

**MINUTES OF A
SPECIAL MEETING
OF THE JACKSON COUNTY
BOARD OF COMMISSIONERS
HELD ON
JUNE 28, 2016**

The Jackson County Board of Commissioners met in a Special Session on June 28, 2016, 2:00 p.m., Justice & Administration Building, Room A201, 401 Grindstaff Cove Road, Sylva, North Carolina.

Present: Brian McMahan, Chairman
Mark Jones, Vice Chair
Charles Elders, Commissioner
Vicki Greene, Commissioner
Boyce Deitz, Commissioner

Chuck Wooten, County Manager
Angela M. Winchester, Clerk to Board
Heather C. Baker, County Attorney

Chairman McMahan called the meeting to order.

(1) **AGENDA**: Chairman McMahan amended the agenda by adding one item: Resolution for Ledbetter Road and by deleting two items: (1) Chiquapin Development Agreement (2) Harris Regional Ambulance Contract. Commissioner Greene moved to approve the amended Agenda. Commissioner Jones seconded the Motion. Motion carried.

(2) **MINUTES**: Commissioner Elders moved to approve the minutes of a Work Session of June 14, 2016 and a Regular Meeting of June 16, 2016. Commissioner Greene seconded the Motion. Motion carried.

(3) **INFORMAL COMMENTS BY THE PUBLIC**: None

(4) **CONSENT AGENDA**: Darlene Fox, Finance Director, presented a Budget Ordinance Amendment for fiscal year ending June 30, 2016, for approval.

Motion: *Commissioner Greene moved to approve the Consent Agenda. Commissioner Jones seconded the Motion. Motion carried by unanimous vote.*

(5) **GOOD SAMARITAN CLINIC – BLUE RIDGE COMMUNITY HEALTH SERVICES**: Rebecca Mathis, Executive Director Good Samaritan Clinic, stated that within six months of working at the Good Samaritan Clinic, it was evident that the organization had grappled with a sustainability plan. It was very important to continue to serve the uninsured and underserved population and figure out how to do so in a fiscally responsible way. In July of 2014, their Board had to deal with if they were going to be able to stay open or would they have to close because of their financial situation. They had five months to come up with a plan to figure out how they were going to keep their doors open. They restructured, stabilized and reached out to receive significant investments from donors and grants, which gave them two years to create a strategic plan.

Over the past year, they had been in the strategic planning process and had been able to serve more people than they had ever served before. While still in the strategic planning process, they came before the Commissioners that day with an exciting funding opportunity, which would bring more funding and resources into the county. This would strengthen what they were already doing and expand services beyond what they were currently able to do. She requested the county's support for a collaborative partnership between the Good Samaritan Clinic and Blue Ridge Community Health Services.

Jennifer Henderson, Strategy & Business Development for Blue Ridge Community Health Services, presented: Blue Ridge Community Health Services – Sylva Health Center:

(a) Federally Qualified Health Centers (FQHC aka Health Centers). Grant program authorized under Section 330 of the Public Health Services Act as amended by the Health Centers Consolidation Act of 1996.

- Community Health Centers (CHC) – Section 330(e)
- Migrant Health Centers (MHC) – Section 330(g)
- Health Care for the Homeless (HCH) – Section 330(h)
- Public Housing Primary Care (PHPC) – Section 330(I)

The “330” grant is offered competitively every three years and reviewed every year.

(b) Mission: To provide quality healthcare that is accessible and affordable for all.

(c) What makes BRCHS different from other health providers or doctor offices:

- They provide services that are available to all with fees adjusted based on ability to pay. Because of their commitment to serve all, they serve a disproportionately high percentage of low-income and uninsured patients.
- Their sites located in or serve a high need community, designated as medically underserved and having a high percentages of people living in poverty.
- They are a private, non-profit organization governed by a community board composed of a majority (51% or more) of health center patients who represent the population served.
- They provide comprehensive primary health care services as well as supportive services education, interpreting and transportation, etc.) that promote access to health care.

