

**Wake County Human Services Board
Meeting Minutes
January 26, 2017**

Board Members Present:

Ronda Bean
Edward Buchan
David Cottengim
Fiorella Homa-Guerra
Kent Jackson
John Myhre
Margaret Raynor
Dr. Rosine Sanders
Dr. James Smith, III
Stephanie Treadway
Angie Welsh
Commissioner James West
Dr. Seth Wexler
McKinley Wooten, Jr.
Dr. John Perry

Staff Members Present:

Alicia Arnold
Lisa Cauley
David Ellis
Ken Murphy
Antonia Pedroza
Regina Petteway
Liz Scott
Dr. Joseph Threadcraft
Cassandra Watford
Brian Gunter
Ginny Satterfield
Dr. Edie Alfano-Sobsey
Mary Bryce Wells
Wilson Mize
Evan Kane

Guests Present:

Jean Williams
Jean Tedrow
Coby Crandall
Bage Shade
Allison Tetterby
Ginger Phelps
Steve Hess
Bob Meggiolaro

Call to Order

Chairman Dr. James Smith called the meeting to order at 7:31am.

Chairs Privilege

Dr. Smith spoke about Raleigh and how we continue to grow. Money Magazine has named Raleigh the number one City in the Southeast and has named Cary as the number one small City and this means the population is still growing and we will have more challenges.

Reflections

(Reflections given by John Myhre)

Mr. Myhre spoke about beginning the New Year with people involved in all forms of government such as local, County, State and Federal governments and the world is concerned about what changes will be coming. Some would question the morals of some that would bring change. Mr. Myhre went on to read an opinion article to the members.

Approval of Minutes

Dr. Smith asked for approval of the meeting minutes from the December 15, 2016 meeting. Mr. John Myhre asked for two changes to be made. The minutes were unanimously approved with these changes.

Next Board Meeting- Board Retreat February 23, 2017

Human Services Board Member Oath of Office

(Presented by Kenneth Murphy)

Mr. Murphy administered the Human Services Board oath of office to newly appointed Board member Dr. John Perry. Dr. Perry is replacing Dr. Sharon Foster in the Physician slot on the board.

Public Health Quarterly Report – Chronic Disease (PH Accreditation Benchmark #2.4)

(Presented by Dr. Edie Alfano-Sobsey)

Dr. Edie Alfano-Sobsey presented the Public Health Quarterly Report on Chronic Disease and touched base on some important points.

- Cancer is the leading cause of death in Wake County and smoking is the leading risk factor for lung cancer. In other parts of the country heart disease is the leading cause. The good news is the age adjusted mortality in the last 5 years has declined. Dr. Smith mentioned that the American cancer society's data shows that they see a 20 year trend but now they are targeting obesity as an indicator of cancer. Dr. Alfano-Sobsey pointed out that there was still disparity and that men were more likely to die of cancer than females and African American males were the highest.
- Dr. Alfano-Sobsey went on to point out that electronic cigarette use has jumped from 1.7% in 2011 to 16.8% in 2015 surpassing cigarette use among North Carolina high school students by 9.3%. E-Cigarettes are in the process of being regulated by the US Food and Drug Administration and the long term health effects are unknown. They are not a FDA-approved cessation aid. She also pointed out that according to the CDC, more than half (51.1%) of the calls to poison centers due to e-cigarettes involved children under age 5 and about 42% involved people age 20 and older. Poisoning from conventional cigarettes is generally due to young children eating them, whereas poisoning related to e-cigarettes occurs when the liquid containing nicotine is ingested, inhaled or absorbed through the skin or eyes. Vomiting, nausea and eye irritation are the most commonly reported symptoms from exposure. In North Carolina, poisonings due to e-cigarette exposures have increased. The Carolinas Poison Center reported eight calls for exposures to e-cigarettes containing nicotine or nicotine liquid in 2011, compared to 149 calls in 2015. In 2015, 12 calls were made from Wake County to Carolinas Poison Center for e-cigarette exposure to nicotine. Commissioner West asked what the ingredients were in e-cigarettes. Dr. Alfano-Sobsey deferred to Dr. Smith to list the basic ingredients.
- Dr. Alfano-Sobsey went on to discuss that in Wake County from 2011-2015, 209 white, non-Hispanic men died of prostate cancer compared to 90 African American, non-Hispanic men. However, African American, non-Hispanic men are two and a half times more likely to die of prostate cancer than white, non-Hispanic men. It is also important to note that the African American, non-Hispanic death rate dropped by 25% from 2008-2012 to 2011-2015, compared to an 8.1% decrease for white, non-Hispanic men. One American Indian, 1 Hispanic and 4 Other

Races non-Hispanic men died from prostate cancer; the number of deaths for each was too small to calculate a death rate. After discussing the chart and the sharp increase of cancer in 2008 Commissioner West asked if there were any correlation between recession and health. Dr. Alfano-Sobsey stated that along with other factors sometimes hospitals do not report and that affects the data as well.

