

A Regular Meeting of the Durham County Board of Health was held February 8, 2018 with the following members present:

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

Resigned: Dale Stewart, OD

Others present: Gayle Harris, Rosalyn McClain, Joanne Pierce, Tara Blackley, Dr. Miriam McIntosh, Chris Salter, Katie Mallette, Mel Downey-Piper, Dr. Arlene Sena, Hattie Wood, Marcia Johnson, Jim Harris, Will Sutton, Khali Gallman, Juma Mussa, Dr. Ola Aloba; Kim Connelly and Tara Casebolt, UNC student.

**CALL TO ORDER:** Chairman Vincent Allison called the meeting to order at 5:10pm with a quorum present.

**DISCUSSION (AND APPROVAL) OF ADJUSTMENTS TO AGENDA:** Chairman Allison and Ms. Harris requested the following addition:

1. Personnel Committee Update (*committee reports*)
2. Change "Appointment-Nomination Committee to "Report from Nomination Committee (*committee reports*)
3. Medicaid Recoupment (*new business*)

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

**REVIEW OF MINUTES FROM PRIOR MEETING/ADJUSTMENTS/APPROVAL:**

Dr. Fuchs made a motion to approve the minutes for January 11, 2018. Dr. Levbarg seconded the motion and the motion was unanimously approved.

**PUBLIC COMMENTS:** There were no public comments.

**STAFF/PROGRAM RECOGNITION:**

Ms. Harris recognized Dr. Miriam McIntosh, Dental Practice Director.

After twenty years of service, Dr. Miriam McIntosh will retire effective February 28, 2018. Over the years, Dr. McIntosh has served as staff dentist, dental director, and dental practice director. She has participated in the many changes in the dental program as it has increased its capacity to serve children and pregnant women. Dr. McIntosh was part of the team that conceived and implemented the idea of a mobile dental program, "The Tooth Ferry," to improve access to dental services and reduce school absenteeism due to dental health issues. Dr. McIntosh's commitment to children and families is notable. Dr. McIntosh will be greatly missed.

**Chairman Allison:** I can speak for the entire Board that we appreciate your service to Durham County and to the children of Durham County. We know without your leadership there probably would be a lot more children suffering.

The Board applauded Dr. McIntosh's contributions during her employment with Durham County.

**Chairman Allison:** What's the transition for that position?

**Ms. Harris:** We have already advertised for the position and I think Ms. Pierce told me that we had two applicants in the que already. We are hoping that we will be able to move that along quickly. The position will advertise for two weeks. Hopefully we will be able to hire someone quickly. One of the applicants is a person who is working with us through a temp service.

**Chairman Allison:** Good. Good.

Ms. Harris recognized Tara Casebolt, MSW, PH. Ms. Casebolt is in a doctoral program at UNC School of Public Health. One of her assignments is to visit different governmental entities and observe policy work in process.

Ms. Harris recognized the department's new Budget Analyst, Kim Connelly. Ms. Connelly has been with the county for 23 years. Ms. Harris stated as part of managing for results each department in a general manager's portfolio is assigned the same budget analyst. Ms. Connelly as the budget analyst for Goal 2.

Ms. Harris stated that the department received an e-mail from Dr. Dale Stewart stating that due to work commitments he needed to resign from the Board effective January 11, 2018. Ms. Harris stated that we will be advertising for an optometrist to fill the position.

**ADMINISTRATIVE REPORTS/PRESENTATIONS:**

• **FY18-19 PROPOSED BUDGET OVERVIEW** (*Activity 39.2 & 39.3*)

Mr. Sutton, Finance Administrator presented FY 18-19 Proposed Budget and Fee Schedule to the Board for discussion and approval. Mr. Sutton covered the following:

**12/13 Budget Kickoff Meeting**

- Budget Overview – Deadlines (02/16/18 Dept. requests due)
- Base budget fully loaded – except contracted services, one-time purchases, inflationary increases – reallocate, reallocate
- Underspending Budgets
- Challenges/Opportunities – Auto pay for performance, benefits, DPS, Pre-k, property tax increase,
- Dept. Requests – reallocate, evaluate vacancies before requesting new positions

