

North Carolina Association of Local Health Directors Meeting
February 15, 2024 – 9:30 a.m.
Cardinal Room, DPH, 5605 Six Forks Road, Raleigh

Installation of 2024 NCALHD Officers	Dr. Susan Kansagra
Call to Order	Quintana Stewart
Approval of Minutes from January Meeting	Wes Gray
Treasurer's/Financial Report	Wes Gray
Medicaid Update.....	Jay Ludlam
President's Report.....	Quintana Stewart
Executive Director's Report	Patrick Brown
Div. of Mental Health, Developmental Disabilities & Substance Abuse.....	Kellie Crosby
NC DHHS Chief Medical Officer/State Health Director Report.....	Betsey Tilson, MD
NC DHHS Assistant Secretary for Public Health.....	Dr. Susan Kansagra
NC DCFW Division Director	Yvonne Copeland
Deputy Director/Section Chief, Local and Community Support, DPH	Stacie Saunders
LHD Pilot Program with i2i Population Health.....	Justin Neese, CEO

ACTION ITEMS AND UPDATES - from Work Groups

Partner Update	Patrick Brown
Communications	Sheila Davies
Emerging Issues.....	Iulia Vann
PH Funding and Investments.....	Jen Greene
PH Data and Performance Measures.....	Wes Gray
PH Workforce.....	Janet Clayton
Nominations and Bylaws.....	Lillian Koontz
Education and Awards	Tracey Kornegay

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

Partner Reports

NCAPHA.....	Janet Clayton
NCPHA	Iulia Vann
NACCHO	Lisa Harrison
NCIPH.....	Amy Joy Lanou
ANCBH.....	Merle Green
NC-SOG.....	Kirsten Leloudis
NC SOPHE.....	Ashley Rawlinson

Adjourn

Next Meeting:

March 13, 2024 – 12:00 NCALHD Awards Luncheon & Business Meeting
In conjunction with the 2024 PHL Conference, Hilton Raleigh North Hills

**North Carolina Association of Local Health Directors
Association Business Meeting
January 18, 2024 – 9:30am
Hilton Raleigh North Hills**

Minutes

Meeting Called to Order – Lillian Koontz

Past President Koontz called the meeting to order at 9:36am and welcomed everyone. The official installation of officers that was scheduled for the beginning of the meeting will be postponed until February. President Biden is coming to the Triangle this afternoon so we will try to keep the meeting short.

Approval of Minutes

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

Motion: Motion was made by Janet Clayton (Person) and seconded by Kim Smith (Columbus). No objections - Minutes were approved by consensus. (We miss you JR – *editor's note*)

Treasurer's Report

The Treasurer's Report was distributed with the packet via email. Past President Koontz asked for a motion for approval of the Treasurer's Report.

Motion: Motion was made by Rod Jenkins and seconded by Scott Harrelson. No objections; Treasurer's Report was approved by consensus.

Medicaid Update – Melanie Bush, Deputy Director, NC Medicaid

Melanie is here representing Jay Ludlum to give an update on Medicaid Expansion. Melanie was raised in NC (McDowell and Ashe Co.) and has been in Raleigh for 15 years and has worked for Medicaid most of that time. Staff are currently in the process of re-determinations for the 750,000 people that were added to Medicaid during the public health emergency. They are working closely with county DSS agencies and helping to streamline eligibility and re-certs. This is going to be a big effort coming on the heels of Transformation. They have heard from the counties that things are flexible and have been going well. We have been able to secure from CMS a waiver to push all children out 12 months with eligibility. That takes half of the caseload off the DSS agencies and allows them to focus on adults and expansion. Of the 3 million people eligible for Medicaid, 1.5 of those are children. As of this morning, there are 270,000 who are on the Medicaid Family Planning program that we moved to full coverage on Day 1. We plan to do targeted outreach over the next two years. This is a marathon not a sprint. We launch our paid campaign today. CMS will be sending letters to 300,000 patients that are on a marketplace plan that they may now be eligible for Medicaid. If some are found to not be eligible at this time, they can be directed to a marketplace plan. This can all be done online.

