

ORANGE COUNTY HEALTH DEPARTMENT MISSION STATEMENT: *To enhance the quality of life, promote the health, and preserve the environment for all people in the Orange County community.*

THE ORANGE COUNTY BOARD OF HEALTH MET ON April 20, 2022, at the Orange County Health Department, 300 West Tryon Street, Hillsborough, NC.

BOARD OF HEALTH MEMBERS PRESENT: Dr. Bruce Baldwin – Chair, Keith Bagby – Vice-Chair, Brian Crandell, Jessica Frega, Commissioner Jean Hamilton, Dr. Aparna Jonnal (via phone), Dr. Sam Lasris (via phone), Dr. Shielda Rodgers (via phone), Dr. Alison Stuebe, and Tony Whitaker.

BOARD OF HEALTH MEMBERS ABSENT: Dr. Lee Pickett.

STAFF PRESENT: Quintana Stewart, Health Director; Dana Crews, Community Services Director; Tommy Green, Community Health Aide; Micah Guindon, Financial and Administrative Services Director; Victoria Hudson, Environmental Health Director; Carla Julian, Compliance Manager; Alvina Long, Public Health Nursing Director; and La Toya Strange, Administrative Support I.

GUESTS PRESENT: None.

The meeting began at 7:03pm with Chair, Dr. Bruce Baldwin, welcoming everyone to the 1st in-person Board meeting since March 25, 2020. He mentioned that, at the last in-person meeting, the agenda included the submittal of the final fluoride report by the Fluoride Committee and the recommendation of Dr. Shielda Rodgers as the Nursing Representative replacement. Lastly, it was revealed that this is the 1st in person meeting for Dr. Shielda Rodgers, Dr. Brian Crandell and Commissioner Jean Hamilton.

I. Welcome New Employees: Ms. Stewart introduced Tiffany Canales and Lucia Centeno.

Dr. Baldwin stated that he and the Board wanted to recognize the OCHD and Quintana Stewart for all of the work they do including the extra work completed in the last 2 years during the pandemic. Jessica Frega read a proclamation recognizing and expressing gratitude to Ms. Stewart and the OCHD. On behalf of OCHD, Quintana thanked the Board for the recognition and for their support, expressing that it was a team effort by everyone including elected officials.

II. Public Comment for Items NOT on Printed Agenda: None.

III. Approval of the April 20, 2022 Agenda

Motion was made by Dr. Alison Stuebe to approve the agenda, seconded by Jessica Frega and carried without dissent.

IV. Action Items (Consent)

A. Minutes of March 23, 2022 Meeting

Motion was made by Tony Whitaker to approve the minutes of March 2022, seconded by Dr. Alison Stuebe and carried without dissent. Jessica Frega abstained from the vote as she wasn't present at the March 23rd meeting.

V. Educational Sessions

A. Criminal Justice Resource Department (CJRD) Update

Caitlin Fenhagen is the director of the Criminal Justice Resource Department, a department that oversees and supports jail alternatives programming in Orange County. CJRD's mission is to seek to reduce the number of individuals with behavioral health issues in the criminal justice system, to provide supportive services and to reduce the risk of recidivism. Ms. Fenhagen gave a great presentation updating the Board on the CJRD's activities and programs. Below are some highlights.

- The BOCC created the CJRD with specific intentions including the reduction of unnecessary pre-trial incarcerations. It is not uncommon for the local jails to house prisoners with behavioral health issues arrested with low-level type of offenses, as there is nowhere else to serve them in the community. This isn't just a local issue; it's a national problem.
- The CJRD has approximately about 16 staff. Most work in the courthouse. Two of the re-entry council staff are housed in Whitted.
- Re-imaging the criminal legal/justice system by deflection (keeping them out of the system) and diversion (keeping them away from the system once they have entered). This also includes youth deflection associated with the juvenile justice system.
- The newest CJRD program is the Lantern Project.
 - Its goal is to provide increased access to care and support to people with a history of substance use, specifically opioid use, who are involved in the criminal legal system in OC. Harm reduction measures, behavioral health services and education about COVID-19 are provided.
 - Upon completing the Lantern Project Diversion plan, which is for anyone who may have a behavioral health issue and are at risk of being arrested or have an open criminal court matter, the arrest or criminal court case has the possibility of being dismissed and/or closed.
 - The Lantern Project Re-entry involves completing intake assessments for those who are currently detained at the OCDC, or who have been released from prison within the last month. They will receive an individualized transition plan, are connected to services, and support immediately upon their release.

