



Wake County Human Services Board
October 22, 2015
7:30 am – 10:00 am
AGENDA

Swinburne Human Services Center, Room 2132
220 Swinburne Street, Raleigh, NC 27620

www.wakegov.com

Dr. James Smith III, Chair
Mr. John Myhre, Vice Chair
Ms. Margaret Raynor, Treasurer

Purpose: Advocacy, Policy, Advisory, Accountability

7:30 am Meeting Called to Order

Reflections: Ms. Margaret Raynor

Approval of Minutes: September 24, 2015

Next Board Meeting: November 19, 2015
Swinburne Human Services Center
Room 2132
220 Swinburne Street
Raleigh, NC 27620

Regular Agenda

7:45 am Wake County Human Services End of Year Trends & Horizons Update (2008-2015) – Ms. Caroline Harper

8:05 am Human Services Board Officers Elections –
Mr. Kenneth Murphy, Ms. Amina Shah

8:15 am Public Hearing on Proposed Wake County Tobacco Ordinance [PH Accreditation Benchmark # 30.10] – Ms. Regina Petteway, Dr. Sue Lynn Ledford

Public Hearing Format:

Introduction
Open Public Hearing
Comments from Interested Parties
Close Public Hearing
Recommendation by Staff
Board Action

8:45 am Letter of Support for Advance Community Health [PH Accreditation Benchmark # 41.2A] – Dr. Jim Smith

- 8:55 am Board Committee Chairs' Reports**
- ❖ Dr. Sharon Foster, Chair, Public Health Committee
 - ❖ Ms. Angie Welsh, Chair, Social Services Committee
- 9:05 am Human Services Director's Report – Ms. Regina Petteway**
- 9:15 am Environmental Services Director's Report – Dr. Joseph Threadcraft**
- 9:25 am Human Services Board Chair's Report – Dr. Jim Smith**
- 9:30 am Public Comments**
- Other Business**
- 9:45 am Human Services Board Interview of Candidate for General Public Slot**

Human Services Mission Statement

Wake County Human Services, in partnership with the community, will facilitate full access to high quality and effective health and human services for Wake County residents.
March, 2014

Environmental Services Mission Statement

The Wake County Environmental Services Department improves the environmental quality of life for the stakeholders of Wake County through the following initiatives: Administration, Animal Services, Environmental Health & Safety, Solid Waste and Water Quality.

Animal Services:

The Wake County Environmental Services Animal Services Division, in partnership with the community, will serve the citizens of Wake County through the enforcement of Animal Control laws for the municipalities covered by Wake County Animal Control and provide a safe environment for the intake and housing of stray animals, adoption services of healthy and treatable animals, and educational outreach to the citizens of Wake County.

Environmental Health and Safety:

The Wake County Environmental Services Environmental Health and Safety Division will reduce public health and safety risks to citizens and visitors of Wake County through efficient and effective plan review, audits, and education.

Solid Waste:

The Wake County Environmental Services Solid Waste Division will protect the public health and safety of Wake County citizens by providing quality municipal solid waste services that are efficient, cost effective and environmentally responsible.

Water Quality:

The Wake County Environmental Services Water Quality Division will foster a healthy community and clean water.

June, 2014

2014-2015 Board Priorities (January, 2014)

- ❖ **Healthy Behaviors – Public Health Committee is developing this work plan**
- ❖ **Human Capital Development – Social Services Committee is developing this work plan**

**Wake County Human Services Board
Regular Meeting Minutes
September 24, 2015**

Board Members Present:

Mayor Frank Eagles
Dr. Sharon Foster
Kent Jackson
John Myhre
Margaret Raynor
Dr. Rosine Sanders
Dr. Paul Scruggs
Dr. Jim Smith
Angie Welsh
Dr. Seth Wexler

Staff Members Present:

Regina Petteway
Kenneth Murphy
Dr. Caroline Loop
Amina Shah
Alicia Arnold
Elizabeth Scott
Dr. Edie Alfano-Sobsey
Caroline Harper
Karen Roger
Jennifer Federico

Guests Present:

Penny Washington, Advance Community Health
Charles Faust, Advance Community Health
Septina Florimonte, Wake County Commission for Women
Mr. Mack Koonce, United Way

Call to Order

Chairman Dr. Jim Smith called the meeting to order at 7:33 am.

Reflections

Vice Chair John Myhre offered reflections. One of the purposes of the Human Services (HS) Board is advisory—it offers advice to County Commissioners, clients of HS, and citizens of Wake County. He read from a book called “Neverisms”, which stated things you should never do, never say, and never forget, and connected that with the Board’s advisory role.

Approval of Minutes

Mayor Frank Eagles motioned, seconded by Dr. Rosine Sanders to approve the August 27 meeting minutes, with corrections. The motion was adopted unanimously by the Board.

Next Board Meeting

The next Board meeting will be held October 22, 2015 from 7:30 to 10:00 am at Swinburne Human Services Center.

Environmental Services Director's Report

(Presented by Dr. Caroline Loop, on behalf of Dr. Joseph Threadcraft)

Environmental Services (ES) Department is involved with Growth, Land Use and Environment (GLUE) Committee, headed by Commissioner John Burns. Staff is providing them information, as they consider the establishment of a water partnership with several entities including municipalities, private water providers, Cooperative Extension, and others. Water is vital to the community health and growth. Three topics of consideration are: collaboration on surface water; strategic drought and conservation planning; and data driven outreach with septic systems, wells, and nutrients.

N.C. State Fair is starting soon. ES Food and Lodging staff is permitting food vendors and onsite staff is making sure that temporary sewer connections are operating properly.

Annual Review of Public and Environmental Health Fiscal Report Compared to Ten Essential Services [PH Accreditation Benchmark # 39.2]

(Presented by Dr. Sue Lynn Ledford)

The Ten Essential Public Health Services is a fiscal report that provides evidence and assurance that the essential services of public health are being provided in accordance with local, state, and federal requirements.

The Public Health Essential Services Pie Chart shows the 3 main areas of Public Health: Policy Development, Assurance, and Assessment. Each area encompasses different Public Health Services.

Essential Services under Policy Development:

- Inform, Educate, Empower
- Mobilize Community Partnerships
- Develop Policies

Essential Services under Assurance:

- Enforce Laws
- Link to/Provide Care
- Assure Competent Workforce
- Evaluate

Essential Services under Assessment:

- Monitor Health
- Diagnose & Investigate

2015 essential funding by service division:

- 65% (\$28.2 million) of the FY 15 budget for public health is dedicated to assuring care and linking people to needed services

2015 essential services funding sources:

- 47% (\$20 million) of the total essential services funding comes from local county government

Funding for the essential services has accomplished the following:

- More than 40,000 individuals access health care services annually
- More than 90,000 medical visits occur annually
- County approved funding to expand prenatal care services to Millbrook Center and offer additional clinic operating hours
- Successful Wake County Farmers Market/EBT Project
- 21 day Ebola monitoring for 113 identified travelers
- Ebola information delivered to over 2,000 health care providers
- 16,921 vaccine doses provided to 5,720 clients
- Refugee health services provided to 1,141 clients

Q/A:

Question from Dr. Sharon Foster: how does the County support for PH essential services compare with Mecklenburg County?

Answer from Dr. Ledford: County support is comparable with Mecklenburg County, but precise answer is not available--that can be provided at the next meeting.

Question from Dr. Jim Smith: how has the money spent on Linking People to Needed Services changed over the previous years?

Answer from Dr. Ledford: this year, the category “Linking People to Needed Services” encompasses a wide range of services including clinical care and school health, so this portion looks larger from previous years when the pie chart was categorized into more specific services.

*Presentation attached to September agenda.

Public Health Quarterly Report (Topic: Injury Prevention) [PH Accreditation Benchmark # 2.4]

(Presented by Dr. Edie Alfano-Sobsey)

The PH Quarterly Report on Injury Prevention highlights injury data for Wake County for 2008-2014. It was presented to the PH Committee on its meeting on September 18.

Information about many types of injuries is complex, because it is collected from various sources. “Other unintentional injuries” is in the leading causes of death in NC.

Top 5 leading causes of injury and death in Wake County:

1. Motor vehicle traffic (MVT), Unintentional
2. Fall, Unintentional
3. Poisoning, Unintentional
4. Firearm, Self-Inflicted
5. Suffocation, Self-Inflicted

Rates for the top 5 causes of Emergency Department (ED) visits by injury all increased every year. Falls and MVT (top 2) accounted for 62% of ED visits.

Death by demographics:

The leading cause of death by injury is due to MVT. Higher percent of males (72.9%) die from MVT than females (27.1%). Higher percent of Whites (67.1%) die from MVT injuries than Blacks (31.2%).

Top risk factors associated with MVT deaths are:

- Distracted driving
- Young, inexperienced drivers
- Older drivers
- Impaired drivers

WCHS developed a child passenger safety program in 2001 called the “Love us and Buckle Us” Program. It provides consumers the opportunity to receive education on the proper transportation of children.

Falls:

The number one risk factor of falls is advanced age.

Poisonings:

- Most unintentional poisoning deaths are due to unintentional overdose of prescription, OTC, or illegal drugs. The rate of ED visits for unintentional drug overdoses has increased 49% since 2010 in Wake County.
- Project Lazarus is a secular public health nonprofit organization established in 2008 in response to the extremely high drug overdose death rates in Wilkes County, NC (4 times higher than the State average). It uses a set of 9 strategies to mobilize communities, educate and support providers and patients, reduce drug supply and diversion, reduce harm from available drugs, promote safer clinical practice and prescribing, and evaluate program activities.
- Wake County has accomplished the following:
 - Convened a committee to exchange information and learn about community needs.
 - Designed and posted 3 billboards strategically located throughout the County
 - Prepared 100 Naloxone kits with medical supplies and printed materials
 - Developed a Medical Standing Order and Memorandum of Understanding with community/medical partners to prescribe, dispense, and distribute Naloxone
 - Conducted Naloxone Distributor training for 23 participants facilitated by NC Harm Reduction Coalition Coordinator
 - Scheduled an Operation Medicine Drop event on October 27, 2015 at WCHS Sunnybrook parking lot
 - Scheduled a presentation on Project Lazarus expansion and Operation Medicine Drop in Wake County for the Wake County Board of Commissioners in October 2015

Suicides:

- 62% increase in ED visits from suicides and self-inflicted injuries

- Suicide/self-inflicted injury ED visits by Age Group
 - ED visits are highest among 25-44 year olds
 - ED visits have increased among 0-14 year olds

Discussion:

Discussion was held on the disturbing increase in both unintentional and intentional injuries. The increased number of falls is concerning due to the increasing senior population. Dr. Foster said that seniors should do more balancing exercises to maintain their proper balance, which can help prevent falls.

