AGENDA
CHESTER COUNTY BOARD OF HEALTH
February 20, 2024 | 4:30PM – 5:30PM

1. Call to Order and Welcome

   The public meeting of the Chester County Board of Health was called to order on February 20, 2024, at 4:35 PM by Michele Tucker, Chair. Board Members present included Michele Tucker, Dr. Wendy Wallace, Heather Edelblute, Dr. Raffi Terzian, LaToya Myers and Jeanne Franklin. Guests in attendance included: Mary Johnson, Mike Baysinger, Matt Skiljo, Dr. William Kramer, Bridget Brown, Nancy Sullivan and Taylor Sickels.

2. Announcements

   The Board of Health met in Executive Session on February 20, 2024, at 4:15pm to discuss personnel, legal matters and elect the 2024 Board Chair and Vice Chair. Michele Tucker was elected as Chair, and Heather Edelblute as Vice Chair.

3. Public Comment on Agenda

   There was no public in attendance.

4. Adoption of Agenda

   There were no questions or comments regarding the agenda. The agenda was adopted as presented unanimously.

5. Approval of Minutes from Previous Meeting

   There were no questions or comments regarding the previous minutes. The minutes were adopted as presented.

6. Old Business

   Two items of old business are included in the meeting’s agenda: lead regulations and Chester County mortality data. Mortality data will be reviewed as the March meeting.

7. Rules and Regulations

   “Protecting You and Your Environment”
Lead Poisoning Regulations: Board members discussed the revised regulations to include the following:

- Discussion of the potential for lead regulations to inadvertently lead to landlords choosing not to rent to families with children. There is a chance this could occur, however outreach and education may help minimize the chances.

- Discussion about the impact of the Lead Hazard Control program funding ending and how that changes the regulations. The previous regulations included provisions about the Lead Hazard Control program. These provisions are not included in the revised regulations so they are not dependent upon the grant funding. If the grant funding ceases, landlords bear the full cost of the lead rehabilitation activities.

- All agreed that universal lead testing is the best practice for all patients with and without insurance; it was mentioned that only two jurisdictions in Pennsylvania have local regulations for universal lead testing – Philadelphia and Alleghany.

- If certified risk assessors and contractors are required and the shortage of them impacts a landlord’s ability to comply with the regulations, what impact does that have on a landlord’s compliance? The regulations include a provision for the Health Department to review a landlord’s timeline and plan for lead rehabilitation. The Health Department can recommend other licensed contractors that may be available sooner, or document that progress is being made and not issue a citation.

- In section 405.2.2. BLOOD LEAD REFERENCE LEVEL (BLRV), change “level” to “value”.

- In section 405.2.17. LEAD-BASED PAINT, correct the one half of one percent.

- In section 405.4.3, include an explanation that explains why children under six (6) years of age, pregnant individuals and lactating individuals are priority populations.

After the discussion, the Board unanimously approved the lead regulation revisions to include the above changes.

8. Board Appointments – None; Board has met its required member limit.

9. Budget Update

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<th>Expenditures</th>
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<td>Year-to-Date</td>
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<tr>
<td>Current Budget*</td>
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10. New Business

a. Contracts

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<th>Purpose</th>
<th>Amount</th>
<th>Term</th>
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<tr>
<td>Margaret Rivello</td>
<td>Provides for coordination on the requirements for re-accreditation through Public Health Accreditation Board.</td>
<td>$4,950.00</td>
<td>2/1/2024-6/30/2024 (pending)</td>
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b. Grants

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<th>Grant Source</th>
<th>Purpose</th>
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<tr>
<td>Pennsylvania Department of Health</td>
<td>Funding for the Lead Hazard Control Program to identify and eliminate lead paint, housing-related health hazards, and promote lead-safe, healthy, and hazard free housing.</td>
<td>$242,562</td>
<td>7/1/2023-6/30/2024 (pending)</td>
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<tr>
<td>Pennsylvania Department of Health</td>
<td>Additional funding for the Tuberculosis program to provide treatment, outreach services, education, and counseling and testing for presumptive or confirmed tuberculosis cases.</td>
<td>$17,230</td>
<td>7/1/2023-6/30/2024 (pending)</td>
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c. Memorandums of Understanding/Agreement

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<th>Purpose</th>
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d. Requests for Proposals

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a. Chester County’s Mental Health System
b. Notable Program Updates

12. Chester County Medical Society Update
   A representative from the Society was not present.

13. Public Comment
   There was no public in attendance.

14. Adjournment
   The meeting was adjourned at 5:50 PM with unanimous approval.
MISSION UPDATE
Update: Chester County Mental Health System

Bridget D. Brown
Chester County Department of Mental Health/Intellectual & Developmental Disabilities
Mental Health System
3 Pillars

1. Someone to Talk To
2. Someone to Respond
3. Somewhere to Go
Overview of Human Needs Network of Chester County
Timeline

January 19, 2022
Planning Committee composed of law enforcement, first responders, health providers, educators, and advocates meets for the first time.

