

North Carolina Association of Local Health Directors Meeting
July 18, 2024 – 9:30 a.m.
Cardinal Room, DPH, 5605 Six Forks Road, Raleigh

Health Directors Only

Call to Order	Quintana Stewart
Approval of Minutes from June Meeting	Wes Gray
Treasurer's/Financial Report	Wes Gray
President's Report	Quintana Stewart
Executive Director's Report	Patrick Brown

ACTION ITEMS AND UPDATES - from Work Groups

Partner Update	Patrick Brown
Workforce Recruitment and Retention.....	Janet Clayton
Communications	Sheila Davies
PH Funding and Investments.....	Jen Greene
Nominations and Bylaws.....	Lillian Koontz
Education and Awards	Helene Edwards

Region Reports

Region I.....	Elaine Russell
Region II.....	Karen Powell
Region III	Rachel Willard
Region IV	Jennifer McCracken
Region V	Tony LoGiudice
Region VI	Helene Edwards
Region VII.....	Cinnamon Narron
Region VIII.....	David Howard
Region IX	Ashley Stoop
Region X	Joy Brock

Special Business

i2i Pilot
Funding Needs Analysis
Care Management Programs

Adjourn

Next Meeting:
August 15, 2024 – 9:30 a.m.
Cardinal Room, DPH, 5605 Six Forks Road, Raleigh

**North Carolina Association of Local Health Directors
Association Business Meeting
June 20, 2024 – 9:30pm
Division of Public Health - Cardinal Room - (5605 Six Forks Road, Raleigh)**

Minutes

Meeting Called to Order – Quintana Stewart

President Quintana Stewart (Orange Co.) opened the meeting at 9:32am. Quintana welcomed everyone to the meeting.

Approval Of Minutes – Wes Gray

Minutes were distributed with the packet via email. President Stewart asked for a motion for approval of the minutes.

Motion: Motion to approve was made by Dr. Marilyn Pearson (Johnson Co.) and seconded by Scott Harrelson (Craven Co.). No objections – minutes were approved by consensus.

Treasurer’s Report – Wes Gray

The Treasurer’s Report was distributed with the packet via email. President Stewart asked for a motion to approve the Treasurer’s Report.

Motion: Motion to approve was made by Dennis Joyner (Union Co.) and seconded by Krissy Hoover (Onslow Co.). No objections – Treasurer’s Report was approved by consensus.

Approval of Proposed FY 2025 NCALHD Budget – Wes Gray

Patrick Brown went over the high points of the budget. We plan to do a midyear budget update when we start to see revenues from Worksite Resources through the LLC. Several years back there was a motion to approve an annual 3% dues increase, which is included in this budget. One of the reasons to fund the additional revenue stream was to cover these anticipated dues resources. Scott Harrelson discussed the fund balance and because of the healthy fund balance and Worksite Resources that we should forgo that annual dues increase.

Motion: Motion to end the yearly 3% increases, including the one that was scheduled for this FY 2025 budget, was made by Scott Harrelson, seconded by Dr. Pearson. No objections, motion was approved by consensus.

Becky will send out revised invoices.

Motion: A motion to approve the FY 2025 budget was made by David Howard (Brunswick Co.), seconded by Rod Jenkins (Durham Co.). No objections – budget was approved by consensus.

Updates from NCACC – Kevin Leonard

Good morning everyone. I am Kevin Leonard and I have the pleasure of being the Executive Director of the NC Association of County Commissioners for the last ten years. I came from the legislative policy world. Thanks for letting me join you this morning. You all have really tough jobs, especially over the last few years and we hear that from Commissioners. Thank you, Madame President. I speak often with your Executive Director Patrick Brown and we meet regularly over coffee to discuss legislative priorities. I spent the last 5-6 months going all over the state to talk to Commissioners about our priorities, including mental health and substance abuse. I report to a 50-member board of directors, and I would be happy to relay any of your priorities back to them.

