



**Wake County Human Services Board Retreat
March 26, 2015
TRAINING & ORIENTATION
REGULAR MEETING
AGENDA**

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Room 2132, Human Services Center, 220 Swinburne Street

7:30 AM – 12:00 PM

Dr. James Smith III, Chair

Mr. John Myhre, Vice Chair

Ms. Margaret Raynor, Treasurer

Purpose: Advocacy, Policy, Advisory, Accountability

Breakfast

7:30 am Welcome – Dr. Jim Smith

7:35 am Logistics & Opener – Ms. Ginny Satterfield

8:00 am Annual Legal Training & Orientation [PH Accreditation Benchmark # 34.3, 34.5A] – Mr. Ken Murphy

9:00 am Break

9:20 am Horizon Issues – Mr. Bob Sorrels

9:30 am Budget Update – Mr. Paul Gross

9:40 am Annual Advocacy Training [PH Accreditation Benchmark # 36.3]

- County's Perspective – Mr. Jim Hartmann, Mr. David Ellis
- Human Services Board's Role & Scenarios – Ms. Regina Petteway

End Retreat – Dr. Jim Smith

11:00 am Approval of Minutes:

- January 22, 2015 Regular Meeting,
- March 12, 2015 Special Called Meeting

Next Board Meeting: April 23, 2015

Swinburne Human Services Center, Room 2132
220 Swinburne Street, Raleigh, NC 27620

Regular Agenda

- 11:05 am Review and Approve "Rulemaking" Clause in Operating Procedures [PH Accreditation Benchmark # 34.1, 34.2, 34.4] – Mr. Brian Gunter**
- 11:15 am Proposed Recreational Waters and Beaches Ordinance Revisions [PH Accreditation Benchmark # 34.4, 34.5] – Ms. Kathryn Hobby**
- 11:30 am Review and Discuss Public Health Self Pay Report [PH Accreditation Benchmark # 33.6 A & B] – Mr. Paul Gross**
- 11:45 am Costs of Services Methodology [PH Accreditation Benchmark # 33.5 B & C] – Mr. Paul Gross, Ms. Donna Young**
- 12:00 pm Public Comment Period**
- Adjournment**

Human Services Mission Statement

Wake County Human Services, in partnership with the community, will facilitate full access to high quality and effective health and human services for Wake County residents.

March, 2014

Environmental Services Mission Statement

To protect and improve the quality of Wake County's environmental and ensure a healthy future for its citizens through cooperation, education, management and enforcement.

Environmental Services combines:

- Water quality
- Air quality
- Solid waste (recycling, landfills, etc.)
- Environmental health and safety (sanitation inspections, pest management, swimming pool regulations, animal control)

2014-2015 Board Priorities (as of January, 2014)

- **Healthy Behaviors – Public Health Committee is developing this work plan**
- **Human Capital Development – Social Services Committee is developing this work plan**

Wake County Human Services Board

Minutes

January 22, 2015

Members Present:

Mr. Frank Eagles
Mr. Pablo Escobar
Dr. Sharon Foster
Ms. Fiorella Horna-guerra
Mr. John Myhre
Ms. Margaret Raynor
Dr. Rosine Sanders
Dr. James Smith, III, Chair
Dr. Jacqueline Tavárez
Ms. Stephanie Treadway
Commissioner James West
Dr. Seth Wexler
Mr. McKinley Wooten, Jr.

Members Absent:

Ms. Leila Goodwin
Dr. Paul Scruggs
Ms. Angie Welsh
Mr. Julian Smith

Executive Staff Present:

Ms. Regina Petteway, Interim Human Services Director
Mr. Ken Murphy, Assistant County Attorney
Mr. Joseph Threadcraft, Environmental Services Director
Ms. Amina Shah, Executive Assistant to Human Services Board
Ms. Alicia Arnold, Fiscal & Policy Analyst – Budget Division
Ms. Rosena West, Staff to Social Services Committee

Executive Staff Absent:

Ms. Sue Lynn Ledford, Public Health Division Director
Mr. Bob Sorrels, Human Services Deputy Director
Mr. Scott Warren, County Attorney
Ms. Katherine Williams, Cooperative Extension Director & Human
Ms. Denise Foreman, Assistant to the County Manager
Ms. Michelle Ricci, Staff to Public Health Committee
Dr. Kimberly McDonald, Human Services Medical Director

Presenters:

Dr. Edie Alfano-Sobsey, Human Services Program Consultant – Public Health Epidemiologist
Ms. Patricia Baker, Division Director ESS
Ms. Ingrid Bou-Saada, Program Consultant
Mr. Paul Gross, Human Services Finance Officer
Mr. Brian Gunter, Human Services Program Manager – Community Affairs

Guests:

Quorum Present: yes

Agenda Item	Discussion, Conclusions, Recommendations	Action, Follow-up	Responsible Party	Due Date
I. Call to Order/Reflections	<p>Dr. Smith called the meeting to order at 7:32 am</p> <p>Mayor Frank Eagles reflected on how the Human Services (HS) Board needs to pat itself on the back. Its members are dedicated to work including members of the Public Health and Social Services Committees. There was a wonderful gathering at Dr. Sharon Foster's home. Our Commissioners understand our needs--they approved 17 FTE positions for Foster Care. The Regional Centers are expanding their client base. Overall the Board has done an outstanding job and this is a great community.</p>			
I. Approval of Minutes	There was a motion to approve minutes from the December 18, 2014 meeting. The motion was seconded by Ms. Stephanie Treadway, and approved unanimously.			
II. Confirmation of Next Board Meeting	The next Board meeting will be the Retreat on February 26, 2015. Location TBA			
	REGULAR AGENDA			

<p>III. Public Health/Review and Discussion of Legally Required Local Health Director Knowledge, Skills, Abilities, Qualifications, and Position Requirements [PH Accreditation Benchmark # 37.1, 37.3]</p>	<p>Mr. Brian Gunter presented the Public Health/Review and Discussion of Legally Required Local Health Director Knowledge, Skills, Abilities, Qualifications, and Position Requirements. He said the title of this agenda item is directly from the Public Health Reaccreditation Guidance document.</p> <p>He stated that the purpose of this agenda item to address Board related PH reaccreditation benchmarks. One of the benchmarks is triggered by the change in leadership. With the anticipated change in HS director, the Board needs to review and discuss the components sent to the Board in the agenda packet</p> <p>The 3 components are:</p> <ol style="list-style-type: none"> 1. Position Description Questionnaire (PDQ) form 2. Set of Job Competences and Responsibilities for Health Directors by the Southeast Public Health Law Training Center 3. NC General Statutes related to appointment and responsibilities of local health director <p>It is a critical PH accreditation requirement is to review and discuss these as the components of the local health director requirement as the Human Services and Local Health Board.</p> <p>Dr. Smith asked if there are any anticipated statutory changes. Mr. Gunter replied that he is not aware of any.</p> <p>Ms. Fiorella Horna-guerra provided feedback on improving the Human Services Director PDQ to HR, because it does not say much about working with DSS.</p> <p>Mr. Pablo Escobar asked that when staff is reviewing applicants, do they use this document for the Social Services (SS) Director as well. Mr. Gunter replied that he is not certain about a document for SS Director job competences and skills or if there is an equivalent. This is the one that staff looks for HS Director, as it's a critical accreditation requirement.</p> <p>Dr. Foster stated this PDQ is fairly comprehensive on educational requirements, but other skills sets also need to be looked at.</p> <p>Ms. Regina Petteway added that when Ms. Angie Welsh went to SS Director's meeting, where there was talk about the SS Director job competencies and requirements to the General Statutes. It is suggested to looked at least the SS Director requirements from the Association and put that in the Human Services Director's job description.</p>			
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<p>IV. Indicator Report [PH Accreditation Benchmark # 9.1]</p>	<p>Mr. McKinley Wooten asked if there would be someone from the County Manager's office to give an update on hiring for HS Director. Ms. Petteway stated that she believes it would be Ms. Denise Foreman who would give that update now that Mr. Joe Durham is retired, but she will check on that to confirm.</p> <p>Dr. Edie Alfano-Sobsey presented the Indicator Report. The purpose of this report is to provide the Board with updated indicators identified to monitor the health of Wake County.</p> <p>Actions required from the Board are:</p> <ul style="list-style-type: none"> • Use information to inform decision making, educational activities, and advocacy efforts • Receive Indicator Report <p>The Indicator Report assesses the health and well-being of the Wake County community through socio-economic, environmental, individual lifestyle and heredity factors. There were 34 measurable indicators identified by members of INFORM, Wake County Human Services data management group. They were selected by examining:</p> <ul style="list-style-type: none"> • Demographics and Social Determinants of Health • Wake County's Community Health Needs Assessment Priorities • County Health Rankings • Wake County Board of Commissioners Goals • Wake County Human Services Board Priorities <p>This report provides integrated, overall population data to monitor key indicators for Wake County Human Services. The limitations are that they do not provide details about how sub-populations are affected differently compared to the general Wake County population.</p> <p>This report is divided into three sections:</p> <ol style="list-style-type: none"> 1. County Profile – shows the socio- economic conditions in the Wake County community compared with national data. 2. Community Health - indicators that measure health outcomes and health factors. 3. Physical Environment - indicators that measure a healthy food environment, physical activity, and water and air pollution. 			
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	<p>Both the Community Health and Physical Environment sections show either state or national benchmarks against which Wake County indicators can be compared. This is the second annual report for these indicators.</p> <p>Dr. Alfano-Sobsey said that something that stands out in the first group of indicators is that growth is slowing a bit. It has declined by 5.6% since 2013 report.</p> <p>In Health Factors, there is a new indicator called food and environment, which is an index of factors that contribute to a healthy food environment.</p> <p>Mr. Escobar said that he is concerned about the increase in cardiovascular disease. Dr. Alfano-Sobsey said that also depends on how you categorize cardiovascular disease.</p> <p>Ms. Horna-guerra said she is surprised by increase in homelessness and asked how that specific number is captured. Dr. Alfano-Sobsey replied that statistic is taken by point in time count. There are also other ways to accurately capture this data and more that can be done with the indicators. Youth Thrive has created a profile on homelessness and schools data can also be helpful.</p> <p>Dr. James West said that economy seems to be doing better, but it is still not idealistic. He asked if this data drills down into comparisons or subsets of data. Dr. Alfano-Sobsey said that can be done by undertaking a more in-depth study.</p> <p>Dr. Foster stated that information on high school graduation rates will also be useful as an indicator.</p> <p>*Presentation attached in January agenda packet</p>			
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<p>V. Public Health/Community Health Needs Assessment Data and Action Plans [PH Accreditation Benchmark # 38.2 a, 38.2b]</p>	<p>Dr. Alfano-Sobsey presented the Public Health/Community Health Needs Assessment Data and Action Plans. The purpose is to assure HS Board's participation in the Community Health Needs Assessment process generally, and that it approves the community health action plans specifically.</p> <p>The actions requested of the Board are</p> <ol style="list-style-type: none"> 1. Review and discuss the summary data and information from the 2013 Community Health Needs Assessment 2. Review and approve the related Community Health Action Plans based on priorities identified in the assessment. <p>The Community Health Needs Assessment data includes the following:</p> <ol style="list-style-type: none"> 1. Methods and findings from the community survey process 2. Recommendations from the process 3. Top morbidity/mortality factors for the community 4. Information on how public input was obtained 5. Summary of input from community survey process <p>Her presentation also included 3 community health action plans based on priorities identified in the community health needs assessment process. The priority areas included</p> <ol style="list-style-type: none"> 1. Mental health 2. Health care access and utilization 3. Poverty and unemployment <p>Key findings were from 3 sources</p> <ul style="list-style-type: none"> • Health opinion surveys <ul style="list-style-type: none"> • Issues that affect the quality of life in Wake County: unemployment/employment opportunities, school reassignment, traffic congestion, low income/poverty, drug and alcohol abuse, violent crime, and homelessness. • Services identified as in need of improvement: Positive teen activities, availability of employment, higher paying employment, mental health services, road safety, maintenance, support to help manage health conditions, and more affordable, better housing • Information gaps: eating well/ nutrition, child care/parenting, stress management, exercising/fitness, crime prevention, caring for special needs families • Focus groups <ul style="list-style-type: none"> • Importance of physical, mental, spiritual, and financial well-being • Self-sufficiency and independence • Closely linked to access to resources 			
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	<ul style="list-style-type: none"> Existing statistics <ul style="list-style-type: none"> Among the 15 leading causes of death, the number 1 cause of death is cancer <p>Ms. Horna-guerra asked what was asked to measure “self-sufficiency” to which Dr. Alfano-Sobsey replied that she will have to look at the questions asked.</p> <p>Top priority areas are</p> <ul style="list-style-type: none"> Poverty and unemployment Health care access and utilization Mental health and substance use <p>From the Community Health Needs Assessment, Community Health Action Plan was developed, which includes specific objectives and progress to date for each priority area.</p> <p>Ms. Raynor asked that since mental health is taken out of human services, how does this impact what can we do as HS Board and on both committees? She believes that the whole person has to be treated, which includes mental health and substance abuse. But since that is taken out of this Board, can we show we have a collaboration with the mental health side of things. There was discussion on how there is feedback from Alliance Behavioral Health on holistically treating a person. Commissioner Caroline Sullivan is on that Board. Dr. West asked that Ms. Petteway bring in someone to give an update/presentation on this topic. Mr. Escobar suggested that the Board needs to advocate for specific targeted programs.</p> <p>Dr. Alfano-Sobsey asked for approval from the Board on the Community Health Needs Assessment and Action Plan. A motion was made by Ms. Raynor to approve, which was seconded by Ms. Treadway, and approved unanimously.</p> <p>*Presentation attached in January agenda packet</p>		<p>Ms. Petteway bring in presenter to give an update/presentation on mental health side of things</p>	<p>Ms. Petteway</p>	
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<p>VI. Committee Chairs Reports</p>	<p>Dr. Foster gave an update on the Public Health Committee. She summarized the Public Health Staff Development Plan elements reviewed and approved at the most recent Public Health Committee meeting. She directed the Board members' attention to the handouts including the Staff Training and Credentials Standard, the Tuition Reimbursement Procedure, and the Cultural Diversity in the Work Force Standard.</p> <p>She talked about food sustainability and the Summer Food Program (SFP). She said the Board should recognize the fast food chain, Wendy's by sending them a Thank you letter for removing sugary drinks from children's meal. This is a step forward toward reducing child obesity and promoting good health.</p> <p>She discussed some expansion items including the rollout of new health services near Rock Quarry Road in Raleigh.</p> <p>She stated the advocacy party was successful. The attendees were receptive to our needs. Some of the things discussed at the party were expansion of Medicaid, mental health, greenways, and decrease in prenatal mortality.</p> <p>Mr. Escobar gave an update on the Social Services Committee on behalf of Ms. Welsh. He said the Committee discussed NCFast in the first part of the meeting. That was a good discussion. The second part of the meeting was spent planning for the Human Capital Development (HCD) campaign event. It is scheduled for March 27, 2015 from 9 am to 12 noon in the County Commons. The planning for the event is taking shape as the Committee discussed the agenda, event promotion, and keynote speaker (Dr. Dudley Flood).</p>			
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<p>VII. Environmental Services Director's Report</p>	<ul style="list-style-type: none"> • Environmental Services Director's Report <p>The department is currently compiling it's FY 2016 budget. It started meeting on January 21st to prioritize requests.</p> <p>An Infrastructure presentation was given at the January 12 BOC Work Session. This included the contaminated ground water initiative. The policy will be completed through the Growth, Landuse and Environment Committee. Once the policy is complete and approved by the Board of Commissioners, staff will evaluate the citizen's request for the extension of water lines, review the results with the Manager's Office and make a subsequent recommendation to the Board of Commissioners.</p> <p>An Overview of the Environmental Services Department was given at the January 12 BOC Work Session. Highlights of staff productivity to date were as follows:</p> <ul style="list-style-type: none"> a. Environmental Health & Safety <ul style="list-style-type: none"> 1. Responsible for over 4,300 facilities 2. Conducted over 6,500 inspections within the facilities 3. Reviewed over 700 plans 4. Conducted over 875 construction visits 5. Permitted approximately 1,200 pools b. Solid Waste <ul style="list-style-type: none"> 1. Handled over 405,000 tons of waste 2. Recycled over 30,000 tons 3. Landfill capacity to 2033 c. Water Quality <ul style="list-style-type: none"> 1. Approximately 32,000 private wells 2. Approximately 59,000 septic systems d. Animal Services <ul style="list-style-type: none"> 1. Received approximately 14,000 animals <p>Award Recognition - Each Division won an Achievement Award from the National Association of Counties.</p> <ul style="list-style-type: none"> 1. Administration (2014) 2. Animal Services (2014) 3. Environmental Health & Safety (2013) 4. Solid Waste (2014) 5. Solid Waste (2014) 6. Water Quality (2014) 			
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<p>VIII. Human Services Director's Report – Ms. Regina Petteway</p>	<p>Ms. Petteway's report included an NCFAST update (presented by Ms. Patricia Baker), Expansion Budget Summary (presented by Mr. Paul Gross), Healthiest Capital County (HCC) Update (Ms. Ingrid Bou-Saada).</p> <p>Ms. Baker provided the NCFAST update. She said the Department went into NCFAST in a really bad spot. FNS was not doing too well, but it got back on target and by the holidays, most of the families had received their benefits. Staff is working hard on nights and weekends, so the Department is making good progress, although it is still a little behind.</p> <p>With regards to FNS applications, there was high overdue of 162, but ended with 4. There will always be some overdue, because of policy. Policy says that an application cannot be denied if the 30 days falls on a Friday. Overall, it is taking really good shape and there is a good process in place.</p> <p>The Medicaid situation is not as positive. There are still a lot of thing in the works. At end of December, there were 14000 reviews still pending. Each month the State extends them and will be doing that until March. The Department is working with staff and have training labs set up. There is a group contracted that does case cleanup, which the state calls conversion. There is another company, which is helping the Department in conversions. Their contract has been extended until March. The Department worked with the State to keep that facility operating in RTP. The Department is hoping to have bulk of work done by end of May. Going into June, it will be a in a better spot.</p> <p>Mayor Eagles discussed if NCFAST is beneficial, considering the costs. Ms. Baker said there have been significant challenges, but progress is being made and things are starting to look positive. Ms. Horna-guerra cautioned against stress in the workplace in working through the NCFAST challenges. Mayor Eagles pointed out that there might also be negative effects on workers' eyes if they sit in front of a monitor for extended periods of time.</p> <p>Mr. Paul Gross presented the FY 16 Expansion Budget process. He pointed out that HS Department received 86 new positions funded entirely by State revenue. He also pointed out that Child Welfare received 17 new positions and Legal received 2 paralegals, also funded totally by State revenue. The State increased Medicaid revenue reimbursement rate from 50% to 75%. Preliminary Draft. The HS Department originally had 31 requests, but it is now down to 29. These 29 requests are totaling about \$5 million, including 1.6 in external revenue and \$3.4 million in County dollars. The Preliminary Draft does not include annualized cost of 86 positions to target NCFAST challenges, because that is already included in the base budget.</p>			
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	<p>The Capital Improvement Plan requests include</p> <ul style="list-style-type: none"> ○ Expanding footprint/size of Southern Regional Center ○ Looking at all HS facilities in a Master plan study to determine needs for redevelopment to meet growing population needs <p>*Preliminary draft included in January agenda packet</p> <p>Ms. Ingrid Bou-Saada presented an update on the HCC Initiative.</p> <ul style="list-style-type: none"> ● Background: County Health Rankings <ul style="list-style-type: none"> ○ Wake County has been ranked as the healthiest county in NC for 5 years by the University of Wisconsin Population Health Institute and Robert wood Johnson. ○ The HCC Initiative, launched in February, 2014, raises that bar to improve health of all residents. ● Timeline: Progress to Date <ul style="list-style-type: none"> ○ Launch: 2/7/14 ○ Planning phase: 04/14-11/14 ○ Implementation phase: 11/14 ○ Ongoing implementation: 01/15 ● Planning Team: Selection of Collective Impact Measures <ul style="list-style-type: none"> ● 5 measures <ol style="list-style-type: none"> 1. Adult obesity 2. Food environment index 3. Children in poverty 4. High school graduation 5. High risk youth behavior ● These measures addressed through 3 work groups <ul style="list-style-type: none"> ▪ These measures addressed through 3 work groups <ul style="list-style-type: none"> ● High Risk Youth Behavior & High School Graduation <ul style="list-style-type: none"> ○ Led by Youth Thrive (Shannon Weatherly, Executive Director) 			
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	<ul style="list-style-type: none"> • Adult Obesity (with Physical Inactivity) & Food Environment Index • Led by Advocates for Health in Action (AHA) (Sara Merz, Executive Director) and YMCA of the Triangle (Lisa Humphreys, Senior Vice President) • Children in Poverty • Led by United Way of the Greater Triangle (Angie Welsh, Senior Vice President) • Initiative Structure includes a hierarchical structure as well as a functional diagram to enable collaboration • Next Steps <ul style="list-style-type: none"> ▪ Work groups preparing to launch ▪ Leadership team exploring ways to resource the Initiative and recruiting for Executive Committee and Steering Team ▪ Executive Director in place in FY 2015-16 • Opportunities for Engagement <ul style="list-style-type: none"> ▪ Provide suggestions, feedback, linkages with your partners ▪ Serve on a Work Group, Communications Team, Steering Team, or Executive Committee <p>Mr. Escobar asked what are the ideas for funding resources. Ms. Bou-Saada said the ideas are to include this in the expansion budget and ask partners to contribute.</p> <p>Commissioner West stated that the HCC is an excellent model, but he is concerned about the line between HCC and Human Capital Development (HCD). Unemployment and poverty are closely looked at as an overall area of HCD. He would like to see that embedded in this initiative to have a holistic way to approach things. The Department needs to do a better job in connecting this Initiative with the Budget to show that it's a priority. Ms. Petteway recognized that and stated that the Department does need to do a better job of making that connection.</p>			
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IX.	Chair's Report	Dr. Smith asked Ms. Ginny Satterfield to report on the Retreat Planning. The Retreat will be held February 26 in Room 2132 of Swinburne Human Services Center. Breakfast will start at 7:30 with the Retreat starting at 8:00 and ending at 12 noon. There are 3 main topics: legal, advocacy, and committee work plans.			
X.	Participation in Community Events	<p>Mayor Eagles recognized Dr. Foster for the successful advocacy party at her house</p> <p>Mr. John Myhre said he participated in a discussion on poverty in Wake County in his Church</p> <p>Mr. Escobar talked about an event celebrating MLK day in Northgate Mall.</p> <p>Mr. Wooten said the new Chief Justice is increasing the number of mental health courts</p> <p>Dr. Foster talked about the success of the advocacy party. She also discussed the flu epidemic.</p> <p>Ms. Treadway said the Planning Committee for Recovery of NC is planning a big event in September in recovery month</p> <p>Dr. Smith said he presented to Operational Spring Plan on Prostate Cancer.</p> <p>Ms. Petteway said she attended the 3 Kings Parade, which is much more than a parade. Provide basic needs and toys to over 200 families. They do it annually on the Day of Solstice.</p>			
XI.	Public Comments	None			
XII.	Adjournment	The meeting was adjourned at 10:01 am.			
Board Chair Signature and Approval of Minutes		<div style="border-top: 1px solid black; width: 100%;"></div> <div style="display: flex; justify-content: space-between;"> Dr. Jim Smith, Chair Date </div>			

