

**Wake County Human Services Board Retreat  
Annual Training & Orientation  
Meeting Minutes  
February 22, 2018**

**Board Members Present:**

Angie Welsh  
Edward Buchan  
Betsy Van Benthuyzen  
Fiorella Horna  
Frank Eagles  
John Myhre  
Dr. John Perry  
Margaret Raynor  
McKinley Wooten, Jr.  
Dr. James Smith, III  
Dr. Randy Marsh  
Commissioner James West  
Stephanie Treadway

**Guests Present:**

Dr. Sharon Foster  
Barbara Ann Hughes  
Dr. Dudley Flood  
Ann Rollins  
Chris Dillon  
Representative Nelson Dollar  
Carla MacKenzie

**Staff Members Present:**

Alicia Arnold  
Annemarie Maiorano  
David Ellis  
Crystal Farrow  
Delores Long  
Dr. Sue Lynn Ledford  
Dr. Caroline Loop  
Elizabeth Harmantzis  
Dr. Joseph Threadcraft  
Ken Murphy  
Michael Orbon  
Liz Scott  
Regina Petteway  
Paarth Mehta  
Cassandra Watford  
Ginny Satterfield  
Debra Baker  
Paige Bennett  
Zack Rasner

**Board member attendees Included newly appointed Board member Dr. Randy Marsh**

**Call to Order**

Chairman Dr. James Smith called the meeting to order at 8:03am.

**Chairs Privilege**

Dr. Smith welcomed the Board and Committee members, Human Services staff and guests. He then asked Ms. Ginny Satterfield to guide the attendees in the start of the meeting.

## **Wake County Perspective**

(presented by Mr. David Ellis)

Mr. David Ellis spoke about population growth and that Forbes magazine had ranked Wake County as the 11<sup>th</sup> fastest growing county in the U.S. and had ranked Raleigh as the 2<sup>nd</sup> fastest growing city in the U.S. He briefly discussed where the new residents are coming from. In forty years Wake County is projected to increase up to 2 million residents. Mr. Ellis then proceeded to talk about services that the county is responsible for. He then reviewed the county Board of Commissioners goals:

1. Community Health
2. Economic Strength
3. Education
4. Great Government
5. Growth and Sustainability
6. Public Safety
7. Social and Economic Vitality

There was a brief discussion of why the number of children in foster care had declined from 2016 to 2017. Ms. Delores Long explained that this is the result of new programs that Child Welfare had put in place. There were thirteen new staff positions added in the 2017 budget and the results are an increase in services provided to children and families and a decrease in the number of foster care youths.

Mr. Ellis then briefly went through several other challenges and what is being done:

- **Adult Services:** There has been a 220% increase in the number of reports to be evaluated since FY2014. The number of vulnerable people we assist with affordable housing and other needs has increased by 74% over the past five years since 2010. There were six new staff positions added in FY2017 and this has helped respond to growing needs. This staff increase has helped decrease the average caseload for adult guardianship staff from 44 to 31.
- **Mental Health:** There was a Behavioral Health Summit held in October of 2017 that included more than 200 stakeholders. The goals that came from this summit are: 1) to share important information and highlight initiatives planned or underway and important gaps. 2) to begin to set priorities regarding next actions to take.
- **Opioid Epidemic:** The 2017 year-to-date opioid diagnosis overdose emergency department visits (5,295) has exceeded the total visits (4,103) for all of last year, 2016. There is a pilot program that will launch to provide outreach education, the ability to link clients to care, and to re-establish a youth program to promote tobacco and substance abuse prevention. There will be \$950,000 in funds over the next three years provided by ABC. The goals are to address the rise in drug overdoses, align existing programs across the county to improve access to care, to reestablish youth prevention programs and to address tobacco prevention and cessation.
- **Affordable Housing:** Since 2006, the median household income for those without a bachelor's degree has increased by 10 percent, while rental housing costs have increased by 35 percent. Affordable housing development has not kept pace with demand or need. In 2015 only 500 affordable housing units were produced, representing just 5% of the county's total housing production. Some of the ways that will be used to address this are to use the land use regulations and zoning authorities to indirectly support production and preservation of affordable housing. Leveraged

programs will also help create or preserve affordable housing to meet residents' needs. There will also be a dedicated public subsidy to help produce affordable housing as it closes the gap between what a household can afford to pay and what it costs to develop and maintain quality housing.

