

Davidson County Board of Health Meeting
March 3, 2020
Minutes

Board of Health Present

Ms. Rebecca Daley, Chair
Mr. Tobin Shepherd, Vice-Chair
Commissioner Don Truell
Dr. Michael Lanning
Dr. Rick Gilliam
Ms. Jana Andrews

Staff Present

Lillian Koontz
Janna Walker
Darren Cecil
Brian Matthews
Mary Lou Collett
Janie Ange
Nancy Stout
Belinda Wilson
Jonathan Tysinger

Visitors Present

Mike Newby-Senior
Asst. County Attorney
Sydney Smith, Health
Department Intern

Welcome – Ms. Rebecca Daley

Ms. Daley called the meeting to order at 12:30 pm, established a quorum, and welcomed everyone to the March 3, 2020 Board of Health meeting. Ms. Daley also introduced Ms. Sydney Smith, an intern from UNCG, who will be at the Health Department working with the Health Promotions team until the end of April. Ms. Lillian Koontz stated that she hopes to bring Ms. Smith back in May to give a presentation of her internship which will provide her with real world experience and will also let the Board know how we utilize interns.

Meeting Agenda – Ms. Rebecca Daley

Ms. Daley asked if there were any discussion or amendments to the meeting agenda. There were no changes or discussion.

MOTION

Mr. Tobin Shepherd made a motion to accept the March 3, 2020 meeting agenda. Dr. Michael Lanning seconded the motion. The motion was approved without dissent.

Public Comment

None

Consent Agenda – Ms. Rebecca Daley

Ms. Daley requested a motion to approve the consent agenda, January 7, 2020 meeting minutes, February 27, 2020 budget subcommittee minutes, and the financial report as presented.

MOTION

Dr. Lanning made a motion to approve the consent agenda, January 7, 2020 meeting minutes, February 27, 2020 budget subcommittee minutes, and the financial report as presented. Dr. Rick Gilliam seconded the motion. The motion was approved without dissent.

Health Director's Report (Including Program Reports) – Ms. Lillian Koontz

Ms. Koontz provided an update to the information provided in the Health Director's report.

- WIC has been working very hard to increase their participation numbers. The WIC director, Mr. Brian Matthews, is working with our libraries and the head start program to reach people in the community. Mr. Matthews has been innovative in his approach to delivering WIC services to our clients.