Wake County Human Services Board
Special Called Meeting
March 12, 2015
8:00 am - 8:30 am

Board Members	
Present	Absent
Mr. Pablo Escobar Dr. Sharon Foster Ms. Leila Goodwin Ms. Fiorella Horna-guerra Mr. John Myhre Ms. Margaret Raynor Dr. James Smith, III, Chair Dr. Jacqueline Tavárez Ms. Stephanie Treadway Ms. Angie Welsh Commissioner James West Dr. Seth Wexler	Mr. Frank Eagles Dr. Rosine Sanders Dr. Paul Scruggs Mr. McKinley Wooten, Jr.

Quorum: yes

Staff Members Present
Mr. Jim Hartmann, County Manager Ms. Regina Petteway, Interim Human Services Director Mr. Paul Gross, Human Services Finance Officer Ms. Ginny Satterfield, Human Services Program Consultant-Community Affairs Ms. Amina Shah, Executive Assistant to Human Services Board Ms. Faith Arenth, Communications Office Specialist

Call to Order:

Dr. Smith called the meeting to order at 8:08 am. He stated the purpose of this special called Board meeting is to endorse the County Manager's decision of the appointment of Human Services Department Director. He turned it over to Mr. Jim Hartmann.

Announcement:

Mr. Hartmann stated that the hiring process of the Human Services Director was very competitive. They had a good group of candidates, which was narrowed down to 3 top candidates. From those 3 candidates, Ms. Regina Petteway, was selected to be appointed Director. He asked for the Human Services Board consent to make this official.

Endorsement of Decision:

Dr. Jim Smith made the motion to endorse the decision of Mr. Hartmann to appoint Ms. Petteway as Human Services Director. The motion was seconded by Ms. Margaret Raynor, and adopted unanimously.

Words from Ms. Petteway:

Ms. Petteway thanked the Board. She said she is honored to be appointed the Department Director. She mentioned that the Department does face challenges, and a few of them are daunting, but they are nothing that cannot be addressed along with community partners.

Discussion:

Dr. Smith said that Wake County went used a national search to recruit for the Human Services Director. It was a tough decision, but Mr. Hartmann and his staff did a good job.

Mr. Hartmann also announced that the County has a new Deputy Manager, Mr. David Ellis, who has most recently served as the Assistant City Manager in Charlottesville, Virginia. He has 20 years of local government experience.

Comments:

Mr. Pablo Escobar stated that Ms. Petteway has been able to reflect the Human Services Board wishes in the time she was acting Director, and he hopes that she will continue to do so in her new role.

Mr. John Myhre said that he participated in the interview of the final 3 candidates, and Ms. Petteway “nailed” the final interview above the other 2 candidates.

Ms. Raynor mentioned that the other 2 candidates were also very sharp, but Ms. Petteway was very well prepared.

Commissioner James West stated that Ms. Petteway is very collaborative and engaging. The County needs someone who is engaging, because of its challenges. She has systems thinking for how to do things. She also has a great heart and loves helping people move from dependency to independency.

Ms. Fiorella Horna-guerra agreed that Ms. Petteway has the vision to engage the community. She advised her to remember to address issues of diversity to make the community even stronger. She also said to look to the satisfaction of staff members, because it is important to have happy workers. She suggested that Ms. Petteway work with staff on how to improve processes as well as morale, because nothing can be achieved if staff is not happy.

Dr. Smith added that the Human Services staff is committed and excellent. He said that leaders sometime need to stay out of the way.

Ms. Stephanie Treadway commended Ms. Petteway for her hard work and dedication.

Dr. Jacqueline Tavarez said Ms. Petteway shows passion for the Community and she will do a great job.

Dr. Smith adjourned the meeting at 8:25 am.

Human Services Board Chair Signature: _____

Date: _____

**WAKE COUNTY HUMAN SERVICES BOARD & COMMITTEES
AGENDA ITEM SUMMARY SHEET**

Agenda Date: 3/26/2015

Item: Update Board Operating Procedures: Add Board of Health Rule Making Procedures

PH Accreditation Benchmarks : 34.1, 34.2, 34.4

Specific Action Requested: Approve the annual update to the Board's Operating Procedures. Approve the rule making procedures added to Section H- Board Meetings. Changes are highlighted beginning at the bottom of page 6.

Item Summary: The rule making authorities and responsibilities for local Boards of Health are laid out in NCGS 130A-39. Public Health accreditation requires that the WCHS Board have rule making procedures consistent with NCGS 130A-39 for exercising this rule making authority (Benchmark 34.4). Accreditation also requires that Board Procedures comply with state laws (Benchmark 34.1) and get updated annually (Benchmark 34.4).

Purpose for Action: Compliance with state law and public health accreditation requirements.

Next Steps: Assure compliance with rule making procedures as appropriate.

Attachments: [NCGS 130A-39](#)

Opportunities for Advocacy, Policy or Advisory:

Connections to Other Committees:



Wake County Human Services Board Operating Procedures

GOV.BRD 100

Countywide or	X	Department: Human Services	X	Division: Board
Supersedes: March 28, 2013 Operating Procedures			Effective Date: August 28, 2014	
Authority: Wake County, NC Code of Ordinances § 30.025 – 30.030; NC G.S. § 153A-77; NC G.S. § 130A-39, NCAC 10A 48B .1301				
Originating Department: Human Services				

- I. Purpose:** To establish operating procedures for the Wake County Human Services Board in compliance with state law and county regulations, and to exercise the authorities and responsibilities granted in Sections 153A-77(d) and 130A-39 of the North Carolina General Statutes.

II. Procedure Statement

A. Name and Office

The name of this organization is the Wake County Human Services Board (hereinafter "Board"). The principal office of the Board is located at the Wake County Human Services Center, 220 Swinburne Street, Raleigh, NC, 27610.

B. Board Membership and Terms of Service

The Board shall be composed of members appointed by the Wake County Board of Commissioners pursuant to NC General Statute 153A-77(d). The Board shall include one each of the following: psychologist, pharmacist, engineer, dentist, optometrist, veterinarian, social worker, registered nurse, psychiatrist, other physician, and County Commissioner. In addition to these positions, there will be 4 consumer representatives and 4 general public representatives for a total of 19 positions. Board seats have four year terms and members can be appointed for all or part of a four-year term. Board members must be Wake County residents. Board members may be appointed for a maximum of two consecutive terms; however members may continue to serve on the Board until a new member is appointed to fill their seat.

