

LUCAS COUNTY REGIONAL HEALTH DISTRICT
Board of Health Meeting
Department of Operations Center (DOC) #254
July 26, 2018– 8:30 A.M.

I. Call to Order and Roll Call

Dr. Donna Woodson, President, called the meeting to order at 8:32 AM.

A roll call was taken of Board Members for attendance.

Present: Richard Fernandez, DPT, Perlean Griffin, Matthew Heyrman, Ted Kaczorowski, Susan Postal, Johnathon Ross, MD, Donna Woodson, MD.

Excused: Fritz Byers, Barbara Conover & Donald Murray

Absent: Reynald Debroas

II. Swearing in Board Member

Legal Counsel Evy Jarrett from the Lucas County Prosecutor's office issued the Oath of Allegiance to Donna A. Woodson, MD. Dr. Woodson has been reappointed to the Lucas County Regional Board of Health as the representative from the City of Maumee.

III. Introduction of Guests

Eric Zgodzinski introduced guests: Gary Santain and Kelly Landwehr from Weber Clark Auditors, and Lauren Lindstrom, Toledo Blade; AFSCME and ONA representatives: Gillian Wilke and Cindy McLeod.

Staff & Others: Eric Zgodzinski, Tina Stokes, David Welch, Shannon Lands, Kelly Burkholder-Allen, Barry Gordon, David Grossman, MD, Vaughn Jackson, Alice Dargartz, Legal Counsel: Evy Jarrett

IV. Additions/Deletions to Agenda

Eric Zgodzinski stated that there will not be an Executive Session at today's meeting.

V. Approval of the May 24, 2018 BOH Minutes

(Resolution 2018.07.81) A motion was made by Ted Kaczorowski and seconded by Perlean Griffin to approve the minutes of the June 28, 2018 Board of Health meeting. Motion carried. 8 yeas, 0 nays.

VI. Approval of Payment for April 2018 Vouchers

Ted Kaczorowski presented the June, 2018 vouchers which were reviewed at the Monday, July 16, 2018, meeting of the Audit/Finance Committee. There is nothing out of the ordinary that needs attention, according to the chairman.

(Resolution 2018. 07.082) A motion was made by Barbara Sarantou and seconded by Perlean Griffin to approve the June, 2018 vouchers. Motion carried. 8 yeas, 0 nays.

VII. Audit Presentation – 2017 Financial Statements

Gary Santain from Webber-Clark Auditors met with the Audit/Finance Committee on Monday, July 16, 2018 to go through the 2017 Financial Statements. Board Members were presented with a condensed report of the Audit Report. Mr. Santain stated that the report fairly represents the financial

position in the operation of this district. It was also stated that this agency had good internal controls, proper protocols, and items are in proper accounts. There are still some growing pains involved due to staff changes in positions. The staff is certainly motivated and working to do things the right way. With the separation of the FQHC there will be less expenditures next year.

VIII. Legal Update

Legal Counsel, Evy Jarrett stated that there would be an appeal filed in regards to the City of Toledo Lead Safe Law. There are several steps that will happen before this could be resolved.

Dr. Johnathon Ross asked if the department would be focusing on doing something else in regards to lead until this gets resolved in the appeals court.

Eric stated that he talked with Kevin Pituch, Legal Council who indicated that it would not be a good idea to move forward with any type of ordinance until the current ordinance's fate is worked through the court case. However, we are working with a number of departments to look at how we will move forward. We will be discussing what we plan to do here, for the County, with lead, later in this meeting.

Dr. Woodson stated that process must play itself out. It is unfortunate but it is what it is. It doesn't mean that our staff hasn't been working very hard on this issue. We are way ahead in looking to what we can do, as our responsibility as a health department for the children of this community.

Matt Heyrman comments were as follows: he stated that City Council does not have any authority to grant any authority. Does that mean that we will, until this is resolved, have no authority to enforce any ordinance? Part of the opinion stated that City Council can only grant authority which is expressly given. Is it the opinion that, while this is under appeal, the injunction would hinder City Council's ability or for the Health Department's ability to enforce anything City Council has passed?

Eric stated that anything the City has code wise, it really does parallel with the Ohio Revised Code (ORC). What this agency does is cite both ORC and City code. In such cases the department doesn't have a problem than enforcing what is needed in regards to a public health concern.

IX. Executive Session

No Executive Session

X. Prior Business

A. PHAB/Strategic Plan – Dr. Woodson thanked the Board Members who came and answered the questions of the PHAB Site Reviewers. Dr. Woodson asked that Brandon Palinski begin providing reports on a monthly basis to keep the Board updated and see where we are going and any adjustments that may need to be made.

