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Wake County Human Services Board

May 28, 2015

AGENDA

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

Standing Time: 7:30AM – 10:00AM

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: Dr. Sharon Foster

Approval of Minutes: April 23, 2015

Next Board Meeting: June 25, 2015

Swinburne Human Services Center

Room 2132

220 Swinburne Street, Raleigh, NC 27620

Regular Agenda

7:45 am Wake County Human Services Agency 3rd Quarter Data Report
- Ms. Caroline Harper

8:00 am Public Health Fee Collection Policy Changes [PH Accreditation Benchmark # 33.7] – Mr. Paul Gross

8:10 am Human Capital Development (HCD) Update [PH Accreditation Benchmarks # 41.2 A, 41.3 A] – Ms. Ginny Satterfield on behalf of Ms. Ann Godwin

8:25 am Economic Services Update – Ms. Patricia Baker

8:35 am Summer Food Service Program (SFSP) Update [PH Accreditation Benchmark # 9.1] - Ms. Margaret Raynor

8:55 am Board Committee Chairs' Reports

- Dr. Sharon Foster, Chair, Public Health Committee
- Ms. Angie Welsh, Chair, Social Services Committee

9:05 am Environmental Services Director's Report

- 9:15 am **Human Services Director’s Report** – Dr. Kim McDonald on behalf of Ms. Regina Petteway
 - **Budget Update**
 - **NCFAST Update**
 - **Medicaid Reform and Sales Tax Refund** – Ms. Andi Curtis
- 9:35 am **Chair’s Report** – Dr. Jim Smith
- 9:45 am **Participation in Community Events**
- 9:50 am **Public Comments**
- 10:00 am **Adjournment**

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

To protect and improve the quality of Wake County’s environmental and ensure a healthy future for its citizens through cooperation, education, management and enforcement.

Environmental Services combines:

- Water quality
- Air quality
- Solid waste (recycling, landfills, etc.)
- Environmental health and safety (sanitation inspections, pest management, swimming pool regulations, animal control)

2014-2015 Board Priorities (as of 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
April 23, 2015**

Board Members Present

Frank Eagles, Pablo Escobar, Dr. Sharon Foster, Leila Goodwin, Fiorella Horna-Guerra, Kent Jackson, John Myhre, Dr. Rosine Sanders, Dr. James Smith, Stephanie Treadway, Angie Welsh, Commissioner James West, Dr. Seth Wexler, McKinley Wooten

Staff Members Present

David Ellis, Regina Petteway, Scott Warren, Dr. Joseph Threadcraft, Melinda Clark, Paul Gross, Bob Sorrels, Rosena West, Sue Lynn Ledford, Amina Shah, Alicia Arnold

Guests Present

Billy Smith, Dr. James Parham, Eugenia Pleasant, John Odom, Howard Manning, Pam Dowdy

Call to Order

Dr. Smith called the meeting to order at 7:35 am and thanked everyone for their commitment to the Human Services (HS) Board.

Reflections

Mr. Pablo Escobar reflected on the work the HS Board has been doing with regards to Human Capital Development (HCD) and Healthiest Capital County (HCC) Initiative. This work relies on the ability of people to help themselves through their strengths. The Board holds this as its fundamental value. Mr. Escobar said he would like to invoke that virtue going into advocacy season. Just as the Board members ask citizens to rely on their strengths, they should do the same as they advocate for their priorities.

Approval of Minutes

Motion was made, seconded, and approved unanimously to approve the March, 2015 meeting minutes (with corrections).

Next Board Meeting

The next Board meeting will be held on May 28, 2015 from 7:30-10:00 am in Swinburne Human Services Center, Room 2132.

Oath of Office for New Board Member, Mr. Kent Jackson

Mr. Scott Warren thanked the HS Board for its support and Chairman of Board of Commissioners (BOC), Dr. West for approving the 2 new positions of Child Protective Services paralegals for the County Attorney's office.

Mr. Warren delivered the Oath of Office to Mr. Kent Jackson as HS Board member.

Proposed Wake County Tobacco Ordinance [PH Accreditation Benchmark # 30.10]

Ms. Sue Lynn Ledford presented the Wake County Proposed Smoking and Tobacco Use Ordinance, which would prohibit smoking (as defined in NCGS § 130A-492 (16)) and use of tobacco products, including vapor products (as defined in in NCGS § 14-313 (3a), (4), and (5)), in the following places:

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

The existing ordinance (passed on August 20, 2007) prohibits all smoking, as defined in G.S 130A-492, in all buildings owned, leased or occupied by the county. It also prohibits all smoking within 50 linear feet of a building owned, leased or occupied by the county which houses a Human Services Department.

There is difference between smoke-free and tobacco free. Smoke free prohibits the use or possession of a lighted tobacco product (does not include e-cigarettes). Tobacco free prohibits the use of any product containing, made, or derived from tobacco (includes e-cigarettes).

Tobacco remains the #1 leading cause of preventable death in the U.S. The reason for this policy change for is that currently, Wake County only has smoke-free buildings, which does not include all tobacco products.

The existing ordinance (passed on August 20, 2007) prohibits all smoking, as defined in G.S 130A-492, in all buildings owned, leased or occupied by the county. It also prohibits all smoking within 50 linear feet of a building owned, leased or occupied by the county which houses a Human Services Department.

A discussion was held among the Board members about the potential issue in enforcing this ordinance. Mr. Escobar stated that some individuals may see it as a violation of their individual rights. The Board discussed that it is important to consider situations when individual rights impact the overall public's rights.

Mr. John Myhre made the motion to recommend this presentation to the BOC, seconded by Ms. Raynor and approved unanimously by the Board.

*Proposed Ordinance attached to April agenda packet.

2015-2020 Housing and Community Revitalization Consolidated Plan

Ms. Annemarie Maiorano presented the 2015-2020 Housing and Community Revitalization Consolidated Plan. The specific action requested of the Board was to endorse the Plan to the BOC. The Consolidated Plan is a 5 year strategic plan that describes the housing and community development needs of low-income families in Wake County, defines the Priority Populations to be served, and explains how the Housing Division will address the needs with federal funds from the U.S. Department of Housing and Urban Development (HUD) and County funds over the next fiscal year. The federal grants that are included in the Consolidated Plan are: Community Development Block Grant (CDBG), the HOME Investment Partnerships (HOME), and Housing Opportunities for Persons with AIDS (HOPWA). Submission of the Consolidated Plan is required by HUD in order to receive these grants.

A one-year Action Plan is part of the Consolidated Plan and presents the specific actions to be carried out in the next fiscal year (July 1, 2015 - June 30, 2016) using the grant funds, County funds and program income generated from grant expenditures in prior program years. The total anticipated budget for next year is \$4,401,631. Of that, \$3,401,631 is from federal grants and program income. The plan will go to the Board of Commissioners on May 4, 2015 for approval.

The following population groups were identified by the community as top priorities in the 2015-2020 Consolidated Plan for funding over the next five years. These groups were chosen because they have the greatest housing need:

High Priority:

- Renters earning at or below 40% Area Median Income (AMI) (currently \$30,400 for a household of 4 per year);
- Homeless individuals and families;
- Non-homeless individuals and families with special needs.

Medium Priority:

- Renters earning at or below 50% AMI (currently \$38,000 for a household of 4 per year);
- Homeowners earning at or below 50% AMI.

Low Priority:

- Renters earning at or below 80% AMI (currently \$60,800 per year);
- Homeowners earning at or below 80% AMI.

The Plan outlines the following objectives and outcomes for 2015-2020:

- Objective: Provide Decent Affordable Housing
 - Goal #1: Affordable Housing Development
 - Outcome: Affordability
 - Indicator: 130 Rental units constructed
- Objective: Provide Decent Affordable Housing
 - Goal #2: Housing Rehabilitation
 - Outcome: Affordability
 - Indicator: 250 housing units rehabilitated
- Objective: Provide Decent Affordable Housing
 - Goal: Tenant Based Rental Assistance for Youth aging out of Foster Care
 - Outcome: Affordability
 - Indicator: 75 Youth assisted with rental assistance
- Objective: Provide Decent Affordable Housing
 - Goal: Rental Assistance and case management for people with HIV/AIDS
 - Outcome: Affordability
 - Indicator: 605 households assisted
- Objective: Provide Decent Affordable Housing
 - Goal: Rental Assistance for homeless men
 - Outcome: Affordability
 - Indicator: 175 homeless men assisted
- Objective: Provide Decent Affordable Housing
 - Goal: Homeless Multi-Services Center
 - Outcome: Availability/Accessibility
 - Indicator: 3,000 households assisted
- Objective: Create Economic Opportunities
 - Goal: Job Training for Homeless Men
 - Outcome: Availability/Accessibility
 - Indicator: 100 persons assisted
- Objective: Create Suitable Living Environments
 - Goal: Public Facilities and Improvements
 - Outcome: Availability/Accessibility
 - Indicator: 17,685 households assisted

The two tables below illustrate the Revenue sources for the Housing and Community Revitalization Program and the Expenditures, described by program as well as source.

Revenues FY 2015-2016	CDBG	HOME	HOPWA	County CIP	Total
Federal Revenues	\$1,513,681	\$529,804	\$536,156		\$2,579,641
Program Income (estimated)	\$270,000	\$220,318	\$7,000	\$170,000	\$667,318
CDBG Public Facility Match	\$324,672				\$324,672
County Funding				\$830,000	\$830,000
Total Revenues	\$2,108,353	\$750,122	\$543,156	\$1,000,000	\$4,401,631

Expenditures FY 2015-2016	CDBG	HOME	HOPWA	County CIP	Total
Administration	\$302,736	\$52,980	\$16,085		\$371,801
Homeowner Rehabilitation	\$804,307				\$804,307
Public Facilities	\$946,310				\$946,310
Public Services	\$55,000				\$55,000
Affordable Housing Development		\$545,142		\$643,193	\$1,188,335
Rental Assistance for Youth aging out of Foster Care		\$152,000			\$152,000
Rental Assistance for Mentally Disabled				\$300,000	\$300,000
Support Circles Position				\$56,807	\$56,807
HOPWA			\$527,071		\$527,071
Total Expenditures	\$2,108,353	\$750,122	\$543,156	\$1,000,000	\$4,401,631

*Plan attached to April agenda packet

Regional Networks of Care Annual Report

Mr. Bob Sorrels presented the 2015 Regional Networks of Care Report. This report describes the regional service delivery model of Wake County Human Services with

highlights from 2014 and priorities and focus areas for the future. It describes the different regions of the County with their facilities, history, evolution, leadership, and services. Each regional center, as each one has unique needs.

The Regional Network of Care includes facilities located in Northern, Eastern, Southern, Western, North Central, and East Central Wake County.

Regional Centers Directors and Community Advisory Committee (CAC) Chairs:

- Northern Regional Center (NRC)
 - Ross Yeager, Director
 - Eugenia Pleasant, CAC Chair
- Eastern Regional Center (ERC)
 - Darryl Blevins, Director
 - Dr. James Parham, CAC Chair
- Southern Regional Center (SRC)
 - Rosena West, Director
 - Billy Smith, CAC Chair
- North Central Region, Millbrook Human Services Center
 - Petra Hager, Director
 - John Odom, CAC Chair
- Western Regional Center (WRC)
 - Deborah Dolan, Consultant
 - Howard Manning, CAC Chair
- Crosby-Garfield Center
 - Lechelle Wardell, Project Consultant

Each CAC Chair was asked to identify the priorities and challenges of the region.

*Report attached to April agenda packet

State of the County Health (SOTCH) Report [PH Accreditation Benchmark # 1.3, 38.1, 38.2]

Dr. Edie Alfano-Sobsey presented the SOTCH Report. The purpose of this report is for the Committee to receive and accept 2014 SOTCH Report in accordance with Public Health Accreditation Benchmark # 1.3, 38.1, 38.2. The action requested is to accept and recommend report to Human Service (HS) Board.

On years the Department does not do a Community Health Needs Assessment (CHNA), it is required to present the SOTCH Report.

The SOTCH Report provides information health concerns identified in the 2013 CHNA and updates actions taken to address them. The 3 top priority areas are:

- Poverty and unemployment
- Health care access and utilization
- Mental health and substance abuse

For each priority area, there is an objective and types of intervention:

- Intervention targeting health disparities
- Individual change interventions
- Policy or environmental change interventions

For each type of intervention, the Report includes:

- Intervention
- Strategy
- Community partners
- Update on progress

The Report also presents major causes of morbidity and mortality, changes affecting health concerns, emerging disease issues, and new health initiatives. The Overview of Major Morbidity and Mortality section highlights 5 leading causes of death in Wake County including cancer, heart disease, cerebrovascular diseases, chronic lower respiratory diseases, and all other unintentional injuries. The major causes of morbidity in Wake County are cancer, cardiovascular disease, and sexually transmitted infections.

A discussion was held on the increase in syphilis cases. Ms. Ledford stated that the rise in syphilis is due to the increased use of social media and other apps that make it easy to find partners for sexual intercourse.

Motion was made, seconded, and approved unanimously to accept this report.

*Report included in 2015 Orientation and Training Handbook

Board Committee Chairs Reports

Dr. Sharon Foster said the Public Health Committee is focused on meeting PH Accreditation benchmarks during its meetings.