I want to talk to you about the opioid settlements that we have been working on at the Association. I want you to know the tools you have available at the NCACC to assist you with your county opioid settlement priorities. We also discuss the future of the LME/MCOS and the state of behavioral health in NC. The whole system has been unstable for the last 25 years. Recently in January the legislature with the help of DHHS changed the number from 6 to 4. They are getting ready for an RFP in 6 years to put to bid the tailored plans. At risk is the public model of behavioral health care. If the large companies like Blue Cross and Aetna take over, the connection between the counties and Commissioners and local mental health care could be broken. The General Assembly is looking at it more from a financial component than a health care delivery perspective. Example – if you break your arm, you go to the doctor for care. If you have a mental health problem – you may not even know you have a problem, not know where to go for help, or may actively avoid care. There is a stratified system – some go to doctors, some go to churches or faith-based treatment, some go to community non-profits, and the majority get care from jails. This is a shift of behavioral health care to the jails, which are funded by the county. We need people to be incentivized to get care – if not they may eventually cause the problem to get worse and most people will get that care from jail, and thus add extra costs to the county. If managed care moves in, and people don't go out and seek care and the burden goes to jails, we are very concerned about that at the Association. If the LMEs / MCO's go away, I have not been able to find a system nationwide that works. We have been to Florida and are soon to go to Kentucky to try to see models of regional care. One model is regional recovery centers that will divert people away that don't need to be in jails.

David Jenkins (Henderson Co.) said we could use assistance with getting peer support folks in the jails. We need to get some education for law enforcement to get support from them. We can also provide supports for those folks once they are released to help them get set up and not just discharged.

Kevin agreed and said that our NCACC President's initiative is "One More Thing" – our President is Johnny Carswell from Burke County. Through that task force, we discussed what you were saying. We talked a lot about peer support. There is a big mind shift in hiring people with criminal records and making cultural shifts in law enforcement and the sheriff's office. There are also a lot of things we need to do in sheriff's budgeting and liability.

Scott Harrelson said that Kevin was spot on in his assessment of the decline over the last 25 years. We have a situation with few providers who are maxed out on their caseloads and when staff leave it causes the ones left to take on more caseloads than they can handle. We are seeing a whole lot of behavioral health needs in my primary care clinic. I think these regional centers won't replace the mental health structure but it would be a good addition to take off the pressure. I don't think these small not for profits have the ability to attract the providers they need.

Kevin said we debate a lot about the role of government. Anything that we do should be layered on an existing system. This is exactly the role of government. The LME/MCOs have been in a defensive position over the last 20 years and trying to figure out how to survive and move forward. The LME/MCO may be able to tackle that regional facility system. We need to work hard to come up with solutions that may work.

Scott said its like primary care. When people say health departments should stay out of primary care and let the system handle them, they are not able to. The margins don't allow for quality care in the private system.

Kevin said that the free market is not a good system for the safety net or the mental health system. Government needs to play a role. At our conference this fall we are speaking about jail diversion, peer supports, and we have a speaker from Florida that is going to urge us to shift focus on diversion and longer-term treatment.

Jen Greene (App. District) said one other issue to keep in mind is that crisis intervention is a challenge. There are extreme housing needs. We have been working with the Chamber of Commerce to link small businesses to different health initiatives. Crisis response time in our area can range from more than an hour to 3 hours. We have people with mental health issues filling up the emergency room and taxing the Sheriff's office because there isn't enough preventative diversion. We also really need recovery housing.

Kevin said that both of those things resonate, especially the housing issue.

David Jenkins also talked about community paramedicine.

Kevin Leonard recommended that we talk with Hattie Gawande – she enrolled in a law enforcement program and left the Department of Health and Human Services to be able to do that.

Last thing – really quick – is the opioid settlement. We have a team led by Nidhi Sachdeva. Her team has been having regional meetings and has been advising all the counties and opioid staff. This helps counties build programs and convene stakeholder groups. I would encourage you to use some of the creative option B strategies to leverage your dollars regionally. This is beneficial for the smaller counties that may not have much settlement money. Challenge your boards and managers to do something creative. You have plenty of time to do this over the next 17 years.

President Stewart thanked Kevin for his presentation and for joining us.

Medicaid Update – Melanie Bush for Jay Ludlum

Good morning. A couple of updates on what is going on in the Medicaid space. I was listening earlier about what's going on in the mental health space. I grew up in Ashe County so I know how long it may take to get some resources to people in crisis.

