



City of Cincinnati Board of Health Finance Committee

Tuesday, January 21, 2020

Room 324

Ms. Schroder, Chair of the Board Finance Committee, called the January 21, 2020 Finance Committee meeting to order at 3:30 PM.

Roll Call

Members present: Kate Schroder, chair, Amar Bhati, Robert Brown, Dominic Hopson.

Topic	Discussion	Action/Motion
Approval of Minutes	<p>The Committee Chair asked the Committee members if everyone had the opportunity to review the minutes from the last meeting.</p> <p><u>Motion:</u> That the Board of Health (BOH) Finance Committee approve the minutes of the November 19, 2019 Board of Health Finance Committee Meeting.</p>	<p><u>Motion: Schroder</u> <u>Second: Bhati</u> <u>Action: Passed</u></p>
Housekeeping	<p>Mr. Jon Lawniczak stated that while the Committee members needed to be aware of the ethical guidelines for them as Committee members such as recusal requirements, etc., he said the main thing they needed to be aware of, now that we have established that four members constitute a quorum, that four Committee members cannot communicate together in any fashion – in person, via phone, text, or any other method – without it being considered a meeting of the Committee and to be mindful of that.</p> <p>The Chair and Mr. Brown had a discussion regarding attendance expectations. Mr. Lawniczak stated that he would send them the BOH by-law section dealing with attendance and the attendance records of the past six months.</p> <p>The Chair stated that any contracts above \$15,000 needs to be reviewed and forwarded to the BOH for their approval. Contracts below that level are reviewed for informational purposes. All grants and leases – regardless of value – require the approval of the BOH.</p>	
Review of Contracts for	<p>The Chair began the review of the contracts that will go to the BOH for approval.</p>	

**January 28,
2020 BOH
Meeting**

iHeartMedia Markets Group Cincinnati – This accounts payable agreement is to promote our Reproductive Health and Wellness Program (RHWP) for hard to reach and vulnerable populations via two radio stations owned and operated by iHeartMedia Markets Group. The messages will be calls to action for potential and current clients to use CHD services and programs in the reproductive health and wellness areas. Messages will promote our sliding scale accessibility, health centers, testing services and family planning. The target demographic is men, women and teens. Both radio stations WKFS/Beat target our intended audiences. The contract term is from January 27, 2020 to June 30, 2020. The dollar amount is \$20,000.

Mr. Dominic Hopson walked through the contract and responded to questions from the Committee. The funding for this comes from the reproductive health grant CHD receives. We received additional funding – that was approved by the BOH – to develop an education/marketing program for the reproductive health services we provide. Dr. Bhati asked if this contract was specifically for the ad buy, not to provide additional services? Mr. Hopson stated that yes, this is for the marketing campaign. He believes that while the originator of the grant funding is the federal government, CHD receives the funding through the state. The Chair requested that whenever possible, the funding source for grants be noted in the background information provided in addition to clarifying if activities are new or a continuation of past efforts. Dr. Bhati asked for more detail on the ad buy itself, how many times it will run, timing, and frequency.

Motion: That the Board of Health Finance Committee recommend approval with the additional clarifications.

Mr. Brown asked if the Infant Vitality Surveillance Network (IVSN) still existed? It was an aggressive program to identify and engage young mothers. Dr. Bhati asked if Cradle Cincinnati was doing some of this work? Was the IVSN successful? Mr. Brown stated it was, along with the University of Cincinnati (UC), we met or exceeded three of CDC's 2020 healthy people goals for maternal and infant health – fetal mortality, sudden unintended infant deaths, and preterm birth. Dr. Bhati stated it might be worth talking with Cradle Cincinnati to see if they picked it up.

The Chair and committee requested a staff update on this, including the First Steps program and status of the Maternal and Infant Home Health program. Dr. Bhati requested inclusion of Cradle Cincinnati's work. Request access to data especially in areas where we were successful. Mr. Hopson stated that CHD's budget request will include adding two new nurses to the Maternal and Infant Home Health program.

Dr. Bhati stated that part of problem not enough referrals. Mr. Brown stated that UC was a source of referral. Good Samaritan Hospital was

Motion: Schroder
Second: Brown
Action: Passed

not. Good Sam has the majority of deliveries. The Chair stated that the Committee would like an update on the progress related to infant mortality at one of the upcoming Board meetings – either BOH or CCPC. And the Committee wants to get an understanding regarding the current status of charges and reimbursement for Maternal and Infant Home Health.

Hamilton County Mental Health and Recovery Services Board (HCMHRSB) – This lease agreement is to avail additional parking spaces for visitors, and employees of the Cincinnati Health Department (3101 Burnet Avenue site). This contract began with CHD leasing 20 spaces in 2016 and 2017. In 2018, CHD relocated some programs and began only leasing 10 spaces at the closest available parking lot which is across the street at the Substance Abuse Management and Development (ADAS) building at 3009 Burnet Ave. The contract amendment term is from January 1, 2020 to December 31, 2020. The dollar amount is \$6,600.

Mr. Hopson walked through the agreement and answered questions from the Committee. CHD is relocating the administrative offices of the school-based health centers (SBHC) from Price Hill to the CHD headquarters building. Parking is a challenge there. The additional spaces are for staff to park. The move is set for Thursday or Friday of next week. Mr. Brown asked about future real estate plans and committee discussed importance of understanding patient needs and locations as part of considering any real estate decisions in the future.

Motion: That the Board of Health Finance Committee recommend this lease to the Board of Health.

Motion: Schroder
Second: Brown
Action: Passed

Greater Cincinnati Behavioral Health (GCBHS) – This accounts payable contract amendment has GCBHS providing behavioral health care services to the Health Department for adult patients. The proposed scope of services includes GCBHS providing Licensed Independent Social Workers (LISWs) with extensive experience in behavioral health issues. The LISWs will consult with Health Department physicians, nurse practitioners, and the Behavioral Health Program Manager to provide integrated primary health care for adult patients. The Health Department possesses the flexibility to increase, decrease, and/or “pro re nata” (pro re nata/PRN meaning as needed). The amended term is from April 2, 2020 to March 31, 2020. The dollar amount is up to \$100,000.

Mr. Hopson walked through the agreement and answered questions from the Committee. CHD now has three licensed behavioral therapists on staff and is in the process of adding one more. This has caused us to review the best approach. Often, we have patients that need a brief intervention in order to be stabilized. If additional treatment is thought necessary, these patients are then referred to our employees. The brief interventions often take place in less than

15 minutes, making the intervention too short to be billable. Trying to balance brief intervention with billable visits – by contracting out the interventions, our employees can focus on providing billable treatments. The contract is structured in a way that, as we add employees, we can reduce the effort of GCBHS. Mr. Brown asked how many of the brief interventions result in a referred patient? Mr. Hopson stated that there are more that are not referred than those that are, but he does not have the exact figure.

Motion: That the Board of Health Finance Committee recommend this contract to the Board of Health.

The Children’s Home of Cincinnati – This accounts payable amendment has the Children’s Home of Cincinnati providing behavioral health care services to the Health Department for pediatric patients. The proposed scope of services includes The Children’s Home of Cincinnati providing Licensed Independent Social Workers (LISW/LISW-S with supervisory endorsement) or Licensed Professional Clinical Counselor (LPCC or LPCC-S supervisory endorsement) with extensive experience in behavioral health issues to pediatric populations. The LISW/LISW-S or the LPCC/LPCC-S will consult with Health Department physicians, nurse practitioners and/or the Behavioral Health Program Manager to provide integrated primary health care for pediatric patients. The contract term is from April 1, 2020 until March 31, 2021. The amendment dollar amount is \$170,000.

Mr. Hopson walked through the amendment and answered questions from the Committee. Currently, our staff does not have behavioral health experience in treating children. As we do not have the internal expertise and Children’s Home does, we contract with them to provide these services. They provide both the brief interventions and the treatment referrals. After the vote, Mr. Brown asked if we were screening for ACE (Adverse Childhood Experiences)? Mr. Hopson stated that we are.

Motion: That the Board of Health Finance Committee recommend this contract to the Board of Health.

Clark Schaefer Hackett (CSH) – This is an accounts payable amendment. CHD has a desire to improve current policies and procedures as well as review and document current processes. CHD Leadership is interested in partnering with CSH to assist CHD in the process of reviewing and assisting with the documentation and governance of accounting functions including revenue, payroll, human resources, procurement, grant reporting and cost reporting. This is a one-time addition to a current contract that runs through June 30, 2025, thus there is no term. The amendment dollar amount is \$38,300.

Motion: Schroder
Second: Bhati
Action: Passed

Motion: Schroder
Second: Hopson
Action: Passed

	<p>Mr. Hopson walked through the contract and answered questions from the Committee. This amendment to the CSH base consulting agreement is to aid in CHD's upcoming audit. Ms. Li Liu stated that one thing CSH is doing is documenting current policies. The Chair asked what is the amount of the contract? Mr. Hopson stated that the current agreement provides for \$115,000 annually for "regular service." The \$38,300 is for additional/different services relating to preparing CHD for the audit. There is no term as this is a one-time thing. The Chair asked that the summary be clarified – it should be explained that the contract of \$115,000 per year continues and that the \$38,000 is for a new bundle of services.</p> <p><u>Motion:</u> That the Board of Health Finance Committee recommend this contract to the Board of Health provided the contract sheet include the clarification requested by the Committee.</p>	<p><u>Motion: Schroder</u> <u>Second: Brown</u> <u>Action: Passed</u></p>
<p>Report on CCM Pilot</p>	<p>Mr. Dominic Hopson reported on the Chronic Care Management pilot. Mr. Hopson stated that prior to instituting new/pilot programs, we need to go back and standardize our processes. Currently, CHD processes are often different at each Community Based Health Center and even different within a center. The team is working to address this. The Nursing Director has developed a care management training program. Also, we have more nurses on staff than many other FQHCs and many of our nurses are doing the work that medical assistants (MAs) should be doing. In addition, the providers and staff needed more information about the value of the program since they were initially focused on the fact that patients were going to be charged a copay for something the staff felt we should be doing anyway (without an additional charge). Now they are seeing the value of the approach. There are some human resource concerns in terms of having an RN employee focus solely on care management that have inhibited the start of the pilot. Mr. Hopson is requesting that the report be given later.</p> <p>Dr. Bhati asked how much time is needed? Mr. Hopson stated that there is a 15-day lag for billings. If the program were live in February, we could bring back some data in April, but it would only be one month's worth of data. Mr. Brown asked if we are still comparing this to Ohio Comprehensive Primary Care (CPC)? Mr. Hopson replied that since the pilot program is for Medicare patients and Ohio CPC is Medicaid, the answer is no.</p> <p>Dr Bhati stated that his understanding was that the CCM pilot was intended to coincide with the Phamily pilot so that we could compare apples to apples and make a determination based on those outcomes. The Chair stated that if CHD does not have the capacity internally, perhaps outside software may help. She requested a clear timeline for making the decision. Mr. Brown pointed out that Medicare makes up a very small percentage of our payment mix: less than four percent. Mr. Hopson stated that care management is a service CHD</p>	

	<p>needs to provide; that CHD has been paid to provide care management by CPC for years.</p> <p>Dr. Bhati reiterated that the Committee needs a timeline and to know how long is it going to take.</p> <p>The Chair requested that Mr. Hopson and Commissioner Moore report at the next meeting with a proposed timeline for finalizing the decision.</p>	
Financial Update	<p>Mr. Dominic Hopson presented the financial update utilizing the handouts contained in the Committee packets. The main question is: is this format what you're looking for? The data is presented at a very high level, month to month, by fiscal year.</p> <p>Ms. Angelina Burton said there are two funds appropriated by the City, so it may be beneficial to break out fund 395 and fund 416 from other sources. Mr. Hopson stated that we have been working to find the best way to provide this data to the Finance Committee. Previously, we had been providing too much data – it was difficult to see the big picture. The Chair stated that the way the data is presented in the new format is much more helpful. However, the staff should be prepared to discuss key takeaways. Is it possible to pull out 395 and 416? The BOH will look at where the biggest changes are and ask why. Mr. Hopson said that grant years are different than fiscal years. For the next meeting, he will work with Ms. Burton and add bullet points explain the reasoning for significant changes and work with the team to decide how Ms. Burton's recommendations can be placed into the dashboard.</p> <p>Mr. Hopson said that days in accounts receivable went down six days and that he hopes we continue this trend. If we exclude self-pays, AR goes down to 32 days. We are also thinking about how to collect revenue. Currently, the only way patients can pay is in person at the health center. We need to accept on-line payments, etc. As soon as we initialize this system, we will write off money from self-pay patients. Commercial reimbursement going well.</p>	
Review Action Items	<p><i>Report on CCM pilot including what was billed and recouped from Medicare</i> <i>Status: develop timeline.</i></p>	

Meeting Adjourned 5:26 p.m.
Next Meeting February 18, 2020 at 3:30 p.m. in room 324
Minutes prepared by Jon Lawniczak



City of Cincinnati Board of Health Finance Committee

Tuesday, February 18, 2020

Room 324

Ms. Schroder, Chair of the Board Finance Committee, called the February 18, 2020 Finance Committee meeting to order at 3:37 PM.

Roll Call

Members present: Kate Schroder, chair, Amar Bhati, Dominic Hopson, Melba Moore.

Topic	Discussion	Action/Motion
<p>Approval of Minutes</p>	<p>The Committee Chair asked the Committee members if everyone had the opportunity to review the minutes from the last meeting.</p> <p><u>Motion:</u> That the Board of Health (BOH) Finance Committee approve the minutes of the January 21, 2020 Board of Health Finance Committee Meeting.</p>	<p><u>Motion: Schroder</u> <u>Second: Bhati</u> <u>Action: Passed</u></p>
<p>Review of Contracts for February 25, 2020 BOH Meeting</p>	<p>The Chair began the review of the contracts that will go to the BOH for approval.</p> <p>iHeartMedia Markets Group Cincinnati – This contract was initially discussed during the Committee’s January meeting. The Committee asked for clarification. While discussed at the BOH, the updated documentation was not received in time for consideration. Upon staff review, it was determined that this could be accomplished through a purchase order instead of a contract. The Committee appreciates the clarification and recommends approval.</p> <p>Ohio Association of Community Health Centers (OACHC) – This accounts receivable agreement is to provide funding to facilitate clinical education placements of training of students in FQHCs. The term is from July 1, 2019 to June 30, 2021.</p> <p>Ms. Denise Murray walked through the agreement and responded to questions from the Committee. In exchange for taking on NP students and providing them with clinical experience, OACHC will reimburse CHD \$22 an hour per student. This is soft capped at \$50,000 a year, meaning if OACHC has extra money and we can continue to provide students with hours, we will receive more</p>	

money. OACHC determines the cap. The Chair asked how many students are we expecting? Ms. Murray stated that we currently have eleven students. Before we had as many as twenty at a time. The students need 200 hours. While soft capped at \$50,000, last year we received \$72,000. The Chair asked if the term changed? Ms. Murray stated that we renew this every other year.

