

CASWELL COUNTY BOARD OF HEALTH AGENDA

Tuesday, August 26, 2017 at 6:00 P.M. in the Health Department’s Downstairs Meeting Room in Yanceyville, North Carolina.

Position	Name	Term	Expires
County Commissioner	Nate Hall	N/A	12/31/2017
Engineer (General Public)	Jennifer White, RN (Vice Chair)	2 nd	06/30/2020
General Public	Carol Komondy	2 nd	06/30/2020
Registered Nurse	Carla Lipscomb, RN	2 nd	06/30/2020
Dentist	Rose Satterfield, DMD	2 nd	06/30/2018
General Public	Carl Carroll, REHS	2 nd	06/30/2018
General Public	Elin Armeau-Claggett, PhD, PA-C	2 nd	06/30/2018
Pharmacist	Andrew Foster, PharmD, R.Ph. (Chair)	2 nd	06/30/2018
Optometrist (General Public)	Walter Michael	1 st	06/30/2019
Veterinarian	Theresa Wisk-Carroll, DVM	1 st	06/30/2020

Regular Meeting of the Caswell County Board of Health

Call to Order	Chairperson
Special Recognition	Chairperson
Public Comment	
Approval of Agenda*	Chairperson
Board of Health Minutes, July 26, 2017*	Chairperson
Interim Health Director Report:	Interim Health Director
Cleaning and Maintenance Update	
Environmental Health Update	
Home Health & CAP Update	
Personal Health Update	
Minority Diabetes Prevention Program	
Employee Health & Wellness Program	
Medical Access Program Award*	
Flu Clinics	
Staffing Update	
Finance Report and Budget Update*	
Accreditation Update	
Informational Items	
2017 Health Equity Report from Danville Regional Foundation	
Community Health Assessment Survey	
Participation in Community Activities	
Closed Session*: NC General Statute 143-218.11(a)(6): To consider qualifications, competence, performance, character, fitness, conditions of appointment, or conditions of initial employment of an individual public officer or employee.	Chairperson
Hiring of Health Director*	Chairperson
Adjournment	Chairperson

*Denotes Action Item

Board of Health Meeting Schedule (4th Tuesday of Each Month)

October 24, 2017 ♦ November 28, 2017

MINUTES OF THE CASWELL COUNTY BOARD OF HEALTH

The Caswell County Board of Health met at 6:00 P.M. on July 25, 2017, in the Caswell County Health Department’s meeting room in Yanceyville, North Carolina.

ATTENDANCE:

Position	Name	Present	Not Present
County Commissioner	Nate Hall	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Dentist	Rose Satterfield, DMD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Engineer (General Public)	Jennifer White, RN (Vice-Chairperson)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
General Public	Carol Komondy	<input checked="" type="checkbox"/>	<input type="checkbox"/>
General Public	Carl Carroll, REHS	<input checked="" type="checkbox"/>	<input type="checkbox"/>
General Public	Elin Armeau-Claggett, PA-C, PhD	<input type="checkbox"/>	<input type="checkbox"/>
Optometrist (General Public)	Walter Michael	<input type="checkbox"/>	<input type="checkbox"/>
Pharmacist	Andrew J. Foster, PharmD, R.Ph. (Chairperson)	<input type="checkbox"/>	<input type="checkbox"/>
Physician	Scott Spillmann, MD, MPH	<input type="checkbox"/>	<input type="checkbox"/>
Registered Nurse	Carla Lipscomb, RN	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Veterinarian	Teresa Wisk-Carroll	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Others Present: Elin Armeau-Claggett, PA-C, PhD – Interim Health Director
 Sharon Hendricks – Finance/Personnel Officer
 Donnie Powell, REHS – Environmental Health Supervisor
 Sharon Rose, RN – Home Health Director of Nursing
 Denise Wilkins, RN – Public Health Nursing Supervisor

I. Call to Order

A. A quorum being present, the Caswell County Board of Health was called to order by the Interim Health Director.

II. Election of Officers

- A. Election of Chairperson – The Interim Health Director opened the floor for nominations.
1. Nomination of Carl Carroll was made by Jennifer White and seconded by Carol Komondy. Carl declined the nomination due to time constraints.
 2. Nomination of Jennifer White was made by Nate Hall and seconded by Carla Lipscomb. The motion was approved on a vote of 7 to 0.
- B. Election of Vice-Chairperson – The Board Chairperson opened the floor for nominations
1. Nomination of Elin Claggett was made by Carol Komondy and seconded by Carla Lipscomb. Elin explained that she was not eligible for nomination because she was currently serving as the Interim Health Director which made her an inactive member of the Board of Health.
 2. Nomination of Carla Lipscomb was made by Jennifer White and seconded by Carl Carroll. Carla declined the nomination due to time constraints.
 3. Nomination of Walter Michael was made by Carol Komondy and seconded by Carla Lipscomb. The motion was approved on a vote of 6 to 0, with member abstaining from voting. Walter Michael was elected in his absence.

III. Public Comment

A. No public comment

IV. Action Items

A. Approval of Agenda

1. The agenda for the July 25, 2017, meeting was reviewed.
2. The Board questioned the length of the agenda and what must be covered at this meeting. Elin said that she will summarize each topic and if the Board chooses to discuss it further, they can. Nate Hall said some things may have to be revisited at a later meeting.

A motion was made by Nate Hall and seconded by Carl Carroll to approve the agenda for the Board of Health meeting. The motion was approved on a vote of 7 to 0.

B. Enter Documents into the Minutes

1. Elin included two documents that she proposed the Board approve to be added into the minutes of July 25, 2017, minutes.
 - a. Interim Health Director Report Document pages one through ten
 - b. The Staff and Budget Document labeled attachment G in the packet.
2. Elin said that she had discussed this with Paula Seamster and this is what she recommended.
3. There was one correction pointed out with regards to the date of the Environmental Health Inspection.

A motion was made by Nate Hall and seconded by Carla Lipscomb to receive these two documents as information for the Board as Elin has prepared. The motion was approved on a vote of 6 to 0.

Interim Health Director Report Document pages one through ten

BUILDING& IT SECURITY DURING TRANSITION

Building security: Maintenance Dept. changed the locks on the CFO and Director's offices and combinations to outside doors on 6/29/17. New keys to bar doors have been made and indoor combination locks have also been changed.

\$29,500 in capital outlay was for building security according to minutes of the joint Board of Health (BOH) and Board of Commissioner (BOC) meeting on May 23, 2017. According to the former Health Director, this was ". . . to be a keyless card swipe entry into the building within different areas of the building." But ultimately this item was removed from the budget and no funding is available under Capital Outlay in the final budget for 2017-2018.

IT Dept: Robert Webb from IT has worked hours to recover and reset computer passwords in the Health Director's office to enable access to computer files. The previous Health Director requested a list of files to be copied. On 6/30/17, he County Manager, after consulting with the County Attorney, reviewed and copied a list of files onto 2 USB drives. Personal files, such as family photos& audio recordings, were deleted by the County Manager, Bryan Miller. Retained documents containing Caswell or personnel information were subsequently reviewed by IT and Bryan Miller on 7/5/17. On 7/7/17, when trying to access Microsoft Outlook email, we realized the previous Health Director had deleted all emails. This is significant because many related to programs, finances, contracts and information required from the State. The "trash" box was also empty. IT again is working to retrieve deleted emails off a laptop.

Per discussion and recommendation of BOH members, a Sheriff's deputy was requested to be present when the prior PHD Director came to pick up approximately 10 crates/boxes of personal photos, books, files and other items on 6/29/17, the day following her termination. The CFO/HR Supervisor, Sharon Hendricks, and myself as Interim Health Director made requests for security from the Sherriff's Dept. to be present (Mike Adkins and Frank Rose). Earlier that day, the County Manager was notified that a deputy would be requested. Bryan Miller stated that they had used this procedure in the past to escort employees and their personal belongings off the worksite. The Sheriff's deputy then called the Andrew Foster as Chairman of the BOH, instead of those requesting services, and him that the requests usually come from the County Manager and the County Manager is typically present. When Bryan Miller was

confronted later that afternoon, he stated that a Court Order was usually needed for a deputy to be present and otherwise they are available in the parking lot if needed. Bryan Miller stated he did not want to be present and since the Director was hired by the BOH, he did not see a need to be there. For safety reasons, Andrew Foster as Chairman of the BOH and my husband were present at 7:30 p.m. on 6/29/17 when Mrs. Clayton and her husband returned to retrieve her items. No deputies were in the front area parking lot or in close proximity in the back lot. There were 3 Detention Center personnel smoking by the Detention Center. Fortunately, the moving of personal items was uneventful.

HIPPA

One patient chart from Chatham County was located in the file cabinet adjacent to the desk of the Health Director and dated 2006 with the signature of the previous Health Director as Case Manager. This file was witnessed by J. Eastwood and S. Hendricks as the items from the office were packed on 6/29/17. This medical record was placed in a secured, locked area in accordance with Patient Health Information Protection Act (HIPPA). The County Manager, Bryan Miller, briefly examined the medical record when he was in the office on 6/29/17. On 7/5/17, Mr. Miller said he had talked with the County Attorney who advised that if we thought a crime had been committed, we should call the Sheriff's Dept. Alternatively, he stated the chart could be returned to the previous Health Director. He did not want to be part of the decision. The CFO, HIPPA officer, and myself, with 38 years experience as a health care provider, recognized this as a HIPPA violation with potential of significant fines or charges. I called the investigative division of the Sheriff's Dept. to request assistance in investigating and providing a chain of custody for the medical record. The deputy called back 20 minutes later and stated that they did not handle HIPPA violation cases and recommended reporting to the Dept. of Health and Human Services OR returning the chart to Chatham Health Dept. Layton Long, Chatham Health Director and the HIPPA officer at Chatham Health Department were contacted and the record was mailed certified with signature required to maintain chain of custody. Mr. Long stated that they would need to contact the patient in the chart to tell her the disposition of her personal health care records and take other actions if indicated.

Jennifer Eastwood has assumed the roles of HIPPA compliance and Security (IT) Officer at Caswell Health Dept. with Sharon Hendricks as secondary contact.

IT SERVER

On 1/31/17, Mark Rigsbee at CST Data sent the specs and price on a server that would accommodate medical records and administrative data. The reply from Ms. Clayton on 2/14/17 stated "I don't recall seeing this but let me know . . . I know we are running short on funds. No further communication was made, per Mr. Rigsbee, until his conversation with me on 7/19/17." According to IT, CTS did work on our current, old server to try to preserve access to medical records. Robert Webb, from County IT Dept., was consulted on need for servers and he confirmed that our old server is not functioning adequately and we are liable to lose all access to data and records if not replaced. Capital outlay funds of \$10,000 were ear-marked for IT in the 2017-2018 fiscal budget. The price of \$4,100 quoted by CST Data includes delivery, installation, upgrading licenses of PaperVision on the server, downloading a new viewer on all workstations, and validating the server installation. This price also includes a 1 year parts and labor warranty. CST Data also provided an estimate for scanning of Medical Records (See Financial Report and Budget Update).

ENVIRONMENTAL HEALTH

Environmental Health (EH) is progressing with training of their newest Environmental Specialist. Office clerical support is still needed as they continue to scan records into their system, update data, answer multiple phone calls, interface with citizens and complete administrative tasks. Contrary to what was proclaimed and approved in the BOH-BOC joint meeting on 5/23/17, the previous Director

never included the Office Processing Asst. IV position in the 2017-2018 budget except as a line item with \$0 assigned. However, the current office staff in the Caswell County Government Office will be retiring in Fall, 2017. The County Manager stated to myself and Sharon Hendricks on 7/12/2017 that the County would hire a full time Office Asst. divided as 0.25 FTE for the Building & Fire Inspection, 0.25 FTE for Planning Department and 0.5 FTE for Environmental Health. The hired clerical staff would be under the State personnel policy to enable supervision by the EH Supervisor.

