

**Wake County Human Services Board  
Meeting Minutes  
June 23<sup>rd</sup>, 2022**

**Board Members Present:**

Lily Chen  
DaQuanta Copeland  
Christine Kushner  
Deborah Lawson  
Tonya Minggia  
Dr. Jananne O'Connell  
Dr. John Perry  
Ann Rollins  
Dr. Kelcy Walker Pope  
Commissioner James West  
Dr. Mary Faye Whisler

**Guests Present:**

None

**Staff Members Present:**

Commissioner Vickie Adamson  
Stacy Beard  
Nannette Bowler  
Commissioner Maria Cervania  
Sheila Donaldson  
Caroline Harper  
Richie Hayner  
Leah Holdren  
Brittany Hunt  
Rebecca Kaufman  
Yolanda McInnis  
Janny Mealar  
Kenneth Murphy  
Shanta Nowell  
Dr. Nicole Mushonga  
Dr. Joseph Threadcraft  
Eleanor Wade  
Lechelle Wardell

**Call to Order**

Ms. Ann Rollins called the meeting to order at 7:31 A.M.

**Next Board Meeting – July 28<sup>th</sup>, 2022**

**Approval of Minutes**

Ms. Ann Rollins asked for a motion to approve the May 26<sup>th</sup> meeting minutes. There was a motion by Ms. Christine Kushner and Dr. Mary Faye Whisler seconded to accept the minutes. The minutes were unanimously approved.

**Treasurer's Report**

(Presented by Dr. Jananne O'Connell)

Treasurer Dr. Jananne O'Connell reported that had been no additions to the Board fund since the May report of \$6,530.92. There were no proposed or pending requests, so the fund was still at \$6,530.92.

**Community Health Needs Assessment (CHNA) [Accreditation Benchmark #1.3a and 38.2]**

(Presented by Ms. Lechelle Wardell)

Ms. Lechelle Wardell, Interim Program Manager for Live Well Wake and Project Administrator, presented highlights from the Community Health Needs Assessment (CHNA) to the Board. The CHNA is a product of eight phases, outlined below. For the 2022 CHNA, staff are currently working in the eighth phase.

- Phase 1: Establish the CHNA Team
- Phase 2: Collect Primary Data (Community Health Opinion Survey (CHOS), Focus Groups)
- Phase 3: Collect Secondary Data (Existing)
- Phase 4: Analyze and Interpret Data
- Phase 5: Determine Health Priorities
- Phase 6: Create CHNA Document
- Phase 7: Share SHNA Document
- Phase 8: Develop Action Plans

Every county in North Carolina must produce a CHNA every three or four years for accreditation purposes. The CHNA assesses data on overall health and the factors that impact the overall health of community. In order to establish such a robust amount of data, a CHNA team has to be identified. For the 2022, partners included all three of the local hospitals (Duke Health, UNC Rex Healthcare, and WakeMed), Federally Qualified Health Centers (FQHCs), Advanced Community Health, Alliance Health, and the Wake County Medical Society Community Health Foundation, to name a few. The first phase was led by the Live Well Wake Action Team (LWWAT) and the CHNA Steering Committee. This represented over sixty community-based organizations and stakeholders.

Phase two marked the primary data collection coming directly from community members. This included data from the Community Health Opinion Survey (CHOS) as well as focus groups. The CHOS was open for responses from November 2021 to December 2021 and had a total of 1,073 respondents. Of these, one hundred and twenty were selected at random to create a representative sample of the County's residents. The full results of the CHOS are posted online at the following webpage:

<https://livewellwake.org/priorities/>

For the focus groups, eight were initially planned while six were actually conducted and categorized as follows: Southeast Raleigh, Eastern Wake, Mental Health, Substance Use, Older Adults, and Latinx Community. The focus groups were facilitated and conducted online through Zoom meetings and had anywhere from three to ten participants per group.

Data for phase three – the secondary data collection – had common sources, listed below.

- U.S. Census Bureau
  - American Community Survey
  - Decennial Census
  - Small Area Health Insurance Estimates
- U.S. EPA
- U.S. Department of Agriculture (USDA) Food Environment Atlas
- North Carolina Office of State Budget and Management
- Log Into North Carolina
- North Carolina State Center for Health Statistics
- North Carolina Disease Event Tracking and Epidemiologic Collection Tool (NC DETECT)
- North Carolina Department of Public Instruction
- North Carolina State Bureau of Investigation