Dr. Bhati asked if the \$72,000 is the average amount that we have received? Ms. Murray stated that, yes, there have been no major fluctuations. The Chair asked if this amount is sufficient – is it \$100,000 per year or \$100,000 for both years of the contract? Ms. Murray stated that the contract is soft capped at \$50,000 per year, the term is two years for a total amount of \$100,000. It is a soft cap, so more money may be available. The Chair asked that this be clarified on the contract info sheet prior to going before the BOH.

It was clarified that this is this the first year CHD is taking PA students as well, and that CHD has a separate agreement with Mount St. Joseph for PA students and that reimbursement rate is \$70 an hour. We can also add residents. Dr. Bhati asked for clarification about the types of students covered under the OACHC agreement to be added to the contract summary.

Motion: That the Board of Health Finance Committee recommend approval with the clarifications noted above.

Motion: Schroder
Second: Bhati
Action: Passed

University of Cincinnati Physicians Company, LLC – This lease agreement provides employment for the principal investigator and nurse practitioners to provide reproductive health and wellness in CHD health centers. Physician time is provided by UCPC to CHD health centers on an in-kind basis. The contract amendment term is from April 2, 2020 to April 1, 2021. The amended amount is \$400,000 additional.

Ms. Phyllis Richardson walked through the agreement and answered questions from the Committee. This contract is year to year. UC is the sole provider. The amount is for CHD to pay up to \$400,000 to UC for them to provide gynecological services to patients at CHD's Community Based Health Centers. The funds come through CHD's reproductive health grant, and CHD contracts with UC as providers.

The Chair asked if the agreement is tied to a specific number of staff? Ms. Richardson stated that the agreement covers 1.9 FTEs – NPs, not MDs. Dr. Bhati asked if the PI were typically a physician or a nurse practitioner? Ms. Richardson stated that the PI is one person but may work 0.8 hours or 0.2 hours. Altogether the sum of money is for the NP and the PI. The Chair asked if this were just for salary? Ms. Richardson stated that we are paying up

	<p>to \$400,000 per year. They normally invoice us by month for the hours that those providers work. Mr. Hopson stated that a program manager is also funded, and it includes salary and benefits. 1.9 NP and PI hours plus a program manager. Ms. Richardson stated that the contract has expired, and we need to sign a new contract.</p> <p><u>Motion:</u> That the Board of Health Finance Committee recommend this lease to the Board of Health with a clarification regarding the amount – list it on the contract information sheet as up to \$400,000 <u>per year</u>.</p>	<p><u>Motion: Schroder</u> <u>Second: Bhati</u> <u>Action: Passed</u></p>
<p>Update on Infant Mortality and Status of the Home Health Program</p>	<p>Ms. Jenny Scott stated that she was there to help address the questions that were raised at the last Finance Committee meeting regarding infant mortality and the status of the home health program. [The discussion refers to a document entitled “Finance Committee Executive Summary Home Health” included in the packet]. The figures show that home health referrals are trending lower because there’s only one nurse. We average twenty referrals per week. We are currently in the process of interviewing to bring on three new home health nurses. We are in the process of reaching out to local hospitals and stakeholders to inform them that we can take on more home health referrals. We will also utilize our CBHCs as a source of referrals. Ms. Scott stated that she wants to take a deep dive into the issues that have concerned BOH/CCPC members about this program in the past. Ms. Scott met with Mr. Braden McMahon to review the numbers and to determine if community health workers are separate or a part of it?</p> <p>The Chair explained that during the budget process last year, it was decided that home health was to be moved into CCPC (as “medical visits in the home”) so that referrals can be billed as medical events, increasing the reimbursement rates and ensuring better program sustainability. There was a lot of discussion regarding the timing of that shift. Did that happen? Commissioner Moore stated that currently home health is still under the director of nursing, primarily due to transition costs associated with shifting electronic record systems and personnel challenges. To address the challenges, CHD is now meeting with the union every two weeks to make sure we can move forward and accelerate the timeline going forward. With regard to electronic medical records, it was confirmed that we can use Nightingale and have begun training the staff and are recruiting more nurses. We have the capacity to expand that in the health centers as soon as referrals begin growing again.</p> <p>The Chair asked why we have not been reimbursed for home health services since last April. Commissioner Moore stated that Ms. Scott put together a Gantt chart to outline the Nightingale piece, when that’s going to take place, and what is needed to</p>	

	<p>close out outstanding encounters. Last April's bills will be complete by March 13.</p> <p>The Chair asked about the reimbursement rate per encounter? Ms. Scott responded \$47.40. The Chair stated that if we charged it as a medical visit to home, the reimbursement rate goes up to \$130 per encounter. What is the next step? Dr. Bhati asked if the program is salvageable with a \$47.40 reimbursement rate? Commissioner Moore stated that we currently have a person on Family and Medical Leave who returns in mid-March. The strategy is to get two temp nurses to get us through the process of filling the vacancies. The person at the CMH program is already inputting data using Nightingale. By March 18, we will have Nightingale fully up and running. Another nurse will be asked to step in while the home health nurse is out. We need to get the past encounters billed. We need to go to all providers and let them know that we can take more referrals. Children's Hospital has patients they want us to see that provided they're visited within 48 hours after discharge. The program provides a valuable service to moms with critically ill children.</p> <p>Commissioner Moore stated that bringing the temps in for 90 days gives us a chance to go through the entire hiring process and train the incoming nurses. The Chair asked if the plan is still to integrate home health with CCPC or keep separate? Ms. Scott stated that it belongs in CCPC. Mr. Hopson stated that the CCPC board would have to vote to add home health into our scope of practice. The Chair stated that no one disagrees with value, the question is how to make solvent? Mr. Hopson will confirm how the billing piece works in next couple of weeks. The Chair stated that progress in being made on the backlog, report back in 90 days, at the May meeting. Ms. Scott is to provide the Gantt chart to the Committee.</p>	
<p>Financial Update</p>	<p>Mr. Dominic Hopson presented the financial update. The report is consistent with last month but now includes main contributing factors. For example, we have increased our security costs. The guards are now there from the opening of a center until we close. Last quarter there was a significant increase in our Lab Corp cost due to changing to the NuSwab test. It is mainly used by OB providers. The test costs a minimum of \$224 and can be as high as \$310. Dr. Gonzales is going to discuss using the less expensive three swab test as using the single swap has increased costs by \$1.3 million. If using the new test is where we need to be, we need to restructure our reproductive health grant to cover the cost.</p> <p>We have an RFP underway for interpretive services. We are hoping to move to video interpretation but are receiving pushback from the staff. We are seeing more Latinx patients and live interpretation drives up costs. The phone can work well but can</p>	

	<p>be difficult where there are multiple children and parents in the room.</p> <p>With the Braxton Cann construction, we are about to pay the final invoice. The Ambrose health center adds about \$8,000 a month in costs including utilities that wasn't in last year's budget.</p> <p>Dr. Bhati asked what we are currently doing for interpreters? Mr. Hopson stated that we are currently using live interpreters. The staff is doing a better job managing them. When the patients are done, they send the interpreters home. There is a preference for live interpreters, especially in pediatrics. Dr. Bhati said that a good interpreter will work with the phone and make sure they're talking with the right person.</p> <p>The Chair stated that her main takeaways are that costs have gone up a little less than \$1 million with the main driving being salaries and fringes. On the revenue side we have \$2 million more in grants, but our clinic and vital records are down. Mr. Hopson stated that the majority is clinical. We started the year down ten nurses, we're only down two now. The issue is that at the SBHCs, nurses only work the school year, but we provide them benefits over the summer. If a nurse is leaving, they will resign at the end of summer instead of the beginning in order to continue the benefits. HR is working on a plan to resolve that issue. Dr. Bhati asked if temps were solution. Mr. Hopson said yes, but there is a week and half of training.</p> <p>The Chair asked about the increase in grant revenue. Mr. Hopson stated that had more to do with how the grants are structured: they're typically based on a calendar, not fiscal, year so it's more based on timing. The Chair asked about the gap between revenue and expenses. Mr. Hopson stated that the difference is made up by the City. We cannot allow the gap to be larger than last year's gap. The Medicaid funding from the Medicaid Cost Report should be coming soon.</p> <p>The days in AR have fallen to 35. It took a big lift from the finance department, front desk staff, and working with OCHIN to clean up the program. The self-pay volume was moved to actual balances on accounts.</p>	
<p>Patients Accounts Management</p>	<p>Mr. Dominic Hopson stated that at the SBHCs, we are not charging students that qualify for the free lunch program a copayment. The Chair stated that the free lunch program is tied to the federal poverty guidelines and that any changes to CHD's policy in charging these patients should be carefully considered. Mr. Hopson stated that if the family comes to a CBHC they will be charged, based on a sliding scale, a minimum of \$20. The maximum without insurance is \$200. CHD has doubled resources to sign people up for insurance – about 25% - 50% in school don't</p>	

	<p>have insurance. The Chair asked if the administrative burden is worth the effort of adding the \$20 copay? Mr. Hopson stated that OCHIN would bill at no additional cost to us.</p> <p>The committee discuss HRSA guidelines on the requirements and trade-offs in charging a co-pay to families that likely do not have means to pay it. The committee agreed that more information was needed on how many students might be impacted and feedback from CPS on their willingness/ability to contribute to the cost before any recommendations are made.</p>	
Review of Crossroads Sub-recipient Agreement	<p>Mr. Hopson stated that he wanted to inform the Committee about the situation regarding our continuing support of Crossroads in Harrison, OH. For some time, CHD has been a pass-through to Crossroads with \$400,000 per year from HRSA. The question is, is HRSA providing us \$400,000 more than they normally would to provide for Crossroads, or are those funds coming from our funding. If HRSA does provide us with additional funding, then we need to continue even though there is an administrative burden on us. If they do not, then we should consider asking Crossroads – since they are now a FQHC – to apply for HRSA funding directly.</p>	
Review Action Items	<p><i>Attendance records and BOH attendance requirements to be sent to the Chair and Mr. Brown.</i> <i>Status: Complete.</i></p> <p>As a wrap-up, Commissioner Moore stated that we were notified by the City's budget department that all departments are expected to take a five percent reduction. They also stated that our 395 funds would need to take a ten percent reduction. For that we either need to increase revenue, reduce expenditures, or a combination. The Commissioner will look at what vacant positions can be given up, determining if they are mission critical. Mr. Hopson stated that our 395 fund revenue projections have always been off; that we need to more accurately project revenue. The Chair stated that consistent with other departments, CHD should strongly advocate that the budget should not be cut more than five percent, consistent with other departments. Please update the Committee about discussions with the City at its next meeting. Mr. Hopson stated that we are taking steps to increase revenue over time.</p>	

Meeting Adjourned 5:13p.m.
Next Meeting March 17, 2020 at 3:30 p.m. in room 324
Minutes prepared by Jon Lawniczak



City of Cincinnati Board of Health Finance Committee

Thursday, March 19, 2020

Ms. Schroder, Chair of the Board Finance Committee, called the March 19, 2020 Finance Committee meeting to order at 3:37 PM.

Roll Call

Members present: Kate Schroder, chair, Amar Bhati, Robert Brown, Dominic Hopson.

Topic	Discussion	Action/Motion
Approval of Minutes	<p>The Committee Chair asked the Committee members if everyone had the opportunity to review the minutes from the last meeting.</p> <p><u>Motion:</u> That the Board of Health (BOH) Finance Committee approve the minutes of the February 18, 2020 Board of Health Finance Committee Meeting.</p>	<p><u>Motion: Schroder</u> <u>Second: Brown</u> <u>Action: Passed</u></p>
Review of Contracts for March 24, 2020 BOH Meeting	<p>The Chair began the review of the contracts that will go to the BOH for approval.</p> <p>Susan Tilgner – This accounts payable contract is an amendment to a current consulting agreement between CHD and Ms. Tilgner. In addition to the original contract scope of services, the consultant will serve as Interim Accreditation Coordinator through July 24, 2020, or until CHD appoints a permanent employee. Consultant will orient and train new CHD Accreditation Coordinator, when appointed. Consultant will meet with CHD staff an additional three (3) times (total of six on-site).</p> <p>The amended amount is for \$21,000 and the term is June 16, 2020 to July 24, 2020. agreement is to provide funding to facilitate clinical education placements of training of students in FQHCs. The term is from July 1, 2019 to June 30, 2021.</p> <p>Ms. Angelina Burton walked through the agreement and responded to questions from the Committee. Ms. Burton stated that with Ms. Franklin’s resignation as the CHD Accreditation Coordinator there was a need to appoint someone in the interim until we can hire a permanent coordinator. We already contracting with Ms. Tilgner who is a PHAB Accreditation Consultant. She is willing to serve as our interim coordinator which results in an increased cost in our contract. The</p>	

amount seems reasonable. She is a great resource and fills our requirement to have a coordinator until we appoint one.

The Chair asked to be reminded of the accreditation timeline, next steps, and items still to be completed. Ms. Burton stated that the information will soon be sent to all board members. There are currently ten outstanding action items. Deadlines are set for each. Prior to the coronavirus, the majority would be completed by the end of April. PHAB has granted an extension to July 23rd for the application. We are planning on meeting the current deadlines.

The Chair asked if we may need to extend the contract if we need to use the PHAB extension? Ms. Burton stated that we have the position posted so we anticipate having a new permanent coordinator prior to the deadline.

Mr. Brown asked if we had developed a succession plan for Ms. Franklin, prior to her departure. Ms. Burton stated that we had not anticipated her resignation. She completed a transition plan prior to leaving. But we had no one on the staff we felt could step into that role. Our expectation is that we will complete the process prior to the deadline. We are planning on having a permanent coordinator in May.

Motion: That the Board of Health Finance Committee recommend approval.

Motion: Schroder
Second: Bhati
Action: Passed

Get Vaccinated Ohio Grant 2020-2021 – This accounts receivable grant award is a state funded competitive grant designed to support activities that will increase immunization rates in children under two years of age, school aged children and adolescents. Grant activities will include immunization assessment, targeted reminder and recall, identifying disparities of low immunization levels, educational activities involving families and providers, assuring schools report vaccination rates and school education, and assuring the vaccination of high-risk infants exposed to hepatitis B disease as methods of increasing immunization rates for both public and private immunization providers. The Project's focus is on expanding education (peer-to-peer and family), assessment activities and reminder/recall. The Project provides peer-to-peer education utilizing the Maximizing Office Based Immunization (MOBI) program, Teen Immunization Education Session (TIES) and immunization assessment services utilizing the CDC tool: Immunization Quality Improvement for Providers (IQIP) program in the private and public sector. The Project contracts with Trustaff Personnel to provide a nursing support for MOBI, TIES and IQIP services *in the county. Trustaff Personnel has an established master agreement through the purchasing office.* Additional funds are included in the GV Grant to support a Perinatal Hepatitis B Prevention Project which provides perinatal case identification, follow up and education to pregnant females and their newborn infants and provider education.