- **Hunger:** Fourteen percent of the Wake County population is food insecure. Some of the ways that we are ensuring that our youngest residents do not go hungry are by providing a universal school breakfast, establishing school food pantries and organizing the Summer Food Service Program. There is a comprehensive Food Security Plan and Action Manual for Wake County. This plan will link existing efforts, leverage new leadership and provide everyone in Wake County with a roadmap to participate. This plan provides a roadmap for every resident in Wake County to play a role in improving food security in their communities.
- **Vulnerable Groups:** The FY2017 budget created a position to manage two pilot projects. The outcomes of this will be economic opportunity, human capital development, health and wellness and civic engagement.
- **Disease Control:** The Communicable Disease Program handled 17 different outbreaks in 2017 and it is likely that this will be surpassed in 2018. With over 74 diseases that are reportable to the health department and a population of one million, being able to do the investigating and reporting that needs to be done along with trying to do prevention efforts is a challenge. To handle this Wake County has 1) hired an additional communicable disease nurse 2) hired a TB nurse 3) Made staffing adjustments in the STD group to better respond 4) Increased a CD Health Educator to a full-time position, who is bilingual and has been able to increase the efforts to help with education within the Latino population
- **Public Health challenges are increasing:** 1) Sexually transmitted infections: 442.2 chlamydia cases per 100,000 population 2) Adult obesity: 25% of adults reporting a BMI of 30 or more 3) Physical inactivity: 18% of adults > 20 reporting no leisure time physical activity. A Population Health Task Force was created in February 2017 to assist in finding ways to work on these issues. The next steps for the task force are to gain stakeholder buy-in and to deliver a plan to the Board of Commissioners.
- **Animal Control:** Staffing analysis showed Animal Control was short on FTEs and at the same time there was a desire to expand service hours, especially on weekends. The FY2018 budget expansion added 2 animal control officers that can expand coverage and hours, improve service, maintain the same level of service when team members are out and improve the work/life balance of staff.

Mr. Ellis finished his presentation by asking for questions. Dr. John Perry asked about school security and safety and asked what elements of a plan may be in the purview of Human Services and the Board of Commissioners. Mr. Ellis stated that most of the purview falls on the school system, what strategies they think may be effective and coming to the Board of Commissioners to ask for the resources they need to keep their schools safe.

### **Human Services Board Members Roles and Responsibilities (PH Accreditation Benchmark # 36.1, 36.2, 36.3)**

(presented by Ms. Regina Petteway)

Ms. Ginny Satterfield led a group interactive training session that included a competitive question and answer session based on the Human Services Board Operating Procedures between three teams of Board members. Wake County Board Operating Procedures GOV.BRD 100 was reviewed by using this interactive session. New Board member Dr. Randy Marsh participated in this activity.

Following the interactive session Ms. Regina Petteway reviewed the Human Services Board member roles and responsibilities. Ms. Petteway then reviewed N.C. House Bill 438 that created the consolidated Human Services Board which by general statute has the powers and duties of a Board of Health and a Board of Social Services. Ms. Petteway briefly reviewed the responsibilities of Board members to both public health and social services.

In closing Ms. Petteway summarized the Human Services Boards responsibilities:

- To function effectively within the context of a Consolidated Human Services Agency, serving simultaneously as a Public Health and Social Services board member.
- To play an active role in helping to meet the Public Health and Social Services statutory functions.
- To perform necessary reviews of documents and other important materials to be well prepared to provide sound advice and decision-making.
- And a reminder to Board members that the Wake County Board of Commissioners require that members attend at least 75% of scheduled meetings

Human Services Board members are appointed by the Board of Commissioners after the Human Services Board has carefully vetted applicants and recommended them for appointment.

