

DATE: March 21, 2016

**HEALTH & ENVIRONMENT, ZONING,  
RABIES (DOG POUND), EMERGENCY SERVICES, 9-1-1,  
CENTRAL DISPATCH, TOURISM, ECONOMIC, DEVELOPMENT,  
BI-COUNTY HEALTH BOARD, INSURANCE & SUPERVISOR OF ASSESSMENTS**

**DECEMBER, 2015 THRU NOVEMBER, 2016  
FIRST AND THIRD MONDAYS OF THE MONTH  
COUNTY BOARD ROOM AT THE COURTHOUSE AT 4:45 P.M.**

COMMITTEEMAN:

- Tom Vaughn - Chair - Central Dispatch
- Neil Hargis - Economic Development - Animal Control
- Steve Leek - Supervisor of Assessments - Mapping
- Jack Warren - ADA/Zoning
- Danny Melvin - Bi County Health Board - Solid Toxic Waste
- David Rea - Emergency Services - 911
- Kenny Hungate - Economic Development
- Alan Price & Tom Vaughn - Tourism/Economic Development
- Randall Crocker - County Board Chair - Insurance

MINUTES: The meeting was called to order at 5:25 p.m. by chair, Tom Vaughn. Not present was Neil Hargis, in attendance were, Franklin County States Attorney, Evan Owens, Franklin County Sheriff, Don Jones, Franklin County Clerk, Greg Woolard, Franklin County Treasurer, John Gulley, Franklin County Circuit Clerk, Nancy Hobbs, Franklin County Engineer, Mike Rolla, Franklin County Supervisor of Assessments, Cindy Humm, Franklin County Juvenile Detention Center Supervisor, Shawn Freeman, Franklin County Board Administrative Assistant, Gayla Sink, Franklin County Recycling Coordinator, Keith Ward and other interested parties.

Tom Vaughn introduced Ted Leefer the Wayne Fitzgerald State Park Site Manager who reported on activities in the park. Mr Leefer announced several new events coming to the park in the future that will bring many people to the Rend Lake area, discussion followed.

Tom Vaughn reported on the Tourism Council and discussed the Solar Eclipse expected August 21, 2017. Mr Vaughn reported Southern Illinois is the center and we should expect a huge influx of people for this event.

Franklin County Sheriff, Don Jones submitted a Bond Account and Sheriff's Fees report, a copy of said reports are hereby attached as a part of these minutes.

The meeting adjourned at 5:55 p.m.

Minutes submitted 3/22/16

Tom Vaughn  
Chair, Health and Environment Committee

**Bond Account  
County Board Report  
December 2015 through November 2016**

	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	TOTAL
<b>Income</b>													
4000 - Out of County Bond Receipts	2,150.00	3,127.00	11,100.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	16,377.00
4010 - No Files	0.00	150.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	150.00
4040 - Credit Card Bond	3,525.00	12,482.00	13,520.00	1,585.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	31,112.00
4200 - Processing Fee	2,360.00	2,020.00	2,320.00	-160.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	6,540.00
4300 - Reimbursements	-1,520.00	41.74	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	-1,478.26
5000 - Disbursement out of County	-1,600.00	-4,127.00	-11,100.00	-950.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	-17,777.00
5010 - Disbursements No Files	0.00	-150.00	-150.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	-300.00
<b>Total Income</b>	<b>4,915.00</b>	<b>13,543.74</b>	<b>15,690.00</b>	<b>475.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>34,623.74</b>
<b>Gross Profit</b>	<b>4,915.00</b>	<b>13,543.74</b>	<b>15,690.00</b>	<b>475.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>34,623.74</b>
<b>Expense</b>													
5200 - Franklin County Treas Proc	4,860.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4,860.00
5500 - Franklin County Circuit Clk	2,525.00	10,947.00	10,475.00	3,200.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	27,147.00
5600 - Misc Refund	0.00	25.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	25.00
5700 - Misc Expense	0.00	85.99	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	85.99
<b>Total Expense</b>	<b>7,385.00</b>	<b>11,057.99</b>	<b>10,475.00</b>	<b>3,200.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>32,117.99</b>
<b>Net Income</b>	<b>-2,470.00</b>	<b>2,485.75</b>	<b>5,215.00</b>	<b>-2,725.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>2,505.75</b>

