

Carteret County Human Services Board Meeting February 14, 2022

The Carteret County Human Services Board held its regular monthly meeting on Monday, February 14, 2022 at 6 p.m. The meeting was held via Zoom

Present

Carol Armistead
Scott Cobb
Darden Eure
Kathy Foster
Richard Gray
Jodi Lewis
Ralph Merrill
Tara Mitchell
Ed Myers
Carol Wray

Absent

Lindsay Creech
Betsy Daniels
Commissioner Mark Mansfield
Dr. Gregory Reichert
David Taylor
Dr. Walter Westbrook

Staff

Jessica Adams
James Chiavola
Jesse Dail
Kim Davis
Dr. Sara Grossi
Gina Harris
Cindy Holman
Kay Huffman
Clint Lewis
Nina Oliver
Alex Showalter
Jamie Willis

Cheryl Burke, Carteret County News-Times reporter, also attended the meeting.

Call to Order

Chair Wray called the meeting to order. Carol Wray said the invocation. The Pledge of Allegiance was said by all.

Adoption of Consent Agenda

The Consent Agenda consisted of:

- A. Approval of January 10, 2022 Consolidated Human Services Board Meeting Minutes
- B. Request to Accept NC Office of Rural Health Community Health Grant, \$49,948
- C. Request to Accept State Funding- Agreement Addendum #620, ARPA COVID-19 School Health Team Workforce, \$87,009

Chair Wray requested a motion to adopt the Consent Agenda.

MOTION – Carol Armistead made a motion to adopt the Consent Agenda as presented, seconded by Kathy Foster, approved by all.

Adoption of Agenda

Chair Wray requested a motion to adopt the February 14, 2022 Carteret County Human Services Board Meeting Agenda.

MOTION—Ed Myers made a motion to adopt the February 14, 2022 Carteret County Human Services Board Meeting Agenda, seconded by Richard Gray, approved by all.

Public Comment

Since members of the public are not able to attend the meetings via Zoom, a notice was printed in the Carteret County News-Times on February 13, 2022, directing any questions to Cindy Holman's email. One member of the community, Kenneth Conklin, spoke at this month's meeting.

Kenneth Conklin, who resides at 8706 Plantation Drive, Emerald Isle, introduced himself. Mr. Conklin is a retired Navy Independent Duty Corpsman. He presented a PowerPoint presentation that detailed his research on alternate prevention and treatment of COVID-19. The presentation, titled "Carteret County Public Health Initiative to Recommend and Promote Frontline COVID-19 Critical Care Alliance's I-Mask+ Protocol in Local High-Risk Communities, described the overview of the current situation, introduction to the FLCC organization, I-Mask+ protocols for pre-post exposure, components of I-Mask+, and a proposal of a public health initiative.

Carol Wray thanked Mr. Conklin for attending and told the board members to get in touch with him if they had more questions.

Adult Services Presentation

Gina Harris, Adult In-Home Services Supervisor

James Chiavola, Adult Protective Services Supervisor

Adult In-Home Services:

Gina Harris began by discussing the Adult In-Home Services Unit.

The Adult In-Home Services Unit administers the Community Alternative Program for Disabled Adults (CAP/DA), Special Assistance In-Home, and Level II In-Home Aide programs. All adult in-home programs are intended to assist qualifying individuals to remain safely in their own home and community rather than being placed in an assisted living or skilled nursing facility. These programs do not replace but, rather, supplement the formal and informal services and supports already in place. We also have an Adult Home Specialist Social Worker that monitors Carteret County's adult care and family care homes for compliance with State rules and regulations.

The CAP/DA program is a Medicaid Home and Community-Based Services Waiver that provides a cost-effective alternative to institutionalization to a specified targeted population. The individual must meet the income and resource limits for full Medicaid or be able to meet a monthly deductible to make them eligible for Medicaid. The CAP/DA program waives certain NC Medicaid requirements to furnish an array of home and community-based services to adults with disabilities. Other requirements include that the individual must be skilled nursing level of care, and the health, safety and well-being of the client must be assured in the home setting. CAP/DA services include case management services, in-home aide services, home accessibility and adaptation, personal emergency response systems, and specialized medical equipment and supplies. As of today, all of Carteret County's assigned 107 CAP/DA slots are filled. In addition, we have one borrowed slot as well as 5 Alzheimer's slots. We currently have 18 individuals on

our CAP/DA waiting list. Changes in the State's CAP/DA referral process have created longer waiting times for potential beneficiaries to receive these needed services.