Intentional injuries are on the rise due to attempted suicides. Dr. Smith said that mental health services are lacking. He asked to check with Alliance Behavioral Health if the provider network is growing or shrinking.

*Report attached to September agenda.

Brittany Piner Dangerous Dog Appeal Panel Recommendation [PH Accreditation Benchmark # 18.1, 18.2, 34.2, 35.1]
 (Presented by Mr. Kenneth Murphy)

On June 4, 2015, Wake County Environmental Services/Animal Control designated “Darla” a Dangerous Dog pursuant to the Wake County Animal Control ordinance. Darla’s owner appealed and on July 28, 2015, the Wake County Human Services Board Appeal Panel conducted a hearing and upheld the Dangerous Dog designation.

This appeal involved 2 issues:

- (1) Should Wake County Animal Control's designation of the dog as a dangerous dog be affirmed or reversed?
- (2) Should the restrictions which Animal Control is requiring for the dog as a dangerous dog be modified?

The Wake County Animal Control Ordinance states that it is unlawful for the owner of a dangerous dog to allow the dog to be "unrestrained". There is some ambiguity in the ordinance as to the meaning of "restraint." Currently Animal Control requires that any dog designated as a dangerous dog be kept in a secure enclosure, and any time the dog is out of the secure enclosure, it must be kept on a leash and it must be muzzled. After hearing testimony and receiving evidence from the parties, The Appeal Panel affirmed Animal Control's decision on both issues.

As required by the Wake County Human Services Board Rules of Appeal, the full Human Services Board must review the Appeal Panel’s decision and vote to adopt, modify, or reverse it.

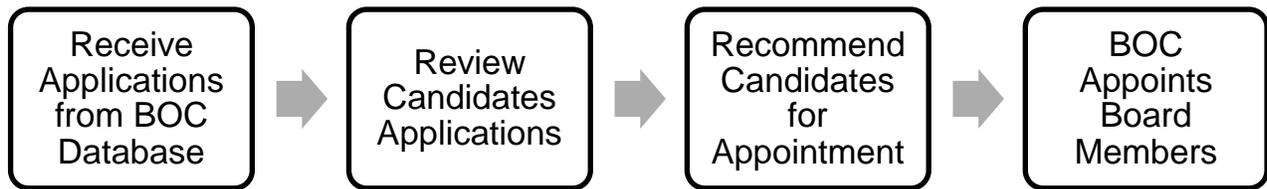
By a unanimous vote of 10-0, the Wake County Human Services Board voted to adopt the recommendation of the Appeal Hearing Panel and uphold the Dangerous Dog designation by Wake County Animal Control.

HS Board Members Appointments/Reappointments Update
(Presented by Ms. Amina Shah)

Board Members Terms Ending in November, 2015

Slot	Board Member	Eligible for Reappointment	Recommended for Reappointment	Slot to be Filled
Psychiatrist	Dr. Jim Smith	✓	✓	
Psychologist	Dr. Rosine Sanders	✓	✓	
HS Consumer	Dr. Jacqueline Tavarez	✓	TBD	TBD
General Public	Pablo Escobar			✓
Other Physician	Dr. Sharon Foster			Deferring filling slot until July, 2016

Appointments Process



Other Vacancies

- Social Worker
4 applicants that hold MSW degree were forwarded from the BOC Database. Ms. Shah sent the HS Board Application to those applicants. If they respond, their applications will be reviewed for the Social Worker slot.
- Optometrist
Dr. Smith will talk with Mr. Jim Hartmann on the possibility of legislation that would allow HS Board to add either an Optometrist or Ophthalmologist on the Board.

Motion:

Mr. Myhre motioned, seconded by Mayor Frank Eagles to accept Executive Committee’s recommendation for reappointing Dr. Smith and Dr. Sanders in the Psychiatrist and Psychologist slots, respectively. Motion was unanimously approved by the Board.

Introduction to Advance Community Health [PH Accreditation Benchmark # 41.2]

(Presented by Ms. Penny Washington and Mr. Charles Faust)

Advance Community Health (ACH) (formerly: Wake Health Services) is private, nonprofit, federally supported Community Health Center. This presentation gives an overview of its history, services/programs, client population, community partners, outreach, collaborations with Wake County Human Services, and new initiatives.

Organization Pillars:

- Deliver quality patient care
- Assure patient access
- Develop a strong and empowered workforce
- Maintain financial sustainability
- Build and strengthen community partnerships

Programs:

- Adolescent Health Program
- CAPUS Men's Minority Clinic
- Horizon Healthcare for the Homeless
- Senior Healthcare Services

Collaborations with WCHS:

- ACH Fuquay-Varina practice located in Southern Regional Center
- ACH Homeless Outreach site in South Wilmington Street Center
- Expanding Homeless Outreach for Medical Services into Cornerstone Center
- Collaboration with Western Region Advisory Committee led to partnership and co-location planned for Dorcas Ministries
- WCHS Medicaid Eligibility Worker onsite at New Bern Ridge Practice
- ACH Application Assistant onsite at Swinburne and Sunnybrook locations
- ACH staff trained to assist patients/clients with application data entry into NC FAST
- Discussions with WCHS Management regarding Access to Comprehensive Primary Care Services in Wake County

Discussion:

Ms. Washington said it is especially important to investment in Southeast Raleigh, because it is the most distressed region of the County with food deserts. That would also be a catalyst for economic development and growth in that area. ACH hopes to partner with WCHS in providing services in the Northeast region of the County.

United Way of Greater Triangle: Investments in Wake County

(Presented by Mr. Mack Koonce)

United Way of the Greater Triangle was invented by the community for the community. Its purpose is “Real solutions sparked by a community united for transformative change”. It shares a connection with WCHS Human Capital Development (HCD).

5 Core Strategies

1. New integrated business model
2. Direct engagement of individuals
3. Transformative, corporate partnerships
4. Portfolio of community capital funds
5. Facilitator/supporter/funder of regional collaborations

Community Impact Approach

- Collective coordinated action
- Two-generational model for comprehensive integrated services
- On-going funding for basic needs and systemic action around food security

Goals for 2020:

- Stable households – provides tools (job skills and housing) to 13,000 families to be financially stable
- Food security – ensure 50,000 more households are no longer food insecure
- Educational success – put 5,000 students on path to success by ensuring they are proficient readers

Board Committee Chairs Reports

Dr. Sharon Foster, Chair of Public Health (PH) Committee:

The PH Committee meeting on September 18 focused on reviewing the PH Quarterly Report on Injury Prevention. They recommended having a more detailed session on addressing injury prevention. The Committee also received a presentation from March of Dimes and recommended using the sexual education info in Wake County schools’ curriculum.

The October Committee meeting will focus on a panel presentation on the need of dental programs and services in the County, which will be presented at the HS Board meeting in November. Dr. Foster asked Ms. Petteway to get the press/media attention for this presentation at the November meeting.

Ms. Angie Welsh, Chair of Social Services (SS) Committee

The next SS Committee meeting is October 2. They will discuss the integration of HCD with Regional Centers

Human Services Director's Report

Important Dates

- Public Health Accreditation Site Visit: October 6-7
- Healthiest Capital County Initiative (HCCI) Meeting: October 29 (1-3 pm) at Quorum Center

HS Director's Report Items for Next Meeting:

- Discuss Board of Commissioners' (BOC) priorities with HS Board to make connections between the priorities of these 2 bodies
- Update on recent organizational/leadership changes in HS Department

Human Services Board Chair's Report

Dr. Smith announced that Board Officers Elections are coming up in October. He asked Board Members to submit their nominations for the 3 officer positions (Chair, Vice Chair, and Treasurer) to Ms. Shah.

Participation in Community Events

Board members volunteered to report on their recent activities and involvement within the Community.

Public Comments

There were not any members of the public present for the Public Comments period.

Adjournment

The meeting was adjourned at 10:00 am.

Action Items

- Ms. Regina Petteway said she will discuss the following items at the next Board meeting:
 - Discuss Board of Commissioners' (BOC's) priorities as they relate to HS Board priorities
 - Update Board on recent organizational/leadership changes in HS Department
- Dr. Foster asked Ms. Petteway to request staff from Wake County Communications Office attend the October PH Committee meeting and press/media coverage for the Dental Programs panel presentation at the November Board meeting.

Board Chair's Signature: _____

Date: _____

**WAKE COUNTY HUMAN SERVICES BOARD
AGENDA ITEM SUMMARY SHEET**

Agenda Date: October 22, 2015

Item: Wake County Human Services End of Year Trends & Horizons Update (2008-2015)

PH Accreditation Benchmark #:

Specific Action Requested: Present updated report and data for End of Year Case Counts 2008-2015

Link to Wake County Human Services Goals:

- Well-being/Health/Safety** - Maximize the well-being, health and safety of individuals and families
- Self Sufficiency/Human Capital** - Enhance the ability of consumers to attain and maintain economic independence and self sufficiency
- Consumer Experience** - Enhance the consumer experience with accessible, timely and holistic services
- Internal Operations** - Ensure fiscal accountability, data driven decisions and alignment with county, state and national objectives and priorities
- Integrated/Collaborative Solutions** - Promote integrated and collaborative solutions for human service needs
- Workforce** - Support and maintain a competent and competitive workforce and an environment that fosters professional development, workforce diversity and effective communication
- Technology**- Provide innovative technology solutions that support cost-effective automation, e-Services and data management

Item Summary (Ex: What are major points/data): Review trend data template; review introduction and charts included in draft, with others to be added in final version of document.

Purpose for Action (Ex: Proposed Solutions/Accomplishments):

Update advocates on changes in end of year case counts and trends in programs and services included in the HS Quarterly Report to the Board.

Next Steps (Ex: What is next step for Board or staff):

Review draft; receive additional trend graphs that are not included in this draft.

