



The McLean County Board of Health
Wednesday, June 10, 2020, 5:30 p.m.
115 E. Washington Room 404, Bloomington, Illinois.

MINUTES

1. Call to Order: Called to order by Carla Pohl (CP) at 5:30 PM

2. Roll Call

Present: Alan Ginzburg, Carla Pohl, Cory Tello, Hannah Eisner, Robert Khohlhase, Scott Hume, Sonja Reece, Susan Schafer, Robert Kohlhase, Richard Ginnett, Judy Buchanan

Staff Present: Jessica McKnight, Cathy Coverston Anderson, Tammy Brooks, Dion McNeal, Tom Anderson, Kim Anderson, Amy Brooke, Don Knapp

3. Public Participation

NOTE CHANGE: To promote health and safety, we encourage the public to follow the Gubernatorial 'shelter in place' Executive Order. Therefore, in addition to standard (in-person) public comments at the McLean County Board of Health meetings, we will accept public comment via email as an option for this meeting.

Individuals or groups can email statements to the Administrative Support Specialist at health@mcleancountyil.gov by Tuesday June 9, 2020 at 5:30 pm.

Statements received by the deadline will be read aloud as part of the record, pursuant to the time parameters in McLean County Board of Health Bylaws (individuals, three minutes; groups, five minutes).

The entirety of the statement will be placed in the official minutes, even if the statement reads longer than the time limit allows.

We take very seriously the Centers for Disease Control and Prevention (CDC) recommendations to socially distance and the Governor's Executive Order 202010, wherein no more than ten people can convene in one place. We encourage you to submit your public comment via email.

If you choose to provide comment in person, requests must be received by McLean County Health Department by Monday, June 8, 2020 at 5:30 pm to health@mcleancountyil.gov. Upon submission, you will receive written instructions regarding how to enter the Government Center (which is now closed to the public). McLean County Board of Health rules allow for a total maximum of 15 minutes allotted during each meeting. Public comment and the emailed comments will proceed in the order in which they are received.

Finally, the public will be able to view the McLean County Board Meeting, live, on Facebook and YouTube. Links can be found at <https://www.mcleancountyil.gov/>

4. Approve Minutes: Regular Session May 13, 2020 and Special Session May 21, 2020

Motion by Reece/Eisner to approve the Board of Health minutes from May 13, 2020 and May 21, 2020 as presented.

Motion carried.

5. Committee Reports

A. Behavioral Health Coordinating Council

Sonja Reece (SR) reported that the Behavioral Health Coordinating Council (BHCC) has not met since the last Board of Health (BOH) meeting.

B. Mental Health Advisory Board

Cory Tello (CT) stated that she and Hannah Eisner (HE) had a joint meeting of the Mental Health Advisory Board (MHAB) and the Behavioral Health Policy and Funding Committee (BHPFC) on June 4, 2020.

Goals of the meeting included:

- Ensure that members understood the funding focus areas in the past – including rationale and context of those decisions
- Gather information from members about gaps they see in their work arenas
- Receive feedback about healthcare disparities, particularly behavioral healthcare, that members are seeing
- Targeted brainstorming on issues in general and focus areas
- Focus areas for the BOH funding proposals
- Provide an overview of community funding efforts that go beyond the Health Department
 - Other programs being run by the County
 - Looked at the Community Health Improvement plan
 - Bringing services to those that are underserved
 - Updates from: PATH, Crisis, Project Oz, Community Schools

The group discussed what members are seeing in the community. Things included increase in stress, anxiety, frustration, agencies and police being asked to do more wellbeing checks, increase in domestic violence, seeing people in homeless shelters who have never previously needed shelter, raw emotions on the part of people of color, concerns about nursing homes and residents, difficulties of sexual offenders in accessing services because they are not allowed to be online, and financial situations.

Members discussed possible funding focus areas: Crisis, Youth, mental health counseling, promoting positive parent child relationships, Problem Solving Courts, domestic abuse, and child abuse. They desire to make sure everyone is represented on the spectrum of services.