The 2015 County Health Rankings was recently published and Wake County was not #1, although it has improved in many areas. Wake County needs to focus on increasing prenatal care. A budget expansion request related to prenatal care will be going up to the BOC in the coming month.

Ms. Angie Welsh provided an update on the Social Services Committee. She talked about the success of the Human Capital Development (HCD) Summit and the participants' satisfaction with the event. The Committee will study the report prepared by staff and develop recommendations for next steps for HCD.

Environmental Services Director's Report

Wake County Water, Sewer, and Road Financial Policy [PH Accreditation Benchmark # 9.1]

Dr. Joseph Threadcraft gave an update on the approved Wake County Water, Sewer, and Road Financial Policy. This item was presented for information only, and the action required of the Committee was to recommend the presentation to the Human Services (HS) Board.

Wake County Board of Commissioners (BOC) adopted the existing policy in 1998, which established the County's role for water and sewer projects. This existing policy was revised because of 3 main reasons:

1. Recent community requests for County assistance. In the evaluation of these requests, it was determined that the current policy does not provide the guidance to address their issues.
2. The 1998 policy had a section on the implementation of a countywide water and sewer plan, which has been completed with the merger of municipal utilities in the early 2000's
3. To reflect County's current water and sewer development role in RTP.

Changes to the 1998 policy include:

- Revised County Principles and Roles statements
- Removal of the section "Implementing the Water and Sewer Plan"
- Revised the Economic Development section to focus on the County's role in providing service to the County portion of the Research Triangle Park
- Removed the existing section on "Failed non-municipal systems"
- Added a section on "non-municipal community and individual wells that have become contaminated or otherwise degraded"
- Added a section on "Failed non-municipal community and individual sewer systems"
- Added a section on "Transfer of roads designed and planned to be public, but have failed to be accepted into the NC Department of Transportation maintained highway system."

The principles behind the updated policy are:

- Water, sewer, and road service should attract development to areas in and around municipalities
- The County should not own, operate, or maintain water or sewer systems or public roads
- The County should encourage regional solutions and partnerships

BOC approved and adopted the policy on April 6, 2015.

*Presentation attached to April agenda packet

Fracking Q/A [PH Accreditation Benchmark # 9.1]

Dr. Threadcraft gave an update on general fracking questions and answers from Environmental Services. The purpose of the update was to provide clarifying information to include the reference source relative to questions and concerns received to date. This was an informational item only and the action requested of the Committee was to forward presentation to HS Board.

The relevance of the Fracking Q/A to HS Board is that HS Board members have raised concern about the potential impact of fracking on water quality. Furthermore, a Wake County resident raised a concern during the public comment period at the January 5, 2015 BOC meeting that fracking near the Jonesboro fault line could cause an earthquake uncovering spent control rods and thereby cause a nuclear incident.

*Presentation attached to April agenda packet

Sedimentation Control Commission Memorandum of Agreement [PH Accreditation Benchmark # 9.1]

Ms. Melinda Clark presented the Amendment to the Memorandum of Agreement between the NC Sedimentation Control Commission and Wake County. This item was presentation for informational only and the action requested of the PH Committee was to recommend to HS Board.

The State has requested Wake County to amend the Memorandum of Agreement between the NC Sedimentation Control Commission and Wake County to clarify that the NC Sedimentation Control Commission will maintain exclusive jurisdiction to administer the Sedimentation and Pollution Control Act (SPCA) for all land disturbing activities that are related to oil and gas exploration.

*Presentation attached to April agenda packet

Human Services Director's Report

Ms. Regina Petteway deferred her report to next month.

She mentioned the mock PH Accreditation Site Visit Meeting coming up on May 20-21, 2015.

She thanked the HS Board and the Women's Commission for doing a great job in moving forward toward their goals.

Chair's Report

Dr. Smith talked about the Advocacy Committee conference call held recently. The Board will get an update on the priorities identified for advocacy.

Public Comment Period

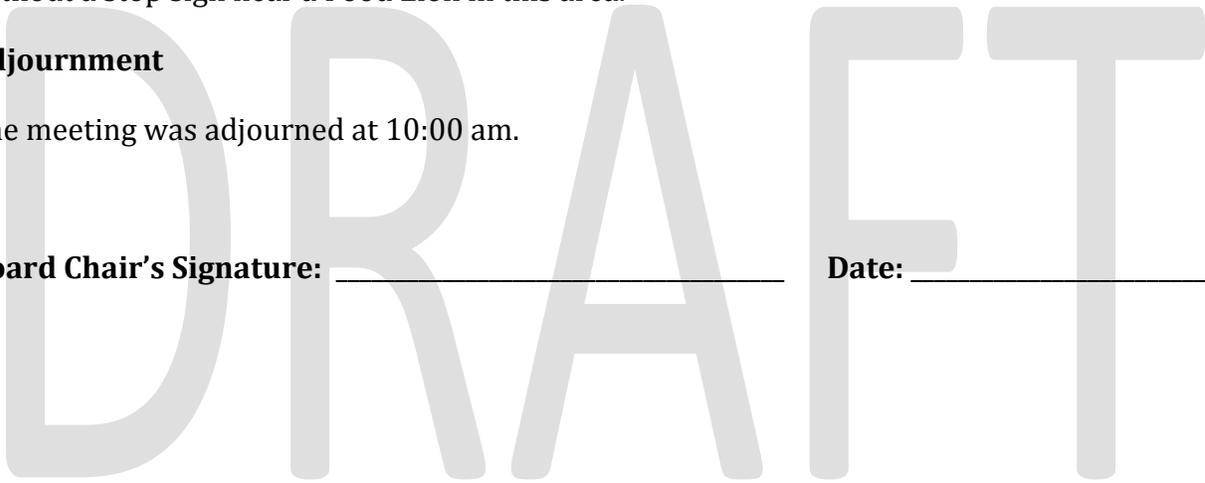
Ms. Pam Dowdy asked the HS Board for its support in requesting funding from Wake County Manager’s Office for Wake County SmartStart. SmartStart is a private, not for profit organization that works to ensure that children (birth to 5 years old) are prepared for success in school and life. It supports the development of children through early childhood initiatives and interventions. The request for funding ranges from \$162,000 (supports 1 class) to \$488,000 (supports 3 classes). SmartStart cannot get money from the State without a County match.

Dr. Kent Earnhardt said Wake County promotes unhealthy behavior. In its facilities, there are vending machines for unhealthy snacks. There is also a TV monitor in one of the clinics for soap operas, which can be used for promoting health education. There is also an exit without a stop sign near a Food Lion in this area.

Adjournment

The meeting was adjourned at 10:00 am.

Board Chair’s Signature: _____ **Date:** _____



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

Agenda Date: May 28, 2015 WCHS Agency 3rd Quarter Data Report – Caroline J. Harper

Committee/Item: Wake County Human Services Quarterly Report by Service Designated Indicator

Specific Action Requested: Review and accept quarterly report to the HS Board for quarter's two and three of fiscal year 2015. Accept report for quarter three (Q3) as planned on the Board's calendar; allow quarter two (Q2) report to be include for review and accept quarter two (Q2) report.

List Goal and/or Objective Linked to in the 2012-2014 WCHS Strategic Plan:
Strategic Planning Goal: Internal Operations

Item Summary (Ex: What are major points/data. Is it better or worse?):

This document provides quarterly report data for selected program indicators. The document covers activities for the third quarter (Q3) of fiscal year 2015, January 1 through March 31, 2015. Updates are included and reflect the best available data. Highlights include:

- Case counts used as “best available data” during NC FAST transition for Adult Medicaid and Family & Children’s Medicaid;
- End of calendar year 2014 case counts and fiscal year to date dynamics included where available
- Syphilis data identified as a “trend to watch”

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

This document is used to help create and maintain an awareness of service delivery dynamics through the presentation of data about programs and services.

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

Consider data, trends, and changes impacting services; request more detail where desired to maintain level of awareness of programs and services; and accept the corrections to items previously reported.

Attachments:

10 pages

1. HS Board Report Q3 FY15 cover page + four page report
2. HS Board Report Q2 FY15 cover page + four page report

Opportunities for Advocacy, Policy or Advisory:

Connections to Other Committees:



**Human
Services**

Wake County Human Services Quarterly Report By Service Designated Indicator

Fiscal Year 2015 – Quarter 2

*A Report on Trends in Case Load Activities for Programs and Services
October 1, 2014 through December 31, 2014*



**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

May 28, 2015

Wake HS Quarterly Report by Service Designated Indicator Quarter 2 FY15

PROGRAM or SERVICE	Indicator Tracked	Q1 FY15	Q2 FY15	COMMENTS FROM PROGRAM ABOUT LEVEL OF CHANGE AND IMPACT ON SERVICE DELIVERY (For this quarter only)	Fiscal Year to Date Count as of Dec 31, 2014
Adult Medicaid	New Cases Added per Quarter	686	22,037 ¹	¹ The case count is used as an indicator for this program during transition to the NC FAST system. The number for this reporting period is the case count on December 31, 2014, the last day of the second quarter (Q2 FY15).	22,037 individuals
Adult Guardianship	Wards Added per Quarter	7	3	All new cases are directed to a contract agency as a strategy to reduce the case load size of Wake HS staff. The three cases shown for the reporting period came in during a transition period with the contract agency.	10 unique individuals
Adult Protective Services	Accepted Reports per Quarter	68	50	New Adult Protective Services (APS) reports for Q2 FY15 are 9% lower than Q2 FY14.	118 reports
Child Welfare, CPS Assessments	Accepted Assessments per Quarter	1,464	1,516	New Child Protective Services (CPS) reports and assist requests for Q2 FY15 are 3% higher than Q2 FY14.	2,980 unique reports
Child Welfare, In Home	New In Home Service Cases for Families Opened per Quarter	180	150	The number of new Child Protective Services (CPS) In Home Services for Q2 FY15 are 12% lower than Q2 FY14.	330 unique families
Foster Care	New Placements of Children per Quarter	131	74	New placements in foster care in second quarter of FY15 are 12% lower than second quarter of FY14.	205 unique children

Wake HS Quarterly Report by Service Designated Indicator Quarter 2 FY15

PROGRAM or SERVICE	Indicator Tracked	Q1 FY15	Q2 FY15	COMMENTS FROM PROGRAM ABOUT LEVEL OF CHANGE AND IMPACT ON SERVICE DELIVERY (For this quarter only)	Fiscal Year to Date Count as of Dec 31, 2014
Child Care Subsidy	New Cases of Children Opened for Service per Quarter	427	451	New cases added in Q2 FY15 are 57% lower than Q2 FY14. Eligibility criteria is different for this reporting period compared to the same time last year.	878 unique children
Child Care Subsidy	New Cases Added to Wait List per Quarter	837	663	The Wait List reflects cases that qualify for services. Eligibility criteria is different for this reporting period compared to the same time last year.	1,500 children
Family and Children's Medicaid	New Cases Opened for Services per Quarter	3,611	85,212²	² The case count is used as an indicator for this program during transition to the NC FAST system. The number for this reporting period is the case count on December 31, 2014, the last day of the second quarter (Q2 FY15).	85,212 individuals
Capital Area Workforce Center at Swinburne	New & Repeat Customers Served per Quarter	5,726	4,790	Numbers represent traffic through the center and events. Day-to-day traffic remains consistent; however, fewer employment events are held at Swinburne. The RESCARE training representative will begin multiple offerings at Swinburne; their Employment Representative is considering offering hiring events at Swinburne.	10,516 new and repeat customers
Food and Nutrition Services (FNS)	New Cases Opened for Services per Quarter	5,130	4,297	The number of new cases opened in the second quarter (Q2 FY15) is 16% lower than the previous quarter (Q1 FY15). The Food & Nutrition Services (FNS) program has fully transitioned to NC FAST and staff are monitoring cases to ensure no disruption in client benefits.	9,427 households

Wake HS Quarterly Report by Service Designated Indicator Quarter 2 FY15

PROGRAM or SERVICE	Indicator Tracked	Q1 FY15	Q2 FY15	COMMENTS FROM PROGRAM ABOUT LEVEL OF CHANGE AND IMPACT ON SERVICE DELIVERY (For this quarter only)	Fiscal Year to Date Count as of Dec 31, 2014
Syphilis Services	New Cases being Served	50	46	Syphilis case trends in 2014 are very worrisome, in Wake as well as across the state of NC. There were 171 cases in Calendar Year (CY) ³ 2014, January 1-December 31, 2014; the previous high in this millennium was 115 cases in 2009. Cases grew by 61.3% between CY 2013 and CY 2014. Public Health staff (Disease Intervention Specialists and HIV/STD Outreach) as well as Clinical staff are currently intensifying their response to these high numbers via special work groups and comprehensive trend analysis. ³ Note: of the 171 cases in Calendar Year 2014, 96 were served from July 1-December 31, 2014.	96 new cases July 1-Dec 31, 2014
HIV / AIDS Services	New Cases being Served	48	39	HIV and AIDS cases for CY 2014 decreased slightly when compared to cases in CY 2013 - 3.5% decrease. There were 247 new cases served from January 1-December 31, 2014; of which 87 were served from July 1-December 31, 2014.	87 new cases July 1-Dec 31
Gonorrhea Services	New Cases being Served	272	285	Gonorrhea cases decreased slightly between CY 2013 and CY 2014 - 4.0%. There were 1,157 new cases served from January 1-December 31, 2014; of which 557 were served from July 1-December 31, 2014.	557 new cases July 1-Dec 31
Chlamydia Services	New Cases being Served	808	1225	Chlamydia cases increased slightly between CY 2013 and CY 2014 - 3.4%. There were 4,352 new cases served from January 1-December 31, 2014; of which 2,033 were served from July 1-December 31, 2014.	2,033 new cases July 1-Dec 31
Immunizations	Total Vaccine Doses Provided	9,123	14,001	These numbers include doses provided at Sunnybrook: Clinic A (HIV/STD), Child Health, Clinic E (immunizations), Clinic F (Women's Health), Clinic G (Prenatal), Regional Centers: ERC, NRC, SRC, and Outreach activities including Employee Immunization, Farmworker Health, and targeted Community Clinics. NOTE: Figures for Q2 include 6,301 Flu doses administered during this period.	23,124 doses
	Total Number of Clients at WCHS Receiving Vaccine Doses	4,278	7,525		11,803 unique individuals
Immunizations, Regional Centers	Total Vaccine Doses Provided	990	1,299	These numbers include doses provided at Eastern Regional Center (ERC), Northern Regional Center (NRC) and Southern Regional Center (SRC). NOTE: Figures for Q2 include 621 Flu doses administered at Regional Centers during this period.	2,289 doses
	Total Number of Clients at Regional Centers	524	769		1,293 unique individuals

