

# MINUTES

## DAVIDSON COUNTY BOARD OF HEALTH

November 5, 2013  
12:30 p.m.

### BOARD MEMBERS PRESENT

Mr. Corey Buggs  
Ms. Becky Daley  
Dr. Rick Gilliam  
Ms. Alice Gray, Vice-Chair  
Dr. Mark Hamrick, Chair  
Mr. Rod Kcuik  
Dr. Michael Lanning  
Rev. Lamar Moore  
Mr. Keith Raulston  
Dr. Cathy Riggan  
Commissioner Don Truell

### STAFF PRESENT

Janie Ange  
Darren Cecil  
Mary Lou Collett  
Jen Hames  
Barbara Hedrick  
Nancy Rosier  
Nancy Stout  
Monecia Thomas  
Sherry Yarbrough

### VISITORS PRESENT

### WELCOME

Dr. Mark Hamrick called the meeting to order, established a quorum, and welcomed everyone to the November Board of Health meeting.

### MEETING AGENDA and CONSENT AGENDA

Dr. Hamrick requested a motion to approve the meeting agenda, consent agenda and financial reports and to amend the September 10, 2013 Board of Health minutes, adding Dr. Michael Lanning to the Board Members Present List.

### MOTION

Dr. Michael Lanning made a motion to approve the meeting agenda, consent agenda and financial reports as presented and to amend the September 10, 2013 Board of Health minutes by adding Dr. Michael Lanning to the Board Members Present List. Dr. Cathy Riggan seconded and the motion was approved without dissent.

### PUBLIC COMMENT

None

### PROGRAM UPDATES

#### *Dental Billing*

- Division of Finance/Human Resources - Janie Ange explained that we have currently received \$947 in Medicaid Dental revenue. Hopefully the glitches are being worked out and we can continue Medicaid Dental Billing. More information will be presented.

#### *Food, Lodging and Institutions Records*

- Environmental Health Director Darren Cecil explained that the Food, Lodging and Institutions Records are being reviewed for potential process changes.

#### *Environmental Health Planning Session:*

The Environmental Health Planning session is a new process for Environmental Health this year. An afternoon was devoted to identifying important areas to focus on in Environmental Health.

The staff identified 5 major areas to work on over the next 3 years:

1. Records Management
2. Quality Assurance
3. Legal/Illegal Processes
4. Indoor Air Quality
5. Vectors (Bedbugs, Mosquitoes, etc.)

### **Relevant Data**

Mr. Cecil shared a Graph with the Number of Permit Types by Year with the Board of Health and he noted how the number of permits has changed over a ten-year span.

### **Current Projects**

- Director of Nursing Mary Lou Collett stated that staff are doing very well with using Patagonia, the new electronic medical records system, and they have currently increased some clinic services back to 100%. Once staff have mastered using electronic medical records and all of the issues have been worked out, then all clinic services will be increased to their previous numbers.

### **Dental**

Ms. Collett mentioned dental is still struggling with using the staffing agency for a dentist and one dental assistant when needed. Monecia will be discussing dental later on in the meeting, so Ms. Collett will wait until then for further dental discussion.

### **Flu Clinics**

Ms. Collett explained that the flu clinics went well, but the health department is still not seeing the number of people who would typically be seen because flu shots are offered at various locations, i.e., local pharmacies. Ms. Collett mentioned that there have been three flu clinics in response to the community calling and requesting flu shots, but the clinic schedule has not been full. Ms. Collett was hesitant about having another flu clinic, but she explained that flu shots are available via the appointment line.

### **NCTRACKS**

NCTracks, the new Medicaid billing system, is still an issue in some areas of billing for health departments. The DCHD has had some good news with dental billing and we are starting to see revenue come in.

### **Federal Government Shut Down**

- WIC Director Barbara Hedrick explained that the WIC program had an unprecedented situation on Oct 9<sup>th</sup> and 10<sup>th</sup>. The Federal Government Shut Down impacted the local program, preventing WIC from issuing food benefits to clients on the 9<sup>th</sup> and 10<sup>th</sup>. On October 11<sup>th</sup>, WIC was able to mail food instruments to those participants that had come in on the previous two days. The Shut Down has put WIC in a precarious situation as they try to build the case load. It will be the third week of November before Ms. Hedrick will know what the October numbers were compared to the caseload. WIC is up and running, but clients are still calling to see if WIC is open, so there is a lot of confusion in the community. On the first of November, there was a reduction in SNAP benefits and a cut in food stamps, so WIC is trying to improve outreach to social services, food banks and other locations where people turn to get food, to let them know that WIC is accepting new clients.

