



**Wake County Human Services Board
September 24, 2015
7:30 am – 10:00 am
AGENDA**

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

www.wakegov.com

Dr. James Smith III, Chair
Mr. John Myhre, Vice Chair
Ms. Margaret Raynor, Treasurer

Purpose: Advocacy, Policy, Advisory, Accountability

7:30 am Meeting Called to Order

Reflections: Mr. John Myhre

Approval of Minutes: August 27, 2015

**Next Board Meeting: October 22, 2015
Swinburne Human Services Center,
Room 2132
220 Swinburne Street
Raleigh, NC 27620**

Regular Agenda

- 7:45 am Annual Review of Public and Environmental Health Fiscal Report Compared to Ten Essential Services [PH Accreditation Benchmark # 39.2] – Dr. Sue Lynn Ledford, Ms. Lynne Testa**
- 7:55 am Public Health Quarterly Report (Topic: Injury Prevention) [PH Accreditation Benchmark # 2.4] – Dr. Edie Alfano-Sobsey**
- 8:15 am Brittany Piner Dangerous Dog Appeal Panel Recommendation [PH Accreditation Benchmark # 18.1, 18.2, 34.2, 35.1] – Mr. Kenneth Murphy**
- 8:30 am HS Board Members Appointments/Reappointments Update – Ms. Amina Shah**
- 8:40 am Introduction to Advance Community Health (previously: Wake Health Services) [PH Accreditation Benchmark # 41.2] – Ms. Penny Washington, Mr. Charles Faust**
- 9:05 am United Way's Investments in Wake County – Mr. Mack Koonce**

- 9:20 am Board Committee Chairs' Reports**
- ❖ Dr. Sharon Foster, Chair, Public Health Committee
 - ❖ Ms. Angie Welsh, Chair, Social Services Committee
- 9:30 am Human Services Director's Report** – Ms. Regina Petteway
- 9:40 am Environmental Services Director's Report** –
Dr. Joseph Threadcraft
- 9:50 am HS Board Chair's Report** – Dr. Jim Smith
- 9:55 am Public Comments**
- 10:00 am 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

The Wake County Environmental Services Department improves the environmental quality of life for the stakeholders of Wake County through the following initiatives: Administration, Animal Services, Environmental Health & Safety, Solid Waste and Water Quality.

Animal Services:

The Wake County Environmental Services Animal Services Division, in partnership with the community, will serve the citizens of Wake County through the enforcement of Animal Control laws for the municipalities covered by Wake County Animal Control and provide a safe environment for the intake and housing of stray animals, adoption services of healthy and treatable animals, and educational outreach to the citizens of Wake County.

Environmental Health and Safety:

The Wake County Environmental Services Environmental Health and Safety Division will reduce public health and safety risks to citizens and visitors of Wake County through efficient and effective plan review, audits, and education.

Solid Waste:

The Wake County Environmental Services Solid Waste Division will protect the public health and safety of Wake County citizens by providing quality municipal solid waste services that are efficient, cost effective and environmentally responsible.

Water Quality:

The Wake County Environmental Services Water Quality Division will foster a healthy community and clean water.

June, 2014

2014-2015 Board Priorities (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
Regular Meeting Minutes
August 27, 2015

Board Members Present	Staff Members Present	Guests Present
Mayor Frank Eagles	David Ellis	Ann Oshel
Dr. Sharon Foster	Ken Murphy	Sean Schriber
Leila Goodwin	Regina Petteway	Septina Florimonte
Kent Jackson	Michael Orbon	
John Myhre	Amina Shah	
Dr. Rosine Sanders	Alicia Arnold	
Dr. Paul Scruggs	Elizabeth Scott	
Stephanie Treadway	Ginny Satterfield	
Angie Welsh	Caroline Harper	
	Caroline Loop	
	Dr. Edie Alfano-Sobsey	
	Theresa Flynn	

Call to Order

On behalf of Chair Jim Smith, Vice Chair John Myhre called the meeting to order at 7:37 am.

Reflections

Mr. Kent Jackson shared reflections and asked for a moment of silence from the distractions of the world.

Approval of Minutes

Dr. Sharon Foster moved, seconded by Dr. Paul Scruggs to approve the July 23 meeting minutes. The motion was adopted unanimously by the Board.

Amendment of Minutes

Ms. Leila Goodwin moved, seconded by Dr. Paul Scruggs to amend the June 25 meeting minutes. The motion was adopted unanimously by the Board.

Next Board Meeting

The next Board meeting will be held on September 24, 2015 from 7:30 to 10:00 am at Swinburne Human Services Center.

Annual Child Fatality Task Force Report

(Presented by Ms. Lisa Cauley)

Wake County combined the Child Fatality Prevention Team (CFPT) and Community Child Protection Team (CCPT) in 1998. CFPT/CCPT meets monthly (11 times a year) to review a representative sample of infant, child, and teen deaths. It identifies system issues and suggests specific recommendations.

Categories of deaths reviewed and representative system issues identified for 2014 (as written in Annual Report):

- Motor Vehicle Deaths
 - 2 motor vehicle deaths of minors
- Sudden Infant Death Syndrome (SIDS)
 - Death of 2 infants
- Neonatal Deaths and medically related deaths reviewed
 - 3 neonatal deaths
 - 5 medical related deaths
- Accidental Death
 - 1 blunt force trauma
 - 1 drug toxicity
 - 1 roll over
 - 5 drownings
- Homicide
 - 1 homicide
- Suicide
 - 4 hangings
 - 1 gunshot

Advocacy and Service Enhancements

- Guidance provided to WCHS CPS staff on use of Safety Assessment tools
- Recommendation to WCPSS to increase suicide prevention efforts
- Commended an article about safe sleeping in a Spanish newspaper
- Recommendation for getting health care providers connected electronically
- Team reached out to local hospitals to give information about mandated reporting laws and schedule/provide CPS Reporter training

Continued Discussion for the Team

- Recommendations for the supervision of youth in residential facilities
- Continued concern about youth deaths resulting from drowning and suicide

The 2013 infant mortality rate in Wake County was 5.1 per 1000 live births, which is better than 2012 (7.1) and state rate for 2013 (7.0). However, there is persistent racial disparity, as the Caucasian rate was 3.5, Hispanic rate was 4.8, and African-American rate was 9.3.

Connections with Healthiest Capital County

- Infant mortality is an important health indicator

- Child abuse and neglect negatively impact health outcomes
- Wake County has significant racial disparities for both infant mortality and Child Welfare involvement.

Question from Mr. David Ellis: What are we doing to address disparities in infant mortality rate?

Response from Ms. Lisa Cauley: The team is taking the following steps to address disparities

- Looking at how data is collected
- Sampling cases and finding things that need to be changed in practice
- Brainstorming ways to better engage all populations, specifically parents through programs such as Positive Parenting Program that gives lessons to parents
- Looking at Court System to ensure that children stay in foster care longer
- Increasing partnerships with prevention office of family services
- Working with Injury Prevention Task Force
- Increasing access to support services for families (Ms. Theresa Flynn)

Discussion:

Mayor Frank Eagles said that there should be a social marketing campaign to educate the general public as a means of prevention.

This presentation was received and reviewed by the Public Health Committee and Social Services Committee during their joint meeting in August. They recommended that the Domestic Violence Prevention Team should also be involved in this work.

There was motion and second to receive the Annual Child Fatality Task Force Report. The motion was adopted unanimously.

*Presentation attached to August agenda.

WCHS 4th Quarter (Year-End) Data Report (Presented by Ms. Caroline Harper)

The WCHS 4th Quarter Data Report provides quarterly report data for selected program indicators. It covers data from the 4th Quarter (Q4) of fiscal year 2015 (April 1, 2015 – June 30, 2015). It is presented to the Board for the purposes of advocacy and to stay abreast of the ongoing data trends of the Agency from quarter to quarter.

Report Highlights:

- Change in Adult Medicaid:
 - 30,594 cases in Q4
 - 22, 210 cases in Q3
- Dramatic decrease in Family and Children's Medicaid:
 - 59,221 cases in Q4

- 89,230 cases in Q3
- Adult Protective Services and Adult Guardianship
 - In August, 2014, a contract agency was added as a strategy to reduce case load size. That strategy worked, because Wake County received only 10 new cases from August 2014 to June 2015. The contract agency received 74 cases. That contract maxed out, and new cases as of July 1, 2015 are being assigned to staff.
- Foster Care
 - There was a decrease of 50% from Q1 to Q4.
 - 65 placements in Q4
 - 97 placements in Q3
 - 131 placements in Q1
- Child Care Subsidy
 - Number of new cases added to the waiting list decreased by 333.8%
 - -1,342 cases added to waitlist in Q4
 - 574 cases added to wait list in Q3

At the request of the Board, this Report has added more public health data including data for immunizations and Women, Infants, and Children (WIC) in this fiscal year.

WIC had a systems change in December, 2014. The program is using the monthly count of active participants for all Wake sites to update stakeholders during the transition. Data will be updated as it becomes available.

Mayor Frank Eagles moved, seconded by Ms. Leila Goodwin to accept the report. The motion was adopted unanimously by the Board.

The Board recommended that a trends line update of all Human Services (HS) programs be presented in October.

*Report attached to August agenda.

Healthiest Capital County Initiative (HCCI) Bi-annual Report [PH Accreditation Benchmark # 41.2]

(Presented by Ms. Regina Petteway)

The progress of HCCI is that the last 3-4 months were spent aligning 3 coalitions for this Initiative, and now the Initiative is able to move forward again without having to ask for additional resources from the County or other partners

HCCI seeks to improve the health and well-being of Wake County citizens, using County Health Rankings a yardstick to measure progress. The County Health Rankings are based on the University of Wisconsin Population Health Institute and Robert Wood Johnson.

HCCI Planning Team selected 5 measures as the Initiative's focus:

1. Adult Obesity (with Physical Inactivity)
2. Food Environment Index (=access to food/food insecurity)
3. Children in Poverty
4. High School Graduation
5. High Risk Youth Behavior (a collection of several measures)

These measures will be addressed through 3 workgroups:

1. High Risk Youth Behavior & High School Graduation (led by Youth Thrive)
2. Adult Obesity & Food Environment Index (led by Advocates for Health in Action (AHA) and YMCA of the Triangle)
3. Children in Poverty (led by United Way of the Greater Triangle)

HCCI will be aligned with Community Health Needs Assessment, as they both are focused on health improvements in the Wake County.

The vision/goal of the Initiative is to become community driven.

Work Groups are preparing to launch with a kick-off event on October 29, 2015.

Engagement Opportunities:

- Provide feedback
- Serve on a Work Group, the Communications Team, and/or the Steering Team

Question from Ms. Leila Goodwin: What is the direction for the Community Driven vision?

Response from Ms. Angie Welsh: It is on the near horizon. During the October event, the Work Groups will be focusing on their specific work plans to “move the needle” for this Initiative. Dr. Paul Scruggs added that starting a new Initiative can be challenging as there will be periods of rise and decline. It is important to have a good campaign plan for a program to gain traction. It will require the involvement of all entities.

Response from Ms. Regina Petteway: People should connect with their passion and interest areas and then start participating in a Work Group to move this Initiative forward.

Discussion: Mr. John Myhre suggested that the idea should be promoted that HCCI is for every citizen in the County to get everyone on board.

Question from Ms. Goodwin: Who will be the “champions” of this Initiative?

Response from Ms. Petteway: The Wake County Board of Commissioners (BOC) has this Initiative as a priority, so they are the “real champions”.

Ms. Goodwin moved, seconded by Mayor Eagles to accept the report. The motion was adopted unanimously by the Board.

*Presentation attached to August agenda.

Community Health Needs Assessment (CHNA) Process Update

(Presented by Dr. Edie Alfano-Sobsey)

- Partners convened in April
 - Partners include WCHS, Advanced Health Services (previously known as Wake Health Services), 3 Hospitals (Rex, Duke, WakeMed), Wake County Medical Society Community Health Foundation
- Started a communication marketing plan
- Request for Proposals (RFP) were due July 15. 3 proposals were submitted that were reviewed and scored. The selected vendor is Ascendient.
- Kick-off Steering Committee will be held September 11, 2015
 - Co-chairs of Steering Committee: Commissioner James West and William K. Atkinson, CEO of WakeMed

Behavioral Health Discussion [PH Accreditation Benchmark # 41.2]

(Presentation by Ms. Ann Oshel and Mr. Sean Schriber; Discussion by Board Members)

Ms. Petteway introduced Ms. Ann Oshel and Mr. Sean Schriber from Alliance Behavioral Healthcare as the guest presenters. The purpose of this agenda item is to become more intentional about looking at the interface between public health/social services and mental/behavioral health.

Alliance is the Behavioral Health Managed Care Organization (MCO) for a 4 County Region including Durham, Wake, Cumberland, and Johnston Counties. It is the second biggest MCO in population in the State, serving 200,000 Medicaid consumers. It operates under Medicaid 1915 (b)/(c) waivers.

Alliance FY15 Funding: total budget of \$444,364,566.

MCO Operations include:

- Administration
- Access and Information Center
- Care Coordination
- Community Relations
- Utilization Care/Management
- Provider Network/Management
- Quality Management
- Business Operations
- Corporate Compliance
- Information Technology
- Healthcare Integration

Total numbers served in Wake County (CY 14)

- Medicaid: 13,814
- 8,421

Wake Services and Supports

- Mental health, substance use, and intellectual development disability services
- Transitional Living Program
- Rapid Response Program
- First Episode Psychosis Program
- School Based Mental Health program
- Transitions to Community Living
- Parent Assessment Program
- Independent Living Initiative
- Child and Adult Care Review
- Post Release Forensic Team
- Wakebrook Crisis and Assessment

Board members generated a list of discussion topics for behavioral health:

1. Better communication between health provider and behavioral health provider
2. Where to send people for substance abuse services
3. Who to keep in network and what are the determinants
4. Interface between behavioral health and child welfare and adult services
5. Community care coordination
6. Resource & referrals tools

Board members will receive briefings on these topics throughout the year to better align their advocacy efforts.

Board Committee Chairs Reports

Public Health and Social Services Committees held a joint meeting on August 21, 2015. They received/reviewed the Annual Child Fatality Task Force Report and provided recommendations to Ms. Cauley.

The Committees recommended that a joint meeting should be held more often, as it is more effective and efficient.

Environmental Services Director's Report

(Presented by Mr. Michael Orbon, on behalf of Dr. Joseph Threadcraft)

ES Department is taking concepts from its drinking water outreach program and cross pollinating them with their septic program. First, they will do data mining and focus on areas in the County that are susceptible to septic failures. Next, educational outreach will be done in those communities where there are higher numbers of septic failures.

Ms. Caroline Loop is the new Environmental Services (ES) Manager.

Human Services Board Chair's Report

On behalf of Dr. Smith, Ms. Petteway encouraged Board Members to take the Wake Transit survey available on the Wake County website. The survey closes in mid-September. (Link to survey: <http://www.waketransit.com/feedback/>).

Mr. Myhre announced that the Board Officers elections are coming up, so stay tuned for more information.

Participation in Community Events

Ms. Stephanie Treadway announced that the Recovery Communities of NC is having its 4TH Annual Capital Rally for Recovery on September 12, 2015 at Moore Square.

Mayor Eagles asked for the status of the Summer Food Service Program (SFSP). Ms. Petteway replied that the SFSP is now part of a larger, umbrella Committee called the Food Security Team, which is headed by Commissioner Matt Calabria. In addition to the SFSP, the Team encompasses Backpack Buddies and Universal Breakfast Program. Mayor Eagles said that the County should have better used its public relations/communications to promote the Universal Breakfast Program.

Mr. Kent Jackson asked about the status of the County and Department's budget for this year. Ms. Petteway replied that the County's Budget Office will be training the Department this fall on writing effective business cases for budget requests.

Public Comments

There were not any members of the public present for the Public Comments period.

Adjournment

The meeting was adjourned at 10:05 am.

Action Items

- The Board recommended that a trends line update of all Human Services (HS) programs be presented in October by Mr. Caroline Harper
- Ms. Oshel will send the Alliance's Annual Report to Ms. Petteway to distribute to Board Members
- Ms. Petteway will take the behavioral health topics generated during the Behavioral Health discussion to the Senior Management Team (SMT) to identify some of the interfaces that require the Board's attention.

Board Chair's Signature: _____

Date: _____

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

Agenda Date:

Public Health Committee: September 18, 2015

Human Services Board: September 24, 2015

Item: *Public Health Committee/Public Health Quarterly Report July – September 2015*

PH Accreditation Benchmark: Benchmark 2 Activity 2.4: “The local health department shall analyze and note reportable events occurring within the community and shall report atypical incidence, if any, to the Division and the local board of health”

Specific Action Requested:

Public Health Committee: Receive and discuss report, recommend report to Human Services Board.

Human Services Board: Receive and discuss report. Accept report.

Link to Wake County Human Services Goals:

- ☒ **Well-being/Health/Safety** - Maximize the well-being, health and safety of individuals and families
- ☐ **Self Sufficiency/Human Capital** - Enhance the ability of consumers to attain and maintain economic independence and self sufficiency
- ☐ **Consumer Experience** - Enhance the consumer experience with accessible, timely and holistic services
- ☐ **Internal Operations** - Ensure fiscal accountability, data driven decisions and alignment with county, state and national objectives and priorities
- ☐ **Integrated/Collaborative Solutions** - Promote integrated and collaborative solutions for human service needs
- ☐ **Workforce** - Support and maintain a competent and competitive workforce and an environment that fosters professional development, workforce diversity and effective communication
- ☐ **Technology**- Provide innovative technology solutions that support cost-effective automation, e-Services and data management

Item Summary (Ex: What are major points/data): The Public Health Quarterly Report is published by WCHS Public Health Division. This report highlights injury data (causes of death and hospitalizations by type of injury, emergency department visits by injury, motor vehicle traffic injuries, falls, poisonings, suicides and child maltreatment) for Wake County for 2008-2014.

Purpose for Action (Ex: Proposed Solutions/Accomplishments) Use information contained in report as needed to inform discussions, decisions and advocacy efforts related to public health.

Next Steps (Ex: What is next step for Board or staff): See purpose for action

Attachments: *Wake County Human Services Public Health Quarterly Report
July – September 2015*

Opportunities for Advocacy, Policy or Advisory: See purpose for action

Connections to Other Committees: Social Services Committee

Wake County Human Services Public Health Quarterly Report July–September, 2015 Injuries



Regina Petteway, Human Services Director
Sue Lynn Ledford, Public Health Division Director
Editor-in chief: Edie Alfano–Sobsey, Public Health Epidemiologist
Editorial Staff: Ramsay Hoke, Human Services Program Specialist and
Carla Piedrahita, Public Health Educator
Design and Layout: Michelle Ricci, Public Health Educator



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Cover photo depicts a *Never Leave Your Child Alone in a Car* heatstroke awareness and education event. The event, conducted by Safe Kids shows parents and caregivers the very real dangers that hot vehicles pose to children.

1.0 Introduction

Information about the many types of injuries is complex and is gathered from several data sources such as death certificates, medical examiner reports, law enforcement reports, hospital admissions and emergency department visits. Deaths are the most severe outcome from injuries but are the “tip of the iceberg” (Figure 1) when evaluating the burden of injuries. Many injuries are either treated by medical providers during outpatient visits and not reported or no medical treatment is sought for the injury. Thus, the total societal burden of injuries from all causes is unknown. This report provides an overview of deaths, hospitalizations and emergency department visits from the leading causes of injuries among residents in Wake County and presents emerging issues related to drug overdoses and suicides.



Figure 1

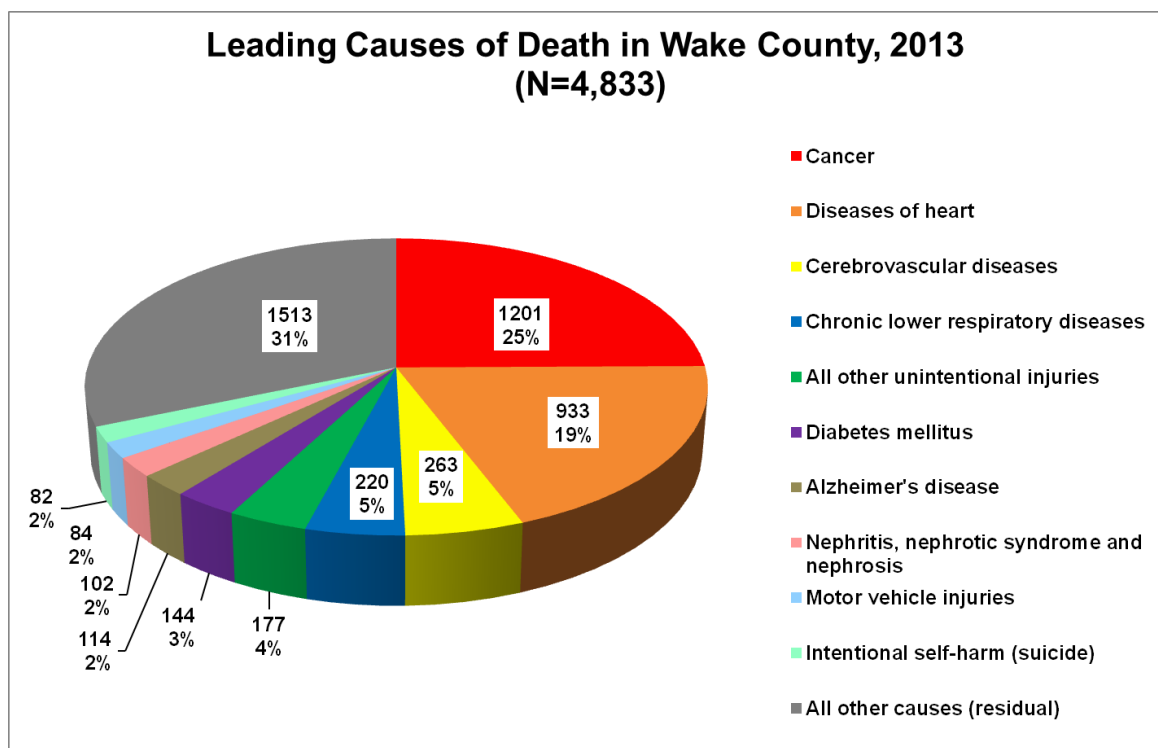
Source: Injury and Violence Prevention Branch, NC DHHS
<http://www.injuryfreenc.ncdhhs.gov/injuryIceberg.htm>
(accessed 8-24-15)

2.0 Overview and Trends

2.1 Leading Causes of Death in Wake County

In 2013, injuries were among the top 10 causes of death in Wake County. Unintentional injuries ranked #5, motor vehicle injuries ranked #9, and intentional self-harm (suicide) ranked #10 (Figure 2).

Figure 2



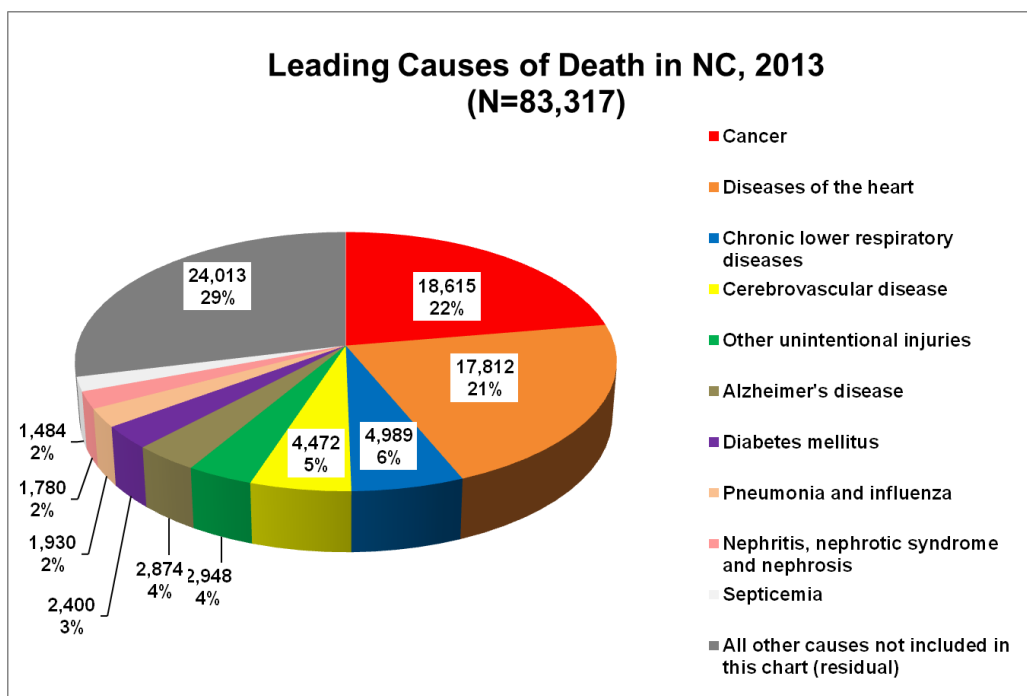
Residual causes are all other causes not otherwise categorized here.

