

2019 NCACC Legislative Items from Durham County

1. Goal Title: Support Legislation establishing a \$1.9 Billion bond for school capital.

Goal Description: The need continues to establish a state-county partnership to respond to statewide public-school capital challenges and to provide a dedicated stable funding stream that sufficiently addresses school facility needs in all counties.

Legislative efforts to put forth a \$1.9B statewide bond were unsuccessful in the past session, (neither of the bills introduced in the House or Senate received a hearing) but we encourage NCACC to renew efforts to approve this legislation in the 2019 General Assembly session.

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2. Goal Title: Support “Carolina Cares Program” a proposal to provide health coverage to NC residents (HB 662 from 2017)

Goal Description: In 2017, legislators introduced the “Carolina Cares” bill, which would expand the state's Medicaid program. Under the proposal, adults with incomes at or below 133 percent of the federal poverty level (**less than \$16,000 for a single person**) would qualify. Once qualified, they would be required to pay annual premiums equal to two percent of their household income. Currently, 34 states have accepted federal financial support and expanded their Medicaid programs. Closing the coverage gap would significantly change the landscape of healthcare coverage and access in North Carolina by providing coverage to more than **208,000** North Carolinians and, literally, saving thousands of lives.

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3. Goal Title: Support increased state funding for public education funding in North Carolina

Goal Description: Overall education funding continues to fall short despite modest increases during the last few sessions. Salary increases for teachers should be more uniform and not favor new teachers over tenured ones. Adequate funding should be provided to fully implement capital

improvements needed to support the K-3 class size reductions that were previously approved and thus would not shift the burden to counties.

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4. Goal Title: Support Legislation for state funding to provide Medication Assisted Treatment for emergency departments re ED Opioid overdoses.

Goal Description: County Commissioners need to respond to the devastating effects that the opioid crisis is having in our communities. Deaths in North Carolina continue to rise steeply, faster than any state other than Nebraska, with more than 80% of opioid-overdose deaths now occurring from illicit drugs. In 2010, more than 80% were from prescription opioids. For most individuals with opioid use disorder (addiction), opioids are purchased on the street and are typically a mixture of heroin and fentanyl though sometimes mixed with high-potency fentanyl analogues as well. Health systems therefore have less opportunity to intervene and control the flow of opioids to individuals. When these patients do present in our Emergency Departments, we have a chance to provide counseling and initiate evidence-based treatment proven to dramatically reduce opioid abuse, overdose deaths, and collateral infections such as Hepatitis C and HIV.

Emergency departments will need funding to provide for training, staffing, medication, and the kind of social services that high-risk individuals who present for care will need. About half of these patients will lack any insurance. County commissioners can help to address this gap and facilitate initiating treatment with buprenorphine with a warm handoff to long term, comprehensive treatment.

Durham County, like all areas of the state, has very few resources to provide effective, long-term, medically assisted treatment to the uninsured. Providers typically charge \$125 to \$150 per visit plus the cost of routine urine drug testing, an essential part of the treatment. Generic medication, purchased at the lowest cost pharmacy, costs about \$6-9 per day or \$180-270 per month thus the total cost of care is about \$300 for a stable patient and \$600 for someone new to therapy or who requires more frequent visits. Community Health Centers and integrated health systems could provide these services at a lower total cost. In addition, many individuals will benefit from counseling and social services which will require funding as well. Initiating MAT in the ED will not change outcomes if we lack programs to provide long term (many years) treatment that allows individuals to remain sober and return to productive lives. County Commissions must ensure that individuals started on effective therapy can receive continuity services or any up-front efforts will be for naught.

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5. Goal Title: Support Legislation to provide funds to NCDPS and Juvenile Justice to fully implement S. L. 2017-57 Juvenile Justice Reinvestment Act and approve recommendations from Juvenile Jurisdiction Advisory Committee.

Goal Description: Funding is needed to safely implement the new legislation with age appropriate service delivery and resources. We support the requested needs of the Department of Juvenile Justice and funds for local government Juvenile Crime Prevention Councils to provide appropriate services to this population.

