



KANAWHA-CHARLESTON HEALTH DEPARTMENT

Kanawha-Charleston Board of Health Agenda August 15, 2024, 4:30 p.m.

108 Lee Street, East, Charleston, WV 25301 (2nd Floor Board Room)
Zoom Meeting ID: 304-344-5243/Passcode: 52432020
This meeting will occur in person and Zoom

Call to Order—President, Mr. Jeremy Nelson

Roll Call – Kandy Forsythe

Dr. Dara Aliff-Lao	
Ms. Jessica Hudson	
Ms. Lillian Morris	
Ms. Danita Nellhaus	
Mr. Jeremy Nelson, President	
Dr. Arthur Rubin	

Moment of Silence

Report of the President—Mr. Jeremy Nelson

- a. Approval of Minutes – May 16, 2024

Report of the Executive Director—Dr. Steven Eshenaur

- a. Executive Director Update

Report of the Director of Operations—Mr. Doug Beasley

- a. Financial Update
- b. Personnel Update

Report of the Division of Clinic Services—Ms. Deanna Bonham

- a. Clinic Update

Report of the Division of Environmental Health Services—Mr. Doug Beasley

- a. Environmental Fees for Permits Update
- b. Personnel Update

Report of the Division of Epidemiology—Dr. J. Tolbert

- a. Respiratory Diseases
- b. Lyme

Report of the Executive Assistant to the Executive Director/Health Officer—Ms. Julie Blackwood

- a. Executive Assistant Update

Report of the Public Information Officer (PIO) —Ms. Lalena Price

- a. PIO Update

Unfinished Business

New Business

Public Comment

Adjournment



Kanawha-Charleston Board of Health



Thursday, May 16, 2024
108 Lee Street East
Charleston, WV 25301
2nd Floor Board Room

MEETING MINUTES - **DRAFT**

1. Call to Order—President Mr. Jeremy Nelson

The meeting was called to order with the President, Mr. Jeremy Nelson, presiding.

2. Roll Call—Kandy Forsythe

Ms. Forsythe called the roll.

Dr. Dara Aliff-Lao	Present via Zoom
Ms. Jessica Hudson	Present
Ms. Lillian Morris	Present
Ms. Danita Nellhaus	Not Present
Mr. Jeremy Nelson, President	Present
Dr. Arthur Rubin	Present

The President noted the presence of a quorum.

3. Moment of Silence

The President called for a moment of silence for those who have died from COVID-19 and first responders who have responded to the COVID-19 pandemic.

4. Report of the President - Mr. Jeremy Nelson

- a. **Election of Board President** – The West Virginia Code and the Kanawha-Charleston Board of Health Bylaws require the board of health elect from its membership a president to serve a one-year term.

Upon motion by Dr. Rubin seconded by Ms. Morris to elect Mr. Jeremy Nelson as president. Motion carried.

- b. **Approval of minutes** – With no further discussion, approval of minutes for the March 21, 2024, Board of Health meeting Upon motion by Ms. Hudson seconded by Ms. Morris the question was put: Shall the minutes of the March 21, 2024, Board of Health meeting be approved? Motion carried.

5. Report of the Health Officer - Dr. Steven C. Eshenaur, DO, MBA

- a. **Strategic Planning** – Dr. Eshenaur stated the CESD has completed the Strategic Plan after a lengthy process involving everyone at KCHD, and our board and stakeholders. Dr. Eshenaur stated that it will give KCHD a vision and direction for the future. Julie will be providing a more in-depth update later in the meeting on this. No questions asked.
- b. **KCHD Retirements** - Dr. Eshenaur stated that both Deborah Snaman and Greg Rinehart have retired. Dr. Eshenaur stated that they will both be sorely missed, and both were much appreciated for their many years of service at KCHD. Mr. Anthony Canterbury of course is now doing Mr. Rinehart's job and we are still seeking a clinic director. In the interim, Ms. Dee Bonham is doing a good job filling the position temporarily and has some great ideas for the clinic which are related to travel service immunizations among other ideas.
- c. **Funding and State Budget** - Dr. Eshenaur stated the budget that was passed has significantly impacted the health departments in a negative way, a huge hit to health across all departments. So of course, this will have a negative impact on the budget for KCHD. Dr. Eshenaur stated that the local health association has taken action to advise the Governor of the significant negative impact to funding, raises and employee retention. KCHD is hopeful that the funding will be restored in a Special Session to the level originally proposed by the Governor. Dr. Eshenaur stated that Mr. Beasley will provide additional budget insight during his presentation.

Ms. Morris asked if KCHD sees any immediate impact. Dr. Eshenaur stated no, but long term, possibly. No further questions asked.

- d. **Additional Income Opportunities** – Dr. Eshenaur stated opportunities are being looked into for generating additional income by the clinic staff. Dr. Eshenaur stated that some of the services that are being looked into include malaria prophylaxis, drug testing, and laboratory testing that goes beyond our current offerings (i.e. Glucose check, strep screen, labs for a work physical and antibody test.) No questions asked.

6. Report of the Division of Administrative/Operations – Mr. Doug Beasley

- a. **Financial Update** – Mr. Beasley distributed the proposed budget for FY24/25. Mr. Beasley stated it is a \$700,000.00 decrease from 2023 budget (\$3,713,367.50) Mr. Beasley stated that a large part of this is from the implementation of VaxCare which keeps us from purchasing almost \$350,000 in vaccines per year. Mr. Beasley stated another large reduction is the downsizing in contract employees that we had working during COVID. Mr. Beasley further stated that they are down to one contractual employee, an LPN, in the clinic, which they hope to change to a full-time position in the near future. Mr. Beasley also stated that KCHD has had some higher paying positions leave which could be replaced with lower paying positions. No questions asked.

Mr. Beasley stated the budget includes, which has not been discussed yet, the 5% pay increase for all full-time employees as requested by the governor. If the legislation is signed by the Governor and the LHDs are included in the bill, and

with the Board's approval, Mr. Beasley stated he would request the Board's permission to draft a letter to the WV State DOP Board asking for inclusion in the ATB pay raise of 5% for all fulltime employees. Mr. Beasley stated that the current Budget is based on the Budget Bill passed by Legislature during regular session, which was awarded \$15 odd million to local health, which was down from \$17 odd million allocated last year. Mr. Beasley stated that this reduced the state funding by approximately 10%, to \$1,090,920.64 from \$1,210,947.97. Mr. Beasley stated this was to be fixed during a special session and the allocation is "supposed" to be increased to \$19 odd million dollars to include the previously mentioned 5% increase to employees proposed by the Governor. If the allocation is amended to \$19 million, the state funding would increase to \$1,334,107.45. Mr. Beasley stated that this is one of the reasons why Dr. Eshenaur has been on top of things and talking with our political figures to try and keep pressure on them. Mr. Beasley stated that KCHD is blessed and that they have some reserves and that we have been frugal with money so that we are not in dire straits. Several health departments are talking about laying off employees, where KCHD is not and is even talking about a 5% pay raise for the full-time employees. We still have a balanced budget and have been able to maintain it and we have had an increase in support from the city of Charleston and the county. Mr. Nelson stated he feels we are one of the blessed agencies. Mr. Beasley stated he would talk later about environmental fees, permits going up. Mr. Beasley stated that when he was talking to the county, he explained to them that the environmental fees and the permits is a good portion of our budget. Mr. Beasley stated to the board that he doesn't see how they can do much better on expenses. Mr. Beasley stated they have been working hard to streamline. For Example, the contract on our tires for the vehicles, we cut from \$1000 for four to \$500, which seems minimal in the grand scheme of things, but every little bit helps and we have been very frugal with the county ARP money, the city ARP money, and the FEMA money that Ms. Blackwood has worked on relentlessly for quite a while. Mr. Beasley stated once again that the budget he had prepared does include the 5% pay raise for our full-time employees that the governor has issued, but we do have to have a board vote and write a letter to DOP. Mr. Beasley stated that he was going to let the board decide if we do it contingent on the funding being redone or if we just want to do the 5% raise as is. I would leave that decision up to the board.

Dr. Rubin asked if the legislature mandates the raise, then we have to do it don't we, but they do not fund it. Ms. Hudson stated that you must find the money.

Approval of Budget – With no further discussion, approval of the budget Upon motion by Dr. Rubin seconded by Ms. Morris the question was put: Shall the approval of budget be approved? Motion carried.

Mr. Nelson stated we also need a motion to pay the 5% and send the letter to DOP. Dr. Rubin asked what does the letter state, that this is contingent? Mr. Beasley stated that anytime we do an increase, we need a letter from the board giving approval for the 5% and send to DOP and then get their approval. They have the system to set what the rates are for each employee. The letter more or less states that we are requesting permission to give our employees a 5% pay raise across the board and the funds would come from our general revenue

fund. Mr. Beasley stated it is normally a general vote that the DOP gives, they do them all at once.

Ms. Morris asked if the legislature already gave the 5%. Ms. Hudson stated not yet. Mr. Beasley stated that we do not need legislature money to do this, we could just say we want to give our employees 5% across the board raise and do just that.

Dr. Rubin stated that his institution is doing 3%, that he does not know why it is different from the 5%, they already built that in regardless of what the legislature does. But they also have a 3% or a base number depending on what your salary is, so everyone gets a certain amount.

Ms. Hudson stated that if we approve the budget, then the 5% is included in the budget figures. Mr. Beasley stated the budget numbers do include the 5% raise. Mr. Beasley stated the reason he was saying contingent, is that you can have the budget be amended, or funds be reallocated, that would grant us to send the letter once the funds are reallocated or if they just want to do a 5% raise that could be done at any time of the year. It is all in how the board wants to proceed.

Dr. Rubin stated that he would think the legislature is going to approve it, it is an election year. Mr. Nelson stated that that we can send the letter in contingent of the legislature approving it.

Mr. Beasley stated that our argument could be the long-term effect of that 5% raise. We can absorb it for one or two or even three years but when you talk long term, if the budget is amended, that is why the letter of contingent.

Ms. Morris asked if the state funding is every year? Mr. Beasley stated there is no guarantee that they would fund us at all, they could always stop it but then it would lead us to laying off employees and cutting services. Mr. Beasley further stated that we couldn't just cut the salary of the employees by \$10.

Dr. Rubin stated he would hate to send the letter before the legislature votes. Mr. Beasley stated all this would be is voting and approving the 5% before the legislature votes, then the letter would be sent once the legislature does what it has to do. Not actually send a letter of contingent because all this would probably happen before the next board meeting. The letter would not be sent if the budget was revised. Dr. Rubin stated okay, that is good.

Ms. Hudson stated she thought the letter would need to be sent five days before the hearing in June. It was thought by other board members that it was more than five days.

Mr. Nelson stated that it would be his suggestion to have a motion to do a contingent on the legislature of approval.

Approval of 5% Raise for Fulltime Employees Contingent of Legislature

Approval – With no further discussion, approval of the 5% raise for fulltime employee's contingent of legislature approval Upon motion by Dr. Rubin seconded by Dr. Dara Aliff-Lao the question was put: Shall the approval of a 5% raise for fulltime employee's contingent of legislature approval be approved? Motion carried.

Ms. Morris asked are we giving the raise if the legislature does not change the funding? Ms. Hudson stated that we have already approved the budget. Mr. Nelson stated that we just need to send a letter to DOP. Dr. Rubin asked if we are giving the raise if the legislature does not change the funding? That is the question, I think. Ms. Hudson said correct. Ms. Hudson further stated that if we are approving the budget that already has the 5% built in, then we are approving the budget prematurely as well. Mr. Beasley stated that the budget is a dynamic document because it changes throughout the year. Mr. Beasley further stated that as of right now, it was projected that we were getting the funding. Dr. Rubin stated that it is his personal opinion is that if the legislature does not approve, then we do 3%. Dr. Rubin further stated that what we can afford is a stiffen, where it is not part of the salary, you can give each person an amount, where we know we can afford that this year and we don't hurt ourselves next year. Ms. Morris said that we don't have to decide how we are going to award it today, is that what you are saying. Dr. Rubin asked if passing the budget, does that obligate us to approve the 5%? Mr. Beasley stated, if it helps, every year we build into the budget, we build it in high ranges for merits, promotions that may or may not occur during that year, so we are set up through June 2025. I always work the budget high; in case we fall short we can fix it. Dr. Rubin stated he thought we should wait to send the letter until the legislature meets. Ms. Morris stated, so we don't meet again until July. Dr. Rubin stated that we could have an emergency meeting if needed. Ms. Morris asked what is the point of the contingent letter? Mr. Nelson stated that it is not an actual letter, it is just saying that we can pull the trigger without having a board meeting. Dr. Rubin stated that we could also state that the increase could be whatever the county decides to do. Mr. Nelson stated that everyone can be assured that this is not the first time we have sent a letter, I know I have signed several of them. Mr. Beasley stated basically, no letter will be sent until we know what the state is going to do. Ms. Morris stated she does not understand why we must send a letter at all. Mr. Beasley stated that DOP requires it. That is the only reason we are writing a letter. Ms. Hudson stated that another thing is that we are still waiting on what line 3024 is going to be. That is going to be talked about during the special session, so revenue can change. Dr. Rubin stated that we could give Mr. Nelson permission to write the contingency letter. Mr. Nelson stated he appreciated that, but he would like all to be part of the process. Ms. Morris asked how certain we are of the state aid amount? Ms. Hudson stated that it could increase as well. Mr. Beasley stated that the state aid amount that is shown on the budget is what was approved. Ms. Hudson stated that it could go up during the special session. Dr. Rubin asked what the dollar cost of 5% salaries? Mr. Beasley stated that he did not have that with him at the moment. Mr. Beasley stated that he is thinking it would be around \$85-\$90 thousand for the 5%. Mr. Nelson stated he was coming up with about \$90 thousand. Ms. Morris stated that since we have already approved the budget, I motion that we approve the letter be prepared to be sent.