### **Community Transformation Grant**

- Health Education Supervisor Jen Hames explained that the Community Transformation Grant (CTG) is meeting with the Lake Thom-A-Lex Commission to discuss the proposed nature trail around Lake Thom-A-Lex, part of their master plan. CTG has funding to hire a design firm to design the trail up to the point of construction. CTG funding is a federal grant and cannot be used for construction, but it can be used for

everything up to that point. The meeting with the Commission was to update them so CTG can continue to move forward.

### **Southern Obesity Summit**

The Southern Obesity Summit is in Nashville November 17<sup>th</sup>-19<sup>th</sup>. Ms. Hames submitted a proposal on Davidson County's Wellness Program. The proposal was accepted and Ms. Hames will present this successful program to the conference attendees.

The DCHD participated in the playground initiative of Davidson County Schools. Now ten of the eighteen Elementary Schools' playgrounds have signage that state they are open for the public to use after school hours. The program will be highlighted in the State's presentation at the national American Public Health Association Conference in Boston.

Ms. Hames distributed the new 2013-14 Davidson County Health Department Program Plan Outline to the Board for their Board of Health handbooks. Ms. Hames reviewed the purpose and a general description of the Outline.

### **Affordable Care Act**

On October 1<sup>st</sup>, Ms. Hames and Ms. Thomas met with local Insurance Brokers to discuss a plan for Davidson County residents to attend a public informational session on the Affordable Care Act. A two-page flyer was developed to distribute to the public. The flyer included local resources where people could go to enroll in the Insurance Marketplace. To reach the community in all areas of Davidson County, five community forums will be held at the libraries to provide general information on what the Affordable Care Act is and how individuals can schedule appointments to enroll. If individuals have their information with them, they can also enroll at the events.

### **Dental**

- Ms. Thomas focused on the challenges with the dental clinic and the new NCTracks Medicaid billing system from the State. The Medicaid system is not providing reimbursement in a timely manner. The health department has experienced a delay in clinic reimbursements and dental reimbursement, but the dental clinic is a little different because the situation is compounded by several other factors. The health department has not received any dental reimbursement since July 2013. It should be noted that the DCHD finally received about \$900 in reimbursements earlier today. We have been operating without Medicaid reimbursement, the main source of payment for the dental clinic. For the months of July, August and September, the following amounts were submitted for reimbursement: \$21,000; \$31,000; \$14,000. These amounts were from three different dentists from the staffing agency.

General Issues:

1. NCTracks – There are system errors causing delays in reimbursements.
2. One of the Staffing Agency's Dentists is not Medicaid affiliated. The DCHD is now working with the dentist to complete the paperwork to have the affiliation retroactive to July. We are anticipating that Medicaid will designate him as Medicaid affiliated and then the health department can be reimbursed for his services.

Ms. Collett explained that prior to NCTracks, the health department used an Atypical Number for providers, meaning it was the health department's affiliation that was billed for these dentists. After the switch to NCTracks, the health department was told to delay sending in Medicaid billing. Therefore, we did not know of the problems with the Medicaid affiliation until months later when the billing was submitted. This particular dentist works with his daughter in a private practice office and they do not accept Medicaid patients, so the dentist did not consider the issues associated with NCTracks and Medicaid affiliation.

3. Of the three dentists at the dental clinic, one has left the staffing agency for a private practice, so we now have two dentists for office coverage.
4. The number of clients has been decreasing and we have not been able to stabilize our schedule. Davidson County no longer has a Dental Hygienist due to budget cuts at the state. Part of their

responsibility was to visit the schools and make referrals to the students' parents about various locations they can go to for dental care.

5. The Friendly Dental Van is interested in visiting the Davidson County area. Ms. Thomas spoke with Dr. Lanning about the Friendly Dental Van last week. The Friendly Dental Van is a mobile unit that provides dental care for children. Recently they did a presentation to the School Health Advisory Council (SHAC). Several school districts are now speaking with them to see if some of their students and parent may be interested. The Friendly Dental Van accepts Medicaid, insurance and self-pay clients. It should be noted that if parents send their children to the dental van and the child has visited another dentist in the past eighteen months, the dental van is responsible for referring the child back to their dental home. Ms. Thomas felt that this was fairly positive because we all want kids to be seen by a dentist and this mobile unit may be way for parents who do not take their child to an appointment, to have services provided.

