

# HEALTH AND HUMAN SERVICES BOARD

## Chair

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

## Vice Chair

Mr. Fleming El-Amin, County Commissioner



## Board Members

Mr. John Blalock  
Ms. Pamela Corbett, MA  
Mr. John Davenport, Jr., PE  
Dr. James Doub, OD  
Dr. Palmer Edwards, MD  
Dr. Calvert Jeffers, Jr., DVM  
Dr. Charles Massler, DDS  
Ms. Heather Parker  
Dr. Linda L. Petrou, PhD  
Ms. Sharon Pettiford, RN  
Ms. Sharon A. Rimm, LCSW  
Dr. Peter Robie, MD  
Dr. Ricky Sides, DC  
Ms. Claudette Weston  
Ms. Gloria Whisenhunt, Commissioner

## HEALTH AND HUMAN SERVICES BOARD MINUTES December 2, 2020

### Board Members Present

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

### Board Members Absent

Dr. Palmer Edwards

### Staff Present

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

### Guest Present

None

### Call to Order

On Wednesday, December 2, 2020, the Forsyth County Health and Human Services Board held its regularly scheduled monthly meeting virtually. The meeting was called to order by Board Chair, Mr. J. Phil Seats at 5:30 p.m.

### Moment of Silence

A moment of silence was observed by all.

### Consideration of Board Minutes for November 4, 2020

The minutes from the November 4, 2020 Health and Human Services Virtual Board Meeting were reviewed. Mr. Seats requested a motion to approve the minutes. Dr. Doub made a motion to approve the minutes and Dr. Massler seconded the motion. A quorum was present. The motion carried and the minutes were approved with 16 votes in favor.

## **Assistant County Manager's Comments – Ms. Shontell Robinson**

*(Complete- detailed handouts on file in the Administrative Binder)*

### **LME/MCO Disengagement Process (Local Management Entities/Managed Care Organizations)**

The Commissioners voted for staff to begin the disengagement process. The current LME/MCO is Cardinal Innovations. The process takes a minimum of 9 months unless the secretary waives it. Staff are working to research other LME/MCOs to get feedback from other counties. Ms. Whisenhunt has reached out to other elected officials in those catchment areas. Staff are going through third party review reports and reaching out to consumers and advocates. Ms. Robinson will be meeting with the provider network on Thursday, 12/3/20. Constructive feedback will assist in making an informed decision for residents here. Some providers are saying good things and some are not.

Victor Isler and Denise Price along with several people are working diligently to be able to make a recommendation to the Commissioners. The goal is to submit a recommendation within the next few weeks and present it to the Board in January 2021.

One of the main concerns is being stuck with Cardinal through Medicaid transformation. If they can improve, that would be great. They sent a revised action plan which has been reviewed. Ms. Robinson plans to meet with Cardinal next week to discuss the revised action plan. Ms. Robinson is concerned about how they will make this action plan happen. Most of the work regarding the action plan is around DSS.

Cardinal sent a sub capitation agreement. They want to give money to assist with emergency placements which basically pays the county for performing their statutory obligations. Ms. Robinson and staff will have suggestions as to how the funds can be utilized; such as, a crisis-based facility in this community for youth and adults and additional gap services. These are the type of things Cardinal Innovations should be managing. Forsyth County does not want to take on Cardinal's statutory requirements.

### **Medicaid Transformation**

The team is preparing for the roll out date of 7/1/2021. Ms. Robinson has been invited to join a committee with the State, NCACC (North Carolina Association of County Commissioners), CEOs (Chief Executive Officers) of all health care plans, and a handful of other county managers in order to make sure counties are prepared for the transition. There is concern because the counties still have many questions in regards to how the day to day will be affected. The goal of this committee is to help counties become more involved and educated.

## **Director of Social Services Comments – Mr. Victor Isler**

*(Complete- detailed handouts on file in the Administrative Binder)*

### **DHHS Regional Support Offices**

Legislation passed approximately two years ago around regional support services. The State wants to offer more regional support to counties. Through legislation, regional offices will be deployed in seven regions in 2021. There will be 17 staff members based on our major divisions which are Child Welfare Services, Economic Services, Child Support Services and Adult Services. There has been some discussion regarding adding a site in Forsyth County. Quality Assurance staff will be closer to counties and able to work shoulder to shoulder with each

division on corrective action planning and overall continuous quality improvement and training. Another benefit is staff will not have to travel as far for training.