**01/08 Pre-Budget Meeting with GM and Budget Focal Points**

- Alignment of department programs and new expansion/initiatives to strategic plan
- Plans for reallocation of existing dollars
- Vacancies

**Actual Current Fiscal Year versus Proposed Next Fiscal Year**

- Total Proposed Budget 26,489,504 (1.75% increase, 455,345)
- Personnel 16,760,822 (4.54% increase, 727,452)
- Operating 9,728,682 (-2.72% decrease, \$-272,107)

**Funding Source**

- FY 18 County 72%, Other 28% (Approved)
- FY 19 County 73%, Other 27% (Proposed)

**Total Expenditure Budget**

- Admin – Increase - **Racial Equity positions**
- Health Ed – Decrease – **Community Liaisons for Health Grant – no FY19 funding**
- Dental – Increase – **Two additional positions moved from Admin**
- CCI - Decrease – **Reduction in Duke funding**
- School Health – Increase – **Tied to decrease in Healthy Futures**
- General Inspections – Increase – **3 new positions**
- Healthy Futures – Decrease – **Tied to increase to School Health**
- Project Build – Decrease – **operating lines, slight decrease in JCPC funding**

**Total Revenue Budget**

- Health Ed – Decrease - **Community Liaisons for Health Grant – no FY19 funding**
- CCI – Decrease – **Reduction in Duke Funding**
- Maternal Health – Increase – **Medicaid Fees**

**FY18-19 Budget Priorities**

- General Inspections (1) E.H. Program Specialist and (2) Registered E.H. Specialists
- Administrative (2) Racial Equity Specialists
- Pharmacy – Expand FTE of PT Pharmacist from .52 to .60
- Departmental – Community Connect Epic Software\* (included in IS&T Budget)

[\(A copy of the PowerPoint Presentation is attached to the minutes.\)](#)

**QUESTIONS/COMMENTS:**

**Commissioner Howerton:** In Bull City United, is that an increase or decrease?

**Mr. Sutton:** Bull City United is an increase. It's \$4,801.00

**Ms. Harris:** Now we've had some conversations and I don't know if your numbers reflect a shift of \$65K. Is that right?

**Ms. Blackley:** From Project Build?

**Ms. Harris:** From the Project Build cost center, there are unassigned county dollars that could be moved into Bull City United cost center for positions that could be filled later in the fiscal year to expand into another community.

**Mr. Sutton:** This presentation does not reflect any changes made after the cutoff date to send the Board packet information.

**Ms. Harris:** So the \$65K in Project Build came because of Ms. Blackley carefully looking at the grant funding and how the funds were allocated. The total amount of grant funds was not allocated in the expense budget. We can realign \$65K into the Bull City United Program.

**Dr. Jackson:** What's the reason for not getting the grant funds next year between Duke and Health Education?

**Ms. Harris:** We didn't get the monies that they thought they were going to give us this year. In the Duke budget for this fiscal year, administration moved staff and funding from the budget of the Division of Community Health into other departments and fund centers. This change included funds previously allocated to support some of the community work that was being done. The administrators that work with us did not know that the funds were reallocated until October. I am meeting with the new chair of the Department on February 16th. When he interviewed he was excited about the collaborative programs that we have with the Division.

**Dr. Fuchs:** I don't know about all the details of that but are you saying that when they created the Population Health Management Office they moved the FTE's? Have you talked to Dev about this?

**Ms. Harris:** No, I have not.

**Dr. Fuchs:** I recommend a conversation between Dev and the new chair.

**Ms. Harris:** I will start with the new Chair and then we will see where we go from there. I think the changes were made in July and the new Chair came in October. The Associate Vice-Chair didn't get the message that the funds were not available for our Chronic Care Initiative. We did not include those county dollars to support the total program. Without those dollars, we will have to make some staffing adjustments.