- Dr. Alfano-Sobsey pointed out that this report has a section on Alzheimer's disease. Alzheimer's disease was the sixth leading cause of death in Wake County in 2015. The five year age-adjusted death rate remained stable from 2007-2011 to 2011-2015 (20 per 100,000) while the number of deaths increased from 561 in 2007-2011 to 679 in 2011-2015. Dr. Perry asked if it was safe to say that the average life span in Wake County was increasing since it seemed that the major causes of death are decreasing but then stated that there are also increases of certain things such as opioid deaths. Dr. Alfano-Sobsey said that they have some indication of this in the County health rankings but that this data is normally behind. Ms. Petteway asked Ms. Alfano-Sobsey to bring the County health ranking data to the Board once it has been released.

Dr. Smith asked for a motion to accept this report, Mr. Myhre Motioned, Ms. Raynor seconded. The Board voted unanimously to accept this report.

Public Hearing – Annual Housing Action Plan

(Presented by Emily Fischbein)

Ms. Fischbein presented materials to the Board for the FY 2017-2018 Affordable Housing Action Plan. The Affordable Housing Action Plan is a one-year plan to address the housing and community development needs of low-income families in Wake County. The Action Plan is implemented by the Housing and Community Revitalization (HCR) program of the Housing and Transportation Division of the Human Services Department using a combination of federal and local funds. It is the third part of the FY 2015-2020 Consolidated Plan approved by the Board of Commissioners in May 2015. The Consolidated Plan defines the housing and community revitalization needs of low-income families in Wake County for five years, 2015-2020. The 2017 Action Plan describes the way HCR will use its grant funds to address these needs in the next year from July, 2017 to June 30, 2018.

The Action Plan is required by the U.S. Department of Housing and Urban Development (HUD) in order for Wake County to receive the federal grants.

Upon a question by Commissioner West on what a Community Development Block Grant (CDBG) was Ms. Fischbein explained what it was, how it was received and what it was used to fund.

Ms. Fischbein then went on to explain the population groups that were identified as top priorities in the 2015-2020 Consolidated Plan for funding over the next five years. These groups were chosen because they have the greatest housing need:

High Priority:

1. Renters earning at or below 40% Area Median Income (AMI) per year;
2. Homeless individuals and families;
3. Non-homeless individuals and families with special needs.

Medium Priority:

1. Renters 41-50% AMI
2. Homeowners 41-50% AMI

Low Priority:

1. Renters 51-80% AMI
2. Homeowners 51-80% AMI

Housing and Community Revitalization uses five strategies to implement its program:

1. Preserve existing housing;
2. Develop additional housing;
3. Provide rental assistance and job training;
4. Fund public facilities improvements in low-income neighborhoods;
5. Provide homeless assistance services.

At the end of Ms. Fischbein's presentation Dr. Smith asked for Public Comments:

There were three speakers that signed up for Public Comments:

Public Comments

1. Dr. Smith called Jean Williams for public comments. Ms. Williams is the Executive Director of the Women's Center. Ms. Williams thanked the County Commissioners and the Human Services Board members and stated there was much that remained to work on and recommended that the Board recommend the upcoming housing action plan. Ms. Williams then recommended all creative avenues be pursued that are allowed with the funding to expand existing and available units. Ms. Williams recommended that we look at existing affordable housing that may be for sale and use any means necessary to prevent that loss. She further Recommended that the newly appointed Affordable Housing Committee not only look at brick and mortar solutions but are also directed to develop other creative ways to solve the affordable housing crisis. She spoke about one of the programs that the center offers, a Rapid Re-housing program. The Women's Center is struggling to meet their goals for the Rapid Re-housing due to several problems including too little housing that these individuals qualify for and other reasons such as housing being unaffordable or not enough affordable housing available. Ms. Williams closed by thanking the Board for listening
2. Dr. Smith then called Ms. Jean Tetro to speak. Ms. Jean Tetro, co-founder and CEO of Passage Home, a local community operation that manages affordable housing, asked to speak. Ms. Tetro explained what Passage Home does for the community. Passage home is a local home grown community development corporation that has been serving Raleigh and Wake County for over 25 years. They develop and manage local housing and almost 100% of those they serve are living at

