

MINUTES

DAVIDSON COUNTY BOARD OF HEALTH

July 7, 2015

12:30 p.m.

BOARD MEMBERS PRESENT

Ms. Jana Andrews
Dr. Doug Cope
Ms. Becky Daley, Chair
Dr. Rick Gilliam
Ms. Alice Gray
Dr. Cathy Riggan
Mr. Tobin Shepherd, Vice Chair
Ms. Becky Simmons
Mr. Dale Swicegood

STAFF PRESENT

Darren Cecil
Mary Lou Collett
Jen Hames
Barbara Hedrick
Nancy Rosier
Nancy Stout
Monecia Thomas
Karen Villines

VISITORS PRESENT

Kathy Hitchcock
Scott Craver

WELCOME

Ms. Becky Daley called the meeting to order, established a quorum, and welcomed everyone to the July Board of Health meeting.

MEETING AGENDA and CONSENT AGENDA

Ms. Daley asked for approval of the agenda and the consent agenda, including the May 12, 2015 meeting minutes and the financial reports as presented.

MOTION

Mr. Tobin Shepherd made a motion to approve the items on the meeting agenda, the consent agenda, the May 12, 2015 meeting minutes and the financial reports as presented. Ms. Alice Gray seconded and the motion was approved without dissent.

PUBLIC COMMENT

None

PROGRAM UPDATES

Ms. Daley stated that the Executive Management Team will now present their Program Updates. As always, the Executive Staff will answer any questions Board members may have and if there is additional information they would like to share, they will briefly do so. Ms. Daley welcomed Nancy Stout back.

▪ Environmental Health Director Darren Cecil highlighted a few items:

- **Centralized Permitting:**
 - Since the new Central Permitting Supervisor, Jennifer Goble, was hired, things seem to be progressing pretty well with very positive meetings in May and June.
- **LDO/Arc View Field Mapping:**
 - Providing better accuracy for on-site wastewater site plans.
 - Looking at and practicing incorporating Operations Permits into the mapping project
- **Food, Lodging and Institutions Records:**
 - Effective July 1st, Food and Lodging Records are being saved in laserfiche; no longer have paper records.

- **Director of Nursing Mary Lou Collett** highlighted a few items:
 - **Current Projects:**
 - **Laserfiche Scanning** – June 22nd - started scanning any information generated on paper for established records; this is going very well. We are on our way to quickly becoming paperless at some point in time in the near future.
 - **Items to Note:**
 - Staff did an excellent job staffing the Shelters for the April and June 2015 fires in Thomasville.

Ms. Daley thanked both Mary Lou and Scott Craver (of DSS) for getting the shelters up at a moment's notice as they were very necessary and needed.

- **Health Education Supervisor Jen Hames**
 - **Current Projects**
 - **Community Health Assessment** due this year – Community partners are currently working on revising and finalizing the community input survey. Once finalized, the input survey will be distributed to the county to get as many completed surveys as possible. The vendor for technical assistance has already started on the secondary data collection.

- **WIC Director Barbara Hedrick**
 - **Current Projects**
 - Staff will be attending Nutrition Services Branch webinars this week. The Branch will provide WIC Staff with updates on the WIC food package change that will be effective October 1, 2015. Ms. Hedrick anticipates that there will be a change in the contract formulas and yogurt and pasta will be added to the food package.