Wake HS Quarterly Report by Service Designated Indicator Quarter 2 FY15

PROGRAM or SERVICE	Indicator Tracked	Q1 FY15	Q2 FY15	COMMENTS FROM PROGRAM ABOUT LEVEL OF CHANGE AND IMPACT ON SERVICE DELIVERY (For this quarter only)	Fiscal Year to Date Count as of Dec 31, 2014
WIC, Eastern Regional Center (ERC)	Active Participants per Quarter	2,992	2,680	The WIC program rolled out a new system on December 8, 2014. The figure for Q2 is the active participant count from October 1-December 8, 2014. On average 1,000 active participants were served monthly from July to November. Updates will be made when new data is available.	1,000 average monthly
WIC, Millbrook Center	Active Participants per Quarter	10,147	9,125	The WIC program rolled out a new system on December 8, 2014. The figure for Q2 is the active participant count from October 1-December 8, 2014. On average 3,410 active participants were served monthly from July to November. Updates will be made when new data is available.	3,410 average monthly
WIC, Northern Regional Center (NRC)	Active Participants per Quarter	2,824	2,387	The WIC program rolled out a new system on December 8, 2014. The figure for Q2 is the active participant count from October 1-December 8, 2014. On average 931 active participants were served monthly from July to November. Updates will be made when new data is available.	931 average monthly
WIC, Sunnybrook	Active Participants per Quarter	28,672	24,666	The WIC program rolled out a new system on December 8, 2014. The figure for Q2 is the active participant count from October 1-December 8, 2014. On average 9,493 active participants were served monthly from July to November. Updates will be made when new data is available.	9,493 average monthly
WIC, Southern Regional Center (SRC)	Active Participants per Quarter	5,097	4,441	The figure for Q2 is the active participant count from October 1-December 8, 2014. On average 1,685 active participants were served monthly from July to November. Updates will be made when new data is available.	1,685 average monthly



**Human
Services**

Wake County Human Services Quarterly Report By Service Designated Indicator

Fiscal Year 2015 – Quarter 3

*A Report on Trends in Case Load Activities for Programs and Services
January 1, 2015 through March 31, 2015*

Mission

*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.*

**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

May 28, 2015

Wake HS Quarterly Report by Service Designated Indicator Quarter 3 FY15

PROGRAM or SERVICE	Indicator Tracked	Q1 FY15	Q2 FY15	Q3 FY15	COMMENTS FROM PROGRAM ABOUT LEVEL OF CHANGE AND IMPACT ON SERVICE DELIVERY (For this quarter only)	Fiscal Year to Date Count as of March 31, 2015
Adult Medicaid	New Cases Added per Quarter	686	22,037¹	22,210¹	¹ The case count is used as an indicator for this program during transition to the NC FAST system. The number for this reporting period is the case count on March 31, 2014, the last day of the third quarter (Q3 FY15).	22,210 individuals
Adult Guardianship	Wards Added per Quarter	7	3	0	Our case load has dropped from 517 on 7/1/14 to 471 on 3/31/15, a decrease of 9%, due to new cases going to a contract agency. During the same period of time, the contract agency has add 56 new cases.	10 unique individuals
Adult Protective Services	Accepted Reports per Quarter	68	50	60	This is about average for this quarter (Q3) each year.	178 reports
Child Welfare, CPS Assessments	Accepted Assessments per Quarter	1,464	1,516	1,324	New Child Protective Services (CPS) reports and assist requests for Q3 FY15 are 6% lower than Q3 FY14.	4,304 unique reports
Child Welfare, In Home	New In Home Service Cases for Families Opened per Quarter	180	164	138	The number of new Child Protective Services (CPS) In Home Services opened in Q3 FY15 are 10% lower than Q3 FY14.	482 unique families
Foster Care	New Placements of Children per Quarter	131	74	97	The number of new placements in foster care in Q3 FY15 are 37% higher than the Q3 FY14.	302 unique children

Wake HS Quarterly Report by Service Designated Indicator Quarter 3 FY15

PROGRAM or SERVICE	Indicator Tracked	Q1 FY15	Q2 FY15	Q3 FY15	COMMENTS FROM PROGRAM ABOUT LEVEL OF CHANGE AND IMPACT ON SERVICE DELIVERY (For this quarter only)	Fiscal Year to Date Count as of March 31, 2015
Child Care Subsidy	New Cases of Children Opened for Service per Quarter	427	451	266	New cases added in Q3 FY15 are 41% lower than new cases added the previous quarter, Q2 FY15.	1,144 unique children
Child Care Subsidy	New Cases Added to Wait List per Quarter	837	663	574	The Wait List reflects cases that qualify for services using eligibility criteria in place at the time of application.	2,074 children
Family and Children's Medicaid	New Cases Opened for Services per Quarter	3,611	85,212²	89,230²	² The case count is used as an indicator for this program during transition to the NC FAST system. The number for this reporting period is the case count on March 31, 2014, the last day of the third quarter (Q3 FY15).	89,230 individuals
Capital Area Workforce Center at Swinburne	New & Repeat Customers Served per Quarter	5,726	4,790	4,494	Received state certification as a Tier 2 NCWorks Career Center in Raleigh at Swinburne by the NC Commission on Workforce Development. Regular workshops and recruiting events are being added to the schedule at Swinburne and attendance is evaluated to determine ongoing scheduling. RESCARE training developer on site weekly to develop/coordinate events for our location.	15,010 new and repeat customers
Food and Nutrition Services (FNS)	New Cases Opened for Services per Quarter	5,130	4,297	4,021	The figure for the reporting period shows the number of Food and Nutrition Services (FNS) applications approved from January 1-March 31, 2015.	13,448 households

Wake HS Quarterly Report by Service Designated Indicator Quarter 3 FY15

PROGRAM or SERVICE	Indicator Tracked	Q1 FY15	Q2 FY15	Q3 FY15	COMMENTS FROM PROGRAM ABOUT LEVEL OF CHANGE AND IMPACT ON SERVICE DELIVERY (For this quarter only)	Fiscal Year to Date Count as of March 31, 2015
Syphilis Services	New Cases being Served	50	46	52	Syphilis cases are a huge concern for Public Health at this time. The 171 cases served from January 1-December 3, 2014 were a 20-year record. In the first nine months of Wake County fiscal year 2015, July 1, 2014-March 31, 2015, 148 new cases have been served. If Q4 FY15 meets or exceeds the 52 new cases served for this reporting period, Q3 FY15, the program will have served 200 cases in fiscal year 2015.	148 new cases July 1, 2014 - March 31, 2015
HIV / AIDS Services	New Cases being Served	48	39	63	A decrease is seen compared to same period last year. Data for the period of January 1-March 31, 2014 showed 96 cases compared to 63 cases for the period of January 1-March 31, 2015.	150 new cases July 1, 2014 - March 31, 2015
Gonorrhea Services	New Cases being Served	272	285	379	An increase is seen compared to same period last year.	936 new cases July 1, 2014 - March 31, 2015
Chlamydia Services	New Cases being Served	808	1225	1338	An increase is seen compared to same period last year.	3,371 new cases July 1, 2014 - March 31, 2015
Immunizations	Total Vaccine Doses Provided	9,123	14,001	9,112	Represents vaccine doses administered in all Clinic and Program areas, including Regional Centers and Outreach activities.	32,236 doses
	Total Number of Clients at WCHS Receiving Vaccine Doses	4,278	7,525	3,871		15,674 unique individuals
Immunizations, Regional Centers	Total Vaccine Doses Provided	990	1,299	853	Represents doses provided ONLY at Regional Centers ERC-NRC-SRC.	3,142 doses
	Total Number of Clients at Regional Centers	524	769	416		1,709 unique individuals

Wake HS Quarterly Report by Service Designated Indicator Quarter 3 FY15

PROGRAM or SERVICE	Indicator Tracked	Q1 FY15	Q2 FY15	Q3 FY15	COMMENTS FROM PROGRAM ABOUT LEVEL OF CHANGE AND IMPACT ON SERVICE DELIVERY (For this quarter only)	Fiscal Year to Date Count as of March 31, 2015
WIC, Eastern Regional Center (ERC)	Active Participants per Quarter	2,992	2,680	pending	The program is transitioning to a new data management system. On average, 1,000 active participants were served in the first five months of FY15. Updates will be made as data become available.	1,000 average monthly (est)
WIC, Millbrook Center	Active Participants per Quarter	10,147	9,125	pending	The program is transitioning to a new data management system. On average, 3,410 active participants were served in the first five months of FY15. Updates will be made as data become available.	3,410 average monthly (est)
WIC, Northern Regional Center (NRC)	Active Participants per Quarter	2,824	2,387	pending	The program is transitioning to a new data management system. On average, 931 active participants were served in the first five months of FY15. Updates will be made as data become available.	931 average monthly (est)
WIC, Sunnybrook	Active Participants per Quarter	28,672	24,666	pending	The program is transitioning to a new data management system. On average, 9,493 active participants were served in the first five months of FY15. Updates will be made as data become available.	9,493 average monthly (est)
WIC, Southern Regional Center (SRC)	Active Participants per Quarter	5,097	4,441	pending	The program is transitioning to a new data management system. On average, 1,685 active participants were served in the first five months of FY15. Updates will be made as data become available.	1,685 average monthly (est)

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

Agenda Date: May 28th, 2015

Item: Public Health Fee Policy

PH Accreditation Benchmark #: 33.7

Specific Action Requested: Endorsement of changes to HS Public Health Fee Policy

List Goal and/or Objective Linked to in the 2012-2014 WCHS Strategic Plan:

*Access to health care services

Item Summary (Ex: What are major points/data. Is it better or worse.):

This is an update to the WCHS Public Health Fee Policy following consultation with DHHS and the Wake Finance Office.

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

To bring the WCHS Public Health Fee Policy into compliance with DHHS & Finance guidelines.

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

1. Endorsement by WCHS Board
2. Approval by Board of Commissioners in June 2015.

Attachments:

Opportunities for Advocacy, Policy or Advisory:

Connections to Other Committees:



Public Health Fee Policy

HS Policy HCL.BUS 300 3.0

Countywide or	X	Department: Human Services	X	Divisions: Public Health, Health Clinics, Child Youth & Family, Administration
Supersedes: WCHS Public Health Fee Policy dated 11/12/08				Original Effective Date: 4/1/2011
Authority: G.S.130A-39g Power and Duties of Local Board of Health; G.S. 130A-43(b) Power and duties of Consolidated Human Services Board; HDSA benchmark 33.7 bad debt write off; Federal Title X Section 8.4 charges, billing and collections				
Originating Department/Division/Section/Work Unit: Human Services/Health Clinics/Business and Operations				

Approved: PENDING

- I. **Purpose:** To establish policies and procedures that will take all appropriate and cost effective actions to ensure the fair and appropriate setting and collection of fees for physical health services provided by Wake County Human Services (WCHS).
- II. **Policy Statement:** WCHS provides a range of physical health services, many of which may be mandated by state contracts, grants, or participation in federal initiatives, or may be targeted to the needs of specific populations. WCHS is committed to keeping these services within reach of all Wake County residents.

WCHS provides services without regard to religion, race, national origin, creed, gender, parity, marital status, age or contraceptive preference.

A. Fee Setting

1. WCHS will conduct an annual review of fees. Charges shall be based on a cost analysis of all services provided, as documented in the "Medicaid Cost Analysis" report which is provided annually by the Office of Medicaid Reimbursement.
2. There shall be no fees charged to consumers who slide to zero on the Ability to Pay Scale, except fees for services provided through programs in which State/Federal regulations allow. Fees will be charged when allowable by State/Federal regulations.
3. There shall be no minimum fee requirement or surcharge indiscriminately applied to all patients.

B. Fee Collection

1. WCHS shall make every effort to collect appropriate reimbursement for the cost of providing services from individuals, insurance, and other third party payers.
2. No individual shall be denied services based solely on an inability to pay.
3. A foster child assigned by DSS shall be considered an economic unit of one and amount paid to the foster parent counted as the income for the child.
4. An individual or family in a correctional institution shall be considered a separate economic unit.

