

Madison County Board of Health Meeting

Thursday July 28, 2022 6:00 pm

<https://us06web.zoom.us/j/81230831142?pwd=MHNYcFJBNWwmcmtDUVUxUE5tS0owQT09>

Members

Dr. Robert Adams DDS, Chair
Dr. Suzanne Sheldon, DVM
Andrew Thomas, Public
Crystal Webb, Public
Larry Peek, Engineer
Dr. Shannon Dowler, MD

Rachel Smith, RN, Vice Chair
Matthew Wechtel, Commissioner
Hanna Hardin, Pharmacist
Diana Rogers, RN, Public
Cheryl Conway, PhD, RN
Dr. Melissa Robinson MD. Ex Officio

Regular Meeting

Special Meeting

Absent: Dr. Sheldon

Hanna Hardin

I. Welcome and Call to Order

Chair Adam's called the meeting to order at 6:00 PM and welcomed two individuals from the public, Robert Steinglass and Tony Ponder. Mr. Ponder stated that he was not there to speak but came to observe.

II. Consent Agenda - Approval of

- a. Agenda – Chair Adams asked for a motion to approve the agenda. Crystal Webb made a motion to approve. Diana Rogers 2nd the motion. The agenda was unanimously approved by the Board of Health members.
- b. Board of Health Minutes, May 26, 2022
Chair Adams asked that a motion to approve the minutes for the May 26, 2022, meeting be made. Matthew Wechtel made a motion to approve the May 26, 20022 minutes. Diana Rogers 2nd the motion. The Board members voted, and the minutes were unanimously approved.

III. Public Input Session

Tony Ponder- Mr. Ponder only wanted to observe.

Robert Steinglass expressed the following concerns.

With the onset of colder weather in about two months, we must anticipate a surge in cases, hospitalizations, and death from Covid. The vaccines have been incredibly effective at doing just what they were designed to do: reduce the severity of disease and death. But, as expected, the virus has been mutating, evading our immune defenses, and thereby causing an increase in total infections — which in turn is increasing the absolute number of severe cases and deaths. Mr. Steinglass reiterated his request from 2 months ago: the BOH, request that the BOC add Covid as a standing agenda item at its public meetings. The purpose is to convince the Commissioners to consider, communicate about, and take bold action on your concrete recommendations to increase primary and booster vaccination coverage among each age group and encourage other non-pharmaceutical measures.

IV. Announcements

Tammy reported that we are very grateful for Dr. Robinson. Her contract with the Health Department ended on the last day of June. She has volunteered to continue to see her patients after hours via telehealth. She also has continued to volunteer as medical director, which is required due to state mandates.

V. Case Study -

Tammy shared a quick video with the Board of Health members. CBS morning news, how public health works and why it sometimes doesn't. Tammy also shared that a couple of months ago we received phone calls from several residents that they had gotten ill after eating at local restaurant Environmental Health and the clinic investigated and the situation was solved. Tammy also shared that we have an adult man who is in our MAT program and his mom brings him to his appointments. After coming with him for several weeks, she asked the front desk staff if she could make an appointment. She had concerns with her breast and does not have insurance. The staff up front explained our BCCP program to her. She was scheduled for an appointment with our provider. She was evaluated and sent for a mammogram. She had to have a biopsy. Tammy reported that the patient does have breast cancer. We will continue to provide support to her. Tammy stated that she is very proud of our staff and the fact that we made her feel comfortable enough to ask if she could be seen. "That speaks volumes to the way we interact and work with all of our clients!"

VI. New Business

- a. Communicable Disease Report:
Robin Wallin provided the BOH with our annual communicable disease report.

Communicable Disease Control Branch

2021

Diseases	2017	2018	2019	2020	2021
Hepatitis A	0	0	2	0	1
Campylobacter	17	10	6	7	5
E. Coli Shiga Toxin Producing	1	0	1	2	3
Lyme Disease	4/8	3	4	5	11
Rocky Mtn Spotted Fever	2/3	1	1	0	1
Salmonellosis	1	5	1	2	4
Listeriosis	0	0	0	1	0
Legionellosis	0	0	8	1	0
Streptococcal Invasive infection, Group A	1/2	1	1	0	0
Hepatitis B	2	0	0	0	1
Influenza Death over 18	3	3	1	1	0
Influenza Death under 18	0	0	0	1	0
Cryptosporidiosis	0	3	0	0	1
Hepatitis C Acute	2	3	2	0	0
Chlamydia	56	71	72	54*	46
Gonorrhea	16	16	18	22	15
Pertussis	1	5	1	0	0
Hib Invasive	2	3	0	0	1
LAC Encephalitis	1	0	0	0	0
Tuberculosis	1	1	0	0	0
Ehrlichiosis	2	0	0	1	0
Vibrio Infection	0	1	0	0	0

Communicable Disease Activities 2021

1. Hepatitis A was in incarcerated person. This resulted in investigation of case and prophylaxis of contacts. Facility had to monitor for symptoms in others.
2. Of the 3 cases of E. coli, 2 were adults and 1 was a child. No commonalities amongst the cases.
3. Hepatitis B case was identified as a chronic case according to medical records. Person may not have resided in Madison but last known address was Madison County. Unable to make contact with case.
4. Cryptosporidiosis was in person who had a several month history of GI problems. Did eat shrimp and helped clean rabbit cage.
5. Hepatitis C Chronic cases for Madison County reported totaled 38. Down from 50 last year.

