

MINUTES

DAVIDSON COUNTY BOARD OF HEALTH

September 1, 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. Michael Lanning
Dr. Cathy Riggan
Mr. Tobin Shepherd, Vice Chair
Ms. Becky Simmons
Mr. Dale Swicegood
Commissioner Don Truell

STAFF PRESENT

Darren Cecil
Debra Delapp
Jen Hames
Barbara Hedrick
Josh Jordan
Angie Laster
Cheryl Lomax
Nancy Rosier
Nancy Stout
Monecia Thomas
Karen Villines
Sandi Wilhite

VISITORS PRESENT

Mike Newby, Asst. County Attorney
Scott Craver, DSS/DCSPAN
Jane Goble-Clark, Partnership for Success
Nancy Litton, Partnership for Success
Dr. Hsieh, High Rock Internal Medicine
Dawn Phillips, High Rock Internal Medicine
Seth Miller, Pharmacist

WELCOME

Ms. Becky Daley called the meeting to order, established a quorum was present, and welcomed everyone to the September Board of Health meeting. Ms. Daley recognized Dr. Cathy Riggan for completing her nine year term on the Board of Health and presented Dr. Riggan with a gift of appreciation for her service.

MEETING AGENDA and CONSENT AGENDA

Ms. Daley asked for approval of the agenda, consent agenda, July 2015 meeting minutes, the Bylaws Committee 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, July 2015 meeting minutes, the Bylaws Committee meeting minutes and the financial reports as presented. Dr. Michael Lanning seconded and the motion was approved without dissent.

PUBLIC COMMENT

None

PROGRAM UPDATES

Ms. Daley reminded the Board that the Executive Management Team Program Updates reports were received in the Board of Health packets and if the Board had any questions, the Executive Staff is in attendance would answer any questions Board members may have.

- Health Director Monecia Thomas clarified a few items:
 - The Board of Health, at a previous meeting, discussed and made the decision to meet with the School Health Advisory Council (SHAC). The local SHAC is very unique in that it represents Thomasville City Schools, Lexington City Schools and Davidson County Schools. The last time it was discussed (before the school year ended), the Board decided the best time to meet with that group would be on their time. SHAC typically meets on a Monday afternoon around 3:30. Ms. Thomas will be letting them know when SHAC has their first meeting of the school year and continue planning over the next couple of months.

- o An open Board of Health physician position will be created when Dr. Riggan's nine year Board of Health term ends in September. Dr. Andrea Bennett-Cain has submitted her Board of Health application and will be on the Board of County Commissioners October 13th agenda.
- o Ms. Thomas was not able to attend the meet and greet with Representative Alma Adams.
- o Patagonia Dashboard overview with chart handouts:
 - Patagonia is the new electronic medical records system at the health department
 - Patagonia Dashboard gives access to certain graphs that provide performance snapshots such as:
 - o No show rates divided by different programs indicating that our no-show rate is about average for most health departments; but, we are taking steps to address that. Office Support staff are calling a few clients.
 - o Quarterly Charges graph showing what was actually charged to Medicaid, Blue Cross and Self Pay
 - o Quarterly Payment Received graph – indicating payment received by payer as well as charges submitted by payer.

Old Business

Association of NC Boards of Health Report

Ms. Thomas provided updates from the local Association of NC Boards of Health (ANCBH) and distributed the new National Association of Local Boards of Health (NALBOH) newsletter.

- o ANCBH has a couple of vacancies and is currently looking for members from the far western part of North Carolina. They also wanted us to share with the Boards of Health that they are pleased that they have so many members. About 75% of the Boards of Health in the State are ANCBH members. They are trying to establish an evaluation tool for the Boards of Health to use for health directors. Ms. Thomas thought that was probably for Boards of Health not in the position that this Board is in with the 360 tool.
- o An item of interest in the NALBOH newsletter- The Public Health Law Webinar Series is completed and available on the NALBOH website. It is a Public Health Law series presented by Corey Davis, Orange County Board of Health Chair. He is the head of the North Carolina Public Health Law Center, so you may see his name quite a bit. Keep in mind that he is local.

Update on Proposed Tobacco Resolutions

Ms. Daley shared that during the Board of County Commissioners Informational meeting on August 6th, several members of the Board of Health spoke in support of the proposed Smoking Ordinance. The Commissioners placed this item on their agenda to determine if a Public Hearing would be set and voted 4 to 3 to not move forward with holding a Public Hearing.