The Special Assistance In-Home program provides a choice to those who are eligible for care in a licensed residential care facility but who desire to, and can, remain safely in a private living arrangement by providing them with financial assistance and case management services. This payment is an income supplement and is intended to assist with the provision of daily necessities such as food, shelter, clothing, utilities, transportation, in-home aide services, essential household items, essential home repairs and modifications and other services that enable the client to live at home safely. The individual must be eligible for full Medicaid and deemed assisted living level of care. Currently, we have 42 active SAIH cases, five pending applications, and 13 on the waiting list. Carteret County has 60 SAIH slots assigned by the state. Recipients receive an average of \$300 per month. The State plans to remove the slot restriction and reverse the requirements for SAIH and an individual that is found eligible, will automatically be eligible for Medicaid. This is expected to create an influx of applications.

The Level II In-Home Aide program is intended to assist individuals with attaining and maintaining self-sufficiency and safety in their own home for as long as possible. This program is funded through the Home and Community Care Block Grant. This service provides an in-home aide to assist with home care management and personal care needs. The program is based on need, not income or resources. An individual must be at least 60 years of age and assisted living level of care. Currently, we serve 13 individuals for an average of 8 hours per week. There are 63 on the Level II IHA waiting pool list.

In all programs, an Adult Protective Services substantiated case will take precedence and will be served as soon as possible. COVID-19 has created challenges in providing services to our clients. In-home agencies are finding it hard to staff our cases which leaves our clients without assistance in the home. Home visits have been waived by the State, however our social workers have made visits based on each client's individual circumstances.

Adult Protective Services:

James Chiavola discussed the APS unit and outreach workers.

Outreach workers act as liaisons between community organizations, the Department of Social Services, and the counties local citizens. Outreach can encompass a myriad of fields or can focus specifically on a certain demographic. As it relates to Adult Protective Services or (APS), there are certain criteria that must be met in order for an APS report to be accepted for evaluation. NC General Statute sets out three criteria for the APS program. The three criteria are: 1) alleged to be a disabled adult; (2) alleged to be abused, neglected, and/or exploited; and (3) alleged to need protective services. When a report is received in the agency, an initial screening must be made immediately to determine if it is a protective service report. A report should always be considered protective services unless the allegations do not meet the three criteria. Every report must be received and screened since the county department of social services is the sole agency with authority and responsibility to provide APS. It is important to

note that requests which come to the department for other services may, upon further exploration, result in an APS Report.

Outreach typically occurs in a few different manners:

- DSS receives a call from a concerned citizen about a possible vulnerable adult
- An APS report is called in that does not meet the criteria
- An individual comes into the agency with information regarding a possible vulnerable adult

The similarity that can be observed among these instances is that there is not enough information to meet the criteria for an APS report. Simply because a family member, friend or concerned citizen does not capture the correct terminology does not always mean there is not an individual in need of some assistance in our County, therefore Outreach is conducted and an APS report is created or the adult is linked with whatever services they can benefit from without the need of an APS report.

Although there is no one size fits all approach when conducting Outreach, predominantly in the recent months we have assisted the county's homeless population. To date this demographic is approximately 75 in Carteret County. The cold weather coupled with an inability to call or walk to a location in order to receive services has shown an increase in Outreach's conducted with the homeless and impoverished members of our community. In the last 90 days Carteret County DSS has conducted Outreach on 20 occasions in which 13 of the 20 involved the homeless. In this short snapshot we can see that over 50% of the Outreach's conducted made contact with the homeless in which an inability to access services (transportation) or knowledge of services available were the main factors leading to the Outreach. Once contact is made during an Outreach, safety for the individual as well as the Outreach worker is assessed by the APS Supervisor and then staffed and turned over with another Social Worker in Adult Services who then works with the adult to align appropriate services, placement, as well as the identification of any social or natural supports the adult may have.

As a service to the community, professionals from Carteret County Adult Services are available to speak and present information to local organizations and community partners regarding abuse, neglect and exploitation. Presentations can be designed to fit your needs and may include opportunities for activities and questions.

Speaking Topics may include:

- Overview of Elder Abuse/APS
- Indicators of Abuse, Neglect and Exploitation
- APS Screening guidelines
- Referral process and expectations
- Collaboration and role of community partners

The outcome of many of the Outreach's conducted do not result in an APS report. Through the provision of information and education regarding community resources the majority of those receiving Outreach maintain a quality level of independent living.

Carol Wray told James that is was wonderful to get an overview of the APS program and encouraged anyone who had questions to contact him.