EH inspected Caswell Health Dept. facility with emphasis on the patient care areas on 7/18/17. This inspection noted rust and dirt on many vents, dirty baseboards under cabinets, a section in the lab that was missing a baseboard, a corner office vent tile that needs to be replaced with a regular ceiling tile. A sewer smell in the Home Health office was discussed and may be due clogged or inadequate venting system or may be a problem with Yanceyville sewer system. Staff has also c/o dirt and rust that cannot be cleaned off tiles in some rooms. The lab refrigerator, while clean inside, has multiple areas of rust on the outside and needs to be replaced. Work orders for all necessary repairs will be submitted to Maintenance Dept.

Environmental Monthly Report was prepared by Donnie Powell, EH Supervisor and is included in this packet. Donnie Powell has been working with central offices in Raleigh to improve data entry into the Environmental Health Inspection Data Base as relates to fees and statistics. EH revenues from inspections and fee rate changes have increased for the past month. This revenue may later be applied toward scanning of their records or departmental resources.

HOME HEALTH

Home Health (HH) is in a state of flux since three of four nurses have resigned over the past months and some staff have taken PTO or Medical Leave. The new Director of Nursing is making progress with the multiple programs required for documentation and billing.

Home Health on-call is mandated for contracted services although funding was decreased in the 2016-2017 budget. Since HH nurses may need to provide in-home care for a client at any given time, 24/7, their activities are significantly limited both in travel distance and dining/drinking options. Thus Home Health on-call pay will be continued at \$2/hr. Only 2 PHNIII staff rotate call at this time (vs. 8 nurses when this program was initiated) and this translates to 2 weeks/month each. A Health Educator I position is currently vacant with funding coming from state and local funds. The local portion of dollars will be used to cover these on-call salaries.

A contract with Danville Communication has been signed by the County and will begin services on 8/1/2017. Currently, patients reach on-call staff via the Sheriff's Dept. who in turn call the on-call staff person. The new communication system will not replace the need for on-call personnel; they only change the call-in number and how messages are routed.

During the final 2017-2018 budget negotiations, after the BOH-BOC meeting, the former Director decreased the HH Office Asst. position from 1.0 to 0.5 FTE. This HH Clerical staff is vital for obtaining orders, coding charts, collating progress reports, answering phones, and generally is the hub of information flow in HH. These services are essential for proper billing and reimbursement for services. Thus this HH Clerical position will remain full time. This 1.0 FTE comes at a compromise from a 0.5 FTE Billing Office Asst. position that is currently vacant. Meanwhile the workload from the biller has been shifted to other staff.

One PHNIII has given her resignation notice (effective 6/28/17) in order to move to a position with better hours that will meet her family needs but she will continue to give to Caswell citizens. A previous HH nurse has been interviewed for this position. The former Health Director had discussed demoting the newly hired Dir. Of Nursing back to level of Supervisor. After review of criteria by our Personnel Officer, Sharon Hendricks, the Director of Nursing position will remain intact since CAP and QI/QA responsibilities have been rolled into that position. PRN Home Health Tech and PT positions were cut per BOH approval and may need to be reinstated in the future, caseload dependent. PRN

staff enable our HH Tech and Physical Therapist to continue to provide coverage to patients on occasions that they utilize medical leave or PTO. Stricter well defined guidelines on utilization of PRN help will be proposed by the Dir. of Nursing if we need to reinstate these PRN positions. An Occupational Therapist position is posted on the County and HD websites.

Contrary to some prior statements and rumors, Certificates of Needs for HH will not be “sold” to other home health agencies. This has been verified by the County Manager who does recognize the need in this county to provide this service to our citizens, even if the County may have to supplement this program. Increasing the number of referrals will hopefully allow this HH to generate more revenue. Home Health Value Based Purchasing is a star rating system for Home Health and is based on Information (data base), Customer relations (patient satisfaction survey) and Oasis questionnaire (start and end of care process). Jennifer Eastwood is leading this project which will improve our health rating and hopefully yield more patients.

Sharon Rose, Dir. of Nursing is working weekly with consultant Edwina Thompson from Raleigh to optimize our Community Alternative Placement for Disabled Adults (CAP-DA) program, both regarding documentation, billing and case management services. **A Home Health Monthly Report is included in this packet.**

Finally, the BOC, per recommendation from the County Manager, denied funding to fill the vacated PHNIII position. The census for HH and PT has doubled from 40 up to 82 patients over the past 6 months and should continue to grow. There is a pending contract to add 30 additional clients to the census (primarily to obtain labwork) and referrals are coming in at a steady rate. Current HH census is 82 (stable in the 80s for 3 months) and CAP serves 46 people in Caswell. In August, HH nursing staff will be decreased to one position as one employee resigns and her replacement needs to provide 30 day notice with anticipated start date 9/1/2017. After discussion with County HR and Sharon Hendricks, Bryan Miller recommended on 7/12/2017 hiring a part-time, temporary Home Health Nurse to provide coverage during the month of August. This HH nurse will provide essential services to meet and maintain referral contracts and patient base and may work up to 40 hours/week. Reinstatement of the PHNIII position would enable continuity of care for our home based clients while staffing is strained, pay for temporary part time (no benefit cost), cover cost of PTO payout, and allow us to continue to take referrals. The vision is that this part-time temporary PHNIII would convert to full –time in 3-6 months as census increases to 120 patients for a sustained period. Bringing in Medicare patients to Personal Health and rebooting marketing efforts with August Family Fun Day at CFMC in and the County Hoe Down in September, should increase referral of patients within Home Health.

Sharon Hendricks, CFO, is working with Humana to open access for provision of care to their home health patients.

PERSONAL HEALTH

Increased stress within Personal Health (PH) has been exacerbated by decreased in staff positions to include MOA, PHNIII, Health Educator I and Office Admin. over the past few months as well as gearing up for Employee Health and Wellness Program, Medicare enrollment, and multiple community projects scheduled over the next 2 months. A 1.0 FTE PHNIII and a 0.5 FTE Office Admin. positions were not funded by BOC in the 2017-2018 budget although these positions were recommended by the BOH. The Immunization and Child Health Programs, previously under the PHNIII domain, have been divided among the remaining 3 nurses in PH clinic. Additional training in Child Health Assessment and Immunizations has been required to bring staff up to higher level of competence in these programs. Jennifer Eastwood and Denise Wilkins have facilitated required training. Other positions, to include Medical Office Asst. and Health Educator, are vacant because of employee in-house transfers.

As in Home Health, On-Call pay at \$1/hr will be reinstated with funding derived from other vacated positions with the Health Dept. This is the same rate as on-call pay in Rockingham Co. and although less than Home Health. The variance in pay is because PH staff do not have to make house calls and

do have greater movement when on call. They receive an average of 5 calls/month. Personal Health nurses are required to take call since we accept Carolina Access patients.

The loss of funding for PHNIII in PH was based on data reported by the previous Health Director that the 4 nurses only saw 80 patients during a month which averages to one patient per day per nurse. This is grossly inaccurate, as the previous Health Director was aware and is certain evident if you spend any time in the clinic. Nurses see every patient that enters the clinic, prior to the Nurse Practitioners who are currently each averaging 10/day (although the goal is 20 patients/day). The nurses also do immunizations, f/u labs, referrals and many other patient interactions, exceeding 100/week. During the week of 7/10/17-7/14/17, the two PHN III nurses in the clinic completed a work log which is available for the BOH review and details the tasks and patient encounters. A recently vacated 1.0 FTE Medical Office Assistant position included the 0.5 FTE Clerical portion to be filled for scanning of medical records and assisting front desk clerk. The remaining 0.5FTE funds will remain vacated in preference to refilling the nursing position. A PHNII position, rather than the prior PHNIII, is recommended by the Supervisor, Denise Wilkins. This proposal has also already been preemptively discussed with the County Manager.

The Nurse Practitioners (NPs) and Medical Director met on 7/12/17 to discuss multiple issues. In Personal Health, a Nurse Practitioner requested her isolation room be restored for use. A Social Worker office space was relocated to a different office. This room will be made available as a pt. isolation room for patients who may have contagious illness and also double as a patient conference room for PH. Patient education material will be kept in this room. Since NPs now offer low risk pre-natal care services, they have requested training and shadowing at UNC Ob Dept. (1/2 day each). This request was made in Jan., 2017 but never approved by the previous Director. The UNC Training Agreement was sent to our County Attorney 7/13/17 and approved later that day with basic contract stipulations. Current training for ECG interpretation and ACLS & PALS course was recommended. Currently there are 4 NP students being mentored by the 2 NPs. This is adding to the workload of nursing staff since takes extended time and questions. The recommendation is to limit the number of rotating NP students to one at a time and has been discussed with the Medical Director.

The Health Dept. CFO Sharon Hendricks will proceed with Medicare application for Personal Health clinic. This takes approximately 90 days for approval. The previous NP did not have the Master's Degree credentials to enable the PHD to participate but hopefully this will increase patients by 25% in the Personal Health Clinic. This may also work to yield some referrals to Home Health as well as enable the clinic to follow our Medicare patients in this clinic.

WIC

Beth Jones, Supervisor of WIC has been working with the Regional Nutrition Consultant, Donna Clark, regarding implementation of E-WIC Debit Cards (EBT). Staff will receive training and are optimistic this will be a positive service for recipients who now utilize food stamps for shopping. Webinar training for staff will occur in the next few weeks.

An article about the WIC program was in the Caswell Messenger July 19, 2017, meeting one of WIC's annual requirements.

WIC services 511 patients monthly which represents 91.5% of the assigned caseload in Caswell Co.

EMPLOYEE HEALTH & WELLNESS PROGRAM

Employee Health and Wellness Clinic program was approved by the Board of Commissioners on 6/19/17. Neither the Medical Director nor the BOH reviewed this policy. The previous Director stated she did not have time to bring this policy and program back to the BOH prior to the BOC meeting per the County Manager's request for implementation by 7/1/17 (please refer to minutes from BOC 6/19/17 meeting available on County's website, pp 20-25). On 7/12/17, NPs, Medical Director, CFO, QA Supervisor, Health Director, County Human Resource and County Manager met to discuss this

proposed program. Currently, the policy states that a Wellness Exam (history, physical and labs) is required to enroll employees into the program and subsequently they may be seen for sick visits without incurring a Copay. Early in the discussion it was clear that patient visits for Acute Care, Wellness Exams and Primary Care are 3 separate types of visits and billing procedures. This may be a losing proposition for the County if the patient has comprehensive wellness exams via their PCP and insurance company's refusal of payment for duplicate services. This may mean a \$250 loss/pt/wellness exam if done as proposed in the initial policy. However, screening as a Health Maintenance checklist is not the same as the proposed comprehensive history and physical with multiple lab tests. Bryan Miller will rewrite the Employee Health & Wellness policy and anticipated implementation 9/1/2017. Meanwhile, all County employees may come for acute or primary care visits and will be treated as any other clinic patient. The Medical Director mentioned that we would have to check if Copays can legally be waived for employees.

The recommendation is for the Medical Director and BOH to review these policies prior to their implementation and potential loss of revenues for the PHD.

My Wellness, My Way program: The proposal of allowing employees to have 30 minutes exercise 3 times/week. The two 15 minute breaks may be combined but the additional 30 minutes will be difficult to enable since so many positions were cut and there is minimal duplication of staff to provide cross coverage. Note: the BOH was not presented information about this program prior to the BOC presentation and approval. A document identified as "Cumberland County Health Options for Productive Employees" was developed January 2013 and is virtually identical with only a few changes in wording and name of the program when compared to MWMW program generated by the previous Director. Bryan Miller is aware and should at minimum credit the reference to the other program.