Juvenile Jurisdiction Advisory Committee Recommendations to implement S.L. 2017-57, Juvenile Justice Reinvestment Act include:

- ✓ A recommendation that implementation be undertaken in full, at one time, rather than staggered given the annual savings associated with full implementation.
- ✓ A recommendation to include items in SECTION 16D.4.(rr) (1) through SECTION 16D.4.(rr) (10) in juvenile jurisdiction. The committee further recommends amending SECTION 16D.4.(rr) (10) to read “Any H, I, or misdemeanor offense requiring registration as a sex offender pursuant to Article 27A of Chapter 14 of the General Statutes.”
- ✓ Housing and Transfer legislation recommendations
 - All persons less than 18 years of age who are ordered to be held in custody prior to their trial or adjudication, whether in adult court or juvenile court, shall be housed in an approved Juvenile Justice Section facility, and not be incarcerated in county jails (unless the county jail has an agreement with the Juvenile Justice Section to house juveniles); and
 - Once it is determined that a person less than 18 years of age will be held in custody prior to trial or adjudication, that person shall be transported to and from the approved Juvenile Justice Section facility by Juvenile Justice Section personnel or personnel authorized by the Juvenile Justice Section; and
 - All persons less than 18 years of age who are convicted in adult court and are sentenced to be held in custody shall be housed in an approved facility operated by the Adult Correction and Juvenile Justice Division and not be incarcerated in county jails (unless the county jail has an agreement with the Juvenile Justice Section to house juveniles); and
 - Any person who is held in the custody of the Juvenile Justice Section prior to their trial in adult court, upon becoming 18 years of age, shall be transferred to the custody of the county jail where the charges arose by Juvenile Justice Section personnel or personnel authorized by the Juvenile Justice Section.
- ✓ Further, the committee requests that the General Assembly fund a unified video conferencing system, with the Administrative Office of Courts to administer standards in consultation with the Department of Public Safety, that allows communication between both juvenile detention and adult detention facilities and the courts to reduce transportation

costs, improve access to the courts, and improve safety.

New Recommendations as of May 22, 2018:

- Amend 7B-1501 (7) (b), definition of delinquent juveniles.
Any juvenile who, while less than 18 years of age but at least 16 years of age, commits a crime or an infraction under State law or under an ordinance of local government, excluding any misdemeanor or infraction violation of the Chapter 20 motor vehicle laws, or who commits indirect contempt by a juvenile as defined in G.S. 5A-31.
Amend G.S. 143B-805(6) (b) similarly.
- Recommendation to remove Possession of Stolen Vehicle from Chapter 20.
- Recommendation that requests for expansion funding for School Resource Officers include a training requirement for School Resource Officers and language consistent with the plan to establish a school justice partnership. Recommendation to add School Justice Partnerships to required School Resource Officer training curriculum.
- Recommendation that all school safety conversations must include School Justice Partnerships as part of the discussion.
- Recommendation that DPS work with the Administrative Office of the Courts, with input via electronic communication from Juvenile Jurisdiction Advisory Committee members, to develop statutory language that permits legal assistants to access applicable JWisE information.
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6. Goal Title: Support legislation to maintain and/or exceed state transit funding assistance above FY 2017-2018 budgeted levels.

Goal Description: To advocate to maintain and or expand the state's ongoing commitment to Public transportation funding of the Rural Operating Assistance Program (ROAP) to counties and human service agencies for operating purposes and increase funding of the State Maintenance Assistance Program (SMAP) for vehicle replacement to small urban and urban systems throughout the State.

The State's ROAP commitment enables local communities to leverage available federal transit resources in meeting existing daily needs while seeking to expand service options and focus on future mobility needs of our growing state. For Durham County the annual allocation of consistent Rural Operating Assistance Funds averaging \$244,000 has contributed to Durham County ACCESS providing nearly 12,000 trips to Durham County citizens that live in rural communities, elderly and disabled citizens and those without transportation to get to work.

In a coordinated system, it is critical to support the needs of larger small urban and urban transit systems that have a greater need to replace vehicles that are beyond their useful life through the

State Maintenance Program (SMAP). The state's annual unfunded bus replacement need is approximately \$27.5 Million and the smaller market transit systems annual unfunded bus replacement need is approximately \$7.5 Million. Aging vehicles in service are safe but require extensive maintenance. When the fleet gets past a certain age, the results are higher maintenance costs, reduced on-time performance, driver frustration, and the need for more mechanics. Fleet age also impacts the ability of agencies to roll out new service because there are no available vehicles to serve new routes.

The State's funding of these vital programs allows greater service that promotes mobility and access for all persons, including our neediest citizens, to healthcare, employment, and many of life's other necessities. As our state's population continues to grow, the legislative commitment to public transportation to counties and human service agencies is critical for service to continue. In a coordinated system, as more service is provided and service extended, replacement of vehicles and having a dedicated revenue source increases the value, safety and quality of public transportation to our citizens.

Public Transportation is a critical economic engine in North Carolina, employing staff at 100 local agencies, which is also supported by over 50 direct private sector employers (source: NCPTA) putting jobs and spending power back into the state and local economy.