Themes:

- Work to embed services in the communities with the greatest need and where these services would have the greatest impact
- Need to gather information from other partners and funders
- Looking at other cities and models to create successful programs
- Delivering mental health counseling in a variety of ways
- Importance of physical activity and nutrition for behavioral health
- Need more minority voices in the process to build bridges and trust
- Reconciliation and restoration
- Looking at our marketing and messaging to reach impacted populations more successfully
- Prevention
- Large scale continued education on trauma, conflict resolution, cultural competence, empathy, social determinants of health, and the need for a community wide call to action
- Build expectations for trauma informed care in the RFP proposals
- Seamless entry into care
- How can there be mentors that can work with criminal justice in an embedded way
- Psychiatric services
- Large number of inmates released without immediate access to service or medication
- Need for self-care for everyone on the front line.

Members Ranked the top services needed:

- Crisis
- Psychiatry
- Counseling
- Youth Services (Embedded School Project)

HE shared that the meeting gave people the chance to vent and share. They are meeting on June 24, 2020 to distill the information further and develop recommendations for the BOH's July meeting. They are looking at new areas that were raised and at some of the long-term funding. Long, emotional meeting. Intent was to have recommendations for the BOH tonight. Meeting on June 24 and try to distill the other info. Make recommendations for the July meeting. Is there a new approach that should be considered? How much money are we allocating for mental health? They are looking at the new programs coming on through sales tax money. How is that impacting service delivery?

C. County Board

Susan Schafer (SS) shared that Health Committee was uneventful.

D. Behavioral Health Policy and Funding Committee

Comments were made regarding this under item B.

6. Health Department Administrator's Report

Jessica McKnight (JM) shared that the contract tracing grant has been submitted. The full amount has been requested. The proposed work plan is in the packet.

Robert Kohlhase (RK) stated that he knows that we have six experience contact tracers already. He asked about our previous experience in contact tracing. What does this do for our County when we get past our initial needs with COVID-19? Does it help us prepare for the future?

JM stated that part of ramping up is finding internal staff we can get trained now until we get the additional grant staff trainees. We were looking at having some of our staff trained before we even knew that hiring additional staff was an option. Having our own staff trained could be a benefit for us if we need them in the future post COVID-19.

Tammy Brooks (TB) commented that contact tracing is a platform that the Communicable Disease staff use all the time in tracking communicable disease.

HE asked how long the contact tracing would be available. She noted that there are also postings for a supervisor and for an epidemiologist. Looking at a contract epidemiologist and supervisor. She noted that the HD has wanted an epidemiologist for a long time. Would this person be a full-time employee?

JM noted that the would be a full-time contract employee with benefits. COVID has shown us the importance of this type of data. Some of the contract tracers will also be full-time contracted employees with benefits. Those coming out of this grant would be contract for a specific period.

HE asked, if in terms of the epidemiologist, is this the beginning of bringing someone on more permanently.

JM stated that we are looking to see if it would be sustainable past the grant. COVID has shown the importance of this type of data.

Judy Buchanan (JB) inquired about the number of testing sites.

JM shared that we have the Community Based Testing Site at the Interstate Center, Walmart in Normal will be having a site, and private physicians can test. In our most recent conversation, Chestnut is on target for early July. They are working to develop the ability to have a mobile testing site in rural locations. All confirmed cases of COVID-19 results are sent to the HD for contact tracing.

SS asked if the number of complaints have increased or decreased as things have opened more.

JM shared that there has been an uptick in complaints about pools and retail.

Tom Anderson (TA) shared that in the last week complaints have predominantly related to pools. For

part of that time IDPH had people going and saying that they should not be opened. On Friday evening, DPH released guidelines that allowed for pools to be open in Phase 3. Pools can now be open for lap swimming and diving and swim team practices. Social distances still need to be maintained.

A nationwide chain announced they were opening for dine in. Some complaints regarding this have been received.

Staff have been working on updating process and procedures every day. Staff are now being asked to go back to inspecting restaurants. Different things need to be kept in mind with outside dining.