Dr. Iulia Vann (Guilford) asked if there was an update on the 1115 waiver. That has been submitted but it usually takes at least a year to hear back. Dr. Vann was also interested in hearing the progress on expanding the Healthy Opportunities Pilot.

Dr. Kansagra brought up the initiative to enroll pharmacists as providers, to bring more access to contraception. Pharmacists can write scripts for contraception and help increase access for women's health. Lots of pharmacists are enrolling and we are seeing good participation.

(A lot of progress since Patrick left retail pharmacy! – *editor's note*)

Dr. Vann mentioned that health departments are supportive of pharmacists participating and wants to know how we can help.

We are still working on a July 1 date for tailored plans. Trillium has absorbed Eastpoint/Sandhills and the number of LME/MCO's will go from 6 to 4. That will take place February 1.

Rollout had begun for child and family specialty plans. This is for foster children. This provides coverage for kids regardless of county of placement. One single plan is responsible for their healthcare. There are no details on a timeline yet but we hope to get that in place next year.

President's Report

Past president Koontz gave a year end wrap up. Last year we saw a lot of great initiatives. She is proud of seeing more people step up on ad-hoc committees. Thank you to everyone who stepped up to be involved in the organization. Yesterday we heard about the WIC initiatives. If you didn't get an opportunity in 2023 to join, do it in 2024. We also just saw the conclusion of the original KBR grant, (thanks to Lisa and Stacie for leading that funding effort). Thanks to Patrick for getting us eligible for a new grant year. We also realized that while we didn't get what we wanted in terms of the communicable disease legislative request, we did get something. No recurring funding, smaller than we wanted, but it is an achievement that some additional funds went into general fund and aid to county. Environmental health legislation started back in the day with an ad hoc group started by Cris Harrellson. This is a big win for changing some of the job qualifications. Also, last year, this Association saw that we were close to losing our group malpractice coverage. I am excited that we were able to meet that impending need to find a new vendor and keep our rights and collective leverage.

(Everyone gave Lillian applause for a job well done – *editor's note*)

Executive Director's Report – Patrick Brown

We need to fill the seat on the Accreditation Board previously held by John Rouse. In consultation with UNC Gillings, we have some flexibility on that appointment. Send Patrick an email with your interest. We will see the volunteer interest and then decide if we need to do more targeted volunteer recruitment for that nomination.

We did receive a notice of award from the Kate B. Reynolds Foundation for the next grant in our cycle. You will get some communication on the results and activities of the 3-year grant. This extension is a one-year grant with a strong assurance from KBR that we can apply for an additional 3-year grant cycle. This is money to continue overall operational and infrastructure support. It will be routed through

NCPHA but will support the NC Association of Local Health Directors. Again, thanks to Lisa and Stacie and others who got that ball rolling.

At the end of 2023-2024, we made the decision to move down to one lobbyist. We will be working with Ashley Perkinson. We have had a good conversation with Rob about the change. If there is ever a need to move back to two lobbyists, we can pick that up quickly.

Becky and I met with Steve Worgan and Jack Wingate on the transition for Med/Mal. We mostly talked logistics and timelines. We are going over the data collection process and streamline the onboarding process. We are still in the time window to get coverage switched over July 1. Thanks to those who brought Matt and Steve to discuss some of the ancillary benefits with your county leadership. They have had some success in adding counties and we appreciate your continued support in setting up those conversations.

The last item is related to how much we all miss John Rouse. I sat down with Campbell and Monica Rouse about the scholarship fund. We have raised just under \$5,000. They want to continue to see this grow to the amount that it can be endowed. We would need to raise between \$10-20 thousand to get this done. Every dollar raised trying to help that target would still be eventually going to scholarships. Patrick met with the Public Health Leaders conference organizers and the people running the data summit about moving forward to promote this. You can still send checks and also donate online.

Lisa Macon Harrison (Granville-Vance) asked about the lobbyist. Rob's initial charge was to help with relationship management to keep the Department (DHHS/DPH) in concert and supportive of our ideas. Lisa wanted to know if anyone has ideas on how best to be strategic with the Department to make these critical asks. Patrick thinks it is critical to have good relationships with the Department. So much of that information flow comes from DPS and we are in concert. I will take it as my charge that our relationship is in line with the Department.

