

**Wake County Human Services Board
Meeting Minutes
July 28th, 2022**

Board Members Present:

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

Guests Present:

None

Staff Members Present:

Commissioner Vickie Adamson
Debra Baker
Stacy Beard
Nannette Bowler
Commissioner Maria Cervania
Sheila Donaldson
Felicia Downing
Caroline Harper
Richard Hayner
Leah Holdren
Lindsey Humphreys
Brittany Hunt
Nicole Ifill
Rebecca Kaufman
Janny Mealor
Ken Murphy
Sarah Plentl
Dr. Joseph Threadcraft

Call to Order

Ms. Ann Rollins called the meeting to order at 7:32 A.M.

Next Board Meeting – August 25th, 2022

Approval of Minutes

Ms. Ann Rollins asked for a motion to approve the June 23rd meeting minutes. There was a motion by Ms. Christine Kushner and Ms. DaQuanta Copeland 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 June report of \$6,530.92. There were no proposed or pending requests, so the fund was still at \$6,530.92.

Energy Plan (LIEAP/CIP)

(Presented by Ms. Janny Mealor)

Ms. Janny Mealor, Adult and Family Services Assistant Division Director, introduced Ms. Felicia Downing, Economic Benefits Manager to the Board before providing a presentation on the Crisis Intervention Program (CIP) and Low-Income Energy Assistance Program (LIEAP). The primary programs are to pay for cooling and heating assistance. For heating and cooling, the purpose is to maintain the temperature in the home to avoid life-threatening extreme temperatures that impact the most

vulnerable residents. It is not intended to maintain electricity, so the need of electricity for oxygen machines or to keep medication cold are not qualifying reasons. Heating does include any heating source from wood to kerosene to propane to liquefied petroleum (LP) gas. The program assists for the primary heating source of the home.

Ms. Mealor first detailed eligibility for the CIP. A household is in a crisis if it is currently experiencing or is in danger of experiencing a life-threatening or health-related emergency and appropriate assistance is not available from any other source. Life-threatening is defined as a household which has no heating or cooling source or has a disconnect notice for their primary heating or cooling service and the health or well-being of a household member would be in danger if the heating or cooling crisis was not alleviated. The household meets income eligibility if the total household members' countable income is equal to or less than 150% of the current poverty level. The table below shows examples of households in comparison to their maximum countable income.

Number In Household	Maximum Countable Income
1	\$ 1,610
2	\$ 2,178
3	\$ 2,745

CIP runs through the fiscal year as long as funding is available.

The second program – LIEAP – provides a one-time annual energy provider payment to help eligible families pay their heating expense. Staff evaluate the income for the month prior to the application. Resources (cash, bank accounts, etc.) must be included in this evaluation. For the past two and a half years, there have been multiple payments due to supplemental COVID-19 funds, but typically there is one payment. An early application period is held during the month of December for specified people over the age of sixty or those who are disabled and receiving services from Adult and Aging Services. After this period, applications are opened to the general population on January 1st. Staff accept applications through March 31st or until funds are exhausted. The supplemental payments from COVID-19 may continue post-COVID-19, but, as with LIEAP, the goal is to use all dollars allocated. The household meets income eligibility if the total household members' countable income is equal to or less than 130% of the current poverty level. The table below shows examples of households in comparison to their maximum countable income.

Number In Household	Maximum Countable Income
1	\$ 1,395
2	\$ 1,887
3	\$ 2,379

Dr. Mary Faye Whisler asked if the maximum countable income was per month and Ms. Mealor confirmed that it was. A couple of deductions are made for medical expenses that are automatic based on age. Childcare or child support payments may also be considered as well. Ms. DaQuanta Copeland asked if the considered income was gross or net and Ms. Mealor stated that it was gross. Staff were advocating for the 130% of the poverty level threshold to be changed to 150% as many individuals (especially single elderly receiving social security benefits) are placed just above the limit. The difference between the

130% and 150% threshold is roughly over \$200.00.

Next, Ms. Mealor shared budget and spending for the CIP and LIEAP with nearly a decade of trended data.

Crisis Intervention Program (CIP)

FY	Total Allocation	Spent	Balance	%Spent	Notes
YTD 2022 6/12	\$ 2,627,972.00	\$ 2,612,225.16	\$ 15,746.84	99%	*as of 6/12/22
2021	\$ 2,377,138.00	\$ 2,188,035.19	\$ 189,102.81	92%	
2020	\$ 2,385,443.00	\$ 2,385,547.51	\$ (104.51)	100.0%	
2019	\$ 2,451,145.94	\$ 2,450,870.41	\$ 275.53	100.0%	
2018	\$ 2,277,979.00	\$ 2,276,120.30	\$ 1,858.70	99.9%	
2017	\$ 2,218,724.00	\$ 2,218,664.34	\$ 59.66	100.0%	
2016	\$ 2,270,908.01	\$ 2,270,540.65	\$ 367.36	100.0%	
2015	\$ 1,720,535.95	\$ 1,720,535.95	\$ -	100.0%	
2014	\$ 1,982,234.00	\$ 1,274,341.24	\$ 707,892.76	64.3%	
2013	\$ 3,120,316.92	\$ 2,311,297.32	\$ 809,019.60	74.1%	

Low Income Energy Assistance Program (LIEAP)

FY	Allocation	Mid-Year	Spent	Balance	%Spent	Notes
2022	\$ 5,122,716.68		\$ 5,078,586.08	\$ 44,130.60	99%	Pandemic & Regular (Multiple automatic payments)
2021	\$ 2,277,138.00	\$ (200,000.00)	\$ 1,563,218.12	\$ 513,919.88	75.3%	Balance to Supplemental LIEAP amount TBD mid-May 2021
2020	\$ 2,385,443.00	\$ (227,627.00)	\$ 2,159,290.65	\$ (1,474.65)	100.1%	Balance to Supplemental LIEAP
2019	\$ 2,451,145.94	\$ (455,018.94)	\$ 1,673,200.00	\$ 322,927.00	83.8%	
2018	\$ 2,202,979.00		\$ 1,513,900.00	\$ 689,079.00	68.7%	
2017	\$ 2,175,724.00	\$ (309,000.00)	\$ 1,487,115.00	\$ 379,609.00	79.7%	
2016	\$ 2,175,724.00		\$ 1,577,600.00	\$ 598,124.00	72.5%	
2015	\$ 2,724,814.00		\$ 1,560,100.00	\$ 1,164,714.00	57.3%	
2014	\$ 2,704,259.00		\$ 881,500.00	\$ 1,822,759.00	32.6%	
2013	\$ 1,410,604.00		\$ 856,600.00	\$ 554,004.00	60.7%	

With LIEAP, the allocation had a huge increase due to funds allotted from the COVID-19 pandemic.

A new program – Low-Income Household Water Assistance Program (LIHWAP) – was launched on December 1st, 2021. LIHWAP will run until September of 2023, but has already had a lot of success. All of the following data is accurate as of June 28th, 2022:

Fund Name	Total Allocation	Spent	Remaining Balance
LIHWAP (Water Assistance)	\$1,580,382.00	\$1,368,958.14	\$211,423.86

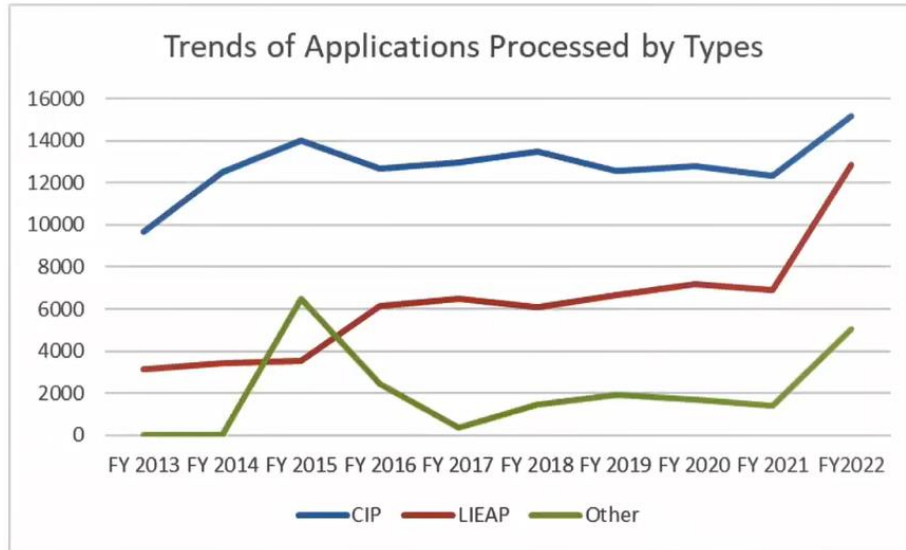
Application Status	Application Number
Pending	109
Approved	2,636
Denied	1,334
Withdrawn	230
Total Processed	4,200

Funds will roll over to FY 2023 and more funds may be allocated until completely exhausted by the State. Currently, the spending rate is not as high as the State would like, so there is certainly opportunity to provide more assistance to interested applicants. Wake County Health and Human Services (WCHHS) did celebrate being featured during a federal presentation at the White House. This included a video crafted by WCHHS and featuring Ms. Liz Scott, former Economic Services Division Director, and a client. The State has since reached out to this client to be a speaker at another event for LIHWAP, a program which truly represents a bit of CIP and a bit of LIEAP. The program looks to reconnect or prevent disconnection and resolve past due bills, but it is also available for general assistance. There is a formula where residents can get six times the amount of their normal water bill up to \$600 as preventative funds to avoid being late. If they are past due, there is no cap, meaning that outstanding bills of \$1,500 or \$2,000 are being paid in whole. The same individuals receiving this assistance can apply to get the additional \$600 in preventative funds mentioned above. There is some lobbying being done to encourage LIHWAP to transition to a permanent program as it has been so widely successful.

