GREENE COUNTY HEALTH DEPARTMENT
BOARD OF HEALTH MEETING
May 18, 2026

Dr. Daniel Woodlock, called the Board of Health Meeting to order on May 18, 2026, at 7:01PM. Those in attendance were: Dr. Daniel Woodlock, President; Charles Burrus, Vice President; Karen Daum, Carrie Janus, Catherine Williams, Tom Piper, Molly Peters, Public Health Administrator; Beth Tepen, Home Health Manager; Allison Frye, Finance Manager; and Chelsea Bierman, Office Manager.

A motion to accept the Minutes of the February 23rd, 2026, Board of Health meeting as given was made by Tom Piper and Catherine Williams seconded the motion. Motion carried.

FINANCIAL REPORT

The Income Statement for FY2025 is not included, as Scheffel has not yet officially finalized our FY2025 audit. Last week, I received a draft copy of the FY2025 audit report, which reflected a profit of $46,403.61. Last year the profit was around $49,000.

As of April 30, 2026, our checking account balance was $536,771.99. In addition, we currently have $300,000.00 invested in a certificate of deposit (CD).

The FY2027 grant application process is still underway. Molly and I have already completed multiple grant applications and will continue submitting additional applications over the coming months.

We recently received a SNAP Connect grant award through the Illinois Public Health Association in the amount of $60,000.00. This grant period will run from April 2026 through August 2026, with the possibility of continuation funding beyond August.

I have also reached out to the County Treasurer to determine whether a budget revision will be required for FY2026. If a revision is needed, I will submit an updated FY2026 budget to the Board for review and approval.

HOME HEALTH REPORT

In February we had 13 admissions, in March we had 23 admissions, April we had 19 admissions and as of May 11, we have had 5 admissions (1 Medicare and 4 private insurance) to our services. And as of today, 10 admissions this month.

We still do not have ST at this time, but are working on it with Kari Burton.

HH staff complete monthly compliance training as assigned. Most staff completed CPR recertification on 2/26. Susie also completed in services on infection control, vital signs,

professionalism, Dementia/Alzheimer's and personal care. Nursing staff attended in-service with Abbey with JMH WOC on 2/27 and Wound Care Symposium in Springfield on 3/25. Annual skill testing performed with Susie HH aide on 4/16. Rachel, Susie and I completed our annual 3 hrs of Alzheimer's and Dementia training in April as well.

Recent Chart Audits: 42 discharged charts were audited with the following findings: 2 charts lacked documentation that medication (added after admission) had been taught on, and 1 chart did not have drug regime review documented when med added. 1 chart PT saw patient in 5 working days, not 4 as our policy states and 1 chart had order not signed by doctor within 30 days. There is a rumor that Boyd will drop us when our contract is done in 2027, they dropped Jerseyville a few months ago.

Infection Control: Since the last board meeting in March, we have had 3 patients with urinary tract infections, 2 pt with skin/wound infection. We continue to monitor patients and instruct on proper handwashing and infection prevention and on influenza/COVID-19 symptoms and precautions/prevention and monitor patients closely for symptoms of infection.

QAPI program: We continue to work on our current performance improvement projects and to give our patients quality healthcare. We did not reach our goal on increasing the number of patient's receiving influenza vaccines but we have continued to offer it to our patients and provide education. Most recent report from CMS showed minimal changes from previous report on remaining improvement projects. Improvement in Dyspnea improved from 93% to 96.5; Improvement in Management of Oral Medications increased from 90.3 to 91.4%; potentially preventable hospitalization at 9.606% (10.2% on last report). This is not where we would like it to be but we are working on it. Its hard because we report something to the doctor and they say send them to ER. And that is also within 30 days of being discharged from home health. We had a patient with CHF with bedsores, we got those cleared up and discharged, that ended up having a heart attack, but that was marked as a potentially preventable hospitalization. Changes in skin integrity decreased from 0.87 to 0%. We are continuing as needed with our follow-up phone calls to patients to help prevent rehospitalization.

Recent Survey Comments February 2026 to March 2026:

- I received excellent care
- Ashley Nolan RN, Physical Therapy- Ken and Kathy, Carley Pyatt all go beyond their duties with compassion, kindness and are extremely knowledgeable and helpful in their chosen fields. May God bless them all.
- Really appreciate the kind help received by the kind people there
- Excellent care
- Nurses and therapists were very kind and informative. Will highly recommend your agency.
- Nurse and Therapists amazing. Never felt better taken care of, I will always refer others to them as believe the care is top notch.
- Everyone was professional and very knowledgeable. They have excellent staff.
- Was and is very helpful
- All of the healthcare providers were great. I loved them all.

ENVIRONMENTAL HEALTH REPORT

The activities, unless otherwise noted, date from February 1, 2026 to April 30, 2026.

The Retail Food Service Program performed the following inspections: 1 plan review and 0 pre-operation inspections, 14 routines, 9 rechecks, 0 nonfood-borne illness complaints and 108 food related inquiries were addressed. 4 Cottage Food and 1 Retail Food permits were issued. The staff placed 3 food safety publications upon the Department's social media site. The Department provided 2 Food Protection Manager Certification course in which 30 participants completed the exam.

