

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

THE ORANGE COUNTY BOARD OF HEALTH MET ON October 23, 2019 at the Orange County Health Department, 300 West Tryon Street, Hillsborough, NC.

BOARD OF HEALTH MEMBERS PRESENT: Timothy Smith, Chair, Jessica Frega, Vice-Chair, Keith Bagby, Bruce Baldwin, Jennifer Deyo, Liska Lackey, Sam Lasris, Commissioner Earl McKee, Lee Pickett and Alison Stuebe.

BOARD OF HEALTH MEMBERS ABSENT: Aparna Jonnal.

STAFF PRESENT: Quintana Stewart, Health Director; Rebecca Crawford, Financial and Administrative Services Director; Victoria Hudson, Environmental Health Director; Carla Julian, Dental Clinic and Compliance Manager; Donna King, Health Promotion & Education Services Director; Pam McCall, Public Health Nursing Director; Kristin Prelipp, Communications Manager; Beverly Scurry, BOH Strategic Plan Manager; and La Toya Strange, Administrative Support I.

GUESTS PRESENT: None.

I. Welcome New Employees

Timothy Smith, Chair, called the meeting to order at 7pm. There were no new employees in attendance.

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

III. Approval of the October 23, 2019 Agenda

Motion was made by Earl McKee to approve the agenda, seconded by Alison Stuebe and carried without dissent.

IV. Action Items (Consent)

A. Minutes of September 18, 2019 Meeting

Motion was made by Jessica Frega to approve the minutes of September 2019, seconded by Alison Stuebe and carried without dissent.

V. Educational Sessions

A. Community Engagement Using Racial Equity Toolkits

Allison DeMarco along with student team members, Susanna LaRochelle and Aklesia Maereg, presented their recommendations for the community input stage of the Carrboro Comprehensive Plan using the racial equity toolkit from the Government Alliance for Race and Equity (GARE). Some of the highlights are below.

- Use of a racial equity tool can help to develop strategies and actions that reduce racial inequities and improve success for all groups.
- The Racial Equity Tool is a simple set of questions:
 - 1. What is the proposal and the desired results and outcomes?
 - 2. What's the data? What does the data tell us?
 - 3. How have communities been engaged? Are there opportunities to expand engagement?
 - 4. What are your strategies for advancing racial equity?
 - 5. What is your plan for implementation?
 - 6. How will you ensure accountability, communicate, and evaluate results?
- Outreach methods to reach the community in Carrboro
 - Having information in different languages
 - Holding public engagement meetings
 - Canvassing
- Town-wide initiatives for Carrboro for improving equity strategies
 - Racial Equity Institute training opportunities
 - Joined GARE
- Since 1990, there's been a huge population growth amongst minorities except African-Americans.
- Be proactive to these trends, to combat inequities before they happen.
- Weight some voices over others. Place more weight on growing populations that were historically less represented in town decisions.
- Deepening community partnerships
 - Using community organizations that already exist
 - Town of Carrboro should offer community organizations resources/incentives for them to participate
 - Having signs where people can leave suggestions without having to directly interact with officials

The BOH had questions that were addressed by Ms. DeMarco, Ms. LaRochelle and Ms. Maereg.

B. Customer Satisfaction Survey

Environmental Health Services collected surveys from September 2018 to June 2019 which will align with the fiscal year and other efforts to have a unified survey methodology for the department as a whole. There were 98 surveys collected. Some of their results include:

- Food and Lodging Feedback – 85% of clients felt they were kept well informed and/or had a chance to ask questions.
- Wastewater – 86% of clients reported an overall satisfaction with their services.

Victoria Hudson, Environmental Health Director, focused on the fair and poor responses. Response time received poor rankings. Response time included the processing time from the receipt of the application, initial evaluation, background check, field visits, evaluations & investigations, etc. Ms. Hudson stated that the response time has been increasing. She also mentioned that she's focused on the missed opportunities for the front office staff to better serve clients. The goal is to improve the experience of the Environmental Health Client by reducing

the amount of poor experiences, by increasing the service level of response, and by fully communicating with applicants.

