

MONONA COUNTY BOARD OF HEALTH Date:11/9/10

Meeting called By	Lorna McNeil Vice, Chairr				
Type of Meeting	<input checked="" type="checkbox"/> Regular <input type="checkbox"/> Special Session <input type="checkbox"/> Telephone Conference				
Facilitator	June DeLashmutt, Administrator				
Note Taker Signature	Danelle Riley, Adm. Asst				
Resource Persons	Sandy Bubke, Env Health Officer, Danelle Riley, Adm. Asst.				
Attendees	Lorna McNeill	Dr. Mary Groda- Lewis	Kathy Bonnes		

The August 24, 2010 meeting minutes were read for approval.

Discussion or changes	None
Moved By	Dr. Groda-Lewis made motion to approve minutes as presented.
Seconded By	Kathy Bonnes
	Approved

Meeting Agenda Topics

Topic	Environmental Health Reports
Presenter	Sandy Bubke
Discussion	<p>Quarterly reports were reviewed.</p> <p>Program Evaluation. Strengths: EH is more linked with Public Health, which moves towards the Public Health Standards. EH officer is on Regional Capacity team to raise the EH infrastructure. Manual and policies have been developed, increased revenue from the Grants-to-Counties Program and increases in water testing, well and cistern capping.</p> <p>Weaknesses: Nuisance ordinances have no enforcement, need to develop indicators for EH as it relates to the Community Assessment process, EH officer needs to be registered or certified and will need training on data collection and analysis as it becomes available. Reporting conflicts between the county Bd of Supervisors and the Bd of Health as EH issues overlap into Zoning issues and the BOH only meets every other month.</p> <p>Policy/Procedure updates for Grants to Counties, Septic Systems, Nuisance complaints, Nuisance Ordinance No.28 reviewed.</p> <p>EH officer briefly informed the board about the IEHA Fall Conference and stated that she had taken and passed the test to be a Certified Environmental Health officer. She also stated that she has applied for a \$2500 Radon Grant.</p>
Conclusions	EH officer has checked with the state and other county EH departments regarding some of the policy/procedural issues that the BOH questioned at August meeting. EH officer explained why those issues are addressed in the manner they are written and that the policies/procedures follow the models and suggestions of IDPH. Dr. Groda-Lewis suggested that we table the Nuisance Complaints and Nuisance Ordinance updates until the county attorney can attend a Bd of Health meeting to discuss it with the board.
Action Taken	A motion was made to approve the Grants to Counties and Septic Systems Policies/Procedures at this time.
Moved By	Lorna McNeill.
Seconded By	Dr. Groda-Lewis.

Topic	Financial Reports
Presenter	Danelle Riley & June DeLashmutt
Discussion	Financial reports for July and August were presented by Danelle. The September

	reports were not balanced and ready for presentation as agenda states. With 16.67% of the fiscal year represented the agency has received 22.41% of the projected revenue and has expended 14.26% of the budgeted expenses. June reviewed the FY10 Financial Balance sheet and presented comparisons in funding to the FY09 balance sheet.
Action Taken	Financial reports accepted.

Topic	Sharepoint, IDPHelectronic contract and billing system-Signature Authority
Presenter	June DeLashmutt
Discussion	Starting 7/1/10 IDPH is using "Sharepoint" as a means to do electronic billing of grant reimbursements and for signing new contracts and amendments. Special MOU's are already in place to facilitate this procedure. Due to the complex nature of the User IDs and passwords for the system, a policy has been developed that allows the Bd of Health and the Bd of Supervisors to delegate authority to the Public Health Administrator to electronically sign contracts from IDPH in an amount not exceed \$50,000 and duration not to exceed one year.
Action Taken	Motion was made to accept the Delegation of Signatory Authority as presented and to have Vice Chair sign in absence of Chair.
Moved By	Dr. Groda-Lewis
Seconded By	Kathy Bonnes

