

BOARD OF HEALTH MEETING MINUTES
February 12, 2015
9:00 a.m. – 3:00 p.m.

PRESENT:

BOARD OF HEALTH MEMBERS

Lee Staker, Commissioner, Chairman
Bill Leake, Commissioner
Ken Miner, Commissioner
Kimber Ricks, Commissioner
Lin Hintze, Commissioner
Greg Shenton, Commissioner
Brian Farnsworth, Commissioner
Lee Miller, Commissioner

STAFF MEMBERS

Geri Rackow, Director
Kellye Eager
Steve Thomas
Cheryl O'Connell
Gary Rillema
Angy Cook
Tammy Cox

ADMINISTRATIVE ITEMS

1. Call to Order

Commissioner Staker called the meeting to order at 9:00 a.m. Dr. Barbara Nelson is excused from the meeting today.

2. Introduction of New Board Members

Ms. Rackow introduced the new board members, Commissioners Bill Leake from Teton County and Ken Miner from Lemhi County.

3. Board Officer Elections

Commissioner Staker stated that Board of Health officer elections are typically conducted at the May/June Board meeting; however, due to the recent resignation of Commissioner Cope who served as the Board's Chairman, a new chairman needs to be elected.

MOTION: Commissioner Shenton made a motion to hold board elections today for the Chairman and Vice Chairman to serve until June 2016.

SECOND: Commissioner Ricks

ACTION: MOTION CARRIED UNANIMOUSLY

MOTION: Commissioner Ricks made a motion to elect Commissioner Staker to serve as Chairman of the Board.

SECOND: Commissioner Miller

ACTION: MOTION CARRIED UNANIMOUSLY

MOTION: Commissioner Miller made a motion to elect Dr. Barbara Nelson to serve as Vice Chairman of the Board.

SECOND: Commissioner Hintze

ACTION: MOTION CARRIED UNANIMOUSLY

After discussion the board members agreed to appoint Commissioner Staker to serve as Board Trustee.

- **Mr. Kamlah Roundy:** Commissioner Staker requested an update on Mr. Kamlah Roundy's case. Ms. Eager responded that he has complied with all requirements, paid all appropriate fees, including assessed attorney fees, had an inspection, and has been issued his septic permit. At this point, he is in good standing with the Health District.

2. Update on Ebola Preparedness Activities

Ms. Rackow reminded the board that during the last meeting we were in the middle of the Ebola response. The spread of cases in the U.S. has stopped and no further cases have been reported. During the last quarter of 2104, Ms. Rackow and members of the Health Preparedness staff held meetings in all eight of our counties to visit with elected officials, response agencies, hospitals, EMS, law enforcement, and other response agencies to talk about preparedness planning, not only Ebola, but any type of public health emergency. We did identify that there are some gaps in all of our plans that need to be addressed. There was much discussion concerning our Isolation and Quarantine plan and the enforcement of orders with law enforcement. Ms. Rackow will be scheduling some follow up meetings in some of the counties and will invite the respective Board of Health members to attend if they are interested. It was noted that our district has received additional funding to help with Ebola preparedness activities.

Ms. Tammy Cox, Health Preparedness, Promotion, and Surveillance Division Director, reported on a Crisis Standards of Care meeting held this week. Dr. Aaron Gardner is leading this effort and EIPH staff is helping to facilitate the meetings. This will be a long-term effort of developing guidelines for first responders and health care providers during a crisis or wide-scale emergency. Ms. Cox provided the Board members with a copy of Dr. Gardner's presentation. Commissioners Staker and Ricks are participating on this committee. The next meeting date has not yet been set.

3. Statewide Healthcare Innovation Plan (SHIP) Update and Contract Opportunity.

Ms. Rackow provided the board members with a handout explaining the State Healthcare Innovation Plan (SHIP) and the state's efforts on this project. The goal of the SHIP is to transform the delivery of healthcare in Idaho, changing it from the current fee-for-service model to an outcome-based system that achieves the triple aim of improved health, improved healthcare, and lower costs. Last year, the Idaho Department of Health & Welfare (IDWH) submitted a \$60 million model testing grant to the Centers for Medicare and Medicaid Services, Innovation Center (CMMI) for the SHIP. In November, CMMI reduced the potential funding available to the State to approximately \$40 million, so adjustments were made to the model test grant. In December, IDWH received notification that the \$40 million grant proposal was approved.