Attachments:

- 1) Updated 2008-2015 Trends data template
- 2) Draft Report (cover, pages 1-17 and 26) [NOTE: This document is in draft format to allow the audience to review the agenda item; pages 18-25 will be presented at the board meeting.]
- 3) An electronic copy of the full report will be shared. (Caroline Harper)

Opportunities for Advocacy, Policy or Advisory:

Connections to Other Committees:

HS End of Year Case Count Updates for FY 2008-2015 and Calendar Year 2008-2014

PROGRAM or SERVICE	End of Fiscal Year (FY) Case Count (define your indicator and what is counted)	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014	FY 2015
Adult Medicaid	Total Count of Open Cases on June 30 (individuals)	18,352	18,960	19,997	21,051	22,088	22,907	23,941	30,594
Adult Guardianship	Total Count of Wards on June 30 (individuals)	424	489	532	583	605	682	720	743
Adult Protective Services	Total Accepted Reports in FY (individuals)				247	267	238	234	266
Child Welfare, CPS Assessments	Total Accepted Assessments in FY (families)	5,107	4,834	5,211	5,018	4,750	5,399	5,778	5,817
Child Welfare, In Home	Total New In Home Service Cases Opened in FY (families)	738	817	810	844	729	582	664	639
Foster Care	Total New Placements of Children in FY (individuals)	232	240	264	319	333	307	331	367
Child Care Subsidy	Total Count of Open Cases on June 30 (individuals)	9,445	9,445	9,445	8,544	8,544	7,854	7,714	7,011
Child Care Subsidy	Wait List on June 30 (individuals)	3,580	6,689	2,744	5,495	5,439	1,079	2,500	3,806
Medicaid - Family and Children's	Total Count of Open Cases on June 30 (individuals)	36,558	41,495	45,317	47,870	51,751	53,209	57,438	59,221
Food and Nutrition Services (FNS)	Total Count of Open Cases on June 30 (households)	19,866	25,892	30,408	35,809	39,063	35,818	38,585	39,371
Capital Area Workforce Center at Swinburne	Total Count of New & Repeat Customers Served in FY	20,416	25,998	27,816	28,166	38,828	36,878	22,326	19,790
Immunizations	Total Vaccine Doses Provided in FY (Jul 1-Jun 30)	66,029	67,482	116,763 ¹	52,026	45,755	48,859	40,577	40,108
Immunization Doses	Total Number of Clients at WCHS Receiving Vaccine Doses in FY	24,961	26,393	69,115 ¹	21,824	19,295	22,190	16,973	15,988
Immunizations - Regional Centers	Total Vaccine Doses Provided in FY (Jul 1-Jun 30)	6,832	7,293	22,308 ¹	4,967	4,580	5,153	3,637	3,758
Immunization Doses - Regional Centers	Total Number of Clients at Regional Centers in FY	2,506	2,716	17,242 ¹	2,311	2,158	2,683	1,771	1,794
WIC - All Service Locations	Total Count of Active Cases on June 30 (Individuals)	18,048	18,371	18,968	18,213	18,193	18,242	17,428	16,891 ²
Clinical - Family Planning	Total Served in FY	10,202	9,869	9,474	9,171	9,078	8,644	7,885	7,394
PROGRAM or SERVICE	End of Calendar Year (CY) Case Count	CY 2008	CY 2009	CY 2010	CY 2011	CY 2012	CY 2013	CY 2014	CY 2015³
Syphilis Services	Total Cases Served in CY (individuals)	37	115	84	76	75	106	171	94 ³
HIV / AIDS Services	Total Cases Served in CY (individuals)	321	281	285	249	197	190	247	130 ³
Gonorrhea Services	Total Cases Served in CY (individuals)	1,030	1,010	1,249	1,355	1,381	1,205	1,157	787 ³
Chlamydia Services	Total Cases Served in CY (individuals)	3,121	3,590	4,530	4,748	4,757	4,210	4,352	2,676 ³
Vital Records - Births	Total Number Birth Records Processed in CY	14,814	14,130	13,417	13,208	13,047	13,117	13,093	6,564 ⁴
Vital Records - Deaths	Total Number Death Records Processed in CY	4,636	4,640	4,729	4,989	5,256	5,464	5,698	3,095 ⁴

NOTES

¹ FY 2010 immunization numbers include H1N1 response (46,830 doses) and ARRA 'Stimulus' Flu project (6,261 doses)

² WIC Active Case Count Estimate for June 2015
Figure for five months of calendar year 2015, reporting dates 1/01/15-6/30/15

³
⁴ Figure for five months of calendar year 2015, reporting dates 1/15/15-06/15/15

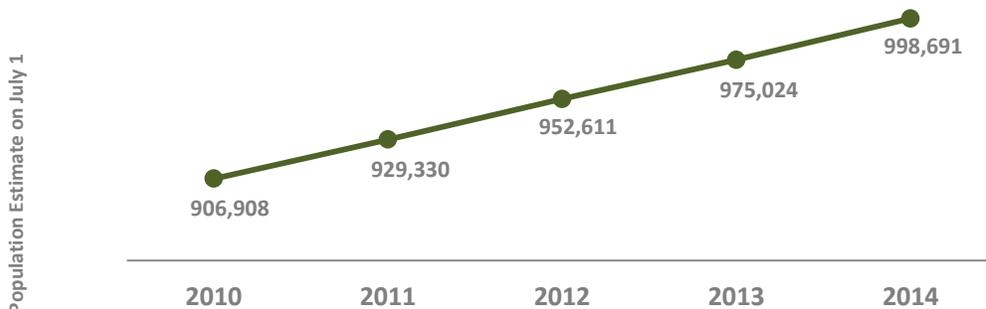


**Human
Services**

Wake County Human Services End of Year Trends Update By Service Designated Indicator FY 2008–FY 2015

A Report on Trends in Case Load Activities for Programs and Services

Wake Population Trend 2010-2014



Source: Population Estimates Program, Historical County Population Estimates: July 1 Series for April 1, 2010 to July 1, 2014; updated 2015.

**Report to Wake County Human Services Board and Human Services Director,
Regina Petteway**

Compiled by: Caroline Harper, Wake County Human Services Division of
Administration, Data Analyst

October 22, 2015

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Wake County By the Numbers

Population

Wake County is the 44th Largest County in the US with an estimated population of 998,691 in July 1, 2014. Wake County is home to four of North Carolina's Largest Municipalities: #2 City of Raleigh; #7 Town of Cary; #22 Town of Apex; and #28 Town of Wake Forest.

Personal Economics

- Unemployment rate, July 2015: US 5.3%; NC 5.9%; Wake 5.2%
- Educational Attainment, 25 years or over with bachelor's degree or higher: US 28.8%; NC 28.4%; Wake 49.1%
- Median Household Income: NC 45,906; Wake 65,160
- Poverty rate: US 11.6%; NC 17.9%; Wake 10.7%
- Median age in years: US 37.7; NC 38.2; Wake 35.5

On the Horizon

Changing demographics can drive trends and impact the need for services. Some national trends with the potential to impact County services:

- Increase in the population over age 65
- Increase in ethnic diversity of general population
- Increase in multiple generations in the workforce
- Increase in poverty among seniors
- Increase in need for housing and services that support healthy aging

Sources:

WCBTN Database, most current yearly figure as of retrieval date, September 14, 2015.
<http://www.wakegov.com/data/bythenumbers/Pages/default.aspx>

U. S. Census Bureau, American Community Survey, 5-Year Estimates. Updated every year.
<http://factfinder2.census.gov>

Trending locally: Growth, Diversity and Transportation

Wake County trends are reported in the annual Trends and Outlook, May 2015 document presented by Wake County Planning Board. The document helps paint a picture of the area using statistics and graphics. Some trending issues included in this report:

- Growth in general population



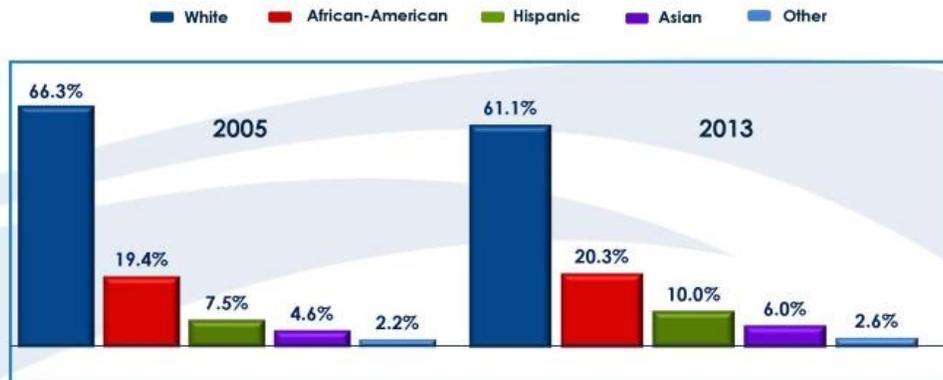
- Growth in population over age 55

Wake Population Age 55+: 1980 to 2020



- Increase in diversity in general population

Wake County Racial and Ethnic Diversity 2005-2013

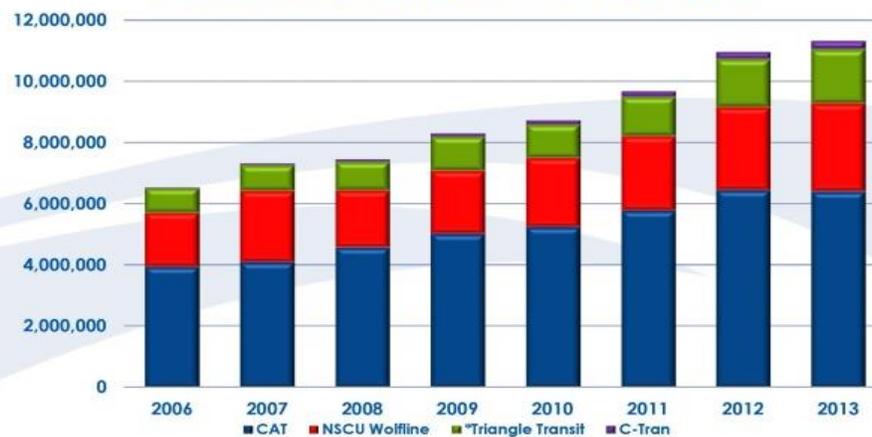


Minority Population increased from approximately 34 percent in 2005 to 39 percent in 2013.

Source: American Community Survey 1-year estimates (2005 and 2013)
 www.wakegov.com

- Increase in bus ridership

Bus Ridership by Service Provider, FY 2006-2013



Source: National Transit Database, Transit Service Providers, 2014. *Triangle Transit includes service in Durham Co. and Orange Co.

www.wakegov.com

Sources:

Trends and Outlook, May 2015, <http://www.wakegov.com/data/bythenumbers/Documents/trends2015.pdf>

On the Horizon for Human Services

Horizon issues with implications for human service programming:

- Need for and access to affordable housing
- Need for and access to transportation
- Increase in intentional and unintentional bodily injury
- Potential impact of Highly Pathogenic Avian Influenza; likely to affect Wake County in the near future



Trending in Human Services: Population, Syphilis Outbreak and Heroin Deaths

From 2008 to 2014 the Wake County general population changed by **17%**. This number is calculated by comparing the estimated population in 2008 to the estimated population as of July 1, 2014. Every year from 2008 through 2014 the estimated population figure was bigger than the year before.

- On average the population of Wake County has grown by 2.4% every year since 2010. See trend for County population as of July 1 of each year below:

Year	Wake Population	Calculated Change in July 1 Population
2010	906,908	Base year
2011	929,330	2.5 % change from July 2010 to July 2011
2012	952,611	2.5 % change from July 2011 to July 2012
2013	975,024	2.4 % change from July 2012 to July 2013
2014	998,691	2.4 % change from July 2013 to July 2014

Implications for Wake Human Services

- As the population increases the number of consumers seeking services will likely increase. The ability to respond to community crisis and outbreaks is also impacted by population.