Dr. Rubin asked what is the appropriate timing if the legislature increases our budget? Ms. Morris stated that regardless, because we have already approved the budget and it includes the 5% raise.

Approval of Letter to DOP for 5% Raise for Full-Time Employees – With no further discussion, approval of the letter to DOP for 5% raise for full-time employees Upon motion by Ms. Morris seconded by Dr. Rubin the question was put: Shall the approval of the letter to DOP for 5% raise for full-time employees be approved? Motion carried.

- b. CDC Infrastructure Grant** – Mr. Beasley stated they have submitted several of the state grants. We are in the submission process, the regional EPI grant which went up from \$80,000 to \$110,000 this year. Our Immunization Action Plan Grant went from \$50,000 to \$100,000 this year which is part of the 3024 funding. Those are all submissions to the state. Mr. Beasley stated that sometimes we get them in August, I think the last one we got was in March of this year which was one we applied for in July of 2023. Mr. Beasley stated that we have put in for those. One of the other ones we did this last year, the Infrastructure Grant, it is a three-year grant, it has the stiffen retentive incentives that we did last year for our employees. Mr. Beasley stated that once again this year, we would like to do the same. They have changed it up and instead of doing a one-time non-base building pay incentive they want us to split it up into two payments, one of which would be in the second quarter of the program which would be around December 2024 and the second payment would be in the fourth quarter of the program which would be around May or June 2025. We are requesting that each full-time employee be given \$2,500, broken into two \$1,250 payments and part-time employees would be given \$1,250, broken into two \$625 payments. Mr. Beasley stated that this would all be funded through the Infrastructure Grant, nothing through the general revenue and would be for 28 full-time employees and four part-time employees.

Ms. Hudson stated that this was a three-year grant. Mr. Beasley stated that is correct. Ms. Hudson asked if this was year two. Mr. Beasley stated that is correct 2024/2025 is year two.

Mr. Beasley stated that this is what the grant is for, on our level. With the state there is a lot of data and modernization, but for us it is for retention. Mr. Beasley stated that this program is \$293,000 in what we get this year. It pays for those non base building pay incentives and it also pays for two full-time employees, an IT employee and one of our health service workers in the clinic and a part-time RN that is helping with COVID billing and other things in the clinic. Mr. Beasley stated that once again, that is another letter to DOP to be able to provide the two times a year non base building pay incentive for our employees.

Ms. Hudson stated, just so I follow, the funds for that budget is midway down where it says 3024 CDC Infrastructure grant? Mr. Beasley stated that is correct. Ms. Hudson further stated that the payout for that grant is already included in the expense section of the budget.

Mr. Nelson asked if there were any further questions on that.

Ms. Hudson asked if we do not use the funds for what it is intended do we pay back the funds? Mr. Beasley stated yes. With this grant, we are paid quarterly. Each grant is different. Some are paid out ahead and some we must get reimbursed for. Mr. Beasley stated that for this one, at the end of the year they balance it all out.

Mr. Nelson asked if there were any other questions. Ms. Morris requested that the next time we do this, that we do all the pieces before we move onto the budget. Mr. Beasley said yes, that would be fine. No further questions were asked.

Approval of Letter to DOP for Two Times a Year Non-Base Building Pay Incentive for All Employees – With no further discussion, approval of the letter to DOP for two times a year non-base building pay incentive for all employees. Upon motion by Dr. Rubin seconded by Ms. Hudson the question was put: Shall the letter to DOP for two times a year non-base building pay incentive for all employees be approved? Motion carried.

- c. **Administration** – Mr. Beasley informed the board that an updated organizational chart was in their folder. Mr. Beasley stated with the recent changes in employees, he wanted to ensure the board was up to date on the staffing levels and who reports to whom.

Mr. Beasley distributed the FY25 Board of Health Schedule for all to review. During this time, no one had any concerns about the proposed dates. No questions asked.

- d. **FY24 Financial & Budget Report for 3rd Quarter, Ms. Etta Ramsey** – Ms. Ramsey stated the budget report was in their folders. Ms. Ramsey stated the bank balance is just over \$3.6 million. Ms. Ramsey stated they had not finished closing out April yet, that she is still waiting for the bank statement to close out, but everything is on track and felt confident that what was stated is correct. Ms. Ramsey stated that there is also the updated budget showing where we stand for the third quarter for the year we are in. Ms. Ramsey stated there had been some changes due to some checks that had been written for grant repayments and they never made it there. Ms. Ramsey stated they had to put a stop payment on them and rewrite the checks for this quarter. Ms. Ramsey stated there were two checks, one for \$70,000 and the other for \$35,000 and they had never cleared the bank. Ms. Ramsey stated that she was talking to Mr. Beasley earlier and some of the software costs were a little bit higher at one point because we were switching to EPIC and they were trying to clear out all that old billing so there was a lot being processed, plus the Vaxcare buy back. Ms. Ramsey stated there was also Mr. Rinehart and the paying on the Office of Technology bills, he was working on the disputes, and it ended up getting paid all at once instead of it being spread out. Ms. Ramsey stated that would be why in one of the quarters you'll see a "bulk" of billing that is normally spread out. Ms. Ramsey further stated that there have not been any unusual or outrageous bills or charges out of the normal. Mr. Nelson asked if there were any questions for Ms. Ramsey.

Ms. Morris asked Ms. Ramsey if the bottom-line numbers were good and if we did end with \$818,450.55. Ms. Ramsey said yes, the numbers were good and that is what we ended up with. Ms. Morris stated we are doing good, and Ms. Ramsey agreed and stated yes, very good. No further questions asked.

7. Report of the Division of Clinic Services – Ms. Deanna Bonham

- a. Clinic Update** – Ms. Bonham stated she was not able to share the clinic numbers due to EPIC and Vaxcare still not consolidating. Ms. Bonham stated that Ms. Ashley Meadows was currently working on getting the numbers. Ms. Bonham stated that the clinic did see 633 patients for the month of April. No questions asked.

Ms. Bonham stated that Ms. Emily Wood, who does the billing in the clinic, is leaving KCHD on the 23rd of May. Ms. Bonham stated that she and Ms. Brittany Brown will be taking over the billing, with Ms. Meadows assisting as well on an as needed basis until someone is hired in her position. No questions asked.

Ms. Bonham stated they had two outside clinics for the month of April. One clinic was at UC for Pharmacy students, and 42 patients were seen. The other clinic was a COVID vaccine clinic at Edgewood and 119 patients were seen there. No questions asked.

Ms. Bonham stated as of May, they are no longer doing Moderna vaccines, and they have very little of the Pfizer vaccine and they will not be doing anymore 12 and older COVID vaccines until the Fall when the new COVID vaccine comes out.

Ms. Morris stated there were a lot of radio ads telling people to get their COVID vaccines. Ms. Bonham asked if that was for the 65 and older because they can get another after four months. Ms. Bonham also stated that a lot of vaccines are expiring, and it might be why they are pushing the ads. No further questions asked.

Ms. Bonham stated the Vaccine for Children coordinator Cindy Chapman came into the clinic on April 29th and did a walk through. KCHD was given a GOLD STAR for Outstanding improvement in Early Childhood Vaccination Rates. No questions asked.

Ms. Bonham stated the clinic has started a new travel vaccine called Chikungunya this month. This vaccine is for people 18 years and older. Ms. Bonham stated that people can get chikungunya by being bitten by a mosquito infected with the chikungunya virus, but people cannot spread the virus to each other. Ms. Bonham further stated that chikungunya is found worldwide, mainly in Africa, Asia and India and can cause a serious disease in older adults, people with other medical conditions, young children and women who are pregnant. Symptoms are fever, joint and muscle pain, headache, and fatigue. Ms. Bonham stated it is a one dose vaccine that costs \$335.00 with no insurance. No questions asked.

8. Report of the Division of Environmental Services – Doug Beasley

- a. **Environmental Update** - Mr. Beasley stated they hired a new Sanitarian, Mr. Austin Coleman and a part time Office Assistant, Ms. Braellee Alderman. Both have been working out quite well. Mr. Coleman will be starting his sanitarian training; they have split up the training to do part in Spring and part in the Fall. Mr. Beasley stated they continue to work on finding someone for the Chief Sanitarian position, but they are now making headway. No questions asked.

Mr. Beasley stated that during the last board of health meeting, he had mentioned to the board about increasing fees for the permits. Mr. Beasley stated they did place a 30-day public notice regarding the increase on the state register and we did not receive any public comments. Mr. Beasley stated that by the way the code reads, we now have a motion to vote by the Board of Health to enact the proposed fees and then it goes to the governing bodies for approval, and it also has to go to the County Commission City Council, and I have spoken with them both. Mr. Beasley stated that now, we are dependent upon a vote from you all, the board of health, and if approved, it will go forward, we are on the County Commission meeting for Monday, May 20th it has to be done within 30 days and the city has assured me that it will be this Monday or the next one in June. However, this is all based on the vote of the board. Mr. Beasley stated that if there are any questions regarding the fees, there is a table with current fees and what the newly proposed fee will be. It is a 20% increase and basically, because we do not want to go through this every year, but plan to look at this every four or five years, which is what the state does. This is the fee schedule that was proposed through the LHAs also taken before the County Commission who approved it, so just trying to keep some standardization across the state. Mr. Beasley stated that the food trucks are not included but are set by code not legislature rule.

Dr. Rubin asked if what is stated for the food store checkout operated by one person is also included for the self-checkouts? Mr. Beasley stated he believed so. Mr. Beasley asked Mr. Daniel Morrison if that did include the self-checkout in retail stores. Mr. Morrison replied, yes.

Ms. Morris asked what is an Industrial Campground? Mr. Beasley said we do not have any in this county. Dr. Eshenaur stated there are a couple in Jackson County.

Ms. Morris asked if the fees for school are due to the cafeteria. Mr. Beasley stated that there are two fees, one for the kitchen and the other for general inspection looking at restrooms to water fountains to general upkeep.

Ms. Morris asked why we did not change body piercings or tattoos? Mr. Beasley stated it is set by code and not legislature rule. No further questions asked.

Approval of Increase of Permit Fees – With no further discussion, approval of the Increase of Permit Fees Upon motion by Dr. Rubin seconded by Ms. Hudson the question was put: Shall the Increase of Permit Fees be approved? Motion carried.

Mr. Nelson asked Mr. Beasley if he was to appear in front of the city and the county for this increase? Mr. Beasley and Dr. Eshenaur both said yes, they would be there. Mr. Beasley stated it is a new process and the first time this new code was enacted and being utilized. It sets how the board of health can set fees. Mr. Nelson asked Mr. Beasley if the city has not confirmed but the county has. Mr. Beasley stated the county had confirmed the agenda on Monday and if not Monday, then first meeting in June. Mr. Beasley stated the city has not confirmed and he has talked to Mr. Matt Sutton numerous times, and he wanted to have the city attorney look over everything since it is new, but it may be too late to get us on Monday but will definitely get us on the next City Council meeting which they do twice a month. Mr. Beasley further stated that when he informed Mr. Sutton that it was a 30-day requirement he did not think it would be an issue.

9. Report of the Division of Epidemiology – Dr. Steven Eshenaur for Dr. J. Tolbert

- a. Epidemiology Update** – Slide one shows emergency department visits for COVID, Influenza, and RSV in Kanawha and surrounding counties. Visits have generally been decreasing or low since March after the Influenza spike at the beginning of the year. No questions asked.

Side two shows respiratory pathogens reported to the West Virginia Electronic Disease Surveillance System (WVEDSS) from 3-18-2024 to 5-10-2024 in Kanawha County. Rhinovirus/Enterovirus is the most common respiratory pathogen, followed by Influenza A, then COVID-19. No questions asked.

Slide three shows reportable diseases that were investigated over the past two months.

Ms. Morris asked Dr. Eshenaur if there has been any rabies in our area. Dr. Eshenaur stated in surrounding areas like Harrison and Greenbrier, but none in our area. Dr. Eshenaur also mentioned there is a rabies vaccine bait for racoons, but will also attract other wildlife, that is made in various flavors and once eaten, it helps with the spread of rabies. If eaten by other animals like a dog, it will not harm them. No further questions asked.

Report of the Executive Assistant to the ED/HO – Ms. Julia Blackwood

- a. FEMA** – Ms. Blackwood stated that she and Etta would be meeting with representatives from the State's Division of Homeland Security, which administers FEMA funding, for an entrance interview on June 5. They are interested in learning more about how we are managing the program and will be reviewing documentation related to the funds we have received. Ms. Blackwood also stated that we are still planning to submit an application to FEMA for Category Z funding to recoup administrative costs for the funding previously received. As of now, the Federal Government has not set a deadline for completing those applications. No questions asked.

b. PHAB – Ms. Blackwood stated that June 4 is the next date for anything related to PHAB. On that date, she will have a technology test with our accreditation specialist to make sure equipment is working on both ends in advance of our virtual site visit. KCHD is set to receive information from PHAB as to what domains will be the focus of the site visit and/or what questions they want to have us provide responses. Once we receive this information, we will have a better idea of who needs to be in the room for the Zoom session. The site visit is set for Tuesday, June 18, from 9:00 a.m. until 1:00 p.m. No questions asked.

c. Strategic Planning - Ms. Blackwood stated that she will defer most of the update to the next meeting, once the board has an opportunity to review the Strategic Plan that was emailed a week ago and a one-page summary that was sent earlier today. Through the strategic planning process, KCHD created a Planning Actions Coordinating Team, or PACT. PACT combines the following groups which previously existed but have not been active since the pandemic: Workforce Development, Quality Improvement, Performance Management and Strategic Planning. PACT members have been selected and recently met with a strategic planning facilitator to make the goals and priorities identified in the strategic planning process actionable and timebound. No questions asked.

d. Health on Wheels – Ms. Blackwood stated this summer's big project is to provide back-to-school vaccinations and free sports physicals at the eight public high schools in Kanawha County using KCHD's mobile health unit. She and Lalena Price have been working with clinic staff, the lead nurse and communications director for Kanawha County Schools, and a representative from Cabin Creek Health System to coordinate these events. Other interested partners include CAMC Institute for Academic Medicine, the WV School of Osteopathic Medicine, the University of Charleston and WV Health Right. Family Care has not responded to requests to participate. Ms. Blackwood thanked Ms. Morris and Dr. Rubin for assisting with contacts at CAMC and WVSOM.

