

# HEALTH AND HUMAN SERVICES BOARD



## Board Members

Mr. John Blalock  
Ms. Pamela Corbett, MA  
Mr. John Davenport, Jr., PE  
Dr. James Doub, OD  
Dr. Palmer Edwards, MD  
Dr. Calvert Jeffers, DVM  
Dr. Charles Massler, DDS  
Ms. Heather Parker  
Dr. Linda Petrou, PhD.  
Ms. Sharon D. Pettiford, RN  
Ms. Sharon A. Rimm, LCSW  
Dr. Peter Robie, MD  
Dr. Ricky Sides, DC  
Ms. Claudette Weston  
Ms. Gloria Whisenhunt, County Commissioner

### Chair

Mr. J. Phil Seats, R.Ph., MBA

### Vice Chair

Mr. Fleming El-Amin, County Commissioner

## HEALTH AND HUMAN SERVICES BOARD

### MINUTES

December 1, 2021

### MEMBERS PRESENT

Mr. J. Phil Seats, Chair  
Mr. Fleming El-Amin, Vice Chair  
Mr. John Blalock  
Ms. Pamela Corbett  
Mr. John Davenport  
Dr. James Doub  
Dr. Palmer Edwards  
Dr. Linda Petrou  
Ms. Sharon Pettiford  
Ms. Sharon Rimm  
Dr. Peter Robie  
Ms. Claudette Weston

### PH/DSS STAFF PRESENT

Ms. Shontell Robinson  
Mr. Joshua Swift  
Ms. Elizabeth White  
Ms. Lorrie Christie  
Ms. Tanya Donnell

### MEMBERS ABSENT

Dr. Calvert Jeffers  
Dr. Charles Massler  
Ms. Heather Parker  
Dr. Ricky Sides  
Ms. Gloria Whisenhunt

### GUESTS PRESENT

Media (Fox 8 News)

### Call to Order:

On Wednesday, December 1, 2021, the Forsyth County Health and Human Services (HHS) Board held its regularly scheduled bi-monthly meeting virtually. Mr. J. Phil Seats, Chair, called the meeting to order at 5:31pm.

## **Moment of Silence:**

A moment of silence was observed by all.

## **Consideration of Minutes:**

The minutes of the October 6, 2021, HHS Board was reviewed. Ms. Claudette Weston made a motion to approve the minutes and Mr. Fleming El-Amin seconded. The minutes were approved unanimously.

**Deputy County Manager's Comments:** Ms. Shontell Robinson gave the following updates (see handouts on file in the Administrative Binder):

- **LME/MCO Realignment Update:** The county transitioned from Cardinal to Partners Health Management, effective November 1<sup>st</sup> and it has been a smooth transition so far – no major issues, no complaints from consumers or providers. Ms. Robinson mentioned that at the transition team meeting today, consisting of stakeholders with Partners, that everyone has been pleased. They are working on what it would look like to improve mental health service delivery and IDD services in our community. She stated that their first focus is ensuring continuity of care for members and providers and what improvement and service delivery looks like. Ms. Robinson added this is an opportune time because we have some dollars with the American Rescue Plan Act and have lots of applications that have come in for that surrounding behavioral health services. They have also been working with Partners to help identify what it could look like in terms of what are gaps in our community and what are things they already are financially supporting.
- **Cure Violence Update:** Ms. Robinson spoke about a Cure Violence Initiative that they are working on, that stems from the Juvenile Crime Prevention Council and is a public health model. She explained that Cure Violence Global is an evidence-based program that uses methods used with disease prevention to cure violence – the program is out of Chicago. Ms. Robinson added the county started the process a few months ago and are starting phase three of four of an assessment process. She further explained that Cure Violence Global is coming in to provide a recommendation to the county and city to let us know if they feel our community is ready to implement such a model. Once we get their recommendation, hopefully by the end of the month, they will tell us whether or not they think we should implement the model here in Forsyth. We would then go to our Commissioners and City Council to get funding and approval. Ms. Robinson added that part of the model is potentially under a health department in some areas, it is under the mayor's office in some areas and in some areas under county management and city management – they are working through the process. She told board members that other communities across the country have tried this successfully and we are hopeful it will be helpful for us here in Forsyth County. Ms. Robinson continued on saying this is not Cure Violence Global coming into the community to provide a service for us – this is them helping us by providing the technical assistance to identify individuals in our community that can do this work from the bottom up to try to impact change. She will continue to give updates as they move through the process.

