

**Wake County Health and Human Services Board
Meeting Minutes
January 26, 2023**

Board Members Present:

DaQuanta Copeland
Wanda Hunter
Christine Kushner
Terry McTernan
Tonya Minggia
Ann Rollins
Dr. Anita Sawhney
Tanyetta Sutton
Dr. Kelcy Walker Pope
Commissioner James West
Tamara Wilson

Guests Present:

John Higg
John Myhre

Staff Members Present:

Darryl Blevins
Nannette Bowler
Jennifer Brown
Kevin Harrell
Petra Hager
Richie Hayner
Leah Holdren
Tony Johnston
Rebecca Kaufman
Jenelle Mayer
Yolanda McInnis
Annemarie Maiorano
Janny Mealor
Karen Morant
Kenneth Murphy
Dr. Joseph Threadcraft
Lechelle Wardell
Ross Yeager

Call to Order

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

Next Board Meeting – February 23, 2023

Approval of Minutes

Ms. Ann Rollins asked for a motion to approve the December 15th meeting minutes. There was a motion by Ms. Christine Kushner and Ms. Lily Chen seconded to accept the minutes. The minutes were unanimously approved.

Treasurer's Report

In the absence of Treasurer Ms. Jananne O'Connell, Ms. Brittany Hunt, Executive Assistant of the Health and Human Services Board, provided the Treasurer's Report. There were no changes from the reported December Treasurer's Report, so the Board fund remained at \$7,580.92.

Health and Human Services Board New Member Oath of Office

(Presented by Mr. Ken Murphy)

Mr. Kenneth Murphy, Senior Deputy County Attorney, administered the Oath of Office to Mr. Terry McTernan. Mr. McTernan fills the position of Engineer on the Board.

February 2023 Board Orientation Discussion and Retreat Planning

(Presented by Chair, Ms. Ann Rollins)

The Board retreat for 2023 will be on February 23rd from 7:30 a.m. to 11:30 a.m. There will be annual presentations from County Manager David Ellis and Senior Deputy County Attorney Ken Murphy. After a brief break, an icebreaker will be held. There will also be cross-referencing of the goals of Live Well Wake (LWW), the priorities of the Wake County Board of Commissioners (BOC), and the highlights from the 2022 Health and Human Services Board retreat. After that, 2023 Board priorities will be selected with the help of Ms. Lechelle Wardell, Population Health Director, as the meeting's facilitator.

Proposed Environmental Health and Safety User Fee Changes for FY24 (Accreditation Benchmark #39.3)

(Presented by Ms. Jennifer Brown)

Ms. Jennifer Brown, Environmental Health and Safety Director, presented the Environmental Health and Safety (EHS) Division's Proposed User Fee Establishment presentation for FY 2024. This presentation addresses the Public Health accreditation benchmark #39.3. EHS had completed the annual fee review, including assessing recovery costs and benchmarking with other counties with no proposed changes to current user fees. However, in response to new legislation requiring permitting of display spas (i.e., hot tubs) at temporary events (such as fairs and festivals), EHS wanted to discuss a proposed user fee for this permit to include a review of processes for establishing the proposed fee. This process was in line with the User Fee Policy Budget Manual (page 87 https://s3.us-west-2.amazonaws.com/wakegov.com.if-us-west-2/prod/documents/2021-01/fy21_adopted_budget.pdf) stating "Regulatory fees shall be set at a level that strives to recover full costs (direct and indirect costs, such as depreciation or usage costs associated with capital assets) of providing the service, unless statutory restrictions limit the fee amount" as well as the Public Health benchmark #39.3 which mandates "The local health department shall determine the cost of services in setting fees."

While the budget and fees may be changed and must be approved by the commissioners in single county health departments, involvement in the deliberation and approval of the budget by the Board of Health (BOH) must be the first step. As approval of the agency budget is required documentation for Public Health accreditation benchmark #33.2, only documentation for review and approval of departmental fees was required. However, action would be required from the full Wake County Health and Human Services Board (HHSB). Evidence here should reflect that there was a discussion by the department and the BOH of information used to determine and propose fees on an annual basis (i.e., "deliberation and approval" via NCGS 130A-39(g)).

Effective July 1, 2022 Session Law 2021-77 amended G.S. 130A-280 to include "spas operating for display at temporary events such as fairs and festivals" in the definition of public swimming pools. These are "display spas" or hot tubs. The North Carolina General Assembly recently changed the law for any business displaying an operating spa or hot tub at events such as fairs and festivals. A temporary event is officially described as an "establishment that operates for a period of time not to exceed 21 days in one location, affiliated with and endorsed by a transitory fair, carnival, circus, festival or public exhibition. This rule change by state lawmakers came following a deadly outbreak of Legionnaires that health officials linked to a display of hot tubs that dozens of visitors walked past at a fair in the western part of the state. As a result, any business operating a hot tub or spa at a temporary event will be required by state law to obtain a permit from county health officials. In Wake County, the EHS division will conduct the inspection and issue a permit. The permit will require certain signage to be posted, specific water quality standards to be met, and other safety precautions. This will be managed within the Production Readiness Review (PRR) section of the division that conducts Plan Reviews for new construction and manages the EHS pool permitting and inspection program.

As a part of the annual review, there were several factors that were used to develop the proposed fee. As follows:

1. Regulatory Fee – Fee for performing services of duties required by law. G.S. 130A-280 (User Fee Policy North Carolina General Statutes (NCGS) authorize the setting of fees by counties in Section 153A-102)
2. Public Health and Economics – Proposing a fee promotes public health but not set so high that it deters vendor permitting and participation at events
3. Equity – Who may be positively or negatively impacted by this fee change both geographically and demographically. This fee will not disproportionately impact one population
4. Benchmarking – With other North Carolina counties

Next, Ms. Brown reviewed the current and proposed fees (see table below).

Fee Area	Proposed Fee	Projected Units	Current Fee	Projected Revenue Increase
Temporary Display Spa Permit	\$75	20	N/A	\$1,500

The \$75 user fee proposal is in line with the current user fee for permitting food vendors at temporary events (i.e., fairs and festivals) as the work is similar. The fee is less than the \$300 annual pool permit fee.

Traditionally, benchmarking is completed among counties that are of similar size or are adjacent to Wake County. Due to the recent timing of the legislation in July 2022, currently, Buncombe County is the only county with available user fee data at \$75 (see below).

Fee	Proposed	Buncombe County	Guilford County	Orange County	Mecklenburg County
Display Spa	\$75	\$75	N/A	N/A	N/A

Stakeholder collaboration was incredibly important in this endeavor. Local and national companies that have or may operate at a Wake County event like the North Carolina State Fair or other festivals were invited to share their perspectives via calls, e-mails, and a Teams meeting held on November 30th, 2022. The agenda for this meeting focused on education, data gathering, and review and discussion of the fee proposal. The following questions were posed to the stakeholders:

- Are you aware of the recent rule change?
- How often does your business display spas at temporary events in Wake County?
- Are there any temporary events scheduled that a spa will be on display and need to be permitted?
- Where do temporary events that have spas on display usually take place?
- What do you think about a proposed \$75 permit fee for each spa to be displayed at a temporary event?

One vendor proposed the fee be assessed for each permitted spa. The rule requires each spa to meet safety standards and water quality standards. Each spa must also receive an individual permit. With stakeholder engagement complete, ESH brought this new fee before the Public Health Committee requesting a referral to the HHSB for deliberation and approval in accordance with general statute. If approved, the new fee would then go into the Fiscal Year (FY) 2024 budget submission to the Wake County Budget Office and Chief Marketing Officer (CMO) between January and February of 2023.

