

**Wake County Human Services Board  
Meeting Minutes  
August 25<sup>th</sup>, 2022**

**Board Members Present:**

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

**Guests Present:**

John Myhre

**Staff Members Present:**

Commissioner Vickie Adamson  
Debra Baker  
Linda Bauer  
Stacy Beard  
Nannette Bowler  
Commissioner Maria Cervania  
Sheila Donaldson  
Caroline Harper  
Jim Hawhee  
Duane Holder  
Leah Holdren  
Brittany Hunt  
Tony Johnston  
Rebecca Kaufman  
Annemarie Maiorano  
Yolanda McInnis  
Janny Meador  
Ken Murphy  
Shanta Nowell  
Morgan Poole  
Dr. Joseph Threadcraft  
Lechelle Wardell

**Call to Order**

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

**Next Board Meeting** – September 22<sup>nd</sup>, 2022

**Approval of Minutes**

Ms. Ann Rollins asked for a motion to approve the July 28<sup>th</sup> meeting minutes. There was a motion by Ms. Christine Kushner and Commissioner James West 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 there had been no additions to the Board fund since the July report of \$6,530.92. There were no proposed or pending requests, so the fund was still at \$6,530.92.

**Health and Human Services Board Meeting Options and Discussion**

(Presented by Mr. Duane Holder and Mr. Ken Murphy)

Mr. Duane Holder, Deputy County Manager, spoke to Board members about the status of future Health

and Human Services Board (HHSB) meetings and staff recommendations based on legal evaluation from Mr. Ken Murphy, Senior Deputy County Attorney. Due to North Carolina Governor Roy Cooper lifting the state of emergency on August 15th, 2022, the HHSB would be required by general statute to meet in-person rather than virtually. Legislature passed during 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 by the North Carolina General Assembly. Prior to this legislation, there was no clear legal authority for virtual meetings. Because the state of emergency from the Governor has been lifted, the authority for the Board to hold remote meetings has ceased. This is of the greatest concern in regard 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. Though this would be a technicality, a technicality with potentially grave consequences. Thus, while the Board members would be encouraged to discuss and vote on the future of HHSB meetings, it was the recommendation of the County Manager's Office and the County Attorney's Office that future meetings be in-person. Because the HHSB had been appointed rather than elected, Board members would be allowed to vote and make the decision as a Board.

Commissioner Adamson - noted that she does not vote, but personal preference is in-person meetings. One of the things missing in the virtual environment is discussion. Prior to COVID when this Board met and they received reports, there was robust discussion about topics. Now most people participate without their camera on, so we don't know if they are engaged or not. We are missing a lot by not having the citizen input in the robust discussion we had before.

Commissioner West – I agree with what Mr. Duane Holder shared. Based on the nature of the Board, the accountability, the risk, and the questions up in the air, we shouldn't take any chance. He also agreed with Commissioner Adamson's comment about communication and making sure that we're available to our citizens, and virtually there are some missing pieces in terms of clear, concise communication. Having served on this board and knowing the complexities and the importance of what the Board does and the need of the citizens and the underserved, it makes it much more complicated for participation. He fully agreed with what Mr. Duane Holder has recommended.

Mr. Ken Murphy – Noted that he had nothing to add to what Mr. Holder stated, he has summarized the situation very accurately. Mr. Holder asked if Mr. Murphy wanted to comment about the vote for this agenda item. Mr. Murphy reminded the members of an appeal heard back in January, for a person giving swimming lessons in an unpermitted swimming pool. When this appeal was heard the final vote was taken by roll call. Mr. Murphy noted that when the time comes for a motion or second on this virtual or in-person meeting item, that it would be appropriate for members to vote by roll call again.

Ms. DaQuanta Copeland – Agreed and understands the rules as far as being virtual and being able to vote but believes there should also be a virtual option to allow for those that may not have travel time between meetings to be able to participate in the meeting and hear the information. The pandemic has shown that we must move forward in the way of doing things. For an example, she noted that she turns her camera off so as not to distract from the speakers but is still engaged with the speakers. She agrees with what Commissioner Adamson is saying but believes that a virtual option is also necessary.

Commissioner James West – Noted that his concern is that, going back to policy for Boards and Commissions, and especially this Board in terms of who we are accountable to and outside funding we received and accountability, he asked Mr. Murphy about the initial onboarding of HHSB members and asked if we signed up or agreed for in person meetings and that this was a temporary situation.

Mr. Ken Murphy - Noted that we are over two and a half years into this now. Prior to March 2020, the virtual meeting option was not on our radar and there was no statutory basis on what or how to do this. Whether meetings are in-person or remote this is not addressed in the by-laws that the BOC has adopted governing appointed boards and there was really no reason to address it. Until the last couple of years of when we have been under that very clear law that said Boards could meet remotely if there was a state of emergency. Now it puts us back to where we were prior to the pandemic. We started off with something we didn't expect, and now that the Governor has rescinded the order, we need to return to follow what the Governor says. Mr. Murphy noted that the order was rescinded and the statute that was passed that referenced the order is still in effect, but the provision of the statute that said local government boards have the clear legal authority to meet remotely while a Governor declared State of Emergency is in effect, that part of that statute went away along with the Governor's order. If the Governor were to institute a new declaration of emergency, then the statute would come back with it.

Dr. Mary Faye Whisler – Noted that she does not have a problem with in-person meetings, but we need to address the issue in not having clear guidance with by-laws, definitions, and language. Many of these laws were created before there was a virtual ability and she is concerned that we are following laws that are outdated. Anyone who has worked, in-person, knows it is better with social interaction. But at the same time, we need to have clear information to define what we are talking about. We have an amendment that says that we meet virtually now, but what does virtually mean? The language needs to be clear, so we know what we are supposed to do.

Ms. Lily Chen – Stated she is glad we are having this discussion regarding the laws and rules but wanted to also address the virtual vs. in-person perspective as an educator as she is a nursing instructor teaching nursing students. There are a lot of challenges trying to meet students' needs and have student success while providing the best learning environment. We all agree education-wise that in-person delivery is more effective. Sometime professions, like IT can go fully virtual and the office space is eliminated, but this is a very different nature. As a newer member of the Board, she finds it hard to engage and contribute virtually. She does believe that it is the best way to fully engage from an educational perspective. The decision today is not an easy decision, for example today virtual is easier for her since she has a meeting right after the HHSB meeting. This is a decision members must make priority-wise, and it is very personal. Her personal compromise is to be later to class, and maybe turn off video to travel to the next class.

Mr. Ojinga Harrison – Noted that new Board members have only been virtual so in-person will take getting used to. He suggests that some type of hybrid model should be created if there is a quorum for in-person. Maybe look at the possibility to do a hybrid model and adjust the number of in-person vs. virtual meetings that members are expected to attend. We don't want to completely dismiss the technology revolution that has happened. We want to also give the ability to allow people who have busy schedules to connect and to still give their input into Board meetings that need to be considered as well and valued.

