

Columbus County Board of Health

Minutes

Regular Meeting Special Meeting

June 29, 2022 6:00 P.M.

Columbus County Health Department, 304 Jefferson Street, Whiteville NC

Members Present	Pat Ray Dr. Randy Kirby Patty Hobbs Dr. Brent Lawson Dr. Nicole Martin Frankye Boone – Newkirk Dr. Amy Sessions
Members Absent	Shane Cartrette, Drew Cox, Charles McDowell, Dr. Christy Perdue
Staff Members Present	Kimberly L. Smith, Yvonne Armstrong, Daniel Buck, Charlene Bush, Mindy Caines, Patti Nance, Jamika Lynch
Guests	Ernest Watts

Quorum was present.

I. Call to Order

Pat Ray called the meeting to order at 6:00 p.m.

II. Welcome/Invocation

Pat Ray welcomed everyone to the meeting. A Moment of Silence was requested in memory of Marian Duncan. Invocation was given by Pat Ray.

III. Approval of Agenda

A motion to accept was made by Dr. Brent Lawson seconded by Dr. Randy Kirby and carried by the board.

IV. Public Comment

There were no comments from the public.

V. Approval of Minutes

Motion to accept was made by Patty Hobbs seconded by Dr. Nicole Martin and carried by the board.

VI. NC Standard Tailored Plan Tobacco Free Policy Requirement

Ernest Watts, Region 8 Tobacco Control Manager gave the following information per PowerPoint presentation:

Ernest Watts passed out the North Carolina Standard & Tailored Plan Tobacco Free Policy Requirement.

- The new Surgeon General reiterates how tobacco is one of the top killers in the country.
- Right now the statewide average is 17%, but Columbus County is a little higher.
- In our country alone, it is the one preventable cause of death and disability. Last year, more people died of tobacco related illnesses than of those who died in World War II; this kind of puts it in perspective how serious this is.
- About 15% of the Medicaid budget is for treating individuals who have used or been exposed to second hand contact. Right at \$52.2 million dollars.
- As of December 1st, 2022, NC Medicaid Managed Care Standard plans and Tailored Plans will require contracted providers, not including retail pharmacies, and with the exception of the residential provider facilities, to implement a tobacco free policy covering any portion of the property of which the participating provider operates, that is under its control as owner or lessee, to include buildings, grounds and vehicles.
- A tobacco-free policy includes a prohibition on smoking combustible tobacco products and the use of non-combustible tobacco products, including
 - Electronic
 - Heated
 - Smokeless
 - Nicotine products not approved by the FDA as tobacco treatment medications.
- Providers are also prohibited from purchasing, accepting as donations, and / or distributing tobacco products to the individuals they serve.
- If there is not a policy put into place to reflect the above requested guidelines, they will hold funds from the providers who do not comply by December 1, 2022. These requirements will apply to both Medicaid and State funded service providers.
- Make sure your policy fits what is in your contracts.
- QuitelineNC offers 24/7 support for individuals who want to quit using tobacco. If you do not have insurance, they will give you up to eight weeks of patches and gum. If you have health insurance, then it's covered.
- As I understand, this will have to be accepted by your County Commissioners. I'll be happy to go and answer any questions