or below poverty. Almost all those that they assist have multiple barriers such as poor credit, eviction history, correctional background, substance abuse recovery, etc. They offer an integrated approach that combines affordable housing, increasing income and case management. They work in support of the county's partnership to end and prevent homelessness. They are the designated community action agency administering the Community Services Block Grant. Ms. Tetro then proceeded to give figures for their assistance programs for 2016. In 2016 Passage Home assisted 268 families that conveyed to almost 1,000 individuals. Of these individuals those that increased income were 110 and the number of families that maintained employment for 90 days or more were 110 and 212 of these families increased their income. They manage 136 housing units throughout Wake County and have worked with the City, the County, HUD and other agencies to establish managed and sustain successful models that have allowed people who are in need of permanent housing to remain in housing indefinitely as long as they are paying their rent. She then stated that Passage Home supports the County's Annual Housing Action Plan and asked that the county continue to set their priority for those at and below 20% of the area medium income and those with special needs in high housing areas to help close the gap. She stated they were in need of new tools in the toolbox to try to think of ways to permeate private housing because we cannot build our way out of this problem.

3. Dr. Smith then called for Mr. Coby Crandall to speak. Mr. Crandall is currently a volunteer and former resident of the South Wilmington St. Center. Mr. Crandall then read a letter of recommendation from Frank Lawrence. Mr. Crandall lived at the shelter in 2013 and now volunteers as a peer and has started his own non-profit called the Pro Se Reentry Recovery Service Inc. The purpose of his company is to assist individuals in moving out of the shelter within 90 days. He stated that it is very difficult for people living in the shelters to coordinate all that they need to do to move out by themselves. Mr. Crandall helps connect individuals in the shelter with resources and helps them with action plans to keep them motivated and working towards a goal. Mr. Crandall stated that any funds that could be made available to him for this work would be wonderful. Commissioner West asked about the term reentry in the company name. Mr. Crandall stated that the name was chosen for different reasons, for either recovery or incarcerated or legal issues. These are his personal experiences and it is important to him that individuals that are specifically in the South Wilmington St. Center shelter learn how to access services in a timely and beneficial manner to move out.

At this time Dr. Smith closed Public Comments and asked Board members for any input. Several Board members discussed the comments that they had just heard as well as the information from Ms. Fischbein's report.

Board & Committees Priorities

(Presented by Mr. Myhre, Ms. Welsh, Ms. Bean and Dr. Smith)

Mr. Myhre spoke about the Public Health Committee and the facilitation that they are currently undergoing to assist in setting their priorities.

Ms. Angie Welsh introduced Ms. Ronda Bean as her co-chair for the Social Services Committee. Ms. Bean explained that the committee has just chosen three priorities, Housing being one of them and that they are brainstorming how they can tackle this. Ms. Bean then spoke about the committee being in the process of

recruiting new members as well. The other two priorities are Child Protective Services and Transportation. A lot of the objectives for these priorities are for learning and education. Ms. Bean spoke about the Committee expanding their knowledge on these items so that they can look at action items in the future.

Advocacy Event Prep – Advocacy Items Discussion

(Presented by Dr. Smith)

Dr. Smith went over the 2016 Wake County Human Services Board's Key Areas of Focus. With just one grammatical edit the members chose to keep the existing priorities for 2017:

- Improve access to care and medical homes (includes physical and behavioral health and substance use disorder)
- Support dental partnerships with community providers
- Support prevention and control of sexually transmitted diseases and emerging communicable disease
- Improve access to economic services, job training, and affordable housing
- Continue support for regional service delivery
- Support policies for clean water and air
- Address food insecurity and hunger
- Support expansion of Medicaid and increase in Medicaid rates for providers
- Advocate for the improvement of NC FAST

Consumer Affairs Complaint Review and Satisfaction Report

(Presented by Brian Gunter)

Mr. Gunter went over the numbers for unduplicated customers with complaints by services. The highest service that received complaints was Food & Nutrition Services

