Kansas Association of Local Health Departments

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Healthy People Build Strong Communities



Board of Directors Meeting Minutes

February 19, 2018

# Call to Order:

The February Board of Directors meeting of the Kansas Association of Local Health Departments was called to order at 10:02 a.m. on Tuesday, February 19, 2019 by Jason Tiller. The meeting was held via Adobe Connect.

# Acknowledgement of Board Members and Attendees Present

Aften Gardner

Carl Lee

Cheryl Goetz, District 1

Cindy Mullen

Cristi Cain, KDHE

Crystal VanHoutan

Dan Partridge, Treasurer

Dana Rickley

Denise Kelly, KDHE

Dennis Kriesel, KAC

Donna Terry

Eldonna Chesnut

Fern Hess

Heather Richardson, Assistant Director

Jackie Patterson

Jason Tiller, President-elect

Jennifer Green, President

Karla Heble, District 1

Ladonna Reinert

Lindsay Payer, Past-president

Lynnette Redington, District 5

Marilyn Gamblin

Meagan Sadler

Michelle Ponce, Executive Director

Nick Baldetti, Member-at-large

Paula Bitter, District 2

Quinton Unruh

Rita McKoon, District 6

Sara Hodges

Shelly Schneider, Member-at-large

Sherry Angell

Susan Belt

Tamara Wilkerson, KDHE

Teresa Starr, District 6

Ty Kane, CEI

Virginia Downing

# Approval of Agenda

Nick motioned to approve the agenda, and Lindsay seconded. The agenda was approved unanimously.

**Approval of January Minutes**

Paula moved to approve the January minutes, and Lindsay seconded. The minutes were approved unanimously.

**Executive Director Report**

Read the entire report at: <http://www.kalhd.org/wp-content/uploads/2019/02/ED-Report-Feb-19-2019.docx>

**January Financial Report**

Dan presented the monthly financial report for January. Jason motioned to approve the report, and it was seconded by Nick. The motion passed unanimously.

**KDHE Update – Cristi Cain**

* Registration for the Governor’s PH Conference is now open – Preconference April 2, Gen Session April 3-4, Hilton Garden Inn Conference Center, Manhattan
  + Opioid session will take place the evening of April 3, dinner provided
* KGMS Updates
  + The KGMS user guides are available on the home page
  + The state formula webinar recording is available now
  + The signature page is fixed and rolling out soon
* Kan Be Healthy Training – more information coming soon
  + Lindsay asked: will the KBH training cover the assessment and billing? Cristi said: Walking through the exam, and summary of assessments will be the focus. If you want us to include billing, we can do that. If you’re interested in joining the development workgroup, contact me.
* Grant Writing training will be in May, in Manhattan- more info coming soon
* KDHE sponsoring Mental Health First Aid - Train the Trainers. Contact Cristi to get on the invite list
* Cristi created an Adobe Connect poll:
  + How often should we have MCO updates on Population Health Webinars?
    - 55% responded Monthly, and 45% responded Quarterly
  + What would you be most interested in hearing from the MCO's?
    - Responses: Updates, Changes, Opportunities specifically for PH and close partners, Updates on payments

**PHAST Project – Greg Whitman**

View Greg’s entire presentation at: <http://www.kalhd.org/wp-content/uploads/2019/02/SACCHO-Presentation_20190215-MS.pptx> If you have questions about this information, please contact schulm@uw.edu.

**PHEP Update- Denise Kelly**

For the current budget period that ends June 30, 2019, affidavits must be submitted in a timely manner.

For the upcoming budget year, the CDC says the capabilities will not change. We anticipate there may be big changes in requirements, reporting or other. We will find out when we are given the NOFO. We expect to receive the NOFO soon.

When we receive the NOFO, we will review the funding, requirements, focuses, changes, and the timeline. We are normally given 45-60 days, however, it may be shortened due to delays.

I am currently working on the KDHE workplan and budgets.

