

HEALTH AND HUMAN SERVICES BOARD



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Ms. Heather Parker

Vice Chair

Mr. Fleming El-Amin, County Commissioner

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Mr. John Blalock
Ms. Pamela Corbett, MA
Mr. John Davenport, Jr., PE
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Dr. Calvert Jeffers, DVM
Dr. Charles Massler, DDS
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Ms. Sharon D. Pettiford, RN
Ms. Sharon A. Rimm, LCSW
Dr. Peter Robie, MD
Mr. J. Phil Seats, R.Ph., MBA
Dr. Ricky Sides, DC
Ms. Claudette Weston
Ms. Gloria Whisenhunt, County Commissioner

HEALTH AND HUMAN SERVICES BOARD

MINUTES

August 3, 2022

MEMBERS PRESENT

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

STAFF PRESENT

Ms. Shontell Robinson
Ms. Christine Dowdell
Ms. Denise Price
Mr. Joshua Swift
Ms. Lorrie Christie
Ms. Tanya Donnell
Ms. Christa Smith
Ms. Mia Stockton
Ms. Elizabeth White

MEMBERS ABSENT

Dr. Calvert Jeffers

GUESTS PRESENT

None

Call to Order:

On Wednesday, August 3, 2022, the Forsyth County Health and Human Services (HHS) Board held its regularly scheduled bi-monthly meeting virtually. Mr. J. Phil Seats, Chair, called the meeting to order at 5:30pm.

Moment of Silence:

A moment of silence was observed by all.

Election of Chair and Vice Chair:

Ms. Shontell Robinson presided over the nomination for a Chair and Vice Chair. She asked the nominating committee, consisting of Dr. Calvert Jeffers and Ms. Gloria Whisenhunt, if the committee had discussed and nominated anyone. Ms. Whisenhunt, speaking on behalf of the nominating committee, said she and Dr. Jeffers (absent) had talked by phone and were in agreement on the nominations. They are nominating Ms. Heather Parker for Chair.

Ms. Whisenhunt announced that the current chair, Mr. Seats, had decided to retire from being chair but had done a marvelous job and the Board was appreciative for everything he has done, bringing them through the transition and said he had been a great chair.

Ms. Robinson asked if anyone else had any other nominations. Mr. Fleming El-Amin made a motion to close nominations with the one name – Dr. Ricky Sides seconded. With no other nominations, a roll call was done and members voted unanimously to accept Ms. Parker as Chair.

Ms. Robinson congratulated Ms. Parker and said she looked forward to working with her in this capacity. She thanked Mr. Seats for all he had done over the past years and added he was retiring as chair but not from the Board.

Ms. Whisenhunt on behalf of herself and Dr. Jeffers recommended Mr. El-Amin as Vice Chair. Ms. Robinson asked if there were any other nominations from the floor. Ms. Claudette Weston seconded Ms. Whisenhunt's recommendation. A roll call was done and it was unanimously approved to accept Mr. El-Amin as Vice Chair.

Ms. Robinson passed the meeting over to Ms. Parker to conduct.

Mr. Seats spoke briefly about his time as chair, stating it been five years since the Board of Health. They went through a major transition from the Board of Health being separate from the Department of Social Services (DSS), to Consolidated but said it had been a good five years. He attributed that to everyone and said he appreciated everything that was done to help him along the way – he learned a lot from everyone. Mr. Seats congratulated Ms. Parker and told her good luck!

Ms. Parker thanked Mr. Seats for all his years and getting them through the transition. She thanked the nominating committee for their confidence in her and for everyone's support as she gets her bearings.

Consideration of Minutes:

The minutes of the June 1, 2022, HHS Board were reviewed. The following changes were requested: Ms. Parker asked for a correction on page 1, to add Ms. Christine Dowdell's name to staff present. Mr. Seats asked for a correction on page 7, to add Ms. Christa Smith to his

congratulations and on page 11, correction of the spelling of his last name. Dr. Charles Massler moved for acceptance of the minutes and Ms. Weston seconded. A roll call was done and with the exception of the changes noted, being corrected, the minutes were otherwise approved unanimously.

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

Organizational Structure:

- *Health and Human Services Evaluation and Planning:* Ms. Robinson recently moved the Health and Human Services Evaluation and Planning section under her because they are trying to work on what true consolidation and integration looks like. The consolidation and the governance model have been done but not a lot of work has been done on real consolidation efforts, since COVID started. Ms. Robinson feels they are positioned well, having a campus with Public Health (PH) and DSS but needs to see what it looks like to be more customer centered. The Evaluation and Planning staff previously worked on business process analysis for their departments but the team's large projects will be researching what other counties that have consolidated have done to integrate their services, what it could look like, what has worked and has not, and lessons learned. Ms. Robinson feels there are a lot of challenges on the DSS funding side, such as, how reimbursements work, that make things more challenging at times. She stated they have encountered some things on the Behavioral Health side because some things are only housed under PH, like medical direction to distribute Narcan. Ms. Robinson's hope is that they can find ways to improve the service delivery to residents but says if there are things like rules, regulations or statutory changes that need to happen, they want to be able to provide recommendations to the State, as well.

Ms. Robinson stated the team consists of five people (3 filled and 2 vacancies). She added they are excited and want to see how PH, DSS and Behavioral Health can connect the dots in the community and serve in a more holistic approach.