**Ms. Harris:** It's very important that we get the additional Environmental Health Specialists because restaurant services are growing in this community. The foods being prepared in the restaurants are more complex and we have a growing number of food trucks. The growth will cause the number of mandatory inspections to increase. The percentage of mandatory inspections completed is not where we would like it to be. Where do think we are going to finish this year Chris?

**Mr. Salter:** In the 60% range...

**Ms. Harris:** We'll be in the 60% for mandated inspections.

**Ms. Salter:** It's not just the mandated numbers that we're looking at its identifying some of the hazardous operations that are going on. We don't have the resources to do the specialized processes. We know that there's a lot of those processes still going on out there that we have identified and the staff is still uncomfortable with it. I'm looking for someone who is comfortable and specializes in that area and can identify and address the issues. This new staff member would also help educate other staff so they're more comfortable addressing the specialized process issues. Also, I want this person to be a liaison with the shared kitchens and commissaries. We don't have the resources to monitor what's going on. We want the business, we want people to come and do business here; but with these shared kitchens and commissaries we have the obligation to monitor and regulate the operations. At this point, this service is not being done as effectively as it should be.

**Dr. Levbarg:** And we're still working on bringing our numbers back to where they need to be for environmental health; so, this is a piece of that continued effort, right?

**Mr. Curtis:** And every time you see something new going up whether it's a restaurant, hotel or pool or whatever it just keeps adding to his workload. We certainly have had enough growth.

**Dr. Levbarg:** The other thing that I see is a lot of the restaurants are specializing in foods that are new to a lot of people. How they're cooked is different than what we seen in traditional restaurants: so, it's that whole level of expertise too.

- **FY18-19 PROPOSED FEE SCHEDULE CHANGES (*Activity 39.3*)**

**Summary Information:**

- Increase in fees for TB, IM, STI an FP clinics.
- FP clinic 340B prices are based on an average purchase price over a period of time
- Dental – one new CPT code D1354
- Several Lab CPT Codes are being removed since the service will no longer be performed in house.

<b>DCoDPH Proposed Fee Schedule Changes for FY 18-19</b>				
<b>AREA</b>	<b>CPT</b>	<b>DESC</b>	<b>FY18 FEE</b>	<b>FY 19 Proposed Fee Changes</b>
TB	86580	TB PPD	20.00	25.00
IM	90649	Gardasil-HPV Females/males 9-26 payor 6	180.99	195.66
IM	90658	Flu Vaccine, 3 yrs & >, IM	17.25	38.00
AH	99080	I-693 Form Completetion	20.00	40.00
FP	J1050	Depo-Provera IM	24.00	26.29
FP	J1050	Depo-SubQ Injection	6.24	1.04
FP	J2790	Rhogam (Rhophylac)	112.14	75.13
FP	J7297	Liletta IUD	46.47	47.16
FP	J7298	Mirena IUD	46.47	285.93
FP	J7300	IUD Device (Paragard)	234.22	238.80
FP	J7307	Etonogestrel Implant system (Nexplanon)	351.00	385.87
DT	D1354	Interim caries arresting medicament application - per tooth	-	24.18
LAB	81002	Urine, Specific Gravity	4.06	-
LAB	82570	Creatinine (Urine)	8.00	
LAB	82607	Vitamin B12	23.48	
LAB	82728	Ferritin	21.21	
LAB	82746	Folic Acid	22.90	
LAB	84156	Total Protein, Urine	5.66	
LAB	84439	Free T4	14.05	
LAB	84443	TSH	26.39	
LAB	84702	BhCG	13.63	
LAB	86850	Antibody Screen	18.14	
LAB	86900	ABO	4.64	
LAB	86901	Rh	4.64	
LAB	87086	Urine Culture	12.56	
SH	92551	Audiometry	#N/A	
SH	92587	OAE Screening	#N/A	
SH	96110	Develop. Screen	#N/A	
SH	96127	PSC	#N/A	

SH	96160	HEEADSSS	#N/A	
SH	99173	Vision Screen	#N/A	
FP	99381	New FP Preventive Age Birth-1year	#N/A	
FP	99382	New FP Preventive Age 1-4 years	#N/A	
FP	99391	Est Preventive age birth -1 year	#N/A	
FP	99392	Est Preventive age 1-4 years	#N/A	
SH	99408	CRAFFT	#N/A	
SH	99409	CRAFFT	#N/A	

**Ms. Harris:** We will have contracts at our next meeting. We looked at the medical consumer price index (MCPI) effective December 2017 to determine the increase. The MCPI was 1.6%; so, the contracts for the clinical providers were increased by that amount.