Workplan Discussion:

Denise: For the workplan, because we are at the end of the current budget cycle, participants must meet all of the workplan requirements. If you feel you can’t meet the requirements, please contact me.

In January, we met with the PHEP regional coordinators, CRI coordinators, and HCC coordinators and had a training exercise planning workshop and reviewed what I thought would be good to provide at the statewide training next year.

We then divided into groups, and we received a lot of great feedback on our state training plan for next year and looked at gaps they had. Anne is compiling that information and will distribute it in the next few days.

One of the things I heard during that meeting was that we should provide a richer training for local health department webinars. We are working on that and will be reaching out to you next year on some of those topics. We know the webinar training will be part of the workplan, and a full-scale exercise in the Spring of 2020, but I don’t have a workplan to show you, because we don’t yet have a NOFO.

I’m going to pause here to let you tell me, regarding the current workplan, what worked well for you and what you want carried over to next year, or if you have any questions about what I covered so far.

Jennifer: I appreciate you listening to us about the trainings for next year. Recorded trainings are helpful.

Cheryl Goetz: I there a place for the KALHD/KDHE team that was formed? Several years ago? We looked at the workplans at that time.

Michelle: Cheryl is referring to the KALHD/KDHE teams that was formed at the beginning of the Preparedness Program. One function of those teams was to come together during development of the workplan and funding allocations. We met very frequently during this timeframe, and that has changed in the last couple of years and the teams haven’t been working together. As Denise and I have discussed, KALHD members and regional coordinators will need to meet to review the workplans – it goes much smoother when there’s at least one opportunity to review and vote on concurrence. KALHD still has a contract through June 30, 2019, so we still have time to meet and review and move towards concurrence. At minimum, we need an opportunity for membership to review the proposed workplan, ask questions, potentially make minor changes, and vote on concurrence. In addition, membership needs to discuss what this process will look like next year as the KALHD contract was not renewed.

Denise reply: We will definitely provide an opportunity to listen to KALHD members regarding the workplan. My best guess is that KDHE receives the NOFO next week, we share it electronically, collect comments, and meet in person or teleconference, or both, and vote for concurrence during the March board meeting. I don’t think that’s going to happen, rather, KALHD will take the concurrence vote in early April.

Frankly, I am not looking for help in developing the workplan, but I am looking for help in finalizing the workplan.

Lindsay Payer & Carl Lee: Why?

Denise reply: I think we go with the minimum requirements and I don’t see a need for that.

Lindsay Payer & Carl Lee: In the past, the TEAM prepared the workplan together.

Lindsay Payer & Carl Lee: It had always worked in the past.

Jason Tiller Saline Co HD: I think that the meeting between KALHD and KDHE Prep is essential as it is an opportunity to discuss those challenges and opportunities with the workplan before KDHE sets it in stone

Sherry Angell: I know you probably can't/don't know yet- but do you have anything that you can share as to what the expectations are going to be of the LHD's participating in the FSE? Will that occur in their counties?

Denise reply: I don’t know what FSE is.

Sherry Angell: full scale exercise

Denise reply: Yes, the FSE has not been developed yet.

Sherry Angell: Are you still planning to have the Regional Coordinators come to Topeka on a qtrly basis again next year?

Denise reply: Yes, but it may be Salina rather than Topeka.

Cindy Mullen: Regarding the regional work plan #4 - I like the idea of meeting quarterly - but it would be much more helpful to move that centered in the state for time and budget constraints.

Jason Tiller Saline Co HD: Salina is always open to helping meet that need.

Cindy Mullen: Sorry my first question is region work plan #7. Second question region work plan #4 - are PHEP coordinators still required to attend HCC meetings?

Denise reply: Yes, there is still a requirement for that the LHD’s attends the HCC meetings. Proxies are allowed.

Susan Belt -- SEK Multi-County Health Department: Would it be possible for you to share the NOFO when it comes out so that LHDs / Regional Coordinators could review prior to reviewing / providing comments on the work plan?

Denise reply: I will think on that. We don’t normally do that, but there may be pieces I’m willing to share.

