



**Director’s Advisory Council (DAC) on Local Public Health Meeting**

**February 17, 2016  
MINUTES**

**ATTENDEES**

**MEMBERS**

Nicholas Hughey (in person)  
 Becky Hunt (in person)  
 Hope Woodson (phone)  
 Andrew Warlen (in person)  
 Kristi Campbell (in person)  
 Debra Hoehn (phone)  
 Stacy Cox (in person)  
 Brett Siefert (absent)  
 Nick Hughey (in person)

Ellen Fry for Jodi Waltman (phone)  
 Elizabeth Gibson (phone)  
 Olivia “Jean” McBride (phone)  
 Robert Niezgoda (absent)  
 Rhonda Suter (phone)  
 Ruth Walters (absent)  
 Rex Archer (absent)  
 Dan Pekarek (phone)

**PRESENTERS**

Peter Lyskowski  
 Steven Ramsey  
 Harold Kirbey  
 Bill Whitmar  
 Melissa Friel  
 Susan Thomas  
 Aaron Winslow  
 Jo Anderson

Diane Weber, Angie Hittson (phone), Jackie McCoy (Recorder) and 10 additional guests were also in attendance.

<b>TOPIC</b>	<b>DISCUSSION</b>	<b>ACTION</b>
<b>Welcome and Introductions</b> <i>Becky Hunt, DAC Chair, Administrator, Madison County Health Department</i>	The meeting was called to order by Becky Hunt, Chair, followed by a welcome and introductions.	
<b>DHSS Updates</b> <i>Peter Lyskowski, Acting Director, Department of Health and Senior Services</i>	Peter welcomed the Director’s Advisory Council (DAC) and stated is looking forward to working with the Local Public Health Agencies (LPHA).  <u>Budget Updates</u> Bret Fischer, Deputy Director reported that the legislature is moving the budget quickly. The House Appropriations Committee has already had “mark up” for its proposal of funding as compared to the Governor’s recommendations. The Show Me Healthy Women Program was broken out on a separate line item but it did not change the amount of funding. House Appropriations again, this year, added money back into the budget for Brain Injury Services Waiver Program. Also, \$75,000 was added for a special courier service to deliver cord	

blood from birthing hospitals around the state to Cardinal Glennon Hospital. \$100,000 was added for two senior centers in St. Louis.

Legislative Update

Steven Ramsey, DHSS Legislative Liaison informed the group that Representative Don Grosen had resigned. Two department proposals are moving forward. The first extends mandated reporting for Elder Abuse and Neglect and adds fire fighters, first responders, and EMTs. The second is adding psychiatry to the list of health professionals for the student loan repayment program.

Another goal is to extend background checks for Long Term Care. Right now background checks only encompass Missouri.

Regarding the Prescription Drug Monitoring Program, DHSS does not have its own version of the bill but there are a few versions out there.

Representative Maynard's bill may have a potential vote today or tomorrow; but there has been a more organized opposition this year than in previous years.

The motorcycle bill is proposed again this year and will allow anyone over 20 years of age to ride without a helmet.

Senator Swan is looking at the opioid problem in managing pain clinics across the state. This could be a way of attacking opioid abuse in the communities.

HB 1823 would allow county commissions, with the concurrence of the county health center boards, to make and establish orders, ordinances, rules or regulations. This removes the independent authority of LPHA boards.

Representative Allen and Senator Schaaf have a nosocomial infection reporting bills (HB1855 and SB579) that are being worked on to address internal issues.

Steven shared there is a medical cannabis bill in which DHSS is identified as the regulating authority.

HB 2388 changes provisions of law related to youth sports brain injury prevention. A waiver would need to be signed to play certain sports.

