WEST VIRGINIA PUBLIC HEALTH PARTNERSHIP
1/6/16 Meeting Summary

Office of Environmental Health Services (OEHS) – *Walt Ivey and Brad Cochran*

- Currently OEHS is in the process of purchasing licenses for District Office staff to conduct inspections at state operated/permitted facilities and state issued onsite sewage permits. The environmental electronic reporting system was initially funded through the Public Health Infrastructure Grant for local health department (LHD) use. District Sanitarians are not currently trained on the use of HealthSpace and will require training prior to using the system. At this time, Judy Vallandingham will continue in the role of being a resource in the environmental electronic reporting system and is willing to schedule onsite training. GoTo Meetings with HealthSpace can be scheduled as the need arises.
- The Food Safety and Defense Task Force has worked on a Rule revision to adopt the 2013 FDA Food Code for consideration in the 2017 Legislative session.
- OEHS anticipates continuing to support HealthSpace as the vendor for environmental health electronic reporting. OEHS is working to determine future costs. Local health departments should incorporate user fees in future year budgets to assure resources are in place to support the system.

Legislative Update – *Brian Skinner*

- Legislative session begins on Wednesday, January 13, 2016.
- The Bureau has several proposed legislative rules that will be considered by the Legislature for approval. Proposed rules that will impact local health departments include Infectious Medical Waste (64 CSR 56); AIDS-related Medical Testing and Confidentiality (64 CSR 64); Tuberculosis Testing Control, Treatment and Commitment (64 CSR 76); and Farmers Market Vendor (64 CSR 102) rules.
- The Bureau has also proposed legislation to remove restrictions or prohibitions from existing language that will allow the state Bureau for Public Health (BPH) and local health departments to bill patients, either directly or through their medical health insurance providers, for the reasonable costs for HIV and STD testing. The bill also clarifies how HIV tests are to be conducted on persons charged with sexual offenses.

Office of Epidemiology and Prevention Services – *Loretta Haddy*

- There are funds available through the Preventive Health and Health Services Block Grant for T-spot testing of high risk populations. The funding allows for 1,184 tests of high risk individuals through September 2016.
- TB elimination is defined as 1 case per million which is the goal. West Virginia has been as low as 3 cases per million but has never achieved elimination.
- Stephanie McLemore has been hired as the TB Surveillance Nurse in the Bureau's Division of Tuberculosis Elimination.
- The 20 counties where TB cases have primarily occurred over the past 5 years have received cameras for telemedicine. This will be a significant cost savings for the public health system and should result in more efficient clinics and targeted care to high risk populations.

Preventive Services Meeting Update – *Chuck Thayer*

- On December 18th, members from the Department of Health and Human Resources (DHHR), BPH and the Bureau for Medicaid Services (BMS) leadership as well as representatives from multiple Managed Care Organizations (MCOs) met with several LHD representatives to discuss preventive services in LHDs.
- The meeting included a presentation by Lloyd White, Marion County Health Department, on the Kentucky model of preventive service provision by local health departments; and a discussion about the current capacity of LHDs to bill and be credentialed to bill Medicaid and other MCOs for services.

- Based on discussions with the West Virginia Association of Local Health Departments (WVALHD) last year, the Center for Local Health (CLH) initiated a series of meetings with BMS and DHHR's Management and Information Services (MIS) to try to determine the level of billing activity in local health departments using data submitted to BMS. There is significant diversity in the ways that local health departments interact with Medicaid which poses a challenge in terms of data analysis. The CLH may be reaching out to collect some additional data to form a more complete picture.

