

Note: These minutes are not official until approved by the Health and Human Services Committee at a subsequent meeting. Please refer to the meeting minutes when these minutes are approved to obtain any changes to these minutes.

DeKalb County Government
Sycamore, Illinois

**Health & Human Services Committee Minutes
August 4, 2014**

The Health and Human Services Committee of the DeKalb County Board met on Monday, August 4, 2014 at 6:30 p.m. in the Administration Building's Liberty Room. Vice Chairman Whelan called the meeting to order. Those Members present were Mr. Emerson, Mr. Johnson, and Mr. Metzger. Chairman DeFauw was absent.

Others present were Gary Hanson, Jane Lux, Donna Moulton, Dianne Leifeit, and Anthony Cvek.

APPROVAL OF THE MINUTES

It was moved by Mr. Johnson, seconded by Mr. Emerson, and it was carried unanimously to approve the minutes from June 2, 2014.

APPROVAL OF THE AGENDA

It was moved by Mr. Metzger, seconded by Mr. Johnson, and it was carried unanimously to approve the agenda.

PUBLIC HEALTH ANNUAL REPORT – JANE LUX

Ms. Jane Lux, Public Health Administrator, presented her 2013 Annual Report to the Committee <http://www.dekalbcounty.org/Health/administration/pdf/annrpt.pdf>. Ms. Lux explained that the great thing about the Health Department, and sometimes the most challenging thing, is that they provide so many difference services to the Community. There are three major divisions of the Health Department now which are: The Administration Division, Health Protection Division, and Community Health and Prevention Division.

Ms. Lux also indicated that 2013 was a fabulous year financially for the Public Health Department. She shared that they divested their Home Health Care Division, which many Health Departments in the State are doing, so 2013 had the revenue from the sale and also several additional grants awarded to them. Ms. Lux stated that she thinks 2013 will be the last year the Public Health Department will do well financially for a long time. 2014 will be the first year of a planned draw down to the department's fund balance, which will be the first time ever they have had to tap into their reserves due to the fact that revenues are not keeping up with expenses. Ms. Lux shared that they are being funded 46% by grants and currently have 20 grants which over the years are either staying level or being reduced due to the economic hard times.

Ms. Lux shared that everything in the health care world is changing because of health care reform and many other changes that are occurring with public health. Unfortunately though,

many of the impacts of the changes are unknown at this point. She also shared that as a result of the Affordable Care Act there are more people who have insurance and Medicaid and there are more providers than there used to be that will accept Medicaid. She also shared that 28% of her FY 2015 Budget consists of fees which make up the Health Department's revenue and those are really the only way for them to generate revenue as well as new grants, but they are a huge amount of work and Ms. Lux manages and writes the grants herself.

Ms. Lux provided some additional highlights from 2013 that included information regarding their In-Person Counselor program which provides a key public health role in assisting individuals to enroll in the new Health Insurance Marketplace and also their coordination of the Zero Waste Task Force which seeks community input in planning policies to divert materials from landfills into productive uses and reduce environmental impacts. She also did express her concern with looking for funding in the future to be able to maintain the type of Health Department that the County has today. She also shared with the Committee the layoffs and programs that had to be cut in the past couple of years.

Mr. Whelan asked if Ms. Lux was using the draw down in her fund balance to plug holes in her budget. Ms. Lux answered that the first time this year, she is using it for operations, which she has never had to do in the past. She also shared that the goal of the Board of Health is to keep a 45% of expenditures as a targeted fund balance.

Mr. Cvek asked Ms. Lux if she has a contingency plan in place as far as what is next if the economy doesn't get any better and the reserves continue to be used and if there are any plans in place with cutting programs. Ms. Lux answered that they were not quite there yet but she thinks there is a possibility that this time next year they will have to come up with something. She also shared that she has been actively looking at the cost of each of their programs and grants in order to come up with different considerations to present to the Board of Health. She also added that many Health Departments all over the State are struggling and she believes that DeKalb County's Health Department is in a better position than most.

