MINUTES OF BOARD OF HEALTH MEETING
April 1, 2015

Meeting was called to order by Chair Kraft at 6:00 p.m.

Board of Health Members Present: Chair Kraft, Supervisor Peer, Supervisor Bostwick (left at 7:00 p.m.), Supervisor Addie, Dr. Konkol, Dr. Peterson, Dr. Winter, and Ms. Wade.

Board of Health Members Absent: Mr. Gresens.

Staff Members Present: Karen Cain – Health Officer; Timothy Banwell – Environmental Health Director; Janet Zoellner – Public Health Nursing Director; Sancee Siebold – Nursing Supervisor South Office; Deborah Erickson – Nursing Supervisor North Office; and Geri Waugh – Account Clerk.

Others Present: None at this time.

Adopt Agenda

Chair Kraft stated Agenda item 3 Approval of Minutes needs to be amended to read: Approval of Minutes – March 4, 2015 and March 10, 2015. Supervisor Bostwick made a motion to approve the agenda as amended. Supervisor Addie seconded the motion. MOTION APPROVED.

Approval of Minutes 3/4/15 and 3/10/15

Supervisor Peer made a motion to approve the minutes of the 3/4/15 and 3/10/15 Board of Health meetings. Ms. Wade seconded the motion. MOTION APPROVED.

Citizen Participation

None at this time.

Unfinished Business

None at this time.

New Business

Administrative Division

Approval of Bills/Transfer of Funds

Supervisor Peer asked what the bill in the amount of $3,593.16 from IDEXX on page 1 was for under #64010 Lab Supplies. This bill is for colisure, which is used to complete the bacteria testing for water samples. This is enough to test 400 samples.

Ms. Wade made a motion to approve the bills for the month of March, 2015 in the amount of $15,730.42; bills for the Prescription Drug Collection Program in the amount of $436.10; and bills for the Fetal Infant Mortality Grant in the amount of $100.00. Dr. Konkol seconded the motion. MOTION APPROVED.

Transfer of Funds

No transfer of funds at this time.

Health Department Report

Ms. Cain stated all of the non-County Board Supervisor members of the Board of Health have accepted reappointment to the Board of Health until 3/31/17.

Accessing Dental Care in Rock County: Ms. Cain stated Rock County Supervisor Kathy Schulz has been trying to find ways for Rock County citizens with Medical Assistance or no health insurance to have access to dental care. Ms. Cain attended a meeting recently with Jean Randles from Healthnet, Charmian Klyve and Phil Boutwell from Rock County Human Services, and Dr. Karrels from HealthNet to discuss these concerns. Beloit Area Community Health Center (BACHC) has a dental clinic. Dr. Karrels is trying to see if HealthNet could work with BACHC to get more dental care access for more patients with either Medical Assistance or no health insurance. HealthNet can possibly see Medical Assistance clients if the dentist from BACHC could come to the HealthNet clinic. Jefferson County has a low-cost dental clinic; information from their clinic is being reviewed also to see if Medical Assistance clients can be seen at HealthNet. There is also the possibility of getting dental care services to the Head Start population as well. Head Start would arrange for the transportation for the children to the dental office so the no-show rate would be lower. Ms. Cain stated more information will be forthcoming in the future.

Orientation for New Health Officer: Ms. Cain stated she will be meeting with the county administrator on 4/6/15 to review the orientation program for Marie-Noel Sandoval, our new health officer. Health officers in nearby counties have also offered to be resources for her.

2014 Annual Report: Ms. Cain distributed the 2014 Health Department Annual Report to the Board members.

Resolution: Confirmation of Appointment of Health Officer

NOW, THEREFORE BE IT RESOLVED, that the Rock County Board of Supervisors duly assembled on this _____ day of _____, 2015, confirms the appointment of Marie-Noel Sandoval, as Health Officer in accordance with the attached conditions of employment.

Supervisor Bostwick made a motion to approve the resolution. Ms. Wade seconded the motion. MOTION APPROVED.

Resolution: Support Legislation to Secure State Funding for Local Health Departments to Conduct Communicable Disease Control Activities

NOW, THEREFORE BE IT RESOLVED that the Rock County Board of Supervisors duly assembled this _____ day of _____, 2015 does hereby Support Legislation to Secure State Funding for Local Health Departments to Conduct Communicable Disease Control Activities.

BE IT FURTHER RESOLVED that the County Clerk be authorized and directed to send a copy of this resolution to Governor Walker and the Rock County Legislative Delegation.

Supervisor Peer made a motion to approve the resolution. Dr. Peterson seconded the motion. MOTION APPROVED.

Environmental Health

Merging State Department of Health Services and Department of Agriculture Programs – The Impact on Local Program Agents

Mr. Banwell presented this information to the Board of Health:

Department of Agriculture, Trade & Consumer Protection (DATCP) will absorb the following Department of Health Services (DHS) programs:
- Restaurants
- Vending
- Swimming pools
- Hotels/motels
- Tourist Rooming Houses
- Bed & Breakfasts
- Campgrounds
- Recreational Educational Facilities

Tattoo and Body Piercing will be transferred to the Department of Financial Institutions and Professional Services (DFIPS).

Other Transfers:

The Department of Safety & Professional Services (DSPS) will be dissolved. Private Onsite Wastewater Treatment will be transferred from DSPS to the Department of Natural Resources (DNR).