5. WCHS rules shall be utilized for establishing consumer residency and financial liability for services. The consumer's financial liability for services shall be based on family size and income, and their charges may be discounted per the Ability to Pay Scale. Proof of income is required. Client income is reassessed annually. If no proof of income is provided within the 30-day grace period, the client will be charged at 100% pay.
6. The Title X ability to pay scale for family incomes between 101% to 250% of the Federal Poverty Level (FPL) shall be used.
7. A copy of the consumer's registration and financial information shall be printed from the computer each time new financial income is obtained. The consumer's percentage of pay will be listed. The form shall be signed and dated by both the consumer and the interviewer on the date the information is taken. The sheet shall remain in the consumer record from the previous year for future review. Income will be updated at least annually.
8. In extreme or unusual circumstances, the health director or designee, in consultation with staff is authorized to adjust a charge for a patient who is unable to pay due to financial hardship or good cause.
9. Consumers shall not be charged for services when State/Federal rules prohibit fees.
10. Family Planning, Communicable Disease, and Immunization services shall be available to all consumers, regardless of county residency, and any applicable fees charged in accordance with State/Federal funding requirements.
11. Payment is due when the service is rendered. Billing statements shall be sent monthly on accounts that have a balance due unless confidentiality is jeopardized. Statements for inactive accounts with neither payments nor additional services for more than 1 year will be suspended.
12. Fees for self-pay clients receiving out-sourced services and/or testing shall be billed to the patient.
13. Accounts past due 60 days with a balance due of \$200 or more and no payment made to the account within that period may be placed with a collection agency and shall remain with the collection agency until the account is paid in full. Accounts may also be turned over to the N.C. Local Government Debt Set-Off Clearing house for collections.
14. If the consumer's account is turned over to a collection agency, the consumer shall be responsible for all collection fees resulting from this action.
15. The County shall charge a returned check fee for each check that is returned from the bank. If the customer fails to pay the original amount of the check and the returned check fee within 15 days of the date of certified letter, the account shall be turned over to the Worthless Check Program of the District Attorney's office. Wake County Finance sets the amount of the returned check fee.
16. Wake County Human Services fully utilizes appropriate collection methods. Outstanding accounts are aged monthly and reported to Wake County Finance at the end of each fiscal year. The H.S. Finance Officer may submit to the Wake County Finance Director bad debt accounts after the cost benefit from further collections is

no longer beneficial. Accounts with no financial activity (no charges nor payments) for the past 5 years may be written off as bad (uncollectable) debt.

17. There shall be no schedule of donations, bills of donation, or any other implied coercion for donation; however, donations are accepted.

18. Third party payers shall be billed (required if agency is "in network", otherwise optional), unless confidentiality is a barrier. Any remaining balances after insurance has paid shall be billed to the client. This may include copays, coinsurance, deductibles and non-allowed charges. The client shall be responsible for payment to WCHS for any insurance reimbursements made directly to him/her for services provided by WCHS.

C. Title X Exceptions

1. For purposes of determining consumer liability for Family Planning services, individuals, regardless of age, requesting confidential services shall be considered a family of one based on their income.
2. Clients responsible for paying balances are given bills showing amount owed as well as total charges and any allowable discounts at the time of service. Receipts shall be given for payments received. Third party bills show total charges without any discounts unless there is a contracted reimbursement rate that must be billed per third party agreement.
3. Family Planning clients who have private insurance shall be charged the lesser of their copay or their percent pay as determined by their family size and income.
4. Family Planning consumers shall not be required to meet with the Health Director in an attempt to collect on delinquent accounts.
5. Title X funds shall not be used to fund non-Title X services.

III. Definitions:

- A. Family is defined as a group of related or non-related individuals who are living together as one economic unit and their production of income and consumption of goods are related.
- B. Ability to Pay Scale (also called Sliding Fee Scale) shall establish the consumer's liability for services. The Ability to Pay Scale shall ensure that consumer fees are reasonable, given the family size and income.
- C. Third Party Payers shall be billed for covered services rendered, unless this will break client confidentiality in STD or Family Planning Clinics. WCHS shall verify Medicaid, Medicare and/or other third party insurance coverage. WCHS will comply with the rules and regulations of Medicaid, Medicare, and other third party coverage applicable to each service.

IV. **Applicability and Exceptions:** Applies to all staff involved in billing and payment of fees for physical health services.

V. **Policy Responsibility and Management:**

- A. Health Clinics Director and Human Services Finance Officer are responsible for policy development and implementation
- B. This policy shall be reviewed each fiscal year by the Health Clinics Director in consultation with WCHS Finance staff.

VI. Subject Matter Consultant(s):

- A. Wake County Finance Officer, Attorney, and Internal Auditor
- B. NC DHHS Department of Public Health

VII. References:

- A. Wake County Finance Manual
- B. Public Health Accreditation Interpretation Manual, Benchmarks 33.5 and 33.7
http://nciph.sph.unc.edu/accred/health_depts/materials/index.htm

VIII. Related Documents:

- A. WCHS Board Policy 301 Setting Fees for Public Health and Environmental Services
 S:\Protocols-WCHS Official Approved\WCHS Board

IX. Appendices: none

X. History:

Effective Date	Version	Section(s) Revised	Author(s)
04/06/2015	3.0	Section II Policy Statement - changed "citizens" to "residents" and added non-discrimination statement Section II.B.2 – added clarity to no denial of service statement Section II.B.3 – added foster child household definition Section II.B.4 – added client(s) in correctional institution household definition Section II.B.5 – added "30-day" to grace period for late income Section II.B.6 – deleted reference to specific software system Section II.B.7 – added minimum assessment period Section II.B.8 – deleted "Migrant Services" Section II.B.11 – added clarification to statement billing Section II.B.12 – added billing clients for out-sourced services Section II.B.13 – changed "will" to "may" Section II.B.15 – deleted \$25 and added fee setting entity Section II.B.16 – deleted "all" and added "monthly" to acct aging Section II.B.18 – added third party billing process Section II.C.1 – deleted "unemancipated minors and other"; added "regardless of age" and "based on their income" Section II.C.2 – added clarity for bills/receipts at time of service Section II.C.3 – added new Title X client charge methodology Section III.D. – deleted Section VII.B. - deleted - Changed 'will' to 'shall' throughout document for consistency	Donna Young Senior Accountant

6/2014	2.0	<p>Formatted to new template. Title –Deleted “Collection” Section I. Added “and setting” Section II.A.2 Deleted “no... funding is received”, - added “...regulations allow. Fees will be charged when allowable by State/Federal regulations.” Section II.B.4. Added. Section II.B.6 deleted “clinic director”, replaced with “ health director or designee” Section II.B.10 Deleted “For Family Planning Services, see Section IV Applicability and Exceptions”, - added “Accounts may also be turned over to the N.C. Local Government Debt Set-Off Clearing house for collections.” Section II.B.13 Added WCHS Bad Debt Write Off Policy Section II.C. Contents moved to this new section from Section IV Section V.A Added “ and Human Services Finance Officer” Section III.D. Added definition Section VII. Replaced manuals for old system with manuals for new electronic records system.</p>	<p>Donna Young, Senior Accountant</p> <p>Lynne Testa, Health Clinics Assistant Division Director</p>
2/7/14	1.5	<p>Section II modified bullet H to include Migrant Services as a program that serves clients regardless of county of residency.</p> <p>Section II. deleted bullet J regarding consumer refusal to pay</p> <p>Section III Third Party Payers was revised to include language about client confidentiality in STD and Family Planning Clinics.</p> <p>Section IV. Deleted bullet B regarding child support payments not being counted as income.</p> <p>Section IV. Deleted bullet D regarding family planning consumers shall not be required to show proof of income.</p>	<p>Lynne Testa, Health Clinics Assistant Division Director</p>
7/2013	1.4	<p>Catalog code changed from ADM.BOP.QUA to HCL.BUS to assign responsibility for this policy to the Health Clinics Division</p>	Jane Tallis
2/18/13	1.3	<p>Section II. J. Added reference to Section IV Title X Exceptions and Section II.R. Added reference to use of Medicaid Cost Analysis as basis for fee setting.</p>	Donna Young
10/01/12	1.2	<p>Added specific percentages for the 2 sliding fee scales used for Public Health – Title X added to Section IV & scale used for all other programs added to Section II. Moved existing Title X regulations and inserted additional Title X specific regulations to Section IV, which is now a section for Title X exceptions. Deleted redundant statements from Section IV already listed in Section II. Deleted references to discontinued MCC and CSC programs. Limited definitions in Section III to terms that are used within</p>	<p>Donna Young/Peter Morris</p>

		the body of the fee policy.	
4/1/2011	1.1	<ul style="list-style-type: none">Formatted to new template.Added 2 lines to Section IV on the recommendation of the state auditor to ensure explicit compliance with Title X.Approved by WCHS Board 3/24/2011	Donna Young
11/12/2008	1.0	Original	

DRAFT

Human Capital Development (HCD) Update

Human Capital Development



Human Capital Development Update May 28, 2015



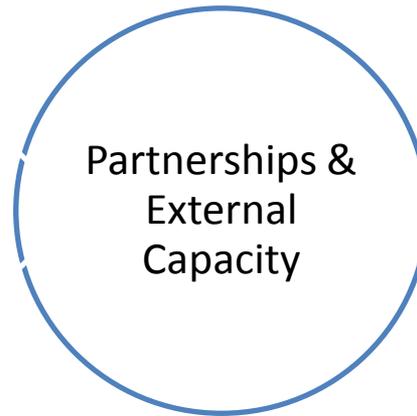
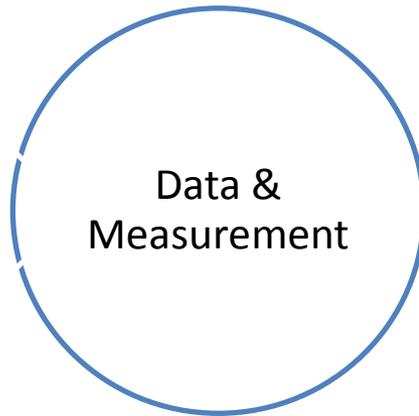
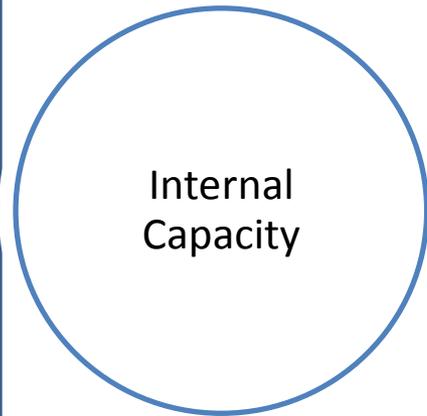
Human Capital refers to the *abilities, knowledge, and skills* an individual develops through education and experience that can be utilized to achieve personal and economic goals.

Human Capital Development refers to our *strengths based approach* for engaging individuals and families in their own development in the *eight core areas*, called tracks, which are key to *sustainable success*.

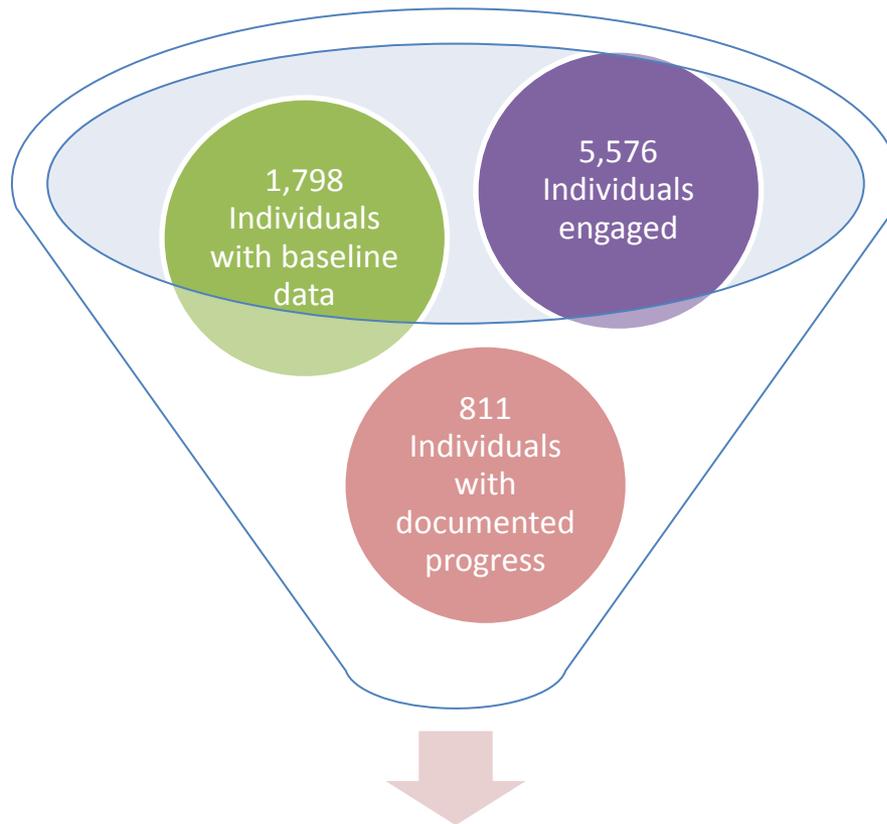


Human Capital Development

2008 →→→↻→→→ 2015



Human Capital Development



80% of HCD participants made progress
in at least one area
(N=1,006)