Commissioner West – In looking at consumers, we've talked about the digital divide and lack of access. Our clients and customers should come first. He has concerns as this decision could reverberate down the line of our service, and responding to our citizens is very important. He thinks the digital divide should also be a part of the discussion.

Ms. DaQuanta Copeland –Noted that members did sign up to be in-person, not knowing that the pandemic would be as severe. As others have stated we are in a new day, and we must move forward with how we operate. There is no going back to what we think is "normal", this is our new normal, virtual options allowing flexibility. Not saying don't come back in-person but having a hybrid option where it is not counted against members if they are unable to make an in-person meeting but are able to sign in and

attend virtually.

Dr. Jananne O'Connell – Noted that most of her thoughts have already been stated. She recognizes the value of meeting in-person and recognizes that members made a commitment for in-person meetings. She has experience some somewhat unprecedented changes in her own job since joining the Board, not something predicted or foreseen, and had we not been in pandemic, would have required her to resign from the HHSB because she would not have been able to make the number of required in-person meetings. The virtual option has allowed her to serve longer than she would have in non-pandemic times. Professionally she would be 100% in favor to be able to return to in-person meetings because of the value, but personally it would not be a workable option with her job situation. There may be others on the Board that have also experienced changes in flexibility or job requirements, as well as several positions on the Board that would be individuals with active client-facing positions and in person would be challenging.

Commissioner Adamson – Spoke about when we deal with state statute, none of it is clear and sometimes it completely contradicts itself. This Board does lobby, and this could be put on the lobbying agenda to try to change the state statute. With the Board of Commissioners, there is a virtual option under two conditions, that you are sick and that you have preapproval from the County Attorney to attend virtually. There has never been a vote where a virtual person was the deciding vote. Typically, when someone is sick, they don't feel like being on phone, so they just miss meeting. She is unsure if anyone has exercised this option but so far, in her four years, this has not happened. If this Board decides to go to a hybrid option, it is her opinion that the virtual vote should not count. When the Library Commission first started coming back in-person they chose to do a hybrid option, but it did not work well as the virtual attendees felt left out, excluded, and not part of the group. Eventually they went back to all in-person meetings. The expectation with all our Boards is that members attend 75% of the meetings. Under extenuating circumstances, such as family illness, we will work with you, but if you're here to represent the community, if you're not participating, you're not representing the community.

Commissioner Cervania – Noted that personally she agrees with everyone that the 7:30am meeting is a difficult time and butts up to a lot of their work time, but the Board is beholden to state statute. As much as the BOC would love to change the criteria they cannot, and as Commissioner Adamson stated the only way is to change state law. This is a conversation state-wide, not just in Wake County, concerning this topic. Unfortunately, the Session is not in session and at this time juncture we cannot resolve this in a timely manner. We do need to catch up laws to the current world. We need to also contemplate a different time of day possibly, or even the day of the month, to accommodate what members can make. There may be other ways to receive the information virtually. We must do our very best to get input from outside. You as members are constrained by this law. Know that you are heard, and we want to do our best to accommodate you in the future, but this is not in our hands.

Ms. Christine Kushner – Agree there should be some kind of virtual option to call-in. The School Board has also grappled with this and applied the state statute. Perhaps the County attorneys can look at the school boards new policy that was completed post covid. They took a clear look at what is required under open meetings and put limitations on it, she thinks will be a good policy for the BOC to look at for their own board and other appointed boards. The School Board's new policy allows some limited call-in with preapproval, but also for those votes to count, it's important for those votes to count.

Commissioner West – Agreed and asked Ms. Kushner if there were any issues in trying to reach a consensus. Commissioner West also noted that he is thinking about the political environment as well. From his perspective there is no question that the BOC is kind of a target. The input and different ideas are excellent to come up with the best product. It is certainly possible that if we don't figure out a way that adheres to what most of the general assembly is doing, we may put ourselves in harm's way. This is

something we need to put into this process for a solution that would be continuous quality improvement. He does think that in terms of delivery and the services needed it is very important to keep clients first in this process.

Mr. Murphy – Wanted to speak again on the hybrid model. The legal concern for having a virtual option for hybrid meetings all goes back to a quorum and that when there is no clear legal authority for virtual meetings, and if you have members participating virtually and an action that the Board took in a virtual circumstance is challenged in court, the route of legal attack would be that the Board did not have a quorum and it could not legally take the action that it took. This is the problem he sees with having a hybrid option. It's just not clear if members participating virtually could be counted as "present" for purposes of establishing a quorum. As you know the only way a Board can take action is if a quorum is present. This is the legal concern with having a hybrid model. He is aware of some jurisdictions that allow hybrid models for some of their boards but the members participating virtually are not allowed to vote. He does not know if this would be workable or not for this Board, it is a larger Board than most others with more members. It is this Board's decision, but as the Board's attorney who is tasked with helping this board to make legally defensible decision, under the current state of the law, he does think a hybrid option could present a problem with a quorum if there is not a quorum physically present. We would not know from meeting to meeting if there was a quorum physically in the meeting.

Chair Ann Rollins – Wrapping up the discussion, as a Board of Health, noted that the HHSB would be the only Board not meeting in-person. She believes there is a way to compromise, and the Public Health Committee and Social Services Committee do not take votes so they could continue with virtual meetings. Everyone understood when they took the oath that they would need to attend 75% of the twelve HHSB meetings per year and the meeting schedule is announced for the year at the beginning of each year. If you do have a conflict, that is part of the proviso to be attend 75%. She noted that we can all help from an advocacy level to try to change the laws at the state level where we are under their jurisdiction.

**Ms. Ann Rollins asked for a motion. There was a motion by Ms. Christine Kushner to begin holding in-person Health and Human Services Board meetings as of September 2022 with a virtual option for the subcommittees (Public Health Committee and Social Services Committee). Mr. Ed Buchan seconded. There was a roll call vote and Board members voted unanimously to begin in-person meetings once more for the Health and Human Services Board.**

After the vote there was some brief discussion and questions. It was suggested that at a future meeting the members take up the discussion of changing the time of the meeting. There is a concern that we may lose some members if the time remains as is, so it is something to consider. It was asked if there could still be a virtual link for members so that they can get the information even though they could not vote. Commissioner Adamson noted that a virtual link could be a legal issue and requested that Ms. Brittany Hunt follow-up with legal on the requirements of making it a public meeting with public attendees if a virtual option was scheduled. Commissioner Adamson also mentioned this may be a meeting that we may want to look at live streaming in the future, although the budget and technology would have to be reviewed prior to any further decisions on that piece.