Source: State Center for Health Statistics. <http://www.schs.state.nc.us/schs/data/lcd/getleadcauses.cfm>,
accessed 7/10/2015

For North Carolina overall, as in Wake County, other unintentional injuries ranked #5 (Figure 3).

Figure 3

Residual causes are all other causes not otherwise categorized here.
Source: State Center for Health Statistics



2.2 Leading Causes of Death, Hospitalizations, Emergency Department Visits by Injury

The five leading causes of death, emergency department visits and hospitalizations by injury are displayed in Table 1. Motor vehicle traffic (MVT) is the number one cause of death while falls are the number one cause of hospitalizations and emergency department visits.

Table 1

Top Five Leading Causes of Injury in Wake County, 2008-2013						
Injury	Number of Deaths	Rank	Number of hospitalizations	Rank	Number of ED visits	Rank
MVT, Unintentional	439	1	2,457	2	38,922	2
Fall, Unintentional	319	2	9,486	1	69,450	1
Poisoning, Unintentional	277	3				
Firearm, Self-Inflicted	220	4				
Suffocation, Self-Inflicted	112	5				
Other Spec/Class*, Unintentional			1,943	3		
Unspecified**, Unintentional			1,876	4		
Poisoning, Self-Inflicted			1,734	5		
Struck, Unintentional					31,152	3
Overexertion, Unintentional					20,306	4
Cut/Pierce, Unintentional					15,160	5

*Other Spec/Class--intent established and specific mechanism identified but does not fall into major categories.
**Unspecified--intent established, mechanism is unclear or not documented.
Source: NC DHHS, Division of Public Health, Injury and Violence Prevention Branch

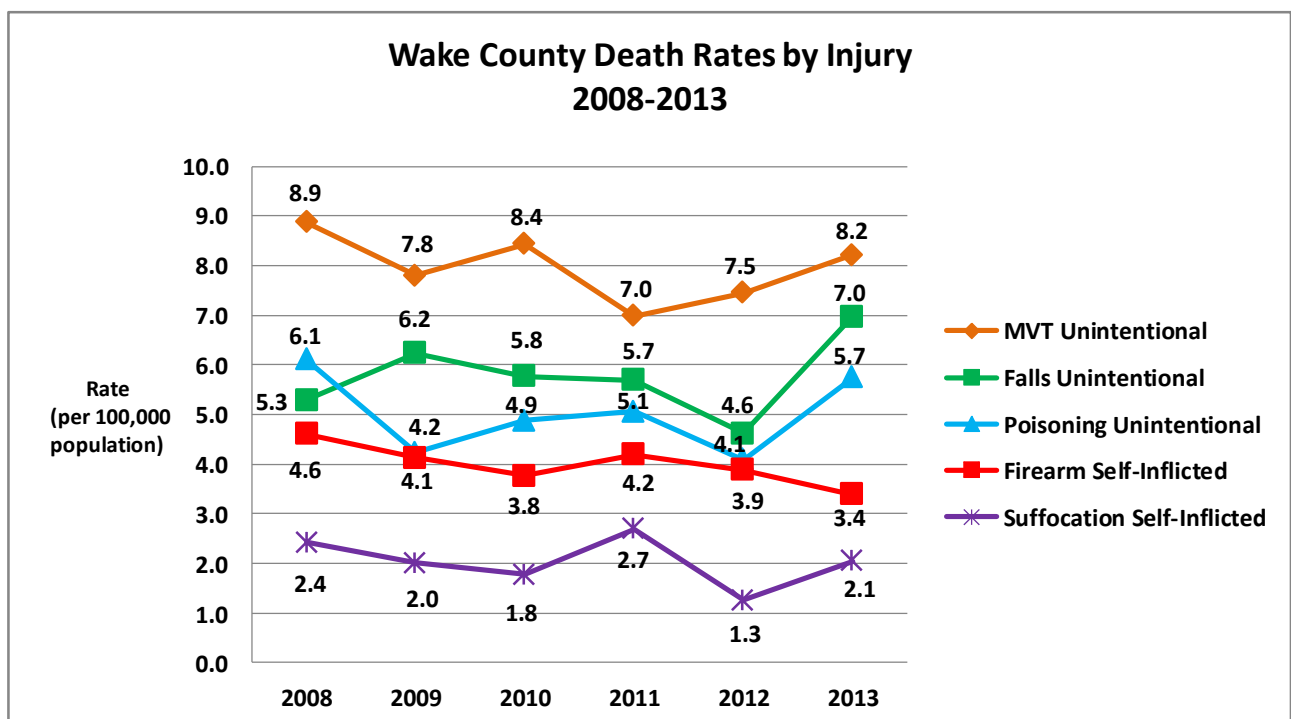
2.3 Deaths by Injury

The top five leading causes of death from injuries for all ages are attributed to:

- motor vehicle traffic--unintentional (#1)
- falls--unintentional (#2)
- poisonings--unintentional (#3)
- firearms--self-inflicted (#4) and
- suffocation--self-inflicted (#5)

From 2008-2013, there were 439 motor vehicle traffic deaths (80 were in 2013) in Wake County. The death rate (deaths per 100,000 population) generally trended downward from 2008 to 2012, but increased slightly from 2012 to 2013 (7.5 to 8.2). Death rates from both falls and poisonings had more significant increases from 2012 to 2013; the death rate due to falls increased from 4.6 to 7.0, and that of poisonings increased from 4.1 to 5.7 (Figure 4).

Figure 4



Source: NC DHHS, Division of Public Health, Injury and Violence Prevention Branch

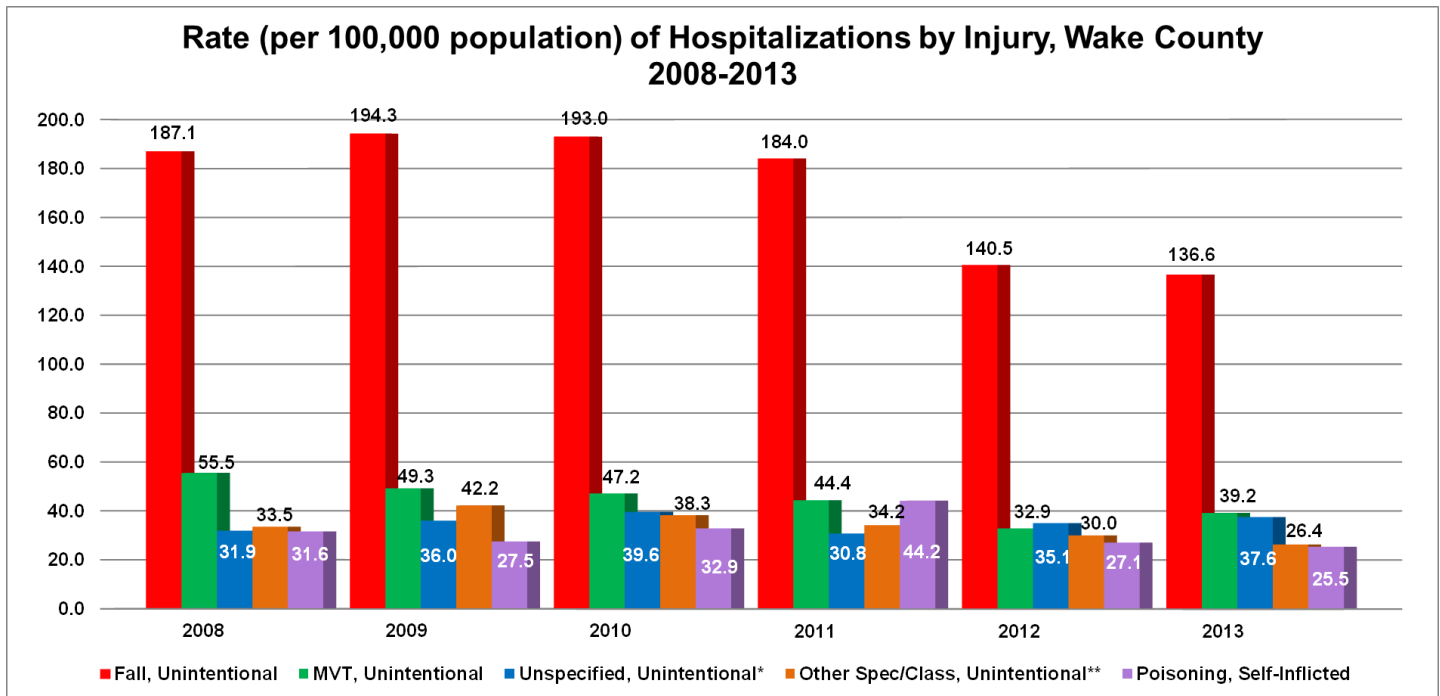
2.4 Hospitalizations by Injury

The five leading causes of hospitalizations due to injury were:

- falls--unintentional (#1)
- motor vehicle traffic--unintentional (#2)
- other specific/classification--unintentional (#3);
- unspecified--unintentional (#4)
- and poisonings (self-inflicted) (#5)

As Figure 5 shows, the rate of hospitalizations due to falls is consistently much higher than all other causes although hospitalization rates due to falls have steadily fallen from 2009 to 2013. Hospitalization rates due to poisonings have fallen noticeably from 2011 to 2013 (from 44.2 to 25.5/100,000 population).

Figure 5



*Unspecified--intent established, mechanism is unclear or not documented

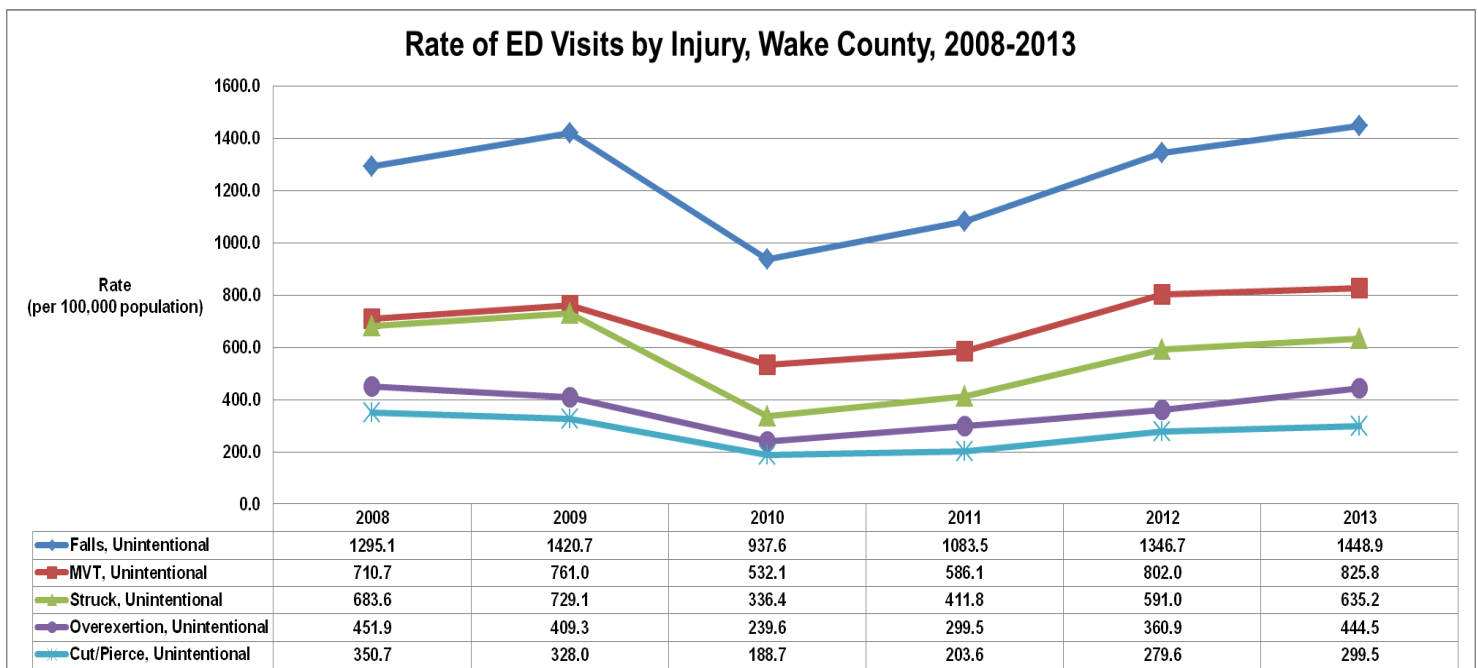
** Other Spec/Class--intent established and specific mechanism identified but does not fall into major categories

Source: NC DHHS, Division of Public Health, Injury and Violence Prevention Branch

2.5 Emergency Department (ED) Visits by Injury

Since 2010, rates for the top five causes of ED visits by injury all increased every year (Figure 6). Falls and motor vehicle traffic (the top 2) accounted for 62% (108,372) of the ED visits from 2008 to 2013 (NC DHHS, Division of Public Health, Injury and Violence Prevention Branch).

Figure 6



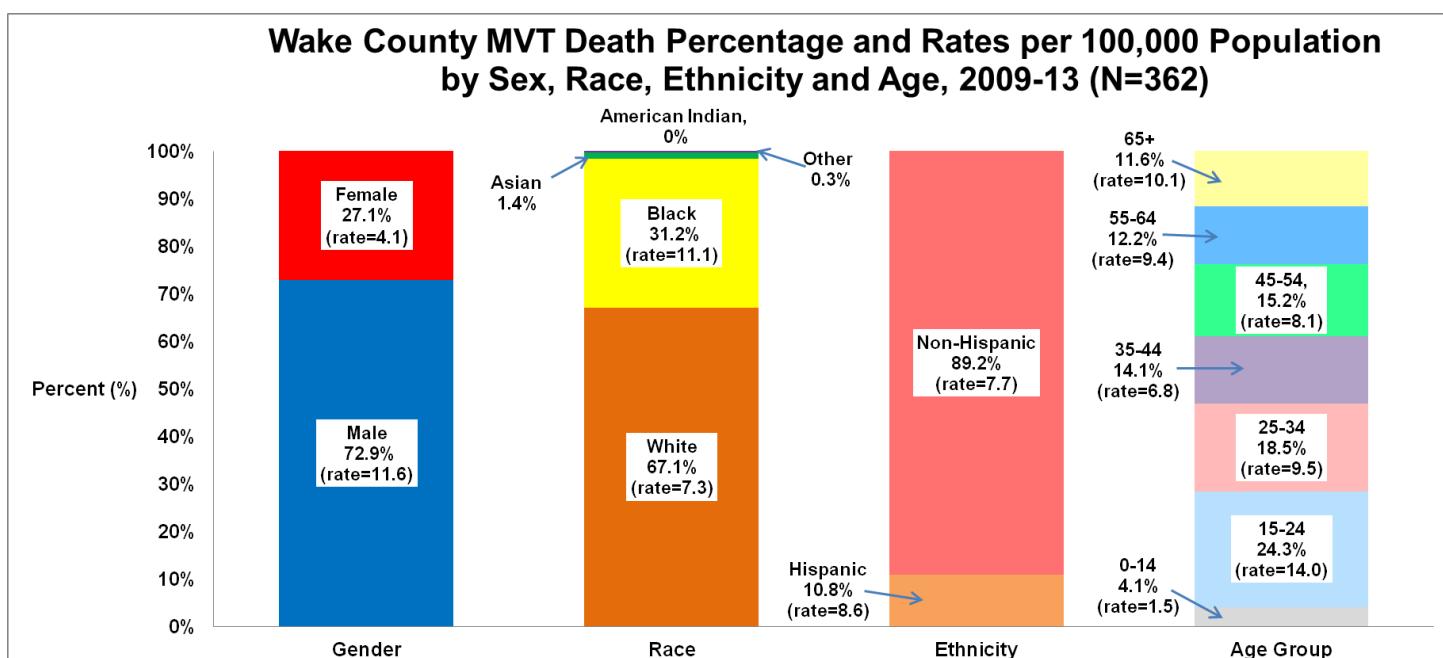
Source: NC DHHS, Division of Public Health, Injury and Violence Prevention Branch

3.0 Motor Vehicle Traffic

3.1 Demographics and Risk Factors

The leading cause of death by injury is due to motor vehicle traffic (MVT). A significantly higher percentage of males (72.9%) die from MVT than females (27.1%), with the MVT death rate for males (11.6) almost triple that of females (4.1) (Figure 7). The percentage of Whites (67.1%) who die from MVT injuries is higher than Blacks (31.2%), yet Blacks have a higher death rate from MVT injuries (11.1). Similarly, while the percentage of MVT deaths is much higher for non-Hispanics (89.2%) than Hispanics (10.8%), Hispanics have a higher death rate(8.6). Among age groups, the highest MVT death rates occur in ages 15-24 (the youngest drivers on the road) (14.0) and 65+ (the oldest drivers on the road) (10.1).

Figure 7



Where rates are not shown, numbers of deaths were too small to calculate accurate rates.

Source: NC DHHS, Division of Public Health, Injury and Violence Prevention Branch

The top risk factors associated with MVT deaths are:

- distracted driving (including talking on a cell phone, texting or emailing while driving)
- young, inexperienced drivers (less than 20 years of age)
- older drivers (greater than 70 years of age) and
- impaired drivers

Notably, according to the **County Health Rankings & Roadmaps**, the portion of driving deaths with alcohol involvement in Wake County was higher (36%) compared to the state of North Carolina (33%) and those in the nation with the lowest percentages (14%) [<http://www.countyhealthrankings.org/app/north-carolina/2015/rankings/wake/county/outcomes/overall/snapshot> (accessed 8-28-25)]. This is an area that needs more attention and, for this reason, an objective in the Wake County Action Plan is: “ By 2016, reduce the portion of driving deaths with alcohol involvement in Wake County to 33%”.

Distracted driving is increasingly a factor in MVT deaths. Data on distracted driving and motor vehicle crashes is not available for Wake County. According to the American Automobile Association (AAA), 60% of teen crashes involve some form of distracted driving. The most common forms of distraction leading to a teen driver crash are as follows:

- interacting with one or more passengers-15%
- using a cellphone-12%
- looking at something in the vehicle-10%
- looking at something outside the vehicle-9%
- singing/dancing to music-8%
- grooming-6%
- reaching for an object-6%

[Source: <http://newsroom.aaa.com/2015/03/distraction-teen-crashes-even-worse-thought> (8-11-15)].

In a 2011 study, the Centers for Disease Control and Prevention (CDC) compared the prevalence of distracted driving (talking on a cell phone, reading/sending texts or emails while driving) between the U.S. and several European countries. Sixty nine percent of U.S. drivers ages 18-64 reported that they had talked on their cell phone while driving within 30 days before they were surveyed, a higher percentage than all seven of the European countries. Thirty one percent of U.S. drivers ages 18-64 reported reading/sending text messages while driving within 30 days before being surveyed, a higher percentage than every European country in the study except Portugal (also at 31%). Texting while driving is considered particularly dangerous because it involves all three major types of distraction in relation to driving:

- visual--taking your eyes off the road
- manual--taking your hands off the wheel
- cognitive--taking your mind off driving

[Source: <http://www.cdc.gov/features/dsdistracteddriving/index.html> (accessed 8/11/15)]

3.2 Motor Vehicle Safety and Children

According to Safe Kids Worldwide:

- Motor vehicle crashes are the number one cause of death among children ages 1 to 19.
- Children ages 2 to 5 who use safety belts prematurely are four times more likely to suffer a serious head injury in a crash than those in child safety seats or booster seats.
- Of those children ages 12 and under who died in vehicle crashes in 2011, 31 percent were unrestrained.

[Source: <http://www.safekids.org/child-passenger-safety> (accessed 9/1/2015)]

WCHS “Love Us and Buckle Us” Program

Wake County Human Services developed the “Love Us and Buckle Us” Program in 2001. This Child Passenger Safety Program was developed to provide consumers the opportunity to receive education on the proper transportation of children. This program consists of 13 nationally certified Child Passenger Safety Seat technicians and 1 nationally certified Child Passenger Safety Seat instructor.



Child Passenger Safety Seat Technician instructs parents on child safety seat use.

The program has expanded to become a certified Permanent Checking Station where the public may have car seats checked anytime Monday-Friday by appointment. Education is provided on the proper selection, direction and harnessing of children based on their height, weight and developmental needs.

Additionally this program provides a Child Passenger Safety Diversion Site at 10 Sunnybrook Road, Raleigh. This site is for residents, who get child restraint violations (tickets) from law enforcement officers, to receive education and proof that they obtained an appropriate restraint for their child passenger. This proof is then taken to the Wake County District Attorney so that they will not be held liable for the violation.

Presently this program has resources such as posters, pamphlets and other training materials in English and Spanish that can be used for clients. Staff are available to speak on the following injury prevention topics:

- child passenger safety
- distracted driving
- pedestrian safety
- fire safety
- falls prevention
- water safety
- children in and around vehicles
- home safety
- poison prevention
- bike safety
- ATV safety and
- pool safety



Checking child passenger safety seats in the community.

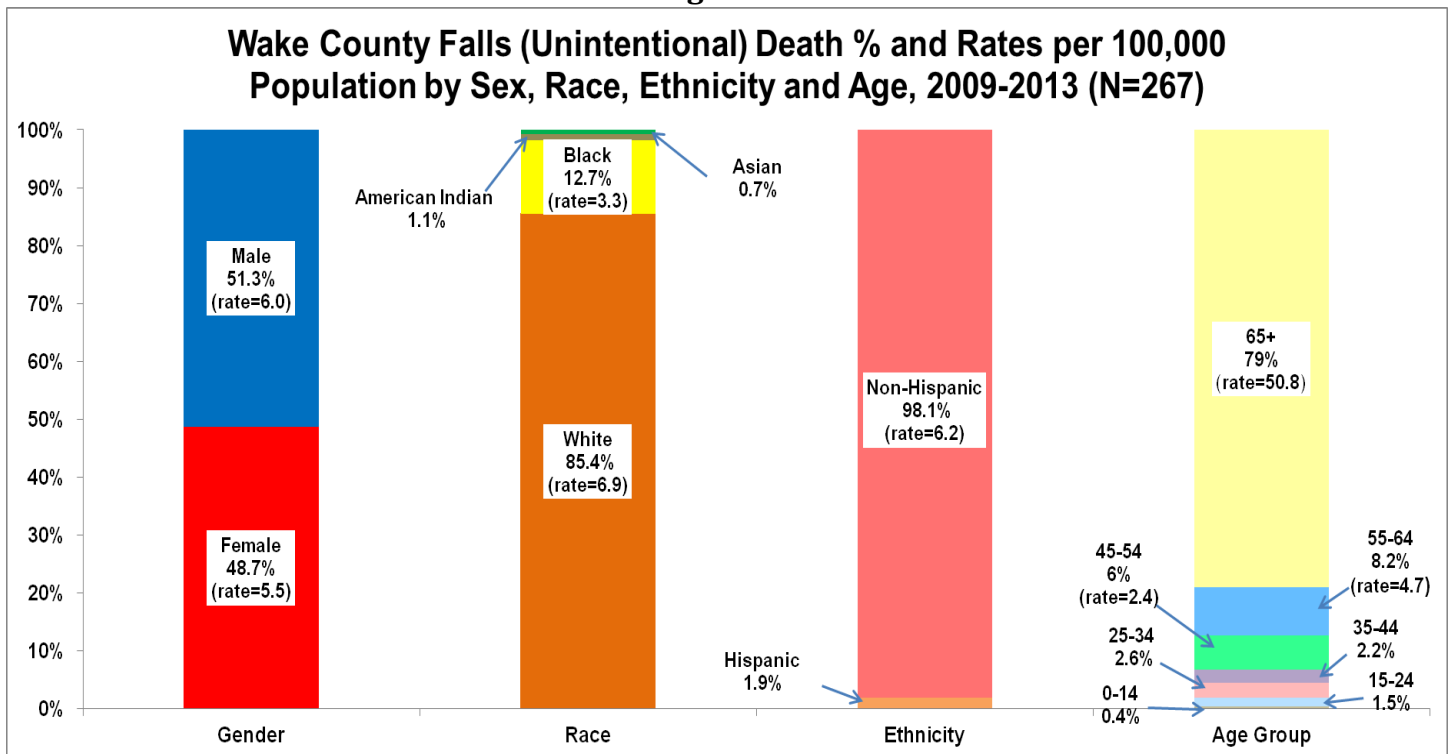
4.0 Falls

The percentage and rate of deaths due to falls is essentially the same for males and females (Figure 8). While Whites account for a much higher percentage of deaths due to falls than Blacks (85% vs. 13%), the death rates (per 100,000 population) between these two groups is significantly closer (6.9 for Whites, 3.3 for Blacks). When taking into account that Wake County's senior population (65+) continues to increase, this age group's death rate due to falls (more than ten times that of any other age group at 50.8 per 100,000 population) is of significant concern.

While advanced age is the number one risk factor attributed to falls (1), the following are all associated with increased fall injuries that result in death:

- side effects from medicine that cause dizziness and drowsiness
- outdated eye prescriptions
- tripping hazards
- poor lighting
- lack of exercise, calcium, and vitamin D to strengthen bones in case of a fall
- osteoporosis(2)

Figure 8



Where rates are not shown, numbers of deaths were too small to calculate accurate rates.
Source: NC DHHS, Division of Public Health, Injury and Violence Prevention Branch.

