

Porter County Board of Health

Tuesday August 1, 2023

Commissioners Chambers

Full Version of Minutes

In Attendance: Dr. Maria Stamp, Dr. Patrick Fleming, Jessica Jepsen, Terry Wuletich, Dr. Linda Boxum, Kathy Lemmon, Robyn Lane, Dr. Ronald Michael, Attorney Dave Hollenbeck,

Absent:

“Pledge of Allegiance”

Dr. Linda Boxum: Really quickly, we can start by approving our two minutes. Does anyone want a motion to approve the minutes?

Jessica Jepsen: “Unintelligible”

Kathy Lemmon: I don’t object, I just know from previous experience that Steve Langer’s name was spelled wrong and he testified that there are these folks and, I just thought we might want that.

Dr. Linda Boxum: And I did.

Kathy Lemmon: Okay.

Dr. Linda Boxum: Do we have a motion for the correction? All in favor? So our next meeting is tentatively set for September 5th.

Dr. Ronald Michael: May I? The day after Labor Day, people tend to take extended long weekends, longer vacations maybe, should we review the following?

Dr. Linda Boxum: I will touch back on why I don’t want to change it because when we move forward talking about something if you want to, I think you wanted to talk about funding. So, I am trying to space them all out.. “unintelligible”. Back to school has been non-stop.

Robyn Lane: So what is our budget meeting for? Is that the first of September?

Dr. Boxum: So I believe we have to turn in some sort of yes, some sort of plan into the state by the first but that can be changed daily they just need something submitted okay by percentages but it's not the funding you have to submit our confirm budget will be what we have to do. Alright, lets move to new business.

Dr. Stamp: Okay, so for the past two months now, Carrie Gschwind has been serving as our interim administrator. She has done a great job juggling a lot of issues in the past two months. Personnel wise, funding wise, legislation wise, she has given herself to be great in front of the Board of Commissioners. I would like to make a recommendation to the board to drop the

interim title from her administrator position and make a recommendation to the board to confirm her as the Porter County Health Department administrator.

Dr. Boxum: I'll entertain a motion.

Dave Hollenbeck: After we make a motion, we need to verbalize it.

Dr. Patrick Fleming: I second the motion.

Dr. Boxum: I made the motion.

Dave Hollenbeck: I'm sorry.

Dr. Boxum: All in favor, say eye.

Dave Hollenbeck: Congratulations young lady.

"Applause"

Dave Hollenbeck: "Unintelligible"

Dr. Boxum: In the past two month, it has been unusual circumstances up in the air, staff helping the Porter County Fair, I am truly impressed by what you've done.

Dave Hollenbeck: "Unintelligible"

"Laughter"

Carrie Gschwind: Is that what you mean?

"Laughter"

Carrie Gschwind: Thank you very much.

Dr. Stamp: I believe we talked about this briefly at our last meeting, but I am not positive. I have talked to a lot of people about this. The Pierce Group is a healthcare consulting group that we contacted. So, Sheila and I contacted them, and Carrie and I have had discussions with them about them performing a community needs assessment for Porter County. This would allow an outsider's perspective to come in to talk to us and many hopefully, community partners to help determine what our priorities would be and our recommendations going forward for the needs that we are seeing in public health here in Porter County. I believe that she has done work in Porter County before, the owner of the Pierce Group. The Pierce Group has done a suicide awareness and assessment, I believe through the health department, it was specifically suicide prevention and awareness assessment, that's what it was called. And that was done for the county and submitted to I believe the commissioners in May of 2022. So just over a year ago, it was completed. The commissioners and a number of councils spoke very highly of her and the work that she has done. So that's the one thing I don't have in front of me. I believe the total of the proposal was \$16,800. "Unintelligible"... And there are additional cost, travel expenses. \$6,000 up front and they invoice every 30 days. She thinks it may take 2 months to complete. We'd like to get started. Just this month already, with your approval, and with a steering committee meeting on August 9th. It is basically to find out who those community partners are, and get some kind of background, she already has quite a bit of information on the Health First Indiana funding, and what we have kind of gathered so

far. So, she will build on that as the steering committee come on August 9th. So, I we have money in grant funds that would cover it for this year. It will not be funding from Health First Indiana that would pay for this, as this is money that we currently have in our current budget. So, I would like to recommend that the Pierce Group be retained for a formal public health community assessment for Porter County.

Dr. Boxum: I'd like to entertain a motion to approve funding. "Unintelligible"

Kathy Lemmon: I move that we contact the Pierce Group and ask them to .. "Unintelligible".

Dr. Boxum: All in favor? Eye. Done. August 9th, at 1pm in the afternoon I believe.