C. Officers

1. Chair and Vice Chair

The Board members shall elect a Chair and Vice Chair by majority vote each year at the October Board meeting.

2. Secretary

The Wake County Human Services Director shall serve as Secretary to the Board, but

is not a member of the Board. The Human Services Director may delegate the duties of the Secretary that are set forth in these operating procedures to an appropriate local human services department employee.

3. Treasurer

The Board members shall elect a Treasurer by majority vote each year at the November Board meeting. The Treasurer has responsibility for managing the fund containing personal contributions by Board members for discretionary spending purposes. Board authorized disbursements from the fund will require the three signatures of the Board Officers: the Treasurer, the Chair, and the Vice Chair.

D. Board Member Selection

1. Interested Wake County residents are invited to complete an application, which is available on the County website or may be requested from the Secretary's Executive Assistant, at any time. Applications may be completed on-line or sent to the Secretary's Executive Assistant.
2. When a seat on the Board becomes vacant, the Secretary's Executive Assistant will forward all applications on file to the Board Chair. The Board Chair will appoint an ad hoc group to solicit, review and discuss applications, and to make recommendations to the Board for applicants to be considered for appointment. At its discretion the Board may interview applicants. The Board will forward recommendations for Board member appointments to the Wake County Board of Commissioners.

E. Responsibilities of Board Members

1. Function effectively within the context of a Consolidated Human Services Agency, serving simultaneously as a Public Health and Social Services board member.
2. Serve as a member of the Public Health Committee, Social Services Committee, or other Board Committee as appointed by the Board Chair. If a Board member serves on one or more of the Administrative Committees advisory to the Human Services Department, the Board Chair at his or her discretion may elect not to appoint that member to a Board Committee.
3. Serve as a member of a Hearing Panel when appointed by the Board Chair, as defined in Section G and in accordance with Board Procedure 300 2.0.
4. Play an active role in helping to meet the Public Health and Social Services statutory functions.
5. Participate fully in meeting discussions and decisions;
6. Perform necessary reviews of documents and other important materials to be well prepared to provide sound advice and decision-making
7. Attend at least 75% of scheduled meetings
8. Identify any conflict of interest as defined by North Carolina law and withdraw from discussion of or voting on the issue with which there is a conflict.

F. Committees

The Board may establish committees as needed to carry out the Board's work. All committees

are subject to the North Carolina open meetings laws and shall comply with the provisions of those laws.

1. Executive Committee. The Executive Committee shall consist of the Board Chair, Board Vice Chair, Board Treasurer, Chair of the Public Health Committee, and Chair of the Social Services Committee. The Board Chair will also chair the Executive Committee. The Executive Committee will meet at the discretion of the Board Chair to assist in setting the agenda for Board meetings and to advise on issues related to Board responsibilities.

2. Standing Committees: The Board shall have two standing committees: the Public Health Committee and the Social Services Committee.

a. General Functions of Standing Committees

- 1)** On issues over which the Board has authority, provide general oversight of Wake County's programs
 - a) Contribute to the development of administrative policies and plans
 - b) Monitor quality of operations and service delivery
 - c) Review and discuss budget
- 2)** Make regular reports to the Board.
- 3)** Make recommendations to the Board
 - a) Review information from County staff
 - b) Gather input on issues from community stakeholders
 - c) Appoint subcommittees as needed to review and develop recommendations regarding specific issues
 - d) Provide broad advocacy on relevant issues, promote community awareness and increase or garner political support.
- 4)** Discuss and make recommendations on other advocacy, advisory and policy development issues as delegated by the Board

b. Functions of Specific Standing Committees

1) Public Health Committee

- a) Review public health issues, and Wake County Human Services Department and Environmental Services Department programs, to ensure the ten essential public health services in Section 4 of General Statute 130A-1.1(b) are available and accessible.
- b) Ensure the Board has information to assist with the goal to protect and promote public health
- c) Evaluate the need for adoption or amendment of local rules or ordinances related to public health and make recommendations to the Board
- d) Make recommendations to the Board on public health related fee schedules.

2) Social Services Committee

- a) Review social services issues and Wake County Human Services Department programs;

- b) Advise the Board on policies and procedures that improve the social conditions of the community
- c) Ensure the Board has information to advocate for the appropriate provision of social services within Wake County.
- d) Evaluate program needs; develop and recommend action-oriented strategies to the Board.
- e) Recommend priorities for advocacy to the Board and engage the broader community in support of established social services priorities.

c. Membership of Standing Committees

1) Chair and Vice Chair

The Chair and Vice Chair of each standing Board committee shall be members of the Human Services Board who are appointed to lead the committee by the Board Chair for a term of two years, with no more than two consecutive terms in office.

2) Terms

Committee membership will be for four-year terms and members will generally serve for no more than two consecutive four-year terms, although they may serve longer at the discretion of the Board. Terms shall begin on January 1 although members may be appointed mid-term.

3) Board Members on Committees

Board members will be appointed to Committees by the Board Chair. The number of Board Members serving on each Standing Committee at any given time is expected to vary between about six and nine, at the discretion of the Board Chair. Former Board members are eligible to apply for community representative membership on a committee at the conclusion of their term of service on the Board.

4) Community Representative Members

Each Standing Committee will have up to 10 community representative seats.

a) Qualifications

Each Board committee may include community representatives in any combination of organizational members that represent specific Wake County organizations related to the mission of the committee and do not need to reside in Wake County, and at-large members who shall be residents of Wake County. Community representative members shall reasonably reflect the mission of the committee and the population makeup of the county, and may include representation from the following categories as appropriate to the committee mission:

- (i) Private business
- (ii) Non-profit organizations
- (iii) Government organizations
- (iv) Educational organizations

- (v) Human Services geographic service zones
- (vi) Persons who are consumers of human services or family members of consumers
- (vii) Persons who are professionals with qualifications in one of these categories: psychologist, pharmacist, engineer, dentist, optometrist, veterinarian, social worker, registered nurse, physician licensed to practice medicine in North Carolina, and psychiatrist licensed to practice medicine in North Carolina.

b) Selection

- (i) Community members are invited to complete an application which is available from the Secretary's Executive Assistant.
- (ii) Applications should be sent to the Secretary's Executive Assistant, who will forward applications to the Committee Chair and staff assigned to that committee.
- (iii) At any time there is a vacant seat on a Standing Committee, the Committee will review all applications on file, have the option to interview applicants, and at its discretion will recommend member appointments to the Board.
- (iv) The Board will make community members appointments.
- (v) The Committee Chair will ensure applicants are notified of consideration and/or appointment.
- (vi) Members may resign at any time by notifying the Committee Chair in writing.
- (vii) The Board may, at any time and for any reason, remove any community representative member from a Standing Committee.

5) Responsibilities of Committee Members:

- a) Attend the committee meetings;
- b) Read materials sent to them for review prior the scheduled meetings in preparation for active participation in discussions;
- c) Participate fully in meeting discussions and decisions;
- d) Identify any conflict of interest as defined by North Carolina law and withdraw from discussion of or voting on the issue with which there is a conflict.

6) Voting

In the event that any vote is taken at a Committee meeting, only Board members may vote. A member must abstain from voting in cases involving conflicts of interest as defined by North Carolina law.

3. Temporary Advisory Committees

The Board may establish Temporary Advisory Committees to address specific issues at any time. The Board Chair will appoint Board members to serve on a Temporary Advisory Committee. The Board may appoint, or may delegate the Board Chair to

appoint, community members to serve on a Temporary Advisory Board.

G. Hearing Panels

From time to time a Hearing Panel may be required to hear grievances related to a ruling of the Human Services Director (or Delegate) regarding the interpretation and enforcement of State or Wake County health regulations, rules adopted by the Board, or the imposition of administrative penalties. The Board Chair will appoint three Board members to serve on a hearing panel, generally making appointments in alphabetical order, taking into account the disqualification procedures in Board Procedure 300 2.0 as may be amended. If a Board member is disqualified or for some other reason cannot serve, that Board member will remain in rotation to be on the next Hearing Panel.

H. Board Meetings

1. Meeting Schedule

The Board will hold meetings as required by GS153-A-77. A regular monthly meeting will be scheduled, unless cancelled by the Chair. The meeting location and time shall be advertised on the County's website and posted at least one week before the meeting.

2. Agenda

The Secretary to the Board shall prepare an agenda for each meeting in consultation with the Executive Committee. Any board member or person who wishes to place an item of business on the agenda shall submit a request to the Secretary by the first Monday of the month. For regular meetings, the Board may add items to the agenda or subtract items from the agenda by a majority vote. The Board has designated a period for public comment as a component of the regular agenda for every Board meeting (see Appendix B for public comment procedures). The agenda for a special or emergency meeting may be altered only if permitted by and in accordance with the North Carolina open meetings laws.

3. Presiding Officer

The Chair of the Board shall preside at Board meetings if he or she is present. If the Chair is absent, the Vice Chair shall preside. If the Chair and Vice Chair are both absent, another member designated by a majority vote of members present at the meeting shall preside.

4. Quorum

A majority of the actual membership of the Board, excluding vacant seats, shall constitute a quorum--the minimum number of members present who may conduct business on behalf of the Board. A member who has withdrawn from a meeting without being excused by a majority vote of the remaining members shall be counted as present for purposes of determining whether or not a quorum is present. If a member must abstain from voting on a specific issue due to a conflict of interest, that member shall be counted as present for purposes of determining whether or not a quorum is present.

5. Rule Making

The WCHS Board has the responsibility and authority of the local Board of Health to adopt

rules, as necessary, to protect and promote the public health. The Board shall do so in compliance with conditions set out in NC General Statute 130A-39, by vote, at a regular meeting of the Board. The Board will adopt, amend, or repeal a rule:

- a) After thorough consideration by the Public Health Committee and the WCHS Board of available data and analysis from county and/or other staff with expertise in the subject under consideration;
- b) After consultation with the Office of the County Attorney regarding the subject under consideration and regarding the authorities and responsibilities of the Board;
- c) After public notice of the proposed rule, its effective date, and where copies of the proposed rule are available;
- d) After an opportunity for public comment when action on a proposed rule is on the agenda for the meeting.

6. Voting

While Board meetings are open meetings, only Board members may vote. A member must abstain from voting in cases involving conflicts of interest as defined by North Carolina law.

7. Minutes

The Secretary shall prepare minutes of each Board meeting. Copies of the minutes shall be made available to each Board member before the next regular Board meeting. At each regular meeting, the Board shall review the minutes of the previous regular meeting as well as any special or emergency meetings that have occurred since the previous regular meeting, make any necessary revisions, and approve the minutes as originally drafted or as revised. The public may obtain copies of Board meeting minutes by request from the Secretary.

I. Committee Meetings

1. Meeting Schedule

A regular monthly meeting will be scheduled, unless cancelled by the Chair. The meeting location and time shall be advertised on the County's website and posted at least one week before the meeting.

2. Agenda

The staff to the Committee shall prepare an agenda for each meeting in consultation with the Chair. Any committee member or person who wishes to place an item of business on the agenda shall submit a request to the Chair. The Committee may add items to the agenda or subtract items from the agenda by a majority vote.

3. Presiding Officer

The Chair of the Committee shall preside at Committee meetings if he or she is present. If the Chair is absent, the Vice Chair shall preside. If the Chair and Vice Chair are both absent, another member designated by a majority vote of members present at the meeting shall preside.

4. Quorum

A majority of the actual membership of the Committee, excluding vacant seats, shall constitute a quorum. A member who has withdrawn from a meeting without being excused by a majority vote of the remaining members shall be counted as present for purposes of determining whether or not a quorum is present. If a member must abstain from voting on a specific issue due to a conflict of interest, that member shall be counted as present for purposes of determining whether or not a quorum is present.

5. Voting

A member must abstain from voting in cases involving conflicts of interest as defined by North Carolina law and in such cases no vote is counted for the abstaining member.

6. Minutes

The staff to the Committee shall prepare minutes of each Committee meeting. Copies of the minutes shall be made available to each Committee member before the next regular Committee meeting. At each regular meeting, the Committee shall review the minutes of the previous regular meeting as well as any special or emergency meetings that have occurred since the previous regular meeting, make any necessary revisions, and approve the minutes as originally drafted or as revised. The public may obtain copies of Committee meeting minutes by request from the Secretary to the Board.

J. Amendments to Operating Procedures

These operating procedures may be amended at any regular meeting or at any properly called special meeting that includes amendment of the operating procedures as one of the stated purposes of the meeting. A quorum must be present at the meeting at which amendments are discussed and approved, and any amendments must be approved by a majority of the members present at the meeting.

K. Other Procedural Matters

The Board shall refer to the current edition of Robert's Rules of Order Newly Revised (RONR) to answer procedural questions not addressed in this document, so long as the procedures prescribed in RONR do not conflict with North Carolina law.

L. Compliance with North Carolina Law

In conducting its business, the Board shall comply with all applicable North Carolina laws, including but not limited to open meetings laws, public records laws, and the laws setting forth the powers and duties of local boards of health. To assist the Board in compliance, the local health director shall maintain a current copy of relevant North Carolina General Statutes and make them available to Board members on request.

III. Applicability and Exceptions

These procedures applies to current members of the Wake County Human Services Board

IV. Operating Procedures Responsibility and Management:

- A.** These operating procedures shall be reviewed annually by the Human Services Board, the County Attorney's Office and the Wake County Human Services Quality Assurance Officer.
- B.** New Board members will receive a copy of the Board Operations Manual and review it as part of their orientation.

