

North Carolina Association of Local Health Directors Meeting
June 20, 2024 – 9:30 a.m.
Cardinal Room, DPH, 5605 Six Forks Road, Raleigh

Call to Order	Quintana Stewart
Approval of Minutes from May Meeting	Wes Gray
Treasurer's/Financial Report	Wes Gray
Approval of Proposed FY 2025 NCALHD Budget	Wes Gray
Updates from NCACC	Kevin Leonard
Medicaid Update	Melanie Bush
NC DCFW Division Director	Yvonne Copeland
President's Report	Quintana Stewart
Executive Director's Report	Patrick Brown
Accreditation Budget Approval	David Stone
NC DHHS Chief Medical Officer/State Health Director Report	Betsey Tilson, MD
NC DHHS Assistant Secretary for Public Health	Dr. Susan Kansagra
Deputy Director/Section Chief, Local and Community Support, DPH	Stacie Saunders

ACTION ITEMS AND UPDATES - from Work Groups

Partner Update	Patrick Brown
PH Funding and Investments	Jen Greene
PH Data and Performance Measures	Wes Gray
Nominations and Bylaws	Lillian Koontz
Education and Awards	Helene Edwards

Region Reports

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

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:
July 18, 2024 – 9:30 a.m.
Cardinal Room, DPH, 5605 Six Forks Road, Raleigh

**North Carolina Association of Local Health Directors
Association Business Meeting
May 16, 2024 – 9:30pm
Division of Public Health - Cardinal Room - (5605 Six Forks Road, Raleigh)**

Minutes

Meeting Called to Order – Lillian Koontz

Past President Koontz (Davidson Co.) opened the meeting at 9:30am. Lillian welcomed everyone and let them know that President Quintana Stewart will be here shortly and will take over the meeting.

Approval Of Minutes – Wes Gray

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

Motion: Motion to approve was made by Janet Clayton (Person Co.) and seconded by Nina Oliver (Carteret Co.). No objections – minutes were approved by consensus.

Treasurer's Report – Wes Gray

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

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

Medicaid Update - Jay Ludlum

Good morning everyone. I have a few updates.

With Medicaid Expansion, we have been able to get 455,555 people enrolled in the last 5 months. We are $\frac{3}{4}$ of the way toward our two-year goal. We have worked very hard to make sure our systems are approving people quickly and offering multiple ways for people to apply. We are sending out materials in multiple different languages. We just rolled out a Vietnamese toolkit. We are working hard to identify obstacles to apply and fix them for people, including helping people re-apply. We continue to leverage community partnerships and fine tune our message and find people where ever they are and help them understand the benefits.

Medicaid enrollment is just under three million. This is similar to last year before continuous coverage was unwound. Traditional Medicaid is starting to have a larger number of kids come on and more people are joining with Expansion. We have an E-14 waiver with the federal government where we can push redetermination out one more year. Since kids by and large stay on the program, we want to ease the burden on county partners and kids by extending that redetermination even further.

Kids from a Medicaid perspective cost less than adults. Adults average to about the cost of 2.5 children. We have on net the same number of people but our budget is holding. The Medicaid program and Expansion does not cost state taxpayers. 90% of the cost is born by the federal government and 10% is funded by the hospitals. There is no state spending on this. Go to the NC Medicaid dashboard and you

can see interesting payer mix data for the county level. We have seen over one million prescriptions filled and \$17 million in dental spending. There have been \$400 million in provider claims and 250 in hospital claims, and this is with that lag from managed care. Hospitals are paying an assessment and a directed payment. North Carolina is getting healthier with this “people focused” process. There will continue to be more work now that the easy folks are enrolled and the last 150K come on board. We need to make sure we find these people and help them get educated on the program and get enrolled.

David Howard (Buncombe Co.) asked how would you characterize the impact on local offices and how much effort is going to be shared by State and local offices to reach those last groups of enrollees? Jay said that Medicaid has used a lot of data – 40% of redeterminations are managed through a process that takes the burden off of the county offices so they can focus on enrollment work. There are many other programs we are using to ease the burden on counties and do a lot of the back-end work on the Federal level. We have these community engagement groups that we meet with very frequently, and we work with health care plans to get the message out and support the locals.

Carolyn Moeser (Pender Co.) said that the locals have burdens because of all the ancillary services that qualify them for Medicaid. It does not matter how much we encourage staff or give them incentives to work because it is still a huge lift. Jay said we are monitoring the dashboard and meeting with DSS Directors on a frequent basis and we come to help. There are about eight million dollars going out to counties to support the unwinding of these Federal policies. Carolyn said we have to remember that when you hire this staff you can’t just expect them to take on the role of a Medicaid worker because the program is so complicated. For every 8 you hire we lose 4 to turnover. We are also aware of potential for audit so we have to be very careful.