Dr. Stamp: 1 to 4. It's a Wednesday.

Dave Hollenbeck: okay, next on the agenda, John. Where did he go? John, timing is everything. John has been our emergency coordinator for a couple of years now, and I think the little bit of him that you've seen and talked to him, he's to a couple of meetings. It is pretty apparent to look at his accomplishments for us and how well he does his position and we appreciate everything he does. We have received notification that the state has in fact, funded the position through the grant for the emergency preparedness position. John is an independent contractor, not an employee as a request by the commissioners and the council. And we have had adequate funding to pay him and get him into this position. And the staff and I highly recommend, I think I sent you the contract that you approve John's position. The grant itself has significantly increased in dollars wise, but all we are asking for is that we approve John's independent contract agreement. He is giving thought as to what we might do with those extra funds and he will return to us with a budget as to how those extra funds should be allocated at least for his position. So, we can answer any questions that anyone has, the recommendation from the staff and I that John continue as our emergency preparedness coordinator through June 30 of next year, which is the next state fiscal year. Any Questions? I would ask that you entertain a motion from the board to have John continue.

Dr. Boxum: I'll entertain a motion to approve John's contract. All in favor? Thank you.

Dave Hollenbeck: John, don't leave until sign this.

John Pisowicz: I will not.

"Laughter"

Dave Hollenbeck: You tend to run around. Are you looking for an emergency of some kind?

John Pisowicz: I am always ready.

Dave Hollenbeck: When you have a chance, John has a strong military connection with the Navy, and he has been away in Jordan. I did not know we had military people in Jordan, but he's been training the Jordanian military on preparedness issues. It is an interesting story.

John Pisowicz: And today, I was promoted to Commander.

"Applause"

Dave Hollenbeck: I was a Sargent. That is the highest I ever got. Very good. Then he leaves, I told him not to run off.

“Laughter”

Carrie Gschwind: So I during the commissioner's meeting we had a snippet of what the state's budget um spreadsheet was to look like um and so I thought we could just come in here and take a look at what it looks like prescribed for Porter County what we're looking at we have to play around with it so there are some things in here of course. This is part of what we will all be working together to plan for. So as Dr. Boxum alluded to, this is a drop down so when you go into this where it says Porter County and you populate your county automatically pops up our funding um and so those numbers can be seen are 60/40. Here is the, if I can see it.

“Laughter”

Carrie Gschwind: So, then the very first thing that you can do if you would like to take this up to ten percent capital. So, when you take that out at the bottom of the spreadsheet, you see where they want you to just say what you are planning to use that for whether you're saving it or you're going to use it right away. And then you pop down and the first thing they want to know is are you planning to pay for any staff out of this, you can-do brand-new staff because these yeah they're moving over. It will, the fund will replace our current grant that we have. This will be a whole new fund that replaces that. We can play around with some of the positions that we post, wanting to hire here and if it comes out of the 60 percent, to 100 percent on like our health or nursing services, then it goes into this column. And if it falls into the 0 to 40 percent, then we move it to this column, that is subtracting the top and keeps it running total. Like I said, we just put some things here to fill our total allocate. We will continue to work together, to fill this out and allocate it. This is actually a different breakdown then what we are going to have to submit to county council. So, it will be different line items for it. This is due to the state September first. It's just an attachment to a rep cap survey, and we can change it anytime to review and make sure that our 60/40 is correct. To make sure we're using things in the right area, and that we have the things in the right places and the right line items that we are thinking of everything that we need. They're just going to kind of review. But at any time, we can revise this. So that's not an issue with appropriation or anything like that. They do not do that. Kris and I were supposed to meet with the auditor's office this morning but it got pushed back. We don't know exactly what our part in that is going to be... “Inaudible” ... We will probably have to go in front of the council in September. We can plan another meeting and maybe we can work to add our approved budget to this meeting.. “Inaudible”. They did provide us this week with a listing of where they suggested things go, what they suggested to be Professional Services, what they consider other supplies office supply Communications or Transportation those kinds of things. So, we do have that work. There was an error in the spreadsheet at one point so we need to control the cells that that's on.