Topic	PH Emergency Preparedness & Response (PHEP)
Presenter	June DeLashmutt
Discussion	The board members have had some time now to review the changes to the Bio Manual.
Conclusions	Work on the PHER manual will continue. There are plans in 2011 to add a Donations and Inventory Management Annex, a Special Needs (Evacuation) Shelter Annex, a local Public Health website (just to name a few areas).
Action Taken	Motion was made to accept the Bio Manual as presented and "Plan Authorization" form signed by Vice Chair.
Moved By	Dr. Groda-Lewis
Seconded By	Kathy Bonnes

Topic	Learning For Life
Presenter	June DeLashmutt
Discussion	Ann Schmidt was hired as our new Early Childhood Parent Educator. She will go to the P.A.T. Foundational & Prenatal to 3 Institute in St. Louis, Mo in December. June also informed the Bd that this county has submitted an application for accreditation for our LFL program and curriculum to the Iowa Early Childhood Initiative (Department of Management). We will incorporate the Iowa Family Support Standards (FSS) into our program. (Iowa has multiple curriculum models and the FSS will standardize parenting programs across Iowa).
Action Taken	No action needed.

Topic	Immunization Grant 2011
Presenter	June DeLashmutt
Discussion	The agency was awarded \$9,051 by IDPH for Immunization Program expenses for the annual year 2011.
Action Taken	No action needed.

Topic	Annual Public Health Program evaluations
Presenter	June DeLashmutt
Discussion	The members were given copies of the each program evaluation to review. June presented a draft of a Strategic Plan for Years 2010-2013 referred to as "SWOTs" which summarizes the Strengths (S), Weaknesses (W), Opportunities (O), Threats (T) of the programs. See below.

Conclusions	Board members need time to review the Program Evaluations for further strategic planning.
Action Taken	No action at this time.

Topic	Essential Services Table
Presenter	June DeLashmutt
Discussion	Public Health activities for July 10 – Oct 10 are on form for members to review.
Action Taken	No action needed.

Topic	Next meeting date
Presenter	
Discussion	Bd of Supervisors probably want the FY11 Revised Budgets & FY12 Proposed Budgets by the end of December. Two new BOH members will need to be appointed since Ed Maier, Chair and Lin Zahrt have both resigned.
Conclusions	
Action Taken	Find out when budgets are due and contact BOH members to set up meeting. Contact appropriate persons to become board members. Meeting adjourned.
Responsible Person	June DeLashmutt and Danelle Riley
Deadline	12/31/10

Strategic Plan Years 2010-2013

1. SWOTs

Briefly list major *existing* strengths (S), weaknesses (W), opportunities (O) and threats (T). S & Ws are internal to the business and O & Ts are external. All SWOTs should be 'one-handed', for example, something is either a S or a W but cannot be both!

Program	Key Strengths	Key Weakness	Key Threats	Key Opportunities
Home Care (SN, HCA, HM)	Staff knowledgeable about home care practices.	25% cut to the LPHSC this last year and probably looking at continued cuts.	Multiple elder case management funding streams that can fund individual services without persons having a nursing agency. Other agencies can apply for SLP funding.	Waiver services: <ul style="list-style-type: none"> • ill and handicapped • Mental Retardation • Frail Elder • HIV/Aids Underutilized, many lack referrals
	In 2007 much was done to restructure the home care charting and Oasis process in include common home care practices.	Agency overhead is high and costs are excessive for the numbers served.	Multiple home care agencies serving MONONA. Home care industry changes.	
		Agency numbers served is so small that HHCAPS does not help on the home help compare website.	With the Health care affordability Act, universal insurance will not raise our revenues in caring for the Medicare eligible elders	
		Number of clients on no fee status due to low income remains high. The QA process is time consuming and costly.	Resources are shrinking. Medicaid rates dropped 3% and Medicare rates decreased 5%. Medicare reimbursement and PPS will continually drop yearly (12%) and is figured into the program. State has put a 3% hold on the grant already this year.	
		We are gap filling only. Unable to purchase software technologies due to low numbers served and prohibitive technology costs.	Inability to reduce re hospitalization rates among our clients (due to ages over 85, multiple chronic health issues) will adversely affect our CMS reimbursement.	
		The Elder Waiver case managers dictate a higher level of service than we are often able to provide.		