	<p>they may have. Just let me know.</p> <p>Kim Smith made note that in the Board of Health Packets, everyone received a copy of the Alcohol, Drug and Smoke Free Workplace Policy. Kim went on to state the following:</p> <ul style="list-style-type: none"> • On the second page you will see what we've changed in bold, to meet the guidelines. We do \$500 to \$600 thousand dollar's worth of Medicaid in a year's time. • We have received pushback regarding this policy before. <p>Ernest Watts stated the following:</p> <ul style="list-style-type: none"> • In a neighboring county, there was a whole 5th grade class that was suspended for passing around a vape with cannabis. <p>Motion to accept the Alcohol, Drug, and Smoke Free Workplace policy revision, which will make the Columbus County Health Department tobacco free, was made by Dr. Randy Kirby, seconded by Dr. Brent Lawson, carried by the board.</p>
<p>VII. Health Education / Promotion</p>	<p>Jamika Lynch, Health Educator gave the following update:</p> <p>A. Clear Impact Score Card (Community Health Assessment, State of the County Report, Community Health Improvement Plan) Planning <i>(Benchmark 9, Activity 9.1) (Benchmark 38, Activity 38.2)</i></p> <ul style="list-style-type: none"> • The last two SOTCH's (State of the County Health Report) are complete, have been submitted, and are awaiting state approval. • I am currently scheduled for Scorecard School. This is a training that will help me to understand the database. • In the last six years, Columbus County has made progress by going from 96 to 91 in the state. Our overall ranking remains at 92. Our Health Indicators went from 94 to 85. We went up in Clinical Care from last year 91 to 94. Social and Economic Factors are the same at 88. Physical Environment went up from 49 to 53.
<p>VIII. Quality Assurance</p>	<p>Daniel Buck, Quality Assurance Specialist I, stated the following:</p> <p>A. Patient Satisfaction Survey Results <i>(Benchmark 9, Activity 9.5)</i></p> <ul style="list-style-type: none"> • Currently I've been working with Jamika, and Martha has been working with me. We are working on these but do not have these ready tonight. <p>B. Quarterly Audit Results <i>(Benchmark 27, Activity 27.1)</i></p> <ul style="list-style-type: none"> • Martha has been working with me on these and what the state requires, regarding the different clinics. Yet again, it is a learning process, and we do not have these ready tonight. <p>C. Staff Development Policy <i>(Benchmark 24, Activity 24.2)(Benchmark 37, Activity 37.6)</i></p> <ul style="list-style-type: none"> • You received a copy of this in your packets. There are no changes to this policy. <p>D. Workforce Development Policy <i>(Benchmark 24, Activity 24.2)(Benchmark 37, Activity 37.6)</i></p> <ul style="list-style-type: none"> • You received a copy of this in your packets. There are no

	<p>changes to this policy.</p> <p>Motion to accept the Staff Development Policy and the Workforce Development Policy, as written, was made by Dr. Randy Kirby, seconded by Patty Hobbs, carried by the board.</p>
<p>IX. Financial Update</p>	<p>Charlene Bush, Budget Director stated the following:</p> <p>A. Financial Statement February, March, April and May <i>(Benchmark 33, Activity 33.6)</i></p> <ul style="list-style-type: none"> • Overall we are at 73%. We only have June to go, so we should finish a little less than expected. <p>The report Charlene Bush was reading from was through May. The one provided in the packets was through April 30th, 2022.</p> <p>Motion to accept Financial Statement for February, March, April, and May was made by Dr. Nicole Martin, seconded by Dr. Amy Sessions, carried by the board.</p> <p>B. Patient Count-February, March, April, and May <i>(Benchmark 33, Activity 33.6)</i></p> <ul style="list-style-type: none"> • In your packets are the Patient Counts for February, March, April, and May. As you can see our numbers are starting to pick up. <p>Kim Smith stated that these numbers do not reflect our COVID vaccines.</p> <p>C. 2022-2023 Budget Review <i>(Benchmark 31, Activity 31.6) (Benchmark 33, Activity 33.2) (Benchmark 39, Activity 39.2)</i></p> <ul style="list-style-type: none"> • You received a copy of the budget in your previous packets. The only changes that were made, was when Finance called and asked me to cut our budget. We came down to \$5,237,000.00. Then my second cut was \$5,220,000.00; this was not a lot. • The copy that you got did not include the COLA (Cost of Living Adjustment) for the employees. There was a 7% COLA included. Other than that, the budget is about the same. <p>Motion to accept the 2022-2023 Budget Review was made by Patty Hobbs, seconded by Frankye Boone-Newkirk, motion carried by the board.</p> <p>D. Fee Changes-(Environmental Health & Clinical) <i>(Benchmark 33, Activity 33.5) (Benchmark 39, Activity 39.2 & 39.3)</i></p> <ul style="list-style-type: none"> • You received a copy of this in your packets. Fee changes we are requesting in Environmental Health are: <ul style="list-style-type: none"> ○ Repair Permit \$100 to \$130.00 ○ Revisit Fee \$40.00 to \$50.00 ○ Septic Record Locator Fee \$0 to \$50.00 • The next fees are Clinic fees. As you can see there are several sheets and pages. The reason we are going up, is because we have to be at, or above, what Medicaid has listed, or they will not reimburse us that amount. We try to check this at least once a year, to make sure we are getting paid for our services. • The other sheet has the Dental fees. There were several of