Other CJRD programs include the:

- Pretrial Release Program, Misdemeanor Pre-Arrest Diversion Program, Pre-Arrest Diversion Program, Local Re-entry Council and the Restoration Legal Counsel.
- Crisis Diversion Facility's mission is to facilitate diversion of individual experiencing a behavioral health crisis (mental health and substance use disorder) from either a hospital-based ED or the criminal justice system.
 - Services provided include clinical services, criminal justice services, community treatment networking and social services networking.
- Street Outreach, Harm Reduction and Deflection (SOHRAD) Program is comprised of 4 staff who:

- Connect people living unsheltered with housing and services.
- Use a trauma-informed, relationship-based model with visits to campsites, hospitals, jails and the streets.
- Perform welfare checks, harm-reduction outreach, connections to housing and services.
- Help reduce policing and justice involvement.
- Perform therapeutic assessments, case plans and case management.

The BOH had questions and comments that were addressed by Ms. Fenhagen.

B. Formerly Incarcerated Transition (FIT) Update

Tommy Green, Community Health Aide, gave an update on the FIT program. He began by providing some background of the FIT program and its purpose. Below are some highlights:

- FIT program was designed to connect formerly incarcerated people with a chronic condition to health care services via the help of a community health worker (CHW).
- Other community re-entry resources are available to help with a comprehensive re-entry plan. The FIT program works with its partners and assists clients with finding housing, employment and getting into substance abuse programs.
- Currently, Orange, Durham, Wake, Mecklenburg, Guilford and New Hanover counties have FIT programs.
- Some data given included:
 - There are 1.5 million people in federal or state prisons and jails in the U.S.
 - African-American men represent 40% of the prison population despite only making up 13.2 of the total U.S. population.
 - Incarceration rates for men by race
 - ❖ 1 in 14 are Caucasian, 1 in 6 are Hispanic and 1 in 3 are African-American.
 - The U.S. makes up 25% of the world's prison population despite only comprising of 5% of the world's total population.
 - 77% of former prisoners are rearrested for another crime within 5 years of being released.
 - In NC, there are over 37K people incarcerated in state prisons (approx. 34K males and 3K females).
 - Within the 1st month of post-release, the risk of death from heroin overdose and pill overdose is 70x and 24x, respectively, than of the general population.
 - Out of a study of 1,100 people exiting imprisonment, 80% of men and 90% of women had a chronic disease that required management including heart disease, diabetes, HIV, Hepatitis C and kidney disease.
 - More than 50% of individuals in prison report at least one mental health symptom.
 - To be eligible for the FIT program, one must be an Orange County resident, recently released from prison or jail within the last 2 years and diagnosed with a chronic illness to include mental health and substance abuse/misuse.
 - Some of the challenges faced are homelessness, no source of income, recidivism, food insecurity, unemployment and mental health problems. .
- Case load data:
 - 81 total clients of which 35 are active cases, 12 graduates, 6 deceased (1 overdosed) and 28 lost to follow up.

- The recidivism rate is almost 12%.
- Some of the desired outcomes of the FIT program include decreasing recidivism, improving client health outcomes, empowering clients to become knowledgeable about their health and take control, and increasing adherence with use of medications and treatment plans.
- Transition Prisons
 - They are being adapted to enhance access to the local re-entry community to develop a comprehensive re-entry plan prior to release by having the prison residents moved to a Transition Prison near their home 12-18 months prior to release.
- FIT Recovery (used to be FIT Connect)
 - Along with MAHEC, the push is to create a MAT Pilot Program for the state prison system.
 - FIT helped create MAT programs at the Durham and Orange County Detention Centers.
 - FIT, along with the NC Harm Reduction Coalition and the Duke Opioid Collaboratory, is providing technical assistance (TA) to 24 communities across the state by working with the grantees and attending all TA meetings and webinars.

The BOH had questions and comments that were addressed by Mr. Green.

C. 3RD Quarter Financial Reports and Dashboards

Micah Guindon, Finance and Administrative Services Director, gave a report on the 3rd quarter revenue and billing accuracy. Her report is as follows:

- Total Health Department Budget vs. Actuals:
Average YTD monthly revenue in FY 21-22 after the third quarter is \$323k/month or \$2.9M projected for the year, representing 69% of our overall budgeted revenue for the year. Revenues are higher than this point last fiscal year due to increased service levels for patients and residents. Revenue in the Environmental Health, Personal Health, and Dental Divisions (FY 20-21 third quarter YTD: \$2.7M) are all up. Expenses are in line with revenues, at 58.91% of the overall budget.
- Dental Earned Revenue by Source:
The FY 21-22 average monthly revenue (\$44.8k/month) for the third quarter is above our budget projection (\$41k/month) and the FY 20-21 average of \$37.1k/month. Revenue increases are due to a number of factors including a full clinic schedule compared to last year, a reduction of the appointment time for children's cleaning, and close monitoring of the schedule for cancelations. Staff are filling canceled spots more quickly ensuring as many patients are served as possible. Lastly, staff and patients alike are getting more comfortable with the mobile dental clinic setting and an increasing number of patients are being seen there. FY 21-22 dental earned revenue totals \$403k at the end of the third quarter compared \$315k at the end of the FY 20-21 third quarter.
- Medical Earned Revenue by Source:
Medical earned revenue is currently above the budgeted projection for FY 21-22 (\$33k/month) at \$49.1k/month due primarily to Medicaid Transformation's per member per month rates for Primary Care. Family Planning, Child Health, and Medical Nutrition