- Mr. Randy Swicegood and Mr. Eric Bailey attended the National Association of County and City Health Officials (NACCHO) conference in Colorado. NACCHO invited the vector grant recipients to come and discuss how the program works.
- Ms. Janie Ange has worked very hard on the budget, and we are very fortunate to have her here at the Health Department.
- We have hired a mid-level provider, Ms. Sadie Grier. Ms. Grier was a public health nurse at the Mecklenburg Health Department. She is a recent graduate and will be working with Ms. Kathy Zook and our contract provider, Ms. Karen Ritter, PA. Mr. Shepherd asked if she was full time. Ms. Koontz responded that she is full time, Monday through Friday.
- Mr. Darren Cecil applied and received an Association of Food and Drug Officials (AFDO) grant in the amount of \$2,000.00 for retail program standards.
- Ms. Janna Walker's team has been very busy. They are heavily involved in the community. They are providing education on vaping and substance abuse in the school systems and are also providing requested training.
- We added a school nurse position which was made possible by funding received from the Davidson County School system. This position was filled in-house by Ms. Courtney Berrier who was a community outreach nurse on the care management team. We are really excited that this position is filled, and it will take some of the burden off of our other nurses and allow them more time in the schools.
- Ms. Nancy Stout received the 90-day notice for accreditation. We have 90 days to get all of the documentation in. Ms. Koontz thanked the board for their help in the accreditation process. Ms. Daley asked if we had a definite date for the site visit. Ms. Koontz stated that no, we do not a definitive date.
- Labor and delivery have closed at the Wake Forest Baptist Lexington Medical Center(WFBLMC), but it has not changed our prenatal assurance model that we have with them. They will continue to provide prenatal care at the same facility, but women will deliver in Winston-Salem. As a member of the WFBLMC board, Ms. Koontz had the opportunity to express her disappointment in seeing services leave Davidson County; however, she was also keenly aware of the low number of births they were doing. It is hard to keep a labor and delivery unit running with less than one birth a day. We are not hearing any negative feedback when we are explaining this new option to our clients. We plan to continue with the same assurance model next year.
- Medicaid transformation is still in suspension. We have not had any new news.
- COVID-19 virus is emerging with new information coming in and is keeping us all busy here at the Health Department. Mr. Shepherd asked if it would just be a matter of time before it reaches North Carolina and spreads out. Ms. Koontz replied that this is what the CDC is predicting; although, it is a hard call to make these types of estimations. People are still traveling, but the CDC is recommending all universities to suspend their study abroad programs. Mr. Shepherd asked if she thought that it would burn itself out like the flu season does. From what Ms. Koontz has heard, the answer would be no, and Dr. Lanning commented that coronaviruses are not usually affected by weather patterns. He also stated that he felt it would be just a matter of time before the virus reaches North Carolina; especially, if they go forward with the furniture market in High Point which attracts buyers from China, Italy, and South Korea. Ms. Koontz stated that after the meeting she has a conference call with health directors in the region in regards to the furniture market, and they will discuss any additional strategies that need to be taken.
- Ms. Koontz asked if anyone had any questions regarding her health director's report. No one had any questions.

Old Business

Facility Remodel – Ms. Lillian Koontz

- The new reception area will be completed next week, and the old reception space will be turned into a meeting space. Occasionally, there is a need for a private meeting space in the downstairs lobby so the old reception area will be put to good use. As of yet, we do not have a time for project completion. The downstairs restrooms are being renovated, and they look great. The restrooms have gone from two stalls to one, but it is fully wheelchair accessible. Having one stall should not pose a problem since there is never a line for the restrooms.

New Business – Ms. Mary Lou Collett and Mr. Darren Cecil
2019 – 2020 Performance Based Budget Report

- Ms. Collett - The goals for personal health were met last year, and the goals for this year are the same. Ms. Collett stated that she keeps the goals pertinent to what is done in the clinic and in the community. One of the goals most important to Ms. Collett is the lab. Clients need to receive their results in a timely fashion. She has narrowed the goal for notification of results. In the past, it was four days to notify; now, it is three days. We were able to bank \$414,849.00 of Performance Based Budgeting(PBB) funds which were used for the renovations to the lobbies. We also used some of this money to replace our outdated monitoring system and freezer. The PBB funds enabled us to purchase these very needed items. Ms. Koontz stated how much she appreciates this program. It rewards us for being financially responsible with county dollars. Of the money we saved, we were able to bank a little over \$414,000.00 which is the maximum allowed, and the saved non-eligible funds in the amount of \$448,508.00 went back to the county general fund. Everybody wins when you save money. The county wins by getting dollars back, and we win because we are able to use these funds almost like discretionary funds on needed projects with the approval of the commissioners. Mr. Shepherd asked if the PBB funds were all county dollars including the non-eligible funds and what is the difference between the two. Ms. Koontz responded that all the funds were county dollars. The PBB program is set up to allow you to keep a certain percentage of the money that was saved. Anything saved over that percentage is not eligible for us to keep and goes back to the county.
- Mr. Cecil - Environmental Health met their goals for last year and so far, we have met our goals for this year also. The two items Mr. Cecil likes to focus most on are the number of days for inspection once a complaint is received related to food, lodging, and institutional facilities and the number of days it takes to make an initial site visit once a repair request is received for existing on-site wastewater disposal systems. Quality assurance has become more important and is supposed to be a part of our contract in the food and lodging program. We banked \$81,576.00 of PBB funds, and \$59,408.40 went back to the county general fund. We bought another truck for environmental health for \$42,827.40. We do not have any plans for the remainder of the money we had banked, so 47.5% will also go back to the county which makes a total of \$98,157.00 going back to the county. We have 8 vehicles now, but we still need three more so that all the staff will have a vehicle. Ms. Koontz stated vehicle addition is something that not everyone loves because of the maintenance required, but it is extremely important to her because of staff safety. The county seal on the vehicle legitimizes what our staff is doing and improves their safety. It has also become a selling point for job candidates that they will have a county vehicle to drive when they make site visits and will not be required to use their own personal vehicle. We are very excited to be able to do that. There is also a cost savings with having our own vehicles. It is less expensive to buy gas from the county than to reimburse staff for driving their own vehicle.