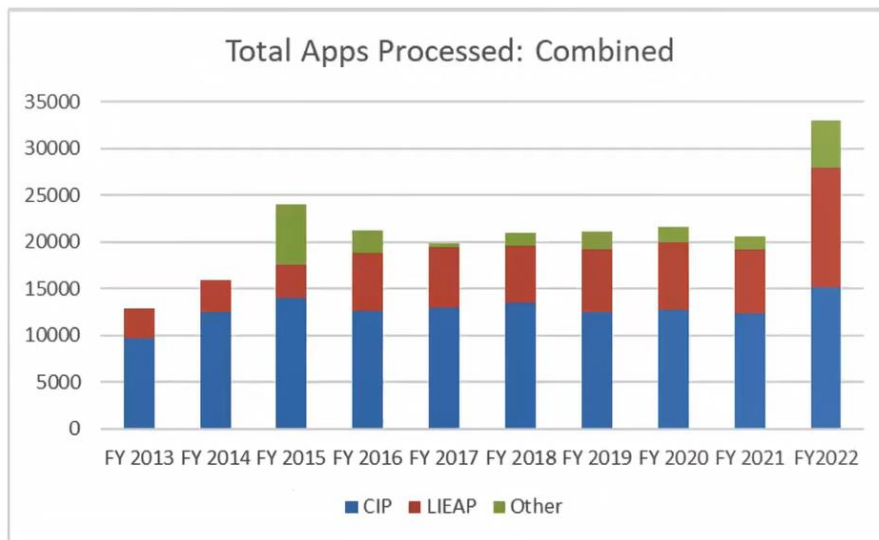
Ms. Mealor reviewed the impacts of COVID-19 on the various energy programs.

- FY 2022
 - Auto payment for specified households in December
 - Auto payment for households with children under the age of five in January
 - Auto payment to catch up December payments not based on fuel type in May (varied)
 - Auto payment in use balance of funds across the state in May (-\$350.00)
- FY 2021: State reallocated all remaining LIEAP funds
- The supplemental payment is based on the LIEAP benefit received and has increased from what was provided last year:
 - \$500: \$17.42 increased to \$67.19
 - \$400: \$13.94 increased to \$53.75
 - \$300: \$10.45 increased to \$40.31
- Due to the pandemic, North Carolina Governor Roy Cooper put a moratorium on utility disconnections into 2021 followed by generous payment plans decreasing demand for assistance
- Increased options for assistance: WakeHELPS, Housing Opportunities and Prevention of Evictions Program (HOPE), and Housing/Telamon
- When the moratorium was lifted, many customers were left with large bills; however, utility companies offered generous payment plans with multiple options. These free payment plans may keep clients out of crisis for many months

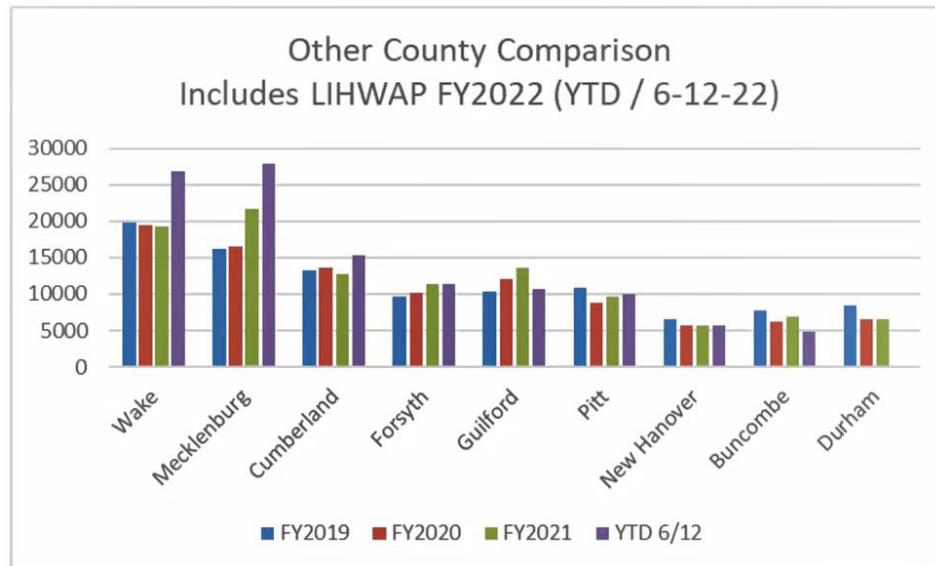
More trended data was shared – this time of applications for the programs (see below).



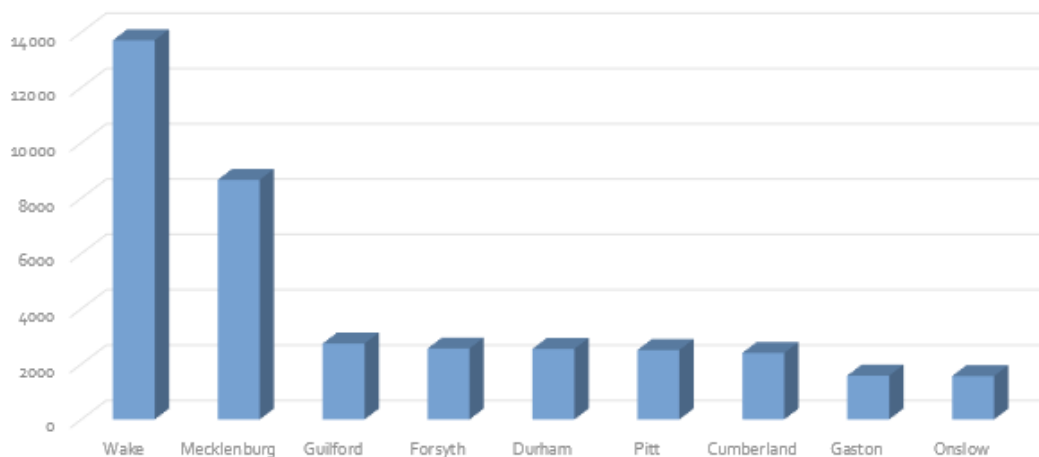
Applications are trending up in FY 2022, which directly connects to the previous fiscal year where the moratorium was in place. As the moratorium was phased out, the number of applications rose.



This same phenomenon is visible on the above chart with total applications processed combined.



ePass Apps (7/1/21-6/15/2022)



ePass applications were widely successful after promoting electronic applications. Prior to COVID-19, all ePass applications were done in-person, which was incredibly time consuming considering the interview aspect of the application. The electronic option offered increased access and made Wake County a leader in the state for applications. Of the total 64,115 applications submitted via ePass from July 1st, 2021 to June 15th, 2022, over 21% were Wake County applications.

Ms. Mealor reviewed the following outreach methods conducted by staff to connect with the community:

- Microsoft Bookings (New – May 2022)
- Virtual Visits to Swinburne Health and Human Services Building
- ePass Since January 4th, 2021
- Mail
- Fax
- E-mail

The Microsoft bookings are another pilot opportunity that promises to be more accessible to clients. Once they schedule an appointment, they receive a Microsoft Teams invitation and can join the meeting online with video or by call-in. This appointment will allow them to complete the interview process remotely. Ideally, this will alleviate stress for both clients and staff. With outreach, two of the strongest partners continue to be Resources for Seniors and Dorcas Ministries.

More impacts from COVID-19 meant that the full LIEAP season was conducted through remote work while outreach occurred e-mails and Teams' meetings. Staff worked with the Communications Office to use social media and press releases to their advantage. Telephonic signatures and virtual interviews were developed in response to the ever-changing pandemic and remote world. Of course, this did present some barriers with meeting with community partners as in-person meetings were widely preferred. But new business processes and program monitoring made sure that everything operated as efficiently as possible. Staff continue to work with and build on the marketing plan and opportunities via the Communications Office.

Key challenges staff have noted include duplicate applications – the same individual submitting their application via multiple methods or multiple times thinking one avenue may be “quicker” than the other. Dual applications between LIEAP and CIP can often involve administration needing to deny and rekey the application altogether. Staff are hoping that the State can continue to work to improve these processes to avoid such complications in the future. Finally, the volume of applications is greater than can be disposed of daily, which causes a growing backlog in peak season. Staff were able to redesign and convert a customer care team to an energy team to help manage the volume by addressing the assignment process and phone calls while the eligibility team manages the applications directly.