The North Carolina Public Transportation Association (NCPTA) along with the NCDOT Public Transportation Division support full funding of the ROAP and SMAP Programs.

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7. Goal Title: Maintain the direct Medicaid Non-Emergency Medical Transportation service provision relationship between the NCDHHS and the county public/community transportation provider

Goal Description: As a cornerstone to the provision of rural transportation in all 100 counties, the North Carolina Department of Transportation (NCDOT) received an award from the Federal Transit Administration (FTA) for its work in coordinating mobility resources very effectively to ensure the North Carolina Department of Health and Human Service (NCDHHS) funded program recipients and public transportation passengers share the same ride, where feasible, creating program efficiencies.

The provision of Medicaid NEMT services leveraging the community's backbone transportation service has proven to be a very cost-effective model.

This legislative goal is supported by the North Carolina Public Transit Association (NCPTA)

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8. Goal Title: Increase funding and enhance services for Adult Protective Services and Guardianship Services while also improving Behavioral Health Services for vulnerable, older, and disabled adults. PRIORITY 1

Goal Description: Adult Protective Services is a state mandated service for Social Services that requires County Departments to receive reports, assess, and plan for services for disabled adults who have been abused/neglected/exploited. In FY 16, 77% of the total funds for this service were county funds, while the state only contributed 3%. In addition, caseloads have increased and county funding has increased 6%, to the 77% level. *The Department request the state allocate a recurring appropriation of at least \$7,000,000 to fund this mandated service or develop a funding formula that shares the non-federal costs 50/50.*

Guardianship services is a mandated requirement of the Department of Social Services. DSS is the only public guardian now prescribed in General Statutes. In FY 2016, This service was funded with 66% county funds and only 5% of state funds. This caseload has grown substantially for Social Services due to the DSS being the only public guardian option. *The Department seeks a recurring appropriation of at least \$5,000,000 to be allocated to County Departments of Social Services for Guardianship services.*

The Department requests these funds be adjusted annually to compensate for growing workloads/caseloads. This goal is a recommended goal of the NC Directors of Social Services Association and the NC Board of Social Services Association.

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Durham County Board of Social Services, August 1, 2018

- 9. Goal Title: Preserve Federal and State Block Grants for county administered programs, including Temporary Assistance for Needy Families (TANF), Social Services Block Grant (SSBG), and Home and Care Community Block Grant (HCCBG), oppose unfunded mandates, and prevent unnecessary workload increases to counties (including shifting state responsibilities to counties).**

Goal Description: Durham County Social Services supports a plan that prioritizes and ensures existing federal block grant funds are used for mandated services, including Work First, Child Protection, Adult Protection, Guardianship, and other Adult/Aging services. These funds are critical to counties delivering mandated services and should be persevered by the General Assembly and not reduced to cover state budgetary needs. The General Assembly should not pass further unfunded mandates as state funding for Social Services is not even at 10% for services in the counties.

This goal is a recommended goal of the NC Directors of Social Services Association and the NC Board of Social Services Association.

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- 10. Goal Title: Support legislation to increase state funding for federally/state mandated child welfare services to be at least a 50/50 share of the non-federal costs between the county and state for all required child welfare services/expenses.**
PRIORITY TWO

Goal Description: Counties across North Carolina bear most of costs to administer federally and state mandated child welfare services, including Child Protection, In-Home Services, and Foster Care/Permanency Planning. Outside of available federal funds, the county supplies most of the non-federal costs. In addition, House Bill 630 and the new child welfare reform act is putting additional strain and pressures on County Departments of Social Services to meet very strict performance standards. County Departments of Social Services are often resource restricted in providing quality services, due to a lack of supportive funding from the state. To have a true partnership, the state **should share equally in all non-federal costs to provide these critical**

services, allowing more opportunity for counties to secure needed staff, training, and quality assurance for effective services.

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11. Goal Title: Support legislation that fully funds all of House Bill 630 requirements, including supervision of counties, training, models of service, and quality assurance. As part of HB 630 reforms, support legislation to provide caseload standards/workload standards across all services of Social Services either in law and or DHHS policy and for the state to enforce workload standards to ensure adequate staffing in Social Services. Support legislation to amend the current state required Child Welfare caseload standards from 1:10 for CPS to 1:8 and from 1:15 for Foster Care to 1:12.

Goal Description: With the passage of House Bill 630, it is critical that the state fully fund all reform proposals from this legislation to ensure success of the legislation, including state training of county staff, reviews/quality assurance, and performance management.