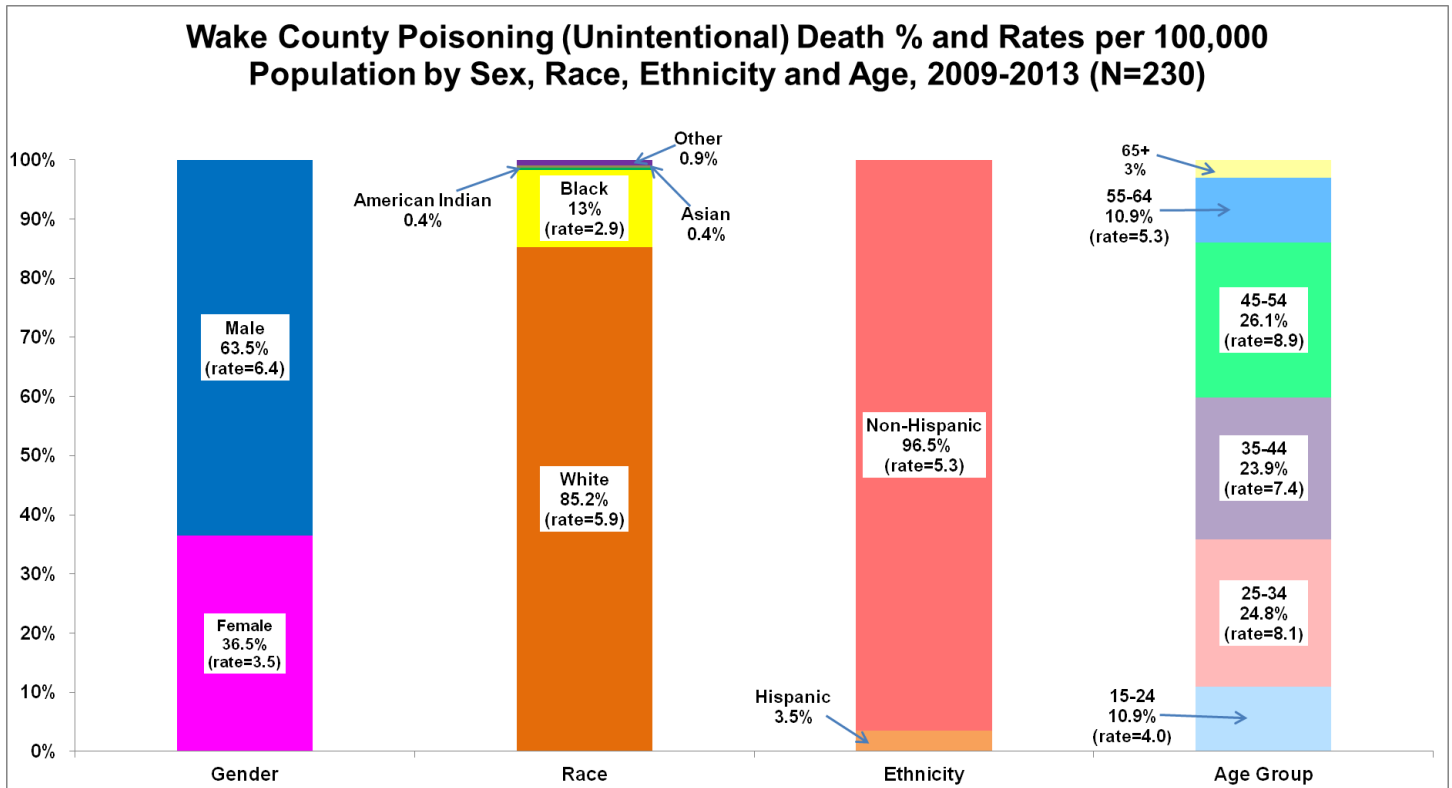
5.0 Poisonings

The percentage and death rates due to unintentional poisonings is higher for males than females. (Figure 9). While Whites account for a much higher percentage of deaths due to poisonings than Blacks (85% vs. 13%), the death rates between these two groups is closer (5.9 for Whites, 2.9 per 100,000 population for Blacks). Among age groups, the two groups with the highest death rates due to poisonings are age 45-54 (8.9) and 25-34 (8.1).

Most unintentional poisoning deaths are due to unintentional overdose of prescription, over the counter or illegal drugs (3). The rate of emergency department visits for unintentional drug overdoses has increased 49% since 2010 in Wake County (Figure 10).

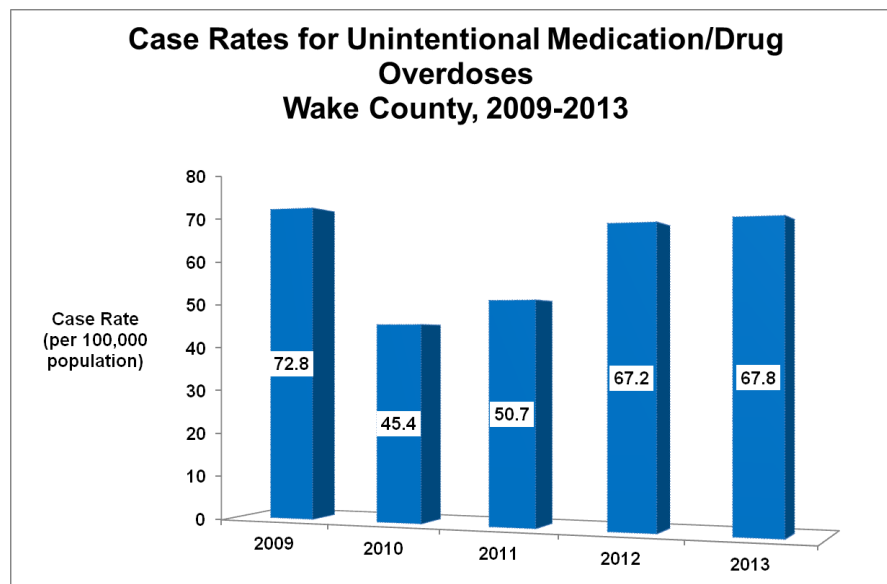
Another indication that drug overdoses continue to be a problem in Wake County is the frequency that Naloxone (Narcan), a medication used to reverse opioid overdoses, is administered by emergency medical personnel. Figure 11 displays the number of times Naloxone was used for persons transported to emergency departments (ED) in Wake County. It does not capture the number of times Naloxone was used for persons who were not transported to the ED, such as successful reversal not requiring transport, refusal to be transported, use by non-medical personnel or the person died and was transported directly to the medical examiner.

Figure 9



Where rates are not shown, numbers of deaths were too small to calculate accurate rates.
 Source: NC DHHS, Division of Public Health, Injury and Violence Prevention Branch.

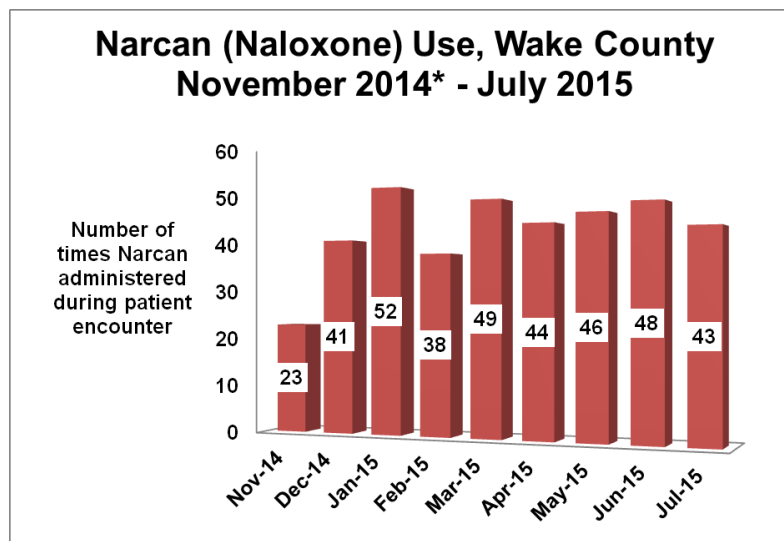
Figure 10



Case rates capture emergency department visits for a medication or drug overdose. An unintentional medication or drug overdose is defined as an injury in which a person is exposed to a medication or drug without the attempt to cause harm to himself/herself or to others. This definition includes overdoses due to drugs taken involuntarily or for recreational purposes. It excludes visits due to medical misadventures and/or the adverse effects of medications or drugs properly administered in therapeutic or prophylactic dosages.

Source: NC DETECT (NC Disease Event Tracking and Epidemiologic Collection Tool)

Figure 11



The case definition is "Narcan or naloxone included as a medication administered by the EMS agency during the patient encounter."

Source: NCDETECT. *Narcan data in NCDETECT only available from November 2014.

5.1 Heroin

Figure 12

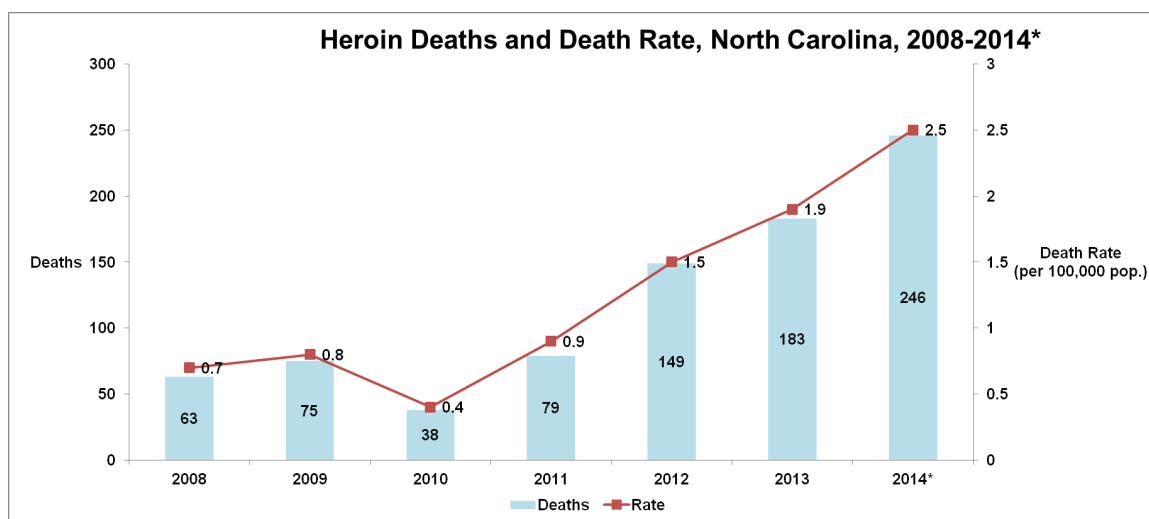
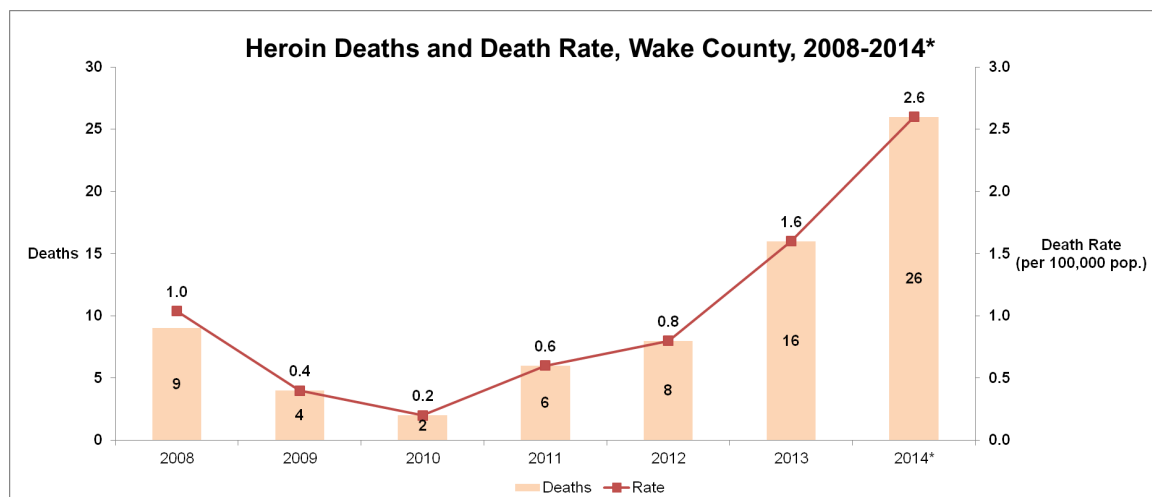


Figure 13



* 2014 data is provisional for Figures 12 and 13.

Source for Figures 12 and 13: NC DHHS, Division of Public Health, Injury and Violence Prevention Branch.

Recently the use of heroin has increased because it is cheaper and easier to acquire than other illegal drugs and over the counter pain medications. Consequently, the increase in heroin deaths from 2010 to 2013 is a substantial concern at both the state and local level. Statewide, there has been an astounding 547% increase in number of heroin deaths from 2010-2014 (Figure 12). The same trend is noted in Wake County (Figure 13).

Also of concern is the risk of acquiring infectious diseases due to needle sharing among those who inject heroin. Other states have reported an increase in cases of acute hepatitis C coincident with increasing cases of heroin overdose. This has not been observed in Wake County as of this report. The WCHS Epidemiology Program is monitoring for trends in cases of acute and chronic hepatitis C.

5.2 Project Lazarus

A promising community-based overdose prevention model in the United States is Project Lazarus. Project Lazarus, Inc. is a secular public health nonprofit organization which was established in 2008 in response to the extremely high drug overdose death rates in Wilkes County, North Carolina (four times higher than the state average). Project Lazarus uses a set of nine strategies to mobilize communities, educate and support providers and patients, reduce drug supply and diversion, reduce harm from available drugs, promote safer clinical practice and prescribing, and evaluate program activities.

Evaluation of Project Lazarus showed a 69% reduction in drug overdose deaths in Wilkes County between 2009 and 2011. These successes led to a partnership with Community Care of North Carolina (CCNC) to expand the Project Lazarus strategies to all 100 counties in North Carolina. The CCNC expansion of Project Lazarus provides staff, resources, and technical support to counties in North Carolina to implement the expansion of Project Lazarus.

Here in Wake County, collectively we have accomplished the following:

- Convened a diverse committee to exchange information and learn about community needs. The committee is composed of various sector representatives i.e. SAFE Kids, Wake County Public Affairs, Community Cares of NC, WCHS Sections (including Health Promotion, Epidemiology, HIV/STD, Communicable Disease, Finance, Contracts and Pharmacy) and other invited guests i.e. NC Harm Reduction.
- Designed and posted 3 billboards (see next page) which have been strategically located throughout Wake County
- Prepared 100 Naloxone kits with medical supplies and printed materials
- Developed a Medical Standing Order and Memorandum of Understanding with community/medical partners to prescribe, dispense and distribute Naloxone
- Conducted Naloxone Distributor training for 23 participants facilitated by the NC Harm Reduction Coalition Coordinator
- Scheduled an Operation Medicine Drop event on October 27, 2015 from 10:00 am - 2:00 pm at the WCHS Sunnybrook parking lot. This is being co-sponsored with Wake County Sheriff's Office and Wake County Safe Kids.
- Scheduled a presentation on the Project Lazarus expansion and Operation Medicine Drop in Wake County for the Wake County Board of Commissioners in October 2015, along with airtime on WakeGOV TV and WRAL TV

R Awareness! **SAFE USE, SAFE STORAGE, SAFE DISPOSAL**



KEEP OUT OF REACH



CHECK EXPIRATION



DON'T FLUSH



SAFELY DISPOSE

To safely dispose of your prescription drugs, call: 919-212-8376
 For more information visit www.wakegov.com/humanservices
 Follow Wake County Human Services on Facebook



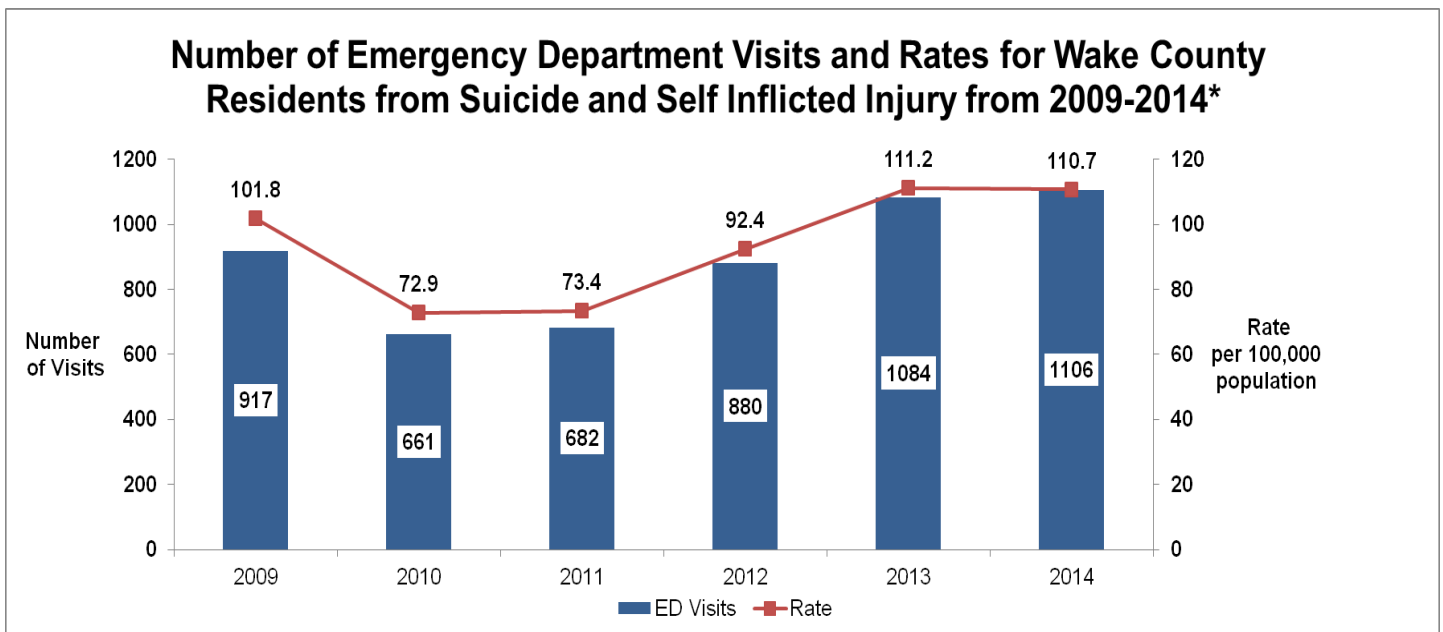
Safe use and disposal of prescription drugs billboard.

6.0 Suicides: An Emerging Issue

Overall, there has been a 62% increase in emergency department visits among Wake County residents from suicides and self-inflicted injuries from 2011 to 2014 (Figure 14).

By age, the highest number of emergency department visits for suicide and self-inflicted injuries were among 25-44 year olds (Figure 15). Visits by 15-18 year olds exceeded those of 19-24 year olds in 2014. Figure 16 shows the number of visits by children among the 0-14 age group.

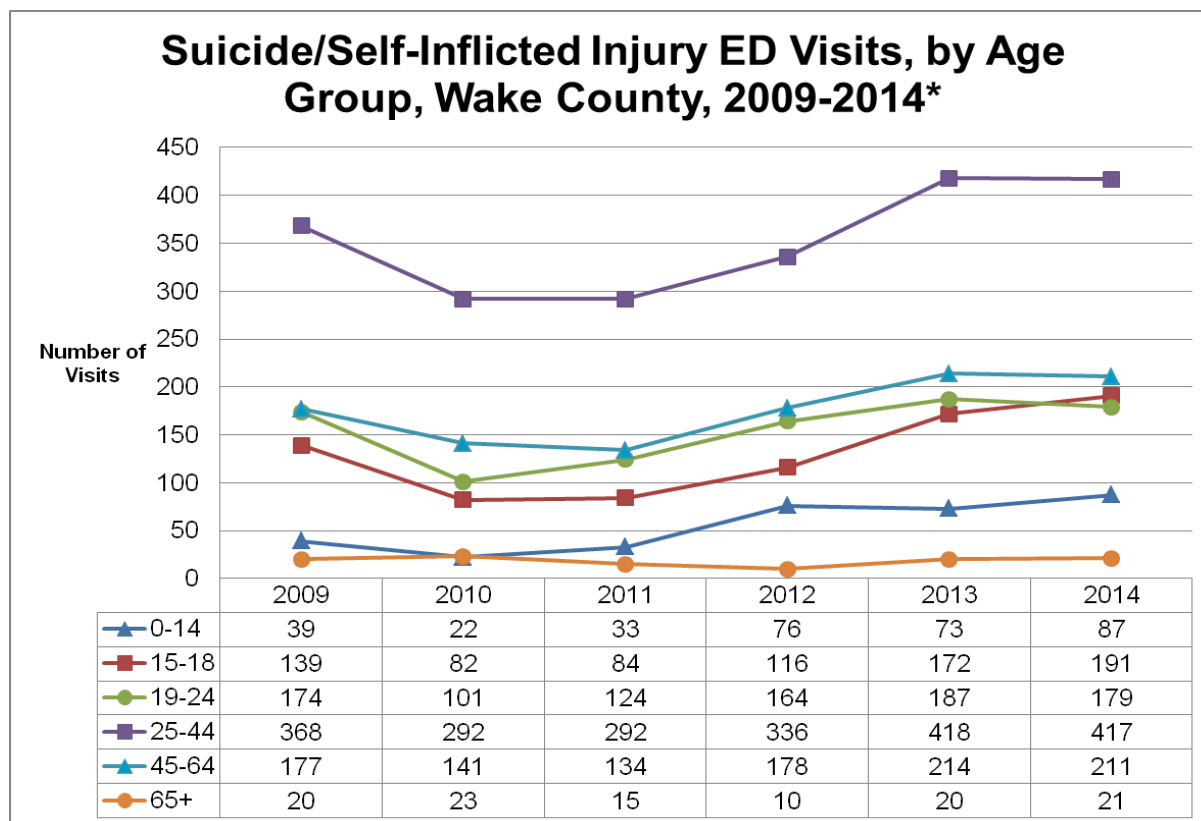
Figure 14



* 2010 and 2011 numbers may be artificially low for all groups due to underreporting

Source: NCDETECT

Figure 15

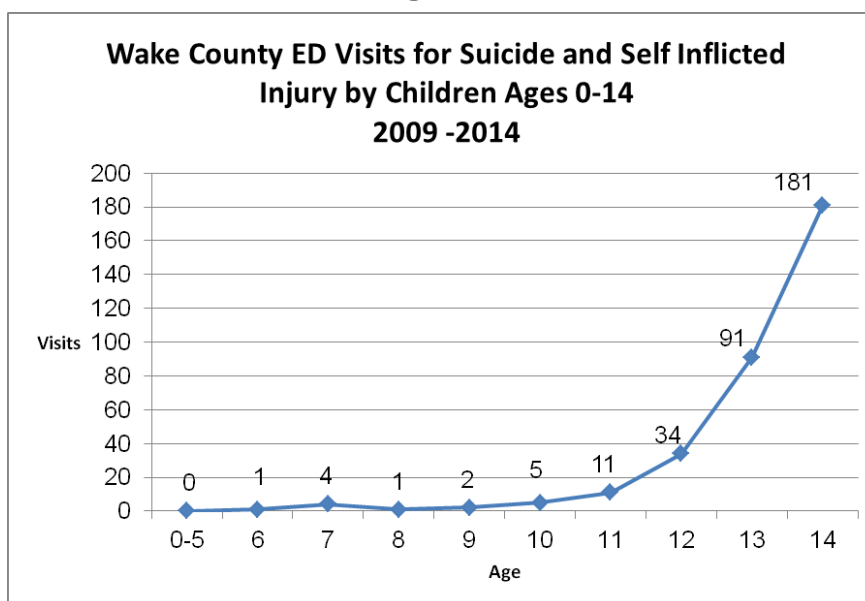


* 2010 and 2011 numbers may be artificially low for all groups due to underreporting

Source: NCDETECT

The number of visits tripled between ages 11 and 12 and continued to increase during the early teenage years, which may warrant further investigation into the risk factors for this subset of 0-14 year olds.

Figure 16



Source: NCDETECT

7.0 Child Maltreatment

Child maltreatment is defined as any act or series of acts of commission or omission by a parent or other caregiver (i.e. clergy, coach, teacher) that results in harm, potential for harm, or threat of harm to a child. While the words abuse and neglect are often used interchangeably, each type of maltreatment is distinct. Abuse is the intentional maltreatment of a child and can be physical, sexual, or emotional in nature. Neglect, on the other hand, is the failure to give children the necessary care they need.

North Carolina law (NCGS 7B-301) mandates that any person or institution that suspects a child is being abused or neglected, or has died from being mistreated, must report what they know to the county Department of Social Services.