Ms. Ann Rollins asked if vendors had hot tubs that had no water in them but were being displayed also needed the permit fee. Ms. Brown stated that only ones with water needed to be permitted. Thus, a vendor could have one hot tub running with water that they have inspected and pay the fee for while the rest are empty. Ms. Tanyetta Sutton asked what caused the bacteria. Legionella bacteria grows in particular temperatures that hot tubs (which generally run anywhere from 70° to 100° Fahrenheit) maintain. Legionella becomes a hazard once aerosolized and the hot tubs, especially in warmer months, can become a breeding ground for the bacteria.

Ms. Christine Kushner asked if the State provided any funding that assists with mandated permit work. While the State does provide the division with funding for some services provided, the hot tub fee would not be one and would need to be completed with existing resources. Discussion noted that staff, in addition to providing the inspection, would have to advertise and educate vendors who would understandably be frustrated with a new fee. In addition, unfunded State mandates could lead to the need for a budget expansion request to cover the resources utilized by following the mandate.

There was a motion by Ms. Wanda Hunter to approve the fee change. Commissioner James West seconded the motion. The fee change was unanimously approved.

Environmental Services Director's Update

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

- Dr. Threadcraft thanked the Public Health Committee and Health and Human Services Board for their advocacy and discussions (such as with the hot tub permit fee above) that allowed staff to continue prioritizing the health of the public.
- With Animal Services, a pending dangerous dog appeal was resolved before coming to the Health and Human Services Board. Dr. Threadcraft recognized Mr. Kenneth Murphy, Senior Deputy County Attorney, for working with the appellant to come to a resolution.
- Communications had compiled a summary of the Wake County Animal Center's 2022.
 - 8,298 animals were taken in
 - 4,096 pets were adopted (+671 from 2021)
 - 1,491 animals were fostered
 - 1,118 pets were reunited with their owners
 - 1,791 pets were placed with transfer partners
 - 3,184 spay/neuter surgeries were performed
 - 11,726 volunteer hours given (+3,659 hours from 2021)
 - Dr. Threadcraft noted that the spay/neuter procedures were high volume but done in a way to promote efficiency by having staff for surgery preparation and another team on standby working in recovery.
 - All the figures highlight how critical partnerships
- Interviews for Water Quality Director are scheduled to begin on February 2nd. Potential candidates have applied from across the nation.

- With Water Quality, reallocation of labor is occurring after a reduction in permitting applications due to a reduction in development. Complex septic system inspections are becoming more of a focal point.
- With Solid Waste (overseen by Mr. John Roberson, Solid Waste Management Director), staff were conducting national benchmarks in relation to compacting large local waste. This will improve efficiency and increase the life of the local landfills.
- Administration has been working diligently with the Budget Office on Fiscal Year (FY) 2024's budget. Environmental Services will be presenting their proposed budget to the County Manager's Office in February. Staff work to be as transparent as possible to ensure recommendations have thorough consideration.

Ms. Wanda Hunter asked for clarification on a reduction in development that Dr. Threadcraft mentioned. Dr. Threadcraft explained that Wake County's development covers unincorporated areas and occurs in a manner called "urban sprawl" (spread of urban development on undeveloped land near a city). The City of Raleigh's development is different and not considered in the development reduction. A discussion of development acknowledged the historical and ongoing impact to marginalized communities who oftentimes were housed on land likely to flood. From an Environmental Services perspective, this is a grave concern given the health implications of this water, not to mention the general danger of flooding. A collaborative effort will ensure water equity for all – not just the affluent. Ms. Hunter posed that, in the ongoing need for affordable housing, development in flood planes should not be acceptable. History has shown the unsafe conditions forced upon communities of freed enslaved people when moving into such areas of no choice of their own. Commissioner James West stated that, in the wake of the COVID-19 response, there was a better understanding of exactly which communities and areas of the county that were most impacted. This knowledge can help tailor efforts to assistance and advocacy.

Health and Human Services Director's Update

(Presented by Ms. Nannette Bowler and Ms. Rebecca Kaufman)

- Ms. Nannette Bowler, Health and Human Services Director, discussed the following.
 - Interviews for the vacant Finance Director, Social and Economic Vitality (SEV) Director, and Division Director for Child Welfare positions have been completed. The hope is to announce the selected candidates in the coming months after consideration of a great selection of candidates.
 - Ms. Bowler reminded the Health and Human Services Board that SEV, which was previously under Cooperative Extension, would now be housed with Health and Human Services (HHS).
 - This move blends in with the HHS integration occurring by addressing all the needs of clients – not just their initial reason for visiting a center or using services. The goal is to one day use the Social Determinants of Health to build an assessment of clients' root needs.
 - HHS was also working diligently on the Fiscal Year (FY) 2024 budget. Two presentations were scheduled with the County Manager's Office – one on February 17th and one on February 21st.
 - On January 17th, staff are excited about taking a team representing Public Health, Social Services, and General Services Administration (GSA) on a field trip to tour a mobile unit that will be used to deliver services in the county. Ms. Bowler acknowledged Ms. Annemarie Maiorano, Deputy Director of Operations, on her work in making the mobile unit – a long requested service – a reality.
 - Ms. Maiorano acknowledged that a mobile unit was the dream of the late Mr. Frank Eagles, former Mayor of Rolesville and Health and Human Services Board

member. His contributions to Wake County were thriving thanks to his unwavering advocacy.

- The mobile unit will allow staff to go out into the community on a regular basis to bring a variety of services to the community. This could include but is not limited to disaster relief services, Child Welfare preventative care, and immunizations. Spanish-speaking staff will be on hand to work with the mobile unit.
- Geomapping is being conducted to identify where there is a gap in services. Garner was already identified as an area of need. While services centers are helpful, they are not cost efficient to continue to build. Staff, then, want to bring the services directly to the most impacted areas of the county.
- The mobile unit is large, handicap accessible with a ramp, and made feasible by funds allocated through the American Rescue Plan Act (ARPA).
- Due to lively discussion prompted by the mobile unit tour, staff assured Board members that they would return to discuss details once further planning had been completed.
- HHS has submitted its legislative agenda for consideration to the County Manager's Office. Ms. Bowler cautioned that the agenda items shared below still need to be vetted by the County Manager's Office before moving forward to the federal and state lobbyists.
 - HHS was currently collaborating with Mr. Philip Isley, the County's lobbyist, on these legislative priorities. Mr. Isley recently made a presentation to the County Manager's Office with its state lobbyist (consultant Ferguson Group) and each is well aware of the others' priorities.
 - Public Health
 - Wake County Health and Human Services receives federal funds primarily through the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) via competitive grants. While grants can bolster projects, they are not sustainable funding. Advocacy is looking to support sustainable federal funding for priority programs and support legislative priorities, initiatives, and advocacy efforts that are supported by the North Carolina Association for Local Health Directors (NCALHD).
 - The Public Health department does not have a data system for communicable disease tracking or public health emergencies. Advocacy is asking for support with federal funding to develop and implement a federal-level disease tracking system. In the wake of COVID-19, it is not a matter of "if" a public health emergency will occur, but when. Ms. Rebecca Kaufman, Health Director, added that though the state does have a data system, it is antiquated. Across the nation, systems cannot share data easily with one another, which forced a lot of physical labor to attempt to keep other agencies informed if people contracted COVID-19 while travelling. This is a known and recognized problem by the Centers for Disease Control and Prevention (CDC) itself.
 - Section 340b of the Public Health Services Act requires pharmaceutical manufacturers participating in Medicaid to sell outpatient drugs at a discounted price to healthcare organizations that care for many uninsured and low-income patients. Federally qualified centers (FQCs) can access the medications at reduced costs. But the local health departments that have their own pharmacies cannot access the medications. In 2022, Wake County's pharmacy served 8,885 patients with clinic patients making up 49%. Out of that total, a little under three thousand accessed the