Presentation of 2020-2021 Budget, 10 Essential Services and 13 mandated services – Ms. Lillian Koontz

- The Ten Essential Services- the following are services which we have to ensure are being provided here at the Davidson County Health Department:
 - Monitoring health status to identify community health concerns
 - Diagnosing and investigating health hazards in the community
 - Informing, educating, and empowering people about health issues
 - Mobilizing community partnerships to identify and solve health problems
 - Developing policies and plans that support individual and community efforts
 - Enforcing laws and regulations that protect health and ensure safety
 - Linking people to needed personal health services and assuring the provision of health care when otherwise unavailable
 - Assuring a competent public health workforce and personal health care workforce
 - Evaluating effectiveness, accessibility, and quality of personal and population-based health services

- Conducting research

A list of these 10 essential services are posted throughout the Health Department. Commissioner Don Truell asked if they have to be posted. Ms. Stout stated that they do not have to be posted.

- There are thirteen mandated services. The following are five services that must be directly provided by the local Health Department:
 - Communicable disease control
 - Food, lodging and institutional sanitation
 - Individual on-site water supply
 - Sanitary sewage collection, treatment and disposal
 - Vital records registration

There are a lot of other services we provide, but these five services must be provided within our walls.

- These remaining eight mandated services may be provided by the local Health Department directly, by contract or by certifying availability from other providers.
 - Adult Health
 - Home Health
 - Maternal Health
 - Child Health
 - Family Planning
 - Dental Public Health
 - Grade "A" Milk Sanitation
 - Public Health Laboratory Support

For maternal and child health, we have assurance contracts with our agency. Adult, home, and dental health and grade "A" milk sanitation used to be provided by the Health Department. Home health was sold in 2005 or 2006. Since this service was provided in the community, we no longer needed to provide it here at the Health Department. Ms. Koontz also stated that some local jurisdictions have balked at the five mandated services which must be provided by the local Health Department. Polk County decided that they didn't want to be a part of their district, and they could do public health better. Then they realized that they could not afford to do public health with the five mandated services they are required to provide, so they started contracting these services out. This makes the North Carolina state level public health nervous at some of the things they are doing. Ms. Koontz wanted to make sure the Board is aware that Polk county is not abiding by the five mandated services rule in case they ever heard this mentioned.

- Presentation of the 2020-2021 Budget – We did not review the list of fees in the budget subcommittee meeting, since there have been no changes. You may remember that in November 2019, we added the recreation water facility testing which was approved by the Board of Health to accommodate our local recreational water facility. They found the testing to be expensive with private companies, so Mr. Cecil was able to find a way for the Health Department to do the testing for them. Ms. Koontz also wanted to remind the Board of Health (BOH) that the Board allows staff to update fees that change due to acquisition costs, so we do not have to call the BOH together every time there is a price change on an item such as a flu vaccine.
- The biggest part of our budget request which comes from the county is 55%. The 2nd largest part of our budget, 23%, comes from the state. The remainder of our budget comes from CCNC-10%, collections-5%, schools-4%, and Medicaid Max-3%. The 55% request from the county is the same as last year. Dr. Gilliam asked how this compares to other counties. Ms. Koontz responded that there is a wide variety of difference. Some Health Departments are asking for 20% from their county government, and some are requesting as much as 70% to 75%. There is a lot of difference, and it also depends on the services being offered. It goes back to the mandated and essential services. Take for example Environmental Health(EH). There are three services of the EH program that must be provided here at the Health Department. The state dollars that we receive for these services is insufficient to cover the cost, so we use county dollars to make up the difference. Sometimes these mandates are referred to as unfunded mandates. There is chatter among the local health directors to start looking to the state for more dollars coming in, so we can reduce our county request. In Davidson County, we are not unique in that the majority of our regulations, requirements, and the things we do to be compliant come from the state of North Carolina or the federal government. It is hard to sell that to the commissioners when we

