

HEALTH AND HUMAN SERVICES BOARD



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Chair

Mr. J. Phil Seats, R.Ph., MBA

Vice Chair

Mr. Fleming El-Amin, County Commissioner

HEALTH AND HUMAN SERVICES BOARD

MINUTES

January 6, 2021

MEMBERS PRESENT

Mr. J. Phil Seats, Chair
Mr. Fleming El-Amin, Vice Chair
Mr. John Blalock
Ms. Pamela Corbett
Dr. James Doub
Dr. Calvert Jeffers
Dr. Charles Massler
Ms. Heather Parker
Dr. Linda Petrou
Ms. Sharon Pettiford
Ms. Sharon Rimm
Dr. Peter Robie
Dr. Ricky Sides
Ms. Claudette Weston
Ms. Gloria Whisenhunt

PH/DSS STAFF PRESENT

Ms. Shontell Robinson
Mr. Victor Isler
Mr. Joshua Swift
Ms. Lorrie Christie
Ms. Tanya Donnell

MEMBERS ABSENT

Mr. John Davenport
Dr. Palmer Edwards

GUESTS PRESENT

Mr. Dudley Watts, Forsyth County Manager

Call to Order:

On Wednesday, January 6, 2021, the Forsyth County Health and Human Services (HHS) Board held its regularly scheduled monthly meeting virtually. Mr. J. Phil Seats, Chair, called the meeting to order at 5:30pm.

Moment of Silence:

Mr. Seats asked for a few extra moments of silence, given the events of the day.

Consideration of Minutes:

The minutes of the November 2, 2020 HHS Board were reviewed. One minor change was noted, by Ms. Sharon Rimm, to correct the year at the bottom of the last page for “next meeting” to January 6, 2021.

Consideration of 2021 Meeting Schedule:

Ms. Shontell Robinson presented the Board with the 2021 board meeting schedule for their review and approval.

Mr. Seats asked that Board members consider both the minutes and the meeting schedule during role call by saying yes or no for each. The minutes and the 2021 meeting schedule were both unanimously approved.

Deputy County Manager's Comments: Ms. Robinson gave the following updates (see handout on file in the Administrative Binder):

- **LME/MCO Disengagement Process:** the committee is continuing down the process – have narrowed down recommendation to two LME/MCOs that they are trying to work to vet and plan to have recommendation to the Board of Commissioners, hopefully this month
- **Medicaid Transformation:** Ms. Robinson joined a State committee on Medicaid Transformation with PHP CHOs, Deputy Secretary of DHHS and some other counties. The main goal was for the PHPs to hear from counties directly on how they can better improve communication so that counties are best prepared to communicate to residents. Ms. Robinson added, there has been discussion with the Department of Social Services (DSS) but not as much with the Public Health (PH) side on what it would look like on billing and other types of things. She feels this is a step in the right direction and will keep the Board updated as they move forward.
- **Feeding Program Update:** Ms. Gayle Swain, DSS, presented a couple of months ago, about the feeding program that DSS and PH have been managing as part of COVID response. As part of that, it was expanded to all county employees to try to raise money for Second Harvest Food Bank. We knew there were challenges with food insecurities in our community. The goal was to raise \$3,000 from county employees – they were able to raise over \$4,000 in addition to people giving food. There were also food bins that were overflowing. Ms. Robinson added, staff have really rallied together. COVID is not just about contact tracing, testing and vaccines – there is a lot of other work happening.

Department of Social Services (DSS) Director's Comments: Mr. Victor Isler gave the following updates (see handout on file in the Administrative Binder):

- **LIEAP Period for All Other Households 1/1-3/31:**
 - FCDSS has worked with the state to request a waiver in order to take applications via EPASS which is an online system that is used for Food & Nutrition Services. The goal is to try and decrease visits to the agency. Customers have been calling into the agency when they need clarity for next steps which has caused the call center to be extremely busy. This will continue through 3/31/21.