July 12, 2022
Press release introducing the Youth Mental Health Survey and the Adult Mental Health Survey.

July 16, 2022
Chester County joins with communities across the nation, introducing “988” as the direct phone connection support for anyone experiencing mental health-related distress.

September 21, 2022
Chester County Department of Mental Health Intellectual & Developmental Disabilities was awarded funds from the County’s American Rescue Plan Act (ARPA).

November 30, 2022
Planning Committee released recommendations from Youth Mental Health Survey and the Adult Mental Health Survey during planning meeting.
A dul t Mental Health Survey Responses

892

Youth Mental Health Survey Responses

529

Adult Mental Health Survey Responses
Project Goal

Our goal is to develop and implement a more comprehensive, effective, and accessible mental and behavioral health crisis response system for all Chester County residents.
Recommendations

- Establish a New Behavioral Health Crisis Contact Center
- Establish New Behavioral Health Mobile Crisis Response Teams
- Creation of a business plan for a new Mental Health Urgent Care Center
- Building system capacity for data-driven decision-making and meaningful ongoing community feedback (i.e. Community Advisory Board)
Pillars

The key takeaways from survey responses were as follows:

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<td>01</td>
<td>Contact Center</td>
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<th>Someone to respond</th>
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<tr>
<td>02</td>
<td>Mobile Crisis Response Team</td>
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<tr>
<th></th>
<th>Somewhere to go</th>
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<tbody>
<tr>
<td>03</td>
<td>The Mental Health Urgent Care Center</td>
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</table>
Someone to talk to
Contact Center (located at Government Service Center)

Information & Referral

• Phone and mobile/in person engagement
• Connect with the Street Outreach Team
• Provide and connect to community resources
• A new centralized Database connecting residents to human service providers and other community resources
• Chester County responsive to PA211 call for the region

Behavioral Health & Crisis Response

• 988 - 24/7 toll free suicide prevention & mental/behavioral health care operated by crisis counselors
• Local county crisis hotline and warmline
• Dispatch of Mobile Crisis Response Team
Someone to respond

Mobile Crisis Response Teams

• 988 to dispatch MCRT into the community
• MCRT services to be provided by Woods/Legacy
• MCRT will be comprised of the following
  ◦ 3 teams of 2 individuals
    ▪ 1 Behavioral Health Clinician and 1 Certified Peer Specialist
  ◦ SAMPLE
Somewhere to go
The Mental Health Urgent Care Center
Crisis Stabilization

COMING SOON
Increased connections to effective and timely mental and behavioral health services for individuals in a mental health crisis.

Improved safety during law enforcement encounters with people experiencing a mental or behavioral health crisis for everyone involved.

Reduce the trauma that people experience during a mental or behavioral health crisis and thus contribute to their long-term recovery.

Reduce the burden on hospitals and medical health care systems with patients experiencing mental or behavioral health crises.

Increased access to appropriate care and support while avoiding unnecessary law enforcement involvement, emergency department (ED) use, and hospitalization.

Increased community support and connections to appropriate crisis stabilization services.
Questions?
Thank you!

Bridget Brown
Behavioral Health Crisis Response Program Director
Department of Mental Health/Intellectual
Development Disabilities
bdbrown@checso.org
(484) 630-4190
Mobile Crisis Resolution Team
Legacy’s Experience With the Crisis System

• Has Held The Designated Screening Center Contract In Burlington County, NJ For Decades

• Utilize A Mobile Crisis Model Since 2020 After Leaving The Emergency Department In Order To Better Serve The Needs Of The Community

| 20,000 | total individuals were served through Legacy’s continuum of care |
| 367,991 | services were delivered throughout Legacy’s continuum of care |
| 3,146 | children, adults and families were provided with psychiatric services and therapy through Outpatient Services |
| 2,707 | individuals in crisis were screened, stabilized and linked to the appropriate level of care through the Screening & Crisis Intervention Program (SCIP) |
| 2,218 | children were served in the community through Children’s Mobile Response |
What Is Mobile Crisis?

