

The Fayette County Board of Health met on Tuesday, July 12, 2011 in the Public Meeting Room of the Fayette County Administrative Complex, 140 Stonewall Avenue, Fayetteville, Georgia.

Board of Health Members Present:

Thomas Faulkner, MD
Don Haddix
Robert Horgan
Lynette Peterson
Michael Strain, MD
Lyn Redwood

Staff Members Present:

Glenda Bryant, RN, MN, FNP
Merle Crowe, BA, CCFO
John Darden
Rick Fehr, BS
Wendy LeVan

CALL TO ORDER: Dr. Strain

called the meeting to order at 7:31 AM.

APPROVAL OF MINUTES FROM April 19, 2011: Ms. Redwood made a motion to approve the minutes as written, seconded by Mr. Horgan. The minutes were approved as written; Dr. Strain abstained.

OLD/UNFINISHED BUSINESS / PUBLIC COMMENT:

Fiscal Year 2011 Budget Update: Ms. Crowe updated the board on final Fiscal Year (FY) 2011 income, which will directly affect fiscal operations for FY 2012. The approved FY 2012 budget included pledged use of current year fees which must be earned during the year in order to operate. Since fees held over from FY 2011 for use in FY 2012 were greater than projected by \$151,636, pledged use of current year fees can be reduced by that amount. However, current year fees will still be needed to operate during FY 2012. If the economy worsens and those fees are not earned as planned, some staff members would lose their jobs. Staff numbers and related expenses have already been reduced by attrition: nursing staff has been reduced by about 45% and Environmental Health (EH) has lost one EH 4 and one secretary. In other funding: county funding was approved for FY 2012 at \$328,944. The conversion of Public Health (PH) to its own department has meant that final Grant-in-Aid (GIA) funding amount has not yet been received.

When the FY 2012 Budget was presented, the board directed staff to recover the projected shortfall of \$17,490 by implementing one furlough day per month for at least six months. Reducing expenses by furloughing creates a burden to staff: there has been no cost of living increase in three years, and the cost of insurance goes up every year. After discussion, motion was made by Ms. Peterson to discontinue furloughing unless funding falls below a trigger point of \$15,000, seconded by Mr. Haddix. Discussion followed: Mr. Darden said that although furloughs were a burden to staff, continuing for a few months would allow a larger financial cushion for the next year, and possibly would negate the

necessity of terminating staff if the economy does not recover. Dr. Strain clarified that staff should continue to furlough through December.

Mr. Horgan expressed concern about the Women, Infants and Children (WIC) program's move to another location. He felt that move could possibly reduce overall patient numbers and corresponding revenue. The WIC area is very small and their patient numbers are growing. Since there is no room for expansion within the current building, a move to the modular unit available appears to be the only option, especially since WIC directors think that a larger facility would allow numbers of patients served to increase. Mr. Darden said that in the past, when WIC moved out, patient numbers and revenue dropped. He cautioned that could happen when WIC relocates.

The board made several suggestions to help increase revenue: that all patients be called the day before to remind them of their appointment, since research shows that will increase the kept appointment rate; that staff productivity be assessed, both nurses and EH. They felt that staff productivity should be addressed prior to hiring to replace any vacated staff position. It might be possible to replace a departed staff member, if the income generated would offset the salary expense. It is also important to align duties with the proper person, so that RNs, for example, are not doing work better done by an LPN. The board realized that the health department is there to perform a service, but must be run in a business-like manner: revenue must be to generated to keep the doors open. Dr. Strain recommended that Ms. Bryant visit local internists to remind them of services offered, especially travel vaccines; marketing and outreach would help to maximize revenue. Dr. Strain called the question; the board unanimously approved the motion.

There was no Public Comment.

NEW BUSINESS:

Reschedule October 12, 2011 meeting: The board decided to leave the October meeting as scheduled.

Appointment to McIntosh Trail Board: Ms. Redwood made a motion recommend the Fayette County Board of Commissioner reappoint Ms. Terri Willis as a member of the McIntosh Trail Mental Health board, seconded by Mr. Horgan. The motion passed unanimously.

Fayette County Board of Health Bylaws:

Fayette County Board of Health does not have bylaws. Ms. Crowe presented a template for the board's consideration. The board requested that Fayette County Attorney Scott Bennett review the bylaw template presented and give his opinion on it prior to taking any action. This item was tabled until Mr. Bennett could render his opinion.

STAFF REPORTS:

Mr. Darden advised the board that there had been 33 applicants for the District Medical Director position, four of which qualified, but two of those dropped out prior to the interview process. The two remaining applicants were interviewed, using a standard list

of questions. Those tally sheets were sent to Atlanta to be evaluated; no action has been taken at this time, possibly due to the change of Public Health to its own department.