In the past, staff had used temporary employees for LIEAP. However, it was found that training took six months for these temporary employees to work independently. With LIEAP only lasting four months, it made more sense to cross train Customer Service Representatives to help with payments instead. Each approved application means that a payment must be sent out. In light of the additional COVID-19 funds, an approved LIEAP application has the potential to have five payments, thus adding considerably to the volume staff manage. Thus, two Customer Service Representatives were reclassified as Economic Benefit Technicians to work on the vendor payment team. A number of Energy Caseworkers were also reclassified from level one to level two to acknowledge the skills required to balance the multiple programs. With all of these changes, staff were confident that they would be moving forward with more efficient programs and less overwhelming caseloads.

Finally, Ms. Mealor shared the primary contacts for the energy programs. These are listed below – first with more informal descriptions of their roles and second with their official titles.

- Ms. Felicia Downing, Program Manager (Economic Benefits Manager)
- Ms. Erica Jennings, Energy Supervisor (Economic Benefits Supervisor)
- Ms. Sireda Richardson, Energy Supervisor (Economic Benefits Supervisor)
- Ms. Judith Enright, Energy Supervisor (Economic Benefits Supervisor)
- Ms. Maria Sierra, Energy Vendor Payment Team Supervisor (Economic Benefits Supervisor)
- Ms. Darnisha Young, Energy Administrative Supervisor (Administrative Supervisor)

A Board member asked if residents have to apply every year to be considered for these programs. Ms. Mealor stated that this was most often the case. Another question asked for clarity surrounding the total income to qualify for CIP and LIEAP. Ms. Mealor explained that the amounts listed were monthly gross income and, as indicated in the tables above, larger households had higher income thresholds to meet.

Ms. Ann Rollins asked for a motion to approve the Energy Plan report. There was a motion by Ms. DaQuanta Copeland and Dr. Mary Faye Whisler seconded to accept the report. The report was unanimously approved.

Health and Human Services Director's Update

(Presented by Ms. Nannette Bowler, Ms. Toni Pedroza, and Ms. Sarah Plentl)

Ms. Nannette Bowler, Health and Human Services Director, presented the Fiscal Year (FY) 2023 adopted budget for Health and Human Services to the Board. On June 6th, the Wake County Board of Commissioners (BOC) voted unanimously to adopt a budget of \$1.6 billion. Health and Human Services is the largest department in Wake County government and represents 14% of the total County budget. A full FY 2023 adopted budget for the Health and Human Services General Fund is included below and accurate as of June 16th, 2022.

	FY23 Adopted Budget	% of Budget
Expenditures	184,903,452	
Revenues	82,108,888	44%
County	102,794,564	56%
FTEs	1,698	

When planning for budget expansion requests, Ms. Bowler explained that staff went into the budget process with the “Five Rs” – revenue, restructure, realign, reduction, and redesign. These were meant to spark questions about opportunities to explore or alter current positions or budgetary needs in order to be good stewards of funds. To make the list of expansion requests more manageable and understandable, staff were able to create four “buckets” of priorities, listed below.

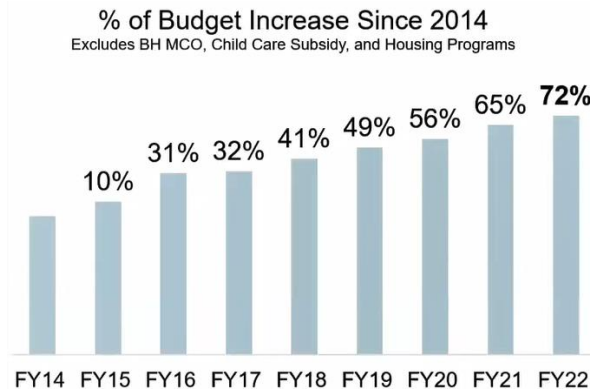
- Health and Human Services (HHS) Infrastructure: Infrastructure holding agency in place
- Public Health Restructuring: Delivery of Public Health and developing a holistic approach to ensure both improvements and alignments in interrelated areas
- Regional Clinical Services Alignment: Consistency across locations so customers may access services across the county
- Service Integration Support: Growth of County and needs of individual programs

In total, a request was made for 73.9 full-time equivalent (FTE) positions. Ultimately, nearly forty-seven (46.9) FTE positions were allotted. Ms. Bowler then went through – in detail – the positions allotted.

In the HHS Infrastructure section of the “bucket,” requests were focused on Business Analytics, Communications, Customer Experience, Customer Support, Finance, and Performance and Change Management. Some positions – namely those in Business Analytics and Communications – were not allotted in the FY 2023 budget, but will have their requests resubmitted in the future. Business Analytics is becoming more and more critical given the robust amount of information and data staff are trying to utilize in order to communicate more effectively to the community. And the demands on the Communications Office – a two-person team for almost 1,800 employees – impacts overall staff morale and retention.

For positions that were allotted, see below.

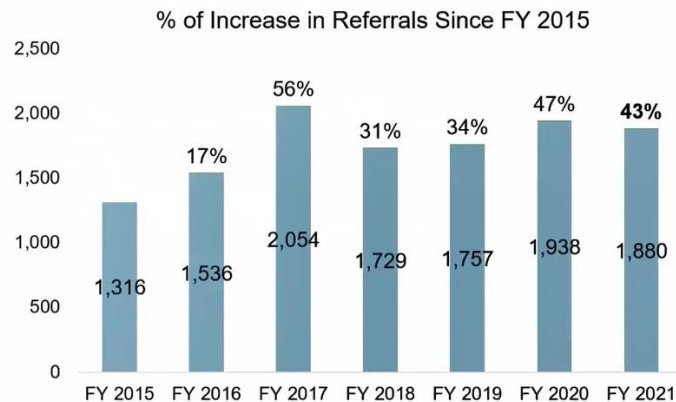
- Health and Human Services Infrastructure
 - Business Analytics and Project Management Team
 - 1.00 FTE Project Manager
 - Goal: Improve agency-wide business processes, service delivery, and service platforms that are driven by data solutions
 - Business Analytics produces more than 70 reports monthly for federal, state, and local agencies
 - Currently going through and doing process mapping for every single program in the agency (how is work being done? How much time is it taking? Where are the efficiencies? Where are the opportunities for improvement?)
 - Mr. Eugene Chalwe, Performance and Change Management Director, receives results from Business Analytics and works on projects and initiatives that align with all of HHS strategic initiatives, priorities, and integration. This Project Manager position would assist with that critical work
 - Client Accounting and Billing
 - 1.00 FTE Medical Biller/Coder
 - Goal: Convert temporary positions to regular FTEs; creating stability for clinical billing to achieve the highest level of reimbursement. Ensure compliance with all payer billing-related guidelines and mandatory reporting requirements
 - Realigned temporary funds to support request
 - HHS Budget/Finance
 - 1.00 FTE Senior Accountant
 - Goal: Increase the HHS Budget staffing capacity to provide adequate budgetary and fiscal oversight to mitigate liability and risk; ensure funding compliance, timely reporting, segregation of duties, and enhance efficiency in internal controls
 - Last new position in this area was added in 2014. This position will allow staff to keep up with growth (as shown in the image below)



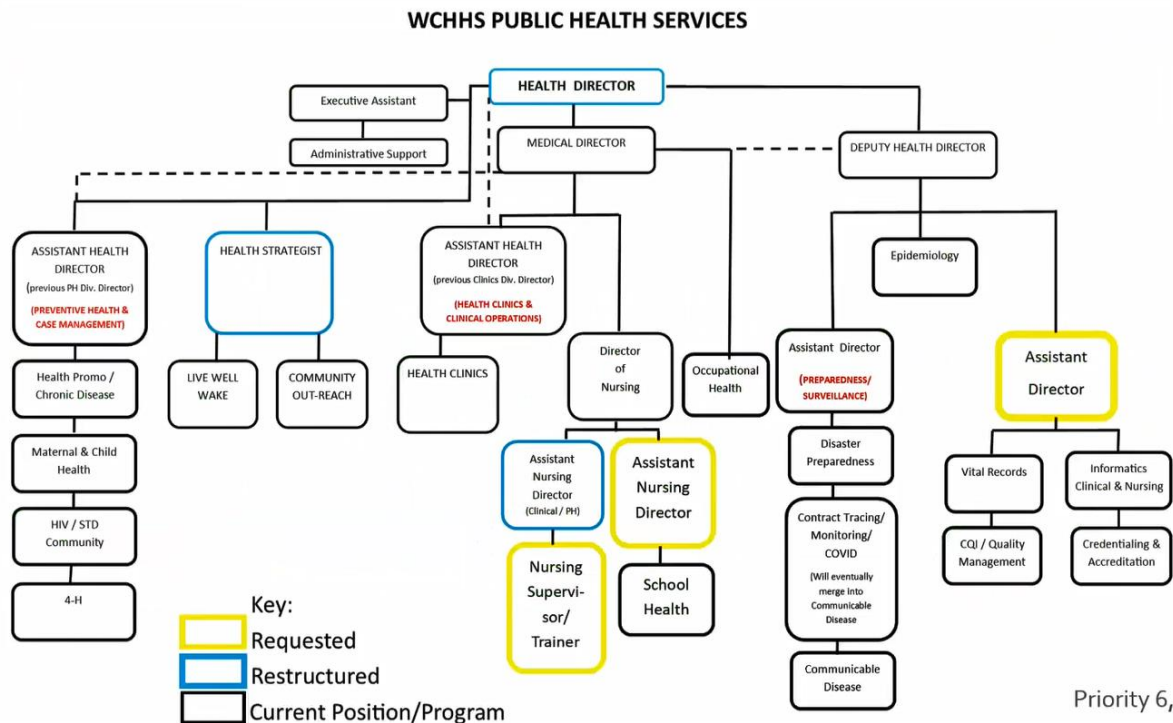
- Regional Centers Administrative Support
 - 1 Admin Supervisor (Departure Drive); 1 Admin Specialist (Social and Economic Vitality (SEV))
 - Goal: Support Regional Centers to ensure adequate coverage, access to quality care, greater efficiencies, and improved customer service. Provide permanent support for SEV program at Crosby Center
- Program Integrity (Fraud Investigation)
 - 2 Department Program Auditors, 1 Quality Assurance Reviewer
 - Goal: Increase Program Auditors from 9 to 11 to reduce the Program Auditor caseload from 1:22 to 1:18 due to a 43% increase in referrals since 2015,