V. Related Policies, Procedures, and Publications: GOV.BRD 300 2.1 Board Policy on Consumer and Community Input**VI. Appendices**

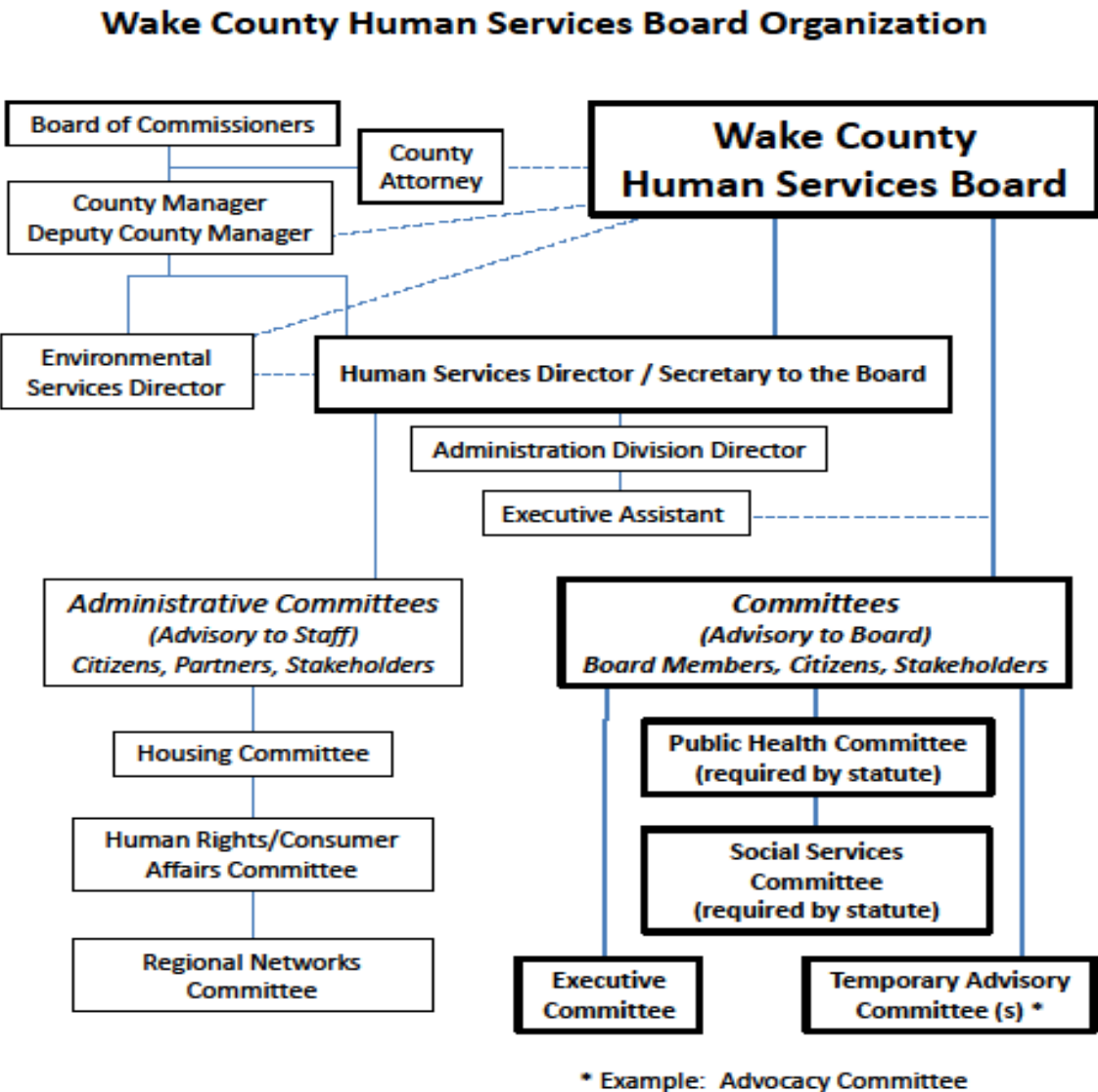
Appendix A: Human Services Board Structure Chart

Appendix B: Procedures for Public Comment for the Wake County Human Services Board

VII. History

Effective Date	Section(s) Revised	Author
March 26, 2015	Section H – Board Meetings: Added rule making procedures for Board of Health responsibilities	
August 28, 2014	Added updates approved by the WCHS Board (8/2014) including language addressing: new office of Treasurer, signature authority to expend Board funds.	Regina Petteway, WCHS Interim Director Brian Gunter, Program Manager, Division of Administration
March 28, 2013	Entire Document Reviewed and Revised, per new board structure	Regina Petteway, Director, Division of Administration; Leila Goodwin, Vice Chair of the HS Board
December 15, 2012	Entire Document Reviewed. No changes.	Regina Petteway, Director, Division of Administration; Leila Goodwin, Vice Chair of the HS Board
December 15, 2011	Entire Document Reviewed and Revised	Regina Petteway, Director, Division of Administration; Leila Goodwin, Vice Chair of the HS Board
October 23, 2003	Original (By-Laws of Wake County Human Services and Environmental Services Board)	J. Tallis , QA Officer

Appendix A: Human Services Board Structure Chart



Appendix B: Procedures for Public Comment for the Wake County Human Services Board

1. Each meeting shall include thirty (30) minutes for comments from the public in attendance, at a time indicated on the printed agenda.
2. The Chair shall first recognize individuals, agencies or organizations that have requested the opportunity to speak by signing up on a “sign-up” sheet provided in the Board chamber. The Chair may recognize other speakers depending upon the time available, and according to the procedure in number 4 below.
3. Speakers shall be limited to a maximum of three minutes each.
4. When the time allotted for public comment has expired, the Chair will recognize further speakers only upon motion duly made and adopted.
5. Community members who wish to speak during the Public Comment period are encouraged to sign up in advance by the method outlined in the meeting’s public notice, or they may sign up at the beginning of the meeting when an item on the agenda has been designated for Public Comment.
6. Comments should begin with the community member stating their name, address, and topic of discussion.
7. The Board Chair and Human Services Director will review the comments, and will follow up when appropriate and beneficial. Examples of follow-up actions may include but are not limited to:
 - a. The Board Chair may assign an item to a committee or a single board member for follow up.
 - b. The Board Chair may request Human Services Department or County-level follow up. The Human Services Director (or designee) will assure that the follow up is communicated to the appropriate party for investigation or other action.
 - c. The Board Chair may add an item to the agenda of the HS Board through its Executive Committee for follow up.
 - d. The Board Chair or Human Services Director may discuss the concern or comment with County leadership, or other community partners.

**WAKE COUNTY HUMAN SERVICES BOARD & COMMITTEES
AGENDA ITEM SUMMARY SHEET**

Agenda Date: March 26, 2015 7:30am

Item: Proposed amendment of Regulations Governing Public Recreational Waters and Beaches adopted by the Wake County Human Services Board in 2000.

PH Accreditation Benchmark #: 34.5

Specific Action Requested: That the Human Services Board (HSB) repeal the existing Regulations Governing Public Recreational Waters and Beaches adopted by the Wake County Human Services Board in 2000 and adopt updated regulations (Attachment A.)

List Goal and/or Objective Linked to in the 2012-2014 WCHS Strategic Plan:

Wake County Human Services Board identified protection of Wake County's water resources as a top priority for 2014 and established the objectives of providing general oversight, defining program needs, determining action-oriented strategies, establishing priorities and engaging the broader community in support of the group-determined priorities.

Item Summary: This item is a proposal to repeal the existing Regulations Governing Public Recreational Waters and Beaches adopted by the Wake County Human Services Board in 2000 and adopt updated regulations (Attachment A.) The revised regulations have been developed with input and support from stakeholders, the Public Health Committee, and the County Attorney's Office.

Purpose for Action: (Ex: Proposed Solutions/Accomplishments): Align regulations with most recent EPA guidelines for recreational waters: 1) water quality standards; 2) public advisories; and 3) management actions.

Next Steps: Implement new regulations for the 2015 season.

Attachments: 1) Staff Report; 2) Attachment A - Proposed Regulations; 3) Attachment B – Draft Policies and Procedures Manual; and 4) PowerPoint Presentation 5) Attachment C - Letters of Support

Opportunities for Advocacy, Policy or Advisory: Adopting this revised regulation continues to protect public health through monitoring, the use of public advisories and enhanced public education and outreach.

Connections to Other Committees: The Public Health Subcommittee provided guidance and feedback to staff in the development of the proposed regulations. The Public Health Committee and the Human Services Board voted unanimously to support the amendment. At their work session on February 9, 2015, the Board of Commissioners was briefed on the proposed amendment. The Board was supportive of the proposal and did not have any issues or concerns for the Human Services Board to consider prior to taking action.

**Proposed Amendment of Regulations Governing Public Recreational Waters
and Beaches Adopted by the Wake County Board of Human Services in 2000**

Report to Human Services Board

March 26, 2015

Staff: Kathryn Hobby, Watershed Manager, Wake County Environmental Services Department

Item Summary

This item is a proposal to repeal the existing Regulations Governing Public Recreational Waters and Beaches adopted by the Wake County Human Services Board in 2000 and adopt revised regulations (Attachment A.) The revised regulations have been developed with input and support from stakeholders, the Public Health Committee, and the County Attorney's Office.

The U.S. Environmental Protection Agency (EPA) issues recreational water quality criteria under the authority of the Clean Water Act. These criteria are designed to protect the public from exposure to harmful levels of pathogens associated with fecal contamination while participating in activities such as swimming, wading, skiing, tubing, etc. in waters designated for recreational use. In 2000, pursuant to EPA recommendations at that time, the Wake County Human Services Board adopted regulations that established standards for indicator bacteria (E. coli, Enterococci and Fecal Coliform), which are used to help identify where fecal contamination has occurred and where illness-causing microbes may be present. The proposed revised regulations are consistent with updated EPA recommendations.

Current Program

During the swimming season (late May – Labor Day weekend) Wake County samples fresh water bodies for bacteria at public beaches (Falls Lake, Umstead Park, Lake Wheeler) and some private camps (New Life and Camp Kanata). Beaches are closed to primary contact activities when the standards for indicator bacteria levels are exceeded in any single sample. The beach remains closed until two consecutive samples, taken 24 hours apart, are below exceedance thresholds.

Program Evaluation

In 2012, the U.S. Environmental Protection Agency (EPA) issued revised Water Quality Criteria and Guidelines for Recreational Waters, for the first time since 1986. The new criteria reflect the latest scientific knowledge, public comments, and external peer review, and have served as an impetus for the County to revisit its standards and beach closure protocols. To this end, the Public Health Committee appointed a subcommittee in October 2013 to work with Environmental Services staff to evaluate the County's program and develop recommendations to align the program with current guidelines and best management practices. Staff has held four meetings with stakeholders (facility managers for private camps, park managers for the State's public beaches and the City of Raleigh) and held four meetings with the Public Health subcommittee.

The evaluation process was informed by: 1) EPA's 2012 Recreational Water Quality Criteria; 2) review of 14 years of County data under the current regulations; 3) discussions with stakeholders; 4) a survey of best management practices used in other local, state and national programs (see attached); 5) an in-house literature review and; 6) a Bacteria Source Tracking study conducted by the County (2013) under the supervision of Dr. Rachel Noble, an environmental microbiologist with UNC-Morehead City.

In evaluating the County's program, the following guiding principles emerged:

- 1) Ensure public health is protected through the use of the latest science and the most recent EPA standards for fecal indicator bacteria;
- 2) Protect public access to recreational waters by aligning beach management strategies with EPA recommendations:
 - a. eliminate beach closures based on single standard exceedances
 - b. use advisories to inform the public of variable water quality conditions;
- 3) Seek input and consensus from regulated entities and other stakeholders;
- 4) Increase public awareness of the risks associated with high bacteria levels in recreational waters through enhanced educational outreach.

Analysis

The County's existing regulations call for closure of a beach based on a single exceedance of a bacteriological standard. The U.S. Environmental Protection Agency (EPA) does not recommend mandatory closures based on single-sample exceedances of bacteriological standards, as a single sample is not representative of water quality. Instead, the EPA now recommends requiring beach owners/operators to post signage to communicate varying levels of health risks based on sampling results.

Dr. Noble's 2013 Bacteria Source Tracking Report also recommends the posting of preemptive rain advisory notices to inform the public of potential water quality impairment associated with stormwater runoff. Under the new protocols, only major events determined to be a public health nuisance will result in a beach closure. This will greatly reduce the number of closures and associated economic and convenience costs to parks, camps, the public and businesses.

The proposed changes to the County's regulations do not in any way abrogate the County's authority under State public health law to close a beach should the Public Health Director deem a public health nuisance exists and such action is warranted to protect public health (e.g. in case of a wastewater spill).

Consistency with County Goals and Objectives




The proposed changes to the County's Recreational Waters and Beaches Program are consistent with the following County goals and objectives:

- Wake County Board of Commissioner Goals 2014 – Goal: Promote and protect the public health of the community. Objective: Enhance outreach, testing and technical services for water quality to protect public health.
- Wake County Human Services Board Top Priorities for 2014 - Identified protection of Wake County's water resources as a top priority for 2014 and established the objectives of providing general oversight, defining program needs, determining action-oriented strategies, establishing priorities and engaging the broader community in support of the group-determined priorities.

Recommendations

The following recommendations are based on new U.S. Environmental Protection Agency (EPA) guidelines, input from stakeholders, the Public Health Recreational Waters and Beaches Subcommittee, consultation with experts and staff research including a survey of other local, state and national recreational water programs and a literature review to identify current best management practices. The recommendations are to repeal the existing regulations and replace them with the following:

- 1) Adopt revised standards based on EPA's most recent guidelines:
 - a. Remove fecal coliform as a standard
 - b. Use latest E. coli and Enterococci standards
- 2) Revise management actions required of beach owners/operators to add the posting of advisories to communicate health risks associated with primary contact water activities:
 - a. Green – No advisory, bacteria is below exceedance thresholds. Provide healthy swimming tips.
 - b. Yellow - Caution, recent test results indicate elevated levels of bacteria or conditions exist that could contribute to elevated levels of bacteria (i.e. rain), swim at your own risk. Advisory will remain in place until bacteria levels no longer exceed standards or conditions that contribute to elevated levels of bacteria no longer exist. In addition, signage with healthy swimming tips will be posted.
 - c. Red – Closed for public health nuisance, conditions exist for elevated health risks. Body contact with water is not allowed. Beach will remain closed until bacteria levels no longer exceed standards or the nuisance is abated.

TRIGGER	PUBLIC NOTIFICATION		
	Wake County Staff Duties	Beach Operator Duties	Sample Signage
Monitoring Results Below Limit	Update Website	Maintain MONITORED sign	
Monitoring Results Exceed Limit	Notifies Beach Operator	Post CAUTION sign	
	Update Website Begin Resampling		
Public Health Nuisance	Notify Beach Operator	Post CLOSED sign	
	Press Release, Update Website, Begin Resampling		

- 3) Use of pre-emptive advisories to inform public of increased health risks associated with water contact following events that increase public health risk, such as rain or a sewer spill;
- 4) Retain existing authority under State law to close recreational waters and beaches when a public health nuisance exists;
- 5) Update program policies and procedures manual, which may be amended from time to time;
- 6) Enhance public education and outreach;
 - a. Kiosks
 - b. Website
 - c. Partnerships

Public Health Recreational Waters and Beaches Subcommittee Involvement:

A subcommittee of the Human Services Board/Public Health Committee (Ann Rollins, Edie Alfano-Sobsey, and Leila Goodwin) reviewed the staff approach to evaluating the regulations and proposing amendments, including stakeholder input gathered as part of the process as well as the final proposed amendment, and is supportive of the staff proposal. The proposed changes appropriately update the scientific basis underlying the County's recreational water risk assessment; clarify the County's role in communicating potential health risks; and provide the authority needed to protect public health through beach closure.

Review/Action by Committees/Boards:

Action by Public Health Committee: At their regular meeting on September 19, 2014, the Public Health Committee unanimously approved a motion to support the proposed amendment and recommend staff brief the Human Services Board and Board of Commissioners before bringing the item back to the Human Services Board for action.

Action by Human Services Board: At their regular meeting on October 26, 2014, the Board of Commissioners unanimously approved a motion to support the proposed amendment and recommend staff brief the Board of Commissioners before bringing the item back to the Human Services Board for action.

Board of Commissioners: At their work session on February 9, 2015, the Board of Commissioners was briefed on the proposed amendment. The Board was supportive of the proposal and did not have any issues or concerns for the Human Services Board to consider prior to taking action.

