

A Regular Meeting of the Durham County Board of Health was held on February 13, 2025, with the following members present:

Roger McDougal, DDS; Gene Rhea, PharmD, MHA; Josh Brown; Victoria Orto, DNP, RN, NEA-BC; Anthony Gregorio, MBA; LeRon Jackson, MD, MPH, Pam Silberman, Commissioner Stephen Valentine

Excused Absent: James Miller, DVM, Darryl Glover, OD.

Others Present: Rod Jenkins, Donna Murphy, Attorney Christy Malott, Kristen Patterson, Jeff Jenks, Chris Salter, Marissa Mortiboy, Lindsey Bickers Bock, Micah Guindon, Rachael Elledge, Jim Harris, Annette Carrington, Liz Stevens, Jaeson Smith, Alicia Smith, Dennis Hamlet, Alecia Smith, Savannah Carrico, Malkia Rayner, Jess Rhodes, JP Zitta, Yvonne Reza

**CALL TO ORDER:** Chair Roger McDougal called the meeting to order at 5:00 p.m. with a quorum present.

**DISCUSSION (AND APPROVAL) OF**

**ADJUSTMENTS/ADDITIONS TO AGENDA:** There were no adjustments/additions to the agenda.

Before I begin, with the agenda, I wanted to take a moment to recognize a few folks, this may be a little out of order, but we're going to do a vote. So, I wanted to do this 1<sup>st</sup>. Mr. Joshua Brown has been reappointed to the board. I also want to recognize Dr. Pam Silberman who is new to the board. I just wanted to welcome you to the Durham County Board of Health. Let me not forget Commissioner Valentine, who's also new to the board, to welcome you, and allow you a couple of words to the rest of the board.

**Pam Silberman:** Hi, everyone, I'm Pam Silberman. I'm formerly a professor in the Department of Health Policy and Management at the School of Public Health. I've been retired since 2023. I used to run the D.Ph. program that Rod just graduated from not too long ago, so I have a connection with him there, and from the Kappa. Reynolds Charitable Trust Board, and before working at the School of Public Health, I was President of the North Carolina Institute of Medicine. So that's my background, and I have been a long-time Durham, resident.

**Chair McDougal:** Awesome. Thank you again. Welcome Commissioner Valentine.

**Commissioner Valentine:** Yes, Dr. McDougal, thank you so much. So, I come to you as a sitting professor at North Carolina, Central School of Law. I'm the director and supervising attorney of the Veterans Law Program and a former assistant professor in the social work department. So, I have experience in both law and social work, and so, the people were so kind and generous to elect me for a term on the county commission, so I'm here to serve, and I look forward to the work that we're going to do together. Thank you again.

**Roger A. McDougal:** Thank you. And we don't want to forget about our old friend. Not so old but our longtime friend, Joshua Brown, was recently reappointed to the board. Joshua, we'll give you the same courtesy to say hello and give a brief synopsis of your bio.

**Josh Brown:** Oh, thank you, sir. I'm glad to serve my 3rd and final term with the board here. I joined back in July of 2020. I'm currently a finance



2 A Regular Meeting of the Durham County Board of Health,  
held February 13, 2025

manager at Humana. I went to UNC. For my master's degree in health informatics, I have been a Durham resident since about 2018.

Chair McDougal: Awesome. Well, thank you. Again, welcome back to Josh, and welcome to Commissioner Valentine and Dr. Silberman. So, we hopefully had an opportunity to review the agenda. I will entertain a motion at this time to accept the agenda or amend the agenda as necessary.

Dr. Gene Rhea made a motion to approve the agenda. Dr. Victoria Orto seconded the motion, board members unanimously approved the motion as identified in the attendance roster above.

**PUBLIC COMMENTS:**

- There were no public comments.

**REVIEW OF MINUTES FROM PRIOR  
MEETING/ADJUSTMENTS/APPROVAL:**

Commissioner Valentine motioned to approve the minutes for December 12, 2024. Dr. Gene Rhea seconded the motion; board members unanimously approved the motion as identified in the attendance roster above.

**Chair McDougal:** Thank you, we will move on to our staff and program recognitions and give the floor to Dr. Jenkins.

**STAFF/PROGRAM RECOGNITION:**

Dr. Jenkins, Public Health Director for Durham County Department of Public Health recognized:

**Dr. Jenkins:** Thank you so much, Dr. McDougal. I would like to first and foremost personally extend a warm welcome back to Mr. Brown. Thank you for your service. He's been a fantastic board member, very faithful, one that shows up. So, we thank you so much for your participation. We warmly welcome Pam Silberman and Commissioner Valentine. As I've said privately, you're joining probably one of the greatest boards in NC, the Board of Health. They get it done, and they get it done efficiently.

- So, we hope to continue that. As the year has started, I want to acknowledge two individuals who are near and dear to my heart, and to the work we do here at Public Health in Durham: my two deputies. I'd like to publicly recognize Liz Stevens and Kristen Patterson for the awesome work they do.
- Some of you know that I am the president of the Association of Local Health Directors this year, and that role has taken me away from the office—not too much, but I want to thank them for their professionalism and all the work they do while I'm out, truly advocating for Public Health across North Carolina.
- I'm proud to say I chose wisely—two strong women who have been leading the way. They do an excellent job with care, compassion, and professionalism. Dr. McDougal, I wanted to recognize them for all that they do and who they are and let them know that I'm forever grateful for their service.

**Chair McDougal:** Thank you. Very appropriate recognition and I will second that kudos. We'll move on with the agenda. We have our administrative reports, the 1<sup>st</sup> of which is our FY 24/25 quarter 2 fiscal overview by Micah Guindon.

**ADMINISTRATIVE REPORTS/PRESENTATIONS:**

**Micah Guindon, Public Health Local Finance Administrator provided the board with the FY 24/25 Quarter 2 Overview presentation (Activity 33.6)**



3 A Regular Meeting of the Durham County Board of Health,  
held February 13, 2025

- We started our FY with a budget of \$25,573,054. That's the number that should not ever change in my presentation. Throughout the year in Quarters 1 and 2, we had budget amendments and rollover netting a positive \$1,244,250. Quarter 2 budget amendments included several State grants. As usual, the Health Department of the Year award, and the Ann Wolf Award. We had a DINE realignment and increase to the Wellpath contract for our jail health program. This brings our current budget to \$26,817,304.
- Our expense budget is 38.17 million. This number excludes the benefits that the county keeps outside of the general fund, 38.17 is a 6% increase from where we started the year. To date, we've spent \$16,839,712 or 45% of our general fund expense budget.
- Personnel costs, including salary, FICA, retirement, and miscellaneous contract services are the general ledger line items at the top of our spending list at the end of quarter 2.
- This sales Pareto chart shows those 2 categories making up 94% of our spending in the first two quarters. Additionally, and perhaps a bit more interestingly, I wanted to share that we have purchased \$9,976 of blood pressure cuffs for our family planning patients. \$2,403 worth of bike repair stands in partnership with Durham Parks and Recreation. With some Duke endowment funds. \$4,662 worth of workbooks and learning materials for our parenting groups. \$71,153 on vaccines for various clinics, and \$2,442 on condoms for the STI clinic in quarter two.
- In terms of revenue, the Department of Public Health has brought in \$4,210,752 in revenue as of quarter two making up 37% of the revenue budget. Medicaid continues as the highest revenue source for the department, totaling \$1,994,910.61. Grant revenue totals \$1,789,714.67. Those two revenue sources make up 90% of our department's overall revenue and our service fees. The end of quarter two is coming in at \$252,439.
- Our department has been granted \$923,866 of the county's opioid settlement funds for the current fiscal year for 3 projects. At the end of quarter 2, we spent 12% of our budgeted expenses for the year. We've hit our stride a bit more in quarter 2 as our past month in spending is close to the whole total for quarter one. So, we're headed in a good direction. Later this evening Jaeson Smith is going to be going through more detail about these 3 projects, but this is the quick version in terms of the funding for the opioid projects.