Brandon Palinski reported that after the Site Visit in April our specialists reviewed the report, which took 6 to 8 weeks to compile. The report was returned to us a week and a half ago. Every measure in PHAB was looked at and comments were given. The report described how the documents we submitted met the conformity for each of PHAB's Standards & Measures and indicated where there were opportunities for improvement. This final report will be the only reference that the PHAB Board will see in making their decision as to whether our agency will be accredited or not. There are 12 domains, 32 standards, 100 measures, and hundreds of required examples (required documentation) within PHAB's Standards & Measures. Of the 100 measures, 85 were rated "largely" or "fully" demonstrated. Fourteen were rated "slightly" demonstrated

where our Site Visitors felt the documentation did not meet the full intent or scope of the measure. There was one measure rated "not demonstrated". That measure was not regarding a major plan or a far reaching concept. We do not expect this to be a huge issue. Looking at the Site Visitor's comments, there is a feeling of confidence about what has been reported. Brandon reached out to one of the individuals who conducted our Mock Site Visit, and after hearing a brief synopsis of our report stated, "Prepare a space for your accreditation plaque."

The committee felt some of our greatest strengths were how well the Governing Entity was informed and engaged. They were very impressed with the Board members interviews. They felt the Board Members knew the law and what their responsibilities are as it pertains to it. The Community Partners are engaged, ready to collaborate and confident about the role of the department in the community.

Brandon shared the following comments about our Site Visitor's "Overall Impression of the Department as a Functioning Health Department": "The overall impression of the department was that the department is high functioning; The department is doing some great work in their community and are valued and trusted by their community partners; The department continues to seek opportunities to improve their work and serve their residents; The staff are passionate, mission oriented and can discuss their mission and focus with the community; The SVT recognizes the leadership team of this department is evolving and its leadership seeks to elevate the position of this department. It is quite apparent, after meeting not only with the Director, but several members of the leadership team, that elevating their position may necessitate preparation, preparation leads to planning, planning precedes practice, and practice leads to perfection. "We applaud your efforts to seek perfection and believe they are well equipped to undertake the task and serve their population holistically and with inclusion."

Seeing the Site Visitor's comments and knowing that we performed fairly well on all the major plans and processes, including Quality Improvement (QI), Strategic Plan (SP), Community Health Assessment (CHA), Community Health Improvement Plan (CHIP), and fairly well within the measures themselves, we feel confident. There is the possibility that we will receive an action plan instead of an accredited status. Presently, approximately 30% of all health departments that go through the accreditation process receive an Action Plan. An action plan would mean that our department needs to submit what corrective actions we will take based on noted areas for improvement, submit documentation on the what we did to improve, and then the PHAB Board will evaluate if we have met the intent and scope of the Standards and Measures and issue a final decision on our accreditation status. While this is a possibility, the Accreditation Team feels reasonably confident we will not have to travel this path.

In regards to re-accreditation, the requirements are still a work in progress. The first accredited health departments were in 2013. They are just now going through the re-accreditation process. This may end up being a virtual site visit in the future for re-accreditation. The information of what goes into re-accreditation is not known at this time.

PHAB will be meeting in mid-August to review the findings for our department. Notice of those results should be received by the first week of September. If there is a corrective action plan required, we will address the items and submit them to PHAB.

Dr. Woodson thanked Brandon and the team for doing such a fine job. She stated that Eric was working towards this before it was required by the state that all Ohio health departments must be

accredited by 2020. Once this is done and we have our accreditation we need to really celebrate and announce this victory. It is a national achievement, not just local, regional or statewide.

- B. Lead Ordinance – Dave Welch reported that with the permanent injunction put on the City of Toledo’s Lead Safe Law, TLCHD is looking to continue working on ways to keep this issue in front of the community. There will be a proposal to have a Voluntary Lead-Safe and Safe & Healthy Home Certification Program countywide. This would allow home owners and landlords to have their homes inspected and receive a certificate which will cover their home for six years. This would follow the same requirements as the Toledo Lead-safe Law but would be on a voluntary basis. This is a three tiered process. Tier 1: Lead Safe Healthy Homes which is doing a lead assessment and a Healthy Homes Assessment. This is the same inspection that is done for the ODH assessment. Tier 2: Lead Safe Certificate: This is given to the homeowners who have already gone through the process during the time the ordinance was in effect. Tier 3: Green and Healthy Homes Certificate – this is an 8 point inspection, which includes mold and mildew, dust, rodent, toxic chemicals, smoke detectors, etc. These are all things that make a house unsafe for children and families. This allows the homeowner to choose the level of certification and inspection they want.