The Private Sewage Disposal Program performed 2 inspections because of complaints; 44 consultations were conducted with contractors, city officials and property owners. 2 complaints were assessed: 1) referral to city and 2) new landowner contacted and informed the department that all tenants/ buildings would be removed to become farmland.

Activities in the Private Water Program: 0 sample bottles requested. 19 consultations were completed with contractors, realtors and private water well owners regarding well history, disinfection, construction, and/or water analysis results.

7 nuisance complaints were received. Of those 7, 4 complaints referred to the proper agency, 2 were sent Notices to Abate, and 1 was requested county ordinance information.

The Vector Program conducted 3 consultations and received 1 complaint. Complaint addressed with Notice to Abate. New landowner contacted the department and informed all tenants would soon be moved out for remodel and restructure.

The body art program had 0 consultations and 0 complaints. The tanning program had 2 consultations and 0 complaints.

Molly: I will continue to attend the Board of Health Meetings as director, Kassie has done a great job so far. Her plan is to sit for the L.E.H.P exam like I have, each health department is required to have that. Its nice that she's willing. And hopefully her credit numbers in her bachelor's degree will help/be enough. We will know more when we send in her credit hours for review. But this will be really good for the department.

ADMINISTRATOR'S REPORT

The IPLAN is expected to be submitted by the end of July. At our next Board meeting, we anticipate formally approving the completed plan. This process has involved significant collaboration and coordination, and we appreciate the efforts of staff and community partners involved throughout development.

Utilitra continues to present concerns; however, progress has been made with the installation of cameras, allowing us to better monitor interactions and activities. Completion of the project is still pending, and follow-up discussions have occurred with

both the installers and sales team regarding concerns related to the installation process and overall functionality.

Locust Street has officially established office space within our facility, allowing the department to secure approximately $600 in monthly rental revenue. At this time, the arrangement has gone smoothly with minimal concerns. In addition to the rental agreement, the partnership has provided opportunities for collaboration on situations involving crisis management and coordination of services. We believe this relationship will continue to be a positive resource for both organizations and the community.

Several Overdose Response Team meetings have been conducted over the past few months. Through these meetings, we have strengthened collaboration and communication with the hospital, State's Attorney's Office, Public Defender's Office, law enforcement officers, and the Sheriff's Department. Participating partners have completed training activities and have been provided resources and tools, including respirators. These meetings have proven valuable for communication, resource development, relationship building, and coordinated response planning among community partners.

During the last month we have had some really positive connections with crisis response coordination in Greene and Morgan. Working to unite partners and focus on the individual needs of those we serve. We facilitated a Crisis Communication meeting on May 15th to address and communicate concerns between interagency teams to address mental health.

Implementation of IRIS continues to expand, with at least 25 active users currently utilizing the system. The project has evolved into a regional approach, and we are now pursuing onboarding opportunities in surrounding communities. Several Boyd offices have also been onboarded, allowing referral processes and documentation to occur more efficiently. The ability to track referrals and outcomes has been extremely beneficial for grant writing and reporting purposes. Moving forward, the initiative will transition to the regional name Illinois Coordination Action Network (ICAN) to support broader regional collaboration and partner engagement.
Amber successfully completed the PHEP 300–400 level coursework and has continued planning department field day activities alongside other staff members. Amber and Chealsea also completed ICS 300 training from April 7–9, 2026, followed by ICS 400 training on April 14–15, 2026, strengthening preparedness and emergency response capabilities within the department.

Additional preparedness and response activities included participation in the 2026 HOPE Coalition CHEMPACK Exercise on April 21, 2026, attended by Molly, Chelsea, and Amber. Amber and Molly also participated in the IDPH OPR Strategic Planning Retreat held March 31–April 1, 2026, focused on statewide preparedness and response planning initiatives.

We are working on ADA compliance on the website and other materials, as agencies (population 50,000 or less) must ensure compliance by 2028. FOIA requests for

documents have been implemented, but are now out of ADA compliance. AI bots have been an issue in FOIA requests at local governments.

A Community Health manager has been posted. This will likely take some time to fill, but we are still accepting applications.

Liz has officially retired from her position, and Kassie McEvers has joined the department as the Environmental Health Sanitarian. Staff have been actively engaged in training and orientation activities. Kassie has taken on the challenge of learning a significant amount of technical and programmatic information and has already demonstrated a strong understanding of many department processes. Liz was also able to assist with transition training prior to retirement. Environmental Health remains a division requiring extensive knowledge and continued learning, but we are confident the department will continue moving in a positive direction to improve processes, coordination, and services.

Personal Health

Halley continues to participate in the Public Health Leadership Institute. Developing skills and professional development opportunities.

Over the past several months, the department has continued efforts related to immunization access and school health services. In partnership with Boyd Healthcare, staff coordinated school physicals and immunization services, including events held at North Greene. While participation numbers were lower this year, the services provided were beneficial to families and students within the district. The department hopes to expand these collaborations further into Carrollton and Greenfield schools during the fall season.

