ORANGE COUNTY HEALTH DEPARTMENT MISSION STATEMENT: To enhance the quality of life, promote the health, and preserve the environment for all people in the Orange County community.

THE ORANGE COUNTY BOARD OF HEALTH MET ON January 25, 2017, at the Orange County Health Department, 300 West Tryon Street, Hillsborough, NC.

BOARD OF HEALTH MEMBERS PRESENT: Liska Lackey – Chair, Susan Elmore, Vice-Chair, Commissioner Mia Burroughs, Barbara Chavious, Paul Chelmski, Jessica Frega, Nick Galvez, Sam Lasris and Reena Mehta.

BOARD OF HEALTH MEMBERS ABSENT: Timothy Smith.

STAFF PRESENT: Dr. Colleen Bridger, Health Director; Raquel Aamot, PHN I; Coby Jansen Austin, Director of Programs and Policy; Libby Boudreau, Registered Dietitian/Program Coordinator; Nicholas Cordeiro, PHN II – CD Nurse; Rebecca Crawford, Finance & Administrative Services Division Director; Nicholas D’Amico, PHN I; Robin Gasparini, Public Health Nursing Supervisor; Kathleen Goodhand, Home Visiting Services Supervisor; Karen Kyes, Clinical Social Worker II, Integrated Behavioral Health Services; Ashley Mercer, Healthy Carolinians Coordinator; Andrea Mulholland, Family Nurse Practitioner; Dr. Erica Pettigrew, Medical Director; April Richard, Senior Public Health Educator, Tobacco Prevention and Control Coordinator; Stacy Shelp, Communication Manager; La Toya Strange, Administrative Assistant II; Leslie Wilcox, Temporary Administrative Assistant II; Allison Young, Health Informatics Manager; and Lisa Yourko, Public Health Nurse Supervisor I.

GUESTS PRESENT: Brenda Bartholomew and Dorothy Cilenti.

I. Welcome

Dr. Bridger introduced the new employees in attendance: Raquel Aamot, Libby Boudreau, Nicholas Cordeiro, Nicholas D’Amico, Leslie Wilcox and Lisa Yourko.

II. Public Comment for Items NOT on Printed Agenda: None

III. Approval of the January 25, 2017 Agenda

Motion was made by Mia Burroughs to approve the agenda, seconded by Reena Mehta and carried without dissent.

IV. Action Items (Consent)

A. Minutes of November 30, 2016 Meeting

Motion was made by Sam Lasris to approve the minutes of November 2016, seconded by Nick Galvez and carried without dissent.
V. Educational Sessions

A. 2nd Quarter Financial Reports and B. 2nd Quarter Billing Dashboard Reports

Rebecca Crawford, Finance and Administrative Services Director, gave a report on the 2nd quarter revenue and billing accuracy. Her report is as follows:

- Total Health Department Revenue: Average YTD monthly revenue in FY17 after the second quarter is $203/month or $1.2M YTD, representing 39.2% of our overall budgeted revenue for the year. (Multiple sources of revenue from the county and Medicaid Maximization funds will be transferred in at the end of the fiscal year, but cause our revenue receipts to look lower than projected at this point in the fiscal year as a result.) Expenses are higher than revenues but in line with projections for mid-year at 45.4%.

- Total Billing Accuracy: Continuing with the goal of 90% billing accuracy set in FY 14-15, the average billing accuracy rate for medical after the second quarter is 87% as compared to 92% in FY 15-16 and the average rate for dental for second quarter FY 16-17 is 99% as compared to 101% in FY 15-16.

- Dental Earned Revenue by Source: The FY 16-17 average monthly revenue ($37k/month) for the first quarter is below our budget projection ($48k/month) our FY 15-16 average of $40k/month but is related to lower patient volume in August while the dental clinic was renovated. FY 16-17 dental revenue totaled $114k at the end of the first quarter.

- Medical Earned Revenue by Source: Medical earned revenue is currently slightly below the budgeted projection for FY 16-17 ($58k/month) at $53k/month. Medical clinic revenue totals $319k for second quarter FY 16-17.

C. FY 2016-17 Fee Schedule & Requested Changes

Multiple procedures in Dental Health and labs in Environmental Health have increased in frequency of use this fiscal year and it is necessary to add them to our fee schedule in an effort to recover costs. Rebecca Crawford reviewed those proposed fee changes which were:

- **Dental Health**
  - Dental Health requests the addition of two new fees for Provisional Splinting, intracoronal and extracoronal. These procedures have been used more frequently this fiscal year and are costly due to the supplies necessary to perform the procedures. Dental Health estimates performing 2-4 of each of these procedures per month for the remainder of FY 16-17. The fees were determined based on the Delta Dental and Cigna reimbursement rates for these procedures as the Usual, Customary, and Reasonable rates for this area for these fees were much higher ($252 and $316 respectively) and viewed as cost prohibitive for our 100% payers on the sliding fee scale.