Ms. Daley thanked Becky Simmons, Tobin Shepherd and Monecia Thomas for being at the meeting to speak in support of the ordinance and also Commissioner Truell for his support during the meeting.

NC Local Boards of Health Orientation and Training Overview – July 28, 2015

Ms. Daley mentioned that the Board held their Orientation and Annual Training session in late July. The presentation covered an overview of the public health achievements in the Twentieth Century and also reviewed the core function and essential services. During the training it was emphasized that the Board of Health has the responsibility to protect and promote public health and one of the last slides was providing good service to the community as our ultimate goal. For those Board members that were unable to attend, Becky Simmons, Dr. Lanning and Dr. Gilliam, a make-up session will be held on Monday, September 14th at noon with Monecia Thomas.

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

Ms. Daley congratulated Karen Villines and the DCSPAN Committee members on their second permanent drop box in Davidson County, which was dedicated yesterday at Davidson Medical Ministries Clinic. We do want to congratulate them on their hard work and dedication because that committee has really done a lot of hard work and an amazing job in the time they have been working.

During the last Board of Health meeting in July, the Board heard a Coalition update from Karen Villines, the DCSPAN Coordinator. Her presentation focused on increasing awareness and providing options for disposing of expired or unneeded medications. Kathy Hitchcock, the Program Administrator for Child Protective Services at DSS, shared her perspective and the impact that opiate abuse has had on the community. She mentioned that DSS sees opiate abuse as the main reason families are experiencing problems in taking care of their children. Tessie Castillo of NC Harm Reduction spoke about the use of and the benefits of Naloxone being dispensed by various outlets.

Then the Board heard from the Division of Public Health Injury and Violence Prevention Branch via conference call. Ms. Daley asked to please hold questions until the end of the presentations.

Ms. Thomas stated in while waiting for the conference call to be set up she would introduce Dr. Stephen Hsieh a member of DCSPAN Coalition and the Chair of the committee that focuses on providers and pharmacists. Ms. Thomas would like to give Dr. Hsieh an opportunity to share his prospective before the start of the other presentations.

Dr. Stephen Hsieh stated he is a board certified internist and has been practicing internal medicine in Davidson County since 1998. He started his private practice in 2000 and currently has three other physician extenders that see patients from age thirteen and up. At last count he has about 800 Medicaid patients. According to Northwest Community Care, that makes Dr. Hsieh the largest private practice provider of Medicaid services for this region. Because of his large Medicaid population, he has sought to be proactive in making sure controlled medications are used in a safe and responsible manner, including the use of controlled medication agreements. Dr. Hsieh sees all of his patients on controlled medications every month, counts their pills, and has them come back for random pill counts throughout the year to assess compliance. One thing the teleconference is going to share is that when Naloxone became available, he began co-prescribing Naloxone with as many of his patients on controlled medications as possible to give them an extra safety net. If you look at statistics, the majority of uses of Naloxone reversal are not occurring in people who themselves were prescribed a narcotic medication; but, in people who obtained their narcotic medication on the street or took them from friends or family members. Even if all the providers in Davidson County were following these guidelines, we would only be reaching a minority of the population at risk for drug overdose. Ms. Thomas wanted him to come today and share his prospective and to encourage the Board to allow the health department and other public agencies to dispense Naloxone reversal kits. In his opinion, the need is to reach those people that the medical community does not have access to.

The Division of Public Health speakers Scott Proescholdbell, the Head of the Epidemiology and Surveillance Unit, and Alan Dellapenna, the Branch Head for the Injury and Violence Unit participated via conference call. Copies of the PowerPoint presentation were distributed to the Board and also made available to guests in attendance.

