

**Wake County Human Services Board Retreat
Annual Training & Orientation
Meeting Minutes
February 25, 2021**

Board Members Present:

Edward Buchan
DaQuanta Copeland
Frank Eagles
Dr. Ojinga Harrison
Fiorella Horna
Tonya Minggia
Dr. John Perry
Ann Rollins
Dr. Anita Sawhney
Dr. Kelcy Walker Pope
Commissioner James West
Dr. Mary Faye Whisler
McKinley Wooten, Jr.

Guests Present:

Emily Hoover

Staff Members Present:

Nannette Bowler
Commissioner Maria Cervania
David Ellis
Caroline Harper
Richard Hayner
Brittany Hunt
Evan Kane
Dr. Caroline Loop
Annemarie Maiorano
Heather Miranda
Kenneth Murphy
Dr. Nicole Mushonga
Antonia Pedroza
Andre Pierce
Paige Rosemond
Jessica Sanders
Ashley Whittington

Board member attendees included newly appointed Board members Ms. DaQuanta Copeland, Dr. Ojinga Harrison, Ms. Tonya Minggia, Dr. Anita Sawhney, Dr. Mary Faye Whisler, and Dr. Kelcy Walker Pope.

Welcome

(Presented by Dr. John Perry and Mr. David Ellis)

Wake County Human Services Board Chair Dr. John Perry welcomed everyone to the 2021 Wake County Human Services Board Retreat. The meeting was called to order at 8:01 a.m. Dr. Perry recognized Wake County Manager Mr. David Ellis who provided brief comments. Mr. Ellis commended Human Services for their response to the COVID-19 pandemic. During this time, socioeconomic and racial disparities have been forefront concerns that the County is intent on addressing.

Oath of Office

(Presented by Mr. Ken Murphy)

Mr. Kenneth Murphy administered the Oath of Office to:

Ms. DaQuanta Copeland
Dr. Ojinga Harrison
Dr. Kelcy Walker Pope
Dr. Anita Sawhney

Annual Legal Training and Orientation [PH Accreditation Benchmark #34.2, 36.1, 36.2, 36.3] – Duties of Human Services Board, Board Member Roles, General Statute References
(Presented by Mr. Kenneth Murphy)

Mr. Ken Murphy, Deputy County Attorney, explained that he would be speaking about the powers, duties, and responsibilities of the Human Services Board. The Human Services Board is a consolidated Public Health and Social Services Board. 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. The NC General Statute 153A-77(c) states the statutory foundation for the Wake County Human Services Board's powers and duties as:

- “A consolidated human services board . . . shall serve as the ***policy-making, rule-making, and administrative board*** of the consolidated human services agency.”
- **Policy-making:** budget input; mission statements; Healthiest Capital County; Middle Class Express; dental health services
- **Rule-making:** some examples of past rule-making are the smoking, Tobacco and Vapor Product Use ordinance; Recreational Waters and Public Beaches regulations; Septic Regulations; Well Regulations; Animal Control Ordinance revision that the Human Services Board has been involved in
- **Administrative:** Appeal Panel hearings and appeals to Full Board; interview prospective Board members; advice and consent to County Manager in selection of HS Director; HS Board Bylaws; HS Board Rules of Appeal

This same NC General Statute 153A-77(c) also states the composition of the Wake County Human Services Board as:

- Nineteen members, all appointed by the Board of Commissioners (BOC)
- No member may serve more than two consecutive four-year terms
- 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
- Must have: 4 consumers and 4 general public

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 as recommended by staff
- 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
- 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:

- “Adopt *rules* necessary to *protect and promote the public health*” and
- “Adopt a *more stringent rule* in an area regulated by [the State] where, in the Board’s opinion, a more stringent rule is *required to protect the public health*”

As an example, using the parameters of NCGS 130A-39A, the Board has set more stringent rules for Wake County Well Regulations and Septic Regulations than the State regulations. The Board had determined that it was necessary to protect the public health to make these rules more stringent. Mr. Murphy went on to explain that the County cannot make rules that are less stringent than State rules. Local health rules apply to unincorporated Wake County as well as all municipalities within the County. Proposed health rules must be made available for public inspection ten days in advance of their adoption, amendment, or repeal. The Board must also keep copies of health rules on file.

