



JEFFERSON COUNTY BOARD OF HEALTH

**Wednesday, August 10, 2016 - 5:00 p.m.
5th Floor Board Room**

PRESENT: Max Michael, III, M.D., Joshua Miller, D.O., Yocunda Clayton, M.D., and Commissioner Jimmie Stephens

ABSENT: Hernando Carter, M.D. and Jennifer R. Dollar, M.D.

OTHERS

PRESENT: Mark Wilson, M.D., Carolyn Dobbs, M.D., Toni Bellina, Kim Cason, David Hicks, D.O., Heather Hogue, Rodney Holmes, Bryn Manzella, David Maxey, Esq., Chris Osborne, Jonathan Stanton, and Denisa Pridmore

Call to Order

The meeting was called to order by Dr. Michael, Chair.

Minutes

Minutes of the July 13, 2016 meeting were approved as distributed.

Improving Mental Health and Substance Abuse Access to Care

Dr. Michael stated that Dr. Wilson had sent the Board members a white paper that contained in-depth background information in support of JCDH's role in improving access to mental health and substance abuse care. During recent Strategic Planning meetings with employees, Dr. Wilson said the clinic physicians brought to his attention the need for better access to mental health services for their primary care patients. A formal survey was conducted with the providers to determine the true need. An area of the Strategic Plan proposes to pursue improving access to mental health services for JCDH primary clinic patients. The proposed FY 2017 budget includes full time equivalents for potential positions.

Dr. Wilson noted the second area is for JCDH to play a coordinating and facilitation role in the area of substance abuse services. This is a need that has been identified by community partners for an on-going partnership to address substance abuse issues as they evolve over time. Dr. Michael shared that a local consulting company has served as the "owner" of the coordination effort for the activities over the past two years but it has been determined that JCDH is the logical home for the coordination of this effort.

On the motion of Dr. Miller, and seconded by Commissioner Stephens, the following resolution was approved:

WHEREAS, mental health and substance abuse was identified as one of the three strategic priorities in the Alabama Community Health Improvement Plan published in 2015 (1);

WHEREAS, the need for increased access to mental health and substance abuse treatment services has been identified as a major problem in Jefferson County, and improving access to these services is among the five strategic priorities in the 2014–2019 “Community Matters 20/20” Community Health Improvement Plan for Jefferson County (2);

WHEREAS, health care providers in the Jefferson County Department of Health (JCDH) clinics have identified a strong need for better access to mental health services for their patients;

WHEREAS, substance abuse is a major public health problem which, in addition to overdose deaths, significantly contributes to other public health problems, including the spread of infectious diseases including viral hepatitis and HIV; other infectious complications such as bacteremia and sepsis, endocarditis, skin and soft tissue infections, and osteomyelitis; cardiovascular disease; unplanned pregnancies and teenage pregnancy; neonatal abstinence syndrome; and other problems such as physical violence, homicide, suicide, vehicular wrecks and crime (3)(4)(5)(6)(7)(8)(9)(10)(11)(12);

WHEREAS, the local, community-wide partnership to address the current opioid epidemic and future substance abuse epidemics, called the “Pills to Needles” initiative, has identified a need for an agency representing the interests of the entire county to provide administrative support to sustain its work;

WHEREAS, the “Pills to Needles” partnership has developed a vision for local substance abuse treatment providers to collaborate to offer community members a coordinated source of information about and navigation to substance abuse treatment services.

BE IT RESOLVED that the Jefferson County Board of Health authorizes the Health Officer to direct JCDH resources to:

- a. Improve patient access to mental health support services by integrating those services within the JCDH primary care clinics.
- b. Provide basic administrative support as needed to facilitate continuation of a community-wide partnership (currently known as “Pills to Needles”) to address the current opioid epidemic and future substance abuse epidemics in Jefferson County.
- c. Provide basic administrative support as needed for a collaborative effort among substance abuse treatment providers to coordinate information and navigation services to Jefferson County residents needing substance abuse treatment.

References:

- 1) Alabama Department of Public Health. 2015 State of Alabama Community Health Improvement Plan available at http://adph.org/accreditation/assets/CHIP_2015_RevAugust.pdf. Accessed on July 20, 2016.
- 2) Jefferson County Department of Health. Community Health Improvement Plan for Jefferson County, November 2014-November 2019. 2014.