#### **Public Health Report: Communicable Disease [Accreditation Benchmark #2.4]**

(Presented by Ms. Morgan Poole)

Ms. Morgan Poole, Epidemiology Program Manager, presented the Public Health Report: Communicable Disease to the Board. Communicable diseases are illnesses caused by infectious agents (bacteria, viruses, parasites, fungi and prions) or their toxins that are transmitted from an infected person, animal, plant or from the environment. This report focuses on selected communicable diseases of public health significance. This year, a special report is included on preventing rabies. Areas of concerns were HIV and

STDs, particularly syphilis, and tuberculosis. There is an additional spotlight on COVID-19 and vaccinations. With the exception of COVID-19 and animal exposures, data in this report is shown for the five-year period of 2017 to 2021. Five-year data is not available for COVID-19 as the virus was first identified in 2019 or animal exposures as the data collection methodology changed in 2018.

Wake County Health and Human Services (WCHHS) strives to perform the three core public health functions of assessment, policy development, and assurance to deliver the ten essential public health services (included in “Figure 1” below).

**Figure 1: 10 Essential Public Health Services**



The public health reports provided on a quarterly basis about health and safety trends in Wake County help fulfill public health services by assessing and monitoring population health status, factors that influence health, and community health needs and assessment. They also help staff communicate effectively to the community to inform and educate about health, factors that influence it, and how to improve it.

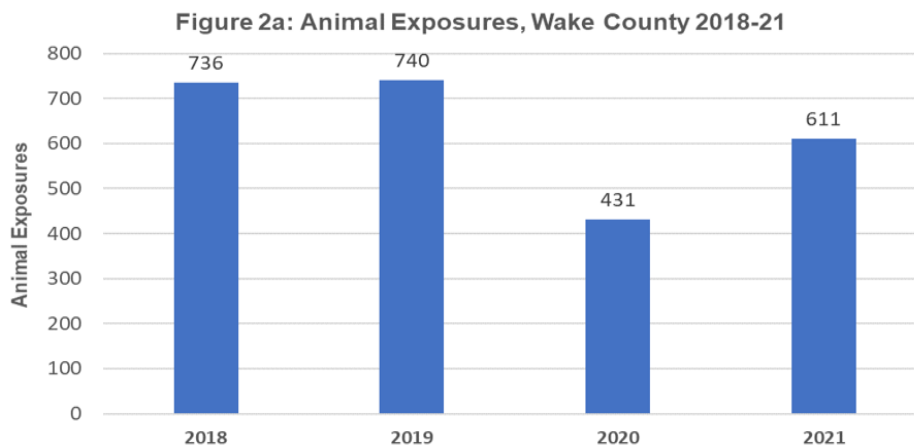
Certain communicable diseases are required by law to be reported to local health departments by physicians, school administrators, childcare center operators, medical facilities, operators of restaurants and other food or drink establishments, and persons in charge of laboratories. There are over 80 reportable diseases and conditions specified in the N.C. Administrative Code rule. After initial notification about a case or cases of a communicable disease, an investigation begins to collect details such as demographic, clinical, and epidemiological information. A case, meeting the reporting requirements in the standardized case definitions is reported electronically to the N.C. Division of Public Health (NC DPH) via the North Carolina Electronic Disease Surveillance System (NC EDSS) and then to the Centers for Disease Control and Prevention's (CDC) National Notifiable Diseases Surveillance System. To achieve consistency with the state's counts and rates, as well as to be able to monitor significant trends appropriately, the WCHHS

Epidemiology program counts probable and suspect cases as appropriate, in addition to confirmed cases, for all figures and tables in this report.

The special focus on preventing rabies, a viral disease of mammals, was reviewed first. Rabies is spread primarily through the bite of infected animals. Rabies becomes a grave concern during the summer when more families going outdoors with their children and pets. The rabies virus infects the central nervous system resulting in disease of the brain. Survival is rare once symptoms begin; rabies almost always progresses to coma or death within 10 days after the first symptom. It is also spread when a rabid animal's infectious saliva comes into contact with the mucous membranes or a fresh open wound of another mammal. There is no test that can determine if a living person or animal has been infected with rabies. There is no treatment to stop the course of the disease once symptoms start. The rabies illness can be prevented in exposed humans by prompt medical treatment. Prevention measures following exposure include: Thorough washing of the wound site for 15 minutes; administration of human rabies immune globulin, which this must take place in a hospital emergency room; and a series of injections with rabies vaccine. In Wake County, the rabies vaccine is provided primarily by WCHHS and area hospital emergency rooms.

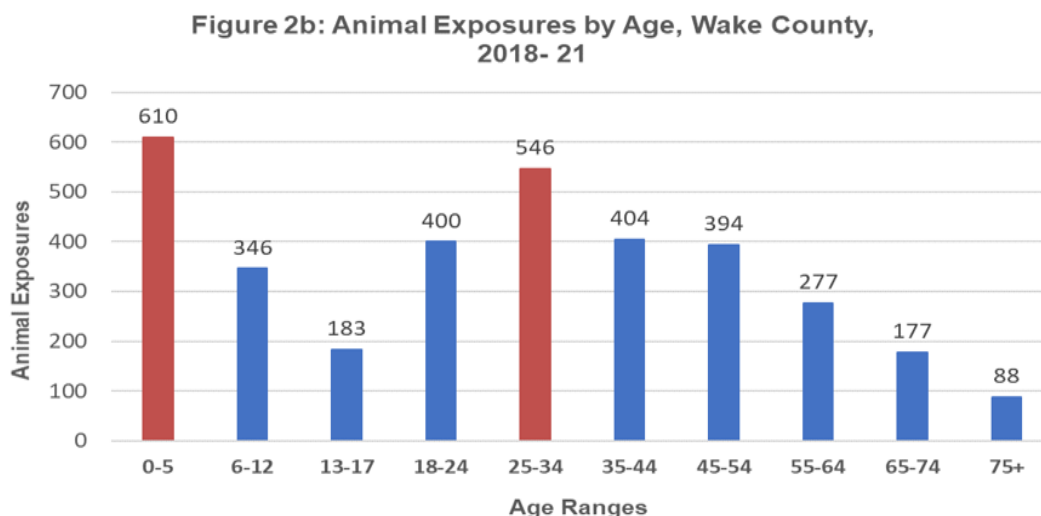
North Carolina law requires reporting bites from animals who are required to be vaccinated against rabies. The WCHHS Communicable Disease Program is responsible for investigating animal bites reported in Wake County. North Carolina public health law mandates that local health directors assure at least one countywide rabies vaccination clinic annually to provide rabies vaccines for animals required to be vaccinated. Wake County Animal Center provides rabies vaccine clinics throughout the year. Clinics sponsored by Wake County as well as other organizations can be found on the Animal Services web page. All owners of dogs, cats, and ferrets in NC must have those animals over four months of age vaccinated against rabies. Typically another rabies vaccine is given one year after the first dose then every year or three years depending on the vaccine used. In 2018 and 2019, eight animals tested positive for rabies in Wake County. No animals tested positive in 2020 or in 2021.