(d) Required Services:

- Comprehensive primary care
- Diagnostic laboratory & radiology services
- Preventive services
- Prenatal, Intrapartum and perinatal services
- Cancer and other disease screening
- Well child services
- Immunizations
- Family planning services
- Preventive dental services
- Mental health services; Psychiatry
- Urgent Care; Minor injuries
- Pharmacy
- Nutrition
- 24/7 access to care
- Eligibility workers
- Case management services
- Interpreting
- Outreach & health education
- Transportation

(e) Providers/Program:

- Primary Medical Care
 - Family Practice physicians
 - Pediatric physician
 - Advanced practice providers (NP/PA)
 - Family medicine residents (Teaching Health Center)
- Dentistry
 - Dentists
 - Dental Hygienists
- Behavioral Health Services
 - Psychiatrists; Psych NP
 - Counselors (LCSW, LPC, LCAS)
- School Health Program
- Licensed Dietitians
- Discount Pharmacy Programs
- Community Outreach & Health Education
 - Joint Commission Accredited for Patient Safety and Quality and Primary Care Medical Home (PCMH)
 - Recognized by National Committee for Quality Assurance (NCQA) as a Level III Patient Centered Medical Home (PCMH)

(f) The Need in Jackson County:

<u>Area</u>	<u>Population 2010-2014</u>	<u>Low-Income Population 2010-2014</u>	<u>Population uninsured est. 2014</u>	<u>Population w/ Medicaid/other pub. Ins. est. 2014</u>
Cashiers	2,274	942	329	307
Glenville	731	215	104	97
Tuckasegee	1,080	406	195	175
Cullowhee	10,339	4,188	2,061	1,772
Sylva	16,999	6,993	2,884	2,968
Whittier	4,863	2,161	859	965
Balsam	80	34	14	12

(g) Timeline:

- Late summer 2013 - Conversations began with several health safety net providers (Good Samaritan, Health Department, Harris Regional, Vecinos, WCU) about how they might work together to expand care in the county.
- In 2015, Good Samaritan Clinic initiated a strategic planning process to guide their operations and explore options for long-term sustainability, which resulted in a Letter of Intent being signed between Good Samaritan and BRCHS in May 2016.
- Harris Regional Hospital then committed their support of the project through a community benefit grant to help offset some of the costs of caring for the uninsured.
- BRCHS will be applying for grant funding made available through the Affordable Care Act that will allow for funding expanded services as a New Access Point (“NAP”). The process is competitive.
- BRCHS will assume the clinical operations of Good Samaritan. There are no plans to dissolve the Good Samaritan Clinic. The Board of Directors is currently exploring opportunities to provide some supportive “wrap around” services for Sylva Health Center, including those services that support its mission to care for those in need through volunteerism.

(h) NAP grant planning. BRCHS notified HRSA of their intent to apply for the NAP grant funding on June 9. The NAP grant application due July 15. At a minimum, the application must include letters of support from the following:

- Harris Regional Hospital
- County Government, including DSS and Health Department
- Elected Officials; local, state and federal
- NC Department of Medicaid
- Other safety net providers

Announcements of NAP awardees are expected by December, 2016 (however, the federal government works at its own pace). Sylva Health Center is planned to be open in first quarter 2017.

(i) The availability of NAP funding will determine what services can be offered.

- If funded under the NAP grant, Sylva Health Center will provide:
 - Family medicine including pediatrics
 - Behavioral health including psychiatry and addiction treatment,
 - Nutrition, health education
 - Pharmacy
 - Dental services, either provided directly or in collaboration with other safety net dental providers in the county.
- If not funded under the NAP grant, the Sylva Health Center services will include: Family Medicine including pediatrics, health education and discounted medication programs with assistance from a community benefit grant provided by Harris Regional.

In either case, prior to opening, the Sylva Health Center will require approval by the Health Resources Service Administration (HRSA), the federal agency responsible for health center grant oversight.

