Ingham County Board of Health (BOH)
Ingham County Health Department (ICHD) – Conference Room C
Tuesday, March 3, 2020

Minutes

ACTION ITEMS FOR MARCH:

In attendance for meeting: Jan Bidwell, Denise Chrysler ,Dilhara Muthukuda, Molly Poleverento, Nino Rodriquez Garry Rowe, Abby Schwartz, Derrell Slaughter, Lynne Stauff (phone), Matt Wojack, Alexander Woods

The meeting was called to order at 12:03pm by Vice Chair, Jan Bidwell.

February Minutes- Approved

Additions to Agenda: None

Limited Public Comment: Norma Bauer

Norma asked how much Ingham County Health Department (ICHD) is spending on mental health conditions and that suggested that resilience would help patients. Norma highlighted a free Thai Chi class offered by McLaren noting that there is also a cardio drumming class. Norma stated that the focus needs to be on prevention.

Abby noted that there is a free Thai Chi class in the park sponsored by Allen Neighborhood Center.

Announcements:

Nino announced that he was in front of the Michigan Legislature working on creating more school health clinics. He shared that there are many clinics across the state but that more are needed.

Garry shared that the Ground Water Survey was presented at UofM at the Borchardt Conference and Shuyang Wanga presented with Garry. Garry announced that there should be a complete report for the entire county this time next year.

Nino asked to have a dialogue about COVID-19.

Derrell commented on all of the work that Garry has been doing and they are looking to have Garry give a presentation at the Tri County Development Board.

1. **Introductions/Opening Comments – Jan**

   Jan welcomed everyone to the meeting.

2. **Public Health 3.0- Denise**

Denise shared the definition of Public Health emphasizing the need to create a system where everyone is healthy. Denise explained that often that means that we look at the process and systems. Denise stated that we now have evidence that our zip code means as much as our genetic code and that needs to be considered at when looking at health.

Public Health 3.0 talks about the public health official being the chief strategist. Dense shared that an example of this is Linda serving as the chief strategist for opioid overdose. Ingham County has an opioid coalition that brings together several different organizations to work as a community for surveillance, reviewing data, and implementing interventions.

Denise shared that the Public Health 3.0 jelly bean diagram originates from NACCHO. Denise noted that public health isn't just about governmental public health but it also involves businesses. Denise explained that there are people that do not have access to sick leave. Denise stated that the State blocked a bill that would have required businesses to offer sick leave noting that this is a Health in All Policy (HIAP) problem. The health impact period is included in Public Health 3.0 and attention needs to be given to education, poverty, and housing if we want to make an impact. Denise explained that a lot of emergency departments provide housing first and deal with the other issues later.

Denise looked for comments and questions: Garry asked about the jelly bean diagram and if they were all directly connected to public health or if they can be connected through another connection. Molly stated that when it was created they wanted to explore the entire network and an understanding that every community would connect in a different way. Jan asked if our emergency departments are looking at housing first. Molly noted that Sparrow is looking at doing more around the social determinants of health and trying to make warmer hand off to other services. They are trying to figure out what that process looks like.

Jan stated that people are being released without anywhere to go. Denise stated that there are emergency departments across the country that are looking at providing those services.

3. Collaboration between ICHD and CMH

Matt Wojack stated that Linda Vail has worked with CMH to strengthen the relationship with behavioral health within public health.

Matt explained that they had chosen a model that wraps behavioral health into primary care. Matt shared that the Affordable Care Act allowed people to have access to services that they didn't have access to before. This change promotes integrated care.

Matt explained that historically we used a payment system based on how many people a provider sees. The newer system requires providers to have relationships and partner with patients. Matt explained that paper has never led to behavior change. Change is dependent upon motivation to change and how people use that motivation to get healthier.

Matt stated that every health condition has a behavioral health component. The research states that 70% of PCP visits are due to behavioral health. Matt pointed out that many statistics demonstrate this fact. Most of the prescriptions and mental health care is provided through primary care.

Derrell asked about the separation between mental health and behavioral health and if the two are coming together. Matt stated that the Affordable Care Act is doing a great job helping people.

Denise stated that when the public health code was passed there was a real concern about mental health because public health's powers were so broad. The law was changed to move substance abuse to behavioral health.

Molly stated that mental health care was treated very differently than physical care and people found loopholes by visiting their primary care provider.

Matt shared that there is a link between our emotional experiences and health outcomes. 10% of the people with High BH Hi PH issues use most of the health care dollars. People with severe mental disease die 20 years earlier than their peers.

Matt explained CMH and ICHD's method for coordinating care noting that the two organizations have opted for the highest level of integration. ICHD and CMH behavioral health starts at primary care level.

Matt stated that there is always the question of capacity. Matt explained that therapy is always available but there are hurdles to getting people into therapy. This method is about expanding what resources are available. Matt explained that when they refer patients to therapy, less than 50% make it there, and an even smaller amount of people will interact with the therapist. There is also a 45% no show rate. It makes it hard to staff someone in the clinic when people no-show 45% of the time. Finding therapists in the labor market is extremely hard and it would be impossible to fill the positions. Integrating behavioral health into primary care allows for a different model to provide support.

Dilhara asked if the integration of behavioral health into primary care would help with the shortage. Matt stated that it allows more people to access care and helps distribute resources. Garry asked how you fill the shortage. Matt stated that the field has not been built up and does not receive sufficient funding.

Nino stated that psychology is a difficult career. Behavioral health consultants are there to help people find the motivation to make changes in their lives.

Matt explained that when people are being treated in Federally Qualified Health Centers (FQHCs) they are probably not going to be seeking out additional therapies.

Alexander asked if there is a survey that patients take after the meeting to determine if they are going to return. Matt explained that they implemented screening from SAMSHA to identify mental health and substance abuse to connect people to services. In terms of follow up it's more prescriptive. Matt further explained that once a year there is a patient satisfaction survey provided to track how people feel about the behavioral health services provided. The behavioral consultant helps the primary care physician and the patient. Primary care behavioral health is being implemented nationally. Matt explained that the behavioral health consultant is part of the team. Matt explained that people should be working at the top of their license, doctors should be doing medicine and behavioral health specialists should be doing mental health. Matt explained that they call them Behavioral Health Consultants because of the stigmas surrounding social worker and therapist labels. Matt stated that this term is used nationally. Matt explained staffing of the FQHCs

4. Board of Commissioner Update- Derrell

Derrell shared that the Community Health Center Staff boards and providers came to talk about compensation for providers. They are looking to increase the pay scale to help with retention. Jared Cypher, Interim Deputy Controller, Deputy Controller will look at raising those salaries. The millage will be voted on March 10th.

Meeting adjourned 1:01 pm

Next Board of Health Meeting: 12:00 pm on Tuesday, April 7, 2020 in Conference Room C at the Ingham County Health Department, located at 5303 S. Cedar Street in Lansing.