**QUESTIONS/COMMENTS:**

**Chairman Allison:** I have a question for the Commissioner, is the county looking, as a whole, to reduce the budget, have us maintained where we are or is there any room for increase? I say that, in reviewing our budget we're looking at a total of 1.75% increase. In your opinion do you see that as doable or acceptable?

**Commissioner Howerton:** I can't tell you. We have not looked at the budget yet. We will look at that...is it next week?

**Ms. Harris:** The budget retreat with the Commissioners will be held on the 21<sup>st</sup> and 22<sup>nd</sup>.

**Commissioner Howerton:** So we haven't began to look at the budget yet.

**Ms. Harris:** I don't know if our budget analyst wants to respond.

**Ms. Connelly:** I think the County Manager has publicly stated that he is committed to a 1% tax increase for pre-K and that's right off the bat.

**Commissioner Howerton:** Of course we also must do something for the regular classroom sizes. As for an increase, that's all I know right now.

**Ms. Connelly:** Our natural increase in salaries that Will mentioned, 2-3% across the board, is built into the budget. A lot depends on what the schools ask for. I haven't seen that budget yet. So it will depend on when we get all the request and see where we are across the board and how that compares to our revenue projections so it's really hard to say this early on in the process.

**Chairman Allison:** What kind of increase did we have from fiscal year 16-17 and 17-18?

**Mr. Sutton:** The overall budget increases for the past fiscal years?

**Chairman Allison:** For FY16-17 and 17-18.

**Mr. Sutton:** I can't quote it off the top of my head.

**Chairman Allison:** but it was more than this?

**Mr. Sutton:** Yes.

**Chairman Allison:** That's what I thought. Do we require any action on this at this point? Do we have to approve it to move it forward?

**Dr. Miller:** It sounds like the increases made sense and I don't see any real concerns.

Dr. Miller made a motion to approve the FY18-19 Fee Changes as presented. Dr. Levbarg seconded the motion and the motion was unanimously approved.

Mr. Curtis made a motion to approve the FY18-19 Proposed Budget as presented. Dr. Jackson seconded the motion and the motion was unanimously approved.

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

The Board received a copy of the vacancy report through the end of January 2018 prior to the meeting. The vacancy rate for January was 6.4%. There were no questions about the report. [\(A copy of the February 2018 Vacancy report is attached to the minutes.\)](#)

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

The Board received a copy of the Environmental Health Onsite Water Protection Section NOV report through the end of January 2018 prior to the meeting. There were no questions about the report. [\(A copy of the February 2018 NOV report is attached to the minutes.\)](#)

## Health Director's Report

**Division / Program: Nutrition and Health Education/Receipt of Honorable Mention Spotlight Award**  
**(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

- The Durham County Department of Public Health partnering with the Cabarrus Health Alliance and the Duke Margolis Center for Health Policy received a Healthiest Cities & Counties Challenge (HCCC) Award in September, 2016.
- The HCCC, is sponsored by Aetna Foundation, the American Public Health Association and the National Association of Counties. The initiative, launched in 2016, supports 50 small-to-midsize cities and counties that are implementing innovative solutions to pressing public health issues in their communities.
- An interim Spotlight Award was awarded to HCCC participants who have identified creative partnerships and enacted programs that address the unique health issues facing their communities in meaningful ways.

