

Wake County Board of Commissioners
Work Session
February 13, 2017
2:00 p.m.
Wake County Justice Center, Room 2800

Commissioners Present:

Sig Hutchinson, Chairman
Matt Calabria, Vice-Chairman
John Burns
Greg Ford
Jessica Holmes
Erv Portman
James West

Wake County Staff Present:

Jim Hartmann, Wake County Manager; Johnna Rogers, Deputy County Manager; David Ellis, Deputy County Manager; Scott Warren, Wake County Attorney; Denise Hogan, Clerk to the Board; Denise Foreman, Assistant to the County Manager; Chris Dillon, Intergovernmental Relations Manager; Sue Lynn Ledford, Public Health Director; Frank Cope, Community Services Director; Jose Cabanas, Wake County Medical Director; Sara Warren, Sheriff's Office Business Officer; Elizabeth Harmantzis, Communications Specialist; Edie Alfano-Sovsey, Wake County Epidemiologist; Kim McDonald, Human Services Medical Director and ; Andre Pierce, Environmental Health and Safety Director

Chairman Hutchinson called the meeting to order and welcomed everyone. He recognized Ms. Pam Dowdy, Executive Director, Wake County Smart Start, attending the meeting.

Population Health Task Force

Ms. Regina Petteway, Wake County Human Services Director, thanked Ms. Sue Lynn Ledford, Wake County Public Health Director; Ms. Kim McDonald, Human Services Medical Director; and Ms. Edie Alfano-Sovsey, Wake County Epidemiologist for her input with the presentation today.

Ms. Petteway shared the presentation outline of items covered at the meeting.

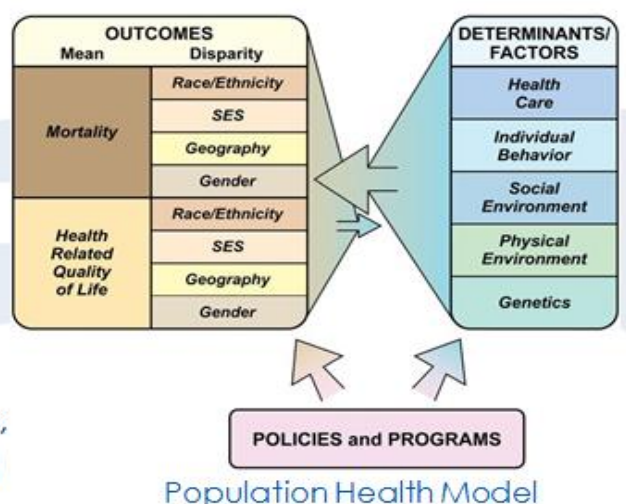
- Introduction: Population Health
- Importance of Population Health to Wake County
- Board of Commissioners as "Conveners"
- Population Health Task Force Charge
- Alignment with BOC Goals

- Population Health Task Force Deliverable
- Why This Works
- Population Health Task Force Membership
- Time Line

She shared information about the population health model.

Introduction: Population Health

- The health outcomes of a group of individuals
- Includes distribution outcomes within the group.
- Groups can be geographic (counties, communities) or other defined groups (employees, ethnic groups, children, older adults, etc.)



She said that the policies and programs determine outcomes and determining factors. She asked for a definition of social determinants of health. Chairman Hutchinson answered said that social determinants determine how well someone has lived including their environment. Ms. Petteway said that social determinants involve genetics, physical environment, social environment, behavior of individuals, and the health care system. Determining factors feed into mortality, how long a person has lived, and their quality of life. She said that race, ethnicity, socio-economic status, (poverty, gender, and quality of life) tie into population health.

Commissioner West asked for the current reality of population health. Ms. Petteway said that population health affects the behavior, surroundings, and the physical environment for groups of people.

She shared information about the importance of population health to Wake County.

She shared the seven diseases that Wake County needs to address.

Measures that need work:

- **Sexually transmitted infections** (442.2; chlamydia cases per 100,000 population, 2013)
- **Adult obesity (25%;** % of adults reporting a BMI of 30 or more, 2012)
- **Physical inactivity(18%;** % of adults > 20 reporting no leisure time physical activity, 2012)
- **Mammography screening (71%;** % of female Medicare enrollees aged 67-69 that receive mammography screening, 2013)
- **Alcohol-impaired driving deaths (18%;** % of driving deaths with alcohol involvement, 2010-2014)
- **Children in poverty(14%;** % of children under age 18 in poverty, 2014)
- **Unemployment rate (4.8%;** % of population ≥ 16 unemployed but seeking work, 2014)

Commissioner West said there have been discussions about working together toward population health goals in vulnerable communities. He said that changes will occur and care must be taken to fit the pieces together and maximize the work. Ms. Petteway said that staff must ensure that there is alignment with the Board of Commissioners' goals.

