



The McLean County Board of Health
Wednesday, June 8, 2022, 5:30 p.m.
McLean County Health Department, Room 324
200 W. Front Street
Bloomington Illinois 61701
IN-PERSON

MINUTES

1. Call to Order: 5:30 p.m.

2. Roll Call

Members Present: Carla Pohl, Cory Tello, Dameron Beverly, Hannah Eisner, Judy Buchanan, Richard Ginnetti, Scott Hume, Sonja Reece, Susan Schafer, Liza Yambay

Members Absent: Robert Kohlhase

Staff Present: Jessica McKnight, Cathy Coverston Anderson, Amy Brooke, Marianne Manko, Tom Anderson, Tammy Brooks

3. Public Participation: None

Carla Pohl (CP) introduced Liza Yambay (LY). LY shared that she originates from South America. She has been in McLean County for nine years and is looking forward to serving the community as a member of the Board of Health.

CP had other members introduce themselves.

4. Approve Minutes: Regular Session April 13, 2022

Motion to approve Reece/Buchanan the minutes of April 13, 2022, regular session.

Motion to by Reece/Buchanan to approve the minutes of April 13, 2022, regular session as amended.

Yambay abstained.

Motion carried.

Susan Schafer asked for a correction for the minutes. She voted no to the action item extending renewal grants to the agencies and programs listed.

5. Consent Agenda

A. Bills to be Paid

		April 2022	May 2022
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Dental Sealant	0102	\$25,388.69	\$19,509.02
WIC	0103	\$12,155.04	\$4,720.97
Preventive Health Program	0105	\$127.59	\$466.43
Family Case Management	0106	\$29,236.91	\$13,067.67
AIDS/COMM Disease Control	0107	\$83,208.85	\$54,395.12
Health Department	0112	\$143,018.07	\$147,436.76
Total		\$293,135.16	\$239,595.97

Motion by Schafer/Buchanan to approve the consent agenda.
 Motion carried.

6. Informational Items

A. Assistant Administrator Retirement

CP announced that Cathy Coverston Anderson (CCA) is retiring. She expressed appreciation for the years of work and service Cathy has done.

CCA stated that she has appreciated working at the Health Department and has loved working for the community.

B. Recognition of Judy Buchanan’s Service

CP shared that Judy Buchanan (JB) is leaving the Board of Health. She stated that JB has been an excellent leader and mentor. JB’s guidance was beneficial to CP when she assumed the board president role.

JB stated her time on the Board of Health has been a wonderful experience. She has learned a lot and benefited from her time with the Board. She is pleased by the Health Department’s excellent reputation in the community.

Sonja Reece (SR) noted that JB would continue serving the community. Connect Transit will continue to be blessed by her leadership.

SS thanked JB for the work she did to bridge gaps. She stated that things are better because of JB’s leadership.

JB mentioned that it was one of the biggest challenges she had worked on, but it was good to work on it. She emphasized that one person did not accomplish it.

Hannah Eisner (HE) pointed out that JB’s contributions began with her work on the Mental Health Referendum in the 1970s.

Marianne Manko (MM) said she is thankful for the opportunity to work with her.

Corey Tello (CT) expressed that JB’s transparency and communication skills are very valuable.

CT appreciated CCA's work on the CHIP, CHNA, and priority action committees.

JB acknowledged that CCA was part of the group that made the CHIP and CHNA collaborative.

CP reflected that we are one of three counties in the state to collaborate with local hospitals on the CHIP and CHNA.

Members encouraged CCA that there are many ways she can volunteer.

SS shared that the Health Committee recognized CCA at their meeting. They emphasized that she was outstanding in the outreach to the vaccine-hesitant communities.

C. Small-Group Budget Workgroups

CT, HE, and LY indicated an interest in small group budget discussions. They will communicate availability to CP.