In Wake County those reports are received by the Wake County Human Services Child Welfare Division. A Child Protective Services (CPS) intake social worker receives the report and utilizes a structured tool to determine if the information meets the state requirements for acceptance and the Multiple Response System (MRS) track for investigation. The MRS affords CPS the ability to assign CPS assessments to two different tracks (investigative assessment and family assessment) based on the allegations found in the report. This

- protects the safety of children by not treating all reports in the same way
- engages families in services that could enable them to better parent their children
- focuses on the family's strengths, supports, and motivation to change
- serves many of the families reported to CPS better by helping rather than "punishing" them

All reports of abuse must be taken as an investigative assessment. Certain reports of neglect must also be taken as an investigative assessment. These include (but are not limited to): child fatalities, a child in the custody of DSS, or any child taken into protective custody by a physician or law enforcement personnel. A complete list of the types of reports subject to the investigative assessment can be found at <http://info.dhhs.state.nc.us/olm//manuals/dss/csm-60/man/CS1408-02.htm>. For all other reports of neglect or dependency*, the family assessment track is utilized.

CPS uses a structured decision-making tool to make the final determination concerning the allegations in a report. In making these decisions, CPS takes into consideration:

- the specific behavior of the caretaker that resulted in harm to the child or clarification that there is no risk of harm
- current safety issues that may or may not be present
- any future risk of a child's safety should they remain in the home
- whether a child is in need of protection.

In 2014, a total of 4498 reports were accepted, with 20% resulting in either a substantiation of abuse, neglect or dependency. Since 2007 there has been an increase in the annual number of reports, with the highest number occurring in 2008. During the same time, the percentage of reports either found in need of services or substantiated has decreased (Table 2).

*Dependency—when a child is in need of assistance or placement because:

- There is no parent or guardian responsible for their care
- The parent or guardian is unable to provide care and there is no other child care arrangement

Table 2

Reports of Child Maltreatment, Wake County 2007 –2014																
	2007		2008		2009		2010		2011		2012		2013		2014	
	Number	%	Number	%	#	%	#	%	#	%	#	%	#	%	#	%
Services Needed**/ Substantiated*	969	26%	1298	24%	1133	23%	1112	23%	1033	23%	1026	23%	977	24%	864	20%
Services Not Needed***/ Unsubstantiated	2711	74%	4083	76%	3735	77%	3662	77%	3438	77%	3331	77%	3936	76%	3634	80%
Total	3680	100%	5381	100%	4868	100%	4774	100%	4471	100%	4357	100%	4913	100%	4498	100%

*Substantiation: Denotes a finding of abuse, neglect or dependency at the conclusion of an Investigative Assessment

**Services Needed: Denotes a finding of neglect at the conclusion of a Family Assessment

***Services Not Needed, Denotes that there was no finding of neglect in a Family Assessment

Source: University of NC at Chapel Hill Jordan Institute for Families

Table 3 identifies the types of maltreatment that were reported and found to have occurred.

Table 3

Child Maltreatment Case Decisions, Wake County 2007-2014																
	2007		2008		2009		2010		2011		2012		2013		2014	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
Abuse & Neglect	35	4%	47	4%	24	2%	22	2%	39	4%	50	5%	58	6%	56	6%
Abuse	39	4%	49	4%	39	3%	47	4%	39	4%	34	3%	63	6%	37	4%
Neglect	893	92%	1197	92%	1068	94%	1039	93%	946	92%	940	92%	853	87%	767	89%
Dependency	2	0%	5	0%	2	0%	4	0%	9	1%	2	0%	3	0%	4	0%
Total	969	100%	1298	100%	1133	100%	1112	100%	1033	100%	1026	100%	977	100%	864	100%

Source: University of NC at Chapel Hill Jordan Institute for Families

While the majority of families are found in need of services (this number has steadily decreased from 57% in 2007 to 48% in 2014), there has been an increase in the number of more serious abuse and neglect reports.

Protective services are provided to help families keep children who have been abused or neglected safely at home whenever possible. Children are taken into foster care when no other means are adequate to protect them. Every effort is made to quickly reunify children with their families whenever possible. Although there has been a decrease in the number of reports with families who were found in need of services or the allegations in the reports were substantiated, the annual number of children in foster care in Wake County has increased substantially from 795 in 2009 to 953 in 2014 (Table 4).

Table 4

Wake County Youth in Foster Care 2007-2014								
	2007	2008	2009	2010	2011	2012	2013	2014
Annual number of children in foster care	878	875	795	814	854	933	917	953
Rate per 1000 in general population	4.2	4	3.5	3.4	3.6	3.9	N/A	N/A

Source: North Carolina Department of Health and Human Services

7.1 Child Maltreatment Prevention

The Treatment Outcome Package

In partnership with the Annie E. Casey Foundation, The Duke Endowment and Kids Insight, Wake County is beginning to assess the wellbeing of children in foster care using the Treatment Outcome Package (TOP), an empirically validated instrument developed by Outcome Referrals, Inc. The bottom line question we seek to answer is: “How can we be sure that the supports and services provided for children involved with the child welfare system match their needs and set them on the path to success?” TOP uses statistically validated questions to identify children’s strengths and challenges and track their progress over time using simple, web-based tools.

It features a short checklist completed by the child and those closest to him or her — birth and foster parents, clinicians, teachers, caseworkers — paired with immediate results and easy-to-follow reports. We believe that implementation can improve placement stability for our children in care, reduce disruptions, and enhance reunification or other permanency efforts.

Triple P

Triple P is an evidence based parenting program that has reduced child injuries from maltreatment. Project Enlightenment has received a \$2 million grant from the John Rex Endowment for a community wide implementation of Triple P for parents of young children in the city of Raleigh. A total of 18 agencies, including WCHS, are joining with Project Enlightenment to implement Triple P. Our WCHS Parent Educators, select Child Welfare Workers, Foster Care Licensing Workers and Social Work Aides are being trained and accredited in the use of the Triple P model.

KIPS and Triple P

KIPS is an evidence based, parent-child observational tool which identifies specific parenting strengths and areas for growth. Supervised visitations are a valuable opportunity to provide brief parent coaching prior to a visit and allow for observation and feedback of practice skills. Child Welfare and Safe Spaces staff are being trained in Triple P, an evidence based parenting program. KIPS is used in conjunction with Triple P to guide staff observations; inform family goals; open dialogues with families about parenting strategies that promote their child's development and learning and monitor changes in parenting behavior. We are partnering with NC State University Department of Psychology to develop the evaluation plan.

The Parent Evaluation Program

WCHS has partnered with UNC Healthcare-Department of Psychiatry and Alliance Behavioral Healthcare to develop and implement a specialized, comprehensive clinical assessment for parents whose child(ren) have been placed in the custody of WCHS. These assessments will address a parent's mental health issues and impact on parenting; will inform (and be informed by) their child(ren)'s assessments; and are intended to engage parents more quickly in case planning and evidence based treatments. The integration of the parent and child assessment process will improve case planning efforts by 1) helping the family and team members develop targeted strategies to address both the parent and child's needs for a successful reunification; 2) enhance the child's placement stability; 3) and address intergenerational trauma experienced by many of the families in which we are involved.

8.0 References

1. *Deaths by Sex, Race, Ethnicity, and Age in Wake County from 2008 to 2012 Due To Fall Injury*. (2014). North Carolina Injury and Violence Prevention Branch. North Carolina Injury and Violence Prevention Branch. Accessed 9/3/2015 from <http://www.injuryfreenc.ncdhhs.gov/DataSurveillance/FallsData.htm>
2. *Older Adult Falls: Get the Facts* (2015). Centers for Disease Control and Prevention. Accessed 9/3/2015 from <http://www.cdc.gov/homeandrecreationalsafety/falls/adultfalls.html>.
3. *The Burden of Unintentional Poisonings in North Carolina*. Department of Health and Human Services, Division of Public Health, North Carolina Injury and Violence Prevention Branch. Accessed 9/2/2015 from http://www.ncdoi.com/OSFM/safekids/Documents/OMD/NC_UnintentionalPoisoningData.pdf.

9.0 Acknowledgements

We would like to acknowledge the contributions of :

Lisa Cauley, Youth and Family Division
Wake County Human Services

Ann Godwin, Children, Youth and Family Division
Wake County Human Services

Tina Hudson, Child Welfare Division
Wake County Human Services

Suzanne LeDoyen, Children, Youth and Family Division
Wake County Human Services

Kristen McHugh, Public Health Division
Wake County Human Services

Scott Proescholdbell, Injury and Violence Prevention Branch,
Division of Public Health
NC Department of Health and Human Services

Sonya Reid, Public Health Division
Wake County Human Services

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

Agenda Date: Friday, September 18, 2015

Item: Ten Essential Public Health Services

PH Accreditation Benchmark #: 39.2

Specific Action Requested: The Board will be presented with a fiscal report that provides evidence and assurance that the essential services of public health are being provided in accordance with local, state and federal requirements.

Link to Wake County Human Services Goals:

- ☐ **Well-being/Health/Safety** - Maximize the well-being, health and safety of individuals and families
- ☐ **Self Sufficiency/Human Capital** - Enhance the ability of consumers to attain and maintain economic independence and self sufficiency
- ☐ **Consumer Experience** - Enhance the consumer experience with accessible, timely and holistic services
- ☒ **Internal Operations** - Ensure fiscal accountability, data driven decisions and alignment with county, state and national objectives and priorities
- ☐ **Integrated/Collaborative Solutions** - Promote integrated and collaborative solutions for human service needs
- ☐ **Workforce** - Support and maintain a competent and competitive workforce and an environment that fosters professional development, workforce diversity and effective communication
- ☐ **Technology**- Provide innovative technology solutions that support cost-effective automation, e-Services and data management

Item Summary (Ex: What are major points/data): The two key points from the presentation are that:

- 65% or \$28.2 million of the total FY'15 budget for public health are dedicated to assuring care and linking people to needed services; and,
- 47% or \$20 million of the total essential services funding comes from local county government.

Purpose for Action (Ex: Proposed Solutions/Accomplishments): Funding for the essential services has accomplished the following:

- Annually, more than 40,000 individuals are able to access health care services through our health clinics at the five locations (i.e., Sunnybrook, Northern, Eastern, Southern Regional Centers and the Millbrook Service Center).

- More than 90,000 medical visits occur annually. It is important to note that slightly greater than 50% of care is delivered to individuals who are un-insured/under-insured or otherwise identified as “self-pay” individuals.
- Successfully achieved County approval to expand prenatal care services to new location (i.e., Millbrook Center) as well offer additional clinic operating hours (evenings and weekends). This expansion will facilitate new access points for prenatal care, thereby reducing waiting times for initial and ongoing prenatal care appointments.
- Health Promotion Staff work in concert with Wake County farmers markets. The Wake County Farmers Market / EBT Project have been a successful model of promoting healthy foods and increasing food access for those enrolled in the Supplemental Nutrition Assistance Program (SNAP). As of May 2015, six local farmers markets (one-third of the total markets) have been certified to accept EBT.
- With the emergence of Ebola, to date the nursing team has done 21 day monitoring for 113 identified travelers, to ensure they remained symptom free of Ebola. Staff worked weekends, holidays and over time to make sure that Wake County remained safe.
- Ebola information and a response capacity survey were packaged and ready for delivery to over 2,000 health care providers within a single day.
- During fiscal year 2015, the Communicable Disease Clinic provided 16,921 vaccine doses to 5,720 clients. Of the total doses administered, 60% (3,436) were to children through 18 years of age, and 40% (2,284) were to adults ages 19 years and older. In addition to immunization to promote good health, Clinic E provided vaccines for international travel, treatment and prevention of Rabies, for entrance to schools, colleges and universities and to comply with North Carolina rules and laws.
- Refugee health services were provided to 1,141 clients including 433 new clients and 708 return clients. Clients received an initial communicable disease screening, laboratory testing and immunizations, and follow-up and referrals to community providers as needed.

Next Steps (Ex: What is next step for Board or staff): The Board meeting minutes shall reflect the receipt of the report presentation, show evidence of discussion of the reports and assure agreement that the essential services of public health are being provided.

Attachments:



PH Essential Services
Presentation 091120'

Opportunities for Advocacy, Policy or Advisory: Vulnerability of public health and health clinics funding (i.e., Medicaid) should be closely monitored at the close of the current legislative

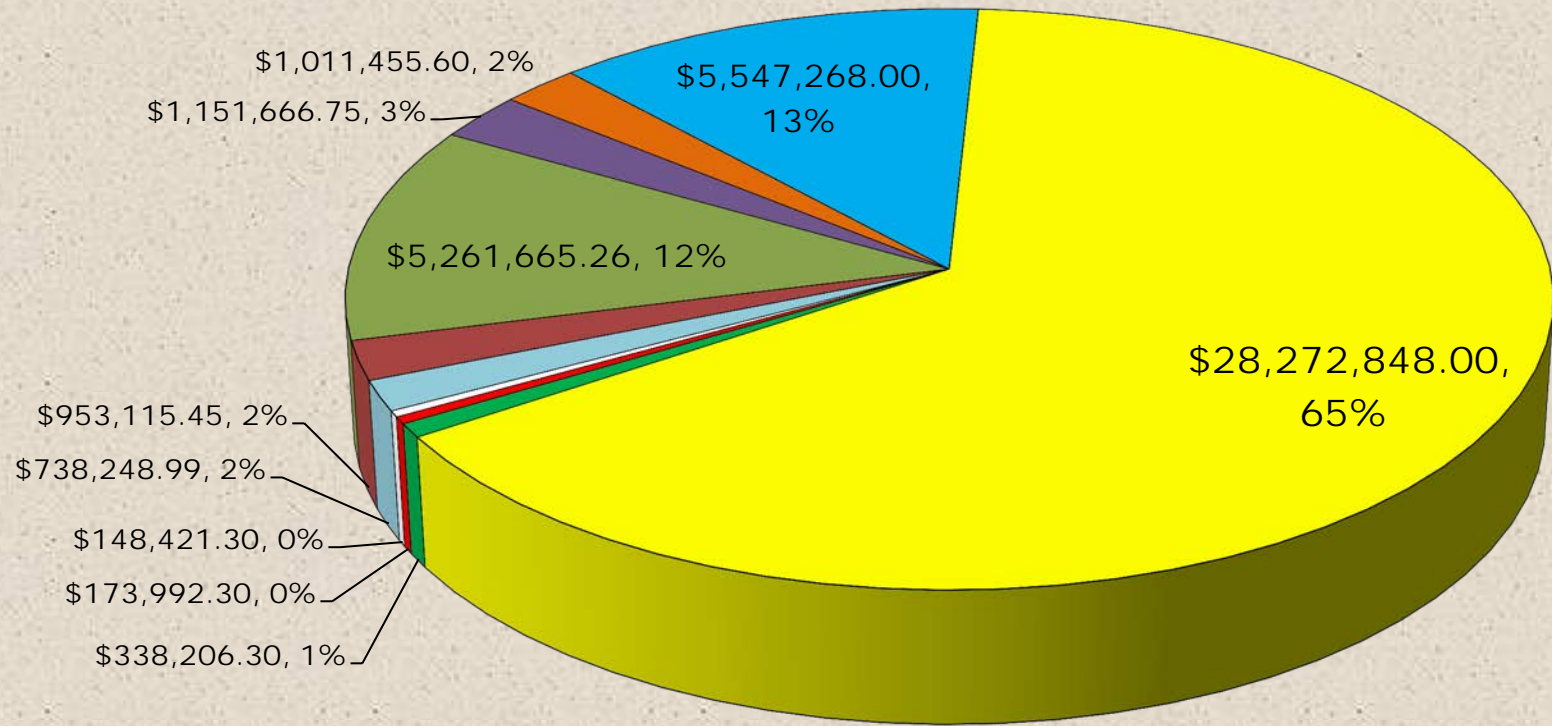
session for possible targeted, focused outreach to key legislative members for the beginning of the short session.

Connections to Other Committees: None

Public Health Essential Services



2015 Essential Funding by Service Division--PUBLIC HEALTH (FY '15 BUDGET: \$43,596,889)



Monitor Health Status

Inform & Educate

Develop Policies and Plans

Link people to needed services/assure care

Evaluate Health Services

Diagnose & Investigate

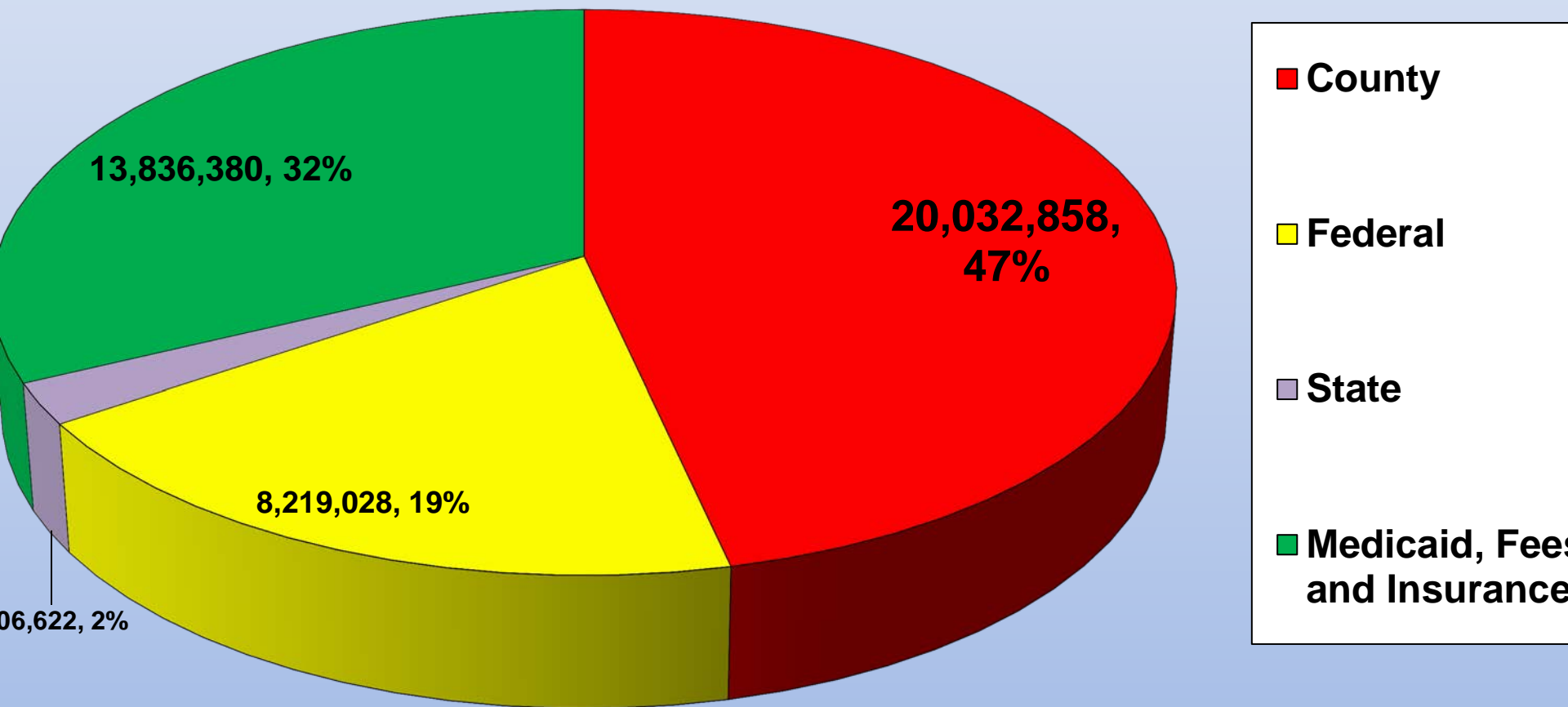
Mobilize community partnerships

Enforce Laws and regulations

Assure a competent workforce

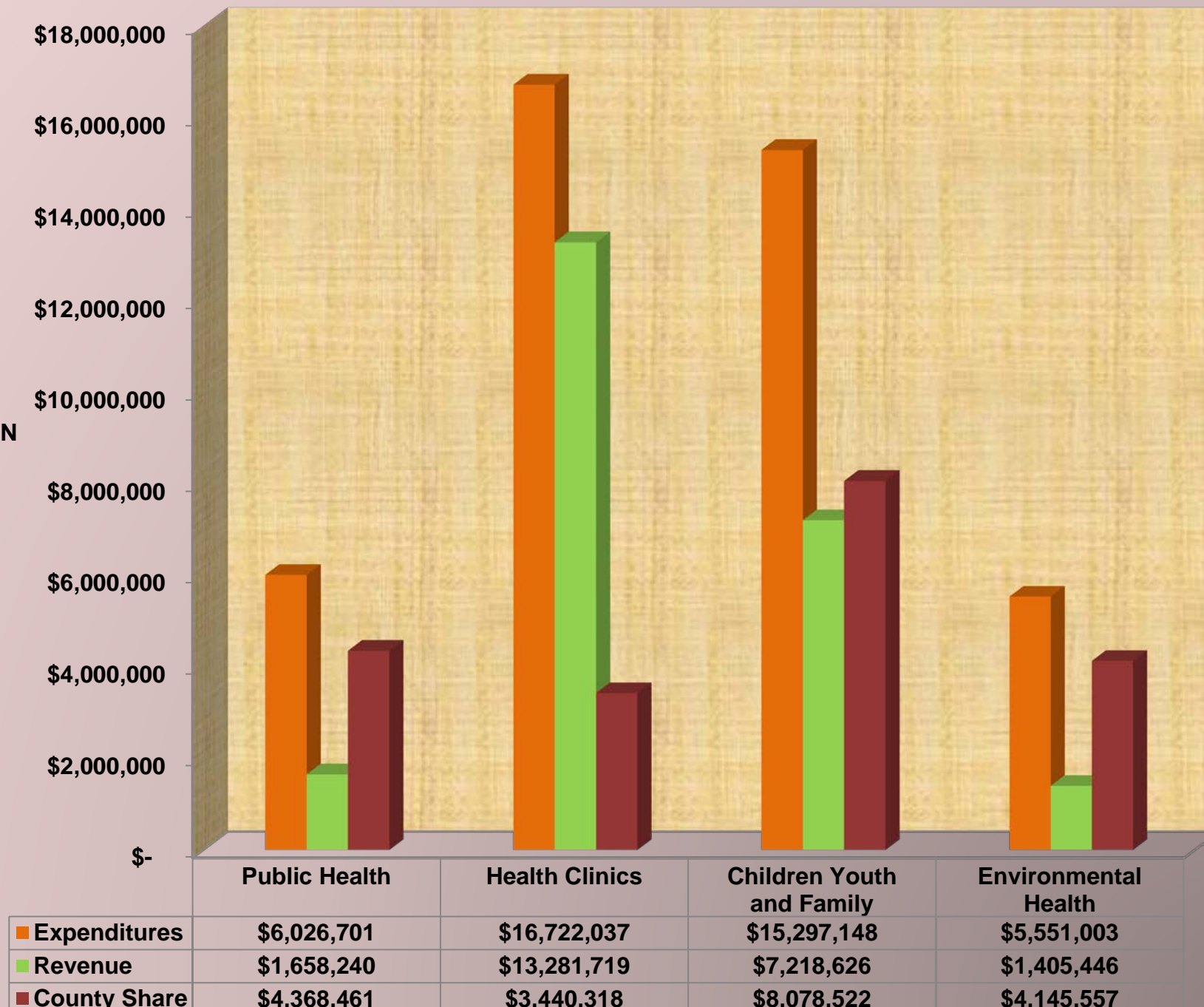
Research

2015 Essential Services Funding Sources--PUBLIC HEALTH
FY '15 Budget: \$43,596,889



FY '15 Expenditure and Revenue Budget, by Division

DOLLAR AMOUNT (IN
MILLIONS)



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

Agenda Date: September 24, 2015

Item: Full Board's review of the Appeal Panel's decision upholding a Dangerous Dog designation by Wake County Environmental Services/Animal Control

PH Accreditation Benchmark #: 18.1, 18.2, 34.2, 35.1

Specific Action Requested: Review the Appeal Panel's decision and vote on whether to adopt, modify, or reverse it

Link to Wake County Human Services Goals:

- ☐ **Well-being/Health/Safety** - Maximize the well-being, health and safety of individuals and families
- ☐ **Self Sufficiency/Human Capital** - Enhance the ability of consumers to attain and maintain economic independence and self sufficiency
- ☐ **Consumer Experience** - Enhance the consumer experience with accessible, timely and holistic services
- ☐ **Internal Operations** - Ensure fiscal accountability, data driven decisions and alignment with county, state and national objectives and priorities
- ☐ **Integrated/Collaborative Solutions** - Promote integrated and collaborative solutions for human service needs
- ☐ **Workforce** - Support and maintain a competent and competitive workforce and an environment that fosters professional development, workforce diversity and effective communication
- ☐ **Technology**- Provide innovative technology solutions that support cost-effective automation, e-Services and data management

Item Summary (Ex: What are major points/data): On June 4, 2015, Wake County Environmental Services/Animal Control designated "Darla" a Dangerous Dog pursuant to the Wake County Animal Control ordinance. Darla's owner appealed and on July 28, 2015, the Wake County Human Services Board Appeal Panel conducted a hearing and upheld the Dangerous Dog designation.