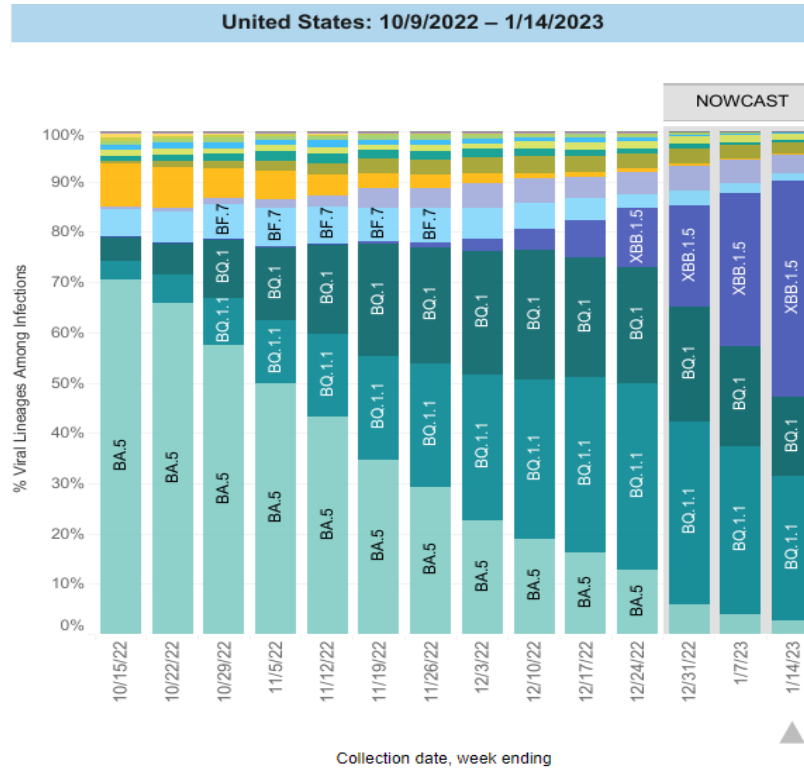
medications. A total of 1,600 clients could not receive their medicine at a reduced cost. The County should be at the same level as a FQC in terms of access to medications.

▪ Social Services

- Foster children with behavioral health, mental health, and developmental diagnoses require specialized placement that provides services needed for treatment and stabilization of behavior. This is the only way to achieve a safe environment and, eventually, permanency. Increasingly, children in foster care have been forced to stay overnight in Social Services agencies instead of residential settings that are trained to work with them. There continue to be challenges with placement providers, who can deny the acceptance of children even if its clinically recommended. Ms. Bowler has met with the major hospitals of the area (Duke, Rex, UNC, and WakeMed) and will continue to meet with them as youth are sometimes dropped off at the hospitals by parents and then medically discharged to HHS.
 - While senate bill 693 was well-intentioned, gaps in the bill require HHS to notify Local Management Entity-Managed Care Organizations (LME-MCOs) to do an assessment within five days of the child being medically released. The bill requires appropriate placement for the child, which is usually unavailable, and the LME-MCOs then request a court date that further elongates the time the child spends in HHS buildings. An amendment to the bill is being pushed, but the ultimate issue is a lack of appropriate placement.
 - Mr. Duane Holder, Deputy County Manager, stated that staff were working on a project with Alliance Health to build three new group homes – one for intellectual and developmental disabilities (IDDs) and the other two for mental health and substance abuse. The Wake County Board of Commissioners (BOC) has approved Wake County funding to be utilized for the construction of these buildings.
 - On a recent call, Dr. Elizabeth “Betsey” Cuervo Tilson, State Health Director and Chief Medical Officer of the North Carolina Department of Health and Human Services (NCDHHS), stated that the North Carolina Medicaid Managed Care Behavioral and Intellectual/Developmental Disabilities Tailored Plans would be delayed until April 1st. There were not enough service providers and the program would continue to be delayed until enough were secured.
 - The situation is acknowledged as dire with several stories being shared of individuals becoming caretakers unexpectedly in the wake of COVID-19, children being abandoned at hospitals by parents fearful of abuse to themselves or their other children, and adult daycares and services being so far apart that travel alone is made cumbersome during an already stressful time.
- Enhanced mental health services for adults under HHS guardianship are needed. The state’s population continues to grow and become younger with more complex needs, including mental, development, physical, and intellectual differences. In 2021, around 3,000 of the approximately 5,000 adults in HHS’s care were below the age of 65 (59%). About 1,800

of the 3,000 were between the ages 18 and 39. There is a lack of adequate services in mental health. Advocacy is looking for enhancement of services and requiring local management and manage care organizations to provide mental health services for adults with local agencies that have statutory obligations.

- Fully funding and supporting Medicaid expansion. Counties are currently required to participate in a total of four audits to evaluate Medicaid eligibility. Agencies estimate about 1,000 positions will be needed across North Carolina to manage the increased workload due to Medicaid expansion.
- Commissioner James West spoke of the monies for the opioid settlement. Mr. Holder confirmed that the County is scheduled to receive \$40 million over the next eighteen years. This money, however, is part of a negotiated agreement with North Carolina and pharmaceutical companies and is restricted to opioid dependence, prevention, and treatment.
- Ms. Rebecca Kaufman, Health Director for Health and Human Services, discussed the following.
 - Ms. Kaufman introduced Ms. Jenelle Mayer, Surveillance and Compliance Health Director, and Mr. Kevin Harrell, Preventive Health Director, as new members of the Public Health leadership team. Mr. Harrell oversees the areas of Health Promotion, Chronic Disease Prevention, HIV/STD, and Maternal/Child Health. Ms. Mayer oversees Communicable Disease, Epidemiology, Disaster Preparedness, Vital Records, and Accreditation.
 - Mr. Tony Johnston, Clinical Operations Director, and Ms. Lechelle Wardell, Population Health Director, were also acknowledged.
 - A COVID-19 update was provided with the following highlights and charts:
 - XBB. 1.5., newest Omicron subvariant
 - Appears to be the most transmissible strain of the virus so far.
 - Currently, makes up 12% of cases in North Carolina.
 - Has the ability to evade immunity.
 - Wastewater Surveillance
 - North Carolina and Wake County saw high SARS-CoV-2 levels in wastewater in December and January so far. Over the past few days, overall trend is decreasing.
 - Wastewater viral levels are in the second highest (60-79.9) or third highest (40-59.9) percentile category at 5 of 6 Wake County sites.
 - COVID-19 Emergency Department (ED) Visits
 - Overall trend has been decreasing and remains stable.
 - Proportion of ED visits higher for age groups of 25-49 and 65+ years.
 - XBB. 1.5., the newer Omicron sublineage, makes up an estimated 43% of cases in the United States. Severity assessments are ongoing.

