

**THE BOARD OF COUNTY COMMISSIONERS  
DURHAM, NORTH CAROLINA**

Tuesday, February 4, 2008

9:00 A.M. Worksession

**MINUTES**

Place: Commissioners' Room, second floor, Durham County Government Administrative Complex, 200 E. Main Street, Durham, NC

Present: Chairman Ellen W. Reckhow, Vice-Chairman Michael D. Page, and Commissioners Lewis A. Cheek, Philip R. Cousin Jr. and Becky M. Heron

Absent: None

Presider: Chairman Reckhow

**North Carolina Biotechnology Center**

Norris Tolson, President and CEO of the North Carolina Biotechnology Center, introduced this item discussing the organization's activities. In the early 1980s, the state's General Assembly appointed a legislative study commission to determine how North Carolina could ensure long-term economic benefits from biotechnology. A yearlong study by the commission concluded that North Carolina needed a private, non-profit organization dedicated exclusively to biotechnology development. The state legislatures then established the North Carolina Biotechnology Center, headquartered in Research Triangle Park, as the world's first government-sponsored organization dedicated to developing the biotechnology industry.

Mr. Tolson stated that the 69-member staff seeks to provide long-term economic and societal benefits to North Carolina by supporting biotechnology research, businesses, and education statewide. He explained that the Biotechnology Center is not a site for laboratory research or company incubation; it works to strengthen the research capabilities of North Carolina's companies and universities. This strategy avoids duplication of effort and uses limited resources more efficiently. The Biotechnology Center receives nearly all of its funding from the General Assembly. The state appropriation for FY 06-07 is \$13.1 million, and its budget for the year is \$17.6 million. Since 1984, the Biotechnology Center has invested more than \$187 million in state monies to develop biotechnology statewide.

Mr. Tolson addressed Chairman Reckhow's question regarding the support of companies currently working in the biotechnology field. He stated that it is a working progress to support the expansion of the companies.

**Directives**

1. Take the necessary measures to protect the supply of drinking water.

2. Provide information to residents in the area who express concerns about the dangers of drinking water.

**Presentation: Project Access of Durham County, A Coordinated Specialty Care Access Program for the Uninsured**

The Board received and reviewed a presentation from Project Access of Durham County (PADC) Inc. PADC is a system where health care providers make free care commitments for specialty medical services needed by uninsured residents. In its first year of operations, PADC will enroll up to 2,400 patients in need of its services. A central office staff of four (Executive Director, 2 Enrollment/Intake Workers, and Administrative Assistant) will be employed.

Lincoln Community Health Center (LCHC) currently provides primary care for about two-thirds of the people in Durham without insurance. Initially, the specific problem that Project Access will address is Lincoln patients who cannot get specialty care referrals (i.e. cardiology, gastroenterology) because they have no insurance. Enrollment will be limited to people who have been Durham residents for at least six months (immigration status does not matter), who have no health insurance and have limited incomes (less than 200% of the Federal Poverty Level or about \$41,000 for a family of four or about \$20,000 for a single person).

Donated services include all services needed to resolve the reason for why the specialty referral was made - physician services, inpatient and outpatient services, diagnostics, etc. Case management and disease state management will also be offered at no cost to people who need it. Patients will get prescriptions at LCHC or Duke Hospital and pay a reduced co-payment

Gayle Harris, Public Health Department, Representative of PADC, presented the following:

**Project Access of Durham County**

- PADC will link eligible uninsured patients to needed specialty care, diagnostic services, ancillary services, hospital care, pharmacy services and prescription medications, disease management, and care coordination services.
- PADC will be a 501(c)(3) with full-time staff.
- PADC will initially focus on medical needs of LCHC patients, particularly the need for specialty medical care treatment, and planned expansion later to include dental behavioral disease.
- PADC plans for Duke physicians to provide 2,000 patient treatments and Durham community physicians to provide 400 patient treatments from specialty physicians.
- The program will focus on uninsured residents of Durham County (6 months minimum residency) that also meet minimum financial requirements (less than 200% of federal poverty guideline, currently \$42,400 for a family of four); not covered by Medicaid, North Carolina Health Choice, or Medicare.

- PADC is modeled on existing Project Access programs that are currently operating in other counties in North Carolina (e.g. Buncombe, Wake).
- PADC grew out of wide-based community support from hospitals, health care professionals, community groups, and business leaders.
- PADC will continue its broad support with a diverse board of directors and will be responsible for future fund-raising activities to meet its needs.
- PADC is seeking initial financial support from the Duke Endowment (\$854,000 over 3 years), the County of Durham, BCBS Foundation, Durham County Hospital Corporation and others.
- Physicians will donate professional services for the treatment of 2,400 patients per year.
- Duke, Durham Regional, and North Carolina Specialty Hospitals have committed to provide hospital and ancillary support services to PADC.

