HEALTH AND HUMAN SERVICES BOARD

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HEALTH AND HUMAN SERVICES BOARD MINUTES November 4, 2020

MEMBERS PRESENT

Mr. J. Phil Seats, Chair Mr. Fleming El-Amin, Vice Chair Mr. John Blalock Ms. Pamela Corbett Dr. James Doub Dr. Palmer Edwards Dr. Charles Massler Ms. Heather Parker Dr. Linda Petrou Ms. Sharon Rimm Dr. Peter Robie Dr. Ricky Sides Ms. Claudette Weston Ms. Gloria Whisenhunt

MEMBERS ABSENT

Mr. John Davenport Dr. Calvert Jeffers Ms. Sharon Pettiford

GUESTS PRESENT

None

Call to Order:

On Wednesday, November 4, 2020, the Forsyth County Health and Human Services (HHS) Board held its regularly scheduled monthly meeting virtually. Mr. J. Phil Seats, Chair, called the meeting to order at 5:30pm.

PH/DSS STAFF PRESENT

Ms. Shontell Robinson Mr. Victor Isler Mr. Joshua Swift Ms. Lorrie Christie Ms. Glenda Dancy Ms. Tanya Donnell Ms. Gayle Swain Ms. Maura Trimble

Moment of Silence:

A moment of silence was observed by all.

Consideration of Minutes:

The minutes of the October 7, 2020 HHS Board were reviewed. Mr. Seats asked for a motion to approve the minutes. Mr. Fleming El-Amin made a motion to approve and Dr. Charles Massler seconded. After a roll call, the minutes were unanimously approved.

Deputy County Manager's Comments: Ms. Shontell Robinson gave the following updates (see handout on file in the Administrative Binder):

• Cardinal:

Ms. Robinson reported she would give a quick update but wanted to reserve most of her time for some other staff joining the meeting - Ms. Gayle Swain from Department of Social Services (DSS), Ms. Glenda Dancy and Ms. Maura Trimble from Department of Public Health (PH).

In the previous meeting, Ms. Robinson talked about collaborating with other counties in reference to discussing Cardinal challenges. She reported that Forsyth sent a joint letter with Mecklenburg County, almost two weeks ago to express their concerns, as it relates to the gaps and delays in service authorization, their approved and lower levels of care than what is clinically recommended for the limited network providers here, the lack of seamless service transition during emergency room discharge planning, in general, the lack of access to behavioral health services to our community members and consumers. Mecklenburg County is providing an update to their Board tonight and asking them to take action and start the process of disengagement. Ms. Robinson is not sure whether or not Mecklenburg will approve it or not but said there is heightened awareness in regards to the issue. Union and Cabarrus Counties have also requested to disengage. Ms. Robinson will be presenting to the Commissioners tomorrow to outline what is on the letter and provide some examples of real experiences from real people of what is happening for our residents. Mr. Trey Sutton, CEO of Cardinal, will also be at the meeting to present his side. Ms. Robinson said they have given Cardinal until Monday to present us with an action plan with some real deadlines for progress and added we are very serious about it - our residents deserve it. Ms. Robinson commented that although no LEMCO is perfect, she feels that Cardinal is an outlier when it comes to performance metrix. Ms. Robinson, along with County Manager Mr. Dudley Watts, DSS Director Mr. Victor Isler as well as other county managers, their deputies and DSS directors who are in the Cardinal catchment area met last week and they also want to collaborate on addressing these issues with Cardinal. Ms. Robinson reported she has a meeting with NACC tomorrow morning to see if she can engage them to help the counties with the issue. Ms. Robinson wrapped up by commenting that a lot is happening behind the scenes in the Cardinal arena.

Ms. Claudette Weston thanked Ms. Robinson and commented she had worked on the drug council with this group before and hopes she can get it fixed because it is really a mess.

Ms. Robinson responded she feels our joint efforts with other counties is getting the awareness that we need and the State is pressed hard as well because it is just as much the Department of Health and Human Services' (DHHS) fault as it is Cardinal – they have to be held accountable as well.