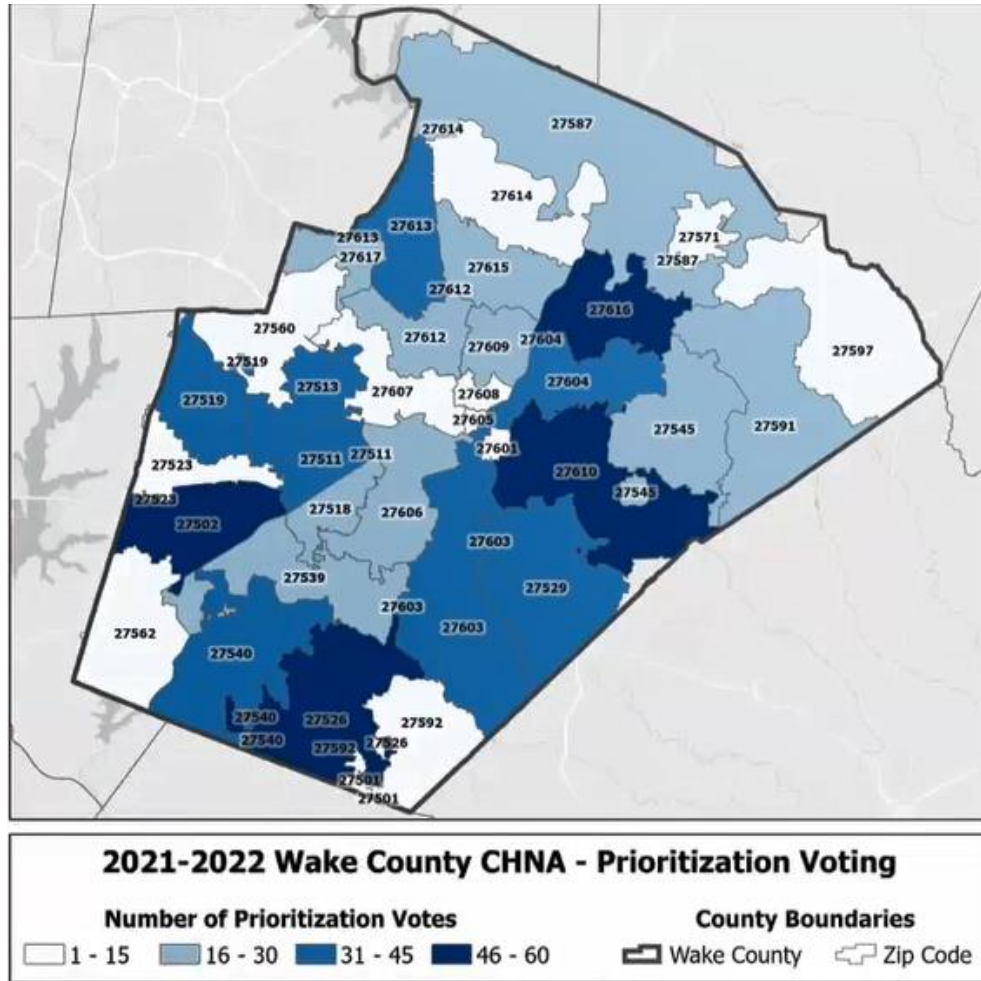
This phase also includes data comparisons to the state as well as peer counties, notably Mecklenburg, North Carolina, and Travis, Texas (home to Austin, Texas). Where available, trend data was collected and disaggregated by race and ethnicity. The full results are available at the webpage here:

<https://livewellwake.org/priorities/>. This data collection was contracted through the CHNA process with the UNC Institute of Public Health (NCIPH).

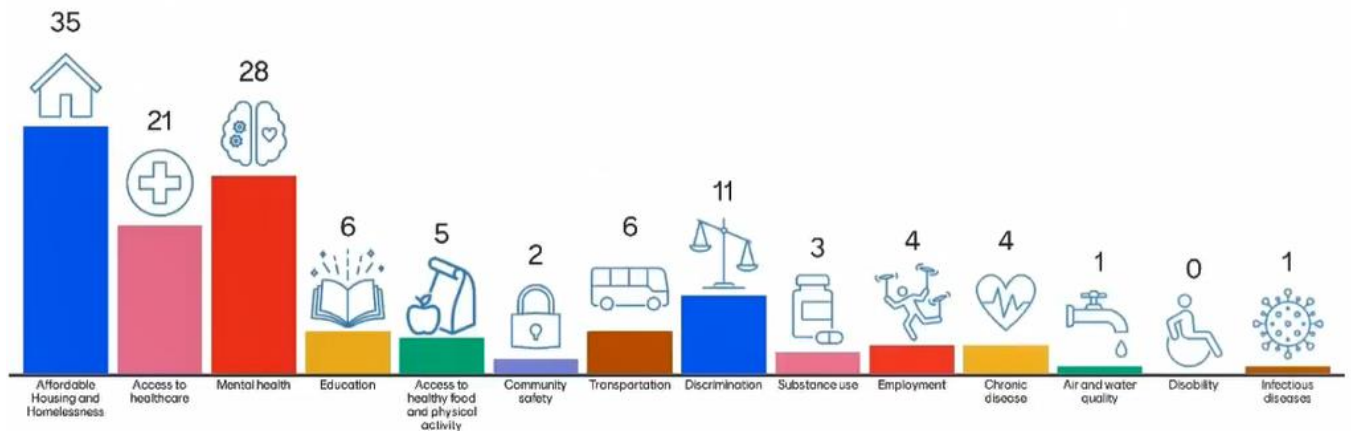
Phase four allowed analyzation and interpretation of the data by the NCIPH team that was shared with the LWWAT during two presentations (one on January 21<sup>st</sup> and another on February 18<sup>th</sup>). These discussions helped to inform phase five where health priorities were determined from the data. A list of these priorities is included below.

