

# Columbus County Board of Health

## Minutes

Regular Meeting     Special Meeting

June 26, 2024 6:00 P.M.

Columbus County Health Department, 304 Jefferson Street, Whiteville NC

<b>Members Present</b>	Pat Ray Shane Cartrette Drew Cox Scott Floyd Patty Hobbs Dr. Brent Lawson Dr. Nicole Martin Dr. Amy Sessions
<b>Members Absent</b>	Dr. Randy Kirby, Frankye Boone - Newkirk, Dr. Christy Perdue,
<b>Staff Members Present</b>	Kimberly L. Smith, Yvonne J. Amstrong, Daniel Buck, Charlene Bush, Jamika Lynch
<b>Guests</b>	Nicole Hopkins, Mark Tomeucci

**Quorum was present.**

### I. Call to Order

Pat Ray called the meeting to order at 6:05 p.m.

### II. Welcome/Invocation

Pat Ray welcomed everyone to the meeting. Invocation was given by Pat Ray.

### III. Approval of Agenda

A motion to accept the agenda, as presented, was made by Dr. Nicole Martin, seconded by Scott Floyd, and carried by the board.

### IV. Public Comment

There were no comments from the public.

### V. Approval of Minutes

Motion to accept was made by Scott Floyd, seconded by Patty Hobbs, and carried by the board.

<p><b>VI. Preparedness and Response Update</b></p>	<p>Mark Tomeucci, Coordinator with On Target Preparedness, gave the following updates:</p> <ul style="list-style-type: none"> <li>• Currently we are closing out a grant cycle.</li> <li>• Waiting on new guidance from the state and CDC regarding preparedness activities for the next five years. It is probably going to remain the same. With a major emphasis on chemical, biological, nuclear, radiological and explosive planning.</li> <li>• In addition to the EOP (Emergency Operation Plan) with the county, we are reviewing it.</li> </ul> <p>Kim Smith mentioned the regional table top exercise coming up in September. It'll be conducted online</p> <p>Mark continued:</p> <ul style="list-style-type: none"> <li>• It is regional. We will be partnering with Emergency Management to use the updated USC for that.</li> <li>• Other trainings we conduct on a yearly basis, we will continue to do so; like our Respiratory Protection Training and Shelter Training.</li> <li>• This past year we participated in the NC Public Health Preparedness and Response put out some epidemiological training. We completed this training around six months ago, and it was extremely beneficial.</li> <li>• We also conduct quarterly notification drills to the staff members. Emergency Management did get a new notification system, called Hyper Reach. We are currently in the process of rolling over the staff contact list to that.</li> <li>• May of 2026 the major focus for this year is to begin the initial planning and the state mandated trainings. We have to have three meetings; the first being the initial planning meeting, mid-term and then the final planning stage. We have to have two discussion exercises before we can conduct that full scale exercise. This is going to be our primary focus, because this is going to be an extensive process.</li> </ul>
<p><b>VII. Opioid Task Force Update</b></p>	<p>Nicole Hopkins, Columbus County Resource Line coordinator gave the following updates: (Benchmark 41, Activity 41.3)</p> <ul style="list-style-type: none"> <li>• I'm here to present our yearly report for the Opioid referral line, that I am responsible for 24/7. This is the line that I am over that the county has provided.</li> <li>• We've had 81 calls this year.</li> <li>• 44 were between the hours of 12pm to 6pm.</li> <li>• 27 referrals were to admissions and 16 were referred to other facilities.</li> <li>• No re-admits to the facilities.</li> <li>• None were IVC.</li> <li>• Heroin is tied with cocaine in our county, and third is alcohol.</li> <li>• 11 fentanyl, 10 crack, 10 marijuana</li> <li>• Alcohol 18, stimulants 36.</li> </ul>

