

Madison County Board of Health Meeting

Thursday, November 17, 2022, 6:00 pm

<https://us06web.zoom.us/j/88164015861?pwd=SlJ3cjgwT2tERk5JR1cybV5UUQ4Zz09>

Members

Dr. Robert Adams DDS, Chair
Dr. Suzanne Sheldon, DVM
Andrew Thomas, Public
Crystal Webb, Public
Larry Peek, Engineer
Dr. Melissa Robinson MD. Ex Officio

Dr. Shannon Dowler, MD
Matthew Wechtel, Commissioner
Hanna Hardin, Pharmacist
Diana Rogers, RN, Public
Cheryl Conway, PhD RN

Present via Zoom

Dr. Suzanne Sheldon, DVM
Larry Peek, Engineer
Dr. Shannon Dowler, MD

Crystal Webb, Public
Dr. Melissa Robinson MD. Ex Officio

Absent

Andrew Thomas, Public

Hanna Hardin, Pharmacist

Regular Meeting

Special Meeting

AGENDA

I. Welcome and Call to Order

Chair Adams called the November 18, 2022, Madison County Board of Health meeting to order at 6:05 PM.

II. Consent Agenda - Approval of

a. Agenda

Chair Adams asked for a motion to approve the consent agenda. Matthew Wetchel made a motion to approve the consent agenda and Crystal Webb seconded the motion. With no further discussion, the consent agenda was unanimously approved.

b. Board of Health Minutes, September 22, 2022

Chair Adams asked for a motion to approve the September 22, 2022, Board of Health minutes. Diana Rogers pointed out two typos. Chair Adams asked for a motion to approve the minutes with the corrections. Diana Rogers made a motion to approve, and Cheryl Conway seconded the motion. The board unanimously approved the motion.

III. Public Input Session

No community members were present

IV. Announcements

Andrew Thomas will rotate off the Board. We have a certificate of appreciation for his services. Everyone is appreciative of his service and commitment to our residents.

V. New Business

a. Haywood County Case Management discussion

Tammy reported to the Board members that the care management team does an excellent job. Haywood County has decided to no longer provide care management. The state regional consultants reached out to Kathy to see if we would be interested in providing care management for the Medicaid Direct patients in CMARC and CMHRP. Kathy presented the following to the BOH members:

Care Management – Medicaid Direct for Haywood County

Kathy was approached by the state regional consultants for Care management for at Risk Children (CMARC) and Care management for High-Risk pregnancies (CMHRP) to consider taking over the care management CMARC and CMHRP Medicaid Direct for Haywood County Health and Human Services. Haywood had made the decision to give their six months' notice to end their care management programs for CMARC and CMHRP.

What is Medicaid Direct?

NC Medicaid Direct is North Carolina's health care program for Medicaid beneficiaries who are not enrolled in health plans.

Medicaid Direct offers services that health plans do not offer.

- ✓ Currently for CMARC Haywood County has 4 individuals receiving services.

- ✓ CMHRP there are 3 individuals receiving services and 8 pending.
- ✓ We also would take over the uninsurance for CMARC which is about 9 at this time. Haywood County receives \$30,000 a year to provide care management services to children at risk. The health director reported they have approximately \$16, 000 left.

We have two Care Managers, and they will be picking up the cases from Haywood County.	PMPM Payment for CMHRP	Number of cases
705 women receiving Medicaid Direct	705 x 4.96=3,496.80	3
Haywood CMARC		
104 children 0-5 receiving Medicaid Direct	104 x4.56 = 474.24	4
Total=	3,971.04	
Madison CMHRP		
257 women receiving Medicaid Direct	257 x 4.96 = 1, 274.72	8
Madison CMARC		
12 Children 0-5 receiving Medicaid Direct	12 x 4.56 =54.72	5
Total=	1,329.44	

Total Medicaid Direct income = 3,971.04 + 1,329.44 = 5,300.48 per month

The state would not require the face-to-face visits. Dr. Dowler expressed concern about their penetration rate and that would have to go up to meet our goals. She also expressed that to do good care management face to face visits are very important. We must be there in person to do good care management and we need to calculate our travel budget. Kathy said that we do go to MAHEC. Many of Haywood’s prenatal patients go to MAHEC. Dr. Dowler is totally supportive, but she does not want us to minimize this, because this is a very valuable population and if we are raising our hand to do it, that we do this at the highest integrity level. Kathy assured her that would be the case. Tammy also reassured the Board members that we would provide this service at the highest integrity level. Tammy stated that she was very proud of the work our case management provides that they do a good job with their documentation but go above and beyond requirements to get to know our clients and meet their individual needs. Chair Adams noted that the MOU was good until June 2023 and if we discover that this is too much to do then we can re-evaluate. There was much discussion about the MOU. Tammy requested that a vote be made for us to pursue. Dr. Dowler expressed that she is supportive of us helping our neighbor if we have the ability to do this with. Diana Rogers said that she feels that this will grow our program. Chair Adams asked that a motion be made for the Board granting approval to move forward with the MOU with Haywood County pending approval from both county attorneys. Cheryl Conway made a motion to move forward and Diana Rogers 2nd the motion. The Board unanimously approved the motion.

b. Strategic Plan

Kathy presented the Strategic Plan.