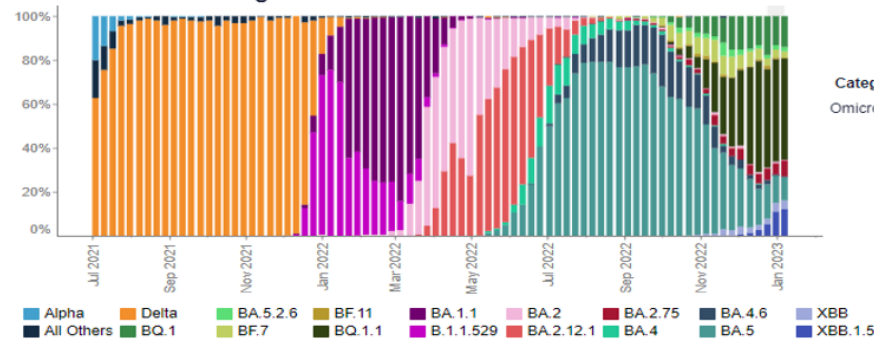


The chart below shows the percentage of variants reported each week by laboratories that sequence to identify COVID-19 variants. As of January 18th, 2023, BQ. 1.1 is the dominant variant in North Carolina (accounting for 46% of sequenced cases).

COVID-19 Variants in NC and Wake County

Surveillance of Variants

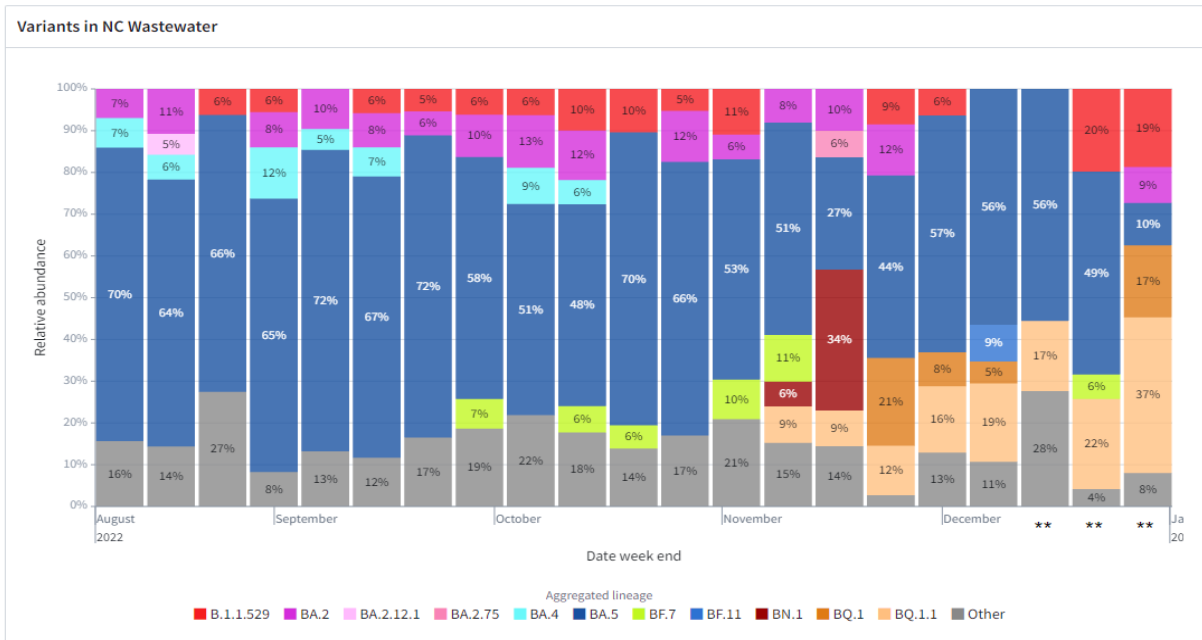
What variants are being detected in North Carolina?



Last Two Weeks Dec 25, 2022 - Jan 07, 2023

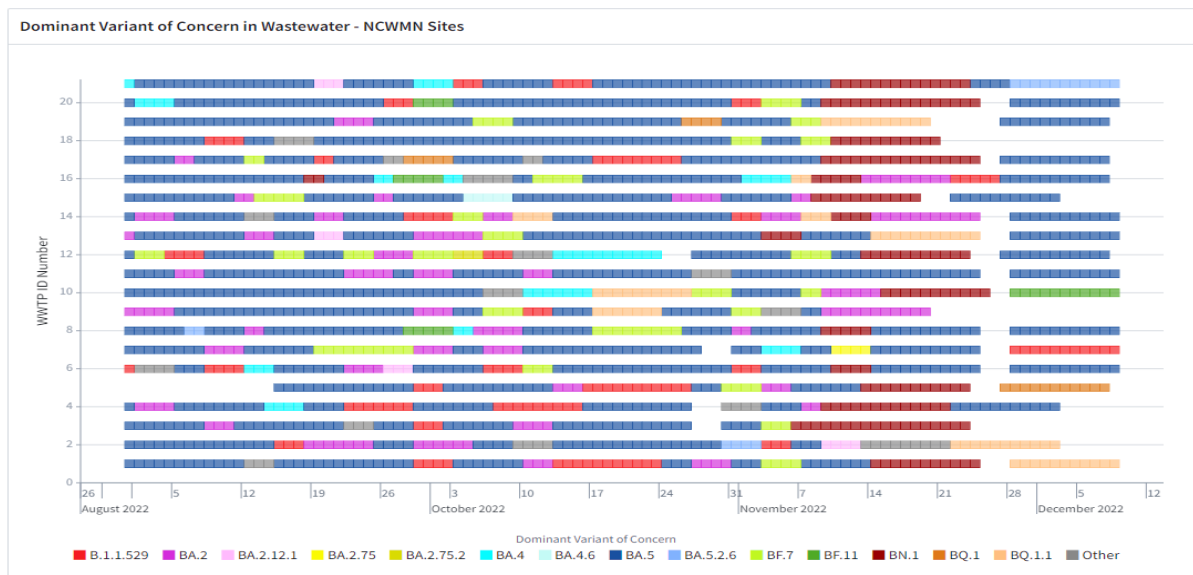
Category	Type	Sequenced Cases	% of Total
Omicron	BA.2	5	0.44%
	BA.2.75	69	6.02%
	BA.4.6	2	0.17%
	BA.5	139	12.13%
	BF.7	37	3.23%
	BA.5.2.6	22	1.92%
	BF.11	9	0.79%
	BQ.1	154	13.44%
	BQ.1.1	531	46.34%
	XBB	44	3.84%
	XBB.1.5	134	11.69%

Percentage of variants reported each week by laboratories that sequence to identify COVID-19 variants. (Most cases and tests are not identified by variants; this is a smaller sample.) For the week ending Dec. 31 2022, only three sequences were received, and data should be interpreted for caution for that week. [More info](#)