- **Recruitment/Retention Challenges:** The county is having recruitment and retention challenges across the board in practically every department. She stated it is an unprecedented time and she has never seen this type of job market in her 20 years of human resources experience. Ms. Robinson explained we are not just losing individuals to other counties or cities but for all different reasons – the county managers team along with the commissioners are trying to address the issue. Ms. Robinson told board members it has been a hard time, especially for the two departments that they oversee, Department of Public Health (PH) and Department of Social Services (DSS). She added that human resources is working hard trying to figure out some creative ways to address some of the challenges.
- **Social Services Director Recruitment Update:** Mr. Victor Isler’s last day was a couple of weeks ago and she saw many of them at his farewell. Ms. Elizabeth White is our interim director - we are very grateful and she is hitting the ground running. She has always been the wheels on the bus behind the scenes so she is continuing to do her job and the director’s job and is doing it with grace, patience and is highly competent. Ms. Robinson added that the permanent director’s position was posted last week and will be posted until December 12<sup>th</sup> – we are starting to receive applications but realistically it will probably be almost two months before we get a new director named.
- **OSHA Emergency Temporary Standard Update:** The Federal regulation required mandatory vaccination or weekly testing for their employees. That has been halted by a federal judge and we do not know if or when that will be lifted. Ms. Robinson said our human resources department is continuing to try to determine processes of what it will look like if it is something that takes affect. She added that from the management perspective, the county management’s position has not changed since our last meeting in terms that we are not prepared to require mandatory vaccinations for employees at this time but once the Federal government tells us it is something we are required to do, they will comply accordingly.
- **State Budget Update:** Ms. Robinson reported that the state budget had passed and noted that lots of money was being put into Forsyth County thanks to our legislators. A few of the items Ms. Robinson mentioned that will affect our county include:

*Child Welfare/Behavioral Health Pilot Project* – there is \$300 million to share with four counties – not sure how that will be split. She is working with DSS, Ms. White and Mr. John Thacker in regards to this and waiting on guidance from the State. This is something they will be working on directly with Partners Health Management

*Crisis Behavioral Health Program Joint Partnership* – \$25 million to split with Mecklenburg County – do not know how it will be split. Ms. Robinson has spoken to both hospitals, Partners Health Management and our service providers to talk about what does this look like, how could we use this money.

*Hospital Based Violence Intervention Program* - \$500 thousand for a hospital based Violence Intervention Program somewhat tags on to the Cure Violence Initiative. Ms. Robinson is not sure at this point if the funding will go to the City of Winston-Salem to contract with hospitals or if it will go directly to hospitals. The hospitals that she has spoken to have been supportive in doing what is recommended for our community.

Mr. John Blalock expressed his appreciation to Ms. Robinson for her comments around recruitment and retention. He added the vacancies and recruitment challenges are multi-factored; no one reason that people are choosing to leave. Mr. Blalock asked if this targeted more around nursing or are you seeing the same with all roles within the departments and second you referenced some strategies that are being worked on through human resources to be able to retain staff. Are things like recruitment and retention bonuses on the table as a means to keep staff?