The graph below shows the total number of animal exposures in Wake County by year from 2018-2021. Animal exposures increased between 2020 and 2021 by 41.8%.

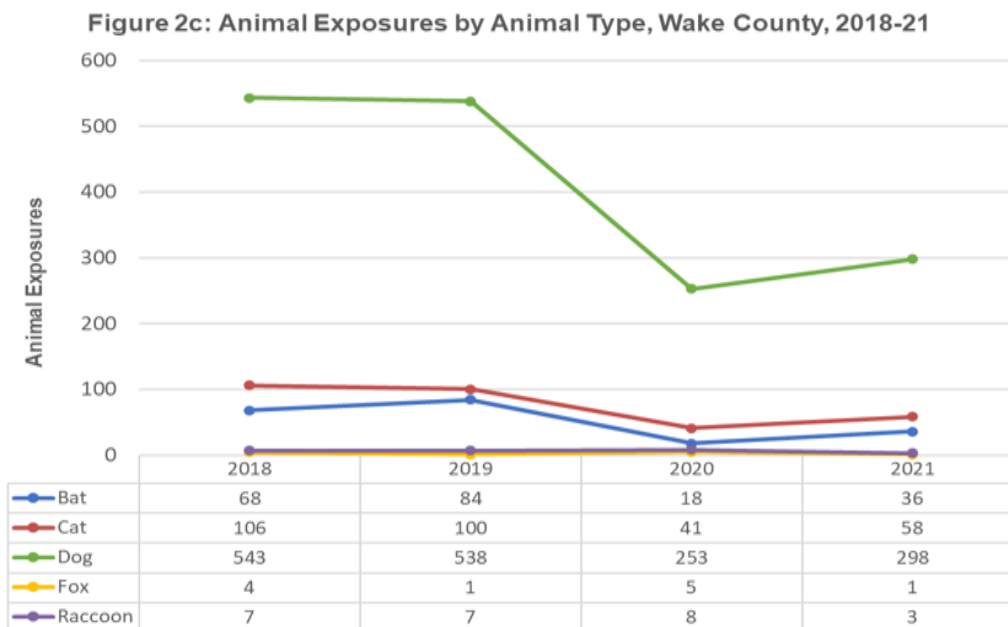


An animal exposure is any bite, scratch, or other situation in which saliva or nervous tissue from a potentially rabid animal enters an open or fresh wound, abrasion or break in the skin, or comes into contact with a mucus membrane by entering the eye, nose, or mouth.

Figure 2b (below) shows the total number of animal exposures by age. People in the “0-5” and “25-34” age ranges had more animal exposures than people in other age groups. This is a great reminder that children should not go unattended.



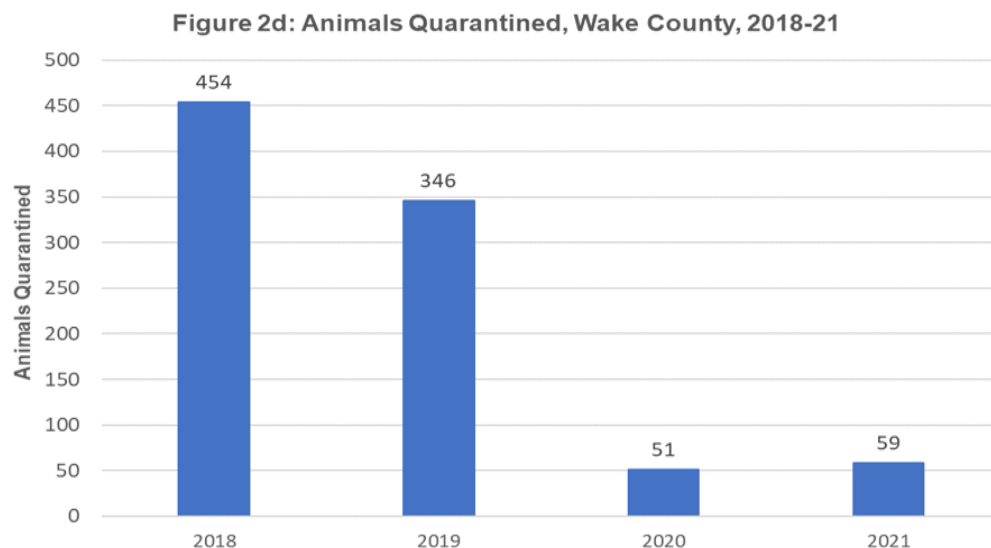
The chart below shows the total number of animal exposures by animal type from 2018 to 2021. Dogs accounted for the majority of animal exposure reports, followed by cats and bats.



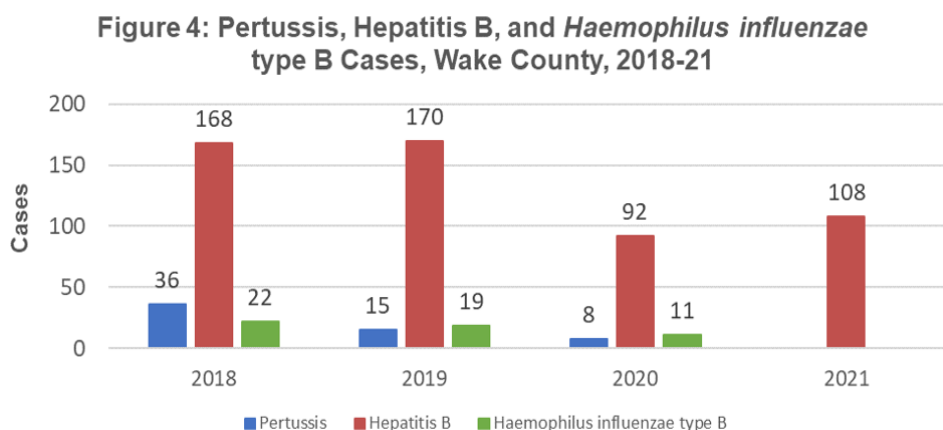
In the figure below, it shows the total number of animals that were quarantined (confined) by year from 2018 to 2021. In accordance with North Carolina law, dogs, cats, and ferrets that bite people are confined for ten days in a place determined by the local health director. The biting animal is isolated from people and other animals during the confinement period and observed for signs of rabies. Animals that are ill at the beginning of confinement or become ill during confinement are evaluated immediately by a



veterinarian. Animals that die during confinement are tested for rabies by the State Laboratory of Public Health.