Action Requested By Human Services Board:

That the Human Services Board (HSB) repeal the existing Regulations Governing Public Recreational Waters and Beaches adopted by the Wake County Human Services Board in 2000 and adopt the proposed regulations.

Attachments:

1. Attachment A – Proposed Regulations
2. Attachment B – Policy and Procedures Manual
3. PowerPoint Presentation
4. Attachment C – Letters of Support

Attachment A

Wake County Board of Human Services Regulations Governing Public Recreational Waters and Beaches

WHEREAS, the Wake County Department of Environmental Services (WCDES) after study and investigation of the facts pertaining thereto, finds that there is a clear and present need to protect and enhance the public health by notifying the public when bacteria levels in public recreational waters and beaches present a potential health risk to those engaged in water activities, as herein defined,

NOW, therefore, be it ordained by the Board of Human Services of Wake County that the following Regulations be, and hereby are, adopted pursuant to the authority granted said Board by Article 2, Part 1 Chapter 130A-39 of the General Statutes of North Carolina.

SECTION I. SCOPE AND PURPOSE

The purpose of these Regulations is to establish water quality monitoring criteria and standards designed to protect the public from harmful levels of pathogens associated with fecal contamination while participating in water contact activities at public recreational waters and beaches.

SECTION II. JURISDICTION

- A. These Regulations shall apply throughout the territorial jurisdiction of Wake County, North Carolina.
- B. The Wake County Department of Environmental Services is responsible for the administration and enforcement of these Regulations, including but not limited to: public recreational water quality monitoring, notifications to owners/operators of public recreational waters and beaches of monitoring results which require owner/operator action, and publication and maintenance of a Wake County Policies and Procedures Manual for the Recreational Waters and Beaches which may be amended for time to time.
- C. Exemption - these Regulations shall not apply to public recreational waters and beaches where use normally does not exceed 15 people per day.

SECTION III. DEFINITIONS

- (A) **Advisory** - Public notification based on established water quality criteria indicating the potential for a public health risk.
- (B) **Beach or beach area** - the water area within a designated swimming or primary contact area.
- (C) **Board** - the Wake County Board of Human Services.
- (D) **Director** - Director of Wake County Environmental Services, the Director of Wake County Human Services or their designees.

- (E) **Geometric Mean** –the mean of "n" positive numbers obtained by taking the "n"th root of the product of the numbers with at least five samples collected within a 30 day period.
- (F) **Person** – means and includes an individual, firm, corporation, association, partnership, or company.
- (G) **Policies and Procedures Manual** – Wake County Policies and Procedures Manual for Public Recreational Water and Beaches which may be amended from time to time.
- (H) **Primary Contact** – means an activity in which a person's head may be partially or completely submerged.
- (I) **Public Health Nuisance** - a condition of or use of property that could or does cause or result in personal injury or disease to members of the public as defined in North Carolina General Statutes 130A 19.
- (J) **Public Recreational Waters and Beaches** - natural lakes, man-made lakes and similar public water contact recreational places not classified as public swimming pools.
- (K) **Restriction** – beach closure.
- (L) **WCDES** means the Wake County Department of Environmental Services.

SECTION IV. WATER QUALITY MONITORING

- A. **WATER QUALITY SAMPLES** - Wake County Department of Environmental Services shall monitor water quality at public recreational waters and beaches by taking grab samples for the recommended indicator bacteria in accordance with the Policies and Procedures Manual.
- B. **BACTERIOLOGICAL WATER QUALITY STANDARDS** - Natural and man-made lakes, water courses, and other recreational water facilities not defined as a public swimming pool in North Carolina General Statutes 130A-280 shall be subject to the either of the following bacteriological water quality indicator standards:
 - 1. **E. coli:** 1) No single sample shall exceed two hundred thirty-five (235) colonies per one hundred (100) ml. or 2) the geometric mean of the E. coli density based on no less than five equally spaced samples collected over a thirty (30) day period shall not exceed one hundred twenty-six (126) colonies per 100 ml.
 - 2. **Enterococci:** 1) No single sample shall exceed seventy (70) colonies per one hundred (100) ml. or 2) the geometric mean of the Enterococci density based on no less than five equally spaced samples collected over a thirty (30) day period shall not exceed thirty-five (35) colonies per 100 ml.

SECTION V. BEACH NOTIFICATION AND RESTRICTIONS

- A. Upon exceedance of either of the concentration thresholds in Section IV. Bacteriological Water Quality Standards, WCDES shall notify owners/operators of public recreational waters and beaches of potential public health risks associated with high levels of indicator bacteria.

- B. Upon notice by WCDES of an exceedance of a bacteriological standard, owners/operators of public recreational waters and beaches shall follow notification and closure procedures as prescribed in the Policies and Procedures Manual.
- C. The Director or his Designee may order a beach area closed, or restricted, based on knowledge of a sewer spill or other conditions that have the potential to become a public health nuisance or hazard. The Director or his designee shall issue a Public Health Abatement Notice to the beach owners/operators to close a beach.
- D. WCDES will conduct follow-up sampling of a beach area under advisory and/or restriction. The beach area shall remain under advisory and/or restriction until subsequent water sampling indicates compliance with the bacteriological standards in Section IV. Bacteriological Water Quality Standards. The Director or his designee shall notify owners/operators of public recreational waters and beaches when an advisory or restriction is rescinded.

SECTION VI. SIGNS

Signage for public advisories and restrictions shall be posted in accordance with the Wake County Policies and Procedures Manual for Public Recreational Waters and Beaches.

SECTION VII. RIGHT OF ENTRY

Subject to the provisions of North Carolina General Statutes 130A-17, the Director or his Designee shall have the right of entry upon any premises where entry is necessary to investigate an alleged or suspected violation of these Regulations and to enforce any remedy allowed hereunder.

SECTION VIII. VIOLATIONS

Failure by owners/operators of public recreational water and beaches to comply with the requirements of these Regulations and the Policies and Procedure Manual for Public Recreational Waters and Beaches, including but not limited to notification, signage, restrictions or closures, shall constitute a violation of these Regulations.

SECTION IX. PENALTIES

Any person who violates any of these Regulations or shall fail to perform any act required by these Regulations shall be guilty of a misdemeanor and shall be subject to punishment as provided in North Carolina General Statutes 130A 25 as well as civil remedies set forth in Part 2, Article 1 of General Statutes Chapter 30A.

SECTION X. APPEAL PROCEDURES

Appeals from closure of facilities under these Regulations concerning the interpretation and enforcement of these Regulations shall be conducted in accordance with North Carolina General Statutes 130A 24 (b) through (d).

SECTION XI. ABROGATION

Nothing in these Regulations shall restrict or abrogate the authority of the Board or WCDES from exercising any authority the Board or WCDES has under applicable state law with respect to public recreational waters and beaches, as defined in these Regulations.

SECTION XI. EFFECTIVE DATE

These "Wake County Board of Human Services Regulations Governing Public Recreational Waters and Beaches" shall be in full force and effect from and after _____. These Regulations were adopted on _____.

Dr. James A. Smith III (MD, DLFAPA), Chairman
Wake County Board of Human Services

DATE

Regina Petteway, MSPH - Director
Wake County Human Services

DATE

Joseph Threadcraft, Ph. D., P. E, Director
Wake County Environmental Services

DATE



Proposed Amendment to the Regulations Governing Public Recreational Waters and Beaches



Today's Objective

Repeal the existing Wake County Board of Human Services Regulations Governing Public Recreation Waters and Beaches and replace with revised regulations.

Agenda

- Background & Program Objectives
- Comprehensive Program Review
- Proposed Changes
- Call for Action

Background

- EPA issues Recreational WQ criteria under the Clean Water Act
- Wake County local program est. 2000
- Current regs - 1986 EPA guidelines
- Proposed regs - 2012 EPA guidelines



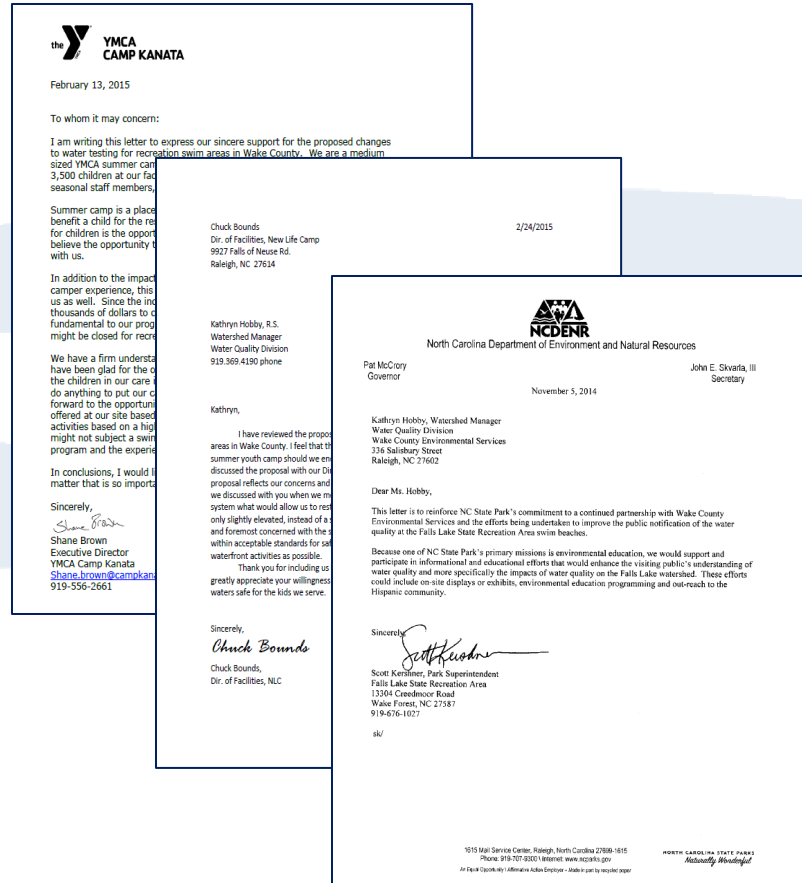
Program Objectives

- Protect public health through monitoring & public notification
- Use valid criteria & methods
- Have management actions that fit health risks - advisories & closures



Program Evaluation

- PH subcommittee worked w/WQ & CS staff
- Regulated community- State Parks, private camps, City of Raleigh Parks
- County Attorney's Office



Recommendations

- Use updated EPA bacteria standards
- Establish new management actions that align with health risks - advisories & closures
- Revise Policies & Procedures Manual
- Enhance public education & outreach

Current vs. Proposed Regulation

	<u>CURRENT</u>	<u>PROPOSED</u>
EPA BACTERIA STANDARDS	E. Coli – 235 Enterococci – 61 Fecal Coliform - 400	E. Coli – 235 Enterococci – 70
EXCEEDANCE PROTOCOL	CLOSE AREA	ADVISORY
PUBLIC HEALTH NUISANCE PROTOCOL	CLOSE AREA	CLOSE AREA

Recommendation:

Beach Advisories

GREEN = Results meet standards;
beach open

YELLOW = Results exceed standard
or preemptive rain advisory;
beach open

RED = Public Health Nuisance;
beach closed

MONITORED

From Memorial Day to Labor Day
The water at this beach is
routinely tested for the presence
of fecal bacteria

THE MOST RECENT SAMPLES
ANALYZED MEET COUNTY
STANDARDS
FOR BEACHES

All current advisories are posted at
wakegov.com
Contact Information:
Wake County Environmental Services
919-856-7431
beaches@wakegov.com

ADVISORY

From Memorial Day to Labor Day
The water at this beach is
routinely tested for the presence
of fecal bacteria

THE MOST RECENT SAMPLES
ANALYZED ARE ABOVE COUNTY
STANDARDS
FOR BEACHES

All current advisories are posted
at wakegov.com
Contact Information:
Wake County Environmental
Services
919-856-7431
beaches@wakegov.com

BEACH CLOSED

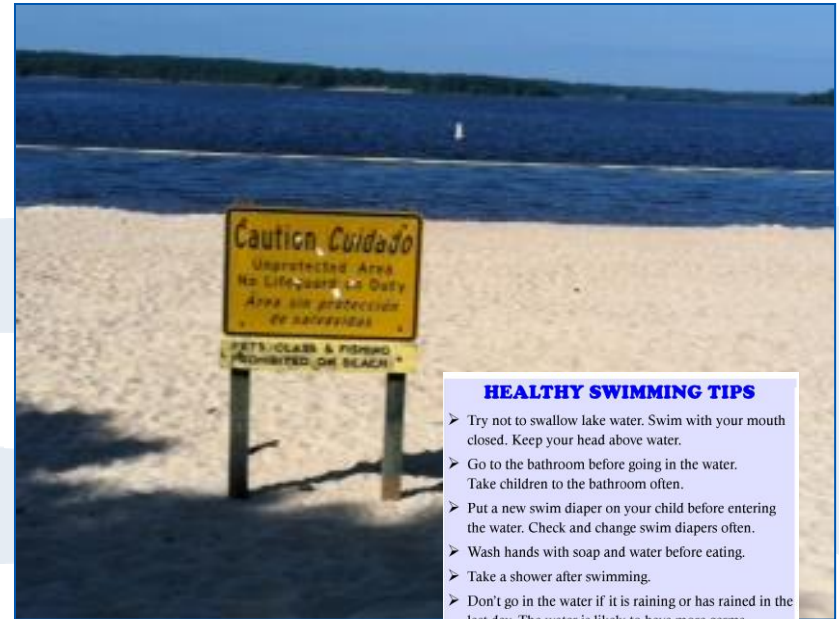
From Memorial Day to Labor Day
The water at this beach is
routinely tested for the presence
of fecal bacteria

NO SWIMMING OR
WADING ALLOWED
BODY CONTACT WITH WATER IS
NOT ALLOWED

All current advisories are posted
at wakegov.com
Contact Information:
Wake County Environmental
Services
919-856-7431
beaches@wakegov.com

Advisory System

- Recommended by EPA, WHO, & CDC
- Educational opportunity - Healthy Swimming Tips
- Enables public to make informed choices



HEALTHY SWIMMING TIPS

- Try not to swallow lake water. Swim with your mouth closed. Keep your head above water.
- Go to the bathroom before going in the water. Take children to the bathroom often.
- Put a new swim diaper on your child before entering the water. Check and change swim diapers often.
- Wash hands with soap and water before eating.
- Take a shower after swimming.
- Don't go in the water if it is raining or has rained in the last day. The water is likely to have more germs.
- Stay out of the water if you have diarrhea or vomiting.
- Pets are not allowed in beach areas.
- Do not feed the birds. Feeding birds attracts them to the beach area where they poop a lot.

What do these signs mean?

Enjoy
the
water!

Enter at
your
own
risk!