**Franklin County Sheriff's Fees  
County Board Report  
December 2015 through November 2016**

	Dec 15	Jan 16	Feb 16	Mar 16	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	TOTAL
<b>Income</b>													
4000 - CIVIL Process Fees	3,718.50	3,203.00	7,374.62	6,596.44	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	20,892.56
4100 - Sheriff Sales	600.00	6,653.00	1,200.00	1,200.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	9,653.00
4200 - Court Fees Earned	4,491.48	4,445.75	2,369.25	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	11,306.48
4300 - Report Copy	260.00	115.00	190.00	135.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	700.00
4500 - Mitimus Fee	0.00	55.50	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	55.50
4600 - Inmate Phone Fees	6,556.94	0.00	2,834.20	3,024.04	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	12,415.18
4700 - ATTACHMENT	0.00	50.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	50.00
4800 - FINGERPRINT FEES	80.00	80.00	100.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	260.00
4900 - MISCELLANEOUS FEES	10.00	5.00	5.00	5.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	25.00
<b>Total Income</b>	15,716.92	14,607.25	14,073.07	10,960.48	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	55,357.72
<b>Expense</b>													
5000 - Franklin County Treasur...	10,166.40	15,716.92	14,607.25	14,073.07	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	54,563.64
<b>Total Expense</b>	10,166.40	15,716.92	14,607.25	14,073.07	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	54,563.64
<b>Net Income</b>	5,550.52	-1,109.67	-534.18	-3,112.59	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	794.08

DATE: March 7, 2016

**HEALTH & ENVIRONMENT, ZONING,  
RABIES (DOG POUND), EMERGENCY SERVICES, 9-1-1,  
CENTRAL DISPATCH, TOURISM, ECONOMIC, DEVELOPMENT,  
BI-COUNTY HEALTH BOARD, INSURANCE & SUPERVISOR OF ASSESSMENTS**

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- (i) Danny Melvin - Bi County Health Board - Solid Toxic Waste
- (i) David Rea - Emergency Services - 911
- (i) Kenny Hungate - Economic Development
- (i) Alan Price & Tom Vaughn - Tourism/Economic Development
- (i) Randall Crocker - County Board Chair - Insurance

MINUTES: The meeting was called to order at 5:18 p.m. by chair, Tom Vaughn. All members were present, also in attendance were, Franklin County States Attorney, Evan Owens, Franklin County Clerk, Greg Woolard, Franklin County Coroner, Marty Leffler, Regional Superintendent of Schools, Matt Donkin, Franklin County Engineer, Mike Rolla, Franklin County Supervisor of Assessments, Cindy Humm, Franklin County Board Administrative Assistant, Gayla Sink, Franklin County Recycling Coordinator, Keith Ward and other interested parties.

Tom Vaughn reported on the activities of the Franklin County Tourism Council including, advertising and shows attended.

David Rea reported a committee he is a member of had made a donation to the Franklin Hospital for the Senior Citizen Meals program.

Kenny Hungate submitted a Modern Healthcare magazine that has feature article concerning the Franklin Hospital, a copy of said magazine is hereby attached as a part of these minutes. Mr Hungate reported on the Senior Citizen Meal program.

Randall Crocker submitted a copy of a letter sent to Mr Jim Giacone and explained same and Mr Giacone's response, a copy of said letter is hereby attached as a part of these minutes. Mr Crocker explained the regular March meeting appointments on the agenda.

Franklin County Coroner, Marty Leffler submitted the Coroners report for December, January and February, discussion followed, a copy of said report is hereby attached as a part of these minutes.

(Over)

Franklin County Supervisor of Assessments, Cindy Humm reported a Assessment complaint had been resolved.

Comments were heard from the audience concerning the Franklin Hospital.

The meeting adjourned at 5:35

Minutes submitted 3/8/16

Tom Vaughn  
Chair, Health and Environment Committee

# Modern Healthcare

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## MEDICAID EXPANSION LIFELINE

Rural Illinois hospital enjoys revival,  
while Missouri facilities cut back Page 20

Hervey Davis  
CEO  
Franklin Hospital  
Benton, Ill.

HEALTHCARE MAGAZINE

#BXBLJMR\*FIRM\*\*CNR-R1L0T\*\*C-002  
#004149837 9# 02 MH 0608 P201  
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BENTON IL 62812-1999

Which states  
are most likely  
to set up  
exchanges  
if subsidies  
are killed? /  
Page 8

Bonuses  
produce  
healthy bumps  
in association  
CEOs'  
paychecks /  
Page 14

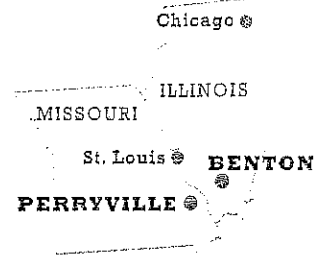
crain

MEMBER OF HCA

# WHERE MEDICAID EXPANSION



## Small Illinois hospital expands while Missouri counterparts out back



By Beth Kutscher

**F**ranklin Hospital is a short drive from the Public Square in Benton, Ill., a city center that's anchored by dollar stores and cavernous antique malls. A banner on the beige facility boasts the hospital is celebrating its 60th anniversary. Benton, a rural town of 7,300 people, is in the heart of Southern Illinois' economically declining coal-mining belt.