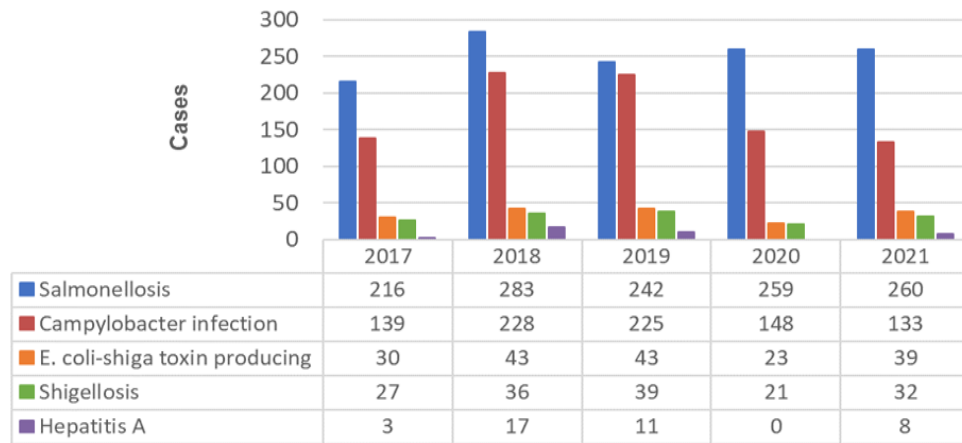


Unfortunately, there were surges of COVID-19 in 2020 and 2021 that likely contributed to decreased testing and diagnostic services at times for many medical conditions. There were far fewer cases of vaccine preventable diseases in Wake County in 2021 in comparison to previous years (2018 and 2019). Given the significant decrease in cases in 2021, no further demographic analysis was performed here. The 2021 case counts for pertussis and haemophilus influenzae type B were not displayed to protect patient privacy.



The graph below shows the five-year trend for the most frequently reported foodborne diseases in Wake County. As in previous years, Salmonella and Campylobacter accounted for the vast majority of foodborne illness cases in Wake County in 2020 (over 90%). While Salmonella remained the most frequently reported foodborne illness in Wake County with case numbers consistent with previous years, the COVID-19 pandemic may have contributed to an undercount of the other illnesses on the graph in 2021. No further analysis was performed on these potentially artificially decreased numbers. All foodborne outbreaks must be reported to the local health department and NC Division of Public Health. There were no foodborne outbreaks in Wake County in 2021.

**Figure 7: 5-Year Trend Most Frequently Reported Foodborne Diseases, Wake County 2017-2021**



Next, Ms. Poole reviewed the cases and rates for the four most frequently reported STDs in Wake County: HIV/AIDs, early syphilis, gonorrhea, and chlamydia. She cautioned that cases may be undetected (and therefore under reported) because WCHHS testing and diagnostic services were reduced between 2020 to 2021 due to the pandemic. The number of reported STD cases continue to climb nationally and locally, despite the COVID-19 pandemic and associated lockdowns. Nationally, reported STDs reached an all-time high for the sixth consecutive year. The most commonly reported STDs are chlamydia, gonorrhea, and syphilis. Locally, there are increases as well. Unfortunately, the STD clinic is seeing patients younger and younger and most (over 50%) patients share during their visit screening that they are meeting their partners over social media. More accurate outreach and education over social media and throughout organizations and environments that serve adolescents and young adults is extremely important.

The figure below shows that HIV/AIDs cases and rates increased from 2020 to 2021.

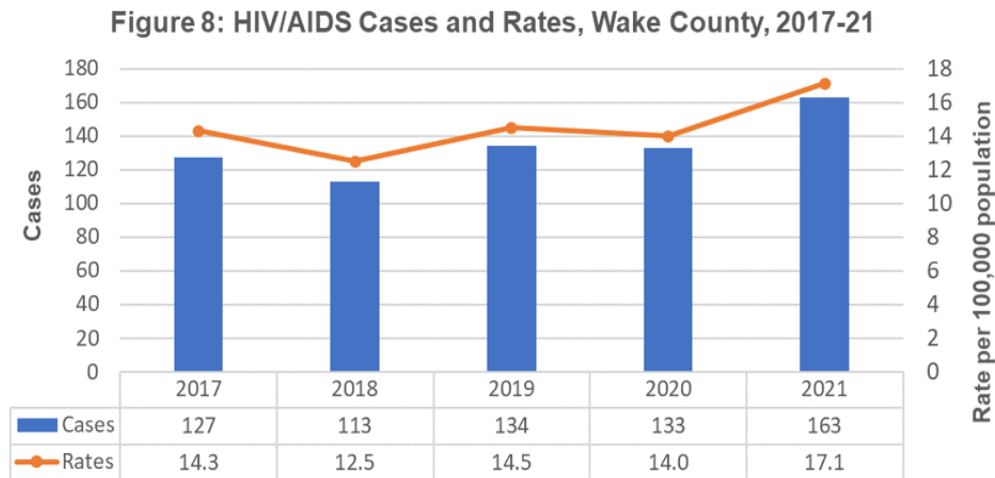
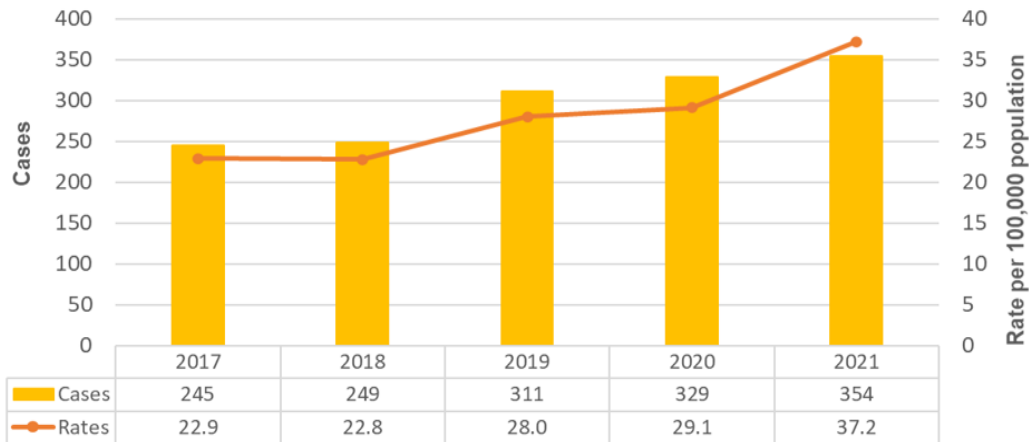


Figure 9 (below) shows that early syphilis cases and rates, which were already high in Wake County from 2017 to 2019, continued to increase. Since 2019, cases increased 13.9% and rates increased 32.9%.