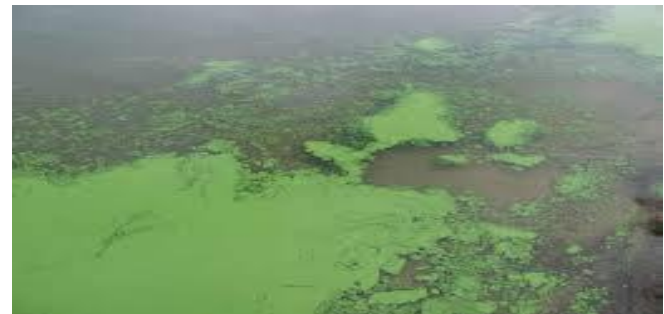
Stay out
of the
water!



QR
Code

What Are Criteria for Closure

- Authority – Health Director or Designee
- Hazard Type
- Considerations – location, magnitude, duration, etc.



In Summary

What's Changing

- EPA standards for fecal indicator bacteria
- Eliminate automatic closure for a single exceedance
- Preemptive rain advisories
- Enhance public education

What's Not Changing

- New standard based on same illness rate
- PHD has authority to close beach
- Beach closures for known incidents & hazards

Committee & Board Process

Public Health Committee ✓

- Appointed Subcommittee

Subcommittee ✓

- 6 Meetings
- Input from stakeholders

Public Health Committee ✓

- Endorsement
- Referred to Human Services Board

Human Services Board ✓

- Brief Board
- Referred to BOC

Board of Commissioners ✓

- Brief Board
- Positive Feedback

Human Services Board

- Public Notice
- Action

The End



Kathryn Hobby, REHS
Falls Lake Watershed Manager

919-369-4190

kathryn.hobby@wakegov.com





Wake County Policies and Procedures Manual Recreational Waters and Beaches DRAFT



September 2014

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APPENDICES

APPENDIX A – RECREATIONAL WATERS SAMPLING LOCATIONS

APPENDIX B - SIGNS

PROGRAM OVERVIEW

Recreational waters in Wake County are monitored for fecal indicator bacteria according to standards in the *Regulations Governing Public Recreational Waters and Beaches*. When the standards are exceeded, Wake County is required to notify beach operators. Operators are required to notify the public by posting appropriate signage and/or closing the beach area. See Appendix A for location maps of all recreation waters and sampling locations.

Recreational Waters Classification

Staff ranks beaches by using a risk-based evaluation and classification process that is promoted by the EPA. The ranking is a means to identify the potential risk of disease to swimmers and to protect public health.

The following evaluation factors are used in determining the risk for recreational waters:

- Population of beach users
- Periods of recreational use of the waters
- Nature and extent of use during certain periods
- The proximity to known point and nonpoint sources of pollution
- Effect of storm events on the waters
- Ability for public to access area
- Watershed land use

In order for staff to efficiently allocate monitoring resources to waters on the basis of use and potential disease risk, recreational waters are placed in one of three tiers.

Tier 1 Classification

Tier 1 Recreational Areas typically exhibit the following factors:

- Designated swimming areas
- Open to public access
- Primarily used by preschool or school-aged children
- Point-sources of stormwater within 200' of beach area

Tier 2 Classification

Tier 2 Recreational Areas typically exhibit the following factors:

- No designated swimming area
- Primary activities include skiing, tubing, wakeboarding, fishing and not swimming

Tier 3 Classification

Tier 3 Recreational Areas typically exhibit the following factors:

- No designated swimming area
- No Swimming allowed
- Boating activities are limited to small vessels not capable of skiing, tubing, etc.
- Previous data show consistently low bacteria levels
- Monitoring may occur on an as-needed basis peak season or upon specific public/private request.

Wake County Recreational Waters

Tier 1	Tier 2	Tier 3
Umstead Park	Falls Lake –outside of designated swim areas	Harris Lake
Beaverdam Swim Beach	Lake Wheeler	Private HOA ponds
Holly Point Swim Beaches		Lake Benson
Sandling Swim Beach		Apex Community Lake
Camp Kanata Lake		Regency Lake
New Life Camp Pond		

Wake County will continue to reevaluate and reclassify recreational waters as new factors or information is introduced.

MONITORING PROCEDURES & PROTOCOLS

Monitoring procedures and protocols were based on guidance from the *Tiered Sampling Design for Beach Managers* recommended by the EPA (National Beach Guidance and Required Performance Criteria for Grants).

Sampling Frequency

To evaluate compliance with water quality standards samples should be taken at least once per week during the swimming season. Recreational monitoring is typically identified as between Memorial Day and Labor Day. However, this period may be extended if warmer weather exists before or after these dates, increasing public use.

Sampling Frequency

Classification	Sampling Frequency
Tier 1	at least once a week
Tier 2	Bimonthly or monthly
Tier 3	as-needed basis during peak season or upon specific public/private request

More frequent sampling might be possible depending on proximity to suspected pollution sources, beach use, historical water quality data, and other risk factors

Sample Collection Techniques

1. Identify the sampling site on a chain of custody or field log record (Appendix C).
2. Remove the bottle covering and closure just before obtaining each sample and protect them from contamination. Be careful not to touch the inside of the bottle itself or the inside of the cover.
3. To collect the surface water samples, carefully move to the first sampling location. If wading in the water, try to avoid kicking up bottom material at the sampling station. Water depth should be 30-36". The sampling depth should be 12-18" (knee depth) below the water surface, depending on the depth from which the sample must be taken.
4. The sampler should be positioned downstream of any water current to take the sample from the incoming flow.
Note: For a more representative, or valid, bacterial concentration reading grab samples can include:
 - a. A duplicate collected at the same time as the initial sample
 - b. A composite of the recreational area
5. Open a sampling bottle and grasp it at the base with one hand and plunge the bottle mouth downward into the water to avoid introducing surface scum. Position the mouth of the bottle into the current away from the hand of the sampler and away from the side of the sampling platform or boat.
6. Remove the bottle from the water body.
7. Pour out a small portion of the sample to allow an air space of 1 to 2 inches above each sample for proper mixing of the sample before analysis.
8. Tightly close the bottle.
9. Enter specific details (see field log record) to identify the sample on a permanent label. The label should be clean, waterproof, non-smearing, and large enough for the necessary information. The marking pen or other device must be non-smearing and maintain a permanent legible mark.
10. Complete a field log for each sample to record the full details on sampling and other pertinent remarks, such as flooding, rain, or extreme temperature, that are relevant to

interpretation of the results. This record also provides a back-up record of sample identification.

11. Place the samples in a suitable container and transport them to the laboratory as soon as possible. Adhering to sample preservation and holding time limits is critical to the production of valid data. Bacteriological samples should be iced or refrigerated at 1 to 4 degrees Celsius during transit to the laboratory. Use insulated containers to ensure proper maintenance of storage temperature. Take care to ensure that sample bottles are not totally immersed in water during transit or storage. Examine samples as soon as possible after collection. Do not hold samples longer than 6 hours between collection and initiation of analysis (USEPA, 2000). Do not analyze samples that exceed holding time limits.
12. After collecting samples from a station, wash hands and arms with alcohol wipes, a disinfectant lotion, or soap and water, and dry to reduce exposure to potentially harmful bacteria or other microorganisms.

Laboratory Methods

Wake County uses testing methods that are U.S. EPA approved and included in Standard Methods for Examination of Water and Wastewater. In most probable number (MPN) tests, the number of tubes or wells producing a positive reaction provides an estimate of the original, undiluted density (concentration) of target organisms in the sample. This estimate of target organisms, based on probability formulas, is termed the most probable number.

Colilert-18 for E. coli: Simultaneously detects both total coliforms and Escherichia coli in water, or fecal coliforms in wastewater. Results in 18 hours

Enterolert for Enterococci: Detects enterococci in a 100-mL format. Results in 24 hours.

Lab Sample Set-up

1. Samples must arrive at the laboratory and be processed within 6 hours of collection.
2. Sample delivery time should be documented on the Chain of Custody. The first and last sample delivery temperature must also be recorded.
3. Turn on Quanti-Tray® Sealer 10-15 minutes before starting analysis. The sealer is ready to use when the green light comes on.
4. Inoculate control samples with Colilert using sample bottle handling procedures for sampling. Set up positive and negative samples for Colilert by doing the following; **Note**- Positives will be 100 ml of sterile deionized water with inoculated reagent and negatives will be 100 ml of sterile deionized water with reagent only.
5. Shake sample until reagent is dissolved.

6. Add Colilert reagents to the set of samples.
7. Carefully pour the entire contents of the sample into a sterile Quanti-Tray® 2000. Do not touch the inside of the tray liner to avoid contamination.
8. Put the Quanti-Tray® 2000 onto the rubber insert, well side down, with the open end facing away from the sealer, making sure that the tray is properly seated in the rubber insert.
9. Slide the Quanti-Tray® into the sealer until the motor begins to draw it in.
10. Remove the Quanti-Tray® from the back of the sealer.
11. Label the Quanti-Tray® with the sample name and date. Fill out E. Coli and Enterococcus data sheets.
12. Place Quanti -Trays in the incubator, well side down, within 30 minutes of adding reagent.
13. Incubate samples for 24 hours.
14. Record date and time the sample will be read on the incubator door.
15. Turn sealer off when not in use.

Reading Lab Results

When leaving recreational water samples at the lab, staff determines who will read the results. If the chemist is on vacation then the Watershed Manager is responsible for reading the results.

1. After 24 hours incubation, validated by the time on the chain of custody form, remove the Quanti-Tray® from incubator.
2. Place Quanti-Tray® under UV light
3. Count the number of illuminated wells in the Quanti-Tray®
4. Record number of wells on chain of custody form
5. Refer to IDEXX sheet to determine the MPN for each Quanti-Tray®
6. Record MPN
7. Time stamp and initial chain of custody form

Terminology: The traditional membrane filtration tests for bacterial water quality actually count 'colonies' of bacteria and thus is reported as Colony Forming Units (CFU). However, the newer defined substrate tests such as Colilert report data as MPN which is a statistical representation of what level of E. coli is likely present in a sample. For the purposes of reporting, these terms have been used interchangeably.

Data Management




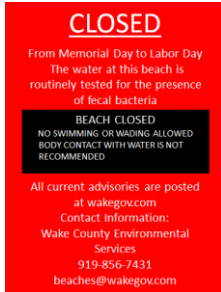

1. The individual reading the results is responsible for entering MPN data into the spreadsheet. Results that exceed standards should be shown in red on the

spreadsheet. The spreadsheet is located on the P drive [P:\Water Quality\20XX Recreational Water Sampling\Seasonal Lake Samples].

- If the results are read by the lab chemist, he or she will notify the Watershed Manager identified on the contact list if a bacteriological sample exceeds the standards in Wake County's Regulations Governing Public Recreational Waters and Beaches.

PUBLIC NOTIFICATION

Wake County Public Notification Process

TRIGGER	PUBLIC NOTIFICATION		
	Wake County Staff Duties	Beach Operator Duties	Signage
Monitoring Results Below Limit	Update Website	Maintain MONITORED sign	
Monitoring Results Exceed Limit	Notifies Beach Operator	Post CAUTION sign	
	 Update Website & Begin Resampling		
Public Health Nuisance	Notify Beach Operator	Post CLOSED sign	
	 Press Release, Update Website, & Begin Resampling		

Communication Plan

Watershed Managers shall implement the following Communication Plan in the event of an advisory issuance, swimming restriction (closure), or rescinding of an advisory.

1. The Watershed Manager will be responsible for notifying beach operators when indicator bacteria exceedance or of an alert due to a public health nuisance.
 - a. For Public Beaches: The owner/operator of the beach facility is responsible to post the approved **YELLOW “CAUTION” ADVISORY** sign or, for a public health nuisance, the approved **RED “CLOSED” BEACH** sign
 - b. For Private Camps: The owner/operator of the beach facility is responsible for implementing their own *action plan*.
2. The Watershed Manager will notify Wake County’s Public Information Office via email and phone call (see Appendix D, Beach & ES Staff Contact List) regarding public beach closures (Falls Lake beaches Holly Point, Sandling Beach, and Beaver Dam). The following information will be provided to the Public Information Office (PIO):
 - ☐ Date sample(s) taken
 - ☐ Location of sample (s)
 - ☐ Reason for closure
3. Update website (see Appendix E)
4. Wake County Public Information Office will issue press release of closure (see Appendix F)

Rescinding an Advisory

1. Once a Swimming Advisory has been issued due to an exceedance of the WQS in Section III of the Wake County regulations, a follow-up sample should be obtained. Optimally, this follow-up should occur the same day the exceedance was read.
2. If any follow-up daily sample exceeds the single sample limits in Section III of the Wake County regulations, the area shall remain under a Swimming Advisory.
3. A Swimming Advisory may be rescinded when a follow-up sample indicates that bacterial concentrations comply with Water Quality Standard (WQS) in Section III of the Wake County regulations.
4. Watershed Managers shall resample every sampling location at that site, not just the location that exceeded the standards.

Rescinding a Closure

In order to reopen a swimming area that was closed due to a public health nuisance both of the following must take place:

1. Watershed Manager along with the Director must determine the nuisance is no longer present. For example, repair of known sewer line spill.
2. Bacteria levels from follow-up sampling show what is considered normal for that location as compared to historical records. The number of follow-up samples shall be specific to the nuisance itself and determined on a case-by-case basis.

Reopening Notification

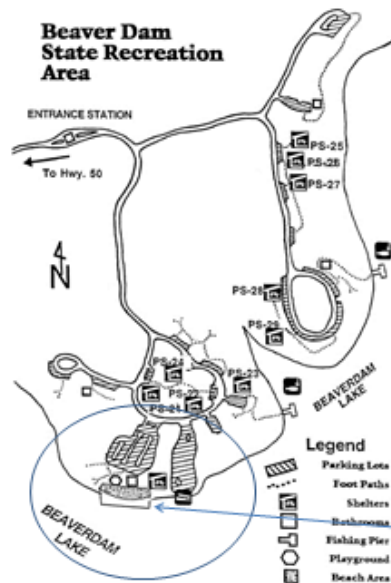
1. Watershed Manager shall notify the facility contact both in writing (fax or email) and by phone when the facility is approved to reopen. Written notification is required to reopen
2. The Watershed Manager shall notify Wake County's Public Information Office when a beach is allowed to reopen. The PIO will issue a press release on the reopening and Watershed Manager staff will update the county web site.