Population health aligns broadly with community health, growth and sustainability, public safety and social and economic vitality goals including:

- Building a "culture of health"
- Preserving our environment and healthy communities
- Providing a safe, secure and healthy community
- Improving economic and social opportunities in vulnerable communities

Ms. Petteway said that the Board of Commissioners are currently engaged with the public and private sectors in initiatives that:

- Address determinants/factors that impact health outcomes
- Develop/support policies that influence health factors and improve health outcomes

She said that examples of these are the Community Health Needs Assessment and Hospital Community Action Plans.

She shared information about the Population Health Task Force Charge.

- Improve the health and wellbeing of residents by developing a plan focused on policies and strategies to support healthy communities, active lifestyles and thriving residents by addressing:
 - Social determinants
 - The built environment
 - Systems for change
 - Making the healthy choice the easy choice

Commissioner West asked about the diversity makeup of the Task Force and the work. Ms. Petteway said there would be a recommendation and comprehensive plan brought before the Board of Commissioners. She said that the Robert Woods Johnson Culture of Health model would be used.

Ms. Petteway said a culture of health can be accomplished by producing a strategic plan for a “culture of health.” She said this can be accomplished by:

- Developing a common understanding of how communities impact population health
- Developing a plan to address health disparities, create healthy communities, impact the built environment and make the healthy choice the easy choice
- Recommending a system of outreach to impact all residents

Ms. Petteway shared information about why the Population Health Task Force can work.

There are existing organizations, initiatives and activities that address aspects of population health:

- Community Health Needs Assessment
- Healthiest Capital County
- Youth Thrive
- YMCA
- Advocates for Health in Action
- United Way
- John Rex Foundation

Commissioner West said last year there was a meeting with Dr. Lyles from North Carolina State University about population health, affordable housing, and vulnerable communities including collective impacts. He said collective impacts should be a driver of the work of the task force.

She shared information about the models that exist to help:

Models exist to help:

- Robert Woods Johnson Culture of Health
- Health in All Policies
- Live Well San Diego

- County Health Rankings

Ms. Petteway said that statistics are tracked on premature death, low birth rate, physical activity, adult obesity, and indicators such as quality of life. Mr. David Ellis, Deputy Manager, asked if the data can be broken down by demographic region. Ms. Petteway said that some data can be tracked from the census information.

Commissioner West said he believes poverty are a direct driver of the issue. He said that indicators data and facts alone were not enough, but the systemic root causes as indicators defines the progress. Ms. Petteway said that the physical environment is part of the tool kit used to define the progress.

Ms. Petteway shared information about the Population Health Task Force membership information.

Up to 25 Board of Commissioner appointed members
Diverse members representing:

- vulnerable communities
- hospitals
- foundations
- social services
- community funders
- housing
- safety net providers
- healthy communities
- Human Services
- business communities
- geographic areas and others

She shared a timeline of events.

Time Line



Commissioner Holmes commended Chairman Hutchinson for his leadership with the task force. She said she saw a connection to the Wake County Women's Commission and quality Physical Education teachers in the classroom.

Commissioner Burns asked about how collaboration would occur between groups.

Chairman Hutchinson said that Health in all Policies should be reviewed. All aspects of government should be reviewed to determine how they affect health in the communities. He said that staff has been working on this initiative for two years and it affects transit, food insecurity, education, jobs, healthcare, sidewalks, safety, affordable housing, criminal justice, public safety, and land use policies. He said there will be suggestions for a broad base of citizens to serve on the Population Health Task Force.

Ms. Petteway said Live Well San Diego is an excellent model. She said it is the hope that technology can be used from the model in San Diego from the task force. Live Well San Diego ties their program together. Commissioner Burns asked how priorities would be determined.

Mr. David Ellis, Deputy Manager, said he would make sure communication takes place between staff to determine priorities.

