



JEFFERSON COUNTY BOARD OF HEALTH

**Wednesday, October 12, 2016 - 5:00 p.m.
5th Floor Board Room**

PRESENT: Jennifer R. Dollar, M.D., Max Michael, III, M.D., Joshua Miller, D.O., Yocunda Clayton, M.D., and Hernando Carter, M.D.

ABSENT: Commissioner Jimmie Stephens

OTHERS

PRESENT: Mark Wilson, M.D., David Hicks, D.O., Senitra Blackburn, Kim Cason, Heather Hogue, Rodney Holmes, Bryn Manzella, David Maxey, Esq., Shila McKinney, Taishayla McKitt, Melissa Ann Morrison, Charlene Siza, and Denisa Pridmore

Call to Order

The meeting was called to order by Dr. Michael, Chair.

Minutes

Minutes of the September 14, 2016 meeting were approved as distributed.

Community Assessment for Public Health Emergency Response (CASPER)

Taishayla McKitt, MPH, Epidemiologist with the Alabama Department of Public Health (ADPH), Infectious Diseases & Outbreaks Division, discussed the CASPER exercise that included JCDH staff in April 2016. CASPER is an epidemiologic technique designed to assess an affected community's needs and vulnerabilities during a Disaster Life Cycle. She stated this is cost effective, time efficient, and informs public health actions and decisions.

Ms. McKitt reviewed the Disaster Life Cycle. She stated the "preparedness phase" was used for the April exercise and identifies the preparedness levels of a community. They assessed communication, availabilities within a community, evacuation plan, etc. The "response phase" is immediately after a disaster has occurred and identifies the needs of affected communities. The "recovery phase" looks at ongoing needs of the community. This phase can inform quality improvement or assurance purposes.

Ms. McKitt reviewed the objectives for the CASPER in Jefferson County which included community preparedness at the household level and to provide a training and exercise opportunity for our staff. The survey looked at communication access, mosquito prevention techniques, and to assess the services provided by JCDH. A two-stage sampling method was used to a select representative sample of 210 households and twelve interview teams (of 2 people each) were in place.

Ms. McKitt gave an overview of the survey results. The main preparedness concerns included health, shelter, mosquitos, emergency disaster plan, transportation, accessibility, and communication.

CASPER Readiness: A Quality Improvement Project

Bryn Manzella, MPH, Director of Quality Improvement, reported on a follow-up Quality Improvement Project that was developed and conducted on the JCDH CASPER exercise. The purpose was to determine the most successful way to educate public health employees on the CASPER technique. The quality improvement study looked at what helps public health staff develop confidence in performing a CASPER survey using just-in-time classroom-based training alone and with field-based experiential training. The key measure of success was at least 20% improvement from the baseline pre-training confidence score.

Ms. Manzella noted a number of measures of success that pertained to change in confidence and the ability to perform the CASPER, as well as the willingness to perform a future CASPER on a voluntary basis. She said the most important quality improvement perspective is how to keep this continuous improvement going. The Institute for Healthcare Improvement (IHI) Model of Improvement was used and Ms. Manzella discussed the project design.

Ms. Manzella reported the following results for the Change in Confidence for employees' ability to perform a CASPER in the field: Baseline average score: 6.4 on 9 point scale. She noted that 3 of the individuals had previously performed CASPER surveys and scored themselves with a 9. Post-classroom training moved the confidence level to 8.0, a 25% increase. The pre-classroom training score of 6.4 compared to the post-field experience score moved the average to 8.6, a 34% overall improvement. Ms. Manzella said when you compare post-classroom training score to post-field experience score there was improvement from 8.0 to 8.6, but it was not statistically impressive and this was good lesson learned. In an emergency, employees who have had classroom training should be able to conduct the CASPER surveys with only minimal situationally-related guidance.

Results for Volunteerism for Future CASPERs: 77.8% of CASPER trainees would volunteer for a future CASPER and 22.2% of CASPER trainees were unsure of willingness to volunteer.

Results for the Pilot on Microsoft Surface for Recording Data: Results showed that 83% of the team had a Surface, but 60% did not prefer to use it to a paper method for documentation. Three teams did prefer the Surface. There was 1 neutral response and 2 who did not answer related to preference for using the Microsoft Surface. Ms. Manzella said there were some technical glitches in the field that likely resulted in the preference for paper based documentation, but additional trials of the use of the Surface should be considered.

Ms. Manzella reported the study revealed just-in-time classroom-based training actually works for helping people gain the confidence to conduct the CASPER in the field. Confidence is enhanced when people get to do a field experience such as the April survey but the field experience itself does not add that much to confidence levels.