The SHIP is a four year grant. Year one of the grant is for planning and implementation. The ultimate goal is to transform 165 medical practices into patient centered medical homes over the three years of the model test. They are also trying to reach 80% of Idaho's population in this model, whether it is through the patient centered medical home or through other population health efforts that could come through the work the health districts are doing now such tobacco cessation efforts and programs addressing obesity or immunizations, for example, or through new public health initiatives. The State's contract with CMMI began on February 1, 2015 and they are currently in the process of hiring staff to administer the grant. They are also developing Requests for Proposals for the contractors that will be required to fulfill the work of the grant.

When IDHW first began work on this grant, they approached the health districts to fill a role in the project. Goal 3 of the SHIP is to establish seven regional collaboratives to support the integration of each patient centered medical home with the broader medical neighborhood. IDHW's vision is to have the seven health districts serve as the Regional Collaboratives at the local level. Our role would be to help facilitate the work of the Regional Collaborative in conjunction with the efforts of the Idaho Healthcare Coalition, chaired by Dr. Ted Epperly. She likened this role to the work we currently do with the Regional Healthcare System Planning Group (ASPR). Ms. Rackow shared a visual representation of the Regional Collaboratives as well as the organizational chart for the entire SHIP project. Funding to the Health Districts will be \$7.4 million over the four year grant period. Over the

partnering with another agency like a Public Health District or a County; or remaining under the jurisdiction of Health & Welfare. The purpose of the legislation was to allow the local boards to have more local control as well as the ability seek grants to fund services that they felt were needed at the local level. There was funding attached to this legislation, currently \$45,000 (but increasing to \$50,000 in FY16), for operating expenses as well as personnel to help support the RBHB.

Ms. Rackow reported that representatives from the RBHB met with her and reported they would like to pursue the option of partnering with Eastern Idaho Public Health. She indicated that there are still many details to work out before she is comfortable proposing the Board of Health move in this direction. However, she will be meeting regularly with representatives from the RBHB over the next couple of months and will present more information at the April Board Meeting. The Board was supportive of Ms. Rackow moving forward as outlined.

7. FY2015 Year-to-Date Budget Report

Steve Thomas, Fiscal Officer, reported that for the seven months ended January 31, 2015, expenses were 2.13% over budget. This is mainly due to there being a couple of three pay period months occur as well as a considerable amount of vaccine purchased in the first half of the year. For the same time period, revenue is 16.06% above budget. This is impacted by the receipt of the second half of the State appropriation in January, the renewal of food licenses in the Environmental Health division mainly in December, and immunizations fees received in the first half of the fiscal year (back to school immunizations and flu shots). Mr. Thomas also reviewed the Year-to-Date Expenditure Summary and the Revenue and Cash Flow reports. During the April Board meeting, we will need to make adjustments to the FY2015 budget to add in the new Parents as Teachers program.

8. FY2011 and FY2012 Audit Reports

Mr. Thomas reported that on January 8, 2015, our Fiscal Years 2011 and 2012 Audit Reports were released by the Legislative Office. There were no findings in FY2012, but there was one finding in FY2011; however, it was resolved before the FY2012 audit was conducted. It was a compliance finding regarding inadequate client eligibility documentation in the WIC program such missing applications, missing proof of residency, and missing proof of pregnancy. The problem was mainly in one satellite office and involved one employee. When the discovery was made, the issue was immediately addressed with education and increased oversight. In addition, Angy Cook, WIC Division Director, stated that WIC is now using a computerized system that does allow proceeding with the certification process if the proper forms have not been received.

Commissioner Ricks raised concern that the audits are four years old. Mr. Thomas said we could use an outside entity to conduct our audits, but that it would require a presentation to the Legislative Counsel as that is who sets the administrative processes for the Legislature and they would have to agree for us to contract out for our audits. An outside contract would not likely save us money, but it would result in more timely audits. The Board agreed we will not proceed with this and will continue to have the Legislative Office do our audits.

MOTION: Commissioner Ricks made a motion to accept the FY2011 and FY2012 audit reports.
SECOND: Commissioner Miller
ACTION: MOTION CARRIED UNANIMOUSLY

9. FY2016 Budget Assumptions

Mr. Thomas reported that we will soon begin developing our budget for FY2016. He shared some assumptions with the Board, which include:

- Employer's portion of health insurance costs will increase by \$650.00 per employee.
- Employer's PERSI contribution will increase about 1%.
- The Legislature proposed at 3% raise for employees; only 17% of this is funded by the state.
- There is a possibility we will no longer use antigen billing which will negatively impact our revenue. We are continuing to investigate this matter and will report further at the April Board meeting.