ensuring compliance with State's 10% timeliness. Add a QA Reviewer to improve the program's capacity to conduct quality reviews

- Last new position in this area was added in 2013. This position will allow staff to keep up with growth (as shown in the image below)



The next “bucket” item – Public Health Restructuring – was further broken down into three subcategories: Community Health, Medical/Clinical Services, and Surveillance/Compliance. A look at the proposed restructuring on the Public Health organizational chart is included below.



To ensure that staff were being good stewards of funds, they evaluated positions beforehand and were able to repurpose three rather than outright request for additional FTEs. The first restructuring was to the Health Director. This position will be broken into two titles – Health Director and Medical Director. After researching and benchmarking this role with Mecklenburg, Guilford, and Buncombe counties, it was decided that the positions should be separated based on function to increase capacity.

- Health Director
 - Job posting will close later this week with interviews to follow shortly after
 - Focus on administration and outward facing duties
 - Prevention and diseases
 - Future epidemics
 - Work with State and federal entities
 - Looking at disparities and equity in collaboration with partners
 - All media/public requests
- Medical Director
 - Focus on internal and clinical operations
 - All medical across Public Health and Clinics
 - Oversees Director of Nursing
 - Signing of orders
 - Continue role of consultation and direction as needed

Ms. Bowler cautioned that the above organizational chart was slightly outdated and that a more current version could be provided to the Board in the near future. As the above chart indicates, however, there will be an Assistant Health Director of all of Health Promotions, a Community Health Assistant Health Director, and Health Strategist (renamed Population Director). The latter two are considered community-based positions. The Population Director, in particular, will oversee Live Well Wake. There will also be a community outreach position staff are still identifying responsibilities for. During the COVID-19 pandemic, the community voiced a need to maximize and magnify outreach and resources to marginalized communities. These positions will allow for that outreach to continue to occur.

Another repurposed position was the Assistant Clinical Director, which became the Assistant Nursing Director of Clinics and the Assistant Nursing Director of School Health positions. With this, a Nursing Supervisor was seen as a need to ensure all nurses received adequate training in a timely manner. Finally, an Assistant Director overseeing compliance and surveillance to the far right of the chart would increase the ability to investigate and process informatics, continuous quality improvement, and vital records.

The third “bucket” of Regional Clinical Services Alignment would bring a lot of resources to several key areas of the County, specifically those located near the Departure Drive HHS Center, Eastern Regional Center (ERC), Northern Regional Center (NRC), and Southern Regional Center (SRC). Never in the history of the Centers had their clinics had a full team. With the adopted budget and support of County Manager David Ellis, this was now becoming a possibility through the following allocation:

- Regional Clinical Services
 - 3 Certified Medical Assistants (CMAs), 1.90 FTE Physicians, 2 Registered Nurses (RNs), 1 Program Manager
 - Goal: Ensure adequate staffing and coverage at HHS Regional Centers Clinical Services by increasing staffing model to six FTEs per Regional Center. Clinical Operations Manager will provide oversight/support
 - Allows for two full care teams to be implemented at ERC, NRC, SRC, and Departure Drive

Ms. Bowler shared how this allocation had boosted the morale of staff. With previous positions, the clinics could only be open for two days a week at most. This caused understandable frustration with clients as well as staff, which would now thankfully be alleviated with a full team. There will be a request in the future to establish a full clinic team at the Western HHS Center, but this will be done when the facility is completely built out in 2025.

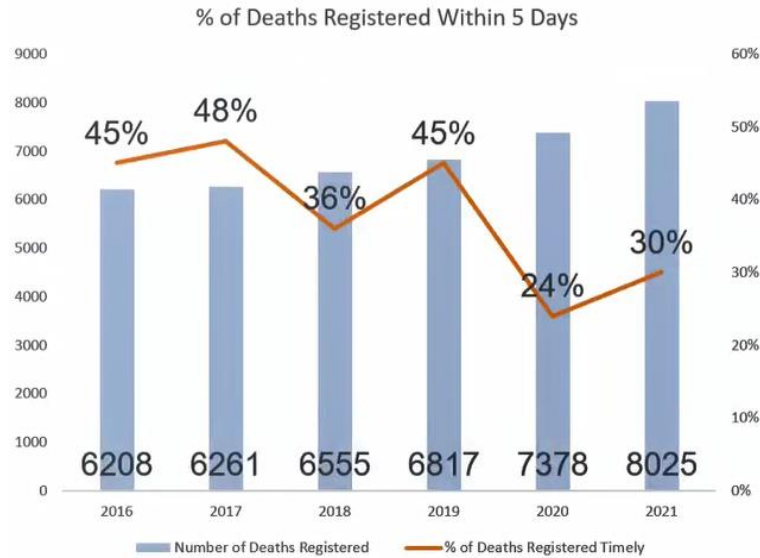
The final “bucket” – Service Integration Support – included program areas with immediate needs. With a HHS agency, it is critical that all areas are functioning to ensure customers receive timely and high quality services. Thus, staff were delighted at the budget expansion allocations listed below.

- Service Integration Support
 - Child Welfare Permanency and Placement Services
 - 1 Permanency Services Resource Manager, 1 Admin Specialist
 - Goal: Adding a Permanency Resource Manager to reduce the manager-to-staff ratio from 1:51 to 1:36 and an Administrative Specialist to support managers in this unit
 - Ensure optimal attention, monitoring, and oversight to the parent education, meeting facilitation, transportation and visitation services
 - In light of Family First Prevention Act, there are now mandates for how long staff must be involved with families. These positions allow for these mandates to be feasibly met
 - 4 Prevention Services Social Workers, 1 Supervisor
 - Goal: Reduce the Child Welfare Social Worker-to-family ratio from 1:40 to 1:27 to build internal capacity to implement a federal legislation requiring an expansion of child welfare prevention services to families at risk of child welfare involvement
 - 1 Placement Services Social Worker
 - Goal: Provide dedicated support to promote placement stability; track congregate care utilization, residential placements, inadequately leveled placements, and out-of-county/state placements
 - There is an increase in the number of children with complex needs that are hard to place, notably those aged 12 to 17
 - For these individuals, proper placement when disruption occurs can be extremely difficult. As a result of an insufficient amount of providers in mental and behavioral health, many of these youth are living in HHS buildings until a placement is identified

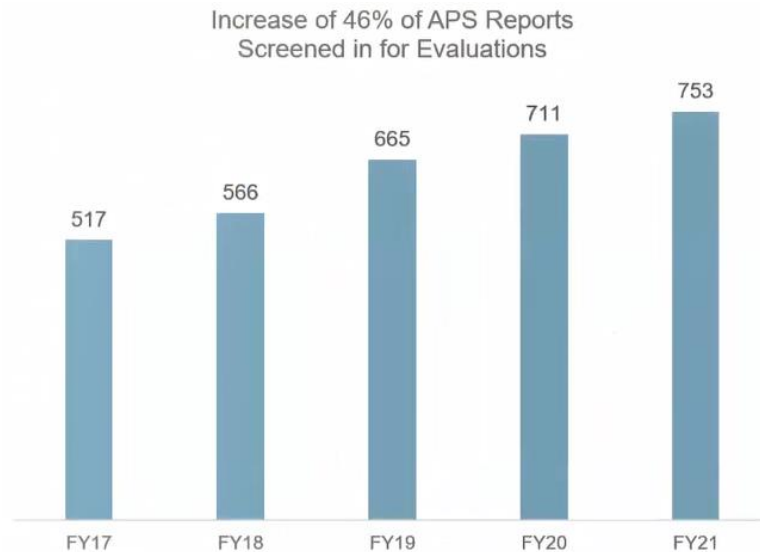
Child Welfare: Addressing Placement Needs