#### Need for Access for Uninsured in Durham County

- Estimates of the numbers of uninsured adults under age 65 range from 19.6% (Sheps Center for Health Services Research, 2005) to 26% (BRFSS, 2006).
- Additionally, approximately 11.6% of children under age 18 are uninsured (Sheps, 2005).

#### Being Uninsured Affects Health

- Uninsured are:
  - More likely to report access barriers obtaining needed health services
  - Less likely to get preventive screenings or care for ongoing chronic conditions
  - More likely to be diagnosed with severe health conditions (e.g. late stage cancers)
  - More likely to be hospitalized for preventable conditions
  - Less likely to receive major health interventions

#### Durham Primary Care Safety Net Capacity

- Lincoln Community Health Center provided primary care services to 32,505 patients (FY 2007). Of these:
  - 82% were uninsured, 84% had incomes, less than 100% FPG
- DUHS & Durham Regional also provide outpatient services to uninsured
  - ED: Duke (12,282 visits), Durham Regional (10,833 visits)(FY2006)
  - Outpatient: Duke (30,495 visits), Durham Regional (14,606 visits)
  - Uninsured also seen through Duke Private Diagnostic Clinic

#### Project Access of Durham County (PADC)

- Many groups have been working over course of the last 18 months to create a Project Access in Durham County showing its broad base of support
  - *Community Groups:* Access to Care Committee of Partnership for a Health Durham, Durham CAN
  - *Providers:* Lincoln Community Health Center, Duke University Health System and Private Diagnostic Clinic, Durham Orange Medical Society,

North Carolina Special Hospital, Durham Academy of Medicine, Dentistry, and Pharmacy.

- *County Representatives:* County Managers' office, DSS, Health Department, Durham Center.
- *Other Groups:* PrimaHealth (IPA for physicians), Physicians WebLink, North Carolina Institute of Medicine, business and community leaders.

#### PADC: Enrollment

- Initially, patients in need of specialty consults will be referred from LCHC to Project Access
  - DSS will check eligibility for Medicaid & NCHC at Lincoln main clinic.
  - One enrollment coordinator will be at LCHC to assist patients with PADC.
  - Eligible patients will sign PADC agreement and receive identification card.
  - All services under PADC will be provided free of charge.

#### Medical Home and Prescriptions

- Initially, LCHC will be the medical and pharmacy home for all Project Access patients
- Specialists will refer patients back to LCHC for ongoing primary care
- Inpatient prescription medications filled by participating hospitals or LCHC
- Funding included to help pay for additional part-time staff to help fill out pharmaceutical assistance program applications or to purchase specialty medications not otherwise available

#### PADC: Specialist Commitment

- PADC goal is 2400 additional specialty referrals/year.
  - Durham Orange Medical Society, Durham Academy, North Carolina Specialty Hospital, and Prima Health will help recruit community physicians to agree to at least 400 referrals/year.
  - Physicians will provide all necessary outpatient services to treat condition
- Participating hospitals agree to provide services for participating physician specialists, including lab, pathology and radiology, and inpatient services without charge.

#### PADC: Disease and Case Management

- Project Access will contract with Duke Community and Family Medicine through the LATCH program to provide disease management and care management services to PADC patients.
- Primary funding for this disease and care management program costs is projected to be provided through a three year grant from the Duke Endowment.
- Grant application to the Duke Endowment was completed in January, 2008

Eugene Dauchert, Representative of PADC, continued the presentation discussing the following budget for Project Access:

**Budget: March-June 2008**

Budget Item	County	Other	Notes
One-time costs:			
Central office equipment	\$37,300		
CARES Access	\$1,500		Referral software
<b>Ongoing costs:</b>			
Salary & Fringe	\$41,510		CEO, 3 other staff
Rent		\$2,625	Inkind, Durham Reg. Hosp.
Utilities, office supplies, misc.	\$14,084		Telephone, postage, supplies, bonding, Cares Access, Travel, misc.
Recruitment/outreach	\$8,200		
Physicians Weblink	\$10,000		Set up claims processing
<b>Total</b>	<b>\$112,594</b>		

