

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

Monday, February 2, 2009

9:00 A.M. Worksession

MINUTES

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

Present: Chairman Michael D. Page, Vice-Chairman Ellen W. Reckhow, and Commissioners Becky M. Heron, Brenda A. Howerton, and Joe Bowser.

Absent: None

Presider: Chairman Page

Citizen Comments

Chairman Page recognized Charles S. Bostic, 1708 Angier Avenue, Durham 27703. He had requested to speak to the Commissioners about a legal issue.

Mr. Bostic expressed concerns regarding the towing of his vehicle from the public roadway. He gave a detailed explanation regarding the situation.

Ralph McKinney, 3104 Winston Road, Durham 27704, requested to speak to the Commissioners regarding various issues in Durham.

Review of January BOCC Directives

County Manager Mike Ruffin introduced this item. He stated that it was requested that at each month's Worksession, the Board of County Commissioners have the opportunity to review the previous month's directives for staff and make comments as necessary.

The Board held a discussion about the directives.

Jail Population Management Program Report

District Attorney Tracey Cline presented and discussed the jail population management program. She stated that the County paid for one assistant district attorney and one public defender to assist the County with the management of its jail population. The report chronicled the program's effectiveness.

Fred Gore, Assistant District Attorney, discussed the population decreases within the detention facility as well as the low-bond report. He stated that the low-bond report consists of individuals that have a bond of \$3,000 or below. An individual who have been detained more than two weeks is reevaluated to determine if they could be released.

Public Defender Lawrence Campbell presented figures for the following:

- Detention Admissions
- Reduced Bonds
- Individuals Released
- Savings

Vice-Chairman Reckhow made comments as it relates to health-care cost for the inmates.

Attorney Cline responded to Vice-Chairman Reckhow's concerns regarding the time to disposition and the age of active pending caseload. She informed the Board that status conferences are being held to discuss cases that have been pending for more than a year.

Mr. Campbell stated that the numbers do not reflect individuals who are involved in pre-trial release. Separate statistics are kept regarding the number of people that enter the pre-trial services program.

Commissioner Howerton inquired about the following:

- Clarify the number of assistant district attorney's working with the detention population
- How effective is one assistant in being able to have people that should not be there?

Attorney Cline explained to the Board how different criminal charges are reviewed.

Public Defender Campbell stated that efforts have been made to ensure that individuals do not remain in the detention facility for minor violations. However, individuals who do not provide adequate identification would be held longer.

Commissioner Heron asked about the policy for transferring a critical inmate to the State's medical facility and how to avoid most of the cost.

County Attorney stated that if an inmate is transferred to the State for medical attention, the County is responsible for the cost. The County is billed by the Department of Correction for treating the inmate.

Gayle Harris, Public Health Director, provided input about the report relating to the overall health of the inmates.

Directives

1. Follow up with Administrative Office of the Courts regarding the Board's requirements as it relates to the quarterly reports.
2. Forward an email to the Board regarding health care within the facility.
3. Provide reports to the Board that includes the charges and the bonds that were established.
4. Provide the cost to maintain the facility (i.e. inmate cost per day, Public Health Budget, Sheriff's Budget, debt services, and General Service's maintenance).
5. Gudrun Parmer to work with the County Manager to determine if an increase of ankle devices is needed; consider expanding contract for additional ankle bracelets.

6. County Attorney to research legalities of providing health conditions without violating regulations.

Update on Greater Durham Mentoring Alliance

Kathy Hoffmeier, Greater Durham Chamber of Commerce, provided a progress report to the Board about the Greater Durham Mentoring Alliance. She made the following comments:

“Three years ago; Board of County Commissioners Chair Ellen Reckhow and Mayor Bell challenged the Durham community to mentor our youth. Thereafter, several community leaders, Mike Woodard, Steve Chalmers and Steve Toler, along with the Greater Durham Chamber of Commerce, supported by the Durham Board of County Commissioners and City Council, collaborated and developed a strategic plan to involve Durham residents in mentoring. The Volunteer Center of Durham embraced the challenge and The Greater Durham Mentoring Alliance was formed. The mission of the Alliance: to recruit and match a mentor to every child in Durham who needs one as well as to provide cost-effective training & marketing, hosts joint mentor/mentee activities and roundtable lunches, share best practices and more.

