

North Carolina Association of Local Health Directors
Association Business Meeting
June 21, 2018
Division of Public Health – Cardinal Room, Raleigh, NC

Minutes

Meeting Called To Order – Dennis Joyner

Facing a mechanical malfunction that threatened the comfortable climate within, the Cardinal Room and its inhabitants were primed for reflective dialogue and heated debate. Declaring that indeed, in the prophetic words of Cornell Haynes, Jr., it's getting hot in here, President Joyner convened the meeting at 0933.

Approval of Minutes – Stacie Saunders

Motion to approve minutes of the May 17, 2018 meeting made and seconded; motion approved.

Treasurer/Financial Report – Stacie Saunders

Motion to approve the Treasurer's/Financial Report was made and seconded; motion approved.

President's Report – Dennis Joyner

President Joyner inquired if there were any new health directors or retiring health directors and there were none present.

President Joyner then recognized retiring staff from associated agencies. President Joyner recognized Lou Turner at the NC Public Health State Lab on her retirement. Additionally, President Joyner recognized Chris Hoke from NC DPH and his impending retirement in October. Lastly, John Graham from UNC Institute of Public Health will also be retiring at the end of June.

President Joyner then updated the association on the MCO Non-binding LOI process. President Joyner stated that currently 69 local health departments have signed on to the delegation process. He reported that the MOCs have thus far been very appreciative of the association's non-binding LOI process as it reduces the burden of contacting all 84 local health departments. President Joyner reported that four (4) non-binding LOIs have been signed at this time and include Aetna, United Healthcare, Carolina Complete, and WellCare. Additionally, a non-binding LOI is being reviewed for AmeriHealth Caritas. President Joyner informed the association that NCALHD representatives Steve Smith (Henderson County), Lynette Tolson (Executive Director) and President Joyner, met with Blue Cross Blue Shield earlier in the week. President Joyner reminded members of the key points stressed with all MCOs in this process. These key points include:

1. Scope and function of public health services in NC including that there is a presence in all 100 counties
2. Decentralized nature of the public health system in NC including the benefits and challenges associated with such
3. Importance of Medicaid funds in supporting the local public health infrastructure
4. Concerns regarding the "churn rate" regarding those that move in and out of Medicaid eligibility including the effects it may have on local public health as well as the MCO
5. Administration challenges that are anticipated with the transformation process
6. Strong care management functions (CC4C and OBCM) located in local health departments
7. Understanding of local needs particularly as it relates to the Community Health Needs Assessment
8. Desire for unified and manageable data collection system
9. Recognition that local health departments have limited contractual experience with large insurance companies

President Joyner clarified that local health departments may be contacted directly by regional or local Provider Led Entities (PLEs) and/or Accountable Care Organizations (ACOs). Contact by these entities is different that the large statewide MCOs. These local PLEs and ACOs are not included in the non-binding LOI delegation process undertaken by the NCALHD. President Joyner added that current language passed by legislature last week now allows for four (4) statewide MCO contracts, this is an increase from three (3) in the original language. President Joyner added that language states there would be no more than two (2) PLEs/ACOs per Medicaid region thereby allowing for up to 12 PLEs/ACOs. Tolson asked how many regions in which PLEs/ACOs could apply to be. Dr. Betsey Tilson (NC DHHS) stated that she would confirm for the association and report at a later time.

President Joyner reported that the Community Advisory Board of Center for Health Promotion and Disease Prevention has requested a representative from NCALHD to serve. President Joyner informed the members that Helene Edwards (Hoke County) has agreed to serve in this role.

President Joyner reported that John Morrow (Pitt County) will be stepping down from the CCNC and N3NC Boards. Due to a legal conflict that prohibits him from serving on the aforementioned boards while simultaneously serving on his local network board, he has released his seat on the CCNC and N3NC boards. Morrow added he felt it was important for him to continue to serve on his local

network board. Morrow has recommended the Board Chair of CCNC and N3NC reach out to President Joyner for a NCALHD representative.

NC DHHS Chief Medical Officer/State Health Director Report- Dr. Betsey Tilson

Tilson stated several bills were passed in the last few days that do affect Medicaid Transformation. She stated a summary had been sent out on Monday, June 18 that provides a summary of those bills. Items of note include:

- Pushing integrated care at the onset of managed care implementation. Tilson stated that initially there had been a carve out of four (4) years for behavioral health after the launch and that has now been moved back to one (1) year post launch of managed care.
- Medical Loss Ratio up to 88%. Tilson further explained that Medical Loss Ratio reflects the amount MCOs spend on people versus the amount spent of administration. She further stated that there is a federal base of 85% and the NC ration will be set at 88% because of action this past week.
- Increasing the number of statewide MCOs from three (3) to four (4).
- No statewide tailored plans for complex behavioral health but rather regional tailored plans.