Mr. Murphy went over NC General Statute 108A, Statutory powers and duties of Social Services Board as it pertains to the Wake County Human Services Board’s powers and duties. NCGS 108A-1 and NCGS 108A-9 state the duties and responsibilities:

- “Advise county and municipal authorities in developing policies and plans to improve the social conditions of the community”
- “Consult with the director of social services about problems”
- “Have such other duties and responsibilities as the General Assembly, DHHS or the Social Services Commission or the board of county commissioners may assign”

Mr. Murphy discussed the board members individual responsibilities. He also reminded members to be careful not to individually speak for the “Board” as a body when they are advocating at various community events as an individual. He then went on to note some of the responsibilities each individual Board member has to the Board:

- Play an active role in helping Wake County to meet its Public Health and Social Services statutory functions
- Participate actively and 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
- Serve on the Public Health Committee or Social Services Committee

Finally, Mr. Murphy reviewed the Human Services Board's role in the accreditation of the health department. All local health departments in North Carolina must obtain and maintain accreditation from the State every four years. The most recent accreditation cycle ended in 2019. Of the 41 accreditation benchmarks, the Human Services Board is directly responsible for benchmarks 34 through 41 (standards on "Governance").

Mr. Murphy encouraged Board members – new and veteran alike – to reach out with any questions they may have.

Human Services 101 (Organization Structure and Service Provision) [PH Accreditation Benchmark #36.3]

(Presented by Ms. Nannette Bowler, Ms. Antonia Pedroza, Ms. Heather Miranda, and Ms. Annemarie Maiorano)

Director Nannette Bowler gave an overview of Wake County Human Services. In 1996, Wake County consolidated Public Health, Social Services, Behavioral Health, Child Support Enforcement, and Housing and Community Revitalization agencies into the first integrated county Human Services agency in North Carolina. By 2012, Wake County had partnered with Durham County to launch Alliance Behavioral Healthcare to manage Behavioral Health services. Divestiture of Behavioral Health services to private companies was completed by July 2013. And in 2019, Wake County invested in strategies to decrease homelessness and increase the supply of affordable housing. Thus, the Housing and Community Revitalization Department was created.

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

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

General statues information for Social Services and Public Health were reviewed as well as appropriate federal regulations and collaborations with the North Carolina Department of Health and Human Services (NCDHHS). Director Bowler then shared the vision statement of Wake County Human Services (WCHS). WCHS serves over 200,000 people each year out of fifteen locations across the County.

Director Bowler also briefly reviewed the Fiscal Year (FY) 2020 budget (see below).

	As of 2/15/2021	
	FY21 Amended Budget	% of Budget
Expenditures	\$163,673,246	
Revenues	\$80,545,842	49%
County	\$83,127,404	51%
FTEs	*1654	
	As of 2/15/2021	
	FY21 Actual (YTD)	% of Budget
Expenditures	\$86,940,227	
Revenues	\$39,852,815	46%
County	\$47,087,412	54%
FTEs	*1654	

Ms. Antonia Pedroza, Deputy Director of Social Services, then presented about Economic Services and Child Welfare. Economic Services covered the following areas:

- Medicaid
- Food and Nutrition Services (FNS)
- Child Support
- Child Care Subsidy
- Work First
- Energy Assistance
- Employment Services
- Senior and Adult Services

Child Welfare is another part of Social Services. With Child Welfare, Child Protective Services or CPS ensures safe, permanent, nurturing families for children by protecting them from abuse and neglect while attempting to preserve the family unit. CPS also provides services – called Permanency – to safely reunify families whenever possible. This reduces the length of time in care by achieving permanent homes for children. Prevention is also a part of Child Welfare and provides up to twelve months of services for at-risk families to decrease entry and re-entry into the child welfare system. Ms. Pedroza explained that many do not realize that CPS is available at any time of any day. During the first few months of the pandemic, CPS saw its reports decline. These are now on the rise once again and remain a concern given the limitations and isolation related to COVID-19. Staff have been extremely dedicated during the pandemic despite the quick demand for a shift to telehealth services. Child Welfare is still extremely dedicated to serving the community.