Ms. Robinson responded there are challenges across the board in terms of positions and is affecting our countywide organization. On the PH side it would be nurses and environmental health specialists and on the DSS side it would be social workers. In terms of bonuses, we have discussed it but are not doing sign-on or retention bonuses. Ms. Robinson said in talking with other counties that have done this, it has not worked. There were pros and cons. We are working on a premium pay for employees – everyone will benefit from that – it is funding through the American Rescue Plan Act and there are categories of how you are eligible. The majority of PH employees would be in the primary response category – primary response will receive \$3,000 and there is an additional incentive of \$2,000 for exempt staff who did not get overtime payment. Those not in primary response is probably because they did a lot of work from home and because we are using American Rescue Plan Act funds you have to have worked the majority of the time in the office during the period of time that this payment overlaps. Those moderately impacted will receive \$1,000 – those in highly impacted categories will receive \$2,000. We will be making this payment December 16<sup>th</sup> and making another one next September. We hope it also serves as a retention tool to make people want to stay. Ms. Robinson added we are also working behind the scenes on some other compensation things to present to the commissioners this month.

Mr. Joshua Swift agreed with Ms. Robinson, saying that overall across the health department it is 26% vacancy rate (43% is nurses; environmental health is 24% - the struggle in Environmental Health is that it takes a year to get all their state certifications so they can not do all the inspections). Mr. Swift added that even WIC Nutrition is at 36% vacancy rate and to Ms. Robinson's point, we are not getting applicants in the applicant pool.

Mr. Seats asked on the Cure Violence Program, who is doing the assessment and will be making the recommendation to whether or not this could be right for our county and to whom will they be making the recommendation. Ms. Robinson responded it is Cure Violence Global staff who will be conducting the assessment and they will be providing the recommendation – they will provide a written report and that report will go to our county commissioners and city council because city council is a part of it. Ms. Robinson anticipates that if they recommend it for us then we would have a RFP process because we would need an implementing agency to actually do the work.

Mr. Seats then commented if they are the ones doing the recommendations, they probably would recommend it. Ms. Robinson responded, not necessarily – they have done assessments where they have not recommended it, in different communities, it depends on the readiness of the community – whether it fits their profile. She added, they would not just take the entire city, they would identify target areas within the city, through heat maps provided by the Winston-Salem Police Department.

Dr. Peter Robie asked Ms. Robinson if there was any idea what their gang intervention process is and commented that from his observation, working in East Winston, that is a huge issue. Ms. Robinson explained that Cure Violence Global take violence interrupters, individuals from the community with lived experience and have turned their life around. They use these individuals and try to connect them with the highest risk people and then connect them with an outreach worker who does case management. Ms. Robinson stressed that you need to be willing to be out in the streets late at night and the middle of the morning and have the respect of the community.

Mr. John Davenport asked Ms. Robinson if in her assessment of coming up with different ideas, if there was any consideration with the staff you have, buying more time from them. When asked for clarification, Mr. Davenport explained that his company had put together a program if employees put in so many hours, they got a bonus at the end of the quarter or end of the month – they were trying to reward the staff they had and making it more worthwhile. Mr. Davenport went on to say if you are able to incentivize the people you have and make it worth their while and also making them ambassadors, might be helpful. Ms. Robinson responded that all we do is overtime but that is different than a bonus type approach. She added that is not something they have talked about but she will mention it to human resources and Mr. Dudley Watts as well. She told Mr. Davenport that what his company is doing is very innovative. She added that HR staff is working on compensation options to present to the commissioners, and the preference is to be unified because every department has challenges in a different kind of way. Mr. Davenport responded it is government and you have to do things in a more structured way than in the private industry but the idea is if you could target certain areas and figure out how to get those dealt with. Motivation is not all money, adding his company has had to go hiring people fully remote.

**Department of Social Services (DSS) Director's Comments:** Ms. White gave the following updates (see handouts on file in the Administrative Binder):

**Emergency Rental Assistance (ERAP):**

- continuing collaboration with DSS and the City of Winston-Salem – started in April
- served a little over 3,600 households and a little over \$16.7 million dollars (expending about \$2 million dollars a month assisting with rental arrears, electric, gas, oil and internet for people teleworking)
- additional funds coming in from the County (received \$16 million in ERAP funding from the State - from the Federal Government to the State). Another \$12 million available for ERAP2 funding.
- there are income limits and caps on the amount of funding each family can get (under ERAP1 – up to 15 months total; under ERAP2 – up to 18 months)

**Low Income Household Water Assistance Program (LIHWAP), Low Income Energy Assistance Program (LIEAP):**

- The LIHWAP program came with COVID and is new from the State (given a little over \$600,000 to assist families who are either disconnected or in danger of being disconnected from water utilities). DSS is manually going through a list of about 6,000 families who are in danger of being disconnected to see if they are categorically eligible

according to the State. The water program will go until November 30, 2022 or until funding runs out.

