

Wake County Health and Human Services Board
Meeting Minutes
July 27, 2023

Board Members Present:

Dr. Ojinga Harrison
Wanda Hunter
Christine Kushner
Dr. John Perry
Ann Rollins
Dr. Anita Sawhney
Tanyetta Sutton
Dr. Kelcy Walker Pope
Commissioner James West
Dr. Mary Faye Whisler
Tamara Wilson

Guests Present:

Ms. Deidre McCullers
Mr. John Myhre

Staff Members Present:

Commissioner Vickie Adamson
Nannette Bowler
Kathy Del Hoyo
Sheila Donaldson
Anika Hamilton
Kevin Harrell
Leah Holdren
Brittany Hunt
Tony Johnston
Rebecca Kaufman
Dr. Caroline Loop
Annemarie Maiorano
Jenelle Mayer
Yolanda McInnis
Janny Mealor
Justin Milstein
Ken Murphy
Jill Perkins
Shanta Nowell
Kathryn Thompson
Dr. Joseph Threadcraft
LaToya Toussaint
Dr. Theo Udeigwe
Diamond Wimbish

Call to Order

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

Next Board Meeting – August 24, 2023

Approval of Minutes

Ms. Ann Rollins asked for a motion to approve the June 22nd meeting minutes. One edit was made to correct the spelling of Ms. Deidre McCullers' name in the minutes. There was a motion by Ms. Christine Kushner and Ms. Tanyetta Sutton seconded. The amended minutes were unanimously approved.

Treasurer's Report

Ms. Christine Kushner, Treasurer, provided the Treasurer's Report. There was no change from the June's Treasurer's Report. Thus, the fund was still at \$8,080.92.

Health and Human Services Board Nominations, Vote, and Swearing in for Vice Chair Position

(Presented by Mr. Ken Murphy)

Mr. Ken Murphy (Senior Deputy County Attorney) began by opening the floor for nominations for the Health and Human Services Board Vice Chair. There were two nominations – one for Dr. Anita Sawhney and one for Ms. Wanda Hunter. Mr. Murphy asked if there were any other nominations. Hearing none, Dr. Sawhney and Ms. Hunter reviewed their vision for fulfilling the Vice Chair position. Ms. Hunter was voted in by majority as the Health and Human Services Board Vice Chair.

Environmental Services Director's Update

(Presented by Dr. Joseph Threadcraft)

Dr. Joseph Threadcraft, Environmental Services Director, stated that leadership continued to work to provide opportunities for growth for staff. There was one senior leadership retirement on the horizon for Ms. Anarosa Jones (Department Business Manager) who would be with the County until January 2024. Ms. Jones is sharing her historical knowledge with current staff and interviews are already being conducted to fill the position.

Dr. Threadcraft acknowledged that County Manager David Ellis and the Wake County Board of Commissioners (BOC) had recently passed a strong budget for the year. At Environmental Services, staff are already working hard on the next fiscal year's budget. Because the Health and Human Services Board is such a key stakeholder for Environmental Services, Board members would be receiving opportunities for engagement so that they could submit feedback on the proposed budget.

Statutory Fee Changes and Environmental Health Legislation Update

(Presented by Dr. Caroline Loop)

Dr. Caroline Loop (Deputy Director of Environmental Services) provided statutory fee changes handed down and established by legislation. Some legislation has already passed while others are pending. Dr. Loop provided an overview of these legislative items and the expected impact upon Environmental Services.

- Passed
 - House Bill 190 (H190) – Department of Health and Human Services (DHHS) Revisions
 - Broadened education options for Registered Environmental Health Specialist (REHS). Lowered experience requirement.
 - REHSs conduct a majority of the work being done in both Environmental Health and Safety (EHS) and Water Quality. This bill allows for a greater variety of majors to become a REHS. It also decreases the number of years of experience required for those who have majored in Environmental Health.
 - House Bill 627 (H627) – On-site Wastewater Rules Implementation
 - Changes implementation of “18E” rules. 15A NCAC 18E (https://cph.dph.ncdhhs.gov/Rules/EnvHealth/15A_NCAC_18E.htm) rules govern many aspects of wastewater regulations.
 - Will be in effect January 1st, 2024 once completing a formal rule-making process. The DHHS is scheduling workshops across North Carolina so that counties and health departments can understand how to enforce and apply these changes.
 - Will need to make changes to local wastewater regulations to comply with the most recent aspects of these rules.
 - These changes will not come before the Public Health Committee and Health and Human Services Board until after January 1st, 2024 when exact specifications are provided.

- House Bill 628 (H628) – Amend On-site Wastewater/Environment Statutes
 - Provides more private professional options to conduct the work for wastewater improvement permits and wastewater construction authorization. Local health departments (LHDs) will still complete operation permits.
 - Shortens completeness review time for LHD (10 to 5 business days). If a review is not completed within five business days, it will be assumed to be approved/granted.
 - Sets fees, revenue decrease. There is an anticipated \$108,000 revenue decrease expected per year to Environmental Services.
 - Establishes a Registered Environmental Health Associate (REHA) – decreases the minimum education level from a bachelors to associates degree to complete some types of inspections. The scope of work for REHA would be smaller than REHSs can conduct.
 - This legislation also allows an option for an owner to submit for an affidavit if constructing an accessory structure on their property. As long as the construction does not increase the flow into the wastewater system or strength of the wastewater, the affidavit can help construction to move forward with no delay. The affidavit is currently being developed and will be issued by the Building Code Counsel by October 1st, 2023.
 - Staff are in contact with the Building Inspections department to encourage advocacy for the information important to be in the affidavit. The document needs to have all of the information property owners need to make informed choices so their projects do not impact the wastewater system on their property.
- Senate Bill 582 (S582) – North Carolina Farm Act of 2023
 - Made changes to how two wastewater system trench products can be used. One of these is the panel block system mentioned in the first phase of wastewater regulations. This bill also reviews native materials compared to other materials for septic systems.
- Senate Bill 673 (S673) – Wastewater Regulatory Relief Act
 - This relates to sewer.