	<b>Affordable housing &amp; homelessness</b>	<b>Discrimination</b>	
	<b>Access to healthcare</b>	<b>Transportation</b>	
	<b>Mental Health</b>	<b>Substance use</b>	
	<b>Education</b>	<b>Employment</b>	
	<b>Access to healthy food &amp; physical activity</b>	<b>Air and water quality</b>	
	<b>Disability</b>	<b>Chronic disease</b>	
	<b>Community Safety</b>	<b>Infectious diseases</b>	

After organizing these priorities, the next step was to send them back out into the community for prioritization voting. Priority votes were open from February 25<sup>th</sup> to March 9<sup>th</sup> of 2022 with 950 respondents starting the survey and 885 completed surveys. Demographics showed 77% of respondents were women while 57.5% identified as White and 20.9% identified as Black. A little over eleven percent (11.2%) identified as Hispanic/Latino. Staff noticed an underrepresentation of youth and young adults in the survey results. In response, they engaged with youth at Millbrook High School to conduct a photovoice project. Students were asked what their priorities would be and then took pictures out in their communities to represent the needs in Wake County. The actual location of respondents and the needs in their particular communities was not lost on staff. The image below outlines priority votes by zip codes and areas in Wake County.



From all this, a prioritization meeting was held March 15<sup>th</sup>, 2022 with sixty-three participants. During this meeting, participants received a wealth of data, including results from the prioritization survey, key findings from the CHOS, key findings from focus group discussions, notable comparisons with peer and state data, trend data, and disparities identified in data sources through a virtual data walk. After a group discussion and reflecting, participants voted on their top priorities using the interactive voting tool Mentimeter (see image below).



As seen in the image above, the top three priorities emerged. These were affordable housing and homelessness, access to healthcare, and mental health. It was noted that marginalized populations and health equity were embedded into each priority area. There was also an overlap of work already being done with these priorities, particularly in transportation and substance use. These intersections would be important to keep in mind moving forward with the initiatives surrounding the three priorities.

Next, Ms. Wardell provided an overview of the CHNA report itself (found here: <https://livewellwake.org/wp-content/uploads/2022/05/Wake-CHNA-Report-without-Appendices-2022-FINAL.pdf>). The Executive Summary, which is anticipated to be published as a standalone document in the future, includes the purpose of the CHNA, participation and community engagement, processes overview, findings summary, presentation of selected priorities, and descriptions of next steps. The CHNA report does include a section contextualizing the COVID-19 pandemic and how it impacted the process of building the document (i.e., community engagement, secondary data, etc.). There is a district profile with a summary of Wake County that includes history, geography, demographics, population trends, and economic context. The document also evaluates the current Live Well Wake workgroups which were based off the following 2019 CHNA priorities and Population Health Task Force (PHTF) recommendations:

- 2019 CHNA Priorities
  - Access to Healthcare
  - Employment
  - Housing and Homelessness
  - Mental Health and Substance Use Disorders
  - Transportation
- Population Health Task Force Priorities
  - Familiar Faces
  - Vulnerable Populations

When evaluating these prior goals – and seeing the current top three priorities among them – staff were able to identify areas where efforts could better be “housed” and advocated for with those already performing assessments and advocacy. Transportation could stay with the Wake County Transit Plan while substance use was already being covered in the Overdose Coalition as well as the opioid settlement. The Wake County Health and Human Services (WCHHS) Employment Assistance Services could keep employment with the assistance of Capital Area Workforce Development. Familiar faces could become a separate workgroup thanks to funding and consultant work. And, finally, vulnerable populations could be integrated through all three of the most current top priorities.

The Centers for Disease Control and Prevention (CDC) Health Impact Collaborative (HIC) helped by providing community impact funding. The CDC HIC has funded five organizations with \$100,000 provided over the course of two years for staff to address one or more of the three CHNA priorities. The five funded organizations will be active participants during the action planning process with the Live Well Wake Strategic Planning and Steering Committee. A strategic planning meeting is expected to be held in August 2022 with a data review and parameters set prior to the meeting. The NCIPH are expected to hold and facilitate the strategic planning meeting.

Dr. Mary Faye Whisler asked how the demographics of respondents aligned with the overall demographics of Wake County. Ms. Wardell stated that the demographics were very comparable, especially with the randomized CHOS survey responses. With the prioritization voting, there were more responses from White residents and women, but the response was still not far off from the County’s demographics. Commissioner James West voiced concerns with the statistical significance of the data and generalizing it to a larger population. The survey instruments may not have reached everyone – a truth

highlighted by COVID-19 in the attempts to reach all resident, especially those with technological difficulties. Engagement with the community was needed to truly make an impactful change. Ms. Nannette Bowler, Health and Human Services Director, explained that staff were able to narrow priorities to focus more on the data gathered by a strong staff of analysts. Geomapping was continuing to better inform a picture of Wake County. In the very near future, Public Health will be undergoing a restructuring that will add a Population Health Director position. Reporting to this Director will be the Live Well Wake Program Manager and Community Outreach Program Manager.

Ms. Lily Chen asked about the senior representation in the data responses, especially since youth were underrepresented. Ms. Wardell stated that she would bring those demographics back to the Board.