are asking them for 55% of our budget. But these things have to be provided, and we are trying to do our best within the constraints we have.

- Last year we requested \$205,237.00 less than we are requesting for this year. Unfortunately, there are things that change every year across the board that we have no control over. The Board of County Commissioners try hard every year to give us an increase which the staff and I really appreciate. This year the proposal is a \$500.00 salary increase plus 1.7% of that new total. Retirement and health insurance benefits that the county pays for each employee are also increasing. These increases are reflected in our budget. Sadly, the only increase in state funding we received was for our Breast and Cervical Cancer Control program which is good news. We will be able to provide more screenings for women.
- Our Communicable Disease program is one of the mandated services that we have here at our public Health Department. Ms. Koontz stated that we have two full time employees who she can assure you are incredibly busy, especially right now with COVID-19. During the year, they stay busy with food borne illness outbreaks that may occur in a facility, and any flu or norovirus outbreaks in nursing homes or assisted living facilities. The staff providing these services are incredibly important to our business model here at the Health Department. The salary and fringe benefits altogether cost us a little over \$184,000.00 each year. The funding we receive from the state is less than \$35,000.00 a year which is a good example of why we are requesting 55% of our budget from the county. Because these programs are terribly underfunded by the state, the county has to make up the difference to ensure our citizens are protected. The last two years the health directors association has asked for an additional eight million dollars from the North Carolina legislatures to directly fund communicable disease. Although without an approved state budget, we will not be receiving additional funding for this program.
- The state has cut our funding again for WIC which is based on participation rates. This is happening across the board, and there are very few counties not receiving cuts. Because of this, we are losing one position. Last year, we lost two positions. The model we have turned in to the Board of County Commissioners has WIC fully staffed for the first three months of the year. At the end of the first three-month period, we would then have a reduction in force. Unofficially, we have heard that a couple of employees in the WIC program are considering retirement. This would mean no one would be displaced. We also had a position open downstairs and offered it up to the people that would be potentially displaced, but no one wanted to apply for it. Ms. Koontz believes the staff has had some conversation amongst themselves, and this situation will resolve itself. With that being said, we are still asking Mr. Matthews to work hard and pound the pavement to improve our WIC participation although his staff will be reduced by one position. This is very frustrating. Last year our cut was \$44,154.00, and this year it is \$30,294.00. As for the Breast-Feeding Peer Counselor position, we do not know yet what we will be receiving from the federal government. For the budget, we did an estimate based on what was received last year. The WIC staff that will be affected by this are aware of the budget cuts and everything that is going on. We will just have to wait and see what happens.
- The care management budget is interesting. The Medicaid transformation is still suspended. For this program, all of the dollars come from the state, and we pay people to do the job here. The reimbursement from the state is not keeping up with the fringe benefit increases at the county. Ms. Ange is using the reserves we have to fund next year's budget. These reserves occur when staff leave. If a position is budgeted for a whole year and the staff leave, the money that was not spent on their salary and fringe benefits goes into a reserve account. You may remember a year or year and a half ago our reserves were immediately told to be returned, so there is no benefit to Davidson County by saving the reserves when it just goes back to the state. I still don't believe we should be loose with our spending, but we have a job to do and need the staff here. So, we are going to fund all the positions that we have next year, and we are going to rely on reserves to make sure these positions are funded.
- We had a change in our pharmacist. Ms. Kellie Laws is our new pharmacist. She previously filled in on a part-time basis and was trained by Seth Miller, who was our pharmacist for 40 years. Ms. Laws is doing a wonderful job and has brought in some great innovations to our pharmacy.
- In conclusion, our budget proposal to the county manager includes 97 funded positions, and we are asking for more money than we did last year. Last year we asked for \$7,356,923.00 and received \$7,242,774.00. The amount received was \$114,149.00 less than our request. We anticipate this when we build our budget. Items that are typically cut are the travel supply line and contracted services.