- *Behavioral Health:* Ms. Robinson announced this is Ms. Denise Price's first meeting with us as the new Behavioral Health Services Director. She has been in the position for six weeks but she is rocking and rolling and will give some updates and reintroduce herself, during her segment.
- *Cure Violence:* Ms. Robinson reported that the RFP processes have closed for both the evaluation component as well as the community organizations. They are in the process of evaluating the proposals and hope to have some recommendations within the next month or so. Mr. Joshua Swift and his team are starting to take the lead on this project and we are excited to see what this can look like for our community. Ms. Robinson stated that by the time an organization is identified, trained, and able to have people, the tentative start date would probably be later in the fall. If they are not able to find an organization then they will try to hire people directly through the health department.
- *Children and Families Specialty Plan:* Ms. Robinson had no update other than the Senate had approved in the short session, but it was not discussed on the House side. It will probably be taken up in the long session with the House. Ms. Robinson stated that

Ms. Whisenhunt has really been trying to help us to convince our legislators that this is not something we want here in Forsyth County. Ms. Robinson reminded everyone that this is the statewide Foster Care Plan and added we want to stay under the local LME/MCO system. She stated we are seeing good traction with Partners and feel it is in the best interest of our foster youths. Ms. Robinson had no more updates since the last meeting but reiterated that this is a top priority for them to stay on top of.

Ms. Weston asked Ms. Robinson about two women that came from Chapel Hill and talked about how beautifully this process was working between PH and DSS in some other county.

Ms. Robinson responded that it was Buncombe County they were referring to. Ms. Robinson, Mr. Victor Isler (previous DSS Director), and Mr. Swift visited Buncombe just before COVID happened to see how things were going. She said they asked lots of questions but never got to follow-up on the visit, due to COVID. The team will revisit Buncombe because they have some lessons learned and have been kind of the model for the State. Ms. Robinson feels that Forsyth County are trail blazers – the only county that has really pulled out the mental health and substance abuse piece and feels it is unique in a good way. Ms. Robinson thinks that once they figure out what works for us through the basic challenges we have an added opportunity to do even better here, in Forsyth County.

Dr. Robie stated it was looking like the state legislature passed the Medicaid Expansion for early next year, he hopes and feels this would have an impact on the PH department. He asked if we should plan to start some type of training process on what to do with Medicaid if it is expanded.

Ms. Robinson responded we have already started and said the biggest impact would be on the DSS side – PH will have some impact, as well, but the DSS workload on Medicaid eligibility will be tremendous. Ms. Robinson said it is something that is needed and we are up to the challenge. Ms. Robinson asked Ms. Dowdell, DSS Director and Ms. Mia Stockton, DSS Division Director of Economic Services, if they wanted to talk about what they are working on in terms of Medicaid Expansion.

- Ms. Stockton reiterated that they are expecting the expansion will impact Medicaid tremendously and they have already started planning on the DSS side. She thanked Ms. Robinson and the team for them now having a Medicaid Division. Ms. Stockton reported they are expecting well over 20,000 to be added initially. This includes individuals from age 19 to 64, who are typically not eligible for Medicaid but with this expansion, they anticipate their application numbers will increase as well as their active cases will maintain with the new income limits and other things that are expected to happen.
- Mr. Swift, from the PH side stated we have the prepaid health plans that we have been working with so far and said it has been an adjustment for the Care Management Program. He added it could be on the opposite end for the clinics because it could give people more options to go to private providers in the community – PH is more neutral and tries to be that safety net. Mr. Swift stated there would still be gaps for people who still do not qualify because of immigration status or other things. He felt that when you look at the social determinants of health – the health impact of a community, Medicaid access – infant mortality will have a distinct benefit to our community in lowering infant mortality because more people will have access. Mr. Swift did not know if there would be any impact on the PH patient load.

Dr. Robie told staff it sounded like they are on top of things, as usual, and thanked everyone for a good report.

Department of Social Services (DSS) Director's Comments: Ms. Dowdell, gave the following updates (see handouts on file in the Administrative Binder):

- *Director Meetings:* Each month Ms. Dowdell holds a huddle meeting for all DSS workers to take part to get updates about the different programs. She is also meeting separately with each. They go over visions and goals – things she would like to see for the agency in growth, as well as employee succession planning, but most importantly, looking at the clients and how they lead them, in whatever facet in life they are in.
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- *ARPA Funding:* Ms. Dowdell reported that the North Carolina Division of Health and Human Services (NCDHSS) have been contacting counties to provide additional ARPA funding. This is to assist with the timeliness of the Food and Nutrition Program (food stamps). Ms. Dowdell added that due to the challenges, they were given \$298,018 which will be provided to them by September 30, 2022. This is an amendment to the Board of Commissioners, that they will be seeking – they have not received the money yet. They will have to request the money in the budgeting and it will be deposited into their account. Ms. Dowdell stated that each county is getting a different pot of money. There are no requirements on what to use the money for, however, she asked the State to put that in writing and they sent an email, in regards to this.

Ms. Dowdell mentioned the number of applications Ms. Stockton spoke about that they received – that was just for Food and Nutrition for the month of June, it was 1,674 new applications processed for a total of 2,800 applications for June. Ms. Dowdell said they recognize the vacancies and additional waivers. She said all the counties are dealing with this and they have to make sure they are ensuring timeliness. She added they are also working on an action plan that they will review with Ms. Robinson.

Ms. Stockton spoke about the tremendous impact they are having from last year over to this year, at a 48% increase in new applications – there are individuals coming into the agency that they have not seen before. Ms. Stockton said the age group from 18-49, normally identified as able-bodied adults without dependents – they do not have a true number of how many of those are considered as able-bodied adults receiving food and nutrition assistance in Forsyth County and she expects the numbers to continue to trend high. Ms. Stockton reiterated vacancies and workload volume have been a concern and staff burnout – this is being heard across all 100 counties. Ms. Stockton thanked the Board for their continued support and asked them to encourage staff to hang tough if they see them.

Ms. Dowdell stated that staff on FMLA, have also affected the workforce. She reported that the interviews for the Department Head for Medicaid Services are done and the selections have been made. She hopes they will be on board by the next meeting.