**UNEQUAL STATES**  
 MAPPING MEDICAID'S  
 DIVERGING PATHS

*An occasional series*

Inside, the not-for-profit, critical-access hospital looks all of its 60 years, from its mottled beige and brown linoleum floors to the drop ceilings. It has teetered on the brink of financial failure for the past 15 years. Survival rather than aesthetics has been the priority.

"The hospital has had very little done to it in the 60 years it's been in existence," said CEO Hervey Davis, who came to the hospital 13 years ago when it was facing imminent closure.

That's about to change, largely because 25-bed Franklin Hospital is in one of the 25 states that expanded Medicaid eligibility in 2014, the first year such expansion was possi-

ble. For Franklin, the coverage expansion has halved the percentage of revenue tied to the uninsured, and its overall financial picture looks more secure. In the emergency room, for instance, it has seen 600 fewer "no pay" patients and 428 more Medicaid patients compared with 2013. Critical-access hospitals in Illinois have received Medicaid rate increases for outpatient services, further magnifying the benefit of the state's Medicaid expansion.

All of this has allowed Franklin's leaders to plan an \$8 million remodeling project. But they also want to introduce a nuclear medicine program and retail pharmacy. The hospital will be able to treat more complex patients instead of sending them to other hospitals.

At a time when many rural hospitals across the country are on life support, the Affordable Care Act's controversial Medicaid expansion has resuscitated hospitals, including Franklin. But across the state line in Missouri, where Republican lawmakers have refused to expand Medicaid, hospitals such as Perry County Memorial Hospital in Perryville are not seeing a comparable financial boost.

In 2012, the U.S. Supreme Court left it up to each of the states to decide whether to expand Medicaid eligibility. As of now, 29 states plus the District of Columbia have extended

# MAKES A DIFFERENCE



PHOTOS BY MICHAEL A. MARCOTTIE

**PLANNING TO REBUILD** Franklin Hospital's leaders are planning an \$8 million remodeling project to upgrade the outdated facility as well as introduce a nuclear medicine program and a retail pharmacy. At left, CEO Hervey Davis and COO Mike Budnick.

their programs to adults with incomes up to 138% of the federal poverty level. The other 21 states, mostly GOP-led, either have rejected the expansion or are fiercely debating it.

Modern Healthcare is conducting a yearlong analysis of fiscal 2014 finances for hospitals across the country to determine how the ACA's Medicaid expansion affected revenue and operating margins. This project is supported by a fellowship from the Association of Health Care Journalists and the Commonwealth Fund.

The analysis, based on examining finances for 466 not-for-profit hospitals in 2013 and 309 in 2014, found that hospitals in both Medicaid expansion and non-expansion states improved their operating performance, even as the trends were somewhat more positive in the former group. Their revenue grew faster and their operating margins improved at a better clip.

Not-for-profit providers in Medicaid-expansion states saw their operating margins increase to 3.2% in 2014 from 2% in 2013, according to the analysis of financial statements filed for municipal bondholders. In non-expansion states, operating margins improved to 3.1% from 2.2%. The analysis excluded California hospitals, which artificially lost revenue while waiting for the CMS to approve an extension to the state's provider-fee program.

The larger difference was in revenue growth. Hospitals in expansion states saw an average year-over-year revenue increase of 7.2% compared with 5.6% in non-expansion states.

Both groups saw an increase in their provision for bad

debt. But bad debt grew more in non-expansion states—11.6% compared with 8.1% in expansion states. "The issue is that bad debt in and of itself is not enough to set these hospitals apart," said Daniel Steingart, an analyst at Moody's Investors Service, which has conducted its own analysis. In Medicaid expansion states, bad debt represented less than 5% of revenue in 2013, Moody's found.

These results may continue to diverge, particularly as the federal government begins to cut disproportionate-share hospital payments to providers that serve the uninsured, experts say. Or it's possible that hospitals overall may be buoyed by demographic changes such as more people aging into Medicare.

Still, the analysis found that hospitals across the country saw a financial improvement in 2014 no matter where they are located. All states except Kansas saw a reduction in their uninsured population, according to February data from Gallup. The largest decreases were in states that both expanded Medicaid and set up a state-based insurance exchange under the ACA. But even some states that did neither—including Louisiana, Maine and Montana—still cut their uninsured rate by at least 4.5% (Montana recently approved a Medicaid expansion, but it has not been implemented yet).