those that went up. All of these were in the budget packets that went to the County Commissioners.

Motion to accept the Fee Changes for Environmental Health and the Clinics as presented made by Dr. Amy Sessions, seconded by Dr. Nicole Martin, motion carried by the board.

E. Service Cost Update (*Benchmark 33, Activity 33.5*)(*Benchmark 39, Activity 39.2 & 39.3*)

- I have one Service Cost Update for Immunizations, it is for the following:
 - Hep A from \$57 to \$115
 - Varicella \$167 to \$175
 - MMR \$107 to \$112
 - Meningococcal B \$194 to \$203
 - Gardasil-9 \$264 to \$278
 - Pneumonia \$130 to \$173
 - ProQuad (MMR / Varicella) \$249 to \$275
- These are all increases due to the amount that has been increased on them when we purchase them.

F. Care Coordination for Children Financial Update (*Benchmark 33, Activity 33.6*)

- We only get \$649 state funding for Care Coordination for Children. This funding is for non-Medicaid children. This whole program is Medicaid funded, except for the \$649.
- We have a deficit at this point. This was through February. We've had some problems when we went through different types of payment. Now we're getting payment from Medicaid Transformation, Healthy Blue, and it's not just us having issues receiving payment, other agencies are as well.
- This year's budgeted escrow is \$26,803.
- The amount is based on receiving \$4.56 per child.

Pregnancy Care Management (*Benchmark 33, Activity 33.6*)

- This funding is based on the population of childbearing women in your county times \$4.96 per month.
- Our monthly average is \$17,974.82.
- We are currently \$2,688.02 in the deficit, but it's contributed to the same issue as with Care Coordination.

G. Child Health, Family Planning, Maternal Health, Communicable Disease / STD- Budget Reviews (*Benchmark 33, Activity 33.7*)

- Child Health funding we get \$71,840 from the state. Listed on your sheets in your packet you can see the breakdown of how the money is budgeted out.
- Maternal Health state funding is \$93,421. 40% of this is used for the salaries of two Nurse Practitioners and two Public Health Nurses.
- Family Planning is funded by five different programs, for a

	<p>total of \$74,464. We never get enough money from this program. It is one of our larger programs. As you can see listed on your sheet, each programs money can only be spent on what is listed.</p> <ul style="list-style-type: none"> • Communicable Disease, we get a total of \$47,912; which is nowhere near enough to run this program. We are actually getting some pandemic recovery money, which is \$136,947 along with receiving \$9,600 from New Hanover because they do their HIV clinics here. We do all the bloodwork and provide the space for them to hold the clinic. <p>Kim Smith stated the following:</p> <ul style="list-style-type: none"> • That pandemic recovery money can only be used for Communicable Disease, and we received it in this current fiscal year. What we have not used, will roll over into the next year. <p>Charlene Bush continued with the following:</p> <ul style="list-style-type: none"> • The last time I was here, we talked about Humana and how I could not get them to pay on all of those old claims. I went back and said I'm going to try another route. I found an individual, at Humana, who specifically knew about what was going on. We have gotten right at \$5,300 from the 2019 claims. Once I received that, I informed her that I really had more, and sent her the whole stack. They are currently working on that, and we didn't have to write it off, per my previous request. So we will see how this goes.
<p>X. Social Work</p>	<p>Mindy Caines, Social Work Supervisor, gave the following update:</p> <p>A. Update – Care Coordination for Children (<i>Benchmark 39, Activity 39.3</i>)</p> <ul style="list-style-type: none"> • The Care Coordination for Children Program is known as CMARC (Case Management for At-Risk Children) referrals received are as follows: <ul style="list-style-type: none"> ○ December 2021 30 December 2020 22 ○ January 2022 30 January 2021 18 ○ February 2022 40 February 2021 29 ○ March 2022 68 March 2021 10 ○ April 2022 45 April 2021 15 ○ May 2022 42 May 2021 30 • CMARC (2 Case Managers) are managing 61 cases as of date 6.15.22 <p>B. Update – Pregnancy Care Management (<i>Benchmark 39, Activity</i></p>