Two things: There are 487,218 enrollees, closing in on 500,000. The governors goal was 600,000 over two years. This is a big success since we launched in December 2023. The launch of the tailored plans starts July 1. Around 209K people will move into those tailored plans when they go live. The LME/MSOs will provide managed care for severe and persistent mental illness, substance abuse disorders, traumatic brain injuries, etc. Alliance Health Partners, Vaya, Trillium, and Partners Health Management. The tailored plans are motivated to make sure you get the services that you need. Since we launched

the regular managed care plans in 2021, we have built an infrastructure and we are confident that the transition to tailored plans will go smoothly. There will always be some bumps in the road with changes like this but we don't anticipate any major issues. We have a patient and a provider ombudsman to help with any problems or issues. We have an infrastructure where people can request to move to a tailored plan with an enrollment broker rather than being auto-assigned.

President Stewart thanked Melanie for the update.

NC DCFW Division Director – Yvonne Copeland

I am Yvonne Copeland with DCFW and Health and Human Services and I am glad to be joining you online and wish I could be there in person. Today I am going to talk to you about WIC and I have a presentation to go over. A lot has happened since the AA's were released in February. Federal performance penalties have been waived for FY 24. In mid-June, the WIC team looked at February and March data and we amended the AAs for some health departments that increased caseload. Statewide participation is up and that is fantastic news. We have reversed that declining trend. 247,500 participants is the September 2024 goal so we are on the right track to reach that goal this year. 38 agencies increased participation. 43 agencies decreased participation and 1 maintained participation. It is unlikely that the federal government will waive the penalty again in FY 2025, meaning that if participation decreases overall we may see a reduction in funding and we may see a penalty.

We asked for administrative funding in April and we got a small amount. We are asking again in July. This will hopefully help us cover our shortfall. 38 agencies will see an increase in their AA and the 44 agencies that decreased or maintained will not see any decrease (we are effectively holding these agencies harmless). We are conducting an analysis in participation. We anticipate aligning funding with performance. Increased funding for increases in participation and decreases for agencies with decreases in participation. We are also increasing the rate per participant per month by \$0.10 from \$16.60 to \$16.70 for all agencies. This guidance was forwarded to WIC directors yesterday and I just sent it to the health directors list-serve.

Agencies sent in proposals last month for additional funds. We will review these funding requests and will make awards based on funding and the applications will be judged mainly on how they impact WIC participation.

We are anticipating challenges in FY 25, both state and nationally. These include potential decreases in funding and penalties in participation declines. Thank you to Patrick for reaching out to you to get some best practices collected and sent out to you. There is evidence that agencies that are taking advantage of some of the key assistance are seeing positive benefits.

Lillian Koontz (Davidson Co.) thanked Yvonne for defining expectations in the memo.

There was another comment online about future funding opportunities having more lead time to allow some counties to get approval and have time to apply.

There was a discussion about SunBucks. This program was launched last Friday and we were able to issue benefits to over 1 million kids. About \$115 million is going out this week. We know summer presents challenges for the population that depends on school lunches. This is a big population that is going to be getting some of these additional benefits.

President Stewart thanked Yvonne for joining us.

President's Report – Quintana Stewart

President Stewart asked if there were any new or retiring health directors.

Brittain Kenney (Gaston Co.) introduced Paula Black was introduced as the new assistant health director in Gaston County. Steve Eaton (Gaston Co. Health and Human Services Director) was also in attendance.

David Jenkins has left Stanly County and has replaced the retiring Steve Smith in Henderson County.

Dennis Joyner (Union Co.) announced he was retiring in December and if anyone had any interest the position should be posted soon and I have the next 6 months as a runway (*Congratulations all around – ed. note*).

Quintana said the Accreditation work group has worked hard in recent meetings. She also requested a new ad hoc committee for the Association for a district Health Directors so they can discuss their financial needs and special issues for districts. We reviewed the bylaws and saw that the President can appoint this committee. I ran it by the officers on the call and there was unanimous support and we are all in agreement and the new group has been approved. The group wants to discuss their issues while still be strongly associated with counties so we can present a united front to the legislature.