Ms. Fiorella Horna asked about having a representative from a mental health organization attend board meetings. Dr. Smith responded by stating that this had not happened but that there are several Board members that sit on the mental health Alliance Board. Commissioner West stated that Commissioner Greg Ford is a member of the Alliance Board and that he would be a good candidate to attend Human Services Board meetings.

Dr. Smith thanked Mr. Ellis for his presentation.

### **Environmental Services 101 (PH Accreditation Benchmark # 36.3)**

Dr. Joseph Threadcraft began by stating the mission of Environmental Services: Together we improve the health of people, animals and the environment. He then spoke about the budget requests that were submitted to the County Managers office and that Environmental Services had received 89% favorable recommendation with the exception of the Integrated Mosquito Management plan and a program manager request.

Dr. Threadcraft then spoke about Water Quality leading revenue growth and updated the Board members on correction action plans, service level delivery, growth impact and key initiatives. He briefly discussed several water quality items including pool inspections and the hiring of temporary pool inspectors and the Lead Poisoning Prevention Program.

Dr. Threadcraft then discussed watershed management and the Boards participation in advocating for the expansion of full time employees that have improved the service model. He then spoke about service level delivery and that the lack of delivery can cause negative consequences in the community. There has been an increase in the demand for sampling well water and as a result of this increase we have not been able to keep pace with allocated funds to conduct these tests. There is a sub-committee comprised of Human Services Board members and Water Partnership members that is evaluating the groundwater outreach program and has made recommendations to add full time employees. Dr. Threadcraft then talked briefly about the integrated study that the Water Partnership has proposed. The Board of Commissioners have approved a comprehensive groundwater study, the last study in Wake County was completed in 2003. There is a requirement for municipal providers to have a 50-year plan on how to provide adequate water quality/quantity for their customers. The county is not required to have this plan but when the 2003 study is updated we will correlate the study to ground water and surface water supply to make sure that as the population continues to grow that all residents of Wake County have access to water quality/quantity. Dr. Threadcraft stated that this is cutting edge for Wake County to be proactive.

Dr. Threadcraft then spoke about an administration gap and that these budget requests were not approved by the County Managers office. Since the addition of staff in this area were not approved this year it will be requested again in the next fiscal year. He also spoke about the budget request for an entomologist and a research assistant that were also not recommended and that upon further discussion Environmental Services will look in to leveraging relationships with NC State University to assist with Vector Borne Disease.

Dr. Perry asked about the integration of water management and what that means. Dr. Threadcraft explained that the One Water Initiative was created to bring together all water to create a combined water management program. This program values all water and believes it should be managed regardless of the source, groundwater, waste water, storm water and surface water are all limited resources. The One Water concept of Wake County is that we are being very proactive and when the population doubles we want to be sure we have the resources to provide them with service.

Dr. Smith thanked Dr. Threadcraft for his presentation.

#### **Human Services 101:**

Ms. Regina Petteway stated that Human Services budget meeting with the County Manager's office is March 8, 2018 and that after that meeting she would bring information to the Human Services Board on what the County Manager's recommendations are. Ms. Petteway then took a few moments to introduce the staff in attendance and then reviewed the history of consolidated counties. Wake county has been a consolidated county for 21 years and is dedicated to providing public health, social services, housing and transportation services to the citizens of Wake County. Wake County Human Services serves over 200,000 unduplicated individuals per year.

Ms. Petteway then went over the Vision 2020 key strategies:

- Transform WCHS from primarily being a Safety Net to also becoming a human capital development agency that contributes to promoting quality of life in Wake County.
- Re-structure the agency to make it more horizontal and less vertical to allow for better use of talents and participation.

- Further the agenda of WCHS integration, providing population-based and consolidated services through a Regional/Population-based concept.
- Increase accountability and impact by becoming a consumer focused, data driven and outcome-based agency.
- Bring 21<sup>st</sup> century technology to the agency, working towards becoming E-WCHS.
- Expanding the scope and outreach by fully utilizing a “tool kit” and a co-production approach that includes staff, Wake County, partners, contracts, volunteers and self-sufficient consumers.
- Provide WCHS employees with an enriching and enjoyable working environment, which allows them to learn and grow, develop successful careers and make a good contribution to society.
- Becoming a high quality and state of the art Human Services entity recognized as a national model for several best practices.