ADMINISTRATIVE & HEALTH EDUCATOR STAFF POSITIONS

Recently vacated front desk clerk position is to be filled by staff currently working as Medical Office Asst. in Personal Health. This shift will prevent the loss of revenue since currently a person from Finance Dept. often covers this service while staff are at lunch or on leave.

The Health Educator I position was vacated when staff moved to take a position in Environmental Health. This is funded 50% by the State and 50% by local County resources. This position is currently on hold and duties are performed by other staff in Personal Health. As mentioned previously, the local portion of funding for this position may be utilized to compensate On-Call pay for HH (\$2/hr) and PH (\$1/hr). This state portion of funding for Health Educator I may be used as future grants or educational needs evolve.

Community Health Assessments, State of the County Health, Health Communities and PHD reports are prepared by Marcy Williams. She will also be trained for Accreditation.

SOCIAL WORK STAFF POSITIONS

Jennifer Eastwood has been appointed the Social Worker Supervisor for Personal Health Clinic. Three of 4 social workers resigned since April 2017. Two newly hired S.W. staff are responsible for Pregnancy Care Management (OBCM) and Care Coordination for Children (CC4C). Jennifer Eastwood is facilitating required training. As new SW employees, they will be paired with mentors to shadow in Orange Co. and other dept. and will be assimilating more referrals. Eventually be crossed trained to provide backup for each other's programs.

The third Social Work position is in Community Alternative Placement Program (CAP) within Home Health. We are in the interview process and hopefully this position will be filled quickly

FINANCIAL REPORT AND BUDGET UPDATE

Staffing update and budget requests have been addressed in the attached document which itemizes 13 positions lost to resignations since 11/1/16, details 5 positions cut during recent budget process and

shows shifting of staff to cover vacated jobs. This document, with possibly minor revisions, will be submitted to the BOC pending the BOH approval hopefully on 8/7/17. As noted previously, we will asks for reinstatement of PHNIII in Home Health, PHNII position for Personal Health Clinic and 0.5 FTE Clerical position.

NEED A MOTION FOR APPROVAL FROM THE BOARD OF HEALTH AND SUBSEQUENT FUNDING REQUEST PRESENTED TO THE BOARD OF COMMISSIONER'S MEETING AT THEIR NEXT MEETING ON 8/7/2017. STAFFING REQUESTS ARE: 1.0 FTE PHNIII in HOME HEALTH, 1.0 FTE in PHNII in PERSONAL HEALTH and 0.5 FTE In CLERICAL FOR A TOTAL OF \$150,624.00

Additional request for contracted services for medical records scanning is included in proposal to be presented to the BOH. A Medical Records Scanning service contract was approved by the BOH and detailed to the BOC who also approved funding. However, similar to the previously discussed EH clerical position, \$0 were actually budgeted by the former Director. The plan is to solicit funding for this service contract at the next BOC meeting. The cost for this proposal by CST Data is \$37,534.50.

NEED A MOTION FOR BOARD OF HEALTH'S APPROVAL FOR CONTRACT SERVICES IN THE AMOUNT OF \$37,534.50 AND TO PROCEED WITH FUNDING REQUEST FROM THE BOARD OF COMMISSIONER'S MEETING on 8/7/2017.

MATERNAL AND CHILD HEALTH BLOCK GRANT – State allocated Maternal Child Health Block Grant has been reduced by 0.82% to be taken out of one or more of 3 programs: Maternal Health, Family Planning and Child Health. The CFO recommends Child Health since this grant is for non-insured patients and most of the pediatric patients have Medicaid available.

CFO/HR SUPERVISOR UPGRADE - CFO/HR position reclassification for Sharon Hendricks due to progressive increase in job responsibilities and leadership role over the past years. Recommended by Dr. Moore in 2016 but placed on hold with last Director. On 7/7/17 this upgrade was discussed with the County Manager and request submitted to the state for upgrade to Accounting Officer II on 7/20/17. CASWELL COUNTY SALARY STUDY – departmental cost of \$45,000 which should come from Caswell County's General Fund.

COMMUNITY INITIATIVES

DIABETES PREVENTION PROGRAM – This is in partnership through Cone Health –Alamance Regional Medical Center. Jennifer Eastwood is our primary contact with this program and Katlyn Rose, a MOA will be serving as the Life Coach. We can expect to receive \$11,700 and \$2,500 must be used for program incentives with the balance for the Life Coach's salary and she will be expected to attend a 2-day training. This will be a year long program that includes education focusing on pre-diabetics. 8 people will be enrolled for weekly sessions x 16 weeks then once monthly.

NEED A MOTION FOR APPROVAL TO ACCEPT FUNDING FOR THIS DIABETES PRESENTION PROGRAM

CFMC CONTRACTS: A contract regarding x-rays for patients who need TB screening and f/u was reviewed with Billy Crumpton and signed 7/6/17. Mr. Crumpton also discussed enabling our Health Dept. patients to have x-rays done to evaluate clinical diagnosis. In this event, patients would not have to see a provider at CFMC to have x-ray. Patients would only need a prescription/referral form that would include diagnosis and corresponding requested x ray. The radiologist report will be sent to our providers. Billing options would need to be explored. Similarly discussion included combining resources and referrals for Ultrasound testing, especially as relates to wellness exams such as Aortic and Carotid Artery scans. The demand for U/S would influence the feasibility of this as a regular resource, possibly funded via grant. Currently the Health Dept uses U/S occasionally for visualization/evaluation of lymph node or breast mass and prenatal patients but in general prenatal U/S are done at UNC by skilled technicians.

CFMC has loaned an ECG machine to the PHD and we will need to discuss CME for staff and/or review by Medical Director on in-house ECGs. Previously, the PHD would send patients to providers at CFMC to have ECG testing since they did not have capacity to interpret ECG readings.

SUBSTANCE ABUSE and MENTAL HEALTH - Two significant concerns noted on our Community Assessments were Substance Abuse and Mental Health care resources. County initiatives were discussed with Jennifer Eastwood, Billy Crumpton and myself on 7/6/17. The Lazarus project and availability of naltrexone by local pharmacies and patrol Sheriff's deputies, AA or NA meetings, subloxone clinics were reviewed. Access to Mental Health resources of Trinity, RHA and Cardinal Innovations have been suboptimal as resources for Caswell Co. residents. RHA offers counseling 2 days/week at CFMC, Trinity's contract at CFMC will end in 8/2017. Cardinal health has been paid \$50,000 via a contract with the County to serve as a referral network resource to find counseling and psychiatric resources for residents. There appears to be limited feedback on the successful implementation and monitoring of the number of patients who utilize this point of access. On 7/7/17, this was discussed with the County Manager who is the point-of-contact and oversight. Ric Brouton and Meredith Piffley are liaisons contacts for Cardinal Health. Commissioner Jeffries also serves on the Board that manages Cardinal Innovations. An update on the number of patients who utilized Cardinal Innovations and outcome measures was requested. Restoring good faith between these two health care facilities, as well as other county entities, is the best way to serve the people in this county.

CHILDHOOD LEAD – Funds for education on lead toxicity are available. Donnie Powell & Marcy Williams are collaborating to apply for this \$5,000 community grant

MY WELLNESS, MY WAY – August workshop on educating employees and the public about recommended Adult Immunization. This will be lead by Denise Wilkins and Personal Health staff.

One RN, Vickie Futch, has attended training seminar on adult immunizations this past week.

September will be Emergency Preparedness month and we will collaborate with Barry Lynch on that project. An Ice Cream party, sponsored by MWMW, will be held 7/27/2017.

NORTH VILLAGE PHARMACY – Sharon Hendricks completed the 340B contract with North Village Pharmacy.

REACH OUT and READ program in Personal Health – provides books for children 6m-5yr that are seen for well child checks

FAMILY FUN DAY Aug.26, 2017 at CFMC - We will be doing marketing at this event.

HOE DOWN in September in Yanceyville - the Caswell HD will participated with a tent/table to promote current and new programs, including Medicare in the PH clinic

PROSPECT HILL Community Health Center reached out to invite staff to their Back 2 School Fair.

CANCER RESEARCH GRANT - This is a collaborative initiative led by CFMC and including Senior Center, Hospice of Alamance, Emergency Management, N. Village Pharmacy, DSS, American Cancer Society, and Caswell HD. Caswell HD role will be to offer cancer screening during routine primary care visits. Hopefully we can accelerate our role within the community. This does tie into discussions on smoke-free County properties since lung cancer is the leading cause of death by cancer in Caswell.

INTERIM HEALTH DIRECTOR POSITION

For July, I was hired as a consultant in the position of Interim Health Care Director. Effective August 1, 2017, I highly recommend Jennifer Eastwood be appointed as Interim Health. She has been an outstanding leader within this organization for many years, serving in the role of COO. This interim position is to remain in place until the hiring of a new PHD Director.

Sharon Hendricks, as Personnel Officer, has posted the Health Director position on Local, County and State job listing sites. This BOH should proceed and establish an interview committee so we can move forward to filling this position.

NEED A MOTION FOR APPOINTMENT OF AN INTERIM HEALTH DIRECTOR FOR CASWELL HEALTH DEPT.

The Staff and Budget Document (labeled attachment G in the packet)

STAFFING AND BUDGET
2017-2018 fiscal year

At the time of Budget meetings between the Board of Health (BOH) and the Board of Commissioners (BOC) on 5/23/17, there were 36.1 FTEs within the Caswell Health Dept. During the budget process, 5 positions were either cut from 1.0 FTE to 0.5 FTE or not funded. Thus, total number of staff, including the Interim Health Director is 33. Since 11/2016 to present, 13 staff have resigned, representing over 1/3 of total staff.

The joint budget discussion also included \$35,000 in contracted services for the scanning of medical records and was approved by the BOH. The cost was based on 183 boxes of files and would enable past records to be accessed through Electronic Health Records (EHR). Also mentioned by the former Director was a new position for Environmental Health at a cost of \$23,030. However, both of these line items were actually allocated \$0.00 by the Director - meaning both the BOH and BOC approved the services and staffing but there is no money available to pay.

Similarly, two clerical staff positions were cut after all the budget talks were completed. Neither the BOH nor BOC was informed of these additional position cuts by anyone. The cumulative effect of these unfunded positions and services have strained remaining staff.

The final budget approved by the BOC left no funding for 1.0 FTE Office Asst. in Environmental Health, 0.5 FTE Office Asst. in Personal Health, 0.5 FTE Office Asst. in Home Health, 1.0 FTE PHNIII nurse in Home Health, 1.0 FTE PHNIII in Personal Health Clinic or contracted services for scanning medical records. These lost positions were above and beyond concessions in staffing made by the BOH prior to the BOC meeting and include PRN Home Health tech, PRN Physical Therapist, Health Educator, Medical Office Asst. and Office Asst. in Finance. In conclusion, the Health Dept. personnel have been decimated across all areas of the Caswell Health Department and this will impact services to residents of Caswell County.

EMPLOYEE STAFF CHANGES :

Changes in staffing from Nov. 1, 2016 to June 30, 2017 are listed below:

Interim Medical Director – replaced

Social Worker II (Pregnancy Care Manager) - hired

Social Worker II (Care Coordinator for Children) –hired

Social Worker II (Community Alternatives Program) - posted

Public Health Nurse III (Home Health) –replaced but nurse resigned effected July 31, 2017

Public Health Nurse III (Home Health) – reposted

Public Health Nursing Director I (Home Health) – filled

Occupational Therapist I - posted

Environmental Health Specialist – replaced

Front Desk Clerk – posted and anticipate replaced by 7/20/17

Medical Office Asst/Clerical – (50% Personal Health & 50% scanning of records) – funded, not posted

Health Educator (50% state; 50% local fund)– funded but not posted and salary costs will be used to reinstated on-call pay, previous decreased in budget, for home health & personal health nurses.

