

# HEALTH AND HUMAN SERVICES BOARD



## Board Members

Mr. John Blalock  
Ms. Pamela Corbett, MA  
Mr. John Davenport, Jr., PE  
Dr. James Doub, OD  
Dr. Palmer Edwards, MD  
Dr. Calvert Jeffers, DVM  
Dr. Charles Massler, DDS  
Ms. Heather Parker  
Dr. Linda Petrou, PhD.  
Ms. Sharon D. Pettiford, RN  
Ms. Sharon A. Rimm, LCSW  
Dr. Peter Robie, MD  
Dr. Ricky Sides, DC  
Ms. Claudette Weston  
Ms. Gloria Whisenhunt, County Commissioner

### Chair

Mr. J. Phil Seats, R.Ph., MBA

### Vice Chair

Mr. Fleming El-Amin, County Commissioner

## HEALTH AND HUMAN SERVICES BOARD

### MINUTES

April 6, 2022

### MEMBERS PRESENT

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

### PH/DSS STAFF PRESENT

Ms. Shontell Robinson  
Mr. Joshua Swift  
Ms. Lorrie Christie  
Ms. Tanya Donnell  
Ms. Jacqueline Leo  
Mr. Adam Pendlebury  
Ms. Elizabeth White

### MEMBERS ABSENT

Ms. Claudette Weston  
Ms. Gloria Whisenhunt

### GUESTS PRESENT

None

### Call to Order:

On Wednesday, April 6, 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.

## **Consideration of Minutes:**

The minutes of the February 2, 2022, HHS Board was reviewed. Dr. Charles Massler made a motion to approve and Dr. Peter Robie seconded. The minutes were approved unanimously.

**Deputy County Manager's Comments:** Before starting her updates, Ms. Shontell Robinson announced that Ms. Gloria Whisenhunt would not be joining the meeting due to a NACO conference that they were both attending in Raleigh but she sends her well wishes. Ms. Robinson gave the following updates (see handouts on file in the Administrative Binder):

- **Introduction of DSS Director, Christine Dowdell:** Ms. Robinson announced that Ms. Dowdell, the new DSS Director, was unable to attend the meeting due to an unexpected emergency but said she has been fantastic, has hit the ground running and she is happy she joined us.
- **Children and Families Specialty Plan:** Ms. Robinson gave a brief update on Children and Families Specialty Plan, better known as the Foster Care Plan. This plan is part of Medicaid Transformation and there have been a lot of care plans that the state has been trying to put in place. Ms. Robinson explained that for this specific plan, the state is planning to issue an RFP for one statewide organization to be awarded a contract to provide services and manage foster youth mental health services for all 100 counties. This would begin December 2023 - currently we have the LME/MCO system. Ms. Robinson stated that Forsyth County, Mecklenburg County and some other counties are concerned because they do not believe that one single organization can manage mental health services for all 100 counties. They plan to send a letter to the state with their concerns. Ms. Robinson mentioned she has spoken with Deputy Secretary, Dave Richard about some of the concerns. If given the choice to opt out of the plan, Ms. Robinson says that is something we would want to do. Ms. Robinson stated that we just realigned with Partners on November 1<sup>st</sup> and want to give them an opportunity to see what they can do. She added that Partners has been making good progress. Trying to develop an adult facility based crisis center on Highland Avenue, trying to create a one-stop shopping model to provide mental health and substance use disorder services at the Highland Avenue Center and working on opening an emergency transitional home for youth in DSS custody that they hope to have up and running by January are just a few of the initiatives we have been working on with Partners. Before committing to a statewide plan, we would like to see how all of this goes. Ms. Robinson stated that she will be briefing the Commissioners tomorrow and hopefully the Chairman will sign a letter to send to the state. Ms. Robinson stated that on the mental health and substance use disorder services side, things are making good progress. However, on the Intellectual Developmental Disability (IDD) side, that has been a challenge, not due to their lack of trying but because it is a complex system – there is a shortage of workforce and there is a lot of work to be done statewide on the IDD side but we are working through it.