SB 619 requires that when adult abuse and neglect investigations are investigated the alleged

	<p>perpetrator will be handed a bill of rights. Peter informed the DAC that the St. Louis County Executive announced that they were introducing legislation to create their own county level prescription drug monitoring program with the idea of including surrounding counties. DHSS staff has worked closely with the county to include the technical requirements and consulted on how to create the program. With cost/benefit data, St. Louis County’s effort could potentially be beneficial to a broader approach. Nick Hughey stated that Washington County has the “drug take back” program and when it is not active he refers them to the closest location. He asked if St. Louis County’s ordinance addresses the need for drug take back. Steven believes there is an awareness of the drug take back piece. DHSS and partners are exploring funding possibilities for continuation of the drug take back programs across the state in conjunction with law enforcement. The Division of Regulation and Licensure will be presenting on the opioid abuse issue and partnership at the Public Health Conference on March 2 – 3, 2016.</p>	
<p><b>DCPH Update</b>  <i>Harold Kirbey,  Director, Division of  Community and  Public Health</i></p>	<p><u>CHIP H.S.I. Distribution of Funds</u>  Currently, the Governor’s budget includes an additional one-time \$3.5M in the 2016 supplemental budget, which if approved, would be expected to be available late in May 2016. Additionally, there is a New Decision item of \$2.7M for an ongoing addition to core funding beginning in state fiscal year beginning July 1, 2017. These increased amounts are due to an increased percentage of reimbursement from CMS. The proposal of regrouping the population categories utilized for base adjustments from 7 population categories to 5 population quintiles (each quintile represents 20% of the state population) with the remainder of funding above base amounts is distributed by the formula was discussed. This would result in the 57% going to the base and 43% going to the formula and provides a rational way to articulate distribution methodology to stakeholders. Including a base adjustment for both the one-time \$3.5M supplemental funding and the \$2.7M New Decision item, and the additional factoring for</p>	<p>Spreadsheet will be provided to members to request any additional LPHA feedback.</p>

	<p>communicable disease cases investigated in addition to those in WebSURV was also proposed. The goal is to measure the efforts and not just those that meet case definition that get entered into WebSURV. Harold also discussed thinking of the possibility of developing WebSURV so it could also be an investigation tool instead of just a reporting tool.</p> <p>Kristi Campbell spoke in favor of including the total communicable disease investigations and stated that anything we can do to quantify the amount of prevention activities is good. Andrew Warlen suggested that consideration should be given to an app that staff doing investigations could use that would link them to the appropriate section of the Communicable Disease Investigation Reference Manual (CDIRM) and assist them to create a record. Members asked for the formula spreadsheet to be shared. Harold discussed possible future consideration of measuring potential impact of failing on-site sewage systems. At this time the complaints are the only complete measure. There have been more complaints regarding sewage running into yards, ponds, etc. so, we may need to look at how residents could be assisted in replacing them if needed. Becky Hunt mentioned that USDA Rural Development sometimes can help. Harold has had several conversations with the Department of Natural Resources (DNR) asking them to help with a no-interest loan program or a grant program. Harold suggested the Director's Advisory Council create a sub-committee together with BEHS to explore what the issues actually are.</p>	
<p><b>Courier Support Follow-Up Discussion</b>  <i>Bill Whitmar, Director, State Public Health Laboratory</i></p>	<p>Bill Whitmar updated the group on the DHSS courier service. This service picks up specimens and samples from hospitals and LPHAs and delivers them to the DHSS Public Health Laboratory. A positive on this is that the LPHAs are now using the courier to deliver mail to the Department. Due to discussion at the previous DAC meeting, a Courier Task Force was formed to discuss a solution for a shortfall of funds. Mary Menges reported the task force group met twice, and information was shared regarding funding and pick up routes. After the task force</p>	