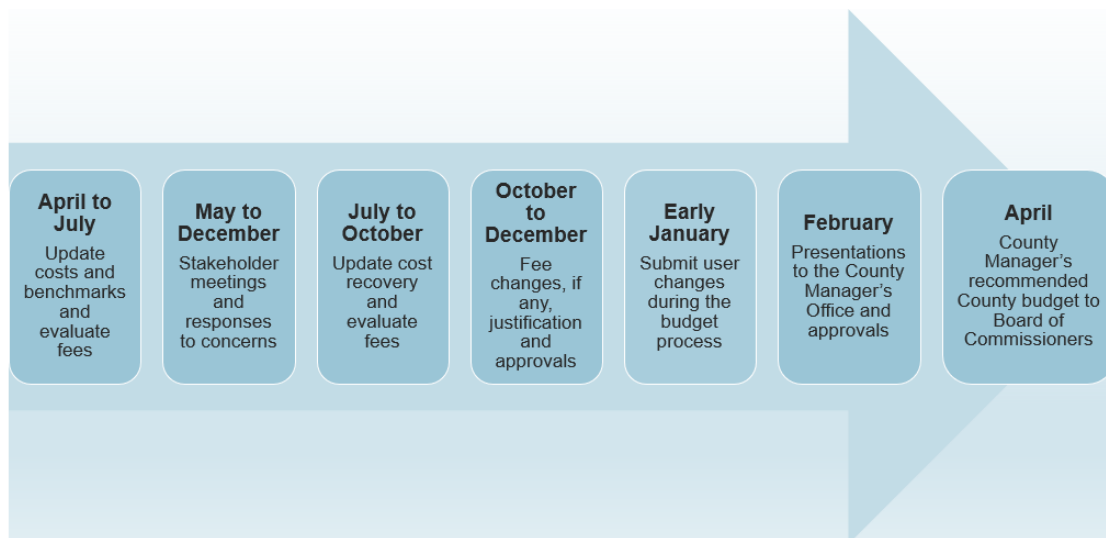
Next, pending bills were shared along with anticipated impacts.

- Pending
 - House Bill 579 (H579) – Sedimentation Act and Other Environmental Changes
 - Reduces local ability to develop more stringent regulations that control sediment at construction sites.
 - Transfer current State permitting to delegated local governments. Currently, there are two permits – the State’s and the local government’s. This would eliminate the local government permit and require the State permit to be issued by the local government instead. This is a concern for staff as their resources would not be completely available to make this shift happen seamlessly without a great deal of work.
 - This bill will need to be approved by the United States Environmental Protection Agency (US EPA). This will greatly impact the timeline of the bill and its impacts. Water Quality, undoubtedly, will be impacted.
 - Approximately \$500,000 annual revenue decrease for Wake County.
 - House Bill 600 (H600) – Regulatory Reform Act of 2023
 - Decreases the required response time from 15 days to 5 business days for a requested unannounced re-inspection to raise a letter grade of a food service facility.
 - For some facilities, replaces one of four inspections per year with an educational visit. Depending upon the complexity done by a facility, they may be required to

have one, two, or four visits per year. For those required to have four, one would now be an educational visit.

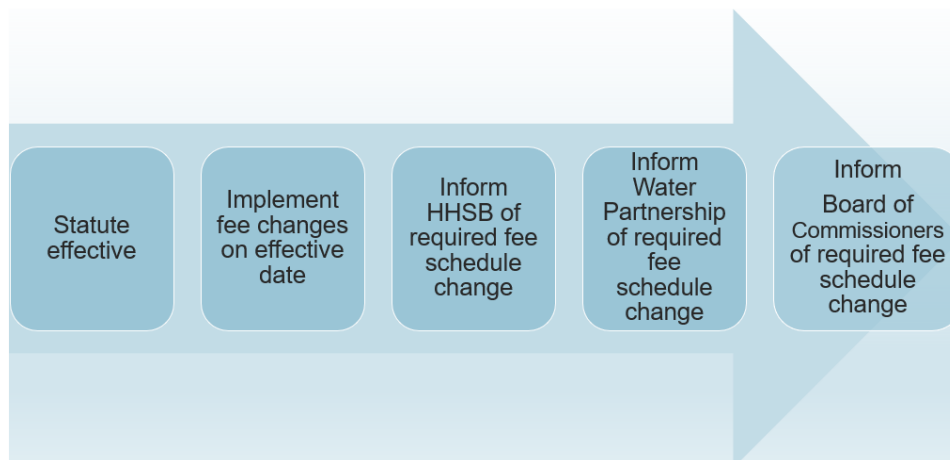
- This bill will impact the EHS division. When a food service facility requests a reinspection to raise the letter grade of their facility, this bill would shorten the response time for staff to go out and conduct reinspection.
- House Bill 488 (H488) – Code Council Reorganization and Various Code Amendments
 - Erosion and Sedimentation Control plan review – fees reduced, revenue decrease.
- Senate Bill 675 (S675) – Land Use Clarification and Changes
 - Changes to extraterritorial jurisdiction (ETJ) in North Carolina.

Typically, the below discretionary fee change process is used in Environmental Services.



This workflow allows Environmental Services the ability to set fees, present those fees to the Health and Human Services Board for approval, and submit to the Wake County Board of Commissioners (BOC) for final approval.

The fees being discussed above instead use the statutory fee change process included below.



In the case of fees set by legislation, staff must implement these fees on the date that the legislation specifics. If the legislation does not specify when the fees should be implemented, it is presumed to be effective immediately. Staff will still work to inform the Public Health Committee, Health and Human Services Board, Wake County BOC, Water Partnership, and other partners of the updates.

Statutory fee change summary					
Bill	Fee	Current	Future	Date of Change	Annual Impact Estimate
H628	Hybrid Construction Authorization (AOWE/PE)	\$200	40% (\$80)	9/1/23	\$40K
H628	Hybrid IP/CA Combo (AOWE)	\$400	40% (\$160)	9/1/23	\$45K
H628	Hybrid Design Review fee	\$110	\$44	9/1/23	\$18K
H628	Private Option (EOP/AOWE)	30%	\$35	9/1/23	\$5K
H488 (pending)	Land Disturbance Plan Review Fee – Single Family Residential Lots	\$100/lot	Applicant option: \$250/disturbed acre OR \$100/lot	8/7/23?	\$80K-\$140K
H579 (pending)	NCG01 (no separate land disturbance permit)	Acreage-based for most OR \$100/lot for single family lots	Acreage-based for most; Choice acreage OR \$100/lot for single family lots	7/1/24 or EPA approval	\$500K

For H628, although applications can be accepted, the fee changes will not take place until September 1st, 2023. It is unknown when or if H488 will pass, but the next session to discuss the bill is August 7th, 2023. Because there is no provision to implement the fees at a later date, staff assume that the fees will be charged immediately upon the bill's passing. Staff are seeking clarification from the State to determine what the actual annual impact will be. If H579 passes, it will have a half a million dollar impact upon Environmental Services' revenue. Understandably, there will be a customer transition time as forms and processes are adjusted. The incorporation of changes also means evaluating local wastewater rule changes.