- **Cure Violence Update:** Ms. Robinson reported they have a contract with Dr. Jeffrey Butts out of John J. College. He is a national expert in researching and evaluating cure violence models. She, along with some other internal county departments as well as potential evaluators for the program met with Dr. Butts last week. Dr. Butts will be issuing a report and some recommendations once he is done and she should be receiving that report, as per his contract, by Sunday. Ms. Robinson, stated, they would then issue an RFP for potential nonprofits to administer the program. If they are unable to find a nonprofit then individuals would be hired directly through the health department. Ms. Robinson stated that Mr. Joshua Swift's team will be overseeing the Cure Violence Program and we are trying to get that up and running by July.

Ms. Robinson met with Novant and Atrium, who are very interested in implementing a hospital-based violence intervention program and there is \$500,000 in state funds specifically allocated for a hospital-based violence intervention program. Ms. Robinson met with Dr. Kevin High and his team, which included Ms. Sharon Pettiford on the Atrium side and also met with a separate group of people, whose vision is totally different – that group wants to do something that is more of an extension of clinical services. Ms. Robinson is very concerned about that because she feels it would be a disservice to the community not to be able to link the two. She will be meeting with this group again, next week and hopefully they can reach mutual resolution. If not, she will reach back out to Dr. High to get direction from him. Ms. Robinson is not sure they will be able to get the hospital-base piece going as they intended. The funds are going through the City of Winston-Salem, directly to the hospitals.

Mr. Seats asked if the program Ms. Robinson heard about from Dr. High is a proposed program and if so, to whom is the proposal being made to. Who will have the final approval that we want to spend that \$500,000 this way? Ms. Robinson responded the state fund specifically says it is for hospital-based violence intervention programs – the city is getting the funds and will pass them on to the hospital. She has had meetings with the City and the hospital staff on the Atrium side and the two are not on the same page, which is creating some confusion on our end to try to make that piece happen. Ms. Robinson stated that the city needs to make sure the funds are used in the way the state says.

Mr. Seats asked if Novant was involved at all and Ms. Robinson responded when she met with Novant, they were interested and she feels they will play a role but the main trauma unit is at Atrium, who would be the lead hospital. She added that EMS knows to take patients to Atrium. Novant will have a collaborative piece but not in the same way as Atrium.

Dr. Palmer Edwards asked what the alternative to broadening clinical services is and Ms. Robinson responded there is a real evidence-based model that is very specific to a hospital-based violence intervention program. There are a few out there and Atrium has let them develop something themselves that they are calling a hospital-based intervention program but it is not. That is the difference. For a hospital-based violence intervention program, you need a connection to the community – it would be great for it to be connected to the community program we will be doing out of the health department to have violence interrupters and outreach workers, working both. You would have individuals within the hospital setting that is working with the highest risk

individuals trying to do intervention. Ms. Robinson added, there seems to be a disconnect – this team has been working on this proposal for awhile and we have been working on what we have been working on for awhile. This is a different team than is under Dr. High, who she talked to about the program originally. This team is under Dr. Julie Freischlag

Mr. John Blalock told Ms. Robinson he would be happy to help her navigate through this. He added, this type of prevention is so needed and so applicable to our setting and we have a funding source for it – we just need to get on the same page.

Ms. Pettiford commented to Ms. Robinson that she knew what she was speaking of regarding the two groups but she feels confident that the trauma center is very much for the cure violence program. She expressed her willingness to help also.

Ms. Robinson addressed some questions that Dr. Robie asked her about. What happens if there was a nuclear attack? What is our preparation for that? Have we heard anything from the State and Federal government in regards to that? Ms. Robinson responded that we do not have any concern at this point of any imminent nuclear attacks. However, if that were to happen, public health already has emergency preparedness plans for just about anything that could take place. She stated if there needed to be some sort of point of distribution for medication; we would be prepared to do that. Ms. Robinson explained that we also have a City/County Emergency Management Department, which would probably be the lead agency for anything like that. She added there is nothing specific happening besides wanting to let everyone know we have emergency preparedness plans and we stay in contact with the State, who directs us accordingly. Ms. Robinson assured everyone that the county is always preparing for inevitable things that may impact us.

The following funding streams will be coming in soon – this is a time for us to make a profound impact in the community.