Strategic Plan Years 2010-2013

Program	Key Strengths	Key Weakness	Key Threats	Key Opportunities
Public Assistance Programming (MH, CH, FP, LFL, IZ)	LFL does not duplicate any other county services. It is free and has little in-kind. It is our only true PH program reaching families.	MCH are only gap filling services. Even with the low numbers, the paper work is rather extensive and constitutes are major in kind costs.	LFL is poorly accepted in the provider community and lacks referrals from hospital and providers.	Immunization services are mandated. A group of Iowa Counties are piloting how an agency can bill insurance companies for vaccines.
	LFL Aid families to increase resiliency, support systems, and goal planning. Helps reduce child abuse by increasing nurturing and attachment.	Lost our Car Seat Safety inspector	MCH is poorly accepted in the community and lack referrals from the hospital and Dr office.	
	LFL curriculum can be duplicated easily in the community.	LFL staff retention strategies needed. Successful marketing plan	Currently the Early Childhood home visiting infrastructure in Iowa is fragmented and difficult.	We are working towards accreditation with the state of Iowa- standardizing the process –to be able to possible increase funding from the federal level.
	Kids Korner is the only infant/child incentive program in the county.	Immunization program is unable to pass an audit for the under 2 year's olds for the 11-15 adolescents.	Monona County is one of 3 counties without a child abuse council that could bring service and funding into the county	
		Loss of Family Planning initiative funding for long term contraception. In kind continues to grow. We are doing DHS income maintenance work with all the MCH/FP programs. FP does not grow and remains consistent in numbers each of the last 4 years. The Burgess hospital clinic site does not lend itself to confidentiality for teens.		
		We have more staff doing home care than Public Health programming without being cross trained.		
		In kind dollars are higher than revenues (and will always be since that is the nature of block grants with state and federal funding)		

Strategic Plan Years 2010-2013

Program	Key Strengths	Key Weakness	Key Threats	Key Opportunities
Environmental Health (EH, CH Lead)	EH is Linked with PH and moves toward the PH standards	We have been working on nuisance ordinances but they have no enforcement	Legal representation by the county attorney is problematic	Public Educational opportunities for healthy home, radon, clean air and groundwater education as these areas grow at the state level.
	EH Officer working on Regional Capacity team to raise the EH infrastructure	Develop indicators for EH as relates to the Community Assessment process	Community health issues are very complex and time consuming	
	Manual and Policies have been developed and now using the regional team to refine these.	As EH data becomes available, EH officer needs training on data collection, analysis, and ways to market for community knowledge.	Lack of BOH knowledge about their role in EH since this is an infrastructure change in last 2 years.	
	Revenues from the Grants-To-Counties Program	Public Health Standards dictate the EH Officer to be registered or certified.		
	Increased in water testing, well and cistern capping	No formal program goal planning in the past year.		
		Reporting conflicts with the BOS and the BOH-as EH issues also lap over into the zoning area. The BOH only meets every other month.		
		Office Assistant is the home lead inspector for 5 counties and this takes away from her duties with finances.		

Strategic Plan Years 2010-2013

Program	Key Strengths	Key Weakness	Key Threats	Key Opportunities
Emergency Preparedness	We now have a completed PH Emergency Response Manual.	Community Collaboration is poor in the ER community	Potential for repeating the work of the 2009-10 H1N1 vaccine campaign and mass clinics.	Advances brought about by the Public Health standards
(ER, & Agency operations)	Han System PIO officer (local) IDSS Data Warehouse SharePoint	ER still requires a large amount of time to manage. Never has been a fully funded program and funds are to decrease 25% in 2011.	IDPH has renewed the “Regional Alliance” sustainability plan: This means an infrastructure, financial, and collaborative component for each LPHA to work in a Regional structure.	The PH standardization will give LPHA an opportunity to strategically plan what this agency’s priorities are and how they can be managed. PH standardization will give us credibility
		The Community lack a formal planning steering committee, particularly in the area of ethics.	LPHA is changing so rapidly that it is difficult for the administrator to keep up with the changes. New mentoring and educational planning is needed.	One issue for the future could be joining a group of counties as a district health department to share administrative costs and higher levels of mandated competencies
		The amount of training has increased dramatically and competes with home care.	PH Standards will add to the agency costs-as we move more to a community model. This will conflict with the costs of home care.	