- the LIEAP Program starts in December for the aged and disabled – it will open up to the general public January 1, 2022 until March 31, 2022.

Mr. El-Amin mentioned he had received a few phone calls and asked about the rental assistance process in regard to landlords being truthful in their applications – accusations of landlords falsifying some of the data and turning it back in to DSS. Mr. El-Amin said he thought there was a way to verify the information. He added it may not be an issue but he wanted to bring it to Ms. White's attention. Ms. White responded the utility bills get paid directly to the vendor. DSS has access into Duke Power and have contacts in all of the utility companies where they can get updated bills if they need to verify the amount owed – she has not heard anything in regard to utility bills. Ms. White added that 95% of the landlords they deal with are known landlords in the community – they have good business standards.

Dr. Linda Petrou spoke about a landlord friend who has found the process confusing and was having some problems navigating through the process. She asked if the requirements for all the information came from the State or the Federal government. Ms. White responded it comes out of the Federal Government US Treasury. Ms. White explained to Dr. Petrou that DSS has a lab with staff, supervisors, and a program manager, dedicated to oversee the process. If any tenant or landlord is having difficulty with the system, they should reach out to them for help in maneuvering the system.

**Mural Unveiling for DSS Building:**

- invitations went out to Board members for the unveiling, to be held Saturday, December 4<sup>th</sup> (between 2:00pm – 4:00pm). The murals are on the backside of DSS and are a good representation of how the building started and the history behind it.

Ms. Weston thanked Ms. White for the great job she did.

**Department of Public Health (PH) Director's Comments:** Mr. Joshua Swift gave the following updates (see complete/detailed handouts on file in the Administrative Binder):

**COVID-19 Update:** 85 cases reported in the last 24 hours – starting to see an uptick from Thanksgiving; 85 cases per day on a 14 day average; 1,187 cases in the last 14 days; 8.4% positivity rate; vaccination rate (18 and over – fully vaccinated is 69% - at least one dose is 74%)

**Percent Positives:** has continued to go up – we are above 9% - the gold standard is to get at 5% or below.

**Vaccination Status:** children 5-11 fully vaccinated-15% /partially vaccinated (over 5,000 children) -2% have now had their second dose. Guilford - 14% for this age group; Davie -11%; Surry/Yadkin/Stokes -5%; the State is at 14% - Forsyth is slightly above the State level.

**Vaccine Schedule Update:** Mr. Swift reported that vaccine is given at the department at the following times:

- Adults and Children (Monday-Wednesday and Friday 8:00-5:00pm; Thursday 8:00-8:00pm)
- Boosters for all adults 18 and older (6 months after Moderna or Pfizer; 2 months after Johnson & Johnson)
- Children (Saturdays, December 4, 11, 18) – Appointments required

**Omicron Variant (B.1.1.529):**

- The World Health Organization classified Omicron as a variant of concern on November 26, 2021
- First case identified in the U.S. today (California - from a traveler)
- Early data has suggested increased transmissibility
- Booster doses for individuals 18 and older has been strengthened and recommended by the CDC
- More research is needed to determine if the omicron variant will evade immunity from vaccines or infections – unclear if the disease it causes is more severe than other variants
- Trying to take a measured approach – do not want to panic but we want to be prepared

Dr. Robie asked when the new medicine - COVID pills come out, does the health department plan to purchase and make them available. Mr. Swift responded we have had very little guidance on that from the State – he did hear from the State that the supply would be limited. Mr. Swift added it would not be something that the health department could readily pass out. He reminded everyone to keep in mind that the health department does not do primary care and are not seeing people in that setting. Dr. Robie added that optimists have high hopes that the medicine may be a game changer for COVID.