Executive Director's Report – Patrick Brown

The Harnett County Commissioners approved an \$8k pledge to the John Rouse scholarship. In addition, each board across the Collaboration has approved an additional \$10K. The total will be \$35,000. The fund will start about \$1,400 or so in scholarship annually. These will go to tiered priorities at Campbell University. This fund can also grow over time to offer more and more scholarships. The breakdown is \$2,500 from NCALHD, NCPHA \$2,500, and Alliance \$5,000. We will also try to raise more funds at NCPHA in Cherokee.

We have about 40 or so people that have filled out the interest survey from i2i. Most of the responses so far show interest and there is a lot of need for additional funds if health departments were to join. We have been looking at some of the AA's and how those could be potential used for i2i. We know those aren't long term funds. We have said all along that it is difficult to ask for funding support from the department and the state without formalized support from the agency. I think that project requires some more discussion.

We also need to look at some Care Management issues and we also have discussed the Excel tool coming out of Region 7 and a big legislative ask. I am proposing the July Thursday meeting be a closed meeting for i2i, care management updates, and the Region 7 funding tool opportunity. We will still have workgroups as we normally do on Wednesday. We will expend the 2-3 afternoon hour to accommodate all the department staff and updates.

Scott Harrelson mentioned the CCPN reaching out to health departments offering incentives to switch to preferred EMRs that help with their reporting. Programmatic silos are not set up for multiple sliding fee scales. The EMRs were also charging by volume of visits. We had a quote a few years back for \$150k a year to do that reporting. Cure and i2i combined is much smaller than that and you can get the same reports.

Patrick said that regarding care management, we are piloting some health department level benchmarking on number of people served, staffing, and local budget matched to state PMPM annually. This will help us look at caseload per FTE that can help us figure out a sustainable rate long term. Amanda and Bethany have been doing a lot of work on that.

The House budget was released a few days ago and the Senate just released a budget saying there were not spending on those priorities.

SB 166 is a large building code reform bill. Key things are that it would codify a 50/50 split on liability for septic lawsuits. It would put in statute some quality insurance language. We may have been asking some good questions because the Homebuilders Association, the Septic Tank Association, and Senator Berger's office were there. The Homeowners Association has asked us for some input on what we would like to see in the bill. I am scheduled to meet with the Environmental Health Supervisors Association tomorrow to see if they have any requests that we would like to incorporate. Kevin may also be able to help us with some county commissioner support.

Lillian said that it was surprising that other interesting parties who were supportive of the language was that the quality assurance and the 50% from the county for tort claims was based on "rogue" counties with bad actors that were doing it their county way on onsite wastewater work. Lillian said do we really want to do legislation based on bad local actors rather than going through other agencies or reporting. They thought that if the counties had more liability it would force the counties to make sure staff were doing things legally. David Howard said holding all accountable to legislation based on a few bad actors is like hitting a bee with a baseball bat.

Dr. Kansagra pointed out that the 50/50 applies if counties did not agree with the position of the state and Attorney General.

Two last quick updates are that we have signed the revenue sharing agreement with Worksite Resources and we will see money flowing into Innovations soon. There are about 8 health departments that need a few more things to be onboarded. We also will get a group together to discuss options on fair and equitable distribution of premium increases.

Dennis Joyner asked if the insurer will remain the same. Patrick said that the carrier did not change (Amwinds through Cabarrus), only the broker changed.

Also – I will be on vacation this week. I wanted to announce that I will be having a new addition on the way and my wife is due in September. I plan on taking about 3 weeks then and 3 weeks closer to December (*Congratulations all around – ed. note*).

Accreditation Budget Approval – David Stone

Margaret could not be here. Anders arrived 3-4 weeks early. Born June 12.

The Accreditation budget is in your packet. This funds the site visitors, Board meetings, committees, and other items. Fees remain \$3,250 with a budget of \$279,500. No questions or discussion from the group.

Motion: Motion to approve the budget was made by Jen Greene, seconded by Rod Jenkins. No objections – budget was approved by consensus.

NC DHHS Chief Medical Officer / State Health Director Report – Betsey Tilson, MD

Medicaid Expansion is a great step forward and the launch of the tailored plans will be great for specialized care. A \$843 million expansion bonus went to non-recurring Medicaid rates and some revenues for other big priorities. Crisis services are big part of that (988, behavioral health urgent cares). One was just launched in Alamance County and several others are popping up as well as alternatives for the ED. We are also focusing a lot on the justice involved persons. These are people with complex behavioral health needs. In July there will be some money for school-based health centers and some this fall from the LME's for school based behavioral care. Shout out to Danny Scalise for his work in Burke County on Behavioral Health and all the events he had been having around opioids.

