

WCDHD Board of Health Minutes

May 4, 2022

7:00 pm

7:00 pm **Open Quarter 3 Meeting – President, Scott Gaites** PHAB: 12.2

A regular meeting of the West Central District Health Department Board of Health was convened and open to the public at 1225 S Poplar St Ste 100 North Platte, NE. Open meetings act posted.

Roll call was taken:

Present: Scott Gaites, Lana Watson, Ty Lucas, Rusti Mironenko, Dr. Dan Woodburn, Jeffery Arnesdorf, Mark Wilson, Bryan Crisp, Chris Bruns (arrived at 7:17pm)

Excused: Dr. Emily, Pam Moody, Ronda Haumann

Review and approve 2/2/2022 meeting minutes- PHAB 12.1

Wilson motioned to approve the 2/2/22 meeting minutes as presented – Lucas seconded –Roll Call

Abstain- Woodburn, Watson, Wilson

Aye -Arnesdorf, Lucas, Gaites, Crisp, Mironenko

Review and approve Qtr. 3 (Jan-Mar 2022) Expenses - \$417,621.07 PHAB: 11.1

After review of the qtr. 3 Jan-Mar 2022 expenses, Gaites asked if there were any questions? Lucas asked, “Is your policy always to line item your equipment?” Vanderheiden responded, “No- the asset needs to be over \$5,000 to be expensed out.” Vanderheiden spoke to our yearly audit and inventory, wanting to speak more with Lucas about our equipment expenses and excess of revenue. Lucas spoke about modified cash basis accounting and can be spoken about more offline, simply curious about how this has been run in the past. Most government agencies run on a depreciation system, (1-3 years, 4 to 7 and so on) Lucas discussed that our current cash basis makes our purchase appear to have no value after receiving, therefore, skewing our expenses and assets.

A few more minutes to review the expenses for quarter three. Woodburn makes motion to approve Qtr. 3 expenses totaling \$417,621.07, Arnesdorf seconds

Roll Call

Abstain- None

Aye-Lucas, Arnesdorf, Watson, Gaites, Wilson, Crisp, Mironenko, Woodburn

Directors Report, Shannon Vanderheiden PHAB: 12.1

Standing Agenda Items

Program/Services Review

PHEP dollars in 2006/2007 purchased the sign on the outside of the building at the Dewey location. Vanderheiden has been in contact with state to see if we needed a form to donate or to leave the sign on the building at the old site. Prior

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to our current accounting process, which includes different funding specification classes, there were no records of which grant funds paid for this sign. The only method in place at that time was a general funds breakdown but did not get into specific grant details. Vanderheiden spoke to a senior director who worked at DHHS at the time and was informed that PHEP funds were used to purchase the sign. Gaites discussed how counties go about disposing of surplus items.

Gaites asked if anyone could get any use of this and the possibility of selling the sign from the building? Crisp questioned if the cost to take it down would outweigh just leaving it on the building and with the sign being outdated, whoever uses it would need to have a computer on site to connect and edit messages.

Bruns arrived at 7:17pm.

Overall, the board felt it would be most cost effective, to let Commercial Investment Services purchase and keep the sign in its location for use by next renter, if so chosen. The updated procurement policy will include how these items are disposed of as well as the purchasing act. Lucas motions to give Vanderheiden, the authority to dispose how she sees fit for the organization. Watson seconds

Roll Call: Aye -Lucas, Arnesdorf, Watson, Gaites, Wilson, Crisp, Mironenko, Woodburn, Burns – all in favor

Discuss lease end/dental equipment at Dewey which was to be April 30th, 2022, Vanderheiden has had discussion with Ivan Mitchell, from Great Plains Health and with HRSA, where initial funds came from to purchase the equipment, to start the dental clinic. WCDHD can donate the equipment, with the hospital currently working on plans to stand up a dental clinic to serve the underserved population in our area. Rob Stefka from Commercial Investments has allowed us to keep the equipment at Dewey past the lease end date of April 30th, until the hospital can pick up the remaining equipment