	<ul style="list-style-type: none"> <li>• 18 hallucinogens</li> <li>• A very popular calling source is Whiteville, second is Chadbourn, we had six from Clarkton and then broken down throughout the county.</li> <li>• Healing Heart transportation has teamed up with us, to help get these individuals transported</li> <li>• We had a caller, who stated for 30 years, they had been chewing fentanyl patches. We did need to get him to medical detox. They got the provider on the phone, and Healing Heart transportation was able to get them transported; otherwise, they would not have been able to get there. The individual thanked me for not being judgmental and for caring for getting them the care they needed. I don't say this to pat myself on the back, but for a point of reference, to remain non-judgmental and to be an encourager. We give them that space and keep that door open so they can reconnect.</li> <li>• At The Healing Place, often times people have been known to walkout and leave. Within 48 hours, if they meet qualifications to return, they are welcomed back to try again.</li> <li>• Are there any questions?</li> </ul> <p>Scott Floyd asked was the 48 hours deal new. Before I thought once they left, they didn't hold a bed. Nicole Hopkins responded that they do not hold the bed, but if they decide to return, within the 48 hours, they can do so, as long as they meet the qualifications.</p> <p>Nicole Hopkins continued:</p> <ul style="list-style-type: none"> <li>• I went to the Healing Place and reconnected with them because they are constantly changing their way of doing business. What we started doing was email referrals. Now one of their participants is over the admission process, and she is phenomenal. You really have to stay in behind folks regarding these referrals and make sure you have good points of contact.</li> <li>• I never did hear back from the Ahsokie facility. I have tried to let The Healing Place know that I am not trying to come across hard, but I am trying to make sure these folks are attended too, and that we are getting the job done.</li> </ul>
<p><b>VIII. Financial Update</b></p>	<p>Charlene Bush, Budget Director stated the following:</p> <p><b>A. Financial Statement April and May</b>  <i>(Benchmark 33, Activity 33.6)</i></p> <ul style="list-style-type: none"> <li>• For the Financial Statement, you should have April and May.</li> <li>• Any questions?</li> </ul> <p>Motion to accept Financial Statement for April and May was made by Dr. Nicole Martin, seconded by Shane Cartrette, carried by the board.</p> <p>Charlene Bush continued:</p> <ul style="list-style-type: none"> <li>• For Total Revenue Received we are at 82% as far as self-pay, state funding, Medicaid and grants.</li> <li>• We are at 69% of what we had budgeted for Local County Appropriations.</li> <li>• For our Total Budgeted Expenses, we are at 66%.</li> </ul>

	<p><b>B. Patient Count-April and May</b> (<i>Benchmark 33, Activity 33.6</i>)</p> <ul style="list-style-type: none"> <li>• In your packets are the Patient Counts for April and May.</li> </ul> <p><b>C. 2024 - 2025 Budget / Fees Final Update</b> (<i>Benchmark 33, Activity 33.1; Benchmark 33, Activity 33.2</i>)</p> <ul style="list-style-type: none"> <li>• You received a copy of the budget at the last meeting. First, I had to take out any budgeted position that I did not have anyone in it. Then there were all of our part time positions were cut. We asked for a new Environmental Health (EH) Specialist, which we told you all about. This is probably going to take care of itself. Once they start building all of this down in the southern area of the county. They have got six EH Specialist, and they are already behind. Other than that, our budget stayed the same.</li> <li>• We do not get to do the raises, this will be added later at 3%, and that does not start until November. Other than that, that was our approved budget after the cuts. The individual we have in the Lab, where they cut that part time position, she has already retired, and came back to work Part-Time. Now this will only leave us two individuals in there, and both of them can retire at any time. We still have a Nutritionist position to fill.</li> </ul> <p>Kim Smith stated that the Nutritionist position has been vacant for three years. We had an individual who we hired, worked Friday and Monday morning she came in and resigned. She stated Bladen County had called her and they pay more for the same positions. Charlene Bush added:</p> <ul style="list-style-type: none"> <li>• They pay more and they only work four days a week. It is hard to compete with surrounding counties when they offer more than we do.</li> </ul> <p><b>D. Dental, Preparedness and Response Financial Updates</b> (<i>Benchmark 33, Activity 33.6</i>)</p> <ul style="list-style-type: none"> <li>• I gave you a sheet that shows you what was budgeted. We have the Duke Endowment Grant, expenditures, and this is through the end of May. I budgeted for \$550,000 and we are currently at \$494,173.54.</li> <li>• Emergency Preparedness, Mark told you what all we have done. The state gives us \$34,969, and the county has to match it at 10%. These are the deliverables, with the contract we have to sign.</li> </ul>
<p><b>IX. Nursing</b></p>	<p>Patti Nance, Director of Nursing, stated the following:</p> <p><b>A. Nursing Staff Update</b> (<i>Benchmark 37, Activity 37.6</i>)</p> <ul style="list-style-type: none"> <li>• We are fully staffed.</li> <li>• Child Health Program, one of our nurses has completed the Enhanced Role class is able to perform Well Child visits. We are in the process now for our second pediatric nurse to go through this program. Then we will have two who can perform Well Child visits, as well as immunizations that we provide.</li> </ul>

