

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 24, 2019 at the Southern Human Services Center, 2501 Homestead Road, Chapel Hill, NC.

BOARD OF HEALTH MEMBERS PRESENT: Timothy Smith – Chair, Bruce Baldwin, Keith Bagby, Susan Elmore and Sam Lasris.

BOARD OF HEALTH MEMBERS ABSENT: Barbara Chavious, Paul Chelminski, Jessica Frega, Jennifer Deyo, Liska Lackey and Commissioner Earl McKee.

STAFF PRESENT: Quintana Stewart, Health Director; Shannon Barnes, Social Work Supervisor III; Rebecca Crawford, Financial and Administrative Services Director; Victoria Hudson, Environmental Health Director; Donna King, Health Promotion and Education Services Director; Kristin Prelipp, Communications Manager; Beverly Scurry, BOH Strategic Plan Manager; and La Toya Strange, Administrative Support I.

GUESTS PRESENT: Erin Cane.

I. Welcome New Employees

Timothy Smith, Chair, called the meeting to order. There were no new employees present.

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

III. Approval of the April 24, 2019 Agenda

There weren't enough BOH members present for a quorum; no vote on this item.

IV. Action Items (Consent)

A. Minutes of March 24, 2019 Meeting

There weren't enough BOH members present for a quorum; no vote on this item. This item will be voted on at the May meeting.

V. Educational Sessions

A. Drug Free Youth

Gayane Chambless, Program Director, Orange Partnership for Alcohol and Drug Free Youth, and Paige Schildkamp, Program Assistant - Youth and Communications, gave a presentation on ADAPT and an overview of marijuana. Many handouts were distributed as well as paraphernalia related to THC and marijuana. Below are a few highlights of their presentation.

- Alcohol and Drug Abuse Prevention Team (ADAPT)
 - ADAPT is made up of high school students; 7 from Cedar Ridge and 5 from Orange High. They help educate their peers about the downside of using drugs and alcohol in hopes to reduce underage drinking and drug use.
- Marijuana
 - Most commonly used illicit drug in the US. Slang used to describe it include weed, pot, grass, gas, loud, ganja, mary jane and joint.
 - Over 500 different compounds in the plant. Tetrahydrocannabinol (THC) is found in cannabis plants and is known for causing the “high”. Cannabidiol (CBD) is found in both cannabis and industrial hemp plants. It is grown for fiber and seeds and only has traces of THC. Hemp has a lower THC and is used to make auto parts, clothing, soap, etc.
 - Marijuana is a mixture of dried leaves, flowers, stems and seeds from the cannabis sativa or cannabis indica plants. Mind-altering chemicals/properties are produced by the leaves and buds, primarily in the female cannabis plant.
 - Cannabis sativa plants – lower CBD and higher THC; creative high
 - Cannabis indica plants – have higher CBD and lower THC counts; mellow high
 - Vaping, Smoking and Edibles
 - The primary differences between smoking marijuana and eating an edible are in the magnitude of the effects, the time lapse before the effects are realized, and the longevity of the effects.
 - After eating an edible containing marijuana, THC is absorbed into the bloodstream through the stomach and then the liver. Since this absorption process is much slower than in the lungs, the effects felt through an edible will be less potent, but could last much longer – sometimes between 4 to 6 hours. Also important to note, the liver can change THC into a stronger strain, usually resulting in a greater sedative effect.
 - Smoking marijuana can lead to health complications just as smoking tobacco can. Health risks can include emphysema, bronchitis, and bronchial asthma.
 - Addictive/Precaution
 - DSM V has added it as an addictive disorder. 30% of all users show marijuana use disorders. Marijuana is ranked only behind alcohol in the number of Americans meeting clinical criteria for drug dependence or abuse in the past year. About 1 in 6 people who start using marijuana as teens and 25-50% of those who use it every day become addicted.
 - Negative effects include:
 - THC – Psychoactive/mind-altering; long term health risks include lungs, heart, psych reactions and addiction
 - CBD – Not psychoactive; less known long term risks
 - You never know what’s in your marijuana as it could be up to 80% THC or be laced with things like mold, glass shards, cocaine, or fentanyl.
 - Legalization
 - Medical /Recreational
 - THC - used to combat side effects of chemo, muscle spasticity related to Multiple Sclerosis (MS), chronic pain, and wasting disease.
 - CBD - used to combat stress/depression/anxiety, MS, schizophrenia, migraines, epilepsy, arthritis, some cancer and chemo side effects.
 - Decriminalization
 - Laws have been enacted to stop jailing for those possessing less than 0.5 ounces. Possession of less than 0.5 ounces is a misdemeanor.