HRSA grant funds were used to purchase the initial dental equipment in 2006/2007. United Way and Mid-Nebraska dollars have paid for the panoramic and mobile dental equipment. Pending board approval, we have a letter ready to send to HRSA outlining the donation request to a non-profit organization, intending to serve Medicaid and the underserved population. Upon submission, HRSA will provide written approval for the donation to take place. The hospital has agreed that they will move what they have decided to keep. Woodburn stated that he has also spoken to Mitchell about this very subject, in their discussion they agreed that the equipment will be used to service the Medicaid

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population and those without insurance. Bruns stated that it is the mission of the health department to provide services to those who are underserved. Gaites stated we may not be able to serve them directly ourselves as a health department with a dental provider, but we can donate the equipment to those who can. Lucas, questioned Woodburn on the proposed dental strategy. Lucas asked if the goal is to meet other health needs for patients as well, and if there would be a dentist performing services. Woodburn stated that the goal is to have a dentist on site full-time to help keep people out of the emergency room for dental needs. Woodburn stated that he and other dentists have been asked to possibly manage the clinic. Shannon mentioned that FQHCs have provider enhanced reimbursement, and that GPH may be able to work on achieving enhanced reimbursement through Nebraska Medicaid. Woodburn also discussed the possibility of the hospital, with its size, may be able to receive enhanced provider reimbursement, where WCDHD was unable to. Woodburn and Vanderheiden emphasized the work that WCDHD did in the past trying to get the enhanced reimbursement rates without success. Mironenko questioned the possibility of publicizing the dental equipment donation, however after discussion the board felt it best to make the donation without publication with the possibility that Great Plains Health would make a public acknowledgement upon start up. Regardless of public acknowledgement, we would be assisting to serve our community and its members.

Crisp motioned to allow Vanderheiden to sign the HRSA letter and move forward with donating the equipment. Mironenko seconded.

Roll Call: Aye - Gaites, Wilson, Crisp, Mironenko, Bruns, Lucas, Arnesdorf, Watson

Abstain: Woodburn

Nay - none

Legislature – 1014- passed with no veto line items

Strategic Planning Overview Session - May 12th 9-4pm

Colleen Svoboda with UNMC will be coming to North Platte to work with the BOH and selected WCDHD staff for Strategic Planning. Colleen is working on the agenda and it will be sent out prior to May 12th. Meeting will be held at Nebraskaland National Bank on the third-floor banquet room (farthest North). Lunch and snacks to be provided and Nebraskaland National Bank will provide after meeting accommodations in the lounge on the third floor. Colleen will return at a future time, to be determined, to collaborate with WCDHD staff on

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implementation related to the goals that are set by the board. These goals will help us write our strategic goals moving forward.

SALBOH

Woodburn stated he has been attending the meetings regularly. He spoke on the last meeting he attended had discussion on liability insurance and recommendations on what type of liability insurances health departments should have. Woodburn noted that WCDHD meets the recommendations discussed. The last few meetings were cancelled, and before that was discussion on post COVID ways to support your health department. Brandon Grimms- president of Sarpy/Cass BOH, trying to rebuild SALBOH across the state with the monthly calls. Woodburn encouraged board members to attend SALBOH meetings if they were available as they are highly informative meetings and worth the time. The NALBOH spring symposium is coming up on the 12th of May, as well.

BOH REPORT-

Vanderheiden spoke on Covid updates to include – the home test kits and their availability in all 6 of our counties. Kits have been distributed to schools, cafes, courthouses, libraries. Vanderheiden stated there is at least one pick-up location in each of the 6 counties. We have only had one reorder in all our 1400 we have distributed. PCR and BinaxNOW testing is still available. COVID vaccines- we created bags that included emergency preparedness education, t-shirts with WCDHD logos and other items, and educational flyers. January 24th WCDHD was able to provide vaccine in one of our rural areas. She commended staff as this trip was made for an individual whose medical circumstance prevented them from traveling to WCDHD's office. Not only was WCDHD staff able to assist this individual but was also able to vaccinate a few others while there. Our team has administered around 17,000 doses of COVID19 vaccines. Continued CQI- plan/study/act continue, to review all processes and to follow through to check that we have made all our goals to achieve outcomes.