Dr. Loop opened the floor to questions after introducing Ms. Jill Perkins (Environmental Health Program Manager - On-Site Wastewater) and Mr. Justin Milstein (Environmental Health Program Manager - On-Site Wastewater) who were subject matter experts (SMEs).

Commissioner Vickie Adamson asked who would be benefitting in the County from the anticipated \$108,000 loss from H628. Mr. Milstein stated that homebuilders would be the ones to benefit as the homeowner and/or buyer or provider would receive no savings or other incentives.

Ms. Tanyetta Sutton noted that, when discussing education, there was no mention of hiring additional staff. So many entities were building in a rapidly expanding Wake County and hires would be critical to continue outreach. She also asked what the education entailed. Dr. Loop said that staff were extremely engaged with all documentation. Mr. Milstein and Ms. Jie Liu (Environmental Health Program Manager - Wastewater Management) worked with staff to be connections for customers. Mr. Milstein and Ms. Perkins often reach out to realtors in the homebuilder community and the Homebuilder's Association holds a monthly meeting that Environmental Services is invited to. At these meetings, staff are able to provide updates to the group.

Commissioner James West asked about the relationship between Wake County Environmental Services and the City of Raleigh. Dr. Loop explained that some of the legislation reviewed impacted Environmental Services while others were solely changing policies for the City of Raleigh. Staff are seeking guidance from City of Raleigh's watershed management and are particularly interested in ensuring the communication coming from the County and the City is consistent. Staff also engage other regulatory agencies as well as the community to make sure that there is a single narrative despite the multitude of changes to permits and processes. Sometimes when residents apply for a permit, they can alternate between applying with Wake County and applying with the City of Raleigh. The main focus for now was investigating the full impact of these changes and establishing an implementation plan.

Ms. Christine Kushner asked if there was any experience with privatization (such as that mentioned in H628) in other areas. Mr. Milstein said that North Carolina's system of privatization was built off of the system in Virginia. Ms. Kushner then asked if a resident had an issue with a neighboring property who they would call. Mr. Milstein admitted that this was a grey area. Previously, if such a malfunction occurred to a system that had been permitted by a private entity, the homeowner was required to go back to the entity that permitted the system to be repaired. Though the County was involved in notification for this process, staff could not provide repair services. This caused issues statewide with some business engineer firms going out of business and leaving the homeowner with no stable contact or connection. The homeowner then had to find an engineer who was willing to come in and repair a system that could have any number of unknown problems. This new legislation allows these residents to come to the local health department (LHD – for Wake County the Wake County Environmental Services Division). This change will mean additional work for staff not only in cases of malfunction but also if a system is permitted by a private individual. Previously, these permits would have simply been submitted by the individual and be automatically accepted. Now staff will need to go back to reevaluate the property based on County standards. The benefit, however, is that residents will receive a thorough inspection and understanding of their property's status.

Ms. Ann Rollins asked who was certifying the private entities or individuals to perform these permits. Mr. Milstein said that engineers were responsible for deciding if they had the qualifications to provide the services they offered. If they worked on a system and it failed, they would be held liable. However, legislation done in conjunction with the North Carolina Department of Health and Human Services (DHHS) has allowed for privatization. For County staff, On-Site Wastewater Evaluator Certification is required and overseen by the North Carolina On-Site Wastewater Contractor Inspector Certification Board. These employees must also be licensed as a soil scientist as a prerequisite to pursuing the certification.

Ms. Rollins asked if the system failed and a resident visited the County for repair work if they would be billed. Mr. Milstein noted that this was a possibility that staff were still discussing. Repair permits, currently, are provided free by the County. This encourages homeowners to be upfront about malfunctions and receive the proper repairs. Unfortunately, this legislative change means that a fee may need to be put in place. Nothing had been cemented yet and would likely take more time to determine as the legislation was so new.

Dr. Loop added that private entities could often appeal to customers because they could provide services faster than the County was able to provide. However, staff were intent upon providing education to homeowners so that they could make an informed decision rather than one looking for a "quick fix." Ms. Perkins stated that the Homebuilders Association were considered their "main" customers. Staff also worked with realtors and made sure to respond to any customer calls or contacts reaching out with septic system questions (both regarding permits and general inquiries).

Dr. Mary Faye Whisler inquired about the options that homeowners now had given the new legislation. Mr. Milstein briefly reviewed the three routes that a homeowner could take when seeking a permit:

- “Traditional” Pathway – Consumer comes to LHD for all permits
- Hybrid Pathway – Consumer uses private individuals for some portion of the permitting and uses the LHD for other parts
- Full Private Pathway – Consumer submits documentation of private permitting. Staff accept the documentation and the process is complete

This had made the process much more complex than before. Part of the issue was that homeowners were also the permit applicants and sometimes were unaware of the options available to them. Staff were trying to provide guidelines and clearer applications on the County’s portal to ensure homeowners were fully aware of all options and applying for the proper permits. Private entities, unfortunately, were not providing the same level of thorough outreach and education which left homeowners confused and frustrated.

Ms. Wanda Hunter asked if the legislation impacted the timeframe to have work completed. Mr. Milstein said that the hybrid pathway in particular had a five-day turnaround to review for completeness. The full private pathway was immediate. Dr. Loop added that this legislation was enacted statewide partially because of the completion time for permits in other counties and LHDs. Wake County closely monitors its completion times and maintains high expectations about response time. Other counties may be struggling in this regard, thus leading to legislation to offer additional avenues to apply for permits.

Ms. Rollins asked if realtors had the same information that County staff had and if it was easily accessible as many homeowners were reliant on their realtors to provide information about their home. Ms. Perkins confirmed that a group of staff visits realtor offices to provide an overview of the permitting process as well as what a septic system actually is. Because this legislation was so new, staff were now reevaluating the education that they provide to make sure that everything is updated, accurate, and accessible to all parties. Mr. Milstein stated that staff also visited different municipalities to explain permitting options. Though Wake County works very closely with the City of Raleigh, municipalities are often not a part of this collaboration. Staff were scheduled to visit Fuquay-Varina the following week to review the legislation and were intent about providing information through various different avenues.

Commissioner Adamson asked if the legislation impacted both septic and stormwater systems. For now with the current legislation passed, only septic system permitting was impacted. It was yet to be determined if this would stay true, however.