Commissioner West said that he attended the Live Well San Diego at the 2016 Inter-City visit. He said that working together is key. He said this is a "systems thinking" process. He said the Circle of Influence is a proven process to identify the skillsets needed for committees. He said that finding the appropriate leadership will assist with the work toward vulnerable communities. He said examination of the interface between goals and initiatives are necessary to the process. He said the vulnerable community has poverty issues that should be addressed. He said the projects can be used to test the models and ensure best practices are used in order to replicate them in the county.

Ms. Petteway said there must be sustainability in the ongoing plan including community partners.

Commissioner Portman asked how the outcomes between results can be compared and asked how other communities completed the process to define the outcomes.

Ms. Sue Lynn Ledford, Wake County Health Director, said there are excellent examples across the country that include the complete state of being. She said there will be alignment of various strategies for policy decisions.

Chairman Hutchinson said that regarding public health in the 1990s, there was discussion about public health that impacts individuals.. He said impacts to the entire population should be the primary focus. He said the following projects are impacted: Promise Project, Beacon Project, Transit Initiative, Advanced Community Health, Interfaith Food Shuttle, Education, partners and funding that impacts the vulnerable communities. He said it is important to benchmark about the health and well-being, life expectancy should be considered among the residents of S.E. Raleigh. He said Live Well San Diego is a great example of how the plan can work efficiently.

Vice-Chair Calabria said that the reason that Health in All Policies are effective is that all of Wake County's policies have health implications and improvement of them is key. He said the metrics of focus are important along with with making the most difference per unit (dollar, person, effort). He said the priorities should be developed around alternative funding and focus should be on vulnerable persons in all communities.

Commissioner West reemphasized that true collaboration is a challenge. He said there will be meetings, processes, programs, and concrete goals needed.

Ms. Petteway said there is a window of opportunity for the process to work.

Chairman Hutchinson said being a national model is important and there are 12 months to improve the model. He said membership input is important to the Task Force.

Commissioner Holmes suggested the membership of 25 be followed to avoid missing the deliverable or measurable outcome.

Commissioner Hutchinson said the Wake County Fitness and Health Committee has been meeting and he suggested that waiting to after the Task Force has met to re-energize the committee to implement the work of the Task Force.

Commissioner West said that when the Task Force meets then it should collaborate with all aspects of the community. He suggested an organizational chart be drafted as part of the process.

Commissioner Ford said that he respects the work toward the Task Force. He said the needs are real. He said there are areas that should be reviewed and incorporation of other work is important. He commended the work and leadership of staff.

Integrated Program for Prevention of Drug Overdose and Tobacco Use

Dr. Sue Lynn Ledford, Wake County Health Director, said heroin and opioid use and overdoses are leading to serious public health and socioeconomic consequences in Wake County. She said that the information brought forward should help move awareness forward in a positive direction.

She shared the introduction of the drug overdose and tobacco use efforts.

The Wake County Drug Overdose Prevention Coalition (Coalition) was initiated in November 2015. Over 40 Wake County groups and organizations have partnered to address the exponential rise in drug overdoses. Service gaps and existing structures have been identified by the Coalition efforts and have contributed to the framework for the Wake County Human Services Integrated Program for Prevention of Drug Overdose and Tobacco Use elements. Coalition workgroups have recommended three primary components: staffing for continuation of efforts and serve community needs, contracts to align services between entities, and assurance of data integration from the various agencies.

The Coalition membership includes: public health, law enforcement, hospitals, behavioral health, substance treatment and recovery, NGO and community organizations, and Wake County Human Services Board members.

She shared the coalition of work groups.

- Education and outreach
- Connecting individuals to recovery resources and services
- Supporting syringe exchange efforts
- Improving access to naloxone kits to prevent deaths
- Sharing data for targeted interventions

Dr. Ledford shared information about the opioid deaths in Wake County.