**Micah Guindon:** As always, I'm appreciative of the Board's attention to the fiscal health of our agency and I'm happy to take questions you may have at this time.

**QUESTIONS/COMMENTS:**

**Dr. Gene Rhea:** If you go to slide 9, obviously in recent news Medicaid funding and government funding for grants are certainly questionable. Has the department started or done any analysis, particularly on the grant revenues portion of what may be impacted by any upcoming cuts to funding?

**Micah Guindon:** Thank you so much for that question. We've been working with the county finance department and Dr. Jenkins has also been in touch with folks at the State. There are levels of analysis happening all across the board. What we've done at this point is identify all of the grants that we have and the CFDA numbers that are associated with the sources they are coming from the Feds. To put it lightly, the list of concerns is lengthy and intersects in many places with our work. Medicaid, as you know, is a whole other thing. At this point we're just doing that analysis



4 A Regular Meeting of the Durham County Board of Health,  
held February 13, 2025

and kind of standing at the ready to be able to pivot however we need to. We are definitely in communication with the powers that be and everybody is kind of poised to act if needed.

**Dr. Gene Rhea:** Great, thank you very much.

**Chair McDougal:** Great question. Thank you, Micah, for your great presentation, very informative. Seeing no other questions, we will move on to the next agenda item. Our next presentation is by Savannah Carrico.

**Division / Program: Population Health**

**Savannah Carrico, Public Health Epidemiologist, provided the board with a 2023 Youth Risk Behavior Survey presentation: (Activity 9.1)**

**Savannah Carrico:** This survey is a CDC survey that is done every 2 years. The most recent survey was done in the spring of 2023. CDC selects two-thirds of the question, and State and local government can also contribute to the remaining third.

Durham County is an oversampled county, which means that we get over 2,000 middle and high schoolers participating in the survey. It covers several topics which I'll get into. I want to mention the delay between the report and the actual survey. It goes to the CDC first and they analyze the data and run their reports. It then goes to the State of NC, then it comes to us at the local levels, and that is when we create our YRBS survey report.

There are some topics that I'm going to cover. This survey covers bullying, mental health to nutrition. I wanted to point out the 3 in blue. These are new sections that we've added in 21 and also appear in the 23 surveys, and that is a deeper dive into LGBTQ+. Mental Health and some questions on disability and school support.

Durham is an oversampled county, so all eligible middle and high schoolers were able to participate in 23. It was administered in the spring, and it was conducted electronically. You will see the racial demographics of middle and high schoolers, and they're not too different. I want to mention the data in this survey is weighted, which means that it is a representative sample of Durham public school students. It was evenly distributed among 6<sup>th</sup>, 7<sup>th</sup>, and 8<sup>th</sup> grades in terms of population. However, high school students and 9<sup>th</sup> graders were a bit overrepresented. Gender was equal in both middle and high school. It was about 50/50.

I did want to point out some racial inequities. Last year we hit the 70<sup>th</sup> anniversary of the 1954 case of integrating schools. We've come a long way, but some discrimination still occurs in the education system as an institution. There were some questions about discrimination on the survey this year. One in 4 high school students reported feeling discriminated against, based on their race and ethnicity and 1 in 3 middle schoolers felt the same. This is likely due directly to toxic stress which can accumulate at an early age and the daily barrage of discrimination and subtle, indirect, or direct ways, interpersonal or institutional, contribute also to this toxic stress. Already these students of color are facing barriers than their white peers. High school students were asked if they were treated badly or unfairly because of race or ethnicity and they said sometimes, most of the time, or always.

Bullying at school or cyberbullying is the green bars on the right in middle school bullying, and the blue bars on the left are high school. You can see the drastic difference both in middle and high school. Bullying at school was more common, and the differences showed twice the amount of middle school students reported being bullied for their sexuality than high school students. This was also analyzed in the report, and over half of



5 A Regular Meeting of the Durham County Board of Health,  
held February 13, 2025

middle school students reported seeing others bullied at their school. There's also a gender difference with girls and boys being about equally likely to be bullied. But boys tend to bully physically, whereas girls tend to bully in more subtle and hard-to-identify ways.

Moving on to disability. We're looking at a couple of questions here. There was no major difference between middle school and high school students when it came to the questions regarding disabilities. The question that had the most than all the other questions was having a learning disability, and they described that as having a learning, remembering, or concentrating difficulty due to a disability.

The next two slides deal with suicide. This slide shows symptoms of depression. According to the American Psychiatric Association, 1 in 5 middle schoolers and 1 in 4 high schoolers reported experiencing symptoms of depression. Middle and high school girls reported sometimes, most of the time, or always having bad days in the past 30 days more often than boys. So, there's a difference. Studies have shown that girls are more likely to internalize their distress, and they feel pressure on social media and among their peers to have a picture. Perfect life articles are coming out now that social media plays a big factor in academic success as it can perpetuate isolation bullying and false information.

In this slide, we're examining high school suicide rates, and you can see there are some racial disparities. I'll highlight a few points. Black or African American students, students who identified as multiple races and Hispanic or Latino students were more likely to attempt suicide than to consider or plan. In contrast, white students were more likely to consider suicide than to plan or attempt suicide, showing a stark difference compared to their students of color peers.

So, what that looks like is that 25% of middle schoolers and 17% of high school students reported they considered suicide. Black or African American students, studies have shown, remain the most at risk for teen suicide. Again, this is directly due to the toxic stress and racism they experience daily. It also provides some insight into adverse childhood experiences (ACEs) that can contribute to suicidal ideation among any student, though children of color are often overrepresented in this population.

This section focuses on LGBTQ+ mental health, and the findings are similar to what we saw last year. In both 2021 and 2023, 72% of students identified as heterosexual. Stigma and negative portrayals in the media make it difficult for LGBTQ+ individuals, especially children, to seek help and to be heard and respected while doing so.

You can see there's a peak for bisexual students compared to their gay or lesbian peers, particularly in considering suicide. The rates of making a suicide plan and attempting suicide are about equal across the groups. This is due to many factors, including biphobia and the erasure of bisexuality. There is a stigma that bisexual individuals are disloyal to their partners because they are attracted to both genders and that they are lying, as some believe there's no way someone could be attracted to both sexes. I wanted to highlight this, as it is reflected in the data here.

Now, let's talk about nutrition. This is an interesting graph. As you can see, more middle schoolers eat breakfast daily, compared to high school students. On the other hand, high school students are more likely to skip breakfast, with more reporting that they didn't eat breakfast any day in the past week compared to middle school students.