Short Term Program Goals 2010-11 Environmental Health for 2010-11

Problem	Actions Steps	Goals
<p>1. Nuisance Ordinance</p> <p>2. Lack of standardized data collection tool and environmental data is difficult to find.</p> <p>3. EH officer to be registered or certified as put forth as a requirement of the New Public Health Standards.</p>		<p>1. Continue to work with the County attorney to get a copy to the BOH for approval.</p> <p>2A. Work with the community health needs assessment group to identify, analyze, and plan use of EH data to use for public education /health of the community.</p> <p>2B. Need to begin to standardize data collection indicators and include in the community needs assessment process for clean air and ground water (pesticides, agricultural animal wastes, etc.</p> <p>3. Sandy will work towards this professional & personal goal.</p>

Short Term Program Goals 2010-11

Emergency Preparedness Goals for 2010-11

Problem	Actions Steps	Goals
<ol style="list-style-type: none"> 1. Community collaboration poor. 2. Administrator multi tasking as program coordinators. 3. Work plan has been completed with basic components covered except Monona PH will take on the development of a Special Needs Evacuation Shelter Plan. 4. As seen in H1N1 – the community lacked a formal planning steering committee. Without, this community buy in – the administration was under increased stress advising, board, and making ethical decisions on who was to be vaccinated, etc. 		<ol style="list-style-type: none"> 1. Continue to try to develop a spirit of collaboration. 2. Utilize secretarial staff for all records/policy support. 3. Continue work plan as submitted to IDPH including shelter plan. 4. Development of Ethical Steering Committee and approach Community Health Coalition to assist with suggestions.

Home Care Aide Goals for 2010-11

Problem	Actions Steps	Goals
<ol style="list-style-type: none"> 1. HCA/HM scheduling due to meetings, vacations, illnesses, patients not relaying information on doctor's appointments until last minute. 2. Continued educational plan for the staff... 4. Continue HH-CAHP and process data indicators. 5. Employee preventable injury... 6. Smooth planning with SAS. 		<ol style="list-style-type: none"> 1. Continue to cross train aides. 2. Continue to pass competency tests 100% 3. Continue monthly educational meetings to enhance their program on going. 4. To have surveys on agency show 90% of clients satisfied with services. 5. To have updated calling tree to staff and test at least 2 times a year. 6. No falls due to adverse weather with use of shoe traction devices. 7. Increase collaboration with Sioux land Area Aging.

Homemaker Goals for 2010-11

Problem	Actions Steps	Goals
<ol style="list-style-type: none"> 1. Office staff did not alerting us when to change funding streams from LPHSC to SLP – resulted loss of income. 2. Continue to refer elders to waiver and SLP programs routinely. 	<ol style="list-style-type: none"> 1. Office staff will cross train; Danelle is unable to keep billing current with the Lead Administration and other duties. 2. Monthly billing accountability with the administrator on all grant funded programs. 	<ol style="list-style-type: none"> 1. Maximize Frail Elder dollars and SLP dollars.

Skilled Nursing Goals for 2010-11

Problem	Actions Steps	Goals
<ol style="list-style-type: none"> 1. Nursing interventions do not seem successful at reducing hospitalizations in our clients: <ul style="list-style-type: none"> • Advanced age, Multiple chronic conditions • Disease severity index 		<ol style="list-style-type: none"> 1. Clients billed to the LPHS grant and hospitalized for CHF will not exceed 75%. 2. Continue OBQI (outcome based quality improvement) plan of action development and monitoring activities to reduce acute hospitalizations.