- 3) National Institute on Drug Abuse. Drug Abuse and Addiction: one of America's Most Challenging Public Health Problems. <http://archives.drugabuse.gov/about/welcome/aboutdrugabuse/magnitude/>. Accessed on July 20, 2016.
- 4) Tookes, Diaz, Li, Khalid, Doblecki-Lewis: "A Cost Analysis of Hospitalizations for Infections Related to Injection Drug Use at a County Safety-Net Hospital in Miami, Florida"; PLOS One, June 15, 2015.
- 5) Healthy People 2020. Substance Abuse Overview. <http://www.healthypeople.gov/2020/topics-objective/topic/substance-abuse>. Accessed on July 20, 2016.
- 6) Centers for Disease Control and Prevention. Drug-Associated HIV Transmission Continues in the United States, 2002, available at <http://www.cdc.gov/hiv/statistics/overview/>.
- 7) Centers for Disease Control and Prevention. Viral Hepatitis C Fact Sheet, 2014, available at <http://www.cdc.gov/ncidod/diseases/hepatitis/c/fact.htm>.
- 8) Havens, JFR, Lofwall MR, Frost SD, et al. Individual and network factors associated with prevalent hepatitis C infection among rural Appalachian injection drug users. *Am J Public Health* 2013; 103(1):e44-52.
- 9) Jones CM. Heroin use and heroin use risk behaviors among nonmedical users of prescription opioid pain relievers- United States, 2002-2004 and 2008-2010. *Drug Alcohol Depend.* 2013. Doi:10.1016/j.drugalcdep.2013.01.007.
- 10) Creanga AA, Sabel JC, Ko, JY, Wasserman CR, Shapiro-Medozza CK, Taylor P, Barfield W, et al. Maternal drug use and its effect on neonates: a population-based study in Washington State. *Obstet Gynecol.*2012; 199(5):924-933.
- 11) National Highway Traffic Safety Administration. Drug Impaired Driving. Available at <http://www.nhtsa.dot.gov/people/outreach/safesobr/15qp/web/iddrug.html>, 1997.
- 12) Institute for Health Policy, ed. Workplace burden, In: Substance Abuse: The nation's number one health problem, Key indicators for policy, Princeton, NJ, The Robert Wood Johnson Foundation, pp. 44-45, 1993.

JCDH Strategic Plan – 2017-2021

Dr. Wilson noted a 2017-2021 JCDH Strategic Plan and JCDH Strategy sheet are included in their packages. Areas that guide our Strategic Plan include the Community Health Improvement Plan (CHIP) which was a community-wide strategic plan for improving the health in Jefferson County completed in 2014. JCDH completed the research and facilitated the process that included a lot of data and input from the community. Some of the data and input was used to inform our overall strategy and form our Strategic Plan.

Dr. Wilson reminded the Board JCDH received accreditation from the Public Health Accreditation Board (PHAB) and is held accountable to continue to comply with their standards and to show we are making improvements. These areas need to be in alignment with our Strategic Plan. Altogether these items comprise our overall strategy as a health department.

Dr. Wilson noted a great deal of input was received from employees, community partners, and data to create the four major strategic priorities: Scope of Services, County/Customer Relationship, Culture & People, and Technology & Tools. The objectives are areas JCDH will be focusing on for the next five years. Specific tactics were created for each objective that relay how the objectives will be accomplished. We anticipate the tactics will change over time. The Board discussed the objective related to infant mortality and looked over the tactics related to it.

On the motion of Dr. Miller, and seconded by Commissioner Stephens, the Board unanimously approved the Strategic Plan.

Financial Statement

Rodney Holmes, Director of Finance & Administration, noted the July 2016 Financial Report was distributed in their packets and asked if the Board had questions about the report. The report was accepted as distributed.

FY 2017 Budget Presentation

Dr. Wilson thanked Rodney Holmes and Toni Bellina, Chief Accountant, for their work on this budget that has been challenging due to the Strategic Plan. He noted there are many unknowns going into this budget year such as the true timeline for the Strategic Plan, developing and hiring new positions through the Personnel Board, Medicaid funding, etc. Due to these unknowns, he anticipates there may be a lot of variance on the monthly financial reports.

Mr. Holmes stated that he and Ms. Bellina will be working with each program over the next year to look at the variances and advise them on how to budget closer to what the actual budget will be going forward. We would anticipate that the following year's budget, FY 2018, would be a better reflection of actual revenues and expenditures. Mr. Holmes presented the following budget:

Revenue Highlights

The budget includes \$6,805,000 of ad valorem tax, a \$75,000 (1%) increase from fiscal year 2016. This amount is an estimate of two percent (2%) of the ad valorem taxes collected in Jefferson County for the County and its Municipalities, excluding those ad valorem taxes collected for the State of Alabama and all Boards of Education, and is the minimum percentage allowed in the funding legislation. The budget includes sales tax revenue of \$20,000,000, a 9% increase from fiscal year 2016.

