Board Members Present:
J. Larry Crawford
Thomas Gilpin
Omayma T. Touma, MD
Kevin Yingling, MD

Board Members Absent:
Harriette Cyrus
Donna Rumbaugh

Staff Members Present:
Michael Kilkenny, MD, MS, Physician Director
Tim Hazelett, Administrator
Jack Mease, Accountant
Kathleen Napier, Nursing Director
Kim Lockwood, Epidemiologist
Teresa Mills, Regional Tobacco Coalition Coordinator
Allen Woodrum, Information Technology Manager
Karen Hall-Dundas, Director of Environmental Health Services
Brian Elswick, Registered Sanitarian
Laura Johnson, Secretary
Elizabeth Adkins, Director of Health & Wellness
Debbie Ellison, Regional Epidemiologist
Heather Wood, RN, FNP, APRN
Deb Koester, Consultant
Hannah Rehm, AmeriCorps

Visitors:

Called to order at 5:00 PM.

Approval of Minutes:
Mr. Crawford made a motion to approve the July 2017 Board of Health Meeting minutes. Dr. Yingling seconded, and the motion was approved.

FY2017 Annual Report
Dr. Kilkenny presented the FY2017 Annual Report that demonstrates the effect of the corporate transformation to make the Health Department more effective, accountable and responsive to its community. The Annual Report will be posted on the website. Mr. Crawford commented on the staff pictures and the almost nonexistent turnover rate. Next year, we would like to add the Board of Health pictures. The Board commended the report as being a very comprehensive and impressive report.

Environmental Health/MRC:
Karen Hall-Dundas provided Environmental Health/MRC Report. The mosquito program has concluded. The program was extended through the month of September in response to a request to collect samples in Wayne County in collaboration with Wayne County Health Department. A
Preparedness Fair was held on September 11th from 4 to 7pm. 257 individuals registered at the event. There publicity was great. An After Action Report (AAR) will be completed. We are in the process of planning the 2018 Preparedness Fair.

Threat Preparedness:
Brian presented the Threat Preparedness Report. Cabell-Huntington Health Department responded during the July state of emergency with requested vaccine. In the past year, we have increased the number or exercises and events that we have participated in and conducted. Six employees participated in the Morgantown Radiological Response on July 22nd. We conducted our opening flu clinic as a Mass Immunization Drill on September 15th. We also participated in the LEPC Radiological Full Scale Drill on September 23rd. This drill was one of the largest local drills conducted. Dr. Yingling requested explanation of a radiologic response. In the county emergency plan, the county health department has the role to set up the Community Reception Center. The Community Reception Center is where individuals who have possible been exposed would report to 24 to 48 hours after the event. At that time, we will scan for radiological exposure and triage the individual. The individual will either be sent for decontamination or allowed in the shelter. Dr. Yingling asked what criteria defines ‘being ready’. Preparation for ‘being ready’ to respond to an emergency includes training requirements, written preparedness plans, and demonstrating we have the capability to operate in the National Incident Management System (NIMS). ‘Being Ready’ is an ongoing collective concept. Conducting and participating in drills, tabletops, seminars, and real events helps to reinforce our preparedness to respond. An After Action Report is conducted after each event/drill, where we specify areas for improvement. Dr. Yingling asked if the Board can be more helpful in the need to provide for the public health of this community around a threat. Mr. Crawford said in reference to preparedness, participating in meetings, tabletops, drills, and actual events does help prepare the community to deal with an emergency. Dr. Kilkenny said Elizabeth Adkins is the LEPC Public Information Officer and will release all public statements in any event that occurs. Deb Koester said from an accreditation standpoint there are a significant amount of measures in Domains 2, 3 and 5 related to Threat Preparedness that gives a very good picture of the capability and local planning conducted. The Cabell-Huntington Health Department hosted a Homeland Security Exercise and Evaluation Program (HSEEP) last week and will be hosting ICS 300 in October 2017.

Epidemiology:
Kim Lockwood presented the Epidemiology Report. There were five cases of Campylobacter in July and three in August. No connection was found. Dr. Yingling recommended a public health advisory on the relation to domestically raising chickens and the risk of campylobacter. Kim said that is asked as part of an investigation. There is also a risk of salmonella. More people who have irritable bowel syndrome, colitis, are more likely to have campylobacter. Dr. Yingling also recommended a public health advisory on brucellosis.

