

Wake County Board of Commissioners
Public Safety Committee
April 22, 2019
3:00 p.m.
Wake County Justice Center Room 2800

Commissioners Present:

Matt Calabria, Chair
Jessica Holmes, Vice-Chair
Greg Ford

Other Commissioners Present:

Vickie Adamson

Wake County Staff Present:

David Ellis, County Manager; Johnna Rogers, Chief Operating Officer; Chris Dillon, Assistant County Manager; Denise Foreman, Assistant County Manager; Ben Canada, Assistant to the County Manager; Regina Petteway, Human Services Director; Dr. Jose Cabanas, Medical Director; Alice Avery, Communications Specialist; Andrew Sawyer, Communications Specialist; Nick Campasano, Fire Services Director; Demetric Potts, Emergency Services Manager; Chris Colangelo, EMS Chief Operating Officer; Ramsay Hoke, Data Analyst; Deb Tyson, Nurse; Paige Bennett, Management and Policy Analyst; Wayne Raynor, Interim Public Health Director; Denise Hogan, Clerk to the Board; Yvonne Gilyard, Deputy Clerk to the Board; and Michelle Cerett, Executive Assistant to the Board.

Others Present: Jeffrey Halbstein-Harris, Independent Evaluator; and Risa Bolash, Sanderson High School student.

Meeting Called to Order: Commissioner Calabria called the meeting to order at 3:00 p.m. and welcomed everyone to the meeting.

Approval of the Minutes

Commissioner Ford moved, seconded by Commissioner Holmes, to approve the minutes of the January 22, 2018 Public Safety Committee meeting.

Update and Discussion on Opioid Issues

Mr. Ramsay Hoke, Data Analyst, Human Services, provided an update on the progress of the opioid overdose prevention initiative. He said the initiative aligns with Board of Commissioner goals.

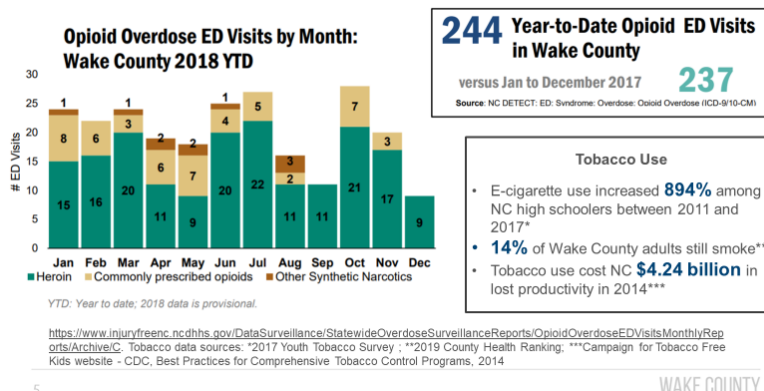
Initiative Progress

- Program Overview
- Staffing
- Goals
- Outcomes
- Testimonial
- Emergency Medical Services

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He shared statistics of opioid emergency department visits and overdoses.



5

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He shared county staff and partners that worked together on the initiative.

Wake County Staff

Nicole Singletary, Injury and Drug Prevention Consultant, WCHS Public Health

Benji Currie, District Chief for the Advanced Practice Paramedic Program, Wake County EMS

Debra Tyson, Injury and Drug Prevention Community Nurse, WCHS Public Health

Michelle Mulvihill, Region 7 Tobacco Control Manager, WCHS Public Health

Partners

Dr. Rita Anita Linger, Executive Director, Recovery Communities of NC

Justin Garrity, Rapid Responder Administrator, Healing Transitions

Rusty Kiley, Certified Peer Support Specialist (CPSS), Healing Transitions

Ashley Eimers, Certified Peer Support Specialist (CPSS), Healing Transitions

Jeffrey Halbstein-Harris, Program Evaluator

Poe Center for Health Education

NC Harm Reduction Coalition

Quitline NC

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Mr. Hoke shared the 10 public health essentials. He said the goals of overdose prevention initiative fit well with the 10 public health essentials.



He shared how the “Link to and/or Provide Care” goal relates to this initiative.

Link to and/or Provide Care



Create a coordinated infrastructure in Wake County for access to prevention, treatment and recovery support services for drug and tobacco misuse

Make Naloxone widely available



8

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He shared how the “Mobilize Community Partners” goal benefits the initiative.

Mobilize Community Partnerships

Increase availability for peer support recovery-focused training

Expand access to prevention, treatment and recovery support services for those with substance use disorders



9

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He shared how the “Inform, Educate, Empower” goal benefits the initiative.