Ms. Dowdell talked about Vanguard Professional Services, one of the vendors at the conference she was attending. Vanguard contracts for Children's Services social workers – they were recently approved by the State to contract for Vanguard because they are using DSS workers who may work on Saturday or Sunday after hours. Ms. Dowdell stated with the NCFast computer system, they normally shut down at 7:00pm so it is difficult and sometimes they will have maintenance – you are in a window when you can work in the computer system. Ms. Dowdell said this is something that directors across the State have complained about.

Ms. Weston asked what the caseload is now, per worker and Ms. Stockton responded she did not have that exact number but agreed with Ms. Weston that it is huge. She said each worker is assigned 150-200 cases in recertifications per month to complete.

Ms. Dowdell mentioned the waivers they had during COVID but now they are coming out of that and having to deal with some of those as well. Ms. Stockton said that during the pandemic one of the main waivers in place was the exemption of an interview and that has now been lifted so applicants have to be interviewed and redeterminations done again, which is a challenge because individuals move, telephone numbers change and this slows the process down as well as the timeliness. Many individuals had gone a year to two years without having a complete recertification and did not report they had moved – change of address, so a lot of individuals are having to come to the agency to reapply because they did not do the recertification.

Ms. Weston suggested that Board members, once COVID has subsided, to walk through DSS and thank staff – she said over the years they have worked very hard and worked many cases. Ms. Weston, also, asked Ms. Dowdell and Ms. Stockton to thank staff.

Ms. Dowdell thanked Ms. Robinson for her feedback and allowing them to do their programs, as well as guiding and providing supervision with everyone at DSS. She expressed her appreciation for the great team with Mr. Dudley Watts and the Commissioners and added when you have someone that supports you, you are able to do your work. Ms. Dowdell asked Board members to help recruit for DSS if they know anyone that would like to work for them.

Ms. Dowdell asked Ms. Smith if she had anything to add regarding how the money is drawn down because of the timeframe they have, to pull the money down through their 1571 billing. Ms. Smith had nothing to add but said they are excited about the extra assistance to help them keep their numbers in line as they come back into the post COVID world. Ms. Elizabeth White mentioned that the only thing they have gotten from the State is that the funds are good through June 2023 with the possibility it could go through 2024 but said they have not gotten anything definite. Ms. Dowdell added they are expecting the money to be gone by 2023.

- *Quality Assurance and Training Development:* Ms. Dowdell reported there will be facilitated job specific trainings for the Economic Services, Children's Services and Adult Services staff, training new social workers, trying to give them more support. There are mandated programs except for Adult Services. We are trying to prepare staff

and help address the vacancies. Ms. Dowdell noted there are a lot of people with under a year working, especially in Ms. Stockton's unit with food stamps and having that skill set is something they want to encourage and provide the staff with. There are also vacancies in the Economic Services Division and they have to train on long term care – eligible Medicaid recipients in a long term care facility. If the eligibility is done incorrectly, that could be thousands of dollars, if not hundreds of dollars back. Ms. Dowdell wants to make sure the agency is not having to pay back. Ms. Dowdell noted that the program manager for that position is Mr. Mazzini Webster and said he is doing a great job. Ms. Dowdell is also trying to get information on doing some virtual training – she has spoken with a provider for virtual training and is looking at the statistics. Ms. Dowdell will contact Mecklenburg County, who is currently using the program, as well as some other states, to get information. She also hopes to facilitate some of the pre-service trainings at the agency or in the county because it will allow workers to attend and cut down on training costs. Ms. Dowdell feels this will also bring financial resources to the community.

- *Petition to Permanence Assessment:* Ms. Dowdell sent Board members a stages of abuse book that outlines the different stages of abuse in DSS from the time they get the intake to the time the child reaches permanence, which could be returning home, going with a guardian or relative and/or being adopted. Ms. Dowdell stated they are trying to have a petition to permanence assessment. The assessment will probably take almost a year and they are looking at an agency to come and talk with all community partners, including the HHS Board and the Commissioners. She added it is structured – shows you good, better and different. The goal is to enhance DSS' program, to see how they can get kids permanent faster so they will not linger in the foster care system. Ms. Dowdell hopes they will be able to find permanence for the youth that are aging out from ages 18-21. Ms. Dowdell mentioned that Ms. Sherita Cain stated in the slides that they had about 237 kids in DSS custody but they took some more last week.

Dr. Robie thanked Ms. Dowdell for sending the well written booklet out to the Board. He noticed it uses the phrase *ex parte* a lot and asked what it meant.

Ms. Dowdell responded it is an order that the judge provides to them in regards to getting custody of an adult and/or a child. Ms. Dowdell noted that the book has the general statutes as well, to address other issues and to give a clear definition. Ms. Smith stated when they file their custody orders, they bring them straight to a judge, who signs them based on the information being provided. She added, it is not a hearing and the parents do not have the ability to present their side of the argument until later when they go to court – initial orders are filed without a hearing. Ms. Dowdell stated that the general statute says they have to have the first hearing within seven days of the child coming into DSS custody and it can be continued. When thinking about petition of permanence, Ms. Dowdell says one of the things they look at is the continuations because some cases are continued two months later because of the attorney or now with COVID.

Department of Public Health (PH) Director's Comments: Mr. Swift gave the following updates (see complete/detailed handouts on file in the Administrative Binder):

Mr. Swift started his updates by saying we need nurses at public health – we have 33% vacancy rate among our nurses.

