

**SOUTH CENTRAL PUBLIC HEALTH DISTRICT  
BOARD MEETING  
April 21, 2010**

**Board Members Present:**

Marypat Fields (phone)  
Linda Montgomery  
Tom Faulkner  
Angenie McCleary (phone)  
Charlie Ritter  
Cheryl Juntunen  
Don Clark

**District Staff Present:**

Rene R. LeBlanc, Director  
Bonnie Spencer, Deputy Director  
Cheryle Becker, FACH Administrator  
Melody Bowyer, Environmental Program Manager  
Karyn Goodale, Public Health Promotion /Preparedness Manager  
Amy Lierman, Public Information Officer  
Kathlyn Egbert, Management Assistant  
Mark Jenkins, Trainer Associate  
Jeff Pierson, IT Resource Manager  
Stacie Benkula, TB Coordinator

**Excused:**

Peter Curran  
Marvin Hempleman

**Guests:**

KMVT

**Minutes**

The Board of Health meeting was called to order by Ms. Fields at 1:30 p.m. As Ms. Field joined the meeting via conference call, she requested that Ms. Montgomery conduct the meeting.

**MOTION (made by Mr. Faulkner, second by Mr. Ritter): “I move that we approve the minutes of the March 24, 2010, Board of Health meeting.” Motion carried.**

Several policies for annual review and signature by the Board Chairman had no changes other than updating District name and staff position titles. The following are the policies for approval:

Pol .225 Personnel General	Pol .226 Problem Solving and Due Process
Pol .234 Employee Travel	Pol .260 Smoking on District Property
Pol .410 Idaho Public Records Law	Pol .278 Equal Opportunity Employment
Pol .275 Hiring of New and Established Positions	

**MOTION (made by Ms. Juntunen, second by Mr. Faulkner): “I move the approval of Policies .225, .226, .234, .260 .275, .278, and .410.” Motion carried.**

Registration forms for the upcoming IADBH meeting in Idaho Falls were discussed. Board members planning to attend were instructed to complete for Ms. Egbert who will also make hotel reservations.

**Administration Report**

A draft copy of the bylaws of the Association of District Boards of Health was presented. In addition to several changes and updates for clarification and standardization, the Association name was changed to Idaho Association of District Boards of Health (IADBH). The proposed changes will be discussed and voted on at the June meeting.

Mr. LeBlanc reviewed a letter sent to Toni Hardesty, Director of the Idaho Department of Environmental Quality (IDEQ), due to concerns over legislation passed during the recent legislative session. The current MOU between the Health Districts and IDEQ needs to be reevaluated and updated to resolve issues addressing the application of rules, training, appeals proceedings, and oversight responsibilities by IDEQ. The recommendation is to conduct small group meetings through the summer to achieve a final solution and to implement a new legal document by August 2010.

The Board discussed the issue of having a paid lobbyist representing health district interests during the legislative session. We are also currently paying IAC to monitor legislation and inform the Directors of bills of interest. The Directors then take the action of educating and informing the Legislators. Mr. LeBlanc is to gather the financial information and put the issue on the May Board agenda. The Board members will discuss and take a stand as to how they feel about having lobbyist and make it a formal Board action to take to IADBH.

Our recent decision to upgrade our Magic system to comply with Federal HITECH (Health Information Technology) requirements for electronic records, medical billings, and HIPPA compliance is not feasible now.. Our ability to do Medicaid billings will be impacted if we don't have new software in place by February. LaDonna Larson from the Idaho Health Data Exchange will be presenting information to the seven District Directors to bring them up to speed. As soon as HITECH was enacted, it required that we have a certified system in place. Most of the funds the Board allocated for Magic upgrades were not used and are available to put towards new software. A retooled proposal for software will be brought to the Board in May or June.