The first tier would be done by Health Department Staff; we have the equipment. The second and third would be done by the 102 Lead Inspectors who have been trained and certified to do these inspections. The details have not yet been determined. This will be offered throughout the county, and not just in Toledo as was the Lead Ordinance. This is a voluntary program that is designed to change the culture and improve the health of our citizens. This could be something that can be used when purchasing a home. This is just the very beginning of the process. It will keep the lead concern out in front of the community. There will be education and advertisement developed.

Detroit already has a code enforcement that in order to rent a facility you have to have a certificate. It is very comprehensive and includes such items as plumbing and electric. The program here will not be as in-depth. We will modify the inspection form Detroit uses to cover our needs.

- C. Clinics – Kelly Burkholder-Allen reported that some transitional funding was applied for and received. The amount is about \$22,000 to cover the three week period of close out. During that time the pharmacy was open full-time and the pharmacists worked to make sure prescriptions were being filled. Two nurses took phone calls, answered questions, looked at labs still coming in, transferred charts, worked with families, worked on protocols and standing orders. There has been very little activity this week. There are still requests for the individual’s charts to be transferred. An update from Jennifer McCloskey is that the startup on the clinic on Starr Avenue will be open on August 6th. It has been a fairly smooth transition.

A clarification on the point of patients requesting certification for air conditioning. People with chronic conditions can request a letter of certification from the physician to request air conditioning. This happens every year around this time when it gets hot. The chart is reviewed to determine if the patient’s condition meets qualifications and then the forms are signed and sent back to the client.

Eric talked to Joe Dake this week. He stated that they will not need the loan that had been agreed upon for the startup of the clinics. They are partnering with Western Health Partners of Western Ohio.

Sylvania School Nurses agreement: An updated contract was received from Sylvania Schools. A month ago, Eric and Kelly presented the contract for the 2018-2019 school year to them. This contract was to cover the cost of the nurse's salaries. The amount was about \$287,000. What Sylvania Schools came back with is to not enter into a full year contract but to go into a contract until December 31, 2018. Sylvania then changed their position and indicated they will not be renewing the contract at all. This will require us to start the layoff of the five nurses in the program.

Barry Gordon stated that Sylvania Schools asked to sit down with the nurses to see if they could mediate for the nurses to come over and work for them. On Wednesday, July 25, 2018 Barry met with the nurses and with ONA representatives and gave 30 day notice of layoff letters to nurses initially affected. There will be some bumping within the nursing staff. Eric remarked on the high quality of service given to the patients/students and the caring our nurses have provided. They have gone above and beyond in their dedication. They are by the side of the diabetic patients in the morning, at lunch and at recess. It is disheartening to have to do something like this.

Kelly said that when she and Tina Stokes met with Sylvania Schools to present the contract, the school staff was complimentary of the services provided. In the past we have taken epidemiologists out to the schools, we have worked with the staff and parents. There has always been a very complimentary relationship. It was not uncommon for the nurses at Sylvania Schools to get text messages from parents into the evening hours with questions about the day's activities and our nurses made themselves available to them.

Eric stated that a letter will be drafted to the Sylvania School Board

(Resolution 2018.07.083) A motion was made by Susan Postal and Seconded by Richard Fernandez, DPT to proceed with the layoff procedure of the 5 nurses serving the Sylvania Schools due to funding effective 8/31/18. 8 yeas, 0 nays. Motion carried.

D. New Business

- A. Beach and River Posting - Dave Welch reported the health department is responsible to post public waters with one of three notifications when appropriate: Awareness (algae may be present), Alert (avoid contact with the water) and Warning (stay out of the water). When the testing results are complete the public is notified if it is safe to be in the water. Earlier this week, there was a possible algal bloom at Howard Metro Parks. The pond was tested and posted. It did not end up having microcystin once results came back. On April 12, 2018, NOAA provided a webinar of predictions for the Lake Erie in regards to any algal bloom. This is available on line. The City of Toledo has also been testing the Maumee River waterways.

Olander Park posted an alert for their pond Monday of this week for E.coli found in the water. That posting was lifted on Tuesday. In addition to the testing TLCHD does, the park tests the water on a regular basis.

- B. Programmatic Update – Eric stated with the staff changes we will be shifting into areas that we have not been involved with before. One of those being obesity. This is one of our Strategic Plan priorities. With the issues we have had with opiate and drug abuse, we are also looking to see how we can add to what we are already doing. Some of our programs will go through a retooling. Since the split off of the FQHC on July first, we will be looking at the STD program and how to rebrand the program. There has been an increase in Chlamydia and Gonorrhea over the past couple of years.