Ms. Thomas felt that the biggest reason the dental clinic was not doing very well was trying to locate a consistent dentist. Ms. Thomas has shared with potential candidates that the dental position is only available from now until next year when the East Carolina University Learning Center opens in August 2014. Ms. Ange and Ms. Thomas are working on budget amendments for funds from the Medicaid Max to be moved to dental so that the clinic can continue to move forward. Ms. Collett is no longer scheduling a second dental assistant from the staffing agency and so the clinic operates with one dental assistant and one office support person.

Now that the DCHD has been reimbursed for one day, hopefully, we can go ahead and resubmit all of the Medicaid claims for dental.

### **Discussion**

Ms. Collett explained that dental staff work four ten-hour days per week. August had fourteen days of dental coverage and in October there were six days of dental coverage.

Dr Lanning asked if a dentist were available, would there be enough patients for the additional days?

Ms. Collett answered that she didn't think so; the patient numbers fluctuate.

Dr. Lanning commented that in speaking with his colleagues-everyone is experiencing a decrease in clients and he felt it had a lot to do with the current state of the economy. He also noted that most of the dentists will not accept Medicaid because of the low reimbursement rate and the issues with submitting the documentation.

Ms. Thomas concluded that the DCHD will continue to contact dentists from the NC Office of Rural Health referral process and hopefully we will get more clients referred to the clinic. Ms. Hames has created a new dental clinic flyer in English and Spanish and we are distributing the information through the School Health Advisory Council.

### **Old Business**

Dr. Hamrick provided a Smoking/Tobacco update. Ms. Thomas and Ms. Hames have met with the municipalities and county representatives to discuss what they would support in terms of smoke-free/tobacco-free policies. Ms. Thomas emailed the Board the County Commissioner's Resolution regulating smoking around the County Courthouse facilities to the Board of Health. Designated smoking areas are now provided for staff and the general public based on this Resolution.

County Manager Robert Hyatt communicated that the Courthouse policy does not hinder the Board of Health from developing its own rule that would possibly broaden smoking regulations around other government buildings and public places. The Board of Health can bring a recommendation back to the Commissioners when their work is complete.

Ms. Hames explained that she and Ms. Thomas met with the Davidson County Manager, Town Manager of Denton, and Lexington and Thomasville City Managers. Ms. Hames also had a phone conversation with the Mayor of Wallburg. The primary purpose was to see what discussions they have already had around smoking/tobacco-free areas and to see if they have considered additional regulations. Based on the conversations, all of them have smoke free buildings, only the City of Lexington has city vehicles that are smoke-free. Thomasville, Davidson County and the town of Denton do not have policies that apply to smoking in municipality-owned vehicles, but all of them expressed an interest. The topic that received the most support was an interest in Parks and Recreation grounds being smoke-free, primarily because children should have a safe, healthy environment.

The City Manager’s suggestion was to approach the Recreation Boards that make recommendations to the Recreation Departments that oversee the parks. At this point, the best approach may be to return to the municipalities and help them take their request to the next level. There is funding through the Community Transformation Grant to help pay for signage and additional items that may be needed. Since the new County smoke-free rule only applies to the courthouse, Ms. Hames and Ms. Thomas may also speak with other department heads to see what they are interested in at their facilities as well.

**New Business**

**Finance and Budget Review 2012 – 2013**

Ms. Ange presented a power point and an overview of the end of the year Financial Report. The first slides (for Accreditation purposes) remind all Board of Health members of the ten Essential Services of public health (N.C.G.S 130A-34.1) and of the 13 Mandated Services for local health departments (G.S. 130 A-1.1; 10A NCAC 46.0201). Ms. Ange referred to the power point slide that showed the 5 mandated services that must be provided directly by the local health department and the 8 mandated services that may be provided directly by the health department, by contract or by certifying availability from other providers. The slides provided information on the budget and funding sources for mandated/essential services, with the general budget being the largest for the majority of our services. Ms. Ange explained that Emergency Preparedness was in the general budget until last year when it was moved to the Environmental Health budget. The remaining power point slides show the various divisions by budget, revenue received, year-to-date expenditures and the budgeted amount at the beginning of the last fiscal year. The final slide indicates funding sources: State/Federal, County, Medicaid, Grants, and the Amount of Revenue received in each manner.

