

**Catawba County Board of Health  
Minutes  
February 3, 2014**

The Catawba County Board of Health met on Monday, February 3, 2014. The meeting convened at 7:00 p.m. at Catawba County Public health, 3070 11<sup>th</sup> Av Dr SE, Hickory, NC 29602 in the Boardroom.

**Members present:** Ms. Brenda H. Watson, Chair  
Dr. William Geideman, Vice-Chair  
Mr. Dan Hunsucker, Commissioner  
Dr. David C. Hamilton, Jr.  
Dr. David Kulesia  
Ms. Naomi East  
Mr. Brian Potocki  
Mr. John Dollar  
Mr. William Mixon

**Members Absent:** Dr. Sharon Monday

**Staff present:** Mr. Doug Urand, Health Director  
Ms. Kelly Isenhour, Assistant Health Director  
Ms. Jennifer McCracken, Health Services Manager  
Ms. Sindie Sigmon, Business Manager  
Mr. Scott Carpenter, Environmental Health Supervisor  
Mr. Mike Cash, Environmental Health Supervisor  
Ms. Julie Byrd, WIC Supervisor  
Ms. Chantae Lail, Medical Lab Manager  
Ms. Rhonda Stikeleather, Children's Service Nurse Supervisor  
Ms. Alice Layne, Home Health Manager  
Ms. Martha J. Knox, Administrative Assistant III

**Visitors:** Ms. Judith Robinson, Community Health Intern – Lenoir Rhyne University

**CALL TO ORDER**

Ms. Brenda Watson, Chair called the meeting of the regular meeting of the Catawba County Public Health Board to order at 7:03p.m.

**APPROVAL OF AGENDA**

Ms. Watson asked if there were any additions or changes to the agenda as presented. Hearing none, she requested a motion to accept the agenda as presented. Dr. William Geideman so moved and Mr. Dan Hunsucker seconded the motion and it passed unanimously.

**APPROVAL OF THE DECEMBER 2, 2013 MINUTES**

Ms. Watson stated that Board members had received the minutes for the December 2, 2013 meeting of the Board of Health. She asked if there were any changes or corrections to those minutes. Hearing none, she requested a motion to accept the December 2, 2013 Minutes as presented. Mr. William Mixon so moved and Ms. Naomi East seconded the motion and it passed unanimously.

**PUBLIC COMMENTS**

Ms. Watson asked if anyone presented to speak before the Board. Ms. Martha Knox, Administrative Assistant III, stated that no one had presented to speak.

**NEW EMPLOYEES**

Ms. Watson asked if there were any new employees to introduce to the Board. Ms. Knox stated that no new employees were present, however, Ms. Judith Robinson, an intern is present. Ms. Robinson is a Community Health student at Lenoir Rhyne University and is currently completing her internship with the School Health Program here at Public Health. Ms. Watson welcomed Ms. Robinson to the meeting on behalf of the Board.

**COMMISSIONERS COMMENTS**

Mr. Dan Hunsucker, County Commissioner, gave a brief report to the Board. He stated that the Board of Commissioners met on this date at 9:30 a.m. in the Commissioners Board room of the Newton 1924 Courthouse.

Mr. Hunsucker stated that the Board recognized Catawba County Public Health, which recently received re-accreditation from the North Carolina Local Health Department Accreditation Board. Public Health completed a rigorous accreditation process which included self-assessment thorough compilation of evidence, on-site visits and facility inspection, staff interviews and final evaluation. Mr. Hunsucker asked Doug Urland, Health Director to read the following commendation into the minutes:

“This Certificate of Commendation is presented to the Catawba County Public Health in recognition of significant and valuable contribution to community betterment -

In recognition of Catawba County Public Health’s re-accreditation by the North Carolina Local Health Department Accreditation Board. Catawba County Public Health completed the rigorous accreditation process which included self-assessment, thorough compilation of evidence, on-site visits and facility inspection, staff interviews and final evaluation. This Department evidenced continued adherence to program requirements and a commitment to meet the highest standards of public health practice to serve Catawba County citizens in the best possible manner. This Board commends the Catawba County Public Health staff for their efforts in achieving this valued re-accreditation.”