- *American Rescue Plan Act Funds* – Board of Commissioners allocated \$2.3 million dollars to allow us to renovate the second floor of the Highland Avenue Center. This will allow us to have a facility-based crisis center as well as expand services for substance use disorder and other mental health services.
- *Opioid Settlement Funds* – expected to receive \$1.2 million per year – working with Partners, hospitals and Daymark and others about what that looks like. Part of the agreement in recovering the funds is that they will have to have a public meeting to receive public input. Ms. Robinson will keep the Board posted and send them an invitation to participate.
- *State Budget Funds* – receiving \$12.5 million for crisis services and plan to use this to operate the facility-based crisis center. They will need to have a plan to spend all of the dollars by June 2023.
- *Behavioral Health Maintenance of Efforts Funds* – Ms. Robinson thanked Ms. Pamela Corbett, Ms. Sharon Rimm, and Dr. Edwards (Dr. Linda Petrou was not able to join due to an emergency) for their time spent reviewing applications and giving input.

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

- March was social worker month – the theme was “The Time is Right for Social Work”. They will have recognition of staff contributions and appreciation gifts throughout the month.
- April is Child Abuse Prevention Month – there will be blue pinwheels going up and ribbons to wear.
- A recommendation was submitted to the National Association of Counties for an award for the Emergency Rental Assistance Program – this was collaboration between City/County governments. Ms. White stated it was inspiring to see how the city and county can come together and do the hard work on the backside.
- The interview process for the Deputy Director's position was just completed and Ms. Dowdell is working with Ms. Robinson on recommendations for the Division Director position for Family and Children's Services – this position is now closed and applications are being reviewed – they are hoping to start the interview process over the next few weeks.

**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 introduced Ms. Jacqueline (Jackie) Leo, his newest Assistant Health Director. Ms. Leo has a Master's degree in Nursing Leadership and Management and in Business Administration and a Bachelor's degree in Nursing. She has had many years of experience in healthcare and quality assurance and served in the US Airforce and Airforce National Guard – we are really excited to have her here. Ms. Leo thanked Mr. Swift for the introduction, told the Board it was a pleasure to meet everyone, and stated she was pleased to be here and is enjoying her role – she feels she has a lot to contribute and hopes the organization feels the same way.
- Mr. Swift reported he has done a slight reorganization – still have four Assistant health Directors – trying to equal the load out (Nurse-Family Partnership and the areas serving high risk pregnancies and children will be under a Nurse Manager (interviewing for this position) – will all fall under Ms. Sherita Sutton. Ms. Leo will be over all clinic operations.
- Winston-Salem is one of nine cities across the U.S. participating in the One Art Project – a project being led by the Arts Council and the School of the Arts. The pilot is a national arts and wellness project focused on arts engagement with artists from historically marginalized populations and focused on how the pandemic affected our historically marginalized population. Mr. Swift feels this is a great way to partner with the Arts Council.
- Medicaid Post-Partum coverage was extended to 12 months for NC Medicaid beneficiaries - started April 1<sup>st</sup>. Originally was 60 days but due to some ARPA funds, the State had the option to increase the coverage to 12 months.
- National Public Health Week – a resolution has been put forth for Public Health Month, celebrating all this month, all of the great things the public health staff do.

## **COVID-19 Update as of March 31, 2022**

- Things are starting to level off. The latest numbers showed a little increase (from 80 cases a week to 90 cases a week). Other flu-like illnesses are coming back as people are getting back together and less mask wearing.
- BA.2 variant – we are paying close attention to this variant, it is now the pre-dominant variant in the state and across the nation
- 4<sup>th</sup> Booster Shot - recommendations by CDC are being updated to allow certain immunocompromised individuals and people over age 50 who received an initial booster dose at least four months ago to be eligible for another mRNA booster to increase their protection against severe disease from COVID-19.
- The COVID vaccine may open up in May for ages 6 months – 4 years.
- At home test kits available at the department; also partnering with the library to have kits available at every branch.
- Long Term Care Centers – down to 6 that are outbreak status, compared to thirty a month ago.
- Childcare Centers – none with clusters.
- Only five Forsyth County residents are currently in the hospitals with COVID.
- Schools – only had 66 cases the last week of March.
- Jail Outbreak – closed several weeks ago and there was only one person with COVID and that was upon admission that they tested positive.

Mr. El-Amin asked if the booster that is available now is Pfizer or the other one. Mr. Swift responded it is both Moderna and Pfizer.

Dr. Robie commented there is a lot in medical literature about long COVID – people who have had COVID, developing heart disease while they had COVID pneumonia and it is universal. He stated this is new to the medical registry and they are watching it carefully.