  See chart below for proposed fee.
Environmental Health

- Environmental Health requests to add two additional fees for well water testing for Hexavalent chromium and Coal Ash following the release of the October 2016 study by Duke University. This study noted that Hexavalent Chromium occurs naturally in the Piedmont area of NC with a higher prevalence than previously thought. Environmental Health has had 7 requests for Hexavalent chromium tests and two requests for Coal Ash panels as of December 2016 and anticipates sending off 6 samples each for these tests for the remainder of the fiscal year. The cost of the fees were determined based on the cost for sample bottles, shipping, and staff collection time.

See chart below for proposed fee.

<table>
<thead>
<tr>
<th>Name of Fee</th>
<th>2016-17 Current Fee</th>
<th>2016-17 Proposed Fee</th>
<th>2016-17 Budget Impact</th>
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</thead>
<tbody>
<tr>
<td>Provisional Splinting, intracoronal</td>
<td>$0</td>
<td>$115</td>
<td>$2,070</td>
</tr>
<tr>
<td>Provisional Splinting, extracoronal</td>
<td>$0</td>
<td>$115</td>
<td>$2,070</td>
</tr>
<tr>
<td>Hexavalent chromium</td>
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<td>$90</td>
<td>$540</td>
</tr>
<tr>
<td>Coal Ash Inorganic Panel</td>
<td>$0</td>
<td>$110</td>
<td>$660</td>
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</tbody>
</table>

The BOH members had questions that were answered by Ms. Crawford.

Motion was made by Susan Elmore to approve proposed fee changes for 2016-2017 as presented and forward to the Board of County Commissioners for action, seconded by Jessica Frega and carried without dissent.

D. Integrated Behavioral Care Update

Karen Kyes, Clinical Social Worker II, Integrated Behavioral Health Services, and Andrea Mulholland, Family Nurse Practitioner, provided an update on the Integrated Behavioral Health Program. From July 2016 to mid-January 2017, there were 199 patients referred. Over half were uninsured. The PHQ-9, an instrument for screening, diagnosing and measuring the severity of depression, was used to determine clinically depressed patients. On average, the patients scored 15 which is moderately severe depression. Below is a summary of the highlights of the first 10 months of the program.

Goals
MINUTES-Draft
ORANGE COUNTY BOARD OF HEALTH
January 25, 2017

- Increase client access to and utilization of behavioral and mental health services.
- Improve patient health outcomes by integrating behavioral and mental health services as part of OCHD clinical services.

Conditions and Issues Addressed
- Mental health conditions including psychotic disorders, personality disorders and eating disorders.
- Substance abuse.
- Anxiety and depression.
- Children with family stress, child abuse/neglect, learning disabilities/developmental delay and trauma.
- Medication adherence and healthy goal setting.

Medical Provider feedback
- Providing mental health services to marginalized patients.
- Overcoming barriers such as cost, transportation and fear.
- Improving health and vitality of patients.

They also identified four next steps.
1. Initiate internal work group.
2. Introduce universal screening of all patients for depression and substance use.
3. Develop standard clinical pathways for suicidality, depression, and substance use.
4. Collaborate with community partners to strengthen ties and work collectively to meet the health needs of marginalized members of our society.

The BOH members had questions that were answered by Ms. Kyes and Dr. Mulholland.

E. Mental Health Survey - Report

Sabrina Willard, a UNC School of Government MPA Intern, along with Rebecca Crawford, presented an assessment of Orange County mental health and substance abuse services. Ms. Willard reviewed UNC Emergency Room data, interviewed key stakeholders, surveyed providers and community advocates, and held focus groups to 1) determine the barriers to mental health care in Orange County for residents 0-25 years old and then 2) create an action plan for prioritizing needs and meeting them.

According to youth hospitalization records from 2009-2015, an 18 to 24% increase in ages 0-25 mental health visits as a proportion of all mental health visits. There was also an increase 27-31% increase in mental health visits due to psychoactive substance abuse. The most common barriers for those ages 0-25 that need mental health and/or substance abuse treatments services were affordability and accessibility. Affordability barriers included many low-income residents with no insurance, inadequate insurance coverage or high deductibles. Accessibility barriers included citizenship status, language/cultural and location.

On January 17th, the health department hosted 39 survey participants to strategize two overarching priorities for improving the mental health system in FY 2017-18. The participants were a makeup of educators, citizen activists, mental health providers, etc. The participants decided on these two priorities:

- Restore funding for early intervention care from birth to age 5.
In-school services in K-12th grade, having at least 1 mental health therapist per school).

The next steps are to 1) present top 2 priority areas to BOCC at their February 21st meeting and 2) use BOCC feedback as applicable to seek funding for program and services that support the priority areas for the FY 17-18 budget.

