

A Regular Meeting of the Durham County Board of Health was held September 8, 2016 with the following members present:

James Miller, DVM; Vincent Allison; DDS; F. Mary Braithwaite, MD, MSPH; Stephen Dedrick, R.Ph, MS; Dale Stewart, OD; Mary Ann Fuchs, DNP, RN, NEA-BC, FAAN; Spencer "Spence" Curtis, MPA, BS; Arthur Ferguson, BS; Rosemary Jackson, MD, MPH, CCHP; and Commissioner Brenda Howerton.

Excused Absence: Teme Levbarg, PhD, MSW

Others present: Gayle Harris, Eric Ireland, Joanne Pierce, Rosalyn McClain, James Harris, PhD; Chris Salter, Melissa Martin, Marcia Johnson, Hattie Wood, Attorney Bryan Wardell, Michele Easterling, Will Sutton, Chief CJ Davis and Michelle Young

CALL TO ORDER: Chairman Jim Miller called the meeting to order at 5:10pm with a quorum present.

DISCUSSION (AND APPROVAL) OF ADJUSTMENTS TO AGENDA:

Ms. Harris requested the following additions:

1. Needle & Syringe Exchange Program Update as old business
2. Project Build Presentation as new business
3. Remove-Update-New Board of Health Rule-Rabies (*revisit at next meeting*)

Mr. Curtis made a motion to accept the additions to the agenda. Dr. Jackson seconded the motion and the motion was approved unanimously.

REVIEW OF MINUTES FROM PRIOR MEETING/ADJUSTMENTS/APPROVAL:

Commissioner Howerton made a motion to approve the minutes for August 4, 2016. Mr. Dedrick seconded the motion and the motion was unanimously approved.

PUBLIC COMMENTS: There were no public comments.

STAFF/PROGRAM RECOGNITIONS:

There were no staff recognitions.

• **PUBLIC HEALTH VACANCY REPORT (Activity 37.6)**

The Durham County Board of Health received a copy of the vacancy report for September 2016 prior to the meeting. There were no questions from the Board.

Ms. Harris stated that an adjustment was made in the vacancy chart as requested by Commissioner Howerton at the last meeting. A new column was added to the chart to reflect the date the position was established or reclassified rather than using the column titled "Vacancy Date".

(A copy of the September 2016 Vacancy reports are attached to the minutes.)

• **NOTICES OF VIOLATIONS (NOV) REPORT (Activity 18.2)**

The Durham County Board of Health received a copy of the Environmental Health Onsite Water Protection Section NOV report through the end of August 2016 prior to the meeting. There were no questions from the Board.

(A copy of the September 2016 NOV report is attached to the minutes.)

Health Director's Report

Division / Program: Community Health Division/Positive Parenting Program (Triple P)

(Accreditation Activity 12.3-The local health department shall participate in a collaborative process to implement population-based programs to address community health problems.)

Program description

- Durham County Triple P was awarded funding from the Improving Community Outcomes for Maternal and Child Health Grant to expand the implementation of Triple P to focus on parental support for children ages 0-5.
- Durham County Triple P will expand services into rural Durham County to specifically train child care providers and agencies that provide services for children birth to 5 years of age.

Statement of goals

- To expand the implementation of Triple P as a multi-tiered, public health approach to parenting and family support designed to prevent and/or intervene to address behavioral, emotional and/or developmental problems specific to the 0-5 year old population.
- To implement Level 3 Primary Care Training and Level 2 Selected Seminar Trainings with a focus on Durham County childcare providers and centers, and Early Head Start Home Base Providers.

Issues

- **Opportunity**
 - A Triple P Expansion Program Coordinator and an Administrative Assistant will be hired to strengthen the program's focused implementation efforts for the 0-5 population of children.
 - A specific, levels-based training program for practitioners will be developed based on guidance from Triple P America and the NC Department of Public Health Triple P Program.
- **Challenges**
 - Assuring Durham County Triple P will obtain the appropriate level of participation from child care providers and centers for successful implementation of Triple P parenting services by individuals and agencies providing services to the 0-5 population will be a challenge.

Implication(s)

- **Outcomes**
 - Triple P Coordinator, was the featured speaker at the NC Pre-Kindergarten Summer Training Institute on August 24-25, 2016. The training, hosted by Durham's Partnership for Children, was attended by fifty-two NC Pre-Kindergarten (Pre-K) Directors and Pre-K Teachers.
 - Round table discussions focused on the benefits of training pre-kindergarten staff to become Triple P Level 3, Primary Care Accredited Providers to partner with parents to assist in the prevention of social, emotional and behavioral problems in children, aged 2-5 years.
 - Triple P Coordinator will collaborate with the NC Pre-Kindergarten Program Manager to select two teachers from twenty NC Pre-Kindergarten classrooms to become accredited Level 3 Primary Care providers. These twenty classrooms will serve as the pilot group under the Improving Community

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Outcomes for Maternal and Child Health Grant funding that has been designated for Triple P.

- **Service delivery**
 - Durham County Triple P Expansion staff will coordinate the continuing implementation and expansion of Triple P services for child care providers and in child care agencies in Durham City and Durham County.
- **Staffing**
 - Durham County Triple P Lead Coordinator
 - Durham County Triple P Expansion Coordinator
 - Triple P Data Assistant (0.45 FTE)

Next Steps / Mitigation Strategies

- Triple P Coordinators will increase the number of child care providers/child care facilities served in the Durham Triple P service area.
- The Durham County Triple P Lead Coordinator will lead/coordinate program expansion, with a focus on rural Durham County.

Division / Program: Community Health /Maternity Clinic
(Accreditation Activity 20.1-The local health department shall collaborate with community health care providers to provide personal and preventative health services.)

Program description

- The Maternal Health (MH) clinic provides comprehensive prenatal services to low income, medically low risk pregnant women. The clinic is staffed by nurses, medical providers, aides, support personnel, and Spanish interpreters.

Statement of goals

- The NC Oral Health Section of the Department of Health and Human Services (DHHS) works to prevent dental caries by using evidence-based data-driven decision making to advance the oral health, overall health, and well-being of NC citizens. Twenty-five field dental hygienists cover the state, offering dental screenings, educational services and programs aimed to maintain oral health. (<https://www2.ncdhhs.gov/dph/oralhealth/>)
- To collect data on the oral health status of pregnant women of any gestational age receiving care at DCoDPH as part of a statewide effort to collect data on a sample size of 400 MH patients.
- To gather baseline data to use for policy change and program development to improve oral health and overall well-being of pregnant women.

Issues

- **Challenges**
 - The MH clinic is a busy clinic that already screens patients for multiple risks factors. The state's oral screening added to the time spent on patient care. Prior to the screening, nurses educated patients about the program and recruited participants. Additionally, patients remained in the clinic for longer than usual to get screened.
 - Ten patients were screened at DCoDPH August 18th. The disruption to the clinic's flow was manageable. Each screening lasted about five minutes and the accompanying questionnaire
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took approximately ten minutes to complete – for a total of approximately 15-20 minutes per patient. This time frame was longer for patients who required interpretation.

- **Opportunities**
 - DCoDPH participated in the first NC Oral Health Section statewide Basic Screening Survey (BSS).
 - DCoDPH was one of 67 NC local health departments approached by the state to host the NC DHHS dental hygienist team who conducted the oral screenings.
 - As part of the preparation for the state’s dental screening, the MH staff participated in a state-sponsored webinar on July 29th. The webinar titled: “Prenatal Oral Health Screening Survey Overview for Maternal Health Nurses”, provided an overview of the Prenatal Basic Screening Survey (BSS) developed by the Association of State and Territorial Dental Directors (ASTDD). The webinar discussed how maternal health nurses can partner with the NC Oral Health Section’s hygienists to ensure successful screenings at each health department.

Implication(s)

- **Outcomes**

Ten English and Spanish speaking DCoDPH patients volunteered and were successfully screened by the state’s dental hygienist.
- **Service delivery**
 - Prior to the actual screening, the DCoDPH MH nurses promoted the state’s dental screening program to pregnant women during their medical appointments.
 - A MH consultation room equipped with chairs, table and a sink was used as a screening room. The room allowed the oral screening to be conducted in privacy.
 - In appreciation for the time of patients who participated, the dental hygienist gave each participant a small gift bag containing a book and toothbrush. They were also given a list of Durham County dentists and dental resources.
- **Staffing**
 - Actual oral screening was conducted by the state’s dental hygienist.
 - The services of the MH DCoDPH Spanish interpreter were required for Spanish speaking patients.
- **Revenue**
 - This should have no impact on DCoDPH revenue.

Next Steps / Mitigation Strategies

- The NC Oral Health Section of the DHHS will share the report from this baseline MH dental screening with their national partners through the National Oral Health Surveillance System (NOHSS).

Division / Program: Dental Division/ Back to School Smiles Event
(Accreditation Activity 20.1- Collaborate with community health care providers to provide personal and preventative health services.)

Program description

- On the morning of August 26th, the Dental Clinic hosted its annual Back to School Smiles event, prior to the start of the traditional school year.

Statement of goals

- The event was designed to provide exams (including x-rays) to children who were not covered through insurance and did not have a dental home.

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- This year, in addition to exams, the team offered other services as time permitted, such as cleanings, fillings, etc.
- The event provided for oral health and nutrition instruction to patients and their families.
- Pending the results of exams, children started the school year with a treatment plan in place to address oral health issues.

Issues

- **Opportunities**
 - In addition to the pediatric dentists, nutritionists and health educators participated in the event, providing information to patients/families and answering their questions.
 - Some children had not seen a dentist in years and were able to receive services.
- **Challenges**
 - In spite of the event provided complimentary care, there were still six patients that did not show up. This meant that in addition to the scheduled patient not receiving services, an additional child was prevented from being scheduled.
 - The event continues to run as a morning-only session, minimizing the number of patients seen.

Implication(s)

- **Outcomes**
 - The dentists and auxiliary staff worked expeditiously, and many parents expressed their appreciation for the exams.
 - Follow-up appointments were scheduled for 11 patients.
 - Three media outlets covered the event.
- **Service delivery**
 - The event ran from 8:30 a.m. – 12 p.m. and 22 patients were treated. All families participated in presentations with the Nutrition and Health Education teams.
 - The Division provided the patients with \$4,100 in services.
- **Staffing**
 - Services providers included the Director of Dental Practice, contract dentist (Jenna Alvey); four dental assistants, two hygienists, an interpreter, and one processing assistant.

Next Steps / Mitigation Strategies

- The team is rethinking future events, and specifically reviewing hours of operation, number of service providers, etc.
- The team will consider adding additional patients to counter “no-shows”.

Division / Program: Nutrition Division /Clinical Nutrition - Lactation Promotion and Support
(Accreditation Activity 10.1 The local health department shall provide, support, and evaluate health promotion activities designed to influence the behavior of individuals and groups.)

Program description

- The first week of August is recognized globally as world breastfeeding week. Durham County’s Department Public Health celebrated the week in the Family Planning and OB clinics. An article on this year’s world breastfeeding week theme, Breastfeeding: A Key to Sustainable Development, was posted in the clinics and the employee newsletter.

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Statement of goals

- To celebrate lactation support as an integral part of service provision by the Durham County Department of Public Health.

Issues

- **Opportunities**
 - Because of its significant health advantages, breastfeeding is recommended by all major medical organizations as the optimal way to feed infants.
 - The benefits of offering breastfeeding support as a public health service translates into both highest quality healthcare provision and lower health care costs.