April 24th is the start of the session. Ashley and Patrick plan to have talks start 2 weeks or maybe a few weeks prior to the start of session and will shoot for weekly meetings.

Josh Swift (Forsyth) talked about our momentum and connection with the legislature and wants to keep that going and make it better.

Patrick made the decision because he is confident that continuing with Ashley that we can keep that momentum.

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

Happy New Year and good to see everyone. President Biden is landing at RDU at 1pm so I will be brief.

First about the legislature. As we think through our ask, we look at what did not get funded (CD, environmental health work). We work withing the larger structure of state government and that gets vetted by the Department and then state budget manager before it goes into the Governor's budget, but in the end, it ultimately gets decided by the legislature. Dr. Tilson, Kelly Kimple and others have been working very hard on this.

Over \$800 million on the treatment side for behavioral health provides an opportunity to build on that with some upstream ideas for local health departments. There is a set of things like work around ACES,

early screening, health campaigns, 988, etc. Impacted or higher risk populations work could include targeted screenings. We could also get into the treatment space and other upstream services. We want to know if we should consider a request to General Assembly for funding for local health departments. We want to ask for enough for each county to do something. It may be hard for some counties to add an additional staff member. Preliminary ideas are for around \$15 million for the ask. There is a menu of things that would support this work and it could also be funding to go towards to work you are already doing. This is still in the planning stages and it should get crystalized soon. We need to get to a good idea by the end of this month in order to put that request in this budget. That will go along with all the other funding asks for the Division.

Patrick and Ashley have a meeting scheduled with Reps. White and Potts. Question number 1 will be that if we decide to support this mental health funding ask, we want to know if there is room to go for this new request while also getting the new funding we got last year stabilized and recurring.

Nina Oliver (Carteret) asked if this was one time or recurring money. Dr. Kansagra said that it is still being determined, and that since this is a short session it may be a harder ask to get this recurring. Patrick said we could also ask next session to get this added as recurring.

Lisa Macon Harrison brought up two points. Some of us were at NACCHO and heard the keynote say that there are 2/3rds of people that need interventions and don't have a diagnosis, and that is an opportunity for public health to have a huge impact on communities. There is a huge population that need care but will never seek services. Much more training needs to be done on what is possible for people and we need providers and partners to help connect the dots in this space. Where do people go and how do they get help? Our public health role could be as strategists to connect people to the right kind of help. There are funds available to get into this space to help treat the mind as part of whole-body care. What is our role versus the formal "treatment" role? This funding gives us flexibility. It's our job to figure out the level of care people need and how to connect them to services. Dr. Kansagra brought up a list of potential things health departments could potentially do with this funding.

Nina said that she agrees with everything that Lisa said. Region 10 had a very good conversation and Scott made a good point yesterday in workgroup. There are literally not enough providers. In small or rural places there are little to no providers to send people for referrals. Scott feels the squeeze as well as here in Carteret. We had a crisis with a prenatal woman and the first available placement for her was a 3-month wait. At some point we will need State help to recruit and retain providers in the community to help provide these services. Dr. Kansagra brought up the opportunities with the \$800 million to increase capacities, with enhanced reimbursement, and the ability for people to open new sites and expand telehealth. This new ask could help with training, violence interruptions programs, more health education campaigns on social media use and bullying, etc. as a complement to the main treatment funding.

Lisa Macon Harrison brought up the "Stepping Up" initiative. We would use this to continue to strengthen partnerships with local jails and law enforcement. This is politically neutral and helps county commissioners see the economic benefit of providing behavioral health and substance abuse services.

Dr. Marilyn Pearson (Johnson) said there were a lot of providers that were not comfortable with getting people started on providing consulting services. Nina concurred because her provider was

uncomfortable doing the mental health consult model and could use additional training. Lisa brought up the collaborative care model and enhanced reimbursement.

Dr. Kansagra said that if it did happen, it would be similar to the AA process. Erin Shoe (Cabarrus) asked that if some counties were not in the position to use it, would it get redistributed to other counties. Stacie Turpin Saunders reiterated that the ideas included should be things that could be used at each health department.