6 A Regular Meeting of the Durham County Board of Health,  
held February 13, 2025

One in five high school students reported never eating breakfast in the past week, while one in four students reported eating breakfast each day. It's kind of a bimodal graph here. Middle schoolers were 24% more likely to eat breakfast daily than high schoolers. It's important to note that children of color are often more food insecure than their white peers, due to a lack of grocery stores with healthy options in their neighborhoods, which is tied to longstanding systemic racism and housing inequalities. However, I want to highlight that Durham Public Schools now offer free breakfast for all students.

Next, we have a slide on students getting the appropriate amount of sleep, as recommended by the CDC. For students in this age group, they should be getting at least 8 hours of sleep. Middle school responses in green are shifted slightly to the right, which indicates they're getting more sleep than high schoolers, which are skewed towards the left, which indicates they get less sleep.

Personal safety is another important section. This chart shows students who experienced violence in their neighborhood, and there wasn't a distinct difference between high school and middle school students but, it was about 1 in 5, 1 in 4 students that had witnessed violence in their neighborhood.

There was another question about skipping school in the past 30 days. One in 5 high school students did report skipping school for at least one day. The reasons that students are skipping school according to a couple of studies, are school shootings, bullying, and anxiety.

The 2023 survey did not ask any questions on gang activity but that was on previous youth risk behavior reports. So, unfortunately, there is no comparison here. Neighborhood violence is a social determinant of health that can identify inequities in violent crime in communities.

The question asks how many days students get 60 or more minutes of physical activity, which is the CDC's recommendation for this age group. Again, we see a bimodal curve, with peaks from exercising every day and from exercising 0 days in the past week. Middle schoolers participate in exercise a bit more than high schoolers, while high schoolers do not exercise more than middle schoolers.

Next, we have school support. This question was also included in the 2021 Youth Risk Behavior Survey asking if the students feel like they belong to their school. A sense of belonging is a strong indicator of adverse childhood experiences (ACEs) trends that are happening in real-time. Middle and high school students have similar responses, with more students reporting that they either strongly agree or agree that they feel they belong at their school, compared to those who disagree or strongly disagree.

Another question asked about teacher support and encouragement. Over 1 in 5 high school students reported they agree that their teachers give them support and encouragement.

The Sexual behavior chart shows that sexual intercourse among middle schoolers is less likely than high school students to report ever having sexual intercourse. However, though it's rare or not as prevalent. 8<sup>th</sup> graders and males were more likely to ever have sex than their peers among high school students who are sexually active. 11<sup>th</sup> and 12<sup>th</sup> graders were more likely to use a condom during their last sexual intercourse experience and high school boys were more likely to report having sexual intercourse than girls.



7 A Regular Meeting of the Durham County Board of Health,  
held February 13, 2025

The last section is substance abuse use. Middle school is displayed on the left. Alcohol is the most common substance that was reported among middle school students, followed by misusing prescription pain medicine and ever using marijuana. More middle school students are more likely to drink alcohol than any other substance. 18% of high schoolers reported drinking for at least one day out of the past 30, 17% of high schoolers reported using marijuana at least one time in the last 30 days, and there was a question about vaping marijuana, and that has increased and is one of the more common ways to consume marijuana. There is a belief that students who vape marijuana believe it is less dangerous than vaping tobacco. But obviously, that hasn't been shown in the literature. 12% of high schoolers reported misusing prescription drugs in the past 30 days. I want to point out, though, that cigarette use among middle and high schoolers has dropped below 2%, which is great. However, one in 3 high schoolers reported ever trying a vape, and 16% of middle schoolers reported the same.

That is all I have. I'm happy to answer any questions. The 2023 Durham County Youth Risk Behavior report will be published soon. You can find it at [healthydurham.org](http://healthydurham.org). We will be notifying everyone when it goes online.

**QUESTIONS/COMMENTS:**

**Pam Silberman:** Thank you for your presentation. I have two questions. I'm surprised by the suicide data around heterosexuals vs. LGBTQ+ community. I thought that the rate of suicide ideation was higher for the LGBTQ+ but that looked very different in your slide. Do you have a reason to explain that?

**Savannah Carrico:** Yes, I do. So, this is the sex suicidal ideation among all students. So that's why that chart shows that heterosexual students have more suicidal ideation because they are larger.

**Pam Silberman:** Ok, so it's not a rate. It's just more like a pie chart.

**Savannah Carrico:** Correct.

**Pam Silberman:** Ok, that makes sense. The other question I have for you is that I haven't looked at the data in the past, I'm not looking at trend data. Was there anything that struck you about being aberrant this time around, then what we've seen in the past?

**Savannah Carrico:** Could you please explain what you mean?

**Pam Silberman:** So, we had the same thing in 2021. We had similar questions in 2019. We're not seeing trend data. We're just seeing a point in time. So, you've seen the prior ones, and I haven't. Was there anything in this that stood out and surprised you because it was so different from what we've seen in the past?

**Savannah Carrico:** Yes, thank you for asking that question. I'm currently working on a Youth Risk Behavior survey trend analysis, where I've run a logistic regression to produce odds ratios. The analysis provides a detailed overview of the changes from 2017 to 2023 and is expected to be published hopefully next month. We'll alert everyone when that goes out. There weren't too many major discrepancies. We're seeing mental health concerns increasing year by year, with more girls struggling with mental health. And that's been consistent. One thing that I think is very odd is that in 2021 and 2023 substance use seemed to go down according to the students reporting that data. The survey is anonymous, and it's voluntary. So, students may not be reporting it accurately, more accurately than they



8 A Regular Meeting of the Durham County Board of Health,  
held February 13, 2025

have in the past, or, you know, substances are changing. They use different substances than alcohol, marijuana, and tobacco that they cover. Did that answer your question?

**Pam Silberman:** It did. Thank you.

**Chair McDougal:** I had a question about the personal safety section. You mentioned there were no questions about gang activity in this survey, but it was included in 2021. Do you know why it was left off of the 2023 survey and are there plans to add it in 2025?

**Savannah Carrico:** Thank you for the question. The questions do change every year, depending on what CDC is putting out. To ask new questions, they do take some out. I think, you know, you have to keep in mind that this is a national survey, so it's going to be conducted everywhere, and it may not be the biggest priority in some areas of the country. So that is one explanation for why the questions change. I don't know if it will be added in 2025 yet, but the survey is going to come out this spring. Students will be able to take it, and then hopefully, we'll get that data in 2026 and can examine it a little more closely. But yeah, it is a little disappointing that the questions aren't necessarily consistent.

**Chair McDougal:** Is it that CDC creates the entire questionnaire? I thought you mentioned that the CDC creates 2/3 and 1/3 came from local areas.

**Savannah Carrico:** Yes, so CDC does design the survey, but I imagine what happened was they added another question and had to cut one. I don't know the reasons why they make those cuts and additions but I'm happy to find out.

**Chair McDougal:** Ok. Just with all the media attention about gun violence in Durham we certainly wanted to see what sort of effect that might be having on our children and influence on gang violence.