Tilson also stated that discussion continues regarding the moving the transition of care management from two (2) years to three (3) years. The anticipated complexity of data collection and potential for multiple platforms are considerations for increasing the transition period.

Tilson stated that NC DHHS received a great deal of feedback from stakeholders regarding the first draft of the Social Determinants of Health screening tool. She stated that a revised tool would be sent back out for field-testing particularly with recipients of the Office of Rural Health Community Grants recipients. The goal is to have the finalized version ready six (6) months prior to Managed Care launch in order for PHPs to put it into their plans.

Tilson stated that the RFP for the Resource Platform went out and NC DHHS has received nine (9) proposals. The initial goal was to identify a vendor by end of June 2018; however in order to fully review the proposals, the deadline will likely be extended.

Tilson informed the association that NC DHHS remains in negotiations with CMS regarding the Regional Pilot that are included in the 1115 Waiver.

Tilson stated that the Science Advisory Board has been convening regarding Gen X. She added that the department continues to work with local counties that are affected by Gen X in order to advance the science and health information.

Tilson then thanked the NCALHD for their commitment in this uncertain time and maintaining dedication to public health.

Layton Long (Chatham County) asked about the right of refusal language regarding the care management programs. Tilson stated that if local health departments do not want to continue care management programs then they have the right of first refusal. She added that there are already discussions regarding how to proceed if a county should exercise their right of refusal. Preliminary discussions have included another local health department within the region absorbing the care management programs. Carolyn Moser (Pender County) inquired if the same personnel will be required going forward. Tilson stated that the goal is to maintain stability of the programs in this time of transition and Beth Lovette (NC DPH) added that there is discussion about the staffing matrix and allowing for flexibility. Jim Madson (Beaufort County) added that for regions where an individual county may refuse care management it would allow PHPs then to exercise other care management models within that region for which the other local health departments will have to compete. Long added that after the two or three year transition period, PHPs then have the ability to shift care management to another model. Lovette stated that the integrity of the program is important. Lovette also reminded members that currently a couple of health departments are not providing care management. Lovette informed members that the intent is for this to be a risk model meaning that if revenues are over expenses, those funds can be maintained within the program.

Morrow asked about NFP programs and their integration into the Resource Platforms. Lovette said at this time, it is unclear and that work groups continue to meet to discuss. Lovette also gave thanks to Guilford, Nash, Catawba and Brunswick counties for conveying their stories of care management that helped DHHS understand the program and its complexities.

Sue Lynn Ledford (Wake County) expressed that state consultants may need additional requirements that local health departments notify them preemptively of vacancies and other staffing issues in order to proactively creating plan for coverage. Ledford added that local health departments should be documenting workflow and tracking referrals.

NCDPH Division Director Report- Danny Staley

Staley thanked members for visiting the State Lab and reiterated the functions of the State Lab.

Staley commented on the inclusion of Raw Milk consumption in recent legislation and the retrograde feeling that inclusion presents. Staley went on to remind members of the ongoing Raw Milk outbreak occurring at this time in Tennessee. Staley stated that DPH plans to work with partners in Department of Agriculture in the next session to address the issue. He believes the local health departments are likely to be challenged by the Raw Milk legislation, as local departments are likely to be the first to be notified of illness. Philip Tarte (New Hanover County) stated that unless there is any regulatory authority given to the Department of Agriculture, then the Department of Agriculture may not take any action and defer to public health. Staley stated that Department of Agriculture does have an interest in that complications or negative consequences of Raw Milk consumption then has an effect on the industry as a whole. Tarte then inquired about legislation that passed regarding chemical compounds and mass spectrometry that may affect water quality testing. Staley provided a car analogy to help explain that the cost and maintenance of such services often precludes actually offering the services. He added that the state has personnel that have training and expertise in using mass spectrometry but without the adequate resources and desire to do those services, it does not make sense to provide them.

Staley then moved on to opioid funding. He mentioned that in the recent budget bill there was an increase in funding for opioid efforts, much of it toward prevention. Staley added that the vehicle in which to get that to states would likely be in through Preparedness programming. He added that the CDC is intimating that some funding will go to national partners such as ASTHO and that states may be able to request additional funding from said partners. Staley also added that some local funding was allocated and thanked those in the room that applied for the grants.