Number of Youth in Swinburne Building	CY 2020	CY 2021
# of Children Awaiting Placements	17	26
# of Episodes	20	34
# of Days	88	234
Average Age of Children Awaiting Placement	16.5	14.6

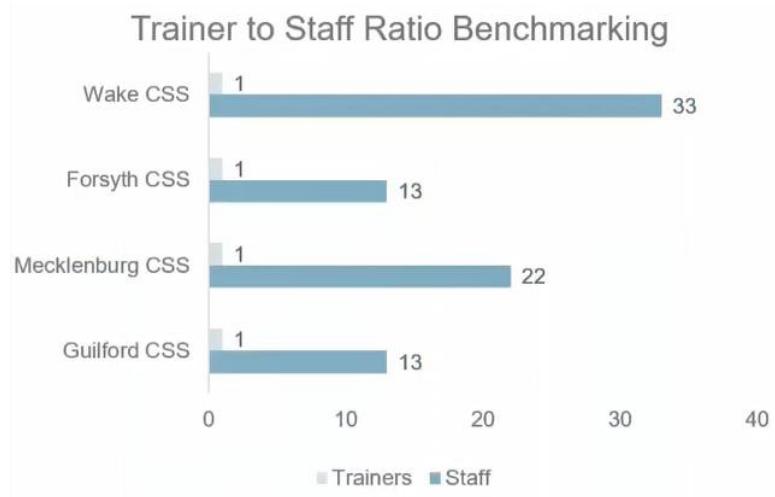
- Vital Records
 - 2 Vital Records Specialists
 - Goal: Increase team from 3 to 5 FTE. Increase timely availability of death records. Per North Carolina General Statute, death records should be registered in five days of death. In calendar year (CY) 2021, a total of 30% of Wake County deaths were registered in five days. This was down from 45% in CY 2019



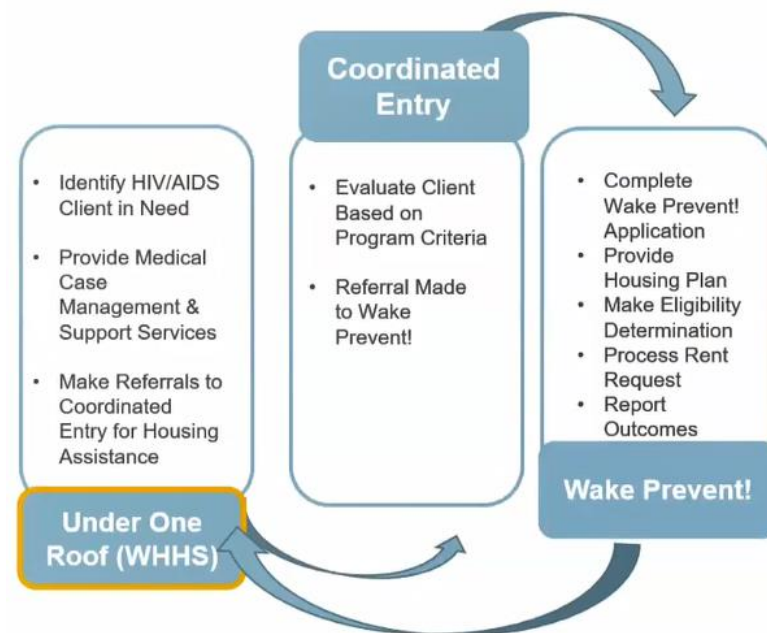
- Adult Protective Services (APS)
 - 1 APS Social Worker, 1 APS Supervisor
 - Goal: Add 1 APS Social Worker and 1 APS Supervisor to address the workload increases associated with the 46% increase in the number of cases since FY 2017



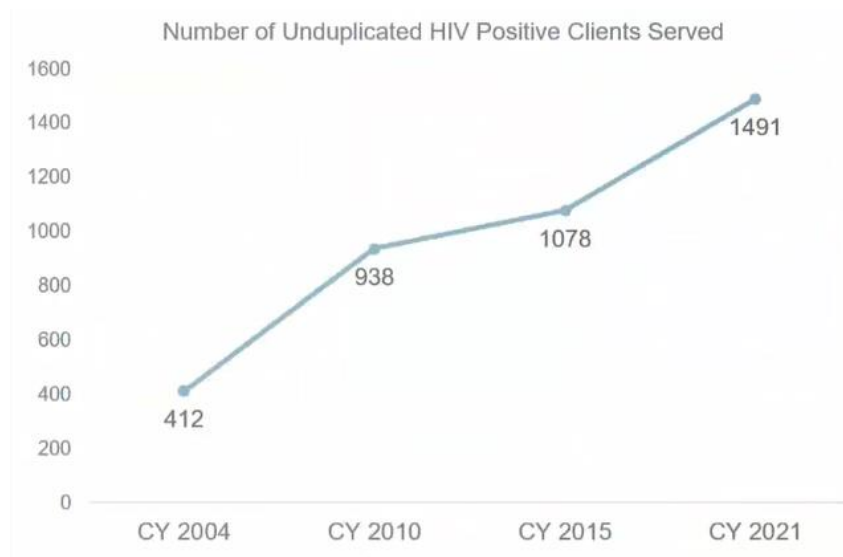
- Child Support Services
 - 3 Child Support Team Leads, 1 Child Support Trainer, 1 Child Support Training Supervisor
 - Goal: Add 1 Trainer and 1 Training Supervisor to improve performance, timeliness, and quality by reducing the Trainer/Staff ratio from 1:33 to 1:21. Add 3 Team Leads to improve oversight and assistance by reducing the Team Lead/Staff ratio from 1:21 to 1:8



- AIDS Case Management
 - 2 Social Workers
 - Goal: Increase HIV/AIDS Social Workers from six to eight to maintain a social worker-to-caseload recommended ratio of 1:30. The total caseload is projected to increase 66% due to projected referrals from the Housing Department, Short Term Rent, Mortgage, and Utilities program
 - Represents great collaboration with Ms. Lorena McDowell (Director of Affordable Housing and Community Revitalization) and her staff



- HIV Clinic
 - 1 Administrative Services Coordinator I
 - Goal: Increase Administrative Services Coordinator positions from 1 to 2. HIV Patient Management network funds have increased 40% since 2010, total subrecipients have increased from 8 to 20, and total clients have increased 58%

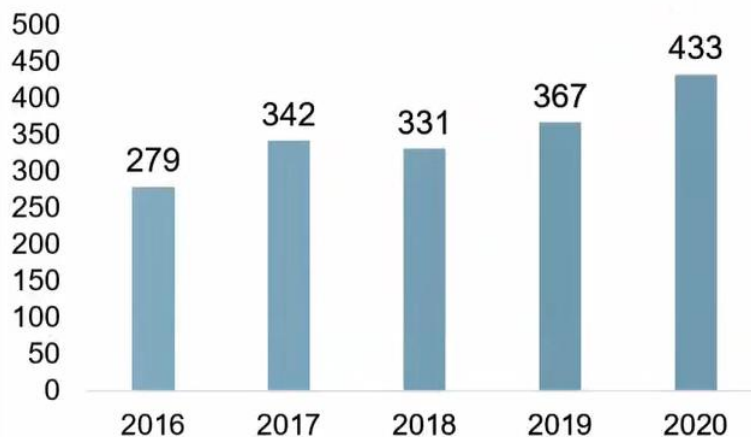


○ Prevention of Drug Overdose and Tobacco

▪ 1 Unit Manager, 1 Registered Nurse, 1 Public Health Educator

- Goal: Reduce the number of drug overdose deaths and hospitalizations and increase the number of individuals who are provided access and/or referral to substance use treatment programs. Continuation of two successful grant/donation-funded positions. In addition, prevent initiation of smoking and other tobacco use to improve chances for sustained recovery from use of other drugs
- Tobacco remains the leading cause of preventable disease, disability, and death
- E-cigarette rates have increased 1,129% since 2001
- Wake County has not had a dedicated Tobacco Health Educator and has had to share resources through a Regional Educator, thus promoting the request for the Public Health Educator

The number of opioid overdose ED visits among Wake County residents increased 73% between 2016 and 2020.