The last thing Ms. Lux wanted to discuss with the Committee is one of the main focuses at the Health Department is tobacco use and exposure prevention and she shared that DeKalb County has a higher rate of adults who smoke compared to the State of Illinois, being 29.5%. Ms. Lux also wanted to gage possible support of creating Smoke Free County Campuses. The Committee discussed that issue for a bit and seemed receptive to the idea more thought and consideration. Ms. Lux shared that her next step in the initiative would be to go to the Board of Health and decide if a Committee would need to be established to work on survey and policies for a Smoke Free Environment at the County Facilities.

COMMUNITY ACTION UPDATE – DONNA MOUTLON

Ms. Moulton presented the Committee with information from some site visits she did from facilities that received funding from the Senior Tax Levy and will be visiting more in the weeks ahead. She also suggested that the Committee may be interested in the having a report soon from Opportunity House.

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She also gave an update on her department's role in the Evergreen Village Mitigation Project. Ms. Moulton indicated that they are starting to see some residents come to the department for help but not as many as she would have hoped. She also complimented the Housing Authority, Land Acquisitions, and the Planning & Zoning Department with all the good collaborative work they are all doing with the mitigation project.

Ms. Moulton also shared as a part of the Community Action's Standards that are coming down the pike and looking to have some increased accountability, she wanted to hand out to the Committee the Community Action's Financial Reports and Program Reports that normally get reported to her Administrative Board. The report noted the demographics of clients her department works with on a year to year basis as well as progress of what they are working on. The Committee thanked Ms. Moulton for her good report.

Vice Chairman Whelan also noted that the 2013 Mental Health Board's Annual Report <http://www.dekalbcounty.org/MentalHealth/pdfs/AnRpt.pdf> is on file on the County's Website as well as will be distributed to Board Members at the County Board Meeting.

ADJOURNMENT

It was moved by Mr. Johnson, seconded by Mr. Emerson, and it was carried unanimously to adjourn the meeting.

Respectfully submitted,

Jeff Whelan, Vice Chairman

Tasha Stogsdill, Recording Secretary

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CHICAGO TOBACCO PREVENTION PROJECT



**RESPIRATORY
HEALTH
ASSOCIATION®**
of Metropolitan Chicago

What you need to know about...

Smoke-Free Worksites

What is a smoke-free worksite?

The Chicago Clean Indoor Air Act currently prohibits smoking indoors at a place of employment and prohibits smoking within 15 feet of the entrance of a business. A 100% smoke-free worksite is one that does not allow smoking on any property controlled by the employer, including outside common areas or campuses.

Why adopt a smoke-free worksite policy?

Smoking is the single most preventable cause of disease, disability and death in the United States, causing approximately 443,000 fatalities per year.

As indoor smoke-free laws continue to be passed around the country, many businesses and organizations are also implementing smoke-free campus-wide policies. By going 100% smoke-free, businesses can benefit from:

- Greater employee health improvements
- Productivity gains and less absenteeism
- Savings in group medical costs and medical insurance premiums
- Going smoke-free lowers the risk of fires and accidental injuries and can reduce property insurance premiums
- A 1993 survey of businesses conducted by the Building Owners & Management Association International found that the elimination of smoking from a building reduced cleaning expenses by an average of 10%.

Smoke-free worksites: Times are changing

- Smoke-free Illinois passed overwhelmingly in 1998, creating comprehensive indoor smoking protection
- 79% of city residents support the policy, including 59% of smokers
- Nearly 70% of current smokers say they want to quit, and a record number of Chicagoans consider smoking and secondhand smoke as serious health risks
- Smokers who attempt to quit usually require 6 to 9 attempts before succeeding

Smoke-free worksites support employees in achieving their health goals. This can lead to health improvements for the individual employee, but also cost savings and greater productivity for the business as a whole.

Can employee health improvements lead to cost savings and greater productivity?

- Tobacco use and secondhand smoke cost \$92 billion in productivity losses annually, and have been highlighted as greater contributors to lost productivity than alcohol use, age or education.
- The average smoking employee spends a total of 18 days a year on smoking breaks
- Smokers miss an average of 6 workdays per year due to illness versus 4 days missed by non-smokers
- Cigna Group Insurance company, among others, has begun to offer discounts on group life insurance rates for employers with smoke-free policies

How can CTPP help?

