

MINUTES

IOWA STATE BOARD OF HEALTH
SEPTEMBER 9, 2009 10:00 A.M.
5TH FLOOR SOUTH CONFERENCE ROOMS #517-518
LUCAS STATE OFFICE BUILDING
321 EAST 12TH STREET, DES MOINES, IA

CALL TO ORDER

Cheryll Jones called the meeting to order.

ROLL CALL

Present:

Cheryll Jones
Elizabeth Kressin
Gregory Garvin
Hattie Middleton
Jay Hansen
John Stamler
Justine Morton
Michael Wolnerman
Rowe Winecoff
Heather Adams

Absent:

Maggie Tinsman

Cheryll Jones introduced Michael Wolnerman to the Board. Mr. Wolnerman's term will end June 2010.

A motion was made by Justine Morton to revise the agenda to move *Staff Reports* prior to the reports presented by *Substance Abuse*, Dr. Ann Garvey will be presenting the *Iowa Health Update*, and Don Callaghan in addition to reporting on the *Distribution of Vaccine* will also be providing an update on *Religious and Medical Exemptions*. Motion was seconded by Jay Hansen, carried unanimously.

I. Minutes

A motion made by Justine Morton and seconded by Rowe Winecoff to approve the July 8, 2009 Board of Health minutes carried unanimously.

II. Rules

A. Department of Public Health [641]—Jim Goodrich

1. Adopted and Filed

a. [Chapter 1](#), “Reportable Diseases, Poisonings and Conditions – Quarantine and Isolation”

These rules identify diseases, poisonings and conditions, and incidents that are to be reported to the Department in accordance with Iowa Code chapters 135, 136A, 139A, 141A, and 144. These rules clarify what information to report, how and when to report, and who is to report. This chapter also provides for disease control through quarantine and isolation. A motion was made by Rowe Winecoff and seconded by Justine Morton to adopt and file the amendments to Chapter 1; with the exception of striking the sentence “These rules were adopted by the State Board of Health on September 9, 2009.” Motion carried unanimously.

b. **Chapter 3, “Early Hearing Detection and Intervention”**

This chapter contains rules for the universal hearing screening of all newborns and infants in Iowa and the transfer of data to the Department to enhance the capacity of agencies and practitioners to provide services to children and their families. The goal of universal hearing screening of all newborns and infants in Iowa is early detection of hearing loss to allow children and their families the opportunity to obtain early intervention services. This chapter also includes rules to establish procedures for distribution of funds to support the purchase of hearing aids and audiologic services for children. A motion was made by Justine Morton and seconded by Jay Hansen to adopt and file the amendments to Chapter 3. Motion carried unanimously.

c. **Chapter 124, “Interagency Coordinating Council for the State Medical Examiner”, and Chapter 125, “Advisory Council for the State Medical Examiner”**

These amendments change the rules governing the number of required meetings that are held in a year for the participants of the Interagency Coordinating Council for the State Medical Examiner and the Advisory Council for the State Medical Examiner.

A motion was made by John Stamler and seconded by Jay Hansen to adopt and file the amendments to Chapter 124. Motion carried unanimously.

A motion was made by Justine Morton and seconded by John Stamler to adopt and file the amendments to Chapter 125. Motion carried unanimously.

d. **Chapter 131, “Emergency Medical Services—Provider Education/Training/Certification” and Chapter 132, “Emergency Medical Service—Service Program Authorization”**

The rules in Chapter 131 describe the standards for emergency medical providers and training programs. The rules in Chapter 132 describe the standards for the authorization of EMS services. These amendments update the reference to the Iowa EMS Scope of Practice document to the most recent edition, April 2009.

A motion was made by Justine Morton and seconded by Hattie Middleton to adopt and file the amendments to Chapter 131. Motion carried unanimously.

A motion was made by Rowe Winecoff and seconded by John Stamler to adopt and file the amendments to Chapter 132. Motion carried unanimously.