Right now the sky is the limit on things that we should be looking at and implementing within the community. Concerns with funding and staffing is being looked at to make sure we are able to do what needs to be done.

Perlean Griffin asked if John Bibish was still working in the financial area. Eric stated that John is still working with those issues. He has been turning a lot of tables, data and procedures over to Tina. They have been meeting almost daily to look at the process and procedures and have been giving reports each week.

Dr. Woodson asked Kelly Burkholder-Allen how many programs will not be active with the loss of the FQHC and how many active programs we are looking at. This is the new Health Department and we need to look at what programs are active. Shannon stated that a letter is being crafted to let community partners know that a portion of the services have been broken off and the FQHC is no longer housed at the health department. The letter will also indicate the services that are still provided at the health department.

XI. Committee Reports

A. Audit/Finance Committee Report

Ted Kaczorowski stated that the Audit/Finance Committee met on Monday, July 16, 2018. The packet provided has all of the financial data that was reviewed by the Audit-Finance Committee. This information was sent to all Board Members via email prior to this meeting for review. There was a slight change that occurred after the meeting which will be discussed in the contracts section. The packet consists of the following:

- 1) Review – Month of June 2018 Financial Status
- 2) Review – July 2018 Bill Schedule
- 3) Review – Grant Funded Program
- 4) Review – Contracts
 - a. Added contract: St. Luke’s hospital will provide Clinical experience agreement to provide supervision of the Family Medicine residents in patient care activities (no budget impact)
This gives the Family Medicine residents the opportunity to observe the Shots 4 Tots n Teens vaccination clinics.
- 5) Review – Transfers of Appropriations

A transfer reallocates funds from one cost object to another. Board of Health Resolution is required to approve Transfers of Appropriations performed in the month of June 2018 in the ordinary course of business. Total transfer is \$166,058.38 consisting of changes in various expense categories.

(Resolution 2018.07.084) A motion was made by Richard Fernandez, DPT and seconded by Matt Heyrman to approve the Transfers of Appropriations for the month of June, 2018 in the amount of \$166,058.38. Motion carried. 8 yeas, 0 nays.

Board of Health Resolution is required to approve changes in Revenue Estimates and Expense Appropriations for the month of June 2018 in the amount of (\$3,451,519.76) for Revenue Estimates and (\$199,198.87) for Appropriations.

(Resolution 2018. 07.085) A motion was made by Johnathon Ross, MD and seconded by Barbara Sarantou to approve the changes in Revenue Estimates and Expense Appropriations for the month of May 2018 in the amount of \$1,253,929.00. Motion carried. 8 yeas, 0 nays.

6) Other Items – FQHC Clinic Reports

7) Other Items – Board Resolution – Earned Revenue

Board of Health Resolution is required to authorize the Fiscal Officer to transfer residual funds totaling \$227,467.77 from the Special Revenue – Grant Fund to the Administration Department of the General Fund, and to classify the transferred funds as unrestricted.

(Resolution 2018. 07.086) A motion was made by Susan Postal and seconded by Richard Fernandez, DPT to approve the above recommendation of the Finance Committee regarding the transfer of residual funds totaling \$227,467.77. Motion carried. 8 yeas, 0 nays.

8) Other Items – Draft Audit Report, Management Letter

9) Other Items – Procedure of grants

10) Other Items -- FQHC Report and Clinic Activity Reports

(Resolution 2018.07.87) A motion was made by Perlean Griffin and seconded by Barbara Sarantou to approve the Audit/Finance Committee Report in its entirety. Motion carried. 8 yeas, 0 nays

B. Personnel Committee Report

Perlean Griffin stated that the Personnel Committee met on Monday, July 16 and discussed the policies and the changes that were made. The committee recommends the changes and review of the following policies.

a. Policies presented for review or update:

- i. Policy & Procedure Development, Implementation and Maintenance Policy
- ii. Department Issued Equipment Policy
- iii. Computer, Network, & Internet Acceptable Use Policy

(Resolution 2018.07.88) A motion was made by Dr. Ross and seconded by Matt Heyrman to approve the changes and updates to the policies. Motion carried. 8 yeas, 0 nays

b. Confirmation of New/Separated Employees

- i. Lisa Turner was hired while we had a Clerk I already on the layoff list. Through the agreement with AFSCME during the separation of the FQHC, Debbie Damman, Clerk I, was given the option to take the layoff. She will have the opportunity to be called back if a Clerk I position opens, but cannot come back and request to bump back in.

c. Diversity Issues. If in the future when we are having a large number of people laid off we will also include gender and race to have a better idea and understanding on how we are moving forward with diversity issues. We want to make sure as we lay off people or they retire we stay concerned about the presence of minorities and women in the workforce.