Ms. Petteway then reviewed the Executive Leadership Team organizational chart and briefly discussed the FY2018 resources management budget. She then went through the state statutory functions:

Wake County Human Services serves as an agent of the State of North Carolina in the performance of the following statutory functions:

- Public Health Code Implementation and Enforcement
- Benefits Administration
- Child Protection
- Elderly and Disabled Protection
- Child Support Enforcement
- Emergency and Disaster Preparedness and Response

There was extended discussion on several of these statutory functions and then the meeting attendees took a ten minute break.

#### **Annual Legal training and Orientation (PH Accreditation Benchmark #34.2, 36.1, 36.3)** (presented by Kenneth Murphy)

Mr. Murphy spoke to the group and let them know that he would be speaking about the powers, duties and responsibilities of the Human Services Board. Mr. Murphy then explained that the Human Services Board is a consolidated Public Health and Social Services Board. Many Counties in North Carolina have a separate Health Department and Social Services Department, governed by separate boards. NC General Statute 153A-77(b) states that any county with a County Manager form of government may create a consolidated county human services agency having the authority to carry out the functions of the local health department and the county department of social service and may create a consolidated human services board. Wake County did this in 1996, twenty-one years ago. Mr. Murphy then went over NC General Statute 153A-77(c) which states that “A consolidated human services board . . . shall serve as the policy-making, rule-making, and administrative board of the consolidated human services agency.” Mr. Murphy then asked if any Board members had an example of the Boards involvement in policy-making, rule-making and administration. There was discussion on several policy items that the Board had been involved in over the last several years, in particular the Housing Action Plan. The Board members discussed their involvement in the Integrated

Mosquito Management regulations and that this was an example of rule-making. The most common administrative duty that the Board members are involved in are Dangerous Dog and Solid Waste Appeals.

Mr. Murphy then reviewed the portion of NC General Statute 153A-77(c) that lists the composition of the Wake County Human Services Board as:

- No more than 25 members, all appointed by the Board of Commissioners
- The composition of the board shall reasonably reflect the population makeup of the county
- Must have: psychologist, pharmacist, engineer, dentist, optometrist, veterinarian, social worker, registered nurse
- Must have: 2 physicians, one of whom shall be a psychiatrist
- Must have: 1 member of the Board of Commissioners

Mr. Murphy went over Specific Statutory powers of the Wake County Human Services Board as set by NC General Statute 153A-77(d):

- "Set fees for departmental services based upon recommendation of the human services director"
- "Recommend creation of local human services programs"
- "Adopt local health regulations and participate in enforcement appeals of local regulations"
- "Advise local officials through the county manager"
- "Perform public relations and advocacy functions"
- "Protect the public health to the extent required by law"
- AND, in addition to the above: "the consolidated human services board shall have the powers and duties conferred by law upon a board of health [and] a social services board"

The Statutory powers and duties of a local Board of health are specified by NC General Statute 130A-39 as:

- "A local board of health shall have the responsibility to protect and promote the public health [and] adopt rules necessary for that purpose"
- "adopt a more stringent rule in an area regulated by [the State] where, in the opinion of the local board of health, a more stringent rule is required to protect the public health"

Mr. Murphy ended the session by discussing the board members individual responsibilities:

- Play an active role in helping Wake County to meet its Public Health and Social Services statutory functions
- Participate actively & constructively in Wake County Human Services Board meetings
- Attend at least 75% of scheduled meetings
- Not seek or accept financial gain related to status as a Wake County Human Services Board member
- Represent, and advocate for, Wake County Human Services programs at various community events as requested
- Identify and advocate for resources needed to carry out the mission of Wake County Human Services
- Conduct Wake County Human Services Board meetings in compliance with NC Open Meetings Law

Dr. Smith thanked Ken Murphy for his presentation.

## **Legislative Trends and Issues**

(presented by Mr. Chris Dillon and Representative Nelson Dollar)

Mr. Chris Dillon gave a brief 2018 Legislative Outlook and then introduced Representative Nelson Dollar.