**Budget: July 2008-June 2009**

Budget Item	County/Ot her	Inkind	Notes
Salary & Fringe	\$218,750		4.0 FTE
Rent		\$10,500	Donated, DRH
Utilities	\$6,000		Telephone, internet, fax
CARES Access referral	\$8,000		Referral tracking system
Postage	\$2,000		
Office supplies	\$3,000		
Property Liability, Directors/officers bonding	\$4,500		
Audit/Accounting	\$8,000		
Recruitment/recogn.	13,250		
Marketing/outreach	\$7,800		
Staff travel, education	\$4,000		
Miscellaneous	\$3,000		
Contractual:			
Physicians Weblink	\$80,000		Claims processing, paid per claim
LATCH	\$299,760		TDE for disease & case management
Lincoln Pharmacy	\$100,000		50% staff person, \$75,000 to purchase meds
Transportation	\$75,900		
In-kind Medical Svcs		\$12 million	Based on experience in Forsyth
<b>Total</b>	<b>\$833,960</b>	<b>\$12 + mil.</b>	

Budget Request

- March 2008-June 2008
  - County: \$112,594
- July 2008-June 2009

- County: \$400,000
- The Duke Endowment: \$299,760
- Other: \$134,200
- Total support needed: \$833,960

In response to Vice-Chairman Page's inquiry regarding the LATCH program, Mr. Dauchert stated that the latch program is a patient, education, patient support and advocacy program originally funded by a multi-year federal grant from the US Health Resources and Services Administration to Duke University Medical Center's Division of Community Health.

Ms. Harris explained the step-by-step process of how medical services are provided for an individual that is uninsured.

Commissioner Cheek expressed concern about individuals who do not keep their appointments and how that may affect their eligibility to participate in receiving specialty care.

#### Directives

1. Bring to the Board comparative figures relating to the amount of people Buncombe County serves and its infrastructure budget is.
2. Elaborate on the Lincoln Pharmacy component
3. Consider working with the City regarding bus passes.
4. Bring to the Board additional information about the 12-month budget.
5. Consider being more cost effective.

#### **Public Health Presentation: *Durham Connects*, a Nurse Home Visiting Program in the Community Health Division, in Partnership with Duke Center for Child and Family Policy**

Brian Letourneau, Director, Public Health, introduced this item stating that the Board requested to receive and review a presentation from Public Health and Duke Center for Child and Family Policy about Durham Connects, a program in which Public Health Nurses will make one to three home visits within a two-to-four-week period to every woman following the delivery of her new baby. Durham Connects is designed to celebrate the arrival of the new baby as well as provide the necessary support families of newborns need.

Funding is provided by Duke Center for Child and Family Policy through the Durham Family Initiative funded by the Duke Endowment. Durham Family Initiative will also house an Office of Community Resources, which will help with identification of gaps in resources and (working with Network of Care) maintain an exhaustive list of current resources. Durham Family Initiative will also assist with building and maintaining capacity within Durham County Health Department by co-leading orientation and training activities for staff.

Mr. Letourneau stated that this project will be phased in over a period of two years. One Public Health Nurse Supervisor I, a Processing Assistant III, and five Public Health Nurse IIs

will be hired immediately, with five more PHN IIs hired in May, 2008. During FY 2008-2009, ten more PHN IIs will be hired. Each PHN II will be assigned to a geographic neighborhood; the project will automatically expand as staff is hired.

Development of this project has occurred with strong collaboration with Durham's Partnership for Children, who participated in a site visit to a similar project in another community, helped with the development of the Durham plan, and has hosted a meeting with its funded partners to begin the larger community collaboration that will be necessary for the success of the project. There was also strong input from the Center for Child and Family Health, Durham DSS, and Duke Children's Primary Care. In addition, the Durham Family Initiative Advisory Board has given a national perspective on the project.

Funds to support the position in a phased in manner until the end of the fiscal year will be allocated as follows:

Expenditures:

Salary

Salary – Regular	\$130,653
Flexible Benefits	13,986
FICA	9,995
Retirement	6,518
Supplemental Retirement	6,533
Total	\$167,685

Operating

Telephone (cell phones and VoIP)	\$15,032
Printing	1,000
Office Supplies	2,240
Non-cap F&E	15,700
Training-Related Travel	470
Travel	4,750
Other Medical Supplies	2,200
Misc. Supplies	3,100
Non-cap Computer	24,000
Reserve for Future Purchases	50,908
Total	\$119,400

Please note that the amount of \$287,085 reflects pro-rated expenditures for the remainder of this fiscal year. During FY 08-09, ten additional PHN II positions will be added in phases (five in November and five in May). There will be a total of 22 staff members by the end of June 2009. The projected cost of the program for that fiscal year is \$1,230,514. During the second full year of operation, FY 2009-2010, the program's projected cost is \$1,828,957. This is a demonstration project that the Duke Endowment is interested in potentially replicating in other communities. Contingent on the outcomes, the Duke Endowment is also interested in providing funds to sustain the program.