MHI-page 7 of the Director's report speaks to the assessment from our minority health initiative survey results. The intent was to survey the minority population as well as those who service minorities. Access to care and language barriers in medical settings were noted as the primary concerns. The barriers and inequities noted in the survey will be discussed in our strategic planning meeting.

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PHAN conference- All staff were invited to attend the Public Health Conference in Lincoln from April 4-6th. Accommodations were made that allowed for a team building experience and marked the start of WCDHD's workforce development efforts. Vanderheiden spoke on a documentary that was partially shown at the conference and will be coming out soon called "Seasons of COVID." The documentary will feature a few of the NE health directors and the struggles they endured during the pandemic. The documentary will discuss both sides of the Pandemic.

Vaccination rates are significantly lower than past years. We will need to add this to our strategic plans to increase vaccine rates after the dramatic decrease during the pandemic. All vaccine numbers are up this year compared to last year after COVID's impact, but remain lower than previous years prior to COVID. HPV vaccine rates are up this year compared to last year in part due to the MHI efforts. Maria Lein, one of WCDHD's Community Health Workers, continually educates her clients on the benefits of HPV vaccination. Her minority clients o receive their HPV vaccines even later in life than non-minority individuals typically receive.

Women of Achievement- Two nominees within our health department were nominated Meghan Trevino (Social Services category) and Trudy Merritt (Government category). WCDHD Staff were able to attend as a group and support them at the luncheon on April 28th.

ARPA funds- in this specific bill the eighteen Public Health Department's in the State of Nebraska will receive \$10 million dollars. Vanderheiden noted that the amount allocated for LHDs is minimal compared to other entities.

PAYMENT ANALYSIS- reviewing payments received in quarter three; most visits were Medicaid versus BCBS, however, revenue was greater from the private payor. This reiterates the importance of a healthy payer mix to sustain revenue flows. (see director's report for details)

POLICIES- Procurement Policy- A draft of this policy was brought to the last board of health meeting but there are still questions. We wanted to have this policy ready to review and approve but there are more questions to be answered after meeting with two different lawyers on the matter. Vanderheiden discussed more with the board on 31-23-3115- the County purchasing act, which speaks to informal bids and purchasing. We have collaborated with a public attorney to discuss our outline in accordance with CFR. Vanderheiden's ask to BOH members, Do we follow the CFR of \$250,000 or do we align with counties at \$50,000?

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Vanderheiden, provided the state auditor's email response related to purchasing amounts specific to local health departments. ,the Provisions of the County Purchasing Act apply specifically to either a purchasing agent or a county board. A local health department has its own board and exercises its own purchasing authority (State Statute 71-1631/71-1634), Deputy Auditor Craig Kubicek responded (email from State Auditor was reviewed by BOH members.) It was discussed that adding board of health approval for purchases of \$50,000 to \$250,000, and sealed bids of \$250,000+, would be appropriate as the board would want to know about purchases of these amounts. Vanderheiden explained to the BOH that WCDHD's attorney does not agree with the auditor. Bruns stated that if the state auditor said a procurement policy aligned with CFR is the correct path, rather than following the County Purchasing Act, than WCDHD should align with the state auditor given the sate auditor is an expert in the field and has a duty to ensure purchases are completed appropriately. A motion by Bruns to follow the state auditor advice and leave the sealed bids at \$250,000, noting that WCDHD does not fall under the county purchasing act and that a board approval would be required for purchases of \$50,000 or more, rather than just the executive board approval as stated in the graph in the policy. Lucas 2nd- Roll Call: Yes-Watson, Gaites, Wilson, Crisp, Mironenko, Woodburn, Bruns, Lucas, Arnesdorf.

CONFLICT-OF-INTEREST- Vanderheiden shared with BOH, recent discussions with other local health directors during the NALHD regular meetings. It is best practice for Health Department BOH members to annually sign a conflict of interest disclosure, . to disclose any conflicts that would directly affect Board of Health members or the department. Each board of health member was given a conflict-of-interest statement sheet to complete and return.