D. 2022 Community Health Needs Assessment (CHNA) Process Overview

CCA indicated that after a survey and data analysis, the approximately sixty people on the McLean County Community Health Council (MCCHC) chose the top three health priorities from a list of seven possible priorities. The goal is to leverage data, provoke action, and collaborate with local hospitals and Chestnut's Federally Qualified Health Center. A Community Needs Assessment and Community Health Improvement Plan every five years are requirements to become a Certified Local Health Department. McLean County is one of three counties in the state to work with the local hospitals and complete it every three years. We were the first to work collaboratively with the local hospitals in this way.

The three health priorities are Access to Care, Behavioral Health (including Mental Health and Substance Abuse), and Healthy Eating/Active Living.

BOH members will receive the Need Assessments by the end of June. It is 240 pages and provides data that people use to support grant applications and research.

CCA provided tips for reading the document: read Key Findings under each section and look at the green, yellow, and red gauges. The gauges compare us to the other 101 counties in Illinois and signify okay, caution, or that we are in the worst percentile in Illinois.

Information was also put into an infographic by Chestnut. It includes key data points and a summary.

The new Assistant Administrator and the Health Promotion manager will participate on the executive steering committee of the MCCHC.

7. Committee Reports

A. Behavioral Health Coordinating Council

SR reported that the council is meeting a week from Friday. They are planning for the McLean County Behavioral Health Community Forum. The date of the forum is Oct. 4, 2022. The theme is Better Together.

B. Mental Health Advisory Board

CT directed members to the minutes of the meeting. They met on April 1 and will meet on June 17.

Each month we go over some of the core services that we fund through our 553 funds and get input from them and how they would advise us in those areas. We talk larger priorities since they are in the field working with people. We want to capture all of their information. That is why you have two bullet points there about things they continue to be concerned about. Staff shortages make for waiting lists for people needing services. We need to continue to put forth Trauma-Informed recovery principles into all of our systems. Of course, we've got now a Behavioral Health Project manager at the County that shares that. We continue to wish that we had some way, people on the waiting list, of offering them something while they are waiting to be seen for services. That is something I would love to see if we could figure out how to offer at least some case management, some opportunities that are systematized. And then continuing to work on better planning for those released from jail. And of course, through the Chestnut they have that big grant and the recovery-oriented system of care. And their one component of that is a recovery council so that people coming out of jail. That group is working hard, doing some good planning around that population.

Housing continues to be a huge issue. Federal money came in but there's only so many landlords that have stepped forward to say they would be willing to rent. You know they could be subsidized for helping house some of these people. The people who have stepped up have stepped up and there aren't more stepping up. Housing continues to be a big, big problem. Some of the people that you know are in the shelters and they have a lot of health issues. And again, while we have some good services in place, we need more. And, again, going along with that making sure that we have employment services. People without housing are probably having difficulty with funding. If you could get help with employment then that relates to the whole issue. We really need to work on that.

As far as adult psychiatry, as we talked about that, I think the board members talked about more as psychiatry in general versus what we fund which is at the Center for Human Services which is for the chronically and severely mentally ill. So, they talked about more on the level of anybody in the community that might need services. To think about how we might better market and systematize and help people understand telepsychiatry and telecounseling in general how that would be better accepted and better understood. And also how we can do more of the hybrid model of counseling and psychiatry to help those people. It could be customized so some parts could be virtual and some parts could be in-person. We are trying to figure that out to better use the services we have available. And then continuing peer support and thinking about how to use the Triage Center to the fullest. And I did hear today from Vanessa that the numbers, their contact numbers have gone up quite a bit already. So, she was very encouraged by the increased usage of the Triage Center. So, that is a good thing.

SR noted the need for dialogue about mental health and how we manage firearms. Mental illness does not automatically make someone dangerous.

JB agreed that gun violence is immediately linked to mental illness. They are two separate issues, but the stigma exists.

JB reported that they recently finished a mental health campaign. More people are looking at Mental Health First Aid.

MM shared that there was a 600% increase of people coming to the Mental Health First Aid portion of our website in May - while we ran our radio ads. More people were looking into it.

Richard Ginnetti (RG) shared that he had a similar discussion at OSF. There are not enough traditional therapists to meet the need. How do you market the nontraditional setting?