Representative Dollar described his district and said that it included almost all of the Swift Creek watershed and a large part of the Middle Creek watershed. He stated with respect to Health and Human Services the biggest issue that he sees right now is behavioral health and the question of what is the governance going to be in the future. He stated that in the last 6 months he has been working on this issue almost non-stop. He believes that there is a core basis of an agreement and he is hoping that legislation will provide for mild to moderate mental health services to be provided under the major medical (Medicaid) plan caps that are coming. The medical side of Medicaid will be moving in to commercial medical provider organizations, managed care. Representative Dollar then spoke about the legislators working on this with the provider organizations as well as with the new Secretary of N.C. Department of Health and Human Services. He is hopeful that something will happen on this during the short session. He also spoke about the legislators working with foster care and passing a lot of legislation this past few years to help the foster care system. He spoke about the need for community involvement in legislation and that the community is always encouraged to participate.

Representative Dollar then responded to questions from attendees for several minutes. Dr. Smith thanked Representative Dollar and Mr. Dillon for their presentation.

## **Human Services Horizon Issues**

(presented by Annemarie Maiorano)

Due to time constraints Ms. Maiorano briefly went over a few of the items that she had included in the Human Services Horizon Issues handout:

- **Economic Services: NCFAS**  
As DHHS continues to roll out additional programs in NC FAST, Wake County Human Services must continue to review and modify its business processes accordingly. The goal is always focus on creating and aligning process that enable us to best serve the residents of Wake County through the timely and accurate delivery of benefits. WCHS has added approximately 120 positions in the last three years due in part to these changes as well as increased need.
- **State Medicaid Reform and Reimbursement**  
Wake County Human Services (WCHS) is a safety net provider to approximately 40,000 residents making close to 100,000 visits annually. Approximately 50% of these patients are covered under Medicaid. Currently, fee for service reimbursement from Medicaid is the primary source of funding for WCHS healthcare operations. These dollars help to offset the cost of uncompensated care for uninsured clients who would otherwise lack access to medical care. In July 2019, Medicaid will transition from fee for service to a value based care compensation model. Our ability to continue receiving Medicaid funds will require adjustment to the current business practices and service complement. To that end, we are in process of evaluating clinical operations and service, space utilization, staffing complement, IT and data reporting capability. This will allow for strategic positioning to successfully make this transition.
- **Drug Overdose Prevention**



Wake County, like much of the nation, is experiencing an exponential increase of heroin and opioid use and overdoses leading to serious public health and socioeconomic consequences. Heroin deaths increased 433 percent, from 6 deaths in 2011 to 32 deaths in 2016. Commonly prescribed opioid deaths increased 73 percent, from 22 deaths in 2011 to 38 deaths in 2015. Other synthetic opioid deaths increased 1,500 percent, from 3 deaths in 2011 to 48 deaths in 2016. Overall opioid deaths increased 200 percent, from 29 deaths in 2011 to 87 deaths in 2016. Drug-related deaths, however, are only the tip of the iceberg when the epidemic is evaluated holistically. The financial and human impact on Wake County residents is alarming. Emergency services, law enforcement, hospitals, child welfare, and our economy are also dealing with the repercussions. Wake County ranks among the highest prescribers of outpatient opioid medications in North Carolina at a rate of 113+ per 100 residents. Extensive effort across the continuum of preventive services is needed. Additionally, the lack of clinicians providing medication assisted treatment is an issue for Wake County residents. Through working with community partners such as Alliance Behavioral health and our own Drug Court, WCHS Pharmacy can increase access and treatment through medication assisted treatment.