Even though we may get cut, we will still be able to operate throughout the year due to responsible spending and flat salary. Our request to Davidson County for the entire operating budget is \$7,589,372.00. Commissioner Truell asked how much the increase is over last year's request. Ms. Koontz responded the amount of the increase is \$205,237. Commissioner Truell asked if the \$205,000.00 increase includes the increase for the salary and fringe benefits. Ms. Koontz responded yes. Commissioner Truell asked that without the salary and fringe benefits increase, would it be the same as last year. Ms. Koontz responded that it would be less than what we asked for last year. If other departments even smaller than ours kept everything exactly the same as last year, they would still be asking for more this year because of the raises and the increases for retirement and insurance. It is just the cost of doing business. Commissioner Truell asked if Ms. Koontz emphasized to the county manager that the budget request includes the increase in salary and fringe benefits. Ms. Koontz responded that she has not yet discussed the budget with Mr. Smith, County Manager, but in general conversation, she has indicated that she has kept a tight rein this year and that the increases are due to salary and the fringe benefits. Ms. Daley asked if anyone had any questions. There were none.

Approval of 2020-2021 Budget – Ms. Rebecca Daley

- The budget subcommittee met on February 27th, 2020 and approved the budget as presented. A motion from committee needs no second. Ms. Daley opened the floor to discussion, hearing none a vote was called for. The motion was approved without dissent.

Retail Food Program Funding Grant Application – Mr. Darren Cecil

- There is an opportunity to apply for an FDA grant in the amount of \$70,000.00 for the Voluntary Retail Food Program Standards. Mr. Cecil has already submitted a letter of intent. The actual application is due March 17th. He has been told by our regional FDA representative that there is a lot of competition for this grant. If we do receive the grant, Mr. Cecil intends to use the funds for building more details into the food and lodging program which will involve a lot of training. He hasn't really delved into where all of the dollars would go, but some of the things that have come to mind are paid internships and that sort of thing. Based on what is required we will need a letter of support from the Board of Health.

MOTION

Mr. Shepherd made a motion to approve. Ms. Jana Andrews seconded. The motion was approved without dissent.

- Commissioner Truell asked what the grant will be used for. Mr. Cecil responded that the grant would provide opportunities to create training for our staff, develop materials for the voluntary retail food program standards, and potentially hire temporary staff to help put the program together. The grant states that we cannot use the funds to augment current staff salary. The grant would enable us to bring other people in for training and send them to conferences that we normally could not afford. \$70,000.00 is a lot of money, and he plans to write out a budget for allocation of the money this week. Mr. Shepherd stated that over the last several years the state of North Carolina has been going to the FDA food inspection type programs. This comes with a lot of training and education for staff by these qualified federal experts. So, to me this is a good thing to have. Mr. Cecil stated that the program is transforming from what it used to be. It started around 2010 or 2012 with the federal food codes and more steps are being taken in that direction which will help standardize the way things are done nationally, not just state and county. Commissioner Truell asked if the federal standards are higher than the state standards. Mr. Cecil responded that they are not higher just different. North Carolina has standards that are higher than most other states. Grade cards are a good example. A lot of states do not use grade cards. Mr. Shepherd stated that the federal standards are science based. It is based on food borne illness and how to reduce those factors that contribute to food borne illness. Another board member asked if you do get the money, would there be more training involved. Mr. Cecil responded yes. Ms. Koontz had referred earlier to unfunded mandates. We get zero dollars to fund our food and lodging program. We do receive money from state-generated fees which is around \$25,000.00 to \$27,000.00 a year, but our EH budget was 1.1 million. So, the amount we receive from fees is very little help in funding this program. Ms. Daley asked if there any other questions or discussion. There were no