Implication(s)

- **Outcomes**
 - Breastfeeding benefits mothers by contributing to lower rates of several health risks and improving recovery from pregnancy.
 - DCoDPH promotes breast milk as the expected, optimal food for growth and development of infants.
- **Service delivery**
 - Inclusion of breastfeeding promotion and education to clients and staff encourages a positive attitude toward women who are breastfeeding and/or expressing milk and empowers mothers with the ability to choose optimal health behaviors.
 - A lactation support room in the MH clinic is available for use by all clients, employees, and visitors. It provides a safe, private area for expressing milk or for a woman to feed her child.
- **Staffing**
 - The clinical nutrition program manager for DCoDPH is an International Board Certified Lactation Consultant (IBCLC). She serves as a consultant for DCoDPH on lactation issues.

Next Steps / Mitigation Strategies

- DCoDPH will continue to promote breastmilk as the optimal food for babies.
- The dedicated area for lactation in the Human Services building will continue to be available to employees, clients, and visitors.

Division / Program: Health Education

(Accreditation Activity 10.1: The local health department shall develop, implement and evaluate population-based health promotion/disease prevention programs and educational materials for the general public.)

Program description

- “National Night Out” occurs annually on the first Tuesday in August in more than 16,000 communities involving more than 39 million people. Neighborhoods join together to promote police-community partnerships; crime, drug and violence prevention; public safety; and neighborhood unity.
- This year on August 2nd throughout Durham, celebrations were held that included food, fun, educational exhibits and visits from law enforcement and elected and appointed City and County officials.
- DCoDPH employees were at Fisher Memorial, scattered sites on Gary Street, McDougal Terrace, Hillside Historic Stokesdale Community, and A.S. Hunter Lodge, #825.

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Statement of goals

- To provide health education and credible resources in the areas of tobacco, obesity and chronic disease prevention and management, nutrition, men's health, gun safety, and HIV/STI education.

Issues

- **Opportunities**
 - Collaborated and networked with law enforcement, leaders of Durham and the residents of this community.
 - Built trust with the community and community agencies.
 - Educated the community and make them aware of their bodies and behaviors.
 - Provided resources and incentives (i.e., gun safety educational supplies, gunlocks, and condoms, etc.) that may further help individuals make healthier choices.
 - Provided contact information for those who requested.
- **Challenges**
 - Individual fears and beliefs
 - Many individuals do not want others to know they have a firearm therefore will not ask for a gunlock.
 - Many gun owners believe they can just hide their loaded gun in an out of reach place and the child will never find it.
 - Open environment
 - There was a lot of commotion and noise which made it hard for some individuals to hear our message about condom use.
 - The open environment was not the best for talking HIV/STI prevention on a personal level because these topics are considered confidential and private.
 - It was outside right before a storm in some communities, which could have hindered participation.

Implication(s)

- **Outcomes**
 - A total of 52 individuals were educated on gun safety and 41 gunlocks were given to gun owners.
 - A total of 80 individuals were educated on proper condom use and 250 condoms were distributed to community members.
 - A total of 170 individuals were given information about our chronic disease self- management program and men's health forum.
- **Service delivery**
 - Educational quiz games for prizes.
 - Discussions
 - Learning tools and visuals for each topic.
 - Flyers
- **Staffing**
 - Public Health Educators Joan Ross, Dennis Hamlet, Joyce Page, Paul Weaver, Jannah Bierens, Tim Moore, Chris Mack, Natalie Rich
- **Revenue**
 - None
- **Other**
 - None

Next Steps / Mitigation Strategies

- The Public Health Educators will continue throughout the year to educate citizens of Durham County about health and safety concerns.
 - Prepare for National Night Out 2017!
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Division / Program: Administration / Communications and Public Relations

(Accreditation Activity 5.3- Health Alerts to Media, 9.1- Disseminate Health Issues Data, 9.5- Inform Public of Dept. / Op. Changes, 10.2- Health Promotion –Disease Prevention, 21.2- Make Available Information About LHD Programs, Services, Resources)

Program description

- The Communications and Public Relations program provides accurate, timely, and relevant information to the residents of Durham County on key health issues as well as informing the public about department programs and services availability. Information is disseminated in many forms, included broadcast, print, and multimedia (web-based).

Statement of goals

- To increase the public's awareness and understanding of important health information and the Department of Public Health's programs and services availability
- To increase the public's utilization of the Department of Public Health's programs and services.
- To become the main, trusted and dependable choice for journalists seeking information and assistance to develop compelling and balanced stories on Public Health issues.

Issues

- **Opportunities**
 - With staff dedicated to communications and public relations, the Department of Public Health can provide more information to the public on health issues
 - Media/reporters are eager to use information provided to them by the Department of Public Health for their viewers/readers. Television and radio announcers often request follow-up information and interviews.
- **Challenges**
 - Prioritizing the topics to publicize
 - Staff balancing external media requests with internal needs to review/revise/develop new media to promote programs and services.

Implication(s)

- **Outcomes**
 - Communication surrounding various health issues and department programs and services are being publicized in a timely, organized manner and with greater frequency.
 - Visibility of public health information from the department has substantially increased.
- **Service delivery**
 - During the month of August, one (1) general public health media release/advisory was disseminated. Communications staff also responded to five (5) direct (unsolicited) inquiries from reporters. A total of 39 media pieces featuring or mentioning the Department aired (television and/or radio), were printed in the news, or were posted to the web by local media during the month.
Topics and issues covered included:
 - ❖ Continued coverage of Zika education and awareness in the community, including public notification of nine (9)

- confirmed travel-associated Zika cases in Durham County to date⁽¹⁾;
- ❖ Coverage of the Cure Violence initiative in Durham, as well as interest from other communities in starting the program, based on Durham's actions (1, 2, 3);
- ❖ Coverage of Durham Health Start's Back to School health screening fair, hosted by Public Health;
- ❖ A change in the food service provider at the Durham County Jail, based on recommendation from Public Health's Nutrition Division;
- ❖ Safe syringe exchange program seeking a presence in Durham County;
- ❖ Durham County Government Labor Day holiday closing, including emergency contact information for Public Health; and
- ❖ Weekly restaurant inspection scores.
- The Communications Team released the August edition of the Community Connections, the Department's external newsletter.

Next Steps / Mitigation Strategies

- Continue building/developing various communication channels as well as the Department of Public Health's delivery of information and communications.

COMMITTEE REPORTS:

There were no subcommittee reports. The subcommittees will meet again on the following dates and times:

Credentialing Board Process—Monday, 9/21/16 at 6:00 pm

Smoking Rule Recommendation—Monday, 10/3/16 at 6:00 pm

Energy Drink—Monday, 10/17/16 at 6:00 pm

OLD BUSINESS:

- **PUBLIC HEALTH AND VIOLENCE PREVENTION ACTIVITIES (Activity 14.1)**

Mr. Ireland provided the Board with an update on the department's continued activities to work with the community to implement a public health model to address violence (shootings and homicides) in Durham. The activities included:

August 15, 2016 – conversation with Mr. Stephen Hopkins regarding a Cure Violence presentation to PAC-1 on October 15, 2016

August 18, 2016 – Conversation with Malaika Hankins (with Student U) on Restorative Justice and Cure Violence. Student U is a college-access organization that believes all students in Durham have the ability to succeed. In order to make this dream a reality, Student U creates a pipeline of services to support students through middle school, high school and college. By providing direct services during out of school time in the summer and after-school, and advocating for students and families within schools, we ensure that our students develop the academic skills and personal well-being needed to beat the statistics and succeed in college. The mission of Student U is to empower students in the Durham Public Schools to own their education by developing the academic skills and personal well-being necessary to succeed in college and beyond.
<http://studentudurham.org/mission-and-values>

August 18, 2016 – Cure Violence Implementation Team Meeting with Mel Downey-Piper and Michelle Young (Project Build)

August 24, 2016 – Presentation to Gun Safety Team meeting

August 24, 2016 – Meeting with the County Manager and concerned citizens regarding Cure Violence

August 24, 2016 – Presentation to Juvenile Crime Prevention Council

August 25, 2016 –Presentation to the Religious Coalition for a Non-violent Durham County Government

August 25, 2016 – Met with DC Leadership Academy Team on Project Build retrofit in storage area in the basement.

August 26, 2016 – Cure Violence Implementation Team meeting

August 30, 2016 – Cure Violence Implementation Team met with Ms. Davis, Property Manager at Durham Housing Authority (DHA), to discuss utilizing an apartment at McDougald Terrace for the Cure Violence Office.

August 30, 2016 – Cure Violence Implementation Team met with Mr. Elvert Dorsey, Director of Resident Services and Team at Durham Housing Authority to provide a briefing on the Cure Violence Program and the desire to work with the Housing Authority.

September 2, 2016 – Met with BOH Chair and Vice-Chair about adding Project Build as a Public Health program.

September 2, 2016 – Met with Cure Violence Implementation Team and Tony Noel, Durham County HR Classification and Compensation Manager to discuss new position classifications, position description questionnaires (PDQs), proposed organization chart, and to brief him on the Cure Violence Program and special considerations with regard to the backgrounds of those we need to hire for the positions.

September 8, 2016 – conversation with Charles Lyon regarding a presentation to the DHA Crime Task Force, Present to DHA Crime Task Force on Cure Violence. The presentation was scheduled for Wednesday, September 21, 2016, at 10:0am, second floor DHA Building on Main Street.

September 8, 2016 – Participated in webinar, Rankings in Action: Violence Reduction. Violence is a pressing national issue and communities around the country are demonstrating results by reframing the issue as a contagious epidemic and applying a public health approach. This Rankings in Action webinar featured guest presenters from Kansas City, Missouri, a 2015 Robert Wood Johnson Foundation Culture of Health prize winning community and the University of Illinois-Chicago (UIC) including :

- Tracie McClendon-Cole, Deputy Director of the City of Kansas City, Missouri Health Department
- Shannon Cosgrove, Director of Health Policy with Cure Violence at UIC,
- Rashid Junaid, Violence Prevention Manager with Kansas City's Aim4Peace program

Together they discussed the Cure Violence framework for interrupting violence and changing community norms and Kansas City's approach to implementing this model to reverse the violence epidemic in their community. This webinar provided the research, practical examples, and inspiration for moving violence prevention work forward in the community.

QUESTIONS/COMMENTS:

Dr. Fuchs: Eric, you are making great progress and that's wonderful...you mentioned concerned citizens...can you tell us a little bit about what their concerns are?

Mr. Ireland: One of their concerns was actually the name of the program "Cure Violence"; the other concern was the amount...not necessarily the amount but money was budgeted for this program and they thought that money should be budgeted to address things like poverty, homelessness and jobs.

Ms. Harris: One of the concerned citizens attended the May meeting of the Religious Coalition for Nonviolent Durham. Two UNC students made a presentation about the NC Violent Death Reporting System. One of the student's incorrectly stated that violence was inherited rather than a learned behavior. Eric Ireland was there and he later corrected her. The

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citizens felt the program had a negative connotation for African Americans, in general, as opposed to the program's actual intent. We met for more than two hours with these community members and the County Manager discussing the program. Towards the end of the meeting one person asked, "Is it going to happen?" The Manager said, "Yes, it's just one of the things in our toolkit to address the issue." One of the community members asked if the name could be changed to something other than Cure Violence. We did tell her that we could change the name as other communities have done (i.e., Aim4Peace in Kansas City, Safe Streets in Baltimore, etc.). We told the group that we would seek input in naming the program. We also agreed that one of them could participate as a member of the Advisory Committee.