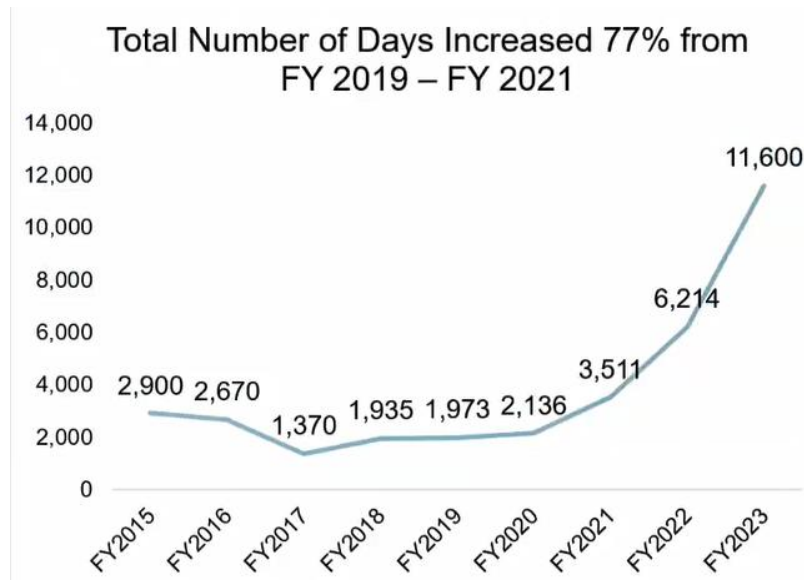
- Child Welfare Administration
 - 1 IT Systems Engineer – Business Systems
 - Goal: Support the implementation, maintenance, and end user experience of a child welfare automated case management system. Implementation and support of this system is essential to improve business practices, timeliness, and efficient use of resources
 - Currently staff are completing all forms manually and entering them into the State system as well as OnBase to send to supervisors and leadership for signatures
 - Staff are in the final stages of evaluating requests for proposals
- School-based Public Health
 - 2 Registered Nurses
 - Goal: Increase staffing capacity to maintain the ratio of one nurse per two schools. The Wake County Public School System (WCPSS) plans on opening at least three new schools in 2022-2023
- Transportation
 - 1 Senior Accountant, 1 Planner
 - Goal: Increase the Transportation program operations due to the growth experienced in the last few years, remain in compliance with State and federal rules and regulations, and allow for program expansion
 - There as been a 40% increase in trips/clients
 - Converted temporary positions into permanent positions. No additional dollars needed as funded through several resources
- Human Services Administration
 - Increase Security Contractual Funds for Law Enforcement Coverage
 - Goal: At HHS Swinburne facility, increase law enforcement coverage to 24/7 and at Regional Centers convert security guards to company police to ensure the safety and wellbeing of staff and consumers
 - Because more youth are having to live temporarily in HHS buildings while awaiting proper placement, security must be increased

Law enforcement officers can intervene, detain, and transport. Youth have become a threat to themselves and others.

Continued Increased Number of Youth in the Swinburne Building	CY 2020	CY 2021
# of Children Awaiting Placement	17	26
# of Episodes	20	34
# of Days	88	234
Average Age of Children Awaiting Placement	16.5	14.6

- Increase Juvenile Detention Center Contractual Funds
 - Goal: Increase the Wake County Juvenile Detention Center contract to pay 50% of the daily bed rate for new 16- and 17-year-old juveniles. The Department of Public Safety (DPS) projected a 77% increase in costs since FY 2019 resulting from the Raise the Age initiative

- Current bed rate is \$244 a day. The State and Wake County split this cost evenly at \$122 each



- Increase State and Federal Funding Allocations
 - Goal: Appropriate additional State and federal funding allocations projected in FY 2023 for costs associated with the delivery of Public Health, Economic Social Services, and Juvenile Crime Prevention programs requiring no matching County dollars

Ms. Bowler closed her presentation by providing the below table summarizing the approved expansion requests.

Fiscal Year 2023 Health and Human Services Approved Expansion Requests Summary

Budget Expansion Priorities	Total FTEs Requested	Total FTEs Approved
HHS Infrastructure (1 - 5)	22.00	8.00
Public Health Restructuring (6 – 8)	3.00	3.00
Regional Clinical Services Alignment (9)	11.90	7.90
Service Integration Support (10 – 24)	37.00	28.00
Grand Total	73.90	46.90

Many Board members commended the presentation on its thoroughness and transparency. Ms. Bowler recognized her leadership team and the many hours contributed to craft a recommended budget. Commissioner James West inquired about the issue of poverty and how – given its prominence in so many initiatives from Live Well Wake to the HHS integration – Wake County was approaching and addressing it. Ms. Bowler stated that she would like to return to the Board with fuller data and details on

poverty in the County, but currently mapping services were being conducted to establish the needs of residents and how local Regional Centers could best provide holistic services to best support them. Staff are even including the Social Determinants of Health in this assessment so that every person that enters the clinics can receive resources toward independence. Commissioner Vickie Adamson cautioned to include screening for veteran status as this is often an overlooked aspect of a person's care.

There was a request for elaboration on the foster care youth living in HHS buildings. Ms. Bowler shared that staff were working tirelessly to address the issue. Meetings with Alliance Health, the Local Management Entity (LME) for foster care in Wake County, were frequent. A proposal presented to County Manager Ellis and Mr. Duane Holder (Deputy County Manager) had suggested utilizing American Rescue Plan Act (ARPA) funds to create three homes for placement. One would be for mental health and intellectual and/or developmental disabilities (IDD) while the other two would focus on mental health or substance abuse. While one location has been identified, it will require a lot of work and still leave staff to search for two other facilities. The most ideal solution would be a separate facility contracted with the LME to provide oversight of these youth. HHS staff are drained from covering shifts within the building in addition to their normal work. But, ultimately, there are insufficient providers. Ideally once a child is placed, it is a long-term placement. When placement is broken, however, the child enters the custody of HHS in what is supposed to be a very temporary time to find appropriate placement. This temporary time has turned into months for some youth. This is in spite of funding Alliance Health for placements due to insufficient providers and competing with other jurisdictions. When asked what "breaking placement" entailed, Ms. Bowler responded that this was a case of the placement not working out. It could be that the person caring for the youth can no longer meet their needs or the youth themselves may decide that they no longer want to be in that placement.

Ms. Toni Pedroza, Deputy Director of Social Services, clarified that the placement issue was one present across North Carolina for the last ten years. LMEs are charged with assigning levels to each youth's case – level one, level two, level three, and Psychiatric Residential Treatment Facility (PRTF) based on their mental health and behavioral needs. Level one youth have their placement paid by the County while all other levels are paid by Alliance Health. The majority of children living in HHS buildings are teenagers who have had multiple disruptions and struggle with mental, behavioral, and sometimes physical needs. While placements were difficult to make prior to the pandemic, COVID-19 has made the crisis more dire. Some of the youth have had up to thirty disruptions in placement and have been left to move again and again with no stability to address their needs. While some restructuring is being planned in Child Welfare to improve the process for first placements to ensure relatives are a part of the consideration, this is an issue that will need to be addressed by the State and LME.

Ms. Christine Kushner commended the work of HHS for focusing on the needs of youth. She noted that WCPSS would be opening four schools in fall of 2022 and that the need for nurses was still very much present. The two allotted in the budget presentation would be of help, but the growth was still far outweighing the school nurses needed.

Next, Ms. Sarah Plentl, Health Promotion and Disease Prevention Section Manager, presented a proposed tobacco ordinance to the Board. She began by reviewing the existing ordinance, included below.

"19. Smoking and Use of Tobacco Products, including Vapor Products

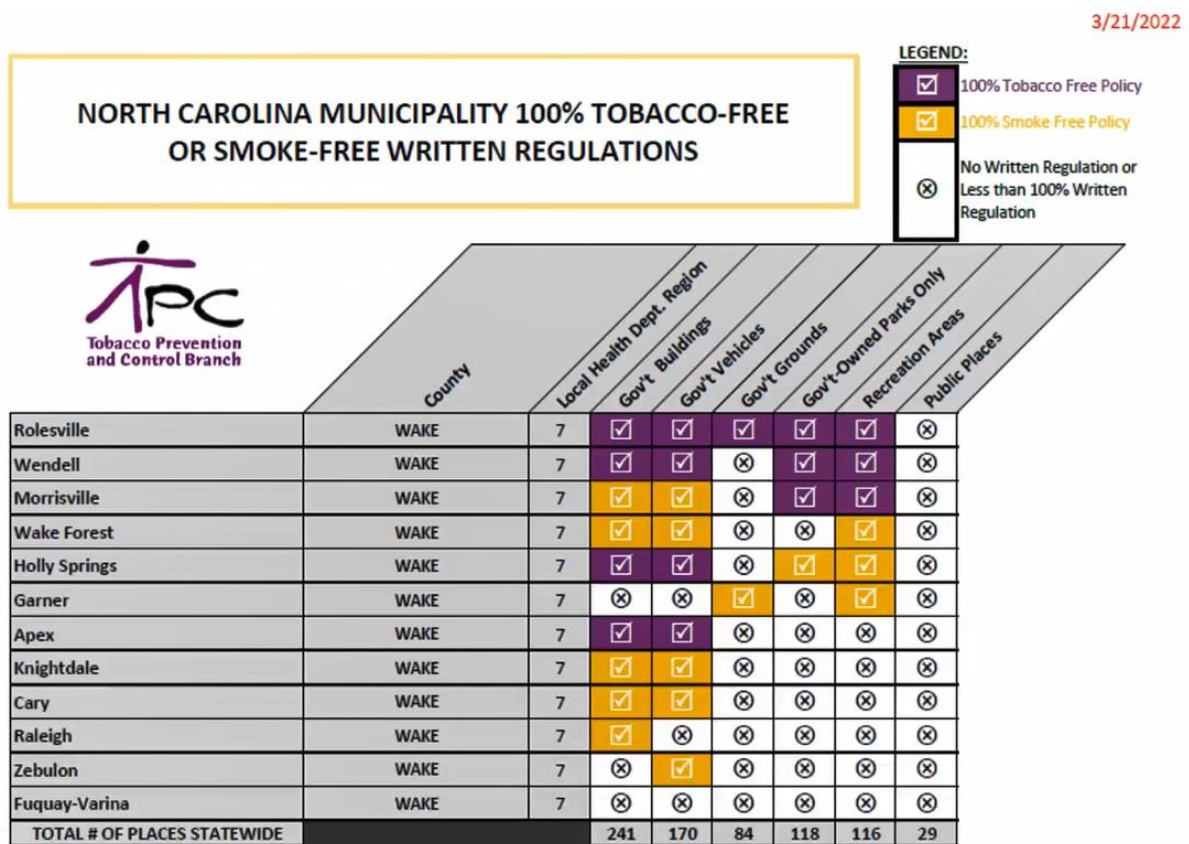
All smoking, as defined in North Carolina General Statute (NCGS) §130A-492 (16), and any use of tobacco products, including vapor products as defined in NCGS §14-313 (3a), (4), and (5), is hereby prohibited in all of the following places:

- County buildings, as defined in NCGS §130A-492 (8)

- County vehicles, as defined in NCGS §130A-492 (9)
- County grounds, as defined in NCGS §130A-492 (6) including, but not limited to:
 - County Parks Systems, including playgrounds and athletic fields; County Greenways, Trails and Parks”

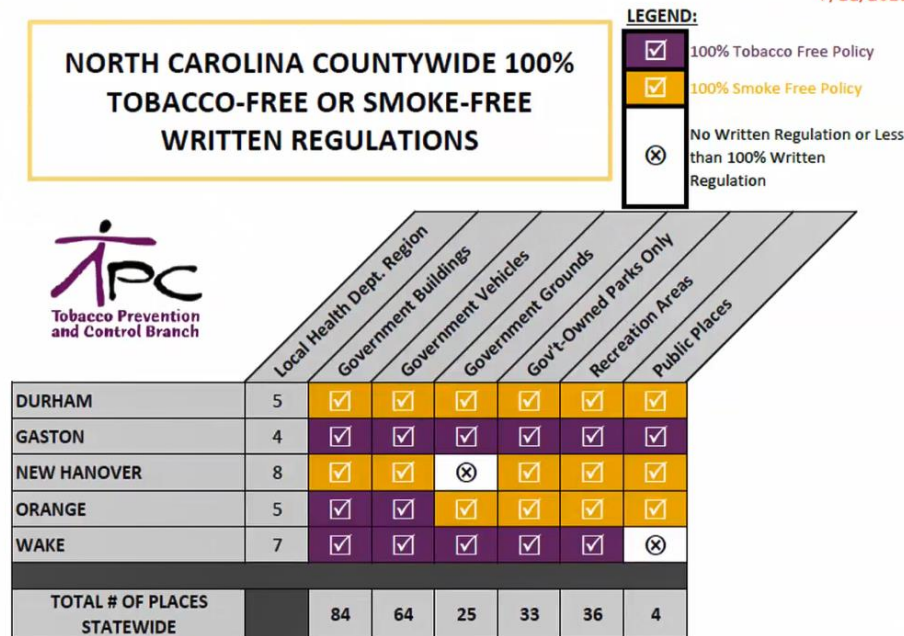
The new proposed ordinance would strengthen the existing ordinance to include indoor public places within unincorporated Wake County with the following definition of public places – “An enclosed area to which the public is invited or in which the public is permitted” NCGS §130A-492 (14). The proposal comes in response to tobacco use continuing to be the leading cause of preventable death, disease, and disability.

In this regard, Ms. Plentl shared the following charts from the Tobacco Prevention and Control Branch outlining 100% tobacco-free or smoke-free written regulations.



The first chart above represents all twelve municipalities in Wake County. The dark purple signifies 100% tobacco-free policy – the strongest policy available against tobacco and vapor products. The gold signifies 100% smoke-free policy, which leaves a lot less stringent regulations as compared to the tobacco-free policy.

7/11/2022



This next chart looks at comparable and surrounding counties. As 100% tobacco-free policy across all areas is considered the “gold standard,” this proposal was seeking to include public places in unincorporated Wake County with the hope that the municipalities would follow suit in the future.

For clarity, Ms. Plentl shared what “public places” would be considered. Ms. Plentl reminded the Board that this would only apply to unincorporate places in Wake County. By statute definition, “an enclosed area to which the public is invited or in which the public is permitted” NCGS §130A-492 (14) remains the language used. More colloquially, this would include the following:

- Grocery Stores
- Shopping Centers
- Banks
- Gaming Facilities
- Bowling Centers
- Movie Theatres
- Other places where the public is permitted

Areas that may not be covered by local regulation include the following:

- Private residence
- Private vehicle
- Tobacco shop (as defined by State Law)
- All premises, facilities, and vehicles owned, operated, or leased by any tobacco products processor or manufacturer, or any tobacco leaf grower, processor, or dealer
- Cigar bar (as exempted and approved under State Law)
- Private club (non-profit, as defined by State Law)
- Designated smoking guest room in a lodging establishment
- Motion picture, television, theatre, or other live production set

Staff already secured recommendation for the ordinance from the Public Health Committee. If recommendation was received from the full Health and Human Services Board, it would then appear before a Municipal Managers' meeting in August 2022. Finally, the ordinance would appear before the Wake County Board of Commissioners (BOC) during a work session in September for final adoption. Staff would be approaching enforcement in an educational manner with establishments and not focusing on individuals who use tobacco. Thus, the request to the Health and Human Services Board was for a recommendation to the BOC to consider passing this ordinance to prohibit tobacco use in public places.

Commissioner James West asked if local tobacco farmers had been a part of the conversation when considering the ordinance. While there were some meetings in years past, no recent meetings could be confirmed. But staff were willing to bring farmers into the conversation before appearing before the BOC. Dr. John Perry asked what portion of the County would be considered unincorporated and thus impacted by this ordinance. Ms. Caroline Harper, Senior Business Analyst, was able to confirm that 205,000 residents lived in unincorporated Wake County during the 2020 census.

There was discussion surrounding the attention on tobacco products as opposed to alcohol – another substance quickly becoming a public health concern among youth. It was noted that staff and Board members as well as the Public Health Committee had been working on strengthening the tobacco policies for quite some time. Another comment noted how the municipalities of Wake County had less stringent policies. Ms. Rebecca Kaufman, Preventative Health Director, stated that the newly allotted Public Health Educator to be hired would be solely focused on tobacco use in Wake County and able to work more intensely with municipality leaders.

Dr. Perry reminded the Board that while smoking may have decreased over the past few years, it was still prevalent in some areas. Lung cancer was still the number one cause of death in the United States. Around 80% to 90% of these deaths were attributed to smoking.

Ms. Ann Rollins asked for a motion to recommend the proposed tobacco ordinance to the Wake County Board of Commissioners (BOC). There was a motion by Dr. John Perry and Ms. DaQuanta Copeland seconded to recommend the ordinance. The ordinance was unanimously recommended.

Environmental Services Director's Update

(Presented by Dr. Joseph Threadcraft)

Dr. Joseph Threadcraft, Environmental Services Director, provided a brief presentation on Water Quality. The Water Quality Division is broken into three subcategories listed below.

- Wastewater (Three Sections)
 - Septic system permits, including new construction, repairs, accessory structures, and maintenance inspections
- Groundwater (One Section)
 - New well permits, well abandonments, drinking water testing
- Watershed Management (One Section)
 - Erosion and sedimentation control permits, stormwater permits, floodplain management, inspections

There were nine full-time equivalent (FTE) positions allotted to Water Quality during the Fiscal Year (FY) 2023 budget expansion. Three are field consultants dedicated to permitting new construction for septic systems, one is a new customer service manager, and two others are repair team members. The repair team will help respond to septic system issues. Other budgetary funds and exciting ventures on the

horizon include the reorganization of the wastewater program, a new post-construction stormwater team, resources to harness data, and the One Water program.

There is an annual requirement to review fees under the North Carolina General Statute (NCGS) §153A-102, Accreditation Benchmark 33.5. Fee changes are done as needed under the same statute but also impacting the Environmental Services User Fee Change Procedure. The next fee reevaluation has been scheduled with the following timeline:

- Internal annual fee review: Underway
- Fee change proposals: Under development
- Public feedback: Approximately September 2022
- Public Health Committee/Health and Human Services Board review: Approximately March 2023
- Implementation: July 2023

The new Water Quality Director, Mr. Jim Hawhee, will be leading this review. Staff were already very excited to work with Mr. Hawhee given his background as an attorney and former State employee with a wealth of regulatory experience.

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, shared that the Committee had received the same reports as the Board for the tobacco ordinance and Environmental Services. They also heard from Ms. Sydney Klein, Food Security Program Manager, on food security and the Summer Food Program.