Purpose for Action (Ex: Proposed Solutions/Accomplishments): As required by the Wake County Human Services Board Rules of Appeal, the full Human Services Board must review the Appeal Panel's decision and vote to adopt, modify, or reverse it.

Next Steps (Ex: What is next step for Board or staff):

Attachments: The Appeal Panel's proposed Written Decision, and the Record of exhibits introduced at the Appeal Panel hearing

Opportunities for Advocacy, Policy or Advisory:

Connections to Other Committees:

NORTH CAROLINA
WAKE COUNTY

**BEFORE THE WAKE COUNTY HUMAN
SERVICES BOARD**

**In the Matter of the Appeal of:
Dangerous Dog Designation of
DARLA (ID # 107625) by Wake
County Environmental
Services/Animal Control**

Pursuant to the Wake County Human Services Board Rules of Appeal [Board Procedure 300 2.1], the Wake County Human Services Board Appeal Panel held an Appeal Panel Hearing in the above-referenced matter on July 28, 2015. The Appeal Panel Hearing was held in Room 1154 of the Wake County Human Services building, 220 Swinburne Street, Raleigh, NC 27610.

The Wake County Human Services Board Appeal Panel hearing the case was comprised of: Mr. John Myhre, Appeal Panel member; Mr. Pablo Escobar, Appeal Panel member; and Ms. Leila Goodwin, Appeal Panel member. Mr. Ken Murphy, Assistant Wake County Attorney, was present to assist procedurally and to assist in the development of evidentiary aspects of the Appeal Panel Hearing.

Dr. Joseph Threadcraft, Ph. D., P.E., Wake County Environmental Services Director, was also present to make introductory remarks and also to audio-record the Appeal Panel Hearing.

The following persons were present at the Appeal Panel Hearing on behalf of the Appellant: Ms. Brittany Piner, the Appellant and owner of the dog "Darla"; Mr. Brian Ernst, attorney representing the Appellant; Mr. Lewis Piner, Ms. Brittany Piner's father and a witness; and Mrs. Teresa Piner, Brittany Piner's mother, who was present as a potential witness but did not testify.

The following persons were present at the Appeal Panel Hearing on behalf of Wake County Environmental Services/Animal Control: Dr. Jennifer Federico, D.V.M., Wake County Animal Services Director, on behalf of Wake County Environmental Services/Animal Control; Ms. Karen Rogers, Wake County Animal Control Team Leader, witness; Mr. Clarence Kinley, Wake County Animal Control Officer, witness; Mrs. Kathy Alcorn, witness; and Mr. Worth Alcorn, witness.

From the evidence and testimony presented to the Appeal Panel by the parties, and after having heard the statements and arguments of the parties, the Appeal Panel, by a unanimous 3-0 majority vote, makes the following findings of fact and conclusions of law based on clear and convincing evidence:

FINDINGS OF FACT

1. Wake County Environmental Services/Animal Control Officer Clarence Kinley

and Animal Control Team Leader Karen Rogers designated Appellant Brittany Piner's female American Staffordshire Terrier dog, "Darla," as a Dangerous Dog pursuant to the Wake County Animal Control Ordinance following an incident in which Darla attacked and seriously injured "Gracie", a Pekinese mix dog belonging to Mr. and Mrs. Worth and Kathy Alcorn, after Darla had run loose from the front yard of Brittany Piner's residence on June 4, 2015.

2. After Darla attacked Gracie, Gracie was taken immediately to a veterinarian for treatment of her injuries, which required surgery and multiple sutures. Gracie was then transferred to another veterinary facility for overnight care. Gracie appeared to be doing better and was discharged the following day, but the day after that Gracie, who had been healthy before this incident, died.

3. On the day Darla attacked Gracie, Mrs. Alcorn was taking Gracie for a walk near the Alcorns' home, which is across the street a short distance from the Piner's home. Brittany Piner was in her front yard with Darla on a leash, but Darla got off the leash because it was not secured properly.

4. Mr. Piner then drove up in a vehicle near where Mrs. Alcorn was walking Gracie and told Mrs. Alcorn that Darla was loose.

5. Darla crossed the street towards where Mrs. Alcorn was walking Gracie. Mrs. Alcorn picked Gracie up. Darla jumped up and pulled Gracie from Mrs. Alcorn's arms, knocking Mrs. Alcorn to the ground in the process.

6. Brittany Piner and Mr. Piner were able to get hold of Darla and get Darla off of Gracie. Brittany Piner was able to get Darla to release her hold on Gracie by inserting her finger into Darla's mouth.

7. Mr. Piner immediately took Mrs. Alcorn and Gracie to the veterinarian, and Brittany Piner took Darla home.

8. Prior to this incident, Darla had not had any prior interaction with Mr. or Mrs. Alcorn.

9. Darla is 14 months old and weighs between 80 and 90 pounds. Prior to the incident with Gracie, Brittany Piner had owned Darla for approximately 6 months, and she had fostered Darla for approximately 3 months before that. In the approximately 9 months that Brittany Piner cared for Darla prior to this incident Darla had never had any other incidents of aggression.

10. Based on the incident with Gracie, Darla was designated as a Dangerous Dog by Wake County Animal Control pursuant to the Wake County Animal Control Ordinance.

11. Officer Kinley informed Brittany Piner that due to the Dangerous Dog designation, if she wished to keep Darla at home she must have a secure enclosure on her property for Darla that meets Wake County Animal Control's requirements for minimum size,

fencing material, secure top and floor, and padlock. Officer Kinley gave Brittany Piner a packet of materials related to Darla's designation as a Dangerous Dog, including a written list of these kennel requirements for the secure enclosure.

12. At the same time, Officer Kinley verbally informed Brittany Piner that due to the Dangerous Dog designation, Darla must be on a leash and wearing a muzzle any time Darla was not inside the secure enclosure, and that this meant Darla must be on a leash and muzzled whenever Darla is inside Brittany Piner's home or in a fenced-in yard but not inside the secure enclosure.

13. Officer Kinley verbally informed Brittany Piner that due to the Dangerous Dog designation, the only time Darla would not need to be leashed and muzzled is when Darla is inside the secure enclosure.

14. Officer Kinley did not provide Brittany Piner with any written documentation of the requirement that Darla must be on a leash and wearing a muzzle any time Darla is not inside the secure enclosure, and Wake County Animal Control has no such written documentation of this requirement.

15. Section 91.01 of the Wake County Animal Control Ordinance (the "Definitions" section of the Ordinance) defines a "Dangerous Dog" as "Any dog that has demonstrated a fierce or dangerous propensity or tendency to do any act, which may endanger persons or property[.] This would include, but not be limited to, any dog which . . . has killed or injured a pet or domestic animal."

16. Section 91.12(A) of the Wake County Animal Control Ordinance states "It is unlawful for any owner to maintain or harbor unconfined or unrestrained any dangerous dog[.]"

17. Section 91.12(B) of the Wake County Animal Control Ordinance states "The owner will be notified in writing to confine the [dangerous] dog . . . in a secure enclosure."

18. Section 91.01 of the Wake County Animal Control Ordinance (the "Definitions" section of the Ordinance) states "An animal is under RESTRAINT within the meaning of this chapter if it is controlled by means of a chain, leash or other like device; on or within a vehicle being driven or parked; within a secure enclosure; or within the dwelling house of the owner."

19. Section 91.01 of the Wake County Animal Control Ordinance (the "Definitions" section of the Ordinance) defines "'Secure Enclosure" as "A fence or structure of adequate height, forming or causing a humane enclosure suitable to prevent the animal from escaping and to prevent the entry of children. A home, mobile home, underground fence or separate garage is not secure housing."

20. Designation of a dog as a Dangerous Dog does not mean the dog will be euthanized. Rather, a Dangerous Dog designation requires that if the dog returns to the owner's home, the dog must be housed in a secure enclosure at the owner's home, that the dog must be on a leash and wearing a muzzle any time it is not inside the secure enclosure, and that the owner

must notify Wake County Animal Control if the dog is moved to another residence.

21. The Wake County Animal Control Ordinance does not contain any provision that explicitly requires a dog designated as a Dangerous Dog to be muzzled at any time.

Based on the foregoing findings of fact, the Appeal Panel makes the following conclusions of law:

CONCLUSIONS OF LAW

1. This appeal and the parties thereto are properly before the Appeal Panel and the Appeal Panel has the authority to hear this appeal pursuant to the Wake County Human Services Board Rules of Appeal [Board Procedure 300 2.1].

2. On the date and time in question, by jumping up and pulling Gracie from Mrs. Alcorn's arms and attacking Gracie with such severity that Gracie suffered serious injuries which required extensive veterinary care including surgery and multiple sutures, and which injuries likely caused or contributed to Gracie's death 3 days later, Darla "demonstrated a fierce or dangerous propensity or tendency to do any act, which may endanger persons or property This would include . . . any dog . . . which has killed or injured a pet" within the meaning of the Wake County Animal Control Ordinance's definition of "Dangerous Dog."

3. The event and severity of Darla's attack on Gracie is sufficient to establish that Darla has demonstrated a "dangerous propensity" within the meaning of the Wake County Animal Control Ordinance.

4. The dog "Darla," identified as Wake County Environmental Services/Animal Control ID # 107625, is a Dangerous Dog as defined in the Wake County Animal Control Ordinance.

5. Wake County Animal Control's requirement that due to her designation as a Dangerous Dog, Darla must be on a leash and wear a muzzle any time Darla is not inside the secure enclosure at Brittany Piner's residence, including being leashed and muzzled whenever Darla is inside Brittany Piner's home but not inside the secure enclosure, is a proper application of the "restraint" requirement of Wake County Animal Control Ordinance Section 91.12(A), which provides "It is unlawful for any owner to maintain or harbor unconfined or unrestrained any dangerous dog[.]"

6. The decision of Wake County Environmental Services/Animal Control designating Darla as a Dangerous Dog is affirmed.

7. The decision of Wake County Environmental Services/Animal Control requiring that due to her designation as a Dangerous Dog, Darla must be on a leash and wear a muzzle any time Darla is not inside the secure enclosure at Brittany Piner's residence, including being leashed and muzzled whenever Darla is inside Brittany Piner's home but not inside the secure enclosure, is affirmed.

8. The foregoing recommendation of the Wake County Human Services Board Appeal Panel was submitted to the full Wake County Human Services Board for its consideration at the regular Wake County Human Services Board meeting on _____, 2015, pursuant to the Wake County Human Services Board Rules of Appeal [Board Procedure 300 2.1].

9. Any party wishing to appeal this recommended decision of the Wake County Human Services Board Appeal Panel must do so in accordance with the procedure set forth in the Wake County Human Services Board Rules of Appeal [Board Procedure 300 2.1].

Chair, Wake County Human Services Board

Date

This recommendation of the Wake County Human Services Board Appeal Panel was reviewed by the full Wake County Human Services Board as required by the Wake County Human Services Board Rules of Appeal [Board Procedure 300 2.1], and the full Human Services Board took the following action, pursuant to Wake County Human Services Board Rules of Appeal Section II. 14.a., by vote on _____, 2015: _____

_____.



WAKE COUNTY ENVIRONMENTAL SERVICES

Tel 919 212 7387
Fax 919 250 4424

Animal Care, Control & Adoption Center
820 Beacon Lake Drive • Raleigh, NC 27610

Job# **58266**

DANGEROUS DOG NOTICE

This office received a complaint on **6/14/15** alleging your dog had: **Attacked a Pekingese mixed while the owner was holding it her arms**. A Wake County Animal Control Officer has investigated this complaint and has determined that the report is supported by the evidence because **Darla the brindle fawn american staffordshire terrier attacked Gracie the black & white pekingese while being held by the owner. Gracie pulled from the owner arms by the above action by your animal is in violation of Wake County Animal Control Ordinance Section 91.12. Darla and injured**. As provided by the provisions in this section, your animal is deemed dangerous. Section 91.12 and 91.15 read as follows: **Seriously**

Section 91.12. Confinement and Control of Dangerous Dogs or Potentially Dangerous Dogs

- It is unlawful for any owner to maintain or harbor unconfined or unrestrained any dangerous dog or potentially dangerous dog.
- The owner will be notified in writing to confine the dog or potentially dangerous dog in a secure enclosure. The owner shall post a plainly visible sign upon the secure enclosure warning that a dangerous dog is on the premises. Said sign shall not exceed one foot by two feet or two square feet in area; and, shall be deemed an incidental sign for the purposes of the Wake County Zoning Ordinance.
- The owner shall have 30 days from the date of notification to provide a humane, secure enclosure. The animal deemed "Dangerous" shall be under constant restraint on the owner's property during this period.
- An animal control officer is empowered to confiscate the dangerous dog or potentially dangerous dog and harbor it at the owner's expense pending the owner's construction of a humane secure enclosure. If any dangerous dog is confiscated under this provision, the owner of the dangerous dog shall be given written notice at the time of confiscation that if the owner fails to provide a secure enclosure upon the expiration of the 30 days from confiscation, the Animal Control Section is authorized to dispose of the dog. If the owner constructs a secure enclosure that is approved by Animal Control, the dog may be redeemed within 30 days from confiscation so long as all fees owed to Animal Control for harboring, caring and maintaining the dog are paid.
- Dogs trained or being trained in mode of attack are subject to this section.

Section 91.15. Confiscation of Dangerous Dog

Any dangerous dog not kept in accordance with the requirements of this ordinance may be confiscated by the animal control officer and harbored at the owner's expense until the owner complies with the requirements of this chapter, or disposed of as provided in Section 91.12.

If you wish further information on this matter, please contact the Animal Control Team Leader at 919-250-1489.

ANIMAL OWNER INFORMATION

Name: **Brittany Piner**
Address: **600 Beattyberry Ln**
City: **Wendell**
State: **NC** Zip: **27591**
Phone: (H) **919 625-4160**
(W) **919 605-0572**

DESCRIPTION OF DOG

Name: **Darla**
ID#: **107625**
Breed: **American Staffordshire Terrier**
Sex: **Female**
Color: **Brindle Fawn**
Microchip #: **956000004188267**
Rabies Tag: **V-374547**
Issued Date: **8/18/14**
Expiration Date: **8/18/15**

EXHIBIT

C. Piner
Animal Control Officer

6/15/15
Date

Spencer
Dog Owner

June 5 2015
Date



919-212-PETS (7387)

Fax 919-250-4424

Animal Care, Control & Adoption Center
820 Beacon Lake Drive, Raleigh NC 27610

Dangerous Dog Kennel Requirements

§ 91.12 CONFINEMENT AND CONTROL OF DANGEROUS DOGS OR POTENTIALLY DANGEROUS DOGS.

(A) It is unlawful for any owner to maintain or harbor unconfined or unrestrained any dangerous dog or potentially dangerous dog.

(B) The owner will be notified in writing to confine the dog or potentially dangerous dog in a secure enclosure. The owner shall post a plainly visible sign upon the secure enclosure warning that a dangerous dog is on the premises. The sign shall not exceed one foot by two feet or two square feet in area; and shall be deemed an incidental sign for the purposes of the County Zoning Ordinance.

(C) The owner shall have 30 days from the date of notification to provide a humane, secure enclosure. The animal deemed "dangerous" shall be under constant restraint on the owner's property during this period.

(D) An animal control officer is empowered to confiscate the dangerous dog or potentially dangerous dog and harbor it at the owner's expense pending the owner's construction of a humane secure enclosure. If any dangerous dog is confiscated under this provision, the owner of the dangerous dog shall be given written notice at the time of confiscation that if the owner fails to provide a secure enclosure upon the expiration of 30 days from confiscation, the Animal Control Section is authorized to dispose of the dog. If the owner constructs a secure enclosure that is approved by animal control, the dog may be redeemed within 30 days from confiscation so long as all fees owed to animal control for harboring, caring and maintaining the dog are paid.

(E) Dogs trained or being trained in mode of attack are subject to this section.

(Ord. passed 5-3-2004) Penalty, see § 91.99

§ 91.13 DANGEROUS DOGS REQUIRED TO BE SPAYED/NEUTERED.

If a dog is declared to be a "dangerous dog" by the Animal Control Section, or has bitten a human or animal without being provoked, the dog's owner shall have the dog spayed/neutered within 30 days of the event and shall provide proof that the dog has been spayed/neutered to the Animal Control Section



919-212-PETS (7387)
Fax 919-250-4424

Animal Care, Control & Adoption Center
820 Beacon Lake Drive, Raleigh NC 27610

Dangerous Dog Kennel Requirements

The requirements for a "Dangerous Dog" Kennel are as follows:

- Minimum size of 10'x10'
- Must use at least 12 gauge wire fencing
- Must have a secure top
- Post must be secured to the floor
- Floor must be 2" of concrete
- Kennel door must be secured with a pad lock
- Kennel must have adequate shelter for the dog
- Dog must have clean water and fresh food daily
- Kennel must be constructed within 30 days of dog being deemed "Dangerous"
- Dog must receive a microchip within the initial 30 days of being deemed "Dangerous"

The Animal Control Officer whom has deemed the dog "Dangerous" may require that a secondary fence (12 gauge) with a pad locked door is constructed around the kennel with a minimum of 4 feet between fence and kennel for public safety circumstances.

Owner: _____

Date: _____

Officer: _____

Date: _____

Spencer
06/05/2015

C. King
06/05/2015



919-212-PETS (7387)
Fax 919-250-4424

Animal Care, Control & Adoption Center
820 Beacon Lake Drive, Raleigh NC 27610

Date: -----/-----/20-----

Name: -----
Address:-----

Dear -----,

I, Officer-----, Animal Control Officer, do hereby declare your dog described as --
-----, -----in color, ----- breed to be a dangerous dog due to an investigation and
pursuant to North Carolina General Statutes Section 67-4.1.

You, as the owner, may appeal this determination by filing written objections with the
appellate board established pursuant to North Carolina General Statutes 67-4.2 within
3 days of the receipt of this notice at the Wake County Animal Control Division. The
appellate board shall schedule a hearing within 10 days of receipt of your objections.
Any appeal from the final decision of the appellate board shall be taken to Superior
Court by filing notice of appeal and petition for review with 10 days of the final decision
of the appellate board.

Should you have any questions regarding the designation of your dog as dangerous or
regarding appeal requirements contact Wake County Animal Control Team Leader at
(919) 250-1489.

Officer -----
Animal Control Officer
Wake County



919-212-PETS (7387)

Fax 919-250-4424

Animal Care, Control & Adoption Center
820 Beacon Lake Drive, Raleigh NC 27610

Dangerous Dog
Fence Inspection

Officer: K. Rogers

Date: 06/08/2015

Job #: 56266

Pass ☒ Fail ☐

Owner Information

Name: Brittany Piner

Owner ID#: 93500

Address: 600 Beauty Berry Lane
Wendell NC

Phone: (919) 949-7039

Dog Name: Darla

Breed: American Staffordshire

Color: Brindle Fawn

Dog ID# 107625

Microchip#: 956000004138267

Rabies Tag #: V-374547/

Issued Date: 08/18/2014

Expires: 08/18/2015

Fence Details

Height: 6 ft

Length: 10

Width: 10

Roof: Metal Fence

Floor: Bolted to concrete floor

Post: All 4 bolted down

Pad lock: ☒ Yes ☐ No

Shelter: ☒ Yes ☐ No

Re-Inspection Needed: Yes ☒ No ☐

If so Date 7/20

Comments:

Owner Signature: [Signature]

Officer Signature: [Signature]



919-212-PETS (7387)

Fax 919-250-4424

Animal Care, Control & Adoption Center
820 Beacon Lake Drive, Raleigh NC 27610

Dangerous Dog Change of Status

I am aware that I must provide Wake County Animal Control information about my "Dangerous Dog". If a transfer of ownership is to be done, a new fence inspection is to be complete prior to the new owner receiving the dog. If any of the following occurs, failure to contact Wake County Animal Control can and will result in criminal charges.

- Dog becomes deceased
- Dog is being moved (for any reason)
- Transfer of ownership, must provide the following information.
 - Full Name
 - Address (Where dog will reside)
 - Phone
 - New fence inspection

Owner Information

Date: ____/____/20____

Name: _____

Address: _____

Phone : (____) ____ - ____

Dog Name: _____

Breed: _____

WCAC ID#: _____

Microchip #: _____

Signature: _____

New Owner/New Location Information (If applicable)

Date: ____/____/20____

Name: _____

Address: _____

Phone : (____) ____ - ____

Dog Name: _____

Breed: _____

WCAC ID# _____

Microchip #: _____

Signature: _____

Received by: _____

Date: ____/____/20____

Fence Inspection needed: Yes No (See Fence Inspection Form)



919-212-PETS (7387)
Fax 919-250-4424

Animal Care, Control & Adoption Center
820 Beacon Lake Drive, Raleigh NC 27610

Dangerous Dog Recheck

Date: ____/____/20____

Officer: _____

Owner Information

Name: _____

Owner ID #: _____

Address: _____

Phone : (____) _____ - _____

Dog Name: _____

Breed: _____

Color: _____

Dog ID# _____

Dog Status: _____

Rabies Tag #: _____

Date Vaccinated: _____

Expires: _____

Microchip #: _____

Officer Signature: _____

Print

Wake County, NC Code of Ordinances

§ 91.01 DEFINITIONS.

For the purpose of this chapter, the following definitions shall apply unless the context clearly indicates or requires a different meaning.

ABANDON. To forsake, desert or give up an animal previously under the custody or possession of a person without having secured another owner or custodian or by failing to make reasonable arrangements for adequate care for 24 or more consecutive hours. A community cat caregiver who provides care to or has temporary custody of a community cat in accordance with a Trap-Neuter-Return Program as defined in this chapter is not deemed to have abandoned the cat.

ABUSE.

(1) Failing to provide an animal with adequate food and potable water for more than 24 hours without written instructions from a veterinarian who has recommended withholding food and water for medical reasons, or failing to consistently provide food at intervals sufficient to maintain the animal's health and well-being;

(2) Overworking or overdriving any animal causing physical pain, suffering or death to the animal;

(3) Beating, torturing, molesting, harassing, injuring, tormenting, poisoning or mutilating any animal causing physical pain, suffering or death to the animal;

(4) Failing to provide adequate medical attention for any sick, diseased or injured animal in order to prevent physical pain, suffering or death to the animal;

(5) Keeping any animal under conditions which cause physical pain, suffering, disability or death to the animal or which increase the probability of the transmission of disease;

(6) Failing to provide an adequate shelter for an animal wherein the animal can be protected from extremes of weather (heat, cold, rain, sun and the like) and which is large enough to allow the animal to make normal body movements;

(7) Failing to provide for animals, which are kept outside, a shelter, which is surrounded on three sides, covered by a roof and has a floor (excluding barns), and which is structurally sound, maintained in good repair and constructed in the manner that it is water and wind resistant;

(8) Conveying any type of animal in a motor vehicle or in a wagon or trailer pulled by a motor vehicle or in a truck or the back of a truck in the way as to cause physical pain, suffering, disability or death to the animal; or

(9) Placing or confining an animal or allowing an animal to be placed or confined in a motor vehicle under the conditions or for the period of time as to cause physical pain, suffering or death to the animal due to temperature, lack of food or drink or other conditions.

ANIMAL. Excluding fish, any non-human vertebrate species, domestic or non-domestic.

ANIMAL BITE. An animal bite occurs when the teeth of the animal scratch or break the skin of a human being or animal, regardless of the location of the scratch or bite on the body.

ANIMAL SHELTER. Any premises designated by the county for the purpose of impounding and caring for all animals found running at large or otherwise subject to impounding in accordance with the provisions of this chapter.

AT LARGE. Any animal shall be deemed to be **AT LARGE** when it is off the real property or premises of its owner and not under the restraint of a competent person. "Real property", in this context, means curtilage and does not include public rights-of-way or easements.

ATTACK. An approach to a person by an unrestrained animal in a vicious, terrorizing or threatening manner or apparent attitude of attack, without the animal having been teased, molested, provoked, beaten, tortured or otherwise harmed.

ATTACK TRAINING FACILITY. Any person, group of persons, partnership or corporation engaged in boarding, breeding, selling or training dogs or other animals in mode of attack.

COMMUNITY CAT. A cat that is abandoned, stray, lost, or feral and cared for by a community cat caregiver pursuant to this chapter.

COMMUNITY CAT CAREGIVER.

(1) A person who, in accordance with the Trap-Neuter-Return Program defined in this chapter:

- (a) Provides care, including food, shelter, or medical care to a community cat; or
- (b) Has temporary custody over a community cat.

(2) A **COMMUNITY CAT CAREGIVER** shall not be considered the owner or keeper of a community cat.