	<p>39.3)</p> <ul style="list-style-type: none"> • The current computer system we have does not show statistical information, as opposed to just numbers. They are saying that they're working on this, so hopefully soon, my reports will be a bit more interesting. What I have provided for you, in your packets, shows referrals we have received compared to years prior, over the past six months. • For CMHRP (Case Management for High Risk Pregnancies) referrals received are as follows: <ul style="list-style-type: none"> ○ December 2021 57 December 2020 31 ○ January 2022 38 January 2021 15 ○ February 2022 39 February 2021 48 ○ March 2022 34 March 2021 61 ○ April 2022 56 April 2021 24 ○ May 2022 58 May 2021 40 • CMHRP (3 Case Managers) are managing 154 cases as of date 6.15.22 <p>Kim Smith asked Mindy Caines did she think COVID contributed to an increase in cases. Mindy Caines responded:</p> <ul style="list-style-type: none"> • We did get a lot of referrals from parents saying they were afraid to take their children to the physician's office, due to COVID. <p>Kim Smith stated that Mindy Caines does help out with case management as well as supervise, and works closely with Charlene Bush on the revenue we receive for these programs.</p>
<p>XI. Nursing</p>	<p>Patti Nance, Director of Nursing, stated the following:</p> <p>A. Child Health Update (<i>Benchmark 39, Activity 39.2</i>)</p> <ul style="list-style-type: none"> • We are still looking for another Child Health Nurse. Our new nurse is training, but we still have another position to fill. • I have a sheet that shows all of the vaccines that were given within this year, along with state and private vaccine stock that we have here. July 1, of 2021 to mid-June of 2022. This shows the ages that were given and total patient count numbers. • The next page in the packet I handed out, shows a cohort of two years of age. They look at the required vaccinations a child should have by the age of two. This is how they assess us, based on how good our two year olds are, for being properly vaccinated. Our percentage is at 84%. The county overall is at 71%. We are above the statewide average of 79%.

- The next page shows a ten year statewide county average of immunization rates. It has gone up considerably.
- We've lost our ability to do Well Child Visits because it takes a while to get a nurse trained to do that. One of the classes is only offered twice a year, and the other is offered once a year; and you need the twice offered class before you can attend the once offered.
- Kim (Smith) thought of what county, close by, uses our current documentation system and she spoke with Bladen County. We borrow a nurse, one to three days per month. She lets us know what days she is coming, and we schedule appointments as heavy as we can, while she is here.

B. Communicable Disease Report *(Benchmark 2, Activity 2.4)*

- Confirmed and probable events is where I run a report from the NC Electronic Disease Surveillance System. This is the platform where all these events lead in to, and this is where all of these numbers come from.
- Some of these numbers may not be brand new cases. This is due to individuals moving and shifting from one county to another.
- I get the tuberculosis data directly from our TB nurse. There were no active cases this past year. We've had nine latent TB infections. One was an actual contact to a case, and the other, we are not sure why they were latent TB. Eight of these declined treatment. One started treatment, but no one completed treatment.

Frankye Boone-Newkirk asked why they would deny treatment. Patti Nance responded:

- I've personally had a positive PPD before and I could have gotten treatment, but I declined it. I just weighed out things about it, and decided not to do it. It's recommended, but it is not something that they have to do. They can choose not to.