(Need BOH input to guide, advocate for and engage with the health department on above)

Review and approve salary ranges outlined in job descriptions-

PHAB: 12.2

Vanderheiden stated that as we are slowing moving back to 'normal' operations, following the pandemic, WCDHD leadership has reviewed a number of job descriptions which include salary ranges. Using the NALHD Salary 2021 Survey and the Midlands Salary Survey as a reference/benchmark, salary ranges have been updated and brought to BOH members for approval. Bruns asked who the NALHD survey is distributed to- Vanderheiden responded that all health

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departments across the state completed the salary survey and explained that there are categories based on our budgets as well as our populations. Vanderheiden reported the baseline entry pay be increased to compete with local jobs that offer higher wages per hour. WCDHD offers a 0-3% pay increase on an annual basis to staff members. WCDHD is also looking at another new position of administrative support, hoping to fill soon. All currently filled positions at the department are within each job description range.

Review and approve policy updates

PHAB: 12.2

- Financial policies – Procurement policy reviewed and voted upon in the above section
- HR policies – none to review

PHAB: 12.3

Possible Executive Session (to protect and assure confidentiality about sensitive matters.)

PHAB: 11.1

Job description and salary range to be discussed in executive session on two individuals. Watson motioned to begin executive session and Bruns seconded at 9:04pm.

Roll Call - Aye: Wilson, Crisp, Mironenko, Woodburn, Bruns, Lucas, Arnesdorf, Watson, Gaites – all in favor Board came out of executive session at 10:03pm.

Roll Call - Aye: Wilson, Crisp, Mironenko, Woodburn, Bruns, Lucas, Arnesdorf, Watson, Gaites – all in favor

Crisp made motion to approve all job descriptions and pay ranges, including the Assistant Executive Director, with the adjustment of the Executive Director's to reflect salary range of \$85,000-\$140,000. Watson seconded.

Accreditation Coordinator- \$37,000-50,500

Administrative Support- \$32,000-\$48,000

Assistant Executive Director- \$52,000-\$81,000

Billing-Coding Specialist- \$33,140-\$41,630

Community Health Worker- \$27,025-\$48,666

Coordinated Services Director- \$37,000-\$58,000

Coordinated Services Manager- \$29,500-\$50,000

Disease Surveillance Coordinator-\$26,000-\$45,400

Emergency Response Coordinator- \$36,784-\$53,000

Employee Health Nurse- \$49,400-\$58,000

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Intranet-Website Manager- \$40,463-\$60,723

Intranet-Website Support- \$26,750-\$40,400

Public Health Nurse- \$49,400-58,000

Public Health Office Coordinator- \$29,240-\$39,520

Roll Call - Aye: Wilson, Crisp, Mironenko, Woodburn, Bruns, Lucas, Arnesdorf, Watson, Gaites – all in favor

Bruns motioned to approve Executive Director’s annual evaluation increase to \$114,000, with a 3% annual increase for cost of living for the next three years and reengage on the fourth year to reevaluate. Watson seconded.

Roll Call - Aye: Wilson, Crisp, Mironenko, Woodburn, Bruns, Lucas, Arnesdorf, Watson, Gaites – all in favor

Bruns motioned to amend the motion to approve Executive Director’s annual evaluation increase to \$114,000, to include retroactive pay to anniversary date of March 19, 2022. Watson seconded.

Roll Call - Aye: Wilson, Crisp, Mironenko, Woodburn, Bruns, Lucas, Arnesdorf, Watson, Gaites – all in favor

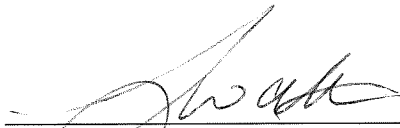
Executive Director Annual Evaluation – see above notes

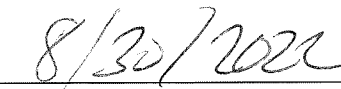
PHAB: 11.2

Meeting Adjourn at 10:15 pm

PHAB: 12.1

Next meeting – August 3, 2022


Lana Watson, BOH Secretary


Date