Ms. Bryant addressed the productivity issue: the current staff of nurses consists of two RNs and two LPNs and all staff is working hard. Changes have been made to increase productivity, one is that clerical staff documents walk-in clients in the appointment system to better capture true numbers of clients served.

Local directors also collaborate with other directors in their position to problem solve and perfect local processes, when they find that a process is working well elsewhere. The board asked if established benchmarks were in place for nurses. In the past there were no benchmarks set for public health nurses. Several factors are involved for setting benchmarks: type of service; the amount of regulatory paperwork required for each patient; scheduling, *etc.* Ms. Wendy LeVan clarified that statewide benchmarks had never been set for nurses, although the district has collaborated with other districts and states in that effort. She recently met with state staff, and that is changing. State Medical Director Dr. Fitzgerald's staff is changing how nurses deliver services, and will be providing more guidance and benchmarks in the future. Nurses will be given more training, and improvement is expected within the next year. Dr. Strain thought setting benchmarks was an excellent way to go.

Ms. Bryant said she had been doing community outreach. For example, she sits on the *Coordinated, Collaborative, Care (C-3)* board, which is a collaborative of local service providers. The collaborative works to prevent duplication of services, refer clients, and generally work together for the betterment of local citizens. Recently the collaborative approached Chick-fil-A to create a program for educating citizens on emergency preparedness and public health services. It will take awhile to get that program up and running, but is a good start at marketing the services of both entities. Ms. Bryant said ARRA funds still had not all been collected; about \$10,000 has been paid but more is owed, and she said she touches base with the state periodically. She also hopes to set up a collaborative program with McIntosh Trail to provide services to their clients, and asked if the board would like to request a community needs assessment from the district office. Mr. Darden explained that District 4 would be happy to provide that; they had provided a similar assessment to Spalding County Health Department some time ago. Data provided gave a better picture of the community; it included economic resources, population changes, status of citizens, *etc.*

Dr. Strain asked if the building had been treated for insects. A pest control company does treat on a regular schedule, but if it is the only area in the building being treated, palmetto bugs will still come over from the untreated areas of the building. The board felt that any measures necessary to stop infestation must be taken. Cleaning remains an issue as well. County janitorial staff members are too short-staffed to clean to a medical standard. Ms. Bryant had worked with a county contact to bring in an outside cleaning company but that person left, along with his assistant. She had names of companies that bid for the job at that time, but no contact names, and had not had a chance to follow up

with county staff. Mr. Horgan said that Ted Burgess had assumed those responsibilities and should be able to help with contact names, or to bid out the job again if necessary.

Rick Fehr presented information regarding the EH fee structure to follow up on last meeting's request to increase fees. He showed how Fayette County's Environmental Health fees compared with other metro county fees. Fees for sewage, land use, etc. were compared with other metro Atlanta counties: Fulton, Cobb, DeKalb, Rockdale, Newton, and Clayton Counties. It is a two-step process to increase Environmental Health fees: first the Board of Health (BOH) approves proposed increases, and then the proposal goes before Board of Commissioners (BOC). This has proved to be a challenge in the past. Mr. Fehr asked for guidance from the BOH as to how to proceed. The board felt that it was time to increase fees, since Fayette has the lowest fees on average of any metro Atlanta county. The board had no desire to burden citizens, but thought that time spent and expertise of staff should be factored into fee levels. Considering that replacing a failing system could cost from \$7,000 to \$40,000, it would seem that citizens would want the highest level of knowledge on the part of EH staff to guide them and to prevent future problems.

The board asked which inspection took the most staff time and resources, residential or commercial. Commercial system failures do not happen as often as residential, therefore consume less staff time. Currently, system failures vs. new system installation takes more time and expertise for inspection and guidance from staff, because there are more failures than new installations. A current repair permit fee costs about \$100. Since new building permits have slowed to nearly nonexistent, increasing residential inspections might reflect better use of staff time and generate more fees. The board questioned Fayette's lack of fees for operating food services without a permit; Mr. Fehr said that was extremely rare. EH staff usually found that it would be pools operating without a permit, and that any fines for such operation would go to the court, not the BOH. It might be possible to institute a fee for operating a pool without a permit, but implementing a fine would not benefit the BOH.