Therapy programs are all also bringing in higher than expected revenue. We anticipate this trend toward increased revenue will continue to improve as the vacant positions are filled. Medical clinic revenue totals \$442k for third quarter FY 21-22 compared to \$359k in third quarter FY 20-21.

- Environmental Health Earned Revenue by Source:
Environmental Health earned revenue is above the budgeted projection for FY 21-22 (\$53k/month) at \$55.1k/month. We are starting to see our seasonal trend of increase revenue in the third quarter of the year due to spring pool inspections and better weather for outdoor inspections and site visits. FY 21-22 third quarter YTD revenue (\$496k) is higher compared to third quarter YTD FY 20-21 (\$426k).
- Grants Fund Revenue:
Family Success Alliance (FSA) has drawn \$26,813 of the remaining \$52,016 of the Kenan Grant fiscal year-to-date. Now that FSA is fully staffed, we will continue to draw these grant funds and anticipate exhausting them by June 2022. The NC IncK grant has neither been expended nor revenue received, but a staff person has been hired so those activities will begin in Q4.

VI. Reports and Discussion with Possible Action

A. Media Items

Ms. Stewart stepped in for Kristin Prelipp, Communications Manager, and briefly mentioned two of the articles that Ms. Prelipp had included amongst her media items. They were two News & Observer articles. The first article spoke about Wake County's reduction on COVID testing and vaccination appointments. The second article was about COVID booster shots being available in the Triangle.

Media items were in the packet which focused on Orange County's events and our involvement in various efforts.

B. BOH Health Director Report

Quintana Stewart, Health Director, briefly highlighted the following items.

- There are two employees, Donna King and Philip Vilaro, retiring on May 1st.
- Last week, the Opioid Task Force met. Orange County will receive \$6.8 million over an 18-year period with the payment amounts declining as the years pass by. The first payment of approximately \$261K is scheduled to be received in the spring of this year with an additional payment of approximately \$547K arriving this summer.
- At the NCACC Opioid Summit held on March 29th, everyone chose Option B as the strategy. Under Option B, a local government may fund one or more strategies from a longer list of strategies after engaging in a collaborative strategic planning process involving a diverse array of stakeholders at the local level. The first step will be hiring a neutral consultant.

C. COVID-19 Update

Quintana Stewart, Health Director, gave a brief update on the COVID-19 status in Orange County (OC) as well as took questions from the Board. Some highlights of her presentation are below.

- OC is in the yellow (medium) CDC community level. There has been an increase in cases. Fewer than 200 cases per population of 100K equates to the green tier, which indicates low community transmission. OC had approximately 205 cases.
- Hospitals are not seeing a strain. The percentage went up 1% from 50 to 51%.
- There was 1 new death within the last month has occurred bringing the total death count of 125.
- Currently, there are 2 outbreaks. One is in a nursing home, the other in the detention center.

VIII. Board Comments

Jessica Frega will be submitting her formal letter of resignation scheduled for the end of June. This will allow a greater opportunity to look for her replacement as it will be noted on the BOCC webpage that the Board of Health has a vacancy. She also spoke about using the at-large seat to promote diversity on the Board.

Dr. Sam Lasris' 3rd term will be ending at the end of June. There are still no dentist applicants. Brief discussion was held regarding recruitment efforts including the prospect of drafting a letter and sending it to local dental organizations.

There was also brief discussion about meeting via Zoom, hybrid and possible alternate meeting locations. Ms. Stewart stated that a 30-day notice to the public is required for meeting changes. She'll also consult with the county attorney regarding the topic of hybrid meetings after the Emergency Declaration expires.

Dr. Bruce Baldwin, chair, informed the Board that the three subcommittees (Access to Care, Health Equity, Substance Use Disorders) either have met or are scheduled to meet.

VIII. Adjournment

Keith Bagby moved to adjourn the meeting at 9:05pm and Jessica Frega seconded.

The next Board of Health Meeting will be held May 25, 2022 at 7:00pm at the Orange County Health Department, 300 West Tryon Street, Hillsborough, NC at 7:00 p.m.

Respectfully submitted,

Quintana Stewart, MPA
Orange County Health Director
Secretary to the Board