Jason Tiller Saline Co HD: The NOFO was shared last year while development of the workplan was ongoing.

Denise reply: I haven’t quite figured that out. I know for next year, I plan to use the PHEP Regional Coordinators to help with getting input, review process, so I still want KALHD membership to help us with that. We will figure that out together.

Jason Tiller Saline Co HD: The NOFO was shared last year while development of the workplan was ongoing.

Michelle Ponce, KALHD: We usually post the NOFO online for members to review as they see fit

Denise reply: Okay so I wanted to say that the NOFO is available for anybody to review, so in the past, at the beginning of this grant we had a lot more flexibility, so it certainly made a lot more sense to have input. Now, it’s more prescriptive, and not as much flexibility.

Cindy Mullen: I also think it is essential that the regional PHEP coordinators assist with the work plans

Michelle: Regarding workplan development, we all realize it has become very prescriptive. Sometimes the input that we’re looking for is not necessarily “what is or is not required”, but how to best carry out those requirements. For example, if there’s a training requirement, we can identify how that training may be provided in a way/format/location that best meets the needs of the locals. If there’s a new process, for instance, if we could have some local input that ensures that whatever kind of process is put in place, it really works with the business of local health departments. We understand you have little flexibility with requirements – getting local input focuses on ensuring how those processes are put in place to meet the needs of locals, and it’s done in a way that also meets the requirements.

Karla Dist.1 Rep: LHD Administrators input. I think should be as important as the "regional coordinators" as the eyes of each position see thing differently.

Denise’s reply: Thank you, that helps clarify. I’m going to now move on and finish with the budget. I’ll provide time at the end.

Tamara and I have looked over previous budgets, and the formula that was used. We are going to keep that formula. Once we receive the grant, we give 50% to local health departments, and KDHE keeps 50%. Today I want to talk about the local health department’s 50%. 32% goes to the local health department, 18% goes to regional PHEP areas. For the base, we will add $680 will go to each county since the KALHD contract was not renewed. I don’t know how that will affect your total budgets until I receive the NOFO.

Dan Partridge: Perhaps I missed it if this point has been made already but one example of joint decision making that I see as appropriate and was past practice relates to the local allocation formula i.e. reallocating the KALHD contract.

Lindsay Payer & Carl Lee: Is it my understanding that the 50% on behalf of locals is where KALHD was paid from?

Michelle Ponce, KALHD: Lindsay, yes, that is correct. The KALHD contract funding came from the local 50%.

Jennifer Green - Riley: What’s the anticipated plan next year for obtaining concurrence for all LHDs without the KALHD contract in place?

Jason Tiller Saline Co HD: I don't agree that the ROI of giving 680 dollars per county is equal to the ROI lost from having KALHD working for the locals on preparedness.

Lindsay Payer & Carl Lee: So a decision was made regarding the Local 50% without local input?

Dan Partridge: My point is that how to reallocate was a joint decision does it go to the base or to the per capita.

Denise’s reply: Yes, the decision to reallocate funds within the locals’ budget was made without any local input or discussion. I made that decision. I get to make the decision (on how to use local’s share of the grant funds). Yes, the 50% belonged to the locals. We aren’t going to talk about 2019-2020 and beyond. We will talk about that later on.

Dan Partridge: I was part of the joint-process team that created the process and the formula that is used to disperse the locals share of grant funding. The decision-making process used to reallocate the funding that was historically paid to KALHD didn’t include the locals, or the KDHE/KALHD executive team. It’s not the decision that was made, it was the fact that the decision was made without including us at all. That was an easy thing to reach out and ask us “We have a bolus of money, how would you like us to use it?”

Denise’s reply: I’m still not getting it, Dan. Did we negotiate the percentage that went to locals every year?

Dan: When the money that was historically paid to KALHD came available, you did not reach out to locals and get our input on how the money should have been spent. These decisions have, from the very beginning of the PHEP program, been made as a joint-effort between KDHE and the locals. I don’t understand why the decision on how to disperse the extra funds was made independent of locals?