Opioid Deaths in Wake County

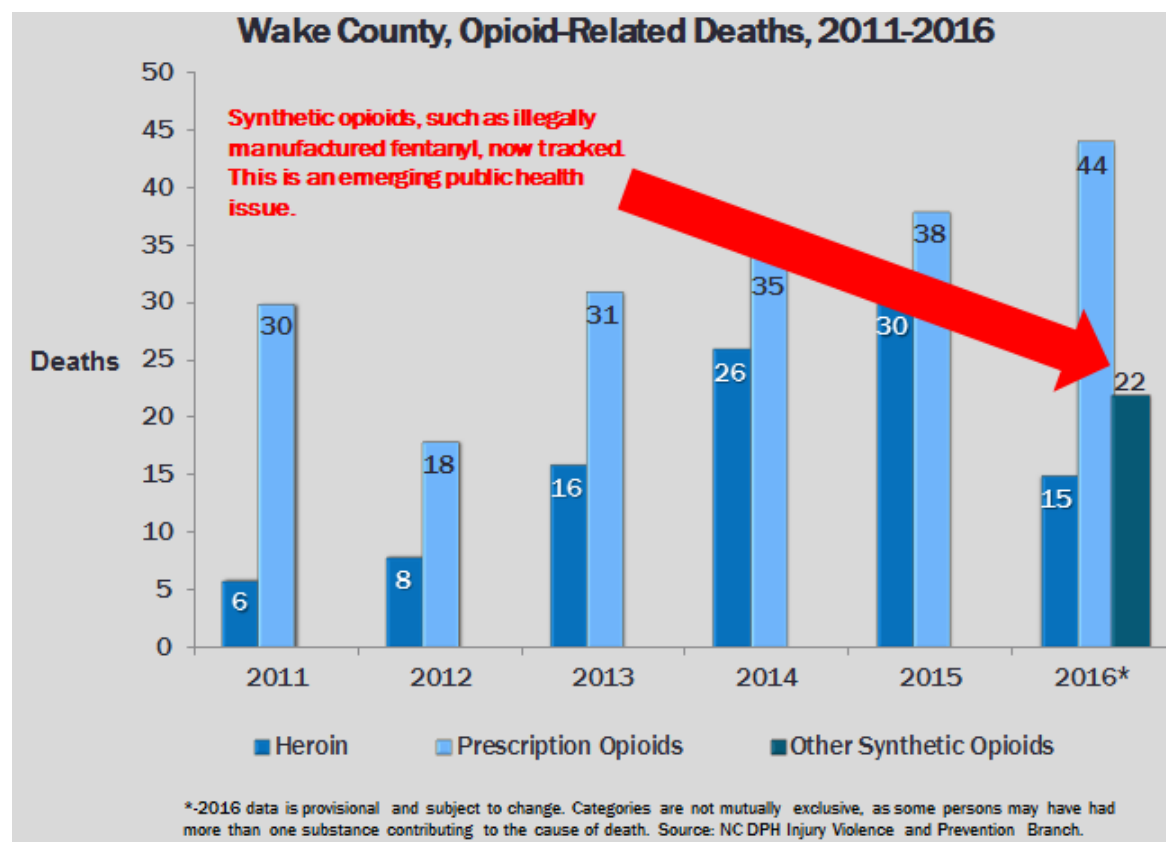
Wake County, like much of the nation, is experiencing an epidemic of heroin and opioid use and overdoses leading to serious public health and socioeconomic consequences.

- 2016 provisional data indicates that deaths from prescription Opioids increased **144%**, from **18** in 2012 to **44** in 2016
- Emerging PH issue: deaths due synthetic opioids (such as fentanyl) is a new trend with **22** deaths in 2016



*-2016 data is provisional and subject to change. Categories are not mutually exclusive, as some persons may have had more than one substance contributing to the cause of death. Source: NC DPH Injury Violence and Prevention Branch.