2. Notice of Intended Action

a. **Chapter 41, “Safety Requirements for the Use of Radiation Machines and Certain Uses of Radioactive Materials”**

These amendments propose changes to the rules governing the supervision of fluoroscopic procedures.

Cheryll Jones noted that the Board has received comments from the Iowa Nurses Association (INA), Iowa Association of Nurse Anesthetists (IANA), Iowa Association of Nurse Practitioners (IANP and the Iowa Nurse Practitioner Society (INPS), and Iowa Medical Society (IMS) stating their positions. Also noted were representatives of these association’s in the audience who will be allowed two minutes to comment.

Mark Odden from the Iowa Association of Nurse Anesthetists spoke stating they would like to continue to provide a service that they have been providing for the past twenty years.

Heidi Goodman from the Iowa Medical Society spoke stating that they oppose this amendment and feel it would have a negative impact and expressed concerns for patient safety.

Kevin Kruse from the Iowa Society of Anesthesiologists expressed his associations concerns on this revision.

Lorinda Inman from the Board of Nursing also spoke stating that the discussion on fluoroscopy by ARNP’s began in November 2006 and it was decided that this was within the scope of practice.

The BOH requested Ramona share these letters and any addition letters with the Board, Melanie Rasmusson, and Heather Adams.

b. **Chapter 127, “County Medical Examiners”**

This amendment proposes changes to the rules governing the qualifications and supervision of the county medical examiner investigators. This will allow for the County Medical Director to appoint investigators.

B. Department of Inspection and Appeals [481] - Steven Mandernach

1. Adopted and Filed

a. **Chapter 60, “Minimum Physical Standards for Residential Care Facilities,” and Chapter 61, “Minimum Physical Standards for Nursing Facilities,” Iowa Administrative Code.**

Items 1 and 3 in the proposed amendments correct the name of the division within the Iowa Department of Workforce Development that is responsible for oversight of boilers in residential care facilities and nursing facilities, and corrects the chapters of the administrative rules governing boilers. The Department does not believe that the proposed amendments pose a financial hardship on any regulated entities. Rather, adoption of the proposed changes is technical in nature and clarifies the

rules under which boilers are inspected and regulated. Items 2 and 4 remove a prohibition of plastic piping for hot or cold water systems in residential care facilities and nursing facilities. The department has frequently received requests to waive this rule and believes the rule is no longer necessary.

A motion was made by Rowe Winecoff and seconded by Elizabeth Kressin to adopt and file the amendments to Chapter 60. Motion carried unanimously.

A motion was made by Justine Morton and seconded by Elizabeth Kressin to adopt and file the amendments to Chapter 61. Motion carried unanimously.

2. Notices of Intended Action

a. [Chapter 50](#), “Health Care Facilities Administration,” Chapter 56, “Fining and Citations,” Iowa Administrative Code and Chapter 58 “Nursing Facilities.”

This rulemaking is intended to implement 2009 Iowa Acts, Senate File 433. The proposed amendments to Chapter 50 include add new requirements for exit interviews, plans of correction, revisits, and sets forth and the process for handling complaints and self-reported incidents, updates requirements for service, and includes inspector conflict of interest provisions. The proposed amendments to Chapter 56 add waiver provisions for violations; self-identification procedures; procedures for the 35 percent reduction; provisions for double class I fines for intentional violations; and updating the appeals and informal conference portions to conform with the new law. The proposed amendments to Chapter 58 add training requirements for nursing facility inspectors to conform with the new law.

III. Department Reports

A. Deputy Director’s Information – Mary Jones

Mary Jones shared that she was sitting in on behalf of Director Newton noting that he was enjoying a couple days of well deserved vacation.

B. Staff Reports

1. Iowa Health Update – Dr. Ann Garvey

Dr. Garvey reported that they continue to see most of the H1N1 cases in the age 5 – 24 year age group nationally as well as in Iowa. The highest percentages of complications are seen in children (under five years of age), pregnant women, and persons of any age with chronic medical conditions.