Carla Julian, Dental Clinic & Compliance Manager, presented the results from the Dental Health Services patient satisfaction surveys which were collected. The surveys were sent using Solutionreach patient engagement software via text or email one day after the client's visit. There was an 11% response rate with 85 responses received. The surveys were also provided at checkout during the week of August 19th with 32 Spanish and 44 English collected.

Some of their results included:

- 82% (English paper surveys), 90% (Spanish paper surveys) were satisfied with overall experience
- 86% (English paper surveys), 90% (Spanish paper surveys) agreed front desk staff and dentists were courteous and responsive to needs.

While majority of the responses were positive, one needs improvement comment from the Spanish surveys was that a shorter wait time between appointments is needed; while the English surveys needs improvement comments mentioned that the front desk staff wasn't pleasant and the pricing/sliding scales weren't clearly explained at check in. Ms. Julian stated that they've added additional training in customer service and are working with staff to prevent them from being robotic in their explanation of pricing with clients.

Ms. Julian stated that adding a dental hygienist has helped but there is still a demand for services. The wait time for a new patient appointment is 4 months which is comparable to that of a private dental office. The wait time for cleaning is 6 months for English-speaking clients; while it's 7 months for Spanish-speaking clients. Ms. Julian explained that the wait time is longer for Spanish-speaking clients due to limitations in interpreters.

Pamela McCall, Personal Health Services Director, presented on the surveys collected in both medical clinics during one week in June 2019. There were 37 surveys collected at the Chapel Hill clinic while 48 were collected at the Hillsborough clinic. Ms. McCall stated that the questions were in the agree or disagree format. Neither clinic received a disagree response. Most comments were positive comments regarding staff and treatment received. Some of the comments from clients included:

- I am satisfied with the services provided.
- I like coming here very much. Always a good experience.
- Possibly decrease waiting time for patients during visit.
- Maybe have more doctors so that they can see more patients and there are available appointments.

Ms. McCall stated the wait time for clients was due, in part, to being short staffed/turnovers as it's hard to recruit and retain public health nurses which is also a statewide issue but mentioned that she's in the process of hiring additional staff.

The BOH had questions that were addressed by Ms. Hudson, Ms. Julian and Ms. McCall.

C. 1st Quarter Financial Reports & Billing Dashboard Reports

Rebecca Crawford, Financial and Administrative Services Director, began by informing the Board of the purpose behind presenting quarterly reports. She stated that, although it's an Accreditation requirement, it also assists in maintaining public trust and transparency. Next, Ms. Crawford thoroughly described each section of the dashboard. Lastly, she presented on the 1st quarter revenue and billing accuracy while providing an in-depth explanation on the revenues and expenditures on the financial report. Her report is as follows:

- Total Health Department Budget vs. Actuals:
Average YTD monthly revenue in FY19-20 after the first quarter is \$216k/month or \$647k YTD, representing 20% of our overall budgeted revenue for the year. As usual though, the total first quarter revenue is skewed down due to the majority of state funds not eligible to be drawn in July (this is typical) and allocations of Medicaid Max funds will not be transferred into our budget until the end of the fiscal year. Expenses are in line with revenues, at 19% of the overall budget.
- Total Billing Accuracy:
The medical and dental billing accuracy measure continues to be a challenge as we work with UNC and the Dental EHR, Eaglesoft, to improve the accuracy of the reporting system for Health Department revenue and is not included in this quarter's dashboard.
- Dental Earned Revenue by Source:
The FY 19-20 average monthly revenue (\$53.4k/month) for the first quarter is above our budget projection (\$45k/month) and our FY 18-19 average of \$47k/month. We are seeing the direct impact of adding the additional Dental Hygienist in FY 18-19 and will potentially exceed our projected annual revenue related to this position (\$72,157) since the dental clinic is fully staffed. FY 19-20 dental earned revenue totaled \$160k at the end of the first quarter compared \$118k at the end of the FY 18-19 first quarter.
- Medical Earned Revenue by Source:
Medical earned revenue is currently below the budgeted projection for FY 19-20 (\$57k/month) at \$43k/month due to provider turnover and as clinic staff continue to work through issues with the billing in the Epic EMR. Our EMR Quality Improvement team called the "Epic Optimization Team" along with clinic staff have made a large amount of progress in improving our revenue from medical clinic services from the Epic system and the monthly average revenue of \$43k/month is already higher than it was in FY 18-19 at \$41k/month. We anticipate this trend toward increased revenue will continue to improve. Medical clinic revenue totals \$130k for first quarter FY 19-20.
- Environmental Health Earned Revenue by Source:
Environmental Health earned revenue is currently below the budgeted projection for FY 19-20 (\$54k/month) at \$41k/month. It is a seasonal trend to see lower revenue in the first quarter of the year than in later quarters due to spring pool inspections; however, the decreased revenue is directly related to the limited number of temporary staff available to complete WTMP inspections. EH had 7 temporary Environmental Health Specialists (EHS) working regularly to complete the inspections at this time last year and now have only 2 temporary EHS working irregularly. We found it difficult to recruit and retain the temporary EHS this summer given the heat. As a result, permanent staff in EH are adding WTMP inspections to their current workloads in order to complete them as required by the end of the fiscal year.
- Grants Fund Revenue:

FSA has drawn \$200k of the multi-year Kenan grant. Expenditures are tracking as anticipated and will continue to increase as we fill the vacant Navigator position in November. This position was dependent upon additional United Way funds in order to hire at the full time equivalent level, which were approved by the BOCC in September.

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

D. Advisory Board Update

Beverly Scurry, Board of Health Strategic Plan Manager, gave a brief summary of the Orange County advisory boards' activities as they pertained to the BOH's strategic plan priorities. Below is a summary of the updates presented.

- Orange County Schools Board of Education is still committed to racial equity. A juvenile court/school liaison MOU was approved. The liaison will partner with Chatham County and Chapel Hill Carrboro City Schools to provide counseling services to assist students involved in the juvenile court system and those who may be at risk.
- The Alderman approved participants on the Orange County Climate Change Committee.
- Healthy Carolinians of Orange County has completed its Community Health Assessment surveying and will move on to engaging focus groups and listening sessions. The Suicide Prevention Walk held on September 20th in Carrboro was a success.
- FSA plans to have a navigator focus on family connections which will work with families who are not eligible for the navigator program.
- Orange County is participating in a pilot study called Medication Assisted Treatment or MAT program. It is a collaborative effort between Jail, FIT, Southern Health Partners, Piedmont Health, Criminal Justice Resource Department (CJRD) working with Dr. Evan Ashkin of UNC. The Health Department supplies pregnancy tests for this program as well as Naloxone kits.
- Criminal Justice Resource Center recently hired a new position of Legal Restoration Counsel whose primary work will be expanding the Driver's License Restoration Program and filing expungement motions and certificates of relief on behalf of eligible justice-involved residents in Orange County.
- Various boards passed resolutions in response to denouncing the Ku Klux Klan demonstration.

VI. Action Items (Non-Consent)

A. Debt Set Off and Debt Write Off

Rebecca Crawford, Financial and Administrative Services Director, began by thanking the Board for their patience as the delay in receiving this report was due to working with the new EMR system. Ms. Crawford provided a 5 year historical review of bad debt write-off trends and the number of uncollectable accounts displayed by division.

Per the department's Delinquent and Uncollectable Accounts policy (15.0), uncollectible accounts must be administratively written off of the general ledger. The purpose of this accounting function is to precisely account for funds, which are truly unrecoverable. The last administrative write-offs were performed by the Board of Health in August 2018 (Personal Health, Dental Health, and Environmental Health) for FY 2017-2018.