**Ms. Ann Rollins asked for a motion to approve the Community Health Needs Assessment (CHNA). There was a motion by Commissioner James West and Ms. Christine Kushner seconded to accept the CHNA. The CHNA was unanimously approved.**

### **Health and Human Services Director's Update**

(Presented by Ms. Nannette Bowler, Ms. Shanta Nowell, Dr. Nicole Mushonga, and Ms. Eleanor Wade)  
Ms. Nannette Bowler, Health and Human Services Director, provided an update on Social Services. Recently, a respite event helped to provide resources and community connection with prevention cases. Prevention cases involve relative placements where Child Protective Services (CPS) had an involvement, but did not have any findings. Overall, it was a great opportunity for kids to go bowling with volunteers while caregivers received resources and guidance from experts. The fellowship allowed to these caregivers helps to ensure they see they are not isolated in their situation. Ms. Bowler also noted that she, Mr. David Ellis (County Manager), and Ms. Lechelle Wardell (Interim Program Manager for Live Well Wake and Project Administrator) attended the Fatherhood Conference the previous Saturday. There were upwards of four hundred attendees with keynote speakers and was extremely well received.

Ms. Bowler also attended a "Teen Talk" with Commissioner Maria Cervania and Ms. Sheila Donaldson, Child Welfare Assistant Division Director. The teens formed groups before sharing their experiences in foster care, including the good and where staff could improve. Commissioner Cervania echoed that the event was a success and hoped that the annual talk would continue. The teens were especially excited about the potential transitional housing being explored by Wake County Health and Human Services (WCHHS) as well as the collaboration between the Hope Center at Pullen, WCHHS, and St. Augustine's University.

Ms. Shanta Nowell, Child Welfare Assistant Division Director, spoke of a pilot – the Rebuild of Youths and Medical Specialists (RYMS) program. The goal of the pilot, meant to start on July 11<sup>th</sup>, will be to provide guidance to the Child Welfare workforce in management of high-risk cases with medical issues. The program will help to decrease repeated treatment and increase medical consultants, which in turn are well informed on policies and exams for the children. A special focus of the program is the population of children aged three years or under who present with unexplained and/or poorly explained complex medical issues. In addition to the expertise that the program representatives will bring with pre-planning and safety assessments, staff will have access to the most current medical information and consultation. These representatives will be able to assist WCHHS staff every hour of every day, which could greatly impact the lives of the staff and community.

Ms. Bowler stated that she would be returning to the Board during their July meeting in order to provide a full presentation on the approved budget from the County Manager.



Dr. Nicole Mushonga, Assistant Physician Director and Epidemiology Program Director, introduced Ms. Eleanor Wade, Immunization Outreach Coordination Supervisor, to present three new vaccines for the Board to approve. The pricing would need to be approved by the Board before the clinics can implement them. The three new vaccines are described below:

- Vaxelis – protects against Diphtheria and Tetanus, Pertussis, Poliovirus, Hepatitis B, and Haemophiles (HIB) diseases. This is the first hexavalent (6) vaccine approved by the Food and Drug Administration (FDA). Vaxelis will help to simplify the execution of the vaccination schedule with two-to-three fewer shots for children six weeks to four years of age.
- MenQuadFi – protects against Meningococcal disease. It is the only Meningococcal vaccine that is expanded for individuals two years and older. Currently Menactra is used, however, the manufacturer will end its production this year to switch to MenQuadFi.
- Prevnar 20 – protects against Pneumococcal disease. This vaccine is approved for individuals eighteen years and older and it protects against seven more serotypes. Within the next year, Prevnar 20 will be approved for individuals six months and older and will replace the current Prevnar 13. The Centers for Disease Control and Prevention (CDC) now requires refugees aged 65 and older to receive a dose of Pneumococcal 15-valent Conjugate Vaccine (PCV 15) or Pneumococcal 20-valent Conjugate Vaccine (PCV 20) to complete the I-693 form.

Vaccines purchased with budget dollars are provided to WCHHS clients insured with commercial insurance plans, Medicare, Adult Medicaid, North Carolina Health Choice, and those who pay out-of-pocket at the time of service. These budget funds are also used to purchase travel vaccines. Vaccine charges include the purchase price of the vaccine per dose plus 10% of the vaccine cost plus administration fees. A table of the proposed new charges for the three new vaccines is included below.

VACCINES	WCHHS COST PER DOSE	COMPARISONS			
		Mecklenburg County HD	Guilford County HD	CDC	WCHHS Proposed Charge
MenQuadFi	\$107.21	\$131.40	\$182.00	\$104.71	\$200.00
Prevnar 20	\$229.78	On Hold	In Process	\$173.00	\$295.00
Vaxelis	\$123.83	\$145.28	\$216.00	\$95.07	\$175.00
<p><b>Please Note:</b> That 10% of the cost of the vaccine is added due to manufacturer purchase price increases throughout the year.</p> <p>MenQuadFi vaccine will be priced at the previously approved charge for the Menactra vaccine.</p>					

Ms. Wade reminded the Board that there were resources through the state vaccine program, which assists with vaccines for high-risk groups, pregnant women, and uninsured children aged eighteen years and under. Thus, there are no immunization barriers for these groups to receive the immunizations that they need.

Ms. Christine Kushner asked if there was a sliding scale for the uninsured seeking these immunizations. Ms. Wade said that vaccines do not have a sliding scale, but that the state covering high-risk groups could make an impact with that population, especially depending on their living situation. The charges being discussed were largely for residents with insurance. Dr. Mary Faye Whisler asked why Wake County

seemed to have the highest charges of those listed in the table. Ms. Wade explained that certain manufacturers give discounts when an entity buys enough doses. The 10% upcharge for Wake County covers administration fees. It should also be noted that the CDC price listed will always be the lowest cost as the CDC receives the largest discount from manufacturers.

