

**Wake County Human Services Board
Meeting Minutes
June 23, 2016**

Board Members Present:

David Cottengim
Frank Eagles
Sharon Foster
Leila Goodwin
Rosine Sanders
John Myhre
Margaret Raynor
Dr. James Smith, III
Dr. Seth Wexler
Angie Welsh
McKinley Wooten, Jr.

Staff Members Present:

Annemarie Maiorano
Alicia Arnold
Ken Murphy
Regina Petteway
Liz Scott
Crystal Farrow
Toni Pedroza
Ginny Satterfield
Debra Baker
Elizabeth Brandt
Lechelle Wardell
Nikki Williamson
Edie Alfano-Sobsey
Donna Young
Lisa Cauley
Joseph Threadcraft

Guests Present:

Mitch Odum
Alicia Barfield
W. Stan Taylor

Call to Order

Chairman James Smith called the meeting to order at 7:36 am and thanked everyone for attending.

Reflections

Reflections given by McKinley Wooten. Spoke about a quote to remember the important work that we are doing and to deal with the issue of poverty in our community, from a speech in 2005 by Nelson Mandela at the Make Poverty History rally in London: "Massive poverty and obscene inequality are such terrible scourges of our times, times in which the world boasts breathtaking advances in science, technology, industry and wealth accumulation that they have to rank alongside slavery and apartheid and social evils."

Approval of Minutes

Frank Eagles motioned, seconded by David Cottengim to approve minutes from May 26, 2016 meeting. Minutes were approved.

Next Board Meeting- July 28, 2016

Board Nominations

(Presented by Dr. James Smith)

Dr. Smith reviewed the Board operating procedures as they pertain to the Board officer terms and elections. He went over the duties of the Chair and Vice Chair with the members. Dr. Smith also reviewed the process for Board appointments and spoke about the terms that are expiring this year as well as a few Board members that will be resigning. There are two Board vacancies, the Optometrist position as well as one of the Consumer of Human Services positions. Mr. Frank Eagles asked if Ms. Stephanie Treadway and Ms. Angie Welsh could be

re-nominated for their expiring terms, if we could ask the BOC to suspend the rules to allow them to be nominated for another term. Dr. Smith suggested that the Board create a Committee to look in to this and Mr. Myhre should be the Chair. This Committee should discuss the Board terms, vacancies and nominations. Dr. Smith asked that the new Committee meet prior to the August Board meeting so that information can be presented to the Board during the August meeting. Dr. Smith suggested that members start thinking in advance of someone they want to nominate or if they are interested in filling a Board Officer position that they contact Mr. Myhre. Leila Goodwin asked if the Board could be sent an email template that they can use to send out to solicit the different professional organizations, such as the Optometric Organization, to inform them of the open Optometrist position on the Board. The Board Executive Assistant agreed to send a template to the Board members for their use.

PH Fee Schedule and Sliding Scale (PH Accreditation Benchmark #39.3)

(Presented by Donna Young)

Ms. Donna Young proceeded to review the four changes that have been made to the Public Health Fee Policy:

Section II - added ID statement

Section II.B.3 - added statement to allow restriction of non-mandated services to clients who have made no payment or refused to pay. This is different from inability to pay.

Section II.B.6 - added "at least"

Section VII – added clinical administration manual to references

Dr. Rosine Sanders asked: If we are accepting payment and the price of the service exceeds what Medicaid would reimburse that we have the right to charge the patient the difference?

Ms. Donna Young responded by saying: We set our fees based on what it costs us to provide those fees each year from the cost finding report and we have a sliding fee scale which is included in the packet. If the client provides us proof of income then they are charged based upon that sliding fee scale but it is off of the full charge.

Dr. Sanders asked a follow-up question asking if there is a group of people over this past year who've have had to pay an excess of what Medicaid actually covered based on what the formula is.

Ms. Young responded by saying she could get that information and pass it along for the Boards review.

Dr. Smith asked for this PH Accreditation Benchmark #39.3 to be approved, there was a motion to accept and it was seconded by Frank Eagles then the Board voted to approve the PH Fee Schedule and Sliding Scale.