Mr. Seats shared that a couple of the Board members had been doing some research and put forth a great deal of effort in putting together a presentation on the nursing shortage. He wanted to give them some time to share what they have uncovered and give a little background on what brought them to this point.

**Nursing Shortage Presentation – Ms. Sharon Pettiford and Ms. Pamela Corbett** (see complete/detailed handouts on file in the Administrative Binder):

Ms. Corbett shared that it was based on an NPR program that she heard about the nursing shortage, which was attributed mostly to the lack of faculty in nursing schools – as a result, thousands of qualified nursing students were rejected. The reasons given for the faculty shortage was COVID, early retirements, and baby boomers. Ms. Corbett thought about the loaned executive programs that went on in the past and wondered that if the nursing training institutions were short of faculty, could nursing staff at our health institutions lend some of their professionals as adjunct faculty to provide training. She wondered if there were shortages or if those types of relationships existed. Ms. Corbett thanked Ms. Pettiford for taking the lead on the presentation as the subject matter expert.

Ms. Pettiford started her presentation by saying that no matter where you are, everyone feels a little of the nursing shortage. She acknowledged a faculty shortage and to get to the heart of the matter she spoke with some of the nursing education administrators from Winston-Salem State University (WSSU) and will soon meet with leaders from Forsyth Technical College (Forsyth Tech.). According to Ms. Pettiford, Ms. Robin Hack, the director for Clinical Education, at Baptist, plays a key role in facilitating clinical rotations while connecting with local nursing school programs. To gain knowledge about the challenges and difficulties the nursing shortage is causing, Ms. Pettiford and Ms. Hack met with Dr. Cecil Holland, WSSU Chief Operating Officer, Ms. Anne Moore, WSSU Nursing Clinical Instructor and Ms. Carolyn Rajacich, RN, who manages the clinical contracts that WSSU has with local hospitals. Some of the obstacles in nursing enrollment include:

- Decreased numbers of faculty (many aging out);
- Faculty must have a masters of science degree in nursing;
- Difficult to attract adjunct faculty – (clinical teaching associate program – nurses that applied to be adjunct faculty);
- Difficulty attracting clinical teaching associates;
- Pay for adjunct faculty is not the same as the money that could be made working in the hospitals; and
- Degrees needed (bachelor of science in nursing – not a community college RN degree)

Ms. Pettiford also spoke about there being a history before COVID of there not being enough clinical sites, so many nursing schools in the area are competing for sites for their students to come to either Novant or Atrium Health Wake Forest Baptist Medical Center for clinical time. She spoke about the decline in nursing applications to the WSSU nursing program. Although WSSU can take up to 265 students per year, they have never reached that number. WSSU recently graduated 105-110 nursing students per year (pre-COVID it was around 120 students). WSSU also has an accelerated program where they graduated 45 nurses per year. Ms. Pettiford pointed out that these are the struggles and reiterated Ms. Corbett's point about using current nurses at Baptist and Novant, saying that is what the clinical teaching associate program is all about.

Ms. Pettiford talked about the following ideas about what can be done to fix the nursing problems:

- CARES Act (based off Title VIII Nursing Workforce Preauthorization Act – Senate Bill 1399 and House Bill 728) – there are now lots of grants and initiatives that will help
- Nurse Education Practice and Retention Grant supports schools and nurses at the associate and baccalaureate degree level – grants are provided to schools of nursing and also state and local government.
- Nurse Faculty Loan Program – upon graduating from getting a masters or doctorate degree, the recipients are required to teach at a school of nursing in exchange for cancellation of 85% of their tuition

Ms. Pettiford felt that somehow we have to make teaching more attractive because not a lot of people are interested in becoming a nurse educator. One of the attachments she sent out shows where all the nurses are working (nurse practitioners or educators). She added the number for the nurse educators is half that of a nurse practitioner or nurse anesthetist, which are the more popular jobs. Ms. Pettiford called the NC Board of Nursing to find out any ideas they could share



with her. She is planning a meeting with Forsyth Tech and will also reach out to the other local nursing programs to ask them the same questions she asked WSSU (what are your barriers and where do you go from there).