An up-to-date strategic plan is an essential part of good agencies, it is also an accreditation requirement for health departments. We must demonstrate evidence from our Community Health Assessment is used in our strategic plan. The intent behind the strategic plan is to have a document that will bring focus and direction to the work of the department. The plan can have elements directed at both the operations of the agency and its effort to improve the health of the community. The Strategic must be approved by the Board of Health. Once approved the plan will be posted to the Health Department’s website. This plan is updated routinely.

The Strategic plan was developed by the staff and Leadership Team for the Health Department. BOH feedback is always welcome and incorporated. Chair Adams asked for a motion to approve the strategic plan. Larry Peek made a motion to approve the strategic plan and Cheryl Conway seconded the motion. The Board of Health voted to approve the plan. Dr. Dowler abstained from voting since she had not read the plan. There were no opposing votes.

c. Medicaid Update

Dr. Dowler reported that she has been out on sick leave for the past month. She did report that before she went out on leave, the Tailored Plan had been voted on to delay it until April 2023. Comprehensive care management is very important to the plan, and this will start in December.

d. Healthy Opportunities Pilot

Kathy presented the Healthy Opportunities Pilot and discussed our role in the pilot.

What is our health department’s role in the Health Opportunities Pilot?

A critical component of services and Pilots is how care management teams will work to identify and assess individuals for Pilot eligibility and needed services, connect those individuals to Pilot services, and provide ongoing whole person care management.

For our health department we provide Care management for At Risk Children (CMARC) and Care management for High-Risk Pregnancies (CMHRP).

Eligibility criteria for Pilot services overlaps significantly with eligibility for CMARC and CMHRP.

LHDs will play a unique role in identifying individuals who may be Pilot-eligible, assessing them for Pilot eligibility and connecting them to needed services.

Pilot responsibilities for care management entities including LHDs, which are integrated into existing care management processes, further supporting the vision of whole- person care.

We will receive an additional payment for working with families who are eligible for HOP. We do not currently know the amount. We have another Zoom meeting on Friday. Contracts will be available to sign in December.

As of November, in Madison County the following agencies have signed up to participate:

1. Community Housing Coalition
2. Hungry Harvest- Web based
3. Hot Springs Health Program- Carolina Medical Home Net Work Care management for the HOP
4. Madison County Partnership for Children and Families.

The lack of resources in Madison County is a huge concern, however, some of the resources that we do have are not participating in the HOP is also concerning. The Board asked questions and Tammy reported that we will keep them updated.

e. Generator and Building expenses:

Tammy asked that the BOH review proposals for building expansion/negative pressure rooms and generator purchases. Building Expansion/negative pressure rooms and Generator Funding Summary

Norris has the proposal ready to go out again. Matthew Wetchel reported that since the election, Norris and the current chair for the county commissioner decided to wait until the new county commissioners are sworn into office before putting the project out for bid. The new commissioners will be sworn in and a new chair elected in December. BOH reviewed and discussed the finances of these projects.

Building Expansion Project Negative Pressure Rooms for Respiratory Illness Treatment and Evaluation

543 ELC Enhancing Detection Activities	\$43,291.00
	\$174,238.00

546 Communicable Disease Pandemic Recovery	\$109,046.00
	\$109,046.00

716 CDC Covid -19 Vaccination Program	\$58,032.00
	\$59,282.00

Potential Total	\$552,935.00
-----------------	--------------

GENERATOR

Tammy obtained two quotes for the generator. Both quotes and generators were shown to the BOH, and discussion was held. The generator would be used for keeping our vaccine refrigerators running during power outages.

543 ELC Enhancing Detection Activities Dogwood Health Trust Grant

\$	43,291.00
\$	174,238.00
\$	5,000.00

There was much discussion concerning the two quotes for the generators. The BOH members instructed Tammy to get the better generator with an extended warranty and five-year service plan. Hopeful the county can put plans to place to move forward with the bidding process for the MCHD building.

f. CFPT Report

Kathy presented the annual Child Fatality Protection Team report. The team reviewed 3 deaths this year.

