

CABELL-HUNTINGTON HEALTH DEPARTMENT
Board of Health Regular Meeting –March 23, 2016

Board Members Present:

Thomas Gilpin
Kevin Yingling, MD
Harriette Cyrus
Donna Rumbaugh

Board Members Absent:

J. Larry Crawford
Omayma T. Touma, MD

Staff Members Present:

Michael Kilkenny, MD, MS, Physician Director
Tim Hazelett, Administrator
Elizabeth Adkins, Health & Wellness, PIO
Casey Napier, Accreditation Coordinator/Grant Writer
Rodney Melton, Sanitarian Supervisor
Kathleen Napier, Nursing Director
Allen Woodrum, Information Technology Manager
Teresa Mills, Tobacco Coalition Coordinator
Debbie Ellison, Epidemiology
Heather Wood, Nurse Practitioner
Bryan Maynard, Maintenance

Visitors:

Tim Loper, CPA, Balestra, Harr and Scherer

Called to order at 5:00 PM.

Mr. Gilpin introduced Tim Loper. Tim Loper is the audit manager who conducted the Board of Health audit. He is here today to present the 2015 audit to the Board and discuss findings. Tim commended Jack Mease on the job he does, the availability of the financial records and the maintenance and organization of the financial records. The Quick Books files were very organized, making access to the files very easy. The audit is different from previous years. In previous years the Board of Health has been a single audit, which is any entity that receives/expends more than \$500,000 in federal awards. The current audit period ended June 30, 2015 the BOH was a regular audit because it did not expend more than \$500,000 in federal funding during that fiscal year. Page 1, the independent auditors report, explains the management responsibility and our responsibility as auditors. Management is responsible for the financial statements. We do not make modifications without consulting with management. They are responsible for either hiring a consultant or preparing the financials to conform with the government auditing standards. This year our firm is split into two divisions, auditing division and consulting division. Paul Renick was the lead consultant on the conversion on the financial statements and is a separate contract. In order for us to maintain our independence as auditors, no one working on the audit participated in the compilation of the financial statements. Our responsibility as auditors is to ensure that the opinion given over the financial statements are in line with government auditing standards. On page 2, you will see that we have issued an unqualified opinion on the financial statements. An unqualified opinion is the highest

opinion we can give over financial statements, meaning that we did not find any account balances or transactional classes that were required to have additional material adjustments to them once they were presented to us. The second paragraph on page 2 is the instances of matter paragraph. For the current audit year and moving forward there was a new GASB standards which is government auditing standard number 68, the accounting for pension, the pension liabilities. Local governments are now required to book these liabilities on their financial statements. The next paragraph deals with any other matters that are required to be disclosed. GASB 34 requires a management discussion in the analysis section of the financial statements, which management has elected not to present. Therefore it is included in the required supplemental information paragraph stating that management has elected not to present a management discussion in the analysis segment. On page 3 there is a statement of net position, where the extra account lines will show up pertaining to GASB 68. You will find the different out flow of resources because of the pension. In the long term liability section, you will find a net pension liability. Underneath liability section you will find the deferred inflow of resources pertaining to the pension. With the implementation of GASB 68 the net position had to be restated. The measurement period is one year behind your reporting period. Your reporting period was June 30, 2015 and your measurement period was June 30, 2014. The state auditor's office contracted with an independent firm to do a review over the pension system and they assigned percentages to each of the entities inside of the State of WV. The report they released is what we use as independent auditors under their direction and guidance to insure that the net pension liability was booked properly in your financial statements. That liability is a number that is placed on the financial statements but it is not something that is due or payable from the BOH in the near future. It is strictly a figure the community can take a look at see where they stand as far as the underfunded piece of liability in regards to the BOH. Mr. Gilpin asked if it is related to the OPEB. Tim Loper said the Public Employees Retirement System, so to some degree, yes. On page 4 is the statement of activities, showing the breakdown of the expenses by program type. The audit standards for your entity requires that there be fund statements. Everything is operated out of a single fund, which is the general fund. Starting on page 11 are the notes to the financial statements. They are standardized notes issued by the state of WV. The numbers are related back to the financial statements. One note to highlight is note number 8, the employee retirement system plan. This note is larger than it has been in past years, due to the implementation of GASB 68. This is a direct pull out from the Public Employees Retirement Systems annual audited financial statements. The percentage that was assigned to the Cabell Huntington Board of Health was then multiplied across the numbers in order to come up with what piece of the liability needs to be recorded in your footnotes. Note number 12 is the restatement to your net position. It shows what the beginning net position was as of our audit report from 2014, the effects of the differed outflows and pension liabilities, and the new restated net position as of 2015. GASB 68 required a couple additional schedules, which you will find on page 25 and 26. Both of these schedules are required to have 10 year trend analysis. On page 27 you will find the GAS letter. This letter deals with testing of internal controls and compliance at the local level. No issues were found inside the internal control structure that needed to be brought before the Board's attention. We did not have any noncompliance issues that we saw during the course of the audit that needed to be brought to your attention. The difference between this year's report and last year's report, is that the A133 letter and a federal schedule of awards expenditures are not required to be included in your financial statements since you are no longer a single audit. Bound official copies will be delivered in the incoming week and sent to Tim Hazelett and Jack Mease. Required disclosures made to the Board of Health: During the course of the audit we did not have any disagreements to my understanding between management and ourselves. There were no potential journal entries that were proposed to management that were refused to post. We did not have any disagreements in the process of doing the audit. Significant accounting estimates that are used in your financial statements are as the depreciation of the capital assets. There were no journal entries that were required to be posted. We as auditors are indeed independent in fact in appearance with the