C. Maternal Characteristic Report *(Benchmark 19, Activity 19.1)*
(Benchmark 39, Activity 39.2)

- Next in the packet you have your maternal health ethnicity. Maternal health patients we've had 107, with a total of 680 visits.

Kim Smith stated that countywide, births are down. Patti Nance continued:

- Maternal patients by age, the youngest 17 and the oldest 44 for this past year.
- Our newborn report comes from our maternal secretary. She keeps up with these numbers for us. Columbus Regional had 280 births at the hospital and two births within the county. The number for Columbus Regional is down; they were at a little over 300 last year. Out of our patients that deliver, we

had 67 to deliver at Columbus Regional, three at New Hanover, two at McLeod. That is 72 of the 280 that were ours.

- The next list shows where patients transferred their care from us to New Hanover, several miscarried and one transferred back to Baldwin Woods, eight moved away and one was lost to follow-up. Now when they are lost to follow-up we have gone through extensive means to get this person in here. We call, send letters, and the case managers go out to the homes to personally check on the patient. Other things we run into is address and phone number changes, then we are unable to get in contact with them.

D. Family Planning Services Update (*Benchmark 19, Activity 19.1*) (*Benchmark 39, Activity 39.2*)

- Your first graph there is Family Planning patients and number of visits per physical year. This year we've had 494 patients and 841 visits out of those patients. 2021 we were down to 268 patients with 395 visits. We attributed these numbers to COVID.
- The next page shows the age of patients to come through the Family Planning clinic. Youngest was 13 and the oldest was 50 to 51.
- Next shows Family Planning by ethnicity. You can see the numbers of those who are of Hispanic decent and who are not. We were asked one time to break this down into the different races available but there are too many options in there. When I was trying to do it, it was too hard to clump those numbers in like that.

E. Maternal Health Update (*Benchmark 19, Activity 19.1*) (*Benchmark 39, Activity 39.2*)

- We are fully staffed in Family Planning. We have two Public Health Nurses, Dr. Susan Aycock and two Nurse Practitioners in this clinic. Dr. Aycock is here on Tuesdays and Thursdays.

F. Adult Health Update (*Benchmark 19, Activity 19.1*) (*Benchmark 39, Activity 39.2*)

- We have three nurses. All clinics are up and running. They are doing COVID vaccines. Our new nurse has completed Principles and Practices, and she is getting ready to go to training so she can perform STD exams.

G. COVID-19 Update (*Benchmark 40, Activity 40.1*)

- In the state we are at 2.8 million total cases.
- 22,917 new cases in one week.
- 831 in hospital with 97% of hospitals reporting. 2.7% are children in the hospital.
- 25,209 deaths
- Columbus County has had 104,403 completed tests as of June 29, 2022.

- 17,402 total cases
- Three in Columbus Regional that we know of.
- 270 total deaths in the county. The state reports 271. We do not know what that discrepancy is. Kim Smith has kept a list since day one, and we show 270.
- 16,965 Recoveries
- 164 in isolation.
- 328 who are quarantining.
- 39 regional hospital cases with 86% of hospitals reporting.
- We are averaging 259 cases per 100,000 residents in 14 days or 25.9 cases per 10,000 residents in 14 days.
- In Columbus County, 46% of our population has had a 1st dose, 43% has had the 2nd dose of vaccine. 20% have received a booster. We've administered 12,909 doses of vaccine here, and we've had to waste 1,729 doses. Once a bottle is opened, it only last a few hours.
- We are doing everything we can to minimize waste, but if someone comes in wanting a vaccine, we will give it to them.
- We have outbreaks with Liberty Commons and Shoreland. It's time to close these out, so I will be in contact with them tomorrow, to make sure they don't have any positives that I haven't received.
- On your sheet, Kim (Smith) has on here the different variants they are finding in the labs, and it shows the percentage of the circulating variants.
- We are still on the Low community level while our neighboring counties are on Medium and South Carolina is on High.
- Vaccine Clinics are held here at the Health Department on Tuesday and Friday of each week. We are giving all boosters as well. We are serving patients from 6 months and older. We have Moderna for ages 6 months to 5 years and J&J and Pfizer for 5-11 year olds.
- We still have local pharmacies who are giving vaccines.