APPENDIX A – RECREATIONAL WATERS SAMPLING LOCATIONS

FALLS LAKE SAMPLING POINTS

POINT 1:	Just past point of land on left
POINT 2:	Just past boat ramp
POINT 3:	Danger buoy between two points of land
SANDLING BEACH N AND S:	Take heading 180 to POINT 4
POINT 4:	Just off Rolling View Marina
POINT 5:	Between danger buoy and mile marker
POINT 6:	Just before bridge near other channel
HOLLY POINT SOUTH:	The beach at boat ramp
HOLLY POINT NORTH:	The second swimming beach
POINT 7:	Right off opening on left
POINT 8:	Between mile marker 5 and a rocky point
POINT 9:	Before no wake zone at bridge
POINT 10:	Between boat ramp and ridge
POINT 11:	Just before bridge at Six Forks
POINT 12:	Between points at mile marker 3
POINT 13:	Between points with opening to left
POINT 14:	Near “beaches” before road
POINT 15:	Between point and point with rock just past cove
POINT 16:	Just past old road bed

Sandling Swim Beach



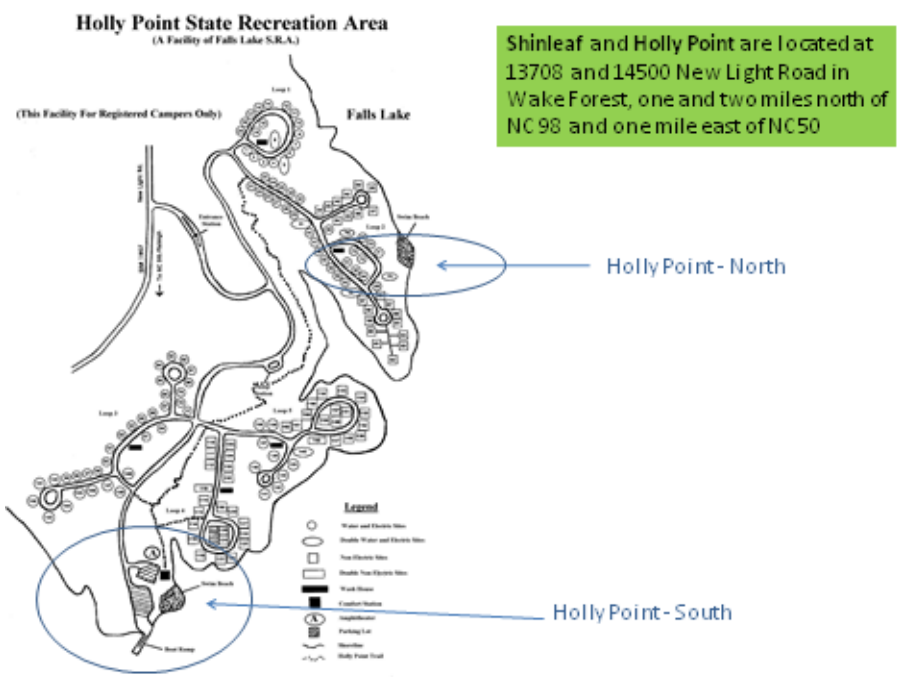
Directions to individual recreation areas: Sandling Beach and Beaverdam are located on NC 50, three miles north of NC 98. The Highway 50 Boat Launch is located on NC 50, two miles north of NC 98. Rollingview is located at 4201 Baptist Road in Durham. Baptist Road is on NC 98, approximately five miles east of Durham and seven miles west of NC 50.

Beaverdam
Swim Area

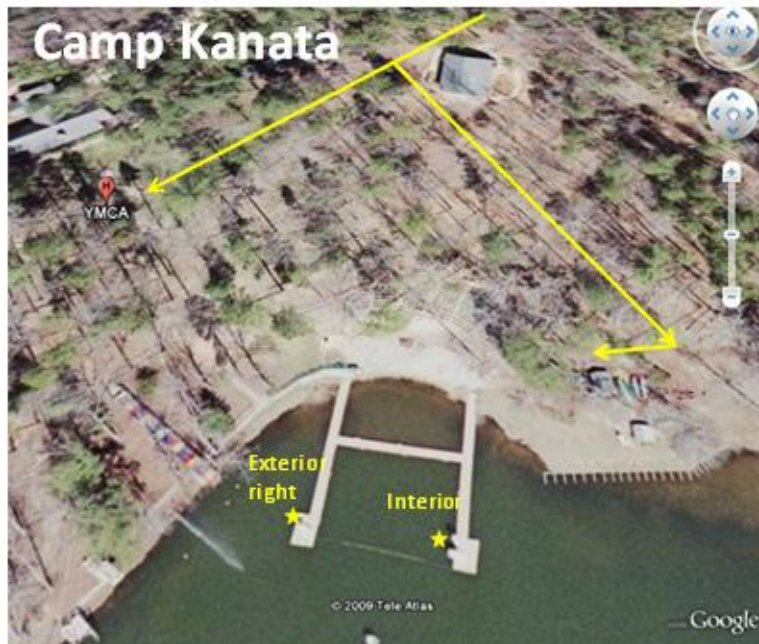
Beaverdam Swim Beach



Holly Point Swim Beaches



Camp Kanata Lake



CAMP KANATA
13524 Camp Kanata Road
Wake Forest, NC 27587
(919) 556-2661
FAX (919) 556-9459

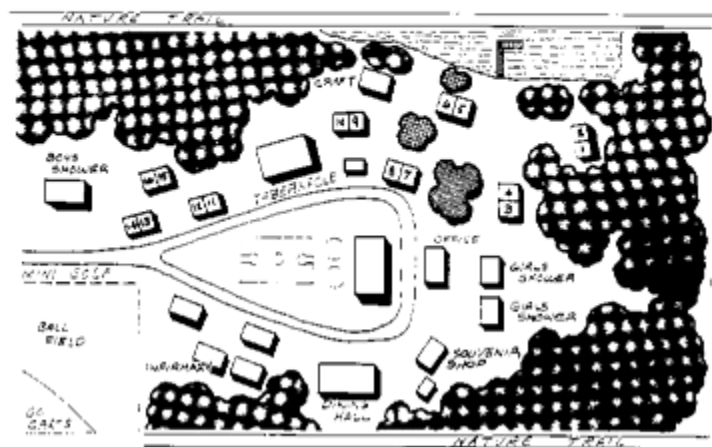
DIRECTIONS:

From Capital Blvd go West on NC 98
Go 2.3 miles
Turn right on Camp Kanata Rd, NC 1922
Go 1.9 miles
Turn into Camp Kanata
Follow road to back of camp towards pool
Pass the pool, turn left and drive towards lake
and boat storage.
Park and walk towards dock. Sample off dock.

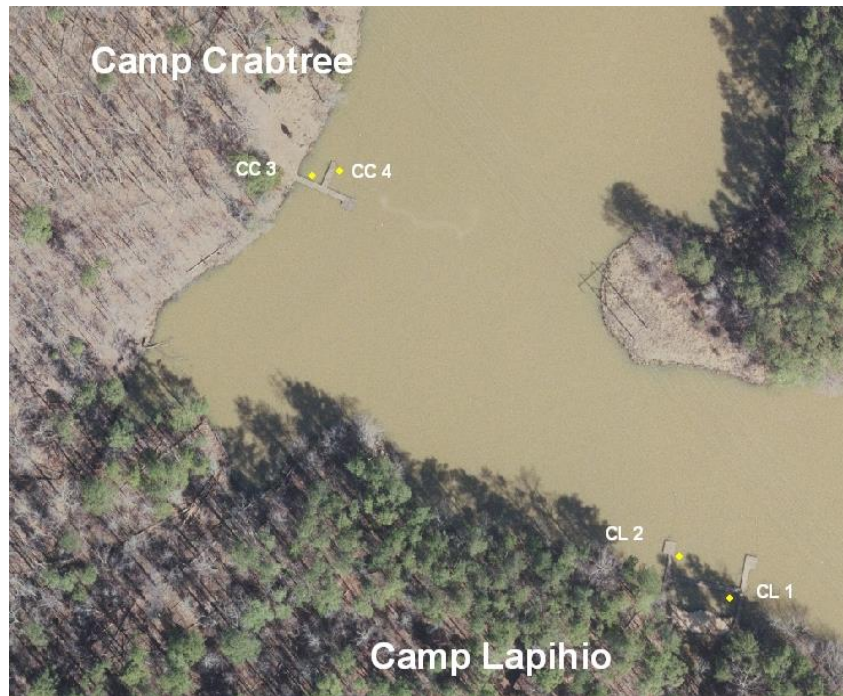
New Life Camp Pond



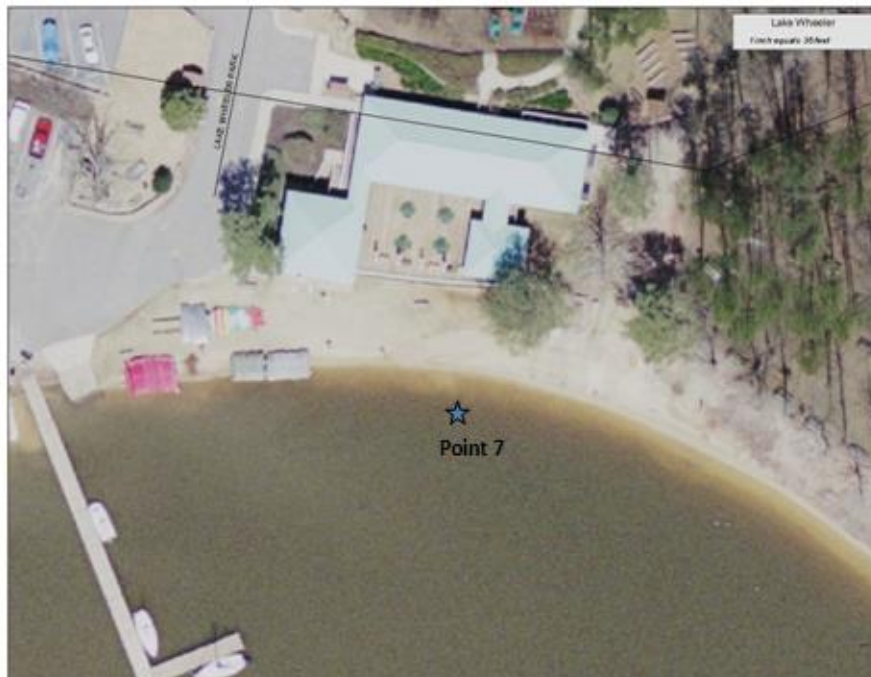
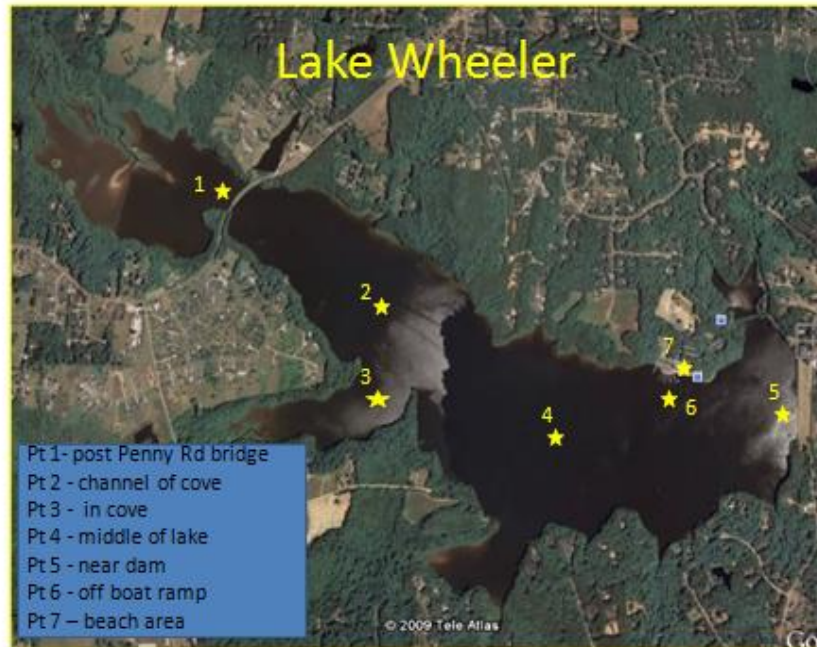
NEW LIFE CAMP The camp's entrance is north of the corner of Falls of Neuse Road and Durant Road. The camp is easily accessible by exiting the Raleigh Beltline at Old Wake Forest Road and going north to Falls of Neuse Road. Turn left on Durant, enter the camp on the right. Follow the dirt road back to the office. **Check in at the office.** The director is Bob Johnson. 810-4684



Umstead Park



Lake Wheeler



Directions: Take 401 South from downtown. Turn right on Simpkins Road. Turn left at light onto Lake Wheeler Road. Entrance to park will be on the right.

APPENDIX B - SAMPLE SIGNS

HEALTHY SWIMMING TIPS

- Try not to swallow lake water. Swim with your mouth closed. Keep your head above water.
- Go to the bathroom before going in the water. Take children to the bathroom often.
- Put a new swim diaper on your child before entering the water. Check and change swim diapers often.
- Wash hands with soap and water before eating.
- Take a shower after swimming.
- Don't go in the water if it is raining or has rained in the last day. The water is likely to have more germs.
- Stay out of the water if you have diarrhea or vomiting.
- Pets are not allowed in beach areas.
- Do not feed the birds. Feeding birds attracts them to the beach area where they poop a lot.

What do these signs mean?



MONITORED

From Memorial Day to Labor Day
The water at this beach is
routinely tested for the presence
of fecal bacteria

THE MOST RECENT SAMPLES
ANALYZED MEET COUNTY
STANDARDS
FOR BEACHES

All current advisories are posted at
wakegov.com

Contact Information:
Wake County Environmental Services
919-856-7431
beaches@wakegov.com

CAUTION

From Memorial Day to Labor Day
The water at this beach is
routinely tested for the presence
of fecal bacteria

THE MOST RECENT SAMPLES
ANALYZED ARE ABOVE COUNTY
STANDARDS
FOR BEACHES

All current advisories are posted
at wakegov.com

Contact Information:
Wake County Environmental
Services
919-856-7431
beaches@wakegov.com

CLOSED

From Memorial Day to Labor Day
The water at this beach is
routinely tested for the presence
of fecal bacteria

BEACH CLOSED
NO SWIMMING OR WADING ALLOWED
BODY CONTACT WITH WATER IS NOT
RECOMMENDED

All current advisories are posted
at wakegov.com

Contact Information:
Wake County Environmental
Services
919-856-7431
beaches@wakegov.com



February 13, 2015

To whom it may concern:

I am writing this letter to express our sincere support for the proposed changes to water testing for recreation swim areas in Wake County. We are a medium sized YMCA summer camp and over the course of nine weeks, we will host over 3,500 children at our facility. Through those nine weeks we employ over 100 seasonal staff members, with most of them being from Wake County.

Summer camp is a place for new experiences and learning social skills that will benefit a child for the rest of their life. One experience that is increasingly rare for children is the opportunity to swim, canoe, and play in a freshwater lake. We believe the opportunity to use our lake is fundamental to a child's experience with us.

In addition to the impact that the present testing program has had on our camper experience, this testing program has had a profound financial impact on us as well. Since the inception of the testing program we have spent hundreds of thousands of dollars to construct a swimming pool. Aquatic recreation is so fundamental to our program that we could not risk the chance that our lake might be closed for recreational use.

We have a firm understanding of the proposal for change in the testing policy and have been glad for the opportunity to be a partner in the process. The safety of the children in our care is important above all other factors and we would never do anything to put our campers in harm's way. We would very much look forward to the opportunity to make educated decisions about the water activities offered at our site based on water quality. The ability for us to close certain activities based on a higher risk level, while keeping other activities open, that might not subject a swimmer to increased risk, would be transformative for our program and the experience of our campers.