Health and Human Services Director’s Update

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

- Ms. Nannette Bowler, Wake County Health and Human Services Director, presented on the following:
 - Ms. Bowler acknowledged Ms. Leah Holdren (Communications Consultant Senior) and Ms. Kathy Del Hoyo (Communications Consultant).
 - Ms. Holdren had been working solely with external communications for all of Health and Human Services for the past three and a half years. She is now transitioning to focus on Public Health. With this, there was a need for a new hire to focus on Economic Services and Child Welfare.
 - Ms. Holdren introduced Ms. Del Hoyo who would be filling this position and performing external communications for Economic Services and Child Welfare.

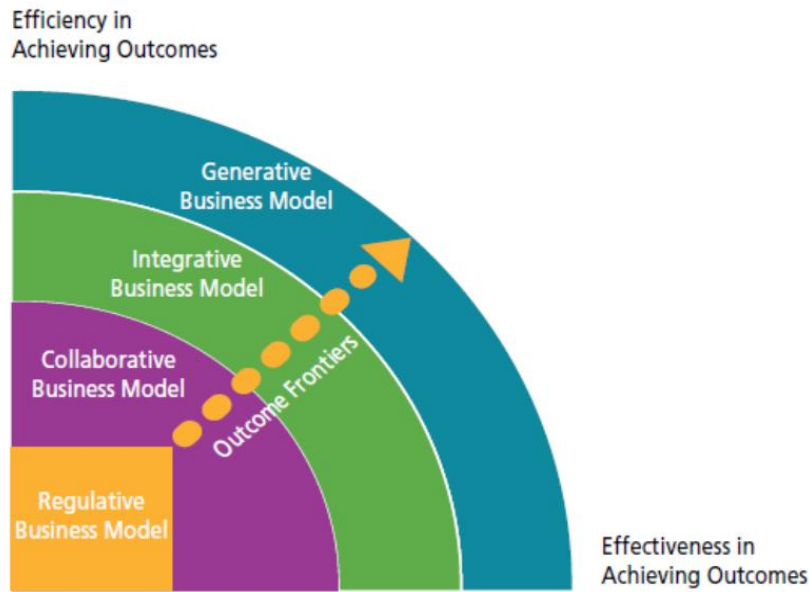
- Ms. Del Hoyo is an Emmy award-winning journalist and previously worked at the local WRAL television station. She was extremely passionate about Child Welfare and Housing. She encouraged Board members to reach out with any questions.
- Ms. Bowler shared that the County would also be hiring two communication specialists dedicated to internal Health and Human Services communication – one focused on Child Welfare and Economic Services and one focused on Public Health. With a staff of over 1,700 people, internal communication was critically important to ensure everyone received consistent communication and engagement.
- Ms. Bowler then presented on the upcoming Health and Human Services (HHS) service integration.

Staff were in the beginning stages of integrating services from Public Health, Economic Services, and Child Welfare. In the 1990s, these services were all placed under the same umbrella of government. Now leadership is hoping to move into the next stage of integration to serve the whole family and/or individual.

The following quote from Mr. Peter Senge was shared: “Deep changes – in how people think, what they believe, how they see the world – are difficult, if not impossible, to achieve through compliance.” HHS is an agency driven by numerous mandates. These must be complied with and timeframes for service delivery must be met. However, if services remain in a regulatory framework alone, the community is not being served in a productive manner. This is not to imply that regulatory work is unimportant. Instead, it is to acknowledge the many complex layers needing recognition to elevate residents’ quality of life.

- Ms. Bowler shared trends in HHS provided by Government Technology, 5 Trends Driving the Future of Human Services (2013).
 - To get to integrated services, resources must be focused to build an infrastructure that integrates service delivery to improve the well-being of customers.
 - This would involve the inclusion of the following trends.
 - Non-traditional Partnerships
 - Build partnerships that have the ability and resources to focus on serving residents across the lifespan
 - Predictive Analytics
 - Shift from descriptive to predictive analytics to increase program effectiveness
 - Embrace Innovation
 - Challenge “insider thinking” and explore creative ways to best serve clients across departments
 - Whole-person Services
 - Use a coordinated, person-centered service delivery that helps meet the social, economic, physical, and mental needs of the individual

The following Human Services Value Curve (HSVC) was a product of the American Public Human Services Association (APHSA) and Harvard University.



This curve is at the forefront of how staff hope to build a foundation for building services. This will only be possible by permeating this model throughout the entire agency. Staff are now receiving education about this model along with service delivery, mission, vision, and values.

- **Regulative Business Model** – Compliance. Observance of rules and regulation.
- **Collaborative Business Model** – When a consumer comes to HHS, is there a single intake option? They might be seeking one specific service, but how can staff serve the whole person and all of their needs?
- **Integrative Business Model** – Is there integrity in what staff are doing? Are staff ensuring that they are serving the person well? What is the root cause of the person and/or family visiting HHS? Not what are the eligible for – *why* are they coming and *how* can staff get them to a route of independence?
- **Generative Business Model** – HHS provides services, but not in a vacuum. Community partners are needed to elevate services and deliver on the consumers’ needs.

To do this, staff will be utilizing the Social Determinants of Health (SDoH, see below) to inform an assessment to fully understand a consumer’s needs.

- **Place-based Opportunity Ecosystem SDoH**
 - **Healthy Thriving Communities**
 - Environmental Health
 - Safety
 - Food and Nutrition
 - Employment and Income Stability
 - Health and Well-being
 - Housing Stability
 - Transportation
 - Education

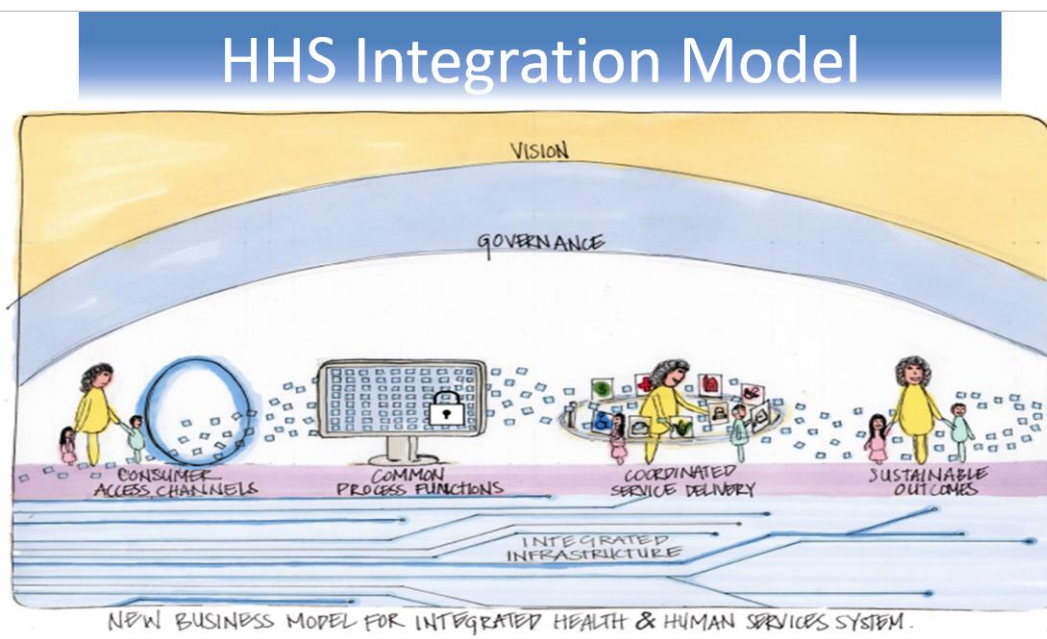
Wake County HHS has recently come into oversight of Social and Economic Vitality (SEV). This program was previously under Cooperative Extension. Leadership is looking into the program and

