

MINUTES
ORANGE COUNTY BOARD OF HEALTH
March 23, 2011

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 March 23, 2011, at the Southern Human Services Center in Chapel Hill, NC.

BOARD OF HEALTH MEMBERS PRESENT: Anissa Vines, Chair; Tony Whitaker, Vice Chair; Steve Yuhasz, Commissioner Representative; Christopher Cooke; Chris Harlan; Carol Haggerty; Matthew Kelm; Michael Wood

BOARD OF HEALTH MEMBERS ABSENT: Mike Carstens; Susan Elmore; Paul Chelminski

STAFF PRESENT: Rosemary Summers, Health Director; Wayne Sherman, Personal Health Services Division Director; Donna King, Health Promotion and Education Services Division Director; Lisa Smith, Administrative Assistant; Deborah Hamlin-Aggrey, Senior Public Health Educator; Pam Diggs, Senior Public Health Educator

GUESTS PRESENT: none

I. Approval of March 23, 2011 Agenda

Chair Vines requested the addition of items **la. Closed Session (ref. NCGS 143-318.11(a)(6))** to consider the qualifications, competence, performance, fitness, conditions of appointment, of an individual public officer or employee or prospective public officer or employee; or to hear or investigate a complaint, charge, or grievance by or against an individual public officer or employee.

Motion to approve the Agenda of March 23, 2011 as amended was made by Chris Harlan, seconded by Matthew Kelm, and carried without dissent.

Motion to move into closed session was made by Matthew Kelm, seconded by Christopher Cooke, and carried without dissent.

II. Welcome and Introductions

Anissa Vines, Chair, called the meeting to order at 8:15 p.m.

III. Educational Presentation: Tobacco Policy Options

Pam Diggs, Senior Public Health Educator presented a webinar on Tobacco Policy Options on what local government authority to regulate smoking. This is a series of webinars that have been used to educate policymakers in the last year. There was some discussion by the Board on a proposal for Tobacco Free County Grounds. Pam explained that the Board of Health could recommend a rule and upon passing the rule, the Board of Health would recommend to the BOCC to adopt the rule as a county ordinance. Once the BOCC approves such a rule through adoption of an ordinance, it is the NC Division of Public Health's position that the rule shall apply to the county and all the municipalities within the county. If a comprehensive tobacco ordinance were approved by the BOCC, an education campaign would be developed by the Health Department to inform county employees and the public. Concurrently with the educational campaign development, municipalities may choose to adopt the county's tobacco ordinance. It is also more cost effective to have smoke free grounds in our parks as it costs to have cigarette butts picked up and disposed of. Cigarette butts are the number 1 litter problem in the country.

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The youths that Pam works with would also like to see parks added to the list of public smoking bans.

IV. Public Comment for Items NOT on Printed Agenda none

V. Action Items (Consent)

A. Minutes approval of February 23, 2011 meeting

The Board is required to review and approve minutes of all meetings of the Board of Health. These minutes were for the regularly scheduled meeting held on February 23, 2011.

B. Accept Additional Funds

1) Family Planning Bonus Funds: Federal Title X Family Planning funds are available again for local health departments for the FY 10-11. A base appropriation of \$1,450 is awarded to each county, and those counties that have shown an increase in the number of unduplicated patients in their caseload will receive a prorated share of the total \$393,148 of Title X Bonus Funds.

Orange County Health Department has been notified that our allocation of the Family Planning Bonus funds this year is **\$5,071**. These funds are to be spent on contraceptives such as IUDs, nuva rings and birth control pills. These funds must be spent by May 31, 2011.

2) A local family, Mr. and Mrs. Paul Harris, wish to donate **\$2,000** for educational items related to meningitis and the importance of meningococcal vaccination. The department will use these funds for educational materials and incentives to distribute to local high school students during the month of April. The family had previously donated funds for meningococcal vaccinations in memory of their daughter, Jessica, who was a student at Tulane University and who died of meningitis.