**B. Sexually Transmitted Disease Audit** *(Benchmark 28, Activity 28.1)*

- Back in February, the nurse consultants did the STD and STI, communicable disease (CD) programs. The comments in her letter were that both the CD and STI programs are in basic compliance, areas of needed improvements are listed on the monitoring tool site. Her notes stated that we needed to add some info to some of our standing orders and policies. These items were completed before the consultants left the facility. Our policies were there but we needed to add some verbiage to them to be in compliance.
- STD Enhanced Role Registered Nurses (ERRN) demonstrated competency and to continue practicing as such.

**C. Immunization Audit** *(Benchmark 28, Activity 28.1)*

- We are enrolled in the vaccine for children program. They came in November and completed this audit. In their program letter they stated that we were following all of the guidelines, that we are required too, for the children. They stated no follow up required.
- We also had an Immunization assessment when they look at our rates in January. The rates for this assessment were extracted on October 1st of 2023 from the Immunization Registry for all children, 24 months through 35 months of age, who are either active in our local Health Department, or reside in our county. The cohort assessed includes all clients born from October of 2020 to October of 2021.
- Compliance rates are based upon a percentage of clients, with documentation, of receiving the following vaccines by 24 months of age:
  - Four DTap
  - Three Polio
  - One MMR
  - Three Hib
  - Three Hep B's
  - One Varicella
  - Four Pneumonia
- The summary with the Health Department and the county's assessment rate was at 90% for the benchmark goal. For us and the county, we both had 61%; so we are lacking a great deal there. The State average was 77% for LHD (Local Health Department's) and we were 71% for the county; so we were below our benchmark for the county. Our benchmark for this year is 90%. We've had to learn how to disassociate clients from our Health Department. If they come here once for a vaccine and then go to Advanced Peds two or three times, then they are not considered our client anymore. This will help bring our numbers up. Also with our change of staff, we can learn how to manipulate these numbers in our favor. Overall, everything looked good.

<b>X. Health Education</b>	<p>Jamika Lynch, Health Educator, stated the following:</p> <p><b>A. Community Health Assessment</b> (<i>Benchmark 1, Activity 1.1; Benchmark 38, Activity 38.2</i>)</p> <ul style="list-style-type: none"> <li>• I am ready to submit it. We have an extension; I will be submitting here in the next few days. Our target priorities are: <ul style="list-style-type: none"> <li>○ Obesity</li> <li>○ Opioid's</li> <li>○ Lung Cancer</li> </ul> </li> <li>• I changed the format as opposed to what it has been in the past. It looks a lot like our strategic plan we worked on in Management Team. Once it is submitted, then we will be waiting for our approval letter. Once we have that, I will let you all know.</li> </ul>
<b>XI. Quality Assurance</b>	<p>Daniel Buck, QA Specialist, stated the following:</p> <p><b>A. Patient Satisfaction Survey Results</b> (<i>Benchmark 9, Activity 9.5</i>)</p> <ul style="list-style-type: none"> <li>• I talked to you all about the changes we were working on, moving from paper surveys to the tablets. What you see with that other packet of data, is the actual first look of true results. This makes sure we survey our community, or whoever comes in to use our services.</li> <li>• We lacked some in Environmental Health. Other than that, everyone is meeting their mark.</li> <li>• I was impressed, I was only asking for five per group. Some groups are doubling or tripling that number. What it has shown is we can do it a lot quicker. We want to see what their experience is like.</li> <li>• We are almost in to month two.</li> </ul> <p>Kim Smith stated that the staff was very receptive. Daniel Buck continued:</p> <ul style="list-style-type: none"> <li>• There is a code they can walk by, put in, and let the patient do their survey on the tablet. It is quicker and easier to get the results from.</li> </ul> <p><b>B. Accreditation Update</b></p> <ul style="list-style-type: none"> <li>• That is coming up in November. Ms. Kim and Martha have been working on the benchmarks. Management Team has been working hard on getting their items together.</li> <li>• I think we are moving along pretty well.</li> </ul> <p>Kim Smith stated the following:</p> <ul style="list-style-type: none"> <li>• My goal was to get 98% of it in before we have a bad storm.</li> </ul>
<b>XII. Chairperson's Forum</b>	<p>Pat Ray, Chairman, gave the following update:</p> <ul style="list-style-type: none"> <li>• You all have a few little goodies that the folks brought for us to share. You have a handy little first aid kit.</li> <li>• This is Alzheimer's Awareness Month. The Health Department (HD) came up with the idea of helping Candace Grey, she is our representative from Wilmington, who has a support group for caregivers. They meet once a month on Thursdays, at Whiteville United Methodist Church (UMC), in the parlor. Candace wanted to have something on Alzheimer's</li> </ul>