### **P-EBT (Pandemic Electronic Benefits Transfer)**

The state will issue a second round of p-EBT to households with children who receive free or reduced lunch. The allotment is approximately \$257.00 per child. The allotment will be issued after a list is reviewed by the Economic Services Division staff who will be working diligently with the Department of Instruction.

### **Reestablishing the Benefits Cliff Community Initiative by KBR (Kate B. Reynolds), Winston-Salem Foundation, and The Asset Building Coalition**

Work is being done to reestablish the Benefits Cliff Community Initiative. Vivian Perez Chandler has been hired as the new director for the Asset Building Coalition. Initiative will be taken to look at policy for community-based organizations and employee-based strategies. KBR and the Winston Salem Foundation are leading that charge. Forsyth County DSS is an active partner.

### **Medicaid Transformation**

Forsyth County DSS is ready to roll out NCCARE360; however, there has been a road block as it relates to the ability to send out referrals to community partners. Because the local hospitals as well as the community-based organizations have not rolled into NCCARE360, we will only receive referrals at this time. The program will continue to be developed. There are conversations on the State level regarding why community-based organizations and health care systems are not signing up. The concern for community-based organizations is their capacity to provide services to the residents based on the efficient referral process. Until clarity is received, the agency will not go to phase II which will involve training over 400 staff on how to send referrals. There have also been conversations with KBR regarding software customizations for Forsyth County.

### **Director of Public Health Comments – Mr. Joshua Swift**

*(Complete- detailed handouts on file in the Administrative Binder)*

### **COVID-19 Update**

Mr. Swift presented information from Public Health's Dashboard which can be found at: [Forsyth.cc/COVIDupdate](https://forsyth.cc/COVIDupdate). Cases have increased to over 13,000 and people continue to test positive. There were over 3,000 confirmed cases in November. There were more confirmed cases in the last month than there were in the first 4 months of the Pandemic. Cases Trending: 53% female versus 46% male; Race and Ethnicity: 39% Caucasian, 30% Hispanic, 18% African American. This information is cumulative and has shifted over time. The overall percentage of deaths is hovering around 1.3%.

It also shows cases by 100,000 over time since June which was above the state rate. The increase in cases was followed by a lull in August through early October. The average was 30 to 40 cases per day in August and September, now in the past 30 days, the average is 165 to 170 cases per day.

Hospitalizations for Forsyth County residents only were trending from 41 to 73 from mid-November to late November. Non-Forsyth County residents who are hospitalized in Forsyth County and Forsyth County residents who may be hospitalized in another county are not

included in this count. Nurses who are tracking the statistics are seeing more patients between the ages of 30 and 40.

In early October, Mr. Swift and team provided the WSFCS (Winston Salem Forsyth County Schools) with the CDC (Center for Disease Control) Metrix for school reopening. The Metrix shows the outline of the core indicators as well as mitigation strategies.

Mr. Swift shared the number of new cases per 100,000 over a 14-day period. The 14-day period started in mid-September. Every week there is an overlap. September was a high-risk category. In early October, the instance rate went up which caused Forsyth County to be in an even higher risk category with 2400 cases in 14 days.

### **Testing**

There has been a drastic increase in individuals being tested at the testing events. In June, July, and August 300 people would come through in 4 hours. There was a lull in September and October testing approximately 60 to 100 people. In the past 30 days, the numbers from September and October have doubled to approximately 100 to 200 testing at events. People are also showing up with more severe symptoms.

During the winter months, the plan is to make the Carolina Classic Fair Grounds a semi-permanent testing site. There is a lot more testing being done across the county; on average ten to eleven thousand are being tested by various vendors.

### **Executive Order 180**

The order went into effect on 11/25/20. Face coverings will be required in all indoor settings if there are non-household members present, regardless of the distance away. Masks are also required outside if unable to maintain six feet of distance. New requirement: indoor gyms, restaurants (unless actively eating and drinking), and retail businesses with 15,000 square feet or more must have a worker at each entrance and maintain occupancy.

Mr. Swift reported that Public Health is working with the Winston-Salem Chamber of Commerce to educate businesses around using masks. There is an educational station planned for December 14 which will be open to all businesses.

The Governor's office is reporting that they are in conversations with the corporate offices. The corporate offices know what to do; it is making sure it is implemented at the local levels. For example, how do you get the eighteen-year old who is working at Food Lion to talk to the forty-year old who is not wearing a mask. Public Health is also sending letters to help educate businesses when citizens call to complain about people not wearing masks.

The Chamber of Commerce has been working to identify champions that are doing the right thing. It is made public so they can make other businesses aware.