**Bad Debt “Write Offs” July 1, 2012 – June 30, 2013**

Ms. Collett presented the Bad Debt Write-off figures as follows:

|  |            |
|--|------------|
| Adult Health (including pregnancy tests) | \$ 945.17  |
| Family Planning                          | \$1,334.54 |
| Child Health                             | \$ 29.42   |
| Dental Health                            | \$ 50.00   |
|  | =====      |
|  | \$2,359.13 |

**Debt Set-off**

Collections to date from our Debt Set-Off: \$4,131.39

Ms. Collett noted that there is approximately a \$2,000 difference in the write-offs from the previous year. This may be due to the clients that would have been placed in the Write-off Category returning to the health department for services. Returning allows their account to be activated again and so it can be written off. There are guidelines that have to be followed before the DCHD can either write off the debt or send it to debt set-off. The client must be notified several times over a period of time, then the debt has to be sent to the appropriate collectors and our attorney and the client must be notified.

### **On-site GPS Incorporation Demonstration**

Mr. Cecil provided a power point. The overview explained how Environmental Health historically used handwritten sketches of site plans for the evaluation for a house-sewage line specifications and the progression to the current ArcGIS/GPS mapping system showing detailed computerized images that are more accurate.

### **State of the County Health Report**

Dr. Hamrick stated that Ms. Hames will provide an overview of the State of the County Health report. For Accreditation, local health departments need to update the community health assessment annually with the interim state health reports. This report demonstrates that the health department is tracking issues previously identified by the most recent Community Health Assessment, including emerging issues and new initiatives.

Ms. Hames explained that the Community Health Assessment is completed every three years and the State of the County Health report is completed during the interim two years, thus providing a progress update. There are not many noticeable changes, except the pregnancy and birth numbers have decreased. Last year, the health department was cited for not updating the statistic that supports our priority areas, so that has been included in this year's report with updated numbers from the State Center for Health Statistics website. For Obesity and Tobacco rates, the updated data is not provided yet. The number of primary care physicians did not change, but unfortunately the dentist rate that is already lower than the State average has decreased. The narrative section is an overview of how the Community Health Assessment was developed and what the priorities were. The top three priorities were Obesity, Tobacco Use and Access to Health Care. Each of these priorities has an assigned workgroup that develops Action Plans. Ms. Hames stated that the State of the County Health report needed Board approval before being submitted to the State by December 2, 2013.

### **MOTION**

Rev. Lamar Moore made a motion to accept the State of the County Health report. Dr. Cathy Riggan seconded and the motion was approved without dissent.

### **Davidson County Health Department Policy Review**

Dr. Hamrick stated that the Health Department Policy Review focuses on policies that were sent in the packet and they need to be approved by the Board of Health.

Nancy Stout explained that neither of the policies (Strategic Plan or Patient Identity) have any major changes. In the Patient Identity policy, the proof of identity was changed because the paper form is no longer used because of the switch to electronic medical records. The names on check stubs have to now match those listed on the household member list for eligibility. The Strategic Plan policy reflected changes in the scheduling of updates and overall development. The name of the community partners was changed to the Davidson County Healthy Communities Coalition.

### **MOTION**

Rev. Lamar Moore made a motion to accept the revised Patient Identity policy. Dr. Cathy Riggan seconded and the motion was approved without dissent.

### **MOTION**

Dr. Cathy Riggan made a motion to accept the revised Strategic Plan policy. Dr. Michael Lanning seconded and the motion was approved without dissent.

### **Davidson County Health Department Strategic Plan**

Dr. Hamrick explained that the strategic plan was altered slightly this year as it was recommended by the Accreditation Site Visit Team that the new strategic plan cover several years and is completed after multiple years. Accreditation requires the health department to develop a strategic plan that includes a review and analysis of factors influencing the health department's ability to improve the community's health, uses local health status data and information to set goals and objectives and uses community input where applicable. It also states the desired outcome for each element, sets priorities and includes community collaboration for specific activities.

Ms. Thomas stated that this strategic plan will be in effect from November 2013 to March 2016. The reason for the change is this positions our next Strategic Plan with our Action Plan development for the next Community Health Assessment. Ms. Thomas distributed the strategic plan draft to the board explaining that the Board members that attended the October 25<sup>th</sup> worked on developing the Action Plans. The strategic plan is considered in draft form because the expectation is that we will meet again with the Expanded Executive Team to verify our goals, and determine responsibilities and completion dates. There was concern expressed that the Plan did not focus on the health department internally. This Strategic Plan focused on what we are doing for our community. As we discussed with the Expanded Executive Team, we could possibly create a second strategic plan next year that focuses on internal issues.

Ms. Stout focused on the Strategic Plan sections that applied to the Board, noting that this plan is more of a community focused plan. The plan focuses on Obesity, Substance Abuse and Misuse, which includes drugs, alcohol, and tobacco and Access to Health Care, which includes mental health.

