

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 August 24, 2016, at the Orange County Health Department, 300 West Tryon Street, Hillsborough, NC.

BOARD OF HEALTH MEMBERS PRESENT: Liska Lackey, Vice Chair; Nick Galvez – Vice-Chair, Commissioner Mia Burroughs, Barbara Chavious, Paul Chelminski, Dan Dewitya, Susan Elmore, Jessica Frega and Timothy Smith.

BOARD OF HEALTH MEMBERS ABSENT: Sam Lasris and Reena Mehta.

STAFF PRESENT: Dr. Colleen Bridger, Health Director; Coby Austin, Director of Programs and Policy; Alan Clapp, Environmental Health Director; Kenyatta Clark, Temporary Zone Navigator; Rebecca Crawford, Finance & Administrative Services Division Director; Robin Gasparini, Public Health Nursing Supervisor; Carolyn Hall, Public Health Nurse I; Janina Hernandez, Billing Technician; Daniel Kashdan, Public Health Nurse II – Preparedness Coordinator ; Donna King, Health Promotion & Education Services Director; Karen Kyes, Integrated Behavioral Health - Clinical Social Worker II; Meghann Johnson, Public Health Nurse I; Pam McCall, Public Health Nursing Director; Nikki Thorpe, Nursing Assistant; Stacy Shelp, Communication Manager and La Toya Strange, Administrative Assistant II.

GUESTS PRESENT: None.

I. Welcome

Liska Lackey, Chair, called the meeting to order. Dr. Bridger introduced the new employees in attendance: Kenyatta Clark, Carolyn Hall, Janina Hernandez, Meghann Johnson, Daniel Kashdan, Karen Kyes and Nikki Thorpe.

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

III. Approval of the August 24, 2016 Agenda

Motion was made by Susan Elmore to approve the agenda, seconded by Nick Galvez and carried without dissent.

IV. Action Items (Consent)

A. Minutes Approval of May 25, 2016 Meeting

Motion to approve Consent Agenda without corrections to the May 25, 2016 minutes was made by Susan Elmore, seconded by Mia Burroughs and carried without dissent.

V. Educational Sessions

A. 4th Quarter Financial Reports and B. 4th Quarter Billing Dashboard Reports

Rebecca Crawford, Finance & Administrative Services Division Director, gave a report on the 4th quarter revenue and billing accuracy. Her report is as follows:

- Total Health Department Revenue: Average YTD monthly revenue in FY16 after the 4th quarter is \$242k/month or \$2.8 million YTD, representing 97% of our overall budgeted revenue for the year. This is an increase from an average of \$210k/month in FY15. Expenses were slightly lower than revenues at 94%.
- Total Billing Accuracy: Continuing with the goal of 90% billing accuracy set in FY 14-15, the average billing accuracy rate for medical at the end of FY 15-16 is 91% as compared to 92% in FY 14-15 and the average rate for dental for FY 15-16 is 100% as compared to 86% in FY 14-15.
- Dental Earned Revenue by Source: The FY 15-16 average monthly revenue (\$40k/month) ended the fiscal year slightly below our budget projection (\$45k/month) but still above our FY 14-15 average of \$35k/month. FY 15-16 dental revenue totaled \$485k at the end of the fourth quarter.
- Medical Earned Revenue by Source: Medical earned revenue is currently below the budgeted projection for FY 15-16. The monthly average after the fourth quarter (\$50k/month) leaving us level with FY15 and on target with our budget projection (\$50k/month). Medical revenue totaled \$596k for FY 15-16.

C. 2014-2016 Strategic Plan Accomplishments

Coby Jansen, Director of Programs and Policy, gave highlights of the accomplishments from the 2014-2016 Board of Health Strategic Plan. She began by identifying the four priority areas – Access to Care, Childhood and Family Obesity Prevention, Substance Abuse & Mental Health and Engagement. Highlights of some of the priorities and focus areas include:

- Priority #1 Access to Care
 - Focus #1 Family Success Alliance
 - Two cohorts of K-Readiness students
 - Second cohort of families now enrolling with navigators
 - Focus #2 Policies improving access to care
 - Health literacy policy, toolkit and trainings
 - Focus # 3 Culture of Innovation
 - Projects included Whitted bike share pilot, video remote interpretation software/hardware and mindfulness training
- Priority #2 Childhood and Family Obesity
 - Focus #1 Catalyst for partnerships
 - BOH seat on OUTBoard
 - Go NAP-SACC pilot