KCHD is currently waiting on the eight high school principals to select dates which would work for them to host us. In the meantime, KCHD will be participating in a Back-to-School event at the Charleston Town Center Mall on Saturday, July 20. KCHD (and partners) will provide the back-to-school vaccinations and free sports physicals at the former Sephora location on the first floor from noon until 6:00 p.m. No questions asked.

2. Report of the Public Information Officer (PIO) – Ms. Julie Blackwood for Ms. Lalena Price

a. PIO Update – Ms. Blackwood informed the board that Ms. Price was working with Anthony Canterbury to deploy the new website. Target date to launch is July 1--which is the start of KCHD's fiscal year. Ms. Price has also been working with media members related to inquiries about the measles outbreak and measles vaccines. She is also planning to do some education around travel vaccines, as KCHD is the only provider in the state for shots that are required to enter many foreign countries. KCHD has renewed its health

campaign at Go Mart Park for another summer. Ms. Price has been working on signage to place around the park and in restroom facilities. No questions asked.

10. Unfinished Business

Ms. Morris stated she would like to commend Dr. Eshenaur and the staff here at KCHD that put together the meeting with healthcare facilities to talk about the measles process, if we must deal with a measles case and they got the healthcare group together and defined a process to manage that and it has been shared with other health departments in the state. Ms. Morris stated she would like to see more of that, expanding out into the community and planning together with different groups, it is so very helpful, and I wanted you to know it is appreciated.

Ms. Morris also asked at the next meeting if we could get an update on KCHD moving out of the DOP system, where we are on that. Dr. Eshenaur and Mr. Beasley stated they would update at the next meeting.

11. Public Comment

No public comment

12. Old Business

No old business.

. Adjournment

Upon motion by Dr. Rubin, seconded by Ms. Morris the question was put, "Shall the meeting be adjourned?" Motion carried.

Respectfully Submitted,

Steven C. Eshenaur, DO, MBA
Board Secretary

Report of the Health Officer - Dr. Steven C. Eshenaur, DO, MBA

- The New KCHD Website is up, more to follow from Lalena.
- KCHD is now offering doxycycline or malarone prescriptions for clients receiving travel vaccines at KCHD to prevent Malaria. We are not offering mefloquine as there is a worldwide shortage.
- We have received some quotes and will be finalizing an agreement with a laboratory provider to offer a number of antibody tests, lead screening and some basic lab tests.
- Drug testing (chain of custody) is also in the process of being implemented.
- The addition of these services should help improve clinic traffic and provide an opportunity for us to also administer our routine vaccinations.
- No COVID immunizations are currently available, we expect a new booster to be released soon.
- Vaxcare integration into Epic starts this month, coordination between Epic and Vaxcare has been initiated and we look forward to this integration to decrease the administrative burden on the clinic and improve documentation.
- I will be participating in an interview with WVPB covering immunizations in Appalachia.

FY 2024 Budget-Expense

GL Acct		EXPENSES	Admin Budget	Clinic Budget	Environ. Budget	Epi/TP Budget	P&W Budget	KC Budget	Q1	Q2	Q3	Q4	TOTAL
4400-4420		Personnel, Salaries full-Time	\$ 674,493.00	\$ 329,184.00	\$ 457,417.00	\$ 201,130.00	\$ -	\$ 1,662,224.00	\$ 390,903.43	\$ 406,566.23	\$ 400,800.45	\$ 330,486.59	\$ 1,528,756.70
4400-4420		Personnel, Part-Time	\$ 56,000.00	\$ -	\$ -	\$ -	\$ 80,000.00	\$ 136,000.00	\$ 32,174.25	\$ 34,216.25	\$ 28,640.00	\$ 25,163.25	\$ 120,193.75
4400-4420		Sanitarian proposal							\$ -	\$ -	\$ -	\$ -	\$ -
4500		FICA	\$ 55,883.00	\$ 25,183.00	\$ 34,993.00	\$ 15,387.00	\$ 6,120.00	\$ 137,566.00	\$ 31,435.79	\$ 30,545.62	\$ 31,814.76	\$ 26,287.32	\$ 120,083.49
4501	00	Retire/Pension Plans	\$ 60,705.00	\$ 29,627.00	\$ 41,168.00	\$ 18,102.00	\$ -	\$ 149,602.00	\$ 29,750.58	\$ 36,293.36	\$ 31,310.17	\$ 35,087.99	\$ 132,442.10
4502	00	Unemployment						\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4503	00	Workers Comp Premium	\$ 2,049.36	\$ 559.61	\$ 7,527.32	\$ 341.92	\$ 288.00	\$ 10,766.21	\$ (748.00)	\$ -	\$ -	\$ -	\$ (748.00)
4504	00	Medical & life insurance current employees	\$ 52,641.12	\$ 62,431.10	\$ 87,663.26	\$ 22,639.01	\$ -	\$ 225,374.49	\$ 26,683.42	\$ 58,008.91	\$ 44,322.78	\$ 41,972.98	\$ 170,988.09
4504	00	Retirees	\$ 6,000.00					\$ 6,000.00	\$ 633.98	\$ 1,290.54	\$ 951.18	\$ 951.18	\$ 3,826.88
4504	00	Retirees Health Benefit Trust (RHBT)	\$ 5,040.00	\$ 5,880.00	\$ 8,400.00	\$ 2,044.44	\$ -	\$ 21,364.44	\$ -	\$ -	\$ -	\$ -	\$ -
4507	00	Dental & Vision	\$ 9,186.12	\$ 6,805.56	\$ 6,633.48	\$ 2,044.44	\$ -	\$ 24,689.60	\$ 4,987.04	\$ 4,869.33	\$ 5,404.44	\$ 6,585.74	\$ 21,846.55
4510	00	Other Employee Benefits	\$ 2,050.00					\$ 2,050.00	\$ 304.32	\$ 223.47	\$ 486.47	\$ 333.87	\$ 1,348.13
1152	00	Building Improvements, capital expenses						\$ -	\$ 41,300.00	\$ -	\$ -	\$ -	\$ 41,300.00
1153	00	Equipment, Capital >\$5,000, phone system						\$ -	\$ 5,524.00	\$ 76,878.32	\$ -	\$ -	\$ 82,402.32
4612	69, 70	Contracted, laboratory services		\$ 12,500.00	\$ 200.00			\$ 12,700.00	\$ 2,851.00	\$ 2,495.68	\$ 2,408.00	\$ 1,027.25	\$ 8,781.93
4619	69	Contracted, nurse practitioner		\$ -				\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4620	00	Contract Services	\$ 12,060.00	\$ 185,120.00	\$ 103,126.40	\$ 69,680.00		\$ 369,986.40	\$ 84,223.63	\$ 47,784.64	\$ 42,296.28	\$ 31,387.71	\$ 205,692.26
4700	00,11,31,32,70	Mileage, Client services						\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4701	00	Supplies, office	\$ 3,500.00	\$ 3,500.00	\$ 3,500.00	\$ 2,000.00		\$ 12,500.00	\$ 7,525.63	\$ 11,133.08	\$ 3,588.26	\$ 10,176.97	\$ 32,423.94
4702	00	Printing, promotional items	\$ 7,500.00	\$ 5,000.00	\$ 1,500.00			\$ 14,000.00	\$ 437.00	\$ -	\$ 321.54	\$ 1,130.87	\$ 1,889.41
4703	00,31,32,69,70	Training & education	\$ 4,500.00	\$ 2,500.00	\$ 7,500.00	\$ 5,000.00		\$ 19,500.00	\$ 10,025.42	\$ 1,000.81	\$ 1,121.86	\$ 4,004.73	\$ 16,152.82
4704	00	Telecommunications	\$ 45,000.00	\$ 600.00	\$ 5,000.00	\$ 2,051.00		\$ 52,651.00	\$ 9,978.48	\$ 11,428.10	\$ 13,733.11	\$ 16,311.88	\$ 51,451.57
4705	00	Postage	\$ 500.00	\$ 500.00	\$ 2,500.00	\$ 500.00		\$ 4,000.00	\$ 103.95	\$ -	\$ 2,031.91	\$ 43.04	\$ 2,178.90
4706	00	Dues, Subscription/Membership (PHAB)	\$ 15,000.00	\$ 600.00	\$ 500.00	\$ 1,200.00		\$ 17,300.00	\$ 2,523.79	\$ 530.00	\$ 4,504.00	\$ 1,379.98	\$ 8,937.77
4707	00	Accounting & Auditing	\$ 30,000.00					\$ 30,000.00	\$ -	\$ -	\$ -	\$ 21,028.00	\$ 21,028.00
4708	00	Legal Fees	\$ 10,000.00					\$ 10,000.00	\$ 29,835.90	\$ -	\$ -	\$ -	\$ 29,835.90
4709	00	Consulting Services						\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4710	00	Fees, WV Division of Personnel	\$ 2,500.00	\$ 2,377.00	\$ 2,500.00	\$ 1,080.00		\$ 8,457.00	\$ 2,168.00	\$ 2,168.00	\$ -	\$ 2,120.00	\$ 6,456.00
4712	00	Advertising want ads						\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4714	00	Advertising, other	\$ 10,000.00	\$ 7,500.00	\$ 2,500.00			\$ 20,000.00	\$ -	\$ 1,259.28	\$ 2,100.00	\$ 18,000.00	\$ 21,359.28
4715	00	Laundry & uniforms						\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4717	00	Data processing - payroll/HR	\$ 2,750.00					\$ 2,750.00	\$ 609.28	\$ 804.44	\$ 864.04	\$ 735.46	\$ 3,013.22
4719	00	Network, software support	\$ 23,500.00	\$ 55,000.00	\$ 12,000.00	\$ 6,000.00	\$ 16,000.00	\$ 112,500.00	\$ 13,898.66	\$ 40,490.85	\$ 64,872.35	\$ 20,275.26	\$ 139,537.12
4720	00,69,70,31,32	Supplies, field, grant....	\$ 1,805.20	\$ 1,200.00	\$ 2,500.00	\$ 39,071.15	\$ 750.00	\$ 45,326.35	\$ 15,066.86	\$ 2,370.48	\$ 2,021.88	\$ 1,816.00	\$ 21,275.22
4721	12	Supplies, vaccine		\$ 300,000.00				\$ 300,000.00	\$ 54,001.08	\$ 409,377.04	\$ 24,494.98	\$ 27,585.48	\$ 515,458.58
4721	69	Supplies, medical		\$ 30,000.00				\$ 30,000.00	\$ 1,791.20	\$ 9,887.47	\$ 674.32	\$ 40,844.35	\$ 53,197.34
4800	91	Utilities, Electric	\$ 45,000.00					\$ 45,000.00	\$ 12,144.33	\$ 12,328.67	\$ 32,253.91	\$ 13,971.23	\$ 70,698.14
4801	91	Utilities, Water,Sewer,Garbage	\$ 20,000.00					\$ 20,000.00	\$ 3,215.22	\$ 2,724.97	\$ -	\$ 12,308.71	\$ 18,248.90
4810	91	Building, repairs & maintenance	\$ 65,000.00					\$ 65,000.00	\$ 4,677.53	\$ 12,125.43	\$ -	\$ 23,749.25	\$ 40,552.21
4811	91	Rent, storage units				\$ 3,840.00		\$ 3,840.00	\$ 10,246.70	\$ 160.00	\$ -	\$ 160.00	\$ 10,566.70
4813	91	Supplies, janitorial	\$ 6,500.00					\$ 6,500.00	\$ 901.48	\$ 834.45	\$ 765.04	\$ 997.95	\$ 3,498.92
4820	91	Equipment, repairs & maintenance	\$ 2,000.00					\$ 2,000.00	\$ -	\$ -	\$ -	\$ -	\$ -
4821	91	Equipment, rental (copiers, postage meter)	\$ 6,500.00	\$ 6,500.00	\$ 5,000.00	\$ 5,000.00	\$ 4,000.00	\$ 27,000.00	\$ 8,426.12	\$ 5,631.03	\$ 5,582.33	\$ 9,471.03	\$ 29,110.51