board of health. Tim Loper made one suggestion: you have a very valuable individual in Jack and it would be advised that there will be somebody who starts to cross train with him.

A motion to accept and approve the 2015 audit was made by Mrs Cyrus and seconded by Mrs. Rumbaugh. The motion carried. Tim Loper passed an acknowledgment page around. Mr. Gilpin said he appreciates the cooperation demonstrated by both your firm and the Cabell-Huntington Health Department.

Approval of Minutes:

A motion to approve both the regular and executive February Board of Health Meeting Minutes was made by ?. The motion was seconded by ?, and approved.

Environmental Health/Threat Preparedness:

Rodney presented the Environmental Health/Threat Preparedness report. Rodney said 100 kids were educated about on the importance of handwashing at Success by Six. Kids put a lotion on their hands and have look at them under a black light to see the “germs”. Then they go wash their hands and return to see how well they washed their hands. We participated in the Homeless Connect fair and were asked a lot of questions on bedbugs. Mr. Gilpin asked if the prevalence of bed bugs is increasing. Rodney said yes it is. We visited a residential care facility in February, where their heating system went out and space heaters, one of which was gas, were being used. There was clutter around the space heaters, no fire extinguishers, and no carbon monoxide detector. We provided education and in return the facility had their heating system fixed and detectors installed. We received sewer complaints on a restaurant. The restaurant has since corrected the problem. Another restaurant had a fly issue. We had a meeting at the facility and educated them on what needed corrected and added. Machines designed to remove flying pests from restaurants were installed and after 5-6 days all flies were gone. The animal encounter numbers are 16 exposures and 18 animals due to 2 animals being involved in two scenarios.

Information and Technology:

Allen said we are looking at changing over to the new website next week.

Nursing:

Kathleen presented the Nursing report. Mr. Gilpin asked what Project Homeless Connect is. Elizabeth said the Coalition for the Homeless hosts this event every year at the Civic Center. It is a very good opportunity for the homeless or low income to learn about the services available to them in Cabell County. As a Health Department, we are able to go and offer education on our services and free flu shots at this event. Kathleen said it is a good way for us to connect with other agencies. There is a slight increase in our syphilis cases. We assisted Marshall with a flu clinic.

Epidemiology:

Debbie presented the Epidemiology report. The 2014 Surveillance Data that the Division of Infectious Disease and Epidemiology completed was provided to the Board of Health. On their audit of all cases for all counties are measures that are looked at based upon threat preparedness, CDC grants, and the annual program plan. That include the completion rate, how many cases were completed within 30 days, surveillance indicators such as information that was captured for vaccinations based upon certain vaccine preventable diseases, how well cases were reported – outbreaks reported, in what timeframe, and if a report was completed. This is posted to the Division of Infectious Disease and Epidemiology website. Included in my report is a chart that has preliminary data on how well or the percentage of cases that were completed. It is a rough percentage rate because it captures all cases reported, even those that did not meet case definition. This data shows there was an improvement between 2014 and 2015. Dr. Yingling asked how cases got lost to follow up. Debbie said these are cases that pertain to individuals we cannot capture/contact