Commissioner Howerton: Is there going to be an office that people are going to work out of and where will it be?

Mr. Ireland: We are working on that right now. When the National Cure Violence team came here on August 2nd, they reviewed data about violence in the community provided by Durham Police Department staff. Maps were available that showed the four most proportionately impacted areas in Durham with regards to violent crimes. Two of the areas were right beside each other, had a higher violent crime rate and fewer community resources than the other two areas; so we are working with Durham Housing Authority to obtain an apartment in McDougald Terrace to be used as office space. We need to be in the community that we are trying to impact the rate of violence.

Commissioner Howerton: Eric I just want to commend you for having this tough conversation with the Religious Coalition...I just want to acknowledge that you handled it professionally and gave them all the information that they needed. So thank you for doing that.

Dr. Miller: In reference to the name change, I'm not a marketing person but I understand that having a nice name is important....do we have a way to reach out to a professional that does that?

Mr. Ireland: What we will probably do is get the team together to have conversation about it and then probably come up with some names within the team and then take that list of names and vet it with those community members and others.

Dr. Miller: So the name doesn't need to come first?

Mr. Ireland: No.

Dr. Miller: OK. Thank you.

Dr. Miller noted the arrival of Chief C.J. Davis. He paused the discussion of old business until after Chief Davis' presentation.

SPECIAL PRESENTATION: CHIEF C.J. DAVIS, DURHAM POLICE DEPARTMENT (Activity 41.2)

Background Information:

At the May 12, 2016 Board Meeting, Dr. Allison asked that the new police chief be invited to come to a board meeting to give her philosophy/focus on how we can partner to cure violence and discuss her plan of approach for the Durham Police Department.

Chief Davis: Good evening and thank you for inviting me. I noticed that the City of Durham has a lot of wonderful attributes. It reminds me of Atlanta. When Atlanta really began to blossom and grow, the population changed overnight. The development in the downtown area was just so fast we couldn't keep up with it. When that happens, it requires people to change and plan for the future and the various types of issues that we have to deal with for the growing population. This will happen here in the City of Durham.

As I was listening to the presenter earlier, I knew exactly what he was talking about because Durham has pockets of troublesome areas and you always know where they are. In a way that is good and bad. The good

thing is we feel that they are isolated areas in the community. In most major cities, they are all over the city. In Atlanta it is all over the city, and hard to contain. To me, it makes my work here a little bit easier because we can dedicate resources in those areas not just from an enforcement standpoint but an active prevention standpoint, too. So many of the meetings that I have been in with various coalitions, community leaders and activists, the conversations have had the same focus: "How can we work together?" There are a lot of different programs that are going on here in the City of Durham. I can only hope to have my officers play a significant role in assisting with the existing initiatives instead of creating another group, project or program.

As you have talked about being situated in McDougald Terrace, I have had similar conversations about resurrecting a housing unit to house officers in that community. Not only did we have the officers to voice that this approach is a very beneficial type of operation but the citizens in that community said, "When we had officers, we didn't have these types of problems." So instead of our officers just going from one call to the next and being at the whim of the communications dispatcher, I believe having dedicated resources to specific geographical areas is going to be very beneficial. Keep in mind that across the country there are strained relationships between police and community. Our presence will be more of a presence of unifying the police and the community as opposed to "we're here to enforce the law" knowing that we can't rush crime away. During my whole career of thirty years, we have been arresting people for crimes. It's there and I think if we put just as many resources in the prevention end as opposed to the reactive enforcement aspect of the issue then maybe we can change some lives. We can give young people some hope. They don't have to be involved in lasting crimes. There are some programs that are working well. I think Project Build is a fascinating project because folks that come out of the community are the ones that can communicate best to the people in the community. It doesn't have to always be me and my officers. It needs to be me working with somebody as an intermediary for me; communicating and being more effective in helping resolve issues in different areas.

I didn't know exactly what my assignment was today but I did want to be able to share with you a little bit of my philosophy for improving things in the community and in prevention as well. I am open to any questions, if anyone has any questions for me.

QUESTIONS/COMMENTS:

Dr. Stewart: Do you have any experience with Cure Violence?

Chief Davis: Actually, I don't have experience with Cure Violence. It's something that the concept seems to be straight forward and very simplistic. Sometimes, we have a tendency in law enforcement to kind of jump in the middle of things and we mess things up because everybody doesn't want the police involved. Even in the gang troop piece where these are actually gang members, gang members don't necessarily want to see police in the middle of their troop. As I was saying before, it's important that we have a strategy that we can get the most impact or best outcome. So, whatever role we can play in Cure Violence not to disrupt fluent communication between interrupters, you tell me what you need us to do and we will be there to do it. I have worked in so many different capacities and I haven't found anything that I couldn't handle so I'm a force to work with Cure Violence.

Dr. Allison: Chief Davis, seeing as we at the health department see violence and gun violence as a public health issue how do you think we as a health department can collaborate with the Police Department to help solve the problem? How do you think we can work together? What are some different avenues to work together to solve the problem or find solutions to help solve the problem?

Chief Davis: Well, for law enforcement it is a new approach to be even talking about gun violence as a health issue. I tell you the truth, if we had had that approach some years ago, maybe we wouldn't be in this situation right now. We are still trying to find our way as police professionals. – figuring how we fit in. I think being in a conversation and being a part of a conversation...you know you don't want people to think that just because this young person is a violent offender we want to throw him away. We always have to think about what conditions people experience, their environment, what contributed to the situation that they're in. I think through training our officers and helping them understand that it's not all about stats we can make a difference. The wins for me include turning the community around; not necessarily putting people in jail...Now if you ask some of our citizens who are being terrorized from violent crime and gun fire, yes, they just want it to go away.

I believe finding alternatives for some of our young folks such as the training aspect; the programs the programs that help change the culture will be critical for us. I have to change the mind-set of my officers who are accustom to dropping and rolling everywhere. They are accustom to fighting crime. They think if it's warm and fuzzy, they don't get to be the police anymore. The days of old are gone. We can't police our communities the way we use to police our communities. We have to have a multi-faceted approach to solving problems and we can't do it all ourselves. We are not social workers or health professionals. We need to find the appropriate forum to start training our officers that don't understand the health implications related to violent crimes. I think the whole awareness piece is important. Can you help us identify what that might look like? I will be happy to do some research on that as well.

Commissioner Howerton: I saw an article about marijuana. I don't remember where I was reading it but the article talked about having marijuana be a health issue versus a criminal issue. What are your thoughts?

Chief Davis: Well, marijuana is never a solution because it's not at the top of my crime issues. What it does is it exacerbates those other encounters. When you're dealing with a person in an altered state, it makes whatever situation you're dealing with that much worse. So there is not a lot, especially in the law enforcement profession about how you deal with the health issue of substance abuse as oppose to why don't you stop charging our young people...why don't we start helping our young people with the use of certain types of substances that aren't doing anything for them? I believe that the issue is just like the use of alcoholic beverages. When it's out of control and you're using too much then you go seek help. Some people with the sell and distribution of marijuana, it's a nuisance in the encounters with individuals because it heightens the whole situation to another level. But I haven't had anybody ask that question. If they make it a health issue then there's a different approach that we would have as well and a different conversation.

Dr. Stewart: Is simple possession a misdemeanor or felony?

Chief Davis: Less than an ounce is a misdemeanor but still it's not significant for law enforcement. It doesn't do anything for us as far as telling a great story. The great story for me is when my annual violent crime rates are down. That means we saved a life, we took guns off the streets, etc. Small amounts of marijuana right now don't compare to the loss of lives and the people who are getting shot. Marijuana charges ruin young folks' futures sometimes because the charges go on record. That's why diversion programs that we are looking at here have been very positive for Durham. There are over two hundred and forty-five young people that were funneled through the diversion programs. Otherwise, they would have had their first misdemeanor. Instead of it going on their record, they go through one of these programs. Our officers understand that it is a priority for us not to make the case but to send our young

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people through these programs that can give them an opportunity to go in a different direction. It sort of gives folks a second chance.

Dr. Miller: It sort of sounds like it may be on the road of being a health focus.

Commissioner Howerton: Yes. I will find the article and share it with you.

Mr. Dedrick: Are your officers carrying Naloxone?

Chief Davis: Well, I asked about that when I first got here because in Atlanta we implemented Naloxone for our officers after one of our lieutenants researched how Naloxone saves lives. Here, there is a concern about the associated liability. I think the liability concerns may be due to a lack of understanding. I haven't had the conversations yet with either City Management or the Legal Department. I think it would be very beneficial with the increase use of opioids. It would definitely be something that I would endorse our officers carrying.

Dr. Miller: With the Naloxone, I hope I'm not talking out of turn but we are here to help if you need resources. If you need someone to come to talk to the powers that be, we can help facilitate getting the right people there.

Chief Davis: That would be great. I think it would be beneficial coming from a health professional as well. I know that some agencies have been using it for quite some time and have had great success with saving lives.

Ms. Harris: Our medical director, Dr. Arlene Sena is willing to help you with that.

Dr. Sena: I would also like to talk to you about the needle and syringe exchange program, as well

Dr. Miller: Hopefully, we can be of service to you when you need it to help educate the powers that be or the officers or however we can work together.

Chief Davis: That's good to know. Atlanta is a large city but we didn't have that connection with our health department... we didn't have these kind of conversations and opportunities to see violence as a public health issue. I am pretty sure they're probably rounding that subject and having those conversations as well.

Commissioner Howerton: So, with the Inside-Outside Alliance, are you still in the romantic honeymoon period or are they having conversations with you?

Chief Davis: I think my approach is laid back. I feel that people have the right to invoke their first amendment rights as long as they are not disruptive and not causing a public safety hazard for others. I have had meetings with some of the leaders of the group. We had very good conversation and I have been accessible to them. I feel that is very important that I extend myself to them Commissioner.

Dr. Miller: Thank you again for coming.

OLD BUSINESS CONTINUED:

• **UPDATE REPORT-DURHAM COUNTY DETENTION FACILITY ACCREDITATION STATUS**

Ms. Harris provided the board with the final report on the accreditation site visit for the Durham County Detention Facility. On August 18, 2016 the Accreditation Committee voted to continue to accredit Durham County Detention Facility. *(A copy of the report is attached to these minutes.)*

QUESTIONS/COMMENTS:

Dr. Allison: Now just remind me we stayed with the same vendor but the vendor has made some significant changes. Is that correct?

Ms. Harris: Yes.

Dr. Jackson: I saw the physician position advertised so we haven't replaced that position?

Ms. Harris: One of the regional medical directors has been assigned to work here and I think they are advertising for a regional director to be housed here on an ongoing basis.

Dr. Stewart: Will the regional director replace the medical director Gayle?

Ms. Harris: Yes. I think she comes in two-three times a week from Virginia.

Commissioner Howerton: But they travel to cover and see people in our jail?

Ms. Harris: We have a nurse practitioner onsite 30 hours a week and the medical director either two or three times a week to give us the same amount of hours we were getting before.

Commissioner Howerton: Gayle, when does the food service change go into effect? I know we have already voted on that.

Ms. Harris: I am not sure because that is not something we oversee. Food service is a function of the Office of the Sheriff. Michele Easterling, do you know?

Ms. Easterling: Aramark's contract is ending in September.

Ms. Harris: Our nutrition staff participated in the food service vendor selection process. They also made recommendations about appropriate food items, serving sizes and meal schedules.