One Time Events and Multi-session Programs

- Capital Area Workforce Center
- Club Choice
- Customer Service Partnership
- Employment Coaching
- Family & Community Network
- Family Services
- HIV Outreach and Bridge
- Middle Class Express
- Making Proud Choices
- Moving and Grooving
- Regional HCD Fairs
- South Wilmington St. Employment
- South Wilmington St. Housing
- YOLO

Internal Capacity



HCD Outcomes

- **Stable Employment**
- **Earned Income**
- **Stable Housing**
- **Preventative Health Care**
- **Educational Attainment**

Data &
Measurement



HCD Summit



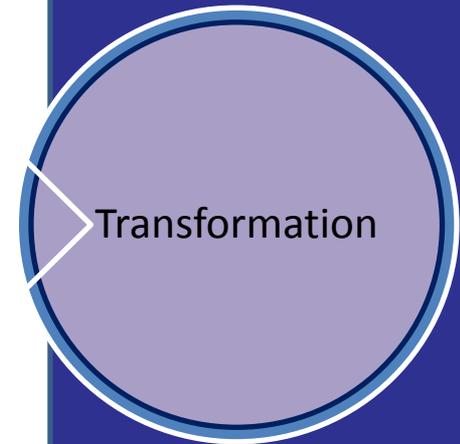
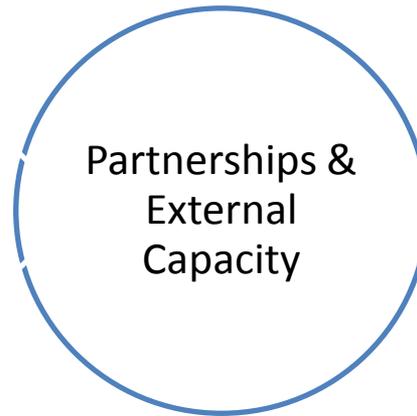
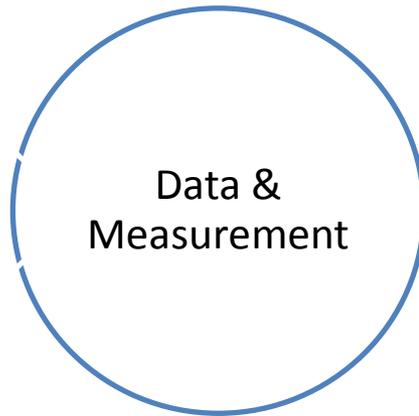
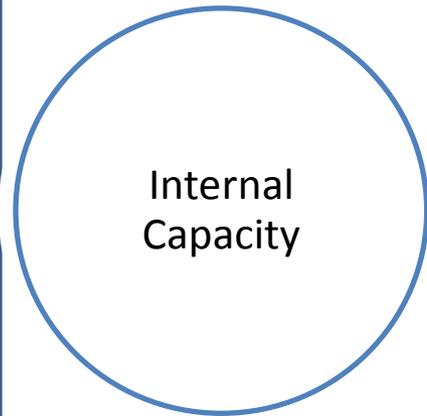
- Organized by the Social Services Committee
- 106 individuals attended
- 81 individuals participated in regional breakout sessions

Partnerships &
External
Capacity



Human Capital Development

2015 →→→↻→→→



HCD Core Team

Internal
Capacity

Transformation

- ⇒ Common Definitions
- ⇒ Internal Communication
- ⇒ Data Collection & Reporting
- ⇒ External Communication
- ⇒ Partnership Development



Shared Measurement System

Data &
Measurement

Transformation

- ⇒ **Common Indicators** and core data elements identified across initiatives
- ⇒ **July 1 implementation** with existing one time events and multi-session programs

HCD Summit Follow-up

Partnerships &
External
Capacity

Transformation

➔ Regional Alignment & Approach

91% “willing to continue engagement”

➔ Focusing on all 8 Tracks



The HCD Core Team

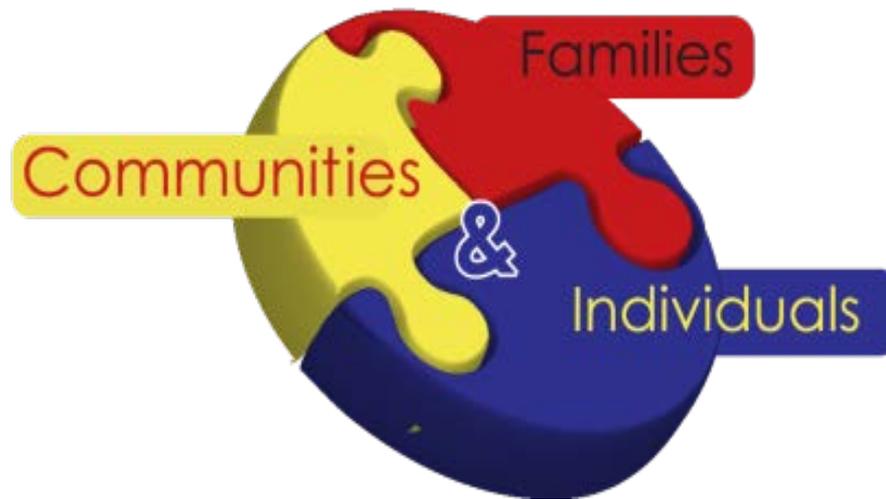
THANKS YOU!

- ... Janny Flynt
- ... Vielka Maria Gabriel
- ... Ann Godwin
- ... CJ Harper
- ... Jason Mahoney
- ... Karen Morant
- ... Ginny Satterfield

Human
Capital Development



Human Capital Development





**Human
Services**

Wake County Human Services
Human Capital Development Update

**Human
Capital Development**



Update to Wake County Human Services Board and Director, Regina Petteway

Compiled by: Ann Godwin, Wake County Human Services, Program Specialist

April 27, 2015

Human Capital

The abilities, knowledge, and skills an individual develops through education and experience that can be utilized to achieve personal and economic goals.

Human Capital Development

A strengths-based approach for engaging individuals and families in their own development in eight core areas, called tracks, which are the key to sustainable success.

Tracks to Success

- Employment
- Financial Literacy & Entrepreneurship
- Formal Education
- Training & Skill Sets
- Attitude & Mindset
- Access & Utilization of Resources
- Healthy Lifestyle
- Family, Community & Civic Engagement

Introduction

In 2008, the Wake County Board of Commissioners identified building human capital as one of ten high priority goals. This priority was defined as “Building Human Capital: Develop and implement a plan to deliver human services that will enable citizens to achieve and/or maintain middle class status, ultimately reducing dependence on governmental support. This includes life coaching, connection to opportunities and specific economic goals for individuals.” The Human Services Department mobilized around this goal, seeking to become an agency that not only provided safety net services to the county’s most vulnerable citizens, but also intentionally engaged those citizens in opportunities to develop their human capital. Key strategies included:

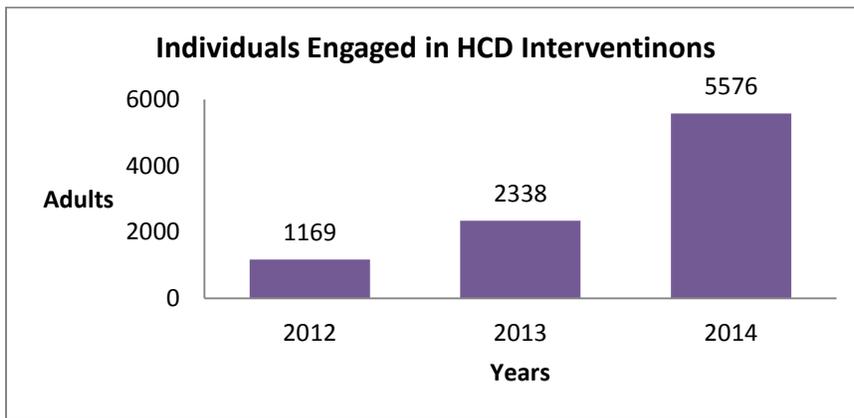
- **Building internal capacity** through mandatory staff training, integrating strategies consistent with human capital development into existing programs, and piloting human capital development projects.
- **Creating a measurement system** to track outcomes across programs over time.
- **Developing external capacity** by providing training in human capital development and life coaching to community partners, and connecting partners to one another and to consumers in order to maximize impact.

Human Capital Development (HCD) has remained a priority of the Board of Commissioners since that time. It has also been adopted as a priority for the Human Services Board, which included strategies specific to HCD in their 2014 work plan.

Building Internal Capacity: Human Capital Development Integrated in Strategic Planning

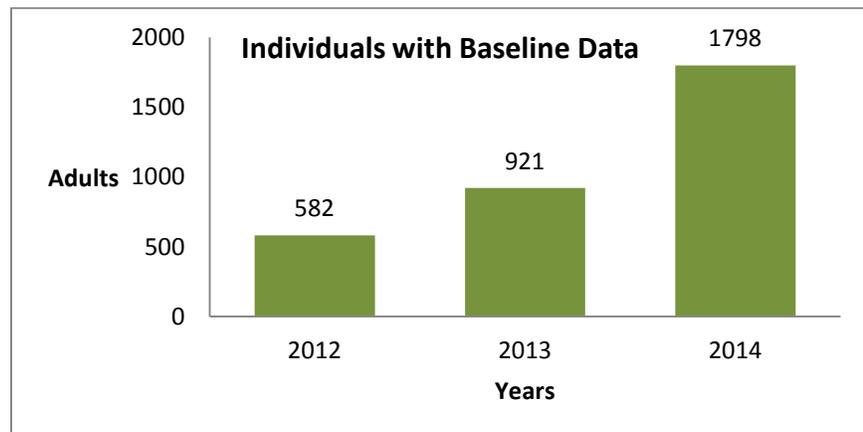
The 2012-2014 Wake County Human Services Strategic Plan established three departmental objectives aimed at increasing human capital. Every division was required to identify strategies for contributing to human capital development, and report progress quarterly. These objectives were selected to not only capture data for reporting purposes, but to also acknowledge that sustainable change takes time, and that there are critical activities and milestones that must be achieved before bold outcomes are accomplished. The three objectives were:

- Objective 1—Increase the number of adults who receive interventions aimed at increasing human capital. (Engaged)
- Objective 2—Increase the number of adults for whom we measure progress toward human capital objectives. (Tracked)
- Objective 3—By 2014 80% of Wake County Human Services clients tracked in HCD interventions will show measurable progress in one or more of the HCD outcomes. (Progressed)

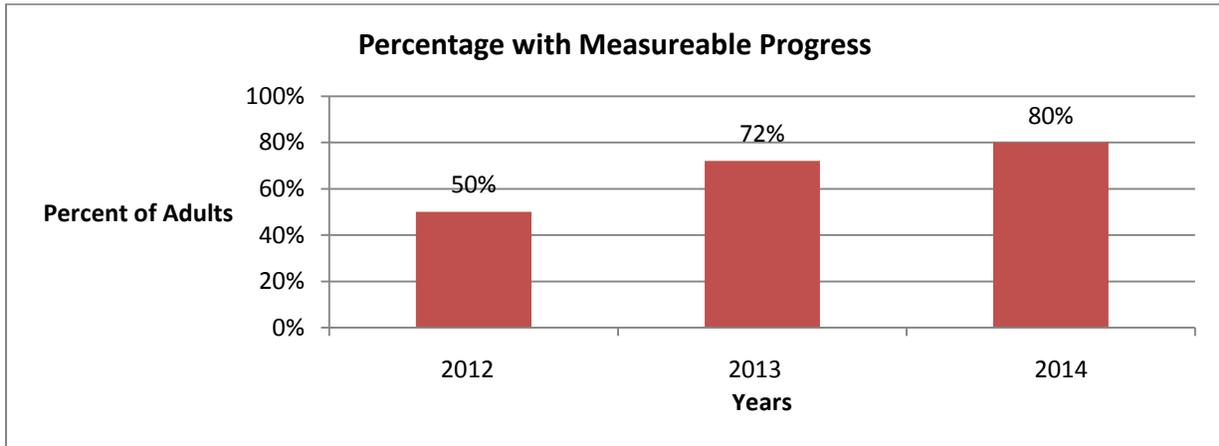


The chart to the left represents progress on the first strategic plan objective, which tracked the number of individuals engaged in human capital development interventions. As you can see, the number of individuals engaged increased by 476%. This represents individuals engaged in ongoing programming, as well as those attending one time educational events or activities.