Bad Debt Write-Off

Nina Oliver, Health Department Director

The total 2020 Bad Debt Write-Off is \$4,455.03. The accounts reviewed have not had any activity on their account for twelve consecutive months. There are 111 accounts requested to be written off. This is a significant increase of 27 accounts from last year's Bad Debt Write-Off list of 84 accounts. Last year's total was \$2,603.74, this is an increase of \$1,851.29. The increase is largely due to the change in our check-in/check-out process. In an effort to reduce transmission of COVID-19, patients were screened and checked out by phone. During this period, we primarily collected card payments. We saw a reduction in cash payments.

We are requesting these 111 accounts, totaling \$4,455.03 to be written-off for 2020 according to the Bad Debt Write-Off Policy. Of these 111 accounts, 7 are not eligible to be sent to the NC Debt Setoff Program because these patients do not have Social Security numbers. There are 2 accounts we cannot send due to the patient's confidentiality status. These accounts equal \$903.03 of the total, or 20.27%. The remaining 102 accounts are under the \$50.00 minimum requirement to be sent to the NC Debt Setoff program. These 102 accounts total \$3,552, or 79.73% of the total.

Carol asked if the increase is related to COVID. Nina stated that yes, it is, since people are more apt to pay in person, and since patients were not checking out in person, it was harder to get them to pay over the phone. Many pay in cash, and do not use debit or credit cards. Ed Myers asked those without SSN are undocumented workers. Nina said this is correct. Ed stated that when he first became a board member, the bad debt was very high. He hopes it does not get out of control again. He asked Nina what she proposes to do to keep it from getting out of control again. Nina said the best thing to do is ask in person, now that we are seeing patients in person again.

Chair Wray asked for a motion to approve the bad debt write-off.

MOTION: Ed Myers made a motion to approve the bad debt write-off, seconded by Kathy Foster, approved by all.

Health Department Updates

Nina Oliver, Health Department Director

Environmental Health Updates:

- A new Animal Control Officer, (Taylor Smith), started February 14, 2022.

Health Education Updates:

- Laci Shue was hired as the new Health Educator.
- The Health Ed Team is continuing to work with local organizations to distribute N-95 respirators equitably to residents in Carteret County.
- Working with Health Education Intern to plan an outdoor community resource fair, Home Run for Health, at Eastern Park in Smyrna on Saturday, May 12th.

Dental Updates:

- The dental unit is currently at Morehead Primary.
- Still searching for a dental hygienist.

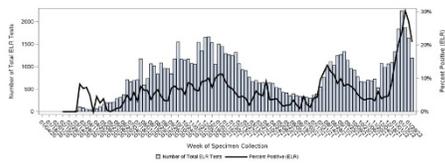
Nursing Updates:

- We are now offering COVID vaccine throughout the week through our general clinic services. We are also offering it to all clients who come for regular clinic appointments. We continue to offer pediatric COVID vaccine on Wednesday for 5-11-year-olds, and will be ready to offer it to the 0-4-year-olds when it becomes available.
- We continue to offer COVID testing daily.
- We are recruiting for a new position, a Hepatitis C Bridge Counselor. This position will serve other counties within our region to connect clients identified as having Hepatitis C with treatment and other wrap around services.
- We received \$87,000 in state funding to support school health serving positions. In collaboration with the school system, our focus will be securing a mental health specialist who will provide mental and emotional health services and COVID-19 support and response in schools and directly to students.

COVID Updates:

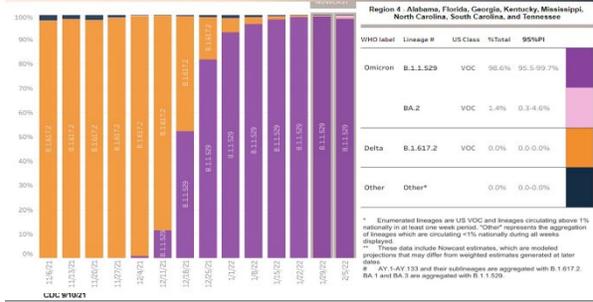
Nina presented a PowerPoint with the latest COVID data. The statewide positivity rate is going down, 14.4%, compared to last month's 31.1%. The county rate is a little higher than last month. There are currently 87 active cases in the county. The HD gave 293 vaccines in January, bringing the total to 14,763. Nomi Health may be partnering with the hospital to bring long term testing resources to the area.