positions to understand how staff can best help raise people out of poverty. Instead of looking at outputs, outcomes must become the focus. HHS recently received a \$13 million grant from the Centers for Disease Control and Prevention (CDC) to be received over the course of five years. With this grant, five Community Health Workers will be onboarded. There are five Regional Centers located across Wake County (listed below) where these new hires will be placed to administer the SDoH-informed assessment in collaboration with community partners to inform a plan for the person and/or family. In this way, needs can be addressed in a holistic manner.

- Eastern Regional Center (ERC) in Zebulon
- Departure Drive in Raleigh
- Northern Regional Center (NRC) in Wake Forest
- Southern Regional Center (SRC) in Fuquay-Varina
- Western Health and Human Services Center (WHHSC) in Cary

Planning was still at a high-level phase, but Ms. Bowler wished to provide context to the HHS Board as they would be key stakeholders in the service integration initiative.

The following image outlines the HHS integration model. Of note, Business Analytics have already begun working with each Regional Center to create process maps of all processes done.



- Consumer Access Channels
 - Community-based
 - Person-centered
 - Greeting Process
 - Customer Gathering (Lines)
 - Check-in Process
 - Process for Simple Transactions
 - Walk-ins (Existing Cases)
 - Onsite Childcare
 - Self-serve Area

HHS encompasses the following services:

- Child Welfare
 - Prevention/Family Support Services
 - Recruitment of Foster Families
 - Assessment
 - In-home Services
 - Foster Care Services
 - Team Meeting Facilitation
 - Visitation
- Economic Services
 - Emergency Community Services
 - Food and Nutrition Services
 - Medicaid
 - Work First
 - Employment Services
- Public Health
 - Women, Infants, and Children's (WIC) Services
 - Care Coordination for Children (CC4C)
 - Pregnancy Care Management
 - Immunization Services

These services require the following common process functions.

- Coordinated Intake Process
- Regulatory Requirements
- Single Process for All Programs
- Cross-service Coordination
- Access to Partner Agencies
- Referrals to Outside Agencies
- Staff Security

- Coordinated Service Delivery
 - Community-based Service Delivery
 - Governance/Oversight
 - Confidentiality
 - Data Sharing
 - Collective Impact Strategies
 - Services Needed
 - Common Agenda
 - Data Collection
 - Customer Service Expectations
 - Staff Security
 - Specific Geographic Needs

Currently, leadership are firming up the service integration model and working purposefully to make sure positions are in place to support such a shift. The next step will be to meet with Regional Center Directors as they work so closely with the community. After that, community partners will be brought in for input

and buy-in. Partners at the table will depend on the area being served. Ms. Bowler then reviewed numerous considerations to be given in order to support service integration.

- Sustainable Outcomes
 - Better jobs/increased income, assets, economic status and stability for families
 - Reduced dependence on public benefits and greater awareness of career opportunities/goals
 - Better physical, mental and emotional health
 - Improved parenting skills, engagement, and modeling for the family
 - Improved child literacy, behavior, attendance, and grades, leading to reduction in grade repetition and high school/college graduation
 - Connected communities
 - Greater service coordination
 - Improved quality of life
 - Effective policy design
 - Efficient use of tax dollars
- Vision and Promise
 - What is the vision for the organization?
 - What promise is being made to the public?
 - What promise is being made to staff?
 - What is the scope of the operation?
 - Service Centers only?
 - HHS Wide?
 - How to develop the culture of the new organization?
 - What are the consumer service expectations?
- Governance
 - What is the internal leadership structure? Who's in charge?
 - What is the external leadership structure? Memorandum of understandings (MOUs)? Contracts? Who is in charge?
 - How to determine with whom to partner?
 - How is the effort to be funded?
 - Are there to be common process functions? Consistent baseline of services with flexibility based on location?
- Workflow
 - How will customers be referred in the Center?
 - How will customers be referred outside the Center?
 - What are the policy implications?
 - How will confidentiality be maintained?
 - What are the data requirements?
 - How will complaints be facilitated?
 - Will there be customer lines?
 - Are there acceptable wait times?
 - How to create efficient time usage?
 - How will customer satisfaction be assessed?

- Technology
 - What system will be used to facilitate services?
 - How to communicate with customers?
 - How to communicate with internal staff?
 - How to communicate with external staff?
 - How to share information across services or with external partners?
 - What are the customer service expectations?
 - How will NC FAST play into this process?
 - Will safety technology be employed?
 - How will data be shared between organizations?
- Other Considerations
 - Staffing
 - Policy
 - Community Engagement
 - Facility and Space
 - Change Management
 - Program Assessment
 - Logistics and Move
 - Project Team
 - Continuous Improvement
 - Requests for New Service

Ms. Bowler closed her presentation with an example of how such service integration might play out.