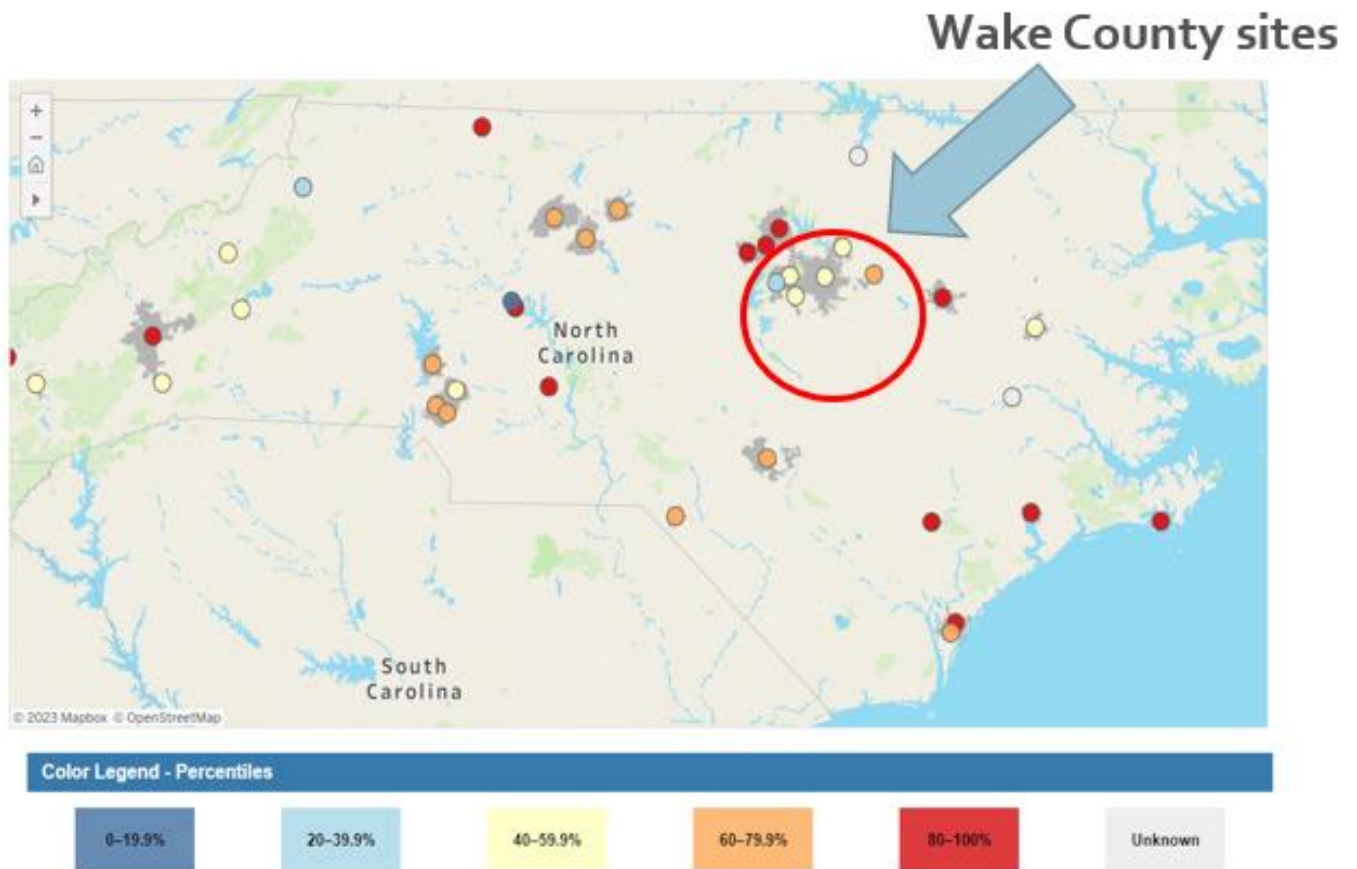
**Variants detected in wastewater past 12/9/2022 are based only on Biobot (n=12) sites' results.

The North Carolina Variants analysis (above) determines the relative abundance of aggregated lineages, or group of closely related viruses with a common ancestor, for North Carolina wastewater samples by week. Similar to sequenced specimens, in late December 2022, the dominant variant is BQ.1.1. Unfortunately, not all North Carolina Wastewater Monitoring Network sites are currently being sequenced. However, the Raleigh site (covering the Neuse River, which is around 550,000 individuals) is being sequenced and is represented in the chart below as Wastewater Treatment Plan ID Number-8. North Carolina State University (NCSU) has a memorandum of understanding (MOU) with Wake County and is currently starting the sequencing process. More data and additional sites should appear in Wake County in the coming years.

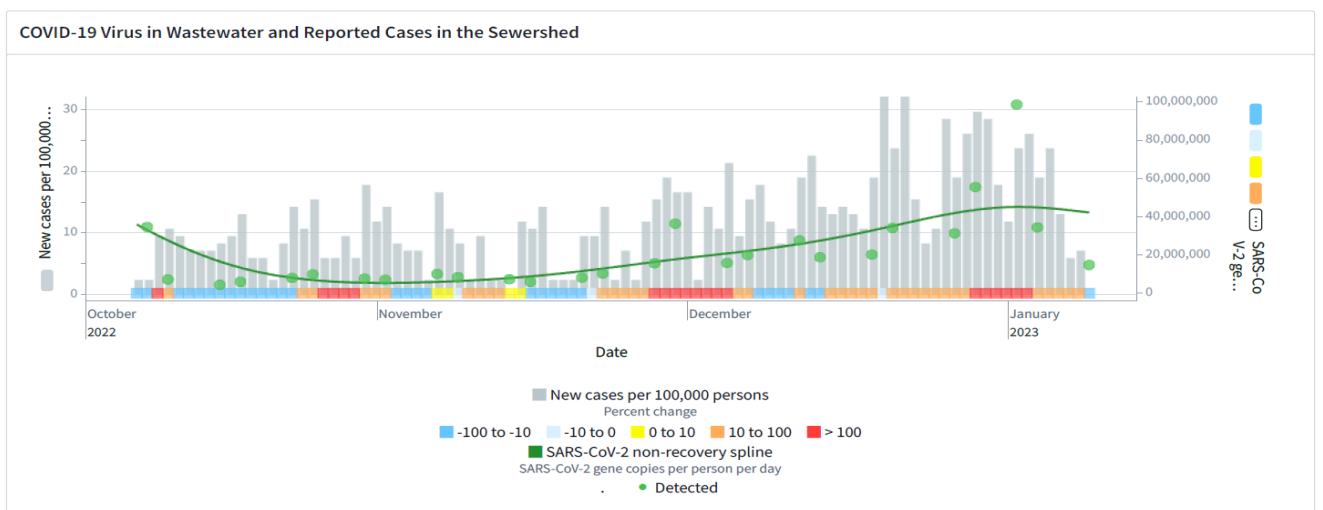


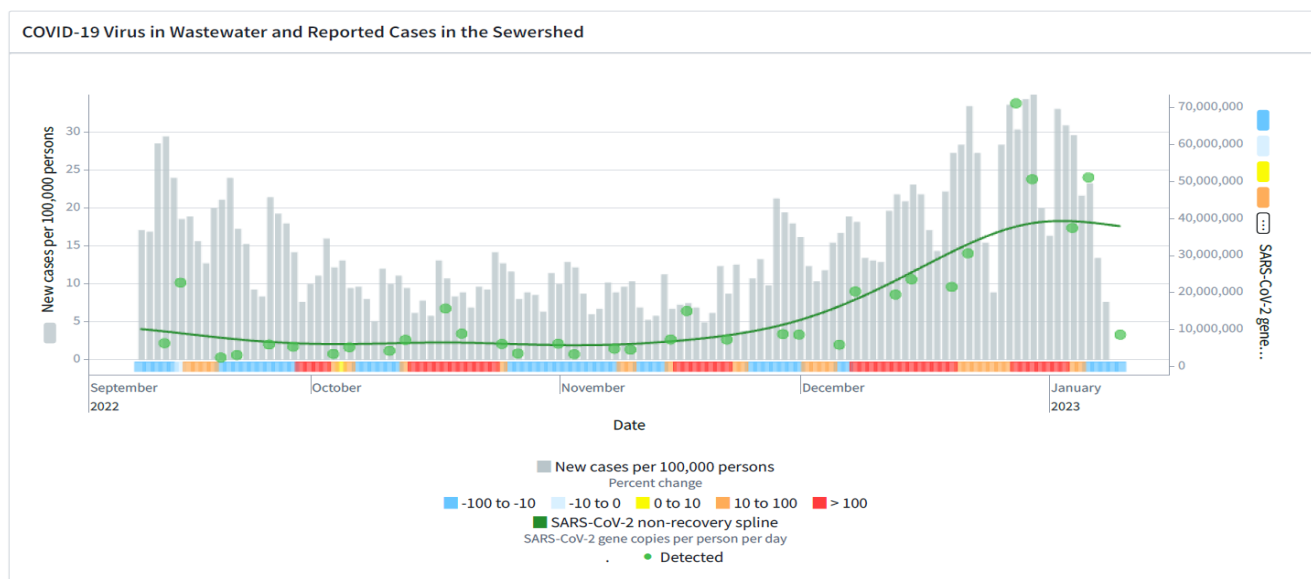
A site can be identified by referencing the ID number found on the y-axis in the graph to the list of ID numbers with wastewater treatment plant names below.

