



The McLean County Board of Health
Wednesday, February 8, 2023, at 5:30 p.m.
McLean County Health Department, Room 324
200 W. Front Street
Bloomington Illinois 61701
IN-PERSON

1. Call to Order: 5:30

2. Roll Call:

Members Present: David Selzer, Gustavo Galue, Susan Schafer, Cory Tello, Dameron Beverly, Robert Kohlhase, Sonja Reece, Scott Hume, Liza Yambay

Members Absent: Carla Pohl, Hannah Eisner

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

A New Board of Health (BOH) member, Gustavo Galue (GG), introduced himself. Scott Hume (SH) invited other BOH members to introduce themselves. Staff also introduced themselves.

3. Public Participation: None

4. Approve Minutes: January 11, 2023, Regular Meeting

Motion by Selzer/Reece to approve the minutes of the January 11, 2023, Regular Meeting.

Schafer abstained.

Motion carried.

5. Consent Agenda

A. Bills to be Paid

		January 2023
Dental Sealant	0102	\$19,293.82
WIC	0103	\$5,750.61

Preventive Health Program	0105	\$183.11
Family Case Management	0106	\$10,860.51
AIDS/COMM Disease Control	0107	\$12,303.07
Health Department	0112	\$118,361.08
Total		\$166,752.20

Motion by Tello/Reece for approval of the consent agenda.
Motion carried.

6. Informational Items

A. McLean County Compensation Plan

Jessica McKnight (JM) gave a brief overview of the County's compensation plan and what it meant for the Health Department. All County employees were asked to complete a job assessment tool looking at their job descriptions and essential functions. That was used to give them a classification. The new system has job grades classified from 2 to 22. The Health Department has job grades classified from 3 to 19.

The previous plan that the County had used a step system. The minimum step was one, and the maximum step was 101. There was a .05% increase between each step. The new system doesn't have steps. Each job grade has a minimum salary and a maximum salary. It considers a career of over 30 years. It assumes employees receive a 1.8% increase each year. Each classification is broken into quartiles. Employees receive merit increases based on the annual performance evaluation. The merit increase depends on where an employee is in their quartile and their evaluation score.

Examining where staff were in the previous system and where they are in the new system, a hybrid adjustment was given over two years. It is a hybrid in that staff were given 100%-time credit for time in their current positions and 50% time credit for how long they have been with the County. The average adjustment was 7%. For the Health Department, all the employees saw a salary adjustment. The starting salary increase for positions was a 6.4 % average increase.

Salary range maximums increased for all our positions. This benefits people close to their maximum as it allows for more growth.

This is a two-year implementation. Only the first year has been completed. Staff appreciated that the study was done and that recommendations were followed. They also appreciated that no positions were cut. There was some negative feedback and questions and concerns. Some individuals are unhappy with the amount they received or are now at the minimum of their positions' new starting salary. More than anything, there have been questions and confusion. There are no easy answers. This is a complex study and plan. We are still working on getting answers. Staff with questions or concerns have been encouraged to speak with their supervisors, Division Directors, or JM. We will continue to seek answers to questions.

David Selzer (DS) asked what the total dollar impact of the implementation was and if grant-funded positions are impacted in the same way.

JM stated that all staff saw an increase regardless of grant funding. The total cost for the Health Department was \$216,000 for salary and benefits in the first year.

Cory Tello (CT) clarified that the system considered the length of time people have been with the County. She brought up the concern of compression.

JM shared that Division Directors are aware of the need to prevent compression. In hiring, where other staff are in the pay scale will be considered. Staff are eligible for merit in 2023. If they received an adjustment in 2023, they will receive the second half in 2024.

Sonja Reece (SR) asked if salary surveys were done in the community.

JM shared that Evergreen, the organization which completed the study, looked at comparable government entities to make recommendations.

SS noted that Evergreen presented the study at the October 2022 Finance Committee meeting. This may be viewed on YouTube.

CT asked if there were positions JM thought were improperly classified.

JM didn't think there were red flags. If a position is incorrectly classified, departments have the same option to work to have them reclassified.

CT asked if there was the same leeway for filling hard-to-fill positions.

JM stated that the term "impacted position: is gone. While the new plan allows for adjustments, we shouldn't have to adjust salaries if we are at market value.

B. COVID-19 Data Reporting

JM shared that the department is considering changing how COVID data is reported. She handed out a document to illustrate the changes (attached at the end of these minutes). The current reporting is exceptionally time-consuming and, after almost four years, doesn't give a good sense of what is happening now. (On the handout, the top is what is currently used. The bottom is what is proposed.)

JM explained that our data comes from the CDC. The department would move to report as is shown at the bottom of the handout. Links to CDC information could be used if the public wanted more information. The plan is to ease into it over the next couple of weeks and move to the new format in March. It will help focus on what to do when the community level is low, medium, or high.

SR replied that those are the key things people want to know. However, she also noted that she wants to see the age breakdown. It helps her with conversations with people. She uses the data to explain that everyone, not just older adults, gets COVID-19.