	<p>Awareness.</p> <ul style="list-style-type: none"> <li>• Jamika took it and ran with it. We had a walk. We had this flyer developed, and we did it in collaboration with the hospital and NC Family Caregivers Support Program.</li> <li>• We are part of the Wilmington area of Department of Aging (DOA). They did a great job of working and providing information for us to distribute. We had 35 people to participate. Several were from the HD, some from the hospital, Lower Cape Fear Hospice and some just came on their own. We were thrilled we had 35 people. It started at the Whiteville UMC. I actually had for or five phone calls from nurses, outside of the HD who said it was a fun walk. Daniel brought his family, Jamika and Mark. It was a fun day. We hope we spread the word. We made this poster and had the folks sign it to remember a friend or family member who had been touched by Alzheimer's. Candace Grey is our representative and she does an amazing job with getting information. We are anxious to do it again next year.</li> <li>• There are some brochures here. If you want information or possibly would like her to come speak regarding Alzheimer's, please feel free to reach Candace Grey.</li> </ul>
<p><b>XIII. Director's Forum</b></p>	<p>Kim Smith, Health Director gave the following updates:</p> <p><b>A. New Program for FY 24-25 Gun Lock Safety Program; Continue our Car Seat Safety Program, Vision Program</b> <i>(Benchmark 28, Activity 28.1)</i></p> <ul style="list-style-type: none"> <li>• In Child Health, we have to choose different programs we would like to provide for citizens. For the upcoming Fiscal Year, we have decided to try our luck at a gunlock safety program. We have put in the budget, using our Child Health Money we receive from the state, around \$9,700 worth of gun locks. These locks also come with educational material. When they come in to pediatrics, we will assess if they have guns in the home, and then we are gonna try to get them interested in a gunlock. Especially when the child is right there in the home.</li> <li>• We are going to continue our Car Seat Safety Program. Hope to have a Car Seat Safety Check, Drive-Thru Exercise on November 8<sup>th</sup>. We have five individuals in our Health Department who went through this training last year. This coming year we have to have an event. We are going to ask Smart Start and Whiteville PD who have some of their employees who are certified, to come together and get one done so they all can get credit for it. With the help of Mark Tomeucci, he is going to help pull this all together for us.</li> <li>• We are also going to continue our Vision Program. This current year we are in, we were able to send three children to see Dr. Kirby, and then go next door for glasses. Now that we have new pediatric nurses, we either have to provide the</li> </ul>

service, or make the referral, or encourage the parents to take them to that appointment.

Amy Sessions asked how many gun locks is that. Kim Smith stated there are two different kinds we looked at. We don't have to spend that much, just depends how our money goes throughout the year. We can redo that budget with the state.

Shane Cartrette asked if there is any other gun safety information you hand out. Like how to handle a gun, how not to handle a gun. Kim Smith responded not at the moment. Some people do not put it up high. Juvenile Crime Prevention Council, the state gave us some locks. Those ones went through the trigger area. With that came the educational material. I think that one did include other items.

### **B. Dental Update**

*(Benchmark 19, Activity 19.1; Benchmark 39, Activity 39.2)*

- This information is current up until May 30<sup>th</sup>, 2024. That is the last time we saw any patients in Dental, due to Dr. Benbow giving me a two week notice, and her last day was May 30<sup>th</sup>.
- Some of the numbers from Dental are as follows:
  - 433 Comprehensive Exams
  - Went to 11 schools
  - Two schools they did not go to East and West Columbus High Schools.
  - Medicaid was the number one payer source
  - The Grant was the number two payer source.
- Through Child Health, we put money into Dental. The first year we put \$20,000 in and we had to re-arrange those funds with the state, because we went over. Last year we did not go over that; we had 85 patients who were grant recipients. What that means is that you have no health insurance or any means to pay; then we will pay for it out of our Child Health funds.
- We saw the following:
  - 393 African Americans
  - 327 White
  - SEVERAL NO REPORT
  - Most were Non-Hispanic
  - 160 Hispanic
  - 459 Females
  - 388 Males
- With our recruitment of a Dentist, next year, we will have a bunch of individuals from Whiteville graduating from Dental School. I have a list I have been working off that includes every retired, semi-retired, thinking of retiring dentist in the three county area. Either they did not renew their license, they are working for someone else or they have hand issues.
- We were able to talk with Dr. Ryan Morgan, he works at Chadbourn Dental, and he has one hygienist. In order to get the kids in for cleanings, and the kids going into kindergarten