- **Data Analytics Partnership with WSSU's Center for the Study of Economic Mobility:**
 - FCDSS is working with the center at their request to develop a data analytics partnership. There have been conversations over the past few years regarding the Benefits Cliff. The center has reached out to Kate B. Reynolds Charitable Trust (KBR) to request funding in order to put a Data Analysis in place to work with DSS in data sharing. They will review plotting individuals on a continuum as it relates to their wage earning and receiving certain services. Child care subsidy has the steepest cliff. One goal is to look at wage earnings to identify what this cohort looks like in Forsyth County. Another goal is to leverage community resources to best support the individuals on a continuum towards their career progression. This analysis will work towards identifying a form of transitional services. FCDSS will enter into a Memorandum of Understanding (MOU) in order for data to be assessed.

- **State Level Cross Division Foster Care Mental Health Staffing Team:**
 - There has been a statewide conversation around children in foster care. The state has noticed an increased number of children sleeping at local DSS and prolonged discharges from emergency rooms. At this point, the state is doing statewide staffing with cases that fall into the two categories.

- **COVID Relief Package Updates for DSS (Department of Social Services):**
 - There is a fifteen percent increase for food and nutrition services for January through April 2021. There has been childcare relief for distressed providers; the state will be implementing through a grant process. There is also an eighty-five million dollar increase nationally as it relates to the childcare development block grant dollars. It is not certain what that will look like in the State of North Carolina at this time. We should be able to receive additional slots for childcare with the projection of understanding of closing out this fiscal year and going into the next, the need will be higher. Also, there was a fifteen million dollar increase in the Senior Nutrition Program which should funnel down through HCCBG (Home and Community Care Block Grant) dollars which will hopefully help out with the Meals on Wheels Program.

- **New Adult Services Division Director:**
 - Mr. William Rick Hall comes with over 15 years of experience in the statutory provision of Adult Services in North Carolina. Most recently, he was an Adult Program Representative for the North Carolina Division of Aging and Adult Services of the

Department of Social Services which included Forsyth County. In this role, he served as a consultant to 16 local DSS's regarding policy and program guidance. He developed and delivered training to a wide spectrum of stakeholders including local DSS staff, aging programs, law enforcement, district attorneys, and non-government human services organizations. Mr. Hall is well versed in policy development through state manual revisions and position papers to guide practice in Adult Services programs throughout North Carolina. Lastly, he has strong project management skills in program monitoring for Adult Protective Services, Guardianship, Medicaid Administrative Claiming, Special Assistance In-Home, and the Social Services Block Grant.

Dr. Peter Robie commented that he had gone over all of the 2020 Board minutes and noted that over the summer there was concern about COVID and the homeless and if people who had lost their jobs were going to be evicted. Is there any follow-up?

Mr. Isler responded County Commissioners looked at the issue as it relates to the homeless and as they closed out last fiscal year – some funds were appropriated to the Crisis Intervention Program particularly related to rental assistance. There were strategies on the federal and state level when there were the moratoriums relating to evictions – what DSS noticed as it related to rental assistance as well as community based organizations was that the need was not present – it has snowballed as far as individuals getting further behind with rental assistance. They are still having conversation and looking at strategies around moratoriums from Governor Roy Cooper. Ms. Robinson added they just found out that the county may be receiving almost \$4 million for the Federal Emergency Rental Assistance Program directly from the U.S. Treasury and the city may be receiving \$8 million. This is preliminary and our deadline to say if we want it is next week. They will be briefing the Commissioners tomorrow.

Dr. Robie thanked Mr. Isler and his staff for all they do and said they have been fantastic during this COVID problem.

Ms. Robinson noted that County Manager Dudley Watts was in attendance for the meeting. Mr. Watts spoke briefly saying that all of our folks are in the trenches trying to get the vaccine out and doing all the testing.