Processing Assistant IV (Accounting) – funded 0.5 FTE but this salary was shifted to Home Health in order to maintain a FTE in Home Health for clerical position that was reduced 0.5 FTE after budget presentation

Physical Therapy Assistant , PRN –unfunded and approved by the BOH

Home Health Aide, PRN –unfunded and approved by BOH

Processing Assistant to Environmental Health - new position recommended by the BOH and approved by BOC during budget mtg. \$0 itemize in budget
Public Health Nurse III (Home Health / QI) – unfunded by BOC during budget mtg. pending increase in Home Health census
Public Health Nurse III (Child Health) – unfunded by the BOC during budget mtg. based on grossly underestimated number of patients seen by the nursing staff in the Personal Health clinic
Clerical staff in Home Health (0.5 FTE) – reduced by 0.5 FTE after budget meeting but before final budget approved by BOC
Clerical staff in Personal Health (0.5 FTE) – reduced by 0.5 FTE after budget meeting but before final budget approved by BOC

UNFUNDED / UNFILLED POSITIONS

The following positions were to have been included in the budget requests and approved by the Board of Health:

Environmental Health Office Processing Assistant: On 3/28/2017, the Board of Health approved a full-time administrative assistant for Environmental Health by a vote of 9 to 0. During the budget meeting between the Board of Health and the Board of Commissioners on 5/23/2017, the Health Director stated “The Board of Health also included \$23,030 for a new position, a processing assistant to work in Environmental Health to assist them in administrative support. This would also increase staff efficiency allowing them more ability to be out in the field doing the environmental health work”. The Board of Commissioners approved this position. HOWEVER, in the actual listing of positions, the Health Director funded this position a \$0, thus no real funding was approved. This position continues to be required by Environmental Health. The County Manager stated 7/12/17 that he would hire an office asst., who would be included under state personnel guidelines, to work in the office 0.5 FTE for Environmental Health, 0.25 FTE for Planning Dept and 0.25 FTE for Building office and will be funded by the County (not the Health Dept.)

PHNIII Home Health: The Board of Commissioners unfunded this position for the 2017-2018 fiscal year. This nursing position in Home Health is currently unfunded with the hope that census and revenues will increase over the next fiscal year to warrant refunding this position. Census for Home Health and Physical Therapy has doubled over the past 6 months due to marketing efforts. Since three of four nurses have left the agency since 11/1/2016, there is a only skeletal staff. In August, nursing staff will be decreased to one position. A part-time, temporary Home Health Nurse will be hired for the month of August to provide essential services to meet and maintain referral contracts and patient base. This nurse will be retained to work up to 40 hours/week as PRN Home Health Nurse. Continuity of care is essential ethically, physically and financially. A large PTO pay-out will also be required for the nurse who is resigning. After discussion with the County Manager 7/12/17, he stated he would advocate for reinstatement of funding for this position 1.0 FTE. The Home Health Director is also anticipating being able to sign a contract which will add 30 additional clients to the census. Stability and adequate staffing in Home Health will be required before adding significantly to the workload and hopefully obtainable within 45- 60days. The part-time, temporary nursing position may be made permanent full-time as census increases and again, the County Manager concurred with this plan on 7/12/17.

Our Dir. Of Nursing and Home Health, CFO, Edwina Thompson, state consultant for Community Alternative Program for Disabled Adults (CAP-DA), and myself participated in a conference call on 7/19/17. CAP-DA is a state program that enrolls disabled adults who need assistance to maintain living within their home. Caswell is allocated 50 “slots” and this may be extended for people with Alzheimer’s, those who are currently enrolled and transfer to Caswell and those in transition from a skilled nursing facility back to home. During this conversation, Ms. Thompson stated that the former Director refused to accept the transfer of a client to Caswell Co. case manager due to staffing shortage.

This was in April, 2017, just weeks before our budget was presented to the BOC. So she refused to help a new Caswell resident which represented loss of the corresponding revenue, and she attributed this decision to HH staffing shortage. This decision was made weeks before she advocated for not refilling open PHNIII position and cut HH clerical staff from full to part-time position.

Home Health Technician and Physical Therapy PRN positions: These contract persons provide coverage when these staff are on vacation or sick and may be justified with continuity of care to our clients as well as the admission of new PT patients. The new Director in Home Health is reviewing this need and if reinstated, personnel will be utilized under strict guidelines.

PHNIII – Personal Health: Previously the BOH and the County Manager were told that the 4 nurses in the Personal Health Care clinic saw a combined 80 patients/month. This is the number of “Nurse only Visits” such as blood pressure, labs, immunizations, health education, etc. However, this number does not include the assessment done by nurses for each patient that comes to the clinic to be seen by Nurse Practitioners and the clinic is currently averaging 20 patients/day. From 7/10/17 -7/14/17, two nurses on staff completed 46 nursing procedures, 86 nursing assessments and over 80 administrative tasks. In Feb., prior to the PHNIII nurse resigning, she had 127 patient encounters within Child Health Assessment program plus the Immunization clinic. This work has been assimilated by residual staff. Additionally multiple programs are maintained by these nurses to include STD, Communicable Disease, Child Health counseling, Lead Testing, TB, Rabies, Birth Certificates, SITS/Child Fatality counseling and most recently the Employee Health & Wellness program. Many of these programs are mandated by the State of North Carolina. A Pre-Diabetes Education and Cancer Screening initiatives will be implemented next month. We serve the people of Caswell and are far more than just a routine medical clinic. Supporting data is available.

Two Nurse Practitioners began last year and continue to increase their daily patient census. Medicare application has also been initiated and anticipated to be operational in about 90 days. The combined revenue sources and increased workload requires this position to be funded to optimize patient flow through the clinic with minimal wait time. A projected 25% increase in patients due to the addition of with Medicare patients is reasonable within the next year. These patients also have more chronic health care problems that necessitate more frequent visits to the Personal Health Clinic. The County Employee Health and Wellness program should be a resource to additional patient base as well as those resulting from marketing efforts. I propose transferring funds from the currently vacated 0.5 FTE for the Medical Office Position toward a PHNII level. A RN is preferable due to regulations for performing assessments and administering medications & immunizations.

0.5 FTE in Financing: This position may need to be reinstated as the Personal Health clinic incorporates Medicare and Employee Wellness clinical patients and Home Health expands its’ censes. The CFO also serves as HR for the PHD and has worked overtime on a regular basis to accommodate the budget changes and the high turnover rate of positions within the health dept.

0.5 FTE for Clerical: Since the contracted services for scanning did not actually appear in the budget, we are utilizing a medical office assistant position to continue this effort as well as to provide assistance at the front desk for lunch and times of increased patient load. While this is less costly than a contracted services, it is considerably more labor intensive.

ACTION PLAN

- 1) The 0.25 FTE that is locally funded portion of Health Educator I will be applied toward hourly on-call reimbursement at \$2/hr in Home Health and \$1/hr in Personal Health.
- 2) The Personal Health Medical Office Assistant position was 0.5 FTE clerical will posted and utilize to support the front office desk team to register patients and scan information into current records.

- 3) A 1.0 PHNII position is proposed to replace the unfunded PHNIII position that was vacated in 5/2017. A 25% increase in patients and accompanying increased revenue is projected with the inclusion of Medicare patients to the clinic. Additional increased revenue should result from Employee Health & Wellness Program, marketing efforts, and more effective EHR coding/billing for nursing time spend with extended patient education and counseling. Recall the previous PHNIII was unfunded based on significant underestimation of the nursing workload during budget meetings with the Commissioners. The downgrade from PHNIII to PHNII and elimination of the 0.5 FTE MOA position in Personal Health will help to contain expenses.
- 4) The 0.5 FTE in Finance has been shifted to maintain a 1.0 FTE Clerical position in Home Health.
- 5) Funding for a 0.5 FTE Office Processing Asst. position in Environmental Health will be assimilated by combing positions within the building / construction management area of the County. Funding source will be Caswell Co. funds, not PHD. Hired personnel will meet state personnel guidelines to enable supervision by Environmental Health Supervisor. This has been confirmed with the County Manager 7/12/17.
- 6) A temporary, part-time (up to 40 hours/week) Home Health Nurse, PHNIII level, will be used to augment home health care visits in the community beginning 8/2017 and for PRN work as the patient census is growing with a goal of advancing to full-time, permanent position in 6 months.
- 7) On-call pay for Home Health and Personal Health nurses was scheduled to be eliminated in the prior budget presentation. However, this pay has been continued by transferring funds from a vacated 0.5 FTE clerical position. On-call nurses are restricted in mobility and activity, especially in HH where they have to be available for house calls 24/7. A change in call centers does not diminish that patient need.

SUMMARY

The following chart is a summary of positions lost during budget process vs. request for amended budget funding. This was discussed with Sharon Hendricks, Bryan Miller and myself, Elin Claggett, on 7/12/2017. The Board of Health reviewed this document on 7/25/17. Pending Board of Health approval, a request for funding will be presented to the Board of Commissioners on August 7, 2017.

UNFUNDED POSITIONS	FUNDING REQUEST FOR SALARIES
1.0 PHNIII-HH \$65,000	PHNIII, HH \$67,840
PRN -PT & HH tech \$10,000	
1.0 PHNIII – PH \$65,000	PHNII – PH \$65,383
0.5 MOA – PH \$15,000	Funds shifted to PNHI
0.5 Clerical – HH \$15,000	
0.5 Clerical – PH \$15,000	0.5 FTE Clerical \$17,401
0.5 Clerical - Finance \$15,000	Funds shifted to cover HH clerical (combined)

1.0 Health Educator – PH \$30,000	Local portion of funding shifted to cover on-call pay HH & PH
	0.5 FTE Clerical – EH new position, funded by county within the construction management facility
Total Unfunded \$230,000 plus FICA, Retirement and insurance	Total Requested for salaries \$150, 624

The Caswell HD is also requesting to incorporate the funding already approved, for the scanning of Medical Record files, by the BOH and BOC 5/23/17 but was omitted from the actual budget. This is currently being done by office assistant staff between front desk responsibilities checking in patients and scanning daily patient information/requests. CST Data has previously scanned medical records within the Health Department and has provided a bid for approximately \$37,534.50. Note: this is about 20% of the cumulative amount funded by the county to DSS for their scanning of medical records over the past 3 years.

ADDITIONAL OPERATIONAL REQUEST	COST
SERVICE CONTRACT to scan records for EHR	\$37,534.50
TOTAL	\$37,534.50

BOH 3/28/17 minutes stated "Dolly directed the Board to review the funding percentages. This shows that our county appropriation is about 40%. In doing some research of other counties of similar size across the state, Dolly found that county appropriation should be closer to 30%. However, we do have some other programs that the other counties do not have, like Home Health, which is a big program that costs a lot of money to run." For perspective, Cumberland Co. funded 53.66% of their HD, Durham HD received 73.76% from their County, Chatham HD received 74.8% county appropriations. Caswell HD will receive 41.04% funding from the county toward the 2017-2018 fiscal year.

This total is approximately \$80,000 less than 2016-2017 budget and includes a significant decrease in personnel: two PRN PT & HH tech, two 0.5 clerical staff in PH and Finance, 0.5 MOA in PH, 1 Health Educator in PH and unfunded 1.0 FTE clerical in EH. Funds from a 0.5 FTE clerical position will be applied toward on-call pay for HH and PH nursing staff. This budget amendment request is to reinstate \$150,624 for funding 3 staff positions plus \$35,000 contracted services for a total expenditure of \$188,158.50.

C. Approval of Minutes

1. The June 27, 2017, Board of Health minutes were reviewed.
2. There was one correction on page 13, to correct to Carla Lipscomb's name instead of "Carol."

A motion was made by Rose Satterfield and seconded by Carol Komondy to approve the minutes of the Board of Health for May 23, 2017. The motion was approved on a vote of 7 to 0.