Mr. Seats asked Ms. Robinson what her feel is from the support she is getting from the State/DHHS. He read what Dr. Mandy Cohen said in the paper and added we need to look at this/dissect it a little bit – is this a problem with Cardinal or is it a systemic problem.

Ms. Robinson responded some of it is a systemic problem but Cardinal, again, is an outlier for a lot of their performance metrix. Her take from the State is that they are taking this very seriously – more so than before. When you have two counties like Forsyth and Mecklenburg that have come together, you can not ignore it – you have two counties that have requested to disengage and others are about to come before them to do the same thing so I do not think this is an issue they can continue to turn a blind eye to.

Department of Social Services (DSS) Director's Comments: Mr. Isler gave the following updates (see handout on file in the Administrative Binder):

• Fiscal Year 2020 End of Year Report:

Mr. Isler started by saying he was excited about the conversation with the Board tonight about DSS. He presented their 2020 end of year report in their packets. Mr. Isler gave kudos to all the employees at DSS and said they had worked diligently to close their year out. They got their fiscal numbers in and were able to finalize their report. Mr. Isler said the report highlighted some things DSS had done that he was very excited about such as:

- able to trim their vacancy rate actually below 10% to him this is an indicator of the health status of the agency
- with social mobility, they are trying to figure out what their piece of the pie is for the community and understanding they were able, through the Consumer Finance and Protection Bureau, get approved to do "Your Money, Your Goals", a way to educate individuals to come in for crisis intervention funds around financial literacy
- FNS employment training program programs like Providence Culinary Kitchen, getting federal dollars up to 50% of reimbursement for working with FNS recipients in the invocational programs – leveraging these federal dollars to support our residents is greatest will
- court improvement to move children towards permanency. There is a link to click on in the report to see where the State highlighted the great work that has been done here in Forsyth
- integrating technology as it relates to laserfiche
- we are looking at our number of uninsured individuals that are visiting our hospitals and also our Federally Insured Health Center and understanding how can we better enroll them in Medicaid if they are eligible – this is a big opportunity as it relates to working with our medical providers or hospital sites as it relates to offsetting the expense of the uninsured. We have contracts with Wake Forest Baptist Medical Center, Novant Health and United Health Services as it relates to having economic services workers onsite to make sure those who are eligible can be enrolled in Medicaid

• NC HOPE:

Governor Cooper had signed an Executive Order with a moratorium on evictions until December. NCHope has been released, which is \$117 million for rent and utilities assistance. DSS is not managing that but we are engaged in the referral process for those residents that come in. The process is being managed by 211 across the state. The eviction data is 2,557 reports that have been submitted to the courts since July – during the winter season we are adhering to the support services that are in place to make sure there is minimal disruption.

• NCFAST/Certification and Goodwill Partnership Planning:

Working with Goodwill to explore having NCFast Certification Program onsite and to leverage some federal dollars – way over dollars, better known as our Work First Innovation Opportunity Act Funds. Goodwill is willing to have a conversation with DSS in regards to how we can implore people who are work ready to get trained in NCFast before we can transition and go to pipeline to those employees who are interested in economic services work. We will keep you updated on how the transition plays out.

• Retirement of Ann Roberts:

Mr. Isler announced that Ms. Ann Roberts has retired after 35 years of service. Ms. Roberts came on board with him in 2018 as the Adult Services Division Director. Ms. Roberts sends her regards. Mr. Isler said that Ms. Roberts did a stellar job – she accomplished her major goal, which was establishing a food and nutrition service program. Mr. Isler added that they had a strong application pool and he looks forward to announcing who the next division director will be, next month.

• Local Feeding Partners Program:

Mr. Isler introduced Ms. Swain and said that he is excited about the work going forth from her and their community partners about their local feeding program during the pandemic.

Ms. Swain started her presentation by showing a quick video on Whole Man Ministries COVID-19 Relief Food Drive. After the video Ms. Swain commented that it showed quite clearly the need out there - they fed over 1,000 families that day. Ms. Swain explained that there are food insecurities in Forsyth County, which means we lack access at times to enough food for an active, healthy household. According to Feeding America, 10.5% of United States households are food insecure at some time. Ms. Swain reported that North Carolina is above that national average – probably higher now, because of the COVID-19, kids not being in school, parents laid off, parents are working from home, businesses are closed – the more time spent in the house, the greater the food insecurity.