Marcia Johnson just informed me that the MedLink contract has been returned. CCS needs to sign it. This contract will give the CSS staff real time read-only access to the detainees' health information resulting from visits to the Duke Health System and Lincoln Community Health Center through Maestro, an EPIC electronic medical record .

PROPOSED BOH RULE FOR POST-EXPOSURE MANAGEMENT OF DOGS AND CATS

As a result of misunderstandings about the advertising schedule for public comments, the notice for this item was not posted in a timely manner. The notice will advertise according to state requirement prior to the next Board meeting. The Board will revisit this item during the next meeting.

- **UPDATE ON NEEDLE & SYRINGE EXCHANGE (*Activity 14.1*)**

Dr. Sena provided the Board with an update on the Needle & Syringe Exchange Program (NSEP), House Bill 972 and next steps. Dr. Sena requested Board approval to move forward with a fixed site and community distribution program.

Discussion Points:

- In exchange programs, people who use injection drugs can turn in their used or "dirty" needles and syringes in exchange for unused, clean supplies.
- Programs traditionally offer a range of social services to people who struggle with addiction, including
 - Access to drug treatment
 - Housing and employment opportunities
 - Sterile needles and syringes.
- These programs are intended to protect users and the public from the spread of HIV and hepatitis C, by collecting used needles and syringes from the community and disposing of them safely.
- House Bill 972 was passed by General Assembly on June 29, 2016, and signed by the Governor on July 11, 2016. The bill allows health departments to establish and operate a needle and syringe exchange program. However, no public funds may be used to purchase needles, hypodermic syringes, or other injection supplies.

Next Steps:

DCoDPH is planning to do the following:

- Connect with other community-based agencies in NSEP
- Partner with NC Harm Reduction
- Develop "Trade agreement" or MOU for supplies
- Obtain training for staff in NSEP
- Support regional training in Durham
- Develop an integrated NSEP model with a fixed-site exchange and probable street based delivery
- Comply with reporting requirements to the NC Public Health

(A copy of the PowerPoint Presentation is attached to the minutes.)

Ms. Mel Downey-Piper discussed the upcoming ITTS grant that will be for treatment and prevention for HIV and testing services that will be regional partnering with counties and Durham will be one of those counties as a subcontract. So one of the requirements is that every region that applies has to have some type of agreement with NC Harm Reduction or someone to figure out how to do the launching of an exchange program.

Mr. Dedrick made a motion to move forward with a fixed site and community distribution for the needle & syringe exchange program. Dr. Fuchs seconded the motion and the motion was unanimously approved.

NEW BUSINESS:

• **BUDGET RATIFICATION**

The Durham County Department of Public request approval to recognize increased funding in the amount of \$425,000 for 340B medication reimbursements with the funding source being the recognition of a portion of the Medicaid Cost Settlement Funds received in fiscal year 2017 above what was budgeted in the original budget.

Between 8/22/13 and 12/9/14, pharmaceutical vendor (Cardinal Health) erroneously used 340B discount medication pricing as the rate for charges to the County for the Detention Center. This compliance issue was reported to the Office of Pharmacy Affairs (OPA). OPA recommended contacting each individual drug manufacturer (approximately 80+) to reimburse each one for the discounts received in error through Cardinal Health.

The County received Medicaid Cost Settlement Funds in excess of what was in the original budget this fiscal year. Therefore, we are requesting in the budget amendment the recognition of a portion of these excess funds as the funding source for this increase.

QUESTIONS/COMMENTS:

Dr. Stewart: We are waiting to hear from the companies?

Ms. Harris: Yes, we had eight-seven companies that we contacted. We had very few responses. We have been communicating with federal staff in Health Resources and Services Administration (HRSA) on the reimbursement process. The gentlemen that I am working with said that we needed to send another letter out to the companies and give them ninety days to respond. I sent him the notice that we were doing this. We sent the first letters by e-mail and had probably fifteen companies out of eight-seven to respond - a very low response rate; so, we are actually mailing them to the companies' physical addresses.

Dr. Stewart: Did we send them certified?

Ms. Harris: I don't know, did we send those letters certified Will?

Mr. Sutton: No we didn't.

Ms. Harris: So, I guess we could resend them certified.

Attorney Wardell: There is not a need to send the letters certified. Regular mailing is fine.

Ms. Harris: And we will have done due diligence.

Dr. Miller: The 400K is the possible worst case

Ms. Harris: Yes, this is worst case scenario. Staff based the calculations on the specific medications ordered from each company, the pricing at the time of the order, and current pricing.

Dr. Miller: And if we don't use that next year we will figure out what to do with the excess.

Ms. Harris: Yes.

Mr. Ferguson: If they come back after the ninety days requesting money, can we say no?

Attorney Wardell: Probably not. We would have to pay them. We are saying a deadline of at least ninety days is sufficient.

Mr. Ferguson: So you're saying that the \$400,000 is at the high end of what they could ask for.

Ms. Harris: Yes. Remember, this is the second ninety day period that we have implemented.

Dr. Miller: So we don't have to deal with the later part of?

Attorney Wardell: No but later on you may have to.

Ms. Harris: When we have money set aside for a specific purpose at the end of the fiscal year, the Purchasing Department staff will work with us to make sure that the funds are available to pay outstanding bills.

Mr. Curtis made a motion to approve the budget ratification in the amount of \$425,000 for 340B medication reimbursements with the funding source being the recognition of a portion of the Medicaid Cost Settlement Funds received in fiscal year 2017 above what was budgeted in the original budget. Dr. Jackson seconded the motion and the motion was unanimously approved.

- **PROJECT BUILD PRESENTATION (Activity 14.1)**

Background Information:

Ms. Harris stated that Project Build is the team that we have been working with on the Public Health Cure Violence Initiative. There is a request that Project Build become part of Public Health budget including all funding. The current Cooperative Extension Director, Delphine Sellers is retiring and Cooperative Extension is a state/county agency. Project Build is a non-traditional cooperative extension program. It is optimal to move the team into the Public Health budget to ensure there is a close working relationship with the Cure Violence team. Ms. Harris stated that we are requesting board approval to make the change.

Ms. Michelle Young, Director of Project Build presented the Board with an overview of the program.

(A copy of the PowerPoint Presentation is attached to the minutes.)

QUESTIONS/COMMENTS:

Commissioner Howerton: They will be housed in this building?

Ms. Harris: Yes as a part of Health Education Community Transformation Division.

Dr. Miller: It sounds like the finances will be taken care of and we won't have to come up with the money.

Ms. Harris: No, their current budget will transfer with the staff.

Commissioner Howerton made a motion to approve the move of Project Build into the health department's budget. Dr. Jackson seconded the motion and the motion was unanimously approved.

- **AGENDA ITEMS OCTOBER 2016 MEETING**

- Follow-up w/Chief C.J. Davis
 - Public Comment Period for Proposed BOH rule for Post-exposure management of dogs and cats
 - Cure Violence Update
-

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- o Financial Update


INFORMAL DISCUSSION/ANNOUNCEMENTS:

Dr. Allison, president of the Old North State Dental Society, announced that their 2017 Convention will be held in Durham in June. They will have a day of service the day before the convention. They have asked the Colgate Dental Van to do screenings on the day of service. Dr. Allison requested that the health department's Tooth Ferry van offer screening along with the Colgate Dental Van and possibly the Baptist Men's Dental Bus for the day of service. He also asked that the health director bring greetings to the attendees. Dr. Allison did not have the specific dates for the activity and the convention.

Commissioner Howerton, president-elect of the North Carolina Association of County Commissioners, announced that the 2017 Annual Conference of N.C. Association of County Commissioners will be held in Durham in August.

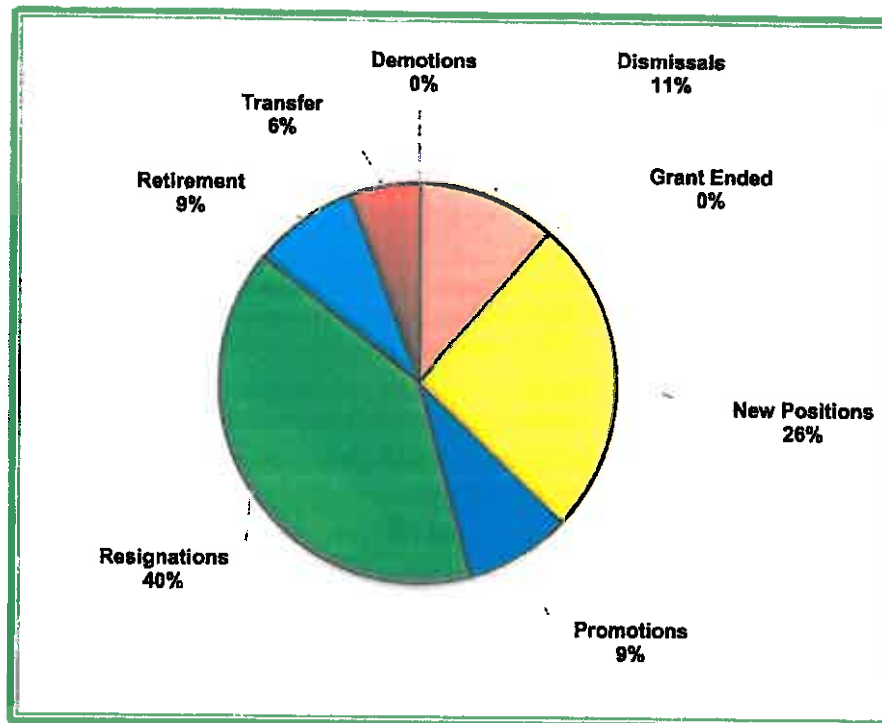
Dr. Jackson made a motion to adjourn the regular meeting at 7:30pm. Dr. Braithwaite seconded the motion and the motion was unanimously approved.


James Miller, DVM-Chairman


Gayle B. Harris, MPH, Public Health Director

PUBLIC HEALTH VACANCY REPORT
July 1, 2016 through June 30, 2017
Month Ending 8/31/2016

| <u>Vacancy Reasons</u> | <u>FY 15/16 *</u> | <u>FY 16/17**</u> | <u>Total</u> | <u>%</u> |
|------------------------|-------------------|-------------------|--------------|-------------|
| Demotions | 0 | 0 | 0 | 0% |
| Dismissals | 2 | 2 | 4 | 11% |
| Grant Ended | 0 | 0 | 0 | 0% |
| New Positions | 0 | 9 | 9 | 26% |
| Promotions | 3 | 0 | 3 | 9% |
| Resignations | 10 | 4 | 14 | 40% |
| Retirement | 2 | 1 | 3 | 9% |
| Transfer | 1 | 1 | 2 | 6% |
| | 18 | 17 | 35 | 100% |



*18 positions remain vacant from FY 15/16.

