

Wake County Human Services Board Retreat
Annual Training & Orientation
Meeting Minutes
February 23, 2017

Board Members Present:

Ronda Bean
Edward Buchan
David Cottengim
Fiorella Horna
Kent Jackson
John Myhre
Dr. John Perry
Margaret Raynor
Dr. Rosine Sanders
Dr. James Smith, III
Angie Welsh
Commissioner James West
Dr. Seth Wexler
McKinley Wooten, Jr.
Frank Eagles

Guests Present:

Dr. Sharon Foster
Barbara Ann Hughes
Jim Hartmann
Ann Rollins
Anna Troutman
David Markwood
Brenda Elliott
Lynette Tolson
Chris Dillon
Dr. Dudley Flood

Staff Members Present:

Alicia Arnold
Lisa Cauley
David Ellis
Crystal Farrow
Linda Keely
Dr. Sue Lynn Ledford
Dr. Caroline Loop
Annemarie Maiorano
Dr. Kim McDonald
Ken Murphy
Michael Orbon
Antonia Pedroza
Regina Petteway
Dr. Joseph Threadcraft
Cassandra Watford
Ginny Satterfield
Debra Baker

**Board member attendees include two newly appointed Board members:
Dr. John Perry and Edward Buchan**

Call to Order

Chairman Dr. James Smith called the meeting to order at 8:05am.

Chairs Privilege

Dr. Smith welcomed the Board and Committee members, Human Services staff and guests. Dr. Smith then presented a plaque to Dr. Foster in appreciation for her service to the Wake County Human Services Board. He then asked Ms. Ginny Satterfield to guide the attendees in the start of the meeting.

Wake County Perspective (PH Accreditation Benchmark # 36.1, 36.2, 36.3)
(presented by Mr. Jim Hartmann, Mr. David Ellis, Ms. Regina Petteway)

County Manager's Office: Mr. Jim Hartmann spoke about population growth and that Wake County hit the one million mark in population in 2014 and it continues to increase by 64 people each day but this number will change once updated figures are completed as the amount of natural births have gone down. The population will continue to grow, estimated to increase by 250,000 new residents in 10 years adding to the challenges that Wake County is facing. Mr. Hartmann then stated that Wake County was the 2nd fastest growing County of a million population or more in the Country, the first being Travis County, Texas. Mr. Hartmann proceeded to talk about maintaining the quality of life for Wake County residents and the challenges that need to be addressed and the need for good County leadership into the future. He then proceeded to point out the Board of Commissioner's goals and then went on to discuss the budget shortfall of \$28.7 million and how taxes have increased with no pushback in the past but that this will likely change in the near future. Mr. Hartmann then introduced Assistant County Manager David Ellis. Mr. Ellis spoke about the growing challenges in Wake County, the increase of children in foster care as well as in reports accepted for Child Protective Services assessment. Mr. Ellis pointed out the new positions being allocated in the FY 2017 budget and the costs associated. The need for Adult Services such as guardianship has increased 74% since 2010 and will be a challenge for the County over the next decade. In Mental Health the number of involuntary commitments has increased greatly since 2011 and will likely keep increasing in the future. Mr. Ellis discussed the epidemic of drug addiction, specifically the increase of heroin and opioid addiction, and how this epidemic was impacting the Child Welfare system and beginning to affect other services in the County as well. He pointed out that opioid deaths have risen from 18 to 44 in just four years. County leadership has been working with the Sheriff and a number of organizations to develop an integrated program for the prevention of drug abuse, drug overdose, and tobacco that has been presented to the Board of Commissioners and should be rolled into the FY 2018 budget. Mr. Ellis then spoke about the burden of affordable housing and that 49% of renters are paying 30% for rent and 19% are paying over 30% of their income for rent. There has been a steering committee created to address the challenges in housing. Mr. Ellis then went on to speak about food insecurity and the issues of hunger in Wake County. He pointed out that about 1/3 of the students in Wake County schools were receiving free or discounted lunches. The FY 2017 budget included funds for the Food Bank of Central & Eastern NC, funds for increasing the Universal School Breakfast and funds for the Wake Interfaith Food Shuttle to create pantries at 5 local schools. Mr. Ellis closed his presentation by explaining that in order to address these community challenges and to come up with creative solutions a Population Health Task Force has been created and they were in the process of appointing members to work together to come up with creative solutions on shared priorities and to focus on outcomes and that they will be moving with a sense of urgency to help the community members that were being affected.