questions or discussion. Ms. Daley thanked Mr. Cecil for bringing this before the Board of Health and to keep the Board posted regarding the grant.

Policy Review and Approval – Ms. Nancy Stout

- 100.10 Policy and Procedure Development – Policy was just reviewed. There were no changes.
- 100.14 Workforce Development – The only section changed was the training section. We tried to decrease some of the training and streamline what we kept. Mr. Shepherd asked if the training that was decreased was not needed or if it was incorporated somewhere else. Ms. Stout responded that we are keeping the training but moving it to another section, and the training is not as in-depth.
- 100.64 Patient Identity Medical Record – Policy was just reviewed. There were no changes.

MOTION

Dr. Gilliam made a motion to approve the policies. Dr. Lanning seconded. The motion was approved without dissent.

Opioid Abuse and Misuse Program Update – Mr. Jonathan Tysinger

- Mr. Tysinger wanted to make the Board aware of where he has been and what he has been doing. Primarily in the last few months, he has been building partnerships in the community and making himself known. He is beginning to build partnerships with the following organizations: NCDHHS, DCSPAN, Family Services, Cardinal Innovations, Davidson County Schools, Surry County, DCCC, Daymark Recovery Services, City of Thomasville, Davidson County Emergency Services, Forsyth County Emergency Services, Monarch, DC. Connect, Inc., YMCA, Tristan’s Haven, Wake Forest Baptist Health, Path of Hope, Goodwill, Novant Health, Davidson Medical Ministries, Open Hands of Davidson County, and Four Directions Counseling & Recovery Center.
- Davidson County fell within the top 5 counties of the State for opioid overdose emergency department(ED) visits for January 2020 with 18 (ED) visits. This is 5 more than January of 2019. These are counties that are relatively close to our population, demographics, and economic scale. Davidson County averages about 5th in the state every month under different demographics for opioid related overdoses, ED visits, and death. The 25-34 age group has the most opioid overdose ED visits. Typically, a lot of these are post incarceration, and this demographic is 40 times more likely to overdose in the first two weeks. This particular map showing on the screen is not specific to Davidson County, but it is relevant. This map shows up on several others resource pages. Every time there is a hot spot, spike, increase or continuation usually the top counties are always listed. This map has shown up for several months, and basically, it has not changed. Burke, Mecklenburg, Davidson and Wake are always listed on the map for opioid overdose ED visits. It is important to keep a clear picture of our problem, so we know what our focus should be. Ms. Daley asked if that just included ED visits and not overdoses that were not transported. Mr. Tysinger responded yes, it is just ED visits. To frame it in a different scale, Mr. Tysinger speaks with Mark Robbins about every week just to keep his statistics updated, so he knows what is going on. They crunched the numbers and were able to determine just from 911 overdose calls, EMS was running one overdose call every 12 hours for the entire year of 2019.
- The following are our program goals for the opioid overdose initiative:
 - Successful Grant Application – You can’t do anything without funding. We are seeking grants on a weekly basis.
 - Implement Evidence Based Programming – This accounts for a good bit of my time. Mr. Tysinger researches what other counties and states are doing that is working and what we can implement in Davidson County that is feasible within our parameters.
 - Raise Community Awareness – You can’t fix what you don’t know. Mr. Tysinger believes that it is important that the community understands the scope of the problem we have, because no one is going to have a conversation about it unless they know what the problem is.
 - Connect Those in Need to Care – Specifically for us, it is going to be post incarceration since this is a high-risk demographic. Prevention is always cheaper than after care and recovery which is why preventative education is so important. One of Mr. Tysinger’s main emphases is to reach our schools and our youth.