- *Patient Portal:* Public Health has added a patient portal to their EMR (Cure MD) – started July 1st – gives clients more availability to see their records and make appointments.
- *Infant Formula Shortage:* Mr. Swift told the Board that the infant formula shortage has been in the news. Our WIC Director says they are required once or twice a week to contact some grocery stores for WIC vendors in the area to see how things are going. Mr. Swift said the department is in a better situation than some other parts of the state as far as formula but the sad thing is the hardest formula to find here is the formula for the children that need it most (children who are premature) – it is a specialty formula and is still a struggle to find. Mr. Swift gave the following website from the State office to go to for guidance with questions <https://www.ncdhhs.gov/formula>, or call the WIC office at 336-703-3336. If your child can tolerate the formula, they can go off the contract and use other types of formula.
- The Epidemiology and Surveillance team are doing community research events at the YMCAs in Forsyth County to do surveys about food insecurity – second year doing this.

COVID-19 Update as of August 3, 2022

- Last 14 days – cases have increased 30% and deaths have decreased 94% - not seeing as many deaths as we saw during the Delta wave and the Omnicron surge.
- COVID Hospitalizations - doubled in the past few months – 39 Forsyth County residents in Forsyth County hospitals – Mr. Swift will have a better number once he meets with the Communicable Disease team.
- There are 20+ outbreaks in our long-term care centers.
- Still seeing COVID from people who have been boosted.
- Cases since the pandemic from March 2020 throughout, see surges from Delta and Omnicron – there has been an uptick, recently.
- From February 6th, during Omnicron, we hit 8,000 cases in a week – had a low in March and started going up in April – for the week of July 24th, we broke 1,000. Mr. Swift said these are lab confirmed positive cases. There is no record of at-home tests. Some epidemiologists believe that for every one test you hear that is positive, there could be five or six that we do not know about.
- Percent Positive – since the beginning of the pandemic, we are in that 28% range for lab confirmed cases.
- Vaccination Status – we had vaccine for 6 months to 4 years for a few months (20-30% of appointments per day are in this age range).
- We have ordered Novavax from DHHS – working to train our staff – new vaccine means new standing orders, new processes because each vaccine is different. Should have available to the public very soon.
- 45% of adults in Forsyth County have received one booster – 72% of adult residents got fully vaccinated but our booster uptake is a big push – working with

a media company - August, September and October we will be pushing hard for people to get the booster. The CDC is recommending that people over 50 should get second booster if it has been more than four months.

Mr. Seats asked if any information is coming forth about the fall booster that heard may be slightly tweaked from the existing one. What about the ones that had their second booster four months ago – what are you looking at?

Mr. Swift responded, no word regarding when that will come around – hearing in the media that it will come around October and will have the Omnicron variant BA4 and BA5, what we are seeing circulating now. Mr. Swift stated there is a benefit to the current boosters available. If it has been more than four months, you will still be eligible in the fall.

Dr. Palmer Edwards asked of the new cases (33% increase), are these people that have already been vaccinated or are these new infections – people who have not been vaccinated. How does it breakdown with the infectiousness of BA4 and BA5 and their tendency to not be as affected by the vaccines?

Mr. Swift responded there was a report two weeks ago where we had around 900 cases – around 450 of those were break-through, so about 50%. The latest number is around 30% - over the past 5 or 6 months it has been about a third of cases are break-through. Mr. Swift did not think that counted for boosters, only first two doses. Break-through means you have been vaccinated but you still caught COVID. He further explained that could mean you got your first two doses in January 2021 and have not had anything since or it could mean you have gotten boosters on schedule – got lost booster in March, tested positive in May.

- COVID Vaccinations by Forsyth County Department of Public Health – people coming through the department October, November and December of 2021 was high, and then dropped off. The department saw 1,800 people one of the days when at the fairgrounds. There are lots more options for people now. In last August, September and October - had the gift cards from the State.
- At Home COVID Testing – Vaccine is available five days a week at the department. Test kits are available everyday at the department and at all Forsyth County library branches from a stockpile the State released. Mr. Swift encourages people to have that tool accessible if they get sick and need it so they can test themselves.

Monkeypox

- 6,326 cases in the United States
- 69 cases in North Carolina
- No cases in Forsyth County, so far
- The vaccine is available at the department, five days a week – call 336-703-3100 to make an appointment
- Allocated 820 doses (100 to Atrium; 100 to Novant; 20 to local health departments in the area)

- Vaccine clinics held on July 26th and August 2nd and following Tuesdays at North Star LCBTQ Center from 4:00-7:00pm. Also working with Winston-Salem Pride

Symptoms of Monkeypox

- Has been in the media – you can very easily see them
- Clear or pus-filled bumps, fever, chills, headache, muscle aches, exhaustion, swollen lymph nodes

Vaccine: NCDHHS expanded eligibility to:

- anyone who has had close contact with someone in the past two weeks who has been diagnosed with monkeypox
- criteria is gay or bisexual men or transgender individuals who report any of the following in the last 90 days: multiple partners or anonymous sex; diagnosed with a sexually transmitted infection; receiving medications to prevent HIV infection (PrEP)
- Trying to let people know that anyone can get monkeypox – not specific gender or sexual orientation but right now it is mainly affecting this community. Mr. Swift added that with outreach at North Star and working with Winston-Salem Pride, we are trying to work with those organizations. We do not want to stigmatize anybody and want to be sensitive to the community. Per the CDC and Division of Public Health who set those guidelines, who they feel needs it most based on a limited supply. Mr. Swift does not think the general public needs to be overly concerned right now about monkeypox but anyone could get this as far as close contact with a lesion. It could be a heterosexual couple if one of them has monkeypox, there could be transmission.

Walk a Mile to Save Our Babies – Mr. Swift mentioned that Ms Whisenhunt and Mr. El-Amin participated a few years ago, before COVID. He stated it is a good experience, a humbling experience. The department continues to focus on infant mortality. The event is Wednesday, September 21st at St. John CME Church.

HIV Testing Date Event at Compare Foods – In trying to keep our presence out in the community, Mr. Swift announced that Ms. Reina Rodriguez won a NACO Award and has been at the Governor’s Mansion for her work in the Hispanic community. He praised her for the great things she has done.