Personal Health, Dental Health, and Environmental Health continue to participate in the NC Debt Set-Off Program, which allows the county to collect debts on delinquent accounts with a balance between \$50 and \$4,000 through the customer's tax refund. The Health Department anticipates collecting payments on delinquent accounts being pursued through the NC Debt Set-Off program; therefore, those accounts are not included in this write-off request but a summary of the amount received through the NC Debt Set-Off program for the period of July 1, 2018 – June 30, 2019 is included below:

Division	Number of Accounts Set-Off	Amount Received through NC Debt Set-Off
Personal Health	26	\$2,596.74
Dental Health	38	\$4,788.51
Environmental Health	6	\$739.87
Total	70	\$8,125.12

Based on the definitions of uncollectible accounts in the department's policy, the following table represents all uncollectible debt from clients for FY 2018-2019.

Division	Number of Uncollectable Accounts	Write-Off Amount
Personal Health	178	\$3,547.86
Dental Health	62	\$3,059.70
Environmental Health	5	\$408.00
Total	245	\$7,015.56

We request to administratively move a total of \$7,015.56 in uncollectible debt from 'active' to 'inactive' status for the reasons indicted in the table above.

The customer will never be informed that a debt has been written off. If a customer whose account had been determined uncollectible returns to clinic within three years, the delinquent write-off amount will be reactivated and the billing process resumed. Likewise, if a customer requests a non-required service from Environmental Health, the delinquent write-off amount will be reactivated and the billing process resumed.

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

Motion to administratively move a total of \$7,015.56 in uncollectable debt from "active" to "inactive" status was made by Jessica Frega, seconded by Liska Lackey and carried without dissent.

B. BOH Policy Review

The Board of Health reviews its policy manual annually.

Below are the recommended updates, Rebecca Crawford, Financial and Administrative Services Director, reviewed to two sections of the Fee and Eligibility section of the policy.

I.B. Fee and Eligibility Policy

Staff recommends making the following revisions to the Fee and Eligibility Policy for the purposes of clarification, to be in compliance with state requirements, and to update according to system changes:

- **Service Limitation/Denial (Section V.C.):** Expanded the section stating that “Family Planning patients will never be refused service **or be subject to variations in service** due to an outstanding balance or inability to provide proof of income” at the recommendation of the DHHS Administrative Consultant.
- **Fees for Services (Section VI.A.):** Rephrased section to clarify that pregnancy tests are not free but instead are adjusted to 0% on sliding fee scale (unless required as part of another service) at the recommendation of the DHHS Administrative Consultant.
- **Fees for Services (Section VI.B.):** Removed section that detailed offering two free blood pressure screenings to all patients to facilitate early identification of and referral for hypertension since providers are screening all patients for hypertension at each visit without charge as a standard element of the intake process.
- **Fees Collection (Section VII.C/B.):** Clarified that “fees are not charged to **self-pay clients** for diagnosis and treatment of sexually transmitted disease or the investigation and control of communicable diseases.” Because we do charge Medicaid and commercial insurance for diagnosis and treatment of sexually transmitted disease or the investigation and control of communicable diseases with the approval of the client.
- **Attachment B – Determination of Eligibility for Clinical Services:** Clarified that Family Planning confidential patient accounts that are not paid within 30 days of the statement date will not be sent to the Orange County attorney for debt setoff in order to protect the confidentiality of the patient.

Beverly Scurry, Board of Health Strategic Plan Manager, reviewed the policies from the Community Assessment Policy Section I C, Confidentiality & Conflict of Interest Statement Appendix H, Board Review of Reports and Documents Section II and the Operating Procedures Section III. See below for the specific sections.

Section I

IA – Compliance with Public Health Laws/Regulations

IB – Program Policy and Policy Adoption

IC – Confidentiality Agreement and Conflict of Interest Statement

IC – Appendix H

ID – Requests for Environmental Services and Assessments

IE – Fee and Eligibility Policy

IF – Community Assessment Policy

IG – Community and Public Input Policy

IH – Policy and Procedures for Complaints

Section II - Review of Reports and Documents
Section IIIA – Operating Procedures

Recommended changes were reviewed with the exception of those below. The policies below were rescinded and incorporated into Policy IIIA Operating Procedure.