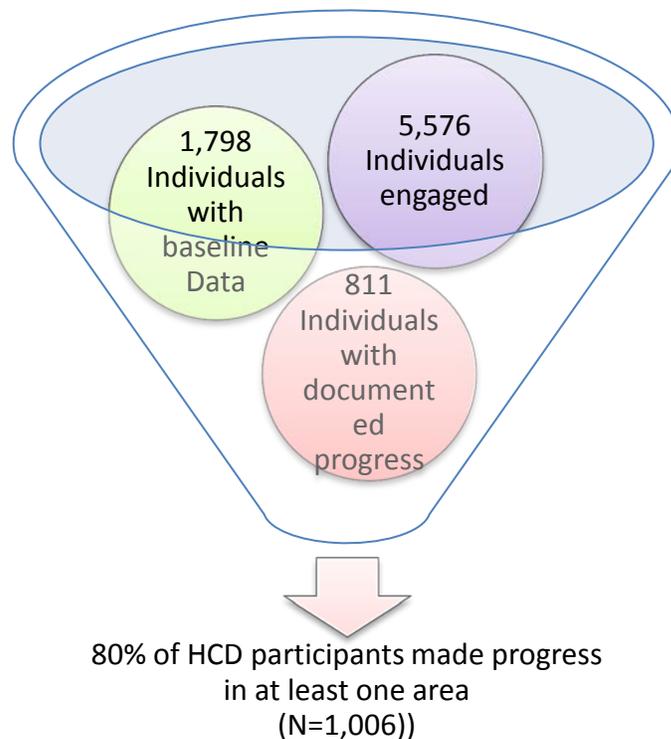
The chart to the right represents progress on the second strategic plan objective—individuals with baseline data captured for the 11 indicators used to measure progress in key areas aligned with the 8 tracks to success.



The chart below illustrates the percentage of individuals participating in human capital development interventions showing measurable progress in one or more areas. It represents the subset of HCD participants who had two data points (baseline and at least one follow-up). In 2013 there were 261 individuals with two data point, 181 of which made progress. In 2014 there were 1,006 individuals with two data points, of that 811 made progress.



The sequencing of these objectives underscores that first consumers must be engaged, only then can baseline data be gathered, and at least two data points are necessary in order to measure change.



Creating a Measurement System: Aligning Data Management Systems

Since the beginning of the Human Capital Development Campaign in 2008, Wake County Human Services has been committed to tracking consumer participation and progress in interventions designed to build human capital. Initially data was collected and stored at the project level, with each project reporting results to the Human Capital Development Operations Team and Human Services Director. Since each project had their own unique data management system there were significant challenges compiling and analyzing the data. In 2012 a multi-disciplinary team developed the HCDatabank, a set of standard questions that each project would complete for each of their participants, store in their own spreadsheet, and share with the internal HCD Data Analyst. Projects were given flexibility in how they gathered the information (paper survey, electronic survey, personal interview etc) in order to fit in with their existing business practices. This information, along with information gathered through the Human Services Cabinet, has been used for strategic planning updates and other reporting purposes.

In 2013 Wake County Human Services launched the Family Community Network (FCN), a platform for engaging Human Service clients and sharing information with them about opportunities and services that may be appropriate for their families. Designated FCN staff provide information about a wide variety of resources, including HCD project and activities, and encourage individuals to complete a self-assessment that identifies their needs and interests. This assessment was designed to be aligned with HCD outcomes.

Representatives from the Human Capital Development Core Team, Middle Class Express Program, and Family Community Network staff have initiated a continuous quality improvement project. They have reviewed the data (content, quality, and quantity) and data collection systems currently being used by each group, and lessons learned through implementation. They are jointly developing a shared data management system that builds consistency of a data across systems and supports data driven decisions.

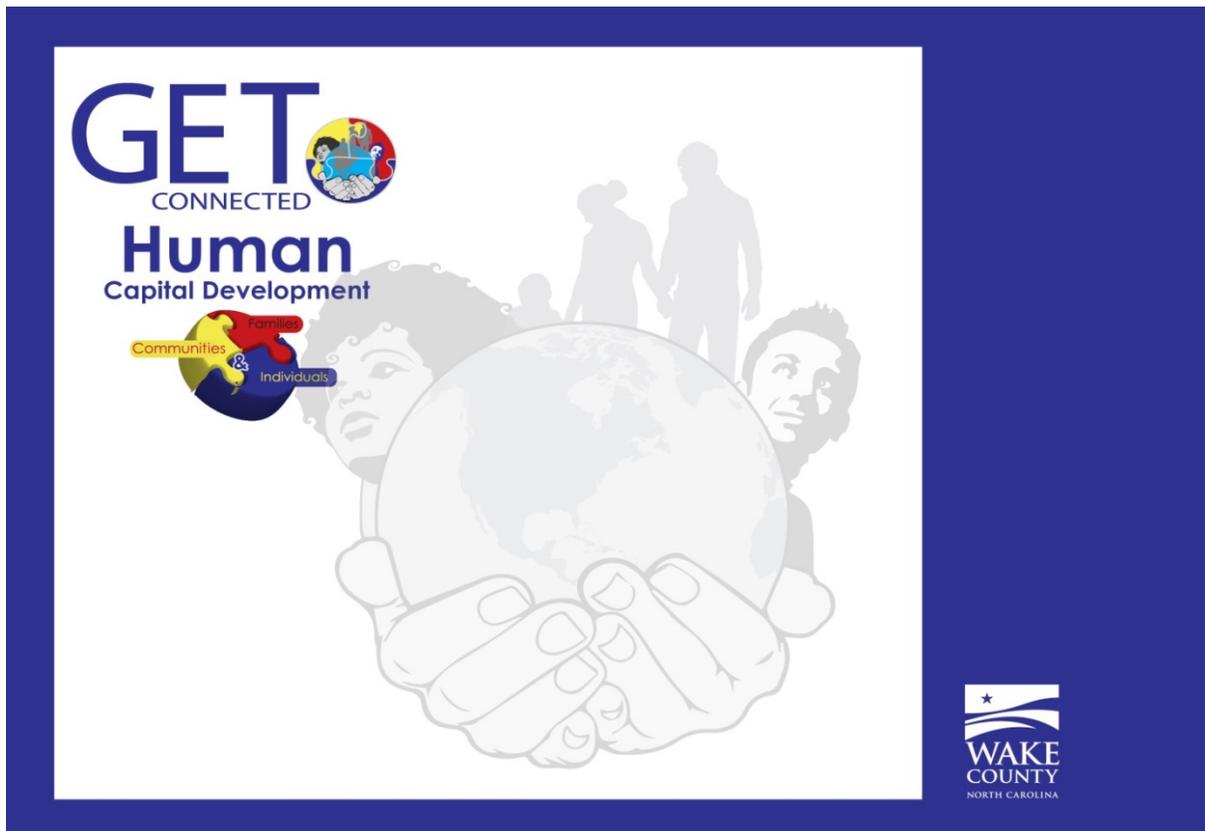
Human Capital Development Outcomes:

- Attainment or maintenance of **stable employment** for a period of 12 months or longer
- Experience or sustained increase in **earned income** for a period of 12 months or greater
- Attainment or maintenance of **stable housing** over a 12 month period or longer
- Increased participation in **preventative health care** practices (to include: health screenings, annual physicals, pap smears, mammograms, improvement in BMI, achieve ATOD reduction/cessation)
- Increased **educational attainment** (completion of degree or certificate by accredited institution)

Developing External Capacity: Supporting Critical Partnerships

A host of community partners have been engaged to address gaps in opportunities for consumers and access related to each of the eight tracks to success. Partnerships have formed at multiple levels— agencies receiving training on human capital development and life coaching in order to implement their own HCD projects or practices; organizations providing education, priority access, and resources to individuals involved in Human Services HCD projects; groups participating in resource and information fairs; and large community collaboratives and collective impact initiatives seeking connection to this work to create synergy and minimize duplication of effort.

In 2014 a partnership inventory was completed. That inventory will need to be monitored and updated as more partners are identified and engaged. In March of 2015 the Wake County Human Services Board hosted a Human Capital Development Summit with the theme of “Get Connected”. The Summit was an opportunity for Board members to connect with HCD partners, and partners to connect with one another. Over 100 people participated in this event, with 89% reporting that the summit gave them a “better understanding of the definition of human capital”, and 91% responding that it “helped me to connect to other organizations and/or receive resources that I may be able to work with in the future.”



Conclusions and Moving Forward

In February 2015, the Human Services Director, Regina Petteway, created a Human Capital Development Core Team that is charged with providing leadership to this work. This team reports through the Division of Administration, assuring that Human Capital Development strategies are integrated throughout the agency and are intentionally aligned with other strategic initiatives.

Key strategies continue:

- **Building internal capacity** through mandatory staff training, integrating strategies consistent with human capital development into existing programs, and piloting human capital development projects.
 - ➔ The HCD Core Team has developed official definitions for use within our agency for Human Capital and Human Capital Development. Next steps include developing and implementing a communication plan for sharing this with current employees and training new staff on the fundamentals of human capital development.
 - ➔ HCD Core Team members will meet with leaders of existing HCD projects to get status updates and share relevant information regarding data collection and reporting.
 - ➔ HCD Core Team Leader will work with administrators to develop an engagement plan for each division in order to help infuse HCD throughout the organization.

- **Creating a measurement system** to track outcomes across programs over time.
 - ➔ HCD and FCN staff will finalize a shared measurement tool and develop related business practices.
 - ➔ HCD Core Team leader will develop a standard reporting schedule to meet the interests of multiple stakeholders.

- **Developing external capacity** by providing training in human capital development and life coaching to community partners, and connecting partners to one and another and to consumers in order to maximize impact.
 - ➔ HCD Core Team and WCHS staff to the Social Services Committee will synthesize information from the HCD Summit and make recommendations for future action.
 - ➔ WCHS staff will continue to provide HCD related training to community partners
 - ➔ HCD Core Team will develop model for engaging and supporting community partners in HCD projects and activities.

Acknowledgements

Information in this report is representative of work accomplished through the Human Capital Development Cabinet. This work continues to be supported by the Human Capital Development Core Team.

Human Capital Development Cabinet

- Darryl Blevins
- Ingrid Bou-Saada
- Lisa Cauley
- Ida Dawson
- Ewa Dobosz
- Janny Flynt
- Vielka M Gabriel
- Ann Godwin
- Petra Hager
- Caroline J Harper
- David Harris
- Giang Le
- Sue L Ledford
- Jason Mahoney
- Annemarie Maiorano
- Karen Morant
- Naomi Norris
- Regina Petteway
- Elizabeth Scott
- C Robert Sorrels
- Yvonne Torres
- Barbara Waite
- Rosena West
- Katherine Williams
- Emi Wyble
- Ross Yeager

Human Capital Development Core Team

- Janny Flynt
- Vielka M Gabriel
- Ann Godwin
- Caroline J Harper
- Jason Mahoney
- Karen Morant
- Ginny Satterfield

Human Capital Development



GET

CONNECTED



Human Capital Development



HCD Summit

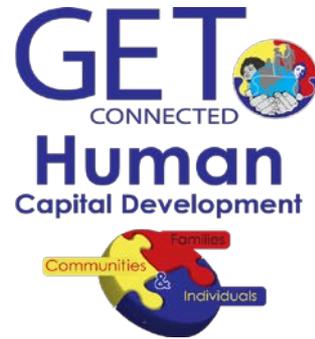
March 27, 2015





Human Capital Development Summit

An Initial Report on the Attendance, Results, and Next Steps related to the March 27, 2015 Summit initiated by the Social Services Committee



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

Compiled by: Ann Godwin, Wake County Human Services, Program Specialist
May 1, 2015

Introduction...

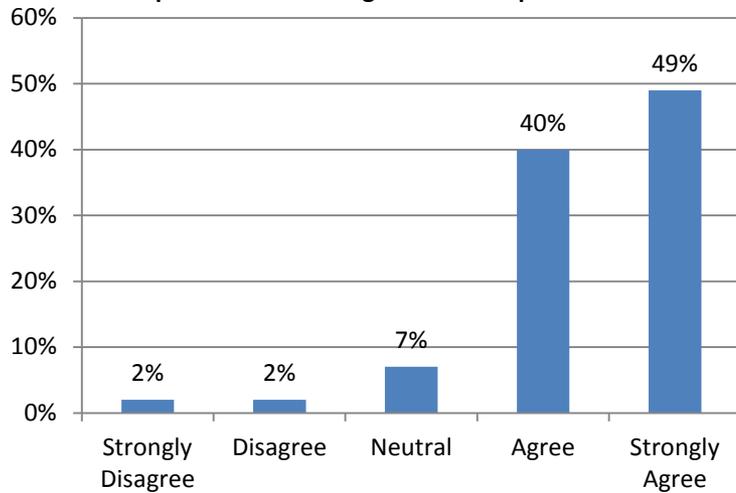


Who Attended?

