

Ingham County Board of Health (BOH)
Ingham County Health Department (ICHD) – Conference Room C
Tuesday, February 4, 2020

Minutes

ACTION ITEMS FOR FEBRUARY:

In attendance for meeting: Jan Bidwell, Denise Chrysler, Nickell Dixon, Dilhara Muthukuda, Garry Rowe, Abby Schwartz, Derrell Slaughter, Lynne Stauff

The meeting was called to order at 12:05pm by Board Chair Lynne Stauff.

January Minutes- Approved

Additions to Agenda: None

Limited Public Comment: None

Announcements:

1. Introductions/Opening Comments - Lynne

- Lynne announced the article in the Lansing State Journal that featured Jan and her work with the Lansing Police.
- Lynne reminded everyone to RSVP for the BOH meetings
- Lynne stated that every other month the meeting will be focused on workgroups
- Lynne asked if the Board of Health would like to reinstate lunch, discussion. The lunch was approved with the understanding that there would still be funds for professional development. It was noted that lunches should be cost effective.
- Lynne announced that the November meeting falls on election day, and asked if people would agree to cancel, it was decided that the November, 2020 meeting would be canceled.

2. NALBOH Abstract Update - Lynne

Lynne announced that the BOH's abstract for NALBOH was accepted. They will be talking about being an advisory Board of Health. Lynne stated that Renee Canady will be the keynote speaker noting that Renee is currently the CEO for the Michigan Public Health Institute (MPHI) and speaks all across the nation. Lynne also announced that she will be traveling to Washington D.C. at the end of February to learn how to advocate for Public Health in partnership with NACCHO. Denise asked if there is a name for the initiative. Lynne explained that NALBOH has been participating for a couple of years and that participation allows them to be more in partnership and to share resources. Lynne further stated that NACCHO is in charge of organizing this effort. Derrell asked if the BOH needed to do anything more with the NALBOH abstract. Lynne stated that Molly

needed the BOH's support. It was also announced that Peter Jacobson of Washtenaw county, and Barry Eaton District Health Department will also be participating.

3. Next Steps for Health in All Policies - Derrell

Derrell thanked everyone who spoke in support of Health in All Policies (HiAP). He stated that it meant a lot to the commissioners and they are committed to making HiAP happen. Lynne explained that she had spoken to Debbie about HiAP and it is Health Equity and Health in All Policies. The Health Department Staff has a team along with the Controller and Human Resources and together they are working on a plan to operationalize HiAP for the entire County. Garry inquired if Lynne meant all County Offices and County Departments. Lynne confirmed that it is the entire County. Derrell stated that he does not expect major pushback from departments on implementing the new policy. Derrell further stated that ICHD and the Controller want to have a plan to operationalize HiAP by May.

Lynne stated that she volunteered to help with the HiAP initiative in any way she can. Derrell stated that this could be a legacy in the same vein as the smoking ban. Derrell further stated that there was a decision to add language to include the Equal Opportunity Committee (EOC) at Commissioner Sebolt's request as the EOC handles equal opportunity issues across the County. Denise mentioned that she is on the Public Health Advisory Council with the State of Michigan and they are also looking at implementing HiAP at the State Level. She further announced that Kent County will be presenting regarding their process at one of their upcoming meetings. Lynne stated that Ingham County had also spoken to Kent County and they plan on using their model to help operationalize HiAP in Ingham County. Derrell stated that Ingham County is looking to provide training for how to include HiAP in the resolution process. He further stated that he hopes Ingham County staff will take that section of the resolution seriously and really consider how their resolution effects HiAP and Equity. Denise stated that she felt that the resolution had a different flavor to it and that there needs to be health and equity in all policies. Lynne noted that this is going to be a complicated process. Derrell stated that it might be nice to touch base with the Board of Commissioner chair in terms of how they will be working on this. Abby asked that Derrell tell the BOC that the BOH would be happy to help with any questions.

4. Work Group Update- BOH

Lynne stated that the BOH held their retreat in December they had decided on things that they wanted to work on in 2020 and out of those goals workgroups were created; 1. Operational workgroup, 2. Board of Commissioners Communication workgroup, and 3. Community relationship workgroup. Each group was tasked with choosing one goal to work on for 2020. Lynne explained that every other meeting would be used to update other BOH members on what their workgroups have been working on. Lynne asked if the workgroups could provide updates regarding:

1. If the workgroup had met
2. What is the one objective that had been chosen to work on for the year

Lynne asked for a report out from each of the groups on what has happened since December.