Ms. Robinson mentioned the County has had a lot of conversations with Forsyth Tech, through Workforce Development Community, Economical Development about helping us with our pipeline on various positions, including nursing. They have the same issue, clinical instructors and are not accepting people who want to become nurses because they do not have enough instructors. Ms. Robinson reported that Forsyth Tech submitted a proposal through our American Rescue Plan Act Funds for approximately \$550,000 for clinical simulation software to augment clinical instruction. It has been recommended for the Board of County Commissioners to approve. If approved, it will help them to accept 90 more nurses. Ms. Robinson stated there are pros and cons to simulation but a lot of places are doing it now and you have to be innovative and creative. This will be Forsyth Tech's first pilot program in response to them figuring out how to get more people in their nursing program. A lot of research was done on this particular simulation software and they will be starting next semester, once the proposal is approved.

Mr. John Blalock thanked Ms. Pettiford and said he appreciated her taking this on and doing the research. He thought it was a brilliant strategy to focus in on the education piece if this really is an issue and it will create the pipeline for nursing. Mr. Blalock stated we are feeling this pain throughout the community – there are huge vacancy rates at the hospitals and the health department and elsewhere. He thought if we can use this as a strategy to stabilize some of the nursing, you will see less fluidity in the round of people leaving and be able to retain people. He asked if there had been any further conversations at Wake with nursing leadership about engaging either WSSU or Forsyth Tech to see how we might be able to help incentivize people to want to do education. Ms. Pettiford responded not directly – the small group conversations we are having are a start. She added the problem is we do not have a lot of nurses with a lot of experience, which leads to her part about travel nurses – the travel nurse piece is a big deal.

Mr. Seats asked if there was a way that Forsyth Tech, who has a waiting list and WSSU who has excess capacity can get together and not waste those students on the waiting list and excess seats.

Ms. Robinson responded, it is the cost. Mr. Seats asked Ms. Pettiford when talking to these schools, what are their plans for addressing this – what creative things do they have going, if anything. Ms. Pettiford responded that one of the things they did discuss was the possibility of the master of science program – the nurse practitioner program and CRNAs program are popular. What if WSSU could add a couple of classes to those degrees and you graduate with a dual masters in education and your nurse practitioner or CRNA – you could teach, if you wanted to - the accelerated MSN program with a concentration in education. Ms. Pettiford added we will try to work together to get some more teachers because it would benefit everyone.

Mr. El-Amin, asked about the students from WSSU that would come to observe the board meetings – he asked if any of them applied to come to public health, university settings or the hospitals. Do we get any benefit from that? He also spoke about his daughter-in-law who is a travel nurse who goes all over the country making lots of money. Ms. Pettiford responded that she used to be a travel nurse for 18 months and had a great time. She explained that what is happening is that all the travel nurses they brought in are talking to their nurses about going other places and getting so much money – if you have no attachments here, the nurses are gone. She

added, this is happening everywhere. Different hospitals pay different rates. The travel nurse thing is going to make it hard to maintain any nurses in hospitals – what can we do as a region or nationally. Ms. Pettiford stated she does not know how to start that process – how do you say we can not be held hostage by travel nurses

Ms. Corbett commented is this where legislators and lobbyists come in. She felt if this is a national issue then Novant and Baptist should have lobbyists in Washington D.C. She asked who talks to them. Do they know about this? What can they do? Ms. Pettiford responded you do not want to message this in the wrong way because you want nurses to be independent. Ms. Corbett added, maybe the conversation starts with our representatives in Washington D.C. and asking them to talk with their legislation writers/staff. If there were legislation, what would it look like.

Ms. Pettiford responded she will ask around. She is not saying that travel nurses need to end, it just needs to be more reasonable – seems out of control. Mr. Seats commented, it seems like travel nurses are there to meet a need that exists – until we solve the need problem, it sounds like travel nurses will be part of the solution. Hopefully the high salaries will attract some more people in the front of the pipeline so we can start to bring those prices down as we get more supply.