January 2009 – Twenty-five organizations are now supported by the Alliance. Information is available on the Volunteer Center’s website (www.thevolunteercenter.org: click on What We Do and Mentoring Alliance). Records indicate 313 Durham youth currently receive traditional mentoring by a trained adult (minimum of four hours per month, minimum of one year). Though, there is more work to be done as 320 youth remain on the waiting list.

In addition to traditional mentoring, e-career mentors (Future for Kids) and the North Carolina Graduation Project mentors (2000 + Durham Public Schools students/year) are needed. To help our business community and residents understand all mentoring opportunities, the Alliance created a website (www.mentordurham.com) with information and links.

At this time, we wish to thank the Board of County Commissioners for being a valued partner in The Greater Durham Mentoring Alliance.

We also wish to thank our mentors by inviting them to County Commissioners and City Council meetings, to be recognized as a group. Following the brief recognition, we would hand them a letter of proclamation from the four partner organizations.”

Commissioner Heron stressed the need for coordinating services for better financial results.

Commissioner Howerton echoed Commissioner Heron’s comments.

Vice-Chairman Reckhow expressed dissatisfaction with the waiting list concerning the youth. She stated that monitoring mechanisms are needed. She asked the following:

- How is the contract being monitored?
- How many youth were mentored two years ago?
- What is the growth?

Directives

1. Non-profit application should include measurable data.
2. Provide information to the Board about the situation at the Volunteer Center and Greater Durham Mentoring Alliance.
3. County Manager to review implications of the reorganization.
4. Revisit the accountability needs.

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

The Board received a mid-year report from Project Access of Durham County (PADC) Inc. PADC is a system where eligible uninsured Durham County residents receive free specialty medical services from local health care providers. PADC received \$376,000 in County funding to support central office staff (Executive Director, two Enrollment/Intake Workers, and Administrative Assistant) and operational costs in FY 08-09.

Andy Barada, MD, Chair of PADC Board of Directors, gave an update on the following:

Project Access of Durham County Caring for the Uninsured

- Estimates of the numbers of uninsured adults under age 65 range from:
 - 19.6% (Cecil G. Sheps Center for Health Services Research, UNC-Commissioner Heron, 2005) to 26% (BRFSS, 2006)*
- Additionally, approximately 11.6% of children under age 18 are uninsured (Sheps, 2005)
- Numbers continuing to grow

*Sheps numbers are estimates developed based on NC data from US Census; BRFSS data from Durham survey, but small number of respondents

- 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

Improving Care for the Uninsured

- Comprehensive, integrated system of care
- Educate patients about:
 - Importance of medical care at home
 - Appropriate use of different types of medical care
 - Keeping medical care appointments
 - Being active participant in maintaining one's health
- Support primary care providers by:
 - Reducing time spent trying to find specialty care for patients
 - Reducing visits by patients returning for unresolved specialty care needs

- Support specialists and hospitals by:
 - Creating coordinated system for charitable care
 - Improving communication between providers
 - Reducing preventable ED visits and hospitalizations
 - Reducing barriers to patient follow-through on treatment plans
- Provide access to low-cost medications

Statewide Context

- CareShare Health Alliance aims to be a nationally recognized model for healthcare access and improved outcomes that engages people in their own health
- Project Access of Durham County (PADC) is one of a number of access projects across the state
- PADC is recognized for :
 - Broad-based, collaborative leadership
 - Comprehensive approach to patient care, with prospective disease management
 - Plan for evaluation

Overview

- PADC Board meets quarterly, board committees meet monthly or bi-monthly
 - Executive
 - Medical
 - Finance & Fundraising
 - PR & Outreach
 - Patient Advisory & Advocacy
 - Evaluation & Outcomes
- Main office (DRH) staffed by Executive Director, Enrollment Specialist, Project Manager
- LCHC office staffed by Enrollment Specialist
- Patient enrollment started July 1, 2008

Patients Referred by LCHC to PADC

- July 1 – December 31, 2008 (Chart)

Patients Who Did Not Qualify

- July 1 – December 31, 2008 (Chart)

PADC Enrollment by Month

- July 1 – December 31, 2008

Demographics of Enrollment Patients

- July 1 – December 31, 2008 (Chart)

Survey of LCHC Providers

- August 2008 (Chart)

Feedback from LCHC Providers – January 2009

- PADC will survey LCHC providers again in the summer, but we have received positive feedback to date.
 - PADC has been a “godsend” for providers and patients
 - PADC has “made a remarkable difference in the care of our patients.”