Pat Ray asked how the 6 month to 5 year olds are responding to the vaccine. Kim Smith replied:

- We've gave two. The three year old we administered to looked at their mother asking when the nurse (Elizabeth Kinlaw) was going to do it, asking was it going to hurt. Elizabeth told the child she was already finished. When she tried to put the Band-Aid on, that's when the child cried.

Dr. Brent Lawson asked if there was a push for Health Departments to offer transgender counseling and services. Kim Smith answered that we are doing that now. Jamika Lynch added that the most important part of communication with the LGBTQ+ is language, and

	<p>she has resources available if he needs any information.</p> <p>H. Nursing Staff Update <i>(Benchmark 37, Activity 37.6)</i></p> <ul style="list-style-type: none"> • Nursing staff update was provided within each one of the above titled clinics.
XII. Chairman's Forum	<p>Pay Ray, Board of Health Chairman, stated the following:</p> <ul style="list-style-type: none"> • I observed a group that came out a few months ago to thank the Health Department staff for their efforts throughout this whole pandemic. It was very well received, and the group was very pleased to be able to come out and provide breakfast for the staff. This was truly a good morning to see folks saying thank you for what you're doing. The staff was really surprised, but it was good both ways.
XIII. Director's Forum	<p>Kim Smith, Health Director gave the following updates:</p> <p>A. Staffing Update <i>(Benchmark 37, Activity 37.6)</i></p> <ul style="list-style-type: none"> • On April 21st, Daniel Buck went from Health Educator to Quality Assurance Specialist. On the same day Jamika Lynch became our new Health Educator. We have one year left on the Making Proud Choices grant. When it is up, we will look at our numbers, see what the criteria is, and if we meet it, we will try and re-apply for that grant. We are not guaranteed it, but we will try again to get it. • We have the following vacancies: <ul style="list-style-type: none"> ○ Medical Records Clerk ○ Environmental Health Specialist I ○ Nutritionist I & II ○ Public Health Nurse for Pediatrics • We are currently checking references on a candidate for the Environmental Health position. They are three weeks behind in wells and septic's. I have notified the county manager in case he starts getting phone calls that they have not come out to check their site. <p>B. Chemours <i>(Benchmark 40, Activity 40.1)</i></p> <ul style="list-style-type: none"> • In the consent order that the state put on Chemours, they have to do testing in Columbus, Brunswick, New Hanover and Pender counties. The EPA came out with the health advisory levels for GenX and PFAS (per and poly fluoroalkyl substances). Here in Columbus County we are lucky because we do not draw any water out of the Cape Fear River. Back in 2017, when we were fighting the fumigation of the logs, down at the eastern end of the county (methyl bromide), I made a visit down there and learned that the Riegelwood Sanitary district and International Paper, were drawing water from the Cape Fear. Unbeknown to me, I went to county management and said we need to do something about the water down there,

they do not need to be consuming it. The county had been trying to work with the Riegelwood Sanitary district to get the folks to go on the county water system. Come to find out it was an easy fix; one pipe and one switch. The pipes were already laid for the village down there. They did switch to the county system. Currently the nearest well to the river is a mile and a half away, and it is deep. We still have some folks with private wells, and their wells are not as deep as the ones that are on the public water system. We are trying to encourage everyone, who gets a letter from Chemours, to fill it out and send it in. They are offering testing through a separate entity, which has no ties to Chemours. The letter from the state listed this as a requirement, to use another company. In your packet, I included the strategy that North Carolina DEQ submitted. The county attorney was called by the North Carolina Attorney General, and wants to get together in the next few weeks. New Hanover has commercials they have aired, which show these huge filters they've built. These filters have costed them millions of dollars, which will be passed down to the consumer. I am working close with Harold Nobles and Chris Nobles, from our Public Utilities department. They do testing on a regular basis. The state tells them when to test, what to test for, and what wells to test from. They rotate the wells they will test around.