With the announcement of Health and Welfare office closures in our District, there was public confusion on the status of health district offices. A press release was sent out to inform the public that our services will continue to be offered in each of our offices. There has been discussion with Health and Welfare about the possibility of providing space in our Bellevue office for their behavioral health services on a part-time basis. Ms. Montgomery recommended offering similar office space in the Jerome and Rupert offices to assist Health and Welfare clients. Mr. LeBlanc will meet with John Hathaway to discuss needs and possible arrangements.

Mr. LeBlanc introduced a revised conflict of interest policy patterned after NACCHO's. In addition to the regular staff signature page, a form for Board members was added for their review. After review and comment, the form will be made available for signature at the May meeting.

The schedule for County Commission budget proposal presentations was reviewed. A letter will be sent to the Minidoka and Cassia County Commissioners to initiate discussion about a five-year plan to possibly consolidate the two offices on the east end of the district. Included with the budget proposal information to be discussed with each County Commission will be a brief annual report for the District. The document will be on our website and copies sent to each Board member.

## **Operations Report**

The April Comparison to Budget report reflects a strong financial position. The current pass-through account balance of \$1,302,515 is higher than last year's balance due to the receipt of the H1N1 funding. Revenues are coming in as expected. We will be returning \$19,000 to the State, hopefully the last holdback for this fiscal year (\$91,900 holdback total). The Environmental Health

contract revenues are under budget. There are also reduced fees in Family and Children's Health and Health Promotion. Expenditures overall are under spent with personnel savings going towards the State holdback. We anticipate savings in Operating generating a carry-over balance. A proposal will be made to shift this year's carry over funds for fiscal software to the new clinical software purchase next year. Capital expenditures are over budget due to a discrepancy in budgeting the expense of an uninterruptable power source for the generator.

The quarterly summary of our investment accounts shows the JEPA account maintaining and protecting its principle; the Diversified Bond Fund is maintaining a 3.45% average interest this year.

Ms. Spencer presented the FY 2011 budget proposal of \$6,375,866, under last year's revised budget by \$1,337,486. There are no H1N1 and building capital expenditures built into the budget. As far as personnel expenditures, we are not budgeting funds for four of the vacant positions (RN Sr., RN, EHS SR., and OS I). A few new WIC positions have been added (Dietitian and part-time Breastfeeding Peer Counselors).

Operating expenditures include estimates based upon regular expenditures for the last 12 month period. About \$82,000 is budgeted for clinical software to meet new federal regulations for health information exchange. Other significant changes include elimination of the Gooding lease, program reductions, reduced land program activities, addition of Head Start grant, and expanded Millennium Fund. Subgrantee payments for the ASPR contract are reduced. Capital outlay includes the purchase of three vehicles and there are no budgeted expenditures for buildings.

Revenues include the State appropriation of the General fund and Millennium Fund along with level County funding. Contract revenue projections include estimates based on current funding and expectations for next year (loss of IRIS and H1N1 contracts, reduction in HRSA, addition of Early Headstart contract, and increased funding in Refugee, WIC, Adolescent Pregnancy Program, and Tobacco Prevention programs). Fees and donations include increased food fees and projected decrease in land service fees. The Interest revenue is based upon current returns and anticipated FY2011 balances. No reserve draw is required.

The proposed County contribution distribution with a 0% increase resulted in Blaine and Camas Counties receiving a reduction and the rest an increase (Jerome and Twin Falls picking up the most due to property values).

**MOTION (made by Mr. Faulkner, second by Mr. Ritter): "I move that we accept the FY 2011 budget proposal as presented." Motion carried.**

Ms. Spencer reviewed the results of the Work Climate Assessment. Average ratings for each question were reported along with notation of the top strengths and areas for improvement. Over all the ratings were favorable. The committee will continue to meet to identify next steps and an action plan. New teams may be formed to take on some of the projects.

#### **Family and Children's Health Report**

Ms. Becker reported the new hire of a WIC Dietitian using additional WIC contract funding. The recent WIC audit resulted in increased funding to support more dietitian time with high-risk clients.

The Health and Safety Incident report for 2009 showed falls were the most common accident. Ice melt is available at all offices and should be used as necessary. Other incidents included a muscle strain, retractable syringe safety concern, and air conditioning odor.