When the State realized they needed a coordinator for each county to be able to report up, Ms. Swain took over the role from Dr. Lindsay Novacek from PH. With the help of Ms. LaTonya Haizlap also with PH, they maintained communication with the feeding partners and identified new partners; they assessed needs and identified any gaps. They worked collaboratively to develop solutions, facilitate meetings and serve as liaisons between partners, the State and Emergency Management.

Partners – worked with COVID sites – Novant already had their COVID testing setup and had people coming through so it was a good fit. They started out doing Tuesdays and Thursdays but the program quickly expanded to include one additional site and went from two days a week to serving hot meals five days a week. The sites provided one-stop shopping when you drove through.

Other programs supported - most of the volunteers were seniors but are staying home now to protect the risk to their health. Started working with Hands On, in Winston-Salem to develop a volunteer base that could step in and help out - a lot of that help came from the local colleges.

We are still distributing food at some of the COVID sites although no longer doing the hot meals. We are doing the backpack bags, which can provide weekend feeding for a child depending on the age and size of the child. There is an event coming up this weekend with PH where we will help to distribute 400-500 meals using the backpack meals. We are looking to see how we can support the food pantry during the holidays and manage some of the food insecurities of our citizens.

Ms. Weston thanked Ms. Swain and Ms. Haizlap.

Department of Public Health (PH) Director's Comments: Mr. Joshua Swift started by announcing that Assistant Health Director, Mr. Anthony (Tony) Lo Giudice will be leaving, to be the new health director in Alamance County. He is excited for him and it will be big shoes to fill. He continued to say that Mr. Lo Giudice has done so much and stepped up as well as all of the Assistant Health Directors and the whole team during the pandemic. Mr. Swift gave the following updates (see complete/detailed handouts on file in the Administrative Binder):

COVID-19 Update:

• Testing:

15 events are scheduled for November – some are more attended than others. We have been to Kernersville – Town Hall (51 people seen) and Lewisville (went to both locations in October and going back this month). New locations will include Galilee Missionary Baptist Church and the Masonic Lodge off Cleveland and 26^{th} street. As the weather gets colder, we are looking at different options.

Weekly testing numbers from the State – overall across the county, both hospital systems and pharmacies are coming online and other groups are doing testing. The weekly testing numbers have continued to rise every month. The State goal was 5,500 but we surpassed that in July and are reaching over 9,000 people per week that are getting tested.

• Vaccine:

Phase 1A and 1B - 5,000 to 10,000 doses in each one and will be targeted to healthcare partners, people in long-term health centers – that will be the big push.

Phase 2 will be more open, larger amounts of doses available – trying to make equitable access to the vaccine for critical populations – have not gotten exact guidance – people over 65 and persons with two or more chronic diseases.

Phase 3 will be more routine, like going to a pharmacy to get a flu shot. The federal government is working with large pharmacies and large retail establishments that have pharmacies to be vaccine providers. The health department has filled out an agreement for the State through the federal government to be a vaccine provider. We are looking at our partners to be points of dispensing.

Summary Statistics for Forsyth County, Positive COVID-19 Tests as of October 31, 2020

We have basically 3.3% of the State's cases – we are around 4% of the State's population so that is about where we think we should be. The breakdown is by gender, age (still around 45% that are under 35 years old and we feel are driving the cases – it is highly unlikely with that age group you would get severely sick or die but you can spread it to someone). Breakdown by race and ethnicity (had 100 new cases today and over the last 14 days we had 1,172 cases).

Zip Code Distribution

The number of people that have been tested by zip code across the county – that number continues to climb every week as more people are tested.

Forsyth County, North Carolina Deaths as of October 31, 2020

The death rate is 1.3% in the county. The breakdown is by gender, race and ethnicity, case fatality rate and by age (very few deaths in the younger ages); when you get over 65, that is the majority of our deaths – about 10% in that age group, do die – even if you are not in this age group, you can pass it on to someone.