**COVID State and
 Carteret County Trends**

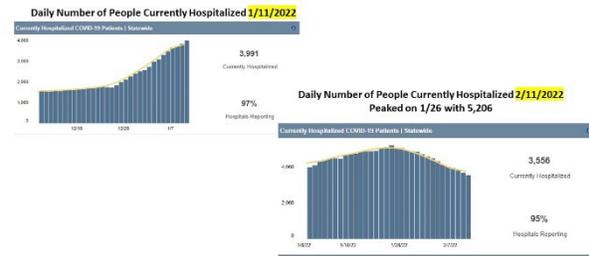


What we are seeing

- NC positivity rate: 14.4% (2/14) **31.1% (1/10/22)**
- Carteret positivity rate: 20.6 (2/14) **17.5% (1/10/2022)**
- 87 Active (2/14/2022)
- 13,728 Cleared
- 112 Deceased
- 13,927 Total confirmed cases
- 15 COVID-related hospitalizations (5 vaccinated/10 unvaccinated)

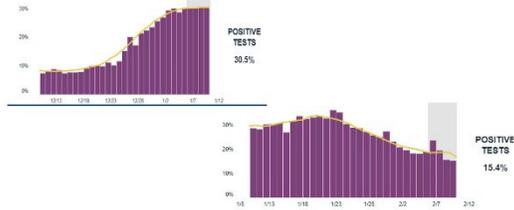


Key Metrics



Source: <https://covid19.cohhs.gov/covidboard>

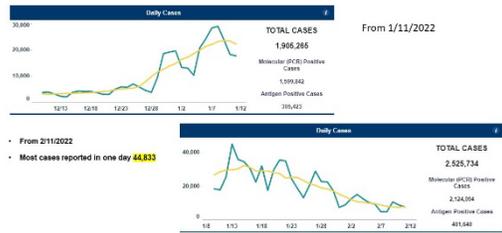
Positive Tests as a Percent of Total Tests



COVID vaccines given in January: 293
 Total amount of vaccines given by the CCHD: 14,763
 Total amount given to 12-17 year olds: 290 first doses given, 584 total
 Total amount given to 5-11 year olds: 169
 Total number of additional doses/boosters given: 3026

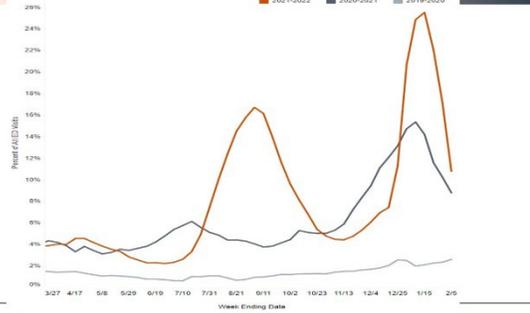
Carteret County Total Population Vaccination Status:
 People Vaccinated with at Least One Dose: 47,660
 People Vaccinated with Two Doses or One Dose J&J: 44,126
 People Vaccinated with One Booster/Additional Dose: 20,043
 Percent of Population Vaccinated with at Least One Dose: 69%
 Percent of Population Vaccinated with Two Doses or One Dose J&J: 64%

Daily Cases by Date Reported



- From 2/11/2022
- Most cases reported in one day **44,833**

What Percentage of ED Visits this Season are for COVID-like Illness Compared to Previous Seasons?



Current COVID Operations

- **Weekly COVID Planning Meeting**
- **Offering COVID vaccines through general clinic**
- **Offering COVID testing 5 days a week**
- **Offering COVID testing on every Saturday in February from 10-3pm**
- **Partnering with the hospital and Nomi Health to bring long term testing resources here to Carteret County**
- **Distribution of N95 masks to the public**

Strong Schools Took Kit Updates:

As the pandemic evolves, NC Department of Health and Human Services and the Carteret County Health Department are committed to providing the most effective and appropriate public health guidance for the current phase of the pandemic. The best tools right now are: getting vaccinated, getting boosted, wearing a well-fitting mask, testing after exposure, and staying home when sick. Contact tracing has been an important public health tool used to slow the spread of COVID at earlier points in the pandemic and remains important in certain high-risk congregate settings.

At this phase in the pandemic, individual contact tracing in other settings and in the community is a less effective tool, due to several factors that include:

- Emergence of variants with shorter incubation periods and rapid transmission.
- People with infection are most contagious prior to symptom onset and during the first few days of illness.
- Larger number of asymptomatic and less severe cases due, in part, to some immunity from vaccination and past infection.
- Many infections are never identified by public health agencies because persons with asymptomatic or mild cases may not get tested as well as the increasing use of at-home tests.
- Widespread virus and low rates of case and contact information limit effectiveness of contact tracing as a way to reduce transmission.

Due to these reasons, the Strong Schools Tool Kit now reflects that individual contact tracing and exclusion from school after an identified exposure are no longer a statewide requirement or recommendations in these settings. The Tool Kit is available now but will go into effect on February 21, 2022, giving public health and school leaders time to plan for implementation.