Mr. Horgan questioned current staffing levels, after reviewing EH salary and benefit expense vs. revenue generated. The board felt that benchmarks for EH staff should be established. They would like to see an EH cost analysis: what the cost is to provide EH services compared to the cost of salary and benefits, and comparison of those costs to EH fees generated. The board felt that EH staffing might need to be reduced, since some EH staff members have high salaries and fee collections are down. Mr. Fehr said that it is hard to find personnel for EH. A study done at the state level showed that state-wide, 615 EH Specialists were needed, but there are only 394 on staff, and that EH staffers are retiring and will be hard to replace. In the next 19 months both he and one other EH staff member will retire: two of the most experienced EH staff will be gone. He mentioned that there had been state approval to increase EH salaries to encourage staff to remain, but no funding to do so. He said that given the expense to replace a failing sewage system, between \$7,000 and \$40,000 - it would be advantageous to the homeowner to have the most experienced and knowledgeable EH person to advise them. He also mentioned that the *Atlanta Journal-Constitution* had published a recent article that said the Fulton County EH department

was so short-staffed that they were only able to do food service inspections once a year, not the two per state regulations. This is an issue faced by all governments: regulations cannot be met due to lack of funding to hire and/or keep staff, and the public suffers as a result.

In the past the BOC did not want to raise fees at all. In order to better show what the homeowner receives for the inspection fee, the board suggested that Mr. Fehr include on the inspection form what the homeowner receives for that fee, not just list a fee. The form should emphasize that a knowledgeable EH Specialist can evaluate the soils and land; educate the homeowner on how to care for their sewage system, and their expertise can therefore perhaps save them a future expense. The BOC might be more receptive to a fee increase if Mr. Fehr made clear the value received by the homeowner, rather than just list proposed fee increases: show what the homeowner receives when they call for an inspection. The board felt that it might be necessary to have a three-prong solution: reduction of EH staff; increase fees, and possibly even to institute a multi-tier system for EH services, depending on how complicated the service turned out to be. The real cost of EH services must be borne by either the citizen receiving that service; the local taxpayer via county participating funding, or by the taxpayer via Grant-in-Aid (GIA) funding: one of the three will bear the cost.

The board directed Mr. Fehr to put together the proposed fee increases, information on EH services provided and value received by the consumer, and to meet with the BOC at the August workshop to present that information. They also requested that Mr. Fehr provide the BOC a dollar figure for equivalent services if provided by a private entity, a soil scientist, for example. The board requested an update after the BOC workshop, by phone call or even by called meeting if necessary.

Ms. LeVan provided the budget breakdown for FY 2010 Family Planning, since FY 2011 had just ended. She reviewed the district-wide total budget for Family Planning. She said that funding to each county was provided based upon numbers of unduplicated clients served, and would therefore vary for each county. Some funds support district staffing dedicated to the family planning program, and some funding purchased supplies such as contraceptives sent to the counties. District staff includes a Nurse Practitioner and Registered Nurse sent to Fayette to see clients at no charge to the county, and fees generated by those nurses remain in Fayette. She offered to answer any further questions today, or by email.

Mr. Darden provided follow up for questions previously asked of Dr. Bryan, who was out of town. He discussed the question regarding line item Other Operating, which covers indirect costs. Indirect Cost is a fee that covers expenses for staff at the District office which supports the personnel manager, information technology (IT) staff, filing of insurance claims and other functions, including administration of 54 programs. Centralizing these functions offers economy of scale, meaning that the cost of those support staff is charged at 1/12 of total cost. Fayette's share is 6.017% of total cost. Fayette BOH saves because it is not necessary to hire a full time personnel officer, IT staff member, insurance billing clerk, and so on. The figures quoted were from a study done at

the district office. The board requested a copy of the study, which will be provided to Ms. Crowe for distribution to BOH members as soon as possible.

Mr. Darden addressed the question of the lead county: explaining that *cira* 1970, lead counties were designated by population, and for District IV that was Troup County. Lead counties were put in place for economy of scale and effectiveness; to help local counties with personnel, IT, insurance, and so on. The lead county only serves as a conduit for state funds like GIA and receives no funding for providing that service. As with GIA, the issue of Lead County is being reviewed at the state level, and could change.

The last question was PHER funding, or Public Health Emergency Response funding. That funding comes from the Federal level, to the Centers for Disease Control (CDC), to the state level, then to the local level. Funds cannot be used for personnel, only for equipment within counties to help get ready for response to emergency. It is used for things like the emergency stockpile or emergency response trailers. PHER funding was going to pay for a generator for Fayette but was not needed here, since the county of Fayette already has one and the health department refrigerators and some computers are already hooked to that generator. It was found that Fayette's generator had a problem, so PHER funding will pay to repair it instead of installing a new one. Having a backup generator will prevent the loss of very expensive vaccine in the event of a power failure. PHER funding is paying for are 18 emergency response trailers, and one is slated for Fayette. The BOC and Fayette Emergency Services will decide where to store it within the county. The board thanked Mr. Darden for the information.

ADJOURNMENT: Motion to adjourn was made by Ms. Peterson, seconded by Mr. Horgan. The motion carried unanimously. The meeting was adjourned at 8:24 AM.

Michael Strain, MD Chair

Merle Crowe, BA, CCFO
Secretary, Fayette County Board of Health