	<p>The outcome measure for this grant is to achieve and maintain the Centers for Disease Control (CDC) National Immunization Rate of 90% for two-year-old children and 80% for adolescents. In 2019, CHD health centers achieved 73%-85% immunization rate for children by age two. This exceeds the 2019 Ohio rate of 66.4%. With an HPV completion rate of 82% in 2018, CHD earned in 2019 the HPV Vaccine Is Cancer Prevention Champion award for OHIO from CDC. In 2017, of practices assessed in the public/private community, immunization rates for two-year-old children at individual offices were between 64%-95%. Through community outreach, education, and assessment in the public and private sector, the IAP team will work with community providers within the region to increase the community rates until 90% of children are immunized by age two and 80% for adolescents.</p> <p>The amount is for \$303,230 with a term of July 1, 2020 thru June 30, 2021.</p> <p>Commissioner Moore was going to discuss the contract. However, due to pressing commitments with the coronavirus, she was unable to be present. Ms. Liu stated that this is an annual grant. Given the amount of information in the description, the Committee was comfortable forwarding this to the BOH.</p> <p><u>Motion:</u> That the Board of Health Finance Committee recommend this grant to the Board of Health.</p>	<p><u>Motion: Schroder</u> <u>Second: Bhati</u> <u>Action: Passed</u></p>
<p>Update on the City Budget</p>	<p>Mr. Dominic Hopson stated that every City department had to submit a proposed budget to the Manager with a five percent reduction, except for CHD’s fund 395 – our community-based health center fund – which required a ten percent reduction. Ms. Liu and Dr. Moore resolved the five percent reduction by holding some vacant positions open.</p> <p>The Chair asked if there were any discussion about exempting CHD from the reduction given the coronavirus. Mr. Hopson stated that the Commissioner was concerned that we submit our documentation and meet the requirement, but is hopeful that this will change when we reached the next step – to discuss how leaving the positions vacant would impact our ability to respond to the pandemic and other public health crisis in the future.</p> <p>The Chair asked when the information was due to the City. Mr. Hopson stated that it was due last Friday but was submitted Monday as the Commissioner was out last week. The committee asked for clarification on whether the proposal included holding positions vacant or permanently eliminating them – and expressed strong concerns about impact of permanently eliminating any positions, especially in light of the pandemic.</p>	

Dr. Bhati asked if we do go ahead and eliminate positions, such as an internist, how onerous is it to then fill the position in the future. Mr. Hopson stated that we would need to start with HR, and they would create a request that would route through City Hall, then go through the Civil Service Commission for approval before the position could be recreated and we could recruit for it. Dr. Bhati asked if we could request that the positions remain vacant instead of eliminating them. Mr. Hopson said he believed that was possible.

The Chair asked who was leading the budget negotiations for CHD. Mr. Hopson stated that Commissioner Moore was leading those negotiations. Mr. Brown stated that he recommends that the positions not be eliminated but held open and to review if additional resources will be necessary to meet the coronavirus crisis. The Chair expressed support and stated that the Commissioner in discussing the budget with the City request zero cuts considering the coronavirus outbreak. Mr. Brown stated that more resources will be needed. CHD needs to increase telemedicine and to ensure that we are responsive to patients to limit their physical visits with providers or the emergency room. Dr. Bhati said that everyone is working towards the telemedicine type of platform. The Chair suggested that this be a topic for discussion at the full BOH meeting next week in terms of what type of guidance are we giving.

Mr. Hopson led the discussion regarding Fund 395 and options for meeting the city's request of reducing Fund 395 by ten percent - \$2.5 million. The City negotiated new contracts with our labor unions, these included increases that must be accounted for in our personnel costs. To address the shortfall, CCPC is looking at ways to optimize services and efficiencies between the school-based health centers and community health centers.

The Chair requested that before any information go to the City in terms of budget reductions that it be sent to the Finance Committee first. She stated that we should try to avoid cutting clinical positions at all, especially during a pandemic. The Chair stated that the previous process was to provide the documentation to the Finance Committee via email and that Committee members had 24 hours to respond. The Chair summarized the committee's desire to avoid – or at least minimize to the greatest extent possible – any cuts to CHD's budget. Right now, it's all hands-on deck and efforts to receive supplemental funds from the state and federal government in response to the pandemic should be aggressively pursued. Mr. Hopson stated that he would communicate this with the Commissioner.

Mr. Brown stated that we are looking at Hamilton County's Indigent Care Fund for additional revenue and there will be additional funding for Community Based Health Centers for the pandemic. We should ask the City not to cut CHD. Need to take a closer look at how we project revenue.

	<p>The Chair outlined the next steps: Requesting that the Finance Committee be able to review any submissions with the City on the budget; that CHD be very clear with the City that it is requesting no cuts in light of the pandemic; to inform the Board how it can be helpful with that request; for positions – as a general rule – talk about “holding vacant” instead of “elimination.”</p> <p>Dr. Bhati asked about the timeline for reaching out to Councilmembers. Mr. Brown stated that the budget will be discussed by Council at the end of May with a final vote by the end of June. Mr. Brown stated that the pandemic requires all hands-on deck.</p>	
<p>Financial Update</p>	<p>Mr. Dominic Hopson presented the financial update. Days in Accounts Receivable – staying where we want to be in the 30-35-day range. We are on target for our other days in AR. Most of the AR issues are in the self-pay category. We have been making you aware of this for some time. Going to begin sending bills to our self-pay between April and May 1. Mr. Brown asked when do we write off self-pay? Mr. Hopson said six months is right, but previously we wrote them off without ever sending an invoice. Unlike other health systems who, after six months send these to a collection agency, we will be writing ours off.</p> <p>Collections for the month of February was at \$1.1 million – 38 percent of our gross collections; gross charges were \$3 million. Still on track. To sustain our operations, we need to collect about \$1.4 - \$1.5 million per month.</p> <p>Based on guidance from the state, we are only providing emergency dental services. We closed eight school-based health centers due to the schools being closed. We are looking at \$600,000 to \$800,000 a month in lost revenue. Hoping to make this loss up from HRSA and the federal emergency spending due to the coronavirus.</p> <p>Mr. Hopson explained that excess nursing capacity from the closed school-based health centers are being are being redirected to things like contact tracing and responding to questions from our residents about the virus.</p>	
<p>Conclusion</p>	<p>Dr. Bhati asked for an update at the BOH meeting for an update on personal protective equipment (PPE) City wide. Mr. Hopson stated that this will be discussed at the BOH meeting. We have sufficient N95 masks. Our main area of concerns are gowns and face masks. Partnering with the City to purchase these and hand sanitizer. With dental only providing emergency treatment, we can repurpose their PPE. Testing concern with the availability of swabs. Ideally, the University of Cincinnati will increase their capacity for dealing with COVIS-19 and we will be able to send our patients there. That will allow us to work with our other patients with asthma and other chronic issues to keep them out of the emergency departments to help prevent our health system from being overburdened.</p>	

Meeting Adjourned 5:00 p.m.
Next Meeting April 21, 2020 at 3:30 p.m.
Minutes prepared by Jon Lawniczak

DRAFT



City of Cincinnati Board of Health Finance Committee

Tuesday, April 21, 2020

Ms. Schroder, Chair of the Board Finance Committee, called the April 21, 2020 Finance Committee meeting to order at 3:30 PM.

Roll Call

Members present: Kate Schroder, chair, Amar Bhati, Robert Brown, Dominic Hopson, Phil Lichtenstein, Melba Moore.

Topic	Discussion	Action/Motion
Approval of Minutes	<p>The Committee Chair asked the Committee members if everyone had the opportunity to review the minutes from the last meeting.</p> <p><u>Motion:</u> That the Board of Health (BOH) Finance Committee approve the minutes of the March 19, 2020 Board of Health Finance Committee Meeting.</p>	<p><u>Motion: Schroder</u> <u>Second: Bhati</u> <u>Action: Passed</u></p>
Review of Contracts for April 28, 2020 BOH Meeting	<p>The Chair began the review of the contracts that will go to the BOH for approval.</p> <p>Interact for Health – This accounts receivable grant from Interact for Health over a 3-month period to support retention of dentists, access to emergency care, and promotion of tele-dental during the COVID-19 public health response. The amount is \$100,000 and the term is from April 27, 2020 to July 27, 2020.</p> <p>Commissioner Moore walked through the grant and answered questions from the Committee. When it was determined that some CHD employees would be put on Temporary Emergency Leave (TEL), Commissioner Moore had a conversation with Dr. Owens to support our emergency dental services, and he graciously agreed.</p> <p><u>Motion:</u> That the Board of Health Finance Committee recommend approval.</p> <p>Interact for Health – This accounts receivable grant is from Interact for Health over a 3-month period to provide support such as food, gas, and other necessities to the Cincinnati Recreation Center (CRC) which is currently being re-purposed as a quarantine facility for individuals who may have been exposed to COVID-19 and are experiencing</p>	<p><u>Motion: Schroder</u> <u>Second: Bhati</u> <u>Action: Passed</u></p>

	<p>homelessness. The amount is \$10,000 and the term is from May 6, 2020 to August 6, 2020.</p> <p>Commissioner Moore walked through the grant and answered questions from the Committee. At a meeting with the Mayor and agencies working with the homeless population, it was clear that these agencies did not have the capacity to work with homeless persons who tested positive for COVID-19. The Mayor decided to set up the quarantine center for at the Over-the-Rhine recreation center to help these people. During the conversation with Dr. Owens, Commissioner Moore said that CHD needed funds to help with the transport of these individuals to the quarantine center. Dr. Owens said to use the \$10,000 not just for transportation, but for food, gas, and other necessities.</p> <p>The Chair asked who was staffing the quarantine center? Commissioner Moore said CHD’s school-based health center nurses were repurposed to staff the center.</p> <p><u>Motion:</u> That the Board of Health Finance Committee recommend approval.</p> <p>Greater Cincinnati Foundation – This accounts receivable grant award is from the Greater Cincinnati Foundation and will support CHD operating three dental centers during the COVID-19 epidemic for the purpose of providing emergency dental services to the community. The amount is for \$50,000 and the term is from April 20, 2020 to May 20,2020.</p> <p>Ms. Nancy Carter walked through the grant and responded to questions from the Committee. CHD became aware of this funding after the Interact grant funding. We applied and were awarded the grant to cover the salary of dental during this time. The Chair stated that it is encouraging to have this support.</p> <p><u>Motion:</u> That the Board of Health Finance Committee recommend this grant to the Board of Health.</p> <p>Boys and Girls Clubs of Greater Cincinnati – The Crest Smile Shoppe Dental Center is housed in the US Bank Boys & Girls Club at 612 Rockdale. The building is owned by the Boys & Girls Club. Since it was built in 2001, the Cincinnati Health Department has paid the Boys and Girls Club rent through a lease to cover the cost of maintenance, cleaning, heat, power, and light. The lease needs to be extended in order to pay them in July for the next fiscal year. That is the purpose of this amendment. This amendment allows the Cincinnati Health Department to pay the Boys & Girls Club \$25,000 per year for the next three years.</p> <p>The amended amount is for \$75,000 and the new term is July 1, 2020 to June 20, 2023.</p>	<p><u>Motion: Schroder</u> <u>Second: Brown</u> <u>Action: Passed</u></p> <p><u>Motion: Schroder</u> <u>Second: Bhati</u> <u>Action: Passed</u></p>
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	<p>Ms. Nancy Carter walked through the lease and responded to questions from the Committee. CHD has been operating a dental center out of the Boys and Girls Club space since 2001. The build out was paid for by Procter and Gamble. At that point, CHD agreed to pay a yearly amount to the Boys and Girls Club to pay for the additional operating costs of the building.</p> <p><u>Motion:</u> That the Board of Health Finance Committee recommend approval.</p>	<p><u>Motion: Schroder</u> <u>Second: Bhati</u> <u>Action: Passed</u></p>
<p>Update on the City Budget</p>	<p>Mr. Domic Hopson reviewed two financial projection models, saying the second model is more accurate. It projects a revenue loss of \$641,000. The main contributing factors are the closure of the dental clinics and the school-based health centers (SBHC). Providers are trying to see patients virtually, in our community-based health centers (CBHC), and in the four SBHC that are still opened. Both vision centers are also closed. Fund 395 has been challenging all year. COVID-19 is a worst-case scenario for us. Have been applying for multiple grants to help alleviate some of this. CHD received \$1.6 million from HRSA that is extremely specific about its requirements, and we may not be able to draw down the full 1.6M during this fiscal year.</p> <p>Projections in the white paper show a \$2.7 million shortfall in Fund 395. It does not include the \$1.6 million from HRSA, and it is expected that potentially \$1 million could be used toward COVID-related expenses within the overall shortfall. CHD is also pursuing other grants to reimburse us for some of our COVID-19 related activities. Many nurses and medical assistants have been repurposed from revenue generating positions to working on COVID-19 activities. Through April 4, we had already had over \$600,000 in salary for COVID-19 related activities.</p> <p>Mr. Andrew Dudas in the City's Office of Budget and Evaluation stated that there is a structural imbalance in Fund 395. Fund 395 cannot run a deficit at the end of the fiscal year. If we are projecting a \$2.7 million shortfall, we need to find that amount of money to make the Fund positive. CARES act is providing stimulus money through the Community Development Block Grant (CDBG) program for COVID-19 activities. CHD and the budget office are looking to see what can be reimbursed from those funds. We must be careful not to double count things. White paper discusses some expenditure side items including the TEL.</p> <p>The Chair asked if the CDBG funds were part of the ~\$140 million that was received by Hamilton County? Mr. Dudas replied that the ~\$140 million is separate, and it hasn't been determined if the City would receive any of that. The Chair asked how much could CHD realistically expect and when would we know? Mr. Dudas said it is hard to determine until we know exactly what your expenses are, and we don't know how long this will continue. We are actively tracking COVID-19 expenses to decide which expenses are eligible and how to match those up with a funding source.</p>	

Mr. Hopson recommended considering additional furloughs in areas where we now have excess capacity with the closed centers, which is similar to what other FQHCs are doing.

Mr. Brown asked if these cuts jeopardize our current operations and noted that additional pressure will be put onto CHD to do additional testing and tracing. Mr. Hopson said that COVID-19 is impacting African-Americans more than others and 65 percent of our patients are African-Americans. Yes, this would impact our operations, and we are in an exceedingly difficult situation. We need to assist the City in finding ways of balancing the budget. There are not many options and we need to meet our obligations at the end of the year.

The Chair asked for clarity on the size of the gap that needs to be closed. Current revenue is expected to be \$18 million with expenses expected at \$20.7 million leaving a gap of \$2.7 million. Additional revenue to offset the gap is still being determined. Mr. Dudas stated that repurposed employees would most likely be \$750,000 – which would be reimbursed through the CDBG. Some non-personnel costs would be reimbursable as well. Mr. Hopson said he is working through the HRSA issues. Hopefully, at least a \$1 million can be drawn down this fiscal year bringing us down to \$1.7 million. Need to work with the medical team on how much we can reduce without damaging care to our patients.