- Wake County is experiencing the worst Syphilis outbreak in nearly 20 years (see Figure 1 below).

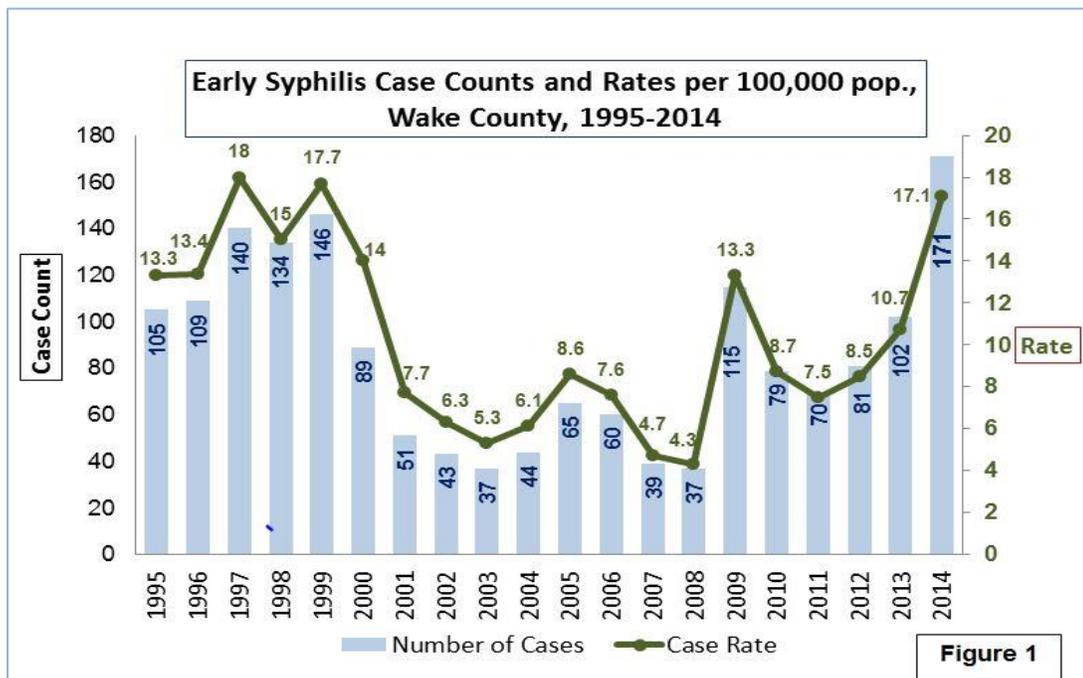


Figure 1

Source: <http://epi.publichealth.nc.gov/cd/stds/>

- Since 2011, heroin deaths and death rates have more than quadrupled. (See Figure 2).

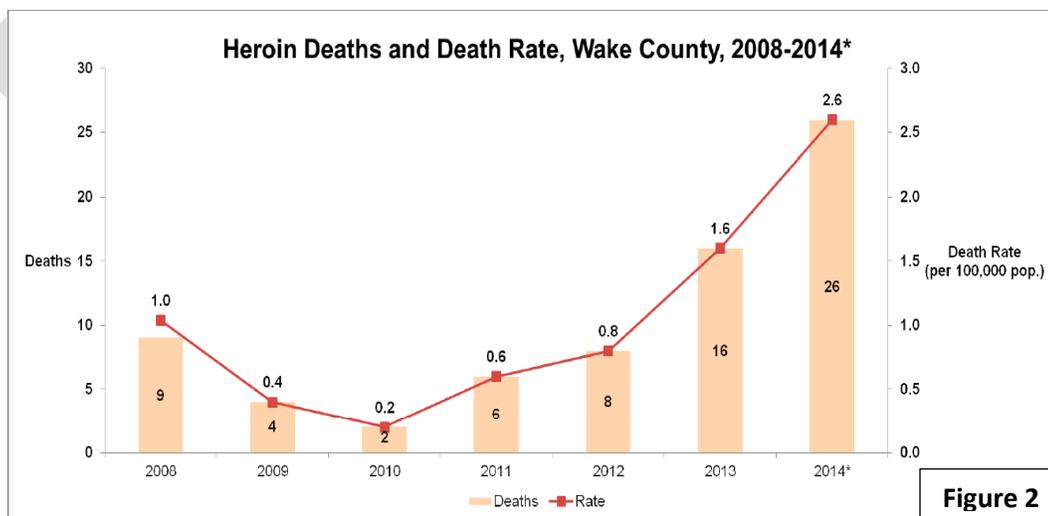


Figure 2

* 2014 data is provisional for Figure 2, .

Source: NC DHHS, Division of Public Health, Injury and Violence Prevention Branch.

Wake County Human Services Trends

Wake County Human Services July 1, 2008-
June 30, 2015 Annual End of Year Case Count
Updates with Trend Data



Wake County Human Services Board receives an annual case load report on selected programs. Case load trends are tracked using End of Fiscal Year Case Count for each program using a selected indicator. Some programs new to this report use End of Calendar Year counts. The percent (%) change from 2008 to 2015 is a point of comparison as to whether or not programs are growing at the same pace as the population of Wake County. This report shows decreased growth in a program or service as a negative number, or **-% change**, and increased growth is shown as a positive number or, **+% change**. Trend graphs and information about programs are found on pages six-26.

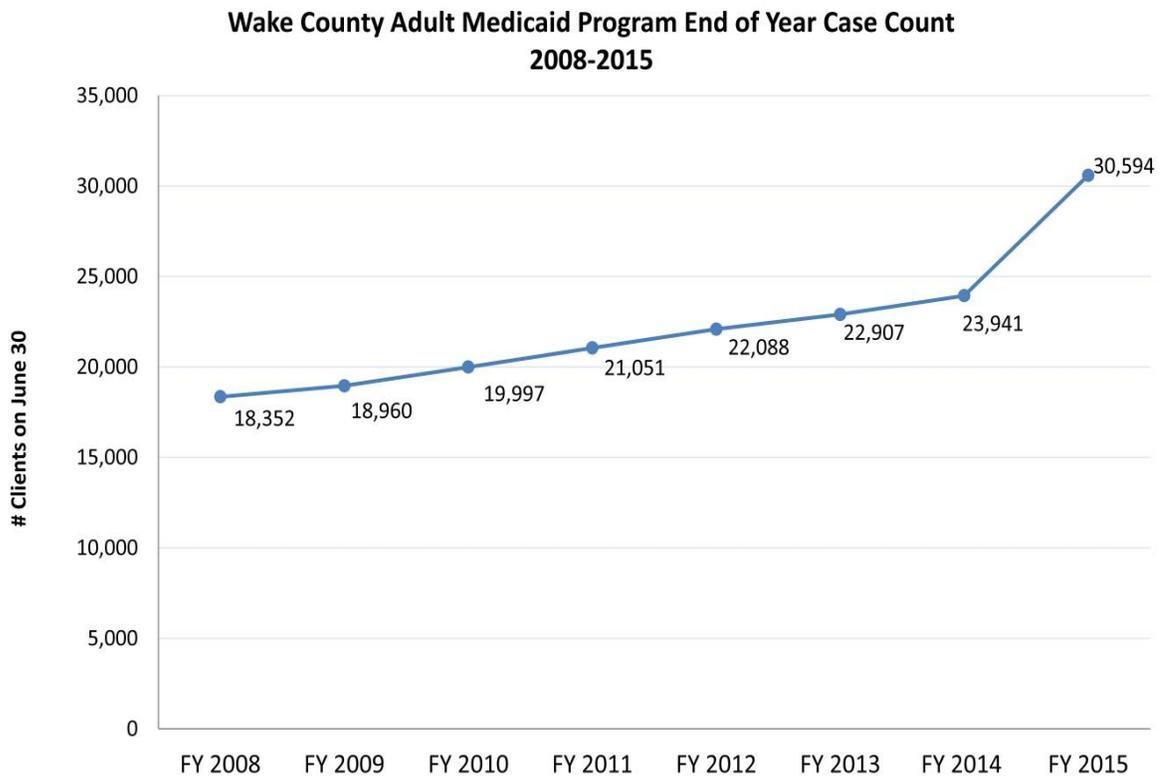
Additional trend information and graphs are on pages 24-25 for the following services: Wake Coordinated Transportation (WCTS) Ridership and Customer Support Call Center.

Adult Services

Adult Medicaid Program Trend 2008-2015

Individuals Served: End of Fiscal Year Open Case Count Comparison

- FY14 vs. FY15 **+28%** change
- FY08 vs. FY15 **+67%** change
- The case count has grown every year from 2008-2015. The case count changed by an average of +8% each year 2008 to 2014, a larger increase in growth is seen from 2014 to 2015.

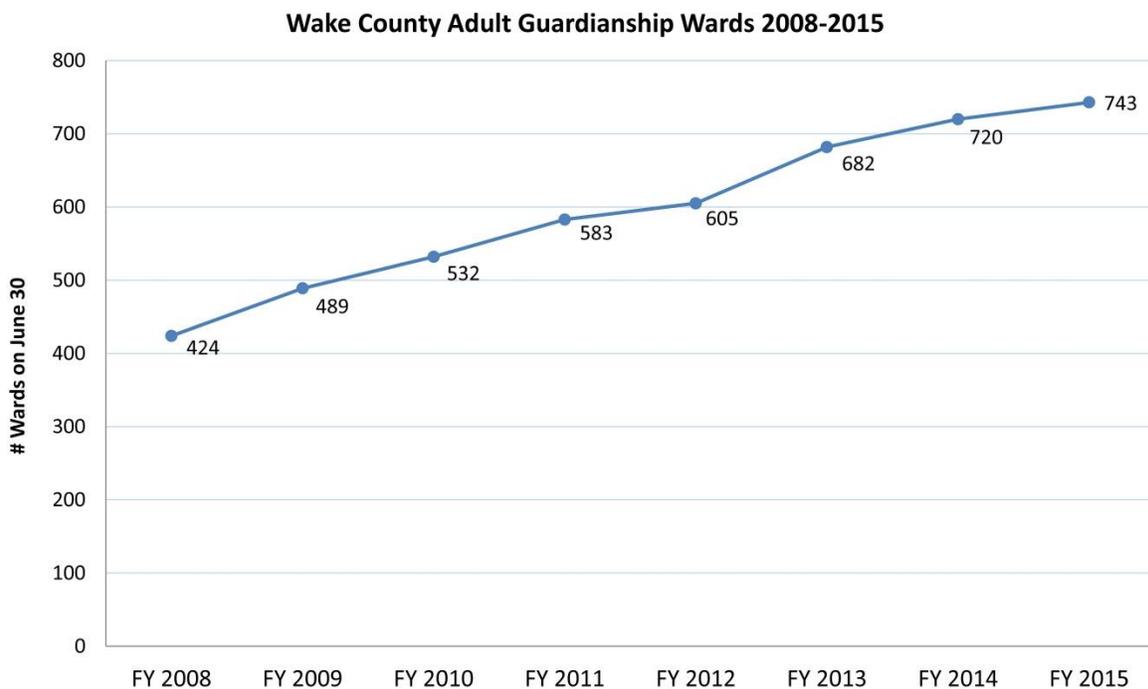


Source: Wake County Human Services Adult Medicaid Program

Adult Guardianship Program Trend 2008-2015

Individuals Served: End of Fiscal Year Guardianship Wards Case Count Comparison

- FY14 vs. FY15 **+3%** change
- FY08 vs. FY15 **+75%** change
- The case count changed by an average of **+8%** each year from 2008-2015. Case load growth slowed from 2011-2012, increased in FY 2013 and has a steady pattern of growth for the last two years.