- Focus #2 Evidence-based PA/nutrition interventions
 - Universal breakfast – continued implementation
 - OCHD lactation room
- Priority #3 Substance Abuse & Mental Health (SA&MH)
 - Focus #1 Advocate for SA&MH services
 - Town & Gown Task Force to address underage drinking and binge drinking
 - OCHD now offers PrEP counseling and prescriptions for individuals at high-risk HIV infection
 - Our Safe Syringe Initiative was launched and is in accordance with the new state law. We were ahead of the curve.
 - The OCHD Naloxone Access Program designed to reduce deaths caused by drug overdoses. There are 75% of OC law enforcement agencies are equipped with naloxone.
 - Focus #4 Support OC Smoke-Free Public Places
 - OC continues to be smoke-free.
 - E-cigarette rule – still awaiting Surgeon General's report prior to moving forward
- Engagement
 - Stay up to date on actions from other boards
 - Develop policy statements on priority health areas

D. NALBOH Update

Board members, Susan Elmore and Timothy Smith, attended this year's NALBOH 2016 Annual Conference that was held on August 10-12, 2016. The three keynote presentations were:

*What Can We Do To Improve Community Health?;
Collaborative Governance in Era of Population Health Management; and
The Flint Financial and Water Crisis Through a Board of Health Lens*

NALBOH's six functions of public health governance were reiterated throughout the conference. According to NALBOH, all public health governing entities are responsible for some aspects of each function. No one function is more important than another.

The Six Functions Include:

1. Policy Development
2. Resource Stewardship
3. Legal Authority
4. Partner Engagement
5. Continuous Improvement
6. Oversight

As there were about fifteen breakout sessions available, Ms. Elmore and Ms. Smith attended separate sessions. Ms. Elmore stated that she will share the downloaded presentations to the Board members via Dropbox. Some of the sessions that they highlighted included:

*Tackling Tobacco Use Among the Underserved,
Overlooked and Addicted: A Basic Duty of Public Health,
A Board Governance Conundrum: Legalized Marijuana,
Evidence in Action: How to Choose Effective Strategies,*

*Lessons Learned From Indiana's HIV Outbreak; and
Building Community Centered Partnerships between Local Health Departments and Non-
Traditional Partners.*

Mr. Smith was very thankful for the opportunity to attend and was amazed by the NALBOH organization. He also stated that the OCHD does a great job of collaborating with other resources, partners, etc.

VI. Action Items (Non-Consent)

A. FY 15/16 Environmental Health Delinquent Accounts

Alan Clapp, Environmental Health Director, began by describing the two services in which the consumer is either billed yearly or after the service has been completed. Wastewater Treatment Management Program inspections occur every 3 or 5 years. Mobile homes with wells and septic systems are inspected yearly. They are billed on January 1 of every year. There are 2 accounts that haven't been paid totaling \$875.00 which had decreased from last fiscal year's amount of \$2,900.00.

Per the department's Delinquent and Uncollectable Accounts policy (15.0), uncollectible accounts are to be administratively written off the books. The purpose of this accounting function is to precisely account for and pursue funds which are truly unrecoverable. The last administrative write-offs were performed by the Board of Health in August 2016 (Personal Health, Dental Health, and Environmental Health) for FY 2015.

Personal Health, Dental Health, and Environmental Health continue to participate in the NC Debt Set-Off Program, which allows the county to collect debts on delinquent accounts with a balance between \$50 and \$4,000 through the customer's tax refund. The Health Department anticipates collecting payments on delinquent accounts being pursued through the NC Debt Set-Off program; therefore, those accounts are not included in this write-off request.

Rebecca Crawford, Director of Finance and Administrative Services, continued by informing the Board of all the uncollectible debt from clients for FY 2015-2016 which is summarized below.

Division	Number of Uncollectable Accounts	Write-Off Amount
Personal Health	80	\$1,401.15
Dental Health	73	\$2,222.56
Environmental Health	13	\$2,049.19
Total	166	\$5,672.90

Ms. Crawford also notified the Board that debt set off involves any amount from \$50.00 to \$4,000.00. These debts can be sent to the state for collection. Any amounts under \$50.00 can be written off. The customer shall never be informed that a debt has been written off. If a customer whose account had been determined uncollectible returns to clinic within three years, the delinquent write-off amount will be reactivated and the billing process resumed. Likewise, if a customer requests a non-required service from Environmental Health, the delinquent write-off amount will be reactivated and the billing process resumed. Dr. Bridger added that it is more cost effective to write off the debt as it will cost more money to attempt to try to recoup it.