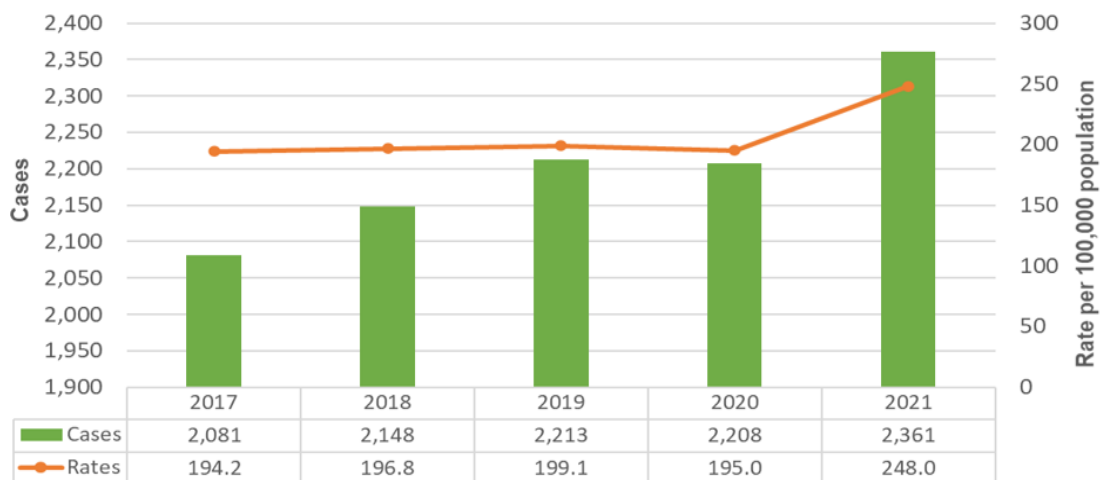
**Figure 9: Early Syphilis Cases and Rates, Wake County 2017-21**



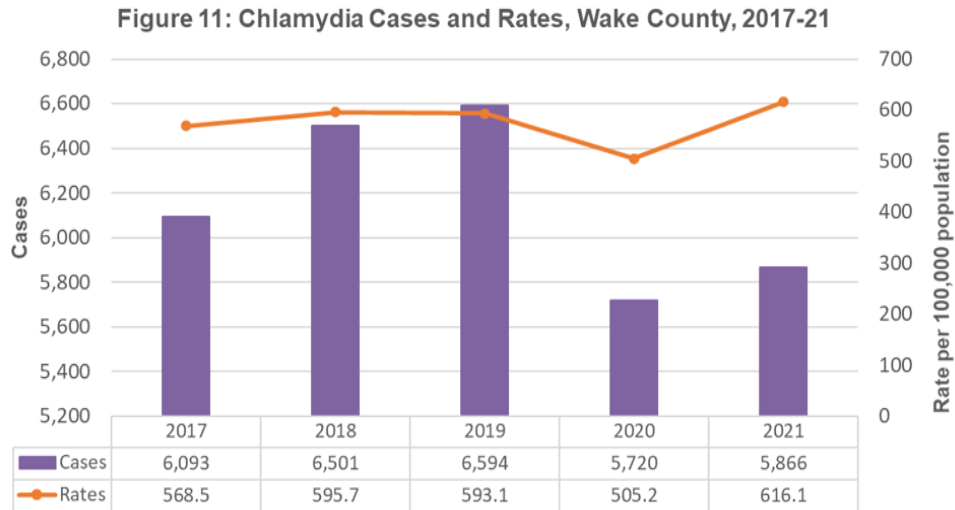
According to the CDC, in their reports in 2020 and 2021, the sharpest increase nationally was in cases of syphilis among newborns (i.e., congenital syphilis), which nearly quadrupled between 2015 and 2019. It is important to note that the baby will not get congenital syphilis unless the mother has syphilis. Individuals should have a syphilis test at their first prenatal visit and can drastically reduce their risk of getting syphilis by being in a long-term mutually monogamous relationship with a partner who has been tested for and does not have syphilis. Prevention also includes education on using latex condoms correctly ([https://www.cdc.gov/condomeffectiveness/external-condom-use.html?CDC\\_AA\\_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcondomeffectiveness%2Fmale-condom-use.html](https://www.cdc.gov/condomeffectiveness/external-condom-use.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcondomeffectiveness%2Fmale-condom-use.html)). Although condoms can prevent transmission of syphilis by preventing contact with a sore, syphilis sores can occur in areas not covered by a condom. Contact with these sores can still transmit syphilis. It is possible to contract syphilis and not know it. At times the infection causes no symptoms, only very mild symptoms, or symptoms that mimic other illnesses.

The graph below shows that gonorrhea cases increased 6.9% and rates increased 27.2% from 2020 to 2021.

**Figure 10: Gonorrhea Cases and Rates, Wake County, 2017-21**

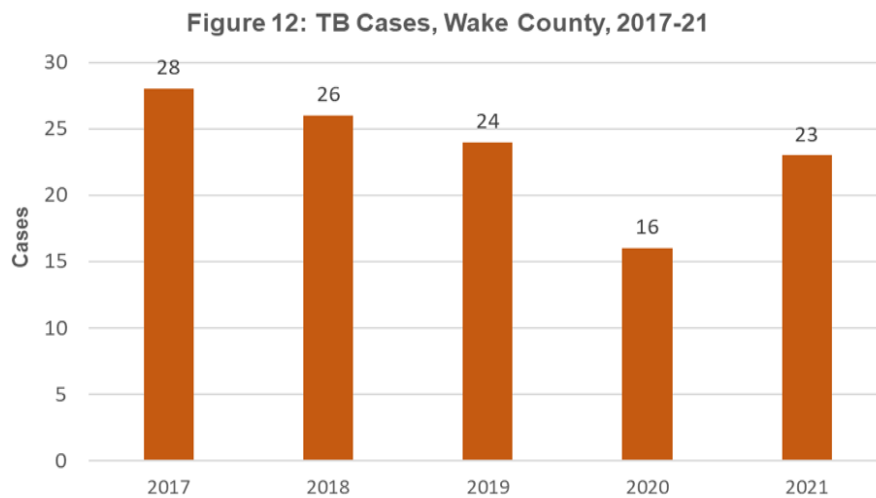


Chlamydia cases (outlined in the graph below) increased 2.6% and rates increased 22% from 2020 to 2021.



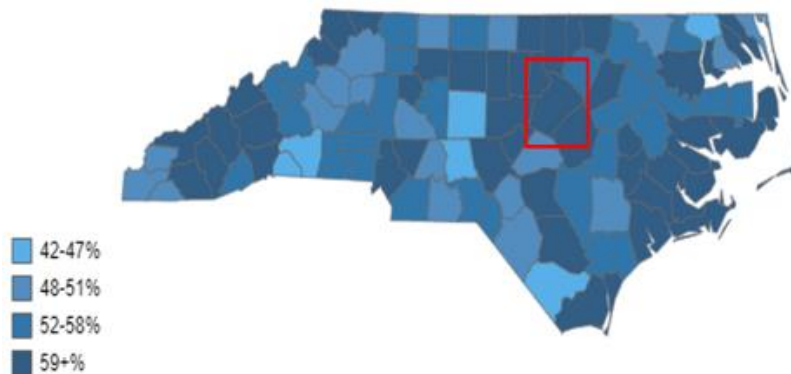
When comparing tuberculosis (TB) case number from 2017 to 2021 (as in the graph below), TB cases remained stable overall. Since 2020, the number of TB cases has increased by 43.8%. Ms. Poole cited the following article with potential reasons behind this increase:

<https://www.cnn.com/2022/03/24/health/tuberculosis-pandemic/index.html>.