No significant genetic changes have been noted in the southern hemisphere. The spectrum of illness is unchanged as most illnesses are moderate in severity.

Nationally, the predominant strain is novel influenza A (H1N1) strain. There has been wide-spread illness reported in the southeastern states and some school closings have been reported in that region. There is regional and localized activity in about half of the states. Approximately 20 states, including Iowa, are

reporting sporadic activity. In Iowa, we are only seeing H1N1, there is no seasonal influenza activity at this time. University Hygienic Lab has developed a testing algorithm. UHL is conducting surveillance based testing as well as testing anyone that is hospitalized. Currently, there is approximately one novel influenza A (H1N1)-related hospitalization reported each week.

CDC has issued new guidance recently. Their exclusion guidance recommends that ill individuals stay home until 24 hours after their fever has resolved. New antiviral recommendations were issued yesterday. IDPH continues to emphasize personal protection (i.e. washing hands, covering coughs, and staying home when sick).

IDPH is not receiving individual case reports but is asking that novel influenza A (H1N1)-related hospitalizations and deaths be reported.

Polly Carver-Kimm addressed the Board members stating that we are planning to do an extensive press release when the H1N1 vaccine becomes available because there will be prioritization. We will inform the public when it comes out, who should be getting it, and the safety of it. Currently as the questions come in from the media we are answering the questions. We're currently not receiving many questions from the media and most of our questions are coming from college campuses. Our response has been that it spreads on college campuses just as it does in schools because of the contact of students. We are planning a media campaign once the vaccine is available that will focus primarily on prevention (cover your cough and wash your hands). We are awaiting final approval on this but it is planned to go to every residential and every P.O. Box in the state of Iowa. It will also go to college campuses that have P.O. Boxes. One of our partners has agreed to send an e-mail to every college student within the state of Iowa with H1N1 information. Billboards are also planned as part of this campaign. Once this is approved the postcards should go out by the end of September to the middle of October.

A series of public service announcements will be available to all local public health talking about each of the various parts of H1N1. We also have sound bites with Dr. Quinlisk recorded. We're creating a CD for every local public health agency that has all of those PSA's and the answers from Dr. Quinlisk, both in audio and written script format. They will be able to use that for their own local media or their own edification. Additionally this will be posted on our web site.

IDPH is working with Safeguard Iowa Partnership, putting together check lists or signs to share with the public. The purpose is to emphasize that if you are sick, stay home until 24 hours after your fever is gone.

2. Data Warehouse - Jonn Durbin

Jonn Durbin provided the Board an update on the Data Warehouse for the department. The data being collected by the department is used by communities and decision makers to make decisions for their communities for health improvement and identify areas for programmatic changes. The challenge that they identified was that although we collect data we don't always do a good job of disseminating that data. The goal with this project was to develop a Web-based data dissemination site. The Data Warehouse is one place that the public

and communities could go to get data about public health and other issues that impact health.

Initially the Data Warehouse committee focused on collecting data that was important for communities throughout Iowa to do their Community Health Needs Assessment. IDPH requires all counties to complete this assessment every five years and develop a health improvement plan. The committee really focused on data topics that would be helpful in doing those assessments and plans. This data would also be useful for individuals beyond local public health (i.e. federal agencies, state agencies, researchers, public, etc.).

Last fall the committee posted an RFP for vender services to help develop the Data Warehouse and the data dissemination site. In March 2009 we contracted with Sogeti USA, who have offices in Des Moines and currently have several staff members on site. Sogeti began their work in May 2009 and will continue through 2010. The scope of this project includes confidentiality rules, compiling data for births, deaths, hospitalizations, reportable diseases, health behaviors, behavioral risk factors, surveillance system, BRFSS, Iowa Youth Survey, and some of our lead poisoning data. There are at least 55 other data sets that Sogeti will include in the future. Some of these data sets are owned by the department as well as being from outside the department (DHS and the Department of Education). Currently they are defining data requirements, reporting requirements, and determining how the website will work. They are developing the strategies that they will need to test the data. The main challenge has been balancing the functionality of the website with the confidentiality requirements. There are also challenges in identifying all of the data that are in the data sets and addressing the quality of the data set.