FY 2024 Budget-Expense

4824	91	Equipment, purchase < \$5,000	\$ 3,500.00	\$ 2,500.00	\$ 2,574.00	\$ 2,000.00		\$ 10,574.00	\$ 39,883.75	\$ 442.50	\$ 4,626.32	\$ 12,107.92	\$ 57,060.49
4830	92	Vehicle, repairs & maintenance	\$ 5,000.00		\$ 8,766.00	\$ 1,200.00		\$ 14,966.00	\$ 1,210.29	\$ 2,880.21	\$ 1,967.25	\$ 272.12	\$ 6,329.87
4833	92	Vehicle operating costs (fuel & parking)	\$ 10,000.00		\$ 5,000.00	\$ 1,200.00		\$ 16,200.00	\$ 3,458.00	\$ 2,563.71	\$ 4,336.66	\$ 4,438.67	\$ 14,797.04
4853	00	Insurance, liability	\$ 65,000.00					\$ 65,000.00	\$ 13,448.50	\$ 13,448.50	\$ 13,448.50	\$ 14,071.25	\$ 54,416.75
4870	00	Interest/finance charges	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 34.84	\$ -	\$ -	\$ 34.84
		TOTAL											
		Salary, full time	\$ 674,493.00	\$ 329,184.00	\$ 457,417.00	\$ 201,130.00	\$ -	\$ 1,662,224.00	\$ 390,903.43	\$ 406,566.23	\$ 400,800.45	\$ 330,486.59	\$ 1,528,756.70
		Salary, part time	\$ 56,000.00	\$ -	\$ -	\$ -	\$ 80,000.00	\$ 136,000.00	\$ 32,174.25	\$ 34,216.25	\$ 28,640.00	\$ 25,163.25	\$ 120,193.75
		Salaries (full-time, part-time, cell and uniform)	\$ 730,493.00	\$ 329,184.00	\$ 457,417.00	\$ 201,130.00	\$ 80,000.00	\$ 1,798,224.00	\$ 423,077.68	\$ 440,782.48	\$ 429,440.45	\$ 355,649.84	\$ 1,648,950.45
		Benefits	\$ 193,554.60	\$ 130,486.27	\$ 186,385.06	\$ 60,558.81	\$ 6,408.00	\$ 577,392.74	\$ 93,047.13	\$ 131,231.23	\$ 114,289.80	\$ 111,219.08	\$ 449,787.24
		Capital expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 46,824.00	\$ 76,878.32	\$ -	\$ -	\$ 123,702.32
		Current expenses	\$ 397,115.20	\$ 615,397.00	\$ 164,666.40	\$ 139,822.15	\$ 20,750.00	\$ 1,337,750.75	\$ 332,651.80	\$ 593,904.18	\$ 228,012.54	\$ 289,415.11	\$ 1,443,983.63
		TOTAL	\$ 1,321,162.80	\$ 1,075,067.27	\$ 808,468.46	\$ 401,510.96	\$ 107,158.00	\$ 3,713,367.49	\$ 895,600.61	\$ 1,242,796.21	\$ 771,742.79	\$ 756,284.03	\$ 3,666,423.64

FY2024 Budget-Income

Program	GL Acct			Admin BUDGET	Clinic BUDGET	Environ. BUDGET	Epi/TP BUDGET	P&W BUDGET	FY2024 BUDGET	FY2024 TOTALS					
										Q1	Q2	Q3	Q4	TOTAL	
State	3024	00	State Aid	\$ 792,262.80	\$ 144,963.89	\$ 286,285.14	\$ 56,510.96	\$ 20,000.00	\$ 1,300,022.79	\$ 268,833.94	\$ 319,202.78	\$ 325,005.70	\$ 429,007.52	\$ 1,342,049.94	
State	3024	0.0000	FEMA REIMBURSEMENT							\$ -	\$ 278,774.49	\$ 449,682.33	\$ -	\$ 728,456.82	
County	3026	00	Kanawha County Commission	\$ 85,000.00	\$ 100,000.00	\$ 10,000.00	\$ 5,000.00		\$ 200,000.00	\$ 50,000.00	\$ 50,000.00	\$ 50,000.00	\$ 50,000.00	\$ 200,000.00	
City	3027	00	City of Charleston	\$ 25,000.00	\$ 75,000.00				\$ 100,000.00	\$ 24,999.99	\$ 24,999.99	\$ 24,999.99	\$ 16,666.67	\$ 91,666.64	
Grants - Contracts															
Fed	3024	52.69	COVID-LAB/RX-HRSA						\$ -	\$ -	\$ (11,251.33)	\$ -	\$ -	\$ (11,251.33)	
Fed	3024	12	COVID IMMUNIZATION-HRSA						\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Clinic	3024	24	WVDHHR - DOT for TB		\$ 2,500.00				\$ 2,500.00	\$ -	\$ -	\$ -	\$ 535.00	\$ 535.00	
Fed	3024	31	WVDHHR - Immunization Action Plan	\$ 10,000.00	\$ 30,000.00				\$ 40,000.00	\$ 9,997.00	\$ -	\$ 25,000.00	\$ 12,500.00	\$ 47,497.00	
Fed	3024	32	WVDHHR - PHEP (threat preparedness)	\$ 80,000.00			\$ 240,000.00		\$ 320,000.00	\$ -	\$ -	\$ -	\$ 36,333.18	\$ 36,333.18	
State	3024	32	WVDHHR - Regional Epidemiology	\$ 10,000.00			\$ 90,000.00		\$ 100,000.00	\$ 11,001.00	\$ -	\$ 33,600.00	\$ 28,801.00	\$ 73,402.00	
FED	3024		CDC Infrastructure Grant	\$ 194,097.27		\$ 47,679.24		\$ 51,672.00	\$ 293,448.51	\$ -	\$ 73,362.00	\$ 73,362.00	\$ 146,724.00	\$ 293,448.00	
Fed	3024	31	COVID ELC EDE, WFD, QRT						\$ -	\$ 18,761.20	\$ -	\$ (106,816.20)	\$ -	\$ (88,055.00)	
FED	3024	52	ARPG CITY FUNDING	\$ 85,902.73	\$ 250,000.00				\$ 335,902.73	\$ 589,604.67	\$ -	\$ -	\$ -	\$ 589,604.67	
FED	3024	32	ARPG COUNTY FUNDING-REMAINING FUNDS	\$ 20,000.00	\$ 24,000.00	\$ 23,079.09	\$ 10,000.00	\$ 35,486.00	\$ 112,565.09	\$ -	\$ -	\$ -	\$ -	\$ -	
Fees for Services & Permits															
Clinic															
Clinic	3020-3023	12	Immunization, Adult & Child		\$ 250,000.00				\$ 250,000.00	\$ 68,178.50	\$ 536,334.90	\$ 150,158.44	\$ 52,380.82	\$ 807,052.66	
Clinic	3020-3023	12	Immunization, Influenza		\$ 150,000.00				\$ 150,000.00	\$ 22,342.51	\$ 75,904.65	\$ 3,869.58	\$ 68.26	\$ 102,185.00	
Clinic	3020-3023	12	Immunization, Overseas		\$ 34,603.38				\$ 34,603.38	\$ 17,436.27	\$ 4,350.00	\$ 15,040.00	\$ 20,904.42	\$ 57,730.69	
Clinic	3020-3023	15	Family Planning		\$ -				\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Clinic	3020-3023	24	General Health, TB		\$ 7,500.00				\$ 7,500.00	\$ 7,170.00	\$ 1,795.91	\$ 3,340.00	\$ 7,156.83	\$ 19,462.74	
Clinic	3020-3023	26	HIV - AIDS, STD						\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Clinic	3020-3023	52	Laboratory Fees		\$ 6,500.00				\$ 6,500.00	\$ 2,187.42	\$ 1,737.84	\$ 2,158.66	\$ -	\$ 6,083.92	
Clinic	3020-3023	69	General Health -COVID RX						\$ -	\$ -	\$ -	\$ -	\$ 1,767.49	\$ 1,767.49	
HEALTH PROMOTION															
HP	3020-3023	31	GRANTS-BENEDUM						\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
HP	3020-3023	31	Other						\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Environmental Health															
Env	3023	70	Permits			\$ 375,000.00			\$ 375,000.00	\$ 66,992.00	\$ 41,085.75	\$ 11,853.76	\$ 241,051.32	\$ 360,982.83	
Env	3023	70	Services			\$ 66,425.00			\$ 66,425.00	\$ 11,568.00	\$ 15,673.00	\$ 18,286.00	\$ 16,002.00	\$ 61,529.00	
Other															
Other	3356	00	Interest	\$ 2,200.00					\$ 2,200.00	\$ 13,935.84	\$ 14,143.15	\$ 14,151.66	\$ 14,315.00	\$ 56,545.65	
Other	3365	00	Rebates, P-Card	\$ 15,000.00					\$ 15,000.00	\$ 2,582.88	\$ 5,090.06	\$ 4,816.49	\$ 4,072.32	\$ 16,561.75	
Other	3360	00	Gain/Loss on Disposal	\$ 1,200.00					\$ 1,200.00	\$ 796.26	\$ -	\$ 8,275.00	\$ -	\$ 9,071.26	
Other	3399	00	Misc, record copies	\$ 500.00					\$ 500.00	\$ -	\$ 2,716.09	\$ 1,500.00	\$ 3,000.00	\$ 7,216.09	
TOTALS				\$ 1,321,162.80	\$ 1,075,067.27	\$ 808,468.47	\$ 401,510.96	\$ 107,158.00	\$ 3,713,367.50	\$ 1,186,387.48	\$ 1,433,919.28	\$ 1,108,283.41	\$ 1,081,285.83	\$ 4,809,876.00	
DASHBOARD				\$ 1,321,162.80	\$ 1,075,067.27	\$ 808,468.47	\$ 401,510.96	\$ 107,158.00	\$ 3,713,367.50						
QUICKEN															
									restricted	\$ 2,504,439.12	\$ 898,197.81	\$ 660,087.94	\$ 799,833.83	\$ 653,900.70	\$ 3,012,020.28
										\$ 1,208,928.38	\$ 288,189.67	\$ 773,831.34	\$ 308,449.58	\$ 427,385.13	\$ 1,797,855.72
										\$ 3,713,367.50	\$ 1,186,387.48	\$ 1,433,919.28	\$ 1,108,283.41	\$ 1,081,285.83	\$ 4,809,876.00

FY 2024 Budget

	Admin BUDGET	Clinic BUDGET	Environ. BUDGET	Epi/TP BUDGET	P&W BUDGET	FY2024 BUDGET	Q1	Q2	FY 2024 TOTALS Q3	Q4	TOTAL
Income Total	\$ 1,321,162.80	\$ 1,075,067.27	\$ 808,468.47	\$ 401,510.96	\$ 107,158.00	\$ 3,713,367.50	\$ 1,186,387.48	\$ 1,433,919.28	\$ 1,108,283.41	\$ 1,081,285.83	\$ 4,809,876.00
Salary, full time	\$ 674,493.00	\$ 329,184.00	\$ 457,417.00	\$ 201,130.00	\$ -	\$ 1,662,224.00	\$ 390,903.43	\$ 406,566.23	\$ 400,800.45	\$ 330,486.59	\$ 1,528,756.70
Salary, part time	\$ 56,000.00	\$ -	\$ -	\$ -	\$ 80,000.00	\$ 136,000.00	\$ 32,174.25	\$ 34,216.25	\$ 28,640.00	\$ 25,163.25	\$ 120,193.75
Salaries (full-time, part-time, cell and uniform)	\$ 730,493.00	\$ 329,184.00	\$ 457,417.00	\$ 201,130.00	\$ 80,000.00	\$ 1,798,224.00	\$ 423,077.68	\$ 440,782.48	\$ 429,440.45	\$ 355,649.84	\$ 1,648,950.45
Benefits	\$ 193,554.60	\$ 130,486.27	\$ 186,385.06	\$ 60,558.81	\$ 6,408.00	\$ 577,392.74	\$ 93,047.13	\$ 131,231.23	\$ 114,289.80	\$ 111,219.08	\$ 449,787.24
Capital expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 46,824.00	\$ 76,878.32	\$ -	\$ -	\$ 123,702.32
Current expenses	\$ 397,115.20	\$ 615,397.00	\$ 164,666.40	\$ 139,822.15	\$ 20,750.00	\$ 1,337,750.75	\$ 332,651.80	\$ 593,904.18	\$ 228,012.54	\$ 289,415.11	\$ 1,443,983.63
Expense Total	\$ 1,321,162.80	\$ 1,075,067.27	\$ 808,468.46	\$ 401,510.96	\$ 107,158.00	\$ 3,713,367.49	\$ 895,600.61	\$ 1,242,796.21	\$ 771,742.79	\$ 756,284.03	\$ 3,666,423.64
	\$ -	\$ -	\$ 0.01	\$ -	\$ -	\$ 0.01	\$ 290,786.87	\$ 191,123.07	\$ 336,540.62	\$ 325,001.80	\$ 1,143,452.36