Department of Public Health (PH) Director's Comments: Mr. Joshua Swift gave the following updates (see complete/detailed handouts on file in the Administrative Binder):

**Summary Statistics for Forsyth County, Positive COVID-19 Tests as of January 2, 2021
Trend in Reported Number of Residents Hospitalized**

- seeing throughout the nation and the state, hospital capacity concerns – keeping an eye on this in Forsyth County.

Forsyth County, North Carolina Deaths as of October 31, 2020

- 255 deaths (approximately half of these are in long-term care centers) – 1.2% of the cases resulted in deaths. Broken down by gender, age (overwhelming majority over 65 years old), race, ethnicity (183 White / 21 Hispanic / 68 Black), fatality rate.

Trend in Confirmed COVID-19 Cases per 100,000 Population

- will be mid-January before we know the extent of December 25th – January 1st holiday period. There is a record number of people coming through at our testing events.

CDC Core Indicator for Schools Reopening

- metrics based on two key objectives (new cases per 100,000 or the incidence rate).
- percent positive during the last 14 days – that rate has increased but staying level around 19-21% - continues to be higher than it should be. Original goal by the state was around 5% but anything above 10%, you are getting into community spread.

Percent Positive Cases

- over 20,000 positive cases of COVID-19 – broken down by gender, age (almost 2/3 of cases are under 45), race (mirrors our community – a little higher on Hispanic numbers overall)

COVID-19 Update:

Vaccine:

- December 22nd – received vaccine that morning and that afternoon, gave vaccine to 10 health department and EMS staff. The Moderna vaccine comes in vials of 10. We started vaccinations on December 23rd (focused on Phase 1A – health care workers fighting COVID and long-term care staff and residents (the front of the front line). Moved into Phase 1B today.
- the original plan up until December 30th was that Phase 1B would be those individuals 65 and older with two or more chronic conditions as well as a long list of essential workers. We received guidance from the state that Phase 1B would be broken down into three groups (Group 1-anyone 75 or over regardless of health status / Group 2-healthcare workers that were not in Phase 1A plus frontline essential workers 55 or older / Group 3-healthcare workers and essential workers of any age).
- Phase 1B Group 1 is a large group – still seeing people in 1A – we have a team working with Mobile Integrated Health (MIH) through Emergency Medical Services, going out into the community, to long-term care residents. We have 85 long-term care facilities, group homes that did not sign-up through the CVS or Walgreens programs so we were responsible for those facilities (were told this one week before we got our first shipment of vaccine). Ms. Robinson clarified that it is mainly mental health facilities.
- Phase 2 guidance – more the high risk with increased risk of severe illness. Group 3 gets larger with colleges and university students as well as K12 students age 16 and over and Group 4 is everyone

Ms. Rimm asked if anyone is going to the Visitation Center – she heard on the news that there was a huge amount of transit workers who had been exposed and passing it among themselves – are these people expected to come to the public health department or will the mobile unit go there. Mr. Swift responded, yes, we are looking at ways we can be more mobile after we have done the mental health facilities. We have to be very careful with the vaccine, between the ultra low cold temperatures for the Pfizer vaccine and also we do not want to waste any vaccine. This is definitely a group we want to reach out to.

Testing:

- Mr. Swift thanked Ms. Rimm, Mr. El-Amin and Mr. Seats for the food they brought to them and for their support – and apologized if he missed anyone. We are seeing an increased demand for testing (483 tested at the fairgrounds last Saturday and on December 26th had a record number of 346). We had 16 events in November with 1,541 tested / 17 events in December with 2,551 tested. With just 2 events in January, 639 tested. Ms. Robinson asked Board members to keep in mind these are three hour events – prior to this, in July we would see 300 in a 4 hour event – a lot more people are being pushed through.
- testing strategy for the winter months is to move to indoor drive through testing sites (EMS Triangle Station on Kernersville Road, Thursday from 12:00pm-3:00pm, the Fairgrounds, Saturdays from 10:00am-1:00pm and Tuesdays 12:00pm-3:00pm – recently added two more Fairground events Monday, January 11th and 18th from 12:00pm-3:00pm). We see spikes often at weekend events when people are more active.
- we will continue in Phase 1B, Group 1 – 75 and older – current capacity at the department is 500 per day. There has been a lot of publicity on the news and social media about the call center and the calls – do not know if we could have anticipated the demand so quickly. The goal is to move to a larger location at the Fairgrounds at the end of the month. Mr. Swift hopes that people coming through will get on social media to talk about their good experiences and he is happy to see how well staff are interacting on all ends, the energy they have with the clients coming through. Ms. Robinson weighed in on the process, and said we are working with our IT department trying to find a better way