Inform, Educate, Empower

Increase community awareness on the prevention of substance misuse and tobacco use



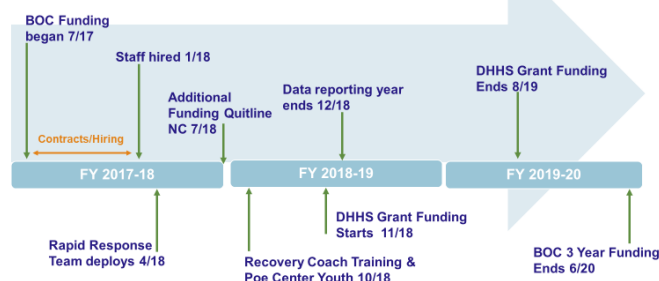
10

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Commissioner Adamson asked how many of the overdoses led to fatalities. Dr. Jose Cabanas, Medical Director, said that specific information is not tracked, but there has been a notable increase in overdose deaths in recent years. He noted that the number of overdoses related to commonly prescribed opioids has decreased.

Mr. Hoke shared the timeline for the initiative process.

Initiative Timeline



11

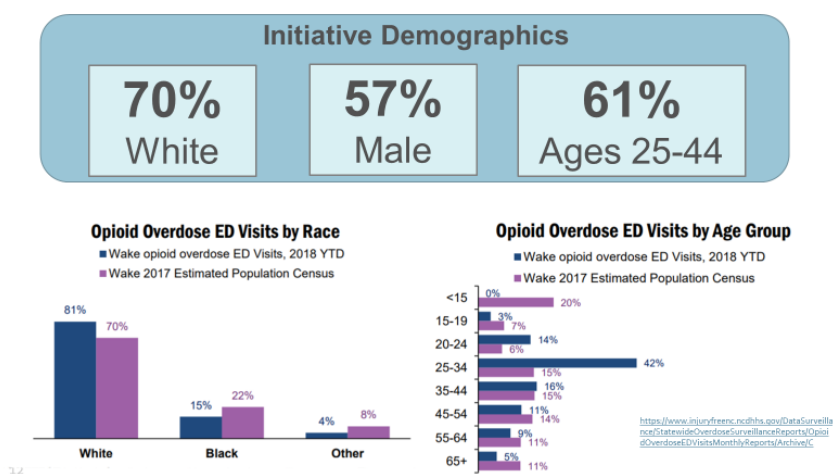
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Commissioner Calabria asked if the Department of Health and Human Services grant funding would be offered again. Mr. Hoke said that funding is not renewing, and he is not aware of a replacement funding.

Ms. Paige Bennett, Management and Policy Analyst, said community partners will be providing the services and activities currently covered under the grant.

Mr. Jeffrey Halbstein-Harris, Independent Evaluator, said 47 percent of addicts experience housing issues and 32 percent are food insecure.

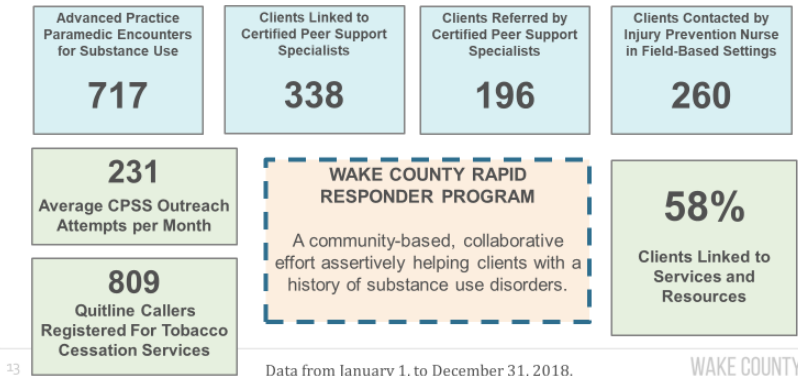
Mr. Hoke shared the demographics of patients seeking services for opioid overdoses.



Commissioner Calabria asked for more information on the Peer Support program. Mr. Halbstein-Harris said there are 300 Peer Support staff in Wake County. He said the qualification to apply for a peer support position requires one year of sobriety. He said these positions are paid very little, if at all.

Mr. Hoke shared information on the Rapid Responder program that was started in 2017 and funded for an initial three-year period. He said the county funded \$974,000 to cover salaries, fringe-benefits, and several services for the three-year period. He shared the outcomes of the Rapid Responder program.

Outcomes



Commissioner Ford asked for an explanation of the Advanced Practice Paramedic encounter mentioned above. Dr. Cabanas said when a 911 call is received due to a mental health issue or a suspected overdose, an advanced practice paramedic is dispatched in addition to the normal paramedic crew. He said the advanced practice paramedics are specially trained to handle mental health and substance abuse patients.

Commissioner Holmes asked about the rationale is for breaking the demographics down by race. Mr. Hoke said that demographics are provided by the state. He said this is to enable the monitoring of racial disparities.