Ms. DaQuanta Copeland asked how an uninsured resident would be notified about assistance available for the vaccines. Ms. Wade explained that residents had to have an appointment in order to receive immunizations. Once the resident comes in, staff explain any fees tied to the vaccines. The nurse in the clinic will evaluate if further assessment to see if the individual qualifies for the state-supplied vaccines. These vaccines in particular, however, are largely meant for insured residents. When a client makes an appointment at the clinic, deductible fees are not charged. Instead, the insurance is charged.

Ms. Kushner cautioned that any vaccines for student-aged residents should be very clearly communicated. Ms. Wade shared that Ms. Michelle Winings, Public Health – Registered Nurse, worked with local schools to ensure outreach and education. If a large number of students will need a particular vaccine, the County will hold specific clinics to provide that vaccine.

Commissioner James West inquired about Charity Care – its recipients and if hospitals were being active in participating. Dr. Mushonga stated that this is something staff could bring back to the Board with more information.

**Ms. Ann Rollins asked for a motion to approve the proposed vaccines and charges. There was a motion by Ms. Christine Kushner and Commissioner James West seconded to accept the proposed figures. The vaccines and charges were unanimously approved.**

Finally, it was announced that Dr. Mushonga would be taking a new position as the System Executive Director for Health Equity for UNC Healthcare. Dr. Mushonga stated that she was excited and believed the work Wake County Public Health had conducted during the pandemic helped the community and hospital systems with seeing the need for health equity. This new job would allow Dr. Mushonga to address the needs not only of Wake County residents, but communities across North Carolina. It was bittersweet for WCHHS staff who had worked with Dr. Mushonga through the pandemic and saw how much dedication she had to the community.

### **Environmental Services Director's Update**

(Presented by Dr. Joseph Threadcraft)

Dr. Joseph Threadcraft, Environmental Services Director, had two brief presentations from Mr. Eric Green, Environmental Health Program Manager – Operations Analysis. The first was an update from the Wastewater Permitting Process Subcommittee. In Wake County, when an applicant wishes to build a home, they must follow two processes. If the home will be on a septic system, they will need both a well and septic permit. From there, the applicant would need to proceed with a building permit. Mr. Timothy Maloney, Planning Development and Inspections Director, and his staff were able to issue a building permit seven to ten days after an application was received. Septic permits, however, were a bit more complex and averaged a 42-day turnaround time (TAT) (see image below).



## Application submittal to permit issuance

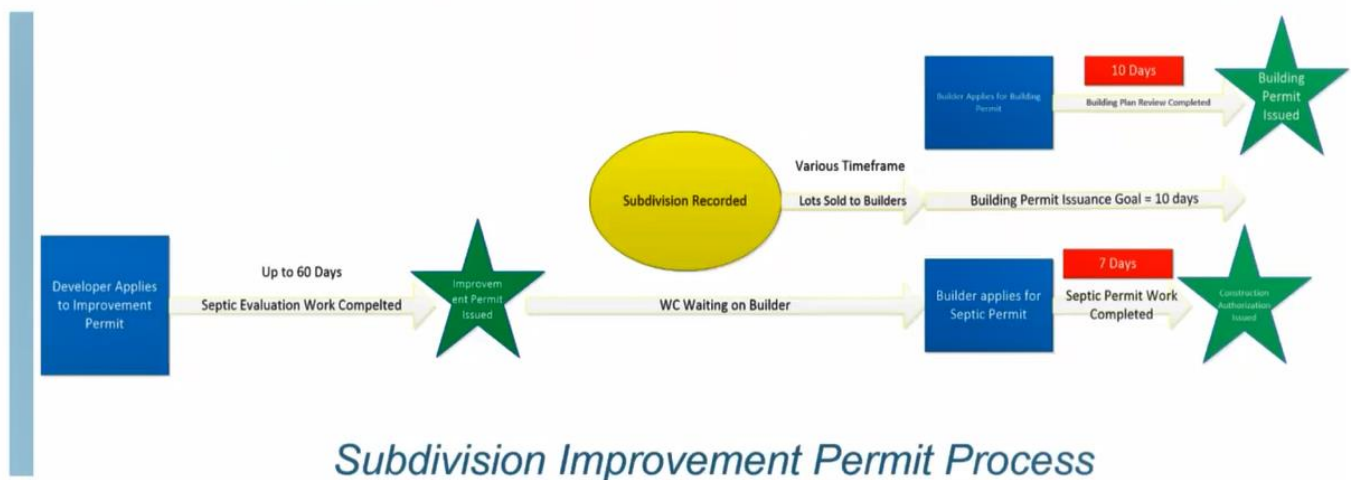


County Manager David Ellis approved Environmental Services' budget request to investigate ways to reduce the TAT for septic permits to thirty days. To do so, a subcommittee composed of 131 members evaluated two trial opportunities. These members included the development community, private industry, Wake County Public Health Committee, organizations, academic, the North Carolina Department of Health and Human Services (NCDHHS), and Wake County Health and Human Services (WCHHS) staff. This cross-functional team ensured as much stakeholder involvement as possible to best inform the investigations.