Dr. Jananne O’Connell, Chair of the Social Services Committee, provided a Committee update. The biggest focus of the July meeting had been the presentation on the Crisis Intervention Program (CIP) and Low-Income Energy Assistance Program (LIEAP) from Ms. Janny Meador, Adult and Family Services Assistant Division Director. The Committee also received an update from the Aged-Out Foster Care Youth Workgroup from Mr. Derrick Byrd, Executive Director of the Family Resource Center of South Atlantic.

Mr. Richie Hayner, Director of the Southern Regional Center, shared a brief story of a recent victory in the County and Regional Centers. A local police department had reached out to Mr. Hayner after visiting the Southern Regional Center and recalling their services. The call was to seek assistance to a homeless couple who had been sleeping in a dugout of a baseball field to stay out of the rain. The woman came in to the clinic and was revealed to be fourteen weeks pregnant with no history of prenatal care. By the end of the same week, nurses had scheduled her to return to the clinic for prenatal care, connected her to Oak City Cares, and assisted her with applying for Medicaid and food stamps. She was also guided through applying for jobs and given a local church to list as her address for her applications. The nurse who met with the woman had shared with many in leadership that she had spent a great deal of her morning with this woman, but that time had been so richly used in order to meet a comprehensive set of needs.

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. Seventy-nine patients were served in the month of June. Mental health services received twenty-nine referrals for services. The North Central Community Advocacy Committee (CAC) met on June 8th, 2022. CAC members are working on the

integration of social determinants of health. The main concerns in the North Central Zone are housing and employment.

- Crosby Garfield/Social and Economic Vitality (SEV): There were no reported updates from Crosby Garfield/SEV during the month of June.
- Western Health and Human Services Center (WHHSC): The Western Regional Community Advocacy Committee (CAC) Food Security Action Group continued the emergency distribution at twelve neighborhood sites and provided 1,617 produce boxes to 1,617 families this month. Additionally, the food sites served as information and resource access points in these neighborhoods. This month thirty boxes of diapers, three hundred and fifty packs of baby wipes, one thousand home tests, and fifteen hundred pounds of dog/cat food was also distributed along with information about Energy Services. The Group also coordinated plans for the 2022 Summer Food Program, which served 1,000 hot meals at eight community sites this month. The Western Regional CAC Affordable Housing Action Group is developing a regional dashboard to establish performance measures for increasing affordable housing units in the Western Region. This will include developing an advocacy plan to support and preserve affordable housing for families currently living in mobile homes. The Western Regional CAC Workforce Development Action Group continued assets and service mapping to learn about existing services, gaps, and barriers in service delivery in the region. The WHHSC partnered with the Town of Cary for their annual neighborhood block party in a marginalized community to increase access to information, services, and other resources. During the June Western Regional CAC meeting, Ms. Lechelle Wardell, Project Administrator and Interim Live Well Wake Manager at Wake County Health and Human Services, served as a guest presenter on the social determinants of health strategies. The Western Regional CAC has assembled a Network of Care Committee to map existing services, gaps, and barriers to a regional services delivery system. The Western Regional CAC Executive Committee has completed the first phase of community mapping of existing services provided by human services organizations in the region to advance its vision of a network of care, an integrative regional services system. This month, plans were made to focus on referral organizations and referral relationships across the region. Child Welfare staff's usage of the WHHSC continued to increase with multiple staff meetings and family care meetings. Child Welfare staff also coordinated a "Door Hanger" campaign with faith leaders in the Town of Apex to recruit foster care families. The WHHSC celebrated five years this month after establishing a presence in the community and providing Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) services in the current location in November of 2017. The official Open House was held on June 2018. The WHHSC remains closed to the public.
- Northern Regional Center (NRC): The Northern Regional Food Security Hub was placed on a temporary hold on June 30th. Funding has ended (although ultimately some reduced funding was made available) and the location of the refrigerated trailer is no longer available. As the NRC works to find alternative solutions, there is celebration for several of the positive impacts this initiative had. By the end of June 2022, a total of \$391,720 had been allocated with the vast majority (\$355,720) spent directly on food for distribution. An additional \$36,000 was spent on infrastructure for the refrigerated trailer rental. A total of 323,235 pounds (146 metric tons) of food found its way to families and individuals with needs. This total does not include extra donations secured and distributed such as milk, eggs, or Thanksgiving turkeys. On average, twelve distribution partner agencies were supported. These agencies consisted of food pantries, churches, and other community organizations that distribute food either by families visiting their location or by home delivery. The NRC Clinic, currently open two days a week, served one hundred and two individuals in the month of June. Nearly three hundred meals were served through the ongoing Wake County Public School System (WCPSS) Program. The NRC transitioned to the Summer Nutrition Program on June 21st and served an additional 247 lunches. The NRC was honored to participate in the Northeast Community Coalition's Juneteenth event on Saturday, June 18th. The event was held at the former W.E.B. Du Bois School in Wake Forest and

was very well attended. In addition to program and services information, the NRC's table focused on the acute need for foster parents.

- Southern Regional Center (SRC): The Southern Regional Health Clinic served fifty-five patients in June. The SRC Clinic currently offers women's health, prenatal, immunizations, vaccinations, and communicable disease/STD testing and prevention. The Advance Community Health Clinic served seventy-two patients during the month of June.
- Eastern Regional Center (ERC): The ERC hosted a Wake County Fire Services Career Expo on June 7th. Over a dozen people attended to learn more about training and career opportunities in Fire Services. The event was promoted to area high schools and community partners. Members of the Eastern Regional Community Advocacy Committee (CAC) and ERC staff attended the first annual Town of Zebulon Juneteenth celebration on June 18th at Zebulon Town Hall. Over one hundred promotional bags containing ERC flyers and resource documents were distributed to the public at the event.

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 June.

Region	COVID Tests Administered	COVID Vaccines Administered
Departure Drive	NA	662
Eastern Region	2,420	198
Northern Region	5,160	467
Southern Region	4,949	523
Western Region	NA	NA
TOTAL	12,529	1,850

During Fiscal Year (FY) 2021-2022, the Regional Centers were responsible for administering 505,911 COVID-19 tests, administering 48,763 COVID-19 vaccinations, and distributing 65,660 N-95 masks.

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 June 2022).

Location	Payments Received	Revenue Collections	Birth Certificates Issued	Death Certificates Issued	Marriage Certificates Issued
Eastern Region	46	\$6,600.77	69	59	8
Northern Region	13	\$4,189.53	94	43	6
Southern Region	27	\$9,458.22	121	223	11
TOTAL	86	\$20,248.52	284	325	25

Health and Human Services Board Work Session

(Presented by Ms. Ann Rollins)

Ms. Ann Rollins, Health and Human Services Board Chair, informed members that staff were still working on identifying a date for the Live Well Wake Strategic Planning Retreat in August. More information would likely be coming soon. The subcommittee looking for new Board members for vacant

positions had made progress with strong recommendations and would be meeting to solidify those candidates and make a recommendation to the Wake County Board of Commissioners (BOC) in the near future.

Commissioner Vickie Adamson informed the Board that, due to North Carolina Governor Roy Cooper likely lifting the state of emergency on August 15th, 2022, the Health and Human Services Board would be required by general statute to meet in-person rather than virtually. Mr. Ken Murphy, Senior Deputy County Attorney, provided additional details. Legislature passed in light of the COVID-19 pandemic clearly and legally allowed local governments to meet remotely as long as there was a state of emergency enacted by the Governor or North Carolina General Assembly. Prior to this legislation, there was no clear legal authority for virtual meetings. Because of this, if the state of emergency is lifted on August 15th, the authority for the Board to hold remote meetings will go away. This was of the greatest concern in regards to action taken by Board members that could be called into question. For example, the Board hears appeals from different violations that the County health department has issued. Votes for these appeals are considered a final action and, if a disappointed party so wished, they could challenge the Board's vote on the basis of validity if the meeting was conducted virtually without clear legal authority to do so. This would be especially true if quorum hinged upon a few members, some of which were attending virtually.

There was conversation surrounding the reality that virtual meetings made accessibility to the Board meetings more flexible for all interested attendees. Dr. Mary Faye Whisler asked if the lifting of the state of emergency would mean the Public Health Committee and Social Services Committee (the two subcommittees of the Health and Human Services Board) would need to meet in-person as well. While State law is not entirely clear, neither subcommittee makes a final action. Both may make recommendations to the full Health and Human Services Board, which could allow them more leeway to continue to meet remotely.

Board members discussed the possibility of advocacy to the General Assembly to clarify the law to include virtual attendance. While this is a possibility, there is no indication of how the General Assembly may prioritize this issue or how it may fall within Wake County's legislative goals and agenda. Commissioner Vickie Adamson shared that the General Assembly was out of session until January 2023. Commissioner Adamson had been attempting to schedule a date for the Health and Human Services Board to review their legislative agenda. This would, of course, require the Board to craft the agenda and prepare for presentation before the General Assembly. Board members discussed the advantages of inclusive meeting options allowed through remote meetings and how it may be a consideration for a change in the Board Operating Procedures in the future.

Public Comments

- None

Adjournment

The meeting was adjourned at 9:56 A.M.

Board Chair's Signature:



Date: 8/25/22

Respectfully submitted by Ms. Brittany Hunt