The Main Objectives Of Mobile Crisis Services Are To Provide Rapid Response, Assess The Individual, And Resolve Crisis Situations That Involve Children And Adults Who Are Presumed Or Known To Have A Behavioral Health Disorder

Goals And Measures

• Decrease Law Enforcement (LEO) And EMS Involvement

• Improve Mobile Crisis Response Services In Chester County

• Prevent Future Crises
Decrease Law Enforcement (LEO) and EMS Involvement

90% Or More Completed Dispatches Without EMS Or LEO Involvement

95% Of Contacts Involving LEO Result In Less Than One Hour Of LEO Time On Scene
Improve Mobile Crisis Response Services In Chester County

90% Of MCR Teams Will Arrive Within 30 Minutes Of Dispatch

90% Of Dispatches Result In Diversion From Involuntary Treatment
Prevent Future Crises

75% Or More Of Individuals Are Linked/Re-Linked To Community Services

90% Successful Follow Up Rate Within 72 Hours Of Dispatch
Staffing Composition

- Division Director of Crisis Services
  - Program Director
    - Clinical Supervisor
    - Program Supervisor
      - FT & PT BHC
      - FT & PT CPS
  - Nurse Practitioner
    - Program Supervisor
      - FT & PT BHC
      - FT & PT CPS
# When And How We Provide Services:

**24/7/365**

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<tr>
<th>Time</th>
<th>BH Clinician Certified Peer Specialist</th>
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<td>11pm-7am</td>
<td>BH Clinician Certified Peer Specialist</td>
<td>BH Clinician Certified Peer Specialist</td>
<td>BH Clinician Certified Peer Specialist</td>
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Calls To 988 Or 610.280.3270 Are Triaged By Holcomb Staff At GSC

- Telephone Crisis
- Warmline
- Mobile Crisis
Chester County Mobile Crisis Resolution Team (MCRT) Operating Model

- Crisis/Wellness Plan
- 72 Hour Follow-Up
- Re-Link With Existing Providers
- Link With New Providers
- De-Escalation
- Consultation With Licensed Clinician
- Medical
- Police/EMS
- Non-Emergency Transport
- 302
- 201
- Assessment (BHP)
- Peer Support (CPS)
Questions?

Paul Borish, MA, LPC, CAADC
pborish@legacytreatment.org
Board Discussion

- Human Needs Network and the Mobile Crisis Response will have Spanish speaking capability.
- When individuals are experiencing a mental health episode that cannot be deescalated, the County will seek options for immediate care through its ongoing collaborations with a diverse community of County Departments and community organizations.
- Staff are being trained to understand substance use disorder and homeless as these situations compound mental health. Such individuals will be connected to addiction and housing services in support of their ability to also receive mental health services.
- The County continues to work toward the goal of connecting the electronical medical record systems used by mental health providers and hospitals for seamless information sharing and to allow the County to analyze data.
- Dr. Wallace shared that “Litter Otters” a mental health application for children 0-14 years is covered by some insurances to include Independence Blue Cross.
- Dr. Wallace shared experience with Valley Creek walk-in center not being able to evaluate children 6-11 years of age; the Chester County Department Mental Health/Intellectual & Developmental Disabilities confirmed that evaluations should be provided for any and all ages.
- Dr. Wallace shared that some states have implemented a mental health emergency room.
Board Discussion

- It will be important to incorporate communication with an individual’s primary care provider regarding a mental health event and treatment. This may require Educating our team and parents of the importance of informing and including PCP when youth are in a crisis, and inclusion of asking for primary care provider information during an mental health event.
Notable Program Updates
Chester County Health Department

Food and Institutions
- Staff continue to conduct inspections and investigate complaints (16 total; not all were valid complaints); 8 food establishments were closed for violations.

Housing, Pools, and Mosquito Borne Diseases
- Assisted Philadelphia Department of Public Health with Overwintering Mosquito Collection at Fort Mifflin in late January. Representatives from Chester, Bucks, Delaware, and Monmouth Counties, as well as PA Department of Environmental Protection personnel participated. Data is used to determine if any mosquitoes remain infected with WNV while overwintering.