FY 2023 INCOME REPORT

		BUDGET FY 24	1st Quarter FY 2024	2nd Quarter FY 2024	3rd Quarter FY 2024	4th Quarter FY 2024	FY 2024 TOTAL
Line Income Restricted							
1	State Aid to LHDs-Kanawha	\$ 1,300,022.79	\$ 268,833.94	\$ 319,202.78	\$ 325,005.70	\$ 429,007.52	\$ 1,342,049.94
2	FEMA REIMBURSEMENT (LINE FORMALY PC STATE AIDE)			\$ 278,774.49	\$ 449,682.33		\$ 728,456.82
3	WVDHHR - Breast & Cervical Cancer Screening						\$ -
4	WVDHHR - DOT for TB	\$ 2,500.00				\$ 535.00	\$ 535.00
5	WVDHHR - Family Planning						\$ -
6	WVDHHR - Harm Reduction-SAMSHA-QRT						\$ -
7	WVDHHR - PHEP (threat preparedness) KC	\$ 320,000.00				\$ 36,333.18	\$ 36,333.18
8	WVDHHR - PHEP (threat preparedness) COVID						\$ -
9	DMAPS						\$ -
10	WVDHHR - Regional Epidemiology	\$ 100,000.00	\$ 11,001.00		\$ 33,600.00	\$ 28,801.00	\$ 73,402.00
11	WV DHHR-COVID IMMUNIZATION						\$ -
12	WVDHHR - Immunization Action Plan	\$ 40,000.00	\$ 9,997.00		\$ 25,000.00	\$ 12,500.00	\$ 47,497.00
13	ARPA FUNDING	\$ 448,467.82	\$ 589,604.67				\$ 589,604.67
14	NACCHO-HPV-other						\$ -
15	HRSA COVID LAB /IMMTESTING REIMBURSEMENT			\$ (11,251.33)			\$ (11,251.33)
16	INFRASTRUCTURE GRANT	\$ 293,448.51		\$ 73,362.00	\$ 73,362.00	\$ 146,724.00	\$ 293,448.00
17	COVID ELC AND OTHER COVID FED GRANT DOLLARS		\$ 18,761.20		\$ (106,816.20)		\$ (88,055.00)
Restricted Income		\$ 2,504,439.12	\$ 898,197.81	\$ 660,087.94	\$ 799,833.83	\$ 653,900.70	\$ 3,012,020.28
Other Income							
16	Kanawha County Commission	\$ 200,000.00	\$ 50,000.00	\$ 50,000.00	\$ 50,000.00	\$ 50,000.00	\$ 200,000.00
17	City of Charleston	\$ 100,000.00	\$ 24,999.99	\$ 24,999.99	\$ 24,999.99	\$ 16,666.67	\$ 91,666.64
18	Breast & Cervical Cancer Screening (insurance, medicaid)						\$ -
19	Family Planning (insurance, medicaid)						\$ -
20	General Health -COVID RX						\$ -
21	General Health TB	\$ 7,500.00	\$ 7,170.00	\$ 1,795.91	\$ 3,340.00	\$ 7,156.83	\$ 19,462.74
22	HIV-STD						\$ -
23	Immunization, Adult & Child	\$ 250,000.00	\$ 68,178.50	\$ 536,334.90	\$ 150,158.44	\$ 52,380.82	\$ 807,052.66
24	Immunization, Influenza	\$ 150,000.00	\$ 22,342.51	\$ 75,904.65	\$ 3,869.58	\$ 68.26	\$ 102,185.00
25	Immunization, Overseas	\$ 34,603.38	\$ 17,436.27	\$ 4,350.00	\$ 15,040.00	\$ 20,904.42	\$ 57,730.69
26	Laboratory Clinic Fees	\$ 6,500.00	\$ 2,187.42	\$ 1,737.84	\$ 2,158.66	\$ 1,767.49	\$ 7,851.41
27	Environmental Permits & Fees	\$ 441,425.00	\$ 78,560.00	\$ 56,758.75	\$ 30,139.76	\$ 257,053.32	\$ 422,511.83
28	Interest	\$ 2,200.00	\$ 13,935.84	\$ 14,143.15	\$ 14,151.66	\$ 14,315.00	\$ 56,545.65
29	P Card Rebates	\$ 15,000.00	\$ 2,582.88	\$ 5,090.06	\$ 4,816.49	\$ 4,072.32	\$ 16,561.75
30	Misc (record copies, gain/loss on disposal)	\$ 1,700.00	\$ 796.26	\$ 2,716.09	\$ 9,775.00	\$ 3,000.00	\$ 16,287.35
Other Income		\$ 1,208,928.38	\$ 288,189.67	\$ 773,831.34	\$ 308,449.58	\$ 427,385.13	\$ 1,797,855.72
Reserve *							
TOTAL INCOME		\$ 3,713,367.50	\$ 1,186,387.48	\$ 1,433,919.28	\$ 1,108,283.41	\$ 1,081,285.83	\$ 4,809,876.00

FY 2024 Budget and Financial Report

Line	EXPENSES	BUDGET FY 2024	1st Quarter FY 24	2nd Quarter FY 24	3rd Quarter FY 24	4th Quarter FY 24	FY 2024 TOTAL
1	Personnel, Salaries & Benefits	\$ 1,798,224.00	\$ 423,077.68	\$ 440,782.48	\$ 429,440.45	\$ 355,649.84	\$ 1,648,950.45
2	Expenses	\$ 1,337,750.75	\$ 332,651.80	\$ 593,904.18	\$ 228,012.54	\$ 289,415.11	\$ 1,443,983.63
3	Capital Expenses	\$ -	\$ 46,824.00	\$ 76,878.32	\$ -	\$ -	\$ 123,702.32
TOTAL EXPENSES		\$ 3,135,974.75	\$ 802,553.48	\$ 1,111,564.98	\$ 657,452.99	\$ 645,064.95	\$ 3,216,636.40
INCOME							
4	Restricted Income*	\$ 2,504,439.12	\$ 898,197.81	\$ 660,087.94	\$ 799,833.83	\$ 653,900.70	\$ 3,012,020.28
5	Other Income	\$ 1,208,928.38	\$ 288,189.67	\$ 773,831.34	\$ 308,449.58	\$ 427,385.13	\$ 1,797,855.72
6	Capital Expenses (Reserve funds)	\$ -	\$ -				\$ -
TOTAL INCOME		\$ 3,713,367.50	\$ 1,186,387.48	\$ 1,433,919.28	\$ 1,108,283.41	\$ 1,081,285.83	\$ 4,809,876.00
Income/Expense Difference			\$ 383,834.00	\$ 322,354.30	\$ 450,830.42	\$ 436,220.88	\$ 1,593,239.60

*State aide to Local Health Departments,
Federal, state and private grants

FY 24 EXP BUDGET

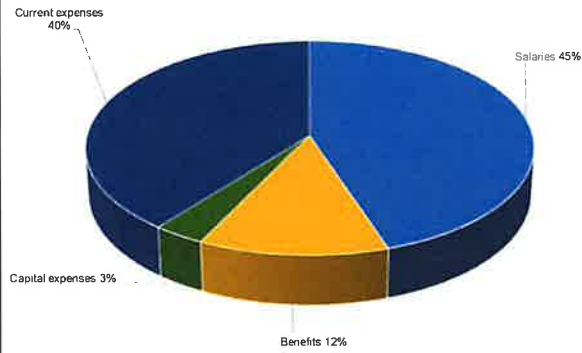
Salaries	\$ 1,648,950	45%
Benefits	\$ 449,787	12%
Capital expenses	\$ 123,702	3%
Current expenses	\$ 1,443,984	39%
TOTAL	\$ 3,666,424	

FY 24 INCOME BUDGET

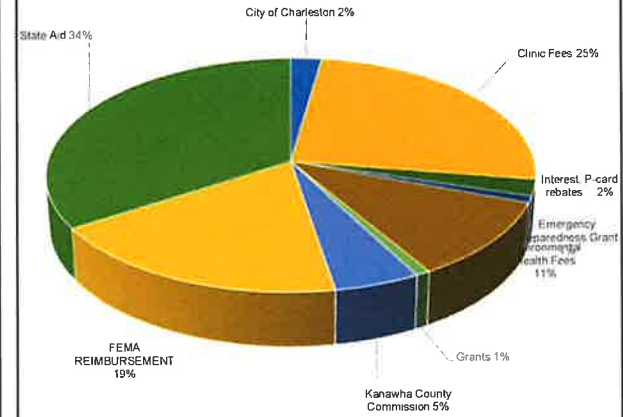
City of Charleston	\$ 91,667	2%
Clinic Fees	\$ 984,283	21%
Interest, P-card rebates...	\$ 89,395	2%
Emergency Preparedness Grant	\$ 36,333	1%
Environmental Health Fees	\$ 422,512	9%
Grants	\$ 33,379	1%
Kanawha County Commission	\$ 200,000	4%
FEMA REIMBURSEMENT	\$ 728,457	15%
State Aid	\$ 1,342,050	28%
HRSA FUNDING	\$ (11,251)	0%
CDC INFRASTRUCTURE	\$ 293,448	6%
ARPA CITY AND COUNTY	\$ 569,805	12%
TOTALS	\$ 4,809,876	

\$ 1,143,452

FY2024 EXPENSES



FY2024 INCOME



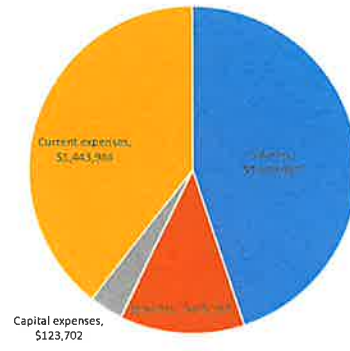
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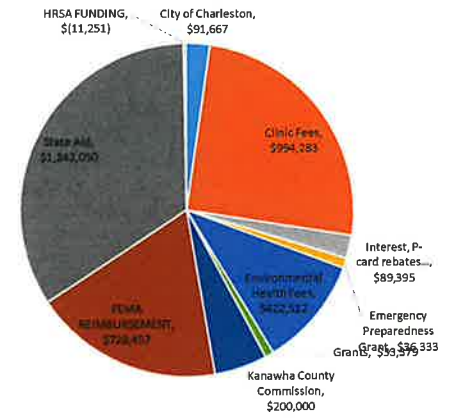
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ARPA CITY AND COUNTY	\$ 589,605	12%
TOTALS	\$ 4,809,876	

FY 24 EXPENSES



FY 24 INCOME



July 2024 Board Meeting - Topics of Discussion (Director of Operations):

- **CDC Infrastructure Grant**

- The letter was submitted to the WV DOP Board for approval. Should be on the July or August Agenda as the first disbursement is not until November/December

- **Sanitarians pay issue**

Upon doing a review of employee salaries it has become apparent that the pay for Sanitarians is quite a bit below DOP average market rate compared to other employee classifications. Review of DOP pay for the salary classification shows the DOP market rate for Sanitarian I is approximately \$55000 while KCHD Sanitarians are only making in the mid to high 30's which is approximately 35% below DOP market rate. DOP market rate for Sanitarian II is approximately \$58000 while KCHD Sanitarian II are only making in the mid 40's which is approximately 22% below DOP market rate.

- To get all Sanitarians up to within 10% of DOP Market Rate would cost us approx. \$90-100K per year total for the 8 sanitarian positions that we have currently. Experienced sanitarians are continuously being "poached" by State agencies and other LHDs which would emphasize a need to have better retention in place for the position. All other positions within the agency are much closer to the average DOP market rate for their classified positions.
- This was recently discovered and is not in the current budget that was approved at the last Board meeting.
- Any adjustments approved would have to go to DOP Board for approval of position pay adjustment.
- *My personal suggestion at this time is to try and adjust in increments (over 2-3 years). DOP caps some pay adjustments at 20% and not sure at this time if this is one of those measures that is capped. My suggestion would be to request a 20% increase for Sanitarian 1 and 10% for Sanitarian 2 at a cost of approx. 45K and then reevaluate for next year with a goal of getting the positions to within 10% of DOP Market Rate. **This position adjustment increase would be in lieu of any agency wide increase the Board decided upon, if any.***
- *The Board could propose that we fund the full amount at one time (if permissible by DOP), consider splitting it up over an incremental timeframe, table the issue for further discussion or propose other avenues to explore regarding the issue.*

- **FY24/25 Across the Board Pay Raise discussion.**

- At the May Board meeting, the Board approved for me to write a letter for across the board pay raises for employees, contingent that the legislature would fix the budget issue for LHDs. As we all know this did not occur during the special session, so I never submitted a letter. I know that there was a lot of discussion during the May board meeting about approving the pay raises anyway because I had already figured it in the budget that was approved. I just wish to caution everyone that even though I had figured the raises into the budget, that budget only covers one year and of course raises are not one-time expenses. Financially I feel that we are in a position to cover an across-the-board raise for FT employees.
 - A 5% raise for FT employees would cost approx. 80K annually.
 - A 3% raise for FT employees would cost approx. 50K annually.
 - \$3000 for each FT employee would cost approx. 84K annually.
 - \$2500 for each FT employee would cost approx. 70K annually.
 - \$2000 for each FT employee would cost approx. 56K annually.

The Board could propose an amount or give authorization for the administration to determine an amount or table the issue for further discussion.