The following images outline the two trials (Subdivision Improvement Permit Process and Consultant Driven Process) as well as preliminary results from the 213 applications received and used during the trials.

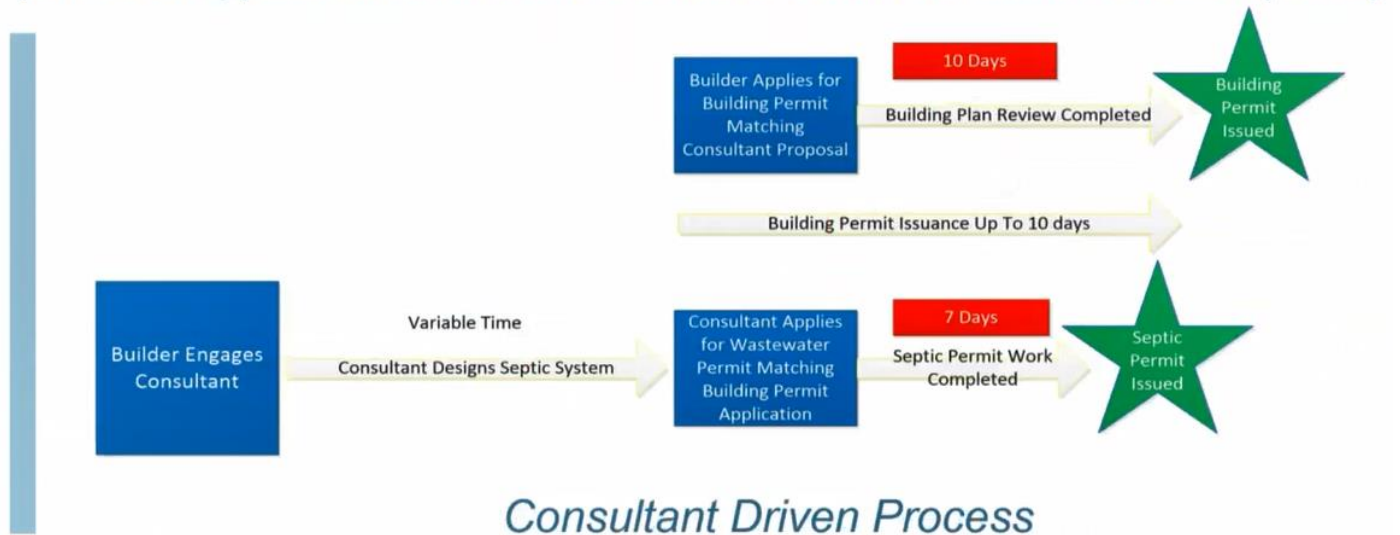
## 10 Day Turnaround time (TAT)

*(time from application submittal to issuance of Construction Authorization permit)*



# 10 Day Turnaround time (TAT)

(time from application submittal to issuance of Construction Authorization permit)



	Subdivision IP Process	Consultant Driven Process
Number of Applications	208	5
Proof Of Concept	✓	➡
Meets Goals	✓	?
Document Development	➡	+
Define Resources	+	+

Now that two options had been identified, the subcommittee's work had been completed. Approval and support from stakeholders would help to inform how Environmental Services moved forward. The subcommittee would meet on July 7<sup>th</sup> to further discuss transition plans and how to move forward with the data collected.

The second presentation was a Wastewater Regulation Review Workgroup update, which largely deals with a process called "panel block." A panel block is a septic drain field that occupies about half the space usually needed. Until recently, Wake County regulations did not allow panel blocks within development regulations. However, due to phase one of the Workgroup, these are now allowed. Staff are already seeing the impacts of the changes of phase one and are working steadily in phase two. With the review phase completed and the revision phase underway, staff are sending small sections of rules to the State for review. The goal is to present to the State by December 2022. Prior to this, the Public Health Committee, Health and Human Services Board, and Growth and Sustainability would all receive presentations

outlining the changes. This will help to ensure stakeholders are kept updated and that any potential changes are thoroughly discussed and evaluated.

### **Committee Chairs Update**

(Presented by Dr. Mary Faye Whisler, Dr. Jananne O'Connell, and Mr. Richie Hayner)

Dr. Mary Faye Whisler, Chair of the Public Health Committee, reported that the Committee had received a presentation from Dr. Mark Scurria, head of the NewStart Denture non-profit dental startup in Durham, NC (<https://newstartdenture.com/doctors/>). The non-profit helps clients get denture or implants and Dr. Scurria did clarify that they happily accepted patients from Wake County. The Committee also received updates about the Community Health Needs Assessment (CHNA) as well as the Wake County Hepatitis C program.

Dr. Jananne O'Connell, Chair of the Social Services Committee, provided a Committee update. While the Committee would not hold its next meeting until July 6<sup>th</sup>, the Aged Out of Foster Care Workgroup had met in person on the St. Augustine's University (SAU) campus in early June. Workgroup members collaborated with SAU administration to discuss the next steps to utilizing resident hall space as transitional housing for those aging out of foster care. Space to house nine of these youth had been identified with the hope to finalize plans and move the first client in by the fall of 2022. Ms. Ann Rollins shared that she had attended this meeting and Workgroup members were delighted to tour the potential rooms where the clients would be staying. There was a great deal of energy and excitement about this collaboration moving forward.