Mr. Hunsucker added that in addition to this recognition of Public Health, the Board of Commissioners also approved a Grant of Easement to Piedmont Natural Gas for the purpose of installing a natural gas pipeline across County property located on Highway 70. Piedmont Natural Gas has offered the sum of \$52,100 for the easement, based on the current tax value of \$158,734 per acre. After a site visit, there were no concerns with the location of the easement and there are no plans to expand the current building or parking area. The building was constructed in 1965 and is in need of some energy efficiency upgrades. Staff plans to use these funds to make those improvements following an energy audit of the building.

Ms. Watson thanked Mr. Hunsucker for his report and stated that she wished to commend the Public Health staff on behalf of the Board of Health for achieving re-accreditation from the N.C. Local Health Department Accreditation Board.

**PUBLIC HEALTH BUDGET FOR 2014-15**

Ms. Watson stated that the Catawba County Board of Health Finance Subcommittee met on January 27, 2014 with Public Health staff to review the 2014-15 Proposed Budget for Catawba County Public Health. Ms. Watson asked Mr. Doug Urland, Health Director, to give his annual budget report to the Board.

Mr. Urland stated that Public Health staff submitted the 2014-15 proposed budget to the County Budget office as required on Friday, January 31, 2014. The Budget office is aware that there may be changes to that submitted budget as a result of the meeting being held by the Board of Health on this date.

The Public Health staff has been working for several months to prepare the budget as presented and he directed the board's attention to the Budget summary and printout that was distributed via email and in hard copy at this meeting. Mr. Urland stated that last year was a very difficult year due to the reduction in the Cost Settlement and receiving less Home Health revenues than had been expected. The 2014-15 budget is extremely tight, however, there is no staff reductions identified and no new positions being requested to replace the staff lost in the last budget.

Mr. Urland stated that the budget for 2014-15 has been prepared using the budget figures from July 1, 2013, and does not reflect the changes that may have occurred during the months since the budget was adopted. The proposed budget is \$11,132,428, which is a decrease of \$12,339 over the FY 2013-14 budget – or .11% decrease.

Salaries and fringe benefits account for 75% of the budget – with an overall *increase* from FY 13-14 to FY 14-15 of \$42,696. This is primarily due to the increase in Cost of Living adjustments and increases based on employee performance. Other increases are due to the 1/3 study by County personnel of professional positions and pay inequity adjustments taking place at the end of FY 12-13 or during the FY 13-14 after the FY 13-14 budget had been submitted to the County. The 1/3 study of classifications ensures that all positions are reviewed over a 3 year period.

Public Health operating expenses account for 25% of the budget – with an overall *decrease* from FY 13-14 to FY 14-15 of \$55,034. Due to reduction of in-kind support for CVMC Maternity Services; and reductions in the Smart Start grant; and in line items, such as, lab services for pap smears, lab tests, etc.

Mr. Urland stated that there was also a reduction of remaining indirect costs paid to the county - the county charges \$3,000 for any positions over our base FTE count from 1995. Public Health is now below that base rate, and therefore, no longer pays the indirect costs for vacant positions above the 1995 FTE count.

Sindie Sigmon, Business Manager, explained to the Board that Public Health strives to maximize all resources, as well as, improve overall processes saving Public Health and County Personnel time. Therefore after discussions with the County Budget Manager, cost centers for Child Health, Adult Health and Family Planning will be combined into one cost center entitled Clinical Services. The School Health Nurse cost centers are also being combined into the 580308 cost center. The combination of these various cost centers will provide a time savings for our internal staff from having to split costs of supplies, utilities and other items between the various cost centers. This change will also greatly improve the time by County Personnel spent maintaining the staff in the proper cost centers and paying travel and other expenses from these cost centers. These changes were approved by County Budget office and State Cost Accountant. Public Health continues to unfund and remove positions as needed to keep the budget streamlined.

Mr. Urland stated that the breakdown of revenues for this budget is as follows:

- o County – \$1,922,603 or 17%
- o State/Federal – \$1,898,609 or 17%
- o Fees/Medicaid – \$5,993,990 or 54%
- o Other Revenue – \$1,317,226 or 12%

**Major Budget Points –**

**Home Health –**

Doug Urland stated that the Home Health program has undergone an operational assessment with the assistance of the Home Health Cost Accounting firm, Clifton, Larson, Allen. The Home Health environment is a dynamic one and along with unknown changes due to the Affordable Care Act (ACA), will mean that this area will be monitored closely and the organization is exploring opportunities to partner in the community.