PADC Specialty Care Referrals – July 1 – December 31, 2008 (Chart)

PADC Episodes of Care (Chart)

Value of Donated Medical Care (July 1 – December 31, 2008)

	Billed Rates
Professional Claims (includes office visits, radiology, lab, pathology)	\$413,940
Facility Claims (includes radiology, lab, pathology)	\$300,582
Total	\$714,522

Note: Claims submitted for approximately 80% of episodes of care through December 2008

PADC Pharmacy Services

- With County Funds through PADC:
 - Lincoln Pharmacy expanded its formulary to include medications commonly prescribed by specialists, available for \$4 co-pay patients
 - Lincoln Pharmacy expanded the list of medications it will assist patients to access through prescription assistance programs (PAPs) for no charge
 - Lincoln Pharmacy in process of hiring half-time bilingual staff person to manage PAP applications and medications for PADC patients

Patient Care Coordination with LATCH (July 1 – December 31, 2007)

- Arrange transportation (187 roundtrips)
- Arrange or provide interpretation (109 patients)
- Make reminder calls before medical appointment
- Make calls after medical appointment to confirm follow-through on treatment plan
 - Prescription medications
 - Orthotics, durable medical equipment
 - Return to primary care provider
 - Continued care by specialist
- Make referrals to DSS (Medicaid, food stamps), agencies for mental health counseling

LATCH Disease Management Protocol

- Nurse Case Manager hired November 2008
- Provide care coordination and disease management for:
 - Patients with two or more chronic illness
 - Frequent users of emergency department

- Patients being discharged from hospital
- Communicate with patient, specialist, primary care provider, and (as needed) discharge planners
- Develop Plan of Care to assure medication adherence, improve self-efficacy in managing health, and improve health knowledge

PADC Funds

- July 2008 – June 2009
 - County: \$400,000 (\$24,000 carry – forward plus \$376,000 new funds)
 - The Duke Endowment/Care Share Health Alliance: \$341,760
 - BCBSNC Foundation: \$75,000
 - Total Funding: \$816,760

PADC County Budget - July 2008 – June 2009 (Chart)

PADC Patients

- Patient suffering from multiple sclerosis able to see neurologist through PADC, now covered by Medicaid
- Self-Employed father with history of acute GI bleeding had rare tumor removed from DI tract
- Two year breast cancer survivor able to have first follow up appointment following cancer treatment
- Metal worker treated for rheumatoid arthritis able to look for employment again...and many more.

MaryAnn Black, Director of Community Affairs, offered to provide additional information to the Board at a future meeting regarding the sickle-cell issues.

Public Hearing on Health & Human Services Financing

George K. Quick, Finance Director, introduced this item. He stated that the County attempted to secure financing for the construction of the Health and Human Services Complex. The financing would be in an amount not to exceed \$124,000,000. The rate and terms of this financing would be brought back to the BOCC for approval at a later date. He requested that the BOCC schedule a Public Hearing for February 23, 2009. A Public notice would be placed in a local paper ten days or more prior to the Hearing date.

Mr. Quick informed the Board that the health & human services project would support the debt; however, the projects that fall under this would not be part of the collateral package.

Vice-Chairman Reckhow suggested an alternative revenue source.

Vice-Chairman Reckhow moved, seconded by Commissioner Heron, to suspend the rules.

Vice-Chairman Reckhow moved, seconded by Commissioner Heron, to schedule the public hearing on February 23, 2009.

The motions carried unanimously

Manager's Recommended Durham County FY2010-2019 Capital Improvement Program (CIP)

County Manager Ruffin introduced this item. He stated that Durham County maintains a 10-Year CIP Program for major facilities projects and programs, which includes major County facilities as well as School facilities. Every two years the County staff and Manager review this plan and revise the projects and funding needs as appropriate. The recommended CIP for FY2010-2019 was presented, as well as at a second scheduled meeting to be held February 23, 3-6p.m.

