

Wilkes County Board of Health Meeting Minutes

April 9th, 2018

The Wilkes County Board of Health held a regular business meeting Monday, April 9th, 2018, at 5:30 p.m. in the Wilkes County Health Department Conference Room. Board of Health members in attendance were:

Mr. Carl Page
Ms. Deborah Britton
Ms. Teana Compeau
Dr. Robbins Miller
Dr. Gary Nash.
Ms. Marcia Reynolds
Ms. Sylvia Robinson
Ms. Sandra Sheppard

Ms. Ann Absher, Ms. April Edwards, Ms. Rachel Willard, Ms. Nancy Moretz, & Ms. Debbie Nicholson were also in attendance. (Prior to the April meeting, packets containing the materials to be discussed were mailed to each Wilkes County Board of Health member for review.)

Meeting Called to Order: Mr. Carl Page called the meeting to order at 5:35 p.m.

Adoption of agenda –Ms. Sandy Sheppard made the motion to adopt the agenda for the Board of Health meeting for April 9th, 2018; the motion was seconded by Ms. Teana Compeau, and unanimously approved.

Approval of Minutes for the February 12, 2018 Meeting- Ms. Sylvia Robinson made the motion to approve the minutes for February 12, 2018; the motion was seconded by Ms. Teana Compeau and unanimously approved by the Board of Health.

Administrative Report: Ann Absher

- **FQHC Report:** Official report from site visit provided and reviewed; we have 90 days to respond to criteria's; we have already corrected the "board authority", and the other two are related to contracts which we are currently working on. We did very well for our first official visit; only receiving three criteria not met; whereas, many new health centers receive up to ten and above.
- **Office of Rural Health Grants:** Two grants received extension; one was "Access to Care" which helps pay for our diabetes education for uninsured patients and some staffing for the evening clinic and the other pays for "Mental Health Services" in the middle schools and also "Care Management" for our uninsured patients.
- **Influenza-** North Carolina had 348 deaths compared to approximately 200 last year 5-6 were pediatric (report not included). We have been seeing both "A" and "B"; vaccine considered to be about 1/3 effective this year.
- **Legislative Update:** Legislators are going back in session; an additional \$8.0 million was requested for communicable disease funding again this year (not received last year. We requested 7.5 million last year). There have been increases in hepatitis B and C and emerging diseases with outbreaks of Norovirus. This

would be an additional \$80,000 per health department and would allow for hiring communicable disease nurse to provide more education and assistance in community facilities in instances of norovirus/influenza outbreaks such as the ones faced this year in the nursing homes. The Health Director from App District and Ms. Absher met with Senator Randleman to discuss this request and the importance of it.

Committee Reports:

- *None*

Unfinished Business:

- ***Child Fatality Report*** – Ms. Ann Absher – (hand out provided and received) Meetings occur quarterly unless there are no fatalities to report; there were 3 meetings this year. Child fatalities occurring while child is in care of DSS are not included; they fall under an intensive two day review, which Ms. Ann Absher is involved (there were two of those in 2017). The team met three times and seven child fatalities occurred and were reviewed in 2017, in 2016, the team reviewed six; six of the seven were infants 6 months or less...three of which were complications of extreme prematurity, one birth syndrome, one other ill-defined syndrome otherwise referred to as SIDS, and one was due to a lung disorder. The seventh fatality was a teenager that passed due to a chronic debilitating disease. Dr. Ila Baugham and the team did not identify any trends or patterns at this time. Jamie Pearson from the North Carolina Child Fatality Review Office provided training on the state intensive review process; she is the one that leads the intensive reviews at DSS. The report will also be provided to the Wilkes County Commissioners.
- ***Communicable Disease Report***- Notably on page 3, there has been an increase in Hepatitis C in Western Wilkes County. We are part of the CD Branch on the State Level called Test Link and Cure Initiative”, so because we are a high risk county for Hepatitis C, it has enabled us to get free testing through our State Public Health Lab. The case definition for testing is based on for baby boomers, both current IV drug users and previous IV users. During 2017, there were 75 individuals tested, with 40 having potentially active Hepatitis C (53 %). These patients are being referred to “High Country Primary Care” for Hepatitis C treatment and follow up care. Dr. Albert is looking into training to be able to provide this care; currently the biggest issue is in cost, specifically associated with medication. We do offer the “Twinrx” vaccine if they have not been previously vaccinated and are not already co-infected with Hepatitis B. Board member Sandy Sheppard ask if there is any further breakdown of the previously mentioned 53%; what percentage is baby boomers, etc. Ms. Ann Absher stated that she did not currently have that breakdown, but would follow-up with our CD Nurse, Diane Bauguess. Ms. Ann Absher also wanted to highlight that there were 48 case of Gonorrhea in 2017; this is an increase from the previous year. Chlamydia has also had an increase in the most recent year. Ms. Ann Absher stated that we are trying to do some in depth education, some STD education for our providers in the community, so they can reach out to the patients they see as well and we are going to try to analyze this data more later on in the year. Also, we did have 9 cases of rabies exposure.

