Mr. Gilpin stared the meeting by departing from the agenda and start with the introduction of our guests. Tim said we are very pleased and privileged to have the HarmReduction.org team here to do our training. He introduced Emma Roberts and Andre Titus, who have been training 12 people for the last two days and will return for two days next week. Emma presented information on the Harm Reduction training to the board. Last year, the New York City Department of Health invited Emma and Andre to start developing a training program for Health Departments, which initially focused on training peers and volunteers on Harm Reduction Outreach in their communities. When the Indiana outbreak happened it became evident that the core modules we developed would be really useful not just for the peers and volunteers working in the field, but also for the staff, managers, and administrators. We began to thinking on how we could develop Harm Reduction, in particular syringe...
access in communities in order to prevent outbreaks. We did our first pilot with the Kentucky Health Department in Louisville at the end of May. We went there the last week of May and they started their Syringe Exchange Program by the 2nd week June. There were 18 people seen within the first three hours and a total of 135 people in the first month. Health departments across the country are seeing the trends increasing in injection drug use, heroin use, opium use, over doses, and the Hepatitis C rates. It is really exciting for us to be invited to come and work with health departments like the Cabell-Huntington Health Department. Kentucky was similarly very progressive in their thinking and very supportive of the issue. I was telling Tim and Kathleen that 20 years ago in the UK, I was in the same position you are in. I was sitting in a community center in the north of England with a group asking how are we going to deal with this and how are we going to sell it to the community. We did it out of the community center and with amazing impact. You will have an impact on the community in terms of what you can offer and engaging people back in. It’s not just about syringes. You are bringing people in for services they need and you are improving individual and community health over all. The training itself starts with a harm reduction element. We’ve been discussing syringe access, really thinking about what’s good practice. When I come back next week, we’re going to train on safer injection and overdose prevention along with outreach and boundaries of safety. Then we will finish with some strategic planning. The next step is to apply what’s next in terms of getting things established. Emma thanked the Board. Dr. Yingling asked when they would be back. Emma said they are back Tuesday and Wednesday of next week. Tomorrow will be the debriefing with the four staff members who are going to be the Train the Trainers staff. I am doing additional work with them, so they can deliver some of this material to the people of the community or outreach. We are going to help provide them with ongoing support. Tim said we took it to a different level. Kathleen and four members of her staff will be able to go into the community and train individuals on this material now. It’s transferable and that’s one of our roles.

Approval of Minutes:
Dr. Touma said she found a typo. A motion to approve the June 2015 minutes with the correction was made by Dr. Yingling, seconded by Ms. Rumbaugh, and passed.

The Board adjourned to Executive Session at 5:07 p.m. to discuss information presented by Attorney Bryson.

The Board called regular session back in order at 5:58 p.m. No action was taken in Executive Session.

Environmental Health/Threat Preparedness:
Stan presented the Environmental Health and Threat Preparedness report. Stan met with Rocky Meadows board and the prosecutor yesterday evening. On Monday, Stan and Karen will be going to review all the houses. Mr. Meadows says he has complied and has everything ready.

IT:
Jesse presented the Informational Technology and the Google Analytics reports.