### **Contact Tracing**

Contact tracing continues. Based on state guidance, tracing has to be prioritized.

Prioritizing is as follows:

1. Contacts linked to a known cluster or outbreak
2. Contacts in a high risk living or work setting, contacts in a high-risk living or work setting
3. Contacts who don't meet 1 or 2 but are a part of the following groups:
  - Persons at higher risk for severe disease

- Persons 65 years of age and older
- Individuals with underlying medical conditions
- Pregnant women
- Healthcare providers or first responders
- Members of a large household
- Contacts known to live in a household with or provide care in a household with an individual who is high risk for severe illness

They are also working hard to reach people under 18 years of age.

Mr. Swift reported that they are working with the state to get more staff involved from the state and reallocating resources to people that are used internally.

Mr. Seats asked how would you know if you came into contact with high-risk people.

Mr. Swift responded that during a case investigation, the goal is to get as much information as possible which can be a bit of a struggle. Another struggle, is reaching out to someone who works for a business or the school system who has tested positive to ask them who they have been in contact with and they respond that have not been in contact with anyone.

### **Emergency Preparedness Coordinator—Ms. Emily Watson**

The vaccine process is rapidly evolving. On Friday, 11/22, Pfizer requested an emergency authorization from the FDA (Food & Drug Administration) and on Monday, 11/30 Moderna requested an EUA (Emergency Use Authorization).

Yesterday the ACIP (Advisory Committee on Immunization Practices) held their meeting to review prioritizations. Priorities are outlined in the state mass vaccination plan. The recommendation from the ACIP does not conflict with the mass plan. The state has no intention of revising the draft document. Priorities will not change.

The timeline is as follows:

- On Thursday, 12/10 the FDA will convene to hold the Pfizer vaccine so they can decide if the UA (Use Authorization) will be approved. They will allow the ACIP until the 14<sup>th</sup> of December to offer input.
- 24 hours after (12/15) the deliveries of the Pfizer vaccine will be arriving
- Fri., 12/17 they will vote on the Moderna vaccine. The deadline is the 21<sup>st</sup> of December. The Moderna vaccine will ship on 12/22 if approved.

The primary focus is phase 1A which is frontline health care workers and staff at long-term care and 1B is residents in long-care and people with 2 or more core morbidities as defined as at risk by the CDC (Center for Disease Control). The county has a plan in place to deal with phase 1A and 1B. They are using notes from a training exercise they participated in this past September that will help them reach the community. The overall goal is to make sure a vaccine is available for people who want one. It will be a private partnership. The hospitals and major pharmacies will play a huge roll.

Mr. Swift interjected that, in the past, Public Health would be the hub to receive all of the vaccines to distribute to the community. All 100 county health departments have signed up to be providers as well as, 115 hospitals, pharmacies, other clinics, community care centers, and

federally qualified health centers. The vaccine will be distributed to each of those providers. FCPH is coordinating with local providers on Friday of each week.

Dr. Robie suggested that since there may a lot of facilities issuing the vaccine who have never issued them before, should make sure they have proper refrigeration. This should be included in the guidance to the facilities. They should also emphasize the fact that it is a two-part vaccine; therefore, the second dose will have to be from the same lot. Mr. Swift responded, the latest report is that Pfizer will be primarily shipped to the hospitals since they already have the ultra-low temperature cold storage.

Mr. Swift added that there is an agreement with the hospitals and Sunnyside Ice to hold the temperature which can be recharged 2 times over a 14-day period. A contract with Bayada Nursing is under way to provide the vaccine along with Public Health on site to do the supervision. The last piece is the registration which the state is working on through the COVID Vaccine Management System.

Ms. Watson shared that the CDC decided to hold back on the second vaccine allotment to reduce having to store a lot on hand. The system is in place to be able to remind people regarding the 2<sup>nd</sup> vaccination.

Ms. Pettiford asked if there has been any consideration to provide public school teachers with easier access to the vaccine and Ms. Watson responded that the state has a prioritization model which is based on profession and risk. Ms. Watson will share the link for your reference.

Four phases of the state's prioritization model:

- Phase 1A, Health Care and Frontline workers and Phase 1B, is residents in long-care and people with 2 or more core morbidities as defined as at risk by the CDC
- Phase II includes incarcerated individuals, homeless shelter residents, frontline workers and higher exposure, other health care workers, teachers and staff
- Phase III includes K12 and college students
- Phase IV will be everyone else

The general expectation is it will be the end of March for Phase II to begin. It will depend on if there is an increase in cases and if people are hesitant to take the vaccine.