In addition, there is currently no caseload standards across the mandated services within DSS. The only required caseload standards are in Child Welfare and these standards are NOT enforced by the state. Durham County DSS seeks three primary outcomes:

- Amend current Child Welfare standards to reflect new policy and workload requirements for staff to ensure staff can adequately manage and provide all required services timely and efficiently.
- Develop caseload/workload standards across all other programs based on workload, policy requirements, time standards, and quality. These standards would set realistic workload expectations for staff and provide DSS management tools to assess and determine staffing needs in all programs based on workload/caseload size.

- State should enforce standards and require County Departments and Counties to follow standards.

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12. Goal Title: Seek legislation to continue the previously filed "waiver application" or "Section 1115 Demonstration" to provide NC Medicaid Cost Report Settlements that provide over \$35M annually to government-based EMS agencies across the state including support for Community Paramedicine Initiatives during Medicaid Transformation.

Description: EMS providers in the state of North Carolina form a safety net for the medically fragile and disadvantaged. Most of the EMS providers in the state are local government based, and rely heavily on a fee for service to fund these essential functions. The previously filed "waiver application" or "Section 1115 Demonstration" must continue to provide NC Medicaid Cost Report Settlements that provide over \$35M annually to government based EMS agencies across the state. Although these are federally funded dollars, they are administered through the state repository and should continue, through the current model or through block grants. Currently, the Department of Health and Human Services (DHHS) Audit Section continues to administer the Medicaid Cost Report withholding 10% of these federal dollars for four plus years. As of July 31, 2018, EMS agencies are owed in excess of \$17 million dollars in total statewide.

Additionally, our nation's health care system is in the process of transforming from a fee-for-service delivery model to a patient-centered, value-driven, and outcomes-based model. Emergency Medical Services (EMS) is uniquely positioned to support this transformation and help achieve the Institute of Healthcare Improvement's (IHI) Triple Aim (<http://www.ihl.org/engage/initiatives/TripleAim/Pages/default.aspx>) of

- Improving the patient experience of care, including quality and satisfaction;
- Improving the health of populations; and
- Reducing the per capita cost of health care.

Innovative community paramedicine programs are being provided across the state with no additional funding by Medicare or Medicaid. These programs are geared toward decreasing hospitalization of citizens with mental health and substance abuse issues, hospital readmissions and targeting at-risk individuals, by providing services in the patient's home reducing the need for costly hospital services and providing transportation to alternative locations to provide more economical and efficient healthcare services to these individuals. The program should consider funding these types of services to include coverage and incentives for in-home care, alternative

destinations, and telemedicine services.

Supported by NC Association of EM Administrators

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Additional Sheets linked: *Overview of NC Medicaid Transformation and 10% Withholding Chart*

13. Goal Title: Seek legislation to support programs to address the opioid crisis in North Carolina.

Goal Description: Opioids are putting a strain on health care and hitting every EMS system in the state. North Carolina has experienced an 800 percent increase in opioid drug deaths from 1999 to 2017, largely driven by a growth of illicit heroin use. The EMS response to the emergency is not enough. We need to have alternatives of care for patients with substance abuse disorders. This includes harm reduction strategies, acute inpatient detox, as well as rapid response teams. Resource Recovery Teams are a cross functional team set up to respond post reversal to opioids, with a law enforcement officer and treatment advocate. We also need our law enforcement partners to adopt the HOPE initiative, much like the Nashville NC PD. EMS needs funding for naloxone, and assistance with price control on this life saving medication.

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14. Goal Title: Seek Legislation to address daily shortages of critical medications used in the prehospital setting (FOR INFORMATION ONLY)

Goal Description: EMS agencies face daily shortages of critical medications. Without sufficient reserves of critical medications for daily activities, it would difficult to respond to a major incident. The EMS industry is seeking support to ensure that the ongoing critical drug shortages don't impede the state's ability to respond to disasters and public health emergencies.

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15. Goal Title: Seek Legislation to support Community Conservation Assistance Program

Goal Description: The Community Conservation Assistance Program is the only North Carolina program specifically designed to address stormwater pollution emanating from urban and suburban areas. Polluted stormwater washing from impervious surfaces in urban and suburban areas is a major cause of water quality degradation in North Carolina. It contains high fecal bacteria counts that lead to severe economic losses through shellfish bed closures and lost tourism opportunities as public swimming beaches are closed. Polluted stormwater also causes harmful algae blooms and degraded fish habitat, further impacting recreational and tourism income throughout our state. We are seeking a recurring appropriation of \$6,500,000 of which up to \$3,000,000 would be committed to supporting Community Conservationists statewide, and \$3,500,000 for meeting the State's share of the cost of installing stormwater management practices in identified high priority watersheds.

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