**Dr. LeRon Jackson:** I wanted to ask your thoughts on what could be done to advocate more mental health resources for our young people, as we see that mental health issues, depression, and self-harm are prevalent. Do you think there is a role for using this data to advocate within the school system or within other governmental resources to try to address it?

**Savannah Carrico:** Yes, that is my hope for these reports, and they have been shared with Durham Public Schools. They review it and initiate what they need to do on their end. I am also going to release infographics, one for middle school and one for high schoolers, to provide an executive summary, which should hopefully get the information out there in a more bite-sized, easy-to-digest format, along with the trend report that will be coming out. Another thing we did last year in August was host youth listening sessions at the Emily Kay Center. We had two high school groups and one middle school group, and we had a set of questions based on the results of this survey. We received some excellent feedback and quotes, which you'll see in the report that's going to be coming out shortly. That's another way we tried to advocate for these kids to be heard, use their voice, and make it personal and visceral, so that change can happen.

**Chair McDougal:** I don't see any other questions. Thank you, Savannah, for your informative presentation. We look forward to the data and analysis for the coming year in 2025.

We'll move on to our opioid update. We have Jaeson Smith to us a presentation.



**Division / Program: Opioid Settlement Program**

**Jaeson Smith, Opioid Settlement Program Manager, provided the board with an Opioid Update presentation: (Activity 28.1, 12.3)**

**Jaeson Smith:** I'll be very brief as well. My name is Jaeson Smith, and I work for the Department of Public Health. I'll be presenting the FY 26 opioid settlement update, and we'll jump right in. I also want to thank you guys for the opportunity to share this update.

So, as you can see, this is the Durham County payment schedule for the opioid settlement funds we'll be receiving. Over 16 years, from 2022-2038, Durham County will receive around 21.7 million dollars in opioid settlement funds. You can see in the chart the highlighted bar charts here, and the funds we've already received so far. Also, if you look at the chart, you'll notice that the payments are gradually decreasing over time, which highlights the need for strategic planning to help maximize these funds over the long term.

I just wanted to provide a high-level overview of the payment schedule for what's coming into Durham County before we get to the initiatives.

So, here are some program highlights. I'll be sharing the four current initiatives that we are working on. There are 12 evidence-based strategies approved for this funding, and we are actively operating four of them. These four strategies are collaborative strategic planning, harm reduction (which includes two strategies within that one), the community links to care program (which is our recovery support strategy), and lastly, data enhancement. Those are the initiatives I'll be sharing in today's update.

So, for the first strategy, the collaborative strategic planning strategy, this will be a strategy that we'll be engaged in. We'll go through a strategic planning process in which we will bring on an advisory committee. To implement this strategy, we need to engage with diverse stakeholders across Durham County. One of the reasons for this, even at the national level, is that a key focus of this funding is ensuring transparency. To achieve that, we're bringing on an advisory board.

So far, we've had a high level of interest in this board, which will help steer, strategize, and guide the recommendations for these funds. The composition of this committee will include around 10 seats, with a few additional seats at the discretion of the board. The seats will be filled by a diverse group of individuals, including local officials, representatives from social services, public health, education, and law enforcement, as well as community stakeholders and individuals with lived experiences from marginalized communities, among others. This will ensure a very diverse committee.

Currently, we are developing the bylaws which are being finalized. Soon, there will be an application released widely so that we can fill these seats and get the process underway in the next month.

So, for the second initiative we're working on, we're currently expanding our harm reduction efforts. Our harm reduction efforts are divided into two strategies: naloxone distribution and syringe distribution. I'll focus on naloxone first. Our naloxone distribution is divided into three channels. We distribute naloxone in three different ways: through community distribution and access points throughout the community, through vending machines, and also within our pharmacy clinic. These are the three distribution channels through which naloxone is currently being distributed. There are more channels we are looking into.



10 A Regular Meeting of the Durham County Board of Health,  
held February 13, 2025

One major highlight is that on August 19th of last year, 2024, the Durham County Department of Public Health hired our Harm Reduction Public Health Specialist, Morgan Culver, to coordinate Durham County's naloxone distribution and safer syringe program, as well as related educational efforts.

So, Morgan is leading our first channel of distribution. She's been working hard to identify all the access points and areas within Durham, as well as the community partners needed to ensure naloxone distribution throughout the community. Regarding the educational efforts, Morgan has also conducted four trainings so far. She's been doing this continuously, and to date, she has reached 134 participants. The training covers harm reduction philosophy, overdose prevention, and safer use practices.

So far, we've worked with social services, the City of Durham, Durham Parks and Rec, and other community-based organizations as well. Quickly, looking at the syringe distribution coming from our pharmacy, we've been able to distribute just under 1,000 syringes so far. This has been part of our efforts to promote safer use practices as well.

Now, moving on to the next channel of naloxone distribution, which is our vending machines. You'll see that we have a vending machine at the Sheriff's Office, where naloxone is being dispensed. We also have another at the Health Department. I have another chart that shows this a bit more clearly, without as much text as this one.

For the Sheriff's Office, we've distributed 190 naloxone kits or boxes, averaging about 9 kits per day. You can see some spikes in September and October when about 50 kits were distributed.

In comparison, the Health Department has seen a significantly larger output, with 703 naloxone kits distributed, averaging 14 kits per day. This represents a 270% increase, roughly 3.7 times the amount previously distributed by the Health Department. Quite a bit of progress there. In January 2025, we distributed 146 kits, which seemed to be our peak at this point. I'd also like to note that steps are underway to expand Durham County's naloxone vending machines, with plans to add two additional machines in what we consider overdose hotspots across Durham County.

This is the chart I mentioned earlier, where you can see the distributions throughout each month, as I just explained. I'll pause here so you guys can take a look at that for a moment.

Now, let's move on to the third channel of naloxone distribution, which is our pharmacy. A total of 238 naloxone kits were distributed, with 2 doses in each kit, meaning 476 doses were distributed during this time. That averages about 30 kits per month. We saw the highest distribution in August and September, with close to 60 kits being distributed on average. However, we noticed a significant drop in distribution in October, and while December showed a slight increase, February was quite low as well.

So, we are closely monitoring these data points to see what's going on. Alright, I think that wraps up our naloxone distribution. Our third initiative is the Community Linkage to Care program, which I'm sure many of you are very familiar with. This is a longstanding program where we strengthen connections to treatment, recovery, and mental health services for those affected by opioid use. In Q1 and Q2 of this year, the peer support specialists reached 120 new program participants, which was a huge highlight. We provided them with information, support, resources, and referrals. Overall, there were 1,660 contacts with all program participants.



11 A Regular Meeting of the Durham County Board of Health,  
held February 13, 2025

We were also able to provide approximately 360 free Uber rides to assist participants with transportation to treatment and other services, helping to lower barriers and make it easier for them to get to their appointments. We also conducted surveys for these individuals, and 100% of the participants who were interviewed said they would recommend the program to family and friends.

One other point I'd like to add is that a new analysis of Duke Hospital medical records indicated that 44% fewer individuals experienced an overdose in the 12 months after enrolling in the Community Linkage to Care (CLC) program, compared to the 12 months before enrolling. This shows a significant impact on the program.