The overall uninsured rate across the country fell to 11.9% in the first quarter of 2015 after peaking at 18% in 2013.

**The states that have not expanded Medicaid** may have the most to lose if the U.S. Supreme Court this month in *King v. Burwell* strikes down premium subsidies in states using the federal insurance exchange. That likely would cause millions of people to drop their private



exchange coverage.

In the hundreds of earnings reports included in Modern Healthcare's analysis, a number of other themes also emerged: The economy is improving, stronger hospitals are buying weaker ones and hospitals are negotiating better rates from commercial insurers. Those factors are boosting operating margins even without the additional benefit from healthcare reform.

"Medicaid expansion is not the only thing that's happening," said Steven Lipstein, CEO at BJC HealthCare, an 11-hospital system based in St. Louis. Although Missouri has not expanded Medicaid, its uninsured rate has edged down to 13.5% from 16.1%. All but one of BJC's hospitals saw a revenue increase in 2014; the one that did not recently moved its obstetrics department to a nearby facility.

The system, like many others, also has tightly managed its costs.

Even without Medicaid expansion, BJC has seen a 10% reduction in the bucket it calls free care—a combination of charity care, discounted care and bad debt. That reduction could be at least partly attributable to the expansion of subsidized private coverage through the federal exchange serving Missouri, which has enrolled nearly 254,000 Missourians.

Even within a given state, different hospitals are experiencing healthcare reform differently. One thing the ACA's coverage expansion has done is offer more provider choices to people who previously were uninsured. There's evidence in California, for instance, that patients who gained coverage are no longer seeking care from safety net hospitals and instead use private providers.

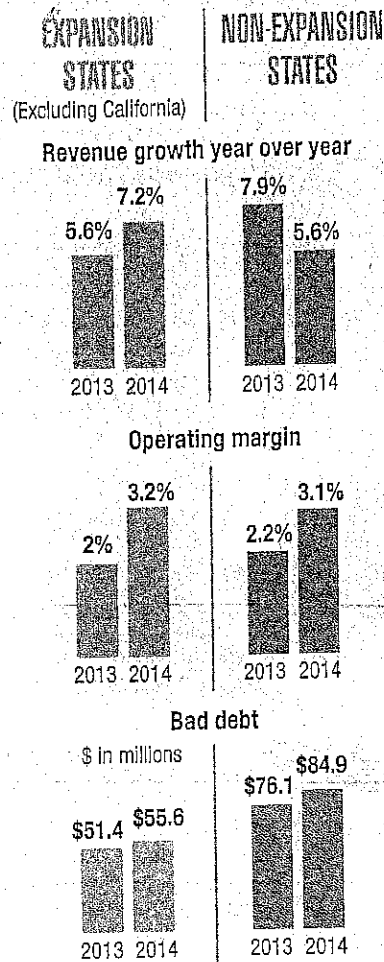
"Just because we're seeing a decrease of uncompensated care doesn't mean all hospitals will benefit equally," said Dylan Roby, a health policy professor at the University of California at Los Angeles. "It really becomes an issue of where patients start going once they get coverage."

**Two studies have found** that hospitals in non-expansion states saw a larger increase in revenue from commercial insurance last year than hospitals in expansion states saw. That's likely related to the fact that in non-expansion states, ACA premium subsidies to buy private exchange coverage were available to adults with incomes between 100% and 138% of the poverty level. In contrast, in expansion states that income group is automatically covered through Medicaid.

In Missouri, most nondisabled adults aren't eligible for Medicaid. Adults with children only qualify if they have incomes 18% below the federal poverty level, meaning the income threshold for a family of four last year was \$4,365.

Missouri, by refusing to expand Medicaid, is losing \$2.2 billion a year in federal Medicaid dollars. Faced with the lack of Medicaid expansion, many Missouri hospitals stay

## FINANCIAL PERFORMANCE OF NOT-FOR-PROFIT HOSPITALS IN MEDICAID EXPANSION AND NON-EXPANSION STATES



Source: Modern Healthcare analysis of earnings reports filed for bondholders from 466 systems and hospitals in 2013 and 309 in 2014

solvent by laying off employees, discontinuing unprofitable services and delaying new building projects and equipment purchases, said Herb Kuhn, president of the Missouri Hospital Association.

Even Missouri hospital leaders whose facilities are doing well financially are acutely conscious of how the state's failure to expand Medicaid is affecting their industry. They are quick to identify other hospitals that are struggling. Two rural facilities already have shut their doors. "If we don't figure out a way to move forward, we could lose five to 10 more hospitals in the state," said Patrick Carron, CEO of Perry County Memorial Hospital.