Employee Appreciation Committee – Mr. Swift spoke about the need to do things to get staff involved and make their day a little bit brighter – the employee appreciation committee plans events through the year for staff. Mr. Swift reiterated that we need nurses and a lot of other positions – the staff have worked hard.

Ms. Sharon Rimm asked if the nursing positions that have been vacated, are leaving for other positions or are they just leaving the workforce. Mr. Swift responded some have gone to other health departments, hospitals, and some just burnout. Mr. Swift spoke about a Public Health National Conference he just attended and said they are all seeing two things – nurses, Environmental Health and employee morale because of the burnout over the last two and a half years.

Dr. Robie asked if the health department has gotten any medicines for treating monkeypox. Mr. Swift responded no, not at this time. We do testing of people for monkeypox because it is essentially a sexually transmitted infection (STI). There has been a push – he has made contact with Dr. Robie, United Health Center and the Downtown Health Plaza to see what their protocols are, about testing – if they had persons come. Mr. Swift said public health is trying to function as a safety net. If you are a patient of Wake Forest Atrium or Novant and you have a primary care provider – he has been reaching out to Dr. Candice McNeil, Dr. Christopher Ohl and Dr. David Priest, with both systems to make sure we have that message clear that if you have a patient, they should do the testing and send it off to LabCorp. Mr. Swift has a call in to a doctor at Piedmont Plaza because they are trying to send patients to the health department. As far as medication, we do not have that and have not seen any push from the State to send it to the health departments. Dr. Robie added that medicines did not seem to be working well but from what he understands, patients who have monkeypox are very sick and want something for their disease. He felt it would probably be good to have some of the medicine at the State level.

Ms. Sharon Pettiford shared she was at a meeting and some of the data was about the available EMS – it said Forsyth County typically had 22 trucks running and a few weeks ago there was only 9 – this made her worry for the county. Ms. Pettiford asked Mr. Swift if he had heard anything about that. Ms. Robinson responded to the question that she had facilitated a meeting with the hospitals and EMS. She confirmed that there is a staffing shortage on the EMS side but it is getting better. Ms. Robinson reported that the county recently graduated a bunch of EMT technicians and so will have more EMTs in the field – she stated the Commissioners just added more positions for that. Ms. Robinson said they had a campaign for some messaging with the hospitals about when individuals should call 911 because they are spending a lot of time on individuals that should be going to an urgent care or primary care clinic. Ms. Robinson stated they also had challenges with the hospitals where one day both hospitals were diverting – meaning they did not want anyone going to the emergency rooms – so where are the paramedics supposed to take them – EMS still took them to the hospitals but it was not a great situation, at the time. Ms. Robinson facilitated a meeting with EMS leaders, county management as well as hospital executives to make sure we are all on the same page because we are all in this together. Ms. Robinson told Board members that emergency rooms are overwhelmed and our workers are overwhelmed. She said the EMS system is having challenges and it is the same challenges the emergency rooms are facing. Ms. Robinson reiterated that the biggest thing that would help is if people would call 911 when they are supposed to call 911. She added we do not want people to not call 911 when they are needed – there is a fine balance on our messaging because we do not want that to happen.

Ms. Whisenhunt shared we lost two ambulances to severe crashes and we cannot replace them. She said the supply chain does not allow it. Ms. Whisenhunt stated they have tried to get ambulances but they just are not available. Ms. Whisenhunt reiterated what Ms. Robinson said – the 911 call is the biggest issue we have. She said often times it is folks who are just frightened, they do not have family and 911 is their resource to get some attention and it is causing a real problem.

Ms. Pettiford felt sure that Atrium and Novant were trying to educate the public about the appropriate places to go, whether it is urgent care or emergency department. Ms. Pettiford added they are stretching as much as they can in the hospitals to try to accommodate everybody. She thanked the public health nurses for working so hard for a very long time.

Behavioral Health Director's Comments: Ms. Denise Price introduced herself to Board members. She has been with Forsyth County for five years before moving into her new role. Before this, Ms. Price was one of the Assistant Health Directors and said they are working hard – it is some of the most complicated, complex work she has ever done especially during the pandemic but also some of the most rewarding work. The realm Ms. Prices has worked in for the last 30 years, started with Guilford County (15 years), CenterPoint (15 years). She stayed with Cardinal Innovations for almost a year, post merger between CenterPoint and Cardinal. Ms. Price says she is very excited to be back in this space and it is not so different from the work done at Public Health. She said we help people with many complex needs and they have hit the ground running and are having a great time.

Ms. Price reported the following (see complete/detailed handouts on file in the Administrative Binder):

- *Highland Avenue Center:* Started some work at Highland Avenue that Ms. Robinson started about a year ago. Ms. Price and her team have tried to make a focus of a one stop shop for people that have a behavioral health need. That built in, we are on a Highland Avenue complex – it is across the street from First Baptist, 650 N. Highland Avenue. This is a county owned building and has several tenants in it (Daymark, our behavioral health urgent care – a 24/7 facility for people to walk in, who are in crisis, advanced outpatient services). Partners has a space for a wellness center and there is a joint venture medical practice there.
- A design bid has just closed – have RFP responses to review, to pick a vendor to do a design for the facility. We will take the space where Daymark currently is and refit it to a 16 bed adult facility crisis center. Ms. Price says this gives them a brand new service and a broad array of services that builds a better continuum for people in a crisis. They will be doing a build-out of the second floor, which is currently open floor – want to make a more inclusive facility for individuals to have that one stop shop to have all the services they may need. Ms. Price reported they got some funding from the State (\$12.5 million for crisis services funding) – dollars can be used through December 2026 which gives more time to build sustainable services that can be long lasting in the facility. The funds have to be obligated by 2024.
- Partners Health Management is helping to find a facility-based crisis provider who will be in the Partners network – RFP closes at the end of the month. Ms. Price added there are lots of moving parts with one objective – to have a one stop shop for the residents of Forsyth County.
- *Opioid Settlement:* Ms. Price shared they have a survey out to get feedback from anyone who would like to provide it. She says 257 people have responded, so far and have given very valuable narrative, good feedback, personal experience and