Mr. Richie Hayner, Director of the Southern Regional Center, provided the report for the Regional Networks Committee. In May, the dental clinic had partnered with North Carolina Baptists on Mission, which have large dental buses with extensive equipment, including the capacity to provide 360 x-rays. These buses will occasionally come to the Regional Centers to provide dental care to underserved populations. Last month, the Eastern Regional Center (ERC), Northern Regional Center (NRC), and Southern Regional Center (SRC) all hosted the buses. A total of twenty-seven patients were seen with one patient being able to get sealants and permanent molars through the buses.

While the Centers were continuing to be active in COVID-19 operations, there was a hope to begin phasing this out as the pandemic draws to a close. For May, however, the ERC, NRC, and SRC conducted 20,000 COVID-19 tests collectively. When adding in the Departure Drive location, the Regional Centers administered 2,000 vaccines. While staff have been honored to help with COVID-19, many more interdepartmental opportunities are expected to return soon. One such opportunity is using the Centers as early voting sites. In NRC, a total of 8,190 people participated in early voting. The SRC had 607 residents vote early, which is an extremely significant number for the district. Those who came to vote were impressed that they were able to receive other services at the Center, making it an ideal early voting site. Ms. Christine Kushner stated that the Board of Elections uses around seventy schools as voting sites and that the use of Regional Centers would make the voting process far more accessible to the community. It would also allow the community to access more services and cause less safety concerns than voters entering a school.

The Regional Networks Committee also provided updates center by center. These are provided below.

- Millbrook/Departure Human Services Center: The prenatal clinic continues to offer services two days a week on Tuesdays and Fridays. Ninety-two patients were served in May of 2022. Twenty-seven referrals were received for mental health services. The North Central Community Advocacy Committee (CAC) members are working on the integration of Social Determinants of Health and the CAC action plan.

- Crosby Garfield/Social and Economic Vitality (SEV): There were no updates for Crosby Garfield or SEV in May.
- Western Health and Human Services Center (WHHSC): With over thirty partners, the Western Regional Community Advocacy Committee (CAC) Food Security Action Group continued emergency distribution at thirteen neighborhood sites. The Group provided 1,475 produce boxes to 1,475 families in May. Additionally, thirty boxes of diapers, over three hundred packs of baby wipes, seven hundred masks, and fifteen hundred pounds of dog and cat food was distributed. The food sites also serve as information and resource access points in these neighborhoods. Recruitment of partners and mapping of neighborhood sites has begun to expand food distribution to more neighborhoods for the Summer Food Program starting June 2022. The CAC Affordable Housing Action Group is working with Wake County Housing and Town staff to collect regional data to assist in the development of a regional dashboard. This dashboard would establish performance measures around affordable housing in the Western region. The CAC Workforce Development Action Group continues service mapping to learn about existing services, gaps, and barrier in service delivery in the region. Cary itself has partnered with a Raleigh-based non-profit – Passage Home – to expand their service area to bring workforce development programming to the region. WHHSC staff provided capacity building services and support to three partnerships with the Town of Cary to build affordable housing. The two collaborated again with the help of Capital Area Workforce Development (CAWD) to host a neighborhood-level Employment Resource Fair. Another resource fair being planned in the Western region will be hosted by Dorcas Ministries and held on June 27<sup>th</sup>. The Western Regional CAC Executive Committee surveyed local stakeholders to map existing services in the region to advance the CAC’s vision of a network of care, an integrative regional services system. Planning for the Wrenn Drive neighborhood Block Party started in coordination with Cary Police’s Project PHOENIX. Nearly 10,000 attendees are expected at this June 4<sup>th</sup> event that will have a workforce development resource fair. WHHSC celebrates its five-year anniversary in June 2022. Though its presence was felt with staff from the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) as early as November 2017, the official Open House was in June of 2018. The Center remains closed to the public, though some services already have plans to return to the building.
- Northern Regional Center (NRC): The NRC Community Advocacy Committee (CAC) had a “windshield tour” of the Northern region to reconnect in-person after so many months of virtual meetings. This seven-hour tour consisted of visits to ten sites. Many of these stops had members of the CAC hosting at their organization. Visits were also made to higher need communities to focus on advocacy for historically marginalized populations. Although the NRC Clinic only operates two days each week, there were eighty-eight clients in the month of May. The Center also served a total of 479 meals with the ongoing Wake County Public School System (WCPSS) Program Lunches. Finally, on May 20<sup>th</sup>, the NRC partnered with Capital Area Workforce Development to host a Job and Resource Fair featuring twenty-three vendors and over fifty jobseekers.
- Southern Regional Center (SRC): The SRC clinic served sixty-two patients in May. The clinic reopened at the end of March 2022 to offer women’s health, prenatal, immunizations, vaccinations, and communicable disease/STD testing and prevention. The Advance Community Health Clinic served forty patients during May.
- Eastern Regional Center (ERC): The ERC promoted its Free Summer Meals for Kids program, which is set to launch on June 14<sup>th</sup> with partnership with the Zebulon Community Library and the North Carolina Food Bank. The program runs through August 25<sup>th</sup> and takes place every Tuesday and Thursday from 11:30 a.m. to 12:30 p.m. The Town of Wendell is also hosting its own summer meals program which will take place at the Wendell Community Center every Tuesday from June 20<sup>th</sup> to August 5<sup>th</sup> from 11:00 a.m. to 1:00 p.m. The ERC and Town of Wendell are

working collaboratively to cross-promote this year's programs. In other news, the ERC will again serve as a cooling station for the summer of 2022. ERC staff are assisting with the Cool for Wake program that provides free fans to vulnerable residents through Wake County's application process.