	<p>met they were informed that the courier bids had come in at a significantly higher price than anticipated. The new courier will begin providing services on April 1, 2016. The shortfall for FY16 is \$33,663 and the group will continue to look at this issue. It was determined by the Courier Task Force that if no additional funds could be identified, the State Lab would start looking at what the courier would look like if it was dropped to four days a week. Harold asked the locals to consider the impact of a four day courier service. Becky asked if anyone has any creative ideas on regarding this to please let Mary Menges know.</p>	<p>Provide any ideas to <a href="mailto:Mary.Menges@health.mo.gov">Mary.Menges@health.mo.gov</a></p>
<p><b>LPHA E-mail</b>  <i>Harold Kirbey, Dan Alexander, Client Services Manager, Information Technology Services Division (ITSD)</i></p>	<p>Dan explained the need for the recent email change due to security. He stated that previously most LPHAs had the I-mail solution available through web browser with the functionality to download messages to an e-mail client in Microsoft Outlook. Because DHSS doesn't own all the LPHA computers and ITSD cannot assure the latest use of operating system updates and antiviral software, there was a need to change to the browser only functionality for not only LPHAs, but all other external contractors as well. Debbie Hoehn shared she had chosen to work directly with Charter and by paying for broadband had access to e-mail at no additional cost. Nick Hughey suggested that for LPHAs may want to check with their website hosting company as email may be available at a minimal charge. He shared they obtained an additional domain with email for \$300/year. Nick expressed a need for HIPAA consultation. Each agency's processes are different so risk will be different. Jo shared that Taney County Health Department has contracted with a company to conduct the initial risk assessment, identify gaps, and then work with them to help address those gaps. Robert Niezegoda had shared the company has been great to work with; he stated they have a reasonable price structure for LPHAs.</p>	
<p><b>Mutual Aid Agreement</b>  <i>Melissa Friel, Preparedness Division Director, SEMA</i></p>	<p>Melissa reviewed the LPHA Mutual Aid SBAR and feedback was provided for the LPHA Mutual Aid Subcommittee. Feedback was given on the LPHA Mutual Aid Resource Request. A tabletop exercise was suggested to help test this request. Clarification is needed to explain this process</p>	<p>Contact Melissa or Sheila Reed if you have any questions.</p>

	<p>does not replace existing mutual aid being provided between LPHAs on a local, regular basis. However for a large local impact issue such as Joplin, the Statewide Mutual Aid Coordinator would be a resource to assist the state and locals. The Mutual Aid Plan forms could also be utilized locally to help document frequency of aid request and develop estimated costs even when reimbursement isn't likely. This could help provide system wide data regarding unmet needs. It is very important to have processes in the event you can get reimbursed as you will need documentation. It is being explored to attach mutual aid request/response documents to WebEOC LPHA status summary. Requesting agency would complete page 1. Responding LPHAs will fill out pages 2 and 3 of the request form. There is also a basic time sheet created in Excel. There was group discussion regarding incorporating more into the form that captures logistical needs/support available. Melissa also provided a Personal Supply Checklist of items for agencies to use in planning so their staff will be prepared when providing mutual aid. Use of WebEOC as possible venue for communication regarding status of request was discussed, but it was pointed out that it may not be best way to work through details that would be entailed. The group is excited to be proactive rather than reactive on this issue.</p>	
<p><b>DHSS Strategic Planning</b>  <i>Susan Thomas, Performance Improvement Manager, Office of Performance Management</i></p>	<p>The Public Health Accreditation Board will meet on Tuesday, March 8, 2016. Susan will find out the status of the Department's accreditation by mid-March.</p> <p>Susan provided an update on the Department's strategic planning process as DHSS' strategic planning issues impact the LPHAs and their citizens. She introduced the departments 3-year Strategic Map which was created in 2014. Each year the map is revisited and a decision is made about focus areas for the year. The highlighted areas are emphasis areas in 2016. In 2015 the issue areas were childhood obesity, access to care, department cohesion, and recruitment and retention. Some of these are ongoing for 2016. When the priority areas has been selected, a large group of people that have input and knowledge</p>	