great suggestions. Ms Price and her team are capturing the information at the same time they are having their Opioid Stakeholder's Committee meeting and putting forth some recommendations. They had their first meeting on August 2nd with about 30 people in attendance. A group of people committed to the betterment of the people who live in Forsyth County. Ms. Price stated this was the first of two or three meetings before they can put forth recommendations in the form of a report that will go to the municipalities and our county. She added there will also be public comment at the meeting. Mr. Price is trying to get as much inclusive input from our community as she can – the people who live and work here and have a stake in trying to abate the opioid epidemic.

- Ms. Price has been working with Partners and she and Ms. Dowdell met with them earlier this month about the DSS Group Living Facility that is being planned. They are continuing to try to find a partner for that location so staff can provide services.

Upcoming Events:

- August 16th – free event – Beth Macy, author of Dopesick will be promoting new book, Rising Lazarus. Much of the content of the book happened here, in our community. Will be at 7:00pm at Calvary Moravian Church
- September 17th – a collaborative effort between the Sheriff's Department and Forsyth County – Never Walking Alone Event – awareness about addiction. There will be vendors, entertainment and speakers.

Pharmacy – have a robust patient assistance program. We have a budget where we purchase prescriptions, a limited formulary – a patient assistance program for people who can not afford the medications and who would qualify. Ms. Price explained this is primarily behavioral health services prescriptions (\$3 million dollars a year). There are a lot of prescriptions getting into our community that otherwise might not be able to be obtainable. It makes individuals more compliant with their medications.

Stepping Up Program – Ms. Price told the Board that this is a program that they have supported wholeheartedly. She shared some charts with them and brought their attention to the arrows pointing towards the zero line – Ms. Price explained that was how many people that had not returned to jail or reoffended. She added they were hovering at zero, the length of the program, which was very exciting and largely unprecedented. Ms. Price stated they only had one person since the program started who in active service, who returned to jail. She stated she was very proud of that statistic and hopes it will stay at that zero.

Suicide and Crisis Lifeline – Ms. Price reported there is a national suicide crisis lifeline that can be reached by calling 988 – the precedent for this was our 911 system. This is making people have access to what they need as quickly as they can and hoping they will remember 988 as opposed to a 1-800-7 digits. Ms. Price shared she had the privilege to hear Mr. Kody Kinsley speak a few weeks ago at the Town Hall in Guilford County. He talked about how well North Carolina is doing with their answer/call rates. Ms. Price stated we are second, only to Rhode Island – we have a lot more population than Rhode Island so we get a lot more calls than they do. Mr. Kinsley said he will not be happy until

he is number one – we have room for growth. Ms. Price said where we are now with our crisis lifeline is a starting place not an ending point. She added the line is not currently answered continuously by peers, but that is a goal to make that happen. We are making steps toward better and we are starting with 988.

Ms. Whisenhunt announced that at the last Stepping Up graduation, she walked in with Ms. Price and she had not been to a graduation. Ms. Whisenhunt commented to Ms. Price that she had forgotten her tissue. Ms. Whisenhunt went on to explain how emotional the graduations are and how they will bring you to tears – she spoke about how grateful the participants are. Ms. Whisenhunt encouraged Board members to come to the graduations because they are very enlightening.

Dr. Edwards commented that the crisis center had been growing for several years – he thought that one of the reasons it was developed was to decrease the boarding in North Carolina’s emergency rooms. It has only been used maybe around the last 10-15 years now. What impact is projected the crisis center will have on that, if any?

Ms. Price responded the data to support the initial conception came from the amount of data going around about the number of individuals calling 911, going to hospitals. At the time, the majority were coming from the 27101 zip code – before Highland Avenue Center was built. CenterPoint knew at that point that they wanted to land some type of crisis center in that zip code area. As they continued even farther, they noticed that not everyone that dialed 911 needed to be in an emergency room. There were people presenting in the emergency departments that could be safely served in a community. Ms. Price went on to say you could have someone who needs some quick stabilization and behavior urgent care and address that but not always – 23 hours does not always get it – maybe it is a 5-7 day stay. According to Ms. Price, there is strong data to suggest that they will be able to keep those beds largely filled. She said there is also evidence of that as well because many people who are currently served but then transported to facility-based crisis center outside of our area. Ms. Price stated this will be a way of keeping people local making sure they have the immediate access to services and again can swing between the continuum that will be in that building.

When Ms. Price asked Dr. Edwards if she answered his question he responded that she had given an overview of what impact it will have – how many people boarded or currently not boarded – will it drop it by 5% or 50% - I guess we do not know until it gets running.

Ms. Price responded to some degree, we do not know – there are 16 beds so it is limited capacity. Also, the length of stay can vary.

Dr. Edwards also asked Ms. Prices about redoing the application for behavior health agencies that receive behavior health funding – part of the paradigm shift was to look at what the county needs from behavior health providers more so than the behavior health providers saying we can do this or that - in turn the county says I guess we need this or that. There was talk about revamping the application. Dr. Edwards asked is that something that is still being planned for this fall or will it be put off for a year because of the transition.

Ms. Price responded, no, she does not want to put it off and said she does see that happening this year. She stated she has had some adjustment issues, trying to pick up where they were, where they are going and making sure they have the metrics in the contract that make sense. Ms. Price said there has always been priority areas – the RFP has always been specific to that but she feels there is a lot of opportunity to tighten that up and the sooner, the better. Ms. Price confirmed that it is certainly on her list towards the fall.