This slide here breaks down the data for Q1 and Q2, specifically for individuals with substance use disorders and opioid use disorders. We typically find that we are serving about 36% of those who come in with opioid use disorder specifically, so we were able to pinpoint that. I'll also share this quote, which reflects some of the feedback we've gotten from this initiative: one participant said, 'I would say that the peer support I had helped save my life.' There have been many testimonies like this that show the positive impact of the program.

As I wrap up, I want to mention our collaborative data agreement with the Office of Emergency Services. We're working to formalize this agreement to help share data across departments, specifically in response to overdose calls. This will improve our ability to target our overdose response efforts as a whole. The data will include overdose incident details, EMS response and medical disposition information, demographic information, risk factors, and social and economic factors. All of this data will help us better understand and improve our efforts. I hope to share more information in future updates as this initiative continues to expand.

Thank you for your time and attention. I appreciate the opportunity to share updates across our four initiatives. I also want to send a special thank you to Lacey Schofield, who manages the CLC program; John Paul Zitta, who helps with data collection; Dennis Hamlet, the manager of the harm reduction program; Marisa Mortar, Lindsey Bickers Bock, Kristen Patterson, Morgan Culver, and Director Dr. Rod Jenkins. It's been a pleasure to collaborate with everyone, and I'm grateful for the teamwork.

**Dr. LeRon Jackson:** Thank you, Jaeson. My question is regarding the CLC program and potentially widening the net of folks who may be able to benefit from this. I think that the partnership with the OES is great, in addition to emergency services. Could there be some coordinated referrals from the emergency room? Or is that out of scope because they are case managers in the hospital emergency departments who may be able to connect folks who are there for overdoses?

**Jaeson Smith:** I think this speaks to your referral question. We do receive referral questions from the ED. I know that capacity is of the essence in terms of peer support. Those numbers are based on 2 to 3 peer support specialists that we currently have. I think we do have the potential to expand. That would also have to look at a capacity component.

**Lindsey Bickers Bock:** Happy to weigh in, just to share that the origin of the Community Linkages to Care program was based on the idea that the emergency department would be our starting point. It was also our starting point in 2020. So, this is one of those areas where COVID has had a long-lasting impact. We didn't manage to get into the emergency department until 2023, and we've continued to see that transition. Getting a foothold and helping people become aware of the program has been a challenge.



However, we are actively receiving referrals from the emergency department.

Another place where we're getting a good number of referrals is the 23-hour crisis facility at the Durham Recovery and Response Center. So, we are seeing referrals from these channels. Learning the ins and outs of healthcare referrals has been one of the things that has taken a little extra effort during this launch and growth period.

**Anthony Gregorio:** Oh, thank you so much. A wonderful presentation, Program Manager Jason Smith. Can you remind me again where the current vending machines are located? And did you mention that there are also plans to expand the vending machines?

**Jaeson Smith:** Currently one is in the Detention Center, and one is located at the front entrance of the Health Department on Main Street.

**Anthony Gregorio:** And in terms of, I suppose, awareness—especially within communities that might be more inclined to experience overdoses—has there been any pushback in terms of, you know, people being hesitant to go to places that might have more authority, like the Detention Center or similar locations? Would it be possible to expand these vending machines to areas that are a little more neutral or benign, such as places with public transport access? I just want to make sure that the community is very much aware of it and also feels safe and open to accessing the kits.

**Jaeson Smith:** You make a great point. As of now I haven't heard any type of kickback or in terms of community, low barriers. If anything, we've seen even higher thresholds of reception. From the receipt of the kits and where it's located. As we continue to build more awareness, the output can be even greater.

**Pam Silberman:** Jaeson, I used to be on the Alliance Behavioral Health Board. I'm curious, what kind of coordination do we have around opioid use services with Alliance? Also, is there pay for peer support or other support programs besides the ones that we run?

**Lindsey Bickers Bock:** I can share a little bit more, but that doesn't mean I have all the answers. However, there is a Mental Health and Treatment Subcommittee of Durham that joins together to save lives. The Substance Use Task Force in Durham also has good coordination with Alliance happening within that group, where DRC and other organizations providing substance use disorder treatment are actively discussing how they're handling it.

In terms of other peer support, I do know of one other facility that includes peer support in their staffing arrangements, but in general, we saw that, although it was an available service, it wasn't something that any particular treatment facility found logistically feasible, including RI when we approached them about potentially building this. It was only when we were able to initially get state grant money and then opioid settlement money to support the work that we found both the referral sources and the capacity for an institution that could provide supervision, billing, and other necessary components.

So, there isn't a lot of other peer support in Durham beyond this program, which is one of the reasons the county has pushed for support in that area. We know it enhances other treatment resources. But I would say there's always room for coordinating across organizations, and the Mental Health and Treatment Subcommittee is probably the best place where that's happening in Durham right now.



**Jaeson Smith:** I'll add that the upcoming Advisory committee comes on board which will accomplish many, many individuals of interest within Durham County. One of the things that we'll be doing is asset mapping which looks at a more holistic perspective and brings all of these voices to the table. Especially individuals who have been around for years to weigh in on our naloxone distribution, our peer support, and who is doing what. How to better coordinate. That's kind of what the process is going to look like in the next couple of months.

**Dr. LeRon Jackson:** About peer support. If I remember correctly, the Formerly Incarcerated Transitions program (FIT) includes some opioid-use resources and services in its queue. Are you familiar with that program?

**Jaeson Smith:** Yes, you are referring to the FIT program with Quanesha Archer. We have not coordinated with them as of yet, but that is something I would like to look into a bit more.

**Chair McDougal:** Thank you, Jaeson for an awesome presentation. All three presentations were timely and informative. We'll move on to our Health Vacancy Report.

**PUBLIC HEALTH VACANCY REPORT (*Activity 37.6*)**

The board received a copy of the Vacancy reports for December 2024 and January 2025.

**Dr. Jenkins:** Thank you so much, Mr. Chair. You have received the vacancy report for December and January. I'm proud to report that we continue to see a drop in our vacancy rate. We went from 12.2 to around 11.2% I continue to be impressed with the leadership of the Health Department, certainly knowing that there's value in having positions filled. Of course, we tend to have some individuals who go on to greener pastures, we wish them well but that has been few and far between. I'm happy to answer any questions the Board may have.

**Chair McDougal:** Any questions? It looks like we are trending down regularly. So, we'll hopefully continue to see that occurring. No questions were asked. Next, we'll move on to our NOV report.

*(A copy of the December 2024 and January 2025 Vacancy report is attached to the minutes.)*

**NOTICES OF VIOLATIONS (NOV) REPORT (*Activity 18.2*)**

The board received a copy of the Environmental Health Onsite Water Protection Section NOV reports for December 2024 and January 2025

**Chris Salter:** We did have a positive month in December, where we were able to get 5 NOVs in compliance and not add any new ones. January was a wash. We added one and got one off, so we're still plugging away. We'll take that ratio anytime.

**Chair McDougal:** No questions were asked. Moving on to the Health Director's report.

*(A copy of the December 2024 NOV report is attached to the minutes.)*  
*(A copy of the January 2025 NOV report is attached to the minutes.)*



**QUESTIONS/COMMENTS:**

**Dr. McDougall:** No questions were asked. Moving on to the Health Director's report. We have our health director's report for December 2024 and January 2025.