### Statement of goals

- To submit Spotlight Award application that highlighted the HCCC work on developing the Community Health Worker (CHW) position, hiring a part time CHW to work in the Transformation in Ten project, working with Durham Technical College for the development and offering of a CHW course and investigation of health care delivery and payment options for the CHW position.

### Issues

- **Opportunities**
  - HCCC work has increased networking, partnering and information sharing between the Margolis Center, Cabarrus Health Alliance and DCoDPH.
  - The partnership between DCoDPH and Durham Technical College increased during the development of the CHW course.
  - HCCC work has allowed for increased knowledge and application of the CHW position.

### Implication(s)

- **Outcomes**
  - Ten winners and five honorable mentions were chosen for the Spotlight Award for their ability to address the need to improve opportunities for all Americans – regardless of income, education or ethnic background – to take an active role in healthy living.
  - The Duke Margolis Center/DCoDPH/Cabarrus Health Alliance project received an Honorable Mention Spotlight Award for progress in their CHW work.
  - The Honorable Mention awardees received \$10,000 to help accelerate and advance their work. DCoDPH will receive \$4,000 of this award.
- **Staffing**
  - Staff from the Nutrition (including Community Health Workers) and Health Education Divisions support HCCC activities.

### Next Steps / Mitigation Strategies

- Continue HCCC activities.

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### **Division / Program: Community Health / Communicable Disease Program**

**(Accreditation Activity 7.2: The local health department shall conduct communicable disease investigations, follow-up, documentation, and reporting activities.)**

### Program description

On December 27, 2017, Durham County Department of Public Health (DCoDPH) was notified of a gastrointestinal (GI) illness affecting residents and staff of Rose Manor Rehabilitation Facility. This GI illness was accompanied by vomiting and diarrhea (non-bloody). The onset was 12/26/2017.

**Statement of goals**

- To thoroughly investigate outbreak.
- To determine the number of residents and staff affected.
- To assist the facility in limiting and ultimately resolving the disease outbreak.

**Issues**

- **Opportunities**
  - To prevent/limit the spread of the illness in the facility.
  - To reinforce appropriate control measures.
  - To provide education regarding norovirus.
- **Challenges**
  - Getting staff to relay information to DCoDPH in a timely manner.

**Implication(s)**

- **Outcomes**
  - 43 of 99 residents were ill with GI illness.
  - 13 staff were reported ill during outbreak. (No kitchen staff.)
  - No specimens collected.
- **Service delivery**
  - Facility completed Infection Control in-service.
  - Facility completed proper cleaning.
  - Recommendations to use paper products for meals, dining room closed, no outside activities, no new admissions, to encourage residents to stay in their rooms.
  - Signage was posted to refrain from entering the facility if experiencing vomiting and diarrhea.
  - State CD nurse notified.
- **Staffing**
  - Ponice Moore-Bryant, RN and Cathi Hines, RN investigated the event.
- **Revenue**
  - N/A
- **Other**
  - Last onset of illness was 1/5/2018.

**Next Steps / Mitigation Strategies**

- Continue to respond to gastrointestinal outbreaks.
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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**
  - Being present at events allowed for our work to be captured for historical purposes. Putting more updated material on the website increases viewership. Sending press releases more frequently allows for more familiarity with media and increases our chance of exposure.

- **Challenges**

- Event photography and videography at multiple events at the same time.

**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**

- Press Releases
  - BCU Week of Peace Updates – 1/5/2018
  - Stay Connected with DCoDPH January Activities – 1/8/2018
- Website Updates
  - All Press Releases Added to Website
  - January Events Added to PH Calendar
  - Input January BOH Meeting Agenda on Website
  - Community Connections eNewsletter sent on January 3.
- Media Archives
  - [Even with 45 Percent Fewer Homicides in 2017, Durham Continues Call for Peace](#) – WRAL – January 1, 2018
  - [Durham community group holding peace vigils throughout the week](#) – WNCN – January 2, 2018
  - [Bull City United Promotes Week of Peace in Durham](#) – WUNC 91.5 – January 8, 2018
  - [Durham Week of Peace Events Set for This Weekend](#) – ABC11 – January 12, 2018
  - [Bull City United Fights Crime in Durham Like It's A Treatable Disease](#) – WUNC 91.5 – January 23, 2018
  - [Many Adults Never Get Tested for HIV. Here are a Few Reasons Why.](#) – News & Observer – January 31, 2018