The school nursing contract for SY 2010-2011 was discussed. Current fee level is \$55 per hour of nursing time (\$83.52 actual cost). Ms. Becker requested feedback on whether to increase the fee to \$60 to help cover our actual costs or leave it the same as schools are also facing funding cutbacks.

**MOTION (made by Mr. Faulkner, second by Ms. Juntunen): “I move that we keep the school nursing fee at \$55 per hour for the 2010-2011 school year.” Motion carried.**

Stacie Benkula, new TB/Refugee Program coordinator, reported on a conference she attended in San Francisco for Tuberculosis Control. Focus was on Tuberculosis (TB) contact investigation and case management along with ethics and legal ways to insure staff, counties, and clients are safe and protected. Basic medical management of TB (what is TB, how and why we treat it) and what will be seen in the future due to extreme and multiple drug resistance were topics covered. Testing processes and epidemiology pathology were also highlights. During the current economic conditions, the need to focus on quality assurance and streamlining the process was emphasized. Our target individuals are in the refugee and immigrant population who come with latent TB infection. Our District currently has a 90% medication compliance rate with the latent tuberculosis infection cases. We have monthly clinics in Twin Falls with Dr. Fullmer seeing a total of 10-15 clients from throughout the district.

### **Environmental Health Report**

Ms. Bowyer recounted events involving a mercury spill in Lincoln County in March (mercury vial on a chain necklace). We were able to provide the Shoshone School District with fact sheets and advice at parent meetings. IDEQ is forming a mercury outreach committee, and Merl Egbert, EH Director, has been invited to be a member. The committee will be working with regional and state response teams and will do trainings in schools on mercury spill response and cleanup. EPA has recognized SCPHD for our response to a mercury spill last September and the role we played in investigation and development of informational materials. We have been invited to the EPI Region X quarterly meeting for recognition. Our response will be written up in a case study as to what was done right in a federal, state, and local collaborative emergency response.

### **Public Health Promotion and Preparedness Report**

Ms. Goodale reported that our Project Public Health Ready (PPHR) application was received by NACCHO. We expect to get a response back by the end of April as to whether we passed, failed, or need to resubmit with additional information. Final decision and/or recognition should be received by the end of May (pass, partial, fail). Part of the PPHR requirements was to conduct a workforce development survey.

The ASPR grant requires a regional exercise with participation by the hospitals, county coordinators, and EMS (if interested). The exercise (severe weather/power outage/hospital surge) is planned for April 22 (tabletop) and 24 (exercise). The planning and participation by all parties shows a better partnership and collaboration than we have had in the past. SCPHD staff will act as facilitators and evaluators, and the Medical Reserve Corps will be activated to provide volunteers the hospitals need.

Mr. Jenkins provided information on the recent training needs assessment developed for and administered to staff as a PPHR requirement. The survey was administered online, and staff had two weeks to complete it. An incentive was offered for completion, and we had a 100% response rate. The goal was to determine how prepared the district is to respond to a public health emergency. Necessary competencies were identified along with ways to train to these competencies using available courses. Each Division and each person will have an individual training plan developed to meet role expectations, and a training calendar is being created.

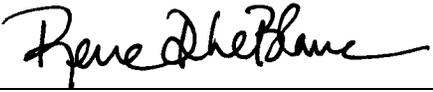
**Other Business**

The Board Strategic Planning session is scheduled for July 21. Mr. LeBlanc and Ms. Spencer will determine the location and facilitator.

The Budget Hearing will be held on May 26, 2010. For their convenience, County Commissioners in outlying counties will be invited to join the meeting by teleconference. Proxy voting forms will be sent out with the meeting invitations.

Meeting adjourned at 3:40 p.m.

  
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Marvin Hempleman  
Board Chairman

Attest:   
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Rene R. LeBlanc, Director  
Secretary to the Board

Board Minutes approved on May 26, 2010