Dr. Lichtenstein stated that this conversation is going on in every provider setting across the county as people are not coming into the office. Would it be better to ask each of our providers to work 60 percent and take a 40 percent furlough to keep everyone working? Mr. Hopson stated he is certain that some providers will voluntarily take a furlough and then others could be asked about accepting a partial furlough. Dr. Bhati asked how long it would take Mr. Hopson to develop a plan regarding voluntary furloughs and partial furloughs for others? Mr. Hopson stated the longest piece would be communicating with the staff. He wanted to make sure he had the support of the Board before moving forward.

The Chair stated that between CDBG and HRSA, it seems that \$2 million of the gap may be covered. It seems that we're looking at a smaller gap than thought. Some of the gap would also be covered by the current TEL. Next, offer voluntary TEL to staff and then, if still necessary, the partial furloughs. It's a short-term issue. We need to be able to respond when the clinics reopen so we can meet the needs of our patients and the community. We need clarity as to what the actual gap is. Let's exhaust every option – maybe even lobbying the county for some of their CARES relief money – before looking at more staff reductions. Mr. Hopson stated that the projections were based on limited data as CHD has only been functioning at the reduced level for a limited period. As we have more time, our estimates will improve, however, timing is sensitive since we are so close to the end of the

	<p>fiscal year. The Chair and committee reiterated the importance of updating the projected gap given the expected additional revenue before making any final decision on best measures to address it..</p>	
<p>Financial Update</p>	<p>Mr. Dominic Hopson presented the financial update. There are two pressing issues moving forward. The City has asked that we present a budget plan for the upcoming fiscal year with a 25 percent reduction – about \$4.6 million. This was presented Monday. There will be opportunity to go before City leadership and make our case for how we will need those employees to fulfill our mission.</p> <p>One reason we are having the discussion about Fund 395 now is because of how tight that fund is. For the last fiscal year, revenue projections were overstated, and last fall, steps were taken to bring expenses in line with the revenue projections. Prior to COVID-19 coming in, the City asked for a 10 percent reduction in Fund 395 for the new fiscal year. We covered that by not filling vacant positions. But we still needed \$2 million more as we are projecting our revenue for the next fiscal year as closer to \$21 million rather than \$23 million. Now with COVID-19, CHD has been asked to present the City with a 25 percent cut.</p> <p>Mr. Dudas stated that Fund 395 needs to address the known structural balance. The initial ten percent reduction request was an attempt to bring that fund into balance. In terms of general fund support, previously CHD received some direct support from the general fund. Due to some accounting changes at the state level regarding boards of health, Fund 416 was established for the Cincinnati Health District. Most of that fund is general fund money and the City will continue to support that. Due to the COVID-19 impact on our income tax revenue – 70 percent of City revenue comes from income tax – through the end of the year we are estimating a loss of about \$20 million and estimating for FY21 another \$80 million loss. To address that, the City asked every general fund department to develop a budget with up to 25 percent reduction scenarios. Through those scenarios, there’s enough there to close the \$80 million budget gap. The City expects this is the worst-case scenario and understands the need for flexibility to adjust in response to evolving circumstances.</p> <p>The Chair stated that there are many unknown factors including the possibility of federal stimulus funds. Mr. Dudas said it is hard to tell what is possible. Council may choose to dip into some of the City’s reserves. The Chair stated that health departments in the time of a pandemic are being asked to do much more. Need to build flexibility in to make sure that as things open, CHD can meet the needs. Many of the positions are medical positions which are revenue drivers. As Mr. Brown pointed out, there will be so many more people who lost their insurance and need our assistance.</p> <p>Dr. Lichtenstein asked how much worse do things have to get before the City dips into its \$150 million public health emergency funding</p>	

	authorization? Mr. Dudas stated that's a possibility. Understanding that we have only secured a line of credit for \$50 million. The Mayor and Council will make the decision about when to use those funds.	
Conclusion	<p>Mr. Lawniczak stated that the process developed by the Law Department to allow for public comment is that questions were to be emailed to him during the meeting (which was livestreamed on CitiCable). There were no questions.</p> <p>The Chair stated that the action items were for the next meeting. Both will be impacted by the pandemic. She will touch base with Mr. Hopson to determine the best time to talk about these two items.</p>	

Meeting Adjourned 5:02 p.m.
Next Meeting May 19, 2020 at 3:30 p.m.
Minutes prepared by Jon Lawniczak



City of Cincinnati Board of Health Finance Committee

Thursday, May 21, 2020

Ms. Schroder, Chair of the Board Finance Committee, called the May 21, 2020 Finance Committee meeting to order at 3:30 PM.

Roll Call

Members present: Kate Schroder, chair, Amar Bhati, Robert Brown, Dominic Hopson, Phil Lichtenstein, Melba Moore.

Topic	Discussion	Action/Motion
Call to Order	Due to time commitments, the meeting began with the review of contracts.	
Review of Contracts for May 26, 2020 BOH Meeting	<p>The Chair began the review of the contracts that will go to the Board of Health (BOH) for approval.</p> <p>Ohio Department of Mental Health Services (ODMHS) – This accounts receivable grant from ODMHS is the Ohio Opiate Response Continuum grant. Funding from this grant will allow CHD to expand its media campaign and to provide increased Medication Assisted Treatment (MAT), addiction counseling, recovery supports, and recovery housing costs.</p> <p>CHD is partnering with Hamilton County Mental Health and Recovery Services Board, (HCMHR SB), Interact for Health as well as UMADAOP and Talbert House to deploy targeted awareness messaging for treatment including access to all forms of MAT for African American and Hispanic/Latino American and other minority communities; 2) expand access to all forms of MAT and develop a clinical workforce with the expertise to provide all forms of MAT and psychosocial treatment for African Americans and Hispanic/Latino Americans and other minority communities with an opioid use disorder, and 3) expand the use of recovery supports including access to recovery housing that accepts individuals participating in all forms of MAT. The amount is for \$491,501.00 and the term is from June 1, 2020 to September 28, 2020</p> <p>Commissioner Moore walked through the grant and answered questions from the Committee. She stated that she was approached by HCMHR SB about the grant and asked that CHD take the lead as the fiscal agent. They agreed to bring UMADAOP, Interact for Health, and</p>	

	<p>Talbert House as additional partners. This funding will allow CHD through our partners to expand a media campaign and to provide increased MAT, addiction counseling, and recovery services and recovery housing. The media campaign partner will be Interact for Health. Through Safe Places Cincy and CHD Behavioral Health staff, we will provide the MAT, addiction counseling, and the recovery services. The recovery housing will be completed by Talbert House and UMADAOP will provide recover support. These funds will not supplant current funding but will allow for an expansion of services. While COVID-19 has all the attention, the opioid crisis is still very much with us.</p> <p>Mr. Brown asked the status of Safe Places Cincy? Commissioner Moore stated that we saw one client in April and prior to COVID-19 we set up a meeting with our current treatment providers, but this was postponed. Need to reschedule to discuss what lessons were learned from the whole year. It was originally agreed not to market the program and review the data after a year to determine from our patients how they found out about the program and how they were referred in so we could then develop a strong marketing campaign.</p> <p>Mr. Brown asked if there are enough treatment resources for the demand? Commissioner Moore stated that she does not believe there are enough beds; that was one thing that was to be discussed at the meeting. Once this issue was covered, it was expected that we would add one or two additional providers to increase bed capacity.</p> <p><u>Motion:</u> That the Board of Health Finance Committee recommend approval.</p> <p>Greater Cincinnati Foundation – This accounts receivable grant is from the Greater Cincinnati Foundation COVID-19 regional response fund which supports projects relative to improving health inequities within our region. CHD is working collectively with Hamilton County Public Health, Interact for Health, and (4) community hospitals on a surveillance data project which will help to improve data collection. This funding not only supports the training of the hospital registration staff, but also CHD health center registration staff, and any entity which has the responsibility of collecting race and ethnicity. CHD will be contracting with More Inclusive Healthcare (MIH) who will be the interface for the community hospitals and provide e-training and outreach services. CHD is serving as a pass-through agent of the funding.</p> <p>CHD expects the training and outreach will lead to improved data submitted to the city and county health departments. Better data will help CHD to effectively direct resources to contain the coronavirus over the next year. The amount is for \$33,000 and the term is from June 1, 2020 to December 31, 2021</p>	<p><u>Motion: Schroder</u> <u>Second: Brown</u> <u>Action: Passed</u></p>
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Commissioner Moore walked through the grant and answered questions from the Committee. The concern is that during the pandemic CHD saw a high number of cases where the demographic information was listed as “unknown” or “other”. This information is vital. Other local health departments are having the same issue. The funding will be used to purchase four licenses for local hospitals. The consulting group would train the registration staff in capturing this information. Also, we need to work out how to incentivize laboratories for them to provide this information. This is important in terms of reporting out the demographic information and then in terms of developing strategies for reaching out to the impacted communities. This will not cost the hospitals anything and the on-line training session only takes 20 minutes.

Dr. Bhati asked if there are any benchmarks? Commissioner Moore said that the reporting method needs to be built into the process. Dr. Lichtenstein asked if more non-identification occurs through hospitals or private labs? Commissioner Moore stated that the laboratories have a greater number than the hospitals. Mr. Brown asked for the difference between “other” and “unknown”? Mr. Hopson stated perhaps “other” includes bi-racial and “unknown” would be someone who did not answer. The chair stated that this is an important question to answer.

Motion: That the Board of Health Finance Committee recommend approval.

Motion: Schroder
Second: Bhati
Action: Passed

Cincinnati Children’s Hospital Medical Center (CCHMC) – Cradle Cincinnati – This accounts receivable grant is from CCHMC. CCHMC will contract with the Cincinnati Health Department (CHD)’s Division of Nursing, Home Health/Community Health Worker Program to support Cradle Cincinnati’s community partnership to improve outcomes for pregnant women, new mothers and their infants. This contract increases the number of Full Time Equivalent (FTE)s from 3.0 to 4.0. There are no longer pre-defined zip codes. The amount is for \$465,000.00 and the term is from 1/1/2020 to 12/31/2021.

Ms. Jill Byrd walked through the grant and answered questions from the Committee. This is our fourth year of working with Cradle Cincinnati. Last year we had three community health workers, this year we will have four. Cradle Cincinnati is covering the salary/wages and fringe benefit costs. The employees work with prenatal clients to help decrease the social determinates of health. The majority of clients are from our health centers.

The Chair asked if this was a renewal of the grant? Ms. Byrd said this is considered new as Cradle Cincinnati has changed the funding level, FTE level, and made other changes. The Chair asked what the case load is? Ms. Byrd said each community health worker always has a case load of at least 20 patients and this could be as high as 30.

	<p>Mr. Brown asked what elements are impacted by this work? Ms. Byrd said we are working with a hub in Southwestern Ohio. Helping to increase the chance of them having insurance and transportation, but there are a lot of factors that do not allow us to pinpoint an exact impact, but we do all we can to ensure a healthy pregnancy and delivery. Data is accrued and sent to the state. This is strictly for the social determinates. Mr. Brown expressed the concern that this is guesswork and not being data driven. Ms. Byrd stated that Ohio would not support this program as strongly if they did not believe it was having an impact. Dr. Lichtenstein suggested that Ms. Byrd set up an in-service presentation at both the CCPC and BOH meetings to discuss the data in greater detail. He added that Ms. Byrd should meet with himself and Mr. Brown to make her aware of the type of data they're interested in. Ms. Byrd agreed. Dr. Lichtenstein agreed to email Ms. Byrd later today.</p> <p><u>Motion:</u> That the Board of Health Finance Committee recommend this grant to the Board of Health.</p> <p>Hamilton County Public Health – This accounts receivable grant funding is pass-through funding for Public Health Emergency Preparedness (PHEP) support from Ohio Department of Health under the Centers for Disease Control PHEP Grant. The grant supports preparedness planning requirements set forth as deliverable-based service. The amount is for \$128,033.56 and the term is from 7/1/2020 to 6/30/21.</p> <p>Mr. John Dunham walked through the contract and answered questions from the committee. CHD has been awarded this for many years. Hamilton County receives the money and passes it on to us.</p> <p>The Chair asked how the funds would be used. Mr. Dunham stated that the purpose is to incentive local health departments into undertaking preparedness tasks and to standardize them. The Chair asked if the amount has changed? Mr. Dunham said that it has been going down a couple of percentage points per year.</p> <p><u>Motion:</u> That the Board of Health Finance Committee recommend approval.</p>	<p><u>Motion: Schroder</u> <u>Second: Bhati</u> <u>Action: Passed</u></p> <p><u>Motion: Schroder</u> <u>Second: Bhati</u> <u>Action: Passed</u></p>
<p>Approval of Minutes</p>	<p>The Chair asked the Committee members if everyone had the opportunity to review the minutes from the last meeting.</p> <p><u>Motion:</u> That the Board of Health (BOH) Finance Committee approve the minutes of the April 21, 2020 Board of Health Finance Committee Meeting.</p>	<p><u>Motion: Schroder</u> <u>Second: Bhati</u> <u>Action: Passed</u></p>
<p>Update on the City Budget</p>	<p>Mr. Domonic Hopson reported that Budget and Finance Department said they were waiting for Congress to act to improve the City's fiscal projection for next year. As of now, we are expecting no changes to having to take a 20 percent reduction in our general fund account 415</p>	

	<p>and 25 percent for fund 395. They are optimistic that we will receive some support.</p> <p>Mr. Brown asked about the status of the general obligation bonds? Mr. Hopson said we have not received an update on that. The Chair asked if the timeline for the budget process had been adjusted? Mr. Hopson said it had been adjusted back slightly. Budget and Finance did ask if there was anything else we could do to reduce non-personnel expenses or generate new revenue? We are looking at ways to increase revenue. The Chair asked that the Committee be kept informed via email so as not to slow down the process.</p>	
<p>Financial Update</p>	<p>Mr. Hopson shared the financial position report with the Committee. Our total expenses are off by only .09 percent, mainly due to COVID-19 and our expenses are lowered compared to projections due to center closures and employees being furloughed. We are only 4 percent off from our revenue projections. Clinical revenue is almost \$3 million behind. In May we received the Medicaid maximization funding of almost \$2.8 million, which is less than we received last year. Grant contributions are up. CHD received \$2.3 million from HRSA and grant funding from new sources related to COVID-19. The finance team has done a tremendous job this year.</p> <p>The Chair asked if he knew the breakdown from the Medicaid maximization between dental and medical? Mr. Hopson stated that he did not have that information but could have it at the next meeting. The Chair said it is commendable and notable about the increase in grant funding.</p> <p>Mr. Hopson walked through our accounts receivable. Each week we get closer to getting back to our normal visit amounts which will allow our revenue to climb back up.</p> <p>Mr. Hopson stated that CHD was going to begin invoicing self-pay patients. He is waiting on Treasury to approve his lock-box solution where checks will be sent directly to the bank, scanned in, and processed the same day. We are allowing patients to pay in many ways.</p> <p>Dr. Lichtenstein asked why the columns do not add up to 100 percent. Mr. Hopson stated that for the most recent months not all the billing is complete. If there is an error, it is not included in the numbers. In older months, all the older and outstanding claims have been cleaned up and so they add up to 100 percent. With the Budget and Finance Department asking us to increase our revenue we did a survey regarding our dental charges related to comparable organizations. Other FQHCs in our area are charging \$50 as their base rate, so we will raise our fees to \$30, keeping our cleanings at \$20. We do not want to make our services unaffordable. It's a similar situation for pharmacy. There are cases where we are paying \$4 for a prescription but only charging \$1. We have not updated our prescription charges in 15 years.</p>	

Pharmacy has updated the charges based on our sliding scale. We are currently working on developing new revenue projections based on these changes.