The BOH members had questions that were addressed by Mr. Clapp, Ms. Crawford and Dr. Bridger.

Motion to administratively move a total of \$5,672.90 in uncollectable debt from “active” to “inactive” status was made by Susan Elmore, seconded by Jessica Frega and carried without dissent.

VII. Reports and Discussion with Possible Action

A. BOH Policy Review

Coby Austin, Director of Programs and Policy, began by informing the BOH members that the BOH is required to review their Policies and Procedures each year to meet accreditation standards. Ms. Austin briefly summarized the recommended updates which are:

I.E. Fee and Eligibility Policy

Staff recommends making the following revisions to the Fee and Eligibility Policy for the purpose of clarification and to be in compliance with federal Medicaid requirements:

- **Residency Requirements (Section IV.A.):** The Residency Requirements section was revised to replace “is” with “may” regarding whether any Orange County resident or non-resident can/will be eligible for services. This change was made to clarify that non-residents are not automatically eligible for all services (certain Communicable Disease services, etc.) and to clarify that only Orange County residents qualify for the Family Home Visiting program.
- **Fees for Services (Section VI.O.):** The Fees for Services section was revised to add language explaining that Medicaid patients will be charged only the cost for OCHD to purchase 340b drugs (a federal drug pricing program that reduces the cost of certain medications for eligible healthcare providers only). Since 340b drug pricing changes quarterly, the department will be reviewed and set annually based on an average purchase price throughout the year. This additional section is required in order to remain in compliance with DHHS and our ability to bill for Medicaid reimbursement for these drugs. OCHD typically purchases Family Planning related 340b drugs only.

I.H. Complaint Policy

Staff recommends streamlining the current BOH Complaint Policy by 1) removing the language about the procedure for handling a general complaint from the Board of Health policy manual, and 2) including that language in the complaint section of the Health Department’s Administrative Policy and Procedure manual, alongside other existing complaint forms and procedures.

Background: The NC Local Health Department accreditation benchmarks include a standard to have written policies and procedures in place for handling of complaints related to enforcement of laws, rules and ordinances. Policy H of the Board of Health Policy Manual meets that requirement by stating its policy regarding complaints. However, it would be most efficient to locate the procedures and forms for implementing that policy in the Health Department’s Administrative Policy and Procedure manual.

Type of complaints covered through existing procedures include: Complaints that are general in nature and those related to HIPAA privacy and security, Title VI of the Civil Rights Act of 1964, and Executive Order 13166 (meaningful access to services for persons with limited English proficiency). The Environmental Health Policy and Procedure Manual also includes a process for responding to, documenting, and resolving environmental complaints.

Motion to update the BOH Fee and Eligibility Policy and Complaint Policy as staff recommends was made by Jessica Frega, seconded by Dan Dewitya and carried without dissent.

B. Health Director Report

In addition to the Health Director's report, Dr. Bridger mentioned that she appreciated the working in Orange County. As president of the NCALHD, she's also able to help the other 84 health departments. As Orange County takes the lead in the state and is first with many of its programs and initiatives, we share our educational materials and policies with the state. Our efforts not only benefit Orange County but North Carolina as a whole. Robin Gasparini, Public Health Nursing Supervisor, added that the OCHD had recently received a Mother-Baby Award for Outpatient Healthcare Clinics and have been recognized as a breastfeeding friendly healthcare organization.

Dr. Bridger also spoke briefly on the success of our "Spray Before You Play" initiative to reduce exposure to mosquito bites and illness. We pride ourselves as being proactive instead of reactive. Seven County parks have boxes at their entrance to make insect repellent available to park visitors. The "Spray before you Play" stations will include cans of spray and a sign with instructions in English and Spanish on to how to apply the spray. There's proof that residents are using it and leaving it for others as we're replacing empty cans.

The BOH members did not have any questions.

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 Mia Burroughs to adjourn the meeting at 8:05 p.m., was seconded by Dan Dewitya and carried without dissent.

The next Board of Health Meeting will be held September 28, 2016 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

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