needing a dental exam, Susan McPherson, or hygienist, can do all of that if she has a standing order from a Dentist. Dr. Morgan has stated he will do that; he will write the standing order. I go before the county commissioners on Friday to approve his contract.

- We decided on \$500 a day, it's a three month contract. That's one issue. The other issue before the county commissioner's I have is that I have talked with a recruiter; we have four interested individuals from the HRSA website. The four who have contacted me, we had Zoom meetings with two of them, one was coming from Arizona. He stated he was good on 14 and up. The other wasn't comfortable on just children. Then the other two, once I sent them the information, did not respond back. There was a fifth one but he graduates next year.
- I have resorted to a recruiter; this is a contract that is going to be \$28,000 to recruit.
- Then today, Dr. Ladner who was here before Dr. Benbow. Who was here during 2019 to 2021. The Dental staff is coming in tomorrow to talk with Dr. Ladner, so we will see what that produces.

Amy Sessions asked what the \$500 a day was for again. Kim Smith explained that is for Dr. Ryan Morgan's fee for being a supervising Dentist, off site, for his to sign our standing orders stating such.

### **C. Case Management (Social Worker) Program(s) Update**

*(Benchmark 39, Activity 39.3)*

- Mindy Caines, the supervisor is still out under FMLA, so I figured I would talk about Case Management for At Risk Children (CMARC). This program is for children under five, who have special health needs; they have spent time in ICU when they were born, dealing with adverse child events or if the physicians feel that the parents need extra help with the children.
- The Social Worker's will catch the families here at the Health Department, meet them at McDonald's, or even make home visits. They work to make a link between the physician and the parents of the child. Any other community resources they may need food or electricity. They mostly try to instill child development; what your child should be doing at these ages. Between the two Social Worker's, they have helped with services for about 450 families with children. Their caseloads run anywhere from 36 to 42 in a month's time. The biggest issue they see is diapers and wipes.
- Catholic Charities, when they come around, our Social Worker's go out and help them distribute items. If they have any leftover items, they donate it to us. We have a special closet where those items are stored until a family in need comes along.

- Case Management for High Risk Pregnancies, there are three Social Worker's in this program. The women these individuals see either have a chronic disease, diabetes, asthma or if they have had a pre-term baby before. If the Nurse Practitioner's or the OB docs across the street, see a pregnant woman that is having complications with her pregnancy, and then she has missed appointments, or they cannot get in touch with them at all, they will contact our Social Worker's to try and find this individual to get them to come in for the care they need. They will go out and try to find the pregnant women. They meet them here for their pre-natal or for their WIC. They have a special area they can take them across the street, so they can have their privacy. Yet again, they will even meet them at McDonald's.
- It is basically the same thing as the high risk children. We coordinate services between the physician and the patient. They do breastfeeding education, childbirth education, WIC, any medications they are taking, they try to make sure they are taking their medication properly and that they are able to get those medicines. Their caseload is around 35 to 40 each. They served around 400 women this past year.
- The pregnant women have two benchmarks the state is looking at
  - Are they actively case managing these individuals? The goal for that is 85%, we are at 100%. Any referral we get, we see.
  - The penetration rate is used to measure how fast they can get out there and make contact with those individuals, and document it in the record. The goal is 1.23 and we are at 2.0.
- For high-risk children, they have three goals.
  - For active case managing, the goal is 85 we are at 100.
  - Outreach and engagement, the goal rate is 85 we are at 85.7. Our penetration rate, for at risk children is 1.85, we are at 2.5.
- Our Social Workers who do the at risk children, they are out. You barely find them in the Health Department.
- Come July 1<sup>st</sup>, the Tailored Plans for these programs will be instituted. That's if you have a child or a pregnant woman who has mental health, substance abuse or traumatic brain injury issues, we will be sharing these patients with Trillium; we will have to coordinate things with Trillium. We will still handle the medical part of it, and they will handle the mental health part of it.