Motion to approve the consent items was made by Steve Yuhasz, seconded by Chris Harlan, and carried without dissent.

A. 2011-2012 Budget Alternatives

The current situation at the legislature regarding the NC budget has made it difficult to prepare an accurate budget reported Dr. Summers. In addition, we recently received the details regarding county funding for the pregnancy care home (replaces the maternal care coordination program) and the care coordination for children (replaces the child service coordination program). We have prepared two alternate scenarios for the budget for 2011-2012. The majority of changes will occur in the personal health budget, although there will be changes in the health promotion and education budget as well.

The attached spreadsheet is color coded. The salmon color column is the current year's budget. The green column is the budget request approved by the Board in February. The blue column is labeled Alternate #1 and includes only the change in funding for the pregnancy care home and the care coordination for children. These changes are definite. The goldenrod column Alternate #2 includes all changes in Alternate #1 plus is a "worst case" scenario of budget cuts.

Should some of these cuts not come to pass, then staff would need to recalculate how and where to adjust.

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The spreadsheet shows that in Alternate #2, the county share of support is increased by approximately \$34,000.

Total cuts of \$102,769 proposed in the Governor's budget or in the federal pass through funds represented on the budget, Alternate #2 represents nearly an 18% cut in the total allocation of state and federal funds. This does not include those cuts that would be associated with Smart Start program cuts.

Motion to approve Alternate Budget #1 FY 2011/12 as the current budget request to be forwarded to the Financial Service Department for consideration for the health department as was made by Chris Harlan, seconded by Carol Haggerty, and carried without dissent.

B. Pregnancy Medical Home and Care Coordination Plan for Services

Effective February 28, 2011, the Maternal Care Coordination (MCC), and Child Service Coordination (CSC) programs ended and on March 1, 2011, the Pregnancy Care Management (PCM) and Care Coordination for Children (CC4C) programs began. The MCC and CSC programs were fee for service care coordination programs that provided education, referrals, and coordination services to high-risk Medicaid-eligible pregnant women and families with children experiencing or at risk for developmental delays. Services were provided to families who met the eligibility requirements by nurses and social workers in the Health Department's Family Home Visiting Section (FHV).

With the advent of PCM, the program shifts to providing case management services to all Medicaid-eligible pregnant women who are screened by medical providers (now called Pregnancy Medical Homes) and found to have at least one high risk criteria. Assessments will be made of those referred and the clients will be triaged by intensity level according to intervention needs. Those at highest risk will be seen weekly, those at medium risk at least monthly and those at lower risk contacted less than monthly. This will allow the greatest amount of resources to go to those in greatest need and should result in better outcomes for all levels and cost saving. Payment will no longer be fee for service but will be on a capitated basis (per member/per month) based on the number of Medicaid eligible pregnant women in the county.

The CC4C program will operate much like the current CSC program in that children with developmental delays will be assessed by medical providers and referred for services. Referrals can also come directly from families or other community agencies. The difference will be in the payment method (per member per month instead of fee for service). As of this time, we are uncertain as to the caseloads of FHV staff and as to whether we will be in need of additional personnel to meet the expected outcomes.

Attached is a transition plan developed by the FHV management team to guide staff on their responsibilities as the programs change. Also attached are fact sheets for the PCM and CC4C programs. The programs have not been fully developed and "are a work in progress" as the changes are on a fast track at the State level. We are following developments closely and will be developing a more complete transition plan to submit to the State as more information becomes available. These new care management programs are a joint venture between Division of Medical Assistance (DMA – Medicaid), Community Care of North Carolina (CCNC – regional entities formed to manage the Medicaid population), and Public Health. The goal is to improve health outcomes and reduce costs.

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Medical providers of prenatal care to Medicaid pregnant women are also entering contracts with DMA and CCNC to become Pregnancy Medical Homes. The attached Pregnancy Medical Home fact sheet outlines the expectations and incentives to participate in the program. OCHD has signed a contract to be a Pregnancy Medical Home provider in this model.