- We suspect that long term use/exposure can cause:
 - Breast cancer
 - Testicular cancer
 - Rise in Cholesterol levels
 - Birth defects (a group from NC State is doing research on this)
- There has been a couple meetings and public hearings on this, but they have all been held in Wilmington, NC. I am going to reach out and see if someone from DEQ will come to Columbus County. Honestly we have not received a lot of phone calls regarding this.

Pat Ray asked if anyone from the Health Department would be willing to do a 20 minute presentation regarding this. Kim Smith stated that would more than likely be her; and yes she would be willing to do so; but the information is so extensive, I'd need to re-visit it a few times over before presenting. Kim Smith continued:

- PFAS are chemicals that have been around, and are going to be around forever. They're in firefighter suits, the non-stick coating in your pots and pans, and can be found around airports. There is a lot of people in Wilmington that are just outraged regarding the Chemours commercials.

Pat Ray asked if there was a recommendation of frequency of testing

water in general. Kim Smith replied:

- When Environmental Health goes out, we do an initial test, but unless you find elevated levels from bloodwork or labs, that could indicate a concern of possible water contamination, there is no current recommendation for periodic testing. I would certainly test after a flood; but the way the wells are put in now, they should be covered, and water should not be flowing in.

C. Grant Updates (*Benchmark 41, Activity 41.3*)

- For this year we have received a Staff Appreciation Grant. Yvonne (Armstrong) and I are planning this. It is for \$250. We are looking to provide lunch and have an ice cream social.
- Dental received a grant that was a combination of Blue Cross and Blue Shield Foundation and Duke Endowment. The grant is for \$65,000, with hopes to add more to that. We have used some to purchase equipment. We are going through a process, and once we go through this process, our grant for the next amount will be written. They'll have worked with us, and know our work ethic. Our Dental staff has done an excellent job this year.
- We've also received an Access to Care Grant for Dental. This was just over \$9,500. We have purchased some equipment with this.

D. Opioid Settlement (*Benchmark 41, Activity 41.3*)

- You've probably seen on the news that every county is going to be getting a certain amount of money from the drug companies' opioid settlement. Over the next 18 years, we will be receiving a total of \$7,863,035. We should be receiving our first payment very soon.
- The Opioid Committee, here in the county, held its first meeting on May 26th. I sit on that committee along with individuals from the faith community, the hospital, the courthouse, law enforcement, and county schools.

Amy Sessions stated she was very disappointed the pharmacist were left out. Considering how much they've done prior to this to help combat this issue. Also, the doctor that was appointed, is a Pediatrician. Amy Sessions stated she knew that Kim Smith had nothing to do with the appointments of who sat on this committee.

Kim Smith replied:

- I believe it was the county commissioners and the county manager who did the appointments for this committee.
- These funds cannot co-mingle. These have to stay separate.
- Our next meeting is on July 6th, 2022. We are going to review the county assessment, which was performed by Sid Wilferd. She's from an addiction counseling and training company. Once we get our hands on that assessment, we will go from

there.

- There has been talk about possibly going in with some other counties, and building an in-patient treatment center. This is just one of the ideas that has been thrown out there.
- The first amount we should receive this year is \$302,000 in the spring, and \$664,000 in the summer. The summer amount will be the largest amount we receive at one time. 15% of the money is to stay at the state level and 85% is to be disbursed out to the counties. The first payment that was sent to North Carolina was for \$93 million.
- We have certain criteria that has been given to us by the state, which are mostly geared towards treatment and recovery.

Dr. Brent Lawson asked if the committee was deciding what the county does with the money it was receiving. Kim Smith replied:

- Yes, granted we stay in the guidelines, and criteria of what the state has provided is met.
- I will definitely make the recommendation that we need a pharmacist on this advisory board.
- I will keep you all updated on these meetings.