DANGEROUS DOG. Any dog that has demonstrated a fierce or dangerous propensity or tendency to do any act, which may endanger persons or property and/or any non-domesticated animal indigenous to the state including hybrid animals that are part wild. This would include, but not be limited to, any dog which assaults, bites, attacks or inflicts serious injury on a human being without provocation on public or private property and/or which has killed or injured a pet or domestic animal. Exceptions: No dog is **DANGEROUS**, pursuant to this definition, if, at the time, the threat, injury or damage was sustained, the person attacked was teasing, tormenting, abusing or assaulting the dog or has in the past teased, tormented, abused or assaulted the dog or was committing or attempting to commit a crime. Nor shall a dog be considered **DANGEROUS**, pursuant to this definition, if it has attacked or injured a pet or domesticated animal in defense of an attack by another animal or if it is protecting or defending its young.

DEALER. Any person who is licensed by the U.S. Department of Agriculture as a dealer.

DOMESTIC ANIMAL. Any of various animals such as horses, sheep, cattle, goats, hogs, poultry and the like, domesticated by humans so as to live and breed in a tame condition.

EARTIPPING. The removal of the 1/4-inch tip of a community cat's left ear, performed while the cat is under anesthesia, to identify the community cat as being sterilized and lawfully vaccinated for rabies.

EXHIBITOR. Any person who is licensed by the U.S. Department of Agriculture as an exhibitor.

EXPOSED TO RABIES. An animal has been **EXPOSED TO RABIES** within the meaning of this chapter, if it has been bitten by, or been exposed to, any animal known or suspected to have been infected with rabies.

FERAL CAT. A cat that is not socialized.

IMPOUNDMENT. The placement of an animal in the custody of the County Animal Control Section or person or entity duly authorized by this chapter or the Board of County Commissioners or by state law for the purpose.

INHERENTLY DANGEROUS MAMMAL. Inherently dangerous mammal is any live member of the canidae, felidae, or ursidae families, including hybrids thereof, which, due to their inherent nature, may be considered dangerous to humans and which include:

(1) **CANIDAE.** Any member of the dog (canid) family not customarily domesticated by humans, or any hybrids thereof, including wolf hybrids which are a cross between a wolf and a domestic dog, but not including, domestic dogs (*Canis familiaris*);

(2) **FELIDAE.** Any member of the cat family weighing over 15 pounds not customarily domesticated by humans, or any hybrids thereof, but not including, domestic cats (*Felis catus*); and

(3) **URSIDAE.** Any member of the bear family or any hybrids thereof.

KENNEL, DEALER or BREEDER. Any person, group of persons, partnership or corporation engaged in buying, selling, breeding or boarding animals.

NEUTERED. Any male animal, which has been operated upon to prevent reproduction.

OWNER. Any person, group of persons, firm, partnership or corporation owning, keeping, having charge of, sheltering, feeding, harboring or taking care of any animal for more than five days. The owner is responsible for the care, actions and behavior of his or her animals. In the event that the owner of an animal is a minor, the parent or guardian of the minor shall be held liable for noncompliance with the provisions of this chapter. A person, group of persons, firm, partnership or corporation caring for or having temporary custody of a community cat as a community cat caregiver shall not be considered the owner or keeper of the cat.

OWNER'S REAL PROPERTY. Any real property owned or leased by the owner of the animal, but does not include any public right-of-way or a common area of a condominium, apartment complex or townhouse development.

PET. A domesticated animal kept for pleasure rather than utility.

PREMISES. A definite portion of real estate, including land with its appurtenances, a building or part of a building curtilage.

RESTRAINT. An animal is under **RESTRAINT** within the meaning of this chapter if it is controlled by means of a chain, leash or other like device; on or within a vehicle being driven or parked; within a secure enclosure; or within the dwelling house of the owner.

SECURE ENCLOSURE. A fence or structure of adequate height, forming or causing a humane enclosure suitable to prevent the animal from escaping and to prevent the entry of children. A home, mobile home, underground fence or separate garage is not secure housing. **SECURE ENCLOSURE** is for dangerous dog-housing only, not to be confused with animal quarantine.

SPAYED. Any female animal, which has been operated upon to prevent conception.

STERILIZATION. Any surgical or chemical procedure performed by a licensed veterinarian that renders any male or female animal permanently incapable of reproducing.

STRAY. Any animal, which is running at large or appears to be lost, unwanted or abandoned, or whose owner is unknown or not readily available.

TRAP-NEUTER-RETURN. The process of humanely trapping, sterilizing, vaccinating for rabies, eartipping, and returning community cats to their original location.

(Ord. passed 5-3-2004; Am. Ord. passed 6-4-2012)



Animal Control Issue Summary

Job Num: 56266
Urgency: Class1 **Date Received:** 4-Jun-2015, 3:26:00 PM (15:26)
Officer Details: Clarence Kinley **Officer Region:** Ac2

Animal Control Issue Codes

Aggressive Animal

Hide / Show Caller Details**Caller Details**

Person 102134
ID:
Name: Worth Alcorn
Address: 605 Beauty Berry Lane, WENDELL NC 27591
Phone: Home:
Mobile:239 770 7484
Work:
Email
Address:

Hide / Show Owner Details**Owner Details**

Person 93500
ID:
Name: Brittany Piner
Address: 600 Beauty Berry Lane, WENDELL NC 27591
Phone: Home:919 365 4160
Mobile:919 605 0572
Work:
Email ncstatehoney@bellsouth.net
Address:

Location Details

Location: TRUMPET VINE CT & Beautyberry Ln TRUMPET VINE CT
& Beautyberry Ln WENDELL NC 27591
Location Notes:

Animal Control Issue Details

Received By: Clarence Kinley
Source: Public
Potential Violence: Unknown **Verbally Abusive:** No
Potential Violence Details:
Other Comments / Notes:

Jun 4 2015 11:53PM Aggressive dog

Jun 8 2015 2:36PM kennel has passed DD inspection. Dog will be released from the shelter today. KPR

Complainant Observed Animals: No**Commercial Livestock:** No**Inspection / Follow-up Notes**

Date **Category Notes**
Added

Added By

Job Received a call from Mr. Alcorn saying that his wife was walking there dog **Clarence Kinley**
Details named Gracie and Ms. Piner brindle brown pit-bull come running up to Mrs.

Alcorn as the pit was coming toward her she picked her dog up and was cuddling it in her arms and the pit jumped up and grabbed Gracie out of her arms and ripped her fur back. Ms. Piner came over and was trying to get her dog off of Gracie. Ms. Piner's dad took Ms. Alcorn and Gracie to Neuse River vet to be treated. I went by Neuse River and talked with the vet about Gracie injuries and she is suppose to have the full report on 6/5/15 I am also going to meet with the owner to talk about demean the dog dangerous.

[illegible]

Dispatch / Pick Up Date and Time: _____
 Finish / Drop off Date and Time: _____
 Animal Control Issue Outcome _____

- | | | |
|---|--|---|
| <input type="checkbox"/> 24 Hour Notice Posted | <input type="checkbox"/> Animal Seized | <input type="checkbox"/> Animal Surrendered |
| <input type="checkbox"/> Captured | <input type="checkbox"/> Citation Issued | <input type="checkbox"/> Contact Notice Left |
| <input type="checkbox"/> Cruelty Investigator Consult Requested | <input type="checkbox"/> Doa | <input type="checkbox"/> Escape From Aco |
| <input type="checkbox"/> NOV Issued | <input type="checkbox"/> On Location | <input type="checkbox"/> Phone Call Complete |
| <input type="checkbox"/> Pick Up Trap | <input type="checkbox"/> Police Assist Complete | <input type="checkbox"/> Return To Owner |
| <input type="checkbox"/> Return To Owner/citation | <input type="checkbox"/> Return To Owner/verbal Warning | <input type="checkbox"/> Transported To Shelter |
| <input type="checkbox"/> Transported To Vet | <input type="checkbox"/> Trap Emptied And Reset | <input type="checkbox"/> Trap Removed |
| <input type="checkbox"/> Trap Reset | <input type="checkbox"/> Trap Set | <input type="checkbox"/> Turnover Case To P.D. |
| <input type="checkbox"/> Unable To Capture | <input type="checkbox"/> Unable To Locate | <input type="checkbox"/> Unable To Locate Address |
| <input type="checkbox"/> Unable To Locate Animal | <input type="checkbox"/> Unable To Secure/still At Large | <input type="checkbox"/> Unable To Locate Address |
| <input type="checkbox"/> Verbal Warning | | |

Date	Time	Agent	Narrative

Text Message (SMS) Summary

Job Number 56266

TRUMPET VINE CT & Beautyberry Ln
WENDELL NC 27591

GERBER ANIMAL LAW CENTER

4030 Wake Forest Road, Suite 300
Raleigh, North Carolina 27609
(919) 510-6393

July 6th, 2015

Jennifer Federico, DVM
Director of Animal Care Control and Adoption Center
820 Beacon Lake Drive
Raleigh, NC 27610

Re: Dangerous Dog / Request for Appeal

Appellant: Ms. Brittany Piner, 600 Beautyberry Lane, Wendell, NC 27591

Decision(s) challenged: Declaration of Ms. Piner's dog "Darla" as a "dangerous dog" under Wake County Animal Control Ordinance Section 91.12. The date of the declaration as written on the notice is June 5, 2015. Subsequent to that declaration, further discussions with County authorities have led to disagreements as to the application of dangerous dog restrictions for "Darla." We regard the County's positions to be "decisions or rulings" under Wake County Rules of Appeal and thus are including our challenges to them within this appeal.

Background: Ms. Piner adopted Darla, an American Staffordshire, in December 2014 through the foster program at the Wake County Animal Shelter. Prior to being adopted out, Darla was temperament-tested by Wake County Animal Control and approved for adoption with "no concerns" from Wake County's Foster Coordinator. With the exception of the instant case, she has not been involved in any other altercations with humans or other animals. She frequently visits public places (such as Raleigh's farmers market and local dog parks) and has never shown any aggression. She has always been up-to-date on her required shots and vaccines.

The incident in question occurred on June 4th, 2015, on neighborhood property near the Piners' home. Ms. Piner and her father were playing in their yard with Darla. Darla crossed the street to play in the water in a nearby ditch. At this time, a new neighbor, Ms. Kathy Alcorn, was walking her dog "Gracie" towards Darla. Mr. Piner called to Ms. Alcorn to let her know Darla was nearby so she wouldn't be surprised by her. When Ms. Alcorn noticed Darla, she picked up Gracie and began yelling. Unfortunately, this action startled Darla, who was about three feet away, and she leapt up and pulled Gracie to the ground. Mr. Piner and Ms. Piner took hold of Darla and removed her from the scene, but the other dog had already been injured.

Mr. Piner escorted Ms. Alcorn and Gracie to a local veterinarian clinic for treatment. Gracie did require significant medical attention and was referred to an overnight facility in Wilson for monitoring. The following day, she was transferred back to the original



clinic and then discharged to Ms. Alcorn. Although it appeared Gracie would make a full recovery after being discharged from two separate clinics, the Piners were shocked to learn that she passed away over that weekend.

Despite the mystery surrounding the Gracie's death, the Piners have paid, without question or hesitation, the entirety of the veterinary expenses in addition to the cremation costs. They have also fully complied with the ordinance's restrictions for dangerous dogs, including building the secure enclosure inside their garage. This enclosure was approved by animal control authorities on June 8th, 2015.

Appeal: Our appeal is based on the following factors:

- Under the ordinance, a dangerous dog is defined as one who has "demonstrated a fierce or dangerous propensity or tendency to do any act which may endanger persons or property." The incident on June 5th, though regrettable, was a one-time incident. Consequently, Darla has not demonstrated a "dangerous propensity or tendency" to endanger others. Those terms clearly suggest a pattern or history of behavioral issues, one which simply does not exist in the present case. If an isolated, one-time occurrence can be regarded as a propensity or tendency, then those terms are stripped of any meaningful effect. Furthermore, we believe that Darla's uncharacteristic behavior was the result of being startled, a circumstance which further undermines the applicability of those terms in the present case. Consequently, we contend that Darla does not meet the definition of a "dangerous dog" under the ordinance.
- In addition, communications with Wake County Animal Control have confirmed the County's position that Darla must be leashed and muzzled whenever outside of the secure enclosure. We object to this position as it exists without legal authority. Wake County Animal Control Ordinance Section 91.12 prohibits ownership of any dangerous dog which is "unconfined or unrestrained." These terms are not strictly defined under the definition section. However, it is clear from the remainder of the ordinance that "confined" refers to the secure enclosure, while "restraint" is defined in the ordinance as being on a leash/chain, in a vehicle, within the secure enclosure, or within the owner's home. Thus, we contend that Darla is "confined" when in the secure enclosure and "restrained" when in Ms. Piner's home. It therefore follows that Darla is being kept in accordance with the ordinance while in either of those locations and is not subject to additional physical restrictions. Furthermore, the terms "muzzle," "muzzling," etc. do not even appear in the ordinance. Thus, we are objecting to the ruling that Darla must be leashed and/or muzzled while outside of the secure enclosure but still within Ms. Piner's home, or that she is to be muzzled while at any location within Wake County.

Relief Sought: For the reasons stated above, we are requesting a reversal of the "dangerous dog" declaration made against Darla on June 4th, 2015. Should the County uphold that decision, we are requesting a reversal of the aforementioned ruling that Darla must be leashed and muzzled while in Ms. Piner's home.

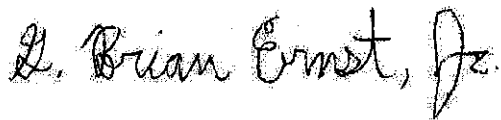
In the alternative, we would be willing to waive any further appeal if the County would be agreeable to a modified set of restrictions which we feel would strike a fairer balance

between the welfare of the community, the rights of Ms. Piner, and the quality of life outlook for Darla. More specifically, we would agree to implement the following measures:

- Darla will remain muzzled and leashed when off Ms. Piner's property;
- Darla will remain muzzled in Ms. Piner's yard when outside of a fenced area;
- Darla will not visit any dog parks;
- Darla will be able to remain in a fenced enclosure, without muzzle or tether, with the enclosure subject to the following conditions:
 - All sides of fence will be no shorter than six feet with slats no more than four inches in width;
 - Fence posts in at least two inches of concrete;
 - Padlocked and double-gated; and
 - Enclosure shall be subject to approval by Wake County Animal Control upon construction
- After a one-year period of "good behavior," defined as no violations of the Wake County Animal Control Ordinance or the above conditions, the "dangerous dog" label will be removed. All above conditions will continue to remain in place.

The Wake County Rules of Appeal (II.12.c) gives the Hearing Panel the ability to modify the Director's decision or ruling. Should the Panel affirm the declaration, we ask that the decision be modified in the above manner or on similar terms. Given the many mitigating circumstances of the case – including the youth (13 months) of Darla, her spotless record, the unexpectedness of the ultimate outcome, the accountability shown by Ms. Piner in response to the events, and the fact that Darla was tested and approved by the same agency now seeking to reprimand her – we respectfully request consideration of this proposal.

Regards,



Brian Ernst
Gerber Animal Law Center
Attorney for Ms. Brittany Piner

From: ernst@animallawnc.com
Sent: Wednesday, July 01, 2015 12:57 PM
To: 'Jennifer.Federico@wakegov.com'
Cc: Karen.Rogers@wakegov.com; bpiner@outlook.com
Subject: RE: "Dangerous Dog" Case - "Darla" (Brittany Piner)

Dr. Federico,

Thank you for your email. We do disagree with the County's position on a number of issues with respect to this case, but since we will be appealing the decision, I will plan on discussing them in greater detail within the context of that process. I appreciate you confirming that this Monday (July 6th) is the final day to appeal. Please be on the lookout for our formal request on or before that date.

Regards,

Brian Ernst

From: Jennifer.Federico@wakegov.com [mailto:Jennifer.Federico@wakegov.com]
Sent: Wednesday, July 01, 2015 11:42 AM
To: Karen.Rogers@wakegov.com
Cc: ernst@animallawnc.com
Subject: RE: "Dangerous Dog" Case - "Darla" (Brittany Piner)

Mr. Ernst,

Thank you for allowing an opportunity for me to review the questions presented to ACO Rogers. In response to your first question, Darla would need to be muzzled and on a leash any time she is outside of the secure enclosure that was inspected and approved by Animal Control. In the Wake County Ordinance, the definition of secure enclosure for a dangerous dog clearly states that a home is not considered a secure enclosure. While in the secure enclosure, Darla does not need to be muzzled or on a leash. As to your second question, our ordinance does not provide for us to make modifications, including an end date for the dangerous dog designation.

Please advise if you have any further questions or concerns.

As a reminder, the appeal notification is due in writing within 30 days. Since the 30th day falls on July 4th (which is a holiday and a weekend), the last date for an appeal notification will be Monday, July 6th.



Jennifer Lynn Federico, DVM
Animal Services Director
Wake County Animal Center

✉ jennifer.federico@wakegov.com ☎ 919-250-1463 🌐 wakegov.com/pets

STAY CONNECTED



From: Karen Rogers/Wake County
To: "ernst@animallawnc.com" <ernst@animallawnc.com>,
Cc: Jennifer L Federico/Wake County@WAKE COUNTY
Date: 07/01/2015 10:08 AM
Subject: RE: "Dangerous Dog" Case - "Darla" (Brittany Piner)

Brian,
I have included Dr. Federico, the Director of the Animal Center, to assist and advise in this matter. We will take this under advisement and be in touch with you shortly.

Karen P. Rogers
Wake County
Animal Control Team Leader
(919)250-1489 office
(919)427-2108 cell
Karen.Rogers@wakegov.com
Wake County Environmental Services would like your feedback.
In order to participate please [CLICK HERE!](#)

From: "ernst@animallawnc.com" <ernst@animallawnc.com>
To: "Karen.Rogers@wakegov.com" <Karen.Rogers@wakegov.com>,
Cc: "bpiner@outlook.com" <bpiner@outlook.com>
Date: 06/29/2015 02:58 PM
Subject: RE: "Dangerous Dog" Case - "Darla" (Brittany Piner)

Hi Karen,

Thanks again for your responses. I do have a couple of additional questions for you which I hope you won't mind answering.

1. Based on her discussions with animal control, Ms. Piner was under the impression that Darla may need to be leashed and muzzled whenever outside of the cage enclosure. As an initial matter, I do not see a muzzling requirement within the ordinance. My reading of the ordinance (Section 91.12) is that Darla, as a declared dangerous dog, must be either confined or restrained at all times. I interpret "confined" to mean within a secure enclosure (including the cage construction) as defined under the ordinance. Under the definition section, an animal is under "restraint" when on a chain/leash, in a car, within a secure enclosure, or within the owner's home.

Thus, my opinion is that Darla must remain under restraint whenever outside of Ms. Piner's home or the secure enclosure, but is not required to be leashed or muzzled when inside her owner's home or the secure enclosure, as she is, by definition, restrained in those circumstances. I just wanted to run our interpretation by you to confirm this is your understanding as well.

2. On a similar note, we would like to propose a modified set of restrictions which we feel would strike a better balance between Darla's long-term welfare and the safety of the general public. In some cases these offered conditions (such as having Darla muzzled) would be even more restrictive than what the ordinance requires. We would like to include a sunset provision by which the "dangerous dog" label would be removed after an extensive period of good behavior. We would agree for many of these self-

imposed conditions to remain in effect even afterwards.

We have successfully resolved dangerous dog cases this way in the past and I am optimistic we can do so here as well. However, before getting into the details, I wanted to confirm that you would be the primary point of contact in those discussions. I understand that they are often collaborative efforts and I wouldn't want any of your colleagues feeling left out if their input is required. As such, I would be happy to cc: them on those communications if you feel it is appropriate.

Please let me know your thoughts on these issues. Thanks for all your assistance.

Regards,

Brian Ernst

From: ernst@animallawnc.com
Sent: Friday, June 19, 2015 11:12 AM
To: 'Karen.Rogers@wakegov.com'
Cc: bpiner@outlook.com
Subject: RE: "Dangerous Dog" Case - "Darla" (Brittany Piner)

Hi Karen,

Thanks for your email, and I'm glad we're all in agreement on these issues. I will discuss things further with my client and let you know if we decide to appeal and/or if we have any additional questions for you. Take care and enjoy the weekend.

Regards,

Brian Ernst

From: Karen.Rogers@wakegov.com [<mailto:Karen.Rogers@wakegov.com>]
Sent: Friday, June 19, 2015 10:14 AM
To: ernst@animallawnc.com
Cc: bpiner@outlook.com
Subject: RE: "Dangerous Dog" Case - "Darla" (Brittany Piner)

Brian,

According to the Rules of appeal you do have 30 days to appeal. June 4, 2015 is the date that Darla was deemed dangerous. Darla was deemed dangerous under the Wake County Animal Ordinance 91.12 not the General Statute. The package that was given to Ms. Piner included the General Statute only because that is a complete package for the officer to use whether they deem under the County Ordinance or the General Statute. Please let me know if you have any further questions.

Karen P. Rogers
Wake County
Animal Control Team Leader
(919)250-1489 office
(919)427-2108 cell

Karen.Rogers@wakegov.com

Wake County Environmental Services would like your feedback.

In order to participate please [CLICK HERE!](#)

From: "ernst@animallawnc.com" <ernst@animallawnc.com>
To: "Karen.Rogers@wakegov.com" <Karen.Rogers@wakegov.com>,
Cc: "bpiner@outlook.com" <bpiner@outlook.com>
Date: 06/18/2015 03:40 PM
Subject: RE: "Dangerous Dog" Case - "Darla" (Brittany Piner)

Hi Karen,

As mentioned in my email to Ken, our firm represents Ms. Brittany Piner in a potential appeal of the "Dangerous Dog" declaration made against her dog "Darla" on June 5th, 2015. After reviewing the case with my client, we do have a couple of initial questions in regards to that designation. Since these appeals are often time-sensitive matters, I'm hoping you can provide us with some answers at your earliest opportunity.

1. Time to Appeal. Based on my reading of the Wake County Human Services / Wake County Environmental Services Rules of Appeal, my understanding is that we have 30 days to appeal the County's "Dangerous Dog" declaration (Section II.1.(a)). However, my client recalls that she was informed by Animal Control Officers that she has 14 or 15 days to appeal.

Am I correct that we have 30 days to appeal to decision? If we actually have 14 or 15 days, can you refer me to a section of the ordinance or another source of law where that amount of time is designated?

2. State vs. Local "Dangerous Dog" Label. We understand that Darla was declared dangerous under Wake County Animal Control Ordinance Section 91.12. However, Ms. Piner was also provided a portion of North Carolina General Statute 67-4.1, which is the state-level "Dangerous Dog" law.

I wanted to confirm that the County is declaring Darla dangerous under the county ordinance only and not under the state law as well. The declaration notice references the relevant local ordinance and clearly sets forth the appeal window (subject to my question above), but contains no reference at all to the state law or its own separate appeal window. Furthermore, the copy of the state law provided to Ms. Piner was incomplete, containing only Sections 4.1 and 4.3, and omitting several sections which we believe would be material to a citizen deciding whether to appeal (such as the imposition of strict liability).

If the county agrees that Darla was not declared dangerous under NCGS 67-4.1, or is willing to withdraw that declaration given Ms. Piner's immediate compliance with the more rigorous county-level restrictions as well as what we believe are defects in the notice given regarding NCGS 67-4.1, we may be willing to waive our appeal.

Depending on the answer to the first question, we may have a very short window to appeal, so I would greatly appreciate your earliest response. I can be reached via email at this address or by phone at 919.812.9615. Thank you in advance for your efforts and I look forward to working with you.

Regards,

Brian Ernst
Gerber Animal Law Center
4030 Wake Forest Road
Suite 300
Raleigh, NC 27609
Telephone: 919-510-6393
Facsimile: 888-816-0071
www.AnimalLawNC.com

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From: Kenneth.Murphy@wakegov.com [<mailto:Kenneth.Murphy@wakegov.com>]
Sent: Wednesday, June 17, 2015 2:47 PM
To: ernst@animallawnc.com

Cc: Karen.Rogers@wakegov.com

Subject: Re: "Dangerous Dog" Case - "Darla" (Brittany Piner)

Brian - thanks for your e-mail. I've cc'd Karen Rogers, Wake County's Animal Control Team Leader/supervisor of the County's animal control officers, on my response to you, and would invite you to contact her with any questions you may have at this point. I am directing you to Karen, and away from me, at this point because if your client does decide to appeal the DD designation, that appeal will go to a panel of the Wake County Human Services Board. I serve as counsel for the WCHS Board and my role will be to advise the Board panel during the appeal hearing. Karen is very familiar with the appeal process, the relevant ordinance provisions, etc. and should be able to answer your initial questions. If your client does decide to appeal, I will be happy to discuss any procedural questions you may have.

Karen, by this e-mail please be advised that attorney Brian Ernst may be contacting you concerning the DD designation described below.

Ken Murphy
Asst. Wake County Attorney

From: "ernst@animallawnc.com" <ernst@animallawnc.com>
To: "kenneth.murphy@wakegov.com" <kenneth.murphy@wakegov.com>,
Cc: "bpiner@outlook.com" <bpiner@outlook.com>
Date: 06/17/2015 02:01 PM
Subject: "Dangerous Dog" Case - "Darla" (Brittany Piner)

Mr. Murphy,

My name is Brian Ernst and I am an attorney for Gerber Animal Law Center. I'm contacting you because our firm was retained by Ms. Brittany Piner (cc'ed on this email) in the dangerous dog case regarding her pet, "Darla." On June 5th of this year, Darla was declared a "dangerous dog" under the Wake County Animal Control Ordinance. I am representing her in a potential appeal of that decision.