Finally, Ms. Poole provided an update on COVID-19 and vaccinations. Wake County has some of the highest COVID-19 vaccination rates in North Carolina and received the National Association of County and City (NACCHO) 2022 Innovative Practice Silver Awardee (“Using an Innovative Evidence-Based Approach to Ensure Equitable COVID-19 Vaccine Distribution in Wake County”). Figure 3c (below) shows an image of North Carolina and the percentage ranges of populations (by county) who are vaccinated with their initial series completed. Wake County is outlined in the red rectangle on the image.

**Figure 3c**  
**74% Percent of Population Vaccinated with**  
**Initial Series Complete**  
**Wake County**



Ms. Poole summarized the report provided, noting that the COVID-19 pandemic continued to have an impact on communicable disease morbidity as well as service provision in Wake County in 2021. While there were no reports of rabies cases in animals in 2020 and 2021, the risk of rabies still existed. HIV/AIDS and other STDs, especially syphilis, continued to be a major concern in Wake County. TB cases increased in 2021, but, over the five-year trend, case number remained stable. Finally, Wake County has some of the highest COVID-19 vaccination rates in North Carolina and the effort continues to vaccinate the most vulnerable populations in the county.

Commissioner West asked why Wake County had the highest amount of COVID infections. Ms. Poole noted that due to the high population in Wake County we saw cases continue to increase due to our higher population. With the variants, we are seeing increased case numbers but not an increase in the severity of the illness, increases of deaths or hospitalizations. Ms. Kaufman added that Wake County also had one of the most robust testing programs across the state that allowed us to count cases more quickly and accurately than most other counties.

Mr. Ed Buchan asked if we were still participating in the wastewater surveillance data. Ms. Poole noted that we are still participating and getting information from the wastewater surveillance. She noted that we are still receiving weekly updates from the North Carolina Wastewater Monitoring Network. If we if we continue to use this tool, we could possibly be notified of any COVID surges occurring. We can also use this data as a tool to look at additional targets such as RSV, influenza, and even monkeypox.

**Ms. Ann Rollins asked for a motion to approve the Public Health Report: Communicable Disease. There was a motion by Commissioner James West and Mr. Ed Buchan seconded to accept the report. The report was unanimously approved.**

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

(Presented by Dr. Joseph Threadcraft)

Dr. Joseph Threadcraft, Environmental Services Director, gave an update on several items:

- Recently awarded a NACO Achievement award to increase accessibility for people to lodge complaints for the septic system. Normally complaints increase during the rainy part of the year.

These are treated as a critical components of something that really needs to be responded to. The managers' office was very proactive in our budget expansions this year. We have two initiatives that we are working on. We investigate complex septic systems which are inspected based on the complexity of the system, and then investigating septic system complaints. Up until this year we've only had one team to complete these jobs. With the expansion we now have two teams to work on these initiatives.

- There were two initiatives recently presented at the Growth and Sustainability Committee meeting. One was the South Wake Landfill and Beyond, which has a limited lifespan. Environmental Services is already looking at the future of the landfill and what the future of waste disposal looks like. Preliminary information shows that it may be some type of waste to energy or energy to waste system, depending on the articles you read. We have not limited our evaluation of those initiatives but if you look at the current technology this is the current leading technology for the future.
- The next item that was presented to the Growth and Sustainability Committee was the One Water Initiative. The municipalities have a mandate for a 50-year water supply plan, Wake County does not have this mandate. Wake County is working collaboratively through the water partnership so that wherever an individual in the county receives water they will have a reasonable assurance that they have a 50-year water supply available. We are currently conducting a groundwater study with the US Geological Survey group. This study is evaluating the volume and quality of water that we have in Wake County which can lead future development decisions. At the conclusion of this study, we will be preparing next steps. We have retained a consultant with a goal to develop a guide to a One Water plan. Once developed we can work with our municipalities to see what a 50-year plan looks like for all of us. We don't just need water for drinking, but also for development, agriculture, and industry, so this will be a very collaborative approach.
- One of the mandates we were challenged with during our budget expansion was to achieve at least a 30-day turnaround on our septic permits. We have eclipsed that milestone and are less than 30 days now and will continue to push forward to implement process improvements and enhance customer experience.
- Animal services will host a clear the shelter event. Post COVID the intake numbers for the shelter have increased greatly. This will give the shelter the opportunity to waive fees and ability to move the animals into placement to keep the euthanasia rate below 10%. Dr. Threadcraft noted that Dr. Federico and her staff do a wonderful job at the shelter.
- Dr. Threadcraft discussed seasonal/cyclical events such as summer season pool inspections and the State Fair. There are over 1,100 pools in the county that must have inspections. The State Fair not only has mobile food units that need to be inspected, but also water/sewer connections that need inspected as well. The question is how to respond to the seasonal/cyclical events maintaining core duties of the Environmental Services Staff. Dr. Threadcraft noted that the HHSB and Public Health Committee have been strong advocates and work together collaboratively in supporting Environmental Services. He thanked the Board members for their support and advocacy and noted that Environmental Services is already looking at what the next fiscal year expansions will look like.

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

(Presented by Ms. Nannette Bowler, Ms. Toni Pedroza, and Ms. Rebecca Kaufman)

- Ms. Nannette Bowler, Health and Human Services Director reminded all that the Live Well Wake retreat is taking place on August 30<sup>th</sup> at the Common's building. She encouraged all to attend and to let the staff know if they had not yet received their invitation.
- Ms. Janny Mealor and Linda Bauer gave an update on the Child Care Subsidy Assistance program. Ms. Mealor briefly explained this is a locally administered, state supervised, program

that provides assistance for child care from birth up to age 13. The funds come from Federal, State, and the Wake County Smart Start program up to age 5. Children in any child protective services/child welfare/foster care, all qualify for assistance without regard to income. As part of the program the family obligation is to pay 10% of the family's gross countable income, part time benefits are prorated. If we do not have funding available families can be placed on a waiting list until funding becomes available. Ms. Mealor asked the Board to approve the updated policy that had been attached to the handouts in the meeting packet.

**Ms. Ann Rollins asked for a motion to recommend the Child Care Subsidy – Waiting List Policy to the State. There was a motion by Ms. DaQuanta Copeland and Dr. Kelcy Walker Pope seconded to recommend the policy. The policy was unanimously recommended.**

- Ms. Rebecca Kaufman gave a Public Health Division update: There are currently 31 confirmed cases of Monkey Pox in Wake County. We are keeping a close eye on cases as well as investigating. We have received, and continue to receive, Monkey Pox vaccine. We have brought additional staff in and have moved the Monkey Pox vaccine clinic in with the staff doing COVID vaccines on the ground floor of the Sunnybrook building. We were able to change the administration of the vaccine to intra dermal, done under the skin, which has allowed much more availability of vaccine. What was one dose can be used as five doses for intra dermal administration. There is still a wait list for vaccines but with the additional staff we should be able to get through it quickly. We have asked the state for additional doses to be allocated to us as second doses are coming up for walk-in clinic. We have testing up and running but are looking to do this all-in-one location to streamline the operation and get people in as quickly as possible. Once we have the additional doses, we should be able to clear-out the wait list.
- Ms. Bowler then introduced Mr. Tony Johnston, the newly hired Clinical Operations Director. Mr. Johnston spoke briefly, and all welcomed him aboard.