the patient to get information or educate on a one to one basis. We have changed that if we find out that the provider educated the patient, we record it into the notes and do not count that case as a loss to follow up. During case review, it is mandatory for Debbie to look at is that there were several attempts to contact the patient, whether by phone, letter, or a home visit. If the county isn't capable of doing the actual home visit, the State DIS is given the pass to make contact. Dr. Yingling asked if there is any way to cross reference databases to locate individuals. Debbie said that is something she has been looking at since the Harm Reduction Program has was implemented. Unfortunately with Harm Reduction they don't capture enough information for me to cross match. The nurses do try to educate clients on hepatitis and blood borne pathogens while they go through the program. I am trying to identify the best method. A lot of these ticket refers to gastrointestinal follow ups and the infectious disease specialists. Unfortunately, a lot of cases are being identified through sobaxone treatment centers. Tim said this data is 2014 and one of the changes we made is in 2015 we put a graph in there that we could see the results better. The second step is identifying the gap. We have the opportunity to present in the Appalachian Leadership Academy Public Health, a national program that has been developed. We were chosen as a site to apply. Dr. Kilkenny, Tim, Kathleen, Jan Rader, Scott Lemley, Judge Keller, Chad Napier and Kenny Burner have formed a leadership team and will partner with Kentucky. Our oversite leader is Kathy Slempp, a former state health commissioner in WV. Our project team identified cross jurisdictional data sharing as the biggest gap in Cabell County. It looks like that may be the project we work on which would allow us to connect all the dots, so wherever they fall in the system we may be able to capture them.

Health & Wellness Director/Public Information Officer (PIO):

Elizabeth presented the Health and Wellness/PIO Report. Mr. Gilpin asked if we are seeing any increased funding opportunities with the Appalachian Regional Commission. Dr. Yingling asked what goes into decision process of what media we pay for. Elizabeth said that is something we continue to look out. The main factor is our budget. We look at where we get our most bang for our buck, meaning we look for opportunities where it is relatively cheap to advertise but we reach a lot of people. For example, a billboard is \$400 and will stay up for at least four weeks sometimes longer. The billboard we have up on Rt 60 gets over 100,000 impressions per week. We have looked at different ways. We have also surveyed community members asking them what the best way to reach them is. A lot of people read the Herald-Dispatch, so we do invest some funding there. But the majority of the advertising is earned, which we are proud of that accomplishment. Dr. Yingling asked how we make the decision to advertise for a specific topic. Elizabeth said it varies. Elizabeth asks department heads if there is anything going on within their department that needs promoted. All ads are booked a year in advance. We do the Moms Everyday, which reaches a lot of people and we get the video to distribute however we want. Dr. Yingling asked if we could put it on our new website. Elizabeth said yes. Right now we are encouraging people to vote for the Levy. Elizabeth highlighted a few items in her report. We reached over 500 people in the month of February. Our AmeriCorps taught a six week chronic disease class, Diabetes Self-Management class at Highlawn. Eight successfully completed the class. She is also teaching at Barboursville Senior Center. Twelve people are in attendance. Grant updates: We should be hearing back on the Susan G Komen anytime. That grant period starts April 1st. We did get invited to go to the next level with the Public Health Associate Program through the CDC.

Regional Tobacco Prevention Coordinator Report:

Teresa presented the Regional Tobacco Prevention Report. Teresa shared information on the Impact Grant. The letter of intent for the United Way Impact Grant was well received. We have been notified that we scored very high and have been asked to complete an application for full funding for \$50,000. Teresa and Elizabeth will write and submit the grant in hopes to receive funding for tobacco prevention activities in Cabell County. Teresa is working with Logan and Mason County on clean indoor air. Logan is upgrading their current regulation to include e-cigarettes. Mason is going to

include a comprehensive regulation that will include video lottery places, bars, restaurants, and workplaces to their current regulation. Teresa complete Tobacco Treatment Specialist training at Duquesne in Pittsburgh and is now a nationally certified Tobacco Treatment Specialist. There are only a few in the state, and Teresa said she is really glad to be offering that service here at the Health Department. Cessation services, outreach, and education is continued to all coalitions and people in the community regarding tobacco prevention. Mr. Gilpin asked if there is any possibility the tobacco tax can be resurrected for in the budget session. Teresa said from her understanding there is a possibility it can be revived in the budget session.