Dr. Boxum: So, I think obviously from how this bill was written in what our County Council and Commissioners would like of us and I think ourselves would like it too, to be more involved you know in terms of the planning of how to use these funds so what in discussing with them availability when I got to come up with is to try to plan an extra planning meeting for all of us once a month so we can discuss our ideas and come together again in our roles and form our thoughts on what would be smart. So, I came up with time and dates to see how you think it would work. Now with the second meeting, obviously, I don't think we can make that mandatory, we're not going to vote, this is for us to get

together and plan together on how to best spend this funding. We have one on 8/9, which is open to all from 1-4, and I'd like to space them out every 2 weeks. So, then we would have our meeting on September 5th, and a second one on 9/19 from 6-7. I want to try to do like the third Tuesday of each month so I know there is a lot of activity. This month is unusual because we have 5 Tuesdays. So, I thought with us already having 2 this month, we could just do 2 for this month, and we have our traditional meeting on the 5th, and an extra one on 9/19, here from 6-7. Then our regular plan meeting in October and a second one on October 17th from 6-7. Let's try to keep them all on Tuesday so we can all stay in line. And then this coming November meeting should fall on election day, which will be difficult, right. I thought we could move our regular meeting to 11/15 and have just one meeting in November.

"Inaudible"

Dr. Boxum: Then whatever the first Tuesday in December and I thought tentatively the 12/19. I know everyone's schedule gets crazy but we can put those on the calendar. Yes, absolutely.

Dr. Stamp: 8/9 for the Pierce Group. That's a Wednesday. 9/19.

Dr. Boxum: 9/19. Then I have 10/3. 10/17 for our planning meeting. "Inaudible"

Dr. Boxum: So then, we will move the meeting in October back to November to the 11/14 if everyone agrees to that? To have the one. We have a lot of Fall Breaks going on. So, our Fall break, is that when it ends? Move to the Wednesday, the 18th? I am with you, you're right. That's why I wanted to bring it up. "inaudible". I mean, we can just, you know, set one and come up with a secondary one after. I am with you.

Kathy Lemmon: How about the 24th?

Dr. Boxum: I can do the 24th. I think Valpo are the only ones who do Fall Break on a Monday, Tuesday.

"inaudible".

Dr. Stamp: So, Dr. Boxum.

Dr. Boxum: I'm not sure if those are Commissioner days. That's what I was trying to avoid.

"Inaudible".

Dr. Stamp: So, there is the potential wrench in that. We have to, we may need a voting meeting right before the end of August. We have to have the budget for next year at the end of August. It has to be turned into council like to the dollar, so correct I guess. "Inaudible".

Okay, so.

Dr. Boxum: I thought about the 22nd .."Inaudible". I know. I tried!

Dr. Stamp. Well October 22 is hard too because they are doing budget hearings.

Dr. Boxum: We can still communicate, we don't have to put that in stone until we get closer to that date.

"Inaudible".

Dave Hollenbeck: I'm not sure. I'll have to see. This is all a motion.

Dr. Stamp. I guess the question too, is what budgets, both budgets, need approval from the Board of Health to be submitted?

Dr. Boxum: I would say the one we submit to the council because that's the one that's done changing?

"Inaudible".

Carrie Gschwind: "Inaudible".

Dave Hollenbeck: They go through multiple accounts in the process.

Dr. Stamp: We'll know more tomorrow.

Dr. Boxum: Do we want attendance at that meeting? The 22nd is already a council meeting, is that correct? Maybe tentatively for around the 23rd? we have to have a meeting before the 30th.

"Inaudible".

Jessica Jepsen: So, would the 23rd work if we had to have a meeting?

Dr. Boxum: That one then would require a forum.

Dave Hollenbeck: To approve the county budget, yes. That is an action by the board.

Dr. Boxum: the 23rd? 23 ?

Terry Wuletich: still at 5:30?

"Inaudible".

Dr. Boxum: "Inaudible".

Dr. Boxum; So, 8-9 1 to 4 with Pierce Group. Possible 8/23? Do you want to just do at 6?9/5 for regular meeting? At 5:50. 9/19 for a planning meeting, 6 to 7. 10/3 our meeting. 10/17 for planning meeting. Oh, the 24th. So, should we do Wednesday the 25th? And then, November 15th for the one meeting. The 14th, I keep reading my own notes that are wrong. And we can hold off on December right now.

"Inaudible".

Carrie Gschwind: We have right before you, two job descriptions for new positions that we would like to propose for hire. And we can talk about the job description, all of this is up for us to discuss and see where we are on that. "Inaudible". We would potentially like to hire the CARE coordinator yet in 2023. "Inaudible".

Terry Wuletich: I have some questions here. On the CARE coordinator, the job requirement would be a BSN or related field?

Carrie Gschwind: Uh hum.

Terry Wuletich: What related field?

Carrie Gschwind: So, we set a range on that based on reviews, so it was a community health, community health worker that has been in the field for a period of time, they've been doing some real work. And of course, they are going to be doing a lot of work out in the field and make a lot of contacts and can phrase that differently. Our thinking would be that it could potentially be an RN who would maybe be able to kind of crossover in the center of some nursing services, so if we are able to find somebody who would be interested and apply and other others that maybe that would be someone who is one of those people across a bunch of other positions so maybe hiring a relationship "Inaudible". We definitely agree that we want to point out specifics.