Control Measures Implemented Year to Date 2022

1. Case of varicella resulted in contact investigation in local facility. Immunization status reviewed for contacts; vaccine recommended for those unvaccinated. Exclusion of persons with rashes and enhanced surveillance at facility for other possible cases.
2. Recent meningitis case resulted in prophylaxis of 4 people (contacts). They were interviewed for symptoms, vaccine status reviewed, and antibiotics called in to prevent infection. There was brief discussion that followed concerning Lyme's disease and documentation for the disease. The state has a checklist and the doctor's note there must be documentation of a rash. If there is no mention of a rash, then it will not be counted as Lyme's disease. Even with positive lab results, if the documentation is not there in the doctor's note, then it won't count. Dr. Dowler also stated that because there were a lot of false positives, so the checklist is needed. We have 5 confirmed cases of Lyme's, and 19 positive labs for Lyme's already for this year. A brief discussion on the recent polio case occurred. This person was unvaccinated and had traveled to Ukraine. There is concern that there may be even more people in New York with the infection.

- b. COVID-19 Update

Tammy gave a COVID update. She discussed B-5A variant. The state is telling us there is an increase of COVID in the wastewater. Hospitals admission for COVID also are increasing. We continue to offer vaccine at the health department. COVID Testing will end at the fairgrounds on August 5. There have been some conversations of the state extending the contract or contract with another company to do the testing but so far, we have not heard anything. The testing will take place in the outside building. This will start August 8th. The schedule will be the following:

Monday: 8:30-10:30 AM

Wednesday: 11:30 AM- 1:30 PM

Thursday: 8:30 AM-10:30 AM

If someone calls and needs to be tested when we are not testing, we will offer a rapid test to be done at home.

If someone needs to be tested and have no symptoms, we will offer a rapid test to be done at home.

If someone test positive and has family members at home, we will offer rapid test to be taken home so family member can be tested. We will be doing PCR's as well, however if the patient is uninsured, we will have to send it to the state lab which maybe slower than LabCorp. We also have Paxlovid. You do have to have a prescription for the Paxlovid, but it is widely available.

c. Medicaid Transformation/Public Health Update

Dr. Dowler gave a brief on Medicaid transformation- In December North Carolina will launch the Behavioral Health and Intellectual/Developmental Disabilities (I/DD) Tailored Plans (Tailored Plans) on Dec. 1, 2022. A Tailored Plan is an integrated health plan for individuals with significant behavioral health needs and I/DDs. Only LME/MCOs were eligible to bid on the contract to become and operate Behavioral Health I/DD Tailored Plans, and it is a legislative requirement that Tailored Plans must contract with a licensed prepaid health plan (PHP) that covers services required under a Standard Plan contract. Vaya is our region's LME. They will be integrating whole person care. North Carolina was given a lot of money for the Healthy Opportunities Pilot to help on the social determinants of health for our Medicaid recipients. We want to be successful with this pilot. The nation will be looking at the state data to see if we can prove that money spent upfront on prevention saves money in the long run by making our residents healthier therefore, reducing some needs for medical care.

d. Monkeypox Update:

Seeing more patients. Largely in men having sex with men. This virus will spread outside this population. There is a Vaccine for monkey pox and is available. Gearing up for more vaccines. The virus looks like chicken pox. You can be contagious for 2 to 3 weeks. Skin to skin touch. There are some med's available for those who are sick with monkey pox. Monkey pox is not like COVID as far as deaths and hospitalizations.