(j) How county government can help:

- Write a Letter of Support for the project by July 8th.
- Encourage other county government agencies to do the same.
- Tell others about the collaborative nature of this project that will bring additional primary care access for the individuals and families in the county.

Ms. Mathis stated that one of the challenges they were facing was the shifting of funding in the region and funding cuts from the state level for direct care of the uninsured. This partnership would be an opportunity to bring funding into the county to strengthen and expand what they were doing. Also, Dr. David Trigg, Medical Director Good Samaritan, was in full support.

Chairman McMahan inquired what this would mean for Good Samaritan.

Ms. Mathis stated there were no plans for Good Sam to go away, but that did not have all the details figured out at that time. The goal was not to compete, but to collaborate.

Commissioner Greene inquired if the grant was not awarded to Jackson County, where would the funding come from.

Ms. Henderson stated there would be funding coming from the hospital, but not as much as the grant would be.

Commissioner Greene stated that the Commissioners had not previously seen the information, with the exception of Commissioner Jones and it was a lot of information to take in. She wanted to hear from Paula Carden, Health Director and Becky Olson, who were in the audience.

Ms. Carden stated that she did not support this because of what she had seen and heard in other communities about what happens to the type of patients Good Sam sees. The care gets somewhat rationed and it takes longer to get appointments. She had talked to health directors in other communities and she encouraged the Commissioners to do the same.

Ms. Olson stated that she was reserving judgment, but she had concerns. She was a part of the 2013 meeting and one of the reasons it did not go anywhere at that time was that it was initiated out of a knee jerk reaction from Health and Human Services of WCU to try and connect with Blue Ridge. There was no collaboration, coordination or talking with everyone that may be involved, which created a road block. The Good Sam served a very specific population of uninsured and low income folks. Historically, they cannot all be served in a high percentage community by a community health center because they have to make money to stay open. She was concerned that all those patients would not be registered as they were at Good Samaritan. Also, she was on the Board of Meridian and she had not heard of any contact with Meridian, who is the primary behavioral health care provider in the region. She had not seen any collaboration to that point. As one of the founders and Executive Director of the Good Sam clinic until her retirement, she had questions and concerns.

Ms. Mathis stated that they did have conversations several months ago and the concerns were brought back to the Good Samaritan Board and she had met with Ms. Carden as well. At that point, Good Sam had signed a letter of intent and had not signed anything that was binding. The hospital had wanted this to happen and had encouraged this also.

Ms. Henderson stated that 98% of their patients were low income and 60% had no insurance. They were committed to those who were underserved and had been committed for 53 years to provide care for the most vulnerable in the community. They wanted to improve access and strengthen the safety net.

There was a new Federal Qualified Health Center (FQHC), which was now called the Appalachian Mountain Health Center. It was created by Mission Health System and Mountain Area Health Education Center. They were awarded last year and according to Federal Law they were supposed to be open as of September. She confirmed that Appalachian was currently on progressive action because they have not opened and had 30 days in progressive action before their grant funds were removed. So there was not an FQHC operating in the county. Also, she had been communicating directly with Smoky Mountain Mental Health and working with the comprehensive care providers in the area.

Commissioner Greene stated that she was on the Smoky Mountain Mental Health Board and she chaired the County Commissioners Advisory Committee to the Mental Health Board. She knew that Medicare was moving to serving the whole person, not mental health and primary care separately. This was the first time she had heard of Blue Ridge Mental Health Service. She respected Ms. Carden and Ms. Olson and she believed they understood the system better than she, herself ever would.

Chairman McMahan stated that he could not comment much since that was the first he had heard about it. He agreed with the idea of collaboration and was all for making the best use of tax dollars and making sure they served the population that need to be served. He would have to wait to hear from Ms. Mathis after they had done their research and let them know what their intentions were.

Commissioner Jones stated that there was a meeting on Thursday at 2:00 at the hospital regarding this matter.