V. Information Items

A. Discussion of the Interim Health Director Document (Entered into minutes)

1. Building Security and IT
 - a. Elin said that the former Health Director did not provide her passwords to her computer. In addition, the administrative password had also been changed, and the PIN for the health department's website had been changed. The County IT Director had to do work to gain access to that information. All of the emails

from the past had also been deleted, which caused some problems because those emails contained information about finance and accreditation and contact information for other organizations. IT is working to try to recover those emails. Nate Hall commented that deleting those emails violated the public records law and he believes at some point, at a minimum, the Board needed to acknowledge that. Elin commented that that is why should wanted it included in the minutes. Elin also stated that IT and the County Manager were aware of this issues. Carl Carroll asked if they were able to recover and Elin said they are still working on it. She said that we had been able to access the computer files. Elin said there were multiple files that the County Manager copied onto USB drives per Dolly's request and were left in HR for her to pick up. Nate Hall asked if someone from the health department reviewed those files before they were copied. Elin said she had reviewed some of them. Many of them were family pictures and files from Cumberland and Chatham Counties. She said the files looked benign to her and also IT looked at the files as well. Rose Satterfield asked if Dolly had a right to those files. Elin said she believed Bryan Miller had talked to the County Attorney about some of the files and copied some on her list. Those files that did not originate here were deleted from that computer, including pictures and voice recordings. Carl Carroll asked about the county's process for backing up email files since they are a matter of public record. Sharon said we have a different email provider than the rest of the county and should be backed up by a program we use called Carbonite. Sharon said she was unsure if Robert Webb (County IT Director) knew that and she would let him know. Elin said Robert was also hopeful that he may be able to recover some of the emails from Dolly's laptop. Carla asked if Dolly had the laptop after she left employment. Elin said it seemed she had the laptop at home, since she did not walk out that night with one.

- b. Elin said that per the recommendation of the Board of Health she and Sharon attempted to contact the Sheriff's office. She said that they left messages for Mike Adkins and Frank Rose and instead of them returning her call, they called Andrew Foster, the Board chair at the time, and told him that usually the County Manager is the one who calls the Sheriff's department and is present. Elin said she had already talked to the County Manger earlier that day and he said he wanted no involvement in showing up because the Health Director was not hired by him and he did not think that was his place. Elin said she was also told that typically it requires a court order for the deputies to be in close proximity but that they would be in the parking lot. Elin said they were not in the front parking lot or the back parking lot. Elin said there were three of the jail staff outside by their building smoking. Elin she was also told that if she found herself inside the building and feeling uncomfortable she could call 911. Elin said she does have an appointment to discuss this with the new Sheriff. She said she personally felt like the Sheriff's office didn't care and she told the county manager that he didn't care. Elin said that Andrew Foster and her husband came to be with her when Dolly came to collect her belongings. She said it was an uneventful move, but there were a good ten crates and boxes that were moved from the office by Dolly and her husband. Jennifer White said the point is it could have been eventful and there should have been more security provided.

2. HIPAA

- a. Elin said that when she and Sharon were packing Dolly's things they found a medical chart from Chatham County. This record contained Dolly Clayton's signature as a Case Manager. The chart was an original chart, dated 2006. The County Manager was made aware of it on the day after her termination and he

called the County Attorney. The County Attorney suggested that if we thought a crime had been committed we should call the Sheriff's department. Elin said she followed that advice and called the Investigator at the Sheriff's office because she was worried about chain of custody while returning the record to Chatham County. Elin said that she and Sharon were told that the Sheriff's office doesn't handle HIPAA, but that she could call the US Department of Health and Human Services or send the record back to Chatham. Elin said she talked to Mr. Layton Long, the Health Director at Chatham County and subsequently there were discussions with Chatham's HIPAA Officer and Jennifer Eastwood, CCHD's new HIPAA Officer and the record was send back certified mail, signature required. Elin said that Mr. Long indicated that at the very least the patient would need to be notified to inform her that the record had been compromised. Further action is in Chatham County's hands, but Elin said she was again disappointed in the options the Sheriff's office provided. She was also disappointed in the County Manager who said another option would be to return the record to Dolly.

B. IT Server

1. Elin said that in January Mark Rigsbee contact the Health Department. Elin said she has made follow-up contact with Mr. Rigsbee to send information again. Elin said the Health Department needs a new server as the old one is apparently close to demise and becoming full. Elin said it was already included in the budget as Capital Outlay with \$4,100 quoted. Elin said she believed Robert Webb, IT, had already looked at it and she planned to proceed with that. Elin said she hoped that Donnie's Environmental Health records could be stored on that server as well.

C. Environmental Health

1. Elin opened the floor to Donnie Powell to provide the Environmental Health Update
2. Donnie said that the newest EH Specialist, Alex, has completed her CIT training in Raleigh and she did pass all of the final tests. Donnie also pointed out that apparently a relatively large number of participants did not pass. Donnie said he felt that Caswell County should be proud to have such an awesome Environmental Health team and proud of Alex for completing the training. Donne said Alex has now completed Tier 4 training in the Onsite and was scheduled to do it in Food and Lodging but the regional staff canceled due to illness. Donnie said that right now the team is concentrating on getting her practice lots and inspections completed. Donnie said Alex is very motivated to complete this and is pushing him and Matt to work hard to help her practice work finished.
3. Donnie said that he had discussed with Elin the fact that they are spending a tremendous amount of time doing clerical tasks. Donnie said during times like the present when he is trying to help staff complete training you really realize how much time you are spending on those clerical tasks that pull you away from other work. Donnie said they are team players and will do the best they can to press on. Elin reminded that the Board of Health did recommend a 1.0 FTE clerical for EH for \$23,000, which Dolly in the joint Board of Health/Board of Commissioner meeting said was in the budget. However, when you look at the final there were zero dollars allocated for that position.
4. Donnie said it was his understanding that Elin had discussed this with the County Manager and the plan is that when Kathy, the existing clerical staff for central permitting who is planning to retire at some point this year, Bryan is hoping to do a position that would be a clearly defined, shared position. Donnie said he believed the position would be split 50% for EH, 25% for Planning, and 25% for Building Inspections. Donnie said that he is concerned how sharing of this staff member will actually work out, but he is willing to do what he needs to do. Sharon also voiced concern because Health Department and DSS positions are covered un State Personnel; the rest of the county employees do not fall under those guidelines. Sharon said if we

are going to have an EH clerical that is covered under State Personnel then she will need to establish that position ahead of time. Her further concern is how we will have a position that is covered by State Personnel 50% of the time and not covered the other 50%. Sharon said that Bryan said the employee would completely fall under State Personnel 100%, but Sharon said that is not the way it really works. Sharon has reached out to her contact at the NC Office of Human Resources to see if that is even possible. Sharon said the benefits coverage is the problem, but she has reached out for clarification.

5. Carol Komondy asked what the problem is with putting the position back in that the Board previously approved? Elin said this is one of the alternatives. Carol said it was clear when the Board voted that the position is needed in the EH department. Elin said she could easily put that back into the budget, but ultimately she would like to talk to the Board of Commissioners on the August 7th meeting to advocate for that. Alternately we could see if this plan works and if not we could have the funding for this position. Carol said the Board already discussed the options during the budget discussions and decided that the full time position was needed. Donnie added that in June when Alex was gone for her training he documented 73 hours of clerical time for the month. Donnie said he was on vacation for six of those days in that month. Carol pointed out that we should not be paying Donnie's salary for clerical work. Donnie said that if they had been at full staff that number would have been higher. Donnie said he had programs he could put more time in if he were accepting applications and making files. Elin said she would put the funding back in for that position.

D. Building Inspection

1. Elin passed out copies of an informal Institutional Inspection that Environmental Health performed the previous week at the main Health Department building, including pictures. Elin said she had asked employees to submit work orders for items that needed to be fixed in their areas. Elin said she pointed out to Bryan the dirty floor and he said there were only three maintenance people. That began her quest. Elin said there are actually only two people who maintain the fourteen county buildings and then there are two maintenance staff who do grounds and maintenance and repair for fourteen buildings. Elin said those staff members do what they can. They empty the trash and clean the restrooms. She said she does not think those staff members can do anymore. Elin has asked Hunt's Janitorial to give us a bid to clean the building and there is a second company in Danville called PCS that can also provide a bid. Elin said this is for a one-time deep clean, but the standard of cleanliness in a health care center includes mopping the floor three times a week. Elin briefly read through some of the work orders submitted by staff. Elin will be working over the next couple of days to format a summary of this information to present to the Maintenance Director and they can decide to either do it or contract it out. Carol asked if this is the first time the building has been inspected. Donnie said that they do not do inspections on the Health Department or other county buildings. He said this was an informal look through. Carol asked why those inspections are not done and if not EH then who. Donnie explained that certain medical facilities are required to have inspections such as hospitals, nursing homes, family care homes, but the Health Department is not one of those facilities that falls under that mandate for inspections. The Board found that troubling, but Elin said this is a work in progress. Elin did say that Donnie checked for mold because there was some concern that there was black mold in the vents. He did not find mold however. Carl clarified that mold was a problem no matter what kind. Donnie said that he did analyze the specimens they collected under a microscope and did not see any mold. However, that is not to say it is not there. He believed it was mostly dust. He said there was a patient who verbalized concern about mold.

E. Home Health Update

1. Elin reminded the Board that 3 out of 4 nurses were lost in Home Health so it has been in a state of flux. She said Sharon Rose has been doing an excellent job trying to rebuild and get documentation where it needs to be. Elin said one of the issues was that the on-call pay for the nurses was cut from the budget. She said basically, we are going to have to take one 0.5 of the vacant FTEs to shift to cover on-call pay. Elin said Home Health gets \$2/hour for on-call and there are only two nurses taking call in Home Health. When a nurse is on call she is required to stay within a certain geographical radius in order to make a home visit within a certain period. Elin explained that nurses on-call in the clinic have a cell phone and are not required to come in or make visits, just answer the phone. The on-call for clinic nurses will be reinstated at \$1/hour. Carol clarified that the Board never voted to take that off the table. Elin confirmed that the Board was unaware. Elin said that in order to reinstate this we are compromising 0.5 FTE position.
2. *(Teresa Carroll entered the meeting. Teresa is a newly appointed Board member. The group took a moment to make introductions.)*
3. We are beginning a contract with Danville Communications. Previously, patients called the Sheriff's office after hours to contact the on-call person. Now, they will call Danville Communications.
4. Part of the changes made in Home Health that were contrary to the Board of Health's decision was the elimination of a Nurse position and 0.5 FTE of clerical support. That position has been a trade off. In order to reinstate that full-time position, Sharon Hendricks sacrificed another part time FTE that was vacant into that Home Health role. Elin reminded the Board that the health department lost thirteen out of thirty-six staff members over the past nine months. Many positions have been changed by moving personnel from one department to another. Elin went on to say that Home Health, and the Board concurred, did not renew the PRN for Physical Therapy Assistant and Home Health Tech. She said this, perhaps, leaves a gap if there is a patient care requirement or lack of continuity of care or if a new PT admission comes in. If that is reinstated it will be under very strict guidelines to only be used when staff are on medical leave because she thought the PT Assistant PRN was probably over used in the past and the cost added up, more so than was necessary.
5. Elin reported that Jennifer Eastwood has been working with the Home Health Value Based Purchasing to increase the overall ratings. Elin said that there had been rumors that the Home Health Certificate of Need may be sold but she said that was not going to happen. Elin explained that there are basically 50 slots allocated to Home Health. She explained that that Certificate could be sold to another Home Health agency and that had been a rumor. The County Manager is in favor of us maintaining those certificates. Sharon Hendricks clarified that the slots apply to CAP as it is the one with fifty slots. She said that the Certificate of Need applies to Home Health and can be sold for whatever amount your business is worth. There is no patient limit associated with that.
6. Home Health is now up to 86, which has doubled over the past 6-8 months. In the month of August we will again be down to one field nurse, due to a resignation. Elin said it will take some time to hire and the new staff member to work out a 30-day notice with their current employer. So, for the month of August we are hoping to go back to the Board of Commissioners and ask them to reinstate a PRN PHNIII position for up to 40 hours a week. That person could possibly stay on as the caseload increases. If the census increases to 120, which would average six patients per day, then we can make it a full time FTE. Elin said she plans to ask the Commissioners to reinstate the position full time knowing that it will be a slow transition to that status because we don't have the patient base today to sustain full time, but hopefully we will in the next three to six months. Elin said there is someone who may be interested in the PRN position and she hopes to fill it quickly. Elin also said that one of our former Home Health nurses is also a part of the applicant pool for the current open position for field nurse.