- In the United States a person is statistically more likely to die from a drug overdose than a motor vehicle crash. North Carolina will surpass the motor vehicle crash deaths if the current trends continue.
- In North Carolina medication or drug overdose deaths have increased by more than 350% since 1999. In 2014 there were more than 1,000 deaths.
- This increase has been driven in part by prescription opioid drugs and now increasingly heroin which attributed to more than 240 deaths in 2014. In some places Heroin is less expensive than a pack of cigarettes.
- There were more than 20,000 nonfatal overdose emergency department visits in North Carolina in 2014.
- Davidson County has seen its share of mortality related to overdose. The good news is that North Carolina communities are addressing this epidemic in a wide range of ways and hopefully the local health department can play a critical leadership role.
- Events in Scott County, Indiana over the past year that resulted in co-occurring risk factors that placed people at risk for HIV and Hepatitis C were mostly driven by prescription opioid drug use. This dual epidemic or endemic resulted in more than 170 new HIV/AIDS cases, of which 85% were also co-infected with Hepatitis C. Each of those Hepatitis C cases alone is estimated to cost a million dollars in lifetime treatment. The increase was fueled by injecting prescription drugs such as Opana ER, of which North Carolina is second largest recipient in the nation. These circumstances in Scott County really don't differ that significantly from those of many North Carolina counties.

- One of the most promising interventions is getting Naloxone into the hands of as many average people as possible. Naloxone is safe and a highly effective opioid overdose antidote. EMS has been using Naloxone for a least 40 years. The problem is time because once a person has overdosed, Naloxone needs to be administered as soon as possible to avoid respiratory depression and possible death. The need was so clear that in 2013 the North Carolina General Assembly passed the Good Samaritan Law, which has allowed third parties to dispense Naloxone and enable standing orders to create as many channels as possible to make Naloxone available. As a result, more than 800 reversals have been reported in North Carolina since the law changed. This is not enough and the hope is that local health departments can play a leading role in the health of their communities by assisting to make Naloxone available through educational and clinical outreaches.
- Having first responders and law enforcement carry Naloxone has proven critical in saving lives across the State.
- The health departments have an opportunity to be leaders of health in their communities and to take action to prevent additional overdoses.

Via Skype

Meredith Stewart, the Board of Health Strategic Planning Manager for the Orange County Health Department.

- Law enforcement agencies' training differs depending on size but the training itself is collaborated with the Orange County EMS system. Once a law enforcement agency decides to be trained, the officers have about 1 hr. to 1 ½ hr. training. Depending on how quickly the paperwork is signed, this can be a very fast and easy process.
- The Carrboro Police Department saved a resident's life in January 2015 and it was the first time Naloxone was used by any police department in North Carolina.
- In the summer of 2013, the Orange County Board of Health and Healthy Carolinians Coalition began working on substance abuse and mental health as a priority.
- Healthy Carolinians Coalition was focused on medication drop boxes, increasing provider's knowledge, signing up for the Controlled Substances Reporting System (CSRS), and safe medication disposal practices.
- When the law was passed, this was an opportunity for the Board to add on to all those community activities in a way no one else could. It shows how to work on a health issue that affects many people regardless of their income, race ethnicity, age from many different levels.
- The Orange County Board of Health saw it as a great addition to the community work, something relatively simple, and a cost effective way to address drug misuse in Orange County.
 - o Ms. Stewart worked with the medical director and clinic staff to put together all the materials needed, such as an education card that is included in the tool kit.
 - o Looked at clinic policies and procedures and put together a protocol that fit in with what was already being done in seeing patients, so this wouldn't add a whole lot of steps in identifying someone who is at risk, to open a dialogue to ask if this would be something of interest, provide education, and provide the kit from the pharmacy.
 - o Kits were put together fairly easy
 - o To determine how many Naloxone kits to order, discussions were held with clinic, pregnancy care management, and CC4C staff to determine how many patients would be targeted for a kit. There was not a large financial outlay at the start when 25 kits were ordered, and to date only 4 kits have been distributed. A year and half in, there has not been a rush on Naloxone kits at the Orange County Health department and that is helpful from a resource perspective. There was not a huge demand but at the same time it is recognized that there is some opportunity to increase knowledge that Naloxone kits are something the health department has. Many individuals who might be at risk don't feel comfortable coming to the health department or disclosing that they might be at risk and are in need of a Naloxone kit.
 - o Have had positive reception from community members and community leaders who work in substance abuse and mental health. This also opened the door for partnerships with EMS and law enforcement agencies to have them trained and equipped with Naloxone.
 - o Orange County Health Department's standing order is set up such that any person can come in. There is not a need to be a health department client and they actually have the standing order set up to allow for someone either showing up at the clinic or calling just wanting a Naloxone kit to have access to one of the communicable disease nurses to educate and provide a Naloxone kit. Orange County Health Department wanted to make sure there was an opportunity for both health

department clients and people in Orange County to get access to Naloxone and not qualification barriers that might prevent people from having access to this important resource.