**Health Director's Report**

**Division / Program: Dental: Cross-training/Promoting Team Members**

**(Activity 24.2: The local health department shall have a staff development plan that includes identifying and addressing the training and continuing education needs of the staff.)**

**Program description**

- The Dental Division has four Dental Assistants to serve the clinic and Tooth Ferry.
- As dental appointments for the clinic are scheduled months in advance, having additional Dental Assistants prevents the need to reschedule patients in the event of staff shortage, emergency, etc.
- When Processing Assistants are hired in dental, they are given the option to cross-train to achieve a Dental Assistant I designation.

**Statement of goals**

- To ensure the schedule is maintained, and minimize canceling/rescheduling appointments, it is advantageous to have 1-2 Dental Assistant I team members ready to help in the clinic or on the Tooth Ferry.
- Having additional auxiliary staff reduces the need to bring in temporary Dental Assistants from a placement agency.
- After a team member has accumulated the required hours and training, they can achieve the Dental Assistant II designation. These requirements include:
  - a. 2 years and 3,000 hours chairside
  - b. 3-hour Dental Office Emergencies training
  - c. 3-hours Infection Control training
  - d. NC Board-approved radiology course
  - e. Current CPR
  - f. Coronal Polishing training

**Issues**

- **Opportunities**
  - As Processing Assistants are cross-trained, it enables the Dental Division to maintain schedules without moving appointments or hiring temporary staff from an outside agency.

**Implication(s)**

- **Outcomes**
  - In the past year, the Division has had one Assistant meet the requirements to achieve Dental Assistant II status, and another will complete the Coronal Polishing training to attain the same. As a Dental Assistant II, one can provide DA Hygiene care (educational services, assisting with sealant application, etc.) in addition to working in an operatory column.
  - A Processing Assistant from the front desk will complete the steps to become a Dental Assistant I in March.
- **Service Delivery**
  - Patients whose parents speak Spanish as a first language benefit as our cross-trained team members are all bilingual.
  - Cross-trained assistants have also helped at the front desk when needed. They can also help on the Tooth Ferry as needed.



15 A Regular Meeting of the Durham County Board of Health,  
held February 13, 2025

- **Staffing**

- As of March, the dental clinic will have three team members who started at the front desk and are assisting in clinical capacity. (The Division also has a team member who achieved Public Health Hygienist designation.)

- **Revenue**

- Estimates show that cross-trained team members save the dental budget an estimated \$1,000+ per week when not having to bring in temporary Dental Assistants to cover shifts.

**Next Steps / Mitigation Strategies**

To continue to offer team members the chance to cross-train for dental positions, including covering the front desk, providing Dental Assistant services, achieving Public Health Hygienist status, etc.

**Division / Program: Health Education & Community Transformation / Community Linkages to Care (CLC): Peer Support Program for Overdose Prevention and Response**  
**(Accreditation Activity 20.2: The local health department shall collaborate with community health care providers and agencies to reduce barriers to access to care.)**

**Program Description**

- The CLC program links Durham residents who are struggling with substance use disorder (SUD) to evidence-based treatment, harm reduction, housing, transportation, and other support services through community-based partnerships and a proven peer support model.
- Peer Support Specialists (PSS) are the heart of the CLC program. They are based at RI's Durham Recovery Response Center (DRRC), a behavioral health facility that provides treatment for SUD. Individuals are referred to the PSS through a variety of sources and partners in the community.
- The Durham County EMS Community Paramedics, Duke University Hospital, and Duke Regional Hospital refer post-overdose patients as well as other patients diagnosed with substance use disorder. Peer support services are also offered to patients in the crisis unit at DRRC and individuals released from the Durham County Detention Center who have been identified with substance use disorder. The program also accepts referrals from other community organizations, healthcare providers, and self-referrals/walk-ins.
- Other program activities include expanding housing and employment resources, training healthcare providers and public health staff, and developing educational and outreach materials for individuals with SUD.

**Statement of Goals**

- Reduce overdose hospital visits and fatalities in Durham County.
- Connect Durham County residents with SUD to recovery support, harm reduction resources, and evidence-based care which acknowledges social determinants of health and responds to current housing challenges.
- Increase the number of naloxone kits distributed to Durham County residents with SUD.
- Engage key stakeholders across Durham County to help respond to the overdose crisis and address social determinants of health for individuals affected by SUD.



**Issues**

- **Opportunities**

- Funding from the National Opioid Settlement has enabled the CLC program to hire two additional PSSs for a total of three full-time PSSs. This expansion has allowed us to reach more people with SUD in the community. We have also established new partnerships to receive referrals of participants from several more community organizations including TROSA, Hayti Reborn Justice Movement, StepUp Durham, Duke Outpatient Clinic, and Carolina Outreach.
- The additional funding has also enabled the program to offer the following: 1) more free Uber rides to assist participants with transportation to treatment and other services; 2) gift card incentives for participation in the program and participation in treatment services; 3) additional training and mental health support for the PSS to prevent burnout and reduce turnover; and 4) in-depth qualitative interviews with active program participants to assess satisfaction and receive feedback on areas of improvement.
- Over the past year, we have executed the following education and training activities: 1) offered a webinar for community members on SUD and overdose prevention during Overdose Awareness Month; 2) trained staff and residents at Durham Housing Authority buildings to address the growing issue of substance use in Durham's senior population; 3) educated staff at recovery housing agencies on the benefits of medication-assisted treatment (MAT) to dispel myths and remove stigma; and 4) created a set of posters and fact sheets on the dangers of fentanyl and how to reduce risk.

- **Challenges**

- Near the start of FY25, Durham County EMS hired a Peer Support Specialist and added two more Community Paramedics to the Durham Post-Overdose Response Team (PORT). With 3 new EMS staff members involved, there was no longer a need for CLC program staff to serve on the PORT. The EMS staff now refer clients to the CLC program after PORT visits are conducted. This extra step has resulted in fewer connections and fewer post-overdose patients participating in the CLC program.
- It can be challenging for the PSS to reach individuals after they are referred to the CLC program due to a lack of reliable contact information. Many of these individuals do not have access to a phone and are homeless or living in unstable housing conditions. Even when the PSS can connect with referred individuals, many do not show up for follow-up appointments that are scheduled. To address this challenge, we have recently started to distribute gift cards as incentives for participants to attend scheduled appointments. The CLC program also provides free Uber rides for individuals who need assistance with transportation to services.

**Implication(s)**

- **Outcomes**

- We have collected nearly 5 years of process, survey, and medical records data from individuals who enrolled in the CLC program from its start in December 2019 through August 31, 2024. (See attached 2024 CLC Data Report)
- During that time, we have provided resources and assistance to a total of 627 participants - 241 enrolled in the follow-up program and 135 started substance use treatment at DRRC.