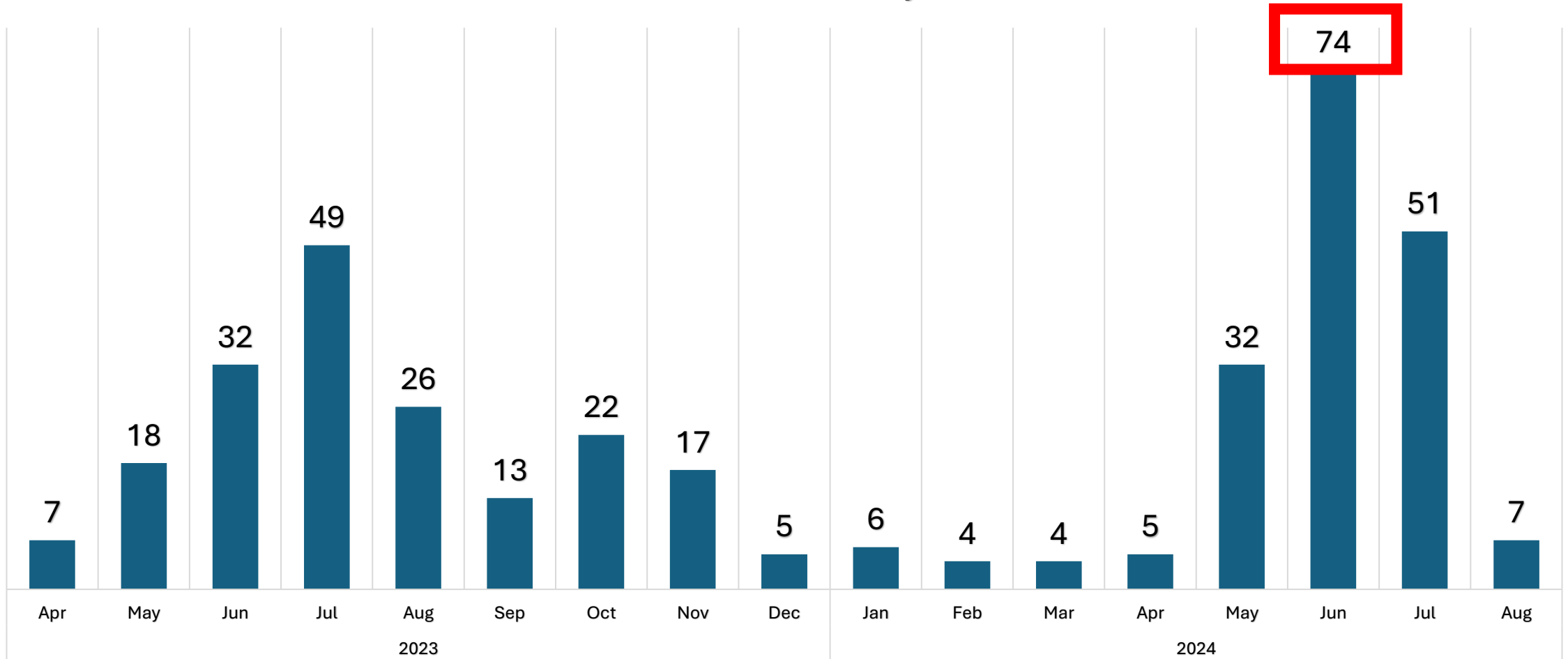
- **Environmental Fees for Permits Update**

- All steps have been completed and new fees for permits were implemented July 1st

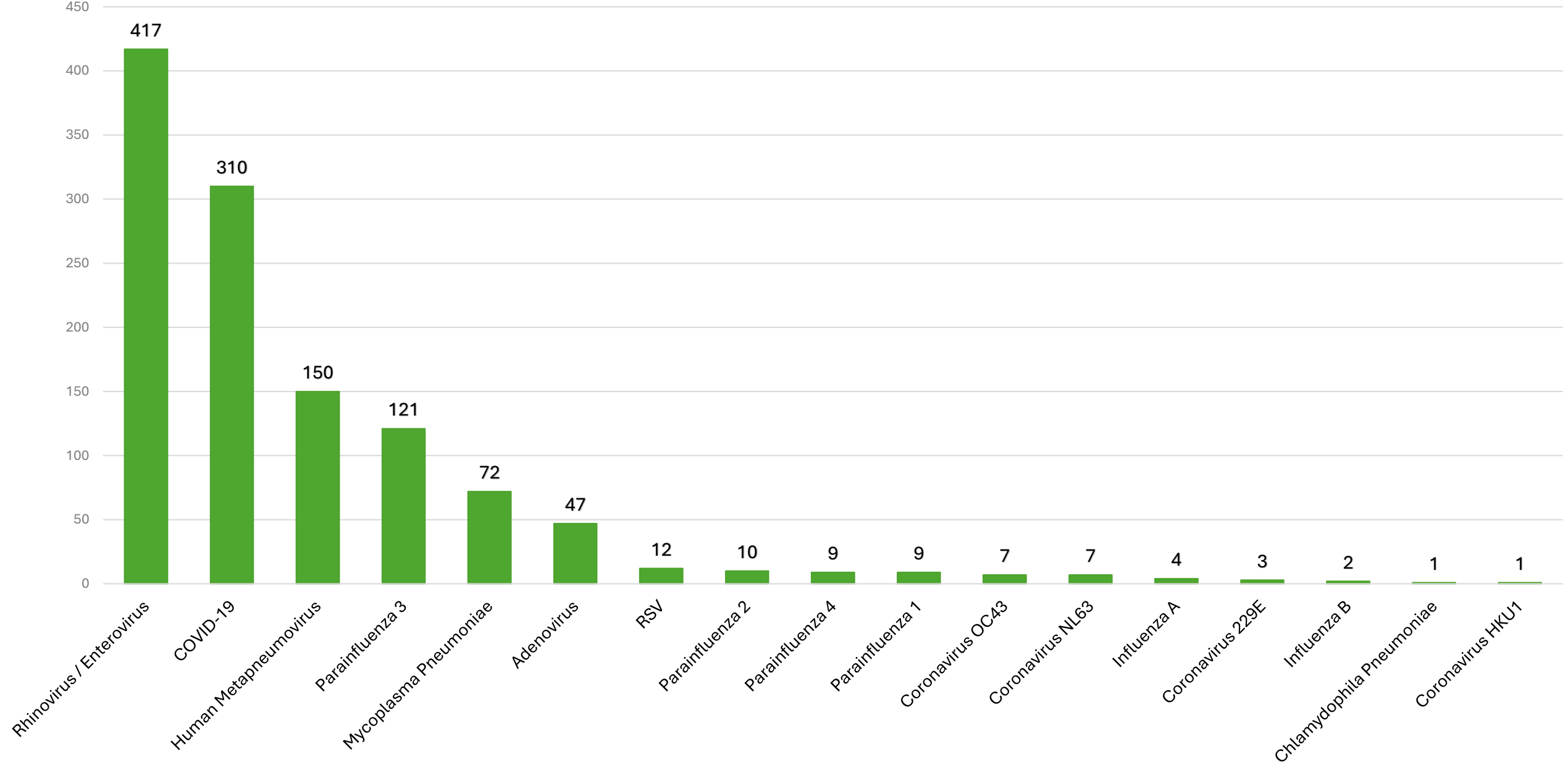
- **Staffing Update**

- The Environmental Director candidate that we had high hopes of getting hired has backed out and we are back on the search for another director.
- New fulltime Office Assistant in Environmental, Crystal "Nikki" Reveal, joined KCHD July 8th
- *Would like the Board's vote and approval to request a new DOP "Exempt" position that we will entitle as "Director of Marketing and Communications". This new position will replace the position that Lalena Price is currently in as Public Information Officer. The new position will more accurately outline the activities and responsibilities that she is doing for the agency. Currently there is no DOP classification for the role that she is currently doing. Salary would be determined based on qualifications and experience and be determined by KCHD.*

Initial Lyme Disease Reports (Source: WVEDSS)
4-1-23 to 8-7-24
Kanawha County



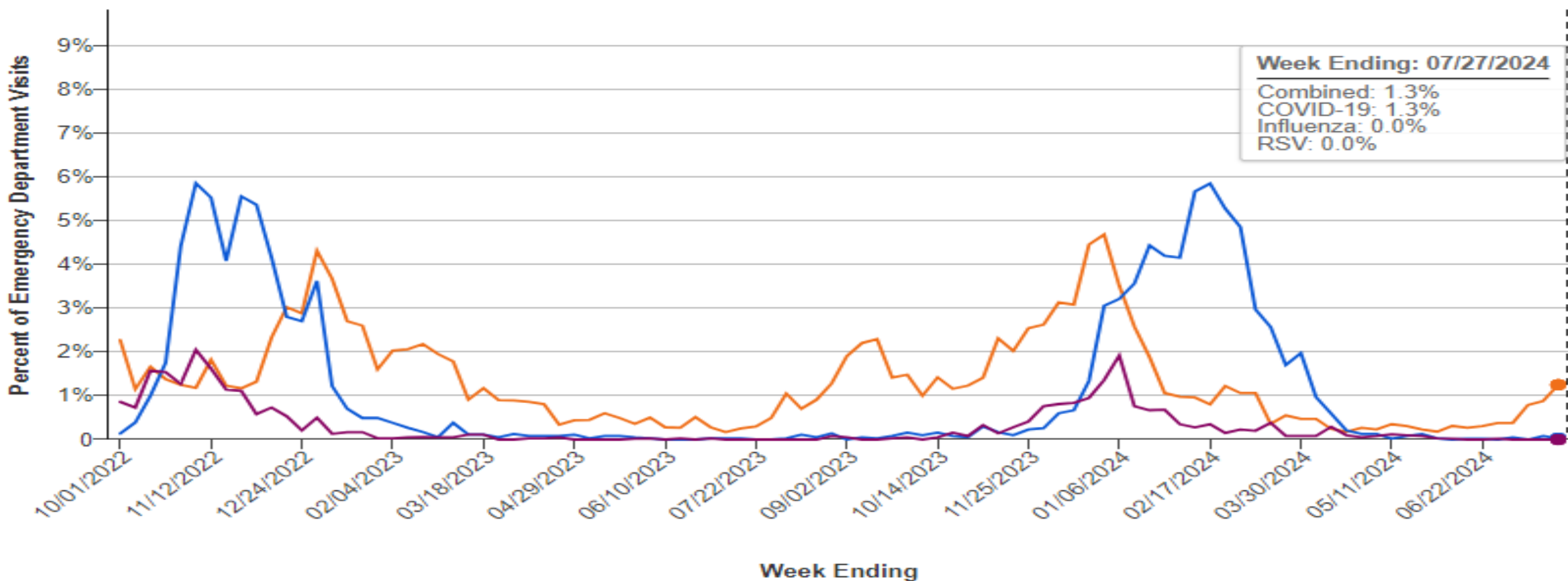
**Respiratory Pathogens Reported to WVEDSS
5-10-2024 to 8-7-2024
Kanawha County**



Kanawha, WV

Counties included in this area

Boone, Clay, Kanawha, Nicholas, Putnam, Webster



Select a virus to add or remove it from the graphic

- Combined
- COVID-19
- Influenza
- RSV

Investigated Reportable Diseases (May 10 - Aug 8)	Cases
Anaplasmosis	≤2
Campylobacter	23
Candida Auris	≤2
CRE	5
Dengue	≤2
Giardiasis	≤2
H. Flu	≤2
Hep A, Acute	5
Hep B, Acute	3
Hep B, Chronic	4
Hep C, Acute	3
Legionellosis	8
Pertussis	3
Salmonella	11
Shigellosis	≤2
Spotted Fever (Rickettsiosis)	≤2
Strep Pneumo	8
Animal Encounters	54

PHAB UPDATE:

We have received the Site Visit Report from PHAB. The report is included in your packet for review. Refer to page 5 for the site visitation team's overall impressions of KCHD. Of the 31 measures analyzed, we met 22 and had a finding of "not met" on nine. Areas considered deficient are:

- Community Health Assessment
- Data collection, analysis, and sharing to inform policy and program decisions
- Health education and health promotion policies, programs, processes, and interventions are strategic and address populations that have higher health risks for poorer health outcomes.
- Community Health Improvement Plan
- The features and systems of the community provide access to health care to those who have historically experienced barriers to health care
- The health department's workforce has the multidisciplinary skills needed for the health department to achieve its mission, goals, and objectives
- The achievement of goals and objectives is monitored by the health department using a performance management system.
- A culture of continuous quality improvement is nurtured across the health department
- The health department manages ethical issues

The PHAB Accreditation Committee will review these findings at their August 21 meeting. We should receive the results by mid-September.

Strategic Planning/Planning Actions Coordinating Team (PACT) UPDATE:

PACT will be meeting next week (prior to the Board meeting). We will be reviewing the PHAB report and planning for the all-staff meeting that is tentatively set for later this month.

Community Engagement UPDATE:

The partnership with the Charleston Town Center for their Moovin' and Groovin' back-to-school event was a success. We are now beginning planning for making this type of event mobile (using the health bus) for late spring/early summer 2025.

Our first blood drive with the American Red Cross was a modest success. We will build on that and have scheduled two more events—Monday, November 18 and Tuesday, March 18, 2025.

Community Health Assessment UPDATE:

The meeting scheduled for July 24th did not take place. It has not been rescheduled yet. I will be sharing the PHAB site visit results specific to the CHA with KCCHI.

Questions for discussion: Regardless of PHAB's decision (there is an appeals process if we are not reaccredited), is this an investment we should continue making (\$8400/year; \$42,000 over five years, plus staff time spent on data collection over what we normally do, annual reports, and reaccreditation submissions)--in light of uncertainty in funding from the State?

What are other ways we can connect with and in the community that will add value, build relationships, and can be done with minimal cost (other than staff time)?

Other thoughts/ideas/questions?

Are there particular areas and/or questions board members would like to see as part of the community health assessment?

What are some ways we can implement this survey to assure quality data?

How can we obtain needed information without overwhelming people with questions? (Most of the respondents to the last survey did not complete one or more questions.)



Site Visit Report

Version 2016 Reaccreditation

Created on: July 17, 2024

Confidential

Kanawha-Charleston Health Department

Kanawha-Charleston Health Department
PO Box 927
Charleston, WV 25323

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Site Visit Report for
Kanawha-Charleston Health Department

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 Measure 11.1 23

 Measure 11.2 23

 Measure 11.3 24

Domain 12..... 24

 Measure 12.1 24

 Measure 12.2 24

Summary of Findings

Measure	Score
Measure 1.1	Not Met
Measure 1.2	Met
Measure 1.3	Not Met
Measure 2.1	Met
Measure 2.2	Met
Measure 3.1	Not Met
Measure 3.2	Met
Measure 3.3	Met
Measure 4.1	Met
Measure 4.2	Met
Measure 4.3	Met
Measure 5.1	Met
Measure 5.2	Not Met
Measure 5.3	Met
Measure 5.4	Met
Measure 6.1	Met
Measure 6.2	Met
Measure 6.3	Met
Measure 7.1	Met
Measure 7.2	Not Met
Measure 8.1	Not Met
Measure 8.2	Met
Measure 9.1	Not Met
Measure 9.2	Not Met
Measure 10.1	Met
Measure 10.2	Met
Measure 11.1	Met
Measure 11.2	Not Met
Measure 11.3	Met
Measure 12.1	Met
Measure 12.2	Met

NOTE: Areas of Excellence and Opportunities for Improvement are optional comments, therefore, these areas may be blank throughout the report.