e. Legal Representation

Tammy stated that the Health Department has a need for legal representation. When Tammy first started at the Health Department, there was a Line-item in our budget for legal counsel. Tammy agreed with Forrest Gilliam when he was county manager, to take the line item that the HD had for legal fees and put it in county's fund money, as the county attorney could be paid for with the one-line item for county fees. The Health Department primarily uses Donny Laws, the county attorney. Environmental health uses the NC. County Attorney General Office, and they have been great to work with so far. Environmental Health also uses another firm out of Asheville that specializes in environmental issues. The current county attorney works for two counties and has private practice as well. He is very experienced and very busy. With his many priorities, the MCHD is experiencing a serious lang in turn around for services including basic things like contract reviews. This is causing unnecessary workarounds and stress. A recent example would be the contract for our medical director. When Dr. Robinson resigned from her position at Hot Springs Health Program and talked with Tammy and the chief executive officer at Hot Springs Health Program about continuing as the medical director at the MCHD. Tammy then worked with the legal team at ETSU to finalize the terms of the contract for the medical director. Tammy felt the details were extremely beneficial to the MCHD and our residents. Tammy sent the contract to Mr. Laws on May 23rd. Tammy e-mailed multiple times during a 8 week period of time. There was discussion regarding the need to outline details in the contract. However, there was an extensive delay. This left us legally with a medical director for a month. Health Departments are required to have a medical director as we have many policies that our medical director signs off on, we see patient's, need oversight for our nurse practitioner, oversee communicable disease matters for the county, have standing orders and need an experienced physician to discuss clinical matters. Thankfully, we were never without a medical director as Dr. Robinson assumed

all the responsibilities as a volunteer, but that was not a good situation for anyone. We are appreciative of Dr. Robinsons dedication to the agency, her patients, the community, but we cannot expect this from anyone.

Tammy is asking the Board members their thoughts on exploring options to contract with another, who would charge the same rate or less and who might have time to review contracts in a timelier manner. This would of course need to be approved by the county commissioners. It was mentioned that we could have a difficult time finding an attorney that would match or beat the current county rate and the only finding stream to compensate attorneys is not currently in the MCHD budget. After discussion, Tammy proposed that she look for a local attorney that would bill at a rate less than Mr. Laws and this attorney could look at our contracts and the contracts back in a timelier manner. Chair Adams asked that a motion be made to allow Tammy to explore getting a rate from local attorneys. Dr. Dowler made a motion to take bids from two attorneys, then discuss this possibility with our county commissioners. The motion was 2nd by Andrew Thomas. The Board members voted, and the motion was unanimously approved.

Tammy also stated that the new contract for Medical Director was signed by the Interim County Manager and no longer required signatures from the health director or the chair for the BOH. Tammy was not aware of why this change occurred or what parameters were going forward.

VII

Administrative Reports

a. Medical Director's Report

- Dr. Robinson was happy to do the volunteer telehealth. Very glad that the contract got worked out.
- Availability over past month has been limited to evening volunteer hours due to county delay in getting contract to ETSU.
- Infectious Dz
- COVID – Paxlovid rx'd by pharmacists. Novavax – traditional protein vax, similar s/e as Pfizer/Moderna – 2 doses, 3- 8
- Monkeypox
- Substance use
- Our MAT program is at capacity, but ready to expand as soon as provider contracting process clarified
Tammy discussed the MAT program being at capacity for months. Dr Le-Hew has retired from Mission Health and lives in this county and is exploring the waiver. Dr. Robinson stated that she would donate the money for us to use another attorney to not hold up Dr. Le-Hew contract.
- ISO – isotonitazine - like fentanyl x20. Developed in 1950's, becoming more prominent as drug of abuse

Future Healthcare Workforce Recruiting

- M.D. students – developing relationship between ETSU and HSHP
Housing for rotating students
- Mental Health
988 Suicide and Crisis Lifeline

b. Health Director's Report

- **Staffing Report:**
 - Vacancies: EH Specialist, Medical Provider for expansion of MAT clinic -current waitlist
- Grant last week of June 2022, \$31,000 VAYA
- Budget – travel line-item discussion and process-
Tammy reported to the BOH that our budget for travel was cut significantly in the approved annual budget. We have 500 dollars for travel for the year. Tammy explained that the MCHD is always very careful with travel as it is a cost: however, there are benefits to meeting in person. Tammy also explained that \$500 would not be near enough to meet our required training. During COVID most training was cancelled or virtual however, that is no longer the case. Several of our Agreement Addendums require training that we must attend. Mr. Wetchel stated that we would need to ask for a budget amendment when mandatory training comes up. The BOH with that staff attend training Virtually if possible, however, if that is not possible, additional funding will require the BOC approval with recommendations from the Department Head of how much training, trave, lodging will cost. Tammy shared that many times, we know there is a required training but the location and costs are not always known upfront so this process cannot be a one-time process.

Tammy also discussed that there are some trainings that are not specifically required but there is tremendous benefit from the participation. Tammy gave the example of the legal training that NC Health Directors are mandated to receive legal training annually and Tammy could find something virtual but feels strongly the legal training provided by the school of government specifically for NC Health Directors would be a good investment in time and finances.