Dr. Lichtenstein asked what percentage of uninsured patients could qualify for some form of insurance. Mr. Hopson stated that it is estimated that 30 percent or more of the uninsured students that use the SBHCs could qualify for Medicaid or some other form of insurance. Some adults have insurance but do not provide insurance information. They pay the \$20 up front, but they never receive a bill for the other \$100, which gets written off in six months. The other category that does not qualify for insurance are refugees. Also, some immigrants are not applying since the rules changed making it harder to obtain citizenship if someone ever uses any public services.

Some SBHC encourage people to sign up for insurance by agreeing to waive past fees if they apply for insurance within 30 days.

We are down to 31 days for days in AR. Our front desk staff are doing a great job in capturing insurance and submitting clean claims. This includes both insured and self-pay patients.

Mr. Brown stated that we also need to look at productivity. Mr. Hopson agreed that this did need to happen. We are around two patients per hour. Others FQHCs are at three or even four patients per hour. He said that he is working on a provider incentive plan where when a provider reaches the threshold of three encounters per hour, they will receive a bonus of \$20 or \$40 per encounter above that. He stated that Mr. Harry Barnes is reaching out to central HR to determine if the City system could manage a system like that. If it is possible, Mr. Hopson will go to both boards for approval to implement the system for both medical and dental providers. Since nurse practitioners are in CODE, we would have to discuss such a system with the union. As of now, we are not sure the City would allow such a system. Other practices also provide a quality incentive plan. Providing quality care is number one, but we do need to try and increase our revenue.

Dr. Lichtenstein stated that it would be great to have an incentive plan. However, he had been told by previous CHD leadership that it was impossible given civil service pay rates. Mr. Hopson stated Mr. Barnes has sent the draft plan to central HR and if we are given the green light, he will turn the plan over to the boards for their consideration. It is a win-win because we receive about \$100 per encounter (even with self-pay figured in) so giving an incentive of \$40 still provides CHD with \$60 in revenue it would not otherwise have.

Mr. Brown asked the status of the CFO search. Mr. Hopson said the last interview was scheduled for tomorrow and then a decision could be made.

	<p>Mr. Brown asked the status of Chronic Care Management (CCM) Mr. Hopson stated that we made the decision to outsource CCM just prior to the COVID-19 outbreak. He reached out to two organizations. The challenge with Phamily is that it takes our staff to do the work. The other organization has staff to complete the functions, but they would receive a higher percentage of the reimbursement. However, when the nursing director saw the Phamily software she was enthusiastic. This led to discussions with Phamily who are in the process of sending CHD a proposal so that Mr. Hopson can then work through the procurement process. It may require us to go through the RFP process instead of providing a direct award.</p> <p>Mr. Brown asked if Comprehensive Primary Care (CPC) and CCM are mutually exclusive? Yes, with Medicaid if you want to do CCM you have to turn off CPC. The Chair suggested that at the next meeting the Committee receive an update on CCM.</p>	
Conclusion	<p>Mr. Lawniczak stated that the process developed by the Law Department to allow for public comment is that questions were to be emailed to him during the meeting (which was livestreamed on CitiCable). There were no questions or comments.</p>	

Meeting Adjourned 5:02 p.m.
Next Meeting June 16, 2020 at 3:30 p.m.
Minutes prepared by Jon Lawniczak



City of Cincinnati Board of Health Finance Committee

Tuesday, June 16, 2020

Dr. Bhati, Chair of the Board Finance Committee, called the June 16, 2020 Finance Committee meeting to order at 3:30 PM.

Roll Call

Members present: Amar Bhati, chair, Robert Brown, Edward Herzig, Dominic Hopson, Phil Lichtenstein, Melba Moore.

Topic	Discussion	Action/Motion
Approval of Minutes	<p>The Committee Chair asked the Committee members if everyone had the opportunity to review the minutes from the last meeting.</p> <p><u>Motion:</u> That the Board of Health (BOH) Finance Committee approve the minutes of the May 21, 2020 Board of Health Finance Committee Meeting.</p>	<p><u>Motion: Herzig</u> <u>Second: Hopson</u> <u>Action: Passed</u></p>
Update on City Budget	<p>Commissioner Melba Moore said that in the CHD original budget request we had asked to have the environmental health and epidemiology areas be improved and two additional nurses for Cradle Cincinnati. To ensure completion of the accreditation process, we asked to have the accreditation coordinator position filled, as well as the Medical Director position. Commissioner Moore stated that she would provide the list of positions and amounts to the Committee. The Budget and Finance Committee is meeting tonight and Thursday to take public comment on the proposed budget. The Chair asked if the budget would be finalized before the BOH meeting next week.</p> <p>Commissioner Moore stated that it was unlikely that the BOH would meet next week, as Council Chambers were being held by the Budget and Finance Committee and CitiCable cannot livestream two events at the same time. It was determined that the BOH meeting would be on June 30.</p> <p>Mr. Brown asked what was Council's position on the general obligation bonds? Commissioner Moore stated that there has been no discussion on it.</p>	
Financial Update	<p>Mr. Domonic Hopson reported that we will receive the \$2.7 million from Medicaid maximization. Our expenses are lower than anticipated because of TEL and we shut down many of our school-based health</p>	

	<p>and dental centers due to COVID-19. Revenue is lower than we anticipated because of closing the centers, but we are still only about five percent off last year. Grant revenue is up almost 13 percent. Many grants were for COVID-19 related activities such as testing and supplies. We need to make sure that the variance does not exceed what we receive in general fund support. We are on track for closing out the year.</p> <p>The Chair asked if there were other grant funding opportunities? Commissioner Moore stated that we are working with our community partners and the governor’s office for specific opportunities. CHD is always looking to supplement our efforts with grants.</p>	
<p>Update on the CCM Pilot</p>	<p>Mr. Hopson stated that there is no update at this time. CHD did ask Phamily to submit a proposal. We have not received it yet. The Chair asked if there was a timeline? Mr. Hopson said that Phamily said they would try to have something for us in a week or so.</p>	
<p>Consulting Agreement with Clark Shaffer</p>	<p>Joe Schmidt, a manager with Clark Shaffer Hackett (CSH), stated that they are currently working on governance documents in the accounting area. They are working to standardize a lot of the policies and procedures at CHD, document them, and see what improvements can be made. Bob Roll and Allison Echler are also working on the project.</p> <p>Mr. Roll said that he was the project leader. He has been working with Ms. Li Liu to see if there are any opportunities to improve the processes and to make sure there is adequate documentation. The documentation varies depending on the process: procurement and contracting is well documented, others not so much. The end game is to make sure there is strong documentation for all processes. Some people have been at CHD for a dozen of years and everything is in their head. If someone left, knowledge transfer would be exceedingly difficult.</p> <p>The Chair asked if this was tied into accreditation. Commissioner Moore said that in one of the audit reports there was a finding that the previous supervising accountant needed to document his processes. We felt the best option was to establish a management agreement with CSH. The hope was that we would have it done before the next audit. Thus, if there were any questions during the audit, we could quickly hand over a document with a policy or process.</p>	
<p>Review of Contracts for June 30, 2020 BOH Meeting</p>	<p>The Chair began the review of the contracts that will go to the Board of Health (BOH) for approval.</p> <p>Health Collaborative – This accounts payable contract supports the Regional Cities Readiness Initiative Grant (CRI) coordinator as part of the regional funding structure where all Local Health Departments (LHD) in the Cincinnati Metropolitan Statistical Area (MSA) contribute a share of the coordinator’s contract managed by The Health Collaborative. The MSA health departments are: Brown County, Butler County, City of Cincinnati, Clermont County, Hamilton County, and</p>	

	<p>Warren County. The Coordinator supports the planning activities and deliverables each LHD is responsible for submitting to Ohio Department of Health for their individual CRI grants. The dollar amount is \$5,440.00 with a term of July 1, 2020 to June 30, 2024.</p> <p>Commissioner Moore walked through the contract and answered questions from the Committee. The Regional health commissioners meet every week. On Friday they agreed to move this project from the Health Collaborative to the Hamilton County Health Department; they would like to see this activity internalized. The other departments have notified the Health Collaborative of their decision. Commissioner Moore reached out to the City’s Law Department to get a determination because of potential issues in the contract between CHD and the Health Collaborative. There was discussion as to whether the Committee could approve the decision contingent upon the Law Department’s approval. It was agreed that since the Committee had previously provided contingent approval on other contracts that they could here as well.</p> <p><u>Motion:</u> That the Board of Health Finance Committee recommend approval upon the condition that the Law Department provide approval.</p> <p>The Children’s Home of Cincinnati – This accounts receivable contract will provide a PHN II for school health services at The Children’s Home of Cincinnati 4 days a week for 6 hours a day during the school year. The PHN2 will be responsible for daily school health tasks as detailed in Attachment A. The Children’s Home will pay salary and benefits for those 24 hours a week. This is the 4th amendment of the contract. The annual dollar amount is \$48,155.73 with a term of August 1, 2020 to July 31, 2021.</p> <p>Ms. Lauren Thamann-Raines walked through the contract and answered questions from the Committee. This is a continuation of a contract CHD has had with Children’s Home for the past several years to provide nursing services on the Children’s Home campus. This will simply extend the term.</p> <p><u>Motion:</u> That the Board of Health Finance Committee recommend approval.</p> <p>Cincinnati Public Schools (CPS) – Under this accounts receivable contract the Cincinnati Health Department (CHD) will provide 18.5 FTE PHN IIs, for school health services at CPS for the 2020-21 school year. The PHN2 will be responsible for daily school health tasks as detailed in Attachment A. CPS will pay salary and benefits for positions as well as the salary and benefits for three team leaders, and two PHN2s for clinical oversight of the CPS employed, school-health assistants. The dollar amount is \$2,107,896.83 with a term of August 1, 2020 to July 31, 2020.</p>	<p><u>Motion: Herzig</u> <u>Second: Brown</u> <u>Action: Passed</u></p> <p><u>Motion: Bhati</u> <u>Second: Herzig</u> <u>Action: Passed</u></p>
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Ms. Lauren Thamann-Raines walked through the contract and answered questions from the Committee. The Chair asked how long we have had the contract? Ms. Raines stated since 1930. The Chair asked how long the contract has been just over \$2 million? Ms. Raines stated this is the first year the contract level has been that high as we have added three team leaders and two PHN2s.

Motion: That the Board of Health Finance Committee recommend approval.

Robert Livingston dba Innovate Designs – Under this accounts payable contract Robert Livingston will provide consulting services and IT support of PowerSchool Health Data, the CPS electronic data system.

Ms. Lauren Thamann-Raines walked through the contract and answered questions from the Committee. We have created a health record within the school's database. The chair asked, anecdotally, what was thought of the quality of work. The reply was that Mr. Livingston created the database and has modified it over time. He does excellent work and is very responsive. While it does not interact with EPIC all school-based health center employees have access to the program. This allows us to look at overall trends, such as vaccination rates. Only teachers can access the academic records and only the nurses can access the health records. Dr. Lichtenstein said that he uses PowerSchool all the time and that it is a superb system. Ms. Raines stated that CHD shares de-identified aggregate data with CPS and Interact for Health.

Motion: That the Board of Health Finance Committee recommend approval.

Urban Minority Alcoholism and Drug Abuse Outreach Program (UMADAOP) – This is an accounts payable contract. CHD has been awarded the Ohio Opiate Response Continuum grant in the amount of \$491,501 from the Ohio Department of Mental Health Services. Funding from this grant will allow CHD to expand a media campaign and to provide increased medication assisted treatment, addictions counseling, recovery supports, and recovery housing costs.

CHD is partnering with UMADAOP who will use the funds to support the individuals referred for ongoing treatment services. UMADAOP of Cincinnati proposes, The Kinship Wrap Around Recovery program. The goal of this program is to build a community system of care that involves prevention, early intervention, treatment and recovery support. UMADAOP will provide wrap-around continuum of care services to 25 identified MAT (Medical Assistant Treatment) clients and families. UMADAOP will also use the OHIOMHAS funding to expand program staffing of social workers, AOD (Alcohol and Other Drug) counselors, MAT (Medical Assistant Treatment) personnel, facilitator's training, recruitment, case management services,

Motion: Herzig
Second: Bhati
Action: Passed

Motion: Bhati
Second: Herzig
Action: Passed

community outreach and engagement activities. Developing program staff infrastructure is necessary so that we can offer this EBP to the 50 MAT (Medication Assisted Treatment) identified clients and families. The dollar amount of the contract is \$173,500.00 and the term is from June 4, 2020 to September 28, 2020.

Commissioner Melba Moore walked through the contract and answered questions from the Committee. This and the following are follow-ups from the Ohio Opiate Response Continuum grant CHD was awarded last month. These contracts are necessary to disseminate some of the funds to our partners.

UMADAOP provides wrap around continual care services and MAT. This is our first time working with UMADAOP. Have wanted to partner since creation of Safe Places Cincy.

Talbert House provides outreach to minority populations, housing, and other support services.

Interact for Health will undertake the awareness campaign and have more people understand Safe Places Cincy.

Dr. Herzig asked about the term of the contracts ending at the end of September. Commissioner Moore said that Safe Place Cincy will continue as will our role of connecting people to services. Prior to COVID-19 we were in the process of working with our partners and conduct marketing. We initially did not market the program as we wanted to pilot the program. We noticed after the initial launch that the number of patients were falling and so we were in the process of going to our partners to determine what else was needed.

Motion: That the Board of Health Finance Committee recommend approval.

Interact for Health – This is an accounts payable contract. CHD has been awarded the Ohio Opiate Response Continuum grant in the amount of \$491,501 from the Ohio Department of Mental Health Services. Funding from this grant will allow CHD to expand a media campaign and to provide increased medication assisted treatment, addictions counseling, recovery supports, and recovery housing costs.

CHD is partnering with Interact for Health who will use the media campaign to target the overall Hamilton County Community, but specifically in minority communities and neighborhoods, family members of those with addiction/recovering from addiction and high addiction risk residents. The campaign will reach the Hamilton County community across the media platforms they engage with daily. With a projected 625,482 adults 18+ in Hamilton County, of which 95.2% access the Internet, leveraging digital executions will

Motion: Bhati
Second: Herzig
Action: Passed

<p>Review of Action Items</p>	<p>Dr. Bhati walked through the action items. Several were for Mr. Hopson who had to leave the meeting early.</p> <p>Commissioner Moore discussed the difference between “other” and “unknown” for demographic purposes. It is important that we receive the full demographic information. Will soon begin working with and training UC’s registration staff per another grant program CHD was awarded last month in order to accurately collect this information.</p> <p>Ms. Tonia Smith will need to be invited to talk about the anti-tobacco campaign as Dr. Ige is no longer with CHD. Perhaps in July or August.</p> <p>Discussion followed about the increase in COVID-19 cases and testing.</p>	
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Meeting Adjourned 4:46 p.m.
Next Meeting July 21, 2020 at 3:30 p.m.
Minutes prepared by Jon Lawniczak



City of Cincinnati Board of Health Finance Committee

Tuesday, July 21, 2020

Dr. Bhati, Chair of the Board Finance Committee, called the July 21, 2020 Finance Committee meeting to order at 3:30 PM.