Overarching Comments

Overall Impressions:

The Kanawha-Charleston Health Department has demonstrated an ongoing commitment to accreditation despite the response to a global pandemic, significant turnover in key leadership positions, reductions in funding and staffing, and other emerging health issues and challenges. These challenges have impacted several key plans, such as workforce development, performance management, quality improvement, and the CHIP. The department has established an internal team to begin efforts to address gaps in these plans, laid out how they intend to approach each of these areas, and has indicated the dedication to fully implement these plans. The department's CHIP is developed and implemented through a long standing partnership with the Kanawha Coalition for Community Health Improvement. Challenges of completing an assessment during the COVID-19 response were discussed during the site visit and the department indicated opportunities for improvement in the next cycle to address these challenges. The department is encouraged to expand their influence and use of data to guide the development and implementation of the CHA and CHIP to further identify health issues and disproportionately impacted populations. The department is well intentioned and forward thinking, and during the site visit shared intended programs and plans in development, despite challenges in capacity, resources, and formal structures to support these efforts. These included several promotional campaigns which demonstrated the staff's capacity for messaging and further highlights the department's working relationship and coordination with media partners. Examples of the department's programs and work to meet the needs of the community were provided across the Domains and highlighted their ongoing efforts to engage at-risk populations and address equity. Building trust with key partners and staff and leveraging those relationships to reach the communities in need and expand the reach of programs was a theme and strength across examples. The department's capacity and commitment to contributing to the discussion of public health policy was apparent in their documentation and included engagement of both elected officials and the public on the impacts of proposed policies on the public's health, as well as participation in a state-wide partnership to present a common message and voice.

Domain 1

Measure 1.1

The community health assessment is continually updated to broaden and deepen the community's understanding of public health issues and resources.

Score

(NM) Not Met

Conformity Comment

1b. Ongoing data collection methods for a telephone survey, key informant surveys, and focus groups are described, but **how the assessment is updated and revised to include the new information gathered, or the frequency of update and revision is not clear.** Following the Pre-Site Visit Review additional documentation was provided that describes ongoing data collection and information gathering, **but the CHA is not updated or revised to include additional information and is not considered a living document.**

1d. The narrative describes the addition of legislatures, tourism and recreation representatives, and representatives from adjoining counties to participating in the expert survey process as part of the CHA **but it is not clear whether these groups were involved in the CHA process beyond participating in the expert survey.**

2b. Populations with greater or particular health issues and inequities do not appear to be included in the sections of the CHA indicated on the documentation form. Following the Pre-Site Visit Review a communities of excellence application submitted by the Kanawha Coalition for Community Health Improvement was provided, but additional information on populations with greater or particular health issues and inequities are not apparent in the document.

3. Example 1: **It is not clear from the documents provided how this example expands on an issue initially identified in the CHA. The documentation form states this portion was added since the CHA was first published but in their response to the Pre-Site Visit Review clarified that this information was added since the first iteration of the CHA and not since the CHA provided in 1.1.2 was published.**

3. Example 2: **The documentation form states this portion was added since the CHA was first published but in their response to the Pre-Site Visit Review clarified that this information was added since the first iteration of the CHA and not since the CHA provided in 1.1.2 was published.**

Areas of Excellence

Opportunities for Improvement

The health department could provide data regarding the overall health of the community to the CHA committee that would lead to improved identification and prioritization of health improvement categories. These health priorities can be verified and expanded on by input from community members through a survey.

Measure 1.2

The public health surveillance system provides accurate, timely, and comprehensive data in a systematic and continuous manner.

Score

(M) Met

Conformity Comment

Areas of Excellence

Opportunities for Improvement

Measure 1.3

Public health data are collected, analyzed, shared, and fully utilized to increase knowledge and inform policy and program decisions.

Score

(NM) Not Met

Conformity Comment

1b: The results of a branding survey conducted by the department in 2023 are provided. The coversheet identifies the focus of the survey as qualitative data, but **no qualitative data is apparent in the document.**

2. The narrative describes the use of Google Drive by the department's shared drive. Needs assessments are referenced in the list of documents available to staff on the shared drive, but **this does not appear to include all of the data used by the department. This measure was reopened during the Pre-Site Visit Review, but no additional information was provided.**

3. Example 1 – A powerpoint describes the department gaining access to the West Virginia Electronic Disease Surveillance System and how the system allowed for more rapid reporting and case management of tuberculosis cases. **The powerpoint states that this began in 2017, and additional detail is needed to determine if this example is within the required timeframe. The context of how this powerpoint was used is not apparent in the documents provided, and it is not clear how data was used for the change. This example was reopened during the Pre-Site Visit Review, but no additional information was provided. A note from the department is included stating no additional information was requested, but this is incorrect.**

3. Example 2 – A powerpoint is provided that describes the department onboarding an electronic Direct Observed Therapy (eDOT) system for tuberculosis cases. Data is provided that demonstrates an increased percentage of cases successfully completing treatment using eDOT compared to in-person

DOT. The context of how this powerpoint was used is not apparent in the documents provided. In response to the Pre-Site Visit review the department states that the powerpoint was given as an option for presenting the example and that presentation of the slide deck was not specified. A de-identified tuberculosis case report is included in the documentation but does not include information on the use of eDOT.

4. Example 1 - The example provided shows the results of a branding survey conducted by the department. The coversheet notes that this example includes primary data through responses collected by the health department and **secondary data through “purchased responses” from a statewide database. During the site visit the department clarified that the “purchased responses” were a purchased set of contact information that were then contacted for interview which would be considered primary data rather than secondary data.** The results include the analysis and discussion of responses in terms of vaccination for influenza and COVID-19, perceptions of COVID-19 and the COVID-19 vaccine, and perceptions of the health department. The discussion reviews these issues in terms of demographics and political ideology.

4. Example 2 – A weekly briefing from the department for the week of November 13, 2023 is included. The briefing includes a discussion of trends in respiratory illnesses and an outbreak of Mycoplasma Pneumoniae. The analysis of the Mycoplasma outbreak data includes an epi curve which notes a decrease in cases and that the peak of the outbreak had been reached but that cases may continue to appear due to the long incubation period. **It is not clear whether or not multiple data sources were used.**

Areas of Excellence

Opportunities for Improvement

Domain 2

Measure 2.1

Public health problems and environmental public health hazards are investigated thoroughly, appropriately, and in a timely manner.

Score

(M) Met

Conformity Comment

1a. The department’s epidemiology outbreak protocol shows the protocols for infectious diseases, **though does not show protocols for non-outbreak scenarios. The document is also not dated.** The role of the department and other agencies is described in the protocol.

2b. The narrative states how investigation results would be shared with other health departments through sharing AARs, but **does not reference coordination or consultation with other health**

departments.

However, all other requirements within the measure were met, therefore, the overall intent of the measure is met.

Areas of Excellence

Opportunities for Improvement

Measure 2.2

Health problems and environmental health hazards are contained or mitigated in a timely manner.

Score

(M) Met

Conformity Comment

1a. The department's epidemiology outbreak protocol shows the protocols for addressing infectious diseases outbreaks, **but it is not dated.**

1c. **Protocols for 24/7 access to resources are not clearly identified in the specified page ranges by either the document or pdf.**

1e. The All-Hazards Plan states that the plan will be activated for large-scale emergencies and provides examples of types of emergencies. **However, it does not specify the protocol for determining when the All Hazards plan should be activated, as required.**

However, all other requirements within the measure were met, therefore, the overall intent of the measure is met.

Areas of Excellence

Opportunities for Improvement

Domain 3

Measure 3.1

Health education and health promotion policies, programs, processes, and interventions are strategic and address populations that have higher health risks for poorer health outcomes.

Score

(NM) Not Met

Conformity Comment

1. The documentation form notes that the department does not have a standard process for developing and implementing health promotion programs and no documentation was provided. This measure was reopened during the Pre-Site Visit Review, but no additional information was provided.

2. A narrative describes challenges in health promotion activities due to programs ending and staff turnover and that activities had not resumed due to the pandemic response. No examples were described. This measure was reopened during the Pre-Site Visit Review, but no additional information was provided.

3. The documentation form identifies this as an area of development and no narrative is provided. This measure was reopened during the Pre-Site Visit Review, but no additional information was provided.

4. Example 1 – The department described efforts around education and distribution of Narcan.

a. The strategies described do not appear to address structural social disparities.

b. The narrative describes working with partners to identify stores to target to provide education but does not identify and address factors that contribute to inequities.

c. There is not documentation of engaging with the community to identify and address inequities. This measure was reopened during the Pre-Site Visit Review, but no additional information was provided.

4. Example 2 – A second example was not described. This measure was reopened during the Pre-Site Visit Review, but no additional information was provided.

Areas of Excellence

Opportunities for Improvement

Measure 3.2

The public is informed about public health's role and functions in their communities.

Score

(M) Met

Conformity Comment

1b. Within the brand strategies there are some references to communicating to different audiences, but **there is not a specific process or protocol for customizing messages to different audiences**. Following the Pre-Site Visit Review, examples of how the department customized messages to communicate the brand to target audiences are provided, **but the overarching process for doing so was not provided**.

1c. There are clear strategies for integrating brand messages into social media and the department's website, but **not for all communication strategies such as news releases and news**

conferences. Following the Pre-Site Visit Review, examples of the brand messaging being incorporated into news releases and news conferences were provided, **but the process for doing so was not noted within the brand strategy.**

1d. Following the Pre-Site Visit Review the linkage between the brand strategy and strategic plan is described on the coversheet but **is not included within the brand strategy itself.**

However, all other requirements within the measure were met, therefore, the overall intent of the measure is met.

Areas of Excellence

Opportunities for Improvement

Measure 3.3

The community receives accurate, timely, and culturally appropriate health communications.

Score

(M) Met

Conformity Comment

1b. The plan states that the department engages with partners on marketing and branding opportunities and that stakeholders will be included in new conferences but **does not describe the process for coordinating with partners.**

1e. **Coordination with other health department and government partners is described on the cover sheet, but not within the Communication and Marketing Plan.** Following the Pre-Site Visit Review, examples of the health department coordinating with other health department partners were provided and working relationship with other departments was described, **but the process for coordinating with other health departments is not included within the plan.**

However, all other requirements within the measure were met, therefore, the overall intent of the measure is met.

Areas of Excellence

The department's PIO is closely connected with the media, and the example of engagement on a proposed immunization law demonstrates how the department connects its communication and advocacy efforts.

Opportunities for Improvement

Expand on the process for coordinating with partners and other health departments within the Crisis Communication Guidance.

Domain 4

Measure 4.1

Cross-sector collaboration is routine and community health-enhancing networks are fostered to promote the public's health.

Score

(M) Met

Conformity Comment

3. Example 1 – The narrative describes the County HIV Task Force working with the Regional Transit Authority to utilize buses that were to be decommissioned as mobile units for HIV prevention programs. **While this represents a change in access to the services it does not meet the intent of a change in the community. Following the Pre-Site Visit Review an updated narrative provided additional information about an increase in trust and engagement with care built through this program but does not provide information on a specific change as required.**

3. Example 2 – The narrative describes the department working with a grassroots organization and community partners to hold an inaugural Save a Life Day event as a day-long county-wide naloxone distribution event in 2 counties. The first event was held in 2020, and the narrative goes on to describe the expansion of the event to include 55 counties in 2021, be state-wide in 2022, and planned to include multiple states in 2023. **This does not meet the intent of a community change for this measure. Following the Pre-Site Visit Review an updated narrative provided additional information about the program's impact on social norms but does not provide information on a specific change as required.**

However, all other requirements within the measure were met, therefore, the overall intent of the measure is met.

Areas of Excellence

Opportunities for Improvement

During the site visit collective decision making and involvement of representatives of the target audience were described for the department's HIV Taskforce and efforts during the COVID-19 response. The department should consider how these could also be integrated into the Kanawha Coalition for Community Health Improvement or other health department initiatives that impact community change.

Measure 4.2

The target population that is intended to be affected by public health strategies or interventions are engaged in the development or improvement of those strategies, programs, or interventions.

Site Visit Report for
Kanawha-Charleston Health Department

Score

(M) Met

Conformity Comment

Areas of Excellence

Opportunities for Improvement

Measure 4.3

Those who make policy, resource, or regulatory decisions that impact the public's health have a relationship with the health department and seek and use health department's information about public health policies and strategies.

Score

(M) Met

Conformity Comment

Areas of Excellence

The department's work to investigate an incident of safety concerns related to grease traps at regulated entities led to collaboration with the local Sanitary Board and County Commission to change local policies and procedures to address the safety hazard and ultimately led to the department working with state legislators to pass legislation for the state to address the safety hazard.

Opportunities for Improvement

Domain 5

Measure 5.1

The health department is a strategic community health development organization.

Score

(M) Met

Conformity Comment

1c. The narrative describes working with the West Virginia Association of Local Health Departments and West Virginia Center for Local Health (a part of the state Bureau of Public Health) but **does not describe**

how health equity is included into strategies, programs, and policies through these groups. This measure was reopened during the Pre-Site Visit Review but no additional information was provided for this requirement.