Net Intergovernmental Revenue of \$2,362,356 is a \$41,937 (2%) increase over prior year budget. Revenues for services provided by the Department in 2017 are budgeted to be \$11,212,396. The decrease of \$731,853 (6%) from the 2016 budgeted amount is primarily the result of a projected decrease in clinical services private pay and third party reimbursement.

The \$1,105,629 amount budgeted for Other Revenue/Non-Operating Revenue is lower than the prior year budget by \$222,123 (16.7%) due to indirect cost.

An allocation of \$5,695,498 from fund balance is required to offset expected expenditures.

Expenditure Highlights

Personnel costs of \$35,092,741 are \$1,761,576 (5%) higher than those budgeted for fiscal year 2016. Salaries are 73% of personnel cost budget, with employee and retiree benefits representing 26% and 1% respectively.

Contract Services costs of \$2,153,652 are lower by \$229,863 (10%) than those budgeted in 2016. Materials and Supplies costs are projected to be \$8,734,486 which is a \$1,740,876 (25%) increase from fiscal year 2016. The increase is primarily due to furniture and fixtures for 2 floors of the Guy M. Tate building.

The Capital Expenditure/Transfer budget of \$1,200,000 for capital asset replacement transfer reduction remains the same as fiscal year 2016.

Capital Projects Fund

Expenditures of \$4,359,889 are planned for fiscal year 2017. This includes funds for several building-related expenditures including renovation of the 3rd and 4th floors of the Guy M. Tate building, expansion of the Eastern Health Center parking lot, motor vehicles and various IT-related hardware and software expenditures.

Special Revenue Funds

In addition to the General Fund Budget, the Department has ten active Special Revenue Funds expected to total \$6,360,051. These funds are operated in accordance with the funding requirements of special grants and appropriations.

The General Fund, Capital Projects Fund and Special Revenue Fund budgets for fiscal year 2017 total \$57,900,819.

Budget – Fiscal Year 2016-2017 & Cost of Living Increase

On the motion of Commissioner Stephens, and seconded by Dr. Miller, the following resolution was approved:

BE IT RESOLVED that the General Fund Budget of the Jefferson County Department of Health for fiscal year October 1, 2016 through September 30, 2017, in the amount of \$47,180,879 is adopted. This budget includes a 2% cost of living increase for eligible Jefferson County Department of Health employees effective October 1, 2016.

BE IT FURTHER RESOLVED that all Special Revenue Fund Budgets for fiscal year October 1, 2016 through September 30, 2017 are adopted.

Transfer of Funds

On the motion of Dr. Clayton, and seconded by Dr. Miller, the following resolution was approved:

BE IT RESOLVED that the Health Officer of the Jefferson County Department of Health is authorized to transfer funds from one category or line item to another within the General Fund and all Special Revenue Funds, as necessary, to improve Department efficiency, as long as the approved General Fund Budget is not exceeded for the fiscal year October 1, 2016 through September 30, 2017.

Contracts

On the motion of Dr. Miller, and seconded by Dr. Clayton, the following contracts were approved:

A new contract with HealthStream, Inc. (payee) to provide a web-based learning management system to deliver a variety of learning activities, create assignments and generate configurable reports for JCDH at a rate not to exceed \$153,685 from June 21, 2016 through June 21, 2019.

A new contract with Vision Southeast Companies, Inc. (payee) to provide integrated security services to JCDH at a rate not to exceed \$25,655 from June 22, 2016 through June 22, 2019.

A new contract with BGrace Media (payee) to serve as Event Planner for the JCDH 2016 Employee Appreciation Day at a cost not to exceed \$5,400 from August 1, 2016 through November 18, 2016.

A new contract with the Robert Wood Johnson Foundation-Law Department (payor) for a grant to be used to support engagement in the Culture of Health Leaders Program for a rate not to exceed \$60,000 from September 1, 2016 through August 31, 2019.

Amendment to Resolution for McCalla Walking Trail

Dr. Wilson noted the Board approved a resolution at the July 2016 meeting for JCDH to transfer money to the Jefferson County Commission to help pay for a walking trail at a park in McCalla. We have learned that the wording to the resolution needed to be amended in order to be aligned with their funding allocation process. The language in the following amended resolution states the funds will go specifically to the Jefferson County Commission's Community Grant Program.