Trend in Confirmed COVID-19 Cases per 100,000 Population

From the beginning we were above the State rate – then we got higher, then we had a lull in August and September. Since late September, it has started to accelerate.

Trend in Reported Number of Residents Hospitalized

Our biggest hospitalization in the summer got up to around 55-60 Forsyth County residents hospitalized in Forsyth County hospitals, due to COVID. Had discussions with Dr. Christopher Ohl and Dr. David Priest – there are concerns because the catchment area for both hospitals include a lot of counties in NC and Virginia – they are seeing an influx of cases from other counties – they are keeping a close eye on this especially as we enter into the flu season.

CDC Core Indicator for Schools Reopening

We are providing information every week to the school system/discussions with Dr. Angela Hairston – if you look at the new cases per 100,000 in the last 14 days (some call it the incidence rate) it is not going in the right direction we want it to go as far as schools reopening. The CDC core indicator is in the highest risk.

Percent Positive Cases

Our information may not always correlate with the State's information – our epidemiologist, Dr. Lovette Miller, takes the information and scrubs it – she makes sure there are no individuals in the State data that were tested here but may live in some other county – this is done to get a more accurate count – this information is then passed on to the public and the schools. Our number percent positive went from 4.6% in late September/early October to now it has doubled to 11.6%.

We are continuing to focus on the testing, the contact tracing, but as numbers have gone up, it has been harder – we have about 40 people from the State along with internal staff that are doing contact tracing. Mr. Swift added that as we look at the vaccine, whenever one becomes available, it is not going to be a cure all because it will have to be distributed and then just because you have it, how many people are going to take it – we still have to be diligent.

Dr. Peter Robie asked how the morale in the department is holding up.

Mr. Swift responded perhaps he should let him talk to Ms. Dancy and Ms. Trimble – it has been very tough. We have had a lot of nurses leave and we were on a State call the other day and they are seeing this across the State - nurses are going to the hospitals because they feel at least they know their schedule. Mr. Swift added we are working hard to fill positions. He is amazed at the teamwork that he has seen – nothing brings you together like going through something. Mr. Swift commended staff for coming together as a team and recognized Mr. Lo Giudice for his work with communications; Ms. Dancy for her work with Communicable Disease and Ms. Denise Price with testing.

Dr. Robie asked his fellow Board members if there was some was some way they could show their appreciation to Mr. Swift and staff working with COVID-19, to show how grateful they are for the work they do.

Mr. John Blalock asked Mr. Swift to confirm the timeline of vaccine that he spoke about – Phase 1, we are looking at probably late November/early December. Do you have any idea about Phase 2 and 3 as far as timeline?

Mr. Swift responded, what we keep hearing is we will not get into Phase 2 and 3 until March or February but that keeps changing. On every Tuesday there is a public health call that includes all 100 counties – it is normally 1 hour but next Tuesday it will be 1 ½ hours and will be totally devoted to vaccine. Dr. Ohl, Emergency Management and EMS will be on the call and we are hoping we will have more detail.

Mr. Seats asked if we are still hearing that we will have to do the first and second shots from the same lot.

Mr. Swift responded yes, that is what we are hearing – there could be some manufacturers that will do one dose but if it is two doses it will have to be from the same lot. CDC originally said they would send us 1,000 doses and we could give 500 for 21-28 days but now they have told us they will send us 1,000 and then send us another 1,000 for 21 days later with the same lot number. Mr. Swift added it is still going to be a challenge as to how to notify those people to come back and to make sure we give them the proper information when they take their first vaccine – there are a lot of questions.

COVID-19 Response Discussion:

Ms. Trimble gave the following brief timeline of COVID-19:

- January, 2020 we first heard about the virus and prior to actual cases in March we started tracking travelers who had travelled internationally and came back to the area. The cases in New York happened and a lot of people who left other areas came down into North Carolina. Next, there was spring break and a lot of travelers came down to the south it got bigger than we could control;
- BioGen Conference in Boston a gentleman had attended that conference;
- the stay-at-home came into place in late March saw increase due to Mother's Day;
- outbreak at Tysons this was two counties over but affected Forsyth county as well people that worked there, lived here;
- Memorial Day cases kept going up Phase 1 came into effect July came and the numbers got bigger because of the school shutdown, school nurses got pulled in to help out with case investigating to contact the people who tested positive and to help them through the process Ms. Trimble added that the school nurses were very

advantageous to have – their critical thinking skills and knowledge to be able to help someone through the process was critical.