Dr. Stamp: Right, I like the idea of it being open. It being open really, if it was a social worker, or even if it was someone who has been working in the community of health, working in recovery, working you know, I think there is a lot of different fields out there where the priority is someone who is really good at working people who are in a crisis. And really good at getting to know the people in the community who are resources and that's not just necessarily nursing side of things. Right, so we see sometimes happen on the environmental side of things also. So, and then maintain those contacts, so part of their job would be to maintain out database so to speak of people who we can go to and get people connected with either whether it be in the healthcare system whether that be in social services sector, whether that be in recovery whether that be in, somebody needs their septic system fixed. Whether it be, you know, it's kind of overarching. Really, to be that go between and help people make connections and then follow-up with them to make sure that people are getting the help that they need.

Terry Wuletich: Okay. I think maybe, being more specific about the related field. I don't know if somebody can read this and know the qualifications that follow. But I get it, the community, I get it.

Dr. Stamp: We can say healthcare related field. To keep it nice and broad? Yes, and if by no means, you know there are lots of people's backgrounds that can fill that position.

"Inaudible".

Dr. Stamp: Exactly, I mean for instance for instance, John in emergency preparedness as an RN, he has been able to kind of step in and help from a nursing standpoint in the health department and to have someone able to cross-train and work with multiple divisions is a benefit. It's ideal. We can talk about the grant special to absorb. "Inaudible".

Carrie Gschwind: I know and that's why we, you know, are explaining it this evening until we just started opening up discussion.

Jessica Jepsen: I like the idea of a grant contract specialist. If you look at what is already in the health department, and what the statute says, on who gets to be on the board, "Inaudible". You can't put it all on the auditor's office either, right? So, I really, really like this, it's going to help us. So, we might be seeing additional funding for the community. "Inaudible".

Dr. Stamp: And that one, the grant specialist would definitely be out of the Health First Indiana funding. And we will not get that started until the funding is in place. "Inaudible".

"Inaudible".

Carrie Gschwind: "Inaudible".

Dave Hollenback: Job descriptions now there's been one amendment made. Did you pick up on that?

Carrie Gschwind: Yes. The amendment was to.

Dave Hollenback: What section are you in?

Carrie Gschwind: I am in job descriptions, section 1, sorry, under CARE coordinator. A Baccalaureate degree in nursing or health related field or a combination of both education and experience.

Dave Hollenback: So, we are looking for the board to approve the two job descriptions, one of which you amended, so you can proceed with the rest of implementation.

Dr. Boxum: I will entertain a motion to approve the new job descriptions.

Terry Wuletich; I motion to approve them.

Dr. Boxum: All in favor, say eye. It's exciting. Thank you.

Dave Hollenbeck: The only comment I would have at this point is addition to everything you are doing, all of the heavy lifting with regard to SCA-4, Dan and I are working on, in the wisdom of the legislature, a significant redraft of his regulatory area. And you have lots of square pegs going into round holes and we're not getting a lot of help from the state department of health in terms of all this so we're not ready yet, but eventually we're going to have to bring you significant modifications to our enabling ordinances regarding septic systems and environmental matters. The state has pulled back a lot of the regulatory authority and basically blocked our ability to do a lot of things that we traditional have done. So yeah, Dan would you like to comment on this?

Dan Boyd: Sure, so basically, what they've done is there's been a couple of pieces of legislation that have gone through. One of them involves aerobic treatment units and direct discharging but there's a special, it is like an on-site waste water commission or something that would have to be created by the commissioners in order to allow it and what that would allow would be these, you can do an aerobic treatment unit and directly discharge it to the surface but you would need permits from IDEM, have to do regular sampling, the commissioners would have to create this waste water board or commission panel, I forget exactly what it was called. And then, the only time you could do this direct discharge with an aerobic treatment unit would be on replacement systems for existing houses so you couldn't do it for new construction and you would have to exhaust all other options so you would have to try to put in trenches or a mound or a presby bed or an elgin bed and if all those were a no-go then you could potentially do this. I don't foresee a lot of that going on or a lot of demand for that. At this time, the other part of that legislation allows for holding tanks on properties, residential and commercial, but I do not see a big push for that because it costs you about \$300 to pump your tank when we put people on pump and haul, when they have a failing system, they're pumping out their tanks, two or three times a week at \$300 a pop and who's going to want to do that indefinitely for the time you're living there in a house. I mean, that's going to get pretty cost prohibitive quickly. The place I see where that could possibly be of that if it would be like a seasonal home like on a lake or something and you're there a few months out of the year. And there are stipulations on that. The amount of tank sizing you can have; they have to have a contract with a licensed waste water hauler that has to be provided to us and every pumping receipt every time you get that tank pumped. And IDEM can request that information from us at any time. So the one that's a really big thorn on our side is that basically there's legislation that went