- There is a local “mom-and-pop” pharmacy. The pharmacist has been in the community for years and is especially dedicated to his customers. A elderly patient – Edna – comes in for her prescription.
 - Regulative Business Model: Are Edna’s prescriptions ready, correct, signed off on and otherwise what she is anticipating to receive?
 - Collaborative Business Model: The pharmacist notices that Edna, usually rather swift, is walking with a limp. He looks in the pharmacy and locates a cane for her to use. For good measure, he provides her with a knee band for extra support.
 - Integrative Business Model: Edna begins to share some of her struggles. Her neighborhood has housing that is notoriously unstable with abandoned lots and buildings left untended despite the serious health concern. Edna rents, but her landlords rarely respond to requests to look into issues with her home. When they do respond, it is with indifference or temporary solutions. Her rent has been raised and she’s struggling to pay for housing that is not safe for her to reside in. Unable to pay her electricity bill, Edna awakes one night to find the pitch black a permanent feature despite flicking the light switch off and on. She turns to return to bed, defeated, and trips, falling and hurting her leg. A “snowball effect” has put Edna into a terrible situation that has her frustrated, depressed, and feeling incredibly isolated.
 - Generative Business Model: The pharmacist loves his community and wants better for Edna and her neighbors (whether customers or not). He goes to the landlord community and business community and eventually forms a taskforce to address the neighborhood’s safety concerns.*

* As almost unbelievably dedicated as this pharmacist is, this is actually something that occurred in a New York City hospital. Staff saw people from the homeless population coming in again and again needing the same health needs addressed and returning to their community without food or shelter. The

cycle, unfortunately, was not one easy to break. Staff formed a taskforce in response to address this vulnerable community's needs to ensure that their services were treating the root of the problem – not the health concern in isolation.

Ms. Bowler reiterated that the HHS Board would need to be brought in at the very foundation of the service integration. The Board was composed of community members with ties to partners, resources, and, most importantly, people.

The following discussions took place.

- Dr. Kelcy Walker Pope asked how much NCCare 360 was used and how it would work with this model.
 - Ms. Bowler said that NCCare 360 was a start to the solution, but it relied heavily upon referrals. Though the referrals are a part of the service to the customer, they were reported by healthcare providers to sometimes go unused. Once the referral is made, there is no tracking of that client or if the other provider ever connected with said client. Service integration needed ownership and support for the person needing help. It is community-driven. On the client's side, referrals can be a frustrating and unhelpful solution with a struggle to connect with the provider. Frustration could lead to putting the issue off, thereby exacerbating the concern. Dr. Walker Pope thanked Ms. Bowler for her response. NCCare 360 was attempting to address some of the referral issues by being more proactive about ensuring a receiving agency had responded. There was a benefit of having a single central platform to perform, track, and manage multiple referrals at one time. However, it seemed currently a part of and not the solution to the need for service integration. Ms. Bowler added that bringing in community partners that are active and engaged and who are just as invested in this model as HHS will be key.
- Dr. Anita Sawhney asked if the model was based on or similar to the Concierge Model with a few people looking at overall needs of individuals across areas to advocate for the person holistically.
 - Ms. Bowler said that the Community Health Workers made this model come to life with the SDoH assessment and establishing what the person's actual need was. Were they in crisis? Stable? Thriving? The evaluation tool will bring in partners alongside HHS staff to look at what services need to be delivered holistically.
- Dr. Ojinga Harrison noted that service integration seemed similar to the Care Management Model. Wake County had a wealth of resources for its communities. What gaps was service integration meant to fill? Dr. Harrison went on to describe the Care Management model as one where the client is identified by the healthcare company as someone who often utilizes resources and may benefit from management. Similar to service integration, an assessment incorporating SDoH is used. The worker is then responsible for ensuring that appointments are made and that all areas of need are identified. This is all done and managed and made possible by an electronic health record associated with all of these details. Hospitals and pharmacies share the system and all supports are able to track how the individual is using the resources. It is the complete and thorough evaluation of that person's needs.
 - Ms. Bowler saw service integration as a bit different to the described Care Management Model. In service integration, the worker is a "lynch pin" with the onus on both community partners and staff to bring the plan alive. It is the workers – not the client – who report on what is happening. It is bringing the person and their family and supports into the same room with staff.
 - The need being addressed is the "revolving door" of individuals stuck in a cycle indefinitely only managing one part of the problem – not the root of it.

- Commissioner James West shared the following timely quote from President John F. Kennedy: “Too often we enjoy the comfort of opinion without the discomfort of thought.” He said that deep systemic issues (such as poverty) were going unchecked. Each person sees the world through their own unique lens. However, the need is to see the world as we *all* are – acknowledging the various lived experiences, obstacles, and needs of everyone in the community. It is about building trust and instilling value to the structure in place.
 - Ms. Bowler said that people come into the system and staff, meaning well, simply tell them what they need. She recounted the struggles of advocacy in the medical field with a sick child whom doctors shrugged off and insisted was beyond helping. This was inherently wrong – those same doctors had to take ownership and inform the patient of next steps. They needed to build relationships with the patient and the patient’s family, not shut them down.
- Ms. Tanyetta Sutton expressed excitement about the model and said, especially with families, it was important to have the people speak, not be spoken for. She related Dr. Harrison’s Care Management Model with Tailored Plans (from North Carolina Medicaid) though the program is currently on hold. Were other agencies going to be invited to this process? As Dr. West stated, trust was the firm foundation that had to be present to actually make change on systemic issues. The system could not be challenged or changed without all the participants of the system. Once trust was lost, there was no getting it back. Clients would often state that they were tired of answering the same questions over and over again to worker after worker. These workers would try to assist but would end up doing the same work and running into the same issues and pushing the cycle faster and faster. Everyone – no matter what – wanted the same thing: To see people succeed.
- Ms. Tamara Wilson asked if there was a mock scenario of how service integration, once fully realized, would look like from the client entering the door to one day thriving. Ms. Bowler admitted that she wanted to wait to provide a creative narrative as buy-in was still such a huge determining factor for this model. Staff were being very intentional about not wanting the model to seem prescriptive. Community partners needed to work directly with staff – not in isolation with the client.
- Ms. Wanda Hunter said that service integration reminded her of the work of Middle Class Express (MCE, now Social and Economic Vitality (SEV)). She recognized Ms. Vielka Gabriel (Administrative Coordinator) as a driving force of MCE and a champion of relationship building. Relationship building would give life to service integration. Ms. Hunter recalled the phrase “sweat equity” used often in MCE to emphasize the need for the client to take the steps for the outcome that they desired. In this way, Community Health Workers were then life coaches. She named several including Ms. Gabriel, Ms. Karen Morant (Director of the Western Health and Human Services Center), and Ms. Lechelle Wardell (Population Health Director). In MCE, there would be an assignment given to the client that they had to complete and report back to the life coach in order to discuss next steps towards their desired outcomes. Ultimately, did staff and partners *see* the person? Really?
 - Ms. Bowler agreed that this was another major component of service integration that was informing the evaluation of positions. She would actually be meeting with Ms. Gabriel in the near future to collaborate and form a robust plan to gain community buy-in. Ms. Hunter pointed out that different iterations would be needed as people ran a large gamut of where they were in all aspects (physically, emotionally, mentally, socially, financially, spiritually, skillfully etc.).
- Ms. Christine Kushner asked if any of the County’s budget would be included with the mentioned CDC grant to support the Community Health Workers and the described vision.
 - Ms. Bowler said that the County budget would be supportive, though more data was needed about the positions critical to the transition to determine the amount and the

capacity. Commissioner James West added that the Wake County Board of Commissioners (BOC) had six goals – one of which was Community Health and Vitality (CHV). Service integration aligned with CHV and would be part of the ever-moving plan to assist the community in thriving. Connections would need to be made and the BOC were keeping informed and engaged in the strategic plan with the help of Mr. Jason Horton (Strategic Initiatives Director). Ms. Bowler acknowledged Commissioner West’s insight, regardless of the topic and especially in ensuring connections were made between similar initiatives, as extremely valuable.