**Next Steps / Mitigation Strategies**

- Disseminate consistent & timely content
- Engage the public on social media to increase page likes and followers
- Increase the number of monthly eNewsletter subscribers
- Continue to support internal communications strategies

**COMMITTEE REPORTS:**

- **NOMINATION COMMITTEE REPORT**

Dr. Braithwaite reported that the committee met to discuss possible nominations for Chair and Vice Chair positions and asked the Board for feedback. The committee recommended Dr. Vincent Allison as Chair and Mr. Steve Dedrick as Vice-Chair.

Dr. Vincent Allison and Mr. Steve Dedrick agreed to accept the positions of Chair and Vice-Chair.

Attorney Wardell made a recommendation to accept the nominations made by the committee. The board voted unanimously to support the recommendations from the committee.

- **PERSONNEL COMMITTEE APPOINTMENT**

Mr. Dedrick, Chair, Personnel Committee reported that the 2018 Health Director's Evaluation Survey was sent out on January 29, 2018 and all survey results are due on Friday, February 12, 2018. At this time we have a 25% response rate. The committee will meet with the health director in the next few weeks to discuss the results.

**OLD BUSINESS:**

- **BULL CITY UNITED** (*Follow-up discussion on homicides by firearms in Durham*)

At the last board meeting there was a question about if there was a 23% decrease or a 50% decrease in homicides. Ms. Downey-Piper advised the board that it is a 50% decrease in overall homicides.



Durham County finished this calendar year with a total of 23 criminal homicides, which represents a 23% reduction of criminal homicides over 2016 levels (30). However, the county experienced an increase in total persons shot, from 214 shootings in 2016 to 244 in 2017.

Bull City United focuses on two census tracts (1301 and 1400). Total shooting incidents and persons shot decreased from 2016 to 2017 in those two census tracts. Total shooting incidents decreased from 85 to 75 (12%) and persons shot decreased from 46 to 26 (43%). It is important to note that areas immediately surrounding the two census tracks saw an increase in both total shooting incidents and persons shot.

During the past 6 months, Bull City United violence interrupters conducted 77 conflict mediations involving 506 individuals. 42% of the conflicts mediated occurred due to personal altercations, 21% involved gang disputes, 9% involved conflicts over theft/robbery, 6% involved conflicts over narcotics, 4% involved domestic violence, and 18% had causes other than those described. 83% of the mediations involved conflicts that were likely or very likely to result in a shooting. 88% of the mediations successfully resolved the conflict at least temporarily or as long as certain conditions were met.

[\(A copy of the PowerPoint Presentation is attached to the minutes.\)](#)

#### **COMMENTS:**

**Dr. Levbarg:** Mel the piece on WUNC 91.5 was fabulous.

**Ms. Harris:** If you go back to the health director's report there is a link in the communications section that you click on. It's a four minute sound bit and it says [Durham community group holding peace vigils throughout the week](#) – WNCN – January 2, 2018.

#### **NEW BUSINESS:**

- **NEW SLIDING FEE SCALE APPROVAL (*Activity 39.3*)**

Dr. Miller made a motion to accept the revised Title X Sliding Fee Schedule as the fee schedule for all clinical services with the exception of dental services effective February 1, 2018. The dental services will use the same scale but will have \$25 dollars as a minimum fee. Mr. Curtis seconded the motion and the motion was unanimously approved.

- **MEDICAID RECOUPMENT:**

Chairman Allison stated that the dental world received some information recently stating that because of a glitch in the NC Track system, the billing payment system for Medicaid, there were double payments for whatever reason back in 2014 but now they're going to re-coup those payments at the end of the fiscal year, this coming June. Chairman Allison stated that this might not impact some people but in the bigger practices this will be a big hit. He wanted to know how that would affect the health department.