**Staffing –**

PH continues to experience stress in the area of staffing due to the reductions from FY 2012-13. There are some areas where additional services that could provide increased revenue are not being added due to adequate staff not being available. In addition, some components of the State Addenda are only being met marginally. The PH Management team will be reviewing the addenda in their program areas to ensure that all requirements are being met.

**Resources –**

PH continues to leverage all resources internally and externally. PH is continuing partnerships with Catawba Pediatrics, Catawba Valley Medical Center, Susan G. Komen Grant and providing funding to Greater Hickory Cooperative Christian Ministry. In FY 2014-15, PH will be partnering Social Services, Frye Regional Medical Center, Catawba Valley Medical Center, and the Cooperative Christian Ministries to provide services at the new Federally Qualified Health Center that will be opening in Hickory.

**Data Review –**

Sindie Sigmon, Business Manager stated that the County Budget office provided PH with some new reports, one of which was Current Trend Data. This report provides trend data for the last four years and helps staff with a more accurate picture of revenues and expenditures for projecting the future needs. PH staff has also completed an intense analysis of all operating expenses, to ensure that the required budget will meet the demands. She reported to the Board that PH staff had thoroughly analyzed each line item. She stated that staff are very grateful to the work that County Budget office for their hard work to create the new reports.

**Reserved Funds –**

Sindie stated that the FY 2014-15 budget will utilize all current reserved funds that were earned and received in prior years to ensure that all budgetary needs are met and that PH stays within our allocated State and Local funding levels. However, this will mean that in the FY 2015-16, PH will have an estimated shortfall of approximately \$250,000. The Spreadsheets showed the identified reserved funding such as reserved fund balance, PMH incentives (funds from the time period that CCPH was a Pregnancy Medical Home), Cost Settlement 10% Balance (funds held for audit purposes). Doug stated that the Cost Settlement 10% has been held by CMS (Medicaid) for audit purposes and that Public Health has still not received the amounts going back to 2010-11, which is approximately \$84,000. Staff will be looking for other funding sources to utilize in 2015-16 budget to replace the restricted funds that are being utilized in the 2014-15 Fiscal Year.

Doug Urland, Health Director, stated that the Cost Settlement has been part of the financial picture since 1995/1996. He stated he feels the efficiency of PH staff may have impacted the amount received in the Cost Settlement. Our agency shows a lower cost than other Health Departments; therefore, our calculated Cost Settlement may be lower.

Doug explained that a change occurred with the Pregnancy Medical Home Program (PMH). The PMH CCPH was a Prenatal provider and provided Medicaid reimbursed Prenatal services – as a provider the agency would be eligible for an enhanced rate. Changes to the Care Coordination for Children (CC4C), Pregnancy Care Management (PCM), and PMH, required the State of North Carolina and Medicaid to submit a State Program for

Approval or (SPA) to the federal government. The process began three years ago and at this point the Federal government has not approved the NC SPA. This has led to a breakdown in communications between the federal and State governments. The impact is that the 100 counties in NC are being affected due to the funds being held. North Carolina and the NC Local Health Directors Association have made inquiries to the Senators here in NC and have received some questions from Senator Burr's office for more clarification.

There is concern about funds being available to meet the state mandates in the future. Mr. Hunsucker asked how many other states are dealing with this issue. Doug stated that the SPA is unique to North Carolina; however, there may be similar issues in other states. The NC situation was due to changes in programs that NC was requesting.

Mr. Mixon asked how local health departments deal with cash flow problems. Doug stated it is difficult to operate with so many unknowns. Mr. Dollar asked what the State asked to change in the programs. Doug stated that it was changes to the Child Service Coordination and the Maternity Care Coordination which were two case management programs that were changed to the current programs known as Care Coordination for Children(CC4C) and the Pregnancy Care Management(PCM). The State was looking at abolishing the case management programs and Local Public Health fought to provide services for high-risk needs of the children and women in these programs.

Under the PMH program - OB services to Medicaid eligible women required agencies to meet certain criteria and then they would be reimbursed at a higher rate. The PMH was designed to produce better birth outcomes for high risk pregnancies.

