage of health professionals contributes to access and health status issues. **Data indicates that 100% of the Pike County population resides in a designated HPSA for all healthcare services (physical, mental, and oral health),** directly contributing to lack of access to healthcare for Pike County residents.

**Next steps include reconvening the PCCHP Steering Committee to move forward with a collaborative, community approach to address the priority health needs identified in the 2022 IPLAN.** This includes planning and beginning new and continuing current initiatives to address Mental Health, Food Insecurity, and Access to Care.

PCHD will continue to partner with SIU to assure access to oral health services for the low-income, underserved population. The agency is also planning to partner with SIU to provide a RN, 1 day/week, to assist with psychiatric services to increase access to mental health services. PCHD will continue to work in conjunction with area food pantries and school back-pack programs to assure access and safe distribution of food for residents with low access to food. The agency also will continue the provision and promotion of WIC, the Supplemental Nutrition Program for Women, Infants, and Children. Additional initiatives will be identified, researched, and implemented as appropriate.