Staley reminded members that the HIE has had a breakthrough with the minor consent issue. He summarized that the work-around will allow data to be held for 10 days in order to get proper documentation. He went on to thank Jill Moore, Chris Hoke and others that have worked to maintain confidentiality of those served.

Staley expressed concerns regarding the Engineered Option Permits and the liability that it puts on the state and county. Attorney General believes there is liability to counties in these bills. Work will continue in the next session to address the concerns of the current bills.

Staley also mentioned Chris Hoke's upcoming retirement and stated NC DPH is planning a celebration of Hoke's service to public health for a future date. Staley also mentioned the retirement of Dr. Mina Shehee.

NCDPH Environmental Health Report- Larry Michael

Michael added to the Raw Milk consumption law discussion. Michael stated that this particular law is a "cow share" law and allows for dispensing of raw milk for personal use or consumption to an independent or partial owner of cow, goat or other lactating animal. Michael stressed that this does not mean that raw milk can be sold at retail. In terms of surrounding states, in South Carolina allows for the sale of raw milk for retail whereas Virginia and Tennessee have cow-share bills much like North Carolina. Michael reiterated the current outbreak in Tennessee due to raw milk that involves 11 children all under the age of four (4) years. Michael stated that at this point, he does not think this means that raw milk can be used in childcares or restaurants, as it is not an approved source. He added that DPH has been in communication with Department of Agriculture on a regular basis. Michael added that there is no directive in the law to provide rules and therefore at this time there is no regulatory plan for raw milk consumption. Discussion ensued as to the science supporting pasteurization and the potential risks to especially children if consuming raw milk. Discussion also continued regarding the definition of "cow-share" and what constitutes owning a share of a cow or other lactating animal.

Michael then discussed the Regulatory Reform Bill and language that passed regarding evaluation of a site by a licensed soil scientist with respect to the extension act and then subsequently provide a report determining if that site is suitable. The language states that the health department must accept that report. Currently, that language does not remove liability from the local health department when accepting that determination from the licensed soil scientist. Until the language is amended to included, the liability is then on the county if soil scientist did not adequately or accurately assess the permit.

Michael mentioned the Senate Bill 735 that includes occupational licensing boards. This was of interest because the bill has had language to combine Registered Environmental Health Specialist Board and the Licensed Soil Scientist Board with various other boards at various times. Michael stated that this language is no longer in there; however, language was included to combine the electrolysis and barber boards. Michael mentioned that there remains a major concern in the proposed bill pertaining to the Periodic Review of Rules process. In previous meetings, Michael has mentioned the "three buckets" currently in the review process: 1) necessary without substantive public interest, 2) necessary with substantive public interest and 3) unnecessary. Right now, if a rule is necessary with substantive public interest then the rule must be readopted as if it were a new rule. This proposed bill now changes the language from three buckets to two buckets: 1) necessary and 2) unnecessary. If rules are necessary, then they must be readopted as if

they were new rules regardless of the public comment. Michael stated this would impact over 400 rules pertaining to Environmental Health and over 1000 throughout DPH. That bill passed the Senate and House and went back to the Senate where it was referred to Committee of Rules and Operations of the Senate. Michael expressed the hope that the bill will remain in that committee with no further action. Until the session is over, however, it remains a concern.

Michael stated that all Lead Prevention staff have been hired. Michael reminded members that investigations also include pregnant women with lead level above 5 micrograms or greater and have a referral from prenatal care provider. Dr. Kimple added that further guidance would be released in regards to the pregnant women recommendations.

Lastly, Michael mentioned the recent drowning in Durham and stressed the importance of pool safety particularly.

NC Office of Rural Health- Jenny Ingram

Ingram stated she manages the Community Health Grant program. Ingram provided an update on the process including there were a record 24 local health departments receiving awards. She stated that some local health departments participated in the MAP grant program last year because of the MCH Block Grant reduction. Ingram provided summary of the Medical Access Plan (MAP) pilot. Ingram provided kudos to the local health departments for working with Office of Rural Health on that pilot. She stated that Office of Rural Health is soliciting feedback from local health departments on how to improve that process. Ingram informed members that the RFA for Community Grant program will be released in November with notification of awards in April.

Ingram also stated Office of Rural Health is looking for local health departments grant recipients to volunteer to field-test the Social Determinants of Health tool as Tilson mentioned previously.