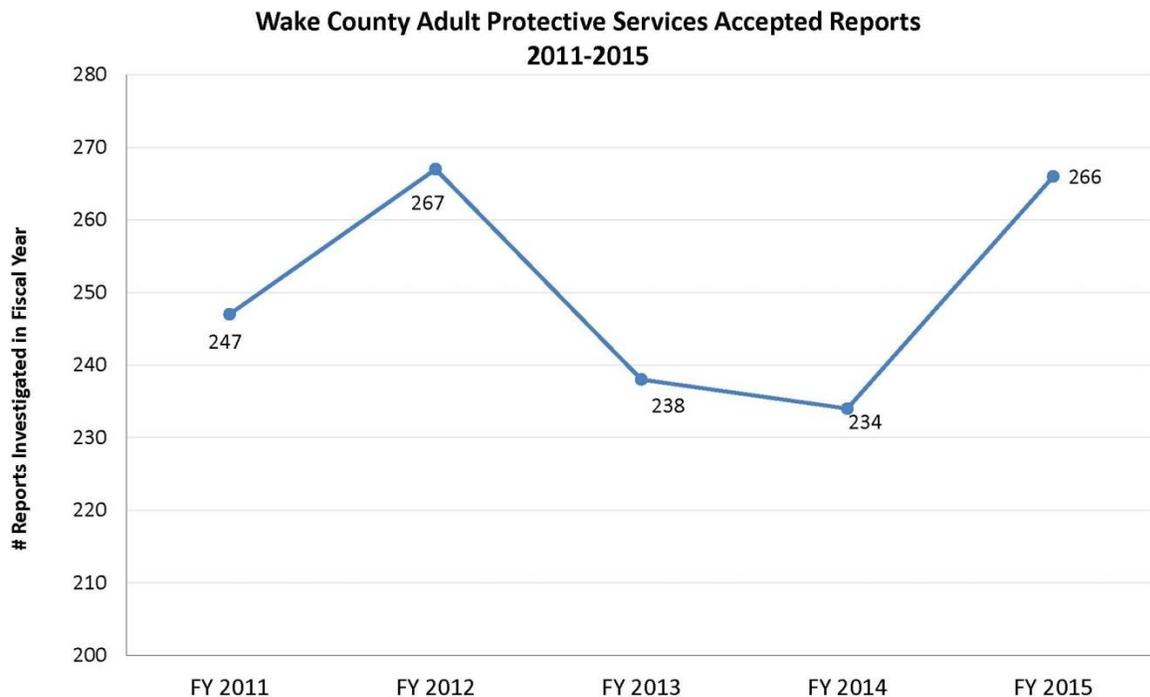
Source: Wake County Human Services Adult Guardianship Program

Adult Protective Services (APS) Program Trend 2011-2015

Individuals Served: End of Fiscal Year Accepted Reports Case Count Comparison

- FY14 vs. FY15 **+14%** change
- FY11 vs. FY15 **+8%** change
- The case count grew by an average of **+2%** each year from 2011-2015. The case count decreased from 2012 to 2014 and shows overall growth. The case load was projected to have 268 cases at the end of FY 2015 based on 2% growth annually.

Note: This program was added to the Human Services Board Quarterly Report in 2011.



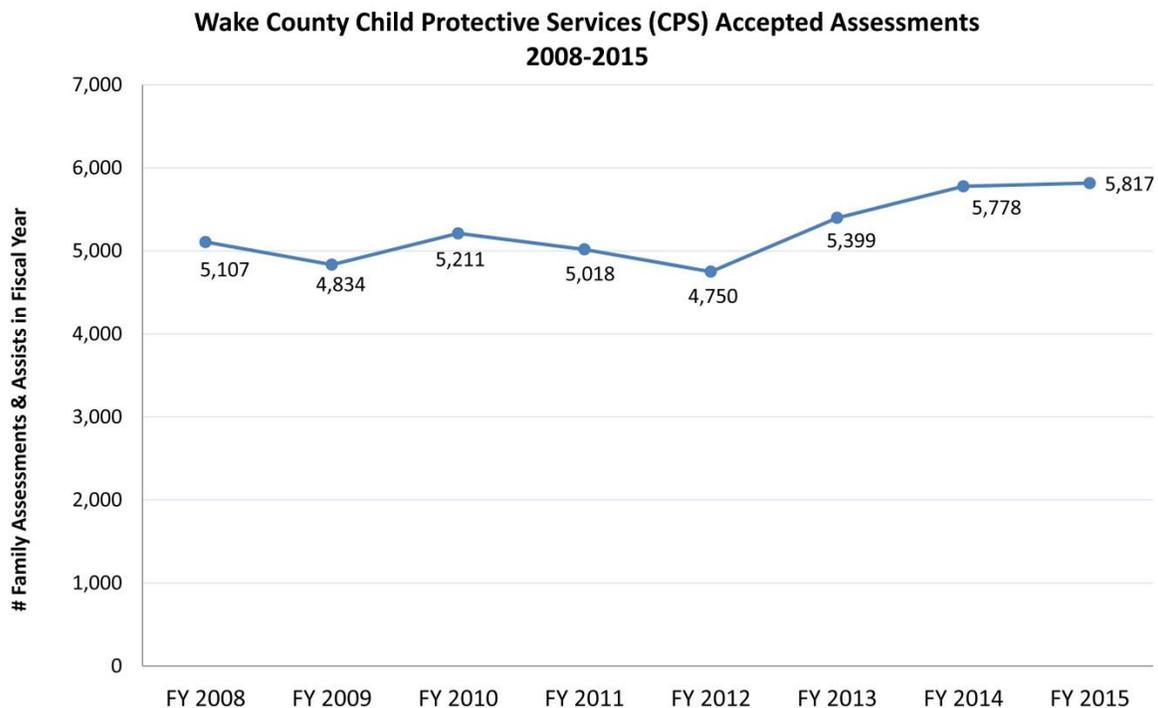
Source: Wake County Human Services Adult Protective Services Program

Child Protective Services

Child Protective Services (CPS) Accepted Assessments Trend 2008-2015

Families Served: End of Fiscal Year Accepted CPS Assessments Case Count Comparison

- FY14 vs. FY15 **+1%** change
- FY08 vs. FY15 **+14%** change
- The case count grew by an average of **+2%** each year from 2008-2015.

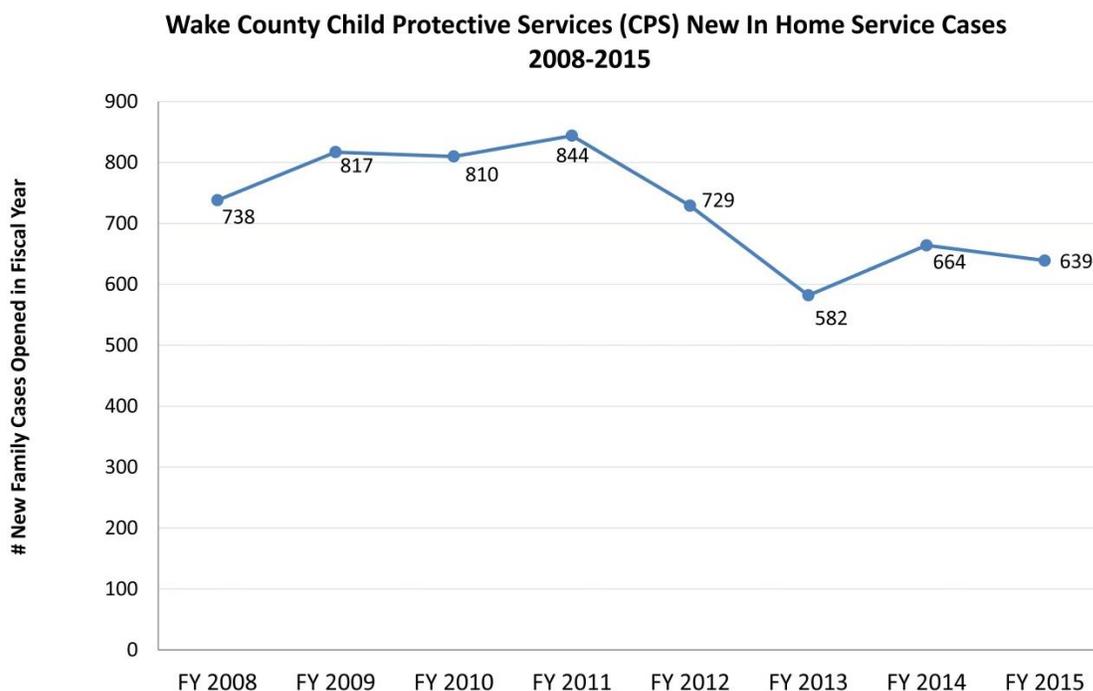


Source: Wake County Human Services Child Welfare Division

Child Protective Services (CPS) New In Home Service Case Trend 2008-2015

Families Served: End of Fiscal Year New In Home Service Case Count Comparison

- FY14 vs. FY15 - **4%** change
- FY08 vs. FY15 - **13%** change
- The case count changed by an average of **-1%** each year from 2008-2015. New services opened increased annually from 2008 to 2011 then began to decrease. A decrease has been seen from the previous year for five of the last six years.