Data collected on recommendations for improving CASPER training both in the classroom and via field experience have been provided to the Emergency Preparedness staff at JCDH, ADPH and CDC and are being incorporated into future CASPER trainings.

Professional and General Liability Trust Fund Amendment

The Board members unanimously approved to authorize the Health Officer, as Trust Fund Administrator of the Professional and General Liability Trust Fund (Fund), and to amend the Fund to increase general liability “annual aggregate” coverage limits effective this date.

Contracts

On the motion of Dr. Miller, and seconded by Dr. Dollar, the following contracts were approved:

Renewal of a contract with the Alabama Institute for Deaf and Blind, Birmingham Regional Center (payee) to provide interpreting services as needed to JCDH clients/patients at a rate of \$45 per hour; not to exceed \$1,000, from October 1, 2016 through September 30, 2017.

Renewal of a contract with the University of Alabama in Huntsville (payee) to provide ongoing operational maintenance and upgrades for the Birmingham Air Quality website, which provides near real-time air quality monitoring data for the Birmingham area at a rate not to exceed \$18,200 from October 1, 2016 through September 30, 2017.

A new bid contract with Paycom Payroll, LLC (payee) to provide a Human Resources Information System that will replace the current Mangrove Human Resources System at a rate not to exceed \$395,000 from September 19, 2016 through September 18, 2019.

Renewal of a contract with the Jefferson, Blount, St. Clair Mental Health/Mental Retardation Authority (payee) to provide mental health access and services to the Board’s patients who participate in the Child Health Primary Care Program at a rate not to exceed \$70,000 from October 1, 2016 through September 30, 2017.

Renewal of a contract with American Behavioral (payee) to provide employee assistance services to all JCDH employees and their family members at a rate of \$2.50 per employee per month from October 1, 2016 through October 1, 2019.

A new contract with the National Safety Council (payee) to provide an on-site driver safety training and defensive driving course at a rate not to exceed \$3,300 from October 17, 2016 through October 21, 2016.

Renewal of a contract with Employment Screening Services, Inc. (payee) to provide background checks which include but are not limited to Consumer Reports, Investigative Consumer Reports and Motor Vehicle Reports at a fee for service; not to exceed \$14,999 from March 25, 2016 through March 25, 2017.

Renewal of a contract with Derrick Lewis (payee) to provide security services to JCDH and to coordinate schedule of all contracted sworn officers for JCDH at a rate of \$26 per hour; not to exceed \$46,900 from October 1, 2016 through September 30, 2017.

Renewal of the following contracts to provide security services for JCDH at a rate of \$22.50 per hour; not to exceed \$46,900 from October 1, 2016 through September 30, 2017: Eric Jones, Roger Eady, Gregory Edge, Eric Tillman, M.L. Leonard, Brandon Lowe, Alton Harville, Erick D. Lewis, Derrick Maurice Lewis, Alanda McCurdy, Donna Logan, and Michael D. Howard.

Renewal of a contract with Samford University, McWhorter School of Pharmacy, (payee) for JCDH to provide assigned students and postgraduate residents educational experience opportunities through their assisting physicians, nurses and other departmental employees in order to provide exposure to Public Health practice at a rate not to exceed \$65,000 from July 1, 2016 through June 30, 2017.

Renewal of a contract with the Board of Trustees of the University of Alabama at Birmingham (payor) for the Sexually Transmitted Disease/HIV Training Center at a rate not to exceed \$10,655 from April 1, 2016 through March 31, 2017.

Renewal of a contract with the Alabama Department of Environmental Management (payor) to provide reimbursement of funds to JCDH for equipment purchased to meet obligation of grant activities for 2017 ADEM Recycling Grant at a rate not to exceed \$48,252 from October 1, 2016 through September 30, 2017.

Renewal of a contract with the Alabama Department of Public Health, Center for Emergency Preparedness (payor) to provide grant funds for JCDH all hazards at the local level at a rate not to exceed \$261,756 from July 1, 2016 through June 30, 2017.

Renewal of a contract with the Alabama Department of Public Health (payor) to provide maternal and child health services to JCDH clients at a rate not to exceed \$458,206 from October 1, 2016 through September 30, 2017.

A new contract with the Alabama Department of Public Health (payor) for Public Health Area 4 to provide tobacco advertising and labeling inspections at a rate not to exceed \$49,754 from September 30, 2016 through September 29, 2017.

Renewal of a contract with the Alabama Department of Public Health (payor) to fund Disease Intervention Specialists to conduct STD case investigations at a rate not to exceed \$112,500 from October 1, 2016 through September 30, 2017.