In FY 09-10, we earned \$123,397 in the MCC program and \$258,038 in the CSC program. The total (\$381,435) includes Medicaid earned revenue and cost settlement funds. Based on these numbers and after backing out certain costs, the State has calculated OCHD's per member per month payment schedule. For March – June 2011, we will be paid \$131,479 which will enhance our revenue picture this fiscal year. For FY 11-12, we will be paid \$275,272 which is \$92,272 over what we originally budgeted. A revised budget has been submitted to the Finance Department. It is important to note that future Medicaid Maximization cost settlement revenues will be smaller by about \$100,000 – dollars that historically have been set aside for renovations and capital purchases.

In 09-10, we served 148 Medicaid pregnant women. As the number of pregnant women served does not change dramatically per year, we anticipate earning an additional \$29,600 as a Pregnancy Medical Home provider ($\$200 \times 148 = \$29,600$) in FY 11-12. This is factored into the Maternity Medicaid revenue line item.

C. Internal Focus Areas for Strategic Plan

Chair Vines asked that this item be tabled until the April meeting and it was done without objection by Board members.

D. Legislative Items for Consideration

The NC Health Director's Association passed a resolution last week opposing the cuts to Aid to County funds to local health departments. If the Board wishes, it could pass the resolution and ask Commissioners to also pass the resolution and discuss with our legislative delegation. For Orange County, it would mean a loss of \$67,502 in Aid to County funds or nearly 10% of our total state and federal allocation. This particular pot of Aid to County funds is the only flexible funding provided by the state, other funds are all categorically earmarked.

In addition to this resolution, the Board may wish to consider advocating for the following revenue sources with the General Assembly:

- 1) Adopt the recommended user tobacco tax (from the NC Alliance for Health) which would offset future health expenditures and would increase revenue that could be directed to local public health. This is a \$ 1.00 per user tax.
- 2) Allow local health departments to charge cost-based fees for public health protection/safety in food and lodging establishments. This would be a way for us to generate more revenue since we have never received more than \$ 9,000 from the state program.

Rosemary Summers Health Director talked about several new senate bills; Senate Bill 346 that would exempt all cooking schools from food regulations passed its first reading on March 16 the same day it was introduced and has been referred to the committee on Health Care on March 16. Senate Bill 245 Medicaid Billing by Local Health Departments would allow local public health departments, district health departments and consolidated human service agencies to bill Medicaid through an approved Medicaid clearinghouse or through the department of public health. This would provide a means for Health Departments to opt out of HIS. Senate Bill 368

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Modify Public Swimming Pool Requirements an Act to modify the applicability of certain fencing requirements for public swimming pools. A Bill will be introduced that will amend 153 A-77 Exemption of a population cap for a consolidated Human Service Agency.

As a Board, you should decide what your board positions are on these bills and advocate your positions if you have any.

Chair Vines asked if the board needed to decide on the recommended user tobacco user tax and the food and lodging fees. Rosemary Summers indicated that both could wait until next month to discuss further and decide upon. Chair Vines did indicate that both are a good source of revenue.

Motion was made to adopt the resolution entitled Resolution Supporting Public Health Funding through State Local Aid to County as was made by Christopher Cooke, seconded by Chris Harlan and carried without dissent

Motion was made to forward to the BOCC for consideration of adoption and direct the clerk of the board to send the resolution to the Orange County legislators was made by Chris Harlan, seconded by Carol Haggerty and carried without dissent

E. Recruitment of Health Director

The Board had a special meeting on March 16 to discuss recruitment of new health director and a possible process for an interim health director. Chair Vines indicated she had received some feedback on the characteristics for the Health Director. Chair Vines would like to consolidate all the feedback she has received for Rosemary Summers to incorporate into the job posting and job description and have it sent out to Board members to review. Rosemary Summers sent out the draft posting of the job posting. Chair Vines also had sent around a link to board members to look at what other areas are posting and to be able to see the variation of postings. Chair Vines asked if anyone had not sent her their feedback to please do so. Chair Vines would like the board to spend some time talking about the interview process of the health director at the next meeting and finalize the posting and job description.