- **Health Director Monecia Thomas** highlighted a few items:
 - **Successes and Challenges:**
 - **Successes:**
 - Excellent job by Mary Lou Collett and staff with the Sheltering Process.
 - County Leadership Class Graduates: Debra DeLapp-Public Health Nurse III, Josh Jordan-Environmental Health Specialist, Cheryl Lomax-Office Support IV and Sandi Wilhite-Social Worker/Care Manager/ OBCM – Pregnancy Care Management
 - **Challenges:**
 - Tobacco/Smoking Restrictions
 - Carpet and Tile (first floor) – Involves changing three large rooms from carpet to tile and contents being placed in storage pods. At this time, work is being done on section two with a goal of completion of all three areas by August when the School Nurses return.
 - Full-Scale Exercise – The Initial Planning Meeting is scheduled for July 8, 2015. County Staff, Preparedness Staff, Emergency Management, DSS, County Risk Management, County Attorney, all three School Systems, Law Enforcement, individuals from the Regional Emergency Preparedness group are expected to attend. The plan is to go through a Strategic National Stockpile Exercise in January or February 2016 and determine how if a public health emergency occurred, the meds would be distributed through one of the pods.
 - NWPPH – Northwest Partnership for Public Health – ten Counties: Ashe, Alleghany, Davidson, Davie, Forsyth, Stokes, Surry, Yadkin, Watauga, Wilkes, (seven health departments) meet every month - Recently the group hired a new Billing and Coding Coordinator for the region to assist with billing and with the new ICD-10 changes.

people under her supervision from moving Office Support from Ms. Collett's supervision (Personal Health) to Ms. Ange (Finance and Office Support).

- Posted positions: Physician Extender (PA or FNP) full-time position, but willing to work with someone if they could only give X number of days a week.
- Re-Appointment Dates for Board of Health Members – Dr. Riggan's term is ending in September. For Orientation, Dale Swicegood and Becky Simmons have already completed their online training.

Old Business

Ethics Webinar – Training

Ms. Daley reminded the Board they were asked to review the Ethics Webinar and if they haven't already completed the webinar to please complete it as soon as possible. The webinar lasts for about 70 minutes and is quite interesting.

Association of NC Boards of Health Report

Ms. Daley mentioned that the ANCBH report has not been a written report distributed recently, so Ms. Thomas will give us a verbal update on the Association of North Carolina Boards of Health (ANCBH).

Ms. Thomas noted that ANCBH offers a \$500 scholarship towards attendance at the National Association of Local Boards of Health (NALBOH) conference.

Update on Proposed Tobacco Resolutions

Ms. Daley explained that Assistant County Attorney, Mike Newby, was not able to attend the meeting today. Ms. Thomas will give a brief update on what has occurred since the Board meeting in May when it was decided to request that the Board of County Commissioners consider an Ordinance regarding Smoking and E-Cigarette Use.

Ms. Thomas refreshed the Board's memory of the Ordinance titled "An Ordinance Enacting County Policy to Prohibit Smoking or Electronic Cigarette Use in County Facilities, County Owned or Leased Vehicles and Mechanized Equipment and to Restrict such Activity upon County Grounds." Ms. Thomas explained this Ordinance will go to the County Commissioners Informational Meeting on Thursday, August 6th at 8:00a.m. and she suggested that Board members attend to speak in support of the Ordinance. Ms. Thomas and Ms. Hames will be speaking at the informational meeting and she felt this meeting would be the best time for the Board to show their support because the Commissioners will vote at a regular Tuesday evening meeting.

Ms. Daley stated as Board Chair that she would encourage those that can attend the August 6th and August 11th Commissioners meetings to do so. She mentioned there are public comments at the August 11th meeting at 7:00 p.m. and both meetings are held in the Commissioners Boardroom on the fourth floor of the Governmental Building.

Review of 2015-2016 Budget

Ms. Daley commented the Board of County Commissioners passed the 2015-2016 Budget on Tuesday, June 9th. Ms. Thomas will share with us the main change in the Board of Health submitted budget and the passed budget.

Ms. Thomas explained the Board of Commissioners have granted all current full – time (with benefits) County employees a \$500 increase plus a 1% cost of living (COLA) increase. For future fiscal years, it is recommended the base amount (\$500) be included as a part of the base budget development with COLA approved annually by the Board of County Commissioners as part of the adopted budget ordinance. The \$500 portion of the increase allows employees to advance along the pay range in their respective pay grade, improving the pay compression issue existing with many positions. Ms. Thomas was pleased that the Health Department's budget was approved as submitted, with some minor tweaks that Casey Smith, Assistant County Manager, noted that budget amendments could be made since there were no major issues with the overall total.