Carron's 25-bed hospital is better off than most because of the particular economic situation in Perryville, a town of about 8,200 people. Located amid rolling hills and farmland about 80 miles south of St. Louis, Perryville has an employment rate below 5%, one of the lowest in the state. Food manufacturing, auto parts, farming and aircraft refurbishing provide industrial jobs in the area.

Carron's hospital's operating margin is typically in the 6%-8% range, while most of the state's other critical-access hospitals are barely breaking even.

Still, the past year has not been without challenges. Bad debt at his hospital increased 50%, which Carron attributed largely to the proliferation of high-deductible health plans and people not being able to afford their out-of-pocket costs. The hospital has put patients on payment plans with five or even 10 years to pay.

Nevertheless, Perry County Memorial is building. There are cranes working on medical office space, and the

hospital recently bought a new CT imaging system. But it's cutting costs elsewhere, including through staffing. Carron said his facility needs to negotiate better rates with insurers to continue serving its patients.

For Missouri hospitals strong enough to issue bonds, operating margins improved to 2.9% for their fiscal 2014 from 0.9% the previous year.

Across the border in Illinois, the average operating margin for hospitals in the analysis rose slightly to 3.4% from 3.3%. But some of the state's most vulnerable hospitals say they're actually seeing a more substantial boost from the ACA's Medicaid expansion.

As coal-mining jobs dried up in Southern Illinois, the unemployment rate in Benton climbed above 9%. The state government is a major employer now, and many people work at one of the area's state parks or prisons.

The road from Benton to the nearby town of Christopher is dotted with pawn shops, gun shops and convenience stores advertising video poker and slots. Christopher's health clinic occupies a new building, one of the largest in the town.



**"IF WE DON'T FIGURE OUT A WAY TO MOVE FORWARD,  
WE COULD LOSE FIVE TO 10 MORE HOSPITALS IN THE STATE."**

Patrick Carron, CEO of Perry County Memorial Hospital in Perryville, Mo.

Community health centers in the area have expanded "tremendously," said Kim Mitroka, CEO of the Christopher Rural Health Planning Corp., which operates a dozen community health centers throughout the state and has added three clinic locations over the past three years that have brought in 18,000 additional patients. "We had a tough year last year. We did much better this year and I think a lot of it has to do with the (Medicaid) expansion."

She estimated that her organization's Medicaid patients have increased 25%; almost all were previously uninsured. Medicaid patients now account for 40% of its total patients, and its operating surplus has increased 10% to \$22 million.

**Franklin Hospital hadn't made a dime in 25 years,** CEO Davis said. He arrived there in 2002, five weeks before it was scheduled for closure; the hospital was holding on with a week's worth of cash. Over the previous five years, it had lost \$12 million. For three months after Davis' arrival, the hospital shut down all services except its emergency department. It borrowed \$4 million from the U.S. Depart-

ment of Agriculture.

Remarkably, it didn't go under. Instead, it began to break even. And its financial condition remained at that marginal status for the next decade.

Now, Franklin's finances are significantly stronger. For fiscal 2015, it expects to report \$41.6 million in revenue compared with \$32.8 million the prior year. It may book net income close to \$1.3 million compared with \$1 million in fiscal 2014. With its stronger finances, the hospital applied for and received grants from the state and the USDA to fund its remodeling projects.

Davis rattles off the hospital's goals while sitting at a round table in his office. Because Franklin has an average patient census of only five, the hospital uses its excess food service capacity to prepare daily meals for 35 senior citizens, for which it receives funding from the county. Under the renovation plan, the cafeteria will be downsized to make room for a retail pharmacy.

"Right now, the hospital is doing better than it ever has," Davis said. "We like Medicaid patients here." ●

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# FRANKLIN COUNTY BOARD

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Benton, IL 62812

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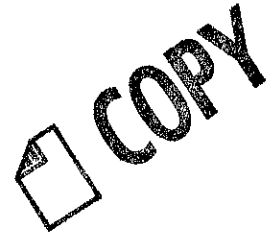
Fax 618-439-3741

Ken W. Hungate  
Vice Chairman

Randall Crocker  
Board Chairman

Gayla Sink  
Administrative Assistant

February 17, 2016



Mr. Jim Giacone  
11045 Prestwick Drive  
Benton, IL 62812

Dear Mr. Giacone,

Thank you for contacting the Franklin County Board with your concerns regarding the County Jail's pharmaceutical needs and allowing me the chance to respond to your questions and concerns.

First of all, although the Sheriff's office has a high regard for Dee Harp, who served at the County Jail for many years, Ms. Harp was never a county employee. She was actually employed with the healthcare service Advanced Correctional Healthcare (ACH), who services the health needs of those incarcerated in our County Jail. As an employee for ACH, Ms. Harp was never in a position to make a decision concerning contractual services for the County Jail.