- **Obesity:** The Board is agreeing to arrange a meeting with the School Health Advisory Council (SHAC) to focus on increasing student activity, to advocate for the community college to explore a culinary arts program and to sponsor a cooking competition with the schools.
- **Substance Use and Misuse:** The Board is agreeing to advocate for smoke/tobacco-free policies at Parks and Receptions facilities and for smoke/tobacco-free County cars and grounds, to develop and implement a plan claiming drug use as a public health issue, to write a resolution to recognize the need to address substance abuse and prescription abuse and misuse and present the resolution to the Commissioners for approval, to write a resolution to support the establishment of drop-off boxes and present it to the Commissioners for approval and with the help of the local substance abuse group to seek funding to install drug/medication drop-off boxes at law enforcement agencies.
- **Access to Health and Mental Health:** The Board is agreeing to convene an annual stakeholders meeting to discuss the health of the community, to research activities to educate stakeholders, to advocate for shelters at bus stops along with the community partners, to complete a scavenger hunt utilizing county transportation and to request with the Healthy Communities Coalition and DSS that the county establish a grant writing position to search for funding opportunities.

Ms. Stout made the Board aware this strategic plan was a draft because the dates have not been finalized. In addition, the Davison County Health Department Community Partners list needs the Board's approval.

### **MOTION**

Rev. Moore made a motion to approve and support the Davidson County Health Department Strategic Plan November, 2013 – March, 2016. Dr. Cathy Riggan seconded and the motion was approved without dissent.

### **MOTION**

Dr. Michael Lanning made a motion to approve the list of Davison County Health Department Community Partners. Rev. Moore seconded and the motion was approved without dissent.

### **Davidson County Board of Health Upcoming Vacancy**

Dr. Hamrick explained that the general statutes outline the members' terms and qualifications to be on the Board of Health. The pharmacist position will be vacant due to Rod Kcuik retiring and not maintaining his pharmacy license. Mr. Kcuik will be rotating off the Board following the January 2014 meeting. Corey Buggs will reach the maximum of nine years to serve on the Board of Health in April 2014, so a position for public citizen will be available.

Ms. Thomas asked what the Board's process is for locating additional Board members.

Dr. Hamrick replied that in the past, the person rotating off the Board would recommend a willing and qualified person. The responsibility rests with the Board leadership to cultivate new people to recommend for approval to the County Commissioners.

### **Discussion**

Mr. Kcuik mentioned that the hospital recommends that staff make themselves accessible to the community. The present Director of Pharmacy, Joe Mackey, has said that he would be very receptive to joining the Board of Health. Mr. Kcuik recommended Joe Mackey.

Alice Gray stated that in order to be a member of the Board of Health, the person must reside in Davidson County and she asked if Joe Mackey lived in Davidson County.

Mr. Kcuik mentioned he was not sure and would have to ask Mr. Mackey if he lived in Davidson County.

Ms. Collett asked if the recommendation for the Board of Health position had to come from another Board member or could a recommendation come from anyone. Ms. Collett asked for clarification of the Board positions that will become vacant.

Mr. Hamrick explained that anyone could recommend a person for a Board position to the Board of Health and the pharmacist and public citizen are the position that will become vacant over the next few months.

#### **Davidson County Board of Health Training**

Ms. Thomas explained that there is no Board action required for this agenda item, but she wanted to make the Board aware that according to Accreditation requirements, the Board of Health members must receive additional training during the four-year accreditation cycle. Ms. Thomas stated that the board was up to date on their training at this time, but to let her know if there was anything they would like additional training on.

#### **Closed Session**

Dr. Hamrick announced that the Board needed to go into closed session in accordance with North Carolina General Statute 143-318.11(a) (6) to discuss personnel matters.

#### **MOTION**

Commissioner Truell made a motion to go into Closed Session. Mr. Kcuik seconded and the motion was approved without dissent.

#### **Closed Session**

#### **Open Session**

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

Dr. Lanning made a motion to accept the Board of Health Evaluation Committee Report as stated. Dr. Lanning seconded and the motion was approved without dissent.

#### **BOARD MEETING DATES**

The Board of Health will meet Tuesday, January 7, 2014 at 12:30.

#### **MEETING ADJOURNED**

Respectfully submitted,

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Monecia R. Thomas, MHA  
Secretary to the Board

This is a true and accurate copy of the November 5, 2013, Board of Health Minutes.

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Dr. Mark Hamrick, Chair