7. Sharon Rose said that in the month of June Home Health had 26 total referrals and out of those 19 were admitted. Sharon said that the seven patients who were not admitted, were appropriately not admitted. Referrals received come from an array of providers. Census at the time of the report was 82, but Sharon said she just ran the report again and it is currently up to 86. CAP Census is 46. Medicare is primary payor for 21 of the active census patients and was up to 24 currently. A lot of Medicaid clients at 44. The other percentages are private insurance and medicare HMO. 10 clients discharged through the month of June. 7 with goals met; 2 expired and 1 refused services to continue. Sharon said the 1 who refused services was very skeptical of Home Health. As for referrals by County, for Caswell there were 18 admissions; 6 not admitted; 1 hospice 1 another agency and insurance not in network. Orange 1 referred by not admitted. 13 PT clients; 3 total nurse and pT; 4 PT and HHT; and 3 total PT SN and HHT.
8. Elin said there is a CAP Social Work position still open. Hiring is in progress. Sharon has been in contact with Edwina Thompson to make sure we can get reimbursed at our highest capacity. Phone conference once a week. Jennifer White asked if the open position was a licensed position. Elin and answered Social Worker. Sharon Rose and Sharon Hendricks clarified that this is not a licensed clinical social worker. They do have to have a bachelor's degree in social work or an equivalent.
9. Elin reminded the Board that by bringing Medicare patients to the clinic there could be additional referrals for Home Health services. Sharon is also working with Humana to become in-network. Hopefully, we can push through to become credentialed with them.

F. Personal Health Update

1. Elin said Denise Wilkins has done a remarkable job in a time of decreased staff including a Medical Office Assistant, Health Educator, a clerical staff, and Public Health Nurse who did Child Health Nurse and Immunizations.
2. Looking back it has been recommended to replace that by the Board of Health and the Board of Commissioners did not approve it. One of the reasons for that was that the Board of Health was told that the four nurses in the clinic upstairs saw 80 patients in one month or 1 patient a day. Elin said anyone who walks through the clinic knows that is not true. The nurses are seeing way more than one a day. Elin presented the Board with a handout of a time/task study that the nurses did. Elin said their numbers far exceeded what had previously been reported.
3. Elin said she planned to back to the Board of County Commissioners and explain that the nurses did see more than one patient per day. Elin said that when Susan Cox came to the Board, members of the Board were told that one month she did not see any clients when in fact in September she saw 126 encounters with different patients. Elin said the information given to the Board was grossly wrong.
4. Elin said that she and the Nurse Practitioner, the Medical Director, Sharon Hendricks, and Jennifer Eastwood met and do have plans for the Employee Health program that will be discussed later in the meeting. Sharon is working to get Medicare application completed. 90 – 120 days could see the first Medicare patients. This presents a very different patient population.
5. Elin said Personal Health does an amazing job with many different programs. She pointed out that program duties are not listed on the handout given because they were short staffed that week and therefore did not have time to spend time doing any of the program administrative tasks. Therefore the data given does not even reflect much of the work they are assigned to do outside of seeing patients.
6. Denise Wilkins reported that when Susan resigned her tasks had to be divvied out to the other nurses. Vicki Futch took over coordinating the Immunizations Program and just took the training in Greensboro last week. She also said that Vicki is going to be presenting an Immunization Education Program to County Employees on August 25, 2017. Pam Powell is taking over coordinating the Child Health Program to learn the

program requirements and she is still in training with that. Denise said they are reviewing the Immunization Disaster Plan if something happens. Sharon is helping to obtain appropriate maintenance for the generator to make sure that is in place and operational.

7. Elin said the Health Educator position was funded 50% by state funds, which will remain untouched and vacant. The other 50% may be used to go towards the on-call funding. The MOA position was a 50/50 split between clerical duties like scanning of records and filling in at front desk and clinic MOA duties. The MOA portion will be vacant and the PHNIII will be vacant. Elin said her plan was to ask the commissioners to exchange the 50% MOA position and the PHNIII position for a PHNII position. Elin said the MOA position may needed to be added it.
8. Elin also reported that that Nurse Practitioners wanted to go to UNC to get more Obstetrical/Labor and Delivery training.
 - a. Their original request was submitted in January and never followed-up for approval. Elin said the Nurse Practitioners provided her with a copy of the agreement and she forwarded it to the County Attorney for his review. Within several hours the County Attorney had responded. Elin said she didn't understand why that had taken six months.
 - b. Moving this training will teach our Providers to better evaluate stages of labor just in case a patient presents to the clinic in labor.
9. Elin said the NPs also need more experience with EKGs and simulated emergencies. She said there was an 18-month old in the clinic yesterday who was relocating to Caswell. They had not established care, yet, but just came in to update immunizations. Elin said the patient and family left and went over to DSS. Then brought the child back to the clinic because the child was rigid, running a fever, and appeared to be having a febrile seizure. The staff gave Tylenol and called EMS and the baby was transported, but the other part of that was that the clinic needed to have had better preparedness/practice drills. Elin said that Kelly was wonderful because she has ER experience and the nurses stepped up and everything was done well, but could be better. Elin said the will be working towards getting better equipment and getting better prepared. Jennifer White asked if there were treatment algorithms for situations like that. Elin said there was some information but not specifically an algorithm as far as she knows. Denise answered that there was an emergency plan with steps, but as far as that it would be the Providers' judgment.

G. WIC Program Update

1. Elin reported that there was an article in the Caswell Messenger last week about the WIC program and healthy eating.
2. WIC services 511 patients which is 91.5% of the assigned caseload which is 590ish.
3. The big news is that WIC recipients are going to be transitioning from printed vouchers to debit cards. This transition will occur over the news few weeks. Elin said recipients are looking forward to being able to use a card instead of counting out vouchers. Elin said there are a lot of webinar trainings coming up that staff will be participating in.
4. Otherwise, WIC seems to be self-sufficient.

H. Employee Health and Wellness Program

1. Elin passed around two documents—one was the My Wellness, My Way that was approved by the Board of Commissioners. The other was a document that came from Cumberland County 2013. Elin said that the Caswell County document is almost verbatim and plagiarized the Cumberland County document.
2. Elin said that some of the information presented such as the fact that the employee had to be enrolled in the a wellness plan and have a wellness physical, including labs as yet to be determined, in order to come in for sick visits. If the wellness exams are done according to policy and as they should be done, the employee's insurance may not pay if they have already had one by their primary care physician. Therefore, the County will eat the cost to provide that service.

3. Elin said over the next few days she will be working with the Nurse Practitioners to develop a checklist of things that we may want to do, such as a 15-minute office visit to include glucose screening, A1C, BMI, heart and lungs as a wellness screening.
 4. Elin said that the Employee Health & Wellness policy did not differentiate clearly the difference between sick visits and the way they are paid and wellness checks, and primary care. There are four different things that are all billed, coded, and treated differently.
 5. The Board of Health has not been involved in the planning of this program. Bryan Miller took this back to Human Resources and they have not invited the Board of Health to be involved. However, Elin said the Medical Directors and Nurse Practitioners have provided input. Elin said Dr. Spillmann would be a great resource. She said the plan is to implement this Sept. 1. Currently, we can see any employee who is sick and we can see them as primary care and we can see them for screenings. This issue is billing. In addition, Elin said she was not sure if it was legal to not charge a co-pay. More research needs to be done.
 6. Carl Carroll pointed out that if we have a schedule of fees then we must follow that schedule of fees until the Board changes it. He said if the Board was not involved in a policy that was being used in this program then the Board of Health needs to adopt a new policy. Sharon clarified that we would bill our fees for this just like we would for any payer source. What had been portrayed to the Commissioners was that the employee's insurance would be billed for the services and what the insurance did not pay (inclusive of labs) would be absorbed by the Health Department's budget. The Health Department would consume all of those charges that were not paid. Sharon said the fees are the same. She said that the co-pay would be waived and also that the patient would be seen on County time which means he or she didn't have to take leave time.
 7. Elin said the concept sounded good but there was no clinical input.
 8. Carla Lipscomb asked who would cover the waived co-pay. Sharon answered that the Health Department's budget will consume that. Sharon said she was not allowed to budget in additional funds to cover that. Carl Carroll asked if we have an estimate of staff costs and cost of providing the service. Sharon said that we do not have any estimates because she was not brought into this until the day it was to be presented to the Commissioners. Sharon said she has asked questions before, but was not brought into the planning.
 9. Elin reiterated that this was a plan by Dolly Clayton and Bryan Miller. Carl Carroll asked if the Health Department is trying to come up with what it will cost. Sharon said she could gather that information, she said she thought we were waiting for feedback on our suggestions by the County Manager and HR Officer.
- I. Administrative Staff Positions
1. We have lost
 - a. Health Educator position is vacant and not being refilled because half of it will be shifted towards other funding needs
 - b. Between the point of time of budget being approved by Commissioners to final budget there were two other 0.5 FTEs, one in personal health and one in home health.
 - c. The FTE for Environmental Health was also financed for zero dollars
 - d. Three of four Social Worker positions have quite over the past few months. We are in the process of rebuilding in those departments. Jennifer Eastwood has taken the lead as Supervisor for the two new hires and is working hard to get them trained and networked. Elin said they are finally starting to feel like they have something to do after a couple of weeks. DSS has offered to let them shadow with their social workers for a couple of hours. The third position is open and to be filled.

- e. Nate Hall asked if DSS is as cooperative as they could be. Sharon said Jennifer reached out to DSS and the interaction may not have been as positive. Sharon said she had spoken to Diane and told her that she needed a couple of hours and Diane said she would try to make it happen. In return, Sharon is helping DSS to bill for their non-emergency transports because the time for them to fix their issues is running out.
- f. Jennifer White said that she could not believe the complexity of what Elin has had to deal with in terms of unfilled positions, unfunded positions and redistributing staff. Elin gave Sharon credit for that. Elin said when a third of the staff have been lost it is difficult.
- g. Elin said it will be discussed more in the meeting, but it was really astounding to her some of the damage that has been done. Elin reminded the Board of two items that were put in to the budget by the Board of Health and Commissioners but were left unfunded. The first was the contract for the scanning of medical records and the second was the capital outlay security system for badge-entry locks. Sharon clarified that the Board of Health did approve those items and the County Manager gave Dolly Clayton a directive to cut 6 or 8%. Sharon said that Dolly and Bryan decided to cut those two things and that is why there are zero dollars funded. Elin said if you look that Board of Commissioner meeting minutes from the joint meeting with the Board of Health Dolly said those items were in the budget knowing they were not.
- h. Carl Carroll asked for clarification because he said it was not unusual for the Board of Health to approve a budget and then be given a directive by the Commissioners and the County Manager to cut the budget by a certain percentage. He asked if Elin believed the Commissioners realized the items had been taken out of the budget. Did the former Health Director make it seem like the items were in the budget to the Commissioners when it really wasn't? Other Board members asked if budget cuts needed to come back to the Board. Elin said that the Board should have been informed. Carl Carroll said what really should have happened was that the final budget come back to the Board of Health for approval.
- i. Elin recounted a phone call she had with Dolly prior to the presentation to the Commissioners. Elin said she talked to her for about an hour telling her that she needed to bring the cuts back to the Board of Health for review. She said before the meeting Dolly indicated that she intended to present the budget as it was approved by the Board of Health and that Bryan was going to present alternative cuts to that budget including the staff positions that were cut.