There was a question about needing a motion of support.

Motion: Angel Callicutt (Montgomery) made a motion and Lisa seconded. The motion would be to include this legislative request in a soon to come overall legislative agenda. All were in favor and motion carries unanimously.

Dr. Kansagra said there are a few other items on the DPH legislative agenda. We are seeing increases in youth tobacco sale violations.

There may be new funding coming through the opioid settlement that may come through us and out to the health departments, recognizing that some of the county funding may not be coming to support the local health departments. More to come on that.

On the non-legislative side, gun locks are going out to health departments from the Department of Public Safety. Those will also be going through the Peds Society.

We need your help. 2022 death files were mentioned in a news story 2 days ago. We have found that there are certifiers across the state that have not done their submission. In some case there are duplicates. We need help following up with the certifier or funeral home to go back in and complete their part of the process. A survey will go out to reconfirm the point of contact. This will go out after the meeting and then we will send that point of contact out a list of needs. Stacie mentioned that Health Directors are the registrars, but we are looking for the designated day to day contact. Dr Vann asked about how we can be more proactive on this next year so we do not have the same issue and avoid this national attention. Dr. Kansagra talked about the process of QI and making sure we don't have the same issues going forward.

NC DCFW Division Director – Yvonne Copeland

Yvonne put the following in the chat on Wednesday's workgroup:

I welcome ideas you have about child behavioral health programs. Call me at 919-649-9227 to discuss or email my executive assistant at karon.hardy@dhhs.nc.gov to get on my schedule. A few resources, please don't feel limited by the strategies:

<https://www.ncdhhs.gov/unified-school-behavioral-health-action-plan/open>

<https://www.ncdhhs.gov/transforming-child-welfare-family-well-being-together-coordinated-action-plan/download?attachment>

Dr. Tilson was not able to join the meeting.

Deputy Director/Section Chief, Local & Community Support - Stacie Turpin Saunders

AA 117 and 118 will transition to Doug Urland's team. They can provide strategic direction and guidance. They did a great job and continue to work with the ARPA grant. Reminder for the save the date and registration for Public Health Leaders conference (March 14-18th). We have a national keynote speaker coming and some acclaimed podcasters talking about communications. We will also have speakers on the foundational capabilities. Use those ARPA dollars to send your staff. I will also be sending out the behavioral health legislative request sample slides so everyone can see the activities that may be proposed, and we need your input. There was a discussion of ARPA funds and how they may be carried forward. By the time we get a certified budget you will have a small window to spend FY 24-year funds. This is the 50K we all got from the General Assembly (general aid to county). It will be its own AA.

Lillian opened the floor to welcome new health directors and also anyone choosing to retire.

Cheyenna James is new Health Director at the Halifax Health Department, filling the big shoes of Bruce Robistow. She is from Warren County and is an ECU alum (go Pirates!). She is a new mom and has a daughter. She is happy to be here. (Welcome Cheyenna! – *editor's note*).

Angel Callicutt had taken over in Montgomery County after her retirement from state service, following the retirement of Mary Perez. Angel said she has a newfound appreciation for the number of emails health directors get. I now believe all the things you said to me for over the years. Glad to be here. (Welcome Angel! – *editor's note*).

Happy Retirement to Mary Perez. There were no other retirements.

Action Items & Updates from Workgroups

Partner Update – Patrick Brown

No major updates from the partner reports sections. We have decided to wait on officer installation since two officers could not attend.

Communications and Emerging Issues did not meet.

Funding - David Howard (Brunswick)

Doug Urland gave us an update on regional work. You will hearing from Urland and Company™ over the next few weeks. Discussion items include formalizing and improving the AA funding formula with engagement from DPH and DCFW. We want to form a strategy for pulling down AA funding for reasons including limited staffing, etc. so that we can address those early before funds have to get returned. David also discussed changes to the new health director orientation and reviving the mentorship program to help new health directors so new people will have someone to call for questions. David discussed earmarking funding and using single funding asks for specific items as opposed to asking for continuing money. Suggestion from Stacie to make a connection to similar states who have been able to significantly increase funding – examples include Indiana, Kentucky, and Ohio. We want to meet and hear their strategies for increasing their state funding, their strategies around one time versus recurring funding, and how they incorporated accountability into their ask.