17 A Regular Meeting of the Durham County Board of Health,  
held February 13, 2025

- Duke Hospital medical records indicate that 44% fewer individuals experienced an overdose in the 12 months after enrolling in the CLC program compared to the 12 months before enrolling.
- The PSS has had over 4,100 total contacts with program participants and has provided 1,405 Uber rides to assist participants with transportation to services.
- We have administered a clinical questionnaire to 58 enrollees who remained in the follow-up program for at least 3 months. Approximately 72% were taking MAT and 79% reported that they were not using opioids. When they entered the program, only 62% of the 58 enrollees had housing. By 3 months, 90% had housing.
- To date, we have provided over 11,000 copies of the SUD resource guide “Durham County Resources for Individuals Who Use Substances” to CLC participants, community members, government agencies, and healthcare providers in Durham.
- **Service Delivery:**
  - The peer support hours are weekdays from 7:00 am - 5:00 pm and Saturdays from 11:00 am - 3:00 pm. If an individual calls the peer support mobile phone number after hours, the PSS responds as soon as possible.
  - The PSS connects with many participants for the first time over the phone or through a virtual meeting. They assess participant needs using motivational interview techniques and discuss options. PSS can also make appointments and arrange free transportation to DRRC for continued peer support and/or substance use treatment.
  - PSS are approved through Vendormate to enter Duke University Hospital and Duke Regional Hospital to provide peer support to patients in their hospital rooms.
  - At the first in-person meeting with each participant, PSS provides a naloxone kit, a folder of information, and referrals to resources and services. PSS also provides materials for creating Wellness Recovery Action Plans (WRAP), when appropriate.
  - PSS follows up with all CLC participants regularly to assess and support their continuing needs. Participants can meet weekly with the PSS in person at DRRC.
  - Participants who sign a consent form are enrolled in an extensive follow-up program. Baseline and follow-up data are collected from these individuals through surveys, interviews, and medical records.
- **Staffing**
  - 3 full-time PSS (contracted)
  - 1 PSS Supervisor (contracted)
  - 1 part-time Program Coordinator (contracted, 22 hours/week)
  - 1 part-time Data Analyst (contracted)
  - 1 part-time Program Evaluator (contracted)
  - Fiscal administration and additional coordination with injury prevention efforts through Health Education & Community Transformation Division Director
- **Revenue**
  - Program services are offered free of charge to participants.
  - The program is currently supported with funding from the National Opioid Settlement. In FY25, the CLC program will



18 A Regular Meeting of the Durham County Board of Health,  
held February 13, 2025

receive a total of \$346,719 through Durham County's opioid settlement funds.

**Next Steps / Mitigation Strategies**

- Explore options to provide participants with free mobile phones so they can stay connected with the program and reduce the likelihood of missed appointments.
- Launch a new Spanish version of the CLC program flyer and provide access to Language Line services so that participants who do not speak English can access peer support.
- Continue administering follow-up surveys and in-depth qualitative interviews to active participants and publish data in a scholarly journal.
- Complete the annual update of the SUD resource guide "Durham County Resources for Individuals Who Use Substances," and print more English and Spanish hard copies.
- Develop and deliver a training series for case managers on how to support individuals with SUD who are pregnant, parenting, or involved in sex work.

**Division / Program: Health Education & Community Transformation / Family Matters Durham: Preconception/Interconception Peer Educator Activities**

**(Accreditation Activity 10.1: The local health department shall develop, implement, and evaluate population-based health promotion/disease prevention programs and educational materials for the general public.)**

**Program Description:**

- The Improving Community Outcomes for Maternal and Child Health (ICO4MCH) initiative is intended to improve birth outcomes, reduce infant mortality, and improve the health statuses of children aged to five. The ICO4MCH project in Durham County focuses on the following evidence-based strategies: (1) Improving Preconception and Interconception Health; (2) Breastfeeding Support; and (3) the Family Connects Newborn Home Visiting Program.
- Preconception health refers to the health of individuals during their reproductive years. Preconception care aims to identify and modify physical, behavioral, and social risks through preventive and management interventions.
- The Preconception Peer Educator (PPE) program was initiated by the U.S. Department of Health and Human Services (HHS) Office of Minority Health to train and raise awareness among college students about health behaviors that can impact birth outcomes and the social determinants of health that impact health disparities.

**Statement of Goals**

- To establish a partnership with at least 1 local community college, four-year university, or agency that serves individuals of reproductive age to implement a Preconception Peer Educator (PPE) program.
  - The PPE program aims to reach college-aged students with targeted health messages emphasizing preconception health and care.

**Issues:**

- **Opportunities**
  - Most efforts to reduce infant and maternal morbidity have historically focused on prenatal care and interventions during labor and delivery. Unfortunately, after several decades of emphasis in this area, birth outcomes are not



19     A Regular Meeting of the Durham County Board of Health,  
held February 13, 2025

improving as much as expected. The importance of prenatal care and delivery management cannot be overstated, but there remain additional ways to make an impact on improving birth outcomes for mothers and babies. Supports and services need to happen before pregnancy.

- A college or university faculty member or staff leads the PPE student groups. The student-led group has the opportunity to conduct the following activities:
  - Conduct two PPE trainings in collaboration with DPH ICO4MCH Program Manager.
  - Develop and carry out a PPE workplan consisting of at least two on-campus and two community activities each academic year.
  - Train a minimum of 10 college students as peer educators. These PPE students will serve as peer educators to reach their peers with targeted health messages emphasizing preconception health and health care.
  - Provide targeted health messages to and activities for non-college individuals aged 18-30 years old.

- **Challenges**

There were no significant challenges that impacted on the delivery of the program.



**QUESTIONS/COMMENTS:**

**Dr. Rod Jenkins:** Thank you again, Mr. Chair. You have received the health director's report. It's always refreshing to be doing the work of public health. But then, when it's on paper for your presentation it is just that much more fulfilling. Highlighting our Dental program under the leadership of Jim Harris, they are cross training the Dental Assistants, taking advantage of professional development opportunities. More importantly, they're doing a lot within our dental program to enhance it.



20    A Regular Meeting of the Durham County Board of Health,  
held February 13, 2025

We're not going into detail about Community Linkages to Care, as we just heard a very good presentation by Mr. Jason Smith about that, but I certainly want to bring your attention to our Health Education, Community Transformation, Family Matters, Durham ICO for MCH. This is a grant that we receive on a cyclical basis, and they thought it important to change the name to be more inclusive of the entire family spectrum. That's something we're certainly proud of under the leadership of Lindsey Bickers Bock and Dennis Hamlet. They are doing a lot to emphasize preconception health, and they're doing a fantastic job. They continue to be the stars of the counties within the state system. So again, that's indicative of us continuing to receive that funding.

Last but not least, with COVID dissipating, we're starting to see a lot more partnerships internally with public health. The partnership between the nutrition division and health education, particularly the tobacco managerial position, is phenomenal. We did have Becky Posada, a nutritionist and a wonderful human being, who was able to participate in our Leadership Academy sponsored by the county. Their project was all about reemphasizing or reintroducing our smoke-free grounds throughout Durham. Once that project was completed, Becky thought it important to extend it and have some activities to include our health education team. So again, the work continues to go well. I'm happy to answer any questions about the Health Director's report.

**COMMITTEE REPORTS:**

There were no committee reports discussed.

**OLD BUSINESS:**

There was no old business discussed.

**Chair McDougal:** We have 2 budget ratifications and 4 budget amendments. I'll leave that to Dr. Jenkins to present those.