**FY 16/17 vacancies are cumulative

3 position(s) became vacant in August 16/17

35 position(s) were vacant out of 225 allocated positions, 221.26 FTE positions for August, 2016

| | |
|---------------------------------|-------|
| total # of vacancies for August | 35 |
| total # of positions | 225 |
| % of vacancies | 15.6% |

9/1/2016

| Position Number | Position Title | Vacancy Date | Date Position Established/Reclass | Recruit Began Date | Recruit End Date | Start Date | Notes |
|-----------------|-----------------------|--------------|-----------------------------------|----------------------------|-------------------------------------|------------|--------|
| 40001119 | Physician Extender | 10/1/15 | N/A | 11/2/2015, 12/13/15, 2/29 | 11/28/2015, 1/8/16, 1/22, 3/18, 7/8 | | VACANT |
| 40007630 | Sr PH Nurse | 10/30/15 | N/A | 11/9/2015, 12/15, 2/2, 4/5 | 11/27/2015, 1/8/16, 2/12, 4/27 | | VACANT |
| 40001164 | Env Health Specialist | 12/15/15 | N/A | 2/15/16, 2/29 | 2/26/16, 3/18, 5/13/16 | 8/29/16 | |
| 40001165 | Env Health Specialist | 12/18/15 | N/A | 7/29/16 | 8/19/16 | | VACANT |
| 40007600 | Sr PH Nurse | 2/12/16 | N/A | 4/5/16 | 4/27/16 | | VACANT |
| 40005365 | Nutrition Specialist | 2/29/16 | N/A | 2/29/16 | 3/18/16 | | VACANT |
| 40001002 | PH Educator | 3/9/16 | N/A | | | | VACANT |
| 40007950 | PH Nurse Spec | 3/11/16 | N/A | | | | VACANT |
| 40003878 | Sr PH Nurse | 3/15/16 | N/A | 4/21/2016, 8/10 | 4/29/16, 5/13/16, 9/2 | | VACANT |
| 40005377 | Nutritionist | 3/24/16 | N/A | 5/4/16 | 5/20/16 | | VACANT |
| 40001960 | Physician Extender | 4/8/16 | N/A | 4/27/2016, 8/10 | 5/20/2016, 6/16, 9/2 | | VACANT |
| 40001135 | Sr PH Nurse | 4/11/16 | N/A | 4/5/16 | 4/27/16 | 8/29/16 | |
| 40008251 | Env Health Specialist | 4/15/16 | N/A | | | | VACANT |
| 40001089 | Sr PH Nurse | 4/22/16 | N/A | 4/21/16, 8/18/16 | 5/13/16, 9/9/16 | | VACANT |
| 40008050 | Nutrition Specialist | 5/6/16 | N/A | 5/11/16 | 6/10/16 | 9/12/16 | VACANT |
| 40000989 | Office Assistant | 5/9/16 | N/A | | | | VACANT |
| 40001107 | PH Nurse Supervisor | 5/20/16 | N/A | | | | VACANT |
| 40005373 | Nutritionist | 5/26/16 | N/A | 6/28/16 | 7/15/16 | | VACANT |
| 40007633 | Sr PH Nurse | 6/6/16 | N/A | 6/27/16 | 7/15/16 | | VACANT |
| 40007425 | Env Health Specialist | 6/24/16 | N/A | 7/14/16 | 7/29/16 | | VACANT |
| 40008982 | Interpreter Unit Supv | 7/4/16 | N/A | 8/5/16 | 8/12/16 | | VACANT |
| 40001158 | Env Health Pro Spec | 7/12/16 | N/A | 8/5/16 | 8/26/16 | | VACANT |
| 40007578 | PH Education Spec | 7/20/16 | N/A | | | | VACANT |
| 40005376 | Nutritionist | 7/28/16 | N/A | 7/28/16 | 8/12/16 | | VACANT |
| 40001068 | Processing Assistant | 7/29/16 | N/A | | | | VACANT |
| 40001014 | Sr Medical Lab Assist | 8/18/16 | N/A | | | | VACANT |
| 40001085 | Sr PH Nurse | 8/19/16 | N/A | | | | VACANT |
| 40009879 | PH Nurse Specialist | 8/26/16 | N/A | | | | VACANT |
| *TBA | Outreach Worker | | 7/1/16 * | | | | VACANT |
| *TBA | Outreach Worker | | 7/1/16 * | | | | VACANT |
| *TBA | Program Coordinator | | 7/1/16 * | | | | VACANT |
| *TBA | Violence Interrupter | | 7/1/16 * | | | | VACANT |
| *TBA | Violence Interrupter | | 7/1/16 * | | | | VACANT |
| *TBA | School Nurse | | 7/1/16 * | | | | VACANT |
| *TBA | School Nurse | | 7/1/16 * | | | | VACANT |
| *TBA | School Nurse | | 7/1/16 * | | | | VACANT |
| *TBA | School Nurse | | 7/1/16 * | | | | VACANT |

ENVIRONMENTAL HEALTH
Onsite Water Protection Notices of Violation
August 2016

| NOV DATE | SUBJECT PROPERTY ADDRESS | TYPE OF VIOLATION | NOV EXPIRATION DATE | FORWARDED TO CO. ATTY? | COMPLIANCE STATUS (YES/NO) | COMPLIANCE DATE | NOTES |
|------------|--------------------------|---|---------------------|------------------------|----------------------------|-----------------|--|
| 3/12/2014 | 7001 Herndon Rd | Surface discharge of effluent | 4/10/2014 | Y | N | | 3/10/2014 - Site visit, confirmed surfacing effluent. Municipal sewer available. 6/1/14 Owner has applied for sewer connection and is awaiting tap installation. Property has completed the annexation process. 4/20/2015 - Public Works Engineering states no application has been received for connection to sewer. 10 day letter needed. 5/20/15 - 10 day demand letter issued by County Attorney's Office. 2/29/2016 - Site visit is scheduled for first week of March to verify system failure, per recommendation of County Attorney's office. 3/1/2016 - EH verified system is still failing and notified County Attorney's office. |
| 3/20/2014 | 913 Cartman | Surface discharge of effluent onto neighbor's yard | 4/20/2014 | Y | N | | 3/20/2014 - The complaint is valid. Issued NOV 4/29/2014 - Return visit made by EH, course of action to remedy failure communicated to owner. NOV forwarded to County Attorney's office 8/14/2014 Owner has stated he will not repair the system. 6/4/2015 - 10-day demand letter issued by County Attorney's office. 2/3/2016 - Requested County Attorney's Office file for injunctive relief. 3/22/2016 - Civil suit filed in Superior Court by County Attorney's office. 4/28/2016 - EH Spoke with owner, site visit is scheduled for 5/5/16 to determine repair options. 5/26/2016 - Property owner contacted EH to state he has hired a septic contractor to evaluate system. 7/12/2016 - Site to be reevaluated by EH. Initial hypothesis of broken pipe was not verified by septic contractor. |
| 12/17/2014 | 3500 Interworth | Surface discharge of effluent | 1/19/2015 | N | N | | Discharging via a culvert pipe. 3/1/15-Owner is seeking a NPDES permit from NC Div. of Water Resources. 1/19/2016 - EH has verified that NPDES permit application is currently being reviewed by NC Division of Water Resources. |
| 5/5/2015 | 207 Breedlove Ave | Effluent surfacing and backing up into house | 6/5/2015 | N | N | | Effluent is discharging to the ground surface, sewage is backing up into the basement, septic tank has tree root intrusion. Non-repairable lot. Owners have applied to NC DWR for a discharge system permit. 1/19/2016 - EH staff has verified that NPDES permit application is currently being reviewed by NC Division of Water Resources. |
| 5/7/2015 | 920 Snow Hill | Surfacing effluent | 6/7/2015 | N | N | | Surfacing effluent. Recommended a course of maintenance procedures in attempt to abate failure. EH will continue to monitor the system. 7/20/2015- Verified water use is within permit design. ENV HLTH continues working with homeowner & contractor to repair existing LPP. 2/4/2016 - NOV reissued. |
| 6/25/2015 | 5114 Leesville Rd | Surfacing effluent, straight pipe from basement plumbing, and property line setback violation | 7/25/2015 | Y | N | | Existing system crosses property line and is discharging effluent to the ground surface. Basement plumbing is discharging via straight pipe into gutter drain. Repair permit issued same day as NOV. 2/19/2016 - 10-day demand letter issued by County Attorney's Office. |
| 9/28/2015 | 6101 Cheek Rd | No Subsurface Operator | 10/28/2015 | Y | N | | EH has not received system management reports as required by rule. 2/19/2016 - 10-day demand letter issued by County Attorney's Office. |
| 10/21/2015 | 4601 West Ave | Surfacing effluent, unpermitted repairs | 11/21/2015 | Y | N | | Municipal sewer is available. 2/19/2016 - 10-day demand letter issued by County Attorney's Office. |
| 10/28/2015 | 1725 Infinity Rd | No Subsurface Operator | 11/27/2015 | N | N | | EH has not received system management reports as required by rule. |
| 10/28/2015 | 3050 Ruth St | No Subsurface Operator | 11/27/2015 | N | N | | EH has not received system management reports as required by rule. |

| | | | | | | | | |
|-----------|------------------|------------------------|-----------|---|---|--|--|---|
| 2/16/2016 | 6038 Burgundy Rd | Surfacing Effluent | 3/17/2016 | N | N | | System failure discovered during mandated 5-year maintenance inspection. | 3/16/2016 - Owners have hired a certified contractor to repair system. |
| 2/16/2016 | 5 Treadway Ct | Surfacing Effluent | 3/17/2016 | N | N | | System failure discovered during mandated 5-year maintenance inspection. | Owner has hired a certified contractor to repair the malfunctioning pump controls. |
| 2/16/2016 | 1807 Infinity Rd | Surfacing Effluent | 3/17/2016 | N | N | | System failure discovered during mandated 5-year maintenance inspection. | |
| 2/18/2016 | 704 Hazelwood St | Surfacing Effluent | 3/19/2016 | Y | N | | Issue was discovered during complaint investigation of water discharging onto neighbor's driveway. Water sample was taken from ditch and tested positive for anionic surfactants. Ammonia test was inconclusive due to sample turbidity. | 8/18/2016 - NOV forwarded to County Attorney's Office. Complainant states discharge is causing mosquito problem. EH provided complainant with larvicidal mosquito dunks and has made several unsuccessful attempts to contact the owner of 704 Hazelwood. |
| 3/11/2016 | 8405 NC HWY 751 | Surfacing Effluent | 4/11/2016 | N | N | | Previous repair (root removal) in January 2016 was not successful. Owner directed to connect to municipal sewer. | |
| 3/18/2016 | 7138 Windover Dr | Surfacing Effluent | 9/18/2016 | N | N | | Existing system is failing. Parcel has been classified as Unsuitable for repair. Owner referred to NCDWR for discharging system. 180-day compliance deadline issued to address slow permit turn-around times from NC DWR. | 3/28/2016 - Owner has hired a Licensed Professional Engineer to design a discharging system. |
| 3/31/2016 | 809 Lakeview Dr | Surfacing Effluent | 5/2/2016 | N | N | | EH received a complaint of surfacing effluent. Site visit confirmed failing system. NOV directs owner to apply for repair permit. | 4/7/2016 - Owner submitted an application for repair permit. House is unoccupied. |
| 5/5/2016 | 5719 Claremore | Surfacing Effluent | 6/5/2016 | N | N | | Existing system is failing. Parcel has been classified as Unsuitable for repair. Owner referred to NCDWR for discharging system or to apply for permanent pump and haul. | |
| 6/9/2016 | 2711 E Geer St | Surfacing Effluent | 6/9/2016 | N | N | | Existing system is failing. Municipal sewer available. | |
| 6/30/2016 | 2005 Patterson | Surfacing Effluent | 7/30/2016 | N | N | | Existing system is failing. Property owner has submitted application for repair permit but has not cleared area or marked property lines for an evaluation. | |
| 7/15/2016 | 2804 Darrow Rd | Raw Sewage Discharge | 8/15/2016 | Y | N | | House is connected to municipal sewer. Line has been plugged by Public Works due to delinquent account. | 8/29/2016 - NOV forwarded to County Attorney's Office. |
| 7/15/2016 | 5370 Red Mill Rd | No Subsurface Operator | 8/15/2016 | N | N | | EH has not received system management reports as required by rule. | |

ENVIRONMENTAL HEALTH
Onsite Water Protection - Compliant NOVs
FY 2017

| NOV DATE | SUBJECT PROPERTY ADDRESS | TYPE OF VIOLATION | NOV EXPIRATION DATE | FORWARDED TO CO. ATTY? | COMPLIANCE STATUS (YES/NO) | COMPLIANCE DATE | NOTES |
|-----------|--------------------------|--------------------|---------------------|------------------------|----------------------------|-----------------|--|
| 7/15/2016 | 2104 Milton Rd | Surfacing Effluent | 8/15/2016 | N | Y | 7/21/2016 | Existing system is failing. Property owner needs to mark property lines prior to evaluation. **7/21/2016 - Failure abated by reduced water use.** |

Health Director's Report

Division / Program: Community Health Division/Positive Parenting Program (Triple P)
(Accreditation Activity 12.3-The local health department shall participate in a collaborative process to implement population-based programs to address community health problems.)