3. Injury Prevention Activities - John Fiedler

John Fiedler provided the Board with an overview of the injury prevention activities within the Department.

John shared with the Board that the leading causes of unintentional injury resulting in deaths in Iowa are motor vehicle crashes and falls (ages 1 – 34). The Iowa Trauma System has a System Evaluation Quality Improvement Committee (SEQIC). In May 2009 the SEQIC looked at the causes of death used in the 2002-2006 Burden of Injury Report and expanded that to include the 2007 and 2008.

Motor vehicle crashes have shown a slight decline over last two years and falls have increased. In particular they are seeing an increase in deaths of older Iowans due to falls.

The Iowa Trauma System is working with the hospitals using SEQIC data and the Burden of Injury Report to inquire where injuries are taking place. Results have been incorporated into the hospital trauma reverification process. Hospitals are encouraged to have active injury prevention programs.

Motor vehicle deaths overall have remained constant. Over the past two years there has been a minimal decline to the overall trend. Unintentional falls have started to rise. One of the largest issues SEQIC has become aware of, as across

the nation, are poisoning deaths. Iowa's poisoning deaths have increased from 70 in 2002 to 170 in 2008. The increase has primarily been in adults misusing prescription medication.

Unintentional suffocation deaths have remained consistent. Unintentional drowning has declined. During 2002 to 2008, burn related deaths (yearly average of 29 – 30) peaked near 40 and then dropped to 25. The past two years burn related deaths have increased (total of 39 in 2008 and 34 for 2009 through August).

Firearm related deaths for suicide are on the rise and are also a national problem. They are seeing an overall decline in trauma related incidents on the east coast but an increase on the west coast. And as it crosses the country they also see the same pattern from east to west. Suicide has increased everywhere in the nation. Whether it is prescription medicine or illegal drugs it has climbed from 55 in 2002 to nearly 100 in the past year.

Deaths from suicide, or suicide attempts have stayed about the same, with a slight decline. Assaults by firearm resulting in death have stayed the same. Cutting or piercing (knife or by some other object) which resulted in death has increased over the past two years. Suffocation deaths (as an assault) have declined over the past two years. Being hit or struck by an object that resulted in death from 2002-2008 has ranged from a high of four in 2003 to zero reported for the past two years.

Deaths by suicide in Iowa for ages 15-34 follow the national trend for the number one cause of death in this age group.

Overall the top five injury related deaths in Iowa by age group for all ages are motor vehicles followed by falls, suicide, unintentional poisoning and suffocation.

Board members can access the full *Burden of Injury Report* through our website at http://www.idph.state.ia.us/bh/common/pdf/injury_prevention/burden_of_injury_full_report.pdf.

4. Immunization - Don Callaghan

Don Callaghan shared three handouts with the Board of Health members: 1) *Bureau of Immunization and Tuberculosis/Medical and Religious Immunization Exemptions Factsheet-September 2009*, 2) map of *Immunization Exemption rates by School District for School Year 2008 - 2009*, and 3) *Immunization Audits of Licensed Child Care Centers and Kindergarten through 12th Grade*.

Don shared with the Board, as background information, the Iowa Administrative Code, Chapter 7, Immunization and Immunization Education, which specifies the immunization requirements for enrollment into a licensed child care or a public or nonpublic elementary or secondary school in Iowa including those who are provided competent private instruction (home schooled).