Data and Performance Measures – Wes Gray

We worked on trimming down the finance template to a more manageable format for finance directors. This would include trimming the revenues and expenses to get us a clear picture of health department financing. We also went over some environmental health measures, had an update on performance measures, and Amanda Blackwelder gave an update on the next data summit (May 21-23, Sheraton Raleigh Hotel).

Workforce - Janet Clayton

Dominick D’Erasmus joined us yesterday and we had a very lengthy discussion. We hope to have a representative from the NC Community Health Worker Association to discuss their work and make sure that we are in alignment if we move forward on a new classification or if we tweak an existing position. We will be sending out a survey next week to collect information on position requirements, needs of the program, etc. around WIC. During the update we had question from Region 10 around qualifications for Deputy Director. There is no specific list of what constitutes a public health degree. Psychology has not traditionally been a public health related degree because of the lack of public health coursework.

Scott Harrelson (Craven) said that Nominations and Bylaws had no report.

Tracey Kornegay (Duplin) said Education and Awards had no report.

Regional Reports

Past President Koontz opened the floor to regional reports. No reports.

Partner Reports

NCPHA – Dr. Iulia Vann

Dr. Vann gave updates including an email that will be coming out from Kim Dittman. The “Pathways to Practice” scholars’ program. This will give an opportunity from the health department to fund an intern with a \$3,500 stipend. There is no cost from the health departments to host this scholar.

NCPHA is getting ready for our newsletter. It should come out around March 1. There are busy months coming up – Public Health Leaders, Data Summit, Kelly Spangler Conference (Colfax Center in Guilford County), Social Work, and Eastern District NCPHA Conference is April in Atlantic Beach at the Doubletree. Patrick mentioned that NCPHA is going to take on Peg O’Connell as a contracted lobbyist.

NACCHO – Lisa Macon Harrison

Lisa mentioned the July 23-26 annual meeting in Detroit, MI.

NCIPH – Margaret Benson Nemitz for Amy Joy Lanou

General Information

- Successful information gathering and brainstorming “World Cafes” were held in Jackson and Cumberland counties as part of the community planning sessions for hub development in these first 2 of 4 counties engaging in the Public Health Partnership Hub project.

Workforce and Leadership Development

- Registration is now open for the 2024 Management and Supervision Course. This training is designed to address the needs of managers and supervisors in all areas of local N.C. public health agencies. The registration fee is \$715. For more information, visit the course site.
- Registration will open on Friday, Jan. 19th for the NCPHLI: Advancing Equity Through Communication Workshop. This virtual workshop is designed for both local and state public health professionals. The workshop will focus on key techniques for framing and tailoring your message to bridge communication gaps for effective program and policy development. The registration fee is \$95 and there are dates available in February and April. For more information, visit the course site.

Community Assessment and Strategy

- Foundational Capabilities assessment-to-investment work is underway! DPH, LHD, and regional leaders are using data from the first assessment to target investments into priority capabilities and will use subsequent assessments to track progress. The next round of data collection will take place this spring and will occur annually. Participation from your health department ensures your voices are represented and is a requirement of AA117. NCALHD members will have a chance to give input on survey questions and recruitment strategies in the coming weeks.
- The HBCU Health Equity Data Consortium is wrapping up its COVID-19 Impact Survey in February 2024, for which NCIPH serves as a technical advisor. NCIPH will be supporting the analysis of the survey data and assisting Consortium institutions with disseminating findings throughout their communities. Because not all Consortium institutions have strong connections with their local health departments, aside from their community advisor boards, NCIPH may reach out to health directors to share additional findings.

Accreditation

- Reminder: Our NCLHDA Annual Update Webinar is this coming Tuesday, January 23 from 9:30-11:30. This is a great chance to hear updates about the accreditation program, and we encourage one representative from every health department to attend. You can learn more and register on our website: <https://nclhdaccreditation.unc.edu/event/nclhda-annual-update-webinar/>
- NCIPH hired three Graduate Practice Assistants to specifically support accreditation transformation efforts. With this additional support, we are starting a dedicated effort to conduct a thorough review of overlaps between accreditation and agreement addenda requirements. We have secured additional funding through DPH ARPA to support this focused effort on accreditation transformation conversations over the next six months.