Roll Call

Members present: Amar Bhati, chair, Robert Brown, Edward Herzig, Dominic Hopson, Phil Lichtenstein, Melba Moore.

Topic	Discussion	Action/Motion
<p>Approval of Minutes</p>	<p>The Committee Chair asked the Committee members if everyone had the opportunity to review the minutes from the last meeting.</p> <p><u>Motion:</u> That the Board of Health (BOH) Finance Committee approve the minutes of the June 16, 2020 Board of Health Finance Committee Meeting.</p> <p>Mr. Lawniczak reminded the Committee that ex officio members have all the rights and privileges of full members including making and seconding motions. Ex officio members also count towards a quorum.</p>	<p><u>Motion: Herzig</u> <u>Second: Hopson</u> <u>Action: Passed</u></p>
<p>Review of Contracts for July 28, 2020 BOH Meeting</p>	<p>The Chair began the review of the contracts that will go to the Board of Health (BOH) for approval.</p> <p>Research, Evaluation, and Social Solutions, Inc. – This accounts receivable grant allows CHD to participate in the National Institutes of Health (NIH) funded project - Maximizing Agencies' Capacity to Evaluate Outcomes (MACEO) which focuses on Evaluation Capacity Building through a virtual eLearning course. This project is dedicated to public health workforce development with a focus on the public health core competencies of Leadership, Systems Thinking, Community Dimensions of Practice, and Program Planning and Policy Development. The digital learning tool focuses at two ecological levels - the individual health worker and the organization.</p> <p>Typically, with NIH projects they provide incentives to study participants. These funds will come to the health department in the amount of \$250.00 per participant. The term of the grant is September 1, 2019 to November 28, 2019 for \$5,000.</p>	

Commissioner Moore discussed the contract and took questions from the Committee. In 2019 CHD had the proposal reviewed by the Law Department. Law said that we did not need approval and can move forward. It was presented to the IRB who approved it. The work was completed, and the final report provided to the grantor. In June, the Law Department informed CHD that this contract needed to be approved by the BOH (as an informational item).

Motion: That the Board of Health Finance Committee recommend approval.

UMADAOP – This accounts payable grant comes from the Ohio Opiate Response Continuum grant in the amount of \$491,501 of the Ohio Department of Mental Health Services. Funding from this grant will allow CHD to expand a media campaign and to provide increased medication assisted treatment, addictions counseling, recovery supports, and recovery housing costs.

CHD is partnering with UMADAOP who will use the funds to support the individuals referred for ongoing treatment services. UMADAOP of Cincinnati proposes, The Kinship Wrap Around Recovery program. The goal of this program is to build a community system of care that involves prevention, early intervention, treatment, and recovery support. UMADAOP will provide wrap-around continuum of care services to 25 identified MAT (Medical Assistant Treatment) clients and families. UMADAOP will also use the OHIOMHAS funding to expand program staffing of social workers, AOD (Alcohol and Other Drug) counselors, MAT (Medical Assistant Treatment) personnel, facilitator's training, recruitment, case management services, community outreach and engagement activities. Developing program staff infrastructure is necessary so that we can offer this EBP to the 50 MAT (Medication Assisted Treatment) identified clients and families. The term of the grant is from June 4, 2020 to September 30, 2020 in the amount of \$190,167.00.

Commissioner Moore walked through the grant and answered questions from the Committee. UMADAOP provides MAT services and wrap around services to 50 clients. Dr. Herzig asked about the number of clients that would be served as the language on the sheet references 25 clients.

Motion: That the Board of Health Finance Committee recommend approval with the striking of the last sentence on the contract sheet.

Talbert House – This accounts payable grant comes from the Ohio Opiate Response Continuum grant in the amount of \$491,501 of the Ohio Department of Mental Health Services. Funding from this grant will allow CHD to expand a media campaign and to provide increased

Motion: Herzig
Second: Hopson
Action: Passed

Motion: Herzig
Second: Bhati
Action: Passed

	<p>medication assisted treatment, addictions counseling, recovery supports, and recovery housing costs.</p> <p>CHD is partnering with Talbert House who will place a case manager at the Health Centers and in underserved communities. Using SOR funds, Talbert House will target Hamilton County residents seeking services at any of the Cincinnati Health Department medical clinics and those residing in four of Hamilton County's underserved neighborhoods (Lincoln Heights, Woodlawn, Lockland, and Walnut Hills). Talbert House will utilize their current model of outreach and focus on African Americans and those high-risk communities while partnering with the City of Cincinnati Health Department. Talbert House will provide outreach and engagement services utilizing a case manager to intensify efforts to engage African Americans in treatment, prevention, and other substance abuse educational services. Today, Talbert House is the largest substance abuse treatment agency in Hamilton County serving over 36,000 clients annually. Talbert House also owns and manages an array of properties and programs including emergency shelters, transitional housing, recovery housing and permanent supporting housing. Annually more than 2,000 individuals and families are served through these programs. Recovery housing programs allows and welcomes MAT for residents. Talbert House projects to serve fifteen individuals and/or families in recovery housing and an additional ten in treatment for a total of 25 served. The term is from June 4, 2020 to September 30, 2020 for an amount of \$199,031.00.</p> <p>Commissioner Moore walked through the contract and answered questions from the Committee. Talbert house and CHD are working together to reach hard to reach populations. CHD will help identify potential clients for Talbert House and get them into a system of care. The Chair asked if this is a new program or amplifying what is already being done. Commissioner Moore stated that it is a brand-new program for the grant dollars but works in tandem with Safe Places Cincy.</p> <p><u>Motion:</u> That the Board of Health Finance Committee recommend approval.</p> <p>University of Cincinnati Medical Center, LLC Lab Services – This accounts payment contract is to enter into agreement with the University of Cincinnati Medical Center to provide laboratory services for COVID-19 testing to residents of the Cincinnati community regardless of the individual's ability to pay. The term is from June 19, 2020 to December 31, 2020 in the amount up to \$1,000,000.00.</p>	<p><u>Motion: Herzig</u> <u>Second: Hopson</u> <u>Action: Passed</u></p>
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	<p>Mr. Hopson walked through the agreement and answered questions from the Committee. Our previous agreement was capped at \$250,000 and we have already expended \$200,000. We are utilizing other labs that are funded by the state. CHD wants to leverage our other partnerships but also ensure that we can continue to provide testing in our community. The Chair asked how many tests were performed with UC? Mr. Hopson said it was \$70 per test and we have completed about 3,000 tests. This is only for processing the test.</p> <p>Mr. Brown asked what the average turn around time is on the testing? Mr. Hopson said that at this point in time, no one has the answer and said this is a nationwide problem. The first time we did the pop-up testing we had results back in one day so we told people they would have results within two days. Those tests came back a week later and they are currently ranging from four to ten days depending on the lab we use. UC just increased their capacity to 2,000 tests per day. Hamilton County is also testing. Mr. Brown stated it is a problem. Mr. Bhati asked if there were a way to prioritize positives? Mr. Hopson said the lab calls us with the positives so we can start calling them right away, the negatives are sent via fax.</p> <p>Dr. Herzig stated that at \$70 a test, a million dollars is 14,285 tests. He asked when we will reach this limit? Mr. Hopson stated that we are running 2,000 tests a week. The County has an RFP for \$19,000,000 for testing. Hopefully, we will be able to work with whomever wins this award and utilize these resources.</p> <p><u>Motion:</u> That the Board of Health Finance Committee recommend approval.</p>	<p><u>Motion: Herzig</u> <u>Second:</u> <u>Lichtenstein</u> <u>Action: Passed</u></p>
Home Health Update	<p>Ms. Virginia Scott was unable to attend the meeting, however, Mr. Hopson said that because of COVID-19 we have not been focused on home health and are not sending nurses into people's homes. Dr. Bhati suggested that at a future point, the Committee receive a report on our efforts regarding patients with chronic conditions.</p>	
Anti-tobacco Update	<p>Ms. Tonia Smith discussed our tobacco free living program. There are two initiatives: tobacco retail license program and the tobacco youth prevention grant. While we were awarded \$132,000 under the grant program, we were unable to complete the grant due to COVID-19. Other grantees were in the same position, so the grantor (the Ohio Department of Health) extended the grant by a year.</p> <p>The tobacco retail license program started December 1, 2019. The license program enforces the ordinance that raised the age of tobacco sales to 21 years old. The license program supports a tobacco sanitarian. There are approximately 305 tobacco retailers in Cincinnati. The licenses are \$500 annually and are obtained from CAGIS. To date we have licensed 199 establishments. We are in the process of inspecting retailers and working to have additional retailers licensed. 68 percent of licensed retailers have had their initial inspection. Later we</p>	

	<p>will begin testing with underaged buyers (18 – 21). We have a draft letter for unlicensed retailers and are awaiting approval to be able to mail it. The Chair asked if there were difficulties doing inspections during COVID? Ms. Smith stated that food inspectors who were already going into some of these establishments were including tobacco enforcement in their inspections. A protocol was created for the tobacco sanitarian including mask and glove wearing. If he feels unsafe, he comes back at another time.</p> <p>Dr. Bhati asked about how the sanitarians were involved in the program? Ms. Smith stated there is a tobacco 21 sanitarian that oversees the tobacco program. However, for establishments that have a food license, food sanitarian includes tobacco enforcement in their inspections. Underage buying attempts will be overseen by the tobacco 21 sanitarian.</p> <p>Mr. Brown asked if we were adequately staffed for this? Ms. Smith said yes, the tobacco 21 sanitarian is working with the food sanitarians who only spend a couple of minutes looking at tobacco 21 compliance. If there is an issue such as no signage or license, the tobacco 21 sanitarian follows-up with the establishment.</p>	
<p>Financial Update</p>	<p>Mr. Hopson stated that the City is still closing out the accounts for the end of year, but there should be no changes to the figures presented. Drops in expenses were due to shutdowns and slowdowns due to COVID-19. Personnel expenses were up and would have been more if not for the TELs. COVID impacted revenue, reducing clinical revenue by 10 percent. Paying attention to schools opening and the impact on our school-based health care including dental and vision services. Discussion followed on staffing levels, being able to fill vacant positions, and using telehealth to provide services.</p> <p>We made up most of our revenue losses through grants. We hope to provide the entire BOH with a list of all the grants we were awarded during the year.</p> <p>Revenue was down in May but has increased in June. With schools opening we'll see revenue coming in from those clinics in September.</p> <p>CCPC increased the basic fee for dental services by \$10 last month.</p> <p>Working through some of our AR challenges including billing insurance companies for telehealth. System of sending invoices for self-pay is now in place. When we send notices, we include a list of tools available to assist them in making payments.</p>	
<p>Review Action Items</p>	<p>The Chair asked for people to send meeting location ideas to Mr. Lawniczak. We will continue to meet at 3:30 for now, but we may change to later in the evening or earlier during the day to make the meeting easier to attend.</p>	

	<ol style="list-style-type: none">1. Provide breakdown from Medicaid maximization between dental and medical. <i>Next month.</i>2. Update Committee on home health progress. <i>September.</i>3. Report back to the Committee on data from Voice of Your Customer anti-tobacco media campaign. Campaign stalled and we have no analytics. <i>September.</i>	
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Meeting Adjourned 4:46 p.m.
Next Meeting August 18, 2020 at 3:30 p.m.
Minutes prepared by Jon Lawniczak



City of Cincinnati Board of Health Finance Committee

Tuesday, August 18, 2020

Dr. Bhati, Chair of the Board Finance Committee, called the August 18, 2020 Finance Committee meeting to order at 3:30 PM.

Roll Call

Members present: Amar Bhati, chair, Robert Brown, Edward Herzig, Robert Hall, Domonic Hopson, Phil Lichtenstein, Melba Moore.

Topic	Discussion	Action/Motion
Approval of Minutes	<p>The Chair asked the Committee members if everyone had the opportunity to review the minutes from the last meeting.</p> <p><u>Motion:</u> That the Board of Health (BOH) Finance Committee approve the minutes of the July 21, 2020 Board of Health Finance Committee Meeting.</p>	<p><u>Motion: Herzig</u> <u>Second: Hopson</u> <u>Action: Passed</u></p>
Introduction of New CHD Finance Director	<p>Dr. Bhati introduced Mr. Robert Hall, the CHD’s new Finance Director. Mr. Hall provided background information.</p>	
Review of Contracts for August 25, 2020 BOH Meeting	<p>The Chair began the review of the contracts that will go to the Board of Health (BOH) for approval.</p> <p>Hamilton County Public Health – This accounts payable grant supports the Regional Cities Readiness Initiative Grant (CRI) coordinator as part of the regional funding structure where all Local Health Departments (LHD) in the Cincinnati Metropolitan Statistical Area (MSA) contribute a share of the coordinator’s contract managed by Hamilton County Public Health. The MSA health departments are Brown County, Butler County, City of Cincinnati, Clermont County, Hamilton County, and Warren County. The Coordinator supports the planning activities and deliverables each LHD is responsible for submitting to Ohio Department of Health for their individual CRI grants. The contract amount is for \$6,647.00 with a term from 7/1/2020 to 6/30/2021. The contract sheet initially listed the termination date as 6/30/2020.</p> <p>Mr. John Dunham walked the Committee through the contract and answered questions. All local health departments in the Regional Cities Readiness Initiative (CRI) metropolitan statistical area (MSA) contribute</p>	

