

**RUTHERFORD-POLK-MCDOWELL
District Board of Health Meeting Minutes
McDowell County Health Department
Tuesday, January 14, 2014**

Board of Health Members Present:

Rutherford County Representatives	McDowell County Representatives	Polk County Representatives
Theresa Calhoun Greg Lovelace Dr. Hobart Rogers	Joe Kaylor Susan McNeeley Jim Segars Dr. Ben Hall Judy Wilson Charlie Mae Mace	Dr. Mike Davidson Iain Fitch, Chair

Board of Health Members Absent:

Don Corry Dr. Jaski David Odom		Cathy Brooks Rick Covil Ted Owens
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Health Department Staff/Guests Present:

Guest:

Sharon Parker, Board Attorney

HD Staff:

James H Hines, Jr., Health Director
Phillip Melton, Finance Director
Helen White, Director of Nursing
Susan Robinson, Environmental Health
Kelly Crawford, Human Resources

AGENDA ITEM	BOARD ACTION	REFERENCE DOCUMENTS
<p>CALL TO ORDER: Dr. Iain Fitch, Chair called the meeting to order at 6:45 p.m.</p>	<p>No Board action required</p>	<p>N/A</p>
<p>PUBLIC COMMENT PERIOD: There was no public present to make comment.</p>	<p>No Board action required</p>	<p>N/A</p>
<p>APPROVAL OF DISTRICT BOH MINUTES FOR: The Board of Health Secretary has been on a leave of absence. The minutes from the November 12, 2013 meeting have not yet been completed. They will be completed by the March 11, 2014 meeting.</p>		
<p><u>INFORMATIONAL ITEMS:</u></p> <p>Dr. Fitch read a letter of resignation submitted by Board of Health member Sandra McGriff.</p> <p>Board of Health Attorney, Sharon Parker, explained to the BOH the makeup of the Executive Committee. Is comprised of the chair and the vice chair and one representative from each of the counties that is not a county commissioner representative. Susan McNeely, McDowell County, Cathy Brooks, Polk County and David Odom to replace Sandra McGriff in Rutherford County.</p> <p>Dr. Fitch asked Commissioner Kaylor to introduce the new Board of Health Member from McDowell County. Mr. Kaylor introduced Charlie Mae Mace.</p> <p>Phillip Melon swore in Charlie Mae Mace.</p> <p><u>James H. Hines, Health Director</u> At the November 12, 2013 Board of Health Meeting, Mr. Hines was asked to provided training regarding the services that the Health Department provided.</p> <p>Public Health Infrastructure, Program Services, Costs and Future</p> <p>Mandated Services for Local Health Departments The last meeting held in Polk County on November 2013</p>	<p>A motion was made by Dr. Rogers, seconded by Dr. Davidson to appoint David Odom to represent Rutherford County on the Executive Committee.</p>	<p>Handout “Local Public Health Services”</p>

he was requested to educate the BOH on mandated Services

Mr. Hines discussed the PowerPoint (exhibit 1). The law is not the only determinate of the types of services that local public health agencies provide or activities they engage in.

Public health services are also influenced by changing public health conditions or changing funding streams for public health agencies. For example, September 11 is a date everyone will remember.

The determination about which public health services are provided is also influenced by deliberative processes, in which researchers practitioners and other stakeholders review information about public health and research conclusions about the services that are necessary to produce good population outcomes.

The National Institute of Medicine (IOM) Report (April 10, 2012) defines a “minimum package” of Public Health Services.

Foundation Capabilities:

- Information system and resources including surveillance and epidemiology
- Health planning, including community health improvement planning
- Partnership development and community mobilization
- Policy development, analysis and decision report
- Communication, including health literacy and cultural competency
- Public health research, evaluation and quality improvement

Basic Programs

- Maternal and child health promotion
- Injury control
- Communicable disease control
- Chronic disease prevention, including tobacco control
- Environmental health services
- Mental health and substance abuse services.