Nursing:
Kathleen presented the Nursing report. Flu shots and Harm Reduction Services were provided at the Marshall Medical Outreach last week. We plan to continue participating in this event monthly to serve that population. Flu outreach continues, with one nurse and one clerk working 20 to 30 hours a week. Flu outreach which will continue through October and by request thereafter. The average weekly harm reduction client base in July was 272 and 316 in August. The program is being staffed by students, interns, and volunteers. Tyler Deering, an intern, has developed a just in time training. Due to the Yellow Fever shortage, the CDC is allowing specific sites to give the vaccine Stamaril, which is not approved for use in the United States. Currently, Kanawha Charleston Health Department is the only site in West Virginia. We have requested to become a site and may be considered due to amount of vaccine we have given in the past. We currently have 15 doses of Yellow Fever in stock. Mr. Crawford inquired on the weight of the needles reported. The number reported is in pounds. The number of
syringes can be calculated by multiplying the weight by 188. We collected 1,249 pounds of needles in August. Dr. Kilkenny said we have initiated, in collaboration with Kanawha Charleston Health Department, a public education campaign regarding needle litter. We do view it as a public health hazard. Eliminating syringe exchange will not reduce the hazard. We have instituted additional efforts at harm reduction to increase the number of needles brought back. We propose to modify our Medical Waste Plan to include a 24-hour syringe kiosk. We would like to have the kiosk installed by November 1st. The kiosk is funded through our partnership with Cabell County Substance Abuse and Prevention. Kanawha Charleston has already installed their kiosk. A legal ad will be posted in the Herald-Dispatch tomorrow and next week. A 30-day comment period will follow. Mr. Gilpin asked if we have accomplished stopping the spread of HIV and Hepatitis. Dr. Kilkenny said we have reduced needle sharing and there has not been an HIV outbreak in the county. There must be at least three years of data to demonstrate a Hepatitis C reduction. Though the data has not been developed yet, we fully anticipate that it will show a reduction. Experts have given us feedback on our program, stating our program is a model program and should be effective. Mr. Gilpin asked with the efforts in Naloxone and other interventions to address the overdose issues, what is the Quick Response Team (QRT) doing. In combination with the response of the first providers, our community naloxone distribution program has remarkably reduced the percentage of overdoses that are fatal. Our program is absolutely saving lives in substantial numbers. We have piloted a QRT program responding to the specific target group of multiple overdose victims. The team approaches the victim within a week of the overdose. We have contacted 18 individuals, in which 6 of them have entered treatment. The 30% who have entered treatment within two weeks of contact is impressive, compared to the percentage who met a recovery coach in our program and entered treatment within 2 weeks. Dr. Touma asked about the other organizations working with us. The QRT includes Recovery Point, Preestera, and Huntington Treatment Center. The organizations working during the clinic are Recovery Point, Preestera, the Recovery Center, and Chaplaincy, which is through St. Mary’s Clinical Pastoral Education Center. Bob Hansen who coordinates efforts at the university has received two grants to support QRT team establishments. The teams that they develop will be able to take overdose referrals from a wide range of agencies, not just law enforcement. We will contribute the paperwork and procedure we have already established in the QRT pilot project. We anticipate them new QRT Teams to start October 1. Dr. Yingling commented that he highly appreciates Dr. Kilkenny’s articulation of what is fact and what might be expected. The pilot QRT program is essential to be able to prototype from other communities’ successful programs into this community and demonstrate that this community can do and wants to this, and has the resources to do this. Dr. Yingling also cautioned that once the program is in full force, a big gap will emerge, which is what is the capacity of this community to be able to meet the needs of people who have been contacted and want care. In anticipation of this gap, there are a significant amount of people who are actively working on that part right now. They do not believe that will be an in-hospital answer. It will be community based answers, including both abstinence and medical assisted therapy with a variety of other things. Dr. Yingling also asked how to get harm reduction programs across the state. Tim informed the Board on the gap found during the Substance Abuse meeting today. Every member presented their agency and what they contribute to the efforts. From an educational standpoint, there were at least 70 different things going on by various agencies that have not been reported. Education on these efforts will be distributed to the community. A CDC Public Health Associate will begin on Monday. He will be working in the clinic.

Information and Technology:
Allen Woodrum presented the Information and Technology Report. Mr. Gilpin asked for the contingency plan on replacing servers. The server ordered, will replace the three we currently use. The newest server purchased was in 2007. Dr. Yingling strongly emphasized proper cyber security around health care. Allen commended the staff on reporting suspicious emails. Most of the actual data security is held by the state. All the website functionality and other data are separate. We take great care to make sure the bulk of our communication and official public health functions is behind the state
firewall. The state will be running a full security audit throughout the whole state in the next few weeks. Staff are required to complete extensive cyber security training during on-boarding training and to complete state cyber security training annually.

Regional Epidemiology:
Debbie Ellison presented the Regional Epidemiology Report, which included regional epidemiological trainings and meetings held in the past month, field and partner education that was completed, and disease investigation and surveillance undertaken. This included timeliness reports which are generated on a monthly basis and presented to establish timelines of communicable/infectious disease reports completed and submitted to the State and CDC.

Health & Wellness Director/Public Information Officer (PIO):~
Elizabeth Adkins presented the Health and Wellness/PIO Report. The September media impressions will be close to the August number. We were in the Netflix video and will be counted. We are in the 3rd year of the AmeriCorps Program. We partnered with the College of Health Professions at Marshall to recruit. We interviewed 10 candidates and hired 3. Elizabeth introduced Hannah Rehm, our full-time AmeriCorps, who will work in the Health and Wellness Department and be the social media lead. Hannah is required to complete 1700 hours. Upon completion, she will receive a living stipend and education award. She is also receiving health insurance. Two quarter time AmeriCorps were hired to work in the Clinic. They must complete 450 hours. All three are being cross trained in all areas of the health department. Dr. Yingling said he believes that once you are accredited and all the dynamic programs being conducted in the health department that getting the word out to regional educational programs in the area, candidates will be lining up for the AmeriCorps program. Tim commended Elizabeth on the media impressions. The goal was set at one million per month and just last year we had 43 million. Mr. Gilpin thanked Elizabeth.