(Resolution 2018.07.89) A motion was made by Ted Kaczorowski and seconded by Richard Fernandez to approve the Audit/Finance Committee Report in its entirety. Motion carried. 8 yeas, 0 nays

C. Environmental Health Committee Report – Richard Fernandez, DPT

- a. Harmful Algal Bloom – the National Oceanic and Atmospheric Administration (NOAA) provided the forecast for the HAB in Lake Erie. Forecast has shown a decrease in the severity for this season. This does not include the toxicity of the HAB. The NOAA will be giving regular updates on the water quality.
- b. 10672 Veler Road Septic Variance update– At the June meeting a variance was granted to approve the use of manufactured sand. Building has begun and there is an issue with the construction vehicles driving over the area that was set aside for the septic system leach field. TLCHD inspectors have gone out and determined that there is enough reserve space to move the system.
- c. Lead Program: This was discussed earlier in the meeting under Section X B – no further information given.
- d. HSTS Stakeholders meeting was held on July 11, 2018. The implementation of the O&M Program includes a five phase implementation plan. It was originally a 4 phase plan with Phase 2 being added to focus on the septic systems along waterways within the county to identify any polluting of rivers and streams. The stakeholders involved were: John Helminiak (sewage contractor), John Kelp (chemical company), Tom Anderson (Springfield Twp.), Andy Glenn, Jerry Sawicki and Duke Wheeler (Waterville). It was the Stakeholders who suggested adding the phase to go with the waterways because of the significant impact. The question was asked of the priority of the phases. Phase 3 is no record of the septic system, Phase 4 is a system before 1960 or other identified critical areas, and Phase 5 is all of the remaining properties.
- e. Update on Dollar General and Dollar Tree at Manhattan Plaza: Both stores have reopened as of Monday, 7/16/18. They have had four consecutive days of being rodent free. Repairs have been made to keep rodents out of the vacant center section of the building and weekly treatments are continuing.

(Resolution 2018.07.90) A motion was made by Matt Heyrman and seconded by Ted Kaczorowski to approve the Environmental Health Committee report. Motion carried. 8 yeas, 0 nays.

Matt Heyrman left at 10:44

D. Facilities Report – No Report

- a. There will be a meeting for the Facilities Committee next month

E. Legislative Committee – Eric Zgodzinski

- a. No report.

XII. Pending Business

A. Division Reports

- a. Health Promotion/Policy Integration – Shannon Lands reported
 - i. Community Cessation Initiative (CCI) grant staff presented on how this grant works, what it does for our community, how to get people hooked up with cessation services and the issue we have with smoking in our community. Donna Fox (Program Coordinator) and Mahjida Steffin and Silvia Fofrich (Health Educators) are our staff involved with the grant. Mahjida and Silvia are provisionally certified Tobacco Treatment Specialists and Donna is also working towards this certification.

- b. Environmental Health – Dave Welch reported
 - i. A printed report is in the packet. Most of the report was already discussed earlier in the meeting with the Environmental Health Committee report.
- c. Health Services – Kelly Burkholder-Allen
 - i. Everything is in the printed report with nothing to add.
- d. Administrative Services – Tina Stokes
 - i. The layoff expenses are not included in the financial report. They will be included in next month’s report.

XIII. Health Commissioner’s Comments – Eric Zgodzinski

- A. Eric wants to make sure everyone is receiving the Weekly Report. Please take time to look those over.

XIV. Other Items and Public Health in the News – Dr. Woodson

- A. In today’s Blade there is an article concerning opiates. There are many of groups helping in this but it is very fragmented. It would be nice if it was all done throughout department. A female officer was able to give herself the naloxone after an accidental exposure during a hazmat response to a public opioid exposure.. It shows that the drug does work. Eric stated the he has spoken with Chief Kral and will have discussions as to how we can work with them in the future with this issue.
- B. Smallpox article was in the paper. There are only two labs in the world that have the smallpox vaccine. There is now a stockpile of the smallpox vaccine in the event smallpox is ever weaponized in the future.

XV. Next Meeting Dates

September 27, 2018
 October 25, 2018
 November 15, 2018

- XVI. **(Resolution 2018.07.091)** A motion to adjourn was made by Richard Fernandez, DPT and seconded by Ted Kaczorowski to adjourn. Motion carried. 7 yeas, 0 nays Meeting ended at 10:59 AM.

Signed:



Dr. Donna A. Woodson, President
Lucas County Regional Health District Board

8.23.2018

Date

Attested By:



Eric J. Zgodzinski, MPH, RS, CPH
Secretary to the Board

08-23-18

Date