Board of Health Handbook Update

Ms. Daley stated that Accreditation requires that the Board of Health Handbook be updated annually so now Board members will receive their new Handbooks and Ms. Thomas will give the Board a brief orientation as to how things are organized.

Ms. Thomas explained that the Board of Health Handbook has been updated with the current information:

- o Tab 1-Bylaws, Board of Health Members list
- o Tab 2- Organizational Chart
- o Tab 3- DC Health Department Programs, Services Brochure, Program Plan Outline
- o Tab 4- Budget for Fiscal Year 2015-2016

New Business

Board of Health Bylaws Committee

Ms. Daley stated that the Accreditation Activities require that the Bylaws be reviewed annually. The Bylaws Committee is responsible for the initial review prior to the entire Board. Ms. Daley mentioned that a meeting needs to be scheduled. Ms. Daley noted that it may be best to meet in person since a change may be considered.

Records Retention and Disposal Update

Ms. Daley explained that many members of the Board are aware that the Health Department follows specific guidance from the NC Office of Cultural Resources – Division of Archives and Records for the manner in which records are handled. The guidance dictates which records have to be maintained and which ones can be destroyed. Nancy Stout will provide us with a brief overview of this new guidance and then we will need a motion to approve the Board signing and adopting the document.

Ms. Stout explained that an amendment was made to Standard 19 in the Records Retention Schedule in March. It is for Patient Clinical Records, Item 6, and this will require a signature by the Health Director and Chairman of the Board of Health. The document:

- Changed the retention of adult patient clinical records from date of last service and those of deceased patients from 10 years to 11 years.
- For pediatric patients, the document changed the retention requirement - from until the person reaches age 28 and have not received services for 10 years to until they reach age 30 and have not received services for 11 years.
- Changed the citation to include the North Carolina Administrative Code related to Preservation of Medical Records (10A NCAC 13B .3903)

MOTION

Dr. Cathy Riggan made a motion to approve the Amendment to Standard 19 Records Retention Schedule for patient clinical records. Ms. Becky Simmons seconded and the motion was approved without dissent.

Ms. Daley and Ms. Thomas will sign this document and submit it to the Office of Cultural Resources.

DCSPAN – Davidson County Stop Prescription Abuse Now Coalition Update and Information regarding Naloxone

Ms. Daley welcomed Karen Villines, the DCSPAN Coordinator. Ms. Villines is a Health Educator and is the Coordinator for the Community Collaborative. Ms. Villines will provide us with an update on DCSPAN's activities, then we will hear from Kathy Hitchcock and Tessie Castillo, the Communications and Advocacy Coordinator for NC Harm Reduction (via Skype).

Ms. Daley mentioned that the purpose of this presentation is for information only. We will continue this discussion at our next meeting and consider if the Health Department should consider dispensing Naloxone in the future.

Ms. Daley mentioned that she would like to take this opportunity to thank Ms. Villines for the work she has done in getting the DropBox at Tyro Family Pharmacy. There were a lot of people working behind the scenes to get the DropBox and she thanked Tyro Family Pharmacy. She noted that the ribbon-cutting ceremony held yesterday was very nice.

Ms. Villines explained that the Coalition has been very busy since she attended the September 2014 Board of Health meeting. Recent activities included:

- o Developed Website - DCSPAN.com
- o Purchased 2 tabletop DCSPAN banners
- o Attended numerous Health Fairs/Wellness Events:
 - o One of the Coalition members works with FaithHealth – activities have been completed at churches
 - o A project entitled Project Bedroom was completed in November. The program was aimed at parents and was fairly well attended.
- o Executive members and members of the Coalition have attended several leader trainings and received good information.
- o The Coalition has received funding
 - o Additional \$6,000 from Northwest Community Care Network to be spent by February 2016
 - o Will receive \$10,000 from the NC Community Care Network and Project Lazarus via a grant they received from the Kate B. Reynolds Charitable Trust. These funds will need to be spent by June 2016.
 - o State Grant - \$3,284 will be used to purchase a DropBox for Davidson Medical Ministries so the ribbon cutting ceremony will be coming soon.
- o The Medication Misuse in Older Adults program had news coverage by Fox 8 prior to the event. The event was not as well attended by the Senior population as Ms. Villines had hoped, but several Seniors did attend and they filled out surveys stating that they received a lot of good information from the panel of providers explaining services that were available that the seniors were not aware of.
- o Tyro Family Pharmacy/DCSPAN DropBox Ribbon Cutting was July 6th. Ms. Villines showed the Board a picture that will be in The Dispatch business section and FOX 8 will also be doing a story on the DropBox. The Coalition is working to get DropBoxes in various convenient areas of our large County. Ms. Villines noted that having 0 places in the County to dispose of unwanted/unused medications to at least one or two is a very good step for the Coalition.

Kathy Hitchcock stated that she Co-chairs the Community Child Protection Child Fatality Prevention Team (CCPT/CFPT) with Ms. Collett and she is also the Program Administrator for Child Protective Services at DSS. Last year when she spoke to the Board of Health about the issues with opiates, Ms. Hitchcock felt very fortunate to work with Ms. Villines. She recognizes that Ms. Villines' goal is to be in every nook and cranny of Davidson County until everyone understands the proper storage and disposal of prescription drugs and not to share medicine.

Ms. Hitchcock felt that we have come a long way and she applauds Ms. Villines on her efforts, but there are still efforts to be made. She is present today to ask the Board of Health to please continue to support Ms. Villines and the DCSPAN Coalition. DSS still sees opiate abuse as the main reason families are experiencing problems in taking care of their children. There are over 130 children in foster care and opiate abuse is the main reason that many of these children will never be able to go home. It is truly an epidemic. Just last week DSS explained to a parent why the child has to go live with a relative and is not able to be in the home. As they explained that the case has to be taken to court, the parent was feverishly texting and the Social Worker realized this and confronted the parent - who was basically trying to get drugs while she is sitting there talking about the child. The parent responded with "Yes, I haven't had a fix in two days. I have to get something." We have parents (in their thirties) whose children are in foster care. The parents have serious health problems due to their intravenous drug abuse. It is just reality that DSS sees daily and routinely. Parents with deep track marks who are just not able to meet their children's basic needs are a part of the routine. DSS has about thirty-five cases involving heroin and other opiates that are on the verge of having DSS remove the children. It is truly taking a total on our families and in case you do

not think the situation is close - Ms. Hitchcock stated that when she got out of her car yesterday in our County parking lot, she almost stepped on a burnt spoon (used for drugs). Ms. Hitchcock implores the Board to please support Ms. Villines' efforts as we continue to try to get people to understand that there is a problem here and we have lots of folks who need our help.

Ms. Villines wanted to mention that the DCSPAN Coalition has been working in conjunction with Dr. Stephen Hsieh and Dr. Meryl Snow from Davidson Medical Ministries to get more providers enrolled in the Controlled Substance Reporting System (CSRS).

- o When the Coalition started in September 2013, CSRS was being used by:
36 pharmacists registered
96 prescribers (Doctors, PAs, Dentists)
Total 132
- o As of June 29, 2015, CSRS was being used by:
86 pharmacists registered
163 prescribers (Doctors, PAs, Dentists)
Total 249

Via Skype

Tessie Castillo, Communications and Advocacy Coordinator for the North Carolina Harm Reduction Coalition, (NCHRC) a statewide nonprofit dedicated for the past 10 years to overdose prevention to reduce drug overdose deaths.