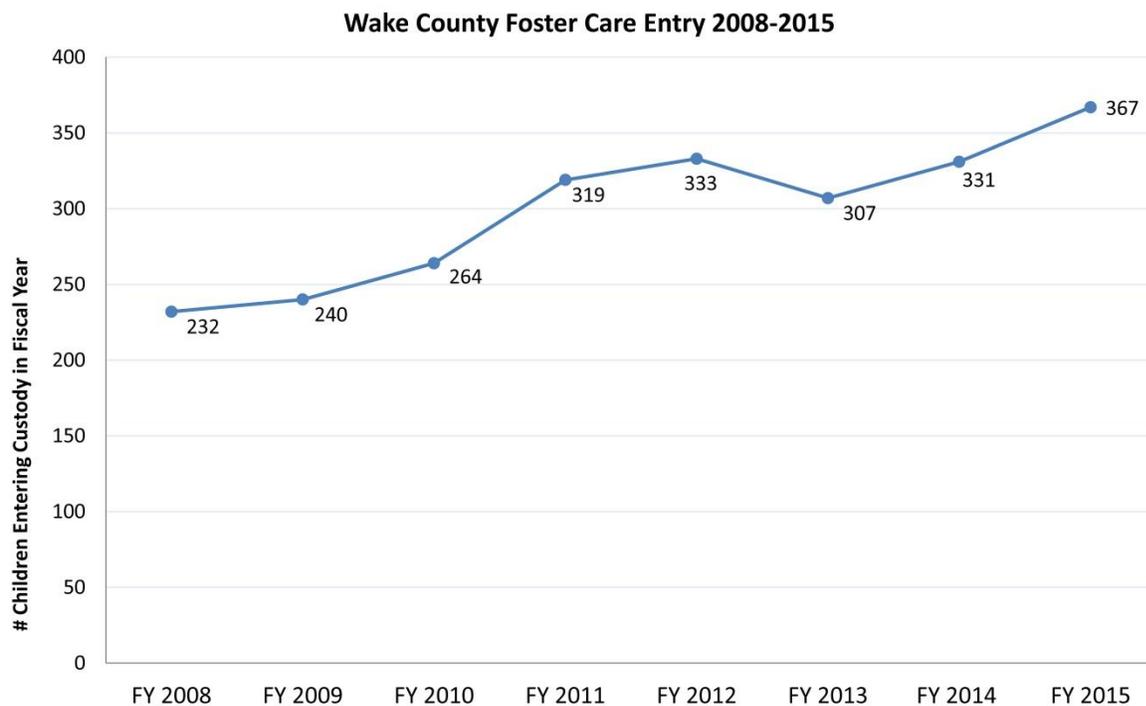


Source: Wake County Human Services Child Welfare Division

Foster Care Program Trend 2008-2015

Children Served: End of Fiscal Year New Children Entering Custody Case Count Comparison

- FY14 vs. FY15 **+11%** change
- FY08 vs. FY15 **+58%** change
- The case count changed by an average of **+7%** each year from 2008-2015.



Source: Wake County Human Services Child Welfare Division

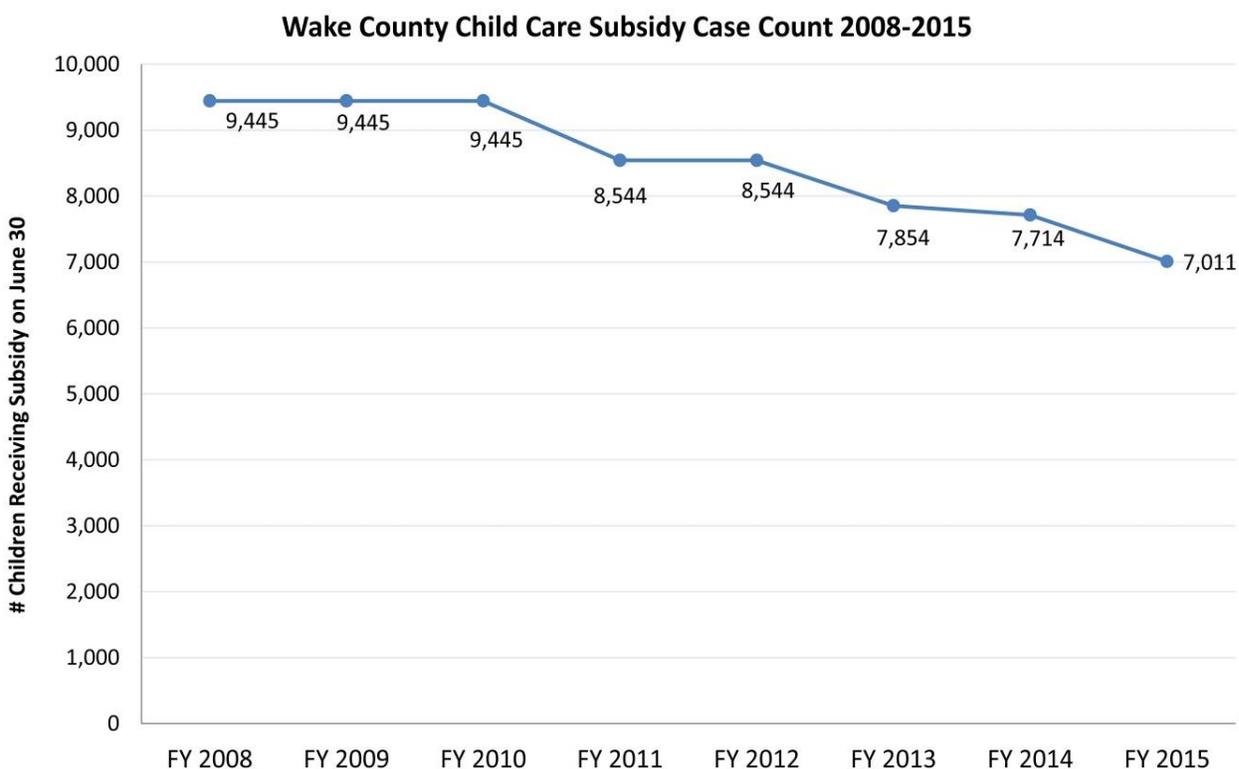
Foster Care includes children in out of home placement and in legal custody of Wake County. This graphics shows the number of new children coming into custody during a fiscal year. This group is a subset of the overall foster care case load.

Economic Services

Child Care Subsidy Program Trend 2008-2015

Children Served: End of Fiscal Year Open Case Count Comparison

- FY14 vs. FY15 - **9%** change
- FY08 vs. FY15 - **26%** change
- The case count changed by an average of **-4%** each year from 2008-2015.

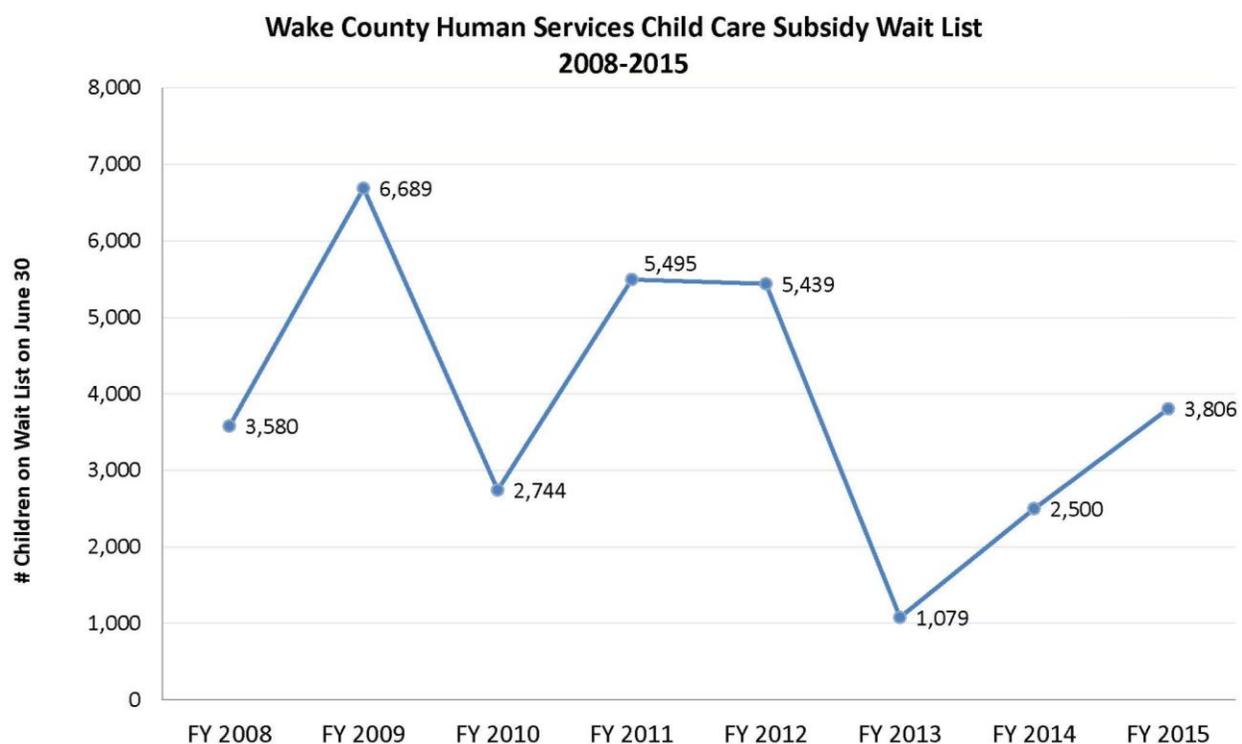


Source: Wake County Human Services Child Care Subsidy Program

Child Care Subsidy Wait List Trend 2008-2015

Children Served: End of Fiscal Year Open Case Count Comparison

- FY14 vs. FY15 **+52%** change
- FY 08 vs. FY15 **+6%** change
- The case count has a pattern of highs and lows from 2009-2012. The wait list case count has shown a pattern of increase since 2013. The wait list count at the end of the year for FY 2015 (3,806) is more similar to figure for 2008 (3,580). The availability of funds and eligibility criteria may impact the wait list. Peaks and valleys in wait list counts from 2009-2012 are associated with available funding streams and changes in criteria.