Program description

- Durham County Triple P was awarded funding from the Improving Community Outcomes for Maternal and Child Health Grant to expand the implementation of Triple P to focus on parental support for children ages 0-5.
- Durham County Triple P will expand services into rural Durham County to specifically train child care providers and agencies that provide services for children birth to 5 years of age.

Statement of goals

- To expand the implementation of Triple P as a multi-tiered, public health approach to parenting and family support designed to prevent and/or intervene to address behavioral, emotional and/or developmental problems specific to the 0-5 year old population.
- To implement Level 3 Primary Care Training and Level 2 Selected Seminar Trainings with a focus on Durham County childcare providers and centers, and Early Head Start Home Base Providers.

Issues

- **Opportunity**
 - A Triple P Expansion Program Coordinator and an Administrative Assistant will be hired to strengthen the program's focused implementation efforts for the 0-5 population of children.
 - A specific, levels-based training program for practitioners will be developed based on guidance from Triple P America and the NC Department of Public Health Triple P Program.
- **Challenges**
 - Assuring Durham County Triple P will obtain the appropriate level of participation from child care providers and centers for successful implementation of Triple P parenting services by individuals and agencies providing services to the 0-5 population will be a challenge.

Implication(s)

- **Outcomes**
 - Triple P Coordinator, was the featured speaker at the NC Pre-Kindergarten Summer Training Institute on August 24-25, 2016. The training, hosted by Durham's Partnership for Children, was attended by fifty-two NC Pre-Kindergarten (Pre-K) Directors and Pre-K Teachers.
 - Round table discussions focused on the benefits of training pre-kindergarten staff to become Triple P Level 3, Primary Care Accredited Providers to partner with parents

to assist in the prevention of social, emotional and behavioral problems in children, aged 2-5 years.

- Triple P Coordinator will collaborate with the NC Pre-Kindergarten Program Manager to select two teachers from twenty NC Pre-Kindergarten classrooms to become accredited Level 3 Primary Care providers. These twenty classrooms will serve as the pilot group under the Improving Community Outcomes for Maternal and Child Health Grant funding that has been designated for Triple P.
- **Service delivery**
 - Durham County Triple P Expansion staff will coordinate the continuing implementation and expansion of Triple P services for child care providers and in child care agencies in Durham City and Durham County.
- **Staffing**
 - Durham County Triple P Lead Coordinator
 - Durham County Triple P Expansion Coordinator
 - Triple P Data Assistant (0.45 FTE)

Next Steps / Mitigation Strategies

- Triple P Coordinators will increase the number of child care providers/child care facilities served in the Durham Triple P service area.
- The Durham County Triple P Lead Coordinator will lead/coordinate program expansion, with a focus on rural Durham County.

Division / Program: Community Health /Maternity Clinic

(Accreditation Activity 20.1-The local health department shall collaborate with community health care providers to provide personal and preventative health services.)

Program description

- The Maternal Health (MH) clinic provides comprehensive prenatal services to low income, medically low risk pregnant women. The clinic is staffed by nurses, medical providers, aides, support personnel, and Spanish interpreters.

Statement of goals

- The NC Oral Health Section of the Department of Health and Human Services (DHHS) works to prevent dental caries by using evidence-based data-driven decision making to advance the oral health, overall health, and well-being of NC citizens. Twenty-five field dental hygienists cover the state, offering dental screenings, educational services and programs aimed to maintain oral health. (<https://www2.ncdhhs.gov/dph/oralhealth/>)
- To collect data on the oral health status of pregnant women of any gestational age receiving care at DCoDPH as part of a statewide effort to collect data on a sample size of 400 MH patients.

- To gather baseline data to use for policy change and program development to improve oral health and overall well-being of pregnant women.

Issues

- **Challenges**
 - The MH clinic is a busy clinic that already screens patients for multiple risks factors. The state's oral screening added to the time spent on patient care. Prior to the screening, nurses educated patients about the program and recruited participants. Additionally, patients remained in the clinic for longer than usual to get screened.
 - Ten patients were screened at DCoDPH August 18th. The disruption to the clinic's flow was manageable. Each screening lasted about five minutes and the accompanying questionnaire took approximately ten minutes to complete – for a total of approximately 15-20 minutes per patient. This time frame was longer for patients who required interpretation.
- **Opportunities**
 - DCoDPH participated in the first NC Oral Health Section statewide Basic Screening Survey (BSS).
 - DCoDPH was one of 67 NC local health departments approached by the state to host the NC DHHS dental hygienist team who conducted the oral screenings.
 - As part of the preparation for the state's dental screening, the MH staff participated in a state-sponsored webinar on July 29th. The webinar titled: "Prenatal Oral Health Screening Survey Overview for Maternal Health Nurses", provided an overview of the Prenatal Basic Screening Survey (BSS) developed by the Association of State and Territorial Dental Directors (ASTDD). The webinar discussed how maternal health nurses can partner with the NC Oral Health Section's hygienists to ensure successful screenings at each health department.

Implication(s)

- **Outcomes**
 - Ten English and Spanish speaking DCoDPH patients volunteered and were successfully screened by the state's dental hygienist.
- **Service delivery**
 - Prior to the actual screening, the DCoDPH MH nurses promoted the state's dental screening program to pregnant women during their medical appointments.
 - A MH consultation room equipped with chairs, table and a sink was used as a screening room. The room allowed the oral screening to be conducted in privacy.
 - In appreciation for the time of patients who participated, the dental hygienist gave each participant a small gift bag containing a book and toothbrush. They were also given a list of Durham County dentists and dental resources.
- **Staffing**
 - Actual oral screening was conducted by the state's dental hygienist.
 - The services of the MH DCoDPH Spanish interpreter were required for Spanish speaking patients.
- **Revenue**
 - This should have no impact on DCoDPH revenue.

Next Steps / Mitigation Strategies

- The NC Oral Health Section of the DHHS will share the report from this baseline MH dental screening with their national partners through the National Oral Health Surveillance System (NOHSS).

Division / Program: Dental Division/ Back to School Smiles Event

(Accreditation Activity 20.1- Collaborate with community health care providers to provide personal and preventative health services.)

Program description

- On the morning of August 26th, the Dental Clinic hosted its annual Back to School Smiles event, prior to the start of the traditional school year.

Statement of goals

- The event was designed to provide exams (including x-rays) to children who were not covered through insurance and did not have a dental home.
- This year, in addition to exams, the team offered other services as time permitted, such as cleanings, fillings, etc.
- The event provided for oral health and nutrition instruction to patients and their families.
- Pending the results of exams, children started the school year with a treatment plan in place to address oral health issues.

Issues

- **Opportunities**
 - In addition to the pediatric dentists, nutritionists and health educators participated in the event, providing information to patients/families and answering their questions.
 - Some children had not seen a dentist in years and were able to receive services.
- **Challenges**
 - In spite of the event provided complimentary care, there were still six patients that did not show up. This meant that in addition to the scheduled patient not receiving services, an additional child was prevented from being scheduled.
 - The event continues to run as a morning-only session, minimizing the number of patients seen.

Implication(s)

- **Outcomes**
 - The dentists and auxiliary staff worked expeditiously, and many parents expressed their appreciation for the exams.
 - Follow-up appointments were scheduled for 11 patients.
 - Three media outlets covered the event.
- **Service delivery**
 - The event ran from 8:30 a.m. – 12 p.m. and 22 patients were treated. All families participated in presentations with the Nutrition and Health Education teams.

- The Division provided the patients with \$4,100 in services.
- **Staffing**
 - Services providers included the Director of Dental Practice, contract dentist (Jenna Alvey); four dental assistants, two hygienists, an interpreter, and one processing assistant.

Next Steps / Mitigation Strategies

- The team is rethinking future events, and specifically reviewing hours of operation, number of service providers, etc.
- The team will consider adding additional patients to counter “no-shows”.

Division / Program: Nutrition Division /Clinical Nutrition - Lactation Promotion and Support

(Accreditation Activity 10.1 The local health department shall provide, support, and evaluate health promotion activities designed to influence the behavior of individuals and groups.)

Program description

- The first week of August is recognized globally as world breastfeeding week. Durham County’s Department Public Health celebrated the week in the Family Planning and OB clinics. An article on this year’s world breastfeeding week theme, Breastfeeding: A Key to Sustainable Development, was posted in the clinics and the employee newsletter.

Statement of goals

- To celebrate lactation support as an integral part of service provision by the Durham County Department of Public Health.

Issues

- **Opportunities**
 - Because of its significant health advantages, breastfeeding is recommended by all major medical organizations as the optimal way to feed infants.
 - The benefits of offering breastfeeding support as a public health service translates into both highest quality healthcare provision and lower health care costs.

Implication(s)

- **Outcomes**
 - Breastfeeding benefits mothers by contributing to lower rates of several health risks and improving recovery from pregnancy.
 - DCoDPH promotes breast milk as the expected, optimal food for growth and development of infants.
- **Service delivery**
 - Inclusion of breastfeeding promotion and education to clients and staff encourages a positive attitude toward women who are breastfeeding and/or expressing milk and empowers mothers with the ability to choose optimal health behaviors.

- A lactation support room in the MH clinic is available for use by all clients, employees, and visitors. It provides a safe, private area for expressing milk or for a woman to feed her child.
- **Staffing**
 - The clinical nutrition program manager for DCoDPH is an International Board Certified Lactation Consultant (IBCLC). She serves as a consultant for DCoDPH on lactation issues.

Next Steps / Mitigation Strategies

- DCoDPH will continue to promote breastmilk as the optimal food for babies.
- The dedicated area for lactation in the Human Services building will continue to be available to employees, clients, and visitors.

Division / Program: Health Education

(Accreditation Activity 10.1: The local health department shall develop, implement and evaluate population-based health promotion/disease prevention programs and educational materials for the general public.)

Program description

- “National Night Out” occurs annually on the first Tuesday in August in more than 16,000 communities involving more than 39 million people. Neighborhoods join together to promote police-community partnerships; crime, drug and violence prevention; public safety; and neighborhood unity.
- This year on August 2nd throughout Durham, celebrations were held that included food, fun, educational exhibits and visits from law enforcement and elected and appointed City and County officials.
- DCoDPH employees were at Fisher Memorial, scattered sites on Gary Street, McDougald Terrace, Hillside Historic Stokesdale Community, and A.S. Hunter Lodge, #825.