	<p>to the regional coordinator now based in Hamilton County Public Health. The position has been a great assistance to all the LHDs. Effort is focused on bio-terrorism response and allows coordination of the pods. Coordinator assists with the exercises.</p> <p>Mr. Brown asked if the Health Collaborative used to provide the coordination function? Mr. Dunham stated that the current coordinator position used to be based in the Health Collaborative, but it was recently moved into Hamilton County Public Health.</p> <p>The Chair asked how long we had the contract with its current responsibilities? Mr. Dunham said it was since 2003. The Chair asked for clarification about the pods. Mr. Dunham replied that the grant requires CHD to locate pods – there are six school-based pods in Cincinnati and CHD shares one with Norwood – where anyone can come and get any medication required during an emergency.</p> <p>Discussion followed regarding COVID-19 vaccination messaging for the minority community and flu vaccination for the public. It was agreed that there will be a presentation on both the COVID-19 and flu vaccines for the BOH and CCPC board.</p> <p><u>Motion:</u> That the Board of Health Finance Committee recommend approval with the correct termination date.</p> <p>Greater Cincinnati Foundation (GCF) – This accounts receivable grant is for City Pop Up COVID-19 Testing. The grant amount is for \$75,000.00 with a term of 8/4/2020 to 11/4/2020.</p> <p>Mr. Hopson walked the Committee through the contract and answered questions. He stated that CHD would like to take a deeper dive in what we can do to support those impacted by COVID-19 in our clinics and on the public health side. Following this, he will bring back to the Committee another contract to partner with Children’s Hospital who has the expertise to take this to the next level.</p> <p>Dr. Herzig asked that the contract sheet specifies popup testing. Mr. Hopson said that while popup testing is included, also included in the proposal is uncovering disparities among minority populations. The purpose is to look at those with COVID-19 and those at high risk for contracting the virus and determining how CHD can help resolve the disparities issues amongst our clinical patients plus those with chronic diseases. It was agreed that soon, Dr. Grant Mussman would report on our efforts regarding those patients with chronic diseases.</p> <p><u>Motion:</u> That the Board of Health Finance Committee recommend approval.</p> <p>JoAnne DeGregg, LLC – This accounts payable contract will allow CHD to retain Dr DeGreg on a part-time basis will allow the health department to avoid the expense and uncertainty of hiring a new</p>	<p><u>Motion: Herzig</u> <u>Second: Hopson</u> <u>Action: Passed</u></p> <p><u>Motion: Bhati</u> <u>Second: Herzig</u> <u>Action: Passed</u></p>
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	<p>physician for her patients and will allow Dr. DeGreg to continue to provide night and weekend on-call services.</p> <p>Under this contract, Dr. DeGreg would provide physician services on a part-time basis at Price Hill Health Center at a 0.5 FTE equivalent from September 1, 2020 to August 31, 2021 and will be eligible for renewal at that time. The amount of the contract is to not exceed \$ 91,800.80 per year, which maintains her current hourly rate, with a term of 9/1/2020 to 8/31/2021.</p> <p>Dr. Mussman walked through the agreement and answered questions. Dr. DeGreg is an internist who has been with the City for 28 years. She is eligible to retire at the end of August. She would like to conduct part-time hours as a contractor after her retirement. She would be working an average of 20 hours a week. 16 hours one week, 20 hours the second with the rest of the time for documentation time.</p> <p>Dr. Camile Jones stated that previously, the work around for physicians wishing to continue working after retirement, it was managed through a temporary agency. Mr. Hopson stated that this agreement was reviewed by the Law Department.</p> <p>Discussion followed on practice management and increasing productivity.</p> <p><u>Motion:</u> That the Board of Health Finance Committee recommend approval.</p>	<p><u>Motion: Brown</u> <u>Second: Herzig</u> <u>Action: Passed</u></p>
<p>Phamily</p>	<p>Mr. Hopson stated that we have received a proposal from Phamily. However, it was recommended that until the Law Department has an opportunity to review the proposal that it not be presented to the Committee. The Chair asked if the Law Department has an idea of when their review would be complete? Mr. Hopson stated that given how backed up the Law Department is, it may be three months or so.</p>	
<p>Financial Update</p>	<p>Mr. Hopson stated that we were hoping that we hit our rock bottom in May, and it looks like that's the case. In March, April, and May we have provided telehealth visits due to COVID. However, the systems were not yet set up to provide payment for those visits until July, which is why our July numbers – during COVID – are larger than our July figures from last year. Our patients are now more comfortable about coming into the clinics. With schools reopening we plan on expanding our footprint into the schools.</p> <p>Our uninsured patients are higher than we would like it to be.</p> <p>Behavioral health has a much smaller number of uninsured and so they are covering their own expenses.</p> <p>Dr. Herzig asked what happens to the charges for uninsured patients? Mr. Hopson stated that most of those charges get written off. HRSA</p>	

	<p>requires FQHC to make every effort to recoup costs. Even if we collect \$60,000, that is the cost of a medical assistant.</p> <p>AR is trending down.</p> <p>Mr. Hall updated the dashboard.</p>	
Review Action Items	<ol style="list-style-type: none"> 1. Provide breakdown from Medicaid maximization between dental and medical. <i>Of the total breakdown, \$1.7 million went to medical and \$1 million went to dental. School-based dental received around \$300,000. But our school-based medical was negative on our cost report leaving dental shorted \$300,000. Next year we'll look at how to prevent this.</i> 2. Update Committee on home health progress. <i>September.</i> 3. Report back to the Committee on data from Voice of Your Customer anti-tobacco media campaign. Campaign stalled and we have no analytics. <i>September.</i> 	

Meeting Adjourned 4:46 p.m.
Next Meeting September 15, 2020 at 3:30 p.m.
Minutes prepared by Jon Lawniczak



City of Cincinnati Board of Health Finance Committee

Tuesday, September 15, 2020

Dr. Bhati, Chair of the Board Finance Committee, called the September 15, 2020 Finance Committee meeting to order at 3:30 PM.

Roll Call

Members present: Amar Bhati, chair, Robert Brown, Tim Collier, Robert Hall, Edward Herzig, Domonic Hopson, Phil Lichtenstein, Melba Moore.

Topic	Discussion	Action/Motion
<p>Approval of Minutes</p>	<p>The Chair asked the Committee members if everyone had the opportunity to review the minutes from the last meeting.</p> <p><u>Motion:</u> That the Board of Health (BOH) Finance Committee approve the minutes of the August 18, 2020 Board of Health Finance Committee Meeting.</p>	<p><u>Motion: Bhati</u> <u>Second: Herzig</u> <u>Action: Passed</u></p>
<p>Update Committee on Home Health Progress:</p> <ul style="list-style-type: none"> • Back billing • Use of nurse practitioners 	<p>Ms. Jenny Scott stated there as of January 31, 2020, there are 1,417 total home health encounters needed back billed. We have \$60,211.32 pending from our payors. There are 136 claims from patients without insurance (136 claims @ \$5.00 per visit = \$680.00) and 99 claims for United HealthCare not paid (99 @\$47.40 = \$4,692.00). All claims have been submitted within the time frame for payment.</p> <p>Nurses are being paired with Community Health Workers and will conduct medication education which is \$118 per visit increasing our projected revenue.</p> <p>Mr. Robert Hall stated that he was going to take a closer look at the expenses and budget and provide better numbers.</p> <p>The Chair asked about a potential timeline for returning to safe in-home visits since the Governor allowed the resumption of home visiting. Ms. Scott stated that within the next 30 days we should be able to resume. We want to make sure our residents and nurses are safe.</p> <p>Mr. Brown asked about the current home health staffing level. Ms. Scott replied that it currently has 2 PHN2 registered nurses, and the supervising nurse. She is in the process of hiring another PHN2 and</p>	

	<p>PHN3. Mr. Brown asked about how many Community Health Workers (CHW) there are and how they are being used. Ms. Jill Byrd said four out of the seven CHW positions are filled. CHWs work more with prenatal clients. They visit patients at least monthly. Mr. Brown asked the level of contact for post-natal patients. Ms. Byrd said the CHW assess the environment. Nurses take on more skilled nursing issues.</p> <p>Mr. Domonic Hopson asked how many patients were also CCPC patients? Ms. Byrd stated that 95 percent of patients seen by CHWs were also CCPC patients. As University Hospital makes most post-natal referrals, between 50 and 60 percent of patients seeing a nurse are also CCPC patients. Ms. Scott stated that with the new EMR system, we will have much more data regarding the patients including demographics.</p>	
<p>Update on ODMHAS SOR Grant for Minorities</p>	<p>Shane Satterfield reported that the Ohio Department of Mental Health and Addiction Services (ODMHAS) SOR grant provides funding for minority populations to address mental, dental, behavioral health, transportation, housing, etc. This is done in collaboration with Talbert House and UMADOT. CHD provides health care, Talbert House provides the housing, and UMADOT provides support and case manager services. The grant is for \$491,000. We are developing an internal process to drawdown from the grant instead of billing the patient. There are currently six patients enrolled and eleven are going through the assessment process.</p> <p>The Chair asked how the program has been adjusted due to COVID? Mr. Satterfield said that we are waiting to see if we will be given an extension on the grant time.</p>	
<p>Review of Contracts for September 22, 2020 BOH Meeting</p>	<p>The Chair began the review of the contracts that will go to the Board of Health (BOH) for approval.</p> <p>Children’s Hospital Medical Center (CHMC) – This accounts receivable grant is for CHMC. CHD will engage one full-time (40 hours per week) community health worker (“CHW”) to support Cradle Cincinnati’s community partnership to incorporate the life course perspective through a partnership with the school-based health center at Aiken High School (“Aiken”). This CHW will collaborate to reach teens, who would not otherwise have access to these services, by meeting them where they are most accessible, at school. By utilizing an existing administrative protocol for implementing CHW services in Cincinnati Public Schools, this CHW will use one-on-one and group reproductive and sexual health prevention and education measures to help Cradle Cincinnati and Children’s Hospital to accomplish their goal of improving maternal and infant vitality in Cincinnati.</p>	

	<p>If a student expresses interest in reproductive health services, including birth control and STI testing, the school health staff can refer the student to the CHW. In addition to individual meetings, the CHW will hold group sessions at Aiken, where they will leave sign-up sheets with the school nurse for those students who are more comfortable talking in a group of their peers. The CHW will have tools to discuss topics with any parent who is uncomfortable with the prospect of students using contraceptives, will not allow use, or is preventing the student from seeking appropriate medical care. The CHW will also host monthly or bi-monthly meetings with faculty and/or parents at each school to discuss reproductive health issues for students, including safe sex, STI prevention, pregnancy prevention, contraception questions, and any other concerns that parents may have.</p> <p>Contractor will start providing the outlined CHW services no later than July 1, 2020. The amount is for \$49,335.00 with a term from July 1, 2020 to June 30, 2021.</p> <p>Ms. Maria Morton walked the Committee through the contract, there were no questions.</p> <p><u>Motion:</u> That the Board of Health Finance Committee recommend approval.</p> <p>Children’s Hospital Medical Center (CHMC) – This accounts payable grant is for CHMC to provide a Quality Improvement Specialist (QIS) for 20 hours per week. The QIS will provide support to CHD’s quality improvement initiatives and work closely with Domonic Hopson, MPH, CEO of the City of Cincinnati Primary Care and Assistant Health Commissioner at CHD to develop and spread CHD initiatives to improve care for children and families in Cincinnati. The amount is \$67,086.00 with a term of October 1, 2020 to September 30, 2021.</p> <p>Mr. Domonic Hopson walked the Committee through the contract and answered questions. The Chair asked if we could receive quarterly updates? Mr. Hopson said that we can report back.</p> <p><u>Motion:</u> That the Board of Health Finance Committee recommend approval.</p>	<p><u>Motion: Herzig</u> <u>Second: Brown</u> <u>Action: Passed</u></p> <p><u>Motion: Bhati</u> <u>Second: Herzig</u> <u>Action: Passed</u></p>
<p>Financial Update</p>	<p>Mr. Hall stated that expenditures are trending within the budgetary amount. Revenue is trending better than last year. Grants are doing better. A new item is the Board of Education – due to COVID-19. For August there is a net loss of \$1,570,533 before transfers.</p> <p>Mr. Hopson added that with the HRSA grant we need to incur the expenses before drawing on the grant funds so there is always a lag.</p>	

	<p>Mr. Hopson stated that two school-based health centers are closed, and we have seen an increase in payment from our self-pay patients. The Chair asked what the difference in reimbursement is for telehealth v. a regular office. Mr. Hopson stated that it varies by clinic. Medicaid is full reimbursement. Medicare is about 80 percent of a regular visit. It is anticipated that this rate with Medicaid will continue as CMS has determined to make that rate permanent.</p> <p>Mr. Tim Collier asked if in the future we can use telehealth for those who have not shown up for their appointment? Mr. Hopson said that Mr. Satterfield has used this very effectively in behavioral health by calling the patient and asking if they are in a private setting. The Chair asked if we could assist people who lack the technology to fully utilize telehealth. Mr. Hopson stated that we had applied for an FTC grant that we did not get. OCIN did receive such a grant and expressed a desire to make CHD a subgrantee. We will continue to look for these types of grants.</p> <p>Mr. Hopson stated that our revenue for August is above where we were for last year. In August, 28 percent of our patients were self-pay, and Medicaid patients were 39 percent. In dental, 36 percent of their patients were self-pay with Medicaid patients making up 51 percent. At the school-based health clinics, uninsured patients dropped to 18 percent. School-based dental clinics saw that 25 percent of their patients were uninsured and Medicaid patients made up 51 percent, and private insurance patients were 13 percent. Behavioral health has a very low uninsured rate of 13 percent. In August we met most of our targets for having claims paid in a timely manner. This is the fourth month in a row that our days in AR are trending down.</p>	
<p>Letter on Invoicing</p>	<p>Mr. Hopson stated that upon our annual review of the HRSA compliance manual we found that for FQHCs to obtain federal funding it must make reasonable efforts to obtain payment for services. We were not in compliance as we never invoiced our self-pay patients. A couple of months ago, the CCPC board put a policy in place requiring us to invoice self-pay patients. The policy requires that we never negatively impact our patients' credit score. This works in tandem with our sliding fee scale so that patients are only charged what they can afford. The board has also created a financial hardship waiver. We also can set up payment schedule. To encourage people to sign up for insurance, if someone signs up within 90 days of service, we will not charge for that visit. We will track this through our annual patient survey that asks questions about affordability.</p> <p>The Chair asked when we can expect to see survey results? Mr. Hopson stated that we should have results in January.</p>	

Public Comment	Mr. Jon Lawniczak stated that per public notice, any member of the public that wanted to address the Committee needed to fill out a public comment request card. No cards were received.	
Review Action Items	<ol style="list-style-type: none"> 1. Report on our efforts regarding patients with chronic conditions. <ul style="list-style-type: none"> • Dr. Mussman, October 2. Report on data from Voice of Your Customer anti-tobacco media campaign <ul style="list-style-type: none"> • Ms. Smith, October 3. Report on the unemployed losing their health insurance benefits <ul style="list-style-type: none"> • Commissioner Moore, November 	

Meeting Adjourned 4:40 p.m.
Next Meeting October 20, 2020 at 3:30 p.m.
Minutes prepared by Jon Lawniczak



City of Cincinnati Board of Health Finance Committee

Tuesday, October 20, 2020

Dr. Bhati, Chair of the Board Finance Committee, called the October 20, 2020 Finance Committee meeting to order at 3:30 PM.

Roll Call

Members present: Amar Bhati, chair, Robert Brown, Tim Collier, Robert Hall, Edward Herzig, Domonic Hopson, Phil Lichtenstein, Melba Moore.