Next, Ms. Heather Miranda, Clinical Operations Director, presented information about Public Health and Health Clinics. Public Health encapsulates several aspects of Human Services, including the following:

- 4-H Youth Development
- Communicable Disease Prevention and Surveillance
- Disaster Preparedness and Response
- COVID-19 Operations

- Epidemiology
- Health Promotion and Disease and Injury Prevention
- HIV/STD Community Outreach
- Immunization Outreach
- Maternal Child Health Programs
- School Health
- Vital Records
- Community Health Needs Assessment

Health Clinics also encompasses a vast swath of services. Ms. Miranda noted that much of the data provided in the slides to Board members represented 2019 findings. This represented a more realistic view of operations for the clinics. Clinical Services covers immunization/travel medicine and refugees as well as STDs/HIV and pharmacies. One of the challenges for 2020 was the lack of travelling due to the COVID-19 pandemic. Because of this, travel and refugee services focused largely on immunizations. The Immunizations Clinic is not current administering the COVID-19 vaccine.

Women and Children Clinical Care covers dental services, child health, the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), and family planning and prenatal/postpartum care. WIC services have understandably grown significantly in response to the need created by the pandemic. In 2020, participants increased by at least 5,000 individuals. WIC staff have been able to operate largely remotely, which greatly assists in addressing clients' needs.

Ms. Miranda briefly reviewed patient visit statistics between FY 2019 and FY 2020 (see chart below). Health Clinics at Sunnybrook reduced capacity due to social distancing requirements, limited personal protective equipment (PPE), and staff reassignments to the Emergency Operations Center (EOC) COVID-19 response. Regional center clinics were closed due to the pandemic beginning in March of 2020. The Eastern Regional Center (ERC) in Zebulon reopened in June 2020. Telemedicine services were successfully implemented at all clinical locations to increase access for patients during the pandemic. No-show rates for appointments have reduced from an average of 16.2% (FY 2019) to 13.3% during FY 2020.

Health Clinic	Patient Visits FY 2019	Patient Visits FY 2020*
Infectious Disease	7,403	8,842
STD	10,153	9,034
Child Health	12,313	10,476
Dental	8,454	5,653
Immunizations/Refugee/Travel	8,696	6,735
TB	7,184	6,803
Family Planning	9,162	8,599
Prenatal	13,633	13,844
Millbrook	2,900	2,099
Eastern Regional Center	2,989	1,790
Northern Regional Center	4,029	2,548
Southern Regional Center	2,031	1,603
Total Clinical Visits	97,060	78,026

*Numbers reflect reduction and shutdown of clinical services and locations due to COVID19 pandemic starting in March of 2020.

Ms. Annemarie Maiorano, Deputy Director of Operations, then reviewed Administration and Operations. Administration and Operations includes the following for Human Services:

- Budget and Finance
- Business Excellence
- Call Center and Records
- GoWake Access Transportation
- Human Resources
- Regional Centers

She began by reviewing GoWake Access – a Community Transportation Program designed to help close the gaps in Wake County’s transportation network for special populations. It provides mandated and non-mandated services to specific populations based upon system capacity and available funding sources. Next, Ms. Maiorano described the “Voice of the Customer.” This phone line provides client advocacy in a neutral system (unembedded with any service division) and assists customers with system navigation support. Using this, the phone line manages the agency’s traditional complaint and customer service concern service and compiles customer experience data to provide feedback to programs for use in quality improvement.

The presentation was wrapped up by Ms. Maiorano detailing items “on the horizon.”

- Population growth continues to present benefits as well as challenges. One large challenge is that salaries for jobs in Wake County are not high enough for the price of living in the County.
 - The aging population (the largest age group in the County) also present challenges as they may depend on more of the services provided by WCHS.