- IA - Compliance with Public Health Laws/Regulations,
- B – Program and Policy Adoption,
- IC - Confidentiality Agreement and Conflict of Interest Statement,
- IG - Community and Public Input Policy, and
- IH – Policy and Procedures for Complaints.

The BOH members had questions that were addressed by Ms. Crawford and Ms. Scurry.

Motion to update the Board of Health Policies and Procedures including the Fee and Eligibility Policy as staff recommends was made by Liska Lackey, seconded by Jessica Frega and carried without dissent.

VII. Reports and Discussion with Possible Action

A. Health Director Annual Evaluation

Timothy Smith, Chair, stated that Quintana Stewart, Health Director, will send her performance notes to Timothy who will then forward them to the Board. Mr. Smith will meet with the County Manager prior to November. At the November Board of Health meeting, the Board will go into closed session and discuss her evaluation. Ms. Stewart will be invited back into the meeting after the closed session has ended.

B. Present Chair/Vice-Chair Slate

It is customary for the current Vice-Chair to occupy the Chair position because of the experience gained as Vice-Chair. Timothy Smith, Chair, solicited volunteers to join he and Jessica Frega to serve on a committee to discuss the vice-chair position. Sam Lasris and Liska Lackey volunteered. Ms. Frega also reminded the Board that Ms. Lackey, the Board's nursing position representative, term ends in June 2020 and stated that they should be thinking about getting a pool of nurses to apply. Commissioner McKee stressed the importance of getting the Board's recommended appointments on the BOCC agenda as early as possible as the BOCC will fill the empty seat themselves.

C. Health Director Report

In addition to the report, highlights given by Ms. Stewart are below.

- At the September 30th meeting, the OC Opioid Task Force selected 3 priorities to address. They are 1) education, 2) reduce oversupply of prescription opioids and 3) expand treatment and recovery oriented systems of care. She thanked Keith Bagby for his attendance and encouraged other Board members to attend. The next meeting will be on October 29th at the OCHD.

- In regards to the Medicaid Transformation, DHHS announced that the statewide transition will take place on February 1, 2020. On October 8th, DHHS expanded the Medicaid regions for Carolina Complete Health to include Region 4. They will now be the 5th Prepaid Health plan in our region with the others being, AmeriHealth Caritas NC, BCBS of NC, United Healthcare of NC and WellCare of NC.
- Ms. Stewart stated that she will email the Medicaid Prepaid Health Plans Comparison sheet to the Board.
- NC Care 360, which will help connect people to the community resources they need, is coming to OC in December. The Board asked if a representative could come speak at a board meeting.
- On October 1st, a new sanitation rule became effective that requires all licensed child care centers to test all drinking water faucets and food preparation sinks for lead.
- There was an injunction on the public charge rule that was scheduled to go into effect on October 15th. Eligible immigrants and their families can continue to access benefit programs without fear of negative impacts on their immigration statuses. It is unknown when the injunction will expire.

D. Media Items

Kristin Prelipp, Communications Manager, briefly mentioned articles which were included in the Media Items packet regarding Tommy Green and the F.I.T. program, the Daily Tar Heel article on the school measles threat and vaccination requirements and Pamela McCall's radio interview regarding getting flu shots.

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

VIII. Board Comments.

Timothy Smith, Chair, introduced Lee Pickett, who filled the recently vacant Veterinary seat. She expressed her love for her profession. The Board members introduced themselves, seat position and their current profession.

Keith Bagby referenced Dr. Dena Keeling's August visit to the Board. He mentioned that he spoke to with her regarding students of color and the need to have mentors of color. It was also noted that the superintendent was interested in racial equity.

IX. Adjournment

Jessica Frega moved to adjourn the meeting at 9:04pm and Alison Stuebe seconded.

The next Board of Health Meeting will be held November 20, 2019 at the Southern Human Services Center, 2501 Homestead Road, Chapel Hill, NC at 7:00 p.m.

Respectfully submitted,

Quintana Stewart, MPA
Orange County Health Director
Secretary to the Board