Ms. Pettiford will follow-up and keep the Board posted and told them to feel free to email her with any questions.

Ms. Weston asked on the legislative side, who would you reach out to. Ms. Pettiford responded she was going to reach out to Ms. Cathleen Wheatley and she could probably direct her the right way. She will also ask Dr. Jennifer Lewis (NCBON) about it when she speaks with her. Ms. Weston and Ms. Corbett offered Ms. Pettiford their help in anyway.

Dr. Robie extended his support for nurses saying they are essential to health care – for their emotional support and tenderness – he thanked Ms. Pettiford for all she does.

Lastly, Ms. Corbett mentioned a letter to the editor she saw that referenced the legislation and its support for nursing – it was a nurse who wrote the letter, provided the bill numbers and asked for people to write their congressmen and senators to support the bills. Ms. Corbett did not know the details of the bill however she will get the information and send it out to Board members and asked them if they could send a letter to their representatives via the internet in support of the bill. She felt it might be very helpful.

Mr. Seats thanked both Ms. Pettiford and Ms. Corbett for the presentation and said it is a good beginning – let's keep it going.

### **New Business:**

### **2022 Meeting Schedule:**

Ms. Robinson presented the proposed 2022 Health and Human Services meeting schedule. After some discussion regarding having in-person meetings versus keeping them virtual, Mr. El-Amin made a motion to accept the meeting proposal as presented – Ms. Weston seconded. The motion was carried, by majority vote to continue the meetings bi-monthly, virtually.

## **Committee Updates – Legislative**

Dr. Petrou reported that the General Assembly is basically out – no votes until December 10<sup>th</sup> and will probably go in for part of a day and then go back later in January or the end of December for the following three reasons:

- (1) Override any vetoes they might have;
- (2) Vote on last minute negotiated measures between the two chambers; and
- (3) Address any items relating to redistricting

Dr. Petrou stated this has been the second longest session since 1965 and the first budget that the governor has signed since he has been governor.

According to Dr. Petrou, one bill that may come up next year is a bill to legalize marijuana for medical use – she indicated it was discussed in the legislature this year and will be brought up again, next year.

She reported that Atrium got \$2.6 million dollars in this budget to build a new autopsy center, which she felt was needed and will cover some other counties in the west. Also, in the budget, Dr. Petrou announced, is money for high speed internet, which will help in the area of telemed.

Before closing, Dr. Petrou mentioned an article she read that stated during the period from April 2020 – April 2021, we reached an unhappy milestone where we lost 100,000 people, in this country, to COVID. She added there is another pandemic going on that we are not paying enough attention to and that is death from overdose – during that same time span, we had over 100,000 people die from drugs (63,000 from overdose – fentanyl). She foresees a problem for the next years because nothing is being done to address this problem and it is getting worse.

Mr. Swift reported, the health department now has Narcan (Naloxone) available. Ms. Amanda Clark is over our Forsyth Regional Opioid and Substance Use Team (FROST) Program. Ms. Robinson stated the county will be receiving funds from the Opioid settlement – anticipate receiving by the end of this fiscal year. \$1.2 million dollars per year is anticipated for Forsyth to address the Opioid crisis. Ms. Weston asked who will oversee this and Ms. Robinson responded it will not just fall under Ms. Clarke’s area – it will be a similar process like what we do for Behavioral Health funds. Ms. Robinson added the funds would not necessarily be housed within the health department – some other community organizations may be involved but we do have ideas how we can use part of the funds.

Mr. El-Amin thanked Mr. Swift for having Narcan available in the lobby for those people that need it – it makes a big difference.

## **Adjourn:**

Mr. Seats wished everyone a happy holiday season and new year before asking for a motion to adjourn. Dr. Robie made a motion and Mr. Seats seconded. The meeting adjourned at 7:13pm.

SR/lgc

**Next Meeting: February 2, 2022 - 5:30pm**