Nursing:
Kathleen presented the Nursing report. Mr. Gilpin said it looks like the seasonal flu 2014 data is thru June 30, 2015. Kathleen said yes, from July 1st through June 30th. Mr. Gilpin said it looks like the flu vaccine numbers were down by about 1100. Kathleen said we gave Marshall Student Health 500 doses that we were not able to count. Mr. Gilpin said he wondered if people stopped getting the flu shot since there wasn’t a big flu outbreak. Dr. Yingling asked if the community outreach clinics is a growing list. Kathleen said these are some of the ones we do every month. We did add Her Place to it. In the left column you’ll see how many times we’ve been there during the month and then the total for the year. Dr. Yingling said that it’s such a valuable service the Health Department provides to those
particular places. He asked if the services are based upon that particular places need. Kathleen said yes. Dr. Yingling said it seems to him that many of the places have a very high turnover rate. If we go there once a month then you’re only capturing whoever is rotated in at that time. Kathleen said at the Huntington Treatment Center we have been giving the Hepatitis B vaccine and we have completed over 200 people, even though it is a hit or miss population. We hope that they are there long enough to complete the vaccine in the accelerated schedule, which is 4 months. Dr. Yingling asked if there is an understanding that you might catch them once and not get them a second time and that there is a population that rotates through there you may not see. Do those people know that they might be at risk and have the opportunity to go to the Health Department and get the same free vaccine? Is the idea that they can come here for free vaccine popularized among those receiving treatment? Kathleen said that she doesn’t know that it’s popularized by the fact that we probably haven’t give them that information. Dr. Yingling asked if the definition for acute Hepatitis C is we only identified them of having Hepatitis or do we actually know it is an acute case. Debbie said we do the investigation to determine if they are a true acute case with current infection. Dr. Yingling said that if they are a real acute cases, do we refer them to active treatment? Do we have a mechanism to say not only do we define you as an active case but we now say go see a practitioner for care? Debbie said that through the Epidemiologist at the local level, they will discuss transmission and risk factors and encourage them to follow up through their primary care physician. However, with a certain population they don’t have a primary care physician and it’s difficult to track the individual down. Some of the cases are lost to follow-up due to the type of clientele they are. We try to provide information through letter and person to person contact. Dr. Yingling said most primary care givers are not going to take that patient even if they are their patient, because they don’t know what to do with them. Most of them aren’t in care yet, they are an active case and we have treatment interventions that would help them to limit the spread of the disease. Referring back to a conversation Dr. Kilkenny and I had with Marshall Health, there is an entity at Marshall Health in the Infectious Disease Department that are willing to take all Hepatitis C patients. Why wouldn’t we want to make that linkage? Kathleen said from a clinic standpoint when we diagnose, we do send them to Marshall. Dr. Yingling said, it seems to me that for all those counties you cover we should be able to direct those people to the same care source. Can we do that? Debbie said it all depends on the counties resources. Locally here they do a good job of making the referral. Some of the other counties will refer out to Health Right through Kanawha County, depending on who their primary contacts are. Logan County has a gastrointestinal physician that they refer to. The thing with health departments is that we generally cannot refer to just one physician. We can give a list of names of multiple physicians of where they can go, but we generally can’t tell them which one to go to. Dr. Yingling said, referring to all the people identified as Hepatitis C, those patients deserve to be vaccinated against Hepatitis B. Do we assure that every health department gives Hepatitis C patients the opportunity to receive Hepatitis B vaccine? Kathleen said yes they do. Our return rate is low. Dr. Yingling said bringing it back to the health department locally, since Hepatitis C is such a rampant problem across the community do we promote/advertise that you can come here to be tested for Hepatitis C for free. Dr. Kilkenny said that would be a developed strategy.

**Epidemiology:**
Mr. Gilpin asked if there were any additional questions for Debbie, since we just covered the Nursing and Epidemiology reports. No additional question were asked.

**Health & Wellness Director/Public Information Officer (PIO):**
Elizabeth presented the Health and Wellness report.

**Regional Tobacco Prevention Coordinator Report:**
Elizabeth said Teresa is not here and will answer any questions. Dr. Touma has a question about teen smoking rates, but will wait until the next meeting to ask Teresa. Dr. Kilkenny said that Teresa did attend the NACCHO meeting especially in regard to Tobacco Cessation activities.
Accreditation Process Update:
Mr. Gilpin thanked us for adding a section on why the Cabell Huntington Health Department is working toward accreditation to the website.