Community Health Needs Assessment

(Benchmark 38.1 and 38.2)

(Presented by Dr. Edie Alfano-Sobsey)

Ms. Lechelle Wardell discussed how the report was compiled, who is involved, and how often is it completed. Wake County is required to complete a Community Health Assessment every 2-4 years. Wake County chose to do the report every 3 years so that we could partner with other institutions that are required to complete a health assessment as well. We partnered with hospitals, health departments, the United Way, and other federally qualified health centers which are required to complete the report every 3 years. We use this report to identify what our community health status is as well as identify what resources we have to be able to address the health needs that are identified.. We report these finding to the community and then bring the community back together to come up with an action plan on how to address the needs in the community. The process that we use in Wake County to conduct the assessment is to collect new data – going into the community and gathering community input data to determine what the community feels that their needs are. We also gather existing statistical data. We put these together and

go through a process of analyzing and interpreting that, we then put that back in to the community and determine what the priorities are in our community. Then we compile this information in to a report and put that back out into the community then we come back together to talk about what to do about these priorities that we have determined. With the partnerships we have with the other health institutions and organizations we have created a Community Health Assessment Team (CHAT). Ms. Wardell then proceeded to introduce a few members of the CHAT team, Stan Taylor with WakeMed and Alicia Barfield with Duke. Recognition was also given to the Board members who were members of the CHAT team,

Dr. Alfano-Sobsey discussed how the data was collected and the methodology.

- There were nine focus groups with 101 participants in 8 regions of Wake County with 2 sub-populations, Latino and homeless.
- This is the most objective way to collect data. We completed a telephone survey, were 301 completed calls, 58% landlines, 42% cell phones and 33 zip codes were represented. This process provided a statistically valid sampling of the entire county. These are random calls.
- Web based surveys in both English and Spanish, 901 surveys that provided the opportunity for more community members to participate.
- Web based key leader survey; there were 64 key leaders that completed the survey. Eight service zones were represented by the leaders who completed the survey. This provides the opportunity for those with a different perspective and knowledge of community health issues to participate.
- Wake County is over 1 million people. The issues vary depending on where people live. This year we not only collected for the County as a whole, but we collected and compiled information relative to the service zones.

The compiled data was analyzed through a prioritization matrix to identify the priorities with new data weighted 50% and existing data weighted 50%. New data is data that was collected by surveys and focus groups because we felt that we wanted our community to have a strong weight in this as well as our objective existing data. . The categories that were not chosen as priorities will continue to be addressed.

The top four Wake County priorities identified are:

- 1) Health insurance coverage (both the lack of insurance and the under-insured)
- 2) Transportation (can they get to where they need to go? It also relates to people who travel more than 30 minutes from home to their workplace.)
- 3) Access to health services (do they have the access to the care that they need, does it exist, and can they get there?)
- 4) Mental health/substance abuse (related to alcohol, tobacco and all other drugs)

The priorities were also categorized by Zone as depending on where you live there may be different issues. Going forward we will be working on a process to look at these priorities and to coordinate our strategies that will address those priorities. Dates have not been specifically set but most likely in August.

Dr. Smith asked the Board for a motion and a second to move the CHNA report forward to the Board of Commissioners. Motion passed.

PH Quarterly Report: Communicable Disease (PH Accreditation Benchmark #2.4)

(Presented by Dr. Edie Alfano-Sobsey)

- Dr. Alfano-Sobsey reported that the two most commonly reported vaccine preventable diseases that are on the increase are pertussis (whooping cough) and hepatitis B. It was noted that the Asian/refugee population in Wake County is increasing and that this could be a cause of the rise in Hepatitis B as most cases are likely imported cases