SS stated that she likes the new version – especially if it is less work. She noted that COVID-19 is now like the flu. It is going to be with us. SS asked if the information to provide was state-mandated.

JM explained that it is not mandated. It is more for the public. When she looks at information regarding COVID-19, she looks at transmission levels and how it impacts the healthcare community. She bases decisions on that information.

JM noted that if red flags appear, different messaging can be provided. How to inform the media and public about the change is being addressed. It may be a significant change for the press if they rely on the information for a story.

Liza Yambay (LY) noted that the new presentation could be helpful for the public. Too much data can confuse people. Links on where to read more can assist those who want more information.

DS stated that the public needs clarification. The positivity rate is 14%, but the community transmission level is low, and when entering a hospital, a mask is still required. He stated that he wants to look at a number or picture that is green, yellow, or red and understand.

To assist comprehension, LY suggested consistent data matching in green, yellow, and red.

Marianne Manko (MM) stated that some data will not be available after May 11, 2023. After this date, providers will no longer be required to report negative tests.

GG agreed with making it simple. He noted that knowing the trend over the past few weeks might be helpful.

DS shared that he has found the sewage testing information the most helpful. He agreed that the information at the bottom is what the public wants.

Tammy Brooks (TB) shared that the bottom graphic follows what other health departments are moving towards. She noted that the large amount of data that had been provided had come from the demands of the public.

CT stated that the hybrid model as a transition is wise.

C. Behavioral Health Contract Process and Funding Timeline

JM directed members to the documents in the packet showing the timeline breakdown.

CT shared that the Behavioral Health Policy and Funding Committee had laid out a calendar for the funding process. They moved the process earlier in the year because of the time constraints associated with the County Budget Process. The County process locks out the department head in June. Moving the process earlier will allow changes to be made before the County deadline.

CT noted there are quarterly meetings with the Mental Health Advisory Board (MHAB). They will ask MHAB members for their thoughts on the proposed funding calendar.

CT reported that an RFP is in development for \$65,000. A rough contract has been developed. They did not want to put too many strictures on the funds. Agencies may have ideas on how that money could be used. The money would be used for a program from July through December. They need to work on how to market the RFP.

The committee wants the \$65,000 RFP to be a one-time funding occurrence.

7. Committee Reports

A. Behavioral Health Coordinating Council

SR reported that the next meeting is in March.

B. Mental Health Advisory Board (MHAB)

CT reported that the next meeting is February 16, 2023/

C. County Board

SS reported that tomorrow's Health Committee meeting is at the Nursing Home. There will be a tour at 3:30 and then the regular session.

D. Behavioral Health Policy and Funding Committee (BHPFC)

8. Health Department Administrator's Report

A. General Report

JM related that her report included projects for consideration in 2023 and 2024. This allows for both short and long-range plans. If needed, budget amendments can be made for this year.

JM mentioned the proposal to do window wrap for the entire first floor. Currently, they are only in the WIC area.

SS cautioned that when the WIC window wraps were put up, they did not go over well. There is a policy of not advertising on County buildings.

Robert Kohlhasse (RK) stated that they are excellent communication tools. It is good to know about the policy. However, he believes it is a great idea. How the idea is broached may help, or there may be another idea that can make a positive impact.

Members discussed the outdoor sign. It has been discussed for years and has yet to be addressed. An electronic sign was proposed. It could give information and advertise special programs.

SR liked the window wraps. It reinforces that the HD lives here.

Members agreed with the need to promote what the HD does. The HD was more visible during COVID. It is important to let the public know we are here to provide services outside COVID.

DS shared that there are 39 electronic signs around town. Businesses with those signs could be contacted if there are special programs or issues to bring to the public's notice.

CT noted the health awareness pieces in the packet. She suggested that more money might be given to Health Promotions for campaigns.

JM said it is essential to have a plan for it. Two that we know about are Mental Health Awareness and Flu Shots.

SS asked if the outfitting for the van was budgeted.

JM stated that it wasn't in the document. Those needs will include items like storage and licensing. An RFP for the van opens tomorrow. It is being purchased with American Rescue Plan funds and will enable the HD to do mobile health services.

SH asked for clarification from Tom Anderson's report regarding John Hendershot's collaboration with the water authority.

Tom Anderson (TA) explained that water authorities have the authority to approve wells. Households, small businesses, and agricultural ventures are exempt from water authority oversight. Water authority oversight kicks in if 100,000 gallons a day will be pumped. In this situation, a wind turbine project drilled a well. Someone assumed that it was over 100,000 gallons a day. However, Environmental Health did its homework and found that it needed to meet the 100,000-gallon threshold.

9. Action Items

A. Approval of the Amendment to Chapters 216 and Section 205 of the McLean County Code

Motion by Schafer/Reece to approve the Amendment to Chapters 216 and Section 34 of the McLean County Code.
Motion carried.

RK asked what this change would protect or improve.