Commissioner Deitz stated that he did not know anything about this previously either, but it did not mean it was bad. There were a lot of people in the county that had a need for health care and if there was someone that could help bring more health care to more people he thought they would be foolish not to pursue it or look at it strongly. It is not all about the different departments or providers, it is about people that need help. He thought that was what they needed to look at the most.

Chairman McMahan inquired as to when the Good Samaritan Clinic would be in a position to determine if they are going to move forward and finalize a partnership, before or after the application.

Ms. Mathis stated that this was a process and they would need to apply for the funds and receive approval from HRSA. In the meantime, the Good Samaritan Clinic is still serving and operating.

Commissioner Elders stated that he respected what fellow Commissioners stated and he believed in the project, but he would like to have more knowledge before a final say. He commended them on what they were trying to do.

Informational item only.

(6) GLENVILLE-CASHIERS RESCUE SQUAD AMBULANCE CONTRACT:

Ms. Baker stated the contract renewal was for ambulance service for the period of July 1, 2016 through June 30, 2019, at a cost of \$1,010,000.00 per year, payable in equal monthly installments of \$84,166.67. Also, the contract requires quarterly reviews so that adjustments can be made to their budget accordingly.

Motion: *Commissioner Jones moved to approve the contract. Commissioner Greene seconded the Motion. Motion carried by unanimous vote.*

(7) INTERIM COUNTY MANAGER: Chairman McMahan stated that effective July 1st, there would be no county manager in place. The new manager, Mr. Adams would not be on the job until August 1st. He recommended, that because there were certain statutory requirements and certain instances where a manager would be required to take action on behalf of the county, that they appoint an interim manager.

Motion: *Chairman McMahan moved to appoint Heather Baker to serve as Interim County Manager for the next month until Mr. Adams arrived on August 1st. Commissioner Greene seconded the Motion. Motion carried by unanimous vote.*

(8) RESOLUTION LEVYING ADDITIONAL ONE-QUARTER CENT COUNTY SALES TAX (R16-17): Ms. Baker presented the Resolution that would authorize the county to levy the one-quarter cent sales and use tax in the county. All requirements have been met.

Motion: *Commissioner Greene moved to adopt Resolution Levying Additional One-Quarter Cent County Sales Tax (R16-17). Commissioner Jones seconded the Motion. Motion carried by unanimous vote.*

(9) RESOLUTION REQUESTING FUNDING FOR LEDBETTER ROAD (R16-18): Mr. Wooten stated that Ledbetter Road, located in Cullowhee, was in need of improvements. Due to an increase in student housing, there was significant growth along that highway. Over the past years, they had seen an increase in accidents, loss of property as well as personal injury and just in the last two weeks a fatality as the result of a pedestrian being hit. The current formula the RPO uses is strictly statistical, so there would never be enough points assigned to this road to have it improved. Jack Debnam, a member of the Board of Transportation, has indicated an interest in pursuing funding from the legislature. This Resolution would demonstrate to the elected legislators, that the local Board of Commissioners supported the project.

Motion: *Commissioner Elders moved to adopt Resolution Requesting Funding for Ledbetter Road (R16-18). Commissioner Greene seconded the Motion. Motion carried by unanimous vote.*

(10) 9U LITTLE LEAGUE ALL-STARS GOING TO STATE: Chairman McMahan stated that the county's 9U Little League All-Star team would be traveling to Wilson to play in the State Championship as ambassadors for the county.

Motion: *Chairman McMahan moved to donate \$500 to Little League to help support the 9U Little League All-Star team. Commissioner Elders seconded the Motion. Motion carried by unanimous vote.*

(11) PRESS CONFERENCE: None

There being no further business, Commissioner Greene moved to adjourn the meeting. Commissioner Jones seconded the Motion. Motion carried and the meeting adjourned at 3:18 p.m.

Attest:

Approved:

Angela M. Winchester, Clerk to Board

Brian Thomas McMahan, Chairman