- Decrease the Number of Overdoses, Deaths, and Emergency Department Visits Related to Substance Use - One of the ways Mr. Tysinger has begun to work toward achieving this goal is the substance use treatment repository that has been created. There are 70 plus facilities in this repository. If he is contacted regarding someone that needs help, he is able to pull this up and walk them through their payment options, the different types of treatment, and if transportation is needed. He will also follow up with them if needed to make sure the services met their needs and if there is anything else he can do for them. One of the agencies that he has been referring clients to is Parents of Addicted Love Ones(PAL) in Thomasville. Parents, other family members, and friends of people who suffer with substance abuse and misuse are an often forgotten demographic. Mr. Tysinger has created community access business cards which have his name and telephone number on it and on the back of the card it has his phone number again with a statement to call this number if you need help with substance abuse or someone you know needs help. He has placed them in different places including the magistrate's office. Mr. Tysinger knows from his experience of working in law enforcement, people go to the magistrate seeking involuntary commitment papers because their family or friends are suffering from substance abuse. These cards are also placed at Lexington/Thomasville Probation offices, school presentations, and any public event or venue. We have made 5 referrals to date. That doesn't sound like a lot, but we just started this about a month ago.
- Our key strategies are prevention, reduce harm, and connect to care which fall in line with North Carolina's Opioid Action Plan 2.0. The following are ways that we are implementing these strategies:
 - Public Awareness Events - We just recently held a community awareness conference for substance abuse at the YMCA on Feb 22nd where we invited the public to come. We are partnering with the YMCA's in Lexington and Thomasville as a venue to be able to mirror events in both cities at the same time. Right now, we are in conversation with Mr. Doug Freeman at the YMCA in Thomasville to schedule the same type of conference we had in Lexington to ensure we are covering both cities. We are going to start working on outreach to Denton as well.
 - Expansion of "Get the Facts" program – This has been a little time consuming, but it is beginning to pay off. The schools are inviting us to come more. Mr. Tysinger was able to go to five schools in four days last week which is great. Tomorrow, he will be going to Oak Grove to present the facts about marijuana along with Ms. Natalie Haneline who will be presenting about vaping.
 - DCSPAN revitalization –Mr. Tysinger challenged the coalition at their last meeting to come up with some new program initiatives. The group was divided into three subcommittees, finance, planning and marketing. When new ideas come rolling in, it will not fall on one person to figure out how to do it. They also want to improve their website to make it more user friendly and have a better interface, so people can find the information they need and get their questions answered in connection to care.
 - DC Connect – Mr. Tysinger is working with DC Connect which is a fantastic group. The reason why he is involved with this group is to utilize the referral capability of DC Connect to reach a high-risk population(justice involved individuals). He will be able to reach these individuals just coming out of incarceration and provide them with education, facts and any care they might need.
- Long Term Goals
 - Development of a Post-Overdose Response Team Program and Development of a Public Naloxone Accessibility Program – Mr. Tysinger stated that they are in the process of determining the feasibility of doing these two programs. Essentially the post overdose team program is a group who would respond directly to individuals right after an overdose to connect them with care and follow up with them regarding preventative measures. This is actually a nationwide initiative, but it has taken shape in different forms. Post-Overdose Response Team is kind of a generic term. Sometimes the term, community paramedicine, is used for these types of programs. Forsyth County has a community paramedicine program which has been very effective. The Public Naloxone Accessibility Program would work on increasing public access to naloxone(treatment that reverses opioid overdoses).
 - Research of Evidence Based Harm Reduction Strategies and Feasibility