- o The shelf life for intramuscular injection Naloxone is two years.

Ms. Daley mentioned that the Executive Director and the Program Manager from the Center for Prevention Services – Partnership for Success initiative are working on this issue.

- o Center for Prevention Services (CPS) Executive Director Jane Goble-Clark provided an overview of their services.
 - CPS has provided upstream services for the past 45 years to Mecklenburg and surrounding counties as well as having national outreach.
 - CPS is part of the continuum of care where there is overdose prevention as one step and prevention of youth access and use as another step. Obviously if youth can be prevented from getting access to any type of drug, it cuts down on suffering, cost and a wide variety of medical and social issues.
 - The Partnership for Success partnership with DCSPAN is specific to prescription drug misuse prevention. For example, at a Skittles party, youth raid a medicine cabinet in search of pills and then the prescription drugs are tossed into a big bowl that anyone can grab just like Skittles candy to see what will happen.
- o Partnership for Success Program Manager Nancy Litton provided a program overview
 - Ms. Litton gave her congratulations and kudos to Ms. Villines, the whole DCSPAN, and network of community members for all the good things that are happening in Davidson County.
 - Partnership for Success Project is a program in the office of the Center for Prevention Services. It is part of the state's initiative to impact this growing epidemic across North Carolina.
 - The program offers collaborative work among the health department, law enforcement, community coalitions such as DCSPAN, education system, and with the community. The initiative is looking at any and all things that will help affect this problem and reduce the likelihood of someone beginning to misuse and ultimately end up in an abuse situation.
 - Education in the classroom is working within the school system
 - Working with hospitals to help with policy and procedures around using the controlled substance registry or prescribing in the emergency room or even looking at the disposal of medications when leaving the hospital. We can get a policy in place to help the nurse educators who are assisting outpatient be sure they know how to properly dispose of those medicines.
 - Helping the community recognize the appropriate use of medication and identifying that leaving medicines in common places in the home leaves drugs available for people to just walk by and pick them up.
 - Ms. Litton met a gentleman during a community service project who shared that his family has spent a quarter of a million dollars helping his son who developed an addiction after routine surgery from an athletic injury. She also heard from a woman who had an overdose because she became disoriented during recovery and took medication more times than prescribed one morning. We really want the 61 people that died in 2013 still with us through this work.

Ms. Daley opened the floor for discussion about the Board of Health's support or non-support for dispensing Naloxone here at the Health Department.

MOTION

Dr. Doug Cope made a motion to approve that the Board of Health support Naloxone distribution within the health department and for the health department to research this option in terms of resources to see if it is an initiative that can be implemented, and leaving the final determination up to the health department staff. Dr. Cathy Riggan seconded and the motion was approved without dissent.

New Business

County Commissioners 2016 Meeting Schedule

Ms. Daley stated the Davidson County Commissioners 2016 Meeting Schedule was in the Board packet and asked the Board to please place it in their Board of Health Handbooks.

Recognition of the Davidson County Health Department Leadership Development Course Participants

Ms. Daley stated Davidson County recently completed a second round of a leadership development initiative to identify and develop staff across the various county departments.

The Davidson County Health Department selected four staff members to attend the Leadership Development course. These staff members had an opportunity to improve their job-related skills and thus benefit their colleagues and the community we serve.

- Debra DeLapp, Public Health Nurse III
- Josh Jordan, Environmental Health Specialist
- Cheryl Lomax, Office Support IV
- Sandi Wilhite, Social Worker II – OBCM Care Manager

Ms. Daley thanked and offered her congratulations for participating in the leadership development course and requested a round of applause.

Board of Health Bylaws/Operating Procedures Review

Ms. Daley informed the Board that the Bylaws Committee met recently to complete the annual review of the bylaws. The Committee discussed several aspects and decided to not make any changes. Mike Newby, the Assistant County Attorney, has already reviewed the Bylaws. Unless someone has suggestions or changes, we need a motion to approve the Bylaws.

MOTION

Mr. Tobin Shepherd made a motion to approve the Board of Health Bylaws. Dr. Cathy Riggan seconded and the motion was approved without dissent.