Secondly, the County Jail, does have to go through a bidding process for healthcare services. These services are all-inclusive for medical, dental, and pharmaceutical needs. In other words, the businesses that bid on this contract negotiate with physicians/nursing staff/medical supplies/pharmaceutical suppliers in advance in order to submit their bids. Needless to say, if all the bids cover the same needs, it is the responsible choice of all our elected officials, and in this case, Sheriff Don Jones, to select the lowest bid. At the same time, our elected officials do try to use local businesses as much as possible. It is to the good of Franklin County to keep business in the county.

Now, with that said, in trying to keep business in the county, the service with the lowest bid, ACH, was then asked, by Sheriff Jones, to contact you at Kimmel Chaplain to see if you could meet/beat the pharmaceutical supplier they were using. Unfortunately, the results of that were not in your favor. The bid containing the current supplier for the pharmaceutical needs was a total bid of \$106,242.11 as opposed to the bid which included your prices for supplying those needs, for a total bid of \$113,472.11. Franklin County has a budget that is extremely tight and each year, the department heads are asked

# FRANKLIN COUNTY BOARD

202 West Main Street  
Benton, IL 62812

Phone 618-439-3743

[www.franklincountyil.gov](http://www.franklincountyil.gov)

Fax 618-439-3741

Ken W. Hungate  
Vice Chairman


Randall Crocker  
Board Chairman

Gayla Sink  
Administrative Assistant

to do their best to reduce their budgets if possibly, and to stay within the budgets that are set for them.

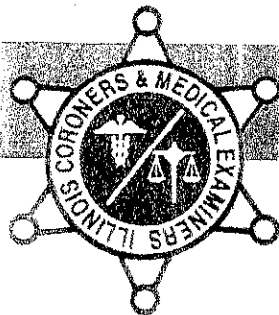
In conclusion, I would like to express my thanks and the thanks of the Sheriff's Department for your dedication to the county in acting as the emergency back-up for our jail. Even though that is not the role you had hoped to fill, it is a very important service that you have provided, and it is my hope that you will continue to do so.

Regards,

  
Randall Crocker, Chairman  
Franklin County Board

Don Jones, Sheriff  
Franklin County

  
**Franklin County**  
Where History and Progress Meet



## Franklin County Coroner

County of Franklin, Illinois

411 East Main Street  
Benton, Illinois 62812  
618-439-6850 Ext. 2501  
franklincountycoroner@yahoo.com

**Marty P. Leffler**  
Coroner

**John Graskewicz**  
Chief Deputy Coroner

**Richard W. Good**  
Deputy Coroner

**Steve Gilbert**  
Deputy Coroner

**Gary Little**  
Deputy Coroner

**Steve Leek**  
Deputy Coroner

**Bernie Staten**  
Secretary

### February 2016

February case total 29

Annual total through February 29, 2016 = 63

17 females @ an average age of 77.82 years of age

12 males @ an average age of 66.75 years of age

Transported 1

Autopsies 1

Cremations 12 @ \$50 per permit = \$600

8 deaths between 10:00 p.m. and 7:00 a.m.

12 weekend deaths

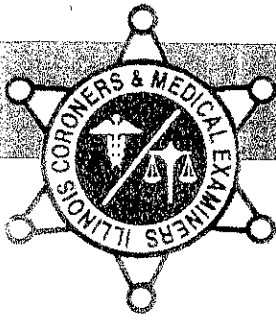
7 Cancer Deaths

Deaths per day of the week Monday 4, Tuesday 6, Wednesday 1, Thursday 4, Friday 3, Saturday 3, Sunday 8.

Deaths by town: 7 Benton, 8 West Frankfort, 2 Christopher, 3 Sesser, 1 Coello, 1 Ewing, 2 Logan, 5 Zeigler,