Commissioner West asked for the definition of a complaint. Mr. Gunter responded that it was any report of a complaint by a client with a problem or dissatisfaction with their services. He went on to explain that there are two systems to record complaints, one in the customer call center and one in the complaint services section that are linked through a SharePoint database. Ms. Petteway asked Mr. Gunter to confirm the staff that they had dedicated to the complaint lines: two dedicated staff, a dedicated call center, and a committee that reviews the complaint information. Mr. Gunter then proceeded to point out some highlights from the report:

- The most frequent and the highest complaint is for benefits delayed and that is for both food stamps and Medicaid
- The second highest is complaints about calls not being returned. Currently this has moved from 2nd to 4th since last quarter so this is very encouraging

Mr. David Ellis asked Mr. Gunter to talk about NC Tracks and Mr. Gunter went on to explain what it was and what the most complaints are that have been reported. NC Tracks is a State system that is set up at Medicaid suppliers' offices. Customers do not know there is an issue until they attempt to provide payment and the card does not work. The customers call our complaint line and we report issues back to NC

Tracks. Mr. Gunter then went over a breakdown of the Medicaid and Food Stamps complaints as they were the highest two. Mr. Gunter spoke about complaints received during the issuing of disaster benefits after the hurricane. It was noted that out of 7518 people that applied for disaster benefits there were only 12 complaints reported and of those complaints over half of the complaints were actually concerning the extensive affidavit form that was required to be completed for the benefits. Mr. Gunter pointed out how remarkable this was and that the number of complaints was so low and that this only added up to less than 1/5th of 1% of complaints.

Mr. Gunter then went on to discuss a process for open complaints. Since the last quarter, of the 1400 or so complaint cases that came through the system there were about 400 cases in the database that looked as if they were still open. The majority we believed needed to be researched and the documentation pinned down to show these cases were processed and the customers were satisfied. Ms. Pedroza and Ms. Paula Snelling, the Complaint Service Unit supervisor, have put together a resolution support team. They assigned about six staff members on a temp basis to work these 300 or so open cases at the end of each quarter so that the open cases can be processed and closed out. He stated that this was a wonderful system and they will likely need it going forward.

Human Services Department Report

(Presented by Regina Petteway)

- Ms. Petteway spoke about why the budget overview was cut from this meeting agenda. There are many requests for expansions this year and we are vetting these and going over these with the County Managers office so we are not ready at this time to bring the update forward. The budget overview should take place at the Board meeting in March.
- In reference to WIC we are cautiously optimistic that WIC's lease will be on the BOC meeting agenda at the February 6th meeting. This has been a major effort of the Board and the Western Advisory Committee. Once the lease is signed we are hoping to move on to have WIC services in the West
- Ms. Pedroza gave an overview of the audit process and results. The general assembly enacted legislation so that the State Auditors would do a one-time audit in NC for Medicaid. The audit period was 7/1/15-6/30/16 and every quarter 250 applications were pulled for review over the year no matter the size of the county. They chose 10 counties to audit and Wake County was one of these 10 counties. During this time we were rolling out NC Tracks, NC Fast and the Affordable Care Act programs and in addition in Wake County between 2014-2016 there was a 47% increase in Medicaid applications. The results of the State audit recently came out and Wake County had an accuracy rate lower than seven of the ten counties. The accuracy rate for applications and for re-certifications was very low. In timeliness of re-certifications, completing applications within the 45 day mark, Wake County came in ranked better than seven of the ten counties. The timeliness rate for new applications was 27% which was the worst of the ten counties. In three areas, re-certifications, accuracy & timeliness, and timeliness for re-certifications Wake County ranked well. The Wake County ranking for accuracy for new applications was not good. Part of the reason for this was due to the new programs that were going into effect during this audit period, NCFast, NCTRACKS, and the Affordable Care Act. After this audit had been completed, by March of 2016, we had reduced our overdue applications by 70%. Currently, due to the Affordable Care Act, the accuracy rate for new Medicare applications rising again as there are more applications being received this year than in previous years due to the fine being levied. As of the 24th of January we

have 6,196 pending new applications due to the Affordable Care Act period of November-January and we will likely be receiving applications from the State into mid-February so our timeliness rate will be affected by this. The State has also decided that their official report cards will be coming out in February which will not show well due to these applications coming in.