- The flu season had a slow start and late peak however Wake County reported a lower death rate than the previous years. The lower death rate is due to the flu vaccine formulation being a good match for the circulating strains this season. There were 59 flu deaths this season compared to 218 deaths the previous season when the vaccine formulation was not a good match for the flu strains that year.
- Foodborne illness in Wake County in 2015, Salmonella and Campylobacter accounted for over 90% of all reported food-borne diseases. The Salmonella rate increased slightly in 2015 with slightly more than half of the cases occurring among children ages 0-9 and older adults above age 50. The Wake County food safety inspections were discussed, Table 2 of the report, and it was asked if food trucks were included with the food stands category. Dr. Alfano-Sobsey was uncertain what the breakdown of the categories was and it was noted that this may be an action item at the next meeting.
- Not all foodborne illness is reportable. Norovirus is the most common but it is not reportable so this is hard to track. There were over 300 cases of people sickened by a noro-like virus in 2015. There were only 3 confirmed Norovirus outbreaks in 2015.
- Public health programs at the local, state and national levels are encountering a massive resurgence in syphilis cases. From 2013-2015, there were increases in early syphilis cases in North Carolina's largest six counties, Cumberland, Durham, Forsyth, Guilford, Mecklenburg, and Wake. In 2015 these counties accounted for over 62% of the state's early syphilis cases. Wake County's syphilis number has continually increased and the number of early syphilis cases in 2015 were 23.9%, which is a 15 year high. The cases of symptomatic syphilis is higher than the asymptomatic cases and if we do not treat aggressively the cases of symptomatic syphilis will increase through transmission. To address the on-going syphilis outbreak in Wake County, a pilot quality improvement program was initiated to bring testing and treatment directly to a high risk population. Since October of 2015 a Wake County Public Health nurse has been providing rapid syphilis testing and treatment during the evening hours at the local LGBT center located near downtown Raleigh bars and clubs that cater to the LGBT community. The nurse is able to provide treatment as well as interview people infected to find out how and where to locate and test their partners. Counseling, education and condoms are provided as well. Over 50% of Wake County's 2015 syphilis cases were HIV positive.
- On-going outreach and education is provided by the HIV/STD Community Program in a variety of settings, including but not limited to, area jails, substance abuse programs, and Human Services Regional Centers. There are 43 condom distribution sites across Wake County located in barber shops, tattoo parlors, markets, Laundromats, and other local business that have agreed to volunteer and to display CDS materials free of charge to improve community members access to condoms, education and testing information.
- Emerging issues in HIV/STD prevention: Given that injection drug use (specifically, needle-sharing behavior) is a significant risk factor in HIV transmission, WCPH staff are monitoring increases in both hepatitis C cases and heroin use in order to address any synergistic effects.
- In response to the epidemic of heroin and opioid overdoses, in November 2015 Wake County Human Services along with the Wake County Office of the Sheriff organized a coalition to leverage resources to more effectively prevent drug overdoses in Wake County. The Coalition, which meets quarterly, has identified current drug overdose prevention and treatment strategies, gaps in service and other needs. To address gaps the Coalition formed 5 committees that work on these focus areas: 1) Syringe Exchange and Naloxone distribution Committee, 2) Education and Outreach Committee, 3) Medical Intelligence Committee, 4) Recovery Initiation and Maintenance Committee, 5) Policy, Law Enforcement and Diversion Changes Committee.
- Over the last 5-year period Tuberculosis (TB) cases have fluctuated from year to year. There were 25 TB cases in Wake County in 2015. Four North Carolina Counties, Wake, Mecklenburg, Robeson, and Guilford,

accounted for almost half of all TB cases in the State. At a national level, North Carolina's 2015 TB rate ranked #26 among the 50 states and District of Columbia.

- Vector-borne diseases are caused by microbes that are spread to people by arthropods like ticks and mosquitoes that feed on human blood. The vector-borne diseases that occur most often in Wake County are transmitted by ticks; Ehrlichia, Ehrlichia HGE, Ehrlichia HME, Lyme disease, and Rocky Mountain spotted fever. Zika Virus is also a concern and in April of 2016 the state Communicable Disease branch developed a multi-level mosquito control plan for North Carolina. Wake County Public Health and Wake County Communications Office also developed a Zika Virus communication plan to ensure accurate, appropriate and timely information is disseminated to the community and stakeholders in the event of local transmission of the Zika Virus.
- From August 6, 2014 – January 3, 2016, 134 people traveling to Wake County from Liberia, Sierra Leone, Guinea and Mali were monitored for potential exposure to and symptoms of Ebola
- Over 100,000 people in Wake County rely on private wells for their drinking water. Wake County Environmental Services (WCES) helps protect the health of private well users by: reviewing new well sites for proximity to contamination, inspecting wells during and after construction, testing new and existing wells for contamination, providing educational outreach to well users, and providing technical assistance to well users who have concerns about their well water
- The Epidemiology (EPI) team has been meeting monthly since 2008 to discuss routine surveillance data, disseminate public information and provide necessary training for members. Face to face meetings foster collaboration needed to address issues as they arise. Special meetings are called when there is an emergency or outbreak situation. The EPI Team keeps local health care providers informed about emerging issues through its Healthcare Provider webpage.