- Ms. Bowler cautioned that she still wished to manage expectations as such a monumental shift could not happen overnight. These changes could not be dictated – staff had to be incredibly aware of intentionality and gathering input.
- Commissioner Vickie Adamson recalled a visit to the HHS building in Aurora, Colorado where they had offered Medicaid Expansion for the past decade. One innovative move by the Aurora HHS was mapping a new system with the assistance of consumer volunteers. These volunteers agreed to be tracked with the understanding that all identifying data was removed (i.e., when referenced, would be called “Consumer A” and “Consumer B”). This mapping informed a case study that was followed for six years. After that mapping was done, staff then evaluated how they would have provided different services and supports and how those changes would have impacted the client’s life. Other supports included signs in front of the building advertising the services provided day-to-day as well as wait times for those services, electronic check-in options that allowed for the worker the client was seeing to bring them directly to their office to improve wait times, and a specific employee entrance that was decorated with the mission of the department that had to be seen every day upon arriving to work.
 - Ms. Rebecca Kaufman (Health Director) asked if Commissioner Adamson recalled the electronic system used. She did not but stated that this was something that could be inquired about.
- Ms. Ann Rollins thanked Ms. Bowler for her presentation and the lively discussion brought on by the service integration model. The Board would want to align its various Temporary Advisory Committees (TACs) with this model as well as with the efforts of the numerous community partners in Wake County. The HHS Board was tasked with looking at advocacy options, researching those options, and taking informed recommendations to the BOC or to local delegations to ensure gaps were properly addressed. This model sets a baseline for this goal. The various connections of each Board member serving could prove game-changing in a thorough and genuine buy-in countywide.
- Ms. Rebecca Kaufman (Health Director) discussed the following:
 - Ms. Kaufman recalled a recent audit by the North Carolina Department of Health and Human Services (NC DHHS) that received glowing reviews for Public Health’s coding, billing, and provider note taking. Ms. Tisha Adams (Medical Billing and Coding Manager) was acknowledged as a huge benefit to Public Health and to the positive review from the audit.
 - Ms. Dana Webb-Randall had recently been hired as the Accreditation and Quality Assurance Consultant for Public Health. Ms. Webb-Randall comes from the North Carolina Department of Health and Human Services (NC DHHS) and previously worked at a local health department (LHD) in accreditation. Given the Board’s ties to accreditation benchmarks, Ms. Webb-Randall would be formally introduced at a future meeting.
 - Public Health is still seeing a large increase in syphilis and HIV cases and the complexity of said cases. Staff are attempting to explore innovative outreach options and have started a partnership with the WakeMed Emergency Department (ED). With this partnership,

staff are now able to follow up with any positive cases identified in the ED. Luckily, the Director of the WakeMed ED is connecting Public Health further with other emergency departments for similar reports. Unfortunately, past experience had found some positive cases unreported to Wake County and the patients left untreated.

- Staff had been visiting homeless encampments to provide education and on-the-spot treatment as necessary. Tracking the cases, however, provided its own challenges. Due to the rise of dating smartphone applications (apps), some clients were unaware of their partners' contact information or even their real name. This made tracking and properly providing treatment extremely difficult.
- Ms. Wanda Hunter pointed out that the rise in cases were in young adults and adolescents. Were social media platforms used heavily by that age group being utilized? Ms. Kaufman stated that staff were reviewing their policies and procedures with hopes of updating them to allow for the educators' presence on a multitude of platforms.
- Staff are also partnering with local public libraries to provide education to parents to inform their children of safe sex practices. There is a large need to educate providers on the growing dangers of case numbers rising among young adults and adolescents. Many of this age group are not afraid of HIV (as they were not yet born during the HIV/AIDS epidemic) and were under the impression that syphilis was a disease of antiquity. Communication was critical in this response to make sure these residents
- A monkeypox ("M-pox") event would be held this Saturday – July 29th – at the Wake County Sunnybrook Health and Human Services Building. There would be information, vaccinations, and sexually transmitted infection (STI) testing offered at the event. This event was being promoted through Communications with the intent of exploring a wide array of avenues to reach the public. The most vulnerable were also the most at risk for M-pox and STIs, so staff were eager to properly advertise and make the event accessible.
- Commissioner Vickie Adamson mentioned that Triangle Family Services had posted a vacant position for a nurse. While it was unknown if this position had been filled, this nurse would be visiting homeless encampments with an outreach team to provide additional assistance. Ms. Kaufman acknowledged a Registered Nurse (RN) on staff that connects with Healing Transitions (<https://healing-transitions.org/>) to provide wound check and care at homeless encampments. This had been an amazing partnership and one that was especially valuable as Healing Transitions focused on individuals struggling with substance abuse. These clients were commonly also those who may have untreated STIs. Healing Transitions staff had even been kind enough to allow Health and Human Services staff to use their bus to provide patients with services with privacy.

Committee Chairs Update

(Presented by Ms. Ann Rollins, Dr. Mary Faye Whisler, and Ms. Wanda Hunter)

Ms. Ann Rollins, Health and Human Services Board Chair, stated that the written Regional Networks report had been provided in the agenda packet for the meeting. She also reminded attendees that the application deadline for the Mayor Frank Eagles Excellence in Community Service Award (<https://www.wake.gov/departments-government/health-human-services/about-health-human-services/health-human-services-board/mayor-frank-eagles-excellence-community-service-award>) was approaching (August 18th). Individuals wishing to nominate a candidate could complete the form online or request a copy of the application from Ms. Brittany Hunt (Executive Assistant to the Health and Human Services Board). There were countless advocates of the community that were extremely worthy of the award and the Selection Committee wanted to acknowledge a candidate in Mr. Frank Eagles' honor.

Dr. Mary Faye Whisler, Chair of the Public Health Committee, stated that though the Committee did not meet in June, they had just recently held their July meeting. Committee members had received the same legislative update from Dr. Caroline Loop (Deputy Director of Environmental Services) given at today's meeting. There was also a very informative presentation from the Wake County Dental Clinic outlining how staff provide dental health outreach to children despite having limited resources.