- Legislative Advocacy - the passage of Senate Bill 20: The 911 Good Samaritan Law which has allowed Naloxone to be distributed the way it is distributed today.
- NC Harm Reduction Coalition has one of the largest Naloxone distribution programs in the country. They basically distribute the medicine to people who are at risk for drug overdoses and they collect information about when, where and how the Naloxone is used.
- Since August 1, 2013, NCHRC has distributed over 11,500 overdose prevention kits containing Naloxone throughout the whole state of North Carolina and 628 reported reversals from the Naloxone kits have saved a life.
- Recently (June 2015), there was further clarification to the Good Samaritan Law – the following will be enacted under Senate Bill 154:
 - o People who are suffering from a drug overdose or a bystander who calls 911 when they witness a drug overdose cannot be prosecuted for small amounts of drugs (personal use, underage drinking or drug paraphernalia). The reason this was done was because it was recognized that in North Carolina, most people were around someone else when they had a drug overdose and most of the time that person could have called for help, but they did not because they were afraid of legal repercussions. So North Carolina has joined about 27 other States that have passed the 911 Good Samaritan Law at this point. They are currently in the process of conducting a research project to measure how much of an effect that aspect of the law has had on people calling 911.
 - o Expanded access to Naloxone by removing any civil liabilities or criminal liabilities for any bystander or physician who is involved in Naloxone administration, so physicians are now able to prescribe Naloxone not only to the patient, but to a third party, such as a family member or friend of the patient who may be present when an overdose occurs. Anyone can administer Naloxone in good faith to a person that they believe to be suffering from drug overdose and they will have no liabilities.
 - o Pharmacists will be allowed to dispense Naloxone to people at risk of a drug overdose under a medical physician's standing orders. This has allowed groups like Health Departments or nonprofit organizations, such as the North Carolina Harm Reduction Coalition, to distribute Naloxone even if they are not physicians or nurses, to anyone they think meets those characteristics under the standing order.
 - o Naloxone cannot be abused and is a very safe medication that has no other function than to reverse overdoses from opioids such as heroin, methadone. Naloxone comes in three different kit forms:
 1. Intramuscular form that comes with a syringe. Intramuscular is significantly less expensive, so its use depends on your agency's budget and preferences.

2. Intranasal form can be sprayed in the nose and requires no needle.
3. Pre-filled auto-injection device containing a solution (liquid) to be injected intramuscularly (into a muscle) or subcutaneously (under the skin).

- o The North Carolina Harm Reduction Coalition provides training on how to recognize a drug overdose and how to use the Naloxone kits. Someone who is experiencing an opiate overdose is going to be unresponsive, have very shallow breathing, may be turning blue around the lips or under the fingernails - basically their respiratory system is shutting down. Normally this takes about 1-3 hours from the time the person takes the drugs up until the time when they have experienced complete respiratory failure. The bad news is that people do not recognize that it is an overdose since it has all the same symptoms as someone just sleeping. So we train people to check to see if they are responsive by rubbing your fist up and down their chest along the sternum and if they don't wake up immediately, call 911. While waiting for emergency personnel to arrive, individuals are given instructions on how to give rescue breathing which is similar to CPR but doesn't involve compressions and at this time, they administer Naloxone. The medication lasts 30-90 minutes so that is another reason why it is important to have emergency personnel to come. Some people come out very quickly within a few seconds. They go from almost dead, cold, turning blue, not breathing to standing up and talking to people. Naloxone is called a miracle drug for a reason. It has that effect on people. In others, their color will come back and the blue fades from their lips and they begin to breathe again a little more slowly. Naloxone has few side effects, it is not a controlled substance, a person cannot get high from it and it is safe for children and pregnant women. Naloxone does not affect someone without opioids in his or her system, it can only reverse overdoses involving opioids like prescription pain medication and heroin.
- o North Carolina Harm Reduction Coalition works with various agencies across the State (treatment centers, homeless shelters, halfway houses, Methadone and Suboxone clinics - staff members are trained on how to use Naloxone and they have kits for use in case a client overdoses - that happens quite frequently and they can distribute it to their clients). Basically distribution is done through the North Carolina Harm Reduction Coalition standing order - only staff members of NCHRC can distribute Naloxone under this order. NCHRC has only three staff in the whole State, so people that want to distribute Naloxone become contractors through NCHRC by signing a one page document saying they are a contractor with NCHRC when they are distributing Naloxone and they are able to distribute Naloxone to anyone who they believe to be at risk.
- o NCHRC has worked with a couple of different health departments to help them start their programs; Orange County has been dispensing Naloxone for a while and Wake County is starting now and will have a very good program because they are using outreach workers. Wake County has found the most effective way to get Naloxone to people who need it is to use outreach workers opposed to having a fixed site (health department) where people have to come. Most people are not going to come, they don't know about it, or they don't like going to the health department. Outreach workers are familiar with the community and will go out in the community to distribute a lot more Naloxone kits.