On Expansion, we are happy to see that we have almost met our two-year goal in about half a year. The data is starting to come in on how this is helping people and improving care. Dr. Tilson also talked about issues surrounding minors consent and making sure we are alert if we think there are any threats to this in the current session.

When you send out info to local providers, make sure we send Fastmed updates to their corporate office to make sure they get the policy changes down to the local level.

The state Violence Prevention director is stepping down, Siarra Scott is interim.

Patrick mentioned that we have some funds for training at NCPHA. We have had some discussion about developing some violence prevention programming for locals.

Association of Local Boards of Health – I will be speaking there in July.

I also want to publicly acknowledge that Susan is leaving and I want to thank her for her amazing leadership and I know they you all have valued her as much as we have.

NC DHHS Assistant Secretary for Public Health – Dr. Susan Kansagra

I don't have too much to share in addition to what has already been said this morning. *"The Final Countdown"* was playing on my way in and I thought that was appropriate (laughter). There were a few things that would have been helpful in the House budget but we all know what will probably happen with Senate inaction.

The lead and asbestos funding – that is part of the language where testing is required and have seen some language where it was optional. If it is in the Senate budget we want to make sure that we address it.

Introduced Dr. Roberson as head of the Oral Health section.

I have 10 days left and will be using some of my leave time through July and August. We are promoting from within and we will be announcing the interim soon. I am glad to report that we have a fully staffed management and leadership team here at DPH. We are thankful for the incredible partnership with you. With that I will be glad to take any last questions. I have my signup list for cell numbers. I want to make sure I have everyone's cell phone in this room. Thank you for those partnerships.

Patrick thanked Dr. Kansagra for leading him here by hiring him 2.5 years ago. Quintana thanked Dr. Kansagra for her leadership.

Deputy Director / Section Chief, Local and Community Support, DPH – Stacie Saunders

We are definitely going to miss Susan. I have not been at DPH for too long but I have been working with Susan here and as a local director.

Today is the summer solstice so watch the heat.

Update on AA 121 – allocated to you for both years of the biennium. \$50k for each health department. FY 25 is coming out a little after the new fiscal year. It will include the new 50K and anything carrying forward. 45 out of 85 spent all of their dollars and one health department did not accept the AA.

Also, I want to be connected to the work that you are doing and I would like to visit your department and regional meetings. I just want to spend time with you and see your concerns and come without an agenda. If you have not already gotten an email I will be sending one soon. Stacie got a food and lodging list for CDP and still working on the onsite. Thank you to Doug Urland for helping us with the new medical directors group. New health directors orientation will start in August. The cohort is pretty set at this point since I did not hear any new health directors earlier in the meeting. We are also working with trainings for new board of health members.

Go be awesome everyone!

President Stewart thanked Stacie for her report.

Action Items and Updates

Partner Update – Patrick Brown

No updates

PH Funding and Investments – Jen Greene

Motion to revise aa 513 for the new 5-year cycle. Thanks to Brian Combs for giving an overview of the changes and for the engagement on the PC coordinators. Motion from committee does not need a second. Jen also mentioned aa 352 for child fatality. We will be getting another AA through DPH and we will be discussing options on how to spread that money. Doug Urland gave an update on AA 117. Stacie presented an DPH funding chart with all the AAs the expenditures through May 16.

PH Data and Performance Measures - Wes Gray

Data and Performance Measures heard from Kathy Dail. She spoke about the new North Carolina data portal – this is the data site that departments can use to pop in data points for Community Health Needs Assessments, CHIPS, and SOTCH reports. The link is now listed prominently on the main page on the State Center for Health Statistics. Also on the page are new LDAS links that show annual reports for 2020 through 2023. These include dashboards for patients by service at your health departments, insurance mix, unduplicated patients by service, etc. Amanda Blackwelder gave an update on the Data Summit from last month and we also discussed adding more health department staff to this workgroup.

Nominations and Bylaws – Lillian Koontz

We will be seeking Regional input on the bylaws rewrite.

Education and Awards – Helene Edwards

Helene wanted us to mention August 14 for the new health directors orientation.