Mr. Seats asked for clarification about the shots for immunocompromised people. Will they be able to take a 5<sup>th</sup> shot? Mr. Swift responded, according to the CDC recommendation, the way he is interpreting it is if they are in one of the groups listed and it has been four months since the boosters, they are eligible.

Ms. Rimm asked if they need to make appointments for the shot and if the Moderna is still a half dose on this booster and Pfizer, the full dose. Mr. Swift responded appointments are preferred but if you show up we will make sure it is available for you. He confirmed the dosages.

Ms. Rimm also noted there seemed to be a disconnect with the percentages and wondered if this was attributed to people coming in before, just to get a gift card and not going back to get another one. Is there anything happening to encourage those same people to come back to get another one, with a gift card? Mr. Swift responded the State rolled out that plan – we gave out \$31,000 gift cards. He has not heard anything else in regards to gift cards.

## **New Business:**

Ms. Robinson informed the Board that all the budgets will require Board action.

**Behavioral Health Budget:** The County has a total allocation each year of a little over \$4 million to be used for mental health, substance use, and developmental disability services. Ms. Robinson stated they launched a public application process in February to award \$2.2 million of that. They received 25 applications for consideration and she explained that only \$2.2 was used because the County has a lot of carve out programs that is included in the County continuation budget, such as the Stepping Up Program, Mobile Integrated Health, FROST, and others they are obligated to doing.

Ms. Robinson shared a list of the recommendations for the \$2.2 million (see complete list on file in the Administrative Binder). Agencies that were not recommended for funding included the following: CareNet; HOPE Counseling; HOPE Counseling-Transitional Housing; Into the Wild; MOJI Coffee and More; Smart Start, and the Wells Center. Some of the agencies were recommended partially and some fully.

Dr. Calvert Jeffers asked what kind of behavioral health services does GreenTree provide. Ms. Robinson responded they provide peer support services which is very valuable in the mental health and substance use continuum of care.

Ms. Rimm commented that Dr. Edwards was invaluable – he took this task to heart. She thanked him for his feedback.

Dr. Edwards thanked Ms. Rimm and commented that the agencies are bound to that \$2 million dollars and thought that next year as they look at the applications, they might determine what the needs are in the community and let the agencies know this is what we need and not just this is what we offer. He felt there should be an intentional planned approach.

Ms. Corbett asked Ms. Robinson if she was going to talk about the new position. Ms. Robinson responded you will see Forsyth County as an organization because we will be hiring a Behavioral Health Services Director who will report to her and will help manage the process, the OPIOID Settlement Fund, the capital projects they are embarking on for DSS Group Home, for the Highland Avenue Center, and collaborating with the hospitals and Daymark. Ms. Robinson recused herself from the voting process – to add another position. She stated behavioral health by statute is not under the Health and Human Services Board – it obviously makes sense for the Board to be involved, because it touches everything that we do. Ms. Robinson stated once that person is hired, they will provide updates on the behavioral health work we are doing.

Ms. Corbett commented that person will be integral in gathering the kind of information that Dr. Edwards has talked about that we need to help guide and find out what the needs are in the community and form how the money coming in is distributed.

*Behavioral Health Carve Outs:* Ms. Robinson explained that the carve outs are the projects that are funded on an ongoing basis: Mental Health Training; MOJI (Library location); PH Stepping Up Program; PH Polysubstance Health Educator; Emergency Services – Community Paramedicine Program; DSS Adult Placements; DSS Foster Care Placements; Mental Health/Substance Use and IDD Advisory Committees

*Pilot Project Funding:* projects that are funded with the fund balance and include: Behavioral Health Unit at the Detention Center; Naphcare DATA Program; ARCA Data Program; and Insight Data Program

**Social Services Budget Requests:** Ms. White went over the department's budget, outlining the following (see detailed handout in Administrative Binder):

**Operating Cost Changes**

- \$50,000 (increase for small equipment for the expansion of first floor)
- \$180,000 (Foster Care room and board)
- \$23,244 (County portion of work number)
- \$35,003 (Adult Daycare/Day Health Contract)
- \$392,395 (In-Home Aide Services Contract)
- \$19,100 (Adult Services Emergency Placement)
- \$12,600 (One Additional Energy Temporary Staff)
- \$375,000 (Continuation of second year of record scanning for the Agency based RFP)