The new version allows greater flexibility and lets children stay in school where they will be able to continue to learn and be around their peers.

Carol Wray stated she is relieved to hear that the tool kit has been updated. She asked if the home tests are skewing the statistics. Nina said there is probably a much higher positivity rate than we know. The home tests are great though because they put people's minds at ease and they cut down on the demand of testing facilities. Cindy stated that there are many presumed positives around the county, so this also impacts our positivity rate. Carol Wray asked how the Saturday testing is going. Nina said she wishes they had been here in January, when the demand was much higher. There were 49 on the first Saturday and only 25 on the second Saturday.

DSS Updates

Jessica Adams, DSS Director

Economic Services Updates:

The Medicaid team continues to undergo the REDA Audit. In January, we had one eligibility error case. We had 50 more applications for Adult Medicaid in January 2022 than we did in January 2021. The number of Medicaid recipients continues to increase due to the Public Health Emergency waivers. The total number of individuals receiving FNS benefits continues to increase, at the end of January we had 7,720 recipients. Child Support continues to perform well with excellent cost effectiveness (\$8.38 per \$1 county dollar). We are working toward improving collections for payments towards arrears and hope to partner with the Sheriff's Office this spring for a Child Support Round-Up.

Child Welfare Services Updates:

In January, we accepted 43 reports of abuse, neglect or dependency, provided In Home services to 52 families and 73 children were in foster care. We currently have no front-line vacancies; however, we have had a resignation from a Social Work Supervisor. During January, we had cases reviewed by DHHS using the OSRI tool, which is the tool used during the federal review. We also had one Intensive Child Fatality Review. The reviews were helpful in identifying areas of needed growth and continued improvement. There is a lot of work being done at the state level regarding child welfare transformation and we feel we are in a good position to embrace upcoming policy, practice and technology changes.

Adult Services Updates:

At the end of January, we had 70 persons under guardianship. We have received guardianship of new individuals; however, this number is staying stable over the last few months as several wards are now deceased. We received 24 APS reports in January, the highest over the course of a year. Special Assistance personal needs allowance increases from \$46 to \$70 per month beginning March 2022. We have been advised that there will no longer be a cap in the number of Special Assistance In-Home slots beginning in July.

Child Care:

Child Care cases decreased in the month of January, we served 6 less children. We have funding to serve more children, but doing so has been difficult as providers have not been able to accept more children. Spending is down statewide as a result of the pandemic and child care facility staffing issues. There is currently a Waiver of Parent Fees for service months February 2022 through June 2022.

LIHWAP Updates:

The Low-Income Household Water Assistance Program (LIHWAP) is a new program that provides emergency assistance to low-income households, particularly those with the lowest incomes, that pay a high proportion of household income for drinking water and wastewater services.

- Total Allocation: \$87,687.00

- Approved Applications: 278
- Funding Obligated: \$85,568.78
- Those who are 150% poverty level can receive water assistance and receive a one-time payment for up to \$600 toward their current bill, paid directly to the vendor.
- We have requested an additional \$80,000 for the program.
- There are approximately 167 pending payments.

LIEAP Updates:

- We have been allocated \$259,521 regular LIEAP funds and an additional \$340,382 through ARPA for a total of \$600,003. This benefit goes directly to the client's heating source vendor.
- Households receive \$300, \$400, or \$500 one-time payments based on income and household size.
- Total funding obligated as of 2/14/22 is \$257,900 serving 741 households.

Director's Report

Cindy Holman, Human Services Director

Cindy stated she is very appreciative of the work being done by both agencies. She is also grateful for both directors. Nina will come off probation in March, and Jessica in May. She hopes they stick around for a long time. She wanted to let the board know about an event being held at the Carteret County Speedway on April 9th. A concert will be held to raise money for Smart Start.

The Consolidated Human Services Director position is still posted. Applications are being accepted through February 20th. The budget is currently being worked on for the next fiscal year. Both will be presented at next month's meeting. Masks are still required in both agencies and will continue to be required until positivity rates are consistently down. Cindy thanked the Board for being faithful in attending the Consolidated Board Meetings.

Old Business

None

New Business

Carol Wray wanted the Board to know that the meetings will now be published on the County's website.

Adjournment

As there was no other business to be discussed, Chair Wray asked for a motion to adjourn.

MOTION – Ed Myers made a motion to adjourn, seconded by Scott Cobb, approved by all.

Cindy P. Gelman

Consolidated Human Services Director

2/14/2022

Date