Mr. Letourneau reported that on January 17, 2007, the Board of Health received this presentation during its regular meeting. The Board of Health approved this project and recommended that the Commissioners approve the request to recognize the grant funding and establish the positions as outlined in the proposal. He noted that no additional funds from the County will be needed to support this program.

Ken Dodge, Director, Center for Child and Family Policy, presented the following:

#### Durham Connects

#### Improving Child Well-Being and Reducing Child Maltreatment in the Durham Community

#### How Durham Connects Got Started

- In 2001, Durham's rate of child maltreatment exceeded the state rate, which exceeded the national rate.
- The Duke Endowment expressed commitment to finding an effective community-wide solution.
- Since 1994 Smart Start has been successfully developing resources to support families in Durham County.
- However, no universal system was in place to identify and match families' needs to available services regardless of income.
- The Durham community responded.

#### Durham Connects Community Support

A Leadership Council has been formed to guide and support Durham Connects. Members include leaders from:

- Department of Social Services
- Durham County Health Department
- Durham's Partnership for Children, a Smart Start Initiative
- City Government
- County Government
- Pediatricians
- OB-Gyns
- Church Leaders
- Planned Parenthood
- Major Triangle employers (RTI)
- Media outlets (Herald Sun, WRAL)
- Community members (new moms and families)

Rates of Substantiations/Services Needed per 1,000 Children, Ages 0-6  
Durham County and 5 County Means (Chart)

Rates of Visits with an MRDC per 1,000 Children Ages 0-6 Half Year Increments  
Durham County and Guilford Counties (Chart)

### The Next Step: Preventive System of Care (Chart)

#### Community Planning and Preparatory Work

- Community group meetings
- Site visits to other communities (Greensboro, New Zealand)
- Focus groups with mothers
- Interviews with Durham practitioners & leaders
- Identification of a lead agency:
  - The Durham Health Department
- Piloting
- Funding commitment: The Duke Endowment
- Requirement for accountability and evaluation
- Contract details

#### Durham Connects Funding

- The Duke Endowment commitment
- Through June, 2009; likely at least three years longer
- Build up to:
  - 20 Public Health Nurse II positions
  - 1 Public Health Nurse Supervisor I
  - 1 Clerical Support staff
  - 5% for supplies, local travel, etc.
- \$2,000,000/year
- Some offset by Medicaid reimbursement
- If evaluation proves successful, commitment to finding sustainable funding

#### Durham Connects: Universal Nurse Home Visiting

- Connect with every family of a newborn (~4,000/year) through post-birth nurse home visits
- Complement the work of existing newborn programs without redundancy
  - Celebrate, motivate, and screen in domains of:
    - Health care
    - Parenting readiness
    - Family financial stability
    - Child care

Sue Guptil, Public Health Department, provided the following details regarding the Health Department's role with Durham Connects:

#### Durham Connects: The Health Department's Role

- Who: When fully implemented, every Durham resident who has a baby will have a home visit by a Public Health Nurse.

- Where: Each nurse will be assigned a geographic district. The nurse will receive referral information on every woman in her district, and will visit, usually in the woman's home.
- When: The nurse will schedule a visit ~four weeks after the birth of the baby.
- What: At each visit, the nurse will have a conversation with the mother about her resources and needs. The nurse will also do a simple physical assessment of the baby and mother. The nurse will answer any baby care questions that the mother has, and help her to connect with other resources she might need.
- How:
  - All staff will have access to resource directories (online or in print) and will assist the mother in contacting them if needed.
  - The Office of Community Resources (Jeannine Sato, Director) will:
    - ❖ Regularly update resource directories
    - ❖ Identify gaps and work to fill them
    - ❖ Provide direct nurse support in response to identified needs
    - ❖ Provide complementary bag of daily baby items to new moms
    - ❖ Coordinate with community volunteers to assist nurses in high-risk neighborhoods
    - ❖ Assist nurses with Spanish-speaking families via Spanish-speaking staff and volunteers