Renewal of a contract with the Alabama Department of Public Health (payor) to provide funds for JCDH Cities Readiness Initiative activities at the local level at a rate not to exceed \$68,114 from July 1, 2016 through June 30, 2017.

Health Officer's Designee for Personnel-Related Issues

Dr. Wilson introduced Senitra Blackburn, who was recently hired as the new Director of Human Resources Management at JCDH. Ms. Blackburn previously worked at JCDH with a consulting firm for over a year and is very familiar with our organization. The resolution will allow Ms. Blackburn to handle personnel-related issues on Dr. Wilson's behalf.

On the motion of Dr. Miller, and seconded by Dr. Carter, the following resolution was approved:

WHEREAS, Policies and Procedures adopted by the Jefferson County Department of Health authorize a “designee” of the Jefferson County Health Officer to perform specified Human Resource duties with the same authority as the Health Officer; and,

WHEREAS, the Jefferson County Health Officer has designated Ms. Senitra Blackburn, Director of Human Resources Management, to act as the Health Officer’s designee for the specified Human Resource duties in the Policies and Procedures; and,

WHEREAS, the Health Officer requests the Jefferson County Board of Health to confirm the appointment of Ms. Senitra Blackburn as the Health Officer’s designee for those specified duties pertaining to personnel matters, and recognizing the right of the Health Officer to withdraw or rescind this designation without the need to seek approval from this Board,

NOW THEREFORE, BE IT RESOLVED that the Jefferson County Board of Health, by a majority vote of its members at a regularly scheduled meeting does recognize and confirm Ms. Senitra Blackburn as the Health Officer’s designee to perform the specified duties in the Policies and Procedures of the Jefferson County Department of Health, until the Health Officer designates different, other, or no employees to fulfill that role.

Reducing the Burden of Disease Related to Injection Drug Use

Dr. Wilson reminded the Board he had sent a draft of the following resolution to them last week and asked if they had any questions or comments. He stated this endorsement could be used to help influence policy makers in the Alabama State Legislature. AIDS Alabama plans to draft a bill in early November. Dr. Wilson has cleared this resolution with the ADPH Health Officer. Dr. Dollar stated engaging the Medical Association of the State of Alabama on the front end of this pending legislation would be helpful.

On the motion of Dr. Clayton, and seconded by Dr. Carter, the following resolution was approved:

WHEREAS, Injection Drug Use (IDU) is a widespread practice in the midst of the current epidemic of opioid addiction and overdoses from injection drugs including heroin and fentanyl (1);

WHEREAS, there is evidence that IDU is a major cause of the spread of Hepatitis C in Jefferson County and other parts of Alabama (2);

WHEREAS, IDU can spread HIV infection and Hepatitis B, and can potentially lead to a major outbreak of either of these infections (3)(4);

WHEREAS, Syringe Service Programs (SSPs), which have also been referred to as syringe exchange programs (SEPs), needle exchange programs (NEPs) and needle-syringe programs (NSPs), are community-based programs that provide access to sterile needles and syringes free of cost and facilitate safe disposal of used needles and syringes (5);

WHEREAS, abundant scientific studies have demonstrated that Syringe Service Programs are effective in reducing the risk of spread of viral hepatitis, HIV and other blood borne infections (6)(7)(8);

WHEREAS, HIV disease and viral hepatitis and other infections related to IDU are very expensive to treat, and prevention efforts, including Syringe Service Programs, can result in tremendous cost savings (9)(10);

WHEREAS, a preponderance of evidence shows either no change or decreased drug use among SSP participants, and individuals in SSPs have an increased likelihood of entering substance abuse treatment programs (11)(12)(13)(14);

WHEREAS, Syringe Service Programs provide an opportunity to encourage people who inject drugs to enter substance abuse treatment (14)(15)(16);

WHEREAS, Syringe Service Programs provide an opportunity to screen and treat people who inject drugs for communicable diseases such as HIV, hepatitis B and C, tuberculosis, and sexually transmitted infections (STIs); to offer education about or referral to other risk reduction services such as access to naloxone for treatment of overdose; and to engage them in primary and preventive care (9)(17);

WHEREAS, SSPs can reduce the number of contaminated needles on streets, on playgrounds and in trash receptacles, thereby protecting children, sanitation workers and others from needle sticks (18)(19);

WHEREAS, Law enforcement personnel are at increased risk of experiencing needle sticks in the course of their work (20);

WHEREAS, Law Enforcement Assisted Diversion (LEAD) programs allow law enforcement personnel to offer persons in possession of IDU needles entry to a syringe exchange program as an alternative to arrest and prosecution if they voluntarily divulge their possession of needles. LEAD programs can encourage people who inject drugs to get into SSPs, other associated public health services and addiction treatment, while protecting law enforcement personnel from inadvertent needle sticks and saving the criminal justice system money (21)(22)(23);