In conclusions, I would like to thank you for your time and consideration in this matter that is so important to our livelihood and the experience of our campers.

Sincerely,

A handwritten signature in cursive script that reads 'Shane Brown'.

Shane Brown

Executive Director

YMCA Camp Kanata

Shane.brown@campkanata.org

919-556-2661



North Carolina Department of Environment and Natural Resources

Pat McCrory
Governor

John E. Skvarla, III
Secretary

November 5, 2014

Kathryn Hobby, Watershed Manager
Water Quality Division
Wake County Environmental Services
336 Salisbury Street
Raleigh, NC 27602

Dear Ms. Hobby,

This letter is to reinforce NC State Park's commitment to a continued partnership with Wake County Environmental Services and the efforts being undertaken to improve the public notification of the water quality at the Falls Lake State Recreation Area swim beaches.

Because one of NC State Park's primary missions is environmental education, we would support and participate in informational and educational efforts that would enhance the visiting public's understanding of water quality and more specifically the impacts of water quality on the Falls Lake watershed. These efforts could include on-site displays or exhibits, environmental education programming and out-reach to the Hispanic community.

Sincerely,

Scott Kershner, Park Superintendent
Falls Lake State Recreation Area
13304 Creedmoor Road
Wake Forest, NC 27587
919-676-1027

sk/

Chuck Bounds
Dir. of Facilities, New Life Camp
9927 Falls of Neuse Rd.
Raleigh, NC 27614

2/24/2015

Kathryn Hobby, R.S.
Watershed Manager
Water Quality Division
919.369.4190 phone

Kathryn,

I have reviewed the proposal to amend the regulations governing recreational waters and beach areas in Wake County. I feel that the proposed changes would be much more accommodating to us as a summer youth camp should we encounter differing elevations of bacteria levels in our camp lake. I discussed the proposal with our Director of Operations, Bo Roberts, and we were in agreement that the proposal reflects our concerns and ideas, as to the use of our lake during summer camp activities, which we discussed with you when we met last summer. We like the idea of having a more flexible warning system what would allow us to restrict the use of our lake to boating only when bacterial levels were only slightly elevated, instead of a strictly open or closed system with no warning. Certainly we are first and foremost concerned with the safety of our campers. That said, as long as our lake water quality is within acceptable standards for safe use, we want to offer our campers as many fun and memorable waterfront activities as possible.

Thank you for including us in the discussion of the regulation of our recreational waters. We greatly appreciate your willingness to work with us and your conscientious work in keeping our camp waters safe for the kids we serve.

Sincerely,

Chuck Bounds

Chuck Bounds,
Dir. of Facilities, NLC

SELF PAY COLLECTIONS BY CLINIC - 07/01/14 - 06/30/15

	July	August	September	October	November	December	January	February	March	April	May	June	TOTALS	Month	Amount
CLINIC A															Record Collections
bbrown	5.00		90.00	245.60	134.00	40.00							514.60		
krosado					44.00	40.00		30.00					114.00		
mashoffner													-		
Sywatson	20.00	369.00	266.00	1,596.00	358.60	65.80	50.00	75.00					2,800.40		
mmartinchave	353.00	105.00	20.00		50.00	98.00	130.00						756.00		
mmendoza	495.97	60.00	233.00	618.80	119.00	30.00	61.00	80.00					1,697.77		
	873.97	534.00	609.00	2,460.40	705.60	273.80	241.00	185.00	-	-	-	-	5,882.77	March-13	\$ 971.80
CLINIC B/C															
yrodriguez	80.00	111.60	583.00	563.20	346.80	724.00	352.20	1,123.20					3,884.00		
acardin-magar	717.60	70.00	106.60	244.00		110.00	45.00	160.00					1,453.20		
thwilson	100.00		70.00		10.00		30.00						210.00		
csaunders													-		
mercedessierr	454.80	706.60	862.66	895.00	389.00	1,751.60	1,145.00	357.00					6,561.66		
adrianamarsha	146.00	180.00	426.30	950.00	825.00	310.60	437.60	644.40					3,919.90		
	1,498.40	1,068.20	2,048.56	2,652.20	1,570.80	2,896.20	2,009.80	2,284.60	-	-	-	-	16,028.76	March-06	\$ 6,944.80
CLINIC D															
ctobler	3,006.00	2,129.20	2,301.40	2,104.60	1,937.20	1,270.00	3,310.00	1,404.40					17,462.80		
jscolon	2,660.60	1,828.00	2,354.65	2,936.20	3,721.20	4,005.80	3,126.20	2,347.00					22,979.65		
sclopez	111.00	75.00				180.00							366.00		
fbravo	4,287.80	4,608.80	3,901.00	3,869.80									16,667.40		
ctodd	2,153.00	660.60	987.00	3,240.00	3,254.40	690.00	1,205.00	825.00					13,015.00		
IGutierrez						2,495.50	2,730.20	2,502.70					7,728.40		
BOWSERKI													-		
	12,218.40	9,301.60	9,544.05	12,150.60	8,912.80	8,641.30	10,371.40	7,079.10	-	-	-	-	78,219.25	March-11	\$ 16,645.00
CLINIC E															
tbaker	680.00	1,432.40	1,150.00	1,656.48	553.00	710.00	805.00	765.00					7,751.88		
jross	4,924.00	4,209.00	2,595.00	3,356.00	1,904.00	3,487.00	5,075.51	3,331.00					28,881.51		
rmali	2,945.00	3,831.00	2,918.00	2,979.00	1,175.00	2,543.00	1,290.00	1,520.00					19,201.00		
mbradsher	750.00	575.00	1,275.00	1,524.00	2,676.00	2,733.62	2,558.00	4,329.00					16,420.62		
idesholar	1,585.00	2,174.00	2,543.00	3,531.75	2,066.34	2,045.00	1,432.00	1,220.00					16,597.09		
	10,884.00	12,221.40	10,481.00	13,047.23	8,374.34	11,518.62	11,160.51	11,165.00	-	-	-	-	88,852.10	June-05	\$ 53,232.20
CLINIC F															
rcarter		80.10		140.00	151.00	113.00	137.80						621.90		
bcpoole				130.00		25.00		170.00					325.00		
mmpeebles	1,395.20	969.16	1,124.05	1,367.45	1,324.22	503.36	975.00	931.20					8,589.64		
lucilavargas	6,275.79	4,160.56	4,548.44	5,384.96	2,905.12	3,118.47	3,519.55	3,105.90					33,018.79		
vlugan	2,840.83	3,976.98	3,872.26	5,046.24	2,572.24	2,225.17	3,231.22	1,422.83					25,187.77		
f nichols	6,573.77	4,478.84	5,601.41	4,910.20	3,119.28	4,576.89	3,479.62	3,780.05					36,520.06		
	17,085.59	13,665.64	15,146.16	16,978.85	10,071.86	10,561.89	11,343.19	9,409.98	-	-	-	-	104,263.16	October-06	\$ 27,880.67
CLINIC G															
mjdavis	568.80	220.00	384.00	913.60	553.60	291.00	350.00	116.00					3,397.00		
jcorporan	3,630.20	5,987.80	4,569.40	2,869.80	2,062.80	2,092.80	2,828.55	2,845.50					26,886.85		
cleopatramato	5,403.80	83.80	1,561.80	2,606.60	140.00	2,013.60	1,282.60	1,423.05					14,515.25		
BMCTELL													-		
shoosier	3,064.60	1,775.58	1,382.85	1,225.60	917.00	1,100.00	943.20	488.00					10,896.83		
bvargas	30.00		160.00			82.00	100.00	612.00					984.00		
tahinton	1,133.40	790.60	1,383.20	621.60	934.20	844.20	2,163.60	1,150.00					9,020.80		
	13,830.80	8,857.78	9,441.25	8,237.20	4,607.60	6,423.60	7,667.95	6,634.55	-	-	-	-	65,700.73	August-06	\$ 24,297.00

WAKE FOREST																
lboney	699.30	186.20	951.80	1,606.30	1,091.50	595.10	388.35	535.44						6,053.99		
vamendez		34.00	20.00			25.00	13.80							92.80		
BRADLEYM														-		
mrodriguez	281.00	270.00	299.80	387.80	1,105.80	255.42	1,107.20	878.20						4,585.22		
ahenry	521.28	744.40	443.20	420.02	474.92	1,446.00	717.40	194.00						4,961.22		
	1,501.58	1,234.60	1,714.80	2,414.12	2,672.22	2,321.52	2,226.75	1,607.64	-	-	-	-		15,693.23	March-13	\$ 2,994.40
ERC																
bhales	1,529.20	988.60	1,667.50	1,941.80	1,566.50	1,324.28	1,651.60	1,363.56						12,033.04		
tevans			40.00		25.00	25.00								90.00		
Alfredawilliams	752.80	762.20	589.80	569.20	273.02	491.60	599.80	479.95						4,518.37		
cvega	98.00	138.60	320.00	40.00	681.80	370.40	181.80	130.00						1,960.60		
salewis								190.40								
	2,380.00	1,889.40	2,617.30	2,551.00	2,546.32	2,211.28	2,433.20	2,163.91	-	-	-	-		18,602.01	August-06	\$ 6,521.31
SRC																
ahart	944.80	26.80	711.40	206.80		160.40	688.00	410.60						3,148.80		
amartinez							253.20	646.77						899.97		
carmenbrown			780.20		315.00		41.60							1,136.80		
ovtorres			85.60	316.80		45.00		171.00						618.40		
spollard	503.80	706.42		1,943.40	1,409.20	952.82	120.00							5,635.64		
IGutierrez	30.00	243.40			143.00									416.40		
	1,478.60	976.62	1,577.20	2,467.00	1,867.20	1,158.22	1,102.80	1,228.37	-	-	-	-		11,856.01	May-06	\$ 2,344.32
FLU																
ewade				270.00	480.00	90.00								840.00		
jdouglas														-		
jballentine					210.00	330.00								540.00		
mnicely														-		
	-	-	-	270.00	690.00	420.00	-	-	-	-	-	-		1,380.00		
BILLING																
sdenning	459.03	208.60	(249.80)	99.91	1,145.42	1,031.40	(833.04)	443.60						2,305.12		
dcchow	133.60	649.54	1,054.28	717.46	628.80	137.37	372.00	730.80						4,423.85		
jnhollins	1,355.46	740.65	2,452.29	1,516.89	663.03	394.41	622.53	1,596.40						9,341.66		
mvitale	1,611.60	902.05	38.00	95.45	(141.73)		60.00	(122.40)						2,442.97		
pwheitmann	6,610.52	5,762.41	11,287.26	8,399.80	6,698.16	6,107.30	6,789.87	11,525.41						63,180.73		
yrobinson	(901.76)	230.80	(577.80)	(576.23)	(250.20)	(330.58)	285.22	(649.60)						(2,770.15)		
aowilkerson														-		
	9,268.45	8,494.05	14,004.23	10,253.28	8,743.48	7,339.90	7,296.58	13,524.21	-	-	-	-		78,924.18	March-08	\$ 19,940.36
TOTALS	71,019.79	58,243.29	67,183.55	73,481.88	50,762.22	53,766.33	55,853.18	55,282.36	-	-	-	-		485,402.20	August-07	\$ 128,277.16
YEAR-TO-DA	71,019.79	129,263.08	196,446.63	269,928.51	320,690.73	374,457.06	430,310.24	485,592.60	#####	#####	#####	#####		#####		
														-		
														485,402.20		

Overview of Determining Costs of Public Health Services/ Procedures

Medicaid cost will be determined through a series of calculations to include the Expenditure Cost Report, Time Study and Depreciation Schedule.



Cost Finding Process

1. A yearly cost report is compiled by the State Accountant who requests completed templates and other reports to be used in the determination of actual cost to WCHS to provide services to consumers.
2. WCHS staff sends all required documentation to state accountant.
3. State accountant uses provided data to calculate the cost to WCHS to provide Medicaid services to Wake County consumers.
4. The costs calculated by the State Accountant are used to set fees for Wake County PH services.

Cost Finding Templates Completed by WCHS

1. Cost Report Preparation Workbook
 - Program & Salary & Fringe Expense
 - Non-Allowable Cost
 - Lab Fees Form
 - Personnel Report
2. Actual Time Report for the Past Fiscal Year (salaries and fringes)
3. Questions regarding general administration and clinic activity.

Other Data Required to Determine Cost of Providing Services to Clients

- General Ledger for Wake County
- Revenue Report
- Depreciation Schedule
- Wake County Indirect Cost Schedule A Report
- Charge report listing all services provided during the past fiscal year, indicating those services reimbursed by Medicaid and the amount of reimbursement received

Examples from Cost Comparison Spreadsheet

Service Type	CPT	Current WCHS Fee	Unit	Cost Per Service FY 2013	Differ cost/fee	Johnston County Fee	Guilford County Fee	Cumberland County Fee	Forsyth County Fee	Durham County Fee	Medicaid Rate
OFFICE/OUTPATIENT VISIT, NEW	99201	80.00	153	106.28	26.28	102.00	117.00	63.00	69.00	50.00	62.10
OFFICE/OUTPATIENT VISIT, NEW	99202	137.00	232	184.26	47.26	177.00	145.00	102.00	103.00	116.44	93.15
OFFICE/OUTPATIENT VISIT, NEW	99203	199.00	842	266.99	67.99	215.00	189.00	148.00	147.00	165.60	132.48
OFFICE/OUTPATIENT VISIT, NEW	99204	309.00	1020	414.77	105.77	314.00	270.00	230.00	216.00	243.23	194.58
OFFICE/OUTPATIENT VISIT, NEW	99205	389.00	237	522.03	133.03	400.00	365.00	289.00	326.82	305.33	244.26
OFFICE/OUTPATIENT VISIT, EST	99211	50.00	5461	52.03	2.03	56.00	65.00	35.00		42.70	34.16
OFFICE/OUTPATIENT VISIT, EST	99212	80.00	3724	106.28	26.28	100.00	93.00	59.00	63.00	71.16	56.93
OFFICE/OUTPATIENT VISIT, EST	99213	134.00	11564	179.91	45.91	173.00	118.00	100.00	87.00	98.33	78.66
OFFICE/OUTPATIENT VISIT, EST	99214	201.00	8658	269.94	68.94	260.00	171.00	150.00	136.00	152.66	122.13
OFFICE/OUTPATIENT VISIT, EST	99215	271.00	1001	364.24	93.24	350.00	273.00	202.00		227.20	182.16
PREV VISIT, NEW, AGE 18-39	99385	267.00	734	294.35	27.35	284.00	278.00	167.00	192.00	167.00	167.00
PREV VISIT, NEW, AGE 40-64	99386	280.00	121	344.31	64.31	322.00	303.00	200.00	229.00	199.00	199.00
PREV VISIT, EST, AGE 18-39	99395	200.00	3116	256.94	56.94	248.00	231.00	143.00	163.00	197.50	142.00
PREV VISIT, EST, AGE 40-64	99396	230.00	756	280.77	50.77	271.00	252.00	158.00	182.00	197.50	158.00