MedServe Presentation – Megan Hare

Hare provided an overview of the MedServe program. This program recruits graduates with undergraduate degrees who are on the pre-med track and places them in underserved area to serve a two (2) year fellows program. The fellows serve in dual role as a MOA, Interpreter, or Scribe AND as a Community Health Worker role. The program is still young and entering their third cohort. The first cohort have finished their 2 years and 11/12 fellows are headed to Medical or PA school. Hare explained that the program is expanding a footprint in the state. She explained, historically, the program has not partnered with local health department for a few reasons including that the health department must do Primary Care, a \$10,000 match is required, and program Board must approve the site as appropriate. Hare stated that the program is piloting a hybrid model in Cumberland County. Morrow asked if the stipend was annually or over the two (2) years. Hare stated that it is annually for the fellow. Merle Greene (Guilford County) asked what the period for application cycle. Hare stated there is an early bird application in October and regular application in February with a placement by May and start date in July. Hare provided her phone number for additional interest and questions (828 280 6314). Hare also stated that she could be reached by email at megan@med-serve.org.

Executive Director's Report – Lynette Tolson

Tolson stated that Association Dues invoices have gone out to local health departments. She also stated that Accreditation invoices have gone out to local health departments. She also stated that Cost Settlement invoices and BAA have gone out to counties that have stated they will be using the Alliance for cost settlement. Tolson stated that per the Alliance attorney, if a county has not paid or returned in forms by July 1st, Steven Garner cannot contact the staff until forms and documents are completed. This applies to previous cost settlement reports, as well. Tolson stated she will be sending out a formal message to that effect. Related, Tolson informed the members that she and Steven Garner are planning regional trainings in July.

Tolson reported that NCALHD will be exhibiting at the upcoming NALBOH conference in August.

Tolson stated that July is Adolescent Immunization Awareness Month. The Pediatrics Association contacted Tolson about an upcoming awareness campaign. Members will be receiving more information in the near future.

Tolson reminded members that the Emerging Leaders Program is accepting applications. This is a joint venture between NCPHA and NC Medical Society. Nominations are due June 29.

Tolson also reminded members that the NCPHA Fall Conference will be celebrating 100 year of Dental Public Health. Registration for this conference opened June 1. Dr. Sarah Tomlinson (NC DPH) will be hosting Dental Round Table at Fall Conference and she is encouraging Dental staff to attend the round table.

Committee Reports:

Nomination and Bylaws – Jim Bruckner

Action: NA

Information: Did not meet

Education and Awards – Suzanne Wright

Action: NA

Information: Did not meet

Technology – Jim Madson

Action: NA

Information: Did not meet

Policy and Finance – Steve Smith

Action: NA

Information:

Smith stated that Cris Harrelson (Brunswick County) presented a draft position statement regarding opioids. Smith asked the association to provide feedback on the draft. A final draft will be presented in July for approval.

Smith commended the membership for their efforts to communicate the value of public health in the transformation landscape. He added that Lovette provided an update on the minor consent issue as it relates to the HIE. In that discussion, an inquiry was made regarding the age range for which “minor” is defined. Smith called upon Jill Moore (UNC School of Government) to elaborate. Moore stated there is no minimum age defined but that the HIE has suggested that it be applied to minors 12-18 years. The minor consent law, however, allows physician discretion when applying the law.

Smith explained that Lisa Harrison (Granville-Vance) has drafted a communication and messaging document regarding local public health and its value. Members were asked to provide feedback to Harrison and a revised draft will be presented at next meeting.

Smith stated that Randy Jordan (Executive Director of the NC Free Clinics) presented on their Resource Platform proposal via a stand-alone non-profit.

Smith informed members that representatives will be attending a meeting at Kate B Reynolds later this month. The purpose of this meeting will be to discuss the priorities of safety net providers in transformation. Morrow asked what the next steps would be once priorities were identified. Smith stated that the priorities may influence future foundation funding.

Planning and Innovation – Janet Clayton

Action: NA

Information: Did not meet

Preparedness/EPI – Lillian Koontz

Action: None

Information:

Koontz stated that Jacqueline Clymore presented regarding CBOs providing HIV/STD/HV prevention activities. As of the meeting date, there are 13 CBOs operating in NC. (See presentation attached).

Koontz then stated that Dr. Anne Hackenwerth presented on the Communicable Disease Tableau Dashboard. The dashboard can be found at <https://public.tableau.com/profile/nc.cdb#!/vizhome/NorthCarolinaDiseaseStatistics/DiseaseMapsandTrends>.

Koontz also reported that Dr. Aaron Fleishauer provided information on increasing Communicable Disease events including Hepatitis A, Legionnaires, etc. (See attached information). Koontz recommended that members begin talking with their local Epi Teams regarding these trends.