Commissioner Holmes asked how the resources for the Opioid crisis compare to the resources for the crack cocaine epidemic that occurred in the 1980s. Mr. Halbstein-Harris said he has been performing program evaluations for 30 years. He said the current support of stakeholders, agencies, and providers is the most comprehensive he has ever seen. He said resources are more wisely used for treatment and recovery.

Commissioner Calabria asked if emergency response calls for overdoses to substances other than opioids are handled differently. Dr. Cabanas said every overdose call is handled the same initially. He said once an assessment of the patient is complete, a determination is made on the best method of treatment.

Mr. Hoke shared how individuals receive information through community connectivity. He said this allows them to reach a wide variety of those in need.

Connectivity

- Homeless/Housing Instability
- Hepatitis C
- Behavioral Health
- Transportation
- Food Insecurity
- Familiar Faces
- Vulnerable Populations

34

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He shared a testimonial video with the committee members. He shared the recommendations for sustainability.

Sustainability

- Recurring funding starting July 1, 2020
- Support for grant research and writing
- Centralized programmatic home

36

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Mr. Wayne Raynor, Interim Public Health Division Director, said data is very important to assessing the needs of the community.

Mr. Halbstein-Harris said data shows that 80 percent of addicts referred to treatment are following through.

Ms. Regina Petteway, Human Services Director, thanked Mr. Hoke for his presentation.

Mr. David Ellis, County Manager, recommended requesting funding for Fiscal Year 2020-2021 to continue the Rapid Response Program since the current funding will be ending.

Dr. Cabanas thanked the commissioners for their support of the program. He shared the EMS system initiatives

EMS System Initiatives

- **Access of Naloxone at the first responder level**
 - Fire Departments carry Naloxone
- **Pre-arrival instructions by Emergency Medical Dispatchers**
- **Training of non-medical responders in the use of Naloxone**
 - 1,400 law enforcement officers in the use of Naloxone
- **Public distribution of Naloxone to vulnerable populations**
 - Wake County Public Health
- **Assisting patients with finding community resources**
- **Peer Support Rapid Responder Program**

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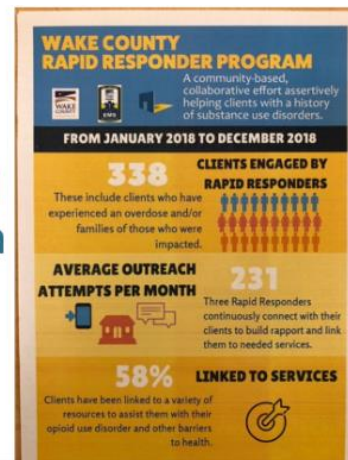
18

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Commissioner Calabria asked if there are additional resources for free Naloxone. Dr. Cabanas said his medical department has Naloxone in stock to replenish emergency medical staff and the community as needed. Dr. Cabanas said a Naloxone kit can be provided to anyone who feels they need to have one available.

Dr. Cabanas shared information on the Peer Support Rapid Responder program. He said the rapid responders keep in contact with individuals as they go through treatment and aftercare. Mr. Halbstein-Harris said there are 138 individuals in Wake County currently receiving ongoing support through the Peer Support Rapid Responders Program.

Peer Support Rapid Responder Program



19

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Dr. Cabanas said MAT (Medically Assisted Therapy) is a great resource and has saved many lives. Commissioner Calabria asked how MAT is funded for. Dr. Cabanas said some medical insurances cover it, but not all patients have insurance coverage. Ms. Denise Foreman, Assistant County Manager, said there are numerous grants that provide MAT free for up to one year. Ms. Foreman said the MAT medication is affordable, but the lab testing and wraparound services that are necessary can be costly and is often not covered.

Dr. Cabanas shared the next steps necessary to continue to move the initiative forward.

What is Next?

- **Continue Peer Support Rapid Responder Program**
 - Advanced Practice Paramedic follow-up visit
 - **Goal:** To connect patients with peer-support to assist with treatment and recovery efforts
 - Provide a more rapid pathway for patients that request assistance
 - Explore other opportunities for collaboration to expand access to treatment and recovery services

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Commissioner Calabria asked for the progress of the needle exchange program. Ms. Deb Tyson, Nurse, said the Harm Prevention Coalition offers a needle exchange, but Human Services does not.

Commissioner Calabria said the annual report is excellent. He requested more information on MAT payment options.

Mr. Raynor said Adverse Childhood Experiences (ACES) often leads to addiction. He asked if substance abuse prevention services are offered in the public-school system. Commissioner Adamson said she is not aware of specific substance abuse prevention services provided through WCPSS. Commissioner Ford said many of the prevention services offered in the past have been eliminated due to a lack of funding.