** Not all NCWMN sites are currently being sequenced.



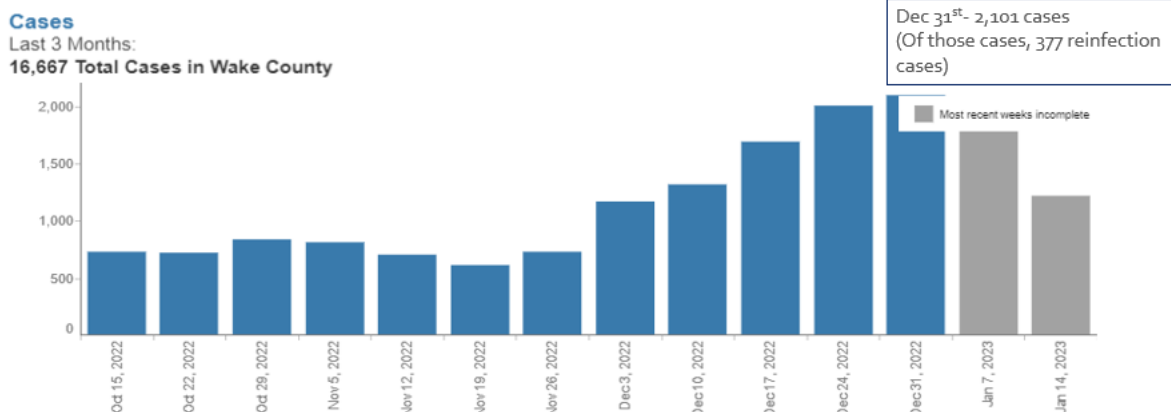
Cary 1





The chart below lists the reported COVID-19 cases within the last three months. Ms. Kaufman noted that cases shown here do not include all people with COVID-19 as some do not get tested while many others use at-home tests that are not reported to the State. COVID-19 cases are reported by clinicians and labs by the date a person was tested. While many cases are no longer reported due to at-home testing, the overall trends of cases reported can still be informative. Trends in reported cases help us to understand spread of disease in the community and in specific groups and locations over time. The increases we are seeing in case counts are similar to what we are seeing with viral levels in wastewater. Overall trend is decreasing and remains stable. Wastewater surveillance remains as one of the best metrics to understand spread of COVID-19 at the community level and can signal potential waves and identify new variants. People with COVID-19 shed viral particles in their stool. In wastewater, the particles are no longer infectious but can still be measured. Research suggests that the virus that causes COVID-19 can appear in wastewater 4-6 days before the first cases are identified and can serve as an early warning indicator before changes are seen in other metrics.

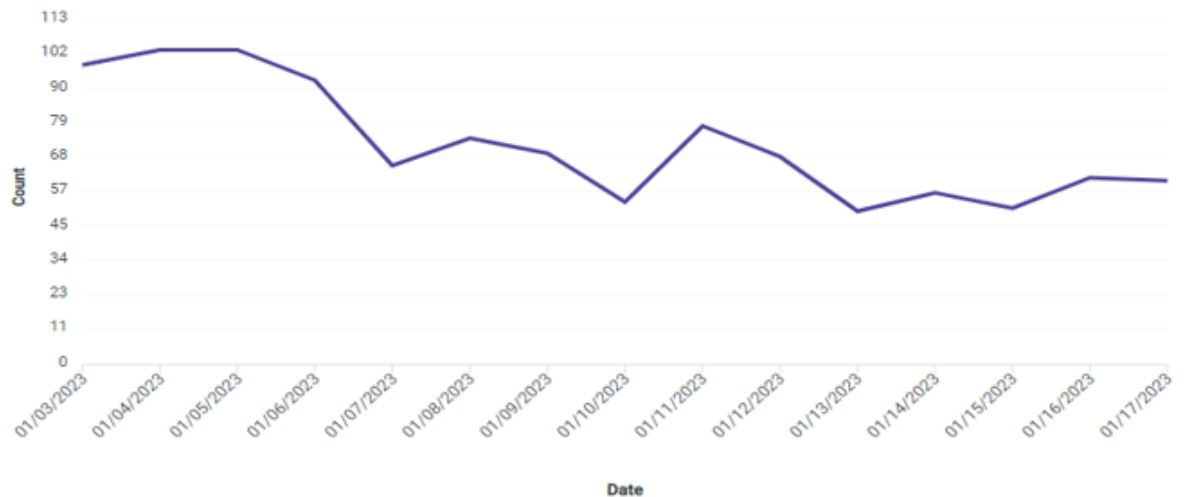
COVID-19 Cases Reported by Date of Specimen Collection- Wake County



COVID-19 Counts of ED Visits

ED: COVID-19 (ICD-10-CM and keyword) Counts by Date

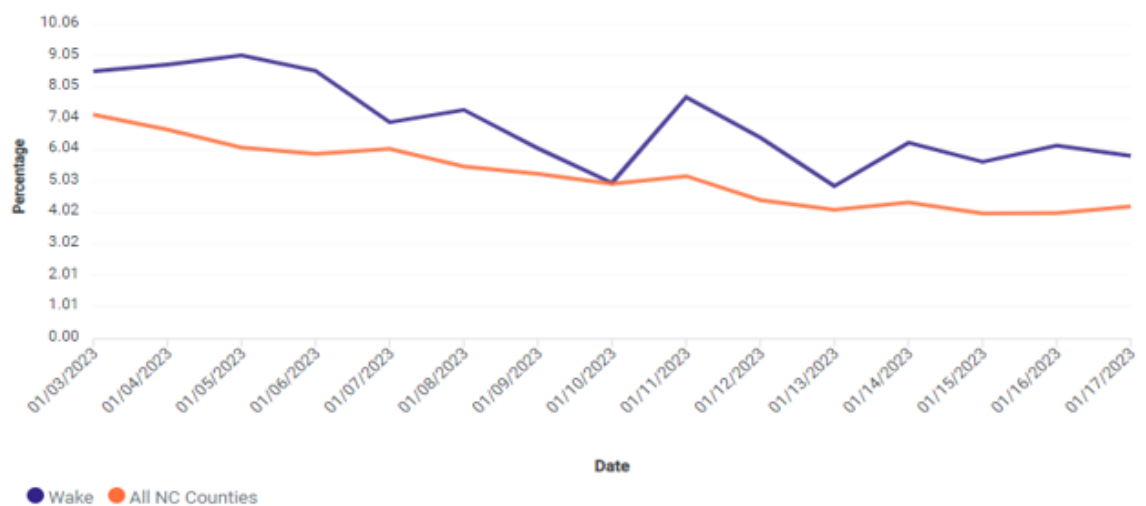
Date Range: 1/3/2023 - 1/17/2023
County: Wake
Source: NC DETECT, Generated: 1/18/2023