Coroner Cases

Date	Feb-16 Time	Age	Place	Cause	Transpon	Respond	Crematit	Autopsy	Tox	X-ray	town
1-Feb Monday	4:28 AM 71m		Res. Hos Lung CA	No	No	No	No	No	No	No	WF
2-Feb Tuesday	12:25 PM 69f		Resident Cardiac	No	Yes	Yes	No	No	No	No	WF
6-Feb Saturday	9:00 AM 72m		NH Anemia	No	No	Yes	No	No	No	No	W/F
6-Feb Saturday	8:35 PM 66m		Res. Hos CAD	No	No	Yes	No	No	No	No	Sesser
7-Feb Sunday	14:32 80f		Res. Hos COPD	No	No	No	No	No	No	No	Benton
7-Feb Sunday	11:02 PM 78f		ER Cardiac	No	Yes	Yes	No	No	No	No	W/F
8-Feb Monday	2:00 AM 71f		NH Pneu.	No	Yes	Yes	No	No	No	No	Sesser
9-Feb Tuesday	10:54 AM 78f		Res.HosJ Cirrh.Liv	No	No	No	No	No	No	No	W/F
11-Feb Thursday	2:51PM 90f		NH Pneu.	No	No	No	No	No	No	No	Ewing
11-Feb Thursday	5:32 PM 35f		ER Pending	No	Yes	Yes	Yes	Yes	Yes	Yes	Logan
12-Feb Friday	1:21 AM 72f		Resident Kid Fail	No	Yes	Yes	No	No	No	No	Zeigler
14-Feb Sunday	2:20 PM 81f		NH Alzheim	No	No	No	No	No	No	No	Benton
15-Feb Monday	8:46 PM 96f		Resident AFT	No	Yes	No	No	No	No	No	Zeigler
16-Feb Tuesday	7:35 AM 60m		NH Lung CA	No	Yes	Yes	No	No	No	No	Coello
16-Feb Tuesday	11:23 AM 92f		Resident CVA	No	Yes	No	No	No	No	No	Benton
17-Feb Wednes	8:33 PM 79f		Res. Hos Uter. CA	No	No	No	No	No	No	No	W/F
18-Feb Thursday	12:07 AM 74f		NH Septic SI	No	No	No	No	No	No	No	Benton
18-Feb Thursday	1:40 AM 46m		Res.HosJ COPD	No	No	Yes	No	No	No	No	Christopher
19-Feb Friday	7:00 PM 81m		NH CVA	No	No	No	No	No	No	No	Benton
21-Feb Sunday	3:51 PM 57m		Resident Cardiac	Yes	Yes	No	No	No	No	No	Zeigler
21-Feb Sunday	5:56 PM 76m		Res.HosJ Lung CA	No	No	Yes	No	No	No	No	Zeigler
21-Feb Sunday	7:30 PM 85f		ER Cardiac	No	Yes	No	No	No	No	No	Christopher
22-Feb Monday	4:14 AM 74m		Resident Cardiac	No	Yes	No	No	No	No	No	W/F
23-Feb Tuesday	8:30 AM 66m		Res. HosJ Glottis C	No	No	Yes	No	No	No	No	Benton
23-Feb Tuesday	9:30 PM 76f		Res.HosJ Uter. CA	No	No	No	No	No	No	No	Logan
26-Feb Friday	4:11 AM 85m		NH AFT	No	No	No	No	No	No	No	W/F
27-Feb Saturday	10:04 AM 88f		Res. Hos CVA	No	Yes	No	No	No	No	No	Sesser
28-Feb Sunday	2:25 AM 79f		Res. Hos Panc. CA	No	No	Yes	No	No	No	No	Zeigler
28-Feb Sunday	4:36 AM 47m		Res.HosJ Esoph. C	No	Yes	No	No	No	No	No	Benton



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Secretary

## January 2016

January case total 34

Annual total through January 31, 2016 = 34

10 females @ an average age of 82.30 years of age

24 males @ an average age of 65.83 years of age

Transported 13

Autopsies 5

Cremations 13 @ \$50 per permit = \$650

9 deaths between 10:00 p.m. and 7:00 a.m.

15 weekend deaths

9 Cancer Deaths

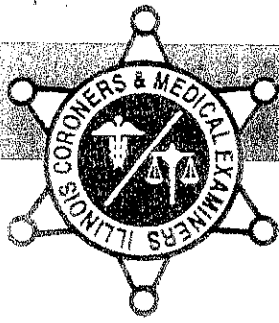
Deaths per day of the week Monday 4, Tuesday 5, Wednesday 3, Thursday 6, Friday 3, Saturday 8, Sunday 5.

Deaths by town: 14 Benton, 7 West Frankfort, 1 Royalton, 1 Buckner, 4 Christopher, 3 Sesser, 1 Coello, 1 Thompsonville, 1 Cleburne, 1 West City

