

Council Members	Voting Member Present = P Absent = A
VACANT - Chair	P
Jeff Phillips, Chair and Vice-Chair, Interim	P
Melissa Marshburn, Secretary	P
Alyssa Harris	P
Angela Miccoluci	P
Beverly Morrow	P
Dolly Clayton	P
Gwen Bartley	P
Janet Breeding	P
Judy Klusman	P
Marcella Beam	JOINED 12:10 P.M.
Neetu Verma	P
Nicole French	A
Pamela Rankin	P
Stephanie Starr	P
Wendy Growcock	A
Staff	Non- Voting
King Jones, Member Engagement Manager	P
Melissa Marshburn, Regional Affairs Manager	P
Laura Wilkicki, Community Operations Business Administrator	P
Guests	Non-Voting
Stacey Harward, DHHS	A

1. Call to Order

Jeff Phillips, Chair interim, called the meeting to order at 11:05 a.m. and led the meeting. A roll call for attendance is taken.

2. Opening Remarks

King Jones conducted a roll call attendance.

Welcomed and introduced new members:

- Dolly Clayton, Stanly County: NCDHHS Director, takes Donna Fayko place
- Stephanie Starr, Union County: Director of Community Support and Outreach, Vice Chair Union County Health Advisory Coalition

3. Public Comment

There are no public comments.

4. Meeting Administration

- a. Reviewed and approved November 12, 2020 meeting minutes.

Jeff Phillips requested a motion to approve the minutes from the November 12, 2020 meeting as written.

Judy Klusman motioned to approve the minutes as written. Beverly Morrow seconded the motion.

No discussion. A Roll call vote is taken. Majority in favor. Motion carried.

- b. Nominate and approve new Chair and Vice Chair

Beverly Morrow was nominated by Judy Klusman. Beverly declined referencing current high workload. Jeff Phillips volunteered to be Chair. Beverly Morrow volunteered to be Vice Chair.

CHAIR: Judy Klusman requested a motion to elect Jeff Phillips as Chair.

Gwendolyn Bartley motioned to approve Jeff Phillips as Chair. Judy Klusman seconded the motion. A roll call vote was taken. All in favor. Motion carried.

VICE CHAIR: Jeff Phillips requested a motion to elect Beverly Morrow as Vice Chair.

Judy Klusman motioned to approve Beverly Morrow as Vice Chair. Gwendolyn Bartley seconded the motion.

No discussion. A roll call vote was taken. All in favor. Motion carried.

5. 2021 – Committee Refresh and Level Set

- a. Renewed terms. Initially, terms were selected of either one year or two years and the Board has reviewed and approved: Gwendolyn Bartley, Judy Klusman, Beverly Morrow, Jeff Phillips, and Pam Rankin now officially move into their second-year term. (maximum service term is three years).
- b. The meeting goals and objectives of the RHC were reviewed.
- c. Discussed Health Improvement Plan efforts to date. The 2021 Plan Summary was reviewed and presented for discussion with more detail to follow.

6. Regional Health Improvement Plan Key Themes were listed and reviewed:

- Substance Use Disorder
- Mental Health
- IDD
- Physical Health
- Access to Care
- Social Determinants of Health

7. Opportunity Statements Discussion around the 2021 Plan Summary

Each of the six opportunity statements were reviewed in detail and members were asked to give input.

- People who live in disparate locations, including rural or off-main transport lines cannot easily or consistently access services.

- Providers located at county levels
- Provider capacity – Create a county level resource stakeholders and providers in resolving service gaps in their county
- Telehealth expansion; increase broadband access

Member Discussion/Comments

- Telehealth and teletherapy important, but in non-COVID times, bring mobile unit into the community to provide some preventative care to help with access of care issues.
- Offer incentive for those current transportation providers; offer a type of transportation service that allows the providers of the care services to link up and provide themselves. This may not work for all counties, rural counties like Rowan makes it difficult and can be too expensive for that budget and financial support would be needed.
- Taking the provider into the community could bring smaller groups into these types of group services.
- Perhaps offer discounts for transportation.
- Smiles Center has a van for school, maybe have a medical bus at the individual's home and use telemedicine, etc. onsite.

A subgroup could be established so we can understand what are the most realistic actionable items, and what the priorities are over the new few months.

➤ **While there are insufficient affordable housing options in North Carolina overall, the RHC has specifically identified acute gaps for individuals living with an IDD or SPMI diagnosis.**

- Increase awareness of the requirements for specialty housing services and other support living options for long-term care options for IDD Population (ICF, AFL, etc.) and individuals with SPMI
- SDoH
- Housing – complex individuals
- Increase employment opportunities – skills building, etc.