COVID-19 Percentage of Total ED Visits- Statewide Comparison

ED: COVID-19 (ICD-10-CM and keyword) Percentage Of Total ED Visits by Date

Date Range: 1/3/2023 - 1/17/2023
County: Wake
Source: NC DETECT, Generated: 1/18/2023



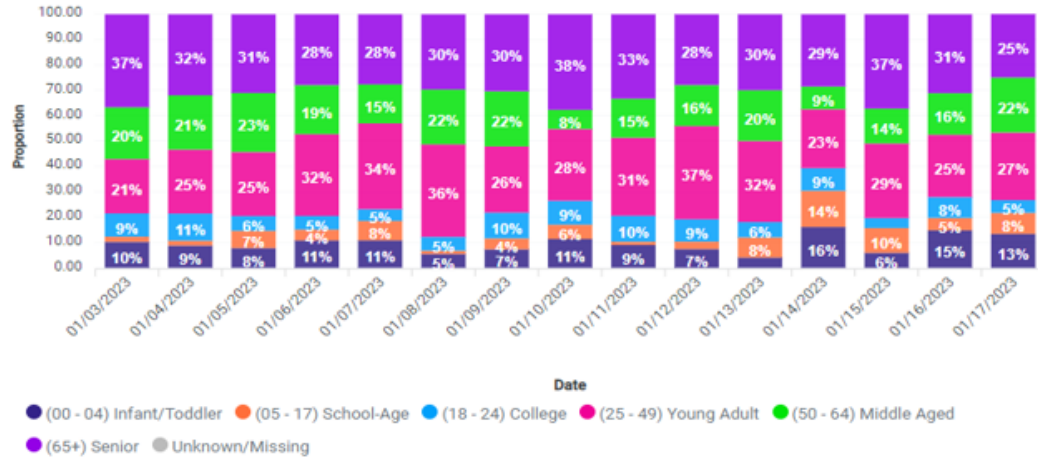
COVID-19 Percentage of Total ED Visits by Age Group

ED: COVID-19 (ICD-10-CM and keyword) Proportions by Age Group

Date Range: 1/3/2023 - 1/17/2023

County: Wake

Source: NC DETECT; Generated: 1/18/2023

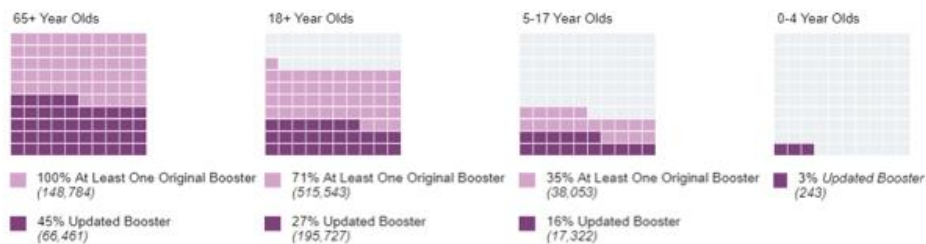


COVID-19 Vaccination Status- Wake County

Boosters

Shown as a percentage of those who finished their initial vaccines. Includes additional doses, which sometimes can be given to immunocompromised people.

All Ages



Preventive measures include staying up-to-date with vaccinations, wearing a mask in crowded and indoors spaces, increasing airflow when indoors, getting tested and staying home when sick, practicing proper hand hygiene, and covering coughs and sneezes.

Ms. Wanda Hunter made staff aware that the webpages for “My Shot, My Spot” (<https://covid19.ncdhhs.gov/vaccines>) may be showing as unavailable for Wake County. Staff will investigate and be sure to have the vaccination availability updated on that website. Ms. DaQuanta

Copeland asked if the COVID-19 test kits identify all different strands of COVID. While it is always a concern when a new strand appears, so far the tests seem to catch all strands that have been identified. There was also discussion surrounding the possibility of annual testing for COVID-19 similar to that of influenza-like illnesses (commonly known as the flu). It was noted that youth and school-age children are not being vaccinated at the same rate as other age groups. Continued advocacy would be needed in this area to educate parents, especially those who may be fearful of reactions to the vaccine. Ms. Lechelle Wardell, Population Health Director, stated that staff could forward some of the educational materials to the Board to have and share with the community.

There was also discussion surrounding the prominence of Respiratory Syncytial Virus (RSV). This year was an anomaly as it is much more present in school-aged children. Typically, younger children in daycare were in danger of contracting RSV. A vaccine is being worked on with hopes of releasing within a year's time.

Committee Chairs Update

(Presented by Ms. Annmarie Maiorano, Mr. Ross Yeager, Ms. Ann Rollins, and Ms. DaQuanta Copeland)

Ms. Annmarie Maiorano, Deputy Director of Operations, noted that the annual report of the Regional Centers included in the Health and Human Services Board agenda packet for January listed the major accomplishments for the last calendar year. The Regional Centers will be at the forefront of the service integration rollout that Ms. Nannette Bowler, Health and Human Services Director, is spearheading. Ms. Maiorano introduced all five of the Regional Center Directors.

- Mr. Darryl Blevins – Director of the Eastern Regional Center in Zebulon
- Mr. Richie Hayner – Director of the Southern Regional Center in Fuquay-Varina
- Ms. Petra Hager – Director of Departure Drive Health and Human Services Center in Raleigh
- Ms. Karen Morant – Director of the Western Health and Human Services Center in Cary
- Mr. Ross Yeager – Director of the Northern Regional Center in Wake Forest

Mr. Yeager then presented highlights from the annual report. Regional Centers are strategically located in outlying areas and in proximity to historically marginalized populations. This community-based service delivery model not only reduces transportation barriers, but it also provides enhanced opportunities for coordinated access to services. Through connections to local, community-based organizations and service providers, Regional Centers often work collaboratively to pair services to the needs of clients. Further, each region has a Community Advocacy Committee (CAC) comprised of local leaders to ensure focuses and initiatives are aligned with the priorities of the communities served.

Regional Centers feature a wide purview of Wake County Health and Human Services (WCHHS) programs in addition to other Wake County departments. They strive to comprehensively assess client needs and make direct connections to other providers with minimal redundancy and warm handoffs between staff. Monthly integrated leadership team meetings keep leaders well-positioned and informed across program lines. Communities are strongest when every member possesses the tools and resources to realize their full potential. In addition to services intended to meet basic needs, Regional Centers offer programs designed to assist individuals sustain success.