Jessica Wall (Yadkin Co.) said we continue to argue for training for local eligibility staff and the responsibility for training rests with the State. Jay appreciates the complications of the system and appreciates the feedback from what you are experiencing in Pender and Yadkin.

Now for a Tailored Plan update. We go live on July 1. There are times in the past where we have pulled back but we are past that and there is no reason to pull back now. This is a good long-term thing for whole person care. Currently we have a bifurcated system with one system for clinical care and one for behavioral health. The contract gives us a lot of oversight as a state and supports the LME/MCO’s. We will be pushing out more materials and standing up support systems to help people through this transition and to just get started with it and fix any issues that might come up.

Gerri Matson (Senior Medical Director at DCFW) asked if there was more dental in expansion? Dennis Joyner said that there is an indication of some increases. Scott Harrelson (Craven Co.) said where we use to see 55 kids at a site now we are seeing 75. Jay said the \$17 million pop in spending was not expected but we are glad to see it. We put over \$40 million towards rates for dental expansion and we do want to see increased demand but balanced against available resources.

Another big issue is our rebase. We are doing good with our economy. The federal government has lowered about \$120 million dollars as part of our rebase. With our dental component we are asking for over \$200 million toward dental to help translate into a little under \$800 million into the field every year. We are also asking for another 1,000 innovation slots. For a department perspective we are pushing for child care workforce resources. We have to keep people employed and working in North

Carolina to keep this economy strong so we are working to make investments in this area. We are looking at expanding the DHSR workforce that license and expand provider offices.

Josh Kennedy (Polk) said we have a lot of issues with mode of care and responsiveness. Jay said we support healthy local transportation models that assist local efforts.

Scott Harrelson asked if it looks like all the PHPs are going to make it through and are flourishing. Jay said what we should all ask for and be expecting is some accountability for these plans through quality outcomes, provider surveys, etc. We are eagerly waiting to see how these plans have impacted health and get feed back on what did and didn't work so we can improve the system. We need stronger contract authority from the legislature to hold these plans accountable.

Patrick Brown said we have made a lot of good relationships with the plans in relation to care management. Jay supports strengthening those connections.

Josh Swift (Forsyth Co.) asked are there any updates around health opportunities. Jay said It is working - we serve 33 mostly rural counties and we are seeing that if you feed and house people they tend to get healthier and stay healthier. The most impactful finding is that there is a cost to these services. The ability to provider these services to patients is hard and expensive. Interpersonal violence, transportation, housing improvements, quality food, etc. are expensive and we still save \$85 per member per month. After the cost of delivery has been factored in, we are still saving a huge amount. A huge percentage of HSO's are minority owned, owned by women, etc., and these groups are now standing up and serving the broader community. The ROI on investment here is worth it and we want to expand the footprint to the whole state and expand the population served. We should know by the end of September if we get the approval of the 1115 waiver to expand statewide and timeline should be expansion by the middle of next year.

David Howard said his region is doing the HOP program and we want to expand community paramedicine. Not a lot of funding there and not a lot of support – is there any opportunity to increase those very effective very successful programs? Jay said there are a lot of federal roadblocks. At times we have tried to open up mobile medicine and we have gotten taken advantage of so there may be some resistance there. There are more obstacles on that than you want to hear me say but there is always a chance that that may change. On the Healthy Opportunities funding, we have been negotiating with the legislature for recurring funding. HOP is funded out of a non-recurring funding pool and had about \$80 million in cuts so we are arguing for more continued funding.

I appreciate your support and welcome any of your feedback and thanks for having me here.

President Stewart (Orange Co.) is present and thanked Lillian for starting the meeting.

President's Report – Quintana Stewart

Apologies for being late – there was a serious crash on the way here. Do we have any new health directors in the room or online? Any retirees? No comments from the room or online.

Thanks for being responsive on the mental health advocacy groups. These groups are looking for health director representatives.

Executive Director's Report – Patrick Brown

I will start with legislative updates. We have a funding ask for the house budget line item of \$25 million for CD and make a part of the ask funding recurring. The \$1.4 billion projection has now been downgraded to about \$1 billion. There are other areas that are chewing up that money especially in the education realm. We continue to talk with House Health and Appropriations leadership on that ask. We talked yesterday about the epi dashboards and we are asking you to pull some local data from the new EPI to take to legislators to highlight the importance of these asks. We have reached out to the legislators that sponsored the last ask, and we attached the local health director on those emails so you may want to reach out with a follow up. Any time there is local new coverage on a risk – we should really highlight all these cases and untie Covid from all the other communicable diseases. If there are news stories that you see, really highlight that those things are important.