### **Committee Chairs Update**

(Presented by Dr. Mary Faye Whisler, Dr. Jananne O'Connell, and Ms. Annemarie Maiorano)

- Dr. Mary Faye Whisler, Chair of the Public Health Committee, noted they had received a very robust Environmental Services report as well as the Communicable Disease report at their last meeting.
- Dr. Jananne O'Connell, Chair of the Social Services Committee, noted that the Social Services Committee has an upcoming meeting that will have an update from Mr. Byrd on the aged out foster care youth workgroup. At the last meeting on 8/18/22 it was reported by Mr. Byrd that there is a timeline to complete the signing an MOU in hopes to help these youth in need. The next workgroup mtg is 9/8/22 and there will be an update to the HHSB after that meeting.
- Ms. Annemarie Maiorano, Deputy Director of Operations, noted a very comprehensive Regional Networks Committee update report that will be attached to the minutes. She also announced that starting on September 6th we will be seeing Economic and Social Services clients in person at the regional centers and Swinburne building again. This will give clients the opportunity to come in person to apply for benefits. It has been close to two years since staff have worked on-site. Economic Social Services has developed a hybrid approach for staff that will include some in person and some remote work.

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

- Millbrook/Departure Human Services Center: The North Central Community Advocacy Committee (CAC) met in June/July 2022. CAC members are working on the integration of social

determinants of health and the Community Healthcare Workers (CHW). Main concerns in the North Central Zone are housing and employment. Departure received 32 mental health referrals and served 81 patients in its prenatal clinic.

- Crosby Garfield/Social and Economic Vitality (SEV): There were no reported updates from Crosby Garfield/SEV during the month of July.
- 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 where they 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, over three hundred packs of baby wipes, a thousand home tests, and fifteen hundred pounds of dog/cat food were also distributed along with information about Energy Services. The Action Group also coordinated plans for the 2022 Summer Food Program and served 1,000 hot meals at eight community sites. WHHSC staff provided capacity building services and support to three partnerships with the Town of Cary to build affordable housing. WHHSC staff also coordinated a site visit to the Mecklenburg Community Resource Center. This Center serves as a benchmark to learn the lessons of developing an integrated service delivery system with community partners. The Center staff, Western Regional CAC partners, and Network of Care Committee members are scheduled to travel to Charlotte for the site visit on August 24<sup>th</sup>. In partnership with Ms. Sydney Klein, Wake County Food Security Program Manager, the Western Regional CAC Food Security Action Group helped to coordinate and host a statewide Town Hall meeting for the White House to discuss community engagement in implementing the Summer Food Program nationally. Recommendations from the Town Hall meeting were submitted to the White House and incorporated into new policies and procedures. The Center's contract with JMG to provide community engagement services was not approved for Fiscal Year (FY) 2023. Services to support the work of the Western Regional CAC was ceased. The WHHSC remains closed to the public.
- Northern Regional Center (NRC): The NRC's Food Security Partnership welcome a new agency and resource in Journey Ministry. Journey Ministry opened a food pantry offering locally grown fresh produce and shelf-stable produces every Tuesday. The NRC also began strategy conversation with the towns of Wake Forest and Rolesville to explore longer term options to preserve food hub efforts. NRC staff participated in an outreach effort at Community Connections Garden to teach and provide hands-on experience to historically marginalized populations. The NRC Clinic, currently open two days a week, served 103 patients in July. The Summer Nutrition Program served 865 lunches. The NRC Community Advocacy Committee (CAC) met to set the focus for the coming fiscal year. Child mental health emerged as a focus. Finally, with the "return to the office" plans slated for September 2022; the NRC hosted a Summer Staff Celebration in July. This reengaged staff that had been working virtually for several years. Returning to the office will be an adjustment for some, so this event represented a first step in that process rather than an abrupt shift. Other engagement opportunities are planned for August.
- Southern Regional Center (SRC): The SRC Clinic served eighty patients in July. The Clinic currently offers women's health, prenatal, immunizations, vaccinations, and communicable disease/STD testing and prevention. The Advance Community Health (ACH) Clinic served 47 patients during the month of July.
- Eastern Regional Center (ERC): Members of the Eastern Regional Community Advocacy Committee (CAC) and ERC staff attended a Community Health Fair at the Zebulon Boys and Girls Club on July 16<sup>th</sup> hosted by several area non-profits and faith-based organizations. Over forty vendors providing services in the areas of mental, physical, and spiritual wellness participated. The ERC distributed facility brochures and resource documents to the attendees, which were over one hundred residents. Two hundred and nineteen youth were fed during the month of July through Wake County's Free Summer Meals program in partnership with the



Zebulon Community Library and the Food Bank of Central and Eastern North Carolina. The East Wake Food Security Group (newly named the “East Wake Food Family”) continues to meet bi-monthly to address food insecurity in the East. New food resource documents were created and distributed to community groups and online in June and a new logo was approved to assist in promotional efforts. The group will hold its next meeting on September 14<sup>th</sup>. The ERC welcomed four new CAC members in July. These members bring a wealth of experience and partnership development to the Eastern Region, with backgrounds in non-profit, local government, education, food security, and engagement/programming for seniors.

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 July.

<b>Region</b>	<b>COVID Tests Administered</b>	<b>COVID Vaccines Administered</b>	<b>Rapid Test Kit Distribution</b>
Departure Drive	NA	520	2,600 (10,300 tests)
Eastern Region	1,319	195	1,870 (9,350 tests)
Northern Region	2,231	531	1,190 (5,950 tests)
Southern Region	1,959	438	2,660 (13,300 tests)
Western Region	NA	NA	NA
<b>TOTAL</b>	<b>5,509</b>	<b>1,684</b>	<b>8,320 (38,900 tests)</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 July 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	69	\$32,965.92	102	95	9
Northern Region	27	\$47,145.83	68	89	11
Southern Region	139	\$125,364.61	133	203	12
<b>TOTAL</b>	<b>235</b>	<b>\$205,476.36</b>	<b>303</b>	<b>387</b>	<b>32</b>

#### **Public Comments**

- None

#### **Adjournment**

The meeting was adjourned at 9:21 A.M.

**Board Chair’s Signature:**



**Date:** 11/17/22

Respectfully submitted by Ms. Debra Baker