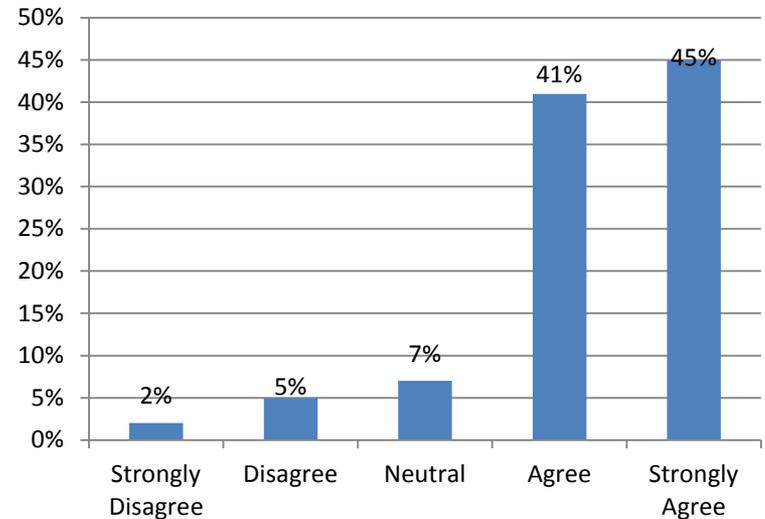
- 100+
 - Community & Faith
 - Government Officials
 - Human Services Board & Committees
 - Human Services Staff

What Did They Say? (knowledge gained)

Participant understanding of human capital

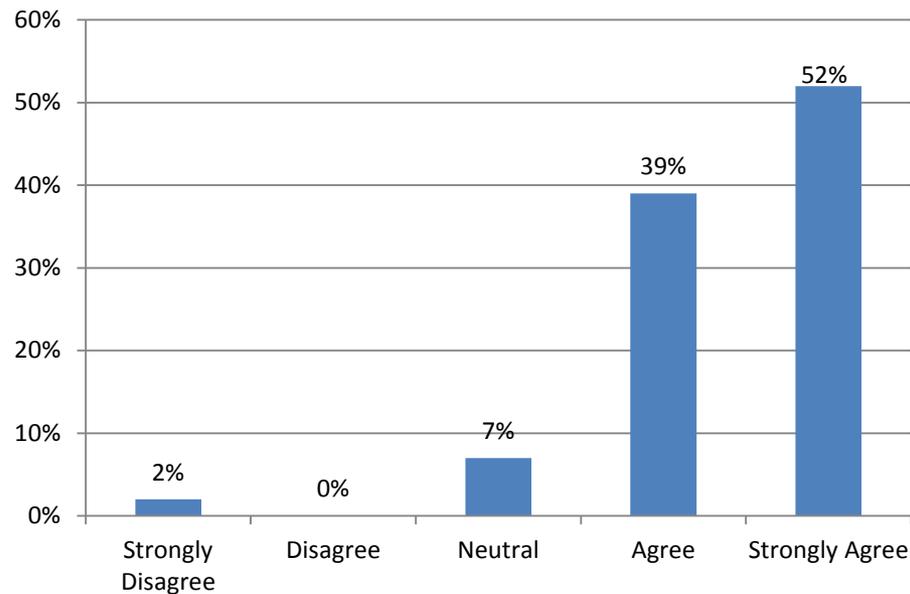


Participant understanding of the 8 tracks

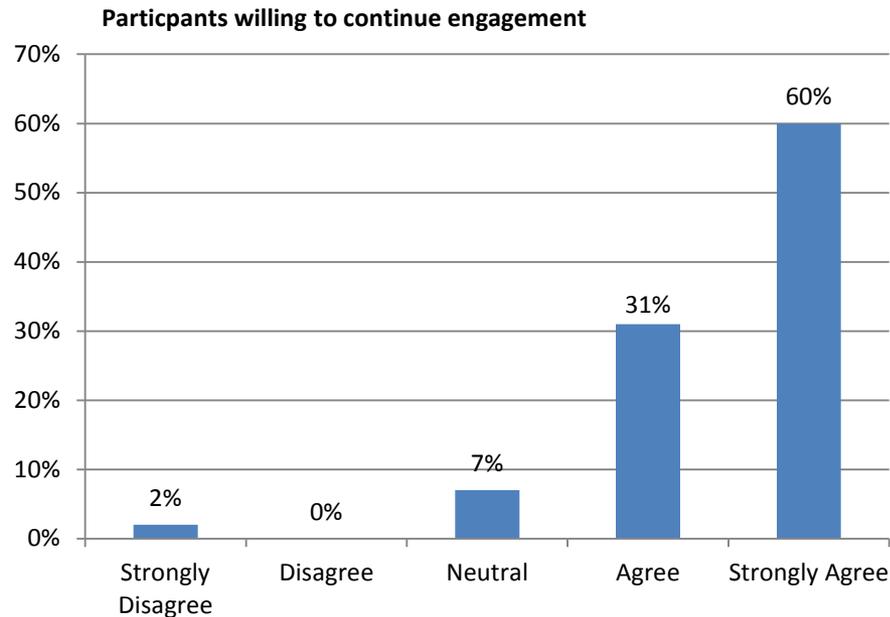


What Did They Say? (effective networking)

Participants connecting to other organizations



What Did They Say? (commitment to continue)





Next Steps?

- Staff Commitment
- Support Regions
- Fill Gaps
- Ideas from the Crowd

GET

CONNECTED



Human Capital Development



HCD Summit

March 27, 2015

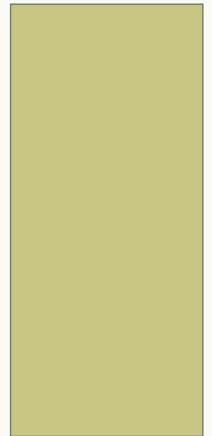


Summer Food Service Program (SFSP)

Planning Committee Update

**SUMMER FOOD SERVICE PROGRAM
(SFSP)**

PLANNING COMMITTEE UPDATE



OVERVIEW OF SFSP

Federally funded, state administered program that provides reimbursement to providers who serve healthy meals to children in low income areas at no charge to the child during summer months



REASONS FOR THE INITIATIVE

- In Wake County, the National School Lunch Program served free/reduced priced meals each day to 55,000 children
 - Only 6,060 (11%) of those children received meals through SFSP in the summer
 - So, 49,000 children did not get access to meals last summer
- Wake County did not access over \$9 million in 2014 to provide summer meals to children

PLANNING PROCESS

- Wake County Human Services Board's Public Health created a planning committee to study high need areas and set strategies for implementation
- Identified 2 pilot zip-codes: 27610 and 27601
- Recruited sponsors and sites
- Enlisted support of Raleigh Citizen Advisory Council (CAC)
- In the process of publicizing the information through collaboration with Wake County's Communications Office

LIST OF STAKEHOLDERS

- Wake County Human Services
- NC Department of Public Instruction
- Wake County Public School System
- Wake County Environmental Services
- Food Bank of Central and Eastern North Carolina
- Wake County Cooperative Extension
- Poe Center for Health Education
- No Kid Hungry

SCHOOL SITES INVITED TO PARTICIPATE

	Principal's Last Name	Principal's First Name	School Name	Address Line 1	Address Line 2	School-Type
1	Jones	Candis	Southeast Raleigh High School	2600 Rock Quarry Road	Raleigh, NC 27610	Public
2	Cummings	Lisa	Wake Early College of Health and Science	2901 Holston Ln	Raleigh, NC 27610	Public
3	Brower	Curtis	Powell Elementary School	1130 Marlborough Road	Raleigh, NC 27610	Public
4	Dula	Greta	Ligon Middle School	706 E Lenoir St	Raleigh, NC 27601	Public
5	Colvin	Daniel	Mary E. Phillips High School	1923 Milburnie Road	Raleigh, NC 27610	Public
6	Grant	Bob	Washington Elementary School	1000 Fayetteville St	Raleigh, NC 27601	Public
7	Barnes	Danny	Moore Square Museums Middle School	301 S Person St	Raleigh, NC 27601	Public
8	Holland Fenner	Cheryl	Fuller Elementary School	806 Calloway Dr	Raleigh, NC 27610	Public
9	Williams	Dr. Annice	Poe Elementary School	400 Peyton St	Raleigh, NC 27610	Public
10	Hanzer	Elaine	Longview School	318 N King Charles Road	Raleigh, NC 27610	Public
11	Pelton	Briana	Hunter Elementary School	1018 E Davie St	Raleigh, NC 27601	Public
12	Williams	Johneka	Bugg Elementary School	825 Cooper Road	Raleigh, NC 27610	Public
13	Lyons	Scott	Enloe High School	128 Clarendon Crescent	Raleigh, NC 27610	Public
14	Jahad	Tammy	Barwell Road Elementary School	3925 Barwell Road	Raleigh, NC 27610	Public
15	Martin	Vonda	Walnut Creek Elementary School	2600 Sunnybrook Road	Raleigh, NC 27610	Public
16	Perry Johnson	Pamela	Carnage Middle School	1425 Carnage Dr	Raleigh, NC 27610	Public
17	Harris Floyd	Sharon	River Oaks Middle School	4700 New Bern Ave	Raleigh, NC 27610	Public
18	Bailey	Betty	Gethsemane Church School	2521 Sanderford Road	Raleigh, NC 27610	Private
19	Dunn	Lillian	Love Christian Ctr. Academy	410 Lord Berkley Dr	Raleigh, NC 27610	Private
20	Pittman	Anisha	Word of God Christian Academy	3000 Rock Quarry Road	Raleigh, NC 27610	Private
21	Faison	Natasha	Upper Room Christian Academy	3330 Idlewood Village Dr	Raleigh, NC 27610	Private
22	Butler-Williams	Melanie	Preeminent Charter School	3815 Rock Quarry Road	Raleigh, NC 27610	Charter
23	Soloman	Ian	Wake Young Men's Leadership Academy	567 E. Hargett St	Raleigh, NC 27601	Public

LIST OF CURRENT SITES

	Site	Address	City	Zip	Site Type	Sponsor	Start Date	End Date
1	Camp Genesis	109 S. Wilmington Street	Raleigh	27601	Closed	Wake County Schools	6/15	8/7
2	CIS-Duke Energy @ Chavis	781 Bright Creek Way	Raleigh	27601	Closed	Wake County Schools	6/15	8/7
3	CIS-PNC Learning Center at Heritage Park	416 Dorothea Drive	Raleigh	27601	Closed	Wake County Schools	6/15	7/16
4	Raleigh Parks & Rec - Sanderford Rd. Neighborhood Center	2623 Sanderford Road	Raleigh	27601	Closed	Wake County Schools	6/15	8/7
5	W. E. Mangum Children's Development Center	211 S. Person Street	Raleigh	27601	Closed	Wake County Schools	6/15	8/7
6	Raleigh Boys Club	605 Raleigh Blvd.	Raleigh	27610	Closed	Boys Club of Wake County, dba Boys & Girls Clubs	6/9	8/7
7	Raleigh Girls Club	701 N. Raleigh Blvd.	Raleigh	27610	Closed	Boys Club of Wake County, dba Boys & Girls Clubs	6/9	8/7
8	The Club - Teen Center	721 N. Raleigh Blvd.	Raleigh	27610	Closed	Boys Club of Wake County, dba Boys & Girls Clubs	6/9	8/7
9	Cornerstone	2325 Sanderford Rd	Raleigh	27610	Open	Miracles and Blessing DBA The Dream Center USA, Inc	6/1	8/31
10	Bar Well Road Elementary	3925 Barwell Road	Raleigh	27610	Closed	Wake County Schools	1/5	8/27
11	Poe Center for Health Education (Open)	224 Sunnybrook Road	Raleigh	27610	Open	Wake County Schools	6/17	8/5
12	Raleigh Parks and Rec - Tarboro Road Center	121 N. Tarboro Road	Raleigh	27610	Closed	Wake County Schools	6/15	8/7
13	Raleigh Parks and Rec-Sgt Courtney Johnson Neighborhood Center	1801 Proctor Drive	Raleigh	27610	Closed	Wake County Schools	6/15	8/7
14	YMCA of the Triangle - SAU	1315 Oakwood Ave.	Raleigh	27610	Closed	YMCA of The Triangle	6/15	7/31
15	CISWake PNC Learning Center at Heritage Park	416 Dorthea Drive	Raleigh	27601	Closed	Food Bank of CENC, Wake County Schools	6/15	7/31
16	Homework Haven	513 Branch St.	Raleigh	27601	Open	Food Bank of CENC	6/15	8/14
17	OASIS	1005 East Martin Street	Raleigh	27601	Open	Food Bank of CENC	6/22	8/14
18	Treasuring Christ Church	554 E. Hargett St.	Raleigh	27601	Open	Food Bank of CENC	6/22	6/25
19	Go Hard for Life International	124 Luther Road	Raleigh	27610	Closed	Food Bank of CENC	6/9	8/21
20	Light of Life Ministry	4204 Willow Oak Road	Raleigh	27610	Open	Food Bank of CENC	6/9	8/21
21	Mt Peace	1601 Martin Luther King Blvd	Raleigh	27610	Open	Food Bank of CENC		
22	Raleigh North/ Millbrook Apartments	1500 N Raleigh Blvd.	Raleigh	27610	Open	Food Bank of CENC	6/9	8/21
23	Walnut Creek Elementary	2600 Sunnybrook Rd	Raleigh	27610	Closed	Wake County Schools	7/13	7/31
24	Powell Elementary	1130 Marlborough Rd.	Raleigh	27610	Closed	Wake County Schools	7/13	7/31

Highlighted sites are not confirmed

Sites Invited to Participate in 2015: 16 Public Schools (WCPSS); 4 Private; and 1 Charter