- when the school nurses left, Ms. Dancy, through CCNC developed the contact tracing team – the group that follows the people who have been exposed – to supplement the school nurses, they got the case investigators – there are 20 case investigators doing daily contacting but the numbers keep going up;
- mask mandates went into effect once they did, about two weeks later, started to see rates go down
- August came and schools/universities started to open started seeing spikes because of all of the activity rates started going down until the last day of September where we have seen the rates increase until now;
- the mask mandate gave some relief but we are going into the cooler weather and the holidays, people will be indoors, closer together and we are just starting to hear cases from Halloween. Ms. Trimble does not feel our numbers will slow down anywhere between now and next February.

Ms. Dancy stated that one taxing thing with our staff and one thing unique with COVID in terms of case investigation and contact tracing with community spread, we would not normally be providing this service and would just work on mitigation strategies, providing education, that type of support. Ms. Dancy added we are struggling with this in public health as a whole on how to provide this level of case investigation and contact tracing to so many people in the community. Ms. Dancy has decided that she and Ms. Trimble need to go back to basics in terms of the COVID fatigue and people are letting their guards down – seeing more activity in restaurants and bars and large gatherings in church settings. The State website shows the outbreaks and clusters in churches are leading the pack in terms of cases, as well as universities.

Ms. Dancy requested the Board's help, in terms of identifying areas where staff could potentially provide more education, and come up with different avenues or mechanisms that have not been explored yet – different ways of getting out in the community and provide some resources to individuals that may need it.

Mr. El-Amin asked if the school nurses are available in any capacity to assist at this point or have they all gone back to the school system. Ms. Dancy responded, the school nurses are all back in the school system doing school nurse activities – they are there as a resource but they are not providing the full case investigation, contact tracing because it is very time consuming in terms of if they were to do that, they would not be able to provide for the students and the school system.

Dr. Robie shared information about the influenza pandemic of 1918-1920. He added it was very interesting, the parallels between what public health went through then and what we are going through now. That pandemic infected and killed 635,000 out of a population of 104 million Americans. Dr. Robie said he knows it is very discouraging what we are all going through but encouraged staff to keep morale up.

Ms. Robinson asked the Board as they see how we are responding, through the marketing, the outreach, boots on the ground; Ms. Trimble and Ms. Dancy's team are working around the clock all the time, which is greatly appreciated. Are there things that you as a Board – because you are not in it day to day like we are – do you sit at home and think why they are not doing XYZ. Is there something else you feel like we should be doing?

Dr. Robie responded I think you are doing a great job – his concern is burnout in your staff. Just keep doing what you are doing and try to keep your morale up. They have daily meetings at his center and talk about being in it for the long haul.

Mr. Seats commented from his perspective, he does not know how staff are doing it, with all that you are doing. He would be hard pressed to suggest adding anything to what staff is doing already. Some thought may change that – would encourage all Board members to give it some thought. You are doing a great job and you are probably in the best position to prioritize your tasks, given you do not have the resources to do as much as you would like to do. Dr. Palmer Edwards asked to what extent have we used celebrities to enhance the message – mentioned a couple of months ago about trying to get Mr. Chris Paul to do some messaging about wearing masks – Dr. Edwards said he was impressed a few weeks ago, when Mr. Paul led the Walk to Vote at Winston-Salem State University (WSSU) – 2,500 students registered to vote. Dr. Edwards feels people like Mr. Paul and other celebrities have a special power that most of us do not – asking them to extend more of their time would be a reasonable thing. Dr. Edwards also asked about marketing resources within the county's structure – would it help to have a lunch with some private companies along with Forsyth County staff to brainstorm about what they are hearing from their counterparts – might be worth a call to some of the private PR firms.