I wanted to reach out to you beforehand because I understand you've worked with our a firm to resolve a prior dangerous dog appeal. We do have a few initial questions and I would like to send out an email soon to the appropriate Animal Control authorities as well as someone from your office. Can you tell me whether or not you would likely be involved in this case so I know whether to copy you on such emails? If not, could you provide me with the email address for someone who would be the appropriate point of contact for your office?

Thank you in advance. I look forward to working with you and/or your office in this matter.

Regards,

Brian Ernst
Gerber Animal Law Center
4030 Wake Forest Road
Suite 300
Raleigh, NC 27609
Telephone: 919-510-6393
Facsimile: 888-816-0071
www.AnimalLawNC.com

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Animal Control Issue Summary

Job Num: **56266**
Urgency: Class1 Date Received: 4-Jun-2015, 3:26:00 PM (15:26)
Officer Details: Clarence Kinley Officer Region: Ac2

Animal Control Issue Codes

Aggressive Animal

[Hide / Show Caller Details](#)**Caller Details**

Person 102134
ID:
Name: Worth Alcorn
Address: 605 Beauty Berry Lane, WENDELL NC 27591
Phone: Home:
Mobile: 239 770 7484
Work:
Email
Address:

[Hide / Show Owner Details](#)**Owner Details**

Person 93500
ID:
Name: Brittany Piner
Address: 600 Beauty Berry Lane, WENDELL NC 27591
Phone: Home: 919 365 4160
Mobile: 919 605 0572
Work:
Email ncstatehoney@bellsouth.net
Address:

Location Details

Location: TRUMPET VINE CT & Beautyberry Ln TRUMPET VINE CT
& Beautyberry Ln WENDELL NC 27591
Location Notes:

Animal Control Issue Details

Received By: Clarence Kinley
Source: Public
Potential Violence: Unknown Verbally Abusive: No

Potential Violence Details:**Other Comments / Notes:**

Jun 4 2015 11:53PM Aggressive dog

Jun 8 2015 2:36PM kennel has passed DD inspection. Dog will be released from the shelter today. KPR

Complainant Observed Animals: No**Commercial Livestock:** No**Inspection / Follow-up Notes**

Date Category Notes
Added

Added By

Job Received a call from Mr. Alcorn saying that his wife was walking there dog Clarence Kinley
Details named Gracie and Ms. Piner brindle brown pit-bull come running up to Mrs.

EXHIBIT

tabbier

41

Jun 5 2015 12:01AM		Alcorn as the pit was coming toward her she picked her dog up and was cuddling it in her arms and the pit jumped up and grabbed Gracie out of her arms and ripped her fur back. Ms. Piner came over and was trying to get her dog off of Gracie. Ms. Piner's dad took Ms. Alcorn and Gracie to Neuse River vet to be treated. I went by Neuse River and talked with the vet about Gracie injuries and she is suppose to have the full report on 6/5/15 I am also going to meet with the owner to talk about demean the dog dangerous.	
Jun 11 2015 2:29PM	Job Details	I spoke with Mr. Alcorn by phone on 6/5/15. He was upset about the fact that Officer Kinley would not agree to euthanize the dog that attacked his dog. I explained that we do not have the power to make that decision but that we have already started the process to deem the dog dangerous. I explained the process to Mr. Worth and assured him that the dog was in custody at the shelter at this time and that I would advise him of any further developments in the case. KPR	Karen Rogers
Jun 11 2015 2:33PM	Job Details	On 6/8/15 I, Karen Rogers inspected the Dangerous dog kennel at the residents of Brittany Piner. The kennel passed inspection and Darla will be released today to the owner. I then called Mr. Alcorn and advised him that Mrs. Piner would be bringing the dog home that afternoon from the shelter and that the dog would be held in accordance with the dangerous dog rules. He advised that his dog Gracie had passed away over the weekend due to her injuries. KPR	Karen Rogers
Jun 11 2015 2:35PM	Job Details	On 6/9/15 Mr. Alcorn sent me a text requesting copies of the pictures we took of Gracie's injuries. I advised that I would email those to him the next day. The pics were emailed to Mr. Alcorn on 6/10/15. KPR	Karen Rogers
Jun 11 2015 2:36PM	Job Details	The vet for Gracie emailed me a copy of her medical records associated with this event and they have been added to the document manager on Gracie's ID #. KPR	Karen Rogers
Jun 11 2015 2:51PM	Job Details	6/10/15 I, Karen Rogers received another text from Mr. Alcorn today and he would like to discuss the Appeal process that allows Mrs. Piner to appeal the Dangerous Dog decision. He does not feel that they should have the right to appeal. I advised him of the appeal process and emailed him a copy of the appeal process so he can review it. KPR	Karen Rogers
Jul 7 2015 3:57PM	Job Details	When Ms. Piner called me back about her dog attacking Gracie she said that she had tied Darla out to use the bathroom. It got off the tie out, when she notice Darla was loose she went to chase after it to catch it. Went it seen Mrs. Alcorn and her dog Gracie it went toward them and jumped up on Mrs. Alcorn grabbing Gracie, and ripping it out of her arms. CK	Karen Rogers

Notes / Action Taken

Dispatch / Pick Up Date and Time: _____

Finish / Drop off Date and Time: _____

Animal Control Issue Outcome

- | | | |
|---|--|---|
| <input type="checkbox"/> 24 Hour Notice Posted | <input type="checkbox"/> Animal Seized | <input type="checkbox"/> Animal Surrendered |
| <input type="checkbox"/> Captured | <input type="checkbox"/> Citation Issued | <input type="checkbox"/> Contact Notice Left |
| <input type="checkbox"/> Cruelty Investigator Consult Requested | <input type="checkbox"/> Doa | <input type="checkbox"/> Escape From Aco |
| <input type="checkbox"/> NOV Issued | <input type="checkbox"/> On Location | <input type="checkbox"/> Phone Call Complete |
| <input type="checkbox"/> Pick Up Trap | <input type="checkbox"/> Police Assist Complete | <input type="checkbox"/> Return To Owner |
| <input type="checkbox"/> Return To Owner/citation | <input type="checkbox"/> Return To Owner/verbal Warning | <input type="checkbox"/> Transported To Shelter |
| <input type="checkbox"/> Transported To Vet | <input type="checkbox"/> Trap Emptied And Reset | <input type="checkbox"/> Trap Removed |
| <input type="checkbox"/> Trap Reset | <input type="checkbox"/> Trap Set | <input type="checkbox"/> Turnover Case To P.D. |
| <input type="checkbox"/> Unable To Capture | <input type="checkbox"/> Unable To Locate | <input type="checkbox"/> Unable To Locate Address |
| <input type="checkbox"/> Unable To Locate Animal | <input type="checkbox"/> Unable To Secure/still At Large | <input type="checkbox"/> Unable To Locate Address |
| <input type="checkbox"/> Verbal Warning | | |

Date	Time	Agent	Narrative

Text Message (SMS) Summary

Job Number 56266

TRUMPET VINE CT & Beautyberry Ln
WENDELL NC 27591



Do not use Toolbar Buttons
You are logged in as: Jennifer Federico
(WCAC)

User Settings

SHELTERBUDDY

- Search
- New Record
- New Dispatch
- Job
- Legal
- Proceedings
- Dispatch
- Search
- Dispatch
- Summary
- Virtual Shelter
- Reports
- Receipts
- Fundraising
- Doc. Library
- Useful Links
- Regular
- Payments
- Scheduling
- Administration
- Logout
- Support
- Intranet

Contact Number
919-212-PETS



Edit Animals Details

Return To Dispatch Job

Animal ID: 107625

Name: Darla

Age: 1 Year 4 Months 1 Week (approx)

Breed: American Staffordshire Terrier
Entered By: Ashley Staten on 8/18/2014Flag Animal To Delete: ☐

Interested Parties: 0 (0 anonymous)



Photo / Document Manager
Select photo from camera

Update Details

Identification Details

Source (H)
 Status (H)
 Sub-Status:
 Lock: ☐

Other Identification
(eg. tattoo):
 Emergency Clinic Ref Number
 Emergency Boarding Reason (H)
 Shelter Tag / Band Number (H)

Tag / Band Color
 Microchip Brand
 Implanter Name
 Microchip Registered With
 Breeder / Shelter Registration #
 Bar Code Number
 License Number (H)
 License Expiry Date
 ID / Microchip Checked?
 Dangerous Animal: (H) ☐
 Has Animal Bitten?

Go to Person Record

Status Date: 6/8/2015 03:28 PM
 Sub-Status Date:
 04:29 PM
 Use current time

ACO Record # (H)
 WCAC Tag (H)
 WCAC Tag Size
 Rabies Tag No.:
 Microchip Number
 Implanter Date

License Tag Status
 License Issuing Authority
 Old Database Number
 Previously Microchipped? ☐

Identification Confirmation Details & Multiple Microchip Numbers Info

Animal Details

Is This A Cruelty Case Animal? ☐Animal Name (H)

Age: W1 M4 Y1

Is this an approximate Age? ☒

DOB: 3/18/2014

Date of Weighing: 12/3/2014

Age Group: Weight (H) lbs

Class Domestic

Type Dog Change

Animal Menu

- Kennel Card (H)
- Add Vet Treatment Record
- Add Bite/Scratch Incident (H [0])
- Vet Treatment History (Vacc Cert)
- General Animal Notes (H [4])
- Edit Adoption Summary (H)
- Copy Vet Treatments to Other Animals
- Medical Notes
- View Medical History
- Physical Exam (H)
- Animal Behavior Assessment
- Post Adoption Questionnaire
- View Owner History
- View Medication Sheet
- Sponsor Letter
- Animal Deceased
- Animal Privately Rehomed - New Owner Unknown
- Clinic Behavior
- Add Multiple Animals
- Microchip Disclosure Letter
- WCAC Tag Letter
- Rabies Certificate
- View Vet Treatment History
- Pet Portfolio
- Youtube Videos (0)
- Put Animal

EXHIBIT

5

Feral	<input type="checkbox"/> No		
Breed/Species	American Staffordshire Terrier		
Mixed Breed	<input type="checkbox"/> Mixed		
Secondary Breed/Species			
Circumstance:	Protective Custody	Animal Received:	
Spayed / Neutered:	<input type="checkbox"/> Yes	Previously Spayed / Neutered?	<input type="checkbox"/>
Gender	Female	Declawed?	<input type="checkbox"/>
Primary Color	Brindle-Fawn	Size	
Secondary Color	None	All Other Colors	
Distinguishing Features / Markings	Photo Available		
Coat Type		Tail Type	
Coat Length		Eye Color	
Ear Type		Collar Description	
Collar Type		Reason	
Cause Of Affliction (H)		Other Injury:	
Injury	Body injury Brain damage Broken air sacs Concussion/Stunned	Number In Litter:	
With Litter?	<input type="checkbox"/>	Suitable for events / satellite pet shops:	
Media Animal (H)	Select options	Alternative / Specialized Placement:	Add options to this list through administration
Media Animal Notes (H)		Condition:	Adult Housetrained - H Adult Leashed Trained - H Adult Not Housetrained - TR Age - TR
Evaluation Category: (H)		Outcome Health Condition (H)	
Intake Health Condition (H)		Outcome Behavior Condition (H)	
Intake Behavior Condition (H)			

Status Details	
Adoption Amount: \$	Available For Adoption Date
OR	
Due Out In (days):	Due Date Out 6/5/2015
Date In / Found 6/5/2015	Date Out / Lost 6/8/2015
Condition when Lost / Found	
Lost / Found Address (H)	
Street Number	Direction1 Street Name
Street Type	Direction2 Apartment Number
Nearest Cross Street:	
Undefined Address	
City:	RALEIGH Find City
Zip Code:	27610 Find Zip Code

Bonded Animals	<input type="checkbox"/>
Special Needs Notes	<input type="checkbox"/>
Restricted / Legislated Breed Form (H)	<input type="checkbox"/>
Socialization Questions (H)	<input type="checkbox"/>
Spayed / Neutered Certificate	<input type="checkbox"/>
Waiver / Indemnity	<input type="checkbox"/>
Add Medication	<input type="checkbox"/>
Sell Product / Service	<input type="checkbox"/>
Foster Experience	<input type="checkbox"/>
Add Animal Care Request	<input type="checkbox"/>
Edit Animal Care Request	<input type="checkbox"/>
Cats	<input type="checkbox"/> No
Dogs	<input type="checkbox"/> No
Special Needs	<input type="checkbox"/> No
Children	<input type="checkbox"/> No
Not compatible with Livestock	<input type="checkbox"/> Not
Not good with Strangers	<input type="checkbox"/> Not
House Trained	<input type="checkbox"/> House
Blitter	<input type="checkbox"/> Blitter
OK with Cats	<input type="checkbox"/> OK
OK with Dogs	<input type="checkbox"/> OK
Care Package	<input type="checkbox"/> Care
Special Fee	<input type="checkbox"/> Special Fee
Longterm Resident	<input type="checkbox"/> Longterm Resident
Blood Donor	<input type="checkbox"/> Blood Donor
Sun	<input type="checkbox"/> No

State:	NC
Jurisdiction:	Wake County
Country:	United States
Landmarks	
Latitude	
Longitude	
Physical Location:	<input checked="" type="checkbox"/>
Shelter Location: (H)	<input checked="" type="checkbox"/>
Kennel:	
Date In Shelter	6/5/2015
Time In Shelter	01:08 PM
Use current time	
Return Reason (H)	Because
Other Return Reason	Not Ready For New Pet
Spayed / Neutered Due Date:	

**Receipts**

Receipt # 124902 - Adoption, \$95, 9/8/2014 (Debit Card)
Receipt # 124907 - Return, \$0, 9/8/2014 (No Payment Type - Data Import)
Receipt # 130468 - Adoption, \$95, 12/31/2014 (Debit Card)
Receipt # 137458 - Reclaim, \$30, 6/6/2015 (Credit Card)

General Details	
Surrendered Reason	
Euthanasia Reason	
Other Euthanasia Reason	
Secondary Euthanasia Reason	
No Euthanasia	<input type="checkbox"/>
Euthanasia Type:	
Approved for Euthanasia	<input type="checkbox"/>
Send Sympathy Card?	<input type="checkbox"/>
Special Message:	Holding dog until owner gets a secure enclosure built
Adoption Notes	
General Notes	
Ownership Notes:	owner surrender; sign. on file 8-18-14 er owner surrender; sign. on file 9-8-14 er
Foster Parent Notes:	AUTO-ENTRY: Animal fostered to Brittany Piner, 93500, fostered on 9/12/2014.

No Euthanasia Details

Insurance Details

Wildlife Details

Humane Officer Details	
Job # (H):	56266
Humane Officer Assigned To:	Clarence Kinley

Update Details

Record Last Updated By: Diadra Cooley On 6/8/2015 3:28:09 PM

For all creatures great and small

Version 1.56.7 (SantaWithMuscles)

ECVETS

Eastern Carolina Veterinary Emergency Treatment Service

4935 Raleigh Road Parkway

Wilson, NC 27896

252.265.9920 / 252.234.9918 (fax)

www.ecvpetcare.com

Thursday, June 04, 2015 Dr. Kimberley Barth

Client ID:	23993	Patient ID:	26686
Client Name:	KATHY ALCORN	Name:	GRACIE
Spouse:		Species:	CANINE
Address:	605 BEAUTYBERRY LN.	Breed:	Mix, Peke
	WENDELL, NC 27591	Sex:	Spayed Female
Employer:		Color:	BLACK
Emergency Contact:		Birth Date/Age:	8/22/2012 / 2 Yrs. 9 Mos.
RDVM/Hosp:	NEUSE RIVER ANIMAL HOSPITAL	rDVM Telephone:	() - 919-365-9001
rDVM Name:	DR. CONNIE JONES	rDVM Fax:	() -

Contact Phone Numbers:

Home: (239)777-6395

Cellular: (239)770-7484

COMPLAINT: TRANSFER

WT:	TEMP:	HR:	RR:	MM:	CRT:
-----	-------	-----	-----	-----	------

MEDICAL HISTORY:

urinated -

239-770-7484

Mr. Alcorn

private

please let suzi call

Mr. Alcorn

TIME CHECKED IN: 6/4/15 7:33 PM TIME CHECKED OUT: 7:20 PM

VERIFIED BY: Ashley TIME: 10:15am DATE: 6-15-15

FAX TIME: 10:51pm FAX DATE: 6-15-15 CLIENT: ✓ RDVM: ✓ DIH: SYMP: INITIALS: Sg

Eastern Carolina Veterinary Emergency Treatment Service

EXHIBIT

tabbles

6

EC VETS Registration Information

Owner Information

First Name Kathy North Last Name Alcorn
Address 605 Beautyberry Lane City Wendell State NK Zip 27951
Phone Home _____ Cell 239-770-7484 Alt 239-777-6395 cell
Regular Veterinarian's Name/Hospital Newse River

Pet Information

Name Gracie Breed Pekinese/Pomarine color Black/white
Sex (please circle one)
Male - Neutered Y / N Female - Spayed Y / N Age/Date of birth 8-22-12
When your pet is outside, is he/she confine to a yard/leash? yes
REASON FOR VISIT attacked By pit bull

Please circle any of the following that you have noticed with your pet:

<input type="checkbox"/> Limping	<input type="checkbox"/> Shaking head	<input type="checkbox"/> Weight change
<input type="checkbox"/> Loss of balance	<input type="checkbox"/> Increased thirst	<input type="checkbox"/> Breathing problems
<input type="checkbox"/> Scooting	<input type="checkbox"/> Increased urination	<input type="checkbox"/> Coughing/Sneezing
<input type="checkbox"/> Scratching	<input type="checkbox"/> Vomiting	<input type="checkbox"/> Diarrhea
<input type="checkbox"/> Depression	<input type="checkbox"/> Weakness	<input type="checkbox"/> Decreased appetite
<input type="checkbox"/> Decreased activity	<input type="checkbox"/> Other _____	

Please list any medications your pet is taking (including flea/tick/heartworm prevention):

Heartworm

Authorization and Payment Information

How did you hear about our services? Referred by another vet

Method of payment (please circle any that apply):

Cash Check Visa Mastercard Amex Discover CareCredit

I hereby authorize the veterinarian to examine, prescribe for, or treat the about described pet. I assume responsibility for all charges incurred in the care of this animal. I understand that these charges must be paid at the time of release and that a deposit may be required for surgical treatment and/or hospitalization.

Responsible Party's Signature

Worth Alcorn

Lewis Piner 919-365-4160

Date

6-4-15

COMPUTER FILE NO. 15298

CANINE

RECORD NO. _____

NEUSE RIVER VETERINARY HOSPITAL - CLIENT RECORD

LAST Aloorn FIRST Kathy MIDDLE _____
ADDRESS 605 Beautyberry Ln CITY Wendell ZIP CODE 27591
HOME PHONE Worth WORK PHONE _____ CELL PHONE 239 770-7484
SPOUSE Grace SPOUSE'S WORK PHONE _____ CELL PHONE _____
PATIENT NAME Refinese Mix BREED Black DESCRIPTION _____
DATE OF BIRTH 8/22/12 SEX F/S ALTERED _____ MICROCHIP IDENTIFICATION _____

DATE											
WEIGHT											
WELLNESS EXAM											
DHPP/DHLPP											
BORDETELLA											
RABIES											
LYME											
LEPTO											
HWM OCCULT											
ERL OCCULT											
LYME OCCULT											
ANAPLASMA											
FECAL											
DEWORMING											
RADIOGRAPHS											
BLOODWORK											

MASTER PROBLEM LIST

Surgery / Anesthesia Record

Name "Gracie" Alcorn Species canine Date 6/4/15 Dr. Jones
 Procedure _____ PE _____ WT 9.2# Tech _____
 PO BW _____ WNL: Y/N PCV _____ % BMST _____ min OTHER _____
 IV FLUIDS _____ SQ _____ TYPE / AMT / RATE _____ TVI _____

Pre-Anesthetic Drugs:	Dose	Route	Location	Time
<u>Bup.</u>	<u>0.14 cc</u>	<u>IV</u>	<u>catn</u>	<u>12:20</u>

Anesthesia Induction:	Dose	Route	Location	Time
<u>Propofol</u>	<u>4.3 cc</u>	<u>IV</u>	<u>catn</u>	

START ANESTHESIA 2:00 START SURGERY 2:30 START DENTAL _____
 END ANESTHESIA _____ END SURGERY _____ END DENTAL _____
 END O₂ _____ EXTUBATED _____ RECOVERY _____

INTUBATED ☒ TUBE SIZE _____ MASK _____ INDUCTION CHAMBER _____
 SYSTEM: NON-REBREATHING ☒ REBREATHING _____

TIME	HR	% PO ₂	RR	MM	CRT	BP SYS DIA	MAP	O ₂ L/min	% ISO	TEMP
2:00	159	95		PINK	<2			2L	2.5	
2:05	144	98		PINK	<2			2L	3.5	
2:10	86	97		PINK	<2			2L	2.5	
2:15	95	98		PINK	<2			2L	2.5	
2:20	99	97		PINK	<2			2L	2.5	
2:25	79	98		PINK	<2			2L	1.5	
2:30	91	94		PINK	<2			2L	1.5	
2:35	99	99	12	PINK	<2	96/45	69	2L	1.5	
2:40	105	99		PINK	<2	106/47	76	2L	1.5	96.7°F
2:45	81	98	12	PINK	<2	102/50	74	2L	1.5	
2:50	80	98	12	PINK	<2	101/48	74	2L	1.5	
2:55	108	97	16	PINK	<2			2L	2.5	
3:00	90	98	12	PINK	<2			2L	2.5	
3:05	73	98						2L	1.5	94.1°F
3:10	93	93		PINK	<2			2L	2.5	
3:15	72	98		PINK	<2			2L	1.5	96.0°F

ANALGESIC INJ <u>Buprenex</u>	DOSE <u>0.14</u>	RTE <u>IV</u>	LOCATION	TIME <u>3:15</u>
2ND ANALG. INJ	DOSE	RTE	LOCATION	TIME
ANTIBIOTIC INJ	DOSE	RTE	LOCATION	TIME

McGregor Veterinary Clinic

Printed: 08-04-15 at 2:46p

Patient Chart

CLIENT INFORMATION

Name Kathy Alcorn (6045)
Address 8965 Cypress Preserve Pl
Ft. Myers, FL 33912
Phone 239 770-7484
Email w.c.alcorn@hotmail.com
cell phones Worth 770-7484 Kathy 777-8395
Spouse Worth

PATIENT INFORMATION

Name	Gracie	Species	Canine
Sex	Female, Spayed	Breed	Pekes Mix
Birthday	08-22-12	Age	2y
ID		Rabies	
Color	Black & White	Weight	0.00 lbs
Reminded	03-03-14	Codes	

Reminders for: Gracie

	Last done
08-18-17 Rabies Vaccine 3 Years Pfizer	08-18-14
10-27-15 Fecal Floatation Test for GART	04-28-15
10-27-15 Canine Bordetella Vaccine	04-28-15
09-30-15 Dazppc 3 Year	
08-19-15 Heartworm Antigen Test	08-18-14

Eastern Carolina Veterinary Emergency

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Treatment Service
4935 Raleigh Road Pkwy
Wilson, NC 27896
(252) 265-9920

KATHY ALCORN
605 BEAUTYBERRY LN.
WENDELL, NC 27591

Client ID: 23993
Invoice #: 64439
Date: 6/5/2015

Patient ID: 26688		Species: CANINE	Weight: 9.20 pounds	
Patient Name: GRACIE		Breed: Mix, Peka	Birthday: 08/22/2012	Sex: Spayed Female
6/5/2015	<u>Description</u>	<u>Staff Name</u>	<u>Quantity</u>	<u>Total</u>
	Exam - Referral	Kimberley Barth	1.00	\$55.00
	Hospitalization: Level Two - 1 Day		1.00	\$92.64
	Nursing Care: Level Two - 1 Day		1.00	\$19.08
	Buprenorphine Injection		1.00	\$33.00
Patient Subtotal:				\$199.72
Invoice Total:				\$199.72
Total:				\$199.72
Balance Due:				\$199.72
Previous Balance:				\$0.00
Balance Due:				\$199.72
Credit Card:				(\$199.72)
Less Payment:				(\$199.72)
Balance Due:				\$0.00

Eastern Carolina Veterinary Emergency
4935 Raleigh Road Pkwy
Wilson, NC 27896
(252) 265-9920

Hospitalization Progress Notes / Exam

Date: 6/5/2015
Client: KATHY ALCORN
Patient: GRACIE 2 Yrs. 9 Mos. Mix, Peke Spayed Female
Current Care Doctor: Barth
Admitting Doctor: KB
Technician: KB

History

ICU transfer- BDLD, degloving wound of left thorax, with no wounds penetrating the thorax-radiographs sent- wounds were repaired this afternoon after she was stabilized. Owner got lost on transfer here, arrived 7:30pm

OBJECTIVE

	6/5/2015	
	8 pm	10 pm
Vital Sign	KB	
Weight	9.2 pounds	
Resp	36	
Temp	91.7	99.1
MM	Pink/Healthy	
CRT	<2 sec	

depressed/sedated on presentation. scleral bruising and edema OU. epiphora OU, no nasal discharge, no oral lesions. AU -pink and healthy.