Dr. Smith asked the Board for a motion and a second to move the CHNA report forward to the Board of Commissioners. Motion passed.

TRACS Discussion

(Presented by Alicia Arnold)

- WCTS is a Medicaid transportation and demand response, para-transit program which provides mandated and non-mandated services to specific populations based upon system capacity and available funding sources. There are eligibility requirements to the services based on funding sources. Medicaid is a major funder, TRACS provides mandated services, transportation to medical appointments for people who qualify for the Medicaid services. TRACS also provides non-mandated demand response para transit services. Non mandated services funded by grants are services provided to elderly and disabled, employment, rural general public. There are sponsor agencies that fund service levels for their specific clients. Due to funding, once the grants run out for the non-mandated services the services are capped.
- In FY2016 the State changed the definition of urban versus rural greatly decreasing the service area. Along with changing the definition the funding for the program was decreased by 65%. TRACS is currently trying to reach customers in the affected areas to let them know the change in the service area.
- Increased service demand is putting a strain on the aging TRACS vehicles, the average vehicle odometer is rising and replacements have been delayed from the State. This combination is resulting in increased downtime and a higher number of repairs. At the same time there has been a drastic increase of demand for the services. At the same time several of the service provider contracts will be increasing on July 1, 2016 and is reflected in the increased rate per hour of service.
- Looking ahead we will be evaluating the services and increasing data collection to assist in making decisions for the program. In FY2017 we hope to be releasing a new RFP for new provider vendors that will

provide us an opportunity to look at the quality of service and cost of our vendors and to look at our program structure.

- We are recognized as a transportation service in Wake County, not a transportation system. If the bond passes in the fall we are set to receive some funding that will allow us to lower our operational costs.

Mr. Frank Eagles stated that the Human Services Board needs to take the TRACS program as a project to help improve it. Ms. Annemarie Maiorano stated that this was a good idea and the timing is right for the HS Board to get involved. Her concern is to solidify the base of services. Regina reminded the Board that this is the 2nd highest priority on the CHNA and that this is important. Dr. Foster suggested that we compile complaints from the community and patients that rely on the service.

Organizational Assessment Survey Results

(Presented by Regina Petteway and David Ellis)

Ms. Petteway reported on the results of the WCHS organizational assessment survey that has just been completed. The lowest two categories for employee survey results were lack of communication and compensation.

Other results are as follows:

- 78% of WCHS employees would recommend working for the Department to a friend
- 40% not excited about going to work
- 32% not satisfied with the culture of the workplace
- 32% say discipline issues are not handled in a fair and consistent manner
- 22% say their direct supervisor does not deal effectively with low-performing employees
- 59% say Department does not do a good job involving employees in decisions
- 48% say Department and Division leadership does not clearly describe reasons behind decisions
- 42% want more opportunities for professional growth and advancement

There were 21 focus groups completing this survey, there were 215 participants and over 3,000 remarks recorded.

Focus group themes were:

- Customer service: Employees are passionate about serving their clients
- Communication and Accountability: Communication is not consistent throughout the Department. Employees want to help set performance targets. Low performers need to be address directly and promptly.
- Workplace culture: Employees have very different experiences in the workplace depending on their supervisor. Employee appreciation efforts have been absent in recent years. Changing priorities are a problem for management staff. Technology is an obstacle to productivity. Culture of mistrust, negativity, and fear gets in the way of productivity.
- Professional Development: Hiring and promotion processes are unfair – favoritism is a concern. Employees want opportunities to advance and/or move laterally. Supervisors need training and routine refresher courses.

The key driver analysis and focus group themes yielded eight focus areas:

- Prioritizing customer service
- Engaging employees in decision making
- Creating opportunities for professional development
- Enhancing technology
- Ensuring consistent communication
- Equipping supervisors
- Recognizing and appreciating employees
- Addressing compensation and performance management

Ms. Crystal Farrow spoke about a new e-learning package that the County will be rolling out in July. She spoke about the different tools and training programs that will be available with this new tool. She also spoke about mental health first aid training not being very available to the staff and that is something that we will be doing more of.