#### Community Health Division: Durham Connects O-Chart

##### Expanding the Preventive System of Care

- Connect with every family of a newborn (~4,000/year) through post-birth nurse home visits
  - Celebrate, motivate, and screen in domains of:
    - Health care: pediatrician report
    - Parenting readiness: mentors, MH services
    - Family financial stability: food stamps, WIC, Medicaid, DSS
    - Child care: childcare support, respite care
- So that families can connect with their babies to promote well-being and prevent maltreatment

Mr. Dodge informed the Board that home visits will be provided by Public Health Nurses, who will perform a physical assessment of the mother's recovery and the infant's health and medical status, and assess the level of support that the mother has in her family and community, her plan for medical care for her baby, and her plan for child care. The nurse will help the mother connect to the resources that she needs in the community. The intent is to celebrate the birth of the baby, take early steps to promote child health and well-being, and to reduce the chances of child maltreatment.

Ms. Guptil notified the Board that additional staff would be placed in the Health Department; however, office space will not be needed. Desks will be provided due to staff spending most of their time out in the community.

Vice-Chairman Page asked that the program do not overlook the males in terms of the services offered.

Directive

1. Consider bringing a report to the Board six months into the program.
2. Place on February 11 consent agenda.

**EMS Clinical Patient Data Collection System**

EMS Director Mike Smith introduced this item requesting approval to purchase hardware and software for its Clinical Patient Data Collection System.

Mr. Smith made the following comments:

Madam Chair, Commissioners, Mrs. Titus, Staff,

Thank you for your time this morning and allowing us to share with you our Automation Project recommendation. In early winter of 2005, EMS began to look at ways to improve our processes and identify a system which will allow for more efficiency, elimination of duplication of processes, and decreased paper usage. We are producing more paper than we have room to store.

It became evident that we had to address our outdated patient data collection system, which was in excess of 15 years old, and look at ways to improve our dispatching and response process. The current system is very inefficient and provides little to no useful data. As of January 1, it does not meet State mandates for data submission. Durham County EMS is the only major Public Safety Provider within Durham County that does not have the capability of Mobile Data Computers, CAD accessibility, the information that the other agencies have access to from their emergency vehicle. We began to explore other EMS systems and software applications available. EMS began preliminary planning with our IT Department; therefore an estimate was developed, and monies were requested during the 06-07 Budget. In the fall of 2006, an automation team was formed to begin the process of identifying an automation system which would meet the needs of Durham County EMS both now and in the future. Durham County EMS, in partnership with the Durham 911 System, Durham County Information Technology Department, Durham County Purchasing Department, Durham County Emergency Management, and the Durham Fire Department, formed an EMS Automation Project Team to begin the intensive process to document, analyze and evaluate DCEMS requirements for an RFP to select a viable solution for Durham County EMS.

I would like to take this time to recognize and thank some of the people who assisted in this process: Mitzi McClammy, IT Department and Project Director; Jacqueline Boyce, Purchasing Department; Perry Dixon, IT Department; Chris Triplett, IT Department; Chris Lane, IT Department; Betty Moore, Emergency Management; Tonya Pearce, Durham 911; Jim Soukup, Durham 911; Chris Moody, City of Durham Police Department, IT Department; Bill Hess, City of Durham IT Department; David Jacobs, City of Durham Fire Department;

several Durham County EMS employees; Amy Shultz, OSSI, (Durham CAD System Vendor); Eric Thomas and Mike Trotter, Zoll Data Systems.

On April 15, 2007, our Purchasing Department issued RFP-07-016. On May 15, 2007, responses were received from six vendors. The project team followed the selection methodology as instructed and guided by the Purchasing Department. After the project team performed extensive reviews, interviews, site visits, surveys, and references, Zoll Data Systems (ZDS) was unanimously selected as its Clinical Patient Data Collection System vendor. Zoll Data Systems was selected because its proposed solution meets the mandated HIPAA, North Carolina State required data submission for PREMIS and NEMESIS, export of the RAM/AIM Billing system, and it has a proven record in the pre-hospital environment. They are currently in the planning and development process for a total educational application, which will address our Educational needs in the near future. Zoll Data Systems has North Carolina Local Government clients, including Orange County, Pitt County, Franklin County, Person County, Moore County, Nash County, and the largest Private Provider in the State, Johnston Ambulance Service. All are currently using the Zoll Application or in the implementation process. In addition, Zoll Data Systems will meet future requirements of Durham County EMS.