- Decrease in arrests for cannabis related crimes (CO, OR, WA, DC);
- Decrease in violent crimes and a reduction of violent crime in states that border Mexico
- After legalization, some common changes include increase in ED visits for marijuana –related reasons, increase in youth use and increase in state revenue (taxes).
- In NC, SB58 (bill to revise marijuana laws) and HB 401 (Medical Cannabis Act) have been introduced.

The BOH had questions that were addressed by Ms. Chambless and Ms. Schildkamp.

B. Family Home Visiting Update

Shannon Barnes, Social Work Supervisor, Family Home Visiting (FHV) Services, gave the Board a brief orientation of the Family Home Visiting Services section. Below are highlights.

- Programs include:
 - Pregnancy Care Management (PCM)
 - Nurses, social workers, and UNC providers working together to improve the quality of maternity care, improving birth outcomes and providing continuity of care for the pregnancy Medicaid population. Case managers work with the client from time of referral to 2 months postpartum. Orange County served 240 at risk pregnant women last year.
 - Most complex patients are those dealing with homelessness and substance abuse. The social needs are dealt with as well as the medical. FHV also works with UNC Horizon regarding substance abuse needs.
 - Care Coordination for Children (CC4C)
 - Consists of social workers and nurses that set interventions/activities for the health care & preventive service needs from birth to 5 years of age and works closely with DSS and foster children. Children who are served by CC4C care management have consistently higher rates of obtaining necessary annual dental visits and children in foster care have consistently higher rates of well care visits before age 15 months than those children not served by CC4C care management.
 - Services consist of home visits, education, advocacy, linkage to community resources and services, developmental screenings, and collaboration with medical providers and DSS.
 - Behavior Health Services
 - Behavioral health clinicians provide short-term counseling to OCHD clients experiencing mental health/substance abuse problems or other life stressors. There were 417 clients served last year in which 68% had experienced trauma.
 - Health and Behavioral Intervention Program offers confidential counseling for Medicaid eligible pregnant women with serious psych-social issues.
 - Triple P (Positive Parenting Program) is a parenting and family support system aimed at preventing and treating behavioral and emotional problems in children and teenagers.
 - Newborn-Postpartum Home Visiting (NBPP HV)
 - Nurses conduct newborn and maternal postpartum assessments in the home, which include physical, behavioral, and environmental health assessments, and make referrals to partnering community organizations.

- There were 221 mom/baby pairs (total of 442 clients) seen in FY 17-18 consisting of medicaid eligible babies and uninsured mothers.
- Breastfeeding Support Services
 - Most referrals are received from UNC. Home visits occur in which education and support are provided to mothers interested in and/or need help with breastfeeding.
- Sudden Infant Death Syndrome (SIDS) Counseling
 - Grief counseling for families affected by the death of an infant from SIDS. FHW has 3 SIDS counselors on staff.

The BOH members had questions that were addressed by Ms. Barnes.

C. 3rd Quarter Financial & Billing Dashboard Reports

Rebecca Crawford, Financial & Administrative Services Director, gave a report on the 3rd quarter revenue and billing accuracy. The report is as follows:

- **Total Health Department Revenue:** Average YTD monthly revenue in FY19 at the third quarter is \$223k/month or \$2.0m YTD, representing 54.6% of our overall budgeted revenue for the year. Multiple factors contribute to the lower than normal revenue: Electronic Medical Record (EMR) change to Epic, and departmental closures due to weather related events and computer network outages negatively impacting all divisions. Allocations of Medicaid Max funds will not be transferred into our budget until the end of the fiscal year. Expenses are higher than revenues at 66.5% of the overall budget but are lower than budgeted in an effort to match our reduced revenue intake.
- **Total Billing Accuracy:** Billing Accuracy is under construction due to the change in medical EMR. The Informatics team and UNC Epic reporting staff are working diligently to have this measure for both medical and dental back by the fourth quarter financial report.
- **Dental Earned Revenue by Source:** The FY 18-19 average monthly dental revenue (\$43.6k/month) for the third quarter is slightly below our budget projection (\$45k/month) but higher than our FY 17-18 average of \$42.6k/month. FY 18-19 dental earned revenue totaled \$393k at the end of the third quarter.
- **Medical Earned Revenue by Source:** Medical earned revenue is currently below the budgeted projection for FY 18-19 (\$55.6k/month) at \$35.5k/month (although higher than the first quarter average of \$16.3k/month and second quarter average of \$22k/month). We continue to recover from factors in the first and second quarter which contributed to lower revenue but are steadily seeing an increase as our Epic EMR allows us to capture more and more of our earned revenue that was delayed. Medical clinic earned revenue totals \$320k for third quarter FY 18-19.
- **Environmental Health Earned Revenue by Source:** Environmental Health earned revenue is currently below the budgeted projection for FY 18-19 (\$53k/month) at \$44.9k/month) although this is a seasonal trend and has also been affected by office closings and wet weather, which resulted in an inability to perform as many onsite well and septic inspections. We typically see an increase in revenue during the spring with

public pool and septic inspections and the division has implemented a strategy to quickly decrease the number of pending weather-delayed inspections. Environmental Health earned revenue totals \$404k for third quarter FY 18-19.