Financial Report:
Jack said there is nothing unusual in the cash expenses or p-card purchases. In the Summary Report, for the month of June we brought it $151,249 and for the year it brought us up to $2,844 million. We budgeted for $2,981 million, so our income was down from what our budget was. We spent $235 thousand and for the year $3,072 million. Expenditures for the month exceeded the revenue by 55.6%. Year to date our expenditures exceed revenue by 8%. With 100% of the year finished our budget expenditures were 103% of projected budget and our receipts were 95.3%. Compared to last year our income was down from $3,099 million to $2,843 million and our expenditures were down also. For the year the Profit and Loss statement shows we are down $111,000, but as of June 30th we have receivables of $217,000. We did receive $24,800 of additional state aid money for 2015. Dr. Touma asked if it changed the bottom line. Jack said it will change the bottom line for our audit. The TB money has been billed for 6 months and still haven’t gotten it in. OASIS is taking time, except for Family Planning, in which we get paid for within two weeks. Mr. Gilpin asked if in addition to the Profit and Loss statement showing $111,000 difference did we also spend $171,000 on capital expenses? Jack said yes and that doesn’t show in there. Mr. Gilpin asked if we need to budget for future capital expenses. Jack said that once this money comes in our balance, it shouldn’t have gone down that much from last year. The only way to do that is bring in more money than we spend and with grants we get paid for afterwards. Mr. Gilpin asked if we will be okay for the audit. Jack said yes. In regard to the information that came out in the paper about bad financial position, I have talked at two different meetings in Charleston and asked how you can say a bad financial position when you have 4 million dollars in the bank. I asked Lisa, who released all the figures in the paper, how she can say we’re in a bad financial position. She said we have to put the money in the budget. You don’t know until after ends whether you overspent or not. The way she said to do is transfer money from our general fund to even everything out. It’s only a book keeping entry to keep your name out of the paper. Mr. Crawford said he will take truthfulness rather than transparency. Tim said that is our approach too. Dr. Yingling asked if this was the first year the information was released publically. Dr. Touma said it is always released. Dr. Yingling asked if it’s the first time it’s ended up like this? Dr. Touma said it’s because this is our first time being in the report. Jack said we were not in the negative. The auditor stood up in the meeting and said those weren’t the correct numbers. The correct number showed us ahead $73,000. Tim said we have depreciation due to our building and facilities of $175,000 to $200,000. We don’t write a check for that. It’s not money spent, but it shows up in the audit. Jack said that’s the same for OPEB. OPEB gets expensed and written off and is just a book keeping entry. Tim said our audit show $73,000 in the positive.

Approval of Expenditures/Financial Report:
A motion to approve the expenditures was made by Dr. Yingling, seconded by Mr. Crawford, and passed.

Administration:
Tim said that we need the Board’s approval and signature on the Memorandum of Understanding with the Wayne County Health Department. Dr. Kilkenny said it is straightforward. Dr. Touma motioned for Mr. Gilpin to execute the Memorandum of Understanding, Dr. Yingling seconded, and passed. Tim said the second item we need approval on is the execution of a new cleaning contract. The bids were submitted and the lowest bidder was Goodwill Industries. Mr. Gilpin asked if that is something the board needs to act upon. Tim said the contract is $24,000. Dr. Yingling asked if it’s a one year contract. Tim said yes. Dr. Yingling motioned to approve the cleaning contract, Mrs. Cyrus seconded, and it passed. Tim said the next item for approval deals with medical waste. In the Harm Reduction program
we’ve looked for our Medical Waste Plan to be executed, only to find out that it could not be executed in the way in which it was to be done. We were going to use the hospital facility, but because we are generating the waste, so we now have to become a large scale generating facility. We have to apply for a permit through the state to become a large scale generating facility. We are going to submit the application with your approval. That has to go through a public comment, public executed period. It does have to be posted in the newspaper two times for public comment within a two week period and then in 30 days they will supply us with a recommendation on becoming a large scale generating facility. The other piece of that, is we are currently in a contract with Stericycle, in which the actual cost of that is $471.21 for 2 boxes per month at 50 lb. We are going to generate somewhere in the neighborhood of 50 boxes. We have looked at additional organizations and found one that has been in business for over 20 years and has built a brand new facility in Ashland. They will take the boxes for $38 per box. We will increase our medical waste 4 times and reduce our cost to a third. Tim said he needs the board’s approval to enter into the large scale generating facility and will execute that upon approval. Mr. Gilpin said approval for the permit application and contract. Tim said yes, altogether. Mr. Gilpin asked for the name of the company. Tim said AccMed Medical Waste Management. They are out of Ohio, and cover the whole state of West Virginia. They have given several opportunities to reduce cost with several facilities. Mr. Rumbaugh motioned to approve the permit and contract, Mrs. Rumbaugh seconded, and it passed.