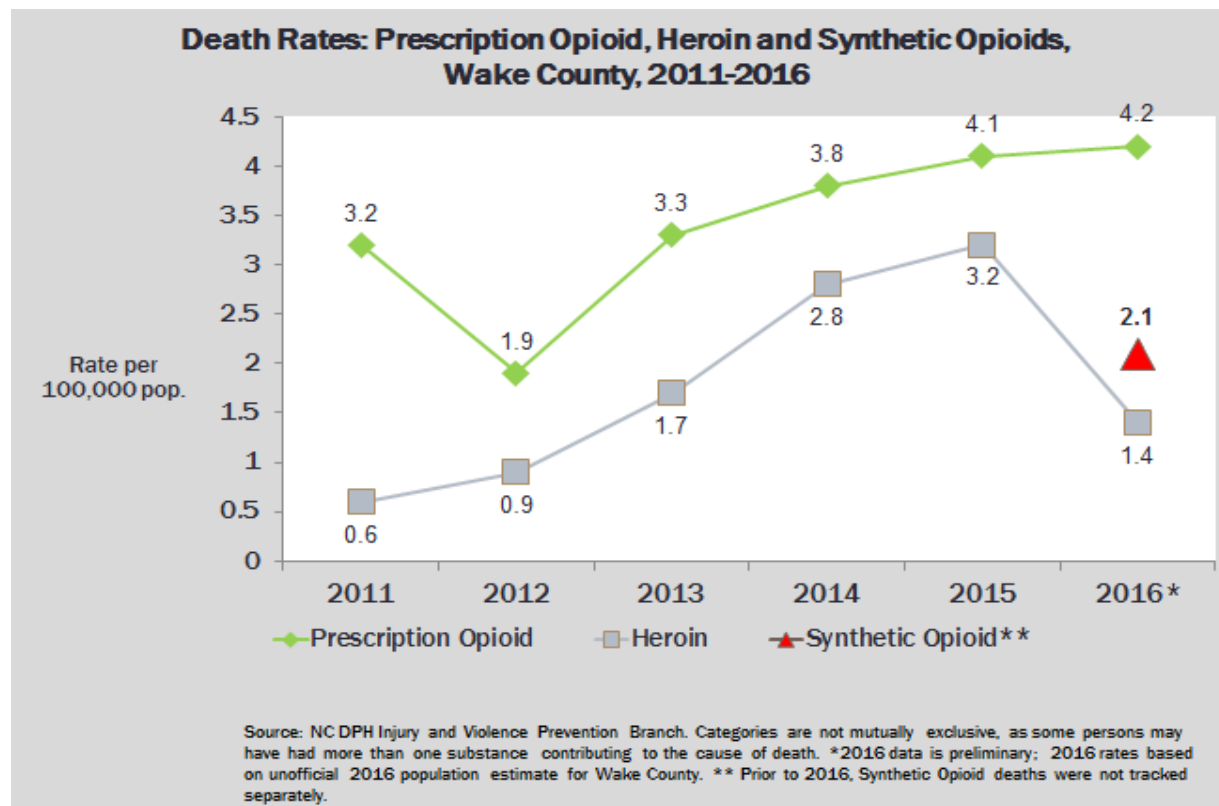
Dr. Ledford shared information a chart about opioid related deaths.



Commissioner Burns asked if the total deaths include heroin laced with a mixture of other opioids. Dr. Ledford said the data includes this information.

Commissioner West asked about the cause for the rise in opioids use. Dr. Ledford said there has been poor regulation of opioid prescriptions.

Dr. Ledford shared the death rate information regarding prescription opioid, heroin, and synthetic opioids.



Commissioner Portman noted that drug use is on the rise in all areas of the country. He asked if there were numbers regarding the wide-spread use of the drugs. Dr. Ledford said that the Sheriff's Department and EMS could provide solid information on these numbers.

Dr. Jose Cabanas, Wake County EMS Director, said the usage of opioids are rising. He said that EMS typically receives up to 3 calls a day due to an overdose.

Commissioner Portman asked if there are early warning sign numbers. Ms. Sara Warren, Wake County Sheriff's Office, said there is an under reporting of the overdose. She said there is coordination of efforts for the data collection on EMS calls.

Dr. Cabanas said if there is a close call, sometimes it is difficult to track because some citizens do not seek help.

Dr. Edie Alfano-Sovsey, Wake County Epidemiologist, said that not everyone that overdoses passes away. She said that users can have multiple overdoses or do not call for assistance. She said that the hospitals have data regarding multiple overdoses.

Commissioner Portman asked if NARCAN can be provided free would assist with the issue. Ms. Warren said the approach that is taken is key. She said that finding causes, identifying signs on packaging, and finding the dealer are approaches for prevention.

Dr. Cabanas said better access to treatment and prevention are needed.

Commissioner Portman asked about the issue with alcohol and its correlation.

Dr. Ledford said that the comprehensive plan covers more than just one drug.

Commissioner Holmes said that there is information that opioid abuse is an ongoing issue in the minority community and is spreading among demographics. She asked whether this is cause for the issue in the headlines.

Commissioner West said there has been disproportionate response to minority issues.

Commissioner Burns pointed out that alcohol is not related to the heroin use. Dr. Ledford said there are many factors in comorbidity.

Commissioner West asked about disciplinary planning. He asked if there are any behavioral issues to look at warning signs. Dr. Ledford said the problem is a progressive and predictable pattern.

Dr. Ledford shared the social and economic impact information.