F. Informational Items

Informational items are provided to the Board to cover topics that Board members should be aware of or for general interest. Items are not discussed during the meeting unless Board members ask for discussion. No informational items presented were selected for discussion or questions at this meeting. A synopsis of the items follows.

- a. Renovation Update: Demolition in the "A" building has been completed and work has begun on construction.
- b. PAN Branch Annual Report: The Physical Activity and Nutrition Branch (PAN) recently published an annual report that features an Orange County Health Department project. We are proud to be selected as a success example for the state.
- c. Committee Reports: Both Committees met this month. Meeting reports are attached.
- d. SHAC Clinic: The Dental Student Health Action Coalition that has been holding clinics at our Carrboro space two nights a week is moving their location to the UNC Dental School on a trial basis. We donated their mobile supply carts and a filing cabinet to them for use at their new location. There may be additional supplies or small equipment that we will be able to donate as we begin the transition to the Hillsborough location.

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- e. Community Health Assessment Survey Days: A reminder that volunteers will be in the community March 18-19 and March 25-26 to conduct a survey to inform the community health assessment. A total of 200 surveys will be collected in various quadrants of the county. The selection of households was random within the highest poverty areas in each sector of the county. University housing was excluded. Maps and address selection was accomplished by collaboration with the Planning and Inspections Department and the Information Technology Department.
- f. Center for Public Health Quality Newsletter: The Health Department Project on fee collections for the WTMP program was a featured article in their recent newsletter.
- g. Media Clips: Attached
- h. Pending and Recurring Items: This planning sheet allows the Board to glimpse upcoming business items. April will be a "heavy" contract renewal month.
- i. National Nutrition Month: National Nutrition Month® is a nutrition education and information campaign sponsored annually in March by the American Dietetic Association. The campaign focuses attention on the importance of making informed food choices and developing sound eating and physical activity habits. Registered Dietitian Day, celebrated March 9, increases awareness of registered dietitians as the indispensable providers of food and nutrition services and recognizes RDs for their commitment to helping people enjoy healthy lives.
During National Nutrition Month® 2011 and beyond, the American Dietetic Association encourages everyone to "Eat Right with Color"

Chair Vines wanted to point out a letter that the Board of Health received from the BOCC thanking them and staff for our annual summary report/work plan. She suggested if anyone had not had a chance to read it they should. Rosemary Summers wanted to point out a letter that was received from a teacher in support of the Smart Start dental screenings. She is in hopes that Smart Start will continue to support this important service.

VII. Board Comments/Announcements

Chair Vines asked that at next month's meeting the board discuss an agenda for a joint dinner meeting with the Social Services board to talk about where there may be overlap within the two departments and what the proposed exemption of a population cap for a consolidated Human Service Agency could mean. The county could have the option to combine both departments to a Health and Human Services Agency if the proposed exemption is passed. It would mean a different authority for a board would need to be created as a human services board to make local health rules. Both the health director and the social services director would be under the county manager. By doing this joint meeting in May, it would give both the current and the interim Health Director the opportunity to be present. Commissioner Yuhasz indicated at some point it might be useful to have someone come speak to the board that is under a consolidated Health and Human Services Agency to give an overview.

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VIII. Adjournment

Motion to adjourn the meeting at 9:50 p.m. was made by Steve Yuhasz, seconded by Matthew Kelm, and carried without dissent.

The next Board of Health Meeting will be held April 27, 2011 at the Government Services Center Hillsborough, NC at 7:00 p.m.

Respectfully submitted,

**Rosemary L. Summers, MPH, DrPH
Health Director
Secretary to the Board**