Note: River Oaks is not Included on the Map

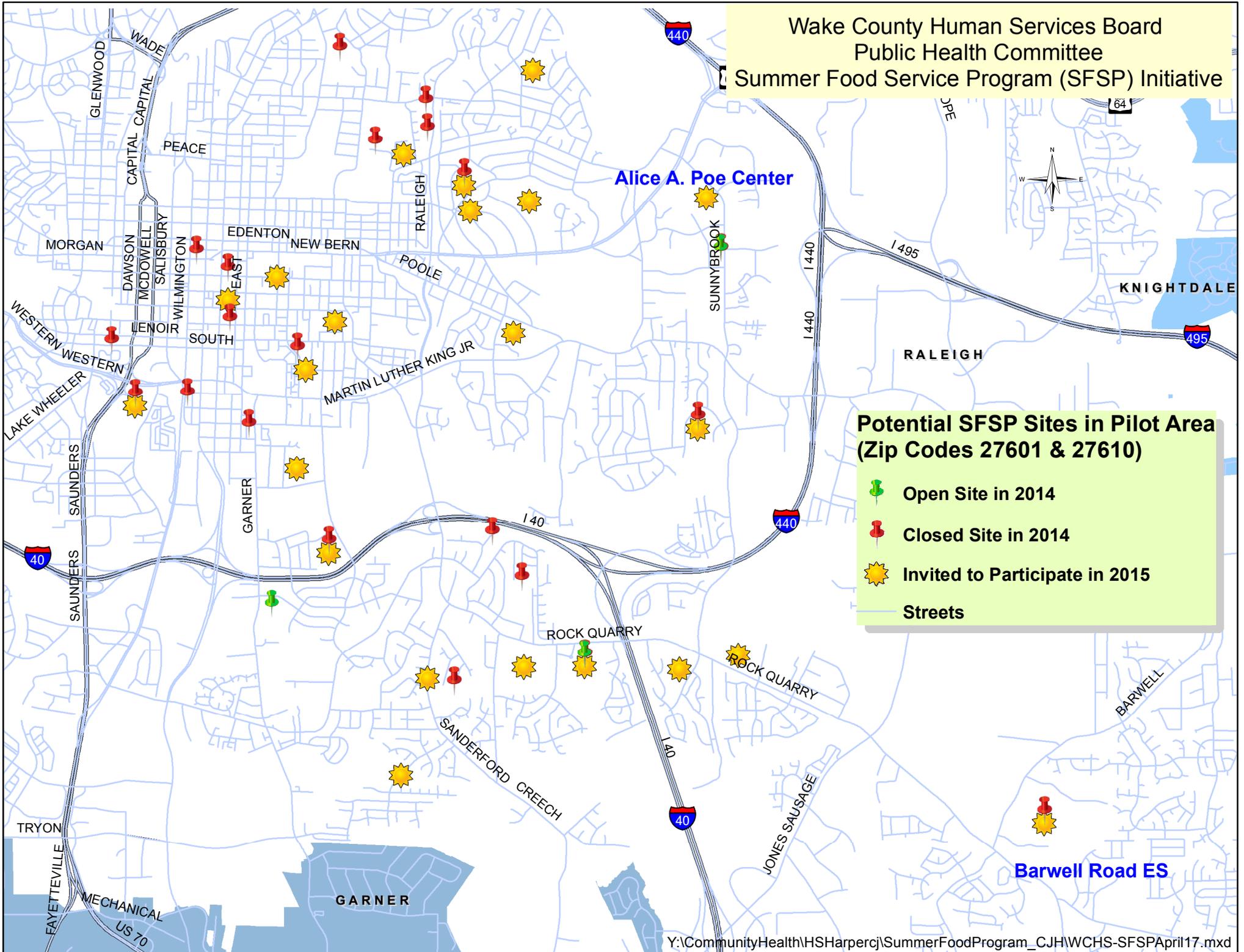
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This table is the source of data mapped for 2015 Potential sites.

Prepared on 04/13/2015 by C. Harper and Amina Shah.

Revised 04/17/2015

Wake County Human Services Board
Public Health Committee
Summer Food Service Program (SFSP) Initiative



**Potential SFSP Sites in Pilot Area
(Zip Codes 27601 & 27610)**

- Open Site in 2014
- Closed Site in 2014
- Invited to Participate in 2015
- Streets

Medicaid Reform Presentation



NC Hospitals and Health Systems: Transforming for the Future

**Wake County Human
Services Board
May 21, 2015**



North Carolina Hospital Association

Goals of the Presentation

- What is Medicaid?
- What is Medicaid reform and why should the businesses care?
- Tax reform – Non-profit Sales Tax Exemption
- How can you help?

Triangle Area Hospitals Keeping Your Community Healthy

WakeMed Health & Hospitals

Duke Medicine

Rex/UNC Healthcare



Triple Aim to Optimize Healthcare

WakeMed Health & Hospitals

- **Private, not-for-profit multi-facility health system located in Wake County**
- **884-beds**
- Wake County's level one trauma center
- Rehabilitation Hospital – Raleigh, Services at YMCA Cary and Kraft
- The Area's only Children's Emergency Room and Hospital - Raleigh
- Community Hospital – Cary, Women's Pavilion & Birthplace
- North Raleigh Women's Hospital (under construction, May 2015)
- Healthplexes & Medical Parks (Apex, Brier Creek, Garner)
- Primary and specialty care physician practices (200+ physicians)
- Wake County's only level four NICU (neonatal intensive care unit)
- Critical Care Transport – Ground and Air
- Over 8,300 employees, 1,500 volunteers

Duke Medicine



Duke Medicine

Academic

Duke University Health System

Duke
LifePoint
Healthcare

Private
Diagnostic
Clinic,
PLLC

PRMO

School of
Medicine

School
of
Nursing

Physical
Therapy
Program

Physician
Assistant
Program

Duke
University
Hospital

Duke
Raleigh
Hospital

Duke
Regional
Hospital

Duke
Home
Care and
Hospice

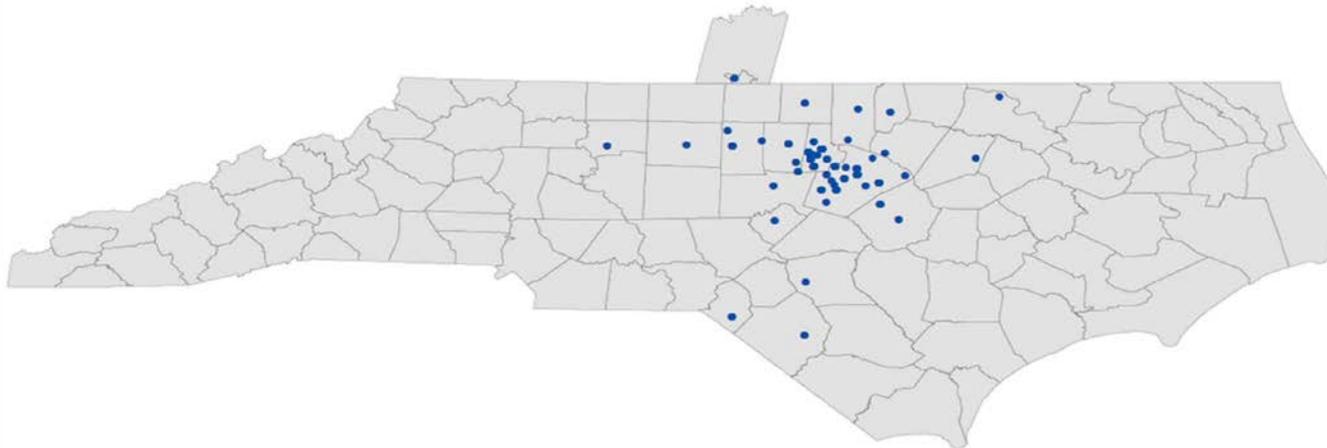
Outpatient
Clinics

Seven
North
Carolina
Hospitals



Duke Medicine

Duke Clinics and Care Locations



Locations as of October 2014



UNC/Rex



UNC
HEALTH CARE

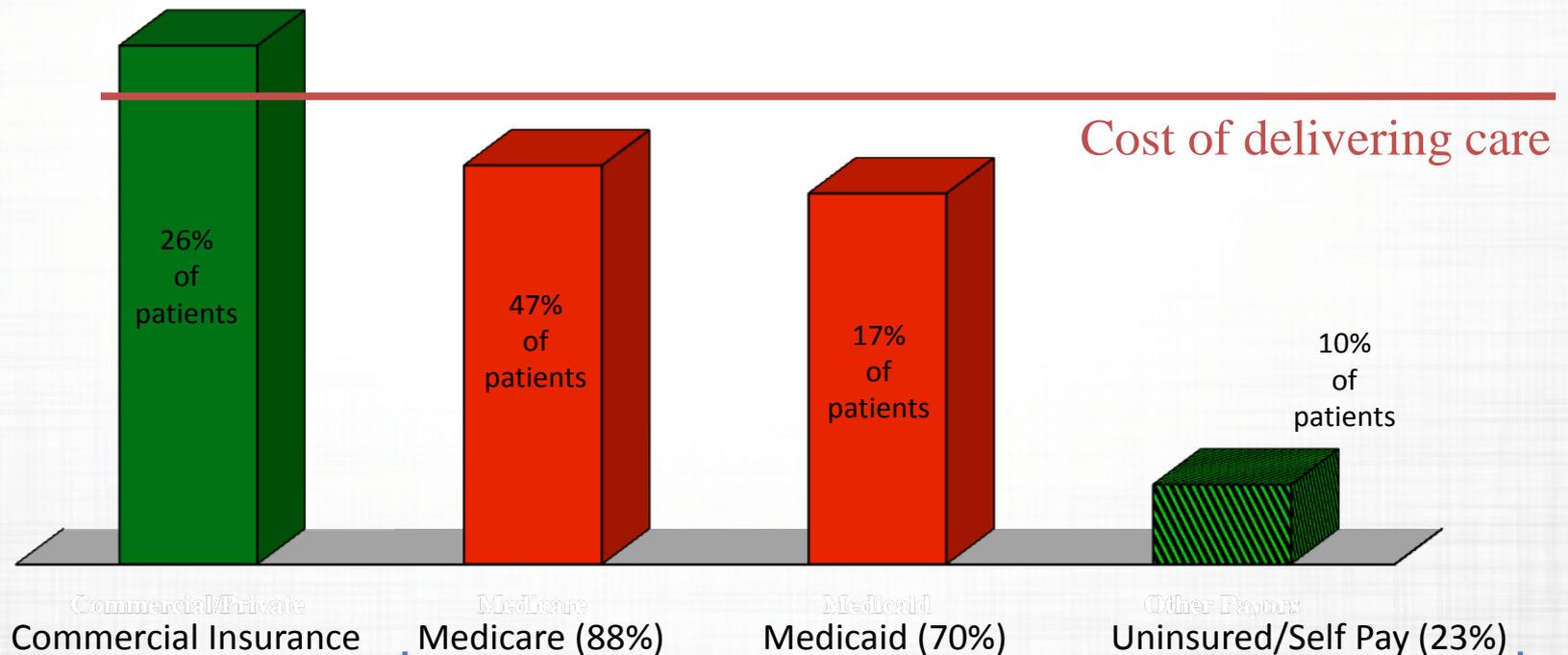


REX
UNC HEALTH CARE



Triangle Hospitals Provide Care for All

Insurance Coverage for All



Hospitals are under-reimbursed for the cost of care for 74% of patients

What is Medicaid and why should businesses care?

- Medicaid is a joint federal and state program that provides health coverage (insurance) for low-income children, pregnant women, elderly people and persons with disability.
- It's different from Medicare a federal program that provides health coverage (insurance) for people over the age of 65.

So, What's the Big Deal with Medicaid?

- 1.8 million people in NC are covered by Medicaid
- 53% of the covered patients are children
- It's a significant part of the State's budget (30%) and growing
- Payor mix for hospitals – Medicaid & Medicare normally total between 50-75% of patients

Provider-led Reform

- Better value for North Carolina taxpayers
- Strengthen Medicaid fiscally
 - Flatten cost growth trend
 - Make budget more predictable
- Improve beneficiaries' health outcomes
 - Address population-wide needs
 - Consider whole person in coordinating care
 - Reward quality explicitly



What's the Debate?

- Managed Care Organizations (MCO)
- Accountable Care Organizations (ACO)

Tax Exemption (SB700)

- Triangle Hospitals provide over \$100 million dollars in charity care annually
- Wake County Hospitals employ over 15,000 residents



How can you help?

- Tell your legislators that you support provider led solutions for Medicaid reform
- Tell your legislators that you don't support taxing your hospitals or other non-profits in NC
- Consider adopting the resolutions before you
- Help us educate other business and community leaders

MEDICAID IN NORTH CAROLINA

Medicaid is a joint federal and state program that provides health coverage for eligible low-income children, pregnant women, elderly people, and persons with disabilities.

WHO RECEIVES MEDICAID IN NC?

Medicaid Enrollees



Payments by Medicaid Enrollment



Source: Kaiser Family Foundation, 2010

WHO PAYS FOR MEDICAID?

Of the **\$1.29 billion** in "state" funding, hospitals provided almost **\$750 million** while the state provided just over **\$540 million**.

2014 Funding of Medicaid Hospital Services



Medicaid claims payments to hospitals only cover about **66%** of the cost to provide care.



BETWEEN 2013-2015, MEDICAID PAYMENTS TO HOSPITALS WILL HAVE BEEN CUT BY MORE THAN \$200 MILLION, YET HOSPITALS REPRESENT LESS THAN 19% OF THE STATE'S MEDICAID SPENDING.

16 of 100 hospital patients are covered by Medicaid.



In 2013, Medicaid patients made up **26 percent** of all emergency visits - more than any other insurance type.

NCHA, September 2014

In FY2014, system-wide, the percent of our patients last year that were covered by managed care, Medicare and Medicaid (this would include all emergency, outpatient, inpatient, etc.):

Managed Care: 41.05 percent	Medicaid: 17.82 percent	Uninsured: 11.46 percent
	Medicare: 27.03 percent	Other: 2.65 percent