J. Financial Report

1. Budget Update

- 2. Elin said during the final budget process five positions were cut. Elin pointed out attachment G to the Board of Health. This is Elin's proposal is to present this to the Board of Commissioners at the next meeting. This is basically asking for reinstatement of positions—PHN III for Home Health, PHN II for Personal Health, 0.5 FTE clerical for scanning and front desk coverage, 1.0 FTE for clerical in Environmental Health and scanning of records for \$37,000. This still leaves us a net loss of two PRN positions, two clerical (part time finance/home health) and one health educator.
- 3. This handout shows the staffing changes since November 1, 2017.
- 4. There is a justification of reinstatement of these positions, largely based on false information given to the Board of Commissioners.
- 5. Elin said she is hoping for a motion by the Board of Health to make the subsequent funding request to the Board of Commissioners at their next meeting—adding in 1.0 FTE for Environmental Health

6. A motion was made by Carol Komondy to have the Interim Health Director present the financial need of staffing and other requests that were made in the original Board of Health approved budget.
 - a. Discussion: Elin said this total will come to \$173,624.00 including salary and benefits. Scanning would be another \$37,000. Carl asked for clarification that these items were things that the Commissioners thought they were approving, but were not actually funded in the budget. Elin said that was the case for some of this request. For instance, she said that the Commissioners knew that the nursing positions would not be funded, but other items neither Board was aware of, such as Environmental Health. Carol asked if the security locks will be included. Elin said they can be added back in if the Board wanted.
 - b. Carol said she thought that the original budget should be taken back to the Commissioners at least for clarification of who made the final decision to cut items out of the budget and why.
 - c. Nate Hall said strategically the total will add up to over \$250,000 for the things mentioned. Mr. Hall said the way the budget was negotiated was between tax increases and fund balance. He said raising taxes at this point could not happen and so the only option the Commissioners would have would be to use the fund balance. He said strategically, that would be hard sell to the Commissioners for \$200,000-\$300,000 in additional funds. Jennifer White said it seems like most of the Commissioners just don't like change and surprise and reminded the Board of how many times we have gone back to them in the past, regardless of what the cause was.
 - d. Donnie Powell said one of the things for the EH position that happened was that fees for the previous two years were projected at \$50,000, and he has a two-year record now showing that EH actually brought in \$65,000 of fees. Donnie said the previous health director would not accurately show that as a projection. Donnie pointed out that revenues are going to be higher than what they were projected to be. Jennifer White pointed out that that difference would almost take care of one position. Donnie said that is his frustration. He feels like his program could pay for the position, but the projections were purposefully lowered as part of the game. Elin said we could put that position in and not ask the Commissioners for more money to fund it but was told it does not work that way.
 - e. Carl Carroll asked if the difference of the revenue last year went into the Health Department's fund balance. Sharon said it went into the General Fund. Sharon said that she and Gwen Vaughn have not finalized the fund balance. She said at the end of the previous fiscal year the health department had about \$8,000, but that any overages this year should go back into the Health Departments fund balance. Sharon said Gwen has made it known to her that she does not wish for the Health Department to carry any balance at all. Sharon said she has told Gwen that money earned in the WCH programs must be spent in the those programs. Sharon said she understands from her meeting with Gwen that the county has no means to track that on their end, but Sharon does. Sharon said at the end of the year if there is an overage earned in Family Planning, Maternal Health, or Child Health she has to show that the overage is spent in that program in the next budget year. Sharon reviewed the process she must go through before using Environmental Health's revenue to fund his position. She said first she has to create the

position and needs to know that the new employee would function as a Health Department employee and not work in the other central permitting departments. Sharon said as far as the Employee Health & Wellness program it may allow us to increase revenue projections. She said she was instructed by the previous Health Director and the County Manager not to do that. Elin also pointed out that accepting Medicare in the clinic would also increase revenues.

- f. Carl Carroll reiterated what Nate Hall has said about the unlikelihood of getting these positions funded by the Commissioners and asked what Plan B is. Elin said that is why she left the request to a minimum of just the PRN Part-time Nurse for Home Health (at the advice of the County Manager and HR) Let the county see what they can work with the position for Environmental Health which will provide Donnie some relief and he did get Alex. And, upstairs downgrading PNHIII to II and trading of the MOA position. The on-call pay will be off balanced by one of the 0.5 FTE clerical position. Elin said every division is still coming out short on staff compared to what they did have, but she thinks the nursing position upstairs, considering the loss of the Health Educator and MOA, is probably required. Elin said the medical records scanning makes more sense than having a staff member sit there and scan old records. Carl said what he is asking is what is the Plan B if the Commissioners say they cannot fund this request. Elin said the consequence will be that the patients will suffer. Carol asked what if the Board goes back and looks at the budget and projects the revenues more accurately therefore giving ourselves the money for the year to potentially cover the positions and reevaluate in next year's budget. Elin said Home Health is really going to suffer if we do not get some relief in August for the nurses.
- g. Carol asked how much revenue the Board could show. Sharon said it would cost about \$67,000 for a Home Health PHNIII. Carol said she is not asking the cost, she wants to know how much revenue was not forecasted by the previous Health Director. Carol wonders why we cannot re-project those numbers. Sharon said we can, however she pointed out that the marked improvement in the home Health census has not yielded increased revenues yet because in Home Health it takes about 90 days for revenues to start coming in. Elin said Home Health needs to see a 30% increase over what they are doing no. Jennifer White asked with the recent changes if the morale in the departments has increased enough that employees are willing to hang in there and do the extra work. Donnie said in his department they would make it because that's who they are. He said he has the same staff he has had for the past several years. His concern is that Home Health is in a dangerous place right now. Jennifer pointed out she was speaking more for the 90 days that it takes to get someone hired and trained.
- h. Sharon said Home Health cannot continue as it is right now because if someone gets hurt or is out sick patients won't be able to be seen and that is a problem because we lose referrals. Sharon Rose pointed out that if you cannot see the patients you already have admitted it is an issue with licensure and with Medicare certification and reiterated that Home Health is at dangerously low staffing. Jennifer White asked if a CNA position would help at all. Sharon Rose said a CNA cannot do the assessments. Sharon Rose said it would be as if a patient was admitted to the hospital and there were no nurses to take care of them period.

She said that is what Home Health is facing because they have visits that they cannot make. Visits are ordered by a physician and Home Health is under the gun to provide those visits. If staffing is so low that there are missed visits, that is a huge issue.

- i. Sharon Hendricks returned to Carol's original question and answered that if we go on the assumption that census will continue to rise we could project revenue to be higher to meet the need to help with funding. Carl Carroll asked if Home Health was the most critical need. Elin said both nursing positions are critical. Denise said that there are probably about 13 CD cases sitting on her desk right now that she does not have time to work on because of the staffing shortage. She also said that her mother-in-law suffered a stroke today, but she could not leave because there were only two nurses. Denise said this shortage means they have no back-up. Carl said he understands that everyone is working hard, but he is really trying to figure out what the critical needs are because it sounds to him like if we go with a large request it may be denied. Jennifer White said there is nothing to be had because the taxes are already set for the year and there is \$8,000.
- j. Sharon Henricks said there are only a few options. One would be for her to look at the numbers again and see what the projections are and see where she can reasonably project more revenue. Nate Hall suggested that Health Department is duty bound to go before the Commissioners and inform them of our mission-critical needs. Nate Hall said the only option for funding the request would be to go into fund balance, but they hate to touch that. Elin reminded the Board that even with these positions being reinstated, every department will still be operating with less staff and pointed out all the positions lost. Elin said we are not asking for more. We are actually asking for more. In fact, the total that was in the budget was \$276,000 so our request is still \$126,000 less than what was proposed in the budget for staffing. Donnie said he would like to go back to Carol's original question about re-adjusting the revenue projections. Donnie said he and Sharon had multiple conversations with Dolly about the fact that revenues were being under projected.
- k. Donnie said he questions why we are still under projecting those revenues. He said he understands nothing is set in stone, but he feels he has hard numbers to justify increasing the projection for his revenues. Elin said that the County Manager said he would back this request and talk to the Commissioners individually. Basically, this is not asking for more, it is undoing a wrong based on wrong information. Elin said that we can put in revenues, but it still has to go before the Commissioners. Donnie said he thinks that would help soften the blow a little bit. Carol pointed out that it is based on real numbers.
- l. Nate Hall discussed the budget process. The departments are given a chance to present all of their arguments to the Commissioners before the budget is approved. He said all of the these arguments are very good points, but they should have been considered before the budget ordinance was approved, but because we have to figure out what to do. Carol said that the budget that was approved by the Board of Health was not the budget that was presented to the Commissioners. Jennifer White said that the previous Health Director made cuts to make the budget more palatable to the Commissioners.

- m. Elin read a portion of the Commissioner meeting minutes “Elin Claggett stated that she would like to ask the Board to look at the budget Dolly recommended. It makes more sense to leave positions vacated and when the revenue is coming in to fill those positions because the Health Board is anticipating the revenues to increase. So we ask, ‘Why eliminate positions that will make money for the Health Department?’ She added that the health department shines when it comes to pediatric care.” Mr. Hall pointed out that the instructions for the budget are that you either have the position or you do not. The Board of Commissioners does not control what you hire. They make the dollars that help because by law that’s what they have to do. On one hand you can say just leave it vacant, but on the other hand you still have to budget for it. So, when you are negotiating the budget you either have to leave it on the table or take it off.
- n. Jennifer said one of the things she has noticed as a health care professional is that the Commissioners truly do not get PRN. The reality is you do not pay the employee unless they work. Nate Hall said PRN is not a term that is used by them. He said he did not know what PRN was until he opened a clinic himself. But, Jennifer said they have stood there and explained to them that this was a position that would not be used unless the caseload demands it at which point it will create revenue to pay for the as needed position. Elin said you still have to project cost and revenue. Elin asked the Board what direction they want to take.
- o. Rose Satterfield said she thought the Board needed to present these items as critical. Jennifer asked Sharon if she would re-project the revenues in the budget. Sharon said she could that it wasn’t a problem.
- p. Sharon said that the Health Department is due to receive a Cost Settlement of \$142,000. That is from money earned in the Women’s Health programs in the clinic. That could, if allowed, fund the position upstairs. She asked Nate Hall if he that money, along with the increase of revenues, could be allowed after the budget is passed. If the Commissioners are presented with the need and the funding would we have a positive outcome. Nate said the concept would work, but it needs to be kept simple. He said when we present a new cost, money has to be appropriated and the question is where the dollars for that appropriation are coming from. He said the answer to that is fund balance. He said we have dollars from last year coming in that will go to fund balance if it is from last year. If it is from this year it will just go in revenues and would do anything until the final year. He said the cost settlement would apply to last year will help us handle some of these mission critical things. Sharon clarified that this was actually from two years ago as it is the 2015 Cost Settlement. Nate said that is even better because otherwise it will go to fund balance. Sharon said she would be getting that by Friday. She can relook at revenues and project them higher if she needed too. She also pointed out that because these are WCH funds they cannot be used in Environmental health or Home health. It can only pay for the upstairs position. WCH stands for Women and Children’s health. Sharon said environmental Health and Home health funds are unrestricted and can be used anywhere, but personal health programs do not work that way.
- q. Donnie asked if you could readjust funds previously earned. Sharon said they are gone. Nate Hall agreed and said that every year closes itself. Donnie said he meant for example if we had \$140,000 rolled

into fund balance, could you at some point swap money in this years budget? Carol Komondy asked if you could re-appropriate which happens every year in the budget anyway with funds that didn't get used and then are used for something else. Sharon said that does not happen on her end because she has to track what goes into each program. For instance if \$50,000 goes into family planning and she only uses \$25,000 the difference has to be used the following year for that program because the State dictates it so.