<p>Other Public Health Services/Activities in NC</p> <ul style="list-style-type: none"> • Personal health programs not reflected in minimum package • Dental public health • Public health laboratory • School health • Public health preparedness • Workforce and agency support • Local agency governance activities of the local board of health <p>Three primary laws that affect the scope and range of local service provision</p> <ul style="list-style-type: none"> • Essential public health services • Mandated services • Local Health Department Accreditation <p>Statutory Authority for county public health: “A county shall provide public health services” NCGS @ 130A – 34(a)</p> <p>Local Health Department shall provide or ensure the provision of these 13 services:</p> <ul style="list-style-type: none"> • Adult Health • Home Health • Dental Public Health • Food, Lodging and Institutional Sanitation • Individual On-site Water Supply • Sanitary Sewage Collection, Treatment and Disposal • Grade A Milk Sanitation • Communicable Disease Control • Vital Records Registration • Maternal Health • Child Health • Family Planning • Public Health Laboratory Support <p>Five (5) Mandated Services Must Be Provided By Local Health Departments Directly</p> <ul style="list-style-type: none"> • Food, Lodging and Institutional Sanitation • Individual On-site Water Supply • Sanitary Sewage Collection Treatment and Disposal • Communicable Disease Control • Vital Records 		
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Eight (8) Mandatory Services must be provided, but county can rely on a contractor or other party to do so:

- Adult Health*
- Home Health
- Dental Public Health*
- Grade A Milk Sanitation
- Maternal Health*
- Child Health*
- Family Planning*
- Public Health Laboratory Support*

*Our Health Department currently provides these services – some on a limited basis.

Mr. Hines began to discuss the next handout “North Carolina Required Services vs. 10 Essential Services.

- Half of the 10 Essential Services are not mandated by either statues or rules in North Carolina’s Public Health System.

Mr. Hines began to discuss the handout “Comparing North Carolina’s Local Public Health Agencies”

- Table 2. NC Public Health Services and Institute of Medicine Minimum Package of Public Health Services
- Table 3. Essential Public Health Services in North Carolina (GS 130A – 1.1)
- Table 4. Mandated Public Health Services in North Carolina (10A NCAC 46.0201-.0216)

Mr. Hines discussed the programs that the District provides. If we were to no longer offer maternity services in Rutherford County, our Medicaid cost settlement would be significantly lower. Do we eliminate the service which may still be offered in each county by other providers? These are decisions that the BOH will have to decide. If our fund balance goes below a certain percentage, the state will intervene and may prohibit operations. If we are no longer able to provide those services, each County will need to fund those services.

Handout “North Carolina Required Services vs 10 Essential Services”

Handout “Table 1. Institute of Medicine (IOM) Minimum Package of Public Health Services”

Dr. Rogers referred to the “A Blueprint of the Future for Local Public Health Departments in North Carolina” that was sent as a mail out with the agenda. He indicated that a small county will have to have over .6 and 2 FTE’s per 1000. How many does the District have?

Mr. Hines indicated that we have continued to decrease the number of employees. Our present staff includes 84 full time employees and 14 part time employees. (Part time is defined as anything under 40 hours per week.)

Dr. Davidson asked if we got all three counties had the same environmental health fee structure, would we still operate at a deficit? If the fees had been equal the past two fiscal years, we would have generated an additional \$100,000. The expenses would have still exceeded our revenue but we would be getting closer to equalization.

Dr. Davidson – worse case scenario if we totally exhaust our fund balance. Does it fall on the county?

Mr. Hines stated “yes”. I think what would actually happen if the county would provide the mandated service but on a very limited basis. It doesn’t say how many days of the week or the number of people who would be providing the service. The more we see the emergence of FQHC and they are the only game in town. They will become the provider of more comprehensive clinical services. Environmental Health and vital records will continue to be with us.

Dr. Rogers asked if we knew if the Gaston County public health FQHC model is working and sustainable.

Mr. Hines states that yes, it was working very well.

Susan McNeely states that the collaboration was very nice to access.

Mr. Hines indicated that before the FQHC was established in Gaston County, they operated as a rural health center. They had a history of collaboration to improve health.

Gaston County recently consolidated all their health and Social Services under a human services umbrella.

Dr. Rogers – It doesn’t sound like Blue Ridge is

**Handout “A
Blueprint for the
Future for Local
Public Health
Departments in
North Carolina”**

interested in working with any one?

Mr. Hines – Approximately 2 years ago they were asking to work with the Health Department and I have scheduled meetings to talk with them about collaboration.

The county managers and Mr. Hines will be discussing year two funding for reducing the fund balance and next years (2014/2015) budget next month. We had to reduce our Pregnancy Care Management Program by an additional \$40,000 this past week. Mr. Hines indicated a request on patients served will be provided to Board members.