Scott Harrelson said we should have a description of the program, actual cost, and where the funding comes from for all these county programs. Having something like that for the state would be very helpful.

Lisa Harrison (Granville- Vance District) said we also want the legislature to know that we have not received an increase in funding from the CDC in over 40 years. When you say that out loud people don't believe it.

Patrick said we also need to tie this to workforce and how much staff we need to actually respond to these risks.

Stacie Saunders (DHHS) said we have been working on what AAs you get (DPH and DCFW) , the total amount allocated to counties, actual allocated and actually spent.

Environmental health – we are lining up a sit down with the President of the Environmental Health Supervisors Association to get a good position statement on new EH legislation and the expertise of Larry and John and your local teams. Ashley and I don't have the subject matter expertise to know the in-depth details.

On the Mask Bill – there was a bill that was heard favorability about masks and protest movements. Some of the conversation in the hearing was wearing a mask for health services and for health risks. Jill at UNC published a Coates Cannons about this that can give you a better background. The bill is targeted at wearing masks during protests that it may be intended to hide identity or commit crime. Dr. Kansagra said the intent is to stop the intention to commit a crime. Wearing a mask for health reasons is intentionally not a part of this but it may cause a lot of confusion.

Josh Swift said he had already gotten some questions from the media so if there are any talking points that we can get to get on the same page with this. Erin Sosne (DHHS) said we have been working on some and we can forward those over.

Lisa Harrison said when we get these 1115 waivers to do all these great innovative things like HOP it feels like local public health is left out. Those kinds of big asks that go up to the federal level – I don't think that we are doing enough to elevate local public health. Dr. Kansagra said this is a great opportunity to get a workgroup together to elevate healthy communities and public health. Patrick said he agreed with the need but also wants to highlight that cost settlement for NC is a unicorn and when we make other asks we want everyone to remember this one as well.

EMR forms are going around and there is a box back by the sink to fill those out.

Next Tuesday at 2:30-3:30 there will be a presentation by the i2i CEO to share what has been done up to this point and the do Q and A. If you are not coming to Data Summit we will have a virtual option. Please come with questions and you can send them to me in advance if you would like. We would love to see you all at the data summit.

I sent an email out Monday about a training from Frameworks. This is an opportunity for a virtual series of meetings for community strategies locally.

We are going to be working with Moss and Ross to help us with strategic planning across the three agencies (Alliance, NCPHA, and NCALHD).

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

Dr. Tilson was unable to attend.

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

I hope everyone is doing well. First on legislative issues, some of the broader themes of the ask that went into the Governor's budget is workforce, child care, expansion, etc. We did not get the behavioral health ask into the Governor's final budget. Things that did get in there we want to promote is funding around the opioid settlement (interventions that we would like to be able to fund with state dollars), a Communicable Disease ask, infection prevention support teams, surveillance teams that do a lot of data work, and our medical examiners system. We are seeing record cases coming into that system due to substance abuse with over a 30% increase in the last several years into that system.

Lillian Koontz said we have a lot of local stories around the ME issue that we can share from Davidson.

Dr. Kasagra said that would be great. It would also help to reach out to legislative members to talk about the increase from \$200 to \$400 would be a big help and to stress the importance of incentivizing these MEs.

There was discussion around the costs to the county for body bags, autopsies, and other things related to homeless deaths, substance abuse, etc. These changes in costs and reimbursements have been communicated with county commissioners.

Vital records funding is also in the Governor's budget. We are working on some plans from last session around digitization. There is still a lot of vigilance on avian influenza and the recent pertussis epidemic. I also wanted to see if there was any interest in COVID era supplies from our warehouse and how to get those to you all if you are interested.

Also – #WeArePublicHealth – we are glad that it is helping the counties with staffing. We have seen a 25 percent decrease in public health vacancies. There are some themes around data interoperability and modernization and how that will work in the future. One of the main things is interoperability. The CDC is looking at modernization around case reporting. Communicating our success stories is also a big opportunity with improving data systems and data sharing.

Lisa Harrison asked that to get priorities into the Governor's budget, should we go through the Secretary or go to the Governor's staff? Dr. Kasagra said that Secretary Kinsley is already there and fully supports

public health initiatives. Lisa said that Local health departments were not in the Governor's budget or were not funded. Dr Kansagra said she disagrees, and we have had local funding and initiatives in there the past several years just not this year.