Other

- As mentioned back in the September 2023 update, NCIPH is supporting a CDC-funded initiative to develop a regional (HHS Region 4) workplan for addressing needs around public health preparedness and response in state territorial, local, and tribal health departments. Work is underway to document needs and potential evidence-based strategies for implementing improvements, and NCIPH will be facilitating this work through a Regional Coordinating Body made up of representatives from state public health emergency preparedness and response

directors, emergency managers, local health departments, state K-12 education systems, health care coalitions, and academic institutions across the 8 states in Region 4. More information about the project can be found on the project website:

<https://sph.unc.edu/nciph/preparedness/>

ANCBH, NC-SOG, and NC SPHOE had no reports.

That concludes the agenda. No further business

Motion: David Howard made the motion to adjourn and seconded by Megan Vick (Northampton). No objections.

Past President Koontz closed the meeting. See you in February and safe travels!!

North Carolina Association of Local Health Directors, Inc.
Statement of Financial Position
As of January 31, 2024

ASSETS

Bank Accounts

CD-SECU *4185 40,000.00

Checking-SECU *6586

Accreditation Fund 23,947.28

General Operating 65,110.65

Total Checking-SECU *6586 \$ 89,057.93

Money Market-SECU *0321

Accreditation Fund 183,474.45

General Operating 201,943.47

Legal Fund 59,886.40

Total Money Market-SECU *0321 \$ 445,304.32

Savings-SECU *1387 44.03

Total Bank Accounts \$ 574,406.28

Accounts Receivable 8,236.46

TOTAL ASSETS \$ 582,642.74

LIABILITIES AND NET ASSETS

Liabilities

Accounts Payable 8,583.70

Dues Invoiced for Other Orgs 540.00

Payable to Other Org 65.00

Total Liabilities \$ 9,188.70

Net Assets

Temporarily Restricted Funds

Accreditation Fund 128,514.16

Legal Fund 59,886.40

Total Temporarily Restricted Funds \$ 188,400.56

Unrestricted Funds 211,103.02

Change in Net Assets 173,950.46

Total Net Assets \$ 573,454.04

TOTAL LIABILITIES AND NET ASSETS \$ 582,642.74

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

	Actual	Budget	Amt over Budget	% of Budget
Revenue				
Interest/Dividend Income	4,158.48	2,700.00	1,458.48	154.02%
Membership Revenue				
NACCHO Rebate	0.00	3,300.00	(3,300.00)	0.00%
NCALHD Dues	136,629.79	136,680.00	(50.21)	99.96%
Total Membership Revenue	\$ 136,629.79	\$ 139,980.00	\$ (3,350.21)	97.61%
Total Revenue	\$ 140,788.27	\$ 142,680.00	\$ (1,891.73)	98.67%
Expenses				
Admin Services	43,750.00	75,000.00	(31,250.00)	58.33%
Awards	0.00	700.00	(700.00)	0.00%
Bank Charges	7.00	12.00	(5.00)	58.33%
Licenses	1,509.00	950.00	559.00	158.84%
Meetings/Travel	1,782.26	7,000.00	(5,217.74)	25.46%
Miscellaneous	331.00	0.00	331.00	
Professional Services				
Accounting Fees	0.00	1,500.00	(1,500.00)	0.00%
Consulting Fees	36,000.00	45,000.00	(9,000.00)	80.00%
Legal Fees	5,530.50	10,000.00	(4,469.50)	55.31%
Total Professional Services	\$ 41,530.50	\$ 56,500.00	\$ (14,969.50)	73.51%
Sponsorships/Marketing	0.00	1,000.00	(1,000.00)	0.00%
Website & Technology	157.50	970.00	(812.50)	16.24%
Total Expenses	\$ 89,067.26	\$ 142,132.00	\$ (53,064.74)	62.67%
Change in Net Assets	\$ 51,721.01	\$ 548.00	\$ 51,173.01	9438.14%