On the motion of Dr. Miller, and seconded by Dr. Clayton, the following amended resolution was approved:

**Amended Board of Health Resolution
Authorizing Transfer of Funds to the Jefferson County Commission
For the Purpose of Building a Walking Trail in McCalla, Alabama**

WHEREAS, physical inactivity contributes to chronic obesity, diabetes, heart disease and other chronic diseases, and premature death; and increasing physical activity can reduce morbidity and mortality associated with these diseases, reduce health care costs, and improve mental well-being;

WHEREAS, creating a built environment conducive to physical activity, including trails, is an established public health strategy;

WHEREAS, the 2014 – 2019 Community Health Improvement Plan for Jefferson County, called "Community Matters 20/20," includes strategic priorities to optimize the built environment and to promote physical well-being through healthy lifestyles;

WHEREAS, the Jefferson County Department of Health and partners facilitated the development of a master plan for trails, greenways and street-based connectors throughout Jefferson County during 2010 – 2012 using grant funds from the Centers for Disease Control

WHEREAS, the Community of McCalla in Jefferson County is unincorporated, is lacking in public parks and trails, and is unable to raise revenue by taxation,

WHEREAS, the Community of McCalla in Jefferson County is developing a new outdoor sports and recreation park with plans to include a walking trail, and has obtained donations of land, materials and in-kind for this purpose,

WHEREAS, the Jefferson County Department of Health recognizes the outdoor sports and recreation park and walking trail as an opportunity to expand the built environment and promote physical well-being for the Jefferson County public,

WHEREAS, the Jefferson County Commission Community Grant Program provides grants to applicants for improvement of public parks and recreational areas in Jefferson County,

WHEREAS, the Jefferson County Department of Health desires to support the Jefferson County Commission's Community Grant Program by providing additional funds that could be used by the Jefferson County Commission to assist in the expansion of outdoor recreation in the Community of McCalla.

BE IT RESOLVED, that the Jefferson County Department of Health is authorized to transfer \$157,000 from its unrestricted General Fund net assets to the Jefferson County Commission Community Grant Program to expand park and outdoor recreation facilities in the Community of McCalla thereby benefiting the public of Jefferson County, Alabama.

Health Officer Report

JCDH Diabetes Clinic

Dr. Wilson stated that JCDH's Diabetes Clinic, in collaboration with pharmacists from Samford's McWhorter School of Pharmacy, was recently named an accredited diabetes education program by the American Association of Diabetes Educators (AADE). AADE is certified by the Centers for Medicare & Medicaid Services (CMS). Accreditation ensures that our Diabetes Clinic meets the ten National Standards for Diabetes Self-Management Education and Support. Dr. David Hicks, Medical Director of Adult Health/Family Planning, and Bryn Manzella, Director of Quality Improvement, have worked diligently to help accomplish this.

Zika Update

Dr. Wilson reported that JCDH's mosquito trapping is underway, with the assistance of Auburn University, to determine if the *Aedes aegypti* mosquitoes are present. Dr. Miller inquired about JCDH's response plan in the event of multiple Zika cases. Dr. Wilson confirmed that JCDH does have a plan in place based on guidance from the Centers for Disease Control and Prevention (CDC) to the Alabama Department of Public Health (ADPH) and JCDH. JCDH is currently in Incident Command System (ICS) to coordinate efforts internally and our focus is mainly on education to our patients. One of Dr. Wilson's concerns is for people to have adequate knowledge about potential sexual transmission. Currently when a Zika case travels to Jefferson County, our Disease Control investigators follow-up with the individual to ensure they are taking proper precautions. Our Environmental Health

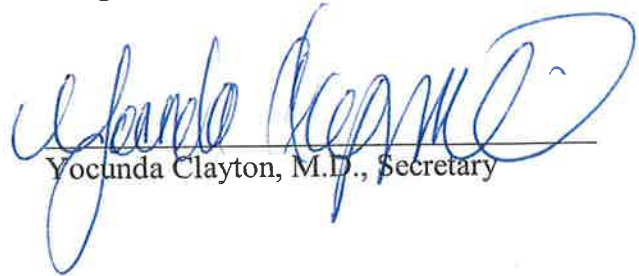
staff visit the neighborhood of the individual and notify people within a certain radius and offer to help people mitigate their risk.

Some JCDH staff will attend an ADPH/CDC Zika Response Coordination meeting August 11-12, 2016, at the Center for Emergency Preparedness Logistics Center in Montgomery. Dr. Carolyn Dobbs, Deputy Health Officer, receives daily updates from the CDC that provide medical guidance and Jonathan Stanton, Director of Environmental Health, and his staff are keeping up with the environmental side pertaining to mosquitos.

September Board of Health Meeting

Dr. Wilson announced that Dr. Jim Galbraith of UAB Emergency Department will be speaking to the Board of Health at the September meeting about Hepatitis C screening they have done. Data has been collected on Hepatitis C that points to a lot of local spread related to injection drug use and the heroin epidemic.

The next Board of Health meeting is scheduled for Wednesday, September 14, 2016 at 5:00 p.m. in the Fifth Floor Board Room. There being no further business, the meeting adjourned at 6:00 p.m.



Yocunda Clayton, M.D., Secretary

Approved:



Max Michael, III, M.D., Chair