Cabell-Huntington Harm Reduction Initiative -- *Dr. Michael Kilkenny*

- The Cabell-Huntington Health Department (CHHD) launched a harm reduction initiative in September 2015. The Syringe Exchange Program, one part of this initiative, held its first clinic Sept 2, 2015.
- The clinic is held weekly. From September 2nd 2015 to December 31st, 2015, 625 individuals used this program with a total of 1,266 exchanges.
- Current strengths:
    - Strong support from the Mayor's Office of Drug Control Policy in Huntington.
    - Pharmacist, peer coach and clinic staff at each clinic due in part to a strong partnership with the School of Pharmacy at Marshall University.
    - Naloxone administration training is offered by CHHD twice a day during clinics.
    - CHHD staff completed a four day Harm Reduction Program training through CDC, 4 of whom are certified as train-the-trainers.
    - CHHD has the capacity to give Hepatitis B vaccine to everyone who has not had it.
    - The clinic is very efficient.
    - Other health departments (Mid-Ohio Valley, Kanawha-Charleston) have used CHHD as a resource.
- Current challenges:
    - Data collection and analysis (data on Hepatitis status, for example, is self-reported).
    - Meeting the high demand for syringe exchange services.
    - Lack of available treatment.
    - Funding for testing that is acceptable to the population being served (i.e. tests that do not include blood draws).
    - Lack of clinicians to prescribe naloxone.
- Lessons Learned:
    - Harm reduction initiatives are very community-dependent -- every community is different.
    - Demand for these initiatives has been much higher than anticipated.
- For further information, please contact Dr. Kilkenny at Michael.E.Kilkenny@wv.gov

Public Health Impact Task Force (PHITF) Recommendations – *Amy Atkins*

- The Center for Local Health (CLH) circulated a final report of PHITF activities to PHITF members in December. The report was approved conditional on several technical edits.
- The CLH is reviewing all current activities and requests and will be linking all activities and requests to the PHITF recommendations. These recommendations will be the CLH framework moving forward for prioritizing work activities.
- PHITF Recommendations are as follows:

1. **Local presence**
    - There will be a Health Officer Summit on April 8th and 9th in Charleston at the Marriott Town Center.
    - This Summit will include national speakers as well as a fundamental orientation to statutory roles and responsibilities. It is essential that all local health officers attend. CLH will also be addressing the current challenges around contacting health officers and identifying consistent means of communication to ensure responsiveness, particularly during outbreaks and other threats to public health.

- Building on the CHANGE Program, the Governance Forum and the Health Officer Summit, CLH will be working to formalize a Public Health Leadership Certificate program to improve the consistency of the training for board of health members, administrators and health officers.

2. Minimum package

- CLH will be working with BPH programs to develop a draft minimum package and will be working with the West Virginia Association of Local Health Departments Executive Council to obtain input and feedback.
- The package will then be presented to the Partnership and the WVALHD for feedback.
- CLH has also engaged the PHAB Public Health Center for Innovations to support this process and dialogue. The Innovations Center has been funded to focus on minimum package, standardized chart of accounts, foundational capabilities, etc., to help facilitate alignment of these areas across local and state agencies.

3. Assessment

- CLH has reached out to several states who have conducted these types of assessments for resources and tools.
- Based on feedback from local health representatives during the PHITF process, CLH has also funded an external, objective review of the model presented by Dr. Mace at the October 14th meeting.

4. Advisory Board

- CLH has reviewed the advisory board structure for 11 states as well as the legislation that was previously in place in West Virginia.
- Research is underway on the structure, membership and purpose of the board and CLH will communicate progress in the Partnership meetings.

5. Accreditation-readiness

- CLH is in the process of developing this work plan and welcomes feedback from the WVALHD.
- CLH was invited to attend a Community Health Assessment meeting in November at McDowell County Health Department. This was an opportunity for BPH programs to learn about one of the assessment processes used by local health departments.
- Because of this learning opportunity, CLH recognized the need for more coordinated, internal communication among Bureau programs and initiated a planning group with members from the Health Statistics Center and the Division of Chronic Disease Prevention and Health Promotion to explore ways in which the Bureau could be better positioned to support community health assessments, improvement plans and strategic plans. This group will allow BPH as an agency to ensure that our responses to requests for technical assistance in these areas are informed, coordinated and that guidance and requirements meet accreditation readiness requirements (evidence based, use of primary and secondary data, etc.).

6. Efficient and effective use of resources

- BPH is working internally to be a more efficient and effective partner to local health departments and other community partners. CLH continues to meet with each of the Basic Public Health Service programs as well as the Central Finance Unit to understand and align each program's technical assistance, communications and financial processes for local health departments.