Durham County EMS has developed strong partnerships with the Durham 911 Center, local hospitals and Zoll Data Systems. Durham County EMS is currently transmitting 12-Lead ECGs from the field to the hospital on patients with suspected heart attacks. This process alone has decreased the time patients are receiving cardiac catheterization interventions from greater than 120 minutes to a mean time of 59 minutes. We feel strongly that the automation process will provide for more efficient operations, increased revenues, increased productivity, and increased safety for personnel, and ensure our compliance with state and federal regulations.

Funding for the EMS Patient Data Collection system project was approved by the Board in FY07 in the amount of \$392,000. Due to the RFP, review process and recommendation process, these funds were rolled forward into the FY08 budget and are currently available for this project. The revised total for the project is \$589,821.60. Our recommendation is that \$388,854 of the \$392,000 currently budgeted be expended this fiscal year and the remaining \$200,968 requested in the '09 budget proposal.

Thank you for your consideration. ”

Mr. Smith assured the Board that this process will improve EMS response time and save staff time. He stated that Parkwood and Bethesda Fire Departments have already included terminals on their vehicles; however, Bahama and Redwood Fire Departments are scheduled to include terminals.

Directive

Place on February 11 consent agenda.

### **South Regional Library and Southwest Branch Library Project Updates**

Glen Whisler, P.E., County Engineer, stated that the Board is requested to receive updates on the following projects: (1) Construction documents (CD) phase for the proposed Durham County South Regional Branch Library to be located on the former Lowe's Grove School property, and (2) Schematic design (SD) phase for the expansion and renovation of the Durham County Southwest Branch Library located at 3605 Shannon Road.

Mr. Whisler stated that on June 27, 2005, the Board of County Commissioners awarded a design contract to The Freelon Group (TFG), P.A. to provide architectural services for the South Regional Branch Library. At the December 5, 2005 worksession, the BOCC approved the current site location of the library and directed staff to proceed with the design. On March 12, 2007, the BOCC approved the amendment of the design contract with the TFG for the project redesign and deviations from the original prototype design. The prototype plan developed and built for the East and North Branches was modified for the South Branch; the architect provided an update to the Board during the August 6, 2007 Worksession.

Zena Howard, AIA, The Freelon Group, highlighted the major changes in the plan. She stated that refinements included exterior modifications incorporating more brick (removing cast stone and hardiplank siding material) and revising the main entrance. Floor plan modifications include a display area in the main entrance acknowledging the former Lowe's Grove Elementary School, a small vending area with seating, smaller restrooms to conform to the new plumbing code, reconfiguration of stacks, circulation, and reference desks to improve efficiency of the library, and increased usage of self-check out stations. The updated floor plan contains approximately 27,000 square feet with provisions for a future addition of 10,000 square feet. The intent of this update is to receive the Board's input on the construction documents for this branch, which will allow the project to be advertised for bids.

Vice-Chairman Page asked about the resolution relating to the traffic flow.

Chairman Reckhow inquired about outdoor programming regarding the South Regional Branch Library.

Mr. Whisler stated that on April 23, 2007, the Board of County Commissioners awarded a design contract to Cherry Huffman Architects, P.A. (CHA), to provide architectural services for Southwest Branch Library this branch. This effort is underway and the architect will provide an update to the Board. On December 10, 2007, the Board authorized the County Manager to initiate a zoning map change application for the library to allow for the library's expansion beyond the limitations imposed by the library's current development plan. A stakeholder's meeting was held on January 8, 2008, during which County staff and the architects presented the status of the project as well as proposed zoning changes and received public input.

Mr. Whisler explained that the intent of this update is to receive the Board's input on the schematic design concept and current budget status. This project includes renovation of the

existing 10,000-square-foot building and construction of a 15,000-square-foot addition, including site improvements. The expansion and renovation of the facility will be designed to respond to the future operational requirements of the library system, public, staffing, and equipment. The next phase of the project is Design Development (DD).

Louis Cherry, AIA, Cherry Huffman Architects, P.A., discussed the following:

- Existing Conditions
- Proposed Improvements
- Site Plan
- Plan Concept
- Adjacency Diagram
- Elevations and Massing Studies
- Entry Perspective

Mr. Whisler continued the presentation discussing the status of the budget. He stated that additional funding will be included in the COPS financing.

The Board thanked Mr. Whisler and staff on the update.

#### Directives

1. Move forward with the \$550,000 road improvements.
2. Continue with the 15,000-square-foot addition; proceed with the additional \$1.3 million.

