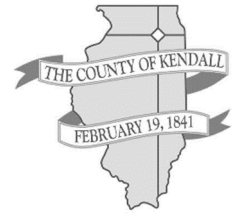




**KENDALL COUNTY BOARD OF HEALTH  
& COMMITTEE OF THE WHOLE  
JULY 17, 2018 - KCHD BOARD ROOM**



**I. CALL TO ORDER**

Ms. Cooper called the meeting to order at 6:05 p.m.

**II. ROLL CALL**

Board of Health Members present, Christina Cooper, Tony Giles, Dr. Joseph Gruber, Jim Jensen, Dr. Thomas Liske, Dr. John Palmer and Brenda Ulrich.

Board of Health Members absent: Dr. Mukhtar Nandra

County Board Members present: Elizabeth Flowers, Tony Giles, Judy Gilmour, Scott Gryder, Matt Prochaska and John Purcell.

County Board Members absent: Lynn Cullick, Bob Davidson, Audra Hendrix and Matt Kellogg.

Guests present: Frank Gorup, Kendall County State's Attorney Office; Judge John McAdams, 23<sup>rd</sup> Judicial Circuit and Douglas Obrien. Regional United States Department of Health & Human Services Director

KCHD Staff present: Dr. Amaal Tokars, Executive Director/Public Health Administrator; RaeAnn VanGundy, Operations Administrator; Steve Curatti, Program Administrator; Becki Rudolph, Executive Assistant.

**III. APPROVAL OF AGENDA**

Dr. Palmar moved to approve the agenda. Mr. Giles seconded the motion. The motion approved unanimously by voice vote

**IV. PUBLIC COMMENT**

None

**V. WELCOME & INTRODUCTIONS**

Ms. Cooper and Mr. Gryder thanked everyone for attending to discuss this important topic. Everyone introduced themselves.

**VI. INTRODUCTION OF ESTEEMED GUESTS: REGIONAL UNITED STATES DEPARTMENT OF HEALTH & HUMAN SERVICES DIRECTOR, DOUGLAS O'BRIEN**

Dr. Tokars introduced Mr. O'Brien and reviewed his bio.

**VII. OPIOID EPIDEMIC PRESENTATION – DIRECTOR O'BRIEN**

–Tonight's discussion is on the response to the opioid epidemic on a national level. The federal government wants to talk to local governments as they are on the front line fighting the opioid crisis, with both operational and financial responsibilities.

–Enhance collaboration at the federal level – bring feedback from local government to federal government, identify best practices and recognize collaborative efforts.



- Reviewed a power point “Combating the Opioid Crisis”.
  - 4.4% of population (11.5 million) have opioid misuse disorder
  - 170 die from drug overdoses a day – 116 are opioid related.
  - 13% increase in overdose deaths 2016-2017
  - Illinois had 2,411 opioid deaths in 2016
- Reviewed “How we got here”
  - Lack of education on pain and addiction treatment.
  - Denial about the addictive potential of opioids.
  - Pain as the fifth vital sign.
  - Reimbursement and quality assessment based on satisfaction with pain treatment.
  - Large increases in the trafficking and availability of heroin and illicitly made fentanyl and other synthetic opioids in recent years.
  - Lack of access to evidence-based treatment.
  - Low cost of legal opioids and their wide spread availability
- Opioid overdose deaths are at historically high levels.
- Lethal doses of heroin, fentanyl and carfentanyl. In addition, other drugs have fentanyl and carfentanyl cut into them.
- All agencies within HHS are involved in fighting the opioid crisis. HHS is the national public health entity.
- Fighting the opioid crisis is a top priority of the White House.
- Five-point strategy to combat the opioid crisis:
  - Better addiction prevention, treatment and recovery services
  - Better data
  - Better pain management
  - Better targeting of overdose reversing drugs
  - Better research
- In 2018, \$3.6 billion of HHS budget was for opioid crisis.
- Reviewed some of the key actions by HHS agencies to combat the opioid crisis.
- There has been a decrease in opioid prescribing 2010-2017.
- Increase in naloxone dispensing 2010-2017.
- Reviewed signs of progress and recent and upcoming efforts to fight the opioid crisis.

## **VIII. PRESENTATION OF COMMUNITY ASSET MATRIX – DR. TOKARS**

- Reviewed power point “Kendall County Government Community Asset Matrix”
  - Three types of prevention:
    - Primary: Health promotion and addressing risk factors, social and genetic factors. Community engagement, cultural equity, educate the public, epidemiological, surveillance, faith based outreach, opioid repository, protective factors, schools outreach and strategic partnerships
    - Secondary: Screening at risk individuals, control of risk factors and early intervention. Early intervention, family systems, forensic toxicology, HIDTA partners, homeless prevention, mental health counseling, post-treatment engagement, situational assessment and study group
    - Tertiary: Rehabilitation, preventing complications and improving quality of life. Addiction treatment, care coordination, deter via prosecution, drug court, parent education, rescue and response, stages of change and treatment of incarcerated.

## **IX. DIALOGUE & DELIBERATION OF PRAXIS (FROM REFLECTION TO ACTION**

- Director O’Brien led discussion – asking those present how HHS can assist locally.
- Mr. O’Brien encouraged everyone to check out ads on Truth.org targeting young people on dangers of prescription drugs.
- Important for local leaders to allow building of treatment facilities.



- Pain relief and treatment of pain helped to cause the current situation and how treatment is changing was discussed.
- Discussion on possible long term effects of Narcan.
- Applaud White House for youth education piece.
- Grant applications – can the process be shortened/easier to apply for grant dollars.
- Integrating physical and mental health for better outcomes.
- Packet of information distributed – Power Point presentation, Addiction & Opioid Praxis in Practice, Quick Stats, CDC Health Update and Health Equity Situational Assessment: The Opioid Epidemic.

Ms. Cooper thanked everyone for participating.

## **X. ADJOURNMENT**

Ms. Gilmour moved to adjourn the meeting at 8:23 p.m. Dr. Palmer seconded the motion. The motion approved unanimously by voice vote.

Submitted by:



Becki Rudolph  
Executive Assistant