_The BOH members had questions that were answered by Ms. Willard and Ms. Crawford._

**VI. Action Items (Non Consent)**

A. Selection of New BOH Members

Liska Lackey, Chair, and Susan Elmore, Vice-Chair, reviewed several applications for the General Public and Pharmacist positions. They recommended Johanna Birckmayer for the General Public position and Jennifer Deyo for the Pharmacist position. Ms. Lackey expressed that during Ms. Deyo’s interview, she showed her passion for public health. She also stated that Ms. Deyo was recommended by recent BOH member, Dan Dewitya. Ms. Lackey read some highlights from Ms. Birckmayer’s application including that she has worked as an evaluator for a county health organization conducting community assessments and evaluating health services, mental health and health promotion programs; directed federal technical assistance projects to assist State substance abuse prevention agencies design evidence-based prevention policies and program; and directed an analytical support contract to monitor State compliance with the SYNAR program, a Federal performance system requiring all States to reduce youth access to tobacco products.

_Motion to recommend Johanna Birckmayer and Jennifer Deyo to the BOCC for appointment was motioned by Reena Mehta, seconded by Barbara Chavious, and carried without dissent._

B. Selection of Interim Health Director

Liska Lackey, Chair, introduced Dr. Dorothy Cilenti. Dr. Cilenti was the interim health director prior to Dr. Bridger’s hire. Previously, Dr. Cilenti served as the health director in Alamance and Chatham counties. She’s currently a Clinical Assistant Professor in the Department of Maternal and Child Health at the UNC Gillings School of Global Public Health. Dr. Cilenti stated that she is looking forward to being interim health director.

_Motion was made by Barbara Chavious to select Dr. Cilenti as Interim Health Director and delegate to the county manager responsibility for negotiating the terms of employment and completing the hire, seconded by Paul Chelminski and carried without dissent._

**VII. Reports and Discussion with Possible Action**

A. Planning for Health Director Recruitment

Dr. Bridger introduced Brenda Bartholomew, Human Resources Director, as she will be the H.R. expert for the hiring of the next health director. Liska Lackey, Chair, began by stating that we need to make the process fair, equitable and consistent among all candidates. Ms.
Bartholomew stated that the position was posted at the beginning of this month and has an ending date of January 31st. So far, there are 37 applicants. The recruitment process will be similar to the 2009 process. Ms. Bartholomew will preliminary review the applications to determine which candidates meet the minimum qualifications. She will send those candidates’ information to the BOH in a spreadsheet with embedded hyperlinks of their CVs/resumes. The BOH will determine which candidates they’d like to interview. There will be 3 panels that will include at least one BOH member. The BOH will define the makeup/representation of the panels. Each panel will have a different set of questions to ask the candidates. Those questions can be solicited from the BOH, staff, etc. with the goal of making sure to highlight the core competencies they’d like the new health director to have. Each candidate will go through 3 interviews. When asked about her interview experience, Dr. Bridger stated that she was interviewed by 3 panels along with 2 final interviews with the full BOH and the Health Department Leadership.

Dr. Bridger reminded the Board that the BOH needs to inform the Division of Public Health (DPH) of their desired candidate for the health director position to make sure they’re approved by DPH before hiring him/her. After hearing Ms. Bartholomew’s timeline of the process which included reviewing applications, background checks and setting up interviews, the BOH expressed their desire to have the process move faster. They offered to assist with the process of completing background checks and as well as any other tasks to ensure a speedier process. Ms. Bartholomew stated that there would be a quick turnaround time as long as the number of applicants remains manageable.

**The Board had questions that were answered by Ms. Bartholomew and Dr. Bridger.**

B. **Health Director Report**

There were no questions from the Board regarding the Health Director’s Report included in the packet. Dr. Bridger added that the OCHD passed Reaccreditation with a score of 99%. The item that wasn’t met was an unsigned document in an employee file. Someone from the OCHD will attend the Accreditation Board meeting in May to accept the Accreditation letter and gold emblem. Afterwards, a press release will be sent out. Ms. Lackey thanked Dr. Bridger and the OCHD staff for their work. She also commended Rebecca Crawford for all of her work during the Reaccreditation process.

C. **Media Items**

*Media items were in the packet which focused on Orange County’s events and our involvement in various efforts.*

VIII. **Board Comments**

None.

IX. **Adjournment**

*A motion was made by Nick Galvez to adjourn the meeting at 8:30 p.m., was seconded by Mia Burroughs and carried without dissent.*
The next Board of Health Meeting will be held February 22, 2017 at the Orange County Health Department, 300 West Tryon Street, Hillsborough, NC at 7:00 p.m.

Respectfully submitted,

Colleen Bridger, MPH, PhD
Orange County Health Director
Secretary to the Board