Mr. Swift responded to Mr. Seats' point, that yes, we are busy but if any Board member has an idea, at anytime, please feel free to call, email or text when it hits you. You will not be bothering us. As Ms. Robinson mentioned, when you are in it, it might be hard to see some things.

Mr. El-Amin echoed what others were saying – you are doing a phenomenal job give the responsibility put in front of you. He asked do we have any type of intern relationship with the nursing programs – would you allow those students to come in to assist in the nursing component of our effort.

Ms. Dancy responded we do work with the WSSU nursing students – prior to COVID, they were coming onsite to shadow with us and we do have that relationship – since we have been doing so many things virtually, not sure what capacity they could work with us. We were looking, at one point at the idea of working with them with case investigation and contact tracing but we were never able to get that process working through the Memorandum of Understanding. We can reach out to them again after this semester. She believes they will be going remote soon.

Ms. Robinson responded to Dr. Edwards – we had looked at celebrities when you brought it up but never could make traction at that time but we will revisit it and agrees it would be helpful.

Mr. Seats asked if Forsyth Technical College has any type of programs that we could attract to work with us at the department. Ms. Dancy responded, they do and we work with them as well. Sometimes it is hard with these programs because of the consistency of the students and to meet their demands with the caseload responsibilities – the case investigations and contact tracing takes a lot of time. This is definitely something on our radar, trying to work through those systems.

Mr. Seats asked as far as the celebrity idea, what needs to happen next to further explore that and Ms. Robinson responded, we just need to make some more connections – connection with the Chris Paul Foundation is through the Sheriff's Office. We will re-explore that and some others. It has been harder because people are not out and about as much – can probably make some better traction now. Dr. Edwards also mentioned NASCAR driver, Mr. Kevin Harvick, who lives in Kernersville as well as Mr. Richard Childress, who runs youth programs in the part of NC, as possible celebrities to make contact with. Dr. Edwards feels there are people among us if

we continue to put our heads together and pull in marketing people that have access and can brainstorm. Mr. Seats suggested if anyone has other ideas, to send them to Ms. Robinson or Mr. Swift.

Ms. Robinson reiterated for the Board not to feel like they are bothering us – we need all the ideas we can get at this point. She added, people know what to do – they just do not do it and we do not know how to make people do what they are supposed to do. Ms. Robinson said she, along with Mr. Swift, Ms. Dancy, Ms. Trimble, Dr. Ohl, staff from the District Attorney's Office and law enforcement, met because they are very concerned about the capacity levels at the bars and restaurants – they are trying to talk through how they can collaborate together to address it. What is reasonable as far as the law enforcement side – they are going out doing education but once they leave it just goes back to the way it was. It is felt that the bars are a super spreader – people are not complying. They talked about the health director sending letters to businesses to try to get the message across but we do not have a lot of enforcement. Ms. Robinson said we can do this at the health department level – we have public nuisance and imminent hazard but a lot of things have to happen to declare that.

Ms. Robinson shared she and others will be meeting with the Chambers of Commerce in the next few weeks to talk through strategy. We want businesses open but we also want them to comply. Ms. Robinson said it is not just bars and restaurants; it is other places, even grocery stores where people are not being enforced to wear masks.

Ms. Weston complemented and thanked DSS on their annual report saying it was beautifully prepared. Mr. Isler responded, hats off to Ms. Christa Smith, HR Evaluation and Planning Manager. She worked with division directors, Ms. Elizabeth White and himself to put it together.

Ms. Robinson told Board members that in Public Health's defense, do not expect anything similar because we are in COVID chaos – maybe next year!

Mr. El-Amin asked Board members to give serious thought to recognizing the DSS and PH team. The COVID team has been outstanding for what they done in the community. Would like to recognize them, beyond just a note on the website to let them know we appreciate their work ethic and efforts – we owe them at least that. Mr. El-Amin suggested perhaps a parade in their honor. Mr. Seats suggested if anyone else had any ideas, to let Mr. El-Amin or him know.

Committee Updates

Legislative - Dr. Petrou had no report.

Adjourn:

Mr. Seats asked for a motion to adjourn. Mr. El-Amin made a motion and Dr. Petrou seconded. The meeting adjourned at 6:43pm.

SR/lgc