CTPP can offer services to worksites that pledge to go smoke-free campus-wide including:

- Developing a plan for comprehensive smoking cessation coverage for employees
- Training for worksite representatives to deliver smoking cessation services to employees
- Materials including signage and literature
- Recognition and inclusion in CTPP website and newsletter

For more information on making your worksite smoke-free contact Anne Dienethal, Policy Coordinator, at (312) 628-0199, or by e-mail at adienethal@lungchicago.org.

CHICAGO TOBACCO PREVENTION PROJECT



RESPIRATORY HEALTH ASSOCIATION®
of Metropolitan Chicago

What you need to know about...

Smoking Cessation: A Benefit for Employers & Staff

What role can employers play in helping employees quit smoking?

Smoking cessation services specifically address the number one health risk for many employees—tobacco use.

Employers can offer tobacco cessation counseling and/or Nicotine Replacement Therapy (NRT) as a health benefit to their employees. This benefit can be provided through on-site groups, or by giving employees access to insurance coverage for outside programs.

How do employees who smoke affect employers?

- Smokers are absent from work an average of 2.9 days more than non-smokers, and up to 8% of a smoker's day is spent on smoking-related activities
- Absenteeism decreases and workplace productivity increase over time when employees quit smoking
- Annual worker's compensation costs are 12 times higher for smokers than non-smokers
- Midwest Business Group on Health estimates that the total excess cost per smoker, per year, is \$5,606

Is cessation a cost-effective method of controlling healthcare costs?

- Cessation programs can be implemented for as little as \$.50 per member, per month
- An employee or dependent who quits reduces annual medical and life insurance costs by at least \$210 almost immediately
- Smoking is associated with many health risks, including coronary heart disease, pneumonia and lung cancer. The prevention of these can vastly increase the savings cessation services produce
- Employers offering smoking cessation benefits to employees typically see a return on investment within two years and ROI can total \$100–\$200 per participant after 5 years.

Reasons for Excess Cost	Cost per smoker/ per year	Source
Smoking Breaks	\$1,882	EPIC/MRI
Mortality-Related Lost Productivity	\$1,760	CDC
Excess Medical Expenditures	\$1,623	CDC
Missed work days due to sickness	\$ 341	JOEM
Total excess cost	\$5,606	

How can smoke-free worksites and covered cessation services benefit employers?

- The majority of smokers want to quit, but few succeed without help
- Smoke-free worksites and cessation offerings support smokers who want to quit
- Worksite policies and cessation services have been proven to be cost effective strategies for improving employee health

How can CTPP help?

CTPP can offer services and assistance to employers who wish to offer cessation services to their employees including:

- Developing a plan for comprehensive smoking cessation coverage for employees
- Training worksite representatives to deliver smoking cessation services to employees
- Materials including signage and literature
- Technical assistance with incorporating cessation services into benefits packages

For more information on bringing cessation services to your worksite contact Anne Dienethal, Policy Coordinator, at (312) 628-0199, or by e-mail at adienethal@lungchicago.org.



DeKalb County
Community Action Department

*"Providing anti-poverty programs
and support to low-income
residents in DeKalb County."*

August 4, 2014

Senior Tax Levy Year End Activity Report, FY 2014

Barb City Manor	\$ 9,093
11 people served, 42.50 units of rent all 11 avoided institutionalization	
DeKalb County Hospice	\$ 3,900
2x six-session classes, serving 14 caregivers, 13 met goal 40 hours of end-of-life care to 10 individuals, 4 met the goal of avoiding institutionalization	
Elder Care Services	\$ 69,200
10,739.50 hours provided in Senior Care Coordination and Adult Protective Services, 2315 people served, 1,343 avoided institutionalization	
Family Service Agency	\$ 63,833
13,653x5 hour blocks of personal wellness, 421 individuals served, 418 avoided institutionalization	
Fox Valley Older Adults	\$ 66,250
No annual report received	
Hope Haven	\$ 15,641
1040 hours of service provided to 7 individuals, all avoided institutionalization	
Opportunity House	\$ 23,613
1845 hours of service provided to 12 individuals, all avoided institutionalization	
Prairie State Legal Service	\$ 3,250
40.7 hours of legal services provided to 6 individuals, 5 avoided institutionalization	
Voluntary Action Center	\$ 196,000
15,750 meals provided to 138 individuals, 113 avoided institutionalization 3,661 rides provided to 65 individuals, 62 avoided institutionalization	