Coroner Cases

Date	Jan-16 Time	Age	Place	Cause	Transpo	Respono	Crematir	Autopsy	Tox	X-ray	Town
2-Jan Saturday	9:26 AM	76m	Resident	COPD	No	Yes	Yes	No	No	No	Christopher
4-Jan Monday	3:54 AM	61f	Res.HosJ	Lung CA	No	Yes	No	No	No	No	Benton
6-Jan Wednes	1:15 PM	78f	Hospital	CHF	No	No	No	No	No	No	Sesser
7-Jan Thursda	10:30 AM	92f	Resident	Cardiac	No	Yes	No	No	No	No	Royalton
8-Jan Friday	20:03	62f	Res. Hos	COPD	No	Yes	No	No	No	No	Coello
10-Jan Saturda	3:28 AM	82m	Res. Hos	Skin CA	No	No	No	No	No	No	Benton
10-Jan Saturda	2:30 PM	49m	Resident	Cor Ath	Yes	Yes	Yes	Yes	Yes	Yes	Cleburne
11-Jan Sunday	7:50 PM	58m	NH	Lung CA	No	No	No	No	No	No	Benton
13-Jan Wednes	10:30 AM	47m	Job site	50+ fall	Yes	Yes	Yes	Yes	Yes	Yes	Buckner
14-Jan Thursda	12:08 AM	48m	ER	Org Fail	No	Yes	Yes	No	No	No	Benton
15-Jan Friday	6:46 AM	97f	NH	ES Alzih.	No	No	No	No	No	No	W/F
16-Jan Saturda	9:10 AM	84f	NH	CVA	No	No	No	No	No	No	W/F
17-Jan Sunday	3:45 PM	80m	Resident	Cardiac	Yes	Yes	No	No	No	No	Benton
17-Jan Sunday	4:15 PM	65m	Res.HosJ	Lung CA	No	No	No	No	No	No	W/F
18-Jan Monday	2:15 PM	72m	Resident	CAD	Yes	Yes	Yes	No	No	No	Christopher
18-Jan Monday	5:44 PM	71m	ER	CAD	No	Yes	Yes	No	No	No	Sesser
20-Jan Wednes	9:54 PM	73m	ER	Lung CA	No	Yes	Yes	No	No	No	Benton
21-Jan Thursda	10:48 PM	88f	Res.HosJ	Lung CA	No	No	Yes	No	No	No	W/F
22-Jan Friday	8:25 PM	86m	Resident	Cardiac	Yes	Yes	Yes	No	No	No	W/F
23-Jan Saturda	9:48 PM	78f	ER	Cardiac	No	Yes	No	No	No	No	W/F
24-Jan Sunday	2:45 AM	47m	Resident	Cardiom	Yes	Yes	Yes	Yes	Yes	No	West City
24-Jan Sunday	11:35 AM	79m	Res. Hos	Lung CA	Yes	Yes	No	No	No	No	Benton
25-Jan Monday	6:45 PM	69m	Resident	Resp. Fa	Yes	Yes	Yes	No	No	No	Benton
26-Jan Tuesda	3:24 AM	71m	Res.HosJ	Panc. Ca	Yes	Yes	Yes	No	No	No	Benton
26-Jan Tuesda	9:01 AM	83f	ER	CAD	No	Yes	No	No	No	No	W/F
26-Jan Tuesda	10:24 AM	36m	Resident	Suicide	Yes	Yes	No	Yes	Yes	Yes	Benton
26-Jan Tuesda	4:54 PM	73M	Res. Hos	Lung CA	No	No	No	No	No	No	Benton
26-Jan Tuesda	8:30 PM	58m	ER	Cardiac	No	Yes	No	No	No	No	Tville
28-Jan Thursda	12:15 AM	49m	Res. Hos	Renal Fa	Yes	Yes					Sesser
28-Jan Thursda	2:50 PM	100f	NH	ES Deme	No	Yes	No	No	No	No	Christopher
28-Jan Thursda	5:15 PM	74m	Resident	Resp. Fa	Yes	Yes	Yes	No	No	No	Benton
30-Jan Saturda	5:18 AM	90m	NH	Sepsis	No	No	No	No	No	No	Benton
30-Jan Saturda	9:47 AM	93m	NH	Liver Dis	No	No	No	No	No	No	Benton
30-Jan Saturda	12:36 PM	34m	Resident	OD	Yes	Yes	No	yes	yes	yes	Christopher





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## December 2015

December case total 29

Annual total through December 31, 2015 = 367

9 females @ an average age of 81.22 years of age

20 males @ an average age of 64.20 years of age

Transported 0

Autopsies 4

Cremations 13 @ \$50 per permit = \$650

10 deaths between 11:00 p.m. and 7:00 a.m.

4 weekend deaths

1 death Christmas Eve and 3 deaths Christmas Day

8 Cancer Deaths

Deaths per day of the week Monday 4, Tuesday 9, Wednesday 1, Thursday 3, Friday 9, Saturday 0, Sunday 2.

Deaths by town: 10 Benton, 7 West Frankfort, 2 Zeigler, 1 Royalton, 1 Buckner, 2 Ewing, 2 Christopher, 1 Sesser, 1 Valier, 1 Thompsonville, 1 Marion