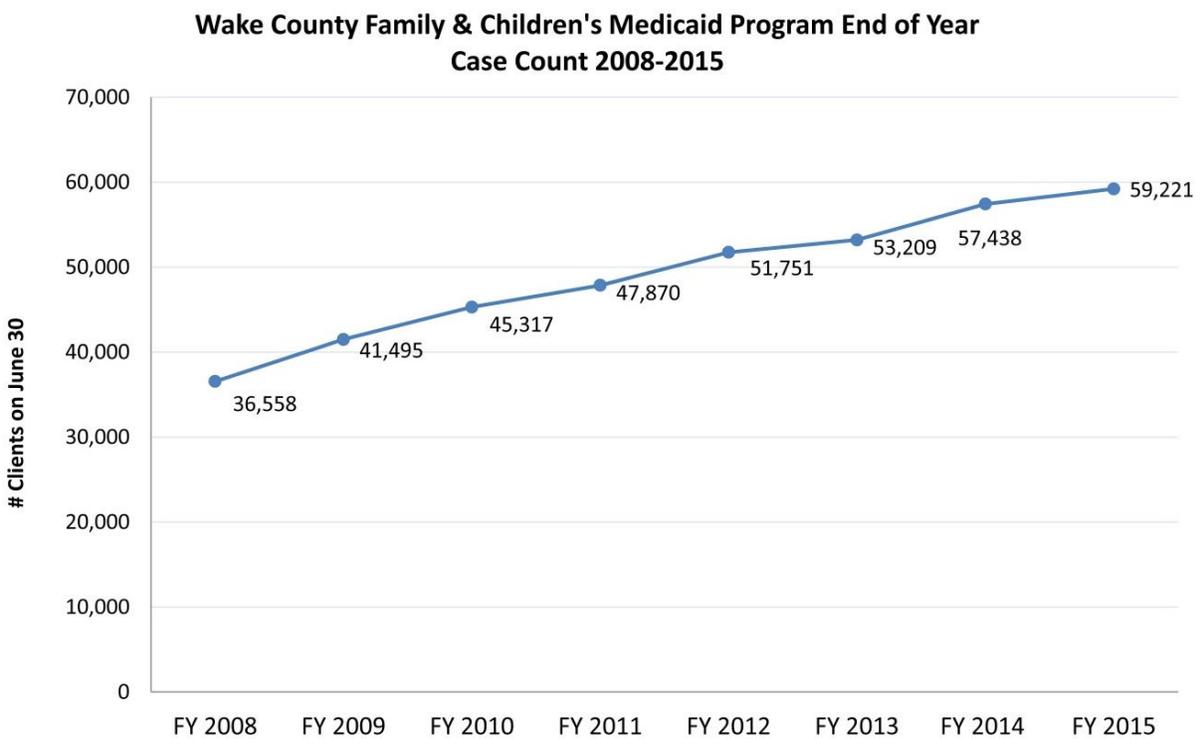


Source: Wake County Human Services Child Care Subsidy Program

Family and Children’s Medicaid Program Trend 2008-2015

Individuals Served: End of Fiscal Year Open Case Count Comparison

- FY14 vs. FY15 **+3%** change
- FY08 vs. FY15 **+62%** change
- The case count changed by an average of **+7%** each year from 2008-2015.



Source: Wake County Human Services Family & Children's Medicaid Program

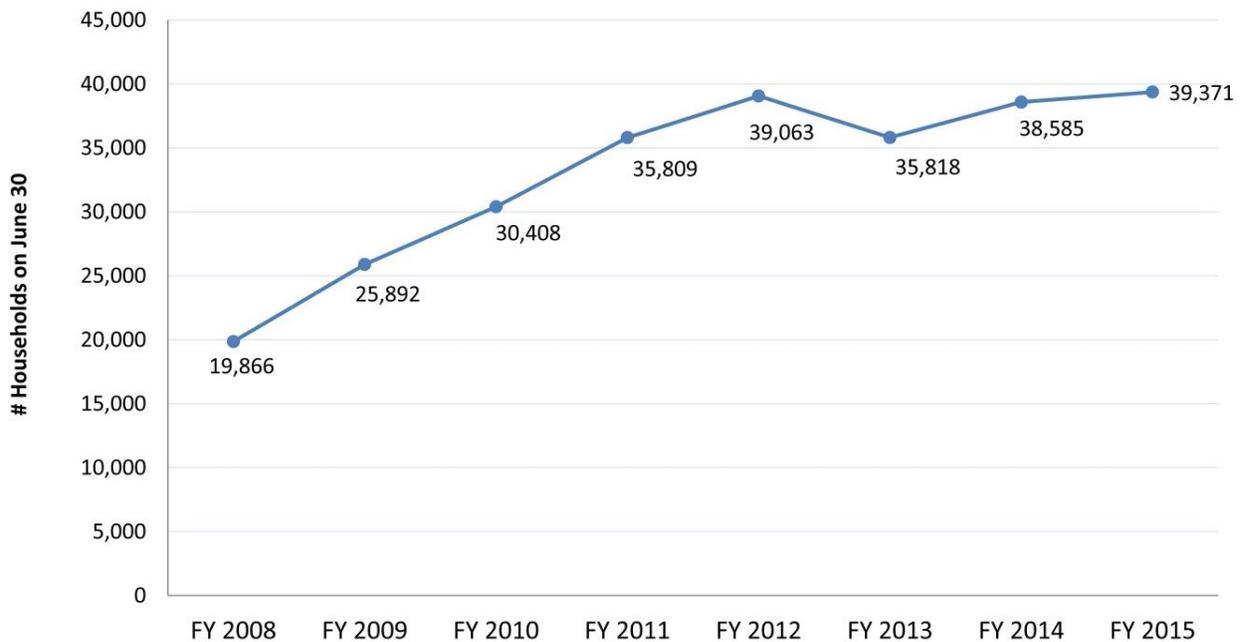
Food and Nutrition Services (FNS) Program Trend 2008-2015

Households Served: End of Fiscal Year Open Case Count Comparison

- FY14 vs. FY15 **+2%** change
- FY08 vs. FY15 **+98%** change
- The case count changed by an average of **+11%** each year from 2008-2015.



Wake County Food and Nutrition Services (FNS) 2008-2015



Source: Wake County Human Services Division of Social Services Economic Self Sufficiency



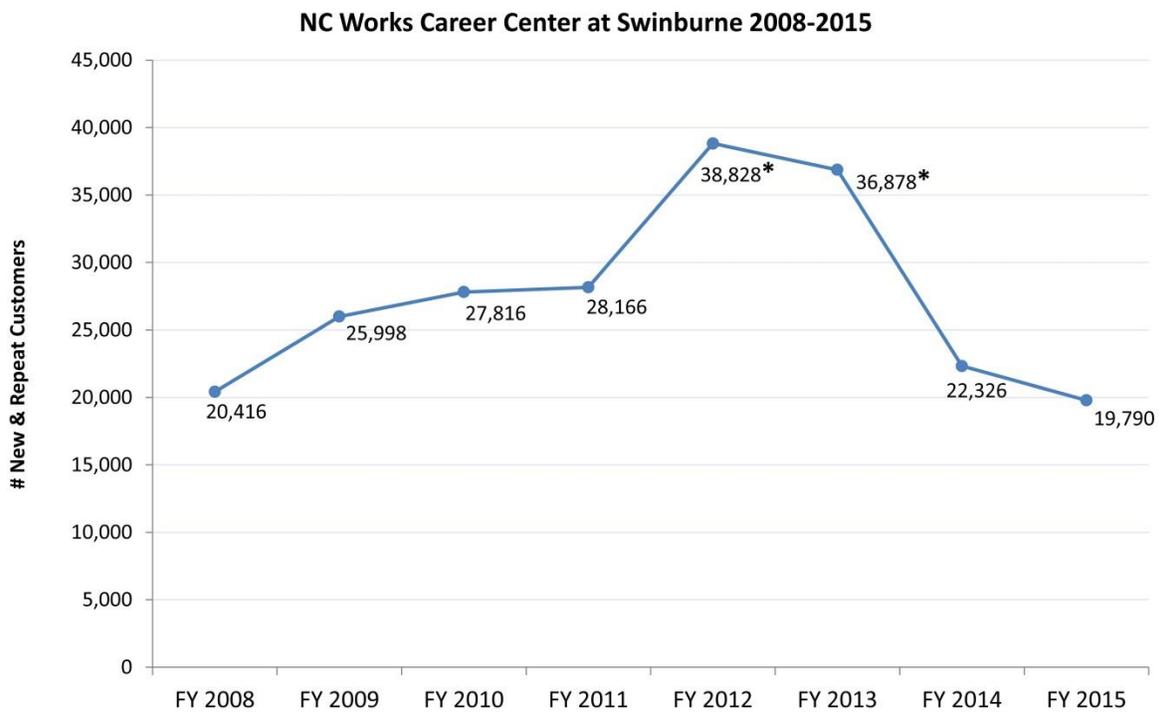
Employment Services, Swinburne Center Trend 2008-2015

Individuals Served: End of Fiscal Year New and Repeat Customers Case Count Comparison

- FY14 vs. FY15 **-11%** change
- FY08 vs. FY15 **-3%** change
- The case count changed by an average of **+3%** each year from 2008-2015.

Note:

**Millbrook Center numbers were included for two years but employment services are no longer available at the site.*



Source: Wake County Human Services Employment Services, Swinburne Center

*Millbrook Center Included

A	B	C	D	E	F	G	H	I	J	
PROGRAM or SERVICE	End of Fiscal Year (FY) Case Count (define your indicator and what is counted)	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014	FY 2015	
Adult Medicaid	Total Count of Open Cases on June 30 (individuals)	18,352	18,960	19,997	21,051	22,088	22,907	23,941	30,594	
Adult Guardianship	Total Count of Wards on June 30 (individuals)	424	489	532	583	605	682	720	743	
Adult Protective Services	Total Accepted Reports in FY (individuals)				247	267	238	234	266	
Child Welfare, CPS Assessments	Total Accepted Assessments in FY (families)	5,107	4,834	5,211	5,018	4,750	5,399	5,778	5,817	
Child Welfare, In Home	Total New In Home Service Cases Opened in FY (families)	738	817	810	844	729	582	664	639	
Foster Care	Total New Placements of Children in FY (individuals)	232	240	264	319	333	307	331	367	
Child Care Subsidy	Total Count of Open Cases on June 30 (individuals)	9,445	9,445	9,445	8,544	8,544	7,854	7,714	7,011	
Child Care Subsidy	Wait List on June 30 (individuals)	3,580	6,689	2,744	5,495	5,439	1,079	2,500	3,806	
Medicaid - Family and Children's	Total Count of Open Cases on June 30 (individuals)	36,558	41,495	45,317	47,870	51,751	53,209	57,438	59,221	
Food and Nutrition Services (FNS)	Total Count of Open Cases on June 30 (households)	19,866	25,892	30,408	35,809	39,063	35,818	38,585	39,371	
Capital Area Workforce Center at Swinburne	Total Count of New & Repeat Customers Served in FY	20,416	25,998	27,816	28,166	38,828	36,878	22,326	19,790	
Immunizations	Total Vaccine Doses Provided in FY (Jul 1-Jun 30)	66,029	67,482	116,763 ¹	52,026	45,755	48,859	40,577	40,108	
Immunization Doses	Total Number of Clients at WCHS Receiving Vaccine Doses in FY	24,961	26,393	69,115 ¹	21,824	19,295	22,190	16,973	15,988	
Immunizations - Regional Centers	Total Vaccine Doses Provided in FY (Jul 1-Jun 30)	6,832	7,293	22,308 ¹	4,967	4,580	5,153	3,637	3,758	
Immunization Doses - Regional Centers	Total Number of Clients at Regional Centers in FY	2,506	2,716	17,242 ¹	2,311	2,158	2,683	1,771	1,794	
WIC - All Service Locations	Total Count of Active Cases on June 30 (Individuals)	18,048	18,371	18,968	18,213	18,193	18,242	17,428	16,891 ²	
Clinical - Family Planning	Total Served in FY	10,202	9,869	9,474	9,171	9,078	8,644	7,885	7,394	
PROGRAM or SERVICE	End of Calendar Year (CY) Case Count	CY 2008	CY 2009	CY 2010	CY 2011	CY 2012	CY 2013	CY 2014	CY 2015 ³	
Syphilis Services	Total Cases Served in CY (individuals)	37	115	84	76	75	106	171	94 ³	
HIV / AIDS Services	Total Cases Served in CY (individuals)	321	281	285	249	197	190	247	130 ³	
Gonorrhea Services	Total Cases Served in CY (individuals)	1,030	1,010	1,249	1,355	1,381	1,205	1,157	787 ³	
Chlamydia Services	Total Cases Served in CY (individuals)	3,121	3,590	4,530	4,748	4,757	4,210	4,352	2,676 ³	
Vital Records - Births	Total Number Birth Records Processed in CY	14,814	14,130	13,417	13,208	13,047	13,117	13,093	6,564 ⁴	
Vital Records - Deaths	Total Number Death Records Processed in CY	4,636	4,640	4,729	4,989	5,256	5,464	5,698	3,095 ⁴	
NOTES										
¹ FY 2010 immunization numbers include H1N1 response (46,830 doses) and ARRA 'Stimulus' Flu project (6,261 doses)		² WIC Active Case Count Estimate for June 2015		³ Figure for five months of calendar year 2015, reporting dates 1/01/15-6/30/15						⁴ Figure for five months of calendar year 2015, reporting dates 1/15/15-06/15/15