**Ms. Harris:** During the December meeting of the Health Directors' Association, we were told that the recoupment would occur in April and across the board the health departments were affected by \$756,704; that's across one hundred counties (85 health departments). The amount had been much higher. The recoupment of public health has decreased \$1.6 million due to the change in vaccination billing. We don't know what that means for us.

**Commissioner Howerton:** So Gayle, Medicaid Transformation how will that impact the health department?

**Ms. Harris:** It's impacting different health departments in different ways. There are health departments that provide primary care services. Those will be more impacted than we will because we aren't dependent on Medicaid to operate our programs. Many of our patients are not covered by Medicaid. We're still waiting to see what that really looks like. The Association leadership planned a daylong meeting that featured businesses that were planning to respond to the RFP for managed care organizations to administer Medicaid funds in the new plan. The RFP will be released in April 2018 and decisions will be made in October 2018. In the list of the 10 essential public health services, there is a requirement that health departments are to link people to personal care services and ensure the provision of health care when otherwise unavailable. We become the safety net and provide those services. It is not our intention to become an organization chasing the Medicaid dollar, increasing clinical services just to be in this arena. I don't expect that there will be a major impact. There are questions about how the care management services (CC4C and OBCM) will be delivered. At this point, it looks like health departments may provide the service for two years and future decisions will be based on outcomes achieved. If we're not achieving the desired outcomes, other providers may have the opportunity to provide those services. So there are so many things up in air.

**Commissioner Howerton:** There was a huge discussion around it yesterday at the Board of County Commissioners Meeting. Commissioners from across the state were concerned about what's coming. David Richardson was at the board meeting and discussed it for an hour and there were a lot of questions.

**Ms. Harris:** The waiver has not been approved. There are some unanswered questions.

Attorney Wardell stated that he attended a conference and learned that counties were being asked to join an opioid-related class action lawsuit against pharmaceutical companies. He was not aware this was occurring.

Ms. Harris stated that she was contacted in the fall by an attorney from Buncombe County who was also affiliated with a national law firm. He wanted Durham County to join the lawsuit. After one of the conversations, a message came from the NCACC indicating that a meeting for county attorneys was going to be held in mid-October to discuss the lawsuit and the individual requests being made to counties. Ms. Harris contacted Attorney Siler to find out if he would be attending the meeting on behalf of the Commissioners. He said that he would be attending the meeting and that Ms. Harris should direct future calls about the lawsuit to him. Ms. Harris is waiting to hear if Durham County will join the lawsuit.

• **AGENDA ITEMS MARCH 2018 MEETING**

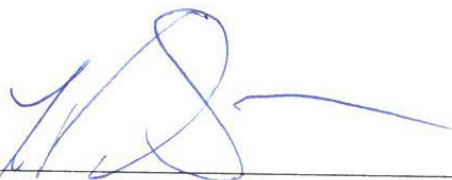
- Raw Water Update
- Program Update
- Update on Communication with the Chair Community and Family Medicine
- Update Class Action Lawsuit related to the Opioid Crisis
- FY18-19 Contracts

**INFORMAL DISCUSSION/ANNOUNCEMENTS:**

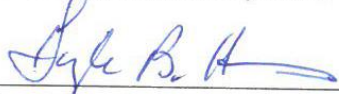
**SAVE THE DATE:** County Leadership Forum on Substance Abuse on February 27, 2018, 8:30am-12noon in the Human Service Building 2<sup>nd</sup> floor Conference room

Ms. Harris told the Board that there are plans for additional security to be installed in the Human Services Building. The plan includes an additional officer stationed at the Ramseur Street employee entrance and a scanning system at the Main Street entrance. This item was discussed during the Commissioners' February work session.

Dr. Miller made a motion to adjourn the regular meeting at 6:34pm. Mr. Curtis seconded the motion and the motion was unanimously approved.



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F. Vincent Allison, DDS-Chairman



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Gayle B. Harris, MPH, Public Health Director