The DCSPAN and Naloxone presentations concluded. The topic will be addressed again at the next Board of Health meeting.

NC Local Boards of Health Orientation and Training

Ms. Daley mentioned that Board of Health members are required to complete an Orientation. According to our Accreditation activities, the Orientation should be completed within one year. Our recent Board additions (Jana Andrews and Tobin Shepherd started this process by completing the on-line Introduction to Public Health course offered by the UNC-CH Institute for Public Health). The original plan was to complete their in-person Orientation session (along with the 3 newest members - Douglas Cole, Becky Simmons, and Dale Swicegood) earlier this year. This would provide the opportunity to be more efficient and have one speaker come from UNC-Chapel Hill

and complete the training for all new members. The County Commissioners schedule altered this plan and we did not have our newest members appointed until March 10th which meant they were officially sworn in in May. So, we are now ready to plan our new member Orientation and our annual training. The date selected by UNC-Chapel Hill is July 28. We received very good feedback, but there are a few of the Board members who have not responded. Ms. Daley asked is there anyone that will be unable to attend on the 28th. The training will require a couple of hours and so the Board needs to select a time that will be suitable for everyone and dinner will be provided. The Board discussed and decided a potential time of 6:00PM – 8:00PM on Tuesday, July 28th at the health department.

School Health End of Year Report

Ms. Daley stated that Mary Lou Collett, Nursing Director, will provide the Board with an overview of the School Health Report that includes general information from all 3 school systems.

Ms. Collett explained that she provided as summary of the School Health End of Year report in the Board of Health packets because the full report was lengthy. The report shows a lot of students receiving medication in the schools and with this large exchange of medicine it becomes a big responsibility. If there is not a nurse in the school, the responsibility is put on someone else. In the County School System, there are over 700 injuries/illnesses dealt with at school that began at home, so not only are the School Nurses dealing with what is going on in the schools - the scrapes, bumps and band aids, but they are also dealing with the things the students bring with them. The Nurse:Student ratio recommendation is approximately 1:750 and in our school system it is 1:3,000 so we are one of the worse if not the worst and this is not a good title to have. We need to work on this.

CLOSED SESSION

Ms. Daley requested a motion to move into Closed Session to further discuss Personnel Issues in accordance with General Statute 143-318.11(a)(6).

MOTION

Dr. Cathy Riggan made a motion to go into Closed Session. Mr. Tobin Shepherd seconded and the motion was approved without dissent.

CLOSED SESSION

OPEN SESSION

Dr. Cathy Riggan made a motion to come out of Closed Session. Ms. Becky Simmons seconded and the motion was approved without dissent.

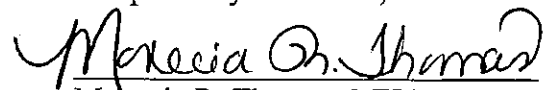
BOARD MEETING DATES

The Board of Health will meet September 1, 2015 Tuesday, at 12:30.

MEETING ADJOURNED

Dr. Cathy Riggan made a motion to adjourn. Mr. Tobin Shepherd seconded and the motion was approved without dissent.

Respectfully submitted,



Monicia R. Thomas, MHA

Secretary to the Board

This is a true and accurate copy of the July 7, 2015 Board of Health Minutes.



Rebecca Daley, RN, MHA, Chair