Regional Tobacco Prevention Coordinator Report:
Teresa Mills presented the Regional Tobacco Prevention Report and functional job description. Goals and a performance management system will be set for the functional job description. Teresa will be responsible to manage and set the objectives for the United Way Impact Grant. 1529 people were reached in total for July/August. 132 people have enrolled through the Quit Line between July 1 and mid-September. Last year’s total was 168. This shows the great community collaboration in reducing tobacco usage. Chronic disease training will begin next week.

PACT/Accreditation Report:
Kathleen Napier presented the PACT/Accreditation Report. Several Accreditation meetings have occurred. Every Domain has completed a review meeting, where Deb acted as the site visitor and asked specific document questions. This helped prepare us for the site visit. Casey has been conducting Accreditation Jeopardy at the department meetings. This is a fun way to educate our staff on accreditation. There are four names to add to the site visit community partners list, Dr. Yingling, Dr. Dial, Dr. James Becker, and Bob Hansen. Mr. Gilpin confirmed the dates and times for the Board of Health site visit meetings. Dr. Touma and Mr. Gilpin will attend Domain 12 meeting on October 4th at 9am. The Governing Entity meeting is scheduled for 10:15am on October 4th.

Financial Report:
Jack Mease presented the Financial Reports for July and August 2017. A motion to approve the invoices and receipts for July and August 2017 was made by Dr. Yingling, seconded by Dr. Touma and passed.
Administration:
Tim Hazelett presented the Administration Report. We were 100% on all standards on the FY2017 Performance Management 4th Quarter. This is a phenomenal job by the staff in accepting and performing in the Performance Management System. In reference to Dr. Yingling’s question on increasing Harm Reduction in the state, a statewide coalition was started in August. As of today, 33 health departments, 38 counties and 1 community organization has joined the State Harm Reeducation Coalition. There are 10 needle exchange programs in West Virginia. Dr. Yingling asked if the WVU grant will enhance funding for more counties to participate in harm reduction. The grant is focused on HIV and will enhance the services in the 8 coalfield counties specified.

Physician Director’s Report:
Dr. Kilkenny presented the Physician Director’s Report. An article has been published in the MMWR that focuses on the work the Cabell-Huntington Health Department in collaboration with the State Health Department in investigating the overdose outbreak. The MMWR has exceedingly high standards in what is published and this accomplishment speaks to the quality of work we are capable of at the Cabell-Huntington Health Department. We are also participating in a proposed MMWR article that discusses the expansion of Harm Reduction in West Virginia along with two other states. The health department is doing wonderful work. To be able to meet the measures of the CDC for publication in the MMWR is a substantial accomplishment.

Executive Session
The Board adjourned to executive session to discuss a personnel matter at 6:25pm.
The Board called regular session back to order at 6:45pm.
There was no action taken in the executive session.

Dr. Touma made a motion to accept and approve the department reports circulated to us before this meeting, amplified at this meeting with responses to questions by the Board. Mr. Crawford seconded the motion, and it was passed.

Mr. Crawford made a motion to approve the FY2017 Annual Report be accepted and approved by the Board. Dr. Touma seconded the motion and it was passed.

Tim Hazelett recommended an across the board, base building salary increase of $1200 for each fulltime (1 FTE) employee and FTE equivalence to each part time employee. The incredible amount of work and effort the staff have put forth from a capacity standpoint has led to a performance based culture and accepted by each staff member. There has been a transformational change to the agency in the last two years. This transformation has been recognized by the Board at each Board of Health Meeting. Dr. Yingling made a motion to approve an across the board salary increase of $1200 for each fulltime (1 FTE) employee and the equivalence to each part time employee according to their FTE. Dr. Touma seconded the motion. Mr. Gilpin said this is a token of appreciation for the efforts that have been undertaken and achievements that have been made. The salary increase motion was approved.

Mr. Crawford made a motion to adjourn at 6:48pm.
The next regular Board meeting is scheduled for October 25, 2017 at 5:00 p.m.
Respectfully submitted,

[Signature]

Michael Kilkenny, MD, MS
Physician Director, Cabell-Huntington Health Department

Approved:

[Signature]

Harriette Cyrus, Chair
Cabell-Huntington Board of Health
Board Members Present:
J. Larry Crawford
Thomas Gilpin
Omayma T. Touma, MD
Kevin Yingling, MD

Board Members Absent:
Harriette Cyrus
Donna Rumbaugh

The Executive Session was called to order at 6:25pm.

Executive Session ended at 6:45pm and the Board reconvened into regular session at that time.

Respectfully submitted,

Michael Kilkenny, MD, MS
Physician Director, Cabell-Huntington Health Department

Approved:
Harriette Cyrus, Chair
Cabell-Huntington Board of Health