Ms. Foreman said Alliance Health provides Care Coordinators in the schools that are trained to identify at-risk children.

Emergency Medical Services National Pilot Program

Ms. Johnna Rogers, Chief Operating Officer, said EMS only gets reimbursed from Medicaid and Medicare for transports to hospitals. She said there is a pilot program being considered to allow reimbursement for additional transport services, such as to urgent care.

Dr. Cabanas shared the background on Medicare payment for services.

Background

- The U.S. Department of Health and Human Services (HHS), Center for Medicare and Medicaid Innovation (CMMI), which tests innovative payment and service delivery models to lower costs and improve the quality of care, announced a new payment model for emergency ambulance services that aims to allow Medicare Fee-For-Service (FFS) beneficiaries to receive the most appropriate level of care at the right time and place with the potential for lower costs.

24

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He shared a news release from the Center for Medicare and Medicaid Services. He said the pilot program is very exciting for the Emergency Services providers.

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Room 352-G
200 Independence Avenue, SW
Washington, DC 20201



CMS NEWS

FOR IMMEDIATE RELEASE
February 14, 2019

Contact: CMS Media Relations
(202) 690-6145 | [CMS Media Inquiries](#)

CMS launches innovative payment model with new treatment and transport options to more appropriately and effectively meet beneficiaries' emergency needs
Supporting new triage options for first responders aims to allow beneficiaries to receive care at the right time and place

25

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He shared ambulance care teams. He said under the ET3 program, EMS could receive reimbursement for transporting patients to urgent care. They could also bill for services if they connect the patient to a tele-medicine provider.



26

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Dr. Cabanas shared the ET3 model payment circumstances.

- While continuing to pay for 911 transports under the current system, the ET3 model will test two new ambulance payments circumstances:
 - Payment for treatment in place with a qualified health care practitioner, either on-the-scene or connected using telehealth; and
 - Payment for unscheduled, emergency transport of Medicare beneficiaries to alternative destinations (such as urgent care, clinics) other than destinations covered under current regulations (such as hospital emergency departments).

27

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He shared the goal of the ET3 pilot program.

The new model aims to reduce expenditures and preserve or enhance quality of care by:

- **Providing person-centered care**, such that beneficiaries receive the appropriate level of care delivered safely at the right time and place while having greater control of their healthcare through the availability of more options
- **Encouraging appropriate utilization of services** to meet health care needs effectively.
- **Increasing efficiency in the EMS system** to more readily respond to and focus on high-acuity cases, such as heart attacks and strokes.

28

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He shared potential benefits of the pilot program for Wake County.

Potential Benefit For Wake County

Potential New Revenue

Treat in place (Telehealth)
Transport to alternate destinations
Dispatch Agency Reimbursement?

- Dispatch centers operated by local governmental authorities that provide medical triage services will also be eligible for funding.

Operational efficiency

Potentially save unit-hours across the EMS system which could decrease unit task time

29

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Dr. Cabanas shared the next steps to prepare for the pilot program.

Next Steps

- Engage EMS System Community Stakeholders
 - Meet with potential community partners
 - Identify potential alternate destinations
 - Develop EMS System processes
- Engage other payers (e.g., Medicaid, commercial) to expand participation beyond Medicare beneficiaries
- CMS will release its Request for Applications in Summer 2019

30

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Ms. Rogers said getting private insurance companies to pay for additional transport services is challenging. She said it would be a cost savings for employers to have insurance that provides the extended transportation services.

Commissioner Ford asked when agencies will be considered for the pilot program. Dr. Cabanas said requests will be submitted within a few months and awards are expected to be granted in the fall.

Upcoming Public Safety Meeting Topics

Ms. Rogers shared board goals and asked if there are certain topics the Public Safety Committee would like to discuss at future committee meetings. She said there are two more meetings scheduled this year.

Commissioner Calabria shared a list of topics he would like considered.

1. Gun violence as a public health issue (Durham example)
2. Receive briefing on success of drug treatment courts and consider mental health courts
3. Develop uniform standard of fire service
4. Update on Second Chance Initiative and discussion of what, if anything, to change/augment
5. What can be done to alleviate problems arising from underprivileged individuals' interactions with the justice system? (Bail reform, waiving driver's license fees) (Durham example)
6. What can be done to better support victims of sexual assault?

Ms. Rogers said she could provide an update on board goals as it relates to public safety at the July meeting.

Commissioner Holmes said she would like to see an update on outcomes of drug court programs, veterans court, and mental health court, etc. She suggested inviting the District Attorney to the next committee meeting to discuss the metrics of the programs.

There being no further business, Commissioner Calabria adjourned the meeting at 5:18 p.m.

Respectfully submitted,

Michelle L. Cerett, Executive Assistant
Wake County Board of Commissioners