Records Retention and Disposal

Nancy Stout explained the Records Retention Schedule pertaining to the permanent record preservation of the Board of Health written minutes and the deletion of audio recordings to Board.

- o **Audio recordings**: Standard-1, Item 7 of the Records Retention Schedule states audio recordings, both on cassette and digital, may be destroyed when the official written minutes are approved. With the Board's support, these will be destroyed /deleted after the official minutes are approved.
- o **Board of Health minutes** are permanent records and must have a security preservation copy as defined by the State Archives of North Carolina's Human-Readable Preservation Duplicate Policy (G.S. §132-8.2): **The preservation security duplicate of permanent records must be either on paper or microfilm.** Information written on paper or available on microfilm is human-readable. Electronic records are not human-readable. They require hardware and software in order to be read. The Archives has two processes to microfilm minutes: Either send photocopies of approved minutes to Raleigh in the mail or take the original books. The State has no preference, but stated delivering them is most useful when there are more minutes to film than you are willing to photocopy. The cost for microfilming 1980 to present is estimated to be no more than \$32.00. (Currently, the Archives has the Davidson County Board of Health minutes on microfilm through 1980). The minimum cost is \$16.00. Each microfilm reel holds approximately 2400 8-1/2" x 11" pages.

MOTION

Dr. Cathy Riggan made a motion to approve the Board of Health not maintaining the audio for meetings once the minutes have officially been approved and for the Davidson County Health Department to move forward with microfilming the minutes so that they will be maintained permanently. Mr. Tobin Shepherd seconded and the motion was approved without dissent.

Program Eligibility Policy

Nancy Stout explained that the Program Eligibility Policy is reviewed annually by the Davidson County Health Department and there were only two changes.

1. Change to indicate that a copy of proof of ID is now scanned into the medical record instead of placing it in a paper record.
2. Added a statement to clarify Breast and Cervical Cancer Program (BCCP) clients will be rescheduled if they do not have proof of income. This is due to state requirements. This is not a change in practice, it is just making the policy match what the health department currently does.

MOTION

Dr. Cathy Riggan made a motion to approve the Program Eligibility Policy changes as presented. Ms. Alice Gray seconded and the motion was approved without dissent.

Communicable Disease Report/Foodborne Illness and CD Control Measures/Enforcement Actions

Ms. Daley explained there are several Accreditation Activities included in this report:

Activity 2.4: The local health department shall analyze and note reportable events occurring within the community and shall report atypical incidence, if any, to the Division and the local board of health.

Activity 18.2: The local health department shall take enforcement action for violations of public health laws, rules and ordinances.

Jen Hames provided an overview of the Communicable Disease Control Measure and Public Health Enforcement Action reports. Ms. Hames stated these reports were included in the Board of Health Packets and asked if the Board had any questions.

Review Procedure for Health Director Performance Evaluation and Job Description

Ms. Daley stated there are 2 Accreditation Activities that focus on the Health Director's Job Description and Performance Review:

Activity 37.4: The local board of health shall review and approve the job description of the local health director.

Activity 37.5: The local board of health shall conduct an annual performance review of the health director.

The Evaluation Committee of the Board of Health includes:

Becky Daley, Dr. Gilliam, Commissioner Truell, Tobin Shepherd

The Evaluation Committee needs to meet to review the Health Director's Job Description and then it will be shared with the entire Board for discussion in November. The Board already has a process for the Annual Performance Evaluation and Janie Ange will work with the Board to get everything arranged. The evaluation includes getting a self-evaluation from Monecia Thomas and feedback from her peers, the Board of Health and the Executive Management Team. By the November meeting, the Committee will have the evaluation completed.

CLOSED SESSION

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

MOTION

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

CLOSED SESSION

OPEN SESSION

Dr. Lanning made a motion to come out of Closed Session. Mr. Tobin Shepherd seconded and the motion was approved without dissent.

BOARD MEETING DATES

The Board of Health will meet Tuesday, November 3, 2015 at 12:30.

MEETING ADJOURNED

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

Respectfully submitted,

Monecia R. Thomas, MHA
Secretary to the Board

This is a true and accurate copy of the September 1, 2015 Board of Health Minutes.

Rebecca Daley, RN, MHA, Chair