WHEREAS, numerous professional and policy organizations have endorsed SSPs as effective public health practice, including the Centers for Disease Control and Prevention, the American Public Health Association (24), the American Medical Association (25), the National Association of County and City Health Officials (26), the Surgeon General of the United States (27), the National Institutes of Health (28)(29), the American Society of Addiction Medicine (30), the Foundation for AIDS Research (31) and the American Bar Association (32);

WHEREAS, the drug paraphernalia law in the State of Alabama Code does not allow for the legal operation of SSPs (33);

BE IT RESOLVED that Jefferson County Board of Health endorses:

- 1) Amendment of the Alabama drug paraphernalia law by the State Legislature to allow the establishment of Syringe Service Programs (SSPs).
- 2) Allowance for the establishment of SSPs in counties where the spread of blood borne disease from infection drug use is a public health concern, as determined by the Alabama Department of Public Health and authorized by the State Health Officer.
- 3) Requirements that SSPs assist program participants in obtaining substance abuse treatment services.
- 4) Requirements that SSPs provide or refer clients to screening for HIV, viral hepatitis, and sexually transmitted infections.
- 5) Requirements that SSPs regularly report activities and outcomes to the Alabama Department of Public Health to ensure that they are fulfilling their public health purpose.
- 6) Law Enforcement Assisted Diversion to SSPs.

Max Michael, III, M.D., Chair
Jefferson County Board of Health

References:

- 1) Annual Drug Report, 2015. Jefferson County Coroner/Medical Examiner's Office (Alabama); Published February, 2016; Available at <https://www.scribd.com/doc/300350235/Drug-deaths-in-Jefferson-County-2015>. Accessed October 4, 2016.
- 2) James Galbraith, MD, Associate Professor, University of Alabama at Birmingham Department of Emergency Medicine, Presentation to the Jefferson County (AL) Board of Health at its September 14, 2016 meeting: "Hepatitis C Virus Infection in Central Alabama." Meeting minutes available from the Jefferson County Department of Health, Birmingham, AL.
- 3) Caitlin Conrad et al. Centers for Disease Control and Prevention (CDC). Community Outbreak of HIV Infection Linked to Injection Drug Use of Oxymorphone — Indiana, 2015. *Morbidity and Mortality Weekly Report (MMWR)* May 1, 2015; 64(16): 443-444.
- 4) Aaron M. Harris, MD et al. Centers for Disease Control and Prevention (CDC). Increases in Acute Hepatitis B Virus Infections — Kentucky, Tennessee, and West Virginia, 2006–2013. *Centers for Disease Control Morbidity and Mortality Weekly Report (MMWR)* January 29, 2016; 65(3): 47–50.
- 5) Centers for Disease Control and Prevention website: "Syringe Services Programs." Available at <http://www.cdc.gov/hiv/risk/ssps.html>. Accessed October 4, 2016.
- 6) Holtzman D, Barry V, Ouellet LJ, et al. The influence of needle exchange programs on injection risk behaviors and infection with hepatitis C virus among young injection drug users in select cities in the United States, 1994–2004. *Preventive Medicine* 2009; 49:68–73.