**Dr. Rod Jenkins:** Thank you again. I'll be brief. The two ratifications for the Board's consideration are as follows:

1. Budget Ordinance Amendment to recognize \$15,000 from Duke University's Division of Community Health. These funds will be used by the Durham County Department of Public Health to cover the costs involved with conducting the 2026 Durham County Community Health Needs Assessment survey with its residents. As I've said to this board many times, under the leadership of Marissa Mortiboy and Bria Miller, we have an award-winning process. It's the star of the state—those words came directly from Kathy Dale, who runs the Community Health Needs Assessment program for the state.
2. Second Budget Amendment Ratification: The Board is requested to approve the Department of Public Health's administrative write-off for \$996,162.75 in uncollected debt from two electronic health record systems that are no longer in use. We migrated from Patagonia to Epic back in 2021. Dentrix was the department's dental EHR from 2009 to 2021, and it is no longer in use. Maintaining those programs is very cost-prohibitive, and this is a measure to be more efficient.

I know that amount may seem high, but I just want you all to understand that these are amounts accumulated over multiple years. The plan is to send it to the state's debt set-off program to recoup those funds. So those are the two ratifications, Mr. Chair. I'll go into the amendments next.



**Board Ordinance Budget Ordinance** to recognize \$26,250 from the Communicable Disease Branch of the North Carolina Department of Health and Human Services. Again, these funds will be used for our integrated targeted testing service grant provided through the CD branch of the North Carolina Department of Health and Human Services. They are adding an additional \$26,250, and these funds will be used for HIV testing, particularly in the gym.

**The second Ratification Budget Ordinance Amendment** is to recognize \$9,375 from the North Carolina Association of Public Health Agencies for the Community Co-Leadership and the Healing Centered Engagement program of Thriving Hearts. These funds will be used to provide the Thriving Hearts grant to the Local Health Department to authorize work under this grant. The funds will support our ACEs (Adverse Childhood Experiences) work. We're delighted to have Jess Bousquet Rhodes, who is our ACEs coordinator, lending her expertise to this initiative. Thriving Hearts is a maternal-child health initiative, a 10-county initiative, and we're happy to be a part of it. Of course, maternal-child health and infant mortality continue to be key focus areas for us strategically.

**The third is the Budget Ordinance Amendment** to approve a multi-year interlocal agreement between the Department of Public Health and Durham Parks and Rec. We desire to work collaboratively in support of their mission by providing joint program services that promote holistic health and wellness for Durham residents. This interlocal agreement will allow us to continue the great work with Durham Parks and Rec.

Finally, the **Budget Ordinance Amendment** approves the \$7,000 awarded from the Community Engagement Research Institute Subcommittee of the Duke Clinical and Translational Science Institute to implement the Advancing Health Equity Together Through Access Through Education Outreach grant program. The \$7,000 will be used to help reinvigorate or restart cancer support groups, both breast cancer and prostate cancer support groups, through a strategic planning process.

Those are the ratifications and amendments for your consideration, Mr. Chair.

**Dr. McDougal:** Thank you, Dr. Jenkins. Let's take this into smaller bits. I'll entertain a motion at this time to accept the budget ratifications. The two ratifications that Dr. Jenkins presented.

**Anthony Gregorio:** Thank you. Before we ratify. I wanted to ask Dr. Jenkins about the write-off of the 2 EMR systems. Is it mostly the operational expenses of those EMRs? Or is it more from the patient billing side that we're not able to collect the debts?

**Dr. Jenkins:** Thank you for the question. It is certainly from the patient's billing side. All efforts on our part from the Department of Public Health have been exhausted to collect those funds. As you imagine they do collect and build up over the years. That is why we are seeking to write them off. I hope that answers your question.



**Anthony Gregorio:** Yes, and are these patients mostly self-pay?

**Dr. Jenkins:** Yes.

**Dr. Rhea:** I felt like last month or previously we discussed a large write-off. Is this the same one or a different one?

**Dr. Jenkins:** Yes, this is the same one for approval.

**Dr. Rhea:** I think maybe before, did we identify it and discuss it? Now we're approving it. Is that right?

**Dr. Jenkins:** Yes.

**Dr. McDougal:** Any other questions? There were none.

Dr. Rhea made a motion to approve the (2) ratifications mentioned above. Mr. Gregorio seconded the motion, and the motion was unanimously approved by the board members as identified in the attendance roster above.

**Dr. McDougal:** We'll entertain a motion to accept the (4) budget amendments.

Dr. Rhea made a motion to approve the (4) budget amendments mentioned above. Mr. Gregorio seconded the motion, and the motion was unanimously approved by the board members as identified in the attendance roster above.

**Dr. McDougal:** All right, thank you. Next, we'll get your input for any agenda items for our next meeting, which will be on April 10, 2025. Any suggestions for presentations?

**Dr. Jenkins:** Dr. McDougal, by that time we will have some activity to report on as far as impacts from any potential cuts, and I certainly want my Finance Administrator, Micah Guindon, and myself to keep this board abreast. So, that's certainly one thing that we'd like to provide an update on to keep you in the loop.

**Dr. McDougal:** Thank you. It's been a little while since we've had any discussion about the lead abatement process in our parks. Perhaps we could get an update on that at the April meeting.

**Dr. Jenkins:** More than happy to provide that for you, sir.

**Dr. McDougal:** Thank you. Any other suggestions from our Board? All right. Well, we'll leave the rest to Dr. Jenkins and his very capable staff to come up with a full agenda for the April meeting. We have an opportunity for some informal discussion.

**Dr. Gene Rhea:** Mr. Chair? Ms. Guindon says we need to vote on the FY 26 budget I believe.



23 A Regular Meeting of the Durham County Board of Health,  
held February 13, 2025

**Dr. Jenkins:** Yes, we'll make sure we present that to you as well at our next meeting.

**Dr. McDougal:** Oh, that's for next April's meeting. Thanks for clarifying. Any informal discussion?

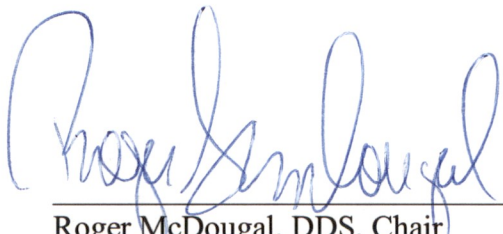
**Dr. Gene Rhea:** I just want to say that Public Health is certainly in a difficult position today across our country and our world, I want to say thank you to all of you for doing what you do. Please let us know, as the Board that supports you, if we can help in any way. The funding for what you do is essential and we want to do what we can to support you.

**Dr. Jenkins:** We appreciate that this board is fantastic, and it feels great to have your support. Rest assured that we will keep you abreast of any significant updates that require your attention. But for right now we are truly inside a wait and see type posture. We are certainly on the ready.

**Dr. McDougal:** Well, I will entertain on final motion for this evening to adjourn. Dr. Gene Rhea made a motion to adjourn, seconded by Dr. Victoria Orto. The motion has been moved.

**Dr. McDougal:** We will see each other again in April.

The meeting ended at 6:22 p.m.

  
\_\_\_\_\_  
Roger McDougal, DDS, Chair  
\_\_\_\_\_  
Rodney E. Jenkins, Public Health Director