The Wisconsin Fund will be eliminated.

Mobile Home Park regulation will be transferred from DSPS to DFIPS.

Changes from the Federal Level – Retail Food Regulatory Program

Implementing New Retail Food Regulatory Program Standards in 2016-2017:
    Staff Training:
- All current staff are to complete 38 FDA online courses (68 hours).
- New staff will complete the 38 FDA online courses within 18 months of hire, plus complete 25 supervised inspections. Completed prior to Food Code Standardization.
- All staff completes 20 hours of continuing education every 36 months.

    Food Code Standardization:
- Department Standard
- Initial Standardization by State – 8 inspections, 1 Risk Management Plan, 1 Hazardous Analysis Critical Control Point (HACCP) Plan

- Maintenance Standardization by State each year – 2 Inspections, 1 Risk Management Plan, 1 HACCP Plan
- All staff are standardized by the Department Standard Each Year – 2 Inspections, 1 Risk Assessment, 1 HACCP Plan

Staff Training + Food Code Standardization = 25 FTE Days/Year

Verification Audit:
1. Inspection Form Design
2. Risk Assessment Categories
3. Inspection frequency
4. Corrective Action Policy
5. Variance Request Policy
6. Verification & Validation of HACCP Plan Policy

Implementing New Retail Food Regulatory Program Standards in 2017-2018:
- Foodborne Illness & Food Defense and Preparedness Response
- Compliance and Enforcement
- Industrial and Community Relations
- Program Support and Resources
- Program Assessment

Mr. Banwell also stated Rock County Health Department would be operating these programs as an agent of DATCP only if the above changes are approved in the State of Wisconsin Budget.

Public Health Nursing

HMO Medical Homes Initiative

Ms. Zoellner gave the following report to the Board of Health:

Beginning July 1, 2014 the State Medical Assistance program began mandating that all Rock County clinics serving at-risk pregnant women through Medical Assistance address risks associated with certain social determinants of health. The exact number of pregnant women eligible is unknown, but is estimated to be between 250-300. These clients must receive enhanced care related to establishing a 'medical home' as described below:

The OB Medical Home, modeled after Patient-Centered Medical Homes (PCMH), is an approach to care based on:
- *Increasing accessibility,*
- *Fostering continuity of care,*
- *Comprehensiveness,*
- *Coordination of care,*
- *Team-based care, including the patient and often her family as part of the care team, and*

- *Evidence-based practices and a focus on quality. (Obstetric Medical Homes for High Risk Members, December 2014; Wisconsin Department of Health Services).*

Clinics were encouraged by the Wisconsin Department of Health Services to reach out and develop agreements with existing providers. Three clinic systems provide obstetric services in Rock County. After discussing the program with the nursing director, the clinic systems have decided to move forward in different ways:
- One clinic system requested that the health department's prenatal care coordination program work extensively with them to integrate existing community services into their model of care.
- One system is still in the process of developing their approach strategies.
- One system has hired their own in-house office-based care coordinator.

Pregnancy referrals were tracked in 2014. The clinic system that agreed to integrate their system's care with the health department referred 146 pregnant women for public health nursing services, compared to 3 in 2013. Both of the other systems have remained static in their referrals to PHN services, referring fewer than 6 women in total.

Early gains:
- Physicians and nurses are now expressing awareness of public health services. Medical and nursing providers have been communicating with the public health nurses much more than ever before; one requesting a joint visit at the clinic with the patient and the public health nurse to explain to the client the service and advocate for acceptance.
- Home visits by public health nurses rose 28% in 2014 (2,699 visits recorded in 2014). We believe this represents a great deal of benefit for families in our area and will result in better health outcomes for the babies and families we serve.
- The most involved HMO in Rock County has also become part of the Rock County FIMR team and has requested more involvement from the agency in educating and informing staff on community resources and causes of poor birth outcome in our region.
- Serving more pregnant clients has allowed a larger population for our nurses to learn new prenatal care coordination documentation.

Early struggles:
- Early communication with clinical providers was difficult for the nurses. Some clinical providers knew of the new initiative and were on board, others wondered why the nurse was calling them. This seems to be largely worked out at the present time, and the HMO folks have been working with providers to ensure they all know of the collaboration.
- The sharing of assessments and care plans has been effective, although we have discovered there are also several pieces of information the State is requiring in addition to the elements we are presently sharing. The HMO has been working hard on quality assurance on their end to be sure they have everything they need. We have to assure we can provide the information they require in light of our own capability to do so.
- The State DHS has required a lot of explanation from the HMO as to why they don't just hire an office nurse to 'do' case coordination. A conference call was held last week to explain the benefit of coordination and collaboration with local public health. The State will support the HMO in this plan for the time-being, with some modifications to communication between our two agencies.
- Women in this program have to be enrolled before their 16th week of pregnancy. This has proven difficult for all HMOs. The State DHS is assisting HMOs in working through these issues.

Communications and Announcements

Chair Kraft thanked Ms. Cain on behalf of the Board of Health for her service as Health Officer. Ms. Cain also thanked the Board of Health for their support while she was Health Officer.

Adjournment

Supervisor Peer made a motion to adjourn the meeting. Dr. Peterson seconded the motion. MOTION APPROVED. Meeting adjourned at 7:10 p.m.

Respectfully submitted,

Geri Waugh, Recorder

Not Official Until Approved by the Board of Health