DeKalb County Community Action Department

*"Providing anti-poverty programs
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June 26, 2014

To: Health and Human Services Committee of the DeKalb County Board
From: Donna Moulton, Executive Director
RE: Senior Tax Levy funded agency, Hope Haven

Today I completed a site visit of Hope Haven I met with Lesly Wickes and Liz, who does the primary case management for the seniors who reside at Dresser Court.

We met in the educational room at Dresser Court and talked about the program. Lesly shared that they will be having an increasing percentage of seniors as residents as the years go along. We talked about the fact that the homeless population, in their experience and as shown in studies, tend to actually experience aging at an accelerated rate when compared to the overall population of aging adults.

We talked about how the staff and the Board at Hope Haven have had to address the need to change how they think about the program at Dresser Court as they have experienced residents dying at the facility and expect more to do so in the future. The fact is that these are the homes of these residents. These residents have chronic illnesses and emergency situations that may lead to hospitalization. Just like other patients who are in the hospital battling significant health issues that may ultimately lead to their death, these residents just want to go home. They don't want to die in the hospital or be moved to a nursing home for that purpose. We talked about the process of "becoming ok" with this phenomenon rather than working to avoid this occurrence and/or any "bad press" as an agency and provider of supportive services in the project.

Working with these residents is becoming more complex as there are an increasing number of them that have co-occurring issues. Some of the residents struggle with addictions that make addressing other issues they are experiencing difficult. There are also difficult diagnoses like hoarding that the staff tries to manage but will not be able to "fix".





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June 19, 2014

To: Health and Human Services Committee of the DeKalb County Board
From: Donna Moulton, Executive Director
RE: Senior Tax Levy funded agency, Opportunity House

Today I completed a site visit of Opportunity House. I met with Bob Shipman and Connie Birsa.

While visiting I toured the facility and met residents. My visit spanned the lunch hour and I experienced the participants of the day program having their mid-day meal. The space is ample, safe, clean, and calming for the residents. After the lunch period, workers assisted the participants with toileting needs and then they settled them in for afternoon recreational activities. On some days staff will take some residents out into the community for "outings." Connie shared that a couple of the gentlemen love to go to Farm and Fleet. When they do go off site, it tends to be just one or two of the program participants at a time with one or two staff members. Outside the room in which the recreational activities were occurring there was a solid line of wheelchairs against the wall. When I asked about trends that OH is experiencing, they shared that they are definitely seeing increased numbers of seniors in their programs and that they are dealing with program participants who have more severe disabilities. A couple of reasons for this include the Ligas Decree (see information at the end of the letter regarding this) and folk who have been living with family and are no longer able to be cared for in the same capacity at home (deceased or aging parents, for instance.) As a note, if an individual has been at home and receiving care and then at an advanced age has to suddenly start attending a day program, the issue of assimilation is another need to which staff members need to tend. Opportunity House understands that with additional needs of program participants, they need to adequately respond with an appropriate number of staff to maintain safe ratios for all involved. They also are committed to maintaining professional development standards to ensure that they maintain a high quality of care for the individuals who attend their day program.

Bob and Connie offered that all Committee members are welcome to visit any time. Bob would also welcome the opportunity to attend a Health and Human Services Committee meeting to share more about the work they do at Opportunity House as well as some of their recent accomplishments, challenges, and identified trends that they are working to address. You may also have additional questions after reading the following information about the Ligas Decree and Bob can answer those for you.

What is Ligas?



"Ligas" started as a lawsuit filed in 2005. The Ligas lawsuit was filed on behalf of adults with developmental disabilities who live in ICFs/DD (with 9 or more people) and choose to move to community-based settings; and on behalf of those who live at home with their families and are seeking community-based living options and services.