Mr. Seats asked if the priority schedule from the CDC will be the same across the country.

Ms. Watson responded that the flexibility will be left up to each state to make a judgement call and provide over-arching direction.

Mr. Seats asked what the role is for Forsyth County on a day-to-day basis, Mr. Swift responded that he would like to see Forsyth County be part of the strategy to work with the partners to make sure the whole community is served.

Ms. Whisenhunt shared that Forsyth County Emergency Management has a team in place who has been working on plans for months. She stated that they are excellent at what they do and she feels comfortable that there is a plan in place and they have done a great job.

Mr. Swift reported that Ms. Watson has been working with Emergency Management and representatives from Baptist and Novant. Every one participated in a table top exercise in September which included other partners.

Ms. Robinson shared that this is a public health emergency and Forsyth County Public Health has an Emergency Response Coordinator, Ms. Emily Watson, who is our lead person. She is coordinating with all partners and working hand-in-hand with Emergency Management. Right now, there are a lot of unknowns from the state; however, we are planning what we know, which is the logistics. The technical side is what we are waiting on in order to be able to track the two doses.

Ms. Parker shared that she is in long-term-care and that she would be happy to share appropriate information as she receives it.

Ms. Robinson asked Mr. Blalock and Ms. Pettiford if they had any perspective from the hospital side. Ms. Pettiford shared that they have received emails over the past week stating that the vaccine is going to be available, they should be considering taking it and there is more information to come. She also shared that Atrium has purchased freezers which sounds like they are ready to receive it. Mr. Blalock responded that they have been given some communication and since there is a small supply coming in Phase 1A, plans have been to identify those eligible individuals. Mr. Swift shared that this mirrors what he has heard from Dr. Ohl with Wake Forest Baptist and Dr. Priest with Novant Health. Ms. Robinson shared that there will be more communications about it to the community. The state will be starting a campaign to help people understand what it is about and spin a more positive light on the vaccine and talk about how it is safe. Ms. Robinson has requested that Forsyth County Public Health start doing the same so people will be prepped and ready and they will be able to see the vaccine is a safe option.

Governor Cooper issued a COVID-19 county alert that shows tiers of the spread by county. Right now, Forsyth County is at a substantial rate. Mr. Swift is predicting that Forsyth County will flip to a critical rate. The tiers are determined by the state based on case rate, percent positive, and hospital impact. Statistics are not requested by the health departments.

Mr. Swift shared they have an excellent dashboard in place. It can be found at: [Forsyth.cc/COVIDupdate](https://Forsyth.cc/COVIDupdate). You can tweak it to see the information in several ways i.e. cases by month, race and ethnicity, and daily updates and testing sites.

Dr. Robie proposed that the department issue a public appeal to the parents and grandparents of young adults and teenagers about the importance of wearing masks. Mr. Swift stated that they are concerned as well and it can be worked into their messages.

Ms. Corbet asked for Mr. Swift to the share information on available ICU and COVID beds. Mr. Swift responded that Baptist is reporting the 50 COVID patients hospitalized and 15 of them are in ICU. Dr. Priest reported 127 patients are hospitalized. Mr. Blalock responded that there has been an increase in cases. There have been approximately 110 confirmed cases at all system hospitals. Most of the cases have required more floor level and ICU has not been as overwhelmed. The biggest concern is what will happen over the next three to four weeks. Ms. Pettiford responded that the biggest fear is that nurses are getting sick or their family member has tested positive. Staffing is a continuous concern. Mr. Swift also responded to say that the Public Health staff are getting tired and worn down which is causing the vacancy rate for public health nurses to be higher.

## **Committee Updates**

### **Legislature -- Dr. Linda Petrou**

The General Assembly met in Raleigh for orientation and elected the officers. There was only one change in the Senate, Kathy Herrington was elected as the first female majority leader in the State Senate. They have adjourned and will return on January 13, 2021 to be sworn in and will begin work. They have not announced committees or an agenda for the coming year.

### **New Business**

None

### **Old Business**

None

### **Announcements**

Mr. Seats expressed appreciation to everyone for a great year. He wished everyone a Merry Christmas and Happy Holidays.

### **Adjournment**

Mr. Seats asked for a motion to adjourn. Mr. El-Amin made motion to adjourn and Dr. Massler seconded the motion. The meeting was adjourned at 7:00 p.m.

SR/tmd

**Next Meeting: January 6, 2021-5:30 p.m.**