Maternal & Child Health, Care Management and WIC – David Jenkins

Action: NA

Information:

Jenkins reported that the NC Oral Collaborative presented at committee (presentation attached).

Jenkins also reported that fellow health director Marlon Hunter (Forsyth County) presented on his local community health fair with great focus on improving infant mortality rates in Forsyth County (See attached information).

Jenkins also reported that WIC provided an update. He reported that during the eWIC rollout, the program realized the need for additional educational materials for staff, participants and vendors. Staff are reminded to take time with participants to ensure they are aware of how to complete eWIC transactions. Jenkins reported that WIC continues to conduct monthly retailer calls. He also reported that eWIC at Farmer's Markets is still likely 3-5 years out for implementation. WIC staff provided a summary of the special funding initiative with examples of how local health departments used the funds.

Environmental Health – Heath Cain

Action: None

Information: Did not meet

Public Health Prevention & Promotion – Josh Swift

Action: NA

Information:

Swift stated Beth Cox presented on Opioid Data and Harm Reduction. Slide sets tailored to each county are available on the website (<https://www.injuryfreenc.ncdhhs.gov/DataSurveillance/Poisoning.htm>). She also pointed out that there is a recorded presentation and speaker notes are available to assist in presenting the data. Cox also spoke about the number of syringe exchanges and as well as ED monthly reports.

Swift also reported that Anna Bess Brown presented on Heart Disease and Stroke Prevention Task Force. She provided information regarding the history of the task force and the legislative agenda of the task force (Information attached).

Swift also mentioned that Dr. Kansangra updated the committee on the NC Opioid Action Plan. She stated that 99 organization applied for grant funding and 12 were funded. Of those 12, six (6) were local health departments.

Public Health Regions-

Moser reminded members that the Primary Care Committee meeting after today's meeting in the Cardinal Room.

Bill Smith (Robeson County) expressed a desire to acknowledge retirees that have contributed to public health.

Long made a motion to send letters of appreciation on behalf of NCALHD to recent retirees Lou Turner, John Graham and Chris Hoke. Smith made the second. Vote passed.

Partner Reports

NCAPHA Report – Tarte mentioned the Alliance staffing agency as a potential remedy for vacancies in care management programs.

NCPHA Report – No update

NCSOPHE- Julie Gooding-Hasty stated that no Health Educator Award nominations have been submitted and urged members to do so.

Gooding-Hasty also stated that NCSOPHE is inquiring about NCALHD's support of the recent APHA position statement regarding the separation of children from families at the US border. The position statement refers to ACES and trauma as causes of acute and long-term health effects. President Joyner read the APHA position statement to the membership.

Morrow made a motion to support the APHA position statement. Bruce Robistow (Halifax County) seconded the motion.

Discussion ensued amongst the membership. Several members stated that the executive order signed June 20 reversed the separation policy. Several members acknowledged that the executive order did not address separation that previously occurred. Discussion continued with members expressing concerns regarding the association taking a perceived political position. Other members expressed that ACES and trauma are based in science. Members expressed that they would like to amend the language of the statement at which time members were reminded that the motion was to support the position statement written by APHA and not to create a unique statement from NCALHD. A call for question was declared and vote was called. The vote was 20 in favor of the motion and 19 opposed to the motion.

Vote was recounted for accuracy and once confirmed, motion passed.

NACCHO – Harrison was recently elected to NACCHO board to representing the region.

Liaison Reports

ANCBH/NALBOH – Barbara Ann Hughes

Hughes reminded the association of the upcoming NALBOH Annual Conference occurring in Raleigh in August. Hughes mentioned scholarships opportunities available for local health departments and their Board of Health members. Hughes also asked if those attending would like to act as docents at conference to contact her. Hughes stated that Phyllis Rocco from NC DPH will be presenting on the Boards of Health trainings. Hughes also informed the association that the 2019 NALBOH conference will be held in Denver.

NCIPH/SPH Update- Amy Belflower Thomas

Thomas provided an update on trainings and accreditation. Thomas provided a statement from John Graham who is retiring. (See report attached).

UNC-School of Government – Jill Moore

Moore provided further guidance that HIPAA officers should also be aware of BAA documents in regards to cost settlement communication.

Meeting Adjourned

Motion was made to adjourn, seconded, and passed unanimously. Meeting was adjourned at 1145

Next Meeting –July 19, 2018, @ 9:30 am, Division of Public Health, Cardinal Room, 5605 Six Forks Road, Raleigh, NC