Member Discussions/Comments

- Salisbury housing has a problem with mold, and landlords are not really good about cleaning this (substandard housing). The process for investors is difficult; staff don't get paid well for placements, so there's a lot of turnover. Maybe some financial services and education for investors. Helping communities and families in how could build a tiny home. Traditional group homes are not the thing today. Maybe waiver dollars could help
- Transition to Community Living is a big problem when you have individuals in nursing homes for years, then put into an independent living situation, and not used to making their own decisions. Services they get are not sustainable, and they need assistance in the long term. All of the services are not forever.
- Against phasing out the shelter workshops. Some individuals are incredibly happy where they are and with the group that they're with. If we do away with the vocational opportunities group, they will lose their transportation.

- **Substance abuse is prevalent in all our communities. Overall, prevention measures must improve, with aggressive efforts toward opioid abuse and having appropriate care and services in rural areas.**
 - Health Disparities
 - Opioid Abuse
 - COVID-19
 - Providers located at county level
 - Provider capacity - Create a county level resource to support stakeholders and providers in resolving service gaps in their county

Member Discussions/Comments

- a. Include other substance use; not seeing opioid – we are seeing a rise of cocaine and enormous amount of use of benzos. Synthetic THC cartridges causing huge health issues in kids.
- b. Expanding peer support specialists.
- c. Rowan needs treatment facilities. Our jail inmates are 50% substance abuse and mental health, and huge savings if we can make the shift.

- **Physical health issues, such as chronic disease and obesity, can contribute to and/or exacerbate behavioral health diagnoses. Integrated health centers and increased collaboration between agencies will be required to reduce negative health outcomes.**
 - Healthy Lifestyles/Physical Health & Health Disparities
 - Education - Publicizing information and getting word out
 - Increase regional training on the impact of trauma and resources to build resilience to have more trauma informed communities
 - Work with Cardinal Innovations Provider Network on an ACES Survey, Scores and Data Sharing program with their Provider Network

Member Discussions/Comments

- a. The last bullet is a great idea for data that we would otherwise not be able to get.
- b. Partner with health departments
- c. Partnering between Cardinal and Special Olympics; why are groups homes not getting residents at that home connected to the Special Olympics. We would need to check to see if all our 20 counties have Special Olympics.
- d. We need to get the physical and the behavioral health care together.

- **Mental health services are needed, especially for complex individuals (i.e. dual diagnosed, children in foster care, complex trauma, etc.).**
 - Complex individuals (dually diagnosed, children in foster care, complex trauma, etc.)
 - Build Coalitions of community groups to educate parents, stakeholders, and providers on resources and processes and strengthen support resources

Member Discussions/Comments

- a. Cardinal's child welfare initiatives that we started in December to increase our collaboration, Nicole Six is our director of Child Welfare, and she's making sure we have staff located in all 20 county DSS offices, with the goal to complete the co-locations by the end of March.
- b. Emergency placements for all levels are needed. Foster children shouldn't have to stay in offices overnight and am in support of better partnerships related to placements between Cardinal and DSS.
- c. We don't have enough specifically trauma trained individuals and what more can we do to further train providers in working with this population? Part of Cardinal's child welfare program is a pilot program with one or two providers that have homes dedicated to these emergency services.
- d. Understanding Trauma and Impact on Minority Community" registration is open. Email Denise Derkowski at dderkowski@rescare.com and include "Training" in the subject line. This is open to anyone.
- e. There is a trauma informed community grant annually, sponsored from that group at Duke and partners DHHS and Samsa, Cabarrus has this grant for 2021 and encourages to apply.

➤ **Not every citizen has adequate insurance coverage to meet the physical and/or mental health needs.**

This opportunity statement was not covered due to time constraints.

8. Open Discussion

We will regroup over the next two to three weeks to solidify the action steps we have discussed. Members were asked for their participation and availability; Jeff, Alyssa, Angela, Gwen, Judy, Dolly, Angela, and Neetu volunteered to attend. **Melissa Marshburn will send an email to the people who volunteered to solicit some dates and times for availability and schedule a meeting.**

Next meeting is April 28, 2021 at 11:00 a.m.

9. Adjournment

Jeff Phillips requested a motion to adjourn the meeting.

Gwendolyn Bartley motioned to adjourn the meeting. Melissa Marshburn seconded.

Jeff Phillips adjourned the meeting at 1:00 p.m.

Submitted By: Laura Wilkicki, Cardinal Business Operations Administrator