2a. The narrative describes how the department promotes public health considerations into decisions about health policy, but **other sectors and policy areas are not addressed. Following the Pre-Site Visit Review the department provided an updated narrative that stated that decision making in sectors and policy areas beyond health policy is considered outside of the department's scope.**

However, all other requirements within the measure were met, therefore, the overall intent of the measure is met.

Areas of Excellence

Opportunities for Improvement

Measure 5.2

The health department encourages and participates in community collaborative implementation of the community health improvement plan and participates in its revision as community public health priorities are addressed and revised.

Score

(NM) Not Met

Conformity Comment

1c. The narrative describes how new information that affects the implementation of the plan is deliberated and decisions on changes to the plan are made. **Following the Pre-Site Visit Review a note was included on the coversheet that appears to indicate that priorities are not reassessed or revised between CHIP cycles.**

2d. Policy changes are not included within the implementation plan. Several objectives are listed as systems changes, but it is not clear for each objective what the systems change is and how the objective alleviates the causes of health inequities. This measure was reopened during the Pre-Site Review and additional highlighting of what within the indicated sections demonstrated the requirement was not provided.

2e. Lead organizations are listed for each activity in each objective, though individuals from the organizations are not identified. Following the Pre-Site Visit Review the department included a note on the coversheet that individuals are not typically assigned to activities due to the potential for personnel changes.

Areas of Excellence

Opportunities for Improvement

Targets and how indicators would be measured is not clear for every indicator or priority area, and the department should consider adopting a common format for all indicators in the plan.

Measure 5.3

The health department is guided by a department strategic plan that is revised as the department priorities are achieved or adjusted.

Score

(M) Met

Conformity Comment

1a. The narrative describes how staff at various levels are engaged at various levels for feedback in updating the strategic plan, and a Planning Actions Coordinating Team (PACT) is assigned as responsible for overseeing and implementing the plan, **though the membership of the PACT was not provided to demonstrate all levels of staff are involved in implementing the plan.** Following the Pre-Site Visit Review the membership of the PACT was described and **does not appear to include various levels of staff.**

2b. Goals and objectives are identified in the plan but **do not include measurable time-framed targets. The coversheet notes that targets and timeframes will be set by the PACT for each plan year. During the site visit the department described a recent retreat to expand on the objectives to make them SMART. Adding timeframes to the objectives was completed during the retreat with additional details to be finalized during the PACT team's monthly meetings.**

2e. The plan states that the strategic plan along with the CHIP and other key plans set the direction and strategies of the department, but **how the plans are linked is not described.** Following the pre-site visit review the coversheet notes that the PACT will set linkage in collaboration with the Kanawha Coalition for Community Health Improvement, **but the CHIP was not available at the time the strategic plan was finalized to describe linkage within the plan. During the site visit the department indicated that the strategic plan and CHIP are considered separate, and that linkage is not in place as the current CHIP is not considered actionable.**

However, all other requirements within the measure were met, therefore, the overall intent of the measure is met.

Areas of Excellence

Site Visit Report for
Kanawha-Charleston Health Department

Opportunities for Improvement

The PACT Team has a great opportunity to take what is developed by the Kanawha Coalition for Community Health Improvement and to expand on it for health department purposes. Adding measurable time-framed targets for any actions that the health department specifically is taking action on can also be added to the strategic plan, thus improving linkages amongst the plans.

Measure 5.4

The communitywide All Hazards Emergency Operations Plan and the public health Emergency Operations Plan are tested and revised.

Score

(M) Met

Conformity Comment

2b. The plan addresses translation and meeting the needs of at-risk groups **but does not clearly address cultural competency. During the site visit the department described efforts to address cultural competence during the COVID-19 response by working with their African American community to address vaccine hesitancy, but lessons learned from these efforts have not yet been added to the All-Hazards Plan.**

However, all other requirements within the measure were met, therefore, the overall intent of the measure is met.

Areas of Excellence

Opportunities for Improvement

Domain 6

Measure 6.1

Laws protect and promote the public's health.

Score

(M) Met

Conformity Comment

Areas of Excellence

Opportunities for Improvement

Measure 6.2

The public is informed about laws and their potential impact on public health.

Score

(M) Met

Conformity Comment

3. Example 1 – The example shows the availability of facility inspection reports on their website and social media posts about a food-handler training requirements and tattoo parlor inspections. **The social media posts are missing the year in the date, and do not make a clear connection between the training requirement and working with tattoo parlors and public health laws.**

However, all other requirements within the measure were met, therefore, the overall intent of the measure is met.

Areas of Excellence

Opportunities for Improvement

Measure 6.3

Public health laws are enforced consistently and fairly.

Score

(M) Met

Conformity Comment

2c and 2d. **The narrative addresses trends in violations at individual establishments rather than across establishments as intended by the measure. Following the Pre-Site Visit Review an updated narrative was provided that states the health department's current system is unable to identify trends across establishments.**

However, all other requirements within the measure were met, therefore, the overall intent of the measure is met.

Areas of Excellence

Opportunities for Improvement

Domain 7

Measure 7.1

Populations' access to care has been collaboratively assessed and strategies to increase access to health care for those who experience barriers to care have been collaboratively developed and adopted.

Score

(M) Met

Conformity Comment

Areas of Excellence

Opportunities for Improvement

Measure 7.2

The features and systems of the community provide access to health care to those who have historically experienced barriers to health care.

Score

(NM) Not Met

Conformity Comment

1. Example 1 – The narrative describes the department's response to provide testing, education, and connection to treatment in coordination with partners to respond to an HIV outbreak. **This does not represent a system level strategy as required. This measure was reopened during the Pre-Site Visit Review and a new example was not provided as requested.**

1. Example 2 – The narrative describes the coordinated response to provide COVID-19 vaccinations to the community. **The does not represent a system level strategy as required. This measure was reopened during the Pre-Site Visit Review and a new example was not provided as requested.**

Areas of Excellence

While the examples described do not meet the intent of a system change, the examples demonstrate how the staff build trust with key partners and then leverages those relationships to reach communities in need, especially through working with representatives from impacted communities.

Opportunities for Improvement

Domain 8

Measure 8.1

The health department's workforce has the multidisciplinary skills needed for the health department to achieve its mission, goals, and objectives.

Score

(NM) Not Met

Conformity Comment

1a. The plan addresses changes in the external environment in discussion with department operations, **but the resulting future workforce competency needs are not clear.**

1b. **An assessment against the adopted core competencies does not appear to be included and is noted that will be completed during the strategic planning process. Following the Pre-Site Visit Review a note was provided on the coversheet stating an assessment had not yet been completed.**

1c. Goals and objectives for workforce development are included **but are not related to identified gaps in capacity or capability. Following the Pre-Site Visit Review a note was provided on the coversheet stating that this will be addressed once the assessment of core competencies is completed.**

1d. **Plans for recruitment of individuals who reflect the population served are not included. Following the Pre-Site Visit Review information on the demographics of the jurisdiction were provided on the coversheet but plans for recruitment were not provided.**

1e. **The connection of the workforce development plan to the strategic plan is not clear. Following the Pre-Site Visit Review a note was provided on the coversheet that the strategic plan was recently adopted and that linkage to the workforce development plan will be addressed in the coming months.**

Areas of Excellence

Opportunities for Improvement

Develop implementation plan and work plan to address the adopted core competencies and gaps in competencies identified through the assessment of the department's current capacity and capability.

Measure 8.2

The work environment of the health department supports and fosters each staff person's contribution to the achievement of the health department's mission, goals, and objectives.

Score

(M) Met

Conformity Comment

3. Example 1 – A "Quit and Stay Quit Mondays" is described with the goal to encourage people to quit smoking and asked people to recommit to quitting every Monday and included weekly tips for quitting. The narrative states that this was shared to both the public and employees, but **it is not clear whether or not the program included messages sent specifically to employees.**

4. Neither the required competencies nor links of job responsibilities to the mission and strategic plan are clear in the provided template.

However, all other requirements within the measure were met, therefore, the overall intent of the measure is met.

Areas of Excellence

Opportunities for Improvement

Domain 9

Measure 9.1

The achievement of goals and objectives is monitored by the health department using a performance management system.

Score

(NM) Not Met

Conformity Comment

1c. Linkage is described between performance management, quality improvement, strategic plan, and workforce development plan, **but not the community health assessment. Following the Pre-Site Visit Review a note was provided on the coversheet that the CHIP was recently adopted and that linkage to the performance management system will be addressed in the coming months.**

1d. The narrative provides the frequency of review and process for communicating results, **but the process to monitor implementation, analyze progress, revise plans, and reallocate resources is not provided. Following the Pre-Site Visit Review a note was provided on the coversheet noting the challenges experienced by the department over the past five years and stating that performance management will be a focus going forward.**

1f. **It is not clear in the narrative how staff contribute to the implementation of work plans and contribute to the use of performance management. Following the Pre-Site Visit Review a note was provided on the coversheet noting the challenges experienced by the department over the past five years and stating that performance management will be a focus going forward.**

1g. The frequency and responsibility for plan revisions are described, **but not the process. Following the Pre-Site Visit Review a note was provided on the coversheet noting the challenges experienced by the department over the past five years and stating that performance management will be a focus going forward.**

1h. **How performance management is used for decision making and prioritization is not clear. Following the Pre-Site Visit Review a note was provided on the coversheet noting the challenges experienced by the department over the past five years and stating that performance management**

will be a focus going forward.

1i. **How the performance management system has matured is not described. Following the Pre-Site Visit Review a note was provided on the coversheet noting the challenges experienced by the department over the past five years and stating that performance management will be a focus going forward.**

2. **It is not clear that or how the provided narrative applies to the department's performance management system. This measure was reopened during the Pre-Site Visit Review, but no additional information was provided.**

Areas of Excellence

Opportunities for Improvement

The department should expand performance measures beyond tracking quality improvement culture.

Measure 9.2

A culture of continuous quality improvement is nurtured across the health department.

Score

(NM) Not Met

Conformity Comment

3. Example 1 – A QI project to address Hepatitis A cases is described but **does not include how the project influenced or affected the performance management system. This measure was reopened during the Pre-Site Visit Review, but no additional information was provided.**

3. Example 2 – **A second example was not provided and noted as an area of continued development. This measure was reopened during the Pre-Site Visit Review, but no additional information was provided.**

4. Example 2 – The project described involved the development of a tracking system for vaccine administration. **The use of QI tools is not apparent in the documentation.**

4. Example 3 – The project described involved the development of a mechanism to provide information to the Board of Health and city/county officials outside of regular meetings. **The use of QI tools is not apparent in the documentation.**

4. **None of the examples described address a community health issue.**

Areas of Excellence

Opportunities for Improvement

The PACT Team has an opportunity to set performance measures that provide indications around progress towards programmatic, CHIP and/or Strategic Plan initiatives. These measures will assist staff to indicate where QI projects can be initiated, strengthening the tie between PM and QI.

Domain 10

Measure 10.1

The health department's programs and interventions are based on the best available evidence.

Score

(M) Met

Conformity Comment

2. Example 2 – This example appears to be related to the previous example and describes the addition of a mobile testing and counseling site. **It is not clear that this is a separate example from Example 1. This example was reopened during the Pre-Site Visit Review, but no additional information was provided for this example.**

However, all other requirements within the measure were met, therefore, the overall intent of the measure is met.

Areas of Excellence

Opportunities for Improvement

Measure 10.2

The health department encourages the understanding and use of public health research findings in the establishment of laws, policies, programs, and resource allocations.

Score

(M) Met

Conformity Comment

Areas of Excellence

Opportunities for Improvement

Domain 11

Site Visit Report for
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Measure 11.1

The health department organizes, leads, and manages its operations to reach organizational goals.

Score

(M) Met

Conformity Comment

3. The narrative states that the department's information management infrastructure is managed by the West Virginia Office of Technology but **does not describe the infrastructure that is in place or how the department reviews changing or increasing requirements to guide system development.**

However, all other requirements within the measure were met, therefore, the overall intent of the measure is met.

Areas of Excellence

Opportunities for Improvement

Measure 11.2

The health department manages ethical issues.

Score

(NM) Not Met

Conformity Comment

1. The West Virginia Governmental Ethics Act is provided which describes the code of conduct that public employees are to follow. **This does not meet the intent of the measure. Following the Pre-Site Visit Review a note was provided on the coversheet stating the requirement to follow the Ethics Act and that the Ethics Act would supersede any separate ethics policy adopted. A note on the coversheet provided for 11.2.2 indicates that if a situation arises that is not specifically addressed in the Act, the department would ask for an opinion from the Ethics commission to resolve the matter, but this is not addressed within the act or another policy.**

2. The example describes submitting an issue to the West Virginia Ethics Commission on whether meetings of the County's HIV Task Force should be open to the public. **While the Commission was established under the Ethics Act provided in 11.2.1 this does not meet the intent of the department considering, discussing, and resolving an ethical issue. Following the Pre-Site Visit Review a note is included on the coversheet that states an ethical issue requiring review has not occurred within the required timeframe, but an example of exercising the policy is not included.**

Areas of Excellence

Opportunities for Improvement

Measure 11.3

The health department is culturally competent and accessible to populations.

Score

(M) Met

Conformity Comment

1a. The department does not have a formal process to assess its cultural competence.

However, all other requirements within the measure were met, therefore, the overall intent of the measure is met.

Areas of Excellence

Opportunities for Improvement

Domain 12

Measure 12.1

The health department's governing entity is informed about the health department's mission, goals, responsibilities, and programs.

Score

(M) Met

Conformity Comment

Areas of Excellence

Opportunities for Improvement

Measure 12.2

The health department's governing entity is engaged with the health department and its activities.

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Score

(M) Met

Conformity Comment

Areas of Excellence

Opportunities for Improvement