PACT/Accreditation Report:

Rodney made a couple corrections for the PACT/Accreditation Report. There will be a meeting for the Community Health Assessment on March 29th instead of the 25th, with our local partners to gather new data to update our 2015 CHA. We have made a lot of strides as we have changed our accreditation group. We now get our leadership groups together and have made significant progress in completing measures. Tim said we have started a partnership with Marshall University and their human resources and international students in the university for Health Equity Training. Dr. Yingling asked what we mean by health equity. Tim said ensuring that we are meeting the proper clientele we serve in the county. All races, ethnicities, backgrounds, diversity. Marshall does this training through their Human Resources Division to Marshall. They will develop a training specifically for the Cabell-Huntington Health Department and present it April 28th. In addition, it is a measure in accreditation that we conduct a health equity training. Kathleen said this will ensure that we provide services to everybody equally. We will report the specifics to the Board in May. Mr. Gilpin asked what the target to file for accreditation is. Dr. Kilkenny said it is a moving target. Mr. Gilpin asked if we have a current. Dr. Kilkenny said yes, the target moves are not only by the assessment of our own readiness but also by the changes from the accreditation board that requires new prerequisites. The longer it takes us to get ready, the more prerequisites they add, causing it to take us longer to get ready. It is looking much better for a June timeframe.

Financial Report:

Tim presented the Financial Reports for February. Dr. Yingling asked what contingency plan we have in place with the budget situation. Tim said we have diversified our income streams significantly over the last year. Our state funding right now is about 23% of the budget. If the state cuts go exactly the way it is right now we are looking at a \$177,000 loss as compared to what we received last year. With that we have added additional grants and additional income in the vicinity of \$130,000 with about half a million dollars in grants out right now. We started diversify long ago with plans for this to specifically get away from relying on state funding. Short term contingency is grants and long term is starting a billing program as well as looking for additional nonprofit and federal money. Mr. Gilpin suggested we address the budget in the May Board of Health meeting.

Approval of Expenditures/Financial Report:

A motion to approve the cash expenditures for February was made by Dr. Yingling, seconded by Mrs. Rumbaugh, and passed.

Administration:

Tim presented the Administration Report. Mr. Gilpin asked about the location of Addiction Recovery being in Kentucky. Tim said they are looking at moving into West Virginia.

Community Health Assessment (CHA)/ Community Health Improvement Plan (CHIP)

Dr. Kilkenny said we will be meeting to update the 2015 CHA. We are going to put a framework in place to attempt to obtain more recent and more specific data. The CHIP is near completion.

Harm Reduction Program

Dr. Kilkenny said we continue to do amazing things. We have now served over 1000 individuals. Dr. Pollini did visit us. She was impressed with the police presence during Syringe Exchange. Dr. Kilkenny said with the Board's approval he will need to miss the April Board of Health meeting to sit on the Law Enforcement and Public Health panel to discuss issues and what we are doing in our community. We have been providing Naloxone training since February 3rd. There have been 3 confirmed and 3 unconfirmed saves in 5 or 6 weeks. As of the 15th, the overdose death rate one year ago was 18 and this year it is 13. Dr. Yingling asked about the sign in the lobby bathroom. Dr. Kilkenny said we had minor problems before the institute of the security measures. The signs and police presence are part of the security measures. We have also adjusted how we handle the flow, in order to move people more quickly while being consistent with offering the high level of services we offer. We have had some arguing, evidence that someone may have shot up in a restroom, and we have observed suspicious activity in our parking lot that could have been drug dealing. In no way do we want to encourage or tolerate that. The police presence became understood that the police are here to protect the people accessing the services and not here to harass them. Due to the security measure put into place, we have not observed any more suspicious activities or issues.

Legislative

Mr. Gilpin asked in regards to the concealed carry bill, is there a policy here or can we have a policy that would be effective to keep firearms out of this facility. Tim said there is a sign at the front door stating no weapons are allowed on the premises. Mr. Gilpin asked if we have any responsibilities with the raw milk. Dr. Kilkenny said most of that regulatory is going through the Department of Agriculture. We will investigate outbreaks and educate on the health risks of raw milk.

Executive Session

The Board adjourned to executive session.

The Board called regular session back to order.

There was no action taken in the executive session.

A motion was made to adjourn, and passed. The meeting adjourned at 7:30 p.m.

The next regular Board meeting is scheduled for April 27, 2016 at 5:00 p.m.

Respectfully submitted,

Michael Kilkenny, MD, MS
Physician Director, Cabell-Huntington Health Department

Approved:

Thomas H. Gilpin, Chairman
Cabell-Huntington Board of Health