Statement of goals

- To provide health education and credible resources in the areas of tobacco, obesity and chronic disease prevention and management, nutrition, men’s health, gun safety, and HIV/STI education.

Issues

- **Opportunities**
 - Collaborated and networked with law enforcement, leaders of Durham and the residents of this community.
 - Built trust with the community and community agencies.
 - Educated the community and make them aware of their bodies and behaviors.
 - Provided resources and incentives (i.e., gun safety educational supplies, gunlocks, and condoms, etc.) that may further help individuals make healthier choices.
 - Provided contact information for those who requested.
- **Challenges**

- Individual fears and beliefs
 - Many individuals do not want others to know they have a firearm therefore will not ask for a gunlock.
 - Many gun owners believe they can just hide their loaded gun in an out of reach place and the child will never find it.
- Open environment
 - There was a lot of commotion and noise which made it hard for some individuals to hear our message about condom use.
 - The open environment was not the best for talking HIV/STI prevention on a personal level because these topics are considered confidential and private.
 - It was outside right before a storm in some communities, which could have hindered participation.

Implication(s)

- **Outcomes**
 - A total of 52 individuals were educated on gun safety and 41 gunlocks were given to gun owners.
 - A total of 80 individuals were educated on proper condom use and 250 condoms were distributed to community members.
 - A total of 170 individuals were given information about our chronic disease self-management program and men's health forum.
- **Service delivery**
 - Educational quiz games for prizes.
 - Discussions
 - Learning tools and visuals for each topic.
 - Flyers
- **Staffing**
 - Public Health Educators Joan Ross, Dennis Hamlet, Joyce Page, Paul Weaver, Jannah Bierens, Tim Moore, Chris Mack, Natalie Rich
- **Revenue**
 - None
- **Other**
 - None

Next Steps / Mitigation Strategies

- The Public Health Educators will continue throughout the year to educate citizens of Durham County about health and safety concerns.
- Prepare for National Night Out 2017!

(Accreditation Activity 5.3- Health Alerts to Media, 9.1- Disseminate Health Issues Data, 9.5- Inform Public of Dept. / Op. Changes, 10.2- Health Promotion –Disease Prevention, 21.2- Make Available Information About LHD Programs, Services, Resources)

Program description

- The Communications and Public Relations program provides accurate, timely, and relevant information to the residents of Durham County on key health issues as well as informing the public about department programs and services availability. Information is disseminated in many forms, included broadcast, print, and multimedia (web-based).

Statement of goals

- To increase the public's awareness and understanding of important health information and the Department of Public Health's programs and services availability
- To increase the public's utilization of the Department of Public Health's programs and services.
- To become the main, trusted and dependable choice for journalists seeking information and assistance to develop compelling and balanced stories on Public Health issues.

Issues

- **Opportunities**
 - With staff dedicated to communications and public relations, the Department of Public Health can provide more information to the public on health issues
 - Media/reporters are eager to use information provided to them by the Department of Public Health for their viewers/readers. Television and radio announcers often request follow-up information and interviews.
- **Challenges**
 - Prioritizing the topics to publicize
 - Staff balancing external media requests with internal needs to review/revise/develop new media to promote programs and services.

Implication(s)

- **Outcomes**
 - Communication surrounding various health issues and department programs and services are being publicized in a timely, organized manner and with greater frequency.
 - Visibility of public health information from the department has substantially increased.
- **Service delivery**
 - During the month of August, one (1) general public health media release/advisory was disseminated. Communications staff also responded to five (5) direct (unsolicited) inquiries from reporters. A total of 39 media pieces featuring or mentioning the Department aired (television and/or radio), were printed in the news, or were posted to the web by local media during the month. Topics and issues covered included:

- Continued coverage of Zika education and awareness in the community, including public notification of nine (9) confirmed travel-associated Zika cases in Durham County to date⁽¹⁾;
 - Coverage of the Cure Violence initiative in Durham, as well as interest from other communities in starting the program, based on Durham's actions ^(1,2,3);
 - Coverage of Durham Health Start's Back to School health screening fair, hosted by Public Health;
 - A change in the food service provider at the Durham County Jail, based on recommendation from Public Health's Nutrition Division;
 - Safe syringe exchange program seeking a presence in Durham County;
 - Durham County Government Labor Day holiday closing, including emergency contact information for Public Health; and
 - Weekly restaurant inspection scores.
- The Communications Team released the August edition of the *Community Connections*, the Department's external newsletter.

Next Steps / Mitigation Strategies

- Continue building/developing various communication channels as well as the Department of Public Health's delivery of information and communications.

Durham County Detention Facility, NC
August 18, 2016
UPDATE REPORT

The National Commission on Correctional Health Care is dedicated to improving the quality of correctional health services and helping correctional facilities provide effective and efficient care. NCCHC grew out of a program begun at the American Medical Association in the 1970s. The standards are NCCHC's recommended requirements for the proper management of a correctional health services delivery system. These standards have helped correctional facilities improve the health of their inmates and the communities to which they return, increase the efficiency of their health services delivery, strengthen their organizational effectiveness, and reduce their risk of adverse patient outcomes and legal judgments.

On December 10-11, 2016 NCCHC conducted its review for continuing accreditation of the Durham County Detention Facility under the NCCHC 2014 *Standards for Health Services in Jails*. On January 16, 2016, NCCHC granted continuing accreditation with verification. Subsequently, the RHA has submitted corrective action, which brought the facility into compliance with applicable essential and important standards. This report focuses primarily on issues that required corrective action for compliance with the standards and is most effective when read in conjunction with NCCHC's January 16, 2016 report.

There are 40 essential standards; 38 are applicable to this facility and 38 (100%) were found to be in compliance. One hundred percent of the applicable essential standards must be met. ***The Durham County Detention Facility has now met this condition.***

Essential Standards Not in Compliance

None

Essential Standards Not Applicable

J-E-03 Transfer Screening

J-G-03 Infirmary Care

There are 27 important standards; 26 are applicable to this facility and 26 (100%) were found to be in compliance. Eighty-five percent or more of the applicable important standards must be met. ***The Durham County Detention Facility has met this condition.***

Important Standards Not in Compliance

None

Important Standard Not Applicable

J-C-08 Health Care Liaison

Decision: On August 18, 2016, the Accreditation Committee voted to continue to accredit Durham County Detention Facility.

Needle and Syringe Exchange Programs (NSEPs)



Arlene C. Sena, MD, MPH
Medical Director, Durham County Department of Public Health
Board of Health Meeting
September 8, 2016

What is needle and syringe exchange?

- In exchange programs, people who use injection drugs turn in their used or "dirty" needles and syringes in exchange for unused, clean supplies.
- Programs traditionally offer a range of social services to people who struggle with addiction, including
 - Access to drug treatment
 - Housing and employment opportunities
 - Sterile needles and syringes.
- Intended to protect users and the public from the spread of HIV and hepatitis C, by collecting used needles and syringes from the community and disposing of them safely.

What do the new NC law state about NSEP?

- House Bill 972 was passed by General Assembly on June 29, 2016. Signed by Governor on July 11, 2016
- H972 was originally written to regulate body camera footage. Later, language authorizing syringe exchange programs was added as amendment.

§ 90-113.27. Needle and hypodermic syringe exchange programs authorized; limited immunity.

(a) Any governmental or nongovernmental organization, including a local or district health department or an organization that promotes scientifically proven ways of mitigating health risks associated with drug use and other high-risk behaviors, may establish and operate a needle and hypodermic syringe exchange program. The objectives of the program shall be to do all of the following:

- (1) Reduce the spread of HIV, AIDS, viral hepatitis, and other bloodborne diseases in this State.
- (2) Reduce needle stick injuries to law enforcement officers and other emergency personnel.
- (3) Encourage individuals who inject drugs to enroll in evidence-based treatment.

HB 972 - Program requirements

(b) Programs established pursuant to this section shall offer all of the following:

- (1) Disposal of used needles and hypodermic syringes.
- (2) Needles, hypodermic syringes, and other injection supplies at no cost and in quantities sufficient to ensure that needles, hypodermic syringes, and other injection supplies are not shared or reused. No public funds may be used to purchase needles, hypodermic syringes, or other injection supplies.
- (3) Reasonable and adequate security of program sites, equipment and personnel. Written plans for security shall be provided to the police and sheriff's offices with jurisdiction in the program location and shall be updated annually.
- (4) Educational materials on all of the following:
 - a. Overdose prevention.
 - b. The prevention of HIV, AIDS, and viral hepatitis transmission.
 - c. Drug abuse prevention.
 - d. Treatment for mental illness, including treatment referrals.
 - e. Treatment for substance abuse, including referrals for medication assisted treatment.

Are there NSEP programs already in NC?

North American Syringe Exchange Network
<https://nasen.org/>

Needle Exchange Program of Asheville

Asheville, NC

Triangle Health Collective (NC Harm Reduction)

Durham, NC

North Carolina Syringe Access

Greensboro, NC

To The Point Prevention & Prayer

Roxboro, NC

What are the concerns?

- MYTH: Syringe Exchange Programs (SEPs) encourage, enable, and increase drug use
- FACT: Studies have demonstrated that SEPs decrease drug use by connecting otherwise marginalized people to treatment. Participants are five times more likely to enter drug treatment than non-participants.
- MYTH: SEPs increase crime
- FACT: In one study, Baltimore neighborhoods with syringe exchange programs experienced an 11% decrease in crime compared to those without syringe exchange, which saw an 8% increase in criminal activity.

How can NSEP be funded?

- Public funds can still be used for all other expenses, including personnel, health care costs, HIV and hepatitis C testing, naloxone, wound care, treatment and social service referrals, etc.
- Organizations will have to secure funding for syringes and injection supplies through sources such as private grants, individual donors, corporate giving, fundraisers, donations from medical organizations, etc.

How can a program be developed?

- Integrated Syringe Exchange Model - An organization adds syringe exchange into their on-going services.
- Fixed Site Exchanges - The exchange is located in a building. This could be a storefront, an office, or other similar space.
- Mobile/Street Based Vehicle based exchange - The exchange is conducted via a van or RV that drives to exchange sites and neighborhoods.
- Home Delivery or Peer-Based Exchange - Participants call a phone number to arrange delivery of services, which can be done in their home or at another agreed upon site. Can happen on a regular schedule, or by appointment via cell phone.

What are we proposing to do at DCoDPH?