- Playground / Outdoor Learning Center timeline review, process and next steps
Clarification on the playground is needed. Tammy provided a timeline for the playground/outdoor from the idea, process, liability, assembly, and meetings to recent date. Many learned of the movement of the current placement via social media. Tammy met with interim county manager, Commissioner Goforth along with a representative from PlayNation to discuss. A discussion occurred that the playground would be moved behind the health department and PlayNation would be moving the playground equipment to that location. Since this discussion occurred, Tammy received an e-mail on 7/13 stating “the Board of County Commissioners will continue to consider the future for the unfinished Playground at our regular meeting in august. Tammy states, she does not know any details of what this involves or how to answer questions related to this project. Mr.Wecthel stated that there continue to be concerns:
 1. Would putting the playground on the property behind the Health Department hinder the County’s ability to develop the property.
 2. At least one County Commissioner want the playground relocated to another area all together
 3. The current placement of the playground, there is concern about the drop off on the upper end, also the Playground is located across from the jail and part of the land is owned by Hot Springs Health program.
 Tammy stated that all those concerns about the current location had been addressed and asked that the e-mails located in their packet be reviewed. There was discussion as to why these concerns were not brought up before the playground equipment was installed.

- Advent meeting AB Tech Buncombe County
Advent has asked Tammy to attend the community meeting that will be held this Friday at A-B Tech in Asheville. She as been asked to speak in support of Advent building the 64-bed hospital. The Board of Health agreed that she could attend and speak in Support of Advent.
- July 27, 2022, DFC Site visit, this is year 5 of a \$125,000 per year grant for 5 years
- Regional ARPA funds – legal representatives, Mobile Health Tractor, vests, radios, trainings and defief
- EH, restaurant permit
- Continued work on AAs budget and report systems
- Seeking bids on the health dept expansion project/negative pressure rooms – paid with COVID funds
- Fairgrounds and test – contract will end on August 5, 2022 -plan in place: discussed earlier to assume all testing for the county
- Cannon Foundation, Dental Grant Henry Schein working on installation for new treatment room
- Continue to provide health education throughout the community – working with the school system on plans for education around body image, and substance use
- Electrical work to be done in downstairs space
- Looking for quotes to replace out 20+ year old generator. Replacement would be covered with COVID Agreement Addendum as we need vaccine refrigerator back up
- The reaccreditation process has presented the leadership team with new required trainings.

c. Financial Reports

The county adopted the MCHD budget of revenue of \$1,974,340 and operating expenses of \$3,107,938 with the need for \$1,133,598.

As of July 2022, for the June 30, 2022 report - Total annual Revenue was \$2,891,539.76 with the total expenses at \$3,526,945.62 local tax dollars of \$635,406. Due to the hard work, knowledge, planning and dedication of the staff at the MCHD there is a clear savings of almost half a million dollars. This includes the payout of 4 long term employees.

Revenue Examples

Adult Health Services	\$26,000	\$54,110.
Adult Health Ins	\$21,282	\$30,082.
Adult Health Medi	\$15,222	\$24,136
Medicare Immun	\$79,743	\$86760

Maternal Health Insurance	\$1,500	\$3,843
Maternal Health Medi	\$17,000	\$22,194
Child Health	\$100	\$1,190
Child Health Insurance	\$1,900	\$2,429
Child Health Med	\$6,000	\$10,986
CD Fees	\$7,500	\$18,214
CD ins	\$62,568	\$199,162
Medicaid immune	\$42,376	\$49,760
Medicaid Family planning	\$20,000	\$22,710
CC4C	\$36,500	\$39,572
OBCM	\$40,500	\$59,227
Dental Fees	\$96,500	\$117,672
Dental Insurance	\$35,000	\$71,222
Dental Medicaid	\$70,000	\$104,389
Onsite fees	\$69,000	\$107,337
Water Sample	\$4500	\$8,980
Well Permits	\$31,000	\$53,250
Expenses		
Professional Services Medical (Dental)	\$53,625	\$69,748 (CureMD, Labcorp, Providence, Image)
Professional Services other (custom data processing)	\$62,400	\$54,517 (bank fees, charter, dish, republic,
Capital Equip	\$8,000	\$9,485
Repairs & maintenance	\$7,000	\$10,097
Repairs & maintenance cars	\$4,000	\$555
Training, employee ed	\$7,500	\$5,889

We are just entering the new fiscal year and are committed to making the best decisions for the residents of our county.

As the first month of the year, we should be at .8% for revenue and expenses however, workers comp must be paid and is currently at 123% of our annual budget. I will inquire with our county HR dept.

Respectfully Submitted,

Tammy

VIII. Other Business

There was no other business

IX. Adjournment

Chair Adams asked that a motion to adjourn be made. Diana Rogers made the motion to adjourn, and Andrew Thomas seconded the motion. The Board members voted unanimously to adjourn.

Next Meeting: September 22, 2022

Dr. Robert Adams DDS, Chairman

Tammy Cody MHS, Health Director