Iowa, as well as all 50 states, has both “medical exemption” and “religious exemption” options. (48 states have a religious exemption and the remaining two have a philosophical exemption). Medical and religious exemptions do not apply in times of emergency or epidemics as determined by the state board of health or by the director of public health. If an outbreak occurred within a school we would exclude those children would be excluded from school until that outbreak was resolved.

A medical exemption may be granted to an applicant when, in the opinion of a physician, nurse practitioner, or physician assistant: The required immunizations would be injurious to the health and well-being of the applicant or any member of the applicant’s family or household. In this circumstance, a medical exemption may apply to a specific vaccine(s) or all required vaccines.

A religious exemption may be granted to an applicant if immunization conflicts with a genuine and sincere religious belief, and that the belief is in fact religious and not based merely on philosophical, scientific, moral, personal, or medical opposition to immunizations. For the religious exemption to be valid, a certificate of immunization exemption for religious reasons shall contain, at a minimum, the applicant’s last name, first name, date of birth, shall bear the signature of the applicant or, if the applicant is a minor, the applicant’s parent or guardian and be notarized.

The number of medical exemptions in schools from 1997 – 2008 have remained fairly constant. However, there has been an increase in religious exemptions. In 1997 there were 1,208 religious exemptions and in 2008 there were 3,133. Iowa’s exemption rate is less than 1% of total children attending school. Iowa has a medical exemption rate of 0.32% for 2008-2009 compared to 0.36% for the national rate. U.S. religious exemption rates from 2004 to 2008 have almost doubled. Iowa’s religious exemption rate is 0.62% which is under the national average, of 0.97%. There are five influenza A H1N1 vaccine manufacturers producing vaccine. The manufacturing process used to produce influenza A H1N1 vaccine is the same as seasonal influenza, with the exception of changing the influenza strain. Manufacturers are working to have 45 million doses of vaccine available by mid October. It is anticipated Iowa will receive 450,000 doses of the initial bolus. The CDC is in the process of determining the number of doses recommended for H1N1 influenza vaccine. This should be determined by late September or mid-October. It is anticipated the H1N1 vaccine will be a two-dose series, the first dose will be a primer dose and the 2nd dose will provide the protection.

Seasonal and H1N1 serums can be administered either together or separately. However, they are not recommending simultaneous administration of seasonal and H1N1 intranasal influenza vaccine.

CDC has established a contract with a 3rd party distribution company, McKesson, for centralized vaccine distribution. McKesson will be responsible for the direct delivery of vaccine and ancillary supplies (needles, syringes, alcohol swabs, sharps container, vaccination cards) to provider vaccination sites.

The states will receive allocations from the federal government at least weekly and will provide prorata allocations to Local Public Health Agencies (LPHAs). IDPH has been working with LPHAs to determine vaccination partners within their communities. LPHAs will determine where the county allocation will be distributed within their communities. LPHAs can add or delete provider sites throughout the season. Each H1N1 provider must sign a provider agreement in order to receive and administer H1N1 vaccine. The provider agreement outlines basic principles regarding the administration of H1N1 vaccine (e.g. , who should receive H1N1 vaccine, providing a vaccine information statement, and outline vaccine administration fees)

The State will use the Immunization Registry Information System (IRIS) to track vaccine administration and monitor supply of H1N1 vaccine. Participating healthcare providers are required to enter information into IRIS on doses administered. IDPH is required to report this information to CDC weekly.

5. H1N1 After Action Report (AAR) - Diane Williams

Diane Williams provided the BOH an overview of the *Novel Influenza A (H1N1) July 2009 After Action Report and Improvement Plan*, providing them with the *Executive Summary*. The AAR was from the Spring 2009 H1N1 outbreak.

Diane shared that IDPH did a survey to find out what worked well and what can be improved upon with LPH agencies, IDPH employees and media partners. One finding was that twitter worked well during the H1N1 response. Another finding was that IDPH did not have enough staff trained to help respond effectively. Through identifying and addressing gaps the plan that was in place, it should be more efficient for the future.