**Changes in Revenue – County Budget Allocation Estimates**

- \$153,342 (increase subsidized Childcare Program)
- \$230,439 (decrease food stamp incentives)
- \$10,022 (decrease LIEAP and CIP – Energy Programs)
- \$39,891 (increase TANF Child Welfare)
- \$30,627 (increase Adult Daycare Federal and State)
- \$56,503 (increase Adult Home Specialist)
- \$37,205 (decrease Family Reunification)

**Non-Capped Program Administration increase as a result of the 5% county salary increase**

- \$145,000 (FNS Administration)
- \$320,860 (Medicaid Administration)
- \$152,780 (Child Support Administration)

**Drawdown for Scanning and Laserfiche**

- \$375,000 Laserfiche expense
- \$168,750 Overhead drawdown estimate

**Budget Requests without ASL**

- Asking for two positions (Fiscal Tech and another Division Director for Economic Services – of the 518 positions in the agency, 244 are in that one division with currently only one division director to oversee all the programs and staff)
- Serving the aged in their homes - the money requested for the Adult Division to serve that population in their homes – that would remove 100 people off the waiting list

**Matrix with ASL**

- At 7.58% - if you look at the 5% increases and the performance evaluations we are still operating under (this is because of the projects that are winding down). Ms. White commented we have managed our budget very well and hope the county management and the Board will approve the requests we are making for the three ASLs – still operating well under what the salary increases have done for this past April.

**Public Health Budget Requests:** Mr. Adam Pendlebury went over the department's budget, outlining the following (see detailed handout in Administrative Binder):



### Main Drivers in Budget

- \$3,645,023 (total COVID Funding – through agreements with NCDHHS). Ms. White asked the Board to keep the number in mind as they go through the budget – creating some big outliers in the PH budget
- \$12,500 (increase advertising and public outreach)
- \$38,038 (increase agreement addendum revenues for Advancing Equity)
- \$632,575 (increase Child Services Coordination revenues)
- \$72,529 (increase travel requests department-wide) – there were drastic cuts, trying to restore back to what it would have been in 2020
- \$9,500 (decrease in Environmental Health state allocation to purchase pesticide)
- \$107,092 (decrease in Internal Health Services from end of Spatial Justice Center contract)
- \$615,000 (decrease for Behavioral Health Maintenance of Efforts funds) – used as backup in case funds run low on pharmacy supplies – have not used these funds in the past two years because of the great job Ms. Kathryn Bullock, Pharmacy Manager, has done on inventory

### Budget Requests without ASL

- Stark percentage numbers because of the outliers created by the influx of COVID money
- In both Personal and Operating there is an increase of 14.5% and 42.9% respectively
- Total county dollar request in our budget without ASL is 10.9%

### Budget with ASL

- Similar thing will be seen with ASL requests percentage numbers
- Total county dollar request is 19.1%

Public Health ASL – a number of ASLs coming in around \$1 million dollars – requests for changes or expansions for services to be approved by the Board of Commissioners

- 2 employee retention programs in Environmental Health (raise salaries - \$72,499; remove internship status - \$132,512)
- 4 Environmental Health Specialists at \$369,748 (2-Food and Lodging; 2-Onsite Wastewater-higher because they require a vehicle)
- 1 WIC Senior Officer Assistant - \$53,213
- 2 School Nurses - \$161,602
- Hispanic Liaison Program - \$182,484 (piloted during COVID-19)
- 1 Baby Love Plus Program Social Worker - \$58,055
- 1 Healthy Forsyth Coordinator - \$10,269 (low because it is supplemented through grant funds)
- Total ASL Request - \$1,040,382

**Public Health Debt Set Off:** Mr. Pendlebury explained that debt set off is the accounts in the Family Planning Clinic that are unpaid and over \$50.00. After review by the Board, these would be sent to a State clearing house – if there are any tax refunds from the State of NC or lottery winnings that the individuals who owe the debt to PH would come across, the debt would get paid to PH. The amount owing is \$47,000. Mr. Pendlebury stated that this has not been done in a few fiscal years – based on the number the Board was given, this amounts to about \$12,000 per year.

Mr. Seats asked if there was any idea what success we have had with the collection through the State. Mr. Pendlebury responded, not a lot but one of the reasons we do this is because it is individuals without social security numbers and we do not typically see income tax returns from those people. He added, it is not highly profitable but doing it this way, it does not sit on the books. Mr. Pendlebury confirmed that anything under \$50.00, usually gets written off.