Shane Cartrette asked if we have had many of those patients. Kim Smith stated yes. We have had many we walk from our department, down to Port Health. Karen Wright from Port Health has come to speak to the staff and then she has spoken with the Women's Health

prenatal group twice as well.

Kim Smith continued:

- The thing about these two programs is that the Medicaid prepaid health plans, we meet with them on a quarterly basis. There are five of them. They have staff who can do this, but they are located in places like Charlotte, Raleigh, or Chapel Hill. I have stressed to the staff that you need to make those home visits. The State of NC wants to see home visits, not someone sitting behind a desk and making phone calls. I think they have picked up on the number of home visits they are doing.
- They could easily take these programs from us, but that would take six of my employees. I really do not want that.

Shane Cartrette, with the home visits, does that have to be an RN.

Kim Smith stated in the state of NC, for those two programs, you either have to have a bachelor's degree for Social Work or be an RN.

It cost too much to have a RN. We have a good crew of Social Worker's. Shane Cartrette stated that I know in New Hanover county, paramedics are starting to be able to go out, all of it being hospital bases, I didn't know if paramedics would be allowed to do, or information gathering, would that be an option. Reason being is because we have a lot of paramedics in this county. Kim Smith stated that this was a good question. I have not seen anything stating that they can, it has always been a Social Worker or RN.

#### **D. Policy Updates**

##### **Staff Development and Training** *(Benchmark 37, Activity 37.6)*

- You all have seen these policies before. In order to meet the accreditation benchmarks, we had to tweak some. The biggest tweak we have on this one is how we assess our staff for training. It is on page two in bold. Part of this we have added to our Performance Evaluation. We do evaluations in December and January.
- We as a Management Team sat down to come up with these policies. They involve the whole Management Team, every area of the Health Department.

Motion to approve the Staff Development and Training Policy Update, as presented, was made by Scott Floyd, seconded by Dr. Amy Sessions, and carried by the board.

##### **Workforce Development Plan** *(Benchmark 26, Activity 26.2; Benchmark 37, Activity 37.6)*

- You can see on the front we updated the sexual orientation and gender identity. Then on page three we updated how you get to the county application. Those were all of the updates there.

Motion to approve the Workforce Development Plan Update, as presented, was made by Scott Floyd, seconded by Dr. Nicole Martin, carried by the board.

##### **Policy Development & Revision (Policy on Policies)** *(Benchmark 37, Activity 37.2)*

	<ul style="list-style-type: none"> <li>We were able to change on Page 2, down at the bottom; MIS now backs up our servers, once or twice a week. We changed that whole process. Then the last page, the Management Team sat down, and worked on the Dress Code Policy as a team; that process went well so I decided to use that process on all Administrative policies. Then we have each Management Team member, along with myself, review their policies (area) they are responsible for.</li> </ul> <p>Motion to approve the Policy Development &amp; Revision (Policy on Policies) Update, as presented, was made by Scott Floyd, seconded by Dr, Nicole Martin, carried by the board.</p>
	<p>Kim Smith stated the following:</p> <ul style="list-style-type: none"> <li>We talked earlier about Environmental Health (EH) being behind, yes they are six weeks behind. Part of the reason EH is behind is due to NC REBUILD. The state has special funds for folks who qualify, where they sustained displacement or damage from hurricane Matthew or Florence. Right now we have about 2,000 homes that qualify for special funds. Before they can do anything, they need to have their septic system and their well checked. The state is offering us funds to help speed up this process. They have also found us an EH Specialist who will work one day a week, that is authorized. Right now we are waiting on the state for an MOU. I told them I am waiting on something in writing. Terry Duncan, and myself are in the same pickle. Teresa Davis who is our State Consultant for EH, has also joined in with us. She is the one who found the individual. The person lives in Fayetteville and the state is going to pay for it.</li> <li>Anyone interested in the Board of Health Governance Network, there is a free event July 22<sup>nd</sup> , I'll be glad to email this out to anyone. It will be held from 7pm to 8pm. You can click on it and go and register for the event.</li> </ul>
<p><b>Board Comments</b></p>	

**Next Meeting Date**

August 28, 2024 at 6:00 pm

**Meeting Adjourned**

Respectfully submitted: Kimberly R. Smith Secretary 082824  
 Signature Date