Topic	Discussion	Action/Motion
<p>Approval of Minutes</p>	<p>The Chair asked the Committee members if everyone had the opportunity to review the minutes from the last meeting.</p> <p><u>Motion:</u> That the Board of Health (BOH) Finance Committee approve the minutes of the September 15, 2020 Board of Health Finance Committee Meeting.</p>	<p><u>Motion: Herzig</u> <u>Second: Hall</u> <u>Action: Passed</u></p>
<p>Review of Contracts for October 27, 2020 BOH Meeting</p>	<p>The Chair began the review of the contracts that will go to the Board of Health (BOH) for approval.</p> <p>Ohio Department of Jobs and Family Services Refugee Program – This accounts receivable grant contract is a new agreement between the Ohio Department of Job and Family Services and the Cincinnati Health Department. Compensation will be paid upon completion of a health exam as per the Core Screening Procedures for Refugees provided by ODJFS. The agreement is to provide payment for patient navigation service at \$200 and interpreter’s service at \$200 for a total of \$400 for each completed screening. The Cincinnati Health Department will bill Medicaid directed for the cost of the exam. ODJFS estimate a total of 200 screenings will be completed during the three-year period. The amount is for \$46,548 with a term of October 1, 2020 to June 30, 2021.</p> <p>Mr. Domonic Hopson walked the Committee through the contact and answered questions. There is a reduction of refugees receiving services through this program. Dr. Lichtenstein asked about the financing. Mr. Hopson said this contract was only for a one-year term.</p> <p><u>Motion:</u> That the Board of Health Finance Committee recommend approval.</p>	<p><u>Motion: Herzig</u> <u>Second: Hopson</u> <u>Action: Passed</u></p>

Children’s Hospital Medical Center (CHMC) – This accounts payable grant is for CHMC to provide a Quality Improvement Specialist (QIS) for 20 hours per week. The QIS will provide support to CHD’s quality improvement initiatives and work closely with Domonic Hopson, MPH, CEO of the City of Cincinnati Primary Care and Assistant Health Commissioner at CHD to develop and spread CHD initiatives to improve care for children and families in Cincinnati. The amount is \$67,086.00 with a term of October 1, 2020 to March 31, 2021.

Mr. Domonic Hopson walked the Committee through the contract and answered questions. This was approved last month, but the term needed to be adjusted.

Motion: That the Board of Health Finance Committee recommend approval.

Department of Housing and Urban Development (HUD) – This accounts receivable grant from HUD is to remediate properties with lead hazards (\$3,100,000) and utilizing Healthy Homes funding (\$400,000) to create healthy and safe housing by addressing radon, plumbing, rodent infestation, trip hazard issues. This grant opportunity will allow CHD and Department of Community and Economic Development (DCED) to continue our efforts in creating lead-safe and healthy housing for our children, especially those in the low income and minority populations who are particularly susceptible to lead poisoning. The amount is for \$3,500,000 with a term of January 2, 2020 to January 1, 2024.

Ms. Rashmi Aparajit walked the Committee through the grant and answered questions. As we already have another grant from HUD for lead mitigation, we will need to train more lead abatement workers and contractors and hire another team to oversee the contractors. Outreach activities will be conducted in schools, faith-based organizations, etc. to make people aware of the program. The Chair asked if there is a timeline? Ms. Aparajit said that we need to undertake an environmental review and make the public aware. Once the review has been publicized, HUD will release the funds, and it will then take a couple of months after that to be ready. However, it will be cold then so we will most likely end up starting in spring.

Dr. Lichtenstein asked how we would identify the houses that will be mitigated through this program. Ms. Aparajit stated that once a house is identified as having lead, it must be reported to the Ohio Department of Health, which notifies us. We then do an inspection. If lead is found, we issue orders. If someone cannot afford to mitigate the lead, we enroll them into the program. Homes with pregnant women and children are the first priority. This grant will abate 200 properties.

Motion: Herzig
Second: Hall
Action: Passed

	<p>Dr. Herzig asked about the Healthy Homes funding. Ms. Aparajit stated that the Healthy Homes portion of the grant is to be used for homes that have issues but are within the lead grant program.</p> <p><u>Motion</u>: That the Board of Health Finance Committee recommend approval.</p>	<p><u>Motion: Herzig</u> <u>Second: Hall</u> <u>Action: Passed</u></p>
<p>Report on Patients with Chronic Conditions</p>	<p>Dr. Grant Mussman stated that our priority right now is to reduce disparities for those at high risk for COVID-19. COVID-19 has exacerbated disparities that already existed. CHD leverages the expertise of Cincinnati Children’s Medical Center which is known for its quality improvement processes. We wanted to bring this into alignment with our overarching quality improvement plan for the entire health department by choosing measures that had a high impact for our patients – looking at the most common conditions our patients have and which of those would an improvement for most people.</p> <p>We partnered with the University of Cincinnati and Hoxworth for our adult patients. The goal was to improve outcomes for a few select common conditions where COVID-19 would be likely to create or exacerbate health disparities. We identified: diabetes, hypertension, and our immunization rate. These interventions are being tested at our clinics, UC, Hoxworth, and the Children’s clinic.</p> <p>Dr. Mussman discussed specific actions and outcomes. We are continuing to test interventions but have not moved the outcomes yet.</p> <p>The Chair asked if this impacted the budget. Dr. Mussman said we are leveraging resources we already have – we are not spending any new money. Dr. Herzig asked if there is grant money we can look at? Dr. Mussman stated that quality improvement grant money is difficult to find.</p>	
<p>Voice of Your Customer Data for Anti-Tobacco Media Campaign</p>	<p>Ms. Tonia Smith introduced Scott Dean, a public health educator, to share the tobacco social media analytic of the Voice of Your Customer. Mr. Dean reported that CHD contracted with Voice of Your Customer to conduct the media campaign with our grant. Focused in three areas: cessation, secondhand smoke, and youth point of sale. Data was provided in a hand-out and included numbers of views of each video.</p> <p>The Chair asked if there were a way to determine the effectiveness of the videos? Ms. Smith said that we conduct community use engagement surveys. The more we continue the campaign the more the awareness arises among community members to really understand tobacco is a problem. These surveys are conducted annually.</p>	

	Mr. Jon Lawniczak asked how members of the public could view the videos. Ms. Smith said she would put a link on our website.	
Phamily Update	Mr. Robert Hall stated that Procurement has asked that we issue a Request for Information (RFI). Typically, it takes three weeks to a month to receive responses. Getting content could take several more months taking us into next year.	
Financial Update	<p>Mr. Hopson stated that next week we will reopen two of our dental clinics that have been closed since COVID. Summer is always slow because school-based healthcare is slow then. As schools have opened later, we may need to make a mid-year budget correction. We are conducting outreach to try to see more patients. We are recruiting new general population patients.</p> <p>Mr. Hopson discussed the payor mix and AR change.</p> <p>Mr. Hall discussed revenue over expenses. The revenue difference between FY20 and FY21 is only \$734,000. Adjustments may be needed later. Also, there is a lag between when you apply for a grant and the money is received. Mr. Hopson stated that the CARES act and the Community Development Block Grant will reimburse some of our COVID expenses.</p>	
Review Action Items	<ol style="list-style-type: none"> 1. Report on our efforts regarding patients with chronic conditions. <ul style="list-style-type: none"> • Dr. Mussman, <i>Complete</i> 2. Report on data from Voice of Your Customer anti-tobacco media campaign <ul style="list-style-type: none"> • Ms. Smith, <i>Complete</i> 3. Report on the unemployed losing their health insurance benefits <ul style="list-style-type: none"> • Commissioner Moore, <i>Complete</i> 	
Public Comment	Mr. Jon Lawniczak stated that per public notice, members of the public were to email BOH.Clerk@cincinnati-oh.gov prior to 3:00 pm of the day of the meeting with questions and comments. As of 3:00 pm today, no questions or comments were received.	

Meeting Adjourned 5:00 p.m.
Next Meeting November 17, 2020 at 3:30 p.m.
Minutes prepared by Jon Lawniczak



City of Cincinnati Board of Health Finance Committee

Tuesday, December 1, 2020

Dr. Bhati, Chair of the Board Finance Committee, called the December 1, 2020 Finance Committee meeting to order at 5:00 PM.

Roll Call

Members present: Amar Bhati, chair, Robert Brown, Joseph Hackworth, Robert Hall, Edward Herzig, Domonic Hopson, Melba Moore.

Topic	Discussion	Action/Motion
Approval of Minutes	<p>The Chair asked the Committee members if everyone had the opportunity to review the minutes from the last meeting.</p> <p><u>Motion:</u> That the Board of Health (BOH) Finance Committee approve the minutes of the October 20, 2020 Board of Health Finance Committee Meeting.</p>	<p><u>Motion: Bhati</u> <u>Second: Herzig</u> <u>Action: Passed</u></p>
Review of Contracts for December 8, 2020 BOH Meeting	<p>The Chair began the review of the contracts that will go to the Board of Health (BOH) for approval.</p> <p>Ohio Department of Mental Health and Addiction Services (MHAS) – This service contract is for additional funding for the Ohio Opiate Response Continuum SOR 2.0 grant from the Ohio Department of Mental Health Services. Funding from this grant will allow CHD to expand a media campaign and to provide increased medication assisted treatment, addictions counseling, recovery supports, and recovery housing costs.</p> <p>CHD is partnering with UMADAOP and Talbert House to deploy targeted awareness messaging for treatment including access to all forms of Medication Assisted Treatment (MAT) for African American and Hispanic/Latino American and other minority communities; 2) expand access to all forms of MAT and a clinical workforce with the expertise to provide all forms of MAT and psychosocial treatment for African Americans and Hispanic/Latino Americans and other minority communities with an opioid use disorder, and 3) expand the use of recovery supports including access to recovery housing that accepts individuals participating in all forms of MAT. The contract amount is for \$491,501.00 with a term of December 2, 2020 to September 30, 2021.</p>	

	<p>Washington stated that this is the first time CHD will be providing food and other assistance under this grant depending on family size. The funding is provided by ODH through the CARES Act. Mr. Brown asked if this could be expanded in the future. Mr. Washington stated that while we don't know yet, it would be wonderful to have the program expanded.</p> <p><u>Motion:</u> That the Board of Health Finance Committee recommend approval.</p> <p>Hamilton County Mental Health Recovery Services Board – This lease is to avail additional parking spaces for visitors, and employees of the Cincinnati Health Department (3101 Burnet Avenue site). This contract began with CHD leasing 20 spaces in 2016 and 2017. In 2018, CHD relocated some programs and began only leasing 10 spaces at the closest available parking lot which is across the street at the Substance Abuse Management and Development (ADAS) building at 3009 Burnet Ave. For 2021, CHD is requesting 10 extra spaces for temp personnel who are working as contact tracers during COVID. The amount of this fourth amendment is for \$13,200 bringing the entire contract value to \$59,400.00. The term of the amendment is from January 1, 2021 to December 31, 2021.</p> <p>Mr. Domonic Hopson walked the Committee through the contract.</p> <p><u>Motion:</u> That the Board of Health Finance Committee recommend approval.</p> <p>Hamilton County Public Health (HCPH) Harm Reduction Agreement – This accounts payable contract is to enter into agreement with HCPH to provide harm reduction services related to the Opioid epidemic. HCPH currently operates the syringe services program at five locations for three hours per site every week within the City of Cincinnati's health jurisdiction. The funding also helps offset costs for supplies including syringes, cookers, cotton, rinse water, tourniquets, fentanyl test strips, and toiletries. The amount of the contract is for \$160,000.00 with a term of January 1, 2021 to December 31, 2022.</p> <p>Commissioner Moore walked the Committee through the contract and answered questions. The Chair asked about Hamilton County's change in distribution of NARCAN. Commissioner Moore stated that we ordered NARCAN through our pharmacy to ensure we can continue to provide full services and that data should drive the decision making.</p> <p><u>Motion:</u> That the Board of Health Finance Committee recommend approval.</p>	<p><u>Motion: Bhati</u> <u>Second: Herzig</u> <u>Action: Passed</u></p> <p><u>Motion: Bhati</u> <u>Second: Hackworth</u> <u>Action: Passed</u></p> <p><u>Motion: Bhati</u></p>
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	<p>Greater Cincinnati Dental Lab – This accounts payable contract is for the Greater Cincinnati Dental Laboratory to provides dental laboratory services for the Cincinnati Health Department’s Dental Centers. Dental Lab work includes removable and fixed dental appliances (crowns, bridges, partial and full dentures). CHD patients typically present with missing teeth; dental lab services are essential to restoring oral health and function to the patients.</p> <p>Patients pay up front for their portion of the laboratory bill. The minimum fees are set at a level that covers the cost of the lab services. The cost of this contract, therefore, is covered by the minimum payments or insurance payments from the patients. This contract is essential to providing comprehensive dental care to CHD dental patients.</p> <p>The amount of the contract is for \$1,200,000.00 with a term of January 1, 2021 to December 31, 2024.</p> <p>Ms. Nancy Carter walked the Committee through the contact and answered questions. She stated that these services need to be preapproved by insurers/Medicaid, so we are not at risk of losing funds this way. However, as we are reimbursed upon completion of the job, if we lose touch with the patient mid-way through, we could lose funds. If patients have a history of missing appointments, etc. then we make them aware that they need to demonstrate a stronger commitment before beginning these services. Self-pay patients pay upfront to ensure costs are covered. We are reimbursed on completion of the job by insurance/Medicaid.</p> <p><u>Motion:</u> That the Board of Health Finance Committee recommend approval.</p>	<p><u>Second: Herzig</u> <u>Action: Passed</u></p> <p><u>Motion: Bhati</u> <u>Second: Herzig</u> <u>Action: Passed</u></p>
<p>Financial Update</p>	<p>Mr. Hopson started with the revenue cycle data. Overall visits are down 30 – 40 percent for school-based medical services. Dental is approaching levels from the previous year. Medical services remain about the same. Visits are down 15 percent mostly to do with the school-based health centers. Revenue, however, remains strong as we are better managing our accounts receivables and the number of our self-pay patients are down. We are beginning to allow patients to provide payments through My Chart. The Chair asked if CHD has an outreach program to encourage patients to come into the office? Mr. Hopson stated that for our community-based health center we are back up to the levels we were at last year. We are coming up with innovative ways of bringing students to the school-based health centers and working to close the transportation gap.</p> <p>Mr. Robert Hall stated that we put in for about \$4.6 million in reimbursement for COVID-19 related funding. This will be</p>	

	<p>exceedingly helpful as we have been struggling with payroll and our 395 fund. If more funds become available, we will request additional reimbursement.</p> <p>Discussion followed on the Ambrose Health Center. Gross revenue is down a great deal but as time goes on our revenue/collection efforts will continue to go up.</p>	
Review Action Items	<p>Update on numbers of refugees (past and present) receiving services under the ODJFS Refugee Program. Mr. Hopson provided information to the Committee via email later in the week. Total refugees treated over the past several years are:</p> <ul style="list-style-type: none"> • 2017 Total - 247 • 2018 Total - 69 • 2019 Total - 56 • 2020 Total - 27 	
Public Comment	<p>Mr. Jon Lawniczak stated that per public notice, members of the public were to email BOH.Clerk@cincinnati-oh.gov prior to 5:00 pm of the day of the meeting with questions and comments. As of 5:00 pm today, no questions or comments were received.</p>	

Meeting Adjourned 6:27 p.m.
Next Meeting January 19, 2021 at 5:00 p.m.
Minutes prepared by Jon Lawniczak