- As the population increases, so do the cases of STDs, which also require WCHS resources.
- A growing population also means a large demand for the COVID-19 vaccine. This, in turn, requires many WCHS staff and resources to address the continued pandemic and vaccination efforts.
- There are particularly vulnerable populations that require attention, such as the uninsured and children living in poverty. About 12% of Wake County children (aged 0-18) live in poverty.
- Health disparities – especially among racial and ethnic minorities – has been well documented over the past few years and remains a high concern for the County. This includes the infant mortality rate, which is twice as high for African-American infants in Wake County (over the first twelve months of life) as babies born to mothers of other races.
- Changes driven by policy (via the State or federal) also present challenges for WCHS and the County’s residents.
 - Medicaid Transformation is currently on track to launch on July 1, 2021. Anticipated impacts include:
 - Increased volume in Call Center and Customer Service areas as clients adapt to changes.
 - Non-Emergency Medicaid Transportation will transfer to private providers.
 - Public Health and Clinical Services will transition to a value based managed care environment.
 - Clinical operations model will be developed that optimizes care quality and revenue.
 - Medicaid Expansion remains a consideration that would increase health insurance access to low-income residents.
 - The North Carolina Department of Social Services (NC DSS) will move to a regional supervision model. Some changes in local support are anticipated, but impacts are unclear at this time.
 - The Family First Prevention Services Act is related to Child Welfare and eliminates reimbursement for services in group homes after two weeks. There are insufficient numbers of family-like settings to meet the needs of this population. Implementation will also require that Child Welfare provides twelve months of prevention services. The current average is six months.

Responses to identified challenges were also shared.

- Facility Improvements
 - Design and operational planning for a new Public Health building. Will be located adjacent to Swinburne. Underway and anticipated by 2025.
 - Clinic service delivery will be modernized and expanded as needed.
 - Currently making minor modifications in use of existing Sunnybrook space until the new facility is built. Also testing operational strategies.
 - Work continues with community partners to launch a new Western Human Services Center within the next five years.

- Business Process Improvements
 - Exploring more self-service options for customers coming into centers.
 - Increasing support for customers seeking employment at Regional Centers. More on-site education and training programs as well as help navigating transportation.
 - Expanding collaborations internally and within the community (local governments, non-profit and for-profit organizations, faith-based programs) to maximize collective impact on addressing social determinants of health.
 - Integrating technology and data analytics into customer service processes and programmatic operations.

Environmental Services 101 (Organization Structure and Service Provision) [PH Accreditation Benchmark #36.3]

(Presented by Dr. Caroline Loop)

Dr. Caroline Loop, Deputy Director of Environmental Services, gave the Board an overview of Environmental Services, which oversees an Administration Team, Animal Services, Environmental Health and Safety, Solid Waste, and Water Quality.

Administration provides centralized support for accreditation and quality improvement. This allows Environmental Services to comply with State mandates, focus on quality improvement, and meet standards of service. Administration's outcomes are outlined below:

- Fiscal accountability is linked to operations
- Projections and analyses are transparent and fact-based
- Customer Service is responsive, accurate, and courteous

Dr. Loop then reviewed Animal Services. The Animal Center is determined to make a difference for the animals and citizens of Wake County through education, adoption, enforcement, and community partnership. One focus has been addressing the euthanasia of animals. Dr. Jennifer Federico, Animal Services Director, has eliminated animal euthanasia for space and animal euthanasia for upper respiratory infection. The number of feral cats euthanized has also drastically lowered since Fiscal Year 2011, though it still presents a challenge. Animal Services has also achieved its target of over 90% for live pet release rate. Future strategies for cultivating the success in Animal Services include growing foster and transfer programs, evaluating customer service through surveys, growing a community cat program, and building a new animal center.

With Environmental Health and Safety, the mission is to “improve public health through education, plan review, and regulation.” Environmental Health and Safety is composed of the Plan Review and Pool Sanitation subdivision as well as Food and Lodging.

Dr. Loop then reviewed data on Environmental Health and Safety inspections. While Durham County, Mecklenburg County, and Wake County all conduct roughly the same percentage of required inspections, the amount of inspections that each inspector must make are incredibly different. For Durham, their 13 inspectors have made roughly 257 inspections per person per year with a requirement of 343 per person per year to meet inspection mandates. For

Mecklenburg, their 39 inspectors have made 300 inspections per person per year with a requirement of 379 per person per year to meet inspection mandates. Meanwhile, Wake County's 22 inspectors have made almost 420 inspections per person per year with a requirement of 562 per person per year to meet inspection mandates.