Denise’s reply: It is because I feel it is my responsibility, and my right, when I’m not bidding a contract to the counties. I apologize if I have ruffled feathers. I would do it the same the next time around.

Jennifer: I don’t understand how the decision was made not to rebid the contract. No locals were involved in this decision, and I’m trying to understand why.

Denise’s reply: I would have been a bid, and it may or may not have been KALHD. The reason is that we are fully staffed. I am looking at efficiencies within the department and looking to see if we need a contract like this in the future. Also, we get push back from the Feds on this every year.

We are not rebidding the contract. We may rebid in the future, with different needs.

Jennifer: I have concern about getting the letter of concurrence, and workplan discussions next year, if KALHD is not involved.

Denise’s reply: So I do plan to reach out directors directly and will use the PHEP regional coordinators to assist me.

Denise: I’d like to hear from you on the next steps on what you would like to see. I plan on sharing the NOFO, then we will develop the workplan, and share it with you. I am open to meeting virtually if it fits schedules better. We will need a minimum of two meetings.

Michelle: If it doesn’t fit within KALHD board meeting dates, KALHD will facilitate additional meetings. After the meetings, Dennis will work on getting concurrence from KALHD members.

Cindy Mullen: Special meetings used to be scheduled when the NOFO was received.

Karla Dist.1 Rep: KALHD is a support and voice for LHD - Not only with PHEP but other health department programs. The members of KALHD pay a membership and expect KAHLD to voice our concerns. This feels like to me, we have lost a very important support with not bidding. I respect this is your decision. I feel this has a very negative effect.

Denise: I will wait until the NOFO arrives and then touch base with Dennis/Michelle.

Jason Tiller Saline Co HD: I think there needs to some meetings. There just needs to be input from the locals to the extent possible about the workplans that impacts the locals.

Denise: I appreciate KALHD’s support of locals. KDHE does value KALHD and look forward to working with them in the future, just not with this contract.

Susan Belt -- SEK Multi-County Health Department: The January work shop for Reg Coord covered trainings pretty well. Will there be an opportunity to provide feedback about exercise needs beyond the FSE?

Denise’s reply: Yes, as you know, Donna resigned, and we are currently looking for a new exercise coordinator.

Karla Dist.1 Rep: About how much was the KALHD contract?

Denise’s reply: $68,000, or $680 per county.

**1:52:27**

**FPHS reports from PHNCI project**

* FPHS Local Implementation Plan – Ty Kane

View the toolkit: <http://www.kalhd.org/wp-content/uploads/2019/03/FPHS-Local-Implementation-Toolkit.pdf>

This toolkit was designed to support local implementation of the Kansas FPHS model. This resource is intended for local health department officials, who are interested in, or are currently leading, efforts to implement the Kansas Foundational Public Health Services locally. This resource was informed by the Kansas Foundational Public Health Services Local Pilot, which took place in 2017-2018 with representatives from Coffey, Franklin, Osage and Wabaunsee counties and staff from the Center for Public Health Initiatives at Wichita State University, KALHD, and Kansas Health Institute. The same partners contributed to the development of this toolkit.

The toolkit outlines three phases of a local Foundational Public Health Services implementation process: Prepare for the Implementation Initiative, Explore Opportunities to Implement FPHS Locally and Identify Priority Areas for FPHS Implementation and Act. This resource also includes a number of attached worksheets and templates. If you’re interested in learning more, contact [Ty.kane@wichita.edu](mailto:Ty.kane@wichita.edu).

* FPHS Legal & Policy Review – Jason Orr
* FPHS Roadmap – Charlie Hunt

Nick Baldetti - Reno: do you have a recommendation on whether this report should be shared holistically with BOH/BOCC and other level of stakeholder elected officials?

Jason Orr: These reports belong to KALHD, and can be shared accordingly.

**Adjourn**

Lindsay motioned to adjourn, and Jason seconded. The meeting adjourned at 1:58 p.m.

Minutes submitted by Heather Richardson