New Business:

- ***Annual Budget Proposal (including setting fees):*** The Budget Basics sheet breaks down the percent increases/decreases and it is a summary of what we’re doing. Ms. Ann Absher explained as follows: about 25% of our revenue comes from county support/county appropriations (tax payer dollars), that’s a decrease from about 30% since we have received our federal grant. A large percent of that 25% covered by the county goes to staffing salaries and another portion goes to the building upkeep, any capital requests that we have such as the request shown for a new roof, some new cars for Environmental Health, etc. Our grants/state funding donations total about 21%, and Medicare /Medicaid (Dental Clinic included) is about

37% when the Dental Clinic is included (\$1.5 million is Dental Clinic) since they do the billing, but the monies come thru us, so they can participate in Medicaid Cost Settlement. The fees include patient fees and environmental health fees (will elaborate later in the report/about 7% of budget). Federal funding (FQHC) and our AIMS Grant (Mental Health Grant) monies we are receiving which has really been successful in our clinic; we have had a lot of positive feedback from that service. Our total revenue is \$6.7 million. Ms. Ann Absher then referred the board to Income Statement 2019(projected); 11% of our total revenues comes from our federal funding. Duke Endowment Grant is 2% of our revenues which is for Access to Care and about \$75, 000 of that money goes to the Care Connection Pharmacy (not included in our revenue). Office of Rural Health & Healthcare Connection are also a part of our state funding which altogether is about \$958,000 (14%) of our revenues. Also, with our state funding, we are losing our Diabetes Funding for regional consultants, we were getting a little more than \$60,000 dollars with that funding for regional consulting and other services we were providing. We are not planning to close the program, but shorten the work week to four days and use that staff in other areas the remaining day. Medicaid last year, was 36% of our budget, it is 32% this year due to dental not bringing in as much; it was \$1.8 million, but it has gone down quite a bit, so we are only projecting \$1.5 million this time (4% decrease). Our Medicaid cost settlement we're projecting about 3-4% decrease last year, Medicare; about 1%, Patient Fees (not included in Environmental Health together last year) about 7% this year and if you add the 2% and 4% together, that would be the 6%. MESH letter-writing campaign brought in about \$14, 000 this past year. Expenses involve several different programs, but we have tried to organize those into categories. Salaries & benefits are our greatest expense at 56% and all of that is not a very big difference from last year; we received a 1% COLA, but we were told not to budget for COLA this year but the commissioners will decide. Under contractual services that is still running about the same; we had higher contractual services last year because we had a \$75,000 one-time funding we used from the FQHC grant for updating the clinic and equipment. Dental and SNFI (School Nurse Funding Initiative) are combined and is an allotment that passes through from public health to dental and SNFI. SNFI is \$150,000 to fund part of three school nurses. Contract Interpreter(s) are paid an hourly rate and are used to assist in many areas. Capital requests include three cars for Environmental Health, entire flat roof needs replacing, the wrap on the MESH bus, a new cover for the MESH bus, and a new keycard system.