Ms. Robinson asked Ms. Price to expand on the needs assessment that the LME/MCO has. Ms. Price explained that the LME/MCOs are required to do a needs assessment and GAP analysis. She feels this will be a good benchmark for them to begin to decide what might their focus areas based on work they have already done. Ms. Price does not think they have a need to duplicate the LME/MCO work but to use it as a springboard to make our internal processes even better.

Dr. Edwards asked is this something the LME/MCOs do each year or is this a new expectation.

Ms. Price's response was yes, it is something they are required to do every year. Exceptions to the annual assessment were made during COVID, and had been further delayed as the LME/MCOs prepared for Tailored Plan implementation in December, but that the assessment/analysis process would be ramping back up soon. Ms. Price stated she has reached out to the network director with a request to keep us posted as to status and to inform her of our intent to use the information moving forward.

New Business:

Energy Programs Outreach Plan: Ms. Dowdell explained that the Energy Programs Outreach Plan is a yearly agreement between the State and each DSS Agency regarding their crisis program. This includes energy assistance. They have to sign each year to participate. Ms. Robinson added we need Board approval in order to submit it to the State.

Dr. Robie made a motion to approve the energy programs outreach plan and Mr. El-Amin, seconded. By roll call the plan was unanimously approved by the Board.

Remote Participation Policy (see detailed handout in Administrative Binder): Ms. Robinson explained that the County Commissioners approved, in June, remote meeting participation policy in preparation for the State Emergency Order expiring – expires in the next 2 weeks. Once the order expires, they will not be allowed to meet virtually. However, the Commissioners can grant authority to other Boards to do so. Ms. Robinson continued to say the policy now requires the Board to vote at least once per year on how they want to meet – whether in-person, virtual or hybrid. At the last meeting it was decided to remain virtual until further notice but per the policy the Board has to re-vote on it for the meetings following July. Ms. Robinson informed the Board that some hybrid technology had been tested with the FROST and the OPIOID Stakeholders meetings – according to Ms. Robinson, it is not perfect, but it worked. She mentioned that Mr. John Blalock, Ms. Weston and Ms. Rimm joined the FROST meeting virtually – there were some challenges but for the most part, it worked. Ms. Robinson feels it will work better for the Board meetings because they will be around a table, unlike the larger meetings. Ms. Robinson

stated she will be happy to attempt to do hybrid if the Board wishes, versus in-person or all virtual. She will attempt to try a hybrid meeting for the October meeting, as well. Ms. Robinson stated this was not her recommendation, just an option. She also spoke about the rolling carts the county are attempting to use. Ms. Robinson stated we need a vote on how the Board would like to proceed. Before moving on, Ms. Robinson mentioned that there was a disclaimer that states if for some reason there is a hearing or appeal we would have to have an in-person meeting for any quasi judicial proceedings. Ms. Parker asked for a motion to approve for what the Board wanted to do for the rest of the year.

Dr. Linda Petrou made a motion to have a hybrid meeting for the next year. Mr. Blalock seconded. By roll call the motion to have hybrid meetings for the next year was unanimously approved.

Before moving on, Mr. Seats asked Ms. Robinson about wording under paragraph B – item 5 – 3rd line. The wording in question is “a Commissioner participating remotely”- should this read “a Board member participating remotely”. Ms. Robinson will check on this wording, with the County Attorney, who drafted the policy.

Committee Updates

Legislative: Dr. Petrou reported she spoke with several legislators about Medicaid Expansion – she thinks they will do something next year. She does not know what it will look like yet - they are talking about making some changes but are not willing to share, at this point. The legislative is in recess but they will be going in and out of session every few weeks, at least until the emergency decrees have been ended.

FROST Committee: Mr. Blalock, on behalf of committee members, Ms. Weston and Ms. Rimm gave an update in the form of some recommendations that the committee wants to introduce and get some feedback in support of, from the Board. Any feedback will be taken back to Ms. Price and Ms. Amanda Clark for more evaluation and being able to implement (see full slide presentation in the Administrative Binder).

Mr. Blalock shared that during the February Board meeting, the Board had a conversation on supporting a community need initiative. The two years prior had been about COVID and the pandemic. At that same meeting Ms. Clark presented on FROST and the work she is doing – it opened eyes to the Opioid pandemic and how it is impacting the community. All of the committee members have engaged with the FROST team – attend quarterly meetings and Ms. Weston and Ms. Rimm are on some of the subgroups. The committee meets with Ms. Clark, monthly, to check-in, understand needs and how they can support them.

Mr. Blalock shared a graph from the State DHHS, showing the 2021 drug overdose deaths per 100,000 residents. He noted Forsyth County still has a significant problem with opioid related deaths and this rate has steadily inclined over time, especially over the past four to five years. There has been a lot of work at the State level trying to reduce overdose death rates by 20% from the current trajectory. Mr. Blalock stated there is no single strategy, and that reducing opioid deaths will require a multifaceted approach, attacking this from many different angles. Preventing overdose deaths will rely on both prevention and harm reduction strategies.

Mr. Blalock showed the major interventions commonly used. The first relates to prevention strategies that are aimed at preventing future addiction by working with children of families that may already be in this situation – i.e., breaking a cycle of addiction. The second intervention relates to harm reduction – i.e., reduction of injury and death. The third intervention is Connecting to Care, which involves helping recovering addicts navigate community resources based on their unique needs.

Mr. Blalock shared three recommendations that the FROST subcommittee would like to make in order to create traction in Forsyth County:

Recommendation #1: Increase FROST naloxone supplies - FROST receives 150 kits from the State, quarterly – that is distributed to schools, churches and other organizations in the community. Mr. Blalock states that the ideal allotment would be two times the current supply.