- r. Jennifer White asked if we can increase revenue projections to pay for the other mission critical needs. Sharon said she has never had to go back right after a budget has passed and increase revenue projections. She asked if it was allowed. Mr. Hall said it would look suspect. Carol said it is suspect except that Donnie can document that increase based on the fee increase. She said it is not as if we are making up that number. The Former Health Director misrepresented information.
- s. Elin said that both the Board of Health and the Board of Commissioners went along with what was presented to them. And, the Board of Commissioners only saw the good image of a lovely person presented by a very good salesperson. She pointed out that the former Health Director went out to one of the Commissioners farm and rode the tractor with him. The personal relationship with the Commissioners is not just the person we see.
- t. Jennifer White said she thought the Commissioners needed to know that the Board of Health and they were given a lot of incorrect information and this is the best plan we can come up with to fund these critical positions. Sharon asked if we identify the positions and increase revenues and use this settlement, will it be approved by the Commissioners if we have a plan for how we intend to fund it. Nate Hall said possibly. He said he has had the benefit of all of the discussion and he would support it but it may seem suspect to some of the other Commissioners. He said again that the Board is ethically, and duty-bound to inform the Commissioners of mission-critical needs. Mr. Hall said the analogy of going to the hospital with no nurses scares him to death. Mr. Hall said we do not need to have all of the discussion with the Commissioners that the Board of Health has had of how we got into this situation. Elin said she could cut the presentation down. August 7, 2017 is the meeting.
- u. Elin asked for clarification about what positions should be presented. Sharon said she felt the most critical was the Home Health position. Elin said she thought both of the nurses were critical. She said the Home Health would be funded PRN up to 40 hours a week and whatever was not spent could be used to pay out Casey's vacation time. Sharon explained that when staff resign or retire we have to pay out their vacation leave. She said this is not a budgeted expense because we have no way of knowing when this will happen. Elin asked how the Board felt about the clerical to scan and cover the front desk. Elin said right now Sharon is using biller or accounting staff to cover which pulls them off their duties. Nate Hall asked if that could be covered with lapsed salaries. Sharon said not right now, but maybe could be covered from the settlement and projected revenues. Elin said her opinion was that the three positions detailed in the handout she gave, were the most critical needs.

A motion was made by Carl Carroll and seconded by Carol Komondy to ask the Commissioners for the three positions listed on the handout using more up today revenue projections and the cost settlement funds.

Discussion: Elin asked whether the medical record scanning should be included. The consensus of the Board was that it should not because it is not the most critical need. The motion was approved on a vote of 8 to 0.

2. Finance Report
 - a. Budget Amendment
 - 1) Sharon presented the first budget amendment of the fiscal year to the Board for their approval.
 - 2) Sharon said this budget amendment includes:
 - a) A decrease of \$11,214 in the block grant funding from the state.
 - b) Sharon said she chose to take this out of the child health program because the Child Health Enhanced Role Nurse is no longer employed and other staff have assumed her duties.
 - c) In addition, most of the children seen in the clinic have Medicaid.

A motion was made by Nate Hall and seconded by Carl Carroll to approve the budget amendment. The motion was approved on a vote of 8 to 0.

- b. Sharon distributed the finance report
 - 1) Sharon pointed out that the finance report looks like we are in the red for \$25,000, but she said this is not a final figure. She said accounting is still in the “backing in” process for money received in July that is backed into June.
 - 2) There were no questions.
- B. Community Initiatives
 1. Jennifer Eastwood is working on Minority Diabetes Prevention Program. Funding in the amount of \$11,700 will be used for program incentives and a life coach.
 - a. The money has not been received yet.
 - b. Katlyn Rose, one of the MOAs upstairs will be the Life Coach.
 - c. Elin said Jennifer had suggested that the Board approve this funding. Nate Hall asked if the money had actually been received yet. Sharon explained that we are not the contractor for this state grant. The Contractor is another county and we are subcontracting to provide the service in our county. That county has received the funding and we have signed an agreement to provide the service. Nate Hall said he believed that was all that was needed.
 2. There are several agreements with CFMC that have been signed for radiology services.
 3. Elin said that she and Sharon had both had conversations with the County Manager regarding Cardinal Innovations. Elin said the county pays Cardinal Innovations \$50,000/year. She said Trinity Mental Health is probably moving out of Caswell Family Medical Center largely due to Suboxone clinic that is not conducive to their clinic environment.
 4. Childhood Lead RFP will be a joint effort between Donnie, Marcy, and Denise. Donnie said there are some small community grants for education on Lead toxicity. Donnie said they had talked on working on an educational program. Elin said that is a \$5,000 grant.
 5. Reach Out and Read program provides free books for children ages six months to five years who are seen for a well child check. Elin said we are doing a better job of getting that implemented.
 6. We will be doing marketing at Caswell Family Medical Center’s Family Fun Day as well as the Hoedown. In addition, Prospect Hill has invited us to their Health Center event “Back to School” fair.

7. Cancer Research Grant is a collaborative effort among multiple agencies. Our role is to do screenings with routine primary care. Elin said since we are already over-extended she did not volunteer us for significant role.
8. Jennifer White asked about the Ice Cream Party listed under the My Wellness, My Way activities. Elin said this was meant to be emotional wellness, because you feel happy when you eat ice cream. Elin said this was being delivered to the county offices.
9. Denise is going to work with the Senior Center to present an educational presentation on Immunizations. Vicki Futch has gone through her Immunization training.
10. September is Preparedness Month with My Wellness, My Way and we may cohort with Barry Lynch and the schools on some activity around that event.

C. Plan for Hiring of Health Director

1. The Health Director position has been sent by Sharon H. to the State Listserv. It has been posted on the County's website and also with the Employment Security Commission.
2. Carl Carroll asked if Sharon knew what the qualifications were for Health Director. She said a Masters in Public Health is needed and there are some other things that can work with that. Carl asked that this be brought back to the Board so that the qualifications of Health Director can be discussed.
3. Sharon said the Health Director position has been posted for a couple of weeks now. Elin said they are trying to use the same methods and standards that were used last time when advertising for the position so that there are no questions from the outside looking in.
4. Jennifer White said she felt the Board needed to be very careful when they do start receiving applications. She said the Rockingham County Health Director was also terminated and we would not want to hire someone who was terminated from another county.

D. Appointment of Interim Health Director

1. Elin proposed that Jennifer Eastwood be appointed as Interim Health Director. Elin said that everyone had been very kind and gracious to her and very open in the past few weeks. Elin said all of the Department Heads had been outstanding. Elin said now you walk through the halls and hear talking and laughter instead of dead silence, which she sees as a positive sign.
2. Carl asked if Jennifer was willing to be Interim. Elin responded that she is. Elin said that Jennifer and Sharon essentially run the Health Department. Sharon as CFO and HR and Jennifer as Chief Operating Officer and does an outstanding job and knows all the programs well. Elin said between these two employees the Health Department will be in super hands.
3. Elin said the plan would be for Jennifer to start August 1, 2017, because that is when the next payroll month begins.
4. Elin informed the Board that she has been operating under a 30-day contract.
5. Jennifer White said she thought everyone was in agreement, because the last time Jennifer Eastwood went through the hiring process she was very highly regarded.

A motion was made by Carl Carroll and seconded by Carol Komondy to appoint Jennifer Eastwood as Interim Health Director. The motion was approved on a vote of 8 to 0.

II. Action Item – Closed Session

- A. **NC General Statute 143-318.11.(a)(6) – “To consider the qualifications, competence, performance, character, fitness, conditions of appointment, or conditions of initial employment of an individual public officer or employee.”**

A motion was made by Carla Lipscomb and seconded by Carol Komondy enter into closed session in accordance with NC General Statute 143-318.11(a)(6) "To consider the qualifications, competence, performance, character, fitness, conditions of appointment, or conditions of initial employment of an individual public officer or employee." The motion was approved on a vote of 8 to 0.

A motion was made by "unknown" and seconded by "unknown" to enter regular session. The motion was approved on a vote of 9 to 0.

III. Adjournment

A. The meeting was adjourned by the Chair.

Approved By:

Health Director

Date

Board of Health

Date

Interim Health Director's Update Summary

Cleaning & Maintenance Update

On August 21, 2017, Elin Claggett made a presentation to the Board of County Commissioners regarding the cleaning and maintenance needs of the Health Department (and other county buildings). Since then, we have had several walk-throughs with various Commissioners (S. Carter, McVey, & Owen) and the County Manager. Maintenance has worked to complete some of the work orders. A few of the work orders that were submitted were not actually maintenance issues. We have two quotes from companies to clean the floors and windows, but no further action has been taken at this point.

Departmental Updates

Environmental Health

The Environmental Health Team has been busy this month with monitoring visits from regional consultants. These visits monitor our compliance with program requirements. Each visit requires quite a bit of preparation to gather information needed by the consultants. So far, all of these visits have gone very well. In addition, Alex continues to work towards obtaining authorizations for the various programs.

Home Health update

The census continues to rise. Statistics will be presented at the meeting. In the coming months, we will begin to work on Quality Assurance/Performance Improvement (QAPI) Projects to help improve efficiency, but also help to raise or star-rating.

Personal Health

At the July meeting, the Board was informed of the Minority Diabetes Prevention Program. Katlyn Rose, one of our Medical Office Assistants, was as a Lifestyle Coach and she kicked off the program last week. She currently has ten participants. We did receive referrals from Caswell Family Medical Center and the Senior Center, however most of the participants who have actually followed through and participated have been county employees.

There are still some BCBS we are working through, but we are ready to begin seeing sick visits. We are still trying to work through billing questions for the wellness screenings.

We submitted an application for the Medical Access Program funds. Our application request was for \$150,000, but the state took a banded application approach to make the money stretch farther. The portion we will receive is \$37,500. This funding will provide us with \$100/visit for uninsured or underinsured patients receiving primary care services.

We received one shipment of flu vaccine and asked the company to delay the second portion of the shipment; however, they did not. Therefore, we have an abundance of vaccine. Last year over a hundred doses of vaccine expired without being used, and we want to make sure that does not happen this year. We are holding enough to cover our patients and we are planning flu clinics for the rest. For instance, we have talked to County HR about doing a flu clinic for the county employees. In addition, we may work with the school system.

Staffing Update

We have filled the vacancy for PHNIII Position in Home Health that was vacated by Casey Moore. Cheryl Huskey was re-hired for the position. In addition, we have hired a Social Worker II in CAP, Mary Susan Poore. Applications are trickling in for the other vacant positions, Processing Assistant III and PHNII. We hope to get those positions filled in the next few weeks.

Finance Report & Budget Update

Sharon Hendricks will presented the finance report at the meeting. The Board should expect a budget amendment.

Accreditation Update

We received our notification on August 1. We have 90-days to submit our evidence—November 1. Our site visit is scheduled for March 6 & 7. Priority #1 until November 1 will be gathering, organizing, hyperlinking, and sending the data.

Informational Items

The Health Collaborative has released the 2017 Health Equity Report. Everyone will receive a copy at the meeting, but it is also attached to the packet.

Marcy has begun working on the Community Health Assessment. A crucial piece of this assessment is to gather primary data from the community through a survey. The survey has been released and we have copies available if you would like to distribute some to your family, friends, church, work, or other community groups.

The Marketing Team continues to develop plans for participation in Community Events. We participated in the Health Fair at the Semora Farmers' Market planned by the Local Foods Council. In addition, we will be participating in the Brightleaf Hoedown on Saturday, September 23.