Human Services Department Report

- Annemarie Maiorano - The Millbrook Clinic WIC in Western Wake. WIC in the West, the building that we were pursuing in Cary has fallen through, GSA are now looking for another location. The Millbrook building remodel is being funded by a budget expansion from last year that will help us put women's services in the building. This is an older building that needs to be renovated. It is anticipated that it will be roughly 60 days to complete renovations once we have city permits approved and construction can start. We are looking at some time in September for completion of this project. Equipment and supplies for the clinic have already arrived and several of the staff positions have already been filled. Projected patient volume is approximately 960 new clients per year and 1920 return visits per year. Ultrasounds will not be offered at the Millbrook clinic, they would be referred to other clinics.
- Lisa Cauley – Foster program graduation update: This year there are 16 high school graduates. Eight youth are attending universities, Western Carolina University, NC Central University, Wesleyan College, St. Augustine's University, UNC Pembroke (2), Winston-Salem State University, NC A&T. Four graduates are attending community colleges, Wake Tech, Wilson Community College, Guilford Tech and Johnston Community College. Two graduates will enter the armed forces, Army and Air Force. Two graduates will enter the workforce directly out of high school. The total number of graduates is lower than we originally reported because 6 youth left care prior to graduation and will not participate. One youth failed English and one youth will hopefully graduate this summer after credit recovery. We are asking for a gift of \$75 per graduate for a total of \$1200. Leila Goodwin motioned for the Board to donate \$100 per graduate, the motion was seconded and passed.
- Toni Pedroza – Medicaid and Food and Nutrition Services Workload Update. In response to the overdue application and re-certifications an Over the Shoulder Support (OSS) team has been created to assist staff in closing applications. The OSS team began assisting staff in application processing on June 13th and are there to help the staff with any glitches in the system or questions they have when processing the applications and re-certifications. This team alone is closing approximately 160 cases per day. In addition supervisors and case managers have also been included in the bonus plan. Anyone who exceeds their goal gets a bonus for each case above and beyond their goal. So far there has not been a large increase however the daily production rate is increasing slightly each day, this is a positive trend. Some strategies to improve performance in Wake County include:
 - Assessment of all human resources.
 - Change in mail processing to ensure that a late recertification (which are treated as new applications) is identified in a timely manner.
 - Daily analysis of cases completed.
 - Analysis of daily applications processed geared towards meeting the 95% timeliness goal.
 - Adding the OSS Team in order to increase processing numbers.
 - Assess the possibility of using technology (app) to remind clients that their recertification is due.
 - Assess "change team" functions

Environmental Services Director's Report

(Presented by Dr. Threadcraft)

-The first dangerous dog ordinance review is scheduled for July 12th, Board members participating are Mr. John Myhre and Seth Wexler.

-Water Quality is in the process of evaluating off-site easement septic system rules, Dr. Smith and Dr. Foster will participate.

Action Items:

Items to be discussed at the next Board meeting:

- Breakdown of categories in Wake County Inspections list included as Table 2 in the PH Quarterly Report: Communicable Disease report
- TRACS – Dr. Smith and Mr. Eagles to discuss how the Board can move something forward for the TRACS program. Ideas to be presented at the July Board meeting
- In August Cassandra Watford will present information to the Board on what was approved in the WCHS budget expansion request. (what revenue and positions were approved and what the Board can hold us accountable for)
- Executive Assistant will forward invite for Foster Care youth graduation to Board members.

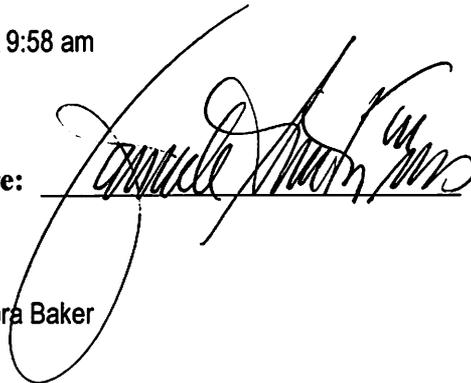
Public Comments – None

Dr. Smith called for a closed session and requested that staff and guests depart the room. The session was never closed as once the Board members, Ken Murphy, and Debra Baker were alone in the room it was discovered that there were not enough Board members to sustain a Quorum. The discussion of the Human Services Directors performance evaluation was then tabled until the July meeting.

Adjournment

The meeting was adjourned at 9:58 am

Board Chair's Signature: _____



Date: _____

7/28/16

Respectfully submitted by Debra Baker