The highlights, by Regional Center, are as follows:

- Eastern Regional Center (ERC, Zebulon)
 - Santa's Sleigh Day – Holiday Toy Giveaway Event

- Over 570 toys and resource documents, toothbrush kits, and more were distributed via an ERC December drive-thru event.
 - East Wake Food Family Established
 - Bilingual food resource flyer was created that included dozens of food pantries in the east, QR code, and link to a larger Google map of food resources throughout Wake County.
 - Over 2,000 views of online food resource map since May 2022.
 - Food resource flyers were distributed at both Wendell and Zebulon Summer Meals program sites and various community events.
 - Computer Skills
 - Free four-week educational sessions provided training on how to schedule rides on the new GoWake SmartRide Northeast public transportation shuttle.
 - Refurbished laptops were provided to all twenty-four participants.
- Director of Departure Drive Health and Human Services Center (Departure Drive, Raleigh)
 - In 2022, Departure Drive added and opened several services with a direct impact to the public.
 - Register of Deeds: Birth, death, and marriage certificates. This service was recently added and opened at Departure in December 2022.
 - Childbirth Education Classes: In collaboration with the Maternal and Children's Health Unit, Departure Drive just started providing Childbirth Education classes at the location.
 - Mental Health Services: In 2022, Departure Drive served 336 clients.
 - COVID-19 Operations: Departure Drive is one of the five WCHHS vaccination sites and provided 10,363 COVID-19 vaccines in 2022.
 - Revenue: Opened its services at Departure Drive in August 2022. From August 2022 to December 2022, this location collected \$992,955.26 in revenue.
- Northern Regional Center (NRC, Wake Forest)
 - Food Security Initiatives
 - In partnership with the Wake County Public School System (WCPSS), the Northern Regional Center served 3,984 hot lunches in 2022. Community services colleagues within the library offered educational activities during feedings.
 - The Northern Food Security Team delivered an average of 425 fresh produce boxes per month to the community.
 - COVID-19 Operations by the Numbers
 - January to July administered 82,315 polymerase chain reaction (PCR) COVID-19 tests.
 - July to December distributed 149,869 Rapid Tests to community.
 - Administered 7,885 COVID-19 vaccines.
 - Distributed 18,000 N-95 masks to the community.
 - Cross Departmental Service Delivery
 - Collected \$2,746,283.93 in revenue.
 - 25,718 people voted at NRC during the primary and general elections.
 - 1,071 birth certificates, 115 marriage certificates, and 692 death certificates were issued.
- Southern Regional Center (SRC, Fuquay-Varina)
 - Priority 1: Community Collaboration Southern Region Resource Event
 - Attendees: 600 individuals from 30 schools and 60+ individuals representing 30+ agencies.
 - Giveaways: 10 gas cards, 4 Harris Teeter gift cards, 50 Chick-fil-A gift cards.
 - Services: 200+ coats distributed, 200+ backpacks and school supplies, 79 COVID-19 test kits, haircuts, hygiene products, 64 dental screenings, registrations for holiday programs and summer camp, information and referrals.

- Priority 2: Mental/Behavioral Health Substance Use
 - In partnership with the Fuquay-Varina Coalition:
 - Events: 5 Growers markets, 7 School events, 3 Others
 - Media: 2 Billboard ads, 9 Magazine ads, 2 Yearbook ads, 14 Others
 - Secure/Monitor/Dispose: 90 Lock boxes, 102 Disposal bags, 51 Parent pledges
 - Social Media: Facebook and Instagram 209 followers and 2,500+ reach
 - FVCO-LAB (<https://fvcoalition.org/teens/>, student led at Fuquay-Varina High School): 122 vape-free pledges, 12 events/activities
 - In partnership with the Poe Center:
 - Holly Springs Police Department hosts quarterly presentations of “Drugs Uncovered”
- Priority 3: Food Security
 - Established the Southern Wake Food Security Group
 - Strengthened and established the network of partners that provide nutritious foods to food insecure residents of the southern region
- Western Health and Human Services Center (WCHHS, Cary)
 - Celebrating five years of building partnerships to increase access to services in Apex, Cary, and Morrisville
 - Integrated regional service delivery and community engagement
 - Expanding Services at the Center and in the Community
 - 1 Customer Service Specialist, increased Economic Social Services (ESS) workers from 3 to 5
 - 29 Community Pop-up events February to December, provided 370 COVID-19 vaccines
 - 4 Pop-up events at WHHSC November to December, provided 16 COVID-19 vaccines
 - Distributed 17,338 rapid tests at the Center
 - Distributed 8,200 N-95 masks
 - Food security in partnership with the Western Regional Community Advocacy Committee (CAC) Food Security Action Group
 - 10,785 hot meals were served across the region through the 2022 Summer Food Program in 10 neighborhoods
 - 18,270 fresh produce boxes were distributed to families in marginalized neighborhoods including mobile home communities
 - Community Outreach – Partnered to Coordinate
 - Child Abuse Prevention Pinwheel Planning Awareness events with Apex, Cary, and Morrisville
 - A “door knocker” event in Apex to “Raise Hope and Foster Dreams”
 - Community conversations in Apex and Cary to support development of senior and workforce housing
 - A career fair during a neighborhood block party in one of the region’s marginalized communities

Ms. Ann Rollins, Health and Human Services Board Chair and member of the Public Health Committee, spoke in the absence of Public Health Committee Chair Dr. Mary Faye Whisler. The Committee had heard several reports from Environmental Services, including the One Water Plan from Ms. Nancy Daly (Water Resources Program Manager) and Environmental Health and Safety’s Childhood Lead Poisoning and Prevention Program (CLIPP) from Mr. James Smith (Environmental Health Program Manager – Food and Lodging). Ms. Jennifer Delcourt, Health Promotion and Chronic Disease Prevention – Public

Health Educator, also presented on Safe Routes to School (SRTS), which was now able and working toward donating bicycles to youth.

Ms. DaQuanta Copeland, Chair of the Social Services Committee, noted that Ms. Wanda Hunter would be joining the Committee as Co-chair. At the recent meeting, Mr. Derrick Byrd, Chair of the Aged-Out Foster Care Workgroup and Executive Director of the Family Resource Center – South Atlantic, had presented on the ongoing collaboration between Saint Augustine’s University (SAU), the Hope Center, and Wake County Health and Human Services (WCHHS). The three entities had recently signed a memorandum of understanding (MOU) that would have youth aging out of foster care living in a renovated residence hall on campus while in transition to stable housing. Currently, such transitional housing was requiring these clients to live in hotel rooms in the interim between exiting foster care/housing and establishing secure housing. These clients would be afforded the same access to campus services that SAU students received, including the cafeteria and library. Clients were able to apply to the university if interested, but it was not a requirement that they do so to stay in the transitional program. They would also receive the wraparound services provided by the Hope Center. A tentative move-in date is March 1st, dependent on renovations being complete. More details will follow as they become available.

Economic Services had made a presentation at the Social Services Committee detailing its Food and Nutrition Services (FNS) Employment and Training Program. This program helps people to become economically self-sufficient by providing job skills and training (JST), educational training (vocational education, basic education), pre-employment skills training, and/or job retention support (up to three months after employment is obtained). The program assists participants who are above the age of 16 who are receiving FNS benefits (electronic benefit transfer or EBT card/food stamps), are not receiving Work First, and who are legally authorized to work. In addition, participants must be physically, mentally, and emotionally ready and able to work or follow through in education/training components of the program. The program is overseen by Mr. Tony Zarcone (Employment Services Supervisor) and Ms. Felicia Downing (Economic Benefits Manager). Interested residents should reach out to EmploymentFNS@wake.gov or visit the NCWorks Career Center at Swinburne (220 Swinburne Street, Raleigh, NC 27610) for more information. The program had been very successful with 70% of those receiving assistance directly from Wake County Health and Human Services (WCHHS) securing full-time jobs that average about \$21.00 per hour. Even more – 92% - had benefits at their job.

Finally, Ms. Copeland spoke of the foster care crisis and need for foster parents. An engagement and information session would be held on February 28th with more details to come as the event was planned.

- **Public Comments**
 - None

Adjournment

The meeting was adjourned at 9:32 A.M.

Board Chair’s Signature:



Date: _03/23/2023

Respectfully submitted by Ms. Brittany Hunt