Recommendation #2: Consider incremental support in the primary prevention as well as the connecting to care space. For example, this may take the form of an education specialist who could partner with the school system to talk to students and teachers about drug abuse and how to identify potential overdoses (e.g., provide education regarding naloxone and how to administer it). Mr. Blalock mentioned that a good next step may be to understand what resources are already available within the school system to perform this function.

Recommendation #3: Implement or partner to implement a community drug check program. Mr. Blalock stated for people who purchase street drugs today – it is very different than it was five or ten years ago – before if you went out and purchased a drug such as Oxycontin, you knew what you were getting – this is not the case today. Mr. Blalock said there are so many other substances mixed in with street drugs today, for example xylazine (a horse tranquilizer. Mr. Blalock noted that the drug check programs have begun using spectroscopy to measure the contents of drugs before they are used. This is a harm reduction and overdose prevention strategy. Mr. Blalock shared that there is a program in Greensboro, North Carolina, a partnership between UNC School of Public Health and NC Survivors Union. Mr. Blalock stated that the NC DHHS is advocating for these types of programs and stakeholders from the Greensboro initiative recently presented to FROST. Mr. Blalock asked that the recording of that meeting be sent out to the HHS Board. As far as resource needs, Mr. Blalock stated there is some capital associated with the spectrometer and we would need to think about who administers – county or community partnership, such as a Twin City Harm Reduction group to be able to manage this type of program.

Ms. Weston commented that the production at the last FROST meeting was phenomenal. She stated she was not sure she had ever seen that kind of program so beautifully presented – that you could go on virtually and learn so much in a small amount of time. Ms. Weston, exclaimed she is a big ambassador!

Dr. Edwards asked why there is only one program like this in the city. How does the program that does this deal with concern that the person using the drug will be identified, arrested or somehow outed?

Mr. Blalock responded that the programs that exist within the country that are based around the major metropolitan areas in the northeast, California, Florida. The Greensboro program is the only one that exists today in North Carolina. There are different points of view. Mr. Blalock feels it is an effective harm reduction strategy, specifically reducing overdoses, because it gives

the user insight into exactly what they are taking. Mr. Blalock noted that law enforcement may have concerns that this type of program as supporting criminal behavior. A critical success factor with drug check programs has been an alignment with law enforcement, and that there is an understanding of the purpose of the program. Ms. Robinson shared that there have been conversations with the sheriff's office and the county attorney.

Ms. Price added, the first time you say we want to bring out a piece of equipment where they can bring their drugs to us and test it – it is not well received initially. The more you have the conversations; you begin to understand we are not asking people to bring a backpack full of drugs but a very small trace of drug – not a prosecutable amount of drug. Ms. Price went on to say a lot of people think there is a stereotype that if you use drugs, you must not care about your health – that may not be true – they may use drugs because they are addicted and can not, not use drugs but they do not want to die, they do not want lacerations in their spinal cord and create paralysis so it is giving people the information they need to make informed decisions for themselves. It also provides on the harm reduction side, the chance to have conversation. Ms. Price was pleased to hear she did not hear any barriers that day during the meeting. She noted that the sheriff said it was not his intent to arrest people who show up. Ms. Price feels he truly values the harm reduction philosophy behind this.

Dr. Edwards asked has there been some data – is this more effective than needle exchange – is it more effective than having a safe space for people to use drugs – how does this fit in all the options?

Ms. Price responded it is a tool in the toolbox – there is not so much data in the United States but there is a lot of data emerging out of Canada. It is being supported by the State Department as a helpful harm reduction tool. Mr. Blalock commented there is some initial literature out there but it is still relatively new.

Ms. Robinson stated we are in the exploratory phase – we have a lot of questions to answer. If this is something our county wants to proceed with, we would have to present it to our county commissioners as well. Ms. Robinson stated she knows it is different but the State is pushing harm reduction on a lot of different things, especially with the opioid settlement dollars. It is going to require a lot of education about what this is, which is why we had a one-on-one meeting with the sheriff, our attorney and others to fully explain it. Ms. Robinson said if the Board is interested, she will send out the video recording from the FROST meeting and also invite those experts to come in and talk about it.

Ms. Parker reminded everyone about the August 11th training for the Board if you want to attend.

Ms. Whisenhunt brought up to the Board, a project that Mr. John Davenport has going on and asked him to speak about it. Mr. Davenport shared he has been doing a charity ride for three years in Africa. The ride starts just north of Johannesburg – they cycle 100 miles per day (the route goes through South Africa, Botswana, Namibia and Zambia). The purpose of the ride is to raise funds to drill wells for people in western Zambia. Mr. Davenport commented we take clean water for granted here but they do not get that. He stated that roughly \$5,000-\$6,000 will drill a well. Mr. Davenport noted he will be doing this with his youngest son this time.

Mr. El-Amin thanked the Board for their vote of confidence in serving as Vice Chair. He stated he also serves on the State Accreditation Board for the Public Health Departments across the state. The Accreditation Board is four members short and Mr. El-Amin appealed to this Board for anyone interested in serving the State Board of Accreditation. He added they meet on a quarterly basis – determine policy on how you assess how health departments are operating, then go out to do active inspections. Mr. El-Amin asked anyone interested, to contact him.

Mr. El-Amin asked Mr. Davenport how they can support his efforts and Mr. Davenport responded they could reach out to his office.

Dr. Robie applauded what Mr. Davenport is doing and said there is a big need over there.

Adjourn:

Ms. Parker asked for a motion to adjourn. Mr. El-Amin made a motion and Dr. Robie seconded. The meeting adjourned at 7:30pm.

SR/lgc

Next Meeting: October 5, 2022 - 5:30pm