E. Vital Records Update (*Benchmark 2, Activity 2.1*)

- North Carolina was one of three states that did not have electronic death certificates. Now West Virginia and Rhode Island are the only two in the country that do not provide electronic death certificates. Since May 1st, every death certificate is electronic. The Register of Deeds will not take any paper death certificates. With this process, the funeral homes, and our Medical Examiners are all on board. The Medical Examiners will assign it to the funeral home. The funeral homes will then input their information, then it'll be sent to the physician for review. Once reviewed and electronically signed, by the physician, it comes to the Health Department. We review it for completeness. It is placed in "the bucket" which sends it to Raleigh overnight and to our county Register of Deeds.
- Around the third week in May, the transition started to go a bit smoother, once the funeral homes realized that we were not going to take in any paper.
- This will not only make it easier on us, but for the families as well. The Register of Deeds office will still be the only place to receive a certified copy.

F. NCDHHS New Division

- We have a new division at the North Carolina Department of Health and Human Services. This division is called the Division of Child and Family Well-Being. This is to help achieve a vision of children who are healthy, and who thrive in a safe, stable, nurturing family, school, and community

environment.

- We've yet to see any changes here at the Health Department. Programs that do fall under this include:
 - WIC
 - SNAP (Food Stamps)
 - Any child and adult health food programs

Dr. Amy Sessions asked how the formula situation was in the county. Kim Smith answered:

- Right now we do not have an immediate issue in the county. At the federal level, they were given waivers, so a doctor has a list of things they can write a prescription for. It does not have to be exactly what the state ships out to us, or what we recommend. On a weekly basis, Sandy Cothorn, our WIC Director, calls around and checks the availability. We've had slight issues with supplies, but not major compared to other parts of the country.
- Under this new division, health related programs and services for children include the following:
 - Home visits for children with special health needs.
 - School and community mental health services for children and youth.
 - Early intervention programs.
- I am hoping they will get some mental health counseling in the schools.

Kim Smith stated that Dr. Brent Lawson had mentioned about Dental programs for adults. Kim Smith made the following statement:

- I've spoken with David Howard, Health Director over at New Hanover County Health Department, and they have a service for seniors who are low income, 55 and older, who have no dental insurance. This is a comprehensive dental program that they have to apply for.
- Access Dental Care Inc., who is a 501(c) 3, non-profit organization, provides the mobile dental services for this population. They have to be a resident of New Hanover County, and show proof of this. Income has to be below 200% of the poverty line. What David Howard told me, is that New Hanover County has set aside an 'x' amount of funds for this program.

Dr. Brent Lawson asked Kim Smith was this something we could do. Kim Smith replied not unless we could get the County Commissioners to appropriate funds for this. Kim Smith went on to say:

- What I can do is get more information from David Howard, look at this program more, and maybe next year, we can possibly see about taking this to the commissioners.
- I know Goshen has been unable to find a dentist. I'm not sure

	<p>about the Chadbourn Goshen. This is a sad situation. Dr. Brent Lawson added that it definitely is a sad situation, and most of them end up at the Emergency Room. Kim Smith stated she would add this to her list of things to do. Kim Smith gave the following update on Monkeypox:</p> <ul style="list-style-type: none"> • As of June 24th, there were 201 cases in 26 states, with one of those cases being here in North Carolina. Not Columbus County. They do not disclose where the cases are in the state. • It is transmitted from person to person, through direct contact with the rash or pustules. It looks like smallpox. It can last from two to four weeks. An individual usually does not pass from this, but it can last up to a month. <p>G. New / Revised Policies (<i>Benchmark 15, Activity 15.3</i>)</p> <ul style="list-style-type: none"> • No new or revised policies, to be reported here.
Board Comments	

Next Meeting Date

August 31, 2022 at 6:00 pm

Meeting Adjourned

Respectfully submitted:

Kimberly Smith Secretary

Signature

083122

Date