CT: We have to systematize something so that we get efficient and effective and are all working together to make it happen. And the schools are telling us that their crisis numbers went way up the last month of the school year and that the number of crisis calls they made to SASS which is and the Crisis team but it depends on what insurance you have who gets called at the school level. And just trying to figure out how we can help school personnel that are in charge of mental health services how we can give them professional development so they better respond to those acute crises because the crisis teams are not going to be able to meet the needs of the county. Especially when they are mandated to show up in ninety minutes. If you get four calls at a time you cannot be four places in ninety minutes.

CT state I am so glad that the County is doing the TriWest study and crisis in general and the adolescent crisis services part of that.

SS responded that it is not the County that is doing that. It is a 4-million-dollar grant that Chestnut received. So, it is going through BHCC. We did not get that.

CT stated I am really happy they are doing that just to make sure the crisis system is as helpful as it can be and hopefully it will look at all the moving parts and how they can work together. That is a good thing.

C. County Board

Susan Schafer stated that the Mental Health Action (MHA) plan was tabled at the April County Board meeting. However, it was approved at the May meeting. She noted that the items Cory raised are in the MHA and action steps. Housing is also there. The Economic Development Commission (EDC) did a study. There is only a 2% vacancy rate in the County.

Budget work is starting. It will be interesting as there is a salary study underway, which will impact budgets.

D. Behavioral Health Policy and Funding Committee

HE reported that the committee met on May 26. They are receiving grant applications for

FY'23. Based on the approval of the BOH, they are offering opportunities for current recipients of funds (Project OZ, Center for Human Services, Regional Office of Education, Baby Fold, PATH) to renew. They all wished to continue and asked for additional funds.

Each organization did a presentation. All of them are suffering from a shortage of staff. The committee meets again on June 16 to discuss the dispersal of funds.

Members discussed the importance of partnership in leveraging funds. Organizations also provide information on other funding they receive.

RG stated that the community could feel good about the funding process.

8. Health Department Administrator's Report

A. General Report

SR noted that the Health Department had moved locations for testing.

JB noted that complaints to Environmental Health are down. She asked Tom Anderson (TA) what he attributed this to.

TA noted that a lot of restaurants don't have indoor dining. As a result, not as many people are watching the staff work.

JB complimented the Strategic Plan. She noted that there is no reference to the Health Department providing grants for mental health. This is a significant piece of our operation, and she would like to see additional language added.

HE asked about the continuation of COVID testing.

JM noted that Federal funding for testing ends on June 31.

HE suggested that ARPA funding might be used. She stated that COVID testing is a priority and must be available.

RG noted that people had to go somewhere during the initial spike to be tested. People now have access to home tests. Access to home tests means they are not counted in the COVID numbers. The virus is more contagious, but people are not as ill.

JM stated that testing at testing sites is down because people are testing at home.

SS noted that this is the reason we are looking more at hospitalizations.

HE surmised that we have moved from the fear of getting it to assuming that we will get it.

JB suggested that those testing positive at home have been encouraged to call us.

JM noted that those types of reports don't go into official numbers. Our site averages twenty tests a day, two days a week.

LY suggested a link be put on the website to input home test results.

JM stated that it could be explored. However, those wouldn't go into INEDDS. To be included in INET, there must be proof of infection. She anticipates that it will possibly be similar to the flu. Surveillance data is used rather than numbers.

JB noted that there was an increase in funding for the AOK program.

JM stated that it is a renewal year, and they are requesting money for a Family Engagement Specialist.

9. Action Items

- A. Authorize the Board President to approve the FY'23 State of Illinois renewals and contracts

Motion by Buchanan/Tello to authorize the Board President to approve FY'23 State of Illinois renewals and contracts.

Motion carried.

- B. Approval of 2022-2025 McLean County Health Department Strategic Plan

Motion by Tello/Reece to approve the 2022-2025 McLean County Health Department Strategic Plan.

Motion carried.

JB noted that her ascent was with the caveat that additional language regarding behavioral health funding is added.

10. Adjournment 6:35