- Connect with other community-based agencies in NSEP
- Partner with NC Harm Reduction
 - “Trade agreement” or MOU for supplies
- Obtain training for staff in NSEP
 - Regional training TBA in Durham
- Develop an integrated NSEP model with a fixed-site exchange and probable street based delivery
- Comply with reporting requirements to the NC Public Health

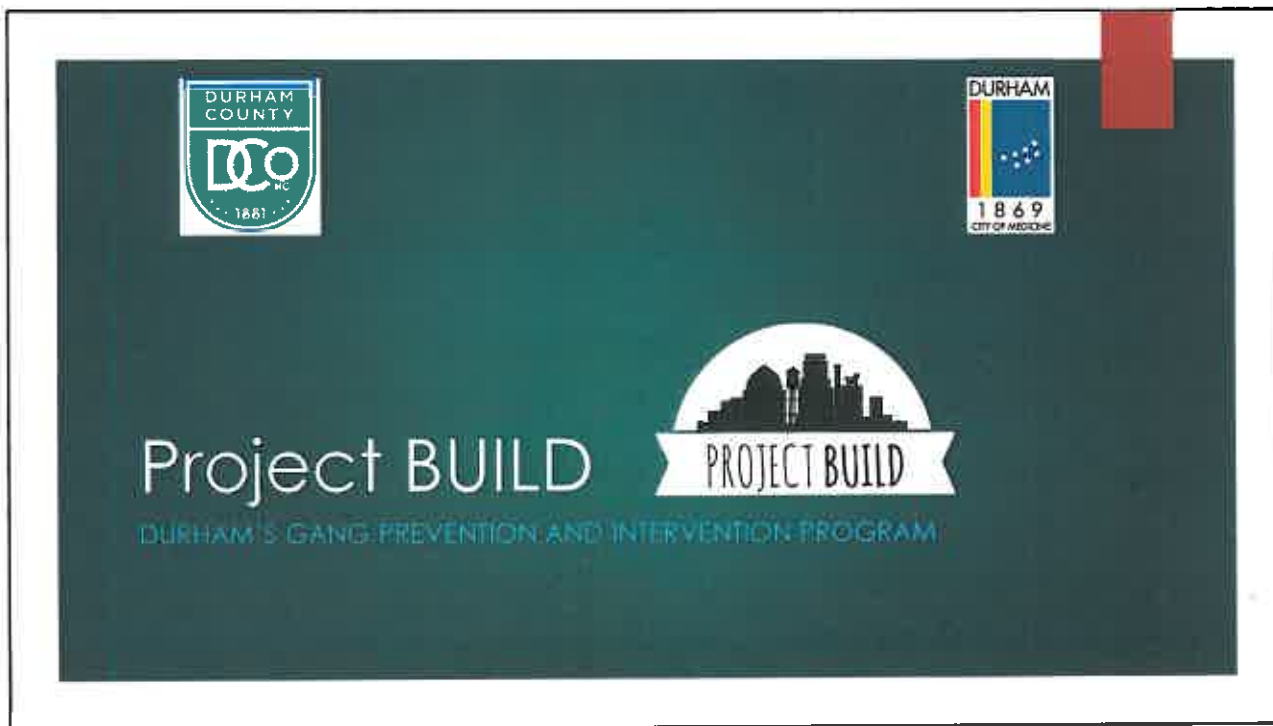
Resources



- NC Harm Reduction Syringe Exchange

<http://www.nchrc.org/syringe-exchange/>

- Harm Reduction Coalition Manual
<http://harmreduction.org/issues/syringe-access/tools-best-practices/manuals-and-best-practice-documents/syringe-access-manual/>



About Project BUILD

- ▶ Implemented in 2009
- ▶ Jointly funded by Durham County and the City of Durham, plus state and federal grant funding
- ▶ Utilizes an evidence-based model (OJJDP Comprehensive Gang Model)
- ▶ Durham County's Project BUILD was evaluated in 2012 by Michaux Parker, Ph.D., and was found to reduce criminal attitudes and behavior of participants

Project BUILD - Target Population

- ▶ Youth & young adults, ages 14-24
- ▶ Gang-involved or at high risk of gang involvement
 - ▶ School failure
 - ▶ Chronic behavior problems
 - ▶ Court involved
- ▶ Gang-involved or incarcerated parents/family members
- ▶ Mental health*
- ▶ 161 clients served during FY 2015-16

Current Project BUILD Client Profile

Clients served 2015-16: 161

Current Active Clients: 72

Average Age: 15.7

Race/Ethnic Breakdown:

83% African American

15% Hispanic/Latino

1% Caucasian

89% Male / 11% Female

- 67% active gang members or regularly associate with gang members
- 12% former gang members
- 21% are at high risk of gang involvement
- 5% referred for school violence/weapon issues

- 63% currently or previously involved in the juvenile or adult court

- 37% have a mental health diagnosis

- 81% attending school at referral

- 34% have an IEP or 504 plan

Referral Sources:

- Department of Juvenile Justice - 29%

- Law enforcement agency - 16%

- Educational agency - 16%

- Self - 14%

- Parent - 9%

- Adult criminal justice system - 8%

- Mental Health Agency - 6%

Data calculated for program year 2015-16

Critical Program Elements

- ▶ Project BUILD services are **community-based**. Project BUILD street outreach workers connect with youth and families in the home, school, and community
- ▶ Project BUILD provides **direct connection to needed services**
- ▶ A **multidisciplinary intervention team** meets bi-monthly to ensure cohesive service delivery
- ▶ Outreach workers provide **direct behavioral intervention in the school setting** to help students remain in school
- ▶ Outreach workers provide parent support and **assist with service coordination between multiple agencies** involved with each youth.
- ▶ Outreach workers **connect the youth to prosocial activities and opportunities**, and assist the youth and families with meeting basic needs

Project BUILD Wrap Around Services

Prosocial Activities

- Weekly groups
- CBT Groups
- Interest groups
- Summer camp
- Winter camp
- Civic engagement
- Special events

Connection to Basic Needs

- Health care/mental health
- Dental care
- Housing assistance
- Clothing closet
- Christmas program
- Transportation assistance
- Other necessary services

Service coordination

- Bi-monthly service coordination meetings
- Individualized intervention planning for all clients



Education assistance

- Reconnecting with school
- IEP/504 Plan support
- Coordination with educational providers

Outreach Support

- Building relationships with clients & families
- Prosocial activities
- Transportation assistance
- Health care
- Housing assistance

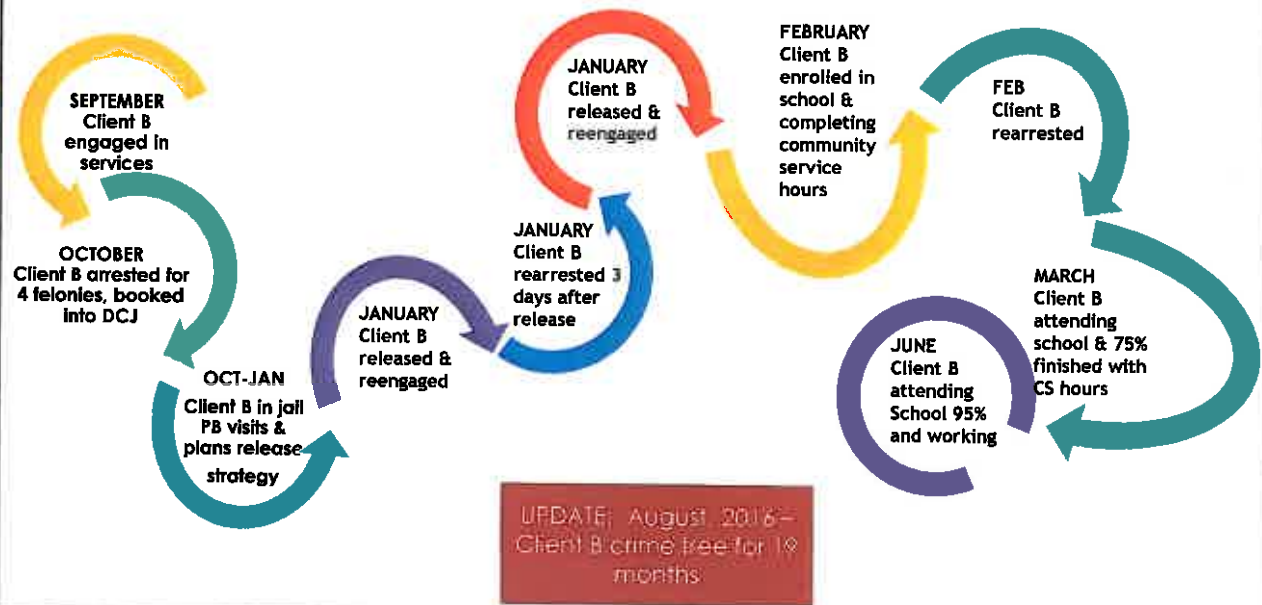
Employment assistance

- Individual career counseling
- Job search assistance and coaching
- SWCOK classes
- Pre-employment preparation classes

Other activities

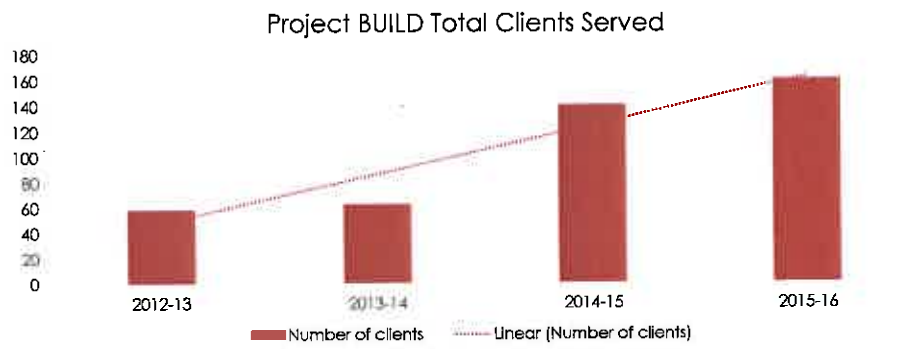
- ▶ Summer/winter camp
- ▶ Durham Work Opportunity and Readiness for Career classes
- ▶ Jail visitation & reentry follow-up
- ▶ Peer support specialists
- ▶ Gang Education and Counseling (GEAC)

Complexities of Gang Intervention Work



Number of Clients Served, 2012-2016

The number of clients served by Project BUILD increased by 172% between 2012 and 2016.



Project BUILD Program Outcomes

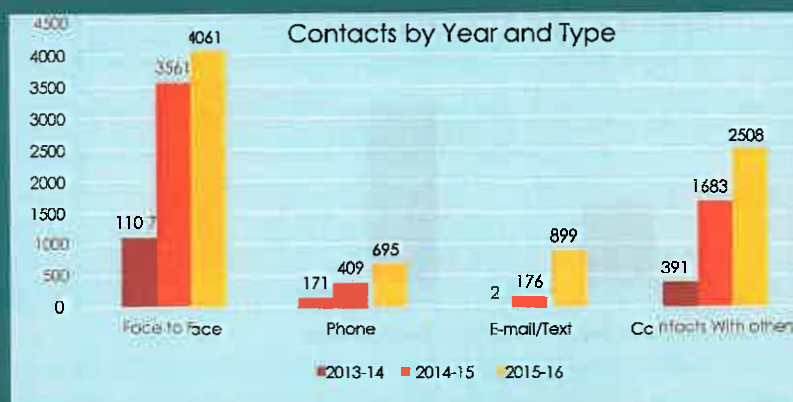
FY 2015-16

- ▶ Project BUILD served 161 clients overall.
- ▶ 86 clients exited the program, 64% satisfactorily or successfully completed the program.
- ▶ 32 Project BUILD clients were placed in jobs.
- ▶ 34 Project BUILD clients were assisted with enrolling in school, participating in an alternative to suspension, or have been connected to educational support services such as tutoring.
- ▶ 6 clients were connected to medical care
- ▶ 6 clients were assisted with completing court-ordered community service hours
- ▶ 4 clients/families were connected to housing
- ▶ 12 youth participated in MBK event (November, 2015)
- ▶ 5 youth participated in Kids Vote Candidate Forum (October, 2015)
- ▶ 6 youth and peer support specialists participated in Kids Vote Forum (Feb 2016)

Project BUILD Service Delivery Outcomes

FY 2015-16

- ▶ During FY 2015-16, Project personnel made over 8,000 contacts with or on behalf of program participants.



Project BUILD

www.projectbuild.org

twitter: @projectbuildnc

phone: 919.560-0537

Michelle Young – Director - myoung@dconc.gov