#### **Renovation of the Vacated EMS Area and Space Planning Evaluation at the Lincoln Community Health Center—Project Update and Execution of Architectural Design Service Contract with Swanson + Stewart Architects. Project No.: DC095-69**

Glen Whisler, P.E., County Engineer, introduced this item. He stated that the Board is requested to receive an update, suspend the rules, and authorize the County Manager to enter into a contract with Swanson + Stewart Architects, P.A. (SSA) of Raleigh to provide architectural services for the renovation of vacated Emergency Medical Services (EMS) area and space planning evaluation of the Lincoln Community Health Center, located at 1301 Fayetteville Street, Durham, in the amount of \$30,672 plus additional services and reimbursable expenses estimated at \$3,000.00, thus totaling \$33,672.00.

This project is to renovate approximately 1600 square feet of interior space into new offices and to evaluate the existing building in terms of space needs of the various departments occupying the facility in preparation of a future renovation for the building. The 1600 sq. ft. space to be renovated is the former EMS area at the rear of the building that was vacated in April 2007 upon completion of the EMS Station #2. During its August 13, 2007 meeting, the Board of County Commissioners approved Budget Ordinance Amendment No. 08BCC000005 and Capital Project Amendment No. 08CPA000003 appropriating the \$50,000 for the creation of the Lincoln Community Health Center project account.

Mr. Whisler apprised the Board of the request for qualifications (RFQ) for architectural services for the project which was advertised in local newspapers on September 16, 2007. Four responses were received on October 16, 2007 and were evaluated by a selection committee representing the Lincoln Community Health Center, Purchasing, General Services, and County Engineering. The firm of Swanson + Stewart Architects, P.A. was determined to be the most qualified firm to provide design services for this project. The scope of work was developed and SSA submitted a fee proposal for the project. The project will include the renovation of the space vacated by EMS and a long-range space planning evaluation based on the needs of the various departments in preparation for a future renovation of the facility. Mr. Whisler requested that the Board receive the update and authorize the County Manager to enter into a contract with SSA to provide architectural services for the renovation of the vacated EMS area and space planning evaluation for the Lincoln Community Health Center using the County standard architectural contract.

The services to be rendered under this contract include programming, preparation of design drawings and specifications, conducting a pre-bid conference, bid evaluation, construction administration, inspection, and project closeout. SSA is a WBE-owned firm and proposes approximately 78% WBE participation, exceeding the County's 15.32% WBE goal for Architectural/Engineering Services. Funding for this project is available in the Lincoln Community Health Center Capital Project account.

Commissioner Cheek moved, seconded by Commissioner Heron, to suspend the rules.

The motion carried unanimously.

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Commissioner Cheek moved, seconded by Commissioner Heron, to authorize the County Manager to enter into a contract with SSA in the amount of \$30,672.00 plus additional services and reimbursable expenses estimated at \$3,000.00, thus totaling \$33,672.00 to provide architectural services for the renovation of the vacated EMS area and space planning evaluation for the Lincoln Community Health Center using the County standard architectural contract.

The motion carried unanimously.

### **Update on the Scope and Budget for the Durham County Memorial Stadium Renovations**

Heidi York, Assistant County Manager, introduced this item stating Durham County, the Stadium Authority, and Shaw University reached agreement on the long-term improvements

to the Durham County Memorial Stadium. The Board of County Commissioners approved the Business Deal Points during the October 8, 2007 meeting, and the Stadium Authority's approval occurred at its October 2, 2007 meeting. However, Shaw University's Board of Trustees did not approve the Business Deal Points. As of January 11, 2008, Shaw University will no longer participate in any share of the Stadium improvements or its negotiated share of the maintenance and operational costs for the Stadium.

Ms. York elaborated on Shaw University's decision to withdraw from participating in the renovations to the Stadium. Staff has modified the project's scope, schedule, and budget. The scope reflects a reduction in design features that were meant to satisfy Shaw's specific requirements, such as collegiate-level track and field components as well as an expanded press box. In addition, the scope now includes renovations needed to meet code requirements for restrooms and accessible facilities which were revealed during the architectural design interviews. The architect selection process has been completed; staff will be presenting a recommendation for approval by the Board of Commissioners at its February 11, 2008 meeting. The design process will continue as planned; however, implementation will be delayed by one year to allow sufficient time for design and to minimize the risk of construction delays that would impact the 2008 football season.

This newly renovated facility will continue to be home to the Northern High School Knights football team and is intended also to be home to the new high school's football team, once the school is constructed. It is the intention of the Stadium Authority to increase the usage of the Stadium by offering a facility that will attract a broader audience for football and track events.