Denise gave an update on the Operations Work Group stating they needed to discuss if they were going to work on changing the BOH meeting times and the length of the meetings. She further noted that one of the challenges was that Linda Vail was unable to attend BOH meetings due to conflict with another meeting that was also scheduled for the first Tuesday of the month. Lynne explained that Linda should be attending BOH meetings again as the conflicting meeting's time had been changed. Denise stated that Linda being able to attend the meetings may change whether or not that goal was as much of a priority, but noted that the question still remained on whether or not a change would be positive for current board members. Denise asked the BOH members if the noon meeting time was

acceptable and if the length of the meetings were acceptable. Lynne clarified that the Operational work-group had not yet met and asked that they meet soon to decide on a recommendation to the BOH. Garry stated that extending the time had been one option that was proposed. Denise explained that there was a question if the meeting should be longer than one hour. Lynne stated that many people had felt that the hour goes by extremely quickly, but that next steps should be decided within the work group. Garry stated that a sanitary review can be up to 3 hours.

Board of Commissioners Communication, Derrell explained that the group shared some emails and held a phone call. Jan stated that they wanted to meet with the commissioners more often and that BOH members needed to be present at more BOC meetings and let the commissioners know that the BOH is there and they are listening. Garry noted that they had discussed which of the committees they would try to attend, further noting that Derrell had suggested the Human Services Committee. Derrell explained that the Human Services Committee made the most sense from a policy stand point and that County Services was more involved with the function of County staff, County structure, and County Organization. Human Services is where most the health issues tend to fall. Lynne would like Jan to go back through the email and discuss which topic they would like to focus on and which direction the group will be going. Jan stated that she would also be attending Law and Courts because she sees a gap between what's happening with law enforcement and health, noting that a lot of elder citizens are not receiving services because there are not services for them, especially addiction services and mental health services.

Community Relations work group, Dilhara shared that they would be choosing a date to meet soon.

5. BOH Priority Open Discussion (Behavioral Health and Mental Health Access)

Last June the Board of Health voted to adopt Behavioral Health and Mental Health access as their priority. Lynne explained that behavioral health is not a funded activity for ICHD but that the BOH can work on whatever they see as a priority. Lynne asked if the BOH wanted to brainstorm what they can do around the issue of Behavioral and Mental Health. Denise explained that the Michigan Public Health code makes it very clear that this is not public health. She further explained that Behavioral and Mental Health were a part of the compromises made in 1978 to help pass the Public Health Code. It was decided at the time that those responsibilities needed to be divided. Denise further noted that Substance Abuse followed the same path where it was originally public health but during the process of the compromise it was determined that it would be Community Mental Health's responsibility. Denise stated that even though public health no longer provides those services, behavioral health is their responsibility as it applies to larger population issues. Denise further stated that public health can coordinate and look at the large population issues but not the service delivery issues.

Derrell noted that ICHD hires people from CMH to be in the Jail and the Community Health Centers. Lynne stated that those services are not housed under population health which is where the BOH's responsibility falls. Garry stated that there are private agencies that deal with mental health issues. Garry further explained that one of the things they weren't aware of is what other groups provide therapy services. Garry noted that when they had first started discussing the priority of behavioral health they were going to look into who these other agencies are. Jan stated that there are numerous private practice clinics. Garry asked if private groups are part of what the BOH should be looking at for research. Derrell suggested mapping out all of the available mental health services in Ingham County. Nickell stated that she felt that a mental health epidemiologist would have already mapped that information.

Lynne asked if the BOH wanted a presentation to start things off. Derrell asked who would give the presentation. Lynne stated that it could be given by CMH. Derrell noted that Sarah Lurie from CMH presented at a BOH meeting two years ago. Jan asked about having a presentation from someone other than CMH. Jan stated that

she refers people to other places because of how busy CMH is. Derrell asked if there was an umbrella organization or association for these services. Jan stated that there is the AMA and APA and the NASW, further explaining that the organizations that license people have a list of the people they license. Jan stated that she wasn't sure if these agencies would release the name of licensees. Nickell stated that there is SAMHSA and other government licensing agencies. Dilhara noted that there should already be maps with this data. Dilhara further stated that she would like to explore the silos between ICHD and CMH and the mental health landscape in general. Dilhara stated that she would like to see the BOH help strengthen the link between the two because if people are coming in for face to face services it is a great time to get people into the system, whether mental and behavioral health services are being delivered at ICHD or elsewhere.

Jan stated that she sees people being mentally ill who are profoundly ill, especially the homeless, which die at ten times the rate because they are unsheltered. Abby stated that she had been thinking about a list of referrals and she felt that CMH already has that list. Abby explained that she felt that the BOH should take the public health view and not talk about the 1:1 but focus should be placed on creating a system that helps prevent and cares for people who have mental health issues or substance abuse issues. What she would like to look at is making the link between mental health issues and physical issues. Abby further stated that CMH was working on placing people in health clinics so that people can do one stop shopping. She further explained that the BOH could look at one stop shopping but not who gets that service and who provides that service but how can we improve the system and make it work better. Abby stated that she had a friend that worked at CMH and they were in charge of a unit that was placing CMH staff in public health centers. Abby noted that she wasn't sure if they were still doing it.