- **Fee Schedule review:** The fee increases requested are for Environmental Health, which includes a "Waste Water Permit Denial Fee" of \$100 & our "Inorganic Water Fee Sampling" from \$75.00 to \$125.00. Angie Rhodes, Environmental Health Supervisor provided you with the comparison and analysis on this. She compared with other surrounding counties and we are much lower in our charges. In the past we have reimbursed the customer full refund for denials but our staff spends just as much time and efforts sometimes more with a denial of a permit. Also, in clinic fees we reviewed evaluation and management code fees with several surrounding health departments (one is an FQHC like us) and we are in line with their fees except for one E&M code fee that we use infrequently. So no requests for changes there. We are requesting a nominal fee increase from \$20.00 to \$25.00 (this would cover the cost of labs); in January, we will have to include lab fees in our charges, so we would like to go ahead and start this fee in July at the beginning of the FY. Another thing that we will need to do with the cost settlement in jeopardy issue is to apply for the FQHC Provider Number, so we would get a higher reimbursement rate as it appears that cost settlement as we know it now will be going away in July, 2019 when Medicaid reform is projected to start. We now get an average of about \$80.00 per visit; with the FQHC Provider Number, we would get about \$120.00 per visit. The board discussed the fee schedule changes and questions were answered.

Approval of Budget & Fee Requests—Ms. Sylvia Robinson made the motion to approve the FY 2019 **Budget & Fee Request** recommendation, motion was seconded by Ms. Marcia Reynolds and unanimously approved. The budget for in scope services will also go before the health center board in April for their approval before the final requests go to the commissioners.

- **MESH Approval of United Way Grant for 2018:** The United Way Grant is a yearly grant that becomes available at the end of April or first of May; however, the United Way requires the Board of Health's approval to apply. This grant covers behavioral health counseling for the high schools by Ryan Ward of DonLin Counseling. He is very well liked by teachers and students and has always done a phenomenal job and we are requesting \$10,500.00 for next FY.

Approval of MESH / United Way Grant for 2018—Ms. Sandy Sheppard made the motion to approve the “**MESH / United Way Grant for 2018**” recommendation, motion was seconded by Ms. Teana Compeau and unanimously approved.

Brenner Fit by Ms. Rachel Willard: The last “Brenner Fit” class ended in the middle of March, 2018 at Mt. View Elementary School. We specifically targeted that school because of their “Fitness Gram Results” when the schools plug their BMI results in on children K-8th Grade and they were one of the highest in the county and they are an under sourced community. We graduated seven families, which was a really good number; we started out with ten, so we only lost three for our six month program. This was Ashley Evans’ first cohort and she did great with the work she has done. We started our next cohort at the YMCA two weeks ago; in the first class we did open enrollment & weighed everyone, so the first class will start on April 10th, 2018 and we have twenty-two families registered. We are also going to include our “market bucks” as an incentive if our grant goes through, which is something we have not ever done. Since the Wilkesboro “Open Air Markets” have opened back and are accepting in addition to “market bucks”, EBT’s & WIC Vouchers, this will be a great incentive to provide. Also, “eWIC” (a card which can be swiped and eliminates having to buy in bulk anymore) rolls out on April 10th, 2018 in Wilkes County; it has been a seamless process so far, so we will be doing training and voiding paper vouchers tomorrow. We hope that with “eWIC” that we will get back up to our 97% caseload as we move forward. EWIC will remove the stigma associated with vouchers and there is also an “eWIC” “app” available too.

Public Concerns- There were no public concerns.

Next Meeting Date: The next board of health meeting will be on June 11th, 2018, at 5:30 pm in the conference room.

Adjournment: Ms. Marcia Reynolds made the motion to adjourn the meeting; the motion was seconded by Ms. Sylvia Robinson, all members approved unanimously.

Minutes respectively submitted by,

April Edwards

April Edwards, Administrative Assistant

Secretary to Board of Health



Mr. Carl Page, Vice Chair