Ms. Wanda Hunter, Chair of the Social Services Committee, shared that the project to provide transitional housing for aged-out foster care youth was moving forward. This was a collaboration between St. Augustine's University (SAU, the site for the transitional housing), Wake County Health and Human Services (WCHHS), and the Hope Center. Currently, members of the Aged-Out Foster Care Youth Workgroup were still awaiting to receive keys to the resident hall rooms. Until this occurred, no furnishing could be pursued. Finally the Committee received a presentation from staff at Wake County SmartStart (<https://www.wakesmartstart.org/>) that reviewed Wake ThreeSchool (WTS, <https://www.wakesmartstart.org/families/three-school-overview/>) as well as Wake Pre-K (<https://www.wakesmartstart.org/families/wake-pre-k-overview/>). Because the Committee reports directly to the Health and Human Services Board, SmartStart staff members had been asked to provide more data about their application intake, scholars, and any other details that might assist in securing resources through advocacy. The WTS program, for example, had 1,000 applications for 200 possible slots. A waitlist had been formed but the majority of applicants would not be selected. Of the 1,532 slots available in NC Pre-K, the following were available:

- 999 slots in private facilities
- 336 slots in public schools
- 197 slots in Head Start

For NC Pre-K, an obstacle to enrollment has been applications arriving after the enrollment period had ended (meaning the families had missed the opportunity for their youth to enter the program). There was a recommendation to have running enrollment as compared to a strict "cut off" date. This was especially important given the stressors of the community – most notably the housing crisis causing residents to sometimes be transient and unable to focus on applying during the application window. As an unexpected benefit, SmartStart had displayed a wealth of resources for families on their website (<https://www.wakesmartstart.org/families/supporting-families/>).

Commissioner Vickie Adamson shared that the NC Pre-K program had only had its pilot in 2022. There was a great deal of excitement at the prospects of the pilot as it entered its first full year of being realized. She also advised that SmartStart explore an effort to secure grant funding. While Wake County Board of Commissioners (BOC) were limited on the amount of funding that they could secure for NC Pre-K each year, grants could allow for flexibility, accessibility, and expanded resources. Commissioner Adamson recalled a visit to Miami Dade County in Florida where their NC Pre-K program was not only robust but sustained solely on private funding. This program (outlined here: <https://www.vpkhelp.org/>) provided universal transportation for its students to ensure that accessibility is not a hindrance. Wake County cannot offer this currently which means that some children are not able to attend even if they secure a slot.

- **Public Comments**
 - Ms. Deidre McCullers suggested that the Board hold introductions for all attendees of the Board meeting as guests may not be aware of who everyone was.
 - Ms. McCullers inquired about the following abbreviations used during the presentations:

- TAC – Temporary Advisory Committee. A term used directly in the Board’s Operating Procedures and used currently to refer to the five Committees overseeing the Board’s five priorities (Senior Services, Mental Health, Food Insecurity, Access to Integrated Services, and Social and Economic Mobility). Because the Board’s priorities were scheduled to inform a strategic plan from 2023 to 2026, these committees were noted as being temporary. Though meetings had just begun to be held, they would eventually inform advocacy efforts for Board members to pursue on behalf of the community.
 - REHS – Registered Environmental Health Specialist (see “Statutory Fee Changes and Environmental Health Legislation Update” for reference).
 - LHD – Local Health Department. For the purpose of the Board meetings in Wake County, this is referring to Wake County Health and Human Services (WCHHS) and/or Wake County Environmental Services (WCES).
- Commissioner Vickie Adamson shared that she had recently attended the National Association of Counties (NACo) Annual Conference. This was a biannual conference which was most recently (the week before) held in Austin, Texas. Wake County had won “Best in Class” for one of its housing programs made possible through a collaboration with Health and Human Services. While Wake County had won several awards, it may benefit Board members to review the rewards offered as they continued their work with advocacy efforts.
 - NACo Awards Program: <https://www.naco.org/topics/awards-programs>
 - NACo Awards – 2023 Full List: <https://www.naco.org/blog/announcing-2023-achievement-award-winners>
- Additional news from the NACo Conference found Commissioner Adamson being invited to present with the team members of Tangelo (<https://jointangelo.com/>) – a “food benefits platform that makes it easier and more affordable for Americans to access fresh, nutritious food.”
 - Commissioner Adamson was invited as she had networked with Tangelo team members the year prior and had found the program to be a wonderful opportunity for Wake County.
 - Tangelo had won “Best in Class” for the smartphone application (app) use and heralded Wake County as a national leader in the use of their program.
 - This was technically a collaboration not with Health and Human Services but with Cooperative Extension (<https://www.wake.gov/nc-cooperative-extension-wake-county-center>) as a part of their farm-to-table initiative. Staff partner with local farmers to provide produce grown in North Carolina. So far, around 50,000 pounds of locally grown produce had been provided to residents who otherwise would not have had access to such food.
 - While this particular initiative may not fall under Health and Human Services, the Health and Human Services Board had selected food insecurity as one of its five priorities.
- Ms. Ann Rollins shared that she served on the Wake County Child Fatality Taskforce and North Carolina Child Fatality Taskforce on behalf of the Health and Human Services Board. These taskforces reviewed child fatalities. This was an extremely emotionally, mentally, and spiritually taxing task made necessary by the need to understand ways to prevent future fatalities. Board members and staff acknowledged the work of the taskforces – particularly of Ms. Sheila Donaldson (Child Welfare Division Director) and Ms. Diamond Wimbish (Child Welfare Assistant Division Director) – and their dedication to protecting the children and family of the county.
 - As Wake County’s population continues to grow, so too will the tragic circumstances surrounding child fatalities. There are many systemic reasons that

the Board could address through advocacy to prevent some of these fatalities from occurring. Outcome changes were possible.

- Ms. Nannette Bowler (Health and Human Services Director) added that staff are anticipating Child Welfare restructure to occur next year. Child fatalities would be considered among this restructure and inform the process to ensure continued strides in safety.
- Ms. Rollins also shared that August 21st was recognized as National Senior Citizens Day. This was an observance intended to acknowledge the contributions of older adults. While an event could not be held this year due to the tight turnaround, the Senior Services Temporary Advisory Committee (TAC) anticipated an event could be scheduled for 2024.

Adjournment

The meeting was adjourned at 9:28 A.M.

Board Chair's Signature:  **Date:** 09/28/23

Respectfully submitted by Ms. Brittany Hunt