The Regional Network continues to be an active participant in the response to COVID-19 by offering tests and vaccinations on site. Vaccinations and testing are currently offered throughout the week, including weekends. The following table shows tests and vaccines administered in the month of May.

<b>Region</b>	<b>COVID Tests Administered</b>	<b>COVID Vaccines Administered</b>
Departure Drive	NA	698
Eastern Region	6,031	207
Northern Region	8,190	563
Southern Region	6,535	522
Western Region	NA	NA
<b>TOTAL</b>	<b>20,756</b>	<b>1,990</b>

The Regional Network also continues to report on payments received and revenue collections along with birth, death, and marriage certificates issued at each applicable site (see below for May 2022).

<b>Location</b>	<b>Payments Received</b>	<b>Revenue Collections</b>	<b>Birth Certificates Issued</b>	<b>Death Certificates Issued</b>	<b>Marriage Certificates Issued</b>
Eastern Region	70	\$12,998.36	75	22	8
Northern Region	32	\$9,426.59	96	113	17
Southern Region	33	\$13,296.10	120	234	28
<b>TOTAL</b>	<b>135</b>	<b>\$35,721.05</b>	<b>291</b>	<b>369</b>	<b>53</b>

### **Health and Human Services Board Work Session**

(Presented by Ms. Ann Rollins)

Ms. Ann Rollins, Health and Human Services Board Chair, first asked Mr. Ken Murphy, Senior Deputy County Attorney, to inform the Board of the response of the North Carolina Department of Health and Human Services (NCDHHS) staff surrounding Public Health accreditation benchmark #37. This benchmark requires local boards of health to perform annual performance reviews of their Health Director. Since Wake County is a consolidated Health and Human Services agency and the Health and Human Services Board, in turn, is a consolidated Board, this calls into question who, legally is the Health Director. This was not an issue with the previous Health Director because they had background, education, and experience in medicine, public health, or public health administration related to health. Ms. Nannette Bowler, Health and Human Services Director, has a background more focused on social services. Statute §153A-77 allows Wake County and other counties in North Carolina to have a consolidated Human Services agency and that the Health and Human Services Director of that consolidated agency may appoint someone with qualifications in medicine, public health, or public administration if the Director themselves does not have them. The statute also states that the consolidated Health and Human Services Director exercises all the powers and duties of the Health Director. Because

of these allowances per the statute, Ms. Bowler appointed Ms. Rebecca Kaufman, Public Health Division Director, as the Health Director.

After reaching out to NCDHHS, it has been confirmed that Ms. Bowler's review of Ms. Kaufman would satisfy the benchmark and that the Health and Human Services Board was not required to take any action in the evaluation process. The only thing the County must do to satisfy the accreditation benchmark is to share the set of criteria Ms. Bowler uses to do Ms. Kaufman's performance review. The evaluation itself is not needed. Thus, the Board is free of any responsibility for this particular benchmark.

Ms. Rollins thanked Mr. Murphy and explained to Board members that the Board still had the option of evaluating Ms. Bowler not for accreditation purposes but to provide feedback on her performance. Ms. Bowler concurred and stated that she would be welcome to be evaluated if Board members wished to do so. It may even be beneficial as the Board works with staff in drastically different ways than staff themselves, thus giving them a unique perspective.

There was a question about the performance evaluation being informal. Mr. Murphy explained that, like personnel performance evaluations from the Board in the past, the Board would have to hold the evaluation during a regularly scheduled and publicly posted meeting. However, the evaluation itself would be held in closed session with only the Board members present to review the individual. Ms. Rollins encouraged Board members to continue considering if the Board wished to evaluate Ms. Bowler's performance in the future.

Next, Ms. Rollins state that the subcommittee seeking new Board members was currently looking to fulfill two consumer positions along with an optometrist and psychologist position. There had been some success with reaching out into the community, including to former Health and Human Services Board member Ms. Fiorella Horna. The subcommittee hoped to bring on new members within the next two months to fill the vacant seats.

Finally, it was shared that future Board meetings would hold work sessions to more thoroughly discuss Board goals in the wake of priorities set from Live Well Wake (LWW), the Community Health Needs Assessment (CHNA), the Wake County Board of Commissioners (BOC), and the retreat priorities from the Board itself. Board members should consider participating where they could, namely with the LWW initiative as an August meeting invitation would be extended to them. The policies and issues have been shared and there was now an opportunity for the Board to further refine their focus for advocacy points.

#### **Public Comments**

- None

#### **Adjournment**

The meeting was adjourned at 9:24 A.M.

**Board Chair's Signature:**



**Date:** 7/28/22

Respectfully submitted by Ms. Brittany Hunt