- **Comprehensive Plan to Address Safe, Decent, Affordable Housing**

The 20-year, Comprehensive Wake County Affordable Housing Plan was completed and approved by the Board of Commissioners on October 16, 2017. This plan includes 19 recommendations to increase and preserve affordable housing throughout the community. Six recommendations have been selected by the Housing Division for accomplishment by 2021. Those recommendations include:

1. Public Land Disposition Policy and Analysis
2. Land Use Policy Partnerships with Municipalities
3. Enhancement of the Rental Loan Program, including the development of Acquisition and Preservation Funds
4. Permanent Supportive Housing Pilot Project and Capacity Building
5. Affordable Housing Warning System and Annual Report
6. Landlord Partnership Program

- **Coordinated Human Services Transportation Plan/Wake County Transit Plan**

The current Wake Transit Plan goal is to increase public transportation in our communities by expanding access and opportunities, connecting more people to jobs, schools, and entertainment. The plan will increase fixed route bus services, implement bus rapid and commuter rail transit, fund local service, and expand rural on-demand services which serve our elderly/disabled, and rural citizens where fixed route services are not available. The Wake Transit Plan has contracted with Nelson Nygaard Consulting Firm to help shape the new 5 year Coordinated Human Services Transportation Plan in an effort to address rural transportation needs, and identify gaps in services. The plan will also inventory current services Wake Coordinated can connect with to reduce duplication and connect agencies in order to provide efficient services to our most vulnerable and underserved citizens.

- **NCFast Implementation**

Child Welfare was scheduled to begin implementation in April 2018. As of today, implementation has been pushed out another 2–3 months. In preparation, Child Welfare has been involved in a massive cleanup of State data versus internal data. Cleanup efforts will continue well into the implementation. This along with the need to move records from our electronic record system to NCFast will likely to cause inefficiencies in our work for some time.

- **Oak City Center**

Wake County purchased a vacant warehouse adjacent to the South Wilmington Street Center (1430 South Wilmington Street, Raleigh) for use as a multi services center to connect those who are homeless and at risk of becoming homeless with the services that they need. Renovations have begun on the building and they are expected to be complete in February 2019. Catholic Charities will be the service operating partner and they have just selected an Oak City Center Executive Director. Groups are meeting to plan for services and service coordination. And fundraising for operational costs is also underway.

- **Organizational Assessment**

With support from the County Manager's Office, Wake County Human Services launched into a significant multi-phased initiative of organizational assessment and improvement activities in January 2016: Leading and Enhancing Agency Development initiative (L.E.A.D.). This initiative began with a professionally conducted survey of employees, followed by intentional engagement of a sizeable portion of the workforce in Employee Advisory Panels to create action planning recommendations and prioritization of those recommendations. Human Services is successfully implementing a number of the staff recommendations using existing resources - including employee recognition activities and the development of a customer service "blueprint". The list of recommendations around professional development and the need to create a sustainable program for professional development for all staff and especially supervisors presents our biggest challenge and opportunity and will be the focus of work in the next year. WCHS intends to re-survey using the same methodology in July 2018 to assess progress.

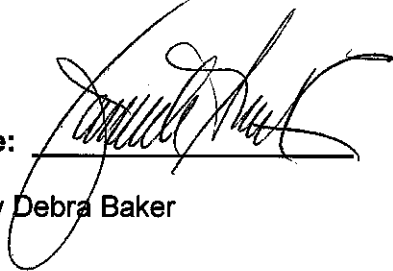
Ms. Maiorano asked for questions and Ms. Petteway asked her to explain the Oak City Center. Ms. Maiorano spoke about the Oak City Center and the services that will be provided at this location once it is up and running. Ms. Maiorano explained that the Oak City Center will be a multi services center to address the needs of homeless and at-risk people in a consistent fashion so that we can connect them better and more quickly to services. The outcomes we are going for is a decrease in the time that someone is homeless and a better and more accurate placement into the services that they need. There was some discussion about the Wake Network of Care online system that can currently be used by organizations, locations and individuals to look for services that are provided at other locations that they may need.

In closing the meeting Dr. Smith thanked the attendees, presenters and the staff for their participation in the Board retreat.

**Adjournment**

Chair Dr. Smith asked for a motion to adjourn, a motion was made and seconded. The meeting was adjourned at 11:27am.

**Board Chair's Signature:**

A handwritten signature in black ink, appearing to read "Debra Baker", written over a horizontal line.

**Date:**

3/21/18

Respectfully submitted by Debra Baker