TA explained that it is an attempt by the Illinois Stewardship Alliance to incubate small farms. It allows them to get into preparing food. Without it, we would have an extra layer of permitting.

RK asked if it was a positive for the community.

TA stated that it assists small farms and the items they can bring to market. It saves them 50% in permit fees.

SR asked about the difference in permitting eggs and meat.

TA explained that it is a difference in the complexity of the inspection. For eggs, they go from chicken to farmer, and the Department of Agriculture oversees the process. If eggs are sold at a location off of the farm, it becomes a retail sale. The health department only checks the eggs for certification and temperature control. There are different temperature standards to meet on the part of a retail sale. The permitting of meat requires verification of state and federal certification stamps, verification that processing occurs at a permitted facility, commercially prepared foods are processed in a permitted facility, and temperature control.

SH asked about baked goods that a farmer might sell.

TA explained that there is no charge. However, someone selling baked goods must register as a cottage food industry.

B. Approval of Amendment of Full-Time Equivalent Resolution for Fund 0102-0061-0062

Motion by Reece/Selzer to approve the Amendment of Full-Time Equivalent Resolution for Fund 0102-0061-0062.

Motion carried.

JM explained that this upgrades an administrative assistant position and combines it with a formerly contractual dental assistant position. It is challenging for us to fill the dental assistant position. We hope it will allow us to fill that position. It also provides career advancement within the department. This is on-the-job training that they would be able to do. It is budget neutral and has a job grade of 5. It would be called an Administrative Dental Assistant.

C. Approval of Amendment to the CY23 Combined Appropriation and Budget for Fund 0107-0062

Motion by Reece/Selzer to approve the Amendment to the CY23 Combined Appropriation and Budget for Fund 0107-0062.

Motion carried.

JM explained that some COVID grant money could be continued to be spent through June 2023. We will be using the money for alternate housing and continued COVID Testing. It adds \$269,540 to the budget.

D. Approval of the Subaward Agreement renewal with Illinois Public Health Association for the Federal Comprehensive HIV Prevention Project for Health Departments

Motion by Reece/Tello to approve the Subaward Agreement renewal with Illinois Public Health Association for the Federal Comprehensive HIV Prevention Project for Health Departments.
Motion carried.

JM shared that the renewal started on July 1, 2022. Illinois Public Health Association (IPHA) received the funds, and we are a subcontractor to provide the work in the County.

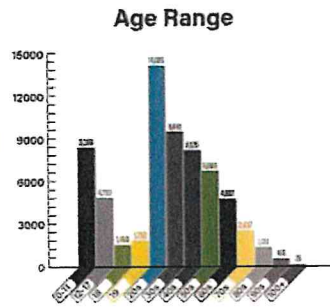
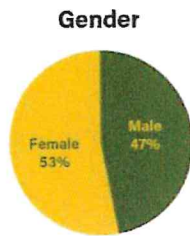
TB explained that three HIV grants are pieced together to pay for salaries.

10. Adjournment: 6:35 p.m.

Motion by Reece/Selzer to adjourn.
Motion carried.

Click image for larger version

COVID-19 in McLean County Current as of 2-3-2023

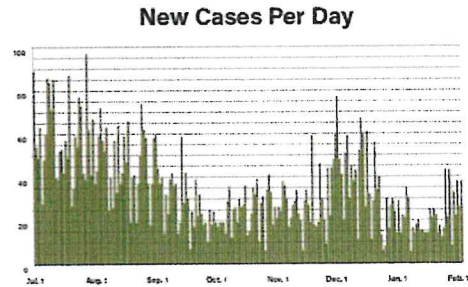


Cases By Race/Ethnicity

White	40,376
Black	6,501
Asian	1,609
Other	3,021
Unknown	11,862
Am. Indian/Alaskan Nat.	128
Nat. Hawaiian/Pac. Islander	53
Hispanic or Latinx	3,681
Non-Hispanic or Latinx	45,430
Unknown	14,439

Deaths By Age

0	0
1-10	0
11-19	0
20's	3
30's	10
40's	9
50's	26
60's	78
70's	95
80's	110
90's	82
100+	4
Total	417



COVID-19 in McLean County Current as of 12-30-2022



The provisional 7 day positivity rate is 14.4% (↑) as of 12/26/2022.

McLean County's COVID-19 Community Level is LOW



When Community Level is LOW:

- Stay up-to-date on vaccinations
- Get tested if you have symptoms

COVID-19 in McLean County for the week of 1-28-23 to 2-3-23 - New Cases (1-28-23 to 2-3-23): 115.72 per 10,000 pop.; New Hospitalizations (1-28-23 to 2-3-23): 6.2 per 10,000 pop.; New Deaths (1-28-23 to 2-3-23): 2; Cumulative Cases 60,700; Cumulative Deaths 417; The provisional 7 day positivity rate is 14.4% (↑) as of 2/1/2023. McLean County's COVID-19 Community Level is LOW; When Community Level is LOW: Stay up to date on vaccinations, Get tested if you have symptoms