**WAKE COUNTY HUMAN SERVICES BOARD
AGENDA ITEM SUMMARY SHEET**

Agenda Date: October 22, 2015

Item: Proposed Wake County Tobacco Ordinance Public Hearing

PH Accreditation Benchmark #: 30.10

Specific Action Requested: Recommendation to move to the BOC for vote/adoption

Link to Wake County Human Services Goals:

- Well-being/Health/Safety** - Maximize the well-being, health and safety of individuals and families
- Self Sufficiency/Human Capital** - Enhance the ability of consumers to attain and maintain economic independence and self sufficiency
- Consumer Experience** - Enhance the consumer experience with accessible, timely and holistic services
- Internal Operations** - Ensure fiscal accountability, data driven decisions and alignment with county, state and national objectives and priorities
- Integrated/Collaborative Solutions** - Promote integrated and collaborative solutions for human service needs
- Workforce** - Support and maintain a competent and competitive workforce and an environment that fosters professional development, workforce diversity and effective communication
- Technology**- Provide innovative technology solutions that support cost-effective automation, e-Services and data management

Item Summary (Ex: What are major points/data):

- Tobacco remains the #1 leading cause of preventable death in the US (480,000 deaths every year)
- In 2012, the US adult population smoking rate: 18.1%
- North Carolina adult smoking rate: 20%
- Wake County adult smoking rates: 13%
- North Carolina youth smoking rate: 13.5%
- NC Youth e-cigarettes rates increased 352% in 2 years (1.7%-7.7%)
- Adult experimentation with e-cigarettes approximately doubled from 2010 (3.3%) to 2011(6.2%).

Purpose for Action (Ex: Proposed Solutions/Accomplishments): Public Hearing regarding strengthening of current Wake County Tobacco Policy, Meet PH Accreditation Benchmarks

Next Steps (Ex: What is next step for Board or staff): To recommend draft Tobacco Ordinance move to BOC for vote/adoption

Attachments:

- Hard copy of proposed ordinance
- Copy of Public Hearing Notice from N&O

Opportunities for Advocacy, Policy or Advisory: Strengthen current Wake County Tobacco Policy

Connections to Other Committees: Public Health Committee

Wake County Proposed Smoking, Tobacco and Vapor Product Use Ordinance

19. Smoking, Tobacco and Vapor Product Use

Section 1. Authority.

This ordinance is enacted pursuant to N.C.G.S. 130A-498 and N.C.G.S. 153A-121.

Section 2. Definitions.

For the purpose of this subchapter, the following definitions shall apply:

Smoking. The use or possession of a lighted cigarette, lighted cigar, lighted pipe, or any other lighted tobacco product as defined by N.C.G.S § 130A-492 (16),

Vapor Product. Any non-combustible product that employs a mechanical heating element, battery, or electronic circuit regardless of shape or size and that can be used to heat a liquid nicotine solution contained in a vapor cartridge as defined by N.C.G.S. § 14-313(5).

Tobacco Product. Any product that contains tobacco and is intended for human consumption, as defined by N.C.G.S. § 14-313(4). As used in this section, this does not include a tobacco product regulated by USFDA and prescribed for smoking cessation.

County Building. A building owned by Wake County, leased as lessor by Wake County, or the area leased as lessee by Wake County and/or occupied by Wake County, within the meaning of “local government building” as defined by N.C.G.S. § 130A-492(8) .

County Vehicle. A passenger carrying vehicle owned, leased, or otherwise controlled by Wake County and assigned permanently or temporarily by Wake County to Wake County employees, agencies, institutions, or facilities for official Wake County business, within the meaning of “local vehicle” as defined by N.C.G.S. § 130A-492(9) .

County Grounds. An unenclosed area owned, leased, or occupied by Wake County, within the meaning of “grounds ” as defined by N.C.G.S. § 130A-492(6) . This includes Wake County parks, playgrounds and athletic fields, greenways, trails, and open space lands owned, leased, or occupied by Wake County.

Manager. The individual exercising the powers and duties of manager for Wake County pursuant to N.C.G.S. § 153A-82.

Section 3. Areas where Smoking, Tobacco Products, and Vapor Products are prohibited:

- a. Smoking, Tobacco Products, and Vapor Products are prohibited in any County Building, any County Vehicle, and on any County Grounds.
- b. The Manager shall direct conspicuous and clear signage to be posted at reasonable

intervals at all County Buildings and Grounds where Smoking, Tobacco Products, and Vapor Products are prohibited by this ordinance.

- c. This Section does not prohibit Smoking, Tobacco Products, and Vapor Products on streets, rights of way, sidewalks, or other property not owned or leased by Wake County as lessor or lessee.

DRAFT

Wake County Proposed Smoking and Tobacco Use Ordinance

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

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

- County buildings, as defined in NCGS § 130A-492 (8)
- County vehicles, as defined in NCGS § 130A-492 (9)
- County grounds, as defined in NCGS § 130A-492 (6) including, but not limited to: County Parks Systems, including playgrounds and athletic fields; County Greenways, Trails and Parks

NOTICE OF PUBLIC HEARING The Wake County Human Services Board will hold a public hearing starting at 7:30 am on October 22, 2015, at Wake County Human Services Agency, Rm 2123, 220 Swinburne St., Raleigh, NC 27620 to receive public comment regarding a proposed tobacco-free ordinance. On January 2, 2010 N.C. General Statute 130A-498, "An Act To Prohibit Smoking In Certain Public Places And Certain Places Of Employment," Session Law 2009-27, became effective, authorizing local governments to adopt and enforce ordinances "that are more restrictive than State law and that apply in local government buildings, on local government grounds, in local vehicles, or in public places". Acting on the authority granted in N.C. General Statute 130A-498, the Wake County Board of County Commissioners will be considering a comprehensive Tobacco-Free Ordinance at its next meeting on November 16, 2015 (tentatively). Copies of the proposed regulations may be obtained by contacting the Human Services Dept. Public Health Division. Phone number: 919 250 4731, 10 Sunnybrook Road, Raleigh, NC 27610. N&O: October 12, 2015 **Publish Dates:** 10/12/2015-10/26/2015

**WAKE COUNTY HUMAN SERVICES BOARD
AGENDA ITEM SUMMARY SHEET**

Agenda Date: October 22, 2015

Item: Letter of Support for Advance Community Health

PH Accreditation Benchmark #: 41.2 A

Specific Action Requested:

Link to Wake County Human Services Goals:

- Well-being/Health/Safety** - Maximize the well-being, health and safety of individuals and families
- Self Sufficiency/Human Capital** - Enhance the ability of consumers to attain and maintain economic independence and self sufficiency
- Consumer Experience** - Enhance the consumer experience with accessible, timely and holistic services
- Internal Operations** - Ensure fiscal accountability, data driven decisions and alignment with county, state and national objectives and priorities
- Integrated/Collaborative Solutions** - Promote integrated and collaborative solutions for human service needs
- Workforce** - Support and maintain a competent and competitive workforce and an environment that fosters professional development, workforce diversity and effective communication
- Technology**- Provide innovative technology solutions that support cost-effective automation, e-Services and data management

Item Summary (Ex: What are major points): Advance Community Health requested a letter of support from HS Board Chair, Dr. Jim Smith for their application to federal Section 330 Service Area Competition funds. The letter, dated October 6, 2015 was provided to Advance Community Health, as requested.

Purpose for Action (Ex: Proposed Solutions/Accomplishments): No action required. This item is to inform the HS Board of the support letter provided to Advance Community Health and discuss, as it helps to further the Board's community partnerships.

Next Steps (Ex: What is next step for Board or staff):

Attachments: Copy of Support Letter, dated October 6, 2015

Opportunities for Advocacy, Policy or Advisory:

Connections to Other Committees:



Human Services

TEL 919 212 7000

220 Swinburne Street • P.O. Box 46833 • Raleigh, NC 27610
www.WakeGov.com

October 6, 2015

Ms. Penella M. Washington, CEO
Advance Community Health
2620 New Bern Ave
Raleigh, NC 27610-1821

Dear Ms. Washington.

Wake Health Services, Inc. (WHS), dba Advance Community Health has worked together for many years with our organization, Wake County Human Services Board, to meet the needs of Franklin and Wake counties' populations. This partnership has served to increase access to numerous services to local residents, and clients of both Wake County Human Services and WHS have benefitted from our collaboration and referral agreement. Wake County Human Services Board lends its full support to WHS's receipt of federal Section 330 Service Area Competition funds.

The collaboration between our organizations meets a number of needs for low-income and uninsured residents in the community. Wake County Human Services provides general medical services in needed areas of our community. WHS provides high-quality health care services that include primary care, substance abuse care, dental care, as well as case management and health education. Because of the high prevalence of poverty in our area, these services are critical to meeting the health care needs of the population. Through mutual referrals and collaboration, the relationship between our two organizations has helped identify the needs of patients and ensure access to services that meet those needs. Together with other community partner organizations, WHS plays a key part in improving the health, well-being, and overall quality of life for area residents.

Wake County Human Services Board considers WHS's provision of affordable health care services as invaluable to our clients, and we look forward to continuing our mutually beneficial collaboration in the coming year. Therefore Wake County Human Services Board fully supports WHS's application for Service Area Competition funding.

Sincerely,

A handwritten signature in black ink, appearing to read "James A. Smith, III, MD".

James A. Smith, III, MD
Chair, Wake County Human Services Board