Dr. Davidson – Collins Dental Center Update

Dr. Davidson updated the Board on the operations at the Collins Dental Center and recommendations for expanding dental services to McDowell County. Dr. Davidson shared the following observations:

- Revenue for the first four years of operation were very stable and Medicaid cost settlements were important to the bottom line.
- The last two years have begun to show a decline in revenue as patient volume decreased (especially from Rutherford County), personnel costs increased, more procedures referred out and equipment upgrades and replacements evolved.
- Stability of contract Dentists has been able to help control some costs.
- Medicaid cost settlement has allowed the restricted reserve to remain stable.
- Approximately 5,600 per year are being served at the CDC.

Dr. Fitch asked Dr. Davidson if the dollars per visit revenue included the cost settlement. Dr. Davidson indicated it does.

- In September Collins Dental Center began offering a ½ day dental emergency clinic on Friday's. Thermal Belt Outreach has provided funds to offset costs for the unserved. Medicaid is accepted, a sliding fee schedule is used and \$25.00 is expected from the patient. Costs are

Handout “Report to RPM District Board of Health on the Collins Dental Center Program”

needs are being monitored closely.

- Dr. Davidson addressed the need to serve residents living in McDowell County as a part of the District’s overall mission. There will need to be some changes in the written letter of agreement between RPM and Thermal Belt Outreach Ministries. Dr. Davidson indicated the prospects of purchasing a dental truck that is for sale in Wilkes County. The dental truck is used but is equipped for a two chair operation. Dr. Stroud, the lead CDC contract Dentist, has visited the dental truck and says it is very impressive and a bargain.
- County Commissioner and BOH member Joe Kaylor indicated he would like to see dental services become available to McDowell County residents and would assist in making that happen.
- Mr. Hines shared the possibility of East Carolina University Dental School building a dental operating and service learning center in McDowell County. County Commissioner Greg Lovelace asked if Mr. Hines knew when the decision would be made by ECU. Mr. Hines indicated he expected a decision within the next three months. Jim Segars asked how soon services could be offered in McDowell County. Optimistically, Mr. Hines stated by the next three to four months all of the pieces will fall into place.

Dr. Davidson stated that the using the Collins Dental brand and infrastructure of personnel and it becomes a District resource vs. a Rutherford and Polk. If people get hurt or sick we can move people around. District employees can move across county lines and consolidate administrative costs just as the

We have approval to bill SC Medicaid. The Landrum residents would love to come into the facility that is already there. DSS has indicated that the Landrum residents would love to come into the facility.

Dr. Rogers said that about 30% of their patients from St. Lukes Hospital come from the Landrum area.

<p>Mr. Hines said that the billing that has to go through the HIS system is also part of the Medicaid cost settlement.</p> <p>Dr. Fitch asked if the Board needed to make any recommendation or changes that need to take place.</p> <p>Dr. Davidson stated that the Board is the signatory on the MOA a motion was necessary to proceed to work with Outreach Ministries. He is working with an attorney and Cathy Brooks has also volunteered to help with the rewrite.</p> <p>Dr. Fitch – Evaluation Process for Mr. Hines</p> <p>Dr. Fitch discussed the evaluation process for Mr. Hines. Sharon Parker handed out the package for each BOH member to complete and return to Sharon Parker. This information will come back to the BOH at the March meeting in closed session. It was asked that the packets be received in her office by the end of January.</p>	<p>A motion was made by Dr. Rogers for Dr. Davidson to begin negotiation with Thermal Belt Outreach Ministries to rewrite the Memorandum of Agreement between the two in order to allow expansion of services especially within McDowell County and including other areas. The motion was seconded by Commissioner Kayler. The motion passed unanimously.</p>	
<p>No Closed Session Requested</p>	<p>No closed session was requested at this meeting.</p>	<p>Minutes for closed sessions are maintained at the law office of Sharon L. Parker at 26 West Court Street, Marion, NC 28752</p>
<p>ADJOURNMENT:</p> <p>Dr. Fitch recommended adjourning the meeting at 8:40 p.m.</p> <p>SIGNATURES:</p> <p>_____</p> <p style="text-align: center;">Dr. Iain Fitch, Chair</p> <p>_____</p> <p style="text-align: center;">James H. Hines, Jr., District Health Director</p>	<p>A motion was made by Dr. Rogers, seconded by Susan McNeely to adjourn. The meeting was adjourned at 8:40 P.M.</p>	