- Increase Treatment Providers - We need to increase treatment providers, especially inpatient facilities in the county. Daymark is the only inpatient facility with a limited number of beds. Mr. Tysinger stated he made a referral on Friday. The individual that called was trying to find treatment for her son who needed inpatient detox, and Mr. Tysinger referred her to an inpatient facility in Lexington. The facility informed her that they had no beds available and could not help her. Mr. Tysinger made two more referrals to other facilities. These are the gaps in services that need to be filled. Mr. Shepherd asked Mr. Tysinger what he feels is the reason behind these gaps in service. Mr. Tysinger responded that he felt it was due to policy and funding. For example, an individual seeks treatment at a facility in Davidson County, and they refer that person to a facility Winston-Salem because they have no beds available. If the individual does not have transportation, how will they get there. Would the referring facility provide transportation? These are questions that he is trying to bring to the table in conversations that he is having. Mr. Shepherd stated that since Davidson County has a higher rate of overdoses, it would seem the county would have corresponding treatment providers and sober living/half-way housing. Mr. Tysinger responded that he believes that the scope and scale of this problem has only recently been recognized. We are behind in the number of treatment providers we have. The problem got ahead of us before the treatment providers could catch up.
- Increase Sober Living/Half-Way Housing – Currently we have only one sober living/half-way housing facility which is Path of Hope. Daymark is a 16-bed facility with a 7-day detox in-patient program, and Path of Hope is a 28-day program with a very limited number of beds. A bottleneck is created after patients are released from Daymark, because we only have one sober living facility to handle all the patients being funneled from Daymark. Increasing the number of treatment providers and sober living facilities is a very large undertaking and cannot be accomplished within a matter of months. However, if we don't start talking about it now, it will never happen.
- Increase Support/Counseling Groups, Such as Peer Support Specialists – We have support and counseling groups in Davidson County, but we have so many people coming into recovery that there are not enough counseling groups to support them. Another board member asked where does the funding come from for treatment facilities and is there any state or federal funding. Mr. Tysinger responded that some funding comes from Medicaid, but with the Medicaid lockdown this type of funding can be hard to find. Other funding comes from municipalities, insurance, and self-pay. If you take a facility like Daymark who deals with a lot of indigent individuals, the situation with Medicaid poses a real problem. As far as the programs at the Health Department, everything Mr. Tysinger is doing is essentially zero dollars, but to implement these larger programs, it will take funding. That is why he is trying to get grants in order to help with the funding of the larger projects. Mr. Tysinger asked if anyone had any questions for him. Commissioner Truell asked why rural Davidson County would be in the top 5 of overdose ED visits. It is a combination of several factors, but a lot of it has to do with our location to larger metropolitan areas and also the fact that we do not have the facilities, funding, and resources that some of our larger counties have.
- Ms. Daley thanked Mr. Tysinger for his presentation and requested that the power point presentation be sent to all of the board members so they could look at it in further detail and also for the board members that were not able to be present.

Ms. Daley requested a motion to go into closed pursuant to NC § 143-318.11 (a) (6) regarding two personnel matters.

MOTION

Mr. Shepherd made a motion to go into closed session, pursuant to NC § 143-318.11 (a) (6). Dr. Gilliam seconded the motion. The motion was approved without dissent.

(Closed Session)

MOTION

Mr. Shepherd made a motion to return to open session. Ms. Andrews seconded the motion. Motion was approved without dissent

Open Session

Ms. Daley stated that pursuant to NC § 143-318.11 (a) (6) a closed session was held to discuss personnel matters. No action was taken by the Board.

Meeting Adjourned

Mr. Shepherd made a motion to adjourn. Ms. Andrews seconded the motion. Motion was approved without dissent.

This is a true and accurate copy of the March 3, 2020 Board of Health Minutes.

Respectfully submitted,

Ms. Lillian Koontz, MPH, REHS
Secretary to the Board

Ms. Rebecca Daley, RN
Chair to the Board