On-Lot Sewage and Water
- Electronic payment and signatures rolled out for services.
- Several staff attended the PA Onsite Water Conference, a joint conference presented by PA Septage Management Association (PSMA) will be joining with the PA Association of Sewage Enforcement Officers (PASEO). CCHD collaborated regionally to present “Septic System Submission Reviews: Tips and Best Practices for Onsite Wastewater Professionals” to contractors attending the conference.
Program Notables

Clinical Services
- Staff continue to conduct a large-scale contact TB exposure investigation for a new active patient involving a school district, church group, and workplace.
- PA Department of Health has changed is HIV investigations (effective 01/01/2024) such that a patient’s address dictates investigation, surveillance, and partner services.

Healthy Moms, Healthy Families (HMHF) & Nurse Family Partnership (NFP)
- Home visiting staff learned how to administer Narcan, and the services offered by Early Headstart.
- NFP staff hosted their first ever virtual graduation. Fifteen families were in attendance.
- NFP has implemented the STAR (Substance Use Treatment and Reentry) framework for assessing marijuana use among participants as a part of its quality improvement project.
- HMHF supervisor has joined NACCHO’s Learning Collaborative of MCH Population in Emergency Services.
- HMHF is fully staffed with the recent addition of two public health nurses.
Program Notables

Vaccine Preventable Diseases
- There has been a significant increase in expectant mothers and babies in being monitored for Perinatal Hep B – 7 mothers and 16 babies. According to PA DOH we have the highest caseload in PA excluding Philadelphia. Most are foreign born and relatively new immigrants (this correlates with the number of new families we are seeing in our clinics).
- CCHD migrated to the new PA immunization registry – PIERS; all historical data from the migration has been entered.
- Although the measles outbreak impacted Philadelphia the most, staff attended regional calls to remain up to date on developments.

Women, Infant and Children
- January 2024’s participation rate was 94.1% with a total of 4,251 participants served.
- WIC is seeking to re-start “Walk-In Wednesdays” at clinics and implement telehealth visits.
Program Notables

Health Planning and Promotion
- CCHD’s Coordinator was invited to participate become a member of Population Health Research Advisory Committee, a collaborative committee of southeast health professionals and facilitated by Mainline Hospital and Jefferson University.
- The Journal of Multidisciplinary Research has accepted a research project on “Correlates and Predictors of Alcohol-related Unintentional Injury in Collegiate Athletes” by Daniel Hoffman, in collaboration with WCU professors.
- Community Health Assessment review is underway.
- HPP convened community health professionals at Federally Qualified Health Centers, free clinics and hospitals for ongoing collaborative discussions to be held every other month.

Public Health Emergency Preparedness
- Sarah Koeller was accepted into the Center for Homeland Defense and Security Emergence Program.
- Review of the County Mass Care was completed with comments and future improvements for consideration.
Program Notables

Disease Investigation and Surveillance

- Lead poisoning surveillance has moved to the DIS team; enhancements have been made to case investigations, data, automation, referrals, etc. to better educate families and monitor compliance with blood testing recommendations.
- The project for enhanced surveillance of Hepatitis C continues; during 2023 education will be provided to those Hepatitis C and treatment will be encourage through a direct phone call.
- Although DIS had a small part in the measles outbreak in Philadelphia (one potentially exposed person from Chester County), staff stayed up to date on developments and fielded calls from providers with concerns.

Public Health Administration

- Employee monthly mileage reimbursement has become more electronic; County is considering an online application for mileage tracking, reporting and reimbursement.
- Annual Act 315/Act 12 grant application is in progress.
- CCHD is testing Tango as a solution for external testing through Jabber that is HIPAA compliant.
2024 Meetings

Conference Room 293, 4:15PM-5:30PM

January 16
February 20
March 19
April 16
May 21
June 18
August 20
September 17
October 15
November 19

3rd Tuesday of every month excluding July and December
Thank You!

- Occupational Health and Safety
- Alcohol
- Statistics
- Family
- Big Data
- Behavior
- Irrigation
- GIS
- Pathogens
- Chronic Disease
- Oral Health
- Cardiovascular Disease
- Smoking
- Leadership
- Prevention
- Public Health
- Monitor
- Soil
- Smoking
- Illnesses
- Environmental
- Vitals Statistics
- Reproduction
- Drinking Water
- Vaccines
- Environmental
- Hazards
- Food Safety
- Non-communicable disease
- Violence
- Health
- Use
- Meaningful
- Bioterrorism
- Equality
- Mental Health
- Emergency Preparedness
- Violence
- Management
- Education
- Addiction
- Influenza
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