- 7) Hagan H, Des Jarlais D, Friedman SR, Purchase D, Alter MJ. Reduced risk of Hepatitis B and Hepatitis C among injection drug users in the Tacoma syringe exchange program. *American Journal of Public Health* 1995; 84:1531–1537.
- 8) Des Jarlais DC, Marmor M, Paone D, et al. HIV incidence among injecting drug users in New York City syringe exchange programs. *Lancet* 1996; 348:987–91.
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- 13) Fisher D, Fenaughty AM, Cagle HH, Wells RS. Needle exchange and injection drug use frequency: A randomized clinical trial. *Journal of Acquired Immune Deficiency Syndromes* 2003; 33: 199-205.
- 14) New Jersey Department of Health & Senior Services, Division of HIV/AIDS Services. New Jersey Syringe Access Program Demonstration Project Interim Report: Implementation of P.L. 2006, c.99 “Blood-borne Disease Harm Reduction Act.” January 2010. Available at http://www.njleg.state.nj.us/OPI/Reports_to_the_Legislature/bloodborne_disease_annual_2010.pdf. Accessed October 7, 2016.
- 15) GENERAL ASSEMBLY OF NORTH CAROLINA, SESSION 2015. SESSION LAW 2016-88; HOUSE BILL 972. “SECTION 4. Article 5C of Chapter 90 of the General Statutes is amended by adding a new section to read Section 90-113.27. Needle and hypodermic syringe exchange programs authorized; limited immunity.”
- 16) FLORIDA LEGISLATURE, SB242, 2016 SESSION. An act relating to an infectious disease elimination pilot program; creating the “Miami-Dade Infectious 3 Disease Elimination Act (IDEA)”; amending s. 381.0038, 4 F.S.; authorizing the University of Miami and its affiliates to establish a sterile needle and syringe exchange pilot program in Miami-Dade County.
- 17) Centers for Disease Control and Prevention (CDC). Integrated Prevention Services for HIV Infection, Viral Hepatitis, Sexually Transmitted Diseases, and Tuberculosis for Persons Who Use Drugs Illicitly: Summary Guidance from CDC and the U.S. Department of Health and Human Services. *Morbidity and Mortality Weekly Report (MMWR)* November 9, 2012; 61(RR05): 1-40
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- 29) Anthony Fauci, M.D., Director, National Institute of Allergy and Infectious Diseases, National Institutes of Health. Testimony before the U.S. House of Representatives Committee on Oversight and Reform, September 16, 2008.
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- 32) American Bar Association, Section of Individual Rights and Responsibilities. Report and Recommendation 106B. August, 1997. Available at http://www.americanbar.org/content/dam/aba/directories/policy/1997__am_106b.authcheckdam.pdf. Accessed 10/3/2106.
- 33) Alabama Code - Section 13A-12-260: DRUG PARAPHERNALIA; USE OR POSSESSION; DELIVERY OR SALE; FORFEITURE.

Health Officer Report

Mobile County Health Department (MCHD)

Dr. Wilson reported the senior leadership of the MCHD visited JCDH on September 28-29, 2016. This is part of an ongoing collaboration to learn from each other and support each other as county health departments with a lot of similarities. He said it has been mutually beneficial and we plan to continue the collaboration.

Zika Update

Dr. Wilson reported there have been no new cases of the Zika virus in Jefferson County over the past several weeks.

Hurricane Matthew Incident Command

Dr. Wilson reported that JCDH initiated the Incident Command System (ICS) to help coordinate our involvement related to Hurricane Matthew. Both Nurse and Environmental Strike Teams have been on standby for possible deployment to affected regions in the United States.

North Jefferson County Clinic

Dr. Wilson stated the Morris Health Center (MHC) clinic is aging and in need of repairs. A team led by Dr. Hicks will be making a recommendation and justification on what programs will be located at a new center to replace MHC. This will help determine the location and size of the property.

Nurse Family Partnership

Dr. Wilson noted that one of the items in the JCDH 2017-2021 Strategic Plan is to help establish a Nurse Family Partnership in the Birmingham area. Discussions have taken place with various community partners over the past two years and it now appears that the UAB School of Nursing has committed to establishing a program and running it. They have the capacity, the ability to hire nurses quickly, and would be able to expose nursing students to the idea of community prenatal and perinatal care. UAB School of Nursing is ready to begin as soon as funding is put together. The JCDH budget included support for the program. Dr. Wilson said a resolution will be presented to the Board in the next couple of months that will allow us to put additional funds to support this program in the Public Health Advised Fund administered through the Community Foundation of Greater Birmingham.

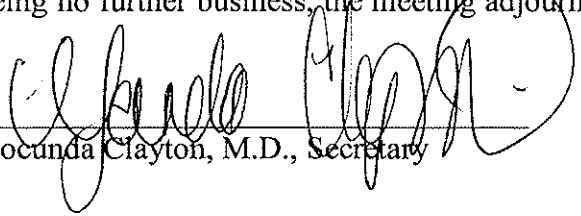
Dr. Dollar asked what specific data would be looked at for the program. Dr. Wilson said one of the main data points is infant mortality and he offered to send her more information.

Dr. Wilson discussed the Pay for Success model that has been used in a few places whereby private investors or foundations can invest upfront and if it is shown that the program saves the state money, the state would pay them back with a return on their investment. This will be looked at as a possible way to make the Nurse Family Partnership more sustainable.

Acting Health Officer


Dr. Wilson informed the Board he will be traveling out of the country for the next two weeks and Dr. David Hicks, Deputy Health Officer, will be the Acting Health Officer.

The next Board of Health meeting is scheduled for Wednesday, November 9, 2016 at 5:00 p.m. in the Fifth Floor Board Room. There being no further business, the meeting adjourned at 5:50 p.m.



Yocunda Clayton, M.D., Secretary

Approved:



Max Michael, III, M.D., Chair