Dr. Geideman asked if health departments could stop providing those services. Doug stated that Public Health feels strongly that it is vital to ensure that women have access to prenatal services and these programs are meeting the needs of these high risk pregnancies and connect children with appropriate services.

Ms. Sigmon stated that regarding cash flow, PH staff look at vacant positions and may delay recruitment or hire staff for less than 100% of the position to leave salary money there to assist with shortfall in cash flow. Purchases of equipment are also analyzed to see if the funds are available and the most cost efficient way to make those purchases.

Doug stated he would keep the Board informed on any future developments regarding the reimbursement of these funds.

#### **Education and Training –**

Sindie Sigmon, Business Manager, stated that as the Budget is prepared each line item is reviewed and the line items for education and workforce development. Catawba County Public Health values workforce development by allocating the funds to ensure training is provided to improve or maintain the knowledge level for staff to remain prepared to deliver services to the community. Ms. Sigmon explained how the funding for education is determined. The figures in the different program areas for education and training are based on the number of staff currently working in those areas.

#### **Fees -**

Sindie Sigmon, Business Manager, discussed the process for determining fees for Public Health. She stated that the County Budget office is looking at the Immunization and Foreign Travel fees in surrounding counties. A standardized system for developing fees across the state does not exist currently; therefore, the Budget Office wants to determine an average for Immunizations and Foreign Travel to ensure that CCPH charges are at 100% of the cost to cover the cost of the vaccines and the administration costs.

Environmental fees – they are for 100% of the cost for services. Budget Office is also working on the fee schedule for these services. Ms. Sigmon stated that services provided at local health departments for environmental services vary across the State. Local Health Departments may have labeled the same service differently.

Home Health fees – these are calculated based on the Medicare/Medicaid rates. Staff is currently looking at to ensure that we are charging enough for Home Health. Many of the Medicare Advantage plans contracts have lowered the amount paid so that Home Health is only getting a percentage of the fee for services. Analysis will continue in that area and staff is consulting with the Home Health Cost Reporting agency.

Mr. William Mixon asked if CCPH has the ability to increase the fees and Ms. Sigmon answered yes. She stated the contracts with the insurance companies vary – some say a specific amount for a service and other contracts state that reimbursement will be a percentage of your requested fee. She stated that CCPH tries to remain competitive with the other Home Health agencies in the marketplace. In the past CCPH served a larger number of indigent patients and now that percentage is from 8-10% of the total served.

Doug Urland stated that he will keep the Board informed about the fees as changes are needed. Sindie added that the Home Health fee structure is from Clifton, Larson, Allen, the HH cost accounting firm. They will be completing an interim cost report from July – December, 2013. This will give a better picture of the actual costs for services.

#### **OUTCOMES FOR 2014-15**

Ms. Kelly Isenhour, Assistant Health Director, reviewed the Outcomes for 2014-15 with the Board. Ms. Isenhour stated that Board members have the Proposed Outcomes for 2014-15 in their packets. She briefly summarized the changes that are being requested at this time.

Bioterrorism/Preparedness – the outcomes will remain the same and focus on training staff to ensure they are prepared by conducting drills for a Public Health ready-to-respond workforce. The outcome expectation will remain at 95.5% because the SNS plan requirements continue to change and increase in rigor requiring more from staff to meet criteria.

Children's Services – The first outcome CCPH is waiting on data to determine if changes will be needed. The second outcome will be changed to a multi-year outcome.

Outcomes for CC4C will remain the same.

Early Childhood Support Team will remain the same except for #9. The nurses will be looking at the most at-risk children in childcare and ensure that those children are ready to enter school.

School Health – On # 11 the staff will be working on improving the rates for 6<sup>th</sup> grade students that receive the Tdap booster. The school nurses will work with the CCPH Immunization Clinic to provide appt times as well as increased education for parents.

Adult and Community Health – This area will also have a multi-year outcome. Catawba County Health Partners outcome was removed from this area. Health promotion strategies and activities support all program areas in achieving their outcomes and are highlighted in immunization, school health, and WIC outcomes.

Dental Program – the outcomes for this area will not change. Still targeting the 1-5 year population and the school aged children.

Environmental Health - # 3 will continue a component for Quality Improvement Program (QIP) with a goal of 90% for both the field review and permit review components of the QIP. The goal remains the same but the standards have increased.

Home Health – will remain the same.