Dr. Kansagra thanked everyone for the questions.

Patrick said he wanted to mention something I forgot earlier. There was a letter from representatives in the Care Management system on supports for keeping the program. Patrick has sent out a letter response to the Association for comment and wanted to make sure we were all in alignment before I sent it. There was a line in the letter that we encourage local health directors to find local money in case the PHPs do not continue the contract. This was the main one where we know there was not a lot we could do to continue these programs without Medicaid contracts. Once this is approved I will send this to the representative that sent it and they can send to the 33 people that signed on to this.

President Stewart called for a motion to accept the draft letter. Motion by Danny Scalise, second by Dennis Joyner. Motion carries.

NC DCFW Division Director – Yvonne Copeland

Yvonne was unable to attend.

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

We are planning for the newest cohort of health director orientation from this fall. If you are an interim health director who did not participate in the last forum please know this is open, and even current health directors that need a refresher are more than welcome. We are looking at dates in August. We want to level set that this is baseline orientation and we all know it takes years to know all the duties and network with others to get a real grasp on this position. I want to thank Kiana and Helene for working on that orientation.

I also want to draw your attention to an email from Kelly Kimple that went out to the list-serve about the maternal health block grant partner survey. The feedback is critical because the locals receive about 70% of those block grant dollars. Gerri Mattson said we have a report every 5 years for this federal funding (with the state match). This helps us get feedback on your priorities for these issues. This needs to be shared with staff and not just health directors. We are also sharing this with the Peds Society and the hospitals and other partners.

Stacie - We had the Foundational Capabilities retreat on Tuesday in Greensboro. The PHIG grant A2 founding has created the FC taskforce. The health directors and workforce coordinators who were there have developed 4 priorities and braided some of that A1 (Workforce) and A2 (Foundational Capabilities) work in tandem.

AA 117 is the PHIG A1 money that went to the HDs. Year to date spend on that is 42 counties utilizing some of the funds, total spend is \$2.6 million of the \$27 million that went out. You still need to complete the finance and performance report even if you have not spent any money because we need to report that to the CDC.

I would also recommend reading the Coats Cannons on the mask issue. Also, we have a new fancy coffee pot in the Cardinal Room. *(cheers by all – Ed. Note)*

Action Items and Updates from Workgroups

Partner Update – Patrick Brown

Patrick will send out updates.

Communications – Sheila Davies

We had the opportunity to meet Bethany our new Communications lead with the Association. Also highlighted a presentation by Kellen Long from the NENCPPH representing regions 9 and 10 about the Careers 2 Make a Difference campaign.

Emerging Issues – Dr. Iulia Vann

Did not meet.

PH Funding and Investments – David Howard

We did not have any action items but had great presentations. The AA quality improvement team (thank Josh and Angel for joining the group) met and we look at AA development and review, deliverables, and funding that comes with those AAs, etc. The object is to set up a process with DPH and eventually DCFW about engaging around any new issues that come up with some of these AAs.

The second presentation was from Region 7. They have used 621 funds to hire a consultant (HMA) to develop a template for FTE analysis for foundational capabilities and workforce. Its currently in Excel form. This has a lot of promise because it helps us cost out each of those Foundational Capabilities areas.

Doug Urland gave us updates us on 621 and the new 117 / 118 funding and he has kept us informed on spending, no cost extension of 621, spending down of 117 and the importance of reporting.

PH Data and Performance Measures – Wes Gray

Amanda Blackwelder gave us a preview of the sessions in the upcoming data summit and Kathy Dail gave us an update on the new public health data website for North Carolina that lets us pull in measures for CHNAs and SOTCH reports.

PH Workforce – Jennifer McCracken

Workforce workgroup met yesterday to discuss the deputy health director qualifications that came to us from a county. We think we have close to a solution on that issues and we are going to have a conversation with Dominic about the human services deputy director position.

The second issue is the WIC survey results. Yvonne Copeland attended the meeting and gave that report. There was over a 70% response rate from local health depts. Applicant pool and low salary seemed to be the main issues. We are going to pull our WIC workgroup back together so look for an email coming out shortly because we want to do a deeper dive on those survey results.

There has been a \$40 million commitment to increase the number of nurses graduates with local universities and institutions.

Gerri gave an update on the WIC supplemental funding opportunity. Individual county asks cannot be more than \$24,999 dollars for the supplemental funding.

Nominations and Bylaws – Lillian Koontz

No report.