Region Reports

No reports

Partner Reports

NCAPHA – no report

NCPHA – Patrick for Iulia

The planning for NCPHA in Cherokee continues to go well.

NACCHO – no report

NCIPH – David Stone

The next Public Health Leadership Institute is in September. A report on the Foundational Capabilities retreat is going to also be sent out. For Accreditation – let's get a lot of input and debate and make a better product.

ANCBH - Patrick for Merle Green

ANCBH had network governance meeting – Merle can get you that info.

NC-SOG – No report

NC SOPHE – No report

Adjourn

Rod Jenkins made the motion to adjourn, seconded by Jen Greene. Meeting is adjourned.

North Carolina Association of Local Health Directors, Inc.
Statement of Financial Position
As of June 30, 2024

ASSETS

Bank Accounts

CD-SECU *4185	40,000.00
Checking-SECU *6586	487.54
Checking-TB *1894	
Accreditation Fund	32,568.36
General Operating	38,801.36
Total Checking-TB *1894	\$ 71,369.72
Money Market-SECU *0321	5,805.12
Money Market-TB *7815	
Accreditation Fund	100,000.00
General Operating	173,636.03
Legal Fund	59,886.40
Total Money Market-TB *7815	\$ 333,522.43
Savings-SECU *1387	44.07
Total Bank Accounts	\$ 451,228.88
Accounts Receivable	3,356.96
Investment in NCPHI	10,000.00
TOTAL ASSETS	\$ 464,585.84

LIABILITIES AND EQUITY

Liabilities

Accounts Payable	25,860.00
Accrued Expense	13,594.27
Deferred Revenue	6,386.87
Payable to Other Org	500.00
Total Liabilities	\$ 46,341.14

Equity

Temporarily Restricted Funds

Accreditation Fund	132,568.36
Legal Fund	59,886.40
Total Temporarily Restricted Funds	\$ 192,454.76

North Carolina Association of Local Health Directors, Inc.
Statement of Financial Position
As of June 30, 2024

Unrestricted Net Assets	207,048.82
Change in Net Assets	18,741.12
Total Equity	\$ 418,244.70
TOTAL LIABILITIES AND EQUITY	\$ 464,585.84

North Carolina Association of Local Health Directors, Inc.
Statement of Activities - Budget vs Actual
July 2023 - June 2024

	Actual	Budget	Budget	% of Budget
Revenue				
Grant Revenue	5,000.00	0.00	5,000.00	
Interest/Dividend Income	9,907.72	2,700.00	7,207.72	366.95%
Meeting/Conference Revenue				
Sponsorships	3,000.00	0.00	3,000.00	
Revenue	\$ 3,000.00	\$ -	\$ 3,000.00	
Membership Revenue				
NACCHO Rebate	3,013.75	3,300.00	(286.25)	91.33%
NCALHD Dues	136,629.79	136,680.00	(50.21)	99.96%
Total Membership Revenue	\$ 139,643.54	\$ 139,980.00	\$ (336.46)	99.76%
Total Revenue	\$ 157,551.26	\$ 142,680.00	\$ 14,871.26	110.42%
Expenses				
Admin Services	75,000.00	75,000.00	0.00	100.00%
Awards	634.30	700.00	(65.70)	90.61%
Bank Charges	37.00	12.00	25.00	308.33%
Licenses	1,738.60	950.00	788.60	183.01%
Marketing/Sponsorships	2,549.00	1,000.00	1,549.00	254.90%
Meetings/Travel	8,474.04	7,000.00	1,474.04	121.06%
Miscellaneous	331.00	0.00	331.00	
Professional Services				
Accounting Fees	1,800.00	1,500.00	300.00	120.00%
Consulting Fees	51,000.00	45,000.00	6,000.00	113.33%
Legal Fees	10,306.50	10,000.00	306.50	103.07%
Total Professional Services	\$ 63,106.50	\$ 56,500.00	\$ 6,606.50	111.69%
Website & Technology	233.70	970.00	(736.30)	24.09%
Total Expenses	\$ 152,104.14	\$ 142,132.00	\$ 9,972.14	107.02%
Change in Net Assets	\$ 5,447.12	\$ 548.00	\$ 4,899.12	994.00%