Total Recommended
2010-2019 CIP - \$1,093,558,051

Requested CIP vs Recommended CIP

- Requested \$1.15 billion
- Recommended \$1.09 billion

Requested Projects Not Recommended

- DTCC Emergency Training Program (2012) \$11.2 million
- DTCC Parking Deck (2013) \$8.9 million
- DTCC Classroom Building (2015) \$25.6 million
- DTCC Allied Health Building (2017) \$26 million
- Mental Health Level IV Residential Facility (2010) \$2.9 million

New Projects in Recommended CIP
FY2010

- County Storage Facility \$5.8 million

FY2011

- IT-Fiber Optic Network Infrastructure \$718,000
- Greenfire Parking Deck
 - (approved November 244, 2008) \$7.5 million

FY2012

- NCMLS Natural Learning Initiatives \$6.3 million

FY2013

- IT-Data Center \$1.2 million
- IT-Disaster Recovery Center \$1.6 million

FY2014

- NCMLS Exhibit and Classroom Renewal \$5.1 million

FY2015

- EMS Station #3 \$2.1 million

FY2016

- NCMLS Exhibit & Technology Upgrades \$3.7 million

FY2018

- NCMLS Butterfly House
 - & Misc. Renovations \$5.3 million

FY2018 (Enterprise Fund)

- Sludge Energy Recovery Program \$15 million

Existing Projects in CIP with Significant Changes

- Open Space & Farmland Acquisition \$19.9 million
- New Hope Creek
 - \$825,000 County Contribution \$2.1 million
- Detention Center Expansion \$154.9 million
- Main Library Renovations \$15.6 million

Existing Projects in CIP

- New Justice Center \$143.7 million
- Judicial Bldg. Renovation \$18.6 million
- BOCC Boardroom Technology \$967,548
- Admin. Bldg. Refurbishment \$6.5 million
- County Stadium \$7.7 million
- Civic Center \$5.4 million
- Main Street Parking Deck \$16.9 million
- Shared Services-ERP System \$7.4 million
- IT-PC Replacement \$29.8 million
- IT-Telephone System \$3.6 million
- EMS-Station #5 \$2.0 million
- EMS-Station #1 \$880,480
- Sheriff Training Center \$4.7 million
- CJRC Renovation \$4.3 million
- Timberlake Rail Trail \$2.4 million
- Human Services Complex \$103 million
- Durham Public Schools \$780.2 million
- DTCC Newton Bldg. \$4 million
- DTCC Campus Improvement \$8.2 million
- DTCC N. Durham Exp. \$1 million
- DTCC Main Campus Exp. \$2 million
- South Regional Branch \$10.4 million
- Southwest Branch \$6.7 million
- NCMLS BioQuest \$15.1 million

Enterprise Fund Projects

- WWTP Phase III \$47.6 million

- Collection system rehab \$6.4 million
- Reuse of wastewater \$7.8 million

2011 Bond Referendum

- Durham Public Schools \$132,308,364
- Main Library Renovations \$14,751,126
- Open Space & Farmland Acquisition \$10,000,000
- NCMLS Natural Learning Initiatives \$6,319,097
- NCMLS Exhibit & Classroom Renewal - \$5,090,370
- Total \$168,468,957

2015 Bond Referendum

Durham Public Schools	\$244,971,002
Sheriff Training Center	\$4,651,404
NCMLS Exhibit & Technology Upgrades	\$3,710,751
Total	\$253,333,157

2017 Bond Referendum

NCMLS Butterfly House & Misc. Renovations - \$5,328,981

Capital Finance Model

2010-2014 (Chart)

2015-2019 (Chart)

Mike Smith, EMS Director, discussed the following as it relates to EMS Station #3:

- Projected Cost Estimate
- Project Total
- Funding Sources
- Funding Total
- Operating Impact
- Operating Total

David Bogard, Pulitzer/Bogard & Associates, presented the following:

DCDF

Original design capacity of 576 inmates, current operational capacity of 720

- Actual bed requirements have actually exceeded capacity with some frequency since 2005.
- November 3, 2008, 605 inmates – 50% increase in the past decade.

Survey, Inventory, and Data Analysis

Space Utilization/Operations Evaluations

- Spatial Adequacy
- Functional Adequacy
- Findings Presented August 2007

Space Utilization/Operations Evaluations

- Key Findings
 - Many spaces have outgrown their original purpose, e.g. magistrate, law enforcement, intake, and release
 - Inadequate treatment and appropriate housing for medical and mental health
 - Inadequate housing for females
 - Inadequate records storage
 - Limited program space
 - Need for additional office space
 - Inefficient use of warehouse space

Inmate Population Projections 2006-2030 (chart)

- 2007 Projected ADP=600
- 2007 Actual ADP=618

Future Durham County Detention Facility Bed Needs

Year	Average Daily Inmate Population (ADP)	Peaking Factor (14.6%)	Classification Factor (10%)	Total Bedspace needs
2006	568	83	65	716
2010	652	95	75	822
2015	740	108	85	933
2020	828	121	95	1,044
2025	916	134	105	1,155
2030	1,003	146	115	1,264