Halley completed several vision and hearing screening visits through Four Rivers services, including Carrollton on March 12, Greenfield on March 17, and North Greene on March 18, 2026. Additional school-related activities included scheduled North Greene school physicals completed in collaboration with Boyd on May 6, 2026. Halley also attended the WIC Quarterly Meeting on May 14, 2026.

Amber also provided occupational health support activities, including fit testing and Hepatitis B vaccinations for the Roodhouse Fire Department on March 19, 2026, with second Hepatitis B injections completed on April 23, 2026. Communication was also conducted with White Hall Nursing Home on April 2, 2026, regarding infection-related concerns and coordination.
Significant progress has also been made within Family Planning services. Amber completed updates to policies and procedures related to Family Planning requirements and completed audits and corrective action activities associated with program needs and compliance standards.
JCH has experienced the loss of its Nurse Practitioner, and while attempts have been made to coordinate and reconnect regarding services, recruitment appears to remain difficult. The department will likely begin connecting with additional resources and provider options to ensure Nurse Practitioner coverage and continuation of services moving forward.

Community Health

The department has continued promoting events related to colorectal and breast cancer screenings throughout the region. During the past month, staff connected with Boyd Healthcare regarding mammography outreach efforts. As a result of these discussions and outreach activities, Boyd initiated reports and contacted over 100 individuals regarding overdue or updated mammogram screenings. Staff also provided essential navigation and support services to several clients related to screening and follow-up care.

On February 23, 2026, Amber and Mandy participated in a colorectal and breast cancer outreach event in Eldred focused on education, prevention, and screening awareness. Additional outreach efforts were conducted by Amber at the Roodhouse location on March 2 and March 24, 2026, allowing staff to connect directly with community members regarding available public health services and resources.

The annual Earth Day event took place through strong community coordination and support from Zoetis, Bunn, Farmers Credit, and several additional donors and volunteers. Through these partnerships, trees were purchased for planting efforts, and multiple community cleanup activities were completed throughout the county. The event continues to serve as a positive example of environmental health collaboration and community engagement.

Staff have also continued participating in professional development and leadership activities. Amber and Mandy attended a Trauma-Informed Conference on March 4–5, 2026. These trainings continue to strengthen staff development, leadership capacity, and understanding of trauma-informed approaches within public health services.

The department continues to serve as both a regional and statewide example for Medication Assisted Recovery (MAR) and Community Health Worker services, particularly in areas related to coordination, outreach, navigation, and community partnership development. We have been awarded a SNAP Education grant that further connects the work of our community health workers.

Administrative group meet with Tammi Ducksworth, to discuss Rural Health infrastructure and Local health department needs

Staff Fun:
We are planning our annual field day this year with an emergency exercise focus. Tasks will be assigned during the day to ensure staff have emergency plans, medical documentation, and general practices ready in case of emergency needs. That will be in June.

Staff Awards:
Amanda Morrow was awarded the staff VIP award.

Pride Awards:

Allison Varble: For continual balance, maintaining grant processes, and assuring documentation of grant funds. She is consistent and always there! Showing up regardless of days off to submit banking processes and maintaining a workload that wouldn't be easy for many. She keeps us all steady! Taking on the new accounting system without complaint, and so quietly that few even knew this happened, and the task it truly was.
Liz Stemm: For consistent collaboration in environmental health and sharing her passion with those around her. She has ensured the training, connection, and development of her successor over the last few months, leaving a great legacy. She has been a great partner, collaborator, and essential support in the health department.
Amanda Morrow: For assistance and connection to individuals showing care and compassion during a crisis.

Rachel Chapman was awarded a 2-year service award.
Nicole Ruyle was awarded 5- year service award.

Motion to approve the Manager's Reports was made by Catherine Williams and seconded by Karen Daum. Motion Carried.

OLD BUSINESS

Tuberculosis Sanatorium Board- this was old business because there is a need to create a separate TB board, it has been brought up before by the county board as a need. We are working on finding an MD to participate in and hopefully Dr. McNear will be available, I don't know if served on it before. There is a levy the county receives its small, but they don't want to get rid of it, if an individual or an outbreak the money would be there, it can be costly to treat.

NEW BUSINESS

Annual reports-This is required, has been updated to reflect this year's numbers and has been sent to IDPH and county board along with the website which is all required. The end-of-the-month reports have made it easier to show our work more specifically.
Motion to approve this report made by Catherine Williams and seconded by Karen Daum.

The county board approved the re-appointment of Carrie Janus and Dr. Uhles.

PUBLIC HEALTH COMMENTS

No Public Comments

CLOSED SESSION

No Closed Session.

ADJOURNMENT

Motion to adjourn at 7:26pm made by a Catherine Williams and seconded by Charles Burrus. Motion carried.

The next Board of Health meeting is on Monday, August 24, 2026 at 7:00 p.m.

Tim Reif, Secretary

8-24-26
Date