Glen Whisler, P.E., County Engineer, discussed the following:

- Review Scope
- Scope Changes
- Phase I and Phase II
- Impact
- Budget

The Board held a discussion about the usage of the stadium.

Directive

1. Revisit the proposed rental rates pending Shaw's participation in the capital improvements.
2. Communicate with NCCU regarding their short-term facility needs.

**Preliminary Resolutions Relating to the Issuance of \$500,000 Library Facilities Bonds, \$4,950,000 Public Building Bonds, and 6,650,000 School Bonds**

The Board requested to adopt the preliminary resolution which authorizes County Administration to begin the process which would lead to the issuance of \$12,100,000 general obligation bonds (two-thirds bonds) of the County. The general obligation bonds of the

County would be issued pursuant to Article 4 of Chapter 159 of the North Carolina General Statutes, as amended, for the purpose of providing funds, with any other available funds, for various purposes, as follows:

- \$500,000 Library Facilities Bonds for the improving library facilities of the County;
- \$4,950,000 Public Building Bonds for improving, renovating, and repairing public buildings and facilities of the County, the Criminal Justice Resource Center, the Administration Building, and the Emergency Medical Services Station No. 1; and
- \$6,650,000 School Bonds for erecting, remodeling, enlarging, and reconstructing school buildings and other school plant facilities including the further renovation of Holton Middle School.

Commissioner Cheek moved, seconded by Vice-Chairman Page, to suspend the rules.

The motion carried unanimously.

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Commissioner Cousin moved, seconded by Vice-Chairman Page, to adopt the preliminary resolution.

The motion carried unanimously.

#### Directive

Provide a break down of how the \$500,000 will be spent for the Main Library.

#### **Sales Tax Redistribution**

Chairman Reckhow introduced this item. She stated that the Board received a status report from the County Manager regarding negotiations with the City of Durham relative to the redistribution of local government sales taxes. An interlocal agreement adopted in 2003 governs the present redistribution; however, the agreement expires on June 30, 2008. She informed the Board that if a new interlocal agreement is not adopted, the sales taxes will be redistributed on a per capita basis. A change in the per capita distribution, providing a more favorable distribution for the County, can be accommodated either through an interlocal agreement that sets forth an agreed upon formula for sharing the proceeds with the City of Durham or a change in the distribution from a per capita basis to an ad valorem basis. If a change in the method of redistribution is made, the change would be effective on July 1, 2008; however, the Board must render a decision during the month of April, and the North Carolina Department of Revenue must receive notification of the change within 15 calendar days of the decision.

Chairman Reckhow stated that the proposal is the City and County would agree to move forward with a 59%/41% sales tax split to include any future sales tax. The City would like a

similar split to be carried forward for the additional revenue. The County responded to the City by asking for capital information related to its capital plans. This has been compared to the County's capital plans which indicate that the County's capital needs are greater.

Chairman Reckhow added that it was mentioned to the City that the school bonds are estimated at \$24 million for debt service for 2007 and 2009. While ¼-cent sales tax will only generate approximately \$9.5 million, this amount would be enough to service \$126 million of the \$131 million in debt. It is expected to ask voters to approve in 2009. As a consequence, the County's position with the City is that the proposed split should apply only to the current revenues and should not include future revenue.

Commissioner Cousin concurred with the Commissioner Cheek's comments regarding possible revenue sources.

Pam Meyer, Purchasing Director, responded to Chairman Reckhow's question about reimbursement being based on the increase of sales tax in Durham County or Statewide.

#### Directive

Continue to follow up with the City regarding the City-County Interlocal agreement for sales tax redistribution.

#### Closed Session

Vice-Chairman Page moved, seconded by Commissioner Heron, to adjourn to Closed Session to consider the initial appointment and the performance of a public officer or employee pursuant to G.S. § 143-318.11(a)(6).

The motion carried unanimously.

#### Reconvene to Open Session

Chairman Reckhow announced that the Board met in closed session; direction was given to staff; no action was taken.

#### Motion to Excuse

Chairman Reckhow asked for a motion to be excused from the February 11 Regular Session.

Commissioner Cheek moved, seconded by Vice-Chairman Page, to excuse Chairman Reckhow from the February 11 Regular Session.

The motion carried with the following vote:

Ayes: Cheek, Cousin, Heron, and Page  
Noes: None  
Absent: None

**Adjournment**

There being no further business, Commissioner Reckhow adjourned the meeting at 2:34 p.m.

Respectfully submitted,

Angela McIver  
Staff Specialist  
Clerk to the Board's office