- Peaking
- Classification

Curtis Pulitzer, Pulitzer/Bogard & Associates, discussed the following:

Phase II
 Planning and Operational/Architectural Programming

DCDF Bedspace Expansion

	Existing DCDF	Phase I Expansion	Phase II Expansion
Design Bed Capacity	576	576	576
Double-bunks added to design capacity	144	80	48
Phase I Expansion	-	472	472
Phase II Expansion	-	-	240
Total Beds	720	1,128	1,336

- Phase I Expansion (Year 2020)
 - Decreases existing capacity from 720 to 656

- Creates 472 new beds
- Phase II Expansion (Year 2030)
 - Creates additional 240 new beds
 - Reduces number of double cells from 80 to 48

Program Summary (Year 2030)

- Major expansion of medical and mental health housing and treatment services
- Major expansion of female housing
- Major expansion of magistrate, law enforcement, and intake and release areas
- Maximizes reuse of existing spaces – housing, food service
- Expanded substance abuse program – creation of TC
- Expanded inmate programs and services
- Jail industries

Frank Turner, O'Brien/Atkins Associates, P.A., presented the following:

Phase III
Master Planning
Area Summary

Phase I

Renovations to Existing Facility	73,250 Square Feet
New Expansion including Shelled Space	218,500 Square Feet

Phase II

Upfit Shelled Space	42,300 Square Feet
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Existing Detention Facility	290,919 Square Feet
New Expansion	218,500 Square Feet
After Expansion	509,419 Square Feet

Construction Cost Summary

- Phase I \$138,000,000
 - Site Work
 - Existing Detention Facility
 - Additions and Renovations
 - New Expansion – Phase I
- Phase II \$17,000,000
 - New Expansion – Phase II Up fit

Phase III: Master Plan (Diagram)

- Site Plan – Existing Facility/Expansion
- First Floor Plan – Existing Facility/Expansion
- Second Floor Plan – Existing Facility/Expansion
- First Floor Plan – Proposed Facility/Expansion
- Second Floor Plan – Proposed Facility/Expansion
- Third Floor Plan – Proposed Facility/Expansion

- Fourth Floor Plan – Proposed Facility/Expansion
- Fifth Floor Plan - Proposed Facility/Expansion
- North East Birdeye – Stacking Model
- South East Birdeye – Stacking Model
- Southwest Birdeye – Stacking Model
- Northwest Birdeye – Stacking Model
- Site View

Barry Van Deman, President and CEO of NCMLS, gave the following presentation:

Museum of Life & Science

Investing in the Future

- Signature Learning Experiences
- Sustainability and Green Initiatives
- Capital Replacement

Sources of Capital Investment

- County CIP
- Grants
- Capital Campaigns

Investing in Durham

- Learning Experiences
- Economic Impact
- Quality of Life

Responsible/Reliable/Good Stewards

Result: Earned Income (Chart)

Museum Attendance FY2004 to FY2009 (Chart)

Project 1

- New Outdoor
- Learning Park
- New Farmyard
- Lighting grid
- Interpretive Technology
- Plaza + Store

Project 2

- Earth Sciences exhibit
- Learning Laboratories
- New Natural Gardens

Project 3 & 4

- Butterfly House and Café renovations
- Exhibit Replacements

- North side Parking
- Sustainability + Technology Investments

Discussions were held regarding the following:

- Detention Facility parking
- Additional details for the projects
- The utilization of the EMS stations

The Board asked the following questions:

- What is the lifecycle cost of maintaining the building?
- Does extra tax come out of the operating budget?
- Has there been consideration about joint facilities on the same property (i.e. storage facility, detention center)?
- How is Johnston Ambulance Service being utilized?
- When will a discussion be held regarding the participation of Duke's EMS Team?
- Does the EMS Station on Holloway Street operate at full capacity?

Directives

1. Provide additional details as it relates to the projects; include a justification statement for the projects
2. Provide a description on what is being proposed.
3. Provide an analysis of options for the Sheriff's training center.
4. Consider reusing an existing facility.
5. Review the consistency with the Greenhouse Gas Action Plan in terms of sustainability issues.
6. NCMLS to consider scaling back capital projects; consider reducing admission prices; and include more free opportunities to view NCMLS for Durham County residents.

Adjournment

There being no further business, Chairman Page adjourned the meeting at 12:45 p.m.

Respectfully Submitted,

Angela McIver
Clerk to the Board's office