	<p>about the area which helps elevate it to a level to where we can get more things done. Teams are then put together to think about best practices and what we can do to move that issue area forward. Susan highlighted one taskforce which included universities around the state looking at intern placements at the local public health agencies. Other areas of focus are prescription drug misuse and chronic disease management targeting seniors.</p>	
<p><b>Revised Total Coliform Rule</b>  <i>Aaron Winslow,  Environmental Supervisor, Bureau of Environmental Services</i></p>	<p>Aaron shared that the information had changed since the SBAR had been developed. Effective April 1, 2016 DNR, Missouri’s primary agency for ensuring the safety of public water systems, will implement the Revised Total Coliform Rule (RTCR) in conjunction with the Environmental Protection Agency (EPA). This rule will result in significant changes to the manner in which DNR regulates PWSs and the ripple effects from these changes will widely affect facilities regulated by DHSS, Bureau of Environmental Health Services (BEHS) and LPHAs, including lodging, childcare, retail foods, and food manufacturing operations.</p> <p>DHSS and LPHAs should be in full agreement on how what policy and procedure changes should be put into place relative to the RTCR, and engage through the various LPHA advisory committees or through a joint workgroup as may be needed to reach agreement. At this juncture this feedback is needed to determine the best path forward, whether this is full implementation of the RTCR (including rule changes as may be needed) to maintain consistency with DNR, a partial implementation with the continued use of boil orders and limit use orders as may be needed, or some other course.</p>	<p>A revised SBAR will be shared. Please provide feedback to <a href="mailto:Aaron.Winslow@health.mo.gov">Aaron.Winslow@health.mo.gov</a>.</p>
<p><b>DAC/DHSS Public Health Workgroup Update, Jo Anderson, Director, Center for Local Public Health Services</b></p>	<p>The DHSS/DAC Governmental Public Health workgroup and four subcommittees have continued to meet to articulate the identified issue themes. All participants at the March Public Health Conference will have the opportunity to provide input on these priority issues for the future of governmental public health, the metrics for showing change, and offer ideas for the future work of the workgroup and subcommittees.</p>	

A summary of initial workgroup/subcommittee work includes the following:  
Data: 1) Working to develop a document to define the issue based on feedback from the initial larger group meeting and follow up discussions. DHSS seeks to better understand the data needs of the LPHA by identifying the desired purpose and uses of data as well as any pertinent timeframes or deadlines the LPHA has for the utilization of the data, e.g. jurisdiction budget preparation to submit to board/county commission, grant request. 2) DHSS seeks to clarify by public health data system the level of data desired by LPHAs and frequency schedule that is most useful. 3) Need to ensure awareness of LPHAs of current level of data access, data analysis and extraction tools and training currently available from DHSS. 4) Also necessary to identify opportunities to increase user friendliness of trainings and data tools with current resources as well as quantify what additional resources need to be acquired.

Foundations for Healthy Communities (disease control and prevention and healthy communities): Identified 3 focus areas which include 1) Public health capacity to respond and provide services— what is the standard for staffing needed to deliver services? 2) Establishment of key systems for interacting between state and local staff on possible collaborations. Explore structures for groups of local health departments to be collaborative and share resources; develop standard and best practices. What structures support trust? 3) What are the key services and capabilities each health department needs to have or possibly what level of service is most appropriate given the size and structure of a local health department.

Workforce: Identified the key areas as training, knowledge transfer, and recruitment. Additional needs include standardized job descriptions, funding, public health staff per capita determination, and curriculum. Information needed to support this work includes: established workforce standards (including per capita public health staffing and funding needs); effective/best

	<p>practice communication strategies; and what specific care public health functions are suffering due to lack of staff or training.</p> <p><u>Outreach for Core Public Health:</u> Identified three areas of focus including, 1) Need for good policy and legislation—overall this ties into quality of life in communities, healthier and safer communities, and economic development, 2) addressing issue that public health careers are not a priority in colleges—aging workforce and the need for outreach in Health Sciences field, and 3) Little time/funding for outreach—address issues that a funding stream doesn't exist for outreach and the need to fund health educators in order to pro-active and not re-active.</p>	
<b>Closing Remarks/Discussion</b>	<p>Jo mentioned that the information on the Public Health Conference was on the website and encouraged LPHAs to register if they have not done so yet. The conference is March 2-3, 2016 at the Holiday Inn Executive Center in Columbia.</p>	
<b>Next Meeting:</b>	<p>May 18, 2016.</p>	