Harm Reduction Program:
Dr. Kilkenny said we are moving forward with the Harm Reduction Program, which will be state of the art. Mr. Gilpin asked if we need to move that the conditions of our support have been satisfied. Dr. Kilkenny said we will be providing education, a Syringe Exchange Program, referral for treatment, and infectious control services we already provide. We will not be prescribing any treatment. We will be executing a Memorandum of Understanding with Dr. Dial to refer all Hepatitis C cases to his department. A motion to unconditionally support the Harm Reduction Program was made by Mrs. Cyrus, seconded by Mr. Crawford, and passed.

Dr. Kilkenny said we have Board Accreditation Training set for August 5th at 5pm. This training will take a couple of hours.

Medical Billing Program:
Dr. Kilkenny said that the climate for finance in the health department has changed radically in the last few years. The effect of the Affordable Care Act has been remarkable. The state used to give us money for programs for services and we didn’t worry about billing or charging a fee. The state now perceives that a great many of these patients have medical coverage and no longer needs to provide funding for the programs. They are reducing the funding for Family Planning and Immunizations. They are phasing those programs out and expect us to bill Medicaid for immunizations. We could bill Medicaid and provide the services to the patients, to offset our losses and potentially increase our revenue. We will not be able to get paid unless we bill Medicaid. It not only applies to immunizations but also other services like testing. Rather than tax the state’s lab we can send them to a commercial reference lab and bill for our services. I would like the Board’s approval to bill Medicaid. Dr. Yingling said that when WV decided to take on the Affordable Care Act they agreed to take federal dollars with the hope that 90 some thousand uncovered lives would be covered, though he has never heard how many are actually covered. Prior to that, the vaccines and testing was being provided by the state at no cost and administered here at a cost to the Health Department. Then going into the Affordable Care Act the state is going to cut services and not pay for vaccines and tests. That means what we used to get as free vaccine, we actually have to pay for now. Can we purchase vaccine at a price that the very small amount of money you get from Medicaid for doing this? Dr. Kilkenny said we are really going to have to work on that, but we believe we will be able to contract 340B pricing. Dr. Yingling asked if the Health Department can find a way to seek the advantage of 340B pricing through some kind of
affiliation or agreement. Kathleen said yes we can. Dr. Yingling said back to the testing part. The testing is going to cost money, so now you’re going to do the test whether they get paid for or not. Can you find a contractual agreement where the tests will done at a fairer market value? Dr. Kilkenny said that his experience with testing Medicaid patients through commercial laboratories was that we didn’t pay for those tests. They billed Medicaid at no cost to us except processing fee. Dr. Yingling asked if we would be doing any test that are highly expensive that we won’t get paid for. Dr. Kilkenny said no. Dr. Yingling said why can’t we come to an agreement with someone who says they will run all our tests, bill Medicaid and all the ones that aren’t covered to be free. Those are the types of activities we should be looking at. Dr. Kilkenny said we are expanding our testing. We are collaborating with several agencies we have not in the past, telling them that we want to do their Hepatitis C, HIV, and Syphilis testing. We will have to watch the budget and make policies that make fiscal sense to us. To actually make those policies I will have to have the Board’s approval to bill Medicaid. Dr. Yingling made a motion for the Health Department to go into the business of billing Medicaid for reasonable and expected services, Dr. Touma seconded, and it passed.

The meeting was adjourned at 6:43 p.m.

The next regular Board meeting is scheduled for September 23, 2015 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