**Public Health Fee Schedule:** Mr. Pendlebury went over the process for reviewing the fee schedule that is done every year. For this year they looked to see if anything needed to be changed and included inflationary increases. For the inflationary increases, they used two different price indices from the Federal Reserve (one tailored for construction services that are used in Environmental Health and one specifically tailored to the medical industry that is applied to the clinics). There is a 1.6% increase department-wide in the fees being charged. Mr. Pendlebury stated that compared to other counties, our fees are very low but said they will be looked at each year incrementally because they did not want to raise them substantially and create sticker shock for the consumers.

There is a new fee this year for a private option to get onsite water inspections done by a vendor and approved by Forsyth County.

Mr. Pendlebury stated there was some discussion about adding a supplemental tuberculosis test to the fee schedule that would let Mr. Swift speak about.

Mr. Swift spoke about a QuantiFERON test (gold standard) for TB testing. He proposes that we keep the current TB test (PPD skin test you take and then come back three days later to have it read). This test costs \$24.29. Based on estimates from last year the test for QuantiFERON should be at least \$50.00. Mr. Swift had meetings with Dr. Elizabeth Palavecino, Medical Director over the laboratory and Dr. Christopher Ohl and they are in support of doing the QuantiFERON test for the same reason that Dr. Robie is. Mr. Swift added that from a laboratory perspective, they can not do the test in-house for their employees – it is sent off to Labcorp and we will be starting discussions with Labcorp to do it. Mr. Swift stated if the Board is willing to set a fee at least double the current test (\$50.00) and we go through the process – our goal is to have it worked out by July 1<sup>st</sup> where we can totally switch completely to QuantiFERON or depending on the person and circumstance, do one of the two, the PPD tests at \$24.29 or the QuantiFERON. If the \$50.00 is totally off, they can come back to the Board to adjust it.

Mr. Pendlebury added that as an administrative note if that was added in, he would send Mr. Swift an email stating that we could include it in an update and we would be putting the fee schedule, approved and adopted by the Board of Commissioners via resolution.

Dr. Robie said he was glad to hear all of this in support of QuantiFERON, many people get TB tested for employment or school and many places are not accepting PPD anymore. He added it truly is becoming an obsolete test. The QuantiFERON is better for diagnosing as well as on a practical level. He felt we should consider dropping the PPD test because it is obsolete and probably should not be offering it.

Ms. Heather Parker commented that they have converted to doing the QuantiFERON for all of their perspective employees because they were having so many reactions with the PPD and were having to send them over for chest x-rays and were delayed because they were having to go back

to get their PPDs read. She said it was not efficient or effective and thought it would be great if the health department offered that.

Ms. Robinson told Board members that this was all of the budget items and that is sounded like on the fee schedule we are asking for a little bit of an amendment to what she emailed out, giving staff flexibility to add the TB test if we are able to work things out up to \$50.00. Otherwise we could entertain a motion to accept staff recommendations for Behavioral Health, Public Health, DSS, the Fee Schedule and Debt Set Off.

Dr. Robie so moved and Ms. Corbett seconded. By roll call, the motion was unanimously carried by the Board to accept the budgets as presented.

### **Meeting Schedule and Meeting Format:**

Mr. Seats spoke about the meeting schedule (meeting every other month or every month) and meeting format (meeting in-person or virtual). He said he had gotten a range of opinions and there was no consensus – there were positives and negatives. Mr. Seats opened the floor to the Board to share their thoughts. Some felt they needed to be meeting more frequently, can get more done, and stay up-to-date better. Some thought the downside to this was it caused a greater amount of effort on the part of staff that to get them ready for the meetings. It was expressed that staff were doing an outstanding job getting meetings together, the information presented, and the amount of information presented.

After hearing anyone who wanted to share, Mr. Seats asked for a motion. Mr. John Blalock so moved and Mr. El-Amin seconded. By roll call, a motion to keep the meetings at every two months frequency was unanimously carried by the Board.

Mr. Seats opened the floor for thoughts/opinions about whether the meetings should be in-person or virtual. It was asked if there could be both options. Ms. Robinson responded that unfortunately we do not have that option, at this time.

After hearing varying opinions, Mr. Seats asked for a motion. Ms. Corbett made a motion to table the discussion for meeting in-person until the next meeting and Mr. El-Amin seconded. The motion carried to meet virtually on June 1, 2022 at 5:30pm.