IDPH also surveyed the media to determine whether the information provided was what the media wanted.

6. Bi-Monthly Budget Snapshot - Mary Jones

Mary Jones provided and snapshot of IDPH's budget. Please reference the handout of *Iowa Department of Public Health Financial Fact Sheet 09.01.08*. Mary point out that a comparison line to FY2009, was included at the Board's request.

Mary also informed the Board that Legislative Service Agency will be meeting today with Public Works who was hired to look at departmental efficiencies and determine savings.

IV. Old Business

A. Substance Abuse Rules on the Release of Patient Records Follow-Up - Dean Austin and Heather Adams

Dean Austin shared with the Board that upon review of Chapter 155.21 he and Heather Adams found that IDPH could not withhold/refuse to transfer or release records for nonpayment of fees. There was discussion if the Board wanted to return this item in November to the Board for further discussion under *Notice of Intended Action*. The Board decided that we should collect comments from the Iowa Behavioral Health

Association (mental health and substance abuse provider organization) and discuss comments and recommendations received (along with the information already provided by Heather Adams on other agencies) during the November meeting. It was noted that time for a public comment period will need to be allowed.

V. New Business

A. Annual Review of Regulatory Plan - Jim Goodrich

Jim Goodrich shared with the Board the method for review of the Regulatory Plan is being changed. Jim provided the Board with an overview of the Regulatory Plan. The Regulatory plan aligns with the fiscal year. Rules are initially reviewed by the Division Directors, returned to Barb, posted to our Website after approval and then submitted to I-GOV by August 1. All rules need to be reviewed every 5 years. April 8, 2008 the Department came out with the Administrative Rulemaking Process Policy. In the past six months there have been ten or more rules, greater than five years since reviewed, being worked on to get passed this year.

B. Review Update of Chapter 136 - Heather Adams and Joy Harris

Heather and Joy shared with the BOH their attempt to revise Chapter 136 to reflect more accurately the roles and responsibilities of the BOH. Changes were outlined in a handout entitled *Proposed Changes to Iowa Code Chapter 136: State Board of Health for Discussion 9.8.09*. The BOH are the drivers behind Public Health and also provide a forum for public health discussions within the state. Heather reviewed the changes that are being proposed to the law. In the revised version Substance Abuse would be able to hold a separate committee to review and make recommendations to the Board. The BOH would have final approval or denial.

IDPH and local public health partners are also updating language about the roles and responsibilities of the LBOH to be sure they align with the State Board of Health efforts and the Iowa Public Health Standards.

C. Letter from Senator Grassley - Cheryll Jones

Cheryll shared the letter received from Senator Grassley in response to a letter from the BOH. The board requested that Ramona e-mail the letter to all the board members.

VI. Substance Abuse

A. Licensure Recommendations – Dean Austin and Jeff Gronstal

1. Three, Two, and One-Year Comprehensive Programs

A motion made by Justine Morton and seconded by Elizabeth Kressin I need a motion to approve a license for a period of three (3) years for the following: Addiction Management Systems, Inc., Eldora, Iowa, license effective August 19, 2009 to August 19, 2012; to Forest Ridge Substance Abuse Treatment Program, Gruver, Iowa, license effective September 11, 2009 to September 11, 2012; to Pathways Behavioral Services, Inc., Waterloo, Iowa, license effective August 20, 2009 to August 20, 2012. The motion included approving licenses for a period of two (2) years to: Behavioral Services, LLC, Hazelton, Iowa, license effective August 8, 2009 to August 8, 2011; to Compass Pointe Behavioral Health Services, Spencer, Iowa, license effective August 20, 2009 to August 20, 2011; to First Resources Corporation, Ottumwa, Iowa, license effective August 8, 2009 to August 8, 2011; to The Abbey, LLC, Bettendorf, Iowa license effective June 6, 2009 to June 6, 2011; to New Directions