- Millbrook clinic is now open. Of all the clinics the Millbrook clinic is having the lowest no-show rate of all clinics indicating the perfect location. Ms. Petteway thanked the Board for their support in getting this clinic opened.
- Lisa Cauley spoke about the Social Services Committee taking on Child Services and Foster Care as one of their priorities and spoke about what they would be learning in order to assist these programs. Ms. Cauley thanked the Committee for choosing these as their priorities and stated that she is looking forward to their assistance in the future.

Environmental Services Director's Report

(Presented by Dr. Joseph Threadcraft)

Dr. Threadcraft asked Mr. Evan Kane to present on Radiological Contaminants in Wake County well water. Mr. Kane stated that this presentation provides a review of Groundwater Program activities and recommendations since it was last presented to this Board. Mr. Kane then went on to explain that there are three radioactive elements that we are watching for in Wake County groundwater – uranium and radium, which are both mineral contaminants, and radon, which is a gas. The health concern for all of these contaminants is primarily increased risk of cancer from long-term exposure. Uranium can have acute effects on kidney function at extremely high levels, but we don't think those levels are in play here. Uranium & radium are both mineralogical in nature, so the route of exposure for both of these is ingestion – drinking or cooking. Radon, on the other hand, is a gas. Most of its exposure risk is from inhalation, leading to an increased risk of lung cancer, but at very high levels there is also an increased risk of stomach cancer from ingestion. At very high levels, radon in water can contribute to elevated levels of overall indoor air radon. Mr. Kane then went over treatment options for wells identified with these three contaminants. Environmental Services has used existing testing data to establish a recommendation area for radiological well water testing. On the basis of past uranium testing, more recent radiological testing and background research, it is recommended that every well user in the eastern third of the county and another smaller area Southwest of Fuquay-Varina get their water tested for gross alpha radioactivity and radon and have an indoor air test for radon. Environmental Services has established a webpage with well testing recommendations specific to radiological contaminants, and will soon add this recommendation area to the IMAPS GIS. There will also be language included in new well permits in that area to recommend this testing, though it is not required under Wake County's well regulations. Environmental Services is equipped to collect water samples for gross alpha, radon, and other radiological contaminants, and can provide free test kits from the state radon program for residents to test their indoor air for radon. The cost of this testing is \$150. This is a cost-effective way to screen wells for radiological contaminants. Recently, as part of our risk-based assessment work, Environmental Services has been considering prioritization of various threats to the quality of private well users' drinking water. Part of that process has involved an examination of all of the available data on private well water quality. Looking at the relative frequency of various contaminants, Uranium, and, by extension, all radiological contaminants, appear to be the most common health threat in groundwater quality itself (i.e., not including coliform bacteria and not including esthetic concerns like iron or manganese). In addition, Mr. Kane stated that his examination of these datasets shows that radiological contaminants are present at far higher levels relative to the standards than these other human-caused contaminants. On the basis of this examination there are three program development recommendations:

1. Risk based prioritization of Wake Priorities List (WPL) outreach by prevalence and severity of contaminants in private wells.
2. Consider radiological test requirements during upcoming rule revision process
3. Improve communication of test results to buyers of new homes.

There are approximately 20,000 residential properties served by private wells in the radiological testing recommendation areas. Outreach to all of them is obviously a huge task. We could make it more manageable by starting in the areas where we have already documented uranium problems. That brings us down to about 30 outreach areas and about 800 properties. Of course, as we test more wells under this effort, and as word gets out about the importance of radiological testing, we may find new areas. This would be in addition to the roughly 400 outreach areas around anthropogenic contamination sites. Obviously we would pair this with broader outreach, such as the website. In summary Mr. Kane stated that radiological contaminants are fairly common in Wake County well water but they are treatable, you just have to know about the problem first which means testing. And that the Wake County well program is increasing emphasis on radiological contaminants through passive outreach, targeted outreach and the upcoming rule revision process.

Public Comments –

Jean Williams, Jean Tedrow and Coby Crandall all spoke concerning the Annual Housing Plan action hearing.

Action Items:

- Ms. Baker to schedule the Executive Committee to meet to break Board members into groups to discuss items with attendees at the advocacy event.
- Ms. Petteway asked Mr. Gunter to revise his presentation to reflect the data was for FY 2016-2017
- Ms. Petteway asked Ms. Alfano-Sobsey to bring the County health ranking data to the Board once it has been released

Adjournment

Chair Smith asked for a motion to adjourn, a motion was made and seconded. The meeting was adjourned at 10:05am.

Board Chair's Signature: _____

Date: 2/23/17

Respectfully submitted by Debra Baker