Dr. Charles Massler asked who else in Forsyth County is getting vaccine and has the ability to distribute. Ms. Robinson responded it is the health department and the hospital systems. We have been told by the State that other providers will be receiving it but we do not know who or when

Dr. Massler pointed out a comment on one of the slides about the partnership with Novant and Wake and asked where are we on that and it seems that would be a critical thing to do so that we are not trying to reach the same audience or duplicating. Mr. Swift responded we are having these discussions – we have been collaborating to see where each of us is on the vaccine front. It came up on our last Friday call about trying to partner together at a central location – we hope we can accomplish that at a location like the Fairgrounds. The concern right now that we are hearing from Novant and Wake is that they are trying to get through their own staff and they do not have enough vaccine for their staff. It is also a challenge to pull staff out to go into the community to do community vaccinations.

Ms. Rimm asked if we solicited volunteers. Mr. Swift responded we have a person setup to be our volunteer management coordinator – we are working through that but want to make sure we have all of our steps in place before we open up that call to the community because it could be overwhelming. He added we have worked through contracts with temporary agencies and finalized those. We are also working with the state to see if they could provide some surge assistance. Ms. Rimm offered her help and suggested making a request from the Board.

Dr. Robie mentioned that the Community Care Center would be receiving vaccine supplies the third week of January, to vaccinate their patient population. When asked by Ms. Robinson if this was specifically for his patients, Dr. Robie responded if anyone comes to their door – they will not turn them away. Ms. Robinson replied they have also asked the question to the state, if we could give some of our vaccine to other providers to assist but we have not received clarification on that yet.

Dr. Calvert Jeffers and Ms. Heather Parker both commented that they had gotten their vaccine and had a very good experience.

Mr. Seats asked Mr. Swift what he knows about the National Guard call up. Mr. Swift responded, he has a call tomorrow morning with the state regarding this. Ms. Beth Lovett, Deputy Director with the Division of Public Health texted him asking if we would be interested and he said yes, we will take help facilitating with our clinics. Ms. Robinson commented she had asked Emergency Management to put in a request to the National Guard, the Medical Reserve Team, the State, anybody, for assistance.

Dr. James Doub, shared his experience with getting the vaccine. He asked if they would be getting a call for the second vaccine. Ms. Robinson responded there is a team dedicated for calling for the second appointments. Starting Saturday, they will be getting the second appointment at the time of the shot.

Ms. Gloria Whisenhunt noted that her husband went to get his vaccine and had a very pleasant experience. She thought it was very well organized. Ms. Whisenhunt expressed how proud she is of our Public Health and Social Services departments and proud to be a part of them.

Hospital COVID-19 Update – Wake Forest Baptist

Mr. John Blalock shared what the hospitals are experiencing from a COVID perspective and painted a picture of the volumes. The hospitals in town have seen sharp increases in COVID hospitalizations. Wake and Novant were relatively stable up until the end of September – early October (at that point they were increasing steadily).