### **Committee Updates**

**Legislative:** Dr. Linda Petrou

Because of technical difficulties, it was decided Dr. Linda Petrou would give her updates at the next meeting.

**FROST Committee:** Mr. John Blalock, Ms. Rimm and Ms. Claudette Weston

Ms. Rimm reported that Winston-Salem will be hosting this year's NC Drug User Health Summit on June 17<sup>th</sup>.

Ms. Rimm shared that the March 2021 report from the NCDHHS shows that overdose deaths in 2020 increased 40% over 2019. She stated that is almost a complete year of COVID and COVID issues. According to the report, nine people in NC die everyday from a drug overdose and most of the recent deaths are due to fetanyl. Ms. Rimm gave the following breakdown of deaths by race:

- Indigenous Americans – fatalities increased by 93%
- African Americans – fatalities increased by 66%
- White – fatalities increased by 32%
- Hispanic Population – not included

Ms. Rimm reported the full committee only meets once a quarter (next meeting will be April 20, 2022). She will be able to report more at the next Board meeting in June. She added she plans to attend the Intervention Subcommittee in the future and added the Board may still be unrepresented on the Maternal Health Subcommittee.

Mr. Seats thanked all three of the Board members involved on the committee.

Dr. Massler asked if the Maternal Health Subcommittee involved the infant mortality issue. Ms. Robinson responded this FROST is particularly for opioids – there is another subcommittee, Infant Mortality Coalition that Mr. Swift can tell you more about. Ms. Robinson added she will include in the Board update, what the subcommittees are for FROST.

Dr. Massler spoke about the history of the Board over the years and the continued interest in infant mortality. He commented that just like the statistics put out regarding drug overdoses in the county, there is also in our county a significant discrepancy in racial and ethnic populations with the infant mortality issues. He agrees that the FROST and opioids are an issue and are important and critical issues but feels infant mortality is also a very important issue that significantly affects Forsyth County. Dr. Massler will get in touch with Mr. Swift to see if there is a committee that he can attend and bring back information to the Board – if so he would be happy to do that.

Ms. Rimm shared she sits on the Infant Mortality Subcommittee and said these are separate items – substance abuse is under FROST and infant and child mortality is under Mr. Swift.

Dr. Massler acknowledged he realizes they are separate problems but said they are both impactful on our county in a significant way and personally. He does not want the infant mortality to be ignored or put on the back burner because as a Board, he feels they have the opportunity to address and have a significant impact on it.

Mr. Swift spoke briefly about the Child Fatality Taskforce that Ms. Rimm is on and also the Infant Mortality Reduction Coalition that Dr. Pamela Oliver, Novant, leads and Ms. Roberta Hawthorne, Public Health, works on that program. Mr. Swift added he loves and appreciates the Board's involvement.

Mr. Seats commented to Dr. Massler that the Board would appreciate and support his efforts and initiative to take the lead and keep the Board informed. He added there are so many issues out there that we alone can not address them all but this is a very high priority one. It is a community problem and it will be a community solution.

Ms. Robinson stated this is a top priority of the health department. She just submitted a grant application to do some other things around infant mortality. Any initiative that we have that the Board is interested in, we are more than happy to plug you in but do not think that with it not being a subcommittee of the Board, that nothing is being done. There are a lot of opportunities and we would like to see our numbers go down.

Mr. El-Amin stated that prior to COVID-19 we had a fantastic Infant Mortality Program sponsored by the health department – which Ms. Whisenhunt and himself participated. They went out and pushed strollers of children who did not make it that year. It was a communitywide program honoring that whole process. Mr. El-Amin felt that maybe we can get back to doing that in the future – it was a very effective program and hopefully Mr. Swift can put it back on the roster. Mr. Swift responded hopefully we can bring that back this fall – it was a very moving experience – a lot needs to be done and it is high priority as Ms. Robinson said.

Mr. Seats shared that this is a socioeconomic issue that involves everything from public health to jobs to the economy to education – he felt you could not name something that does not touch it. It is a huge issue and a huge issue to solve.

Lastly, Mr. Seats thanked everyone for all the great discussion tonight.

**Adjourn:**

Mr. Seats asked for a motion to adjourn. Mr. El-Amin made a motion and Dr. Massler seconded. The meeting adjourned at 7:45pm.

SR/lgc

**Next Meeting: June 1, 2022 - 5:30pm**