through that before we had this legislation, we had ordinances and polices and stuff in place that were more stringent than the state code which we were allowed to do. Now, that has been taken away from us, we're no longer allowed to be more strict than the state code unless we write these policies and ordinances, we have to get them reapproved. We have to get them approved by the health Board, the commissioners and then we have to submit them to this technical review panel down at the state. We can start doing that in October. They will start to review them and we can submit them before that. So that is what I have been working with Dave on and they will vote on it and allow us to enforce them again. Right now, our installer registration ordinance that is unenforceable, we have an ordinance that allows for uh we put perimeter drains on all septic systems, that is unenforceable. Out lot size criteria where we come in front of the board and get lot size variance for lots under an acer usable, that's unenforceable. There is a number of things that have become unenforceable. Now until we can get them reapproved, we basically can only enforce the septic code as it is written currently, so that is what I have been working with Dave, is trying to get those policies performances and stuff written up again so we can present them to you and the commissioners and hopefully get this approved. And then get them submitted to the technical review panel down at the state.

Dave Hollenbeck: In any event, that is a work in progress still. As well, just another thing we're trying to do to keep up.

Dr. Boxum: When is that due to the state?

Dan Boyd: Well, we can start submitting them before October 1st, but they won't start reviewing them until the first so there's like a three-month window where kind of, the codes we have to allow it.

Dave Hollenbeck: It's the wild wild west again.

Dan Boyd: Exactly. It is kind of a pain for us because we've been doing all of this stuff and for these ordinances of policies they are just gone.

Dave Hollenbeck: And Dan and I are not looking for sympathy, end of my report.

"Inaudible".

Dr. Boxum: All In favor?

Kathy Lemmon: You guys are so quite over there.

Dr. Boxum: The report of committee staff and health officer John asked to come in and speak about the emergency preparedness budget otherwise.

John Pisowicz: I am ready to go.

"Inaudible".

"Laughter"

John Pisowicz: So, with the increased threat levels with China and Ukraine and everything going on in the world. I am only 1 of 12 in the whole United States Navy who does flights. With that, if we do get any other developments, if China invades Taiwan or we get movement with Ukraine in NATO countries, I will be on a plane somewhere so one of my recommendations that I gave Dr. Stamp and Carrie was due to the increase in the budget, we thought maybe this might be the time to hire a deputy. And so we did

that proposal, they both thought it was a great idea with my two days that I fly on the helicopter on Wednesdays and Fridays, we wanted to make sure that we had adequate coverage so that there was anything that happened during those days that I could not be here full-time, because of my full-time job and when I go away from my 2-3 week annual reserve that we have plenty of accurate coverage and that way, if I do end up on deployment, an emergency preparedness program will stay viable. So we did do a recommendation to IDOH, they typically look over the budget. So based on recommendation from Carrie and Dr. Stamp, we looked at about \$15,000 for basically emergency preparedness supplies that could be radios, batteries, we do have climate control storage for personal protective equipment in case we have the next pandemic. Then my salary and then the other portion would be for a part-time person filling the dates that I would not be here to do so. We really had adequate coverage. If possible, I'd like to see if the board would entertain a motion.

Dr. Boxum: is there any discussion?

Kathy Lemmon: Do you have any ideas on who to hire?

John Pisowicz: So, based off recommendations from the employee handbook, I mean you know we're, I'm a contractor we still have to um do a posting so that job will be posted and available for anyone to apply and then at that point based on recommendations from Dave, Dr. Stamp, Carrie, they will come back to the board with a recommendation for a certain employee.

Dave Hollenbeck: And they would not be an employee, they.

John Pisowicz: Right, they would be under contract.

Dave Hollenbeck: That is important. No benefits, no commitment, okay. So we are looking for a downsized viewer working on contract.

John Pisowicz: Sure.

Robyn Lane: What will the requirements be? "Inaudible".

Dr. Boxum: No, we've never had anyone.

Robyn Lane: So maybe another nurse you guys expect .. "Inaudible".

Dr. Fleming: "Inaudible". We can source a group of people that could almost be used on retainer and to see if there would be a group of people that might even reduce or something like that. People of qualified nature and I'm sure that's being produced ignore yeah, could somebody want to commit to that unless... "Inaudible".

49:08