- **Grants Fund Revenue:**

FSA has drawn \$100k of the multi-year Kenan grant. We will receive the second allocation of \$100k after third quarter FY 18-19. Expenditures continue to increase as the Social Work Supervisor II implements her program strategies.

The BOH members had questions that were addressed by Ms. Crawford.

D. Advisory Board Report

Beverly Scurry, Board of Health Strategic Plan Manager, gave a brief summary of the Orange County advisory boards' activities as they pertained to the BOH's strategic plan priorities. Below are the boards that she highlighted.

- Orange County Schools
 - The Food and Nutrition Program was recognized for being in the top 2 out of 3 in the state for measures for participation rates, reporting, and needs filled of students who are hungry.
- Carrboro Board of Alderman
 - The Board approved the town joining the Government Alliance on Race and Equity (GARE).
 - The Board passed a Resolution to enter into a Memorandum of Understanding (MOU) with Orange County, Chapel Hill and Hillsborough for shared support of the Orange County Food Council.

Ms. Scurry also mentioned that many boards are participating in racial equity work in Orange County.

The BOH members had questions that were addressed by Ms. Scurry.

VI. Action Items

A. Board Recommendations

Timothy Smith, Chair, read the reappointment recommendations and solicited recommendations for Paul Chelminski's position. Due to the absence of a quorum, this vote will take place at the May BOH meeting.

B. Physical Activity and Nutrition Grant Award

The Physical Activity and Nutrition subcommittee met prior to the BOH meeting to review applications for community support grant funds of up to \$1,000 to be awarded for projects that address physical activity and nutrition. There were three applicants: Phoenix Academy School, Frank Porter Graham Elementary School, and the Orange County School system. At first, the subcommittee chose to split awarded funds between Phoenix Academy and Frank Porter Graham Schools but discovered that they had enough funds to award both of them \$1,000 each.

VI. Reports and Discussion with Possible Action

A. Health Director Report

In addition to her report, Ms. Stewart gave some brief highlights. She thanked Timothy Smith, Chair, for assisting with presenting the BOH Work Plan, which highlighted work with Adverse Childhood Experiences (ACEs) and continued efforts to practice trauma-informed care, before the BOCC. Ms. Stewart informed the Board that she, along with Beverly Scurry, Susan Clifford, Human Rights & Relations Director, Annette Moore, and DSS Director, Nancy Coston, attended the National GARE conference in Albuquerque, New Mexico. She stated that it was intense, sun up to sun down, but great to be amongst other government agencies that were also excited for racial equity work.

Ms. Stewart received an invitation from UNC Gillings School of Public Health to serve on the Practice Advisory Committee whose mission is to discuss best practices in regards to the public health profession. It's a 2 year committee comprised of about 15-20 people that requires attending two meetings each year, one in the spring and one in the fall.

The Community Health Assessment (CHA) is still on target; although, the date was delayed to allow for additional volunteer recruitment. The first date for conducting door-to-door surveys will be May 18th. An invitation to the BOH members was extended. The NC Association of Local Health Directors hired a healthcare attorney to assist with the review of Medicaid Transformation PHPs contracts. They provided details including what to look for and specific language that should be included in PHP contracts to reflect the speciality work done by local health departments. Ms. Stewart stated that she is also working closely with county attorney, Anne Marie Tosco.

B. Media Items

Kristin Prelipp, Communications Manager, briefly mentioned articles regarding the Annual County Health Rankings and computer virus which were included in the Media Items packet.

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

VII. Board Comments

BOH Chair, Timothy Smith, asked how the Health Department was fairing after the virus. Ms. Stewart commented that operations are mostly back to normal. Ms. Crawford noted that random staff are missing drives, there's some email glitches and that Information Technology has vastly increased security measures.

Mr. Smith mentioned that most of tonight's BOH member absences were due to illnesses. He also stated that BOH member, Liska Lackey's mom recently passed away and encouraged those that would like to reach out to her to do so.

VIII. Adjournment

The meeting ended at 8:37pm.

The next Board of Health Meeting will be held May 22, 2019 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

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