Prenatal - # 1 will focus on reducing smoking among pregnant women. Other outcomes remain the same.

WIC – remains the same and will continue to focus on the Farmer’s Market. Will consider converting a current outcome or adding an interdepartmental partnership outcome.

Ms. Brenda Watson, Chair thanked Ms. Isenhour for her report. She stated that the Catawba County Board of Health Finance Subcommittee recommends the 2014-15 Budget and Budget Outcomes as presented. The recommendation does not require a second and she requested a vote of Board members to approve the Budget as presented. The Board unanimously approved the Budget and Budget Outcomes as recommended by the Subcommittee for 2014-15.

#### **MID-YEAR OUTCOME SUMMARY**

Ms. Kelly Isenhour, Assistant Health Director, directed the Board members to Attachment III in their packets. She stated that out of a total of 30 Outcomes, 3 outcomes were in jeopardy of not being met, 4 outcomes have data pending and 2 outcomes will be assessed near the end of the fiscal year to determine if they have met their outcome targets. However, 29 out of the 30 outcomes appear to on target to achieve at this time.

Kelly stated that the feeling is at this time the outcome on Obesity under School Health will not be met this year. In addition to that one there are two additional outcomes that are not on target to meet at this time.

Prenatal the first outcome states in the second part that “90% will continue care throughout their pregnancy.” She stated that the outcome is on target for 50% of CC residents receiving prenatal care from CVMC Maternity Services in the 1<sup>st</sup> trimester of pregnancy; however, the 90% continuing is currently at 87%. Therefore, at this point in time the outcome is not on target.

The 3<sup>rd</sup> outcome under Prenatal, for 85% of pregnant women in Catawba County that are receiving care management services through the PCM program – would complete their six week postpartum visit. At this time this outcome is at 82.6%, therefore, it is not on target to be met.

Ms. Isenhour briefly reviewed outcomes that are currently waiting for assessment at the end of the fiscal year. The remaining report shows four outcomes that have data pending. Ms. Isenhour stated that the Board would be updated as information is compiled on all of these outcomes for Fiscal Year 2013-14.

#### **HOME HEALTH GOVERNING BODY AND ADVISORY BOARD**

Ms. Brenda Watson, Chair asked for a motion to suspend the regular meeting of the Catawba County Board of Health and reconvene as the Home Health Governing Body and Professional Advisory Board. Mr. William Mixon so moved and Mr. Dan Hunsucker and the motion passed unanimously.

Mr. Dan Hunsucker made a motion to return to the regular meeting of the Catawba County Board of Health. Dr. William Geideman seconded the motion and the motion passed unanimously.

**HEALTH DIRECTOR'S REPORT**

Doug Urland, Health Director, asked Ms. Kelly Isenhour to give an update to the Board on the status of Flu activity in Catawba County.

Ms. Isenhour stated that there have been 44 deaths from flu this year across North Carolina and 3 of those deaths were here in Catawba County. She stated that 2 of the deaths in NC were under the age of 18, however, most of the deaths have occurred in people under 64 years of age and 48% have occurred in people under the age of 50. The H1N1 strain has been the predominant strain of flu this year. Catawba County Public Health has give 923 doses, which includes State vaccine. CCPH held four walk-in clinics to encourage residents to get their flu shots and at least half of the doses given were through those clinics that were held.

Ms. Isenhour stated that she had her administrative assistant, Marilyn Klinger conduct a phone interview to determine the cost of vaccine at area pharmacies that have been giving them. The survey showed that most pharmacies were charging \$10-\$12 more than CCPH, which has a charge of \$20.00 for the regular vaccine and \$38.00 for the high dose.

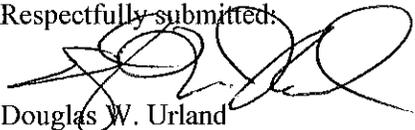
Mr. Urland stated that he did not have any other items to report.

**OTHER BUSINESS**

Ms. Watson, Chair, asked if there was any further business for the Board. Hearing none, she asked for a motion to adjourn the meeting.

Ms. Naomi East made a motion to adjourn the meeting of the Catawba County Board of Health. Mr. William Mixon seconded the motion and the motion passed unanimously.

Respectfully submitted:



Douglas W. Urland  
Health Director

DWU: mjk