HE encouraged the resumption of restaurant inspections as quickly as possible – especially if establishments are flaunting things.

CT clarified that the first response is giving an establishment information and the opportunity to comply.

Members discussed that the City of Bloomington (COB) and the towns have different enforcement mechanisms. Things can be referred to them, but typically, if compliance cannot be achieved, the case is referred to the Attorney General.

7. Informational Items

A. Discussion of Social Determinants of Health

JB shared that she was looking at the American Public Health Association site. An article caught her attention: Creating the Healthiest Nation: Advancing Health Equity. CP asked her to read from part of the article. The American Public Health Association's mission is to improve the health of the public and achieve equity in health status for all Americans. To achieve health equity, obstacles to health must be removed: poverty, racism, recognition and respect for different cultures and language, discrimination, and/or consequences such as powerlessness and lack of access to quality education. Failing to make progress harms us all. The United States ranks 43rd on the indicator of average life expectancy at birth. In order for the US to become the healthiest nation, we must advance equity. Inequity is the uneven distribution of social and economic resources. Inequities often stem from structural racism or the historical disenfranchisement and discrimination of particularly marginalized groups – including racial and ethnic minorities. Health disparities contribute to high economic costs across the United States annually. The average cost of health disparities includes medical costs related to preventable chronic diseases and the over utilization of healthcare resources. It also impacts employment potential and workplace efficiency. Health disparities result in the loss of productivity every year. For us in order to advance health equity, public health must work with other sectors as partners in collaboration to address the social determinants of health. Social determinants of health refer to those non-medical factors such as employment, income, housing, transportation, childcare, education, discrimination and the quality of places where people live, work, learn, and play.

The disparities and inequities are part of our mission and we have the responsibility to work with others to decrease these.

CT stated that the Health Department has a huge opportunity to be part of the community that is part of the solution. The quality of the housing, air, food stores, playgrounds, parks, social integration, and access to health care make a huge difference in health outcomes. These change mortality, morbidity, life expectancies, and quality of life. The playing field needs to be leveled to insure fairness and equity for all. People of color need us as an ally.

HE shared that COVID has shown what happens when people have less access to healthcare.

RK noted that the microscope is on everything right now. It is the responsibility of the Board of Health to raise the bar in implementation of services and reduction of disparities.

The need to understand what is going on in the community was reiterated. Partnerships and collaborations need to be developed and enhanced.

Sonja Reece (SR) underlined the need for partnerships to act together. She voiced the concern that when this is over, we will see an increase in eviction and a wave of people looking for housing and help.

CT suggested that giving people a roadmap to work from would be helpful. Groups need to define doable steps that anyone can take to help solve these problems. At a larger level, the community needs to understand how trauma impacts health outcomes.

HE noted that she had not seen the annual report. She would like to see the demographics of the populations we serve and who we are reaching and not reaching.

TB replied that the Annual Report is usually to the Board of Health in March or April. This year, with COVID-19, it is later. It will primarily be financial information.

JB suggested that it is important to have the various segments of the population join for a conversation.

B. Agreement for COVID-19 Pandemic Laboratory Services-Redditus Laboratories

The agreement with Redditus Laboratories is for processing COVID-19 tests. The tests costs approximately \$120 test. The estimated number of tests is 8,000. This service would be for a testing site run by the Health Department. The Health Department is looking at having a walk-up or drive through site staffed by the Health Department and the Medical Reserve Corp. Money for a mobile unit was also written into the grant. What we are able to do, hinges on what is approved in our application.

8. Action Items

A. Approval of Contract Amendment for John M. Scott Commission for dental services

Motion by Ginzburg/Ginnetti for approval of a contract amendment for the John M. Scott Commission for the provision of dental services.

Motion carried.

Members thanked JM and staff for the way they have stepped up during the pandemic.

9. Adjournment

Motion by Buchanan/Kohlhase to adjourn.

Motion carried.

Adjourned at 6:42 PM