I. 4-month-old with Birth Defects- Congenital malformation of the heart unspecified

II. A 3-week-old – Sudden unexpected death

III. A 3-year-old- passed away at home from acute lymphoblastic leukemia. Discussion occurred and questions were answered as well regarding the team, their processes and the work they do.

g. Med Assist Mobile Clinic

Deana presented a program that we are looking at bringing into the county. The program is a mobile free pharmacy program offered through NC Med Assist. We have several patients who get their prescription through this program. The program that Deanna presented was the over-the-counter program that NC Med Assist offers. This program is for people with low income but who also have insurance and struggle to maintain at home medicine cabinet items for fevers, colds, or vitamins. This program would be a one-day event and the cost would be \$9,000.00. Deana stated that the person that she spoke with said that if we could raise half of the \$9,000.00 dollars, she should be able to get corporate sponsors to help with the other half. Deana and Rachel are looking at Rotary, Community Foundation, maybe some of the local churches. We will not be going door to door. We also must have 1,000 residents to participate. They bring social workers and pharmacy staff; they are available to help people with their prescription med program as well. We are looking at 2023 to do the event. The event can be “like a grab and go” or the residents can go online if they choose to and order what they want. We feel with our COVID vaccine experience will be very helpful. The Board members asked questions and discussion occurred.

This discussion led to the possibility of having a big community health event, possibly getting the Lions involved as well for glasses. Dr. Sheldon stated that she would be willing to participate as well, to take care of the animals

h. CDC Foundation Opioid Position

Tammy presented the CDC Foundation opioid position. We did not apply for this but were selected to have a position funded through the CDC Foundation. Only 5 counties were selected to participate. We were awarded due to some of our work that we do with opioids and submitting data and sadly our high overdose rate. This person would be hired through the CDC Foundation but would be working and doing what we want them to do. The position would last until June 2023. Dr. Adams attended the presentation along with Tammy and Rachel. We do great work in our community around opioid misuse, but there is additional need. The Madison County Health Department does not distribute needles or participate in needle exchange as part of our harm reduction. We can provide guidance to individuals who are requesting this service. We did ask the CDC foundation leadership team about transportation, and they would investigate. Tammy would like to move forward with the Board’s approval and the county attorney’s approval. Chair Adams asked for a motion for Tammy to pursue this position through the CDC Foundation. Dr. Dowler made a motion to move forward with the CDC Foundation position and Dr. Sheldon seconded the motion. There were no questions or future discussions. The Board unanimously approved the motion.

i. BOH Training, MCHD Programs and Staff

Kathy presented a PowerPoint created by our intern, Elizabeth Stephens. Elizabeth is working on her master’s degree in Public Health, though East Tennessee. The PowerPoint show cased each program and the staff that work in each program. Kathy asked the BOH questions, for example, how many programs does the Health Department have, what is our annual budget, how do we get paid. Discussion occurred about the programs, staff and funding.

j. Building Expansion Update

This was discussed earlier in the meeting. We can use COVID Agreement Addendum to cover the cost of this need at the MCHD. The design was created in 2019 and went up for bid in 2020; however, we were dealing with COVID at that time and there were no bids. These funds will expire if we do not move forward quickly. This is a rare opportunity to meet needs in our community and is a priority for the board.

k. Record Retention Policy

We updated our record retention policy and the two manuals that go along with the policy. The policy states that we will follow the recommended schedules that the Government Records Section has established. The retention and disposition schedules are the tools created by the Government Records Section to assist employees of local government agencies in managing the records in their offices. These schedules list records series commonly found in local government offices, provide an assessment of their value, and indicate when (and if) these records should be destroyed.

These schedules must be approved by the local governing board before they can be used to authorize the destruction of public records. This approval should be made in a regular meeting and recorded as an action in the minutes. It may be accomplished as part of the consent agenda, by resolution, or by other action. Once approved the signature pages will be sent to the Government Records Section. Chair Adams asked for a motion to be made to approve the record retention policy. Matthew Wetchel made a motion to approve and Cheryl Conway 2nd the motion The Board voted unanimously to approve the Health Department following this schedule.

l. Bad Debt Report Small Balance Write Off and Debt Set Off

As of the November 2021 Report of 103 Patients with Balances Patient Monthly Statements have been consistently mailed. Of those, the results are as follows:

# of Patients	Patient Categories	Balance	Paid or written off
10	Had. A ' visit in 2022, no 'Payments received. -. Accounts are ' active' and not eligible for DSO	\$2,121.00	
7	Made payments in .2022 - Accounts are active and not eligible for DSO	\$1,776.00	
4	Account balance. was ' written. off - Specific reasons noted' ' on '		\$1,353.08
7	Patient Balance Paid in Full		\$1,144.15
29	No recent activity - should be eligible for DSO	\$ 6,689.45	
46	Statements returned bad addresses	\$ 7,735.40	