Then, in June of 2011, the Court approved a Consent Decree settling the Ligas v. Hamos lawsuit. The Consent Decree identifies two groups of Class Members:

-Adults with DD who qualify for Medicaid Waiver services, who reside in ICFs/DD with nine or more residents, and who affirmatively request to receive Community-Based Services or placement in a Community-Based Setting.

-Adult with DD who qualify for Medicaid Waiver services, who reside in a Family Home, who are in need of Community-Based Services or placement in a Community-Based Setting, and who affirmatively request Community-Based Services or placement in a Community-Based Setting.

The Decree does not force individuals who do not want community-based services or placement to move. Nor does it force providers to close beds or enter into downsizing agreements with the State against their will.

Principles of Ligas

- People with disabilities will have a say and a choice about how and where services and supports will be provided.
- People who want to stay in their ICF/DD will be able to do so
- People who want services in the community will have that option
- Person-centered planning will be used as the cornerstone in documenting individual needs and preferences.
- Services will not be limited to those which are currently available

Who are Ligas Class Members?

- A member must be 18 or older with intellectual or developmental disability and Medicaid eligible; and
- A member must live in a private ICF/DD with 9 or more residents or live in the family home seeking services; and
- The State of Illinois has a "current record" of the person seeking Community-Based Services or placement in a Community-Based Setting.

What are the requirements around a Class Member List?

- The State will develop and maintain a list of all class members
- People who request community services or placement in a community setting will be added as class members.
- People who do not wish to move from their ICF/DD will be removed from the list

What should I know about Transition Service Plans?

- The State shall develop a transition plan for all class members who have a documented request for community services.
- The transition plan will describe the services needed.
- The transition plan shall be developed by a Qualified Professional with the class member and their guardian or family.
- The process for developing the transition plan shall be person-centered.
- Services in the transition plan will be offered in a manner which is the most integrated, consistent with individual choice.
- Services in transition plan will not be limited to those currently available.
- The process for developing a Transition Service Plan shall focus on the Class Member's personal vision, preferences, strengths and needs in home, community and work environments and shall reflect the value of supporting the Class Member with relationships, productive work, participation in community life, and personal decision-making.

What is the timeline for Class Members living in ICFs/DD to transition to other settings?

- By December 15, 2013, one third of class members in ICFs/DD who request community services will move.
- By December 15, 2015, an additional one third of class members in ICFs/DD who request community services will move.
- By June 15, 2017, all class members who live in ICFs/DD who request community services will transition to community settings.

These above benchmarks apply only to those class members living in an ICF/DD of 9 or more residents on June 15, 2011.



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June 11, 2014

To: Health and Human Services Committee of the DeKalb County Board
From: Donna Moulton, Executive Director
RE: Senior Tax Levy funded agency, Barb City Manor

Today I completed a site visit of Barb City Manor. I met with Ellen Tyne, who will retire next week, and with Maureen Gerrity who will step into the Administrator role at that time.

While visiting I toured the facility and met residents. The most notable spaces in the facility were the heavily-populated lounge where several residents were visiting and the cafeteria, where three meals per day are served to each resident, and the adjacent activity room. I was interested to learn that several times per week an instructor comes into Barb City Manor from Kishwaukee College to provide instruction in exercise. Anyone in the Kishwaukee College district is welcome to attend. Maureen shared that they do have several community members attend and that sometimes it serves as an introduction to the facility for a future resident.

I also had the opportunity to see two apartments that have a "shared shower". Each apartment was a studio style and it was very surprising to see the contrast in the way each woman had set up her space and decorated it. Each of the units has its own small bathroom with a toilet and then a door that enters into the shower from the toilet side of the room. Maureen shared that the arrangement has worked out very well for the residents that live in these units as they are much more affordable than some of the other units. A resident in one of the units said that she really likes it because they can hear it when the other resident flushes the toilet so they are able to make a mental note that the resident in the other unit is ok.

We discussed the importance of receiving the Senior Tax Levy dollars for residents. While they do have an endowment fund, it is finite and doesn't produce much interest and as such is a finite resource. Many of the residents receive only Social Security as income and supplemental funds for rent are important. I noted that Barb City Manor routinely spends all of their allocation by the half-way point of the grant year and said that I would make sure the Committee receives that information.

Maureen offered that all Committee members are welcome to visit any time.