Cv/resp: lungs are clear, no murmur ausculted: bradycardia but she is hypothermic, and has been off fluids for the transfer, which was longer than planned, so feel we can correct this

Her wounds have small amount of serous drainage. did not palpate abdomen due to her wounds.

ASSESSMENT / TREATMENTS

Post-operative recovery, hypothermia, bradycardia.

PLAN

Placed on heated water bed, continue IV fluids/meds- see ICU sheet for care

10pm- improved temp and she is more alert.

6/5/15- remained stable through the night and maintained her temp. -will stand and move around her kennel a little bit.

transfer for continued care

6/5/2015 Hospitalization Progress Notes
Barth, Kimberley

6-5-15 8²⁰pm - I called & I returned call + LMon
9⁴⁰pm - spoke w Mrs Alcorn - Gracie home this evening
& to return to WEAH tomorrow - they cannot get her
to eat/drink - I advised her Gracie was on fluids
all day & will not dehydrate overnight, continue to
try + tempt her KSBathian

EC VETS TREATMENT SHEET



Eastern Carolina Veterinary Emergency

4935 Raleigh Road Pkwy

Wilson, NC 27896

(252) 265-9920

Date: 6.4.15 Page: 1

Problem(s): BDLD

Patient Weight: 4.2 (lbs) / (kg)

DVM: Barth

6/5/2015 Kimberley Barth

23993

Rx#: 65408

KATHY ALCORN

CANINE

GRACIE

Mix. Peke

Quantity: 1

Refills: 0

CAGE CARD LABEL

KEEP OUT OF REACH OF CHILDREN - FOR VETERINARY USE ONLY

MEDICATIONS	6p	7p	8p	9p	10	11	12	1a	2a	3a	4a	5a	6a	7a
Cefazolin 100mg/1ml IV q8hr			8p								4a			
Buprenex .13ml IV					10									
CHECK & FLUSH CATHETER (IV / U)														
DIAGNOSTICS	6p	7p	8p	9p	10	11	12	1a	2a	3a	4a	5a	6a	7a
PCV / TS														
BG														
LYTES														
CBC / CHEM														
USG														
MONITORING PARAMETERS	6p	7p	8p	9p	10	11	12	1a	2a	3a	4a	5a	6a	7a
TEMPERATURE			91.3	X	99.1	X	100.5				100.9			
HEART RATE			100				112				126			
RESPIRATION RATE			36				48				40			
MENTATION			S	S	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q
VOMITING														
DIARRHEA														
URINATION					-	+	-	-	-	-	-	-	+	-
DEFECATION					-	+	-	-	-	-	-	-	+	-
OFFER FOOD & WATER														
EATING / DRINKING														
WALK														
FLUIDS / ADDITIVES	RATE	START	STOP	FLUIDS / ADDITIVES	RATE	START	STOP							
1. LRS	19ml/hr			3.										
2.				4.										
IV PLACEMENT	DATE	LOCATION			R	DNR								



NEUSE RIVER
VETERINARY HOSPITAL

2961 Wendell Blvd.
P O Box 2004
Wendell, NC 27591
Office: 919.365.9001
Fax: 919.365.0704

facsimile transmittal

To: EC Vets

Fax:

From: NRVH

Date: 6/7/15

Re: "Gracie" Alcorn Pages: 6 (including cover sheet)

Cc:

☐ Urgent

☒ For review

☐ Please comment

☐ Please reply

☐ Please recycle

Notes:

Date/Weight	
6/4/15	Arrived 12:11:50am w/ deglavering of left thorax and blood shot eyes. Placed immediate catheter IV in left cephalic. Put on LPS Fluids set to
Wt: 9.2 lb	Infuse 100mls fast. Gave 0.14mc Buprenex & 1ml cepha (cefazolin IV). Decreased fluids to 60ml/hr
Temp: 102.3°	
T: 102.5°	
T: 101.7°	Heart rate 120 on arrival
T: 101.4°	Resp rate normal. Both sides have
T: 101.8°	blood / bruising. O.D. has dirt shot
T: 101.3°	to cornea. Entire (L) thorax &
T: 100.1°	abdomen - skin degloved from cutting
T: 99.8°	2/3 around body & all way
T: 100.0°	to inguinal area. No punctures
	evident into chest wall or
	abdomen.
	Rails - Thorax - appears normal
	No evidence. Contusions or
	pneumothorax. Abdomen wall appears
	intact too.
	Continuing to stabilize / monitor
	Suture later today if OK
	Comp. + CBC - still ↓ Hb, but
	all else OK
	1 pm - ↓ fluids to 11 mls/hr
	1:30 - Rechecked 1st chest cut - still OK
	Proposed IV (see next record)
	initiated @ 1:30 -
	Debrided edges & cleaned / pulled
	hair from site - no wounds
	found. Did great w/ anast.
	Sutured area closed w/ 3-0 @ web
	glow (3 packs) 2 drains sutured
	in & flushed post-op

Computer No. 15295 Record No. _____

Page No. 1

Patient Gracie Owner Kathy Alcorn

Date/Weight	
	<p>past-cup Porter Buprenex 3:15 17</p> <p>Celestalon 1 cc IV 5 pm 18</p>
	<p>Sent to EC Vets</p> <p>See overnight care</p>
6/5/15	<p>returned from o/n care</p> <p>OAR this am panting a little</p> <p>sitting up able to walk.</p> <p>flushed IV cath + restarted LRS</p> <p>@ 9 am/hr. BNP Borneyes IX</p> <p>eyes still bloodshot but don't seem as swollen this am.</p> <p>flushed wounds + changed around drains, all looks great.</p> <p>Excellent patient!</p> <p>1/4 inch strip each eye ophthalmic ointment 1/4</p>
T=102.3°F R=36 P=100	
6/6/15	<p>Fed w/ oral syringe chicken broth - not very interested</p> <p>Bleeding Thrombocytopenia</p> <p>T-104 this AM - Flushed drains - was all clear</p> <p>Started Zeniquin - 1/2 tab BID - Gave 1 here</p> <p>kept IV catheter in - Recheck her Monday</p> <p>O's Called - Vomited on way home - brought back!</p> <p>Gave 0.5 cc Baytril IM</p> <p>0.5 cc Carprofen</p> <p>T. Kuboyachi</p>
	<p>Alcorn, Kathy (15298) FOR: Gracie/Canine Give one-half tablet by mouth once a day until gone. Best if given with food (AL) Zeniquin 25mg Marbofloxacin (5 tab)</p> <p>08-06-15 Exp: 09/30/15</p>
	<p>Alcorn, Kathy (15298) FOR: Gracie/Canine Give 1 syringe-full (.3 cc) by mouth once daily for pain control. (AL) Metacam Hospital Stock 180cc bx(3 ml or cc)</p> <p>08-05-15 Exp: 12/31/15</p>
	<p>2pm - Enace ① up broth & water 5 syringe fed her</p>
3:30	<p>Canine 0.42 cc SQ ①</p> <p>metoclopramide 0.17 cc SQ ①</p> <p>0.25 cc</p>

Computer No. 15298 Record No.

Page No. 2

Patient

Gracie

Owner

Kathy Alcorn

[illegible]

Computer No. 15298 Record No. _____ Page No. 3
Patient Graeie Owner Kathy Alcorn

Patient

Gracii

Owner

Kathy

Alcorn

Page No

2



Neuse River

VETERINARY HOSPITAL

Neuse River Veterinary Hospital

SmpID 51
 PatID Gracie
 Name Gracie
 Mode Dog
 Sex Spayed
 Age 3 years
 Doctor Jones

Test date 06.04.2015 11:52 AM
 Report date 06.04.2015 11:52 AM
 S/N 252000

VETSCAN V32

COMPREHENSIVE DIAGNOSTIC

04 JUN 2015 12:46
 SAMPLE TYPE: DOB
 PATIENT ID: 70882
 ROTOR LOT NUMBER: 4513804
 SERIAL NUMBER: 0000V08115

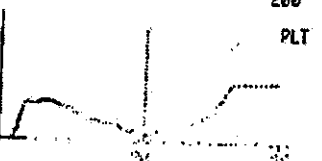
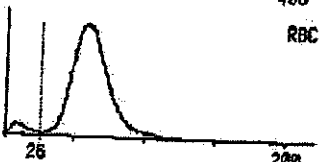
ALB 2.8 * 2.5-4.4 G/DL
 ALP 10 * 20-150 U/L
 ALT 40 10-110 U/L
 AMY 250 200-1200 U/L
 TBIL 0.2 0.1-0.8 MG/DL
 BUN 20 7-25 MG/DL
 CR 0.8 0.6-1.1 MG/DL
 PHOS 3.7 2.9-8.8 MG/DL
 CRE 1.0 0.3-1.4 MG/DL
 GLU 149 * 60-110 MG/DL
 HBA 141 138-160 MMOL/L
 K+ 4.7 3.7-5.0 MMOL/L
 TP 3.7 * 5.4-8.2 G/DL
 GLOB 1.5 * 2.3-5.2 G/DL

GC OK
 HEN 2+ LIP 0 ICT 0

WBC 7.88 10⁹/l 8 17
 LY% 2.61 10⁹/l 1 4.8
 MON 0.06 10⁹/l 0.2 4.5
 NEU 4.88 10⁹/l 3 12
 EOS 0.28 10⁹/l 0 0.8
 BAS 0.12 10⁹/l 0 0.4
 LY% 33.2 % 12 30
 MO% 0.7 % 2 4
 NE% 60.9 % 62 87
 EO% 3.7 % 0 8
 BA% 1.5 % 0 2

RBC 7.88 10¹²/l 5.5 8.5
 HGB 15.8 g/dl 12 18
 HCT 49.47 % 37 55
 MCV 64 fl 68 77
 MCH 20.6 pg 19.5 24.5
 MCHC 32.0 g/dl 31 34
 RDWc 16.2 %

PLT 412 10⁹/l 200 500
 PCT 0.53 %
 MPV 12.9 fl 3.9 11.1
 PDWc 43.9 %



NRVH ICU Sheet

	8am	9am	10am	11am	12pm	1pm	2pm	3pm	4pm	5pm	6pm	7pm	8pm
Patient: <u>Gracie</u>													
Owner: <u>Alcorn</u>													
Record no.: _____													
Date: <u>6/5/15</u>													
Treatments													
Fluids-total/type Volume TBI:													
<u>1.25 g ml/hr</u>													
TPR <u>T=102.3</u> <u>P=100</u> <u>R=36</u>													
PCV/TS													
Walk/urine output													
Feeding/type													
Vomiting/diarrhea													
Medications													
<u>1 cc IV</u> <u>Cefazolin</u>													
<u>Flushed drains</u> <u>0.14 cc IV</u>													
<u>Buprenex</u> <u>0.07 cc PO</u> <u>metacam</u>													

eye ointment

VM

-mom to do
@home
in 6-7pm

Eastern Carolina Veterinary Emergency

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Treatment Service
4935 Raleigh Road Pkwy
Wilson, NC 27896
(252) 265-9920

KATHY ALCORN
605 BEAUTYBERRY LN.
WENDELL, NC 27591

Client ID: 23993
Invoice #: 64515
Date: 6/7/2015

Patient ID: 26686	Species: Canine	Weight: 9.20 pounds	
Patient Name: GRACIE	Breed: Mix, Peke	Birthday: 08/22/2012	Sex: Spayed Female

	<u>Description</u>	<u>Staff Name</u>	<u>Quantity</u>	<u>Total</u>
6/7/2015	CREMATION - PRIVATE 0 - 30 LBS	Suzi M. Gibson	1.00	\$155.00
			Patient Subtotal:	\$155.00
			Invoice Total:	\$155.00
			Total:	\$155.00
			Balance Due:	\$155.00
			Previous Balance:	\$0.00
			Balance Due:	\$155.00
			Credit Card:	(\$155.00)
			Less Payment:	(\$155.00)
			Balance Due:	\$0.00

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

Agenda Date: September 24, 2015

Item: Introduction to Advance Community Health

PH Accreditation Benchmark #: 41.2

Specific Action Requested: This item is presented for HS Board's information. It is requested that the Board accept, review, and discuss the presentation.

Link to Wake County Human Services Goals:

- ☒ **Well-being/Health/Safety** - Maximize the well-being, health and safety of individuals and families
- ☐ **Self Sufficiency/Human Capital** - Enhance the ability of consumers to attain and maintain economic independence and self sufficiency
- ☐ **Consumer Experience** - Enhance the consumer experience with accessible, timely and holistic services
- ☐ **Internal Operations** - Ensure fiscal accountability, data driven decisions and alignment with county, state and national objectives and priorities
- ☒ **Integrated/Collaborative Solutions** - Promote integrated and collaborative solutions for human service needs
- ☐ **Workforce** - Support and maintain a competent and competitive workforce and an environment that fosters professional development, workforce diversity and effective communication
- ☐ **Technology**- Provide innovative technology solutions that support cost-effective automation, e-Services and data management

Item Summary (Ex: What are major points/data): Advance Community Health (formerly: Wake Health Services) is private, nonprofit, federally supported Community Health Center. This presentations gives an overview of its history, services/programs, client population, community partners , outreach, collaborations with Wake County Human Services, and new initiatives.

Purpose for Action (Ex: Proposed Solutions/Accomplishments): The purpose of giving this presentation to the Board is to inform them about Advance Community Health, its community impact, and its partnerships with Wake County Human Services.

Next Steps (Ex: What is next step for Board or staff): TBD

Attachments: PowerPoint presentation titled "Advance Community Health"

Opportunities for Advocacy, Policy or Advisory: TBD

Connections to Other Committees:



**When people have
access to quality,
affordable health
care it lifts the
entire community**



Who we are

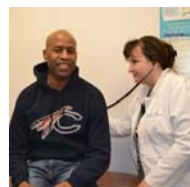
- Private, nonprofit
Community Health Center
- Federally supported
through \$3.3 million grant
- Serving families regardless
of insurance status, ability
to pay, or citizenship
- 25,000 patients at 5
medical practices and an
Outreach Center in Wake
and Franklin Counties
- Serving since 1972





Organization Pillars

- **Deliver quality patient care**
- **Assure patient access**
- **Develop a strong and empowered workforce**
- **Maintain financial sustainability**
- **Build and strengthen community partnerships**



"Our health is important to each of us. We provide a medical home for thousands of people who have few or no other alternatives for medical care." James Allen, MD, MPH, Board of Trustees



We Believe in Healthy Beginnings



We provide high quality, accessible and affordable healthcare to everyone, regardless of ability to pay, starting with our youngest patients



Our Services

Primary healthcare,
all ages

Pediatric and well
child care

Family planning

Screenings & care for
chronic conditions

Preventive and
general dentistry

Nutrition counseling
& diabetes education

Health education

Behavioral health &
substance abuse



Programs:

- Adolescent Health Program
- CAPUS Men's Minority Clinic
- Horizon Healthcare for the Homeless
- Senior Healthcare Services

Wraparound services include:

- After hours coverage
- Assistance with prescriptions
- Discounted fee program
- Health Insurance Enrollment
- Lab services
- Medicaid case management
- Medicaid eligibility assistance
- Medicare enrollment assistance
- Project Access referrals
- Referrals to specialists
- Spanish speaking staff
- Translation services
- Transportation assistance
- Voter registration
- Walgreens – 340B Program



Who do we Serve?

- Unduplicated patients served in 2014: 17,684
- Homeless patients served in 2014: 1,272
- Total active patients in 2014: 25,000

Patient Profile:

- 27% Uninsured; 43% Medicaid/HealthChoice;
18% Medicare; 12% Private Insurance
- **90% of patients under 200% of FPL**
- About 1/3 of our patients are children



"This is my doctor. My sisters and nephew come here. I bring my children here because I want them to have the same advantages I had."





Our History: Responding to the Needs of the Community



Tarboro Road Family
Medicine
1972



Apex Family
Medicine
1975



Horizon Healthcare for
the Homeless
1987



Burroughs Pediatrics
1996



Rock Quarry Road
Family Medicine
1997



Southern Wake
Family Medicine
2000



New Bern Ridge
Pediatrics and Dental
Center
2002



South Wilmington
Outreach Center
2008



Franklin
Community
Health
Services
2008



Southeast Raleigh
expansion
2015



Located Where the Need is Greatest

From the Northern rural Franklin County to the Southern regions of Apex and Fuquay-Varina, we're located in 6 locations in Wake and Franklin counties.



Advance Community Health - Apex
Advance Community Health - Fuquay-Varina
Advance Community Health - Louisburg
Advance Community Health - Southeast Raleigh
Advance Community Health - South Wilmington
Outreach Center

"As a Community Health Center, we are held to the highest standards for measuring and reporting outcomes. We are committed to providing quality care following the Patient-Centered Medical Home model."

-- Dr. Michelle Bucknor, new CMO





Meet our Board of Trustees

We represent the communities that we serve



13 Board of Trustees members
62% are consumers representing 5 of our 6 practices and communities
Diversity: 9 African American, 1 Asian,
2 Caucasian, 1 Hispanic
1 Board member represents the homeless community



"Advance Community Health is leading the way in our state in delivering quality medical care to improve the health of our community." Elaine Brown, Board of Trustees Chair



Community Partners



OUR VISION:

We are a model of affordable healthcare and a trusted partner, building healthy communities, one patient at a time.



Community Outreach



Veterans Stand Down at South Wilmington Street Outreach Center



Reach Out & Read event during Health Center Week



This patient got insurance for the first time during an Outreach & Enrollment event



Free dental screenings at Shaw University Child Development Center



Education and outreach at Louisburg College health fair

"We are advocates for the families and communities that we serve. We are a community-centered practice that's built on a unique combination of affordable and high-quality care."

-Charles L. Faust, Jr., COO

Outreach & Enrollment

Open Enrollment Nov 2015 – Jan 2016

- 5 FTEs through HRSA grant
- 3 FTEs are Bilingual

2014 – 2015 IMPACT

- Assisted 560 individuals during Open Enrollment (November 2014 – February 2015)



Wake County Human Services Collaborations

- ACH Fuquay-Varina practice located in Southern Regional Center
- ACH Homeless Outreach site in South Wilmington Street Center
- Expanding Homeless Outreach for Medical Services into Cornerstone Center
- Collaboration with Western Region Advisory Committee led to partnership and co-location planned for Dorcas Ministries
- WCHS Medicaid Eligibility Worker onsite at New Bern Ridge Practice
- ACH staff member - Certified Application Assistant currently onsite at Swinburne and Sunnybrook locations 2.5 days per week. Beginning in October, scheduled onsite 3 – 4 days per week assisting WCHS clients
- Advance staff members trained to assist patients/clients with SNAP and Medicaid application data entry into NC Fast System.
- Discussions with WCHS Management regarding Access to Comprehensive Primary Care Services throughout Wake County through organizational collaborations



"We have been so successful in enhancing services to our patients through our community partnerships"
-- Penny Washington, CEO





Investing in our Community



Phase 1: New 35,000 sq. ft. facility

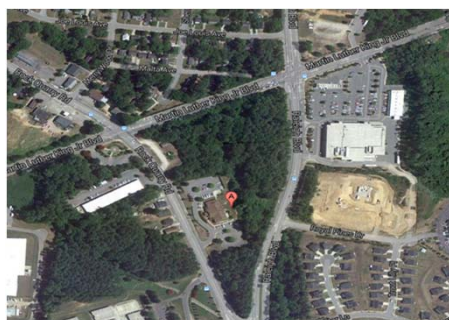
- Rapid population growth across the region
- 25% of Wake County residents live below the federal poverty line and, in Southeast Raleigh where this project is located, the number jumps to 37%
- It is estimated that 96,000 people remain unserved just in the neighborhoods surrounding SE Raleigh



"This is about more than a building, more than healthcare. This project will serve as a catalyst to transform a community." Harold Hicks, Board of Trustees



Expanding Access



Phase 2: Remodel existing building

New Building

- Merging two practice locations
- Expanding from 29,000 to 48,000 sq. ft. of patient space
- Expanding from 31 to 46 exam rooms
- Adding 3 treatment rooms
- Expanding from 8 to 10 dental operatories
- Opening pharmacy

Remodeled Current Building

- Expanding central services for entire organization
- Offering community meeting & training spaces
- Housing all administrative departments





One-Stop Healthcare

Meet Kyree and follow his visit to the doctor and dentist, all at the same time



9 am
Kyree goes to the dentist.



9:05
Getting settled in with mom



9:15
First dental cleaning

"It saves me a lot of time," says Kawana, Kyree's mother.



9:40
Weighing in



9:45
Looking for the doctor



9:55
Well-child visit



10:20
Checking out while his mother makes an appointment with our pediatric specialist



Meanwhile, Kyree's grandmother can have an appointment the same day, in the same place!

And in the future, they can get their medications in our pharmacy.

Consolidated healthcare for multigenerational families



Recent Accomplishments

- Received HRSA Recognition for Quality for 2014 & 2015
- PCMH Level 2 Certification at all practice sites
- 340B Pharmacy Expansion into Walgreens throughout Service Areas
- Expanded Partnership with Project Access to provide specialty services for Franklin County patients
- Formed Medicare ACO with 3 FQHCs and State Association
- Collaborated with Rex UNC Healthcare to relocate Rex Senior Center to Southeast Raleigh campus



"We pride ourselves on providing excellent medical and dental care in a fiscally conscious manner. The management team has positioned the organization for significant growth in the future." Jay Teagle, MBA, Board member





2015 Initiatives

- MOU with NC Office of Rural Health to provide primary care to migrant farmworkers
- Expansion of Integrative Behavioral Health and Substance Abuse Services
- Partnership with DHIC – to integrate housing and healthcare
- Seniors' Health Insurance Information Program (SHIIP) - staff trained as SHIIP volunteer educators.
- Case Management for Seniors and Homeless Patients
- Focused Provider Retention Efforts
- Name Change with New Brand and Logo



"Despite the region's success, there are groups that lack basic health care. WHS continues to meet the needs of these citizens and seeks to expand its services by asking its partners to invest in it."

Tara Minter, JD, Board of Trustees and Fundraising Committee Chair



2016 Initiatives

- Provider Engagement & Ownership
- Expansion of Dental Services to Franklin County
- Expansion of Outreach Services through Healthcare for the Homeless program (Cornerstone Center & Women's Center)
- Co-location site in Cary with Dorcas Ministries
- Optimization of Technology – Accounting, EHR, EDR, Practice Management, and HRIS
- Level 3 PCMH
- Changing Reimbursement Systems – Production Based vs. Quality Outcomes



"Any way to help the community is a privilege and an honor. My children's healthcare is important."

Marquette Russell, mother of four pediatric patients and Board member



Are we making a difference?
Just ask these patients!



"They listen to my concerns."



"We're patients. We have a voice."



"I trust my doctors."



"I feel welcome here."



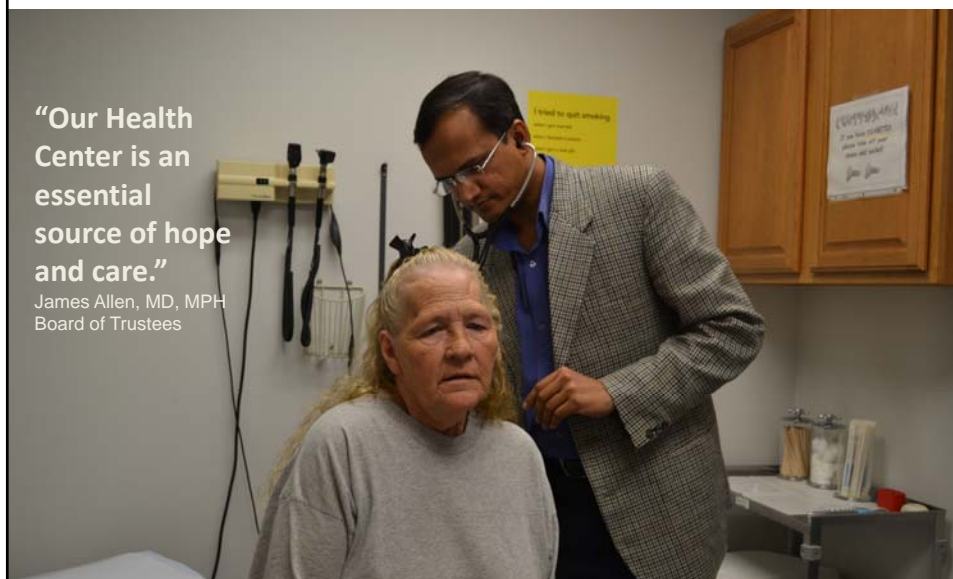
"They treat me
with respect."



"People count on us"

**"Our Health
Center is an
essential
source of hope
and care."**

James Allen, MD, MPH
Board of Trustees





Questions?

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