Education and Awards – Helene Edwards

We are working on the new health director's orientation later this fall.

Partner Reports

NCAPHA – Janet Clayton

The Alliance Board will meet right after this meeting in this room.

NCPHA – Rod Jenkins for Dr. Iulia Vann

Rod said everything is going good with the planning for the fall conference in Cherokee.

NACCHO – Lisa Harrison

Lisa asked that we all support Josh Swift for the NACCHO board. There is one selection that you can make for at-large and we hope you pick Josh. NACCHO meeting in July is filling up. Patrick Brown is also running for a spot on the SACCHO leadership track.

NCIPH – Margaret Benson Nemitz for Amy Joy Lanou

Only accreditation related updates. We posted an update on our accreditation retreat in March. Our annual survey is live and I have heard from about 15 of you all so please participate so we can hear your opinions. We are also having a meeting tomorrow for the Accreditation board to look at the current cycle of HDs.

ANCBH - Merle Green

Public Health Nurses' Day – Investing in the Public Health Nursing Workforce is coming up on Friday May 31 – there are some slots left for that.

UNC SOG – no report

NC SOPHE – Ashley Rawlinson

Wellness Webinar on June 12th offering 1 CEU. Annual meeting in Charlotte / Gastonia this fall.

Adjourn

Danny Scalise (Burke Co.) made the motion to adjourn, seconded by Helene Edwards (Hoke Co.). Meeting is adjourned at 11:44am.

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

ASSETS

Bank Accounts

CD-SECU *4185 40,000.00

Checking-SECU *6586 488.52

Checking-TB *1894

Accreditation Fund 32,568.36

General Operating 8,385.14

Total Checking-TB *1894 \$ 40,953.50

Money Market-SECU *0321 5,623.18

Money Market-TB *7815

Accreditation Fund 100,000.00

General Operating 202,664.08

Legal Fund 59,886.40

Total Money Market-TB *7815 \$ 362,550.48

Savings-SECU *1387 44.06

Total Bank Accounts \$ 449,659.74

Accounts Receivable 3,543.75

Investment in NCPHI 10,000.00

TOTAL ASSETS \$ 463,203.49

LIABILITIES AND EQUITY

Liabilities

Accounts Payable 6,477.16

Total Liabilities \$ 6,477.16

Equity

Temporarily Restricted Funds

Accreditation Fund 128,514.16

Legal Fund 59,886.40

Total Temporarily Restricted Funds \$ 188,400.56

Unrestricted Net Assets 211,103.02

Change in Net Assets 57,222.75

Total Equity \$ 456,726.33

TOTAL LIABILITIES AND EQUITY \$ 463,203.49

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

	Actual	Budget	Budget	% of Budget
Revenue				
Grant Revenue	5,000.00	0.00	5,000.00	
Interest/Dividend Income	8,749.08	2,700.00	6,049.08	324.04%
Meeting/Conference Revenue				
Sponsorships	3,000.00	0.00	3,000.00	
Revenue	\$ 3,000.00	\$ -	\$ 3,000.00	
Membership Revenue				
NACCHO Rebate	3,013.75	3,300.00	(286.25)	91.33%
NCALHD Dues	136,629.79	136,680.00	(50.21)	99.96%
Total Membership Revenue	\$ 139,643.54	\$ 139,980.00	\$ (336.46)	99.76%
Total Revenue	\$ 156,392.62	\$ 142,680.00	\$ 13,712.62	109.61%
Expenses				
Admin Services	68,750.00	75,000.00	(6,250.00)	91.67%
Awards	634.30	700.00	(65.70)	90.61%
Bank Charges	36.00	12.00	24.00	300.00%
Licenses	1,738.60	950.00	788.60	183.01%
Meetings/Travel	8,191.20	7,000.00	1,191.20	117.02%
Miscellaneous	331.00	0.00	331.00	
Professional Services				
Accounting Fees	1,800.00	1,500.00	300.00	120.00%
Consulting Fees	48,000.00	45,000.00	3,000.00	106.67%
Legal Fees	10,306.50	10,000.00	306.50	103.07%
Total Professional Services	\$ 60,106.50	\$ 56,500.00	\$ 3,606.50	106.38%
Sponsorships/Marketing	49.00	1,000.00	(951.00)	4.90%
Website & Technology	209.35	970.00	(760.65)	21.58%
Total Expenses	\$ 140,045.95	\$ 142,132.00	\$ (2,086.05)	98.53%
Change in Net Assets	\$ 16,346.67	\$ 548.00	\$ 15,798.67	2982.97%