They had 86 confirmed cases at Baptist Hospital today. Throughout the five hospital system, there were 183 cases. Today, from Novant's perspective, they had around 160 cases at Forsyth Medical Center and throughout their region, 215 cases (this includes patients from within and outside of Forsyth County) – this is why it does not match up exactly with Mr. Swift's numbers for hospitalizations (roughly 25–30% of the patients mentioned, requiring intensive care level care, the remainder or more medical care patients). Mr. Blalock reported that as an example of the growth rate, today they saw about 70% increase from the last month and since October they have seen 370% increase from where they were at the end of September-early October. Both hospitals look at projections and models about what they would expect from a COVID hospitalization. The model that Wake uses is believed to be based on State/DHHS data and they prorate based on the market share that they have. Mr. Blalock said the data has been relatively accurate given if you track the projections along with what they experience. He added if the

model continues to hold true, they would continue to show hospitalization increase probably until early February and that is where they would expect the peak to be. They are estimating from the Wake system, they would need around 270 beds to manage COVID – the highest they have been so far is around 200.

Mr. Blalock reported that as far as capacity, they are at 100% based on the demand they currently have. They have task forces and groups monitoring daily and anticipating what the need is. As the demand increases, they are looking at various options to increase capacity through different strategies. As volumes have increased they have had to build capacity at their other hospitals within their system, to help. They have tried to build dedicated care spaces within their facility through redeployment of nurses that may have been surgical nurses – they have looked at their inpatient surgeries that would require more than a one day stay and that are non-urgent emergent and try to defer those – this reduces the surgical demand coming in and allows them to be able to take that bed or the nursing staff that would care for that person and redeploy them to build COVID capacity. Mr. Blalock noted they have done some interesting things from a provider and service perspective.

Another program Mr. Blalock reported that they developed in late December – they are calling it a hospitalist at home model – other medical centers have also done this and Cone is starting one of these programs later. This involves taking patients that have come into the hospital and are on that distal length of stay (not offering much from a hospital perspective) – but still require some level of monitoring at home – they will discharge those patients and arrange to have a home visit from a paramedic or a nurse and couple that with a virtual visit from a hospitalist. Mr. Blalock said this model has been pretty successful getting patients back to their homes – patients enjoy it because they are able to get and receive care at home and the hospital is creating bed capacity. Mr. Blalock added they have a lot of different strategies to help build that need of capacity and they continue to monitor things.

Ms. Sharon Pettiford reported the length of stay for the majority of the patients plays into effect for the bed availability – they do not get well too quickly. They have on boarded more travel nurses and are working through their staff in getting their vaccines as well. Ms. Pettiford added that vaccine administration is a happy time. One interesting thing Ms. Pettiford noted and said she learned was regarding morgue space – Wake Forest Baptist has enough but the other hospitals in the area do not.

Dr. Robie asked Mr. Blalock and Ms. Pettiford if there are any plans to help out their sister institutions in the state when they run out of COVID vaccine and pointed out that he understands that Moses Cone was in the situation. Ms. Pettiford responded they are constantly working with other area hospitals. Mr. Blalock added, yes, they do work together and a lot depends on their availability, what their capacity looks like, to be able to accept patients. Ms. Pettiford mentioned the waitlists yesterday for intensive care units – physicians have to figure out and how do you choose who is the sickest of those patients. She added, this gets your attention – you know it is hers on different levels – it is real.

Committee Updates – Legislative

Dr. Petrou reported they will go into session on January 13, 2021, and then they will adjourn for a couple of weeks.

Other Business:

Before adjourning, Mr. El-Amin gave accolades to the COVID-19 vaccination program for their efforts being done and offered whatever they could do as a Board and to please put him down as a volunteer.

Mr. El-Amin asked everyone to take 30 seconds to have a moment of reflection on our country being pulled together instead of being pulled apart. Recall that our core values as Americans comes from the 2nd paragraph of the Declaration of Independence “with all the truths to be self-evident, that all men and women are created equal, endowed by their Creator with certain unalienable rights, that among these are life, liberty and the pursuit of happiness.”

Adjourn:

Mr. Seats asked for a motion to adjourn. Mr. El-Amin made a motion and others seconded. The meeting adjourned at 6:52pm.

SR/lgc

Next Meeting: February 3, 2021 - 5:30pm