Social and Economic Impact

Drug-related deaths are only the tip of the iceberg

- **Emergency service**
- **Law Enforcement: from 2011-2015 Raleigh PD drug overdose calls increased 78% from (304-542 calls)** Source: <http://wunc.org/post/law-enforcement-grapple-opioid-overdoses#stream/0>, accessed 2/8/17.
- **Hospitals: from 2011-2015 opioid related charges increased 900% (\$71.66M to \$721.80M)** Source: <http://www.fairhealth.org/servlet/servlet.FileDownload?file=01532000001g4i3>, accessed 2/8/17.
- **Child Welfare/Foster Care: according to WCHS CPS data, 203 referrals were made for substance abuse assessments from January to April 2016. Of those 39 (19%) were Opioid-related**
- **Economic impact: in 2015 national reports indicated individuals with opioid use disorders cost employers nearly twice as much in medical cost (\$10,853 vs. \$19,540)** (Source: <http://www.castlighthhealth.com/typ/the-opioid-crisis/>, accessed 2/8/17.)

She shared information about the Prevention Coalition for Wake County.

Wake County Drug Overdose Prevention Coalition

Initiated in November 2015, over 40 Wake County groups and organizations have partnered to address the exponential rise in drug overdoses.

Coalition membership includes: public health, law enforcement, hospitals, behavioral health, substance treatment and recovery, NGO and community organizations, Wake County Human Services Board

Functions:

- Education and outreach
- Connecting individuals to recovery resources
- Supporting syringe exchange efforts
- Improving access to naloxone kits to prevent deaths
- Sharing data for targeted interventions



She said that tobacco is still the number one preventable death cause and that remains a focus of the department. She said E-cigarette use is on the rise and that it is deemed a precursor to standard cigarettes.

Wake County Tobacco Rates

In Wake County 13% of adults still smoke
(>100,000 people)

- 1,514 of Wake County 12th graders (16%) reported smoking a cigarette in the last 30 days*
- Between 2011 and 2015, E-cigarette use increased 888% among NC high school students*
- In 2014 tobacco use cost NC \$4.24 billion in productivity losses**

*Source 2013 YRBS
**Source 2013 YRBS



Dr. Ledford shared the accomplishments of the program.

What will the Drug Overdose and Tobacco Prevention Program Accomplish?

- Address the rise in drug overdoses
- Align existing programs across the county to improve access to care
- Reestablish youth prevention programs
- Address tobacco prevention and cessation



Dr. Ledford shared the action requested.

Specific Action Requested:

That the Board of Commissioners use available ABC Funds in the amount of \$950,142 over three years to fund directly provided and contracted Human Services strategies.

To support:

- The local continuum of prevention, harm reduction, and treatment supports for opioid and other drug overdoses
- Related risk-taking behaviors such as early alcohol and tobacco use.

Direct services include addition of two Human Services FTEs and contractual services with partner agencies.

Dr. Ledford shared the program funding summary.

Program Funding Summary

- 2 FTEs at WCHS and Operational Cost
- Contracted Services with Community Partners
- Evaluation Plan



She shared information on the preliminary program budget.

Preliminary Program Budget

Description	Year 1	Year 2	Year 3
Salary & Fringe	\$181,865	\$186,953	\$192,265
Operating	\$6,704	\$2,188	\$2,188
Education, Marketing Supplies and Materials	\$18,173	\$17,601	\$12,206
Contracted Services	\$110,000	\$110,000	\$110,000
Total Budget	\$316,742	\$316,742	\$316,659

She said streamlining services addresses comorbidity and various factors related to patient care.

Dr. Ledford shared information regarding staffing to address the drug epidemic.

Staffing to Address Drug Epidemic

1.0 FTE Substance Use Prevention Program Consultant

Responsible for coordination of logistics and operations of Wake County Drug Overdose and Tobacco Prevention efforts.

Outcome measures:

- Assure leadership for Wake County Drug Overdose Prevention Coalition ongoing efforts.
- Document and monitor contract deliverables.
- Provide outreach education for providers, individuals, and community.

1.0 FTE Nurse

Responsible for provision of direct clinical care, coordinate integrated behavioral and physical assessments, and assure linkage to care for patients served in WCHS clinics and community-based services.

Outcome measures:

- Document direct patient care services
- Establish protocols and nursing assessments/referrals
- Link clients to needed behavioral health and medical care

Dr. Ledford shared information about contracted services. Dr. Ledford said Peer Support Specialists are people living in recovery with mental illness and or substance use disorder that provide support to others whom can benefit from their lived experiences. The North Carolina Certified Peer Support Specialist Program provides acknowledgment that the peer has met a set of requirements necessary to provide support to individuals with mental health or substance use disorder.