Nickell stated that it was discussed at the retreat about taking a step back and exploring what public health is already doing and where the BOH goes in that space. Nickell noted that they spent a lot of time talking about mental health and substance abuse and stated that there are numerous grants for that. Nickell explained that there is a difference between mental health and behavioral health and when Debbie was at the meeting they talked about the ACE survey to track any past traumas they had so that they can be linked to different services. She felt that as a BOH that was something that they could do and a tangible action item as opposed to substance abuse. Nickell explained that she is a grant reviewer for SAMHSA and it is all over the place as to where they are going, they are trying to combine lots of health issues. Nickell explained that she felt that it would be better for the BOH to tackle something more tangible and also use the Health Departments epidemiologist to pull data for the BOH so that there is data to back the actions they are going to take.

Lynne stated that they can do whatever they choose as long as it does not require a lot of staff resources. Whatever the BOH decides and if it's self-sufficient they can go for it. Denise explained that NACCHO created a jelly bean diagram, it includes governmental public health, mental health, law enforcement etc. Denise further explained that it all ties into Public Health 3.0 and the health officer is viewed as the chief strategy officer for health throughout the community. This means incorporating HiAP and addressing disparities and social inequity. Approaching homelessness and substance use and public health in the jail. Denise stated that she will share the jelly bean chart with the BOH. She explained that when it comes to perpetuating silos we do big picture health planning around populations. The jelly bean chart helps determine who each piece belongs to. The health officer is a strategist for the community. Denise commented on a point that Abby made about ICHD having a federally qualified health centers and Denise thought that there was a mental health presence there. Denise explained the Stepping Up initiative which is an initiative to keep mentally ill out of jail.

Lynne asked for any ideas of how to work on this and bridge the divide between mental health and physical health. Denise stated that she could provide a three minute presentation about public health 3.0 and the jelly bean chart as part of the big picture on the entire public health system. Lynne confirmed that they could do that presentation in March. Denise further explained that the BOH may be looking at broader initiatives, they may be looking at the mental health aspect of the initiative that ICHD already leads and that Linda is the chief strategist and that is the Opioid Abuse Prevention Initiative and there are a lot of things that people in the jail connect to. She explained that all of these pieces are all interconnected. Derrell asked Denise about the Stepping Up Initiative and whether it was a grant or a policy framework. Denise stated that she just spoke to a program in

Pennsylvania and they have grant money. Denise further noted that Law enforcement is heavily involved in the initiative. Denise stated that she would share the link from the National Association of Counties.

Derrell stated that the Governor had a Michigan Pretrial incarceration task force and one of the recommendations is about mental health and trying to keep people in a bed instead of jail. Jan stated that she feels that it is very important the BOH look beyond government provided mental health services noting that several private providers accept Medicaid and the County and the State do not have the resources to handle all of the mental health and substance use services. Lynne stated that she wants to make sure that they don't move out of what they can control and what is feasible and realistic for the BOH. Noting that there will be limited staff resources and that the BOH members are volunteering their time.

Jan stated that if they are focusing on ACES which is trauma informed care and focusing on the action they want to take on that they can include private practice providers in either giving them information and stats and doing training and being trained. Lynne asked who was going to put it together. Jan stated that it is critical that they go beyond public provided services. Lynne asked who was going to provide the trainings. Jan stated that the private practitioners provide trainings. Dilhara stated that she felt Nickell and her had similar thoughts regarding that 1:1 link. Dilhara explained that they are not trying to do an ACES screening at private practices, but having the Health Department administer those surveys or assessments. Abby stated that the BOH can't require other people do that, however, they can advocate for a change in the law or regulations. Abby further noted that the BOH can ask ICHD to include ACES.

Dilhara noted that the priority was access, there are a lot of issues with access to those services but in the BOH's sphere of control they could focus on linking people to those open doors. Dilhara further explained that there is a lot policy-wise that is beyond the BOH's purview and control.

Derrell stated that it would be helpful to identify service delivery points and find which delivery points make sense for incorporating the ACES survey while providers and staff are interacting with people. Derrell said that obviously ICHD is one area but that he was unsure if there were other parts of the county where this could be implemented as well. Lynne stated that she thought that was CMH or FQHC's realm. Derrell said that is how you start bridging the gap. Derrell stated that CMH is embedded in the FQHC's. Garry suggested someone contact CMH for a presentation. Dilhara asked if they can start in-house at the county, gather information what ICHD does and then go to CMH. Open discussion. Dilhara stated that there is a large group at the State working on trauma who are experts but she is not sure that issuing ACES would be evidence based. She further explained that sometimes ACES reintroduces trauma. She noted that the group at the State had data for population health and they are able to use the GIS system to look at maps where ACES scores are the highest and overlay where mental health services are available which allows them to identify gaps in services.

Jan asked that people send her agencies that the LPD can use to warn the public about a person taking advantage of the mentally ill or elderly.

Meeting adjourned 1:01 pm

Next Board of Health Meeting: 12:00 pm on Tuesday, March 3, 2020 in Conference Room C at the Ingham County Health Department, located at 5303 S. Cedar Street in Lansing.