Patients seen in 2021 are not yet eligible for DSO and are not included in the report, as they have not received 12 statements (9 statements have gone out in 2022)

Tammy stated we had gotten off track with our debt set off process due to COVID, but we have a good system in place and will be able to track this more closely than previously as a result of this clean up, we needed to do. Dr. Adams asked for a motion to move forward with the debt set off process for all eligible accounts. Crystal Webb made the motion to move forward and Diana Rogers second that motion. No discussion, motion passed unanimously.

m. Block Grant

The county received \$1.5 million in a block grant for opioid related needs. Program usage is restricted. This money belongs to the county and the county commissioners will make the decision on the use of these funds. Tammy has been in several meetings looking at options. Several draft budgets with approved usages have been created. We are hopeful and extension can be obtained for these funds.

The MCHD oversees the school nurses and is involved in school healthcare. Tammy has spoken with our superintendent and our school leadership to evaluate needs we see in our schools. This year we have had multiple calls for EMS to go to the schools due to children using substances. Because of this increase we have been evaluating the opportunity to implement the Catch My Breathe program in the Elementary schools. This is an evidence-based anti-substance use program we use in the middle school, there is a version for elementary school, but we do not have staff to implement the program. We could hire staff to work in the elementary schools to implement the program. These staff could be paid for using block grant funds.

VI. Administrative Reports

a. Medical Director's Report

Training

- Attended 2-day TB training in Raleigh along with Communicable Disease Nurse Keith Hoek RN Infectious Disease
- Covid update- 3rd leading cause of death
- Chicken pox cases- Robin reported that we had several cases of chicken pox. 1st case in November 2nd, reported symptoms on October 15. The provider did not notify us. We conducted contract tracing and investigation. We had a 2nd potential case and a 3rd potential case. These patients came to the health department; Melinda did not think this was chicken pox. Their dogs had a flea bath We had a 4th and 5th potential cases. Altogether 62 total exposures were investigated. The Health Department has the potential to deal with cases like what Jan Shephard, Health Director for Buncombe County, experienced several years ago with lawsuits. State statues outline excluding children who have not been vaccinated 21 days pass the last case of chicken pox. No one wants to exclude residents from any activity, and these steps are taken cautiously.
- Latent and? TB case(s)- we have one case of Latent TB, and the person is deciding whether she wants to be treated. With Latent TB you do not have to be treated. We provide education to individuals in this situation.
- Polio- New York continues to have cases of polio and we continue to see children who are not vaccinated. We do not want to see a resurgence of polio so this is on the radar of public health.

Substance use

- Dr Karen LeHew working with us
- Taking new patients again

b. Health Director's Report

• Staffing Report:

o Vacancies: EH Specialist,

o Begin plans to hire for dental center assistant as the new space moves forward

- Playground update
 - Fence, grading and walking trail- The cost of the fence has gone up considerably since we got the first estimate. Pre covid the fence quote was around \$4, 000. This quote is now around \$11,000. It was recommended that we get another quote. Tammy will get a second quote.
- Patient Dismissal process- We have a patient that has a lot of mental health issues. We have written a letter dismissing her from the health department. We did send the letter to the School of Government, and they gave input to the letter. We also held a virtual meeting with two attorneys at SOG to discuss the dismissal. We cannot exclude her from the mandated services provided upstairs. She puts the staff, patients, and herself in danger. We have tried having a relative come with her, however, she is threatening the relative as well.
- Reaccreditation process moving forward all benchmarks due in the fall of 2023
 - Reaccreditation is a labor-intensive process
- c. Financial Reports
 - Overall Revenue looks to be on track or slightly ahead at this point. Overall, Expenses appear to currently be on track. Currently, we are on track to be within our outlined budget for the year

VII. Other Business

- a. Health Director Evaluation It is time for the Health Director’s evaluation. This is an annual requirement. We can use the same format as last year, electronically unless the BOH wants to look at other options. Previously, electronic survey with options for comments have been sent to all BOH members, staff and the county manager. We can do this again unless there are other ideas. There are no changes needed for the health directors job description at this time, but if that changes it can be addressed at any meeting. After discussion the BOH agreed the previous format would be the best option. Dr. Adams asked that evaluation surveys be completed by the 9th of December.

VIII. Adjournment

Chair Adams asked for a motion to adjourn the meeting. Crystal Webb made a motion to adjourn and Dr. Dowler second the motion. The Board unanimously voted to adjourn. Before the meeting ended, Dr. Sheldon made several suggestions concerning the Zoom meetings. If they continue, either the microphone needs to be moved closer to the people or the people move closer to the microphone. Especially for Tammy and Dr. Adams.

Next Meeting: January 26, 2023

Health Director

Chair for the Board of Health