Recovery, Division of Mahaska Health Partnership, Oskaloosa, Iowa, license effective September 11, 2009 to September 11, 2011. Licenses approved for a period of one (1) year: A1 Addictions Recovery Center, Adel, Iowa, license effective August 4, 2009 to August 4, 2010, and to Recovery Center, Berryhill Center for Mental Health, Fort Dodge, Iowa, license effective August 8, 2009 to August 8, 2010. Motion carried unanimously with Cheryll Jones Cheryl abstaining from the vote on First Resources Corporation in Ottumwa.

2. One Year Comprehensive Program

A motion was made by Elizabeth Kressin and seconded by Gregory Garin to reconsider and rescind the May 13, 2009 proposal to refuse to renew the license of Everest Institute, LLC Urbandale, Iowa; and, to approve a license for a period of one (1) year effective May 14, 2009 to May 14, 2010. Motion carried unanimously.

3 270 Day

A motion was made by Rowe Winecoff and seconded by Gregory Garvin approve a license for a period of 270 days to Ponca Tribe of Nebraska, Behavioral Health Program, Sioux City, Iowa, license effective September 9, 2009 to June 5, 2010. Motion carried unanimously

4. Refusal to Renew License

A motion was made by Justin Morton and seconded by John Stamler to refuse to renew the license of Cornerstone Counseling Center, Centerville, Iowa in accordance with Iowa Administrative Code 641-155.11(1). Motion carried unanimously.

B. Deemed Status

A motion made by Rowe Winecoff and seconded by Justine Morton to issue a license through deemed status to Children and Families of Iowa and Cornerstone Recovery, both in Des Moines, Iowa, based on an accreditation survey conducted and accreditation awarded by Council on Accreditation effective September 9, 2009 to September 30, 2010. Motion carried unanimously

C. Complaint Investigation

At 1:10 PM roll call was taken. With nine members present a motion was made by Elizabeth Kressin and seconded by Jay Hansen that the Iowa Board of Health go into closed session pursuant to Iowa Code Section 21.5 (1) subsection "a" and "d" for the purpose of reviewing records required to be kept confidential by federal or state law and to review ongoing investigation to determine whether to initiate disciplinary proceedings.

At 1:25 PM a motion was made by Justine Mortin and seconded by Elizabeth Kressin for the BOH to return to open session. Motion carried unanimously.

A motion was made by Jay Hansen and seconded by Rowe Winecoff to accept the Division's report regarding Community and Family Resources, Fort Dodge, with no corrective action required at this time. However, it is recommended that the Board of Health direct the Division of Behavioral Health staff to conduct a follow-up onsite visit to the Community and Family Resources (CFR)'s STARS Program, Fort Dodge, within 60 days to verify steps taken by the program to implement revised policies and procedures

on medication administration and storage, the installation of additional video monitoring equipment, installation of a new door to the medication room, and evidence of improved physical storage of medication. The Board of Health is to be advised of the outcome of the onsite visit at its next regularly scheduled meeting. Motion carried unanimously.

A motion was made by Justin Morton and seconded by Rowe Winecoff to accept the Division's report regarding Newton Correctional Center, Newton. It is recommended the program develop formal criteria to determine eligibility for admission to the relapse service. It is further recommended the Iowa Board of Health accept the department's report and this case be closed with no further action to be taken. Motion carried unanimously.

VII. Next Meeting

A. Items for November 18, 2009 Agenda

Please forward agenda items for the November meeting to Ramona prior to the bi-monthly conference call.

VIII. Adjournment

At 1:30 a motion was made by Gregory Garvin, seconded by Rowe Winecoff, to adjourn the meeting. Motion carried unanimously.

Mary Jones, Deputy Director
Acting Secretary of the Board
Iowa Department of Public Health

Ramona Cooper
Recording Secretary
Iowa Department of Public Health