In Solid Waste, the mission is “to protect the public health and safety of Wake County citizens by providing quality solid waste and recycling services that are efficient, cost effective, and environmentally responsible.” The County itself does not pick up trash, but does operate convenience centers and landfills.

Water Quality “promotes leadership in water management, sustainability, and health by protecting high quality water throughout Wake County.” The three primary areas of service in Water Quality are Wastewater Permits and Technical Assistance, Groundwater Protection and Education, and Watershed Management. Dr. Loop also spoke briefly to the efforts of informing private well users of the importance of testing their well water. This has been an ongoing initiative for the past couple of years and continues to have staff behind the scenes supporting our residents and answering any questions. Strategies to inform the community have included community meetings, free testing for low income individuals, and a study conducted by the United States Geological Survey (USGS).

Challenges and horizon issues for Environmental Services include hiring and retaining a highly qualified workforce, improving the permit application and inspection process, acquiring property and building a new Animal Services facility, determining the future of municipal solid waste disposal for the County, and enhancing the sustainability of water quality and quantity in the County.

Public Health Fee Policy/Limited Fee Schedule [PH Accreditation Benchmark #33.5, 33.7, and 39.3]

(Presented by Ms. Heather Miranda)

Ms. Heather Miranda, Director of Clinical Operations, quickly reviewed the proposed new fee adoption for Public Health's fee policy. The fee policies must be reviewed per governing statute. The fee policy change is being proposed as it allows the adoption of new services more quickly and ensures reimbursement for services provided. It also helps to avoid lost reimbursement for services or offering services at no charge due to an unapproved fee. Ms. Miranda will return to present at the Human Services Board in May 2021 for the “Fee Policy, Mythology, and Fee Schedule” accreditation benchmark item. This presentation will include detailed discussion about the process conducted to make fee recommendations and will have a full fee schedule.

There was a motion by Mr. McKinley Wooten and Ms. Ann Rollins seconded to and approve the fee policy change and limited fee schedule. These were unanimously approved.

COVID-19 Update

(Presented by Dr. Nicole Mushonga)

Dr. Nicole Mushonga, Assistant Physician Director and Epidemiology Program Director, provided data (as of February 4th) on COVID-19. Dr. Mushonga reviewed the timeline for

COVID-19, from the first known cluster of pneumonia cases of unknown etiology in Wuhan City, Hubei Province in December 2019 to December 2020 when the vaccines for Pfizer-BioNTech and Moderna were granted emergency use authorization (EUA).

As of February 4th, there have been a total of 67,149 COVID-19 cases in Wake County. The County is finally seeing decreasing trends of cases with a hope of these decreases continuing. As with many aspects of the pandemic, the focus for staff has been rapidly changing. At first, identification and testing were a focus before moving into contact tracing and case investigation. Now staff and residents are most interested in vaccinations.

Next, Dr. Mushonga reviewed several aspects of statistics for those confirmed COVID-19 cases, starting with weekly case rates per age. Most cases are within the 25 to 49 age group. A notable rise in cases in ages 18 to 24 occurred near August of 2020 as college students went to their campuses and social distancing guidelines were not always followed. Other data points, such as ethnicity and race, helped to paint a fuller picture of the pandemic. Death rates for vulnerable populations were pointed out as a continued concern.

Dr. Mushonga closed by sharing details on several COVID-19 variants. The United Kingdom (UK) variant (B.1.1.7) has 541 cases in 33 states with five cases in North Carolina. Neither the South African variant (B.1.351) nor the Brazil variant (P.1) have made their way to North Carolina. These latter variants have not yet wildly impacted the United States as of February 4th. A question was posed about the vaccine's effectiveness when variants were present. Dr. Mushonga noted that it was still very early on in the vaccination process and more data would be needed to properly understand how well the vaccines respond to variants of the virus.

Public Comments

- None

Board Chair's Signature: _____



Date: 3/25/2021

Respectfully submitted by Brittany Hunt