Contracted Services

1. Establish local training program for Certified Peer Support Specialists (CPSS)

- Pilot the use of CPSS acting as client navigators to assist clients in accessing services and supports
- Assist law enforcement officers and emergency service providers in linking clients to care

Outcome measures:

- Identify and train at least 4 individuals to provide the UNC-BHRP curriculum. <http://pss.unc.edu/>
- CPSS Trainers will provide training to a minimum of 24 individuals within 3 years



2. Provide contractual funding with a 50% match to develop and pilot rapid response 24/7 system of peer navigators.

- Assist individuals encountered by law enforcement, EMS, Syringe Exchange Programs, and WCHS health clinics due to drug use.

Outcome measure:

- Utilize a combination of face to face, telephonic, or video modalities to engage certified peer support specialists with the individuals seeking recovery services or supports.

3. Reestablish Wake County community youth program to provide training for substance abuse and tobacco use prevention.

Outcome measure:

- Train a minimum of 20 Wake County youth regarding substance abuse and tobacco use prevention
- Youth will serve as community ambassadors and present findings to a minimum of 15 community partner entities.

4. Promote QuitlineNC cessation counseling and provide nicotine replacement therapy (NRT)



Outcome measure:

Provide NRT to a minimum of 600 callers over 3 years.

Commissioner Holmes asked which community partners are being consulted. Ms. Warren said Alliance Behavioral Health is expanding support for substance abuse patients. She added that recovery community providers have been active in the discussion and that network expansion is a focus. Dr. Ledford said the concept of training trainers helps expand the support network community.

Dr. Ledford shared the program timeline.

Program Timeline



Commissioner Portman said the issue presents as a fire that needs controlling. He added that the extreme between tobacco and opioid efforts may produce a yawn effect in comparison.

Chairman Hutchinson said that tobacco is still the number one cause of preventable death and that it demands immediate address.

Commissioner West asked if tobacco use is associated with specific feelings, behaviors or economic factors, and if that could be addressed in the staff efforts. Dr. Ledford said the target for strategies are youth and vulnerable communities.

Commissioner Calabria asked how efforts could address supply side fixes versus demand side solution approaches. Dr. Ledford said the task force is asking those same questions and that it yielded a discussion that led to cause factor address in collective ways. She said congruency between entities ensures that shifting targets are hit. Ms. Warren said that the Sheriff's Office is seeking to target distributors of heroin and opioids and that it will be proactive in investigative approaches through social media. She said there are efforts to stop it at the prescriber level.

Commissioner Calabria asked if the programs can reach multiple people through extensive community connections. Dr. Ledford said service linkages are preferred to jail time. She said that there has been connection with harm reduction teams. She said upstream policy issue address will also ensure more community connections are made.

Mr. David Ellis, Deputy County Manager, said that prevention has to address those before the pipeline, then intervention, and then recovery. He added that peer community partners have benchmarks that will ensure that successes are seen and pushed.

Commissioner Holmes said that funding streams for the drug court have not been part of today's discussion. Dr. Alfano-Sovsey said that revamping the drug treatment court is underway and they are involved in the process. Ms. Warren said research indicates that drug courts have no record of success in opioid cases. As a result, there has been less emphasis on input due to the lack in success. She said that law enforcement and policy committees have been examining options that link to patient treatment. Commissioner Holmes said that sustainability of the court is encouraged and that initiatives in place should be utilized regardless of the population that they address.

Commissioner Portman said that there are efforts to identify those persons who are using but are not entering the system via overdose or jail time. He said he would like to see if there is a way to encourage reporting of dangerous substances to prevent overdose deaths. He asked if there were other programs that were used historically that received funding that could be reallocated. Dr. Ledford said that other programs were examined and that there is not a funding stream to tap into.

Commissioner Ford said that in school educational programs are seen as opt-in by principals and that there are some education pieces that are missed by this belief. Dr. Ledford said YouthThrive is examining metrics related to the diminishing of the education components.

Commissioner Calabria asked if interfacing the schools could be explored and submitted to the board for examination.

Adjourn

The meeting adjourned at 4:07 p.m.

Respectfully submitted,

Denise Hogan, NCCMC
Clerk to the Board