Short Term Program Goals 2010-11

Immunizations Goals for 2010-11

Problem	Actions Steps	Goals
<ol style="list-style-type: none"> 1. Poor Recall Management by staff with poor recall percentage rate <20%. 2. Update Immunization Manual, removing outdated and adding MMWR on new combination vaccines. 	<ol style="list-style-type: none"> 1. Work with Immunization nurse once again on recall. 2. Market brochure to school parents on need for teen vaccines. 3. Continue to update IRIS data base. 	<ol style="list-style-type: none"> 1. Compliance by 2 year olds in audit increase from 66% to 85%. 2. Compliance in 13-15 year old audit increase by 15%, from 30% to 45% continue to update teen directory and discharge those who no longer fit the criteria. 3. Review Immunization manual and update policies – work towards an electronic version of manual (which can be scanned as needed).

Childhood Lead Poison Prevention Program Goals for 2010-11

Problem	Actions Steps	Goals
<ol style="list-style-type: none"> 1. Lack of CLPPP Community Coalition in Monona County. 2. Did not reach the 75% goal for the 12-35 month old kids screening at least once. 3. Physician recall for screening. 4. Our agency recall of 2, 3, 4 year olds. 5. Amount of time to do the stellar data entry for all five counties. 	<ol style="list-style-type: none"> 1. Present plan to community assessment group to cover all childhood programs needing coalition and collectively (Lead, Immunization). 2. Consider process to recall 2, 3, and 4 year old back to Immunization clinic for lead screening. 3. Devise a recall tool for ages 2, 3, 4 and families would sign a consent form at a minimum. 	<ol style="list-style-type: none"> 1. Formatting of community process for Lead Coalition. 2. 9-35 month old children with at least one blood test at 75%.

Evaluation of Western Iowa Counties / Lead Program Administration 2010-11

Problem	Actions Steps	Goals
<p>Total 5 county in kind (excluding Monona County (\$2,674))</p> <ol style="list-style-type: none"> 1. Closing at home inspections in a timely manner. 2. Staff time to do lead administration and staff over load. 3. Lack of financial policies to handle Monona profits in relationship to other counties. 	<ol style="list-style-type: none"> 1. Continue to work to close inspections. 2. Reassign some of Danelle Riley's duties to free up time for lead administration. 3. Teresa will be trained to do the 5-county lab data entry into STELLAR. 	<ol style="list-style-type: none"> 1. Get home lead inspections closed in a timely manner. 2. Stabilize the 5 county lead reporting processes in Monona County. 3. Develop fiscal policies for the Iowa Western Group.

Short Term Program Goals 2010-11

Learning for Life Goals for 2010-11

Problem	Actions Steps	Goals
1. Loss of CPS technician	<ul style="list-style-type: none"> • Establish grant for car seats. • Send one staff to Car Seat training. 	1. Have a minimum of one CPS technician trained.
2. Loss of one staff member	<ul style="list-style-type: none"> • Hire one new staff and send to P.A.T. curriculum training. 	1. One new educator hired for 24 hr. position and completed training and be a high functioning level by the six month evaluation.
3. Need to complete a program accreditation process for the Iowa Family Support standards	<ul style="list-style-type: none"> • Send off accreditation application and two page narrative required. 	2. Continue to work towards LFL accreditation.
4. No client surveys done.	<ul style="list-style-type: none"> • Complete at least one client survey. 	3. A minimum of one client survey will be completed.
5. Need to step staffing and supervision.	<ul style="list-style-type: none"> • Monthly staff and education. • Policy development. • Standardize all procedures. 	4. Administrator to complete a monthly staffing.
6. Need mass marketing completed and staffs dedicated to do this follow up.	<ul style="list-style-type: none"> • Develop marketing plan. 	5. Mass marketing to all DHS, Doctors, Hospitals, other HC agencies etc. Amend brochure to be printed.
7. Increase staff hours to LFL	<ul style="list-style-type: none"> • Market through social marketing (face book, Twitter), email, flyers, community assessment group, community directory, etc. 	6. Move Cristy toward more full time to promote from within.
8. Increase number of children served. (unduplicated) by 25%.		7. Increase number of children (unduplicated) in program.