Human Services Director: Ms. Regina Petteway asked the attendees who had attended the previous years' retreat and if they had noticed anything different in the County Manager's presentation. There were several people that spoke up and noted different items such as the numbers going up across the board and especially opioid addiction being a much more prevalent issue in the County. Ms. Fiorella Horna noted that mental health issues had come up although the responsibility of mental health had shifted from the County. Ms. Horna also asked about the rise in children in Foster Care and raised the question of why is there a jump and if it is just now being recognized, is it more reported, or are there just more children in the system?

Ms. Petteway stated that this question would be parked for now but that the response will be brought to the Social Services Committee meeting. Ms. Petteway then went over the Board's general roles and responsibilities as well as the basic operational responsibilities and that this involves all of the Board members as well as the Social Services and Public Health Committee members. She pointed out that they had the responsibility of monitoring and oversight that includes coming to their meetings informed by reading the materials being provided, reading the reports, studying particular functions or programs and bringing issues to the Directors attention. Ms. Petteway then spoke about the community mobilization and advocacy responsibilities of Board members and that there are things that they can do to promote Human Services and Environmental Services and give a voice to the community. Adding a public comments period to the Human Services Board meetings is a way for community members to speak to the Board. The Board members provide leadership in the community, volunteering to help in specific advocacy efforts. Commissioner West asked about public comments that are given at Human Services Board meetings and if there was a system of follow-up for those individuals that make public comments. Ms. Petteway explained that comments were recorded in the meeting minutes and Dr. Smith stated that normally when public comments are given there is discussion at that meeting during this time on the topic. Mr. Eagles then commented that due to the low numbers of public comments at the Board meetings we should look at publicizing the meetings more to solicit input from more than special interest groups. Ms. Petteway stated that that is something that we will look in to. Ms. Petteway then touched on the roles of the Human Services Board, Support, Feedback, Formal Approval and Special Initiatives. Ms. Petteway then went over the Board's statutory power and authority and discussed the role of the Board as it pertains to N.C. House Bill 438. She then went on to explain that the Board also has responsibility for Public Health and Social Services as well as a responsibility for accreditation standards and taking appropriate action for Accreditation Benchmarks required of Human Services and Environmental Services. In summary Ms. Petteway summarized the responsibilities of the Human Services Board members.

Mr. Myhre commented on the community mobilization and stated that there should be more encouragement for the Board members to participate in the Community Advisory Committee's (CAC's).

Environmental Services 101 (PH Accreditation Benchmark # 36.3)

Dr. Joseph Threadcraft began by explaining that Environmental Services is comprised of five Divisions, Administration, Animal Services, Environmental Health & Safety, Solid Waste, and Water Quality. Dr. Threadcraft then spoke a little about each Division:

Administration – This Division is split into two sections, Fiscal Accountability led by Anarosa Jones and Operations led by Dr. Caroline Loop. In 2016 there was an employee survey completed that showed that staff morale was low. Upon further evaluation it was discovered that there were no problems that couldn't be resolved. There was a strong correlation between the sensitivity of the way a staff person felt that is four or five layers down in the organization and what management may perceive as not being a significant issue. In other words we need to pay more attention to what is transpiring in their lives.

Animal Services – Led Dr. Federico who has done an outstanding job since she has been on board. Her performance has been measured by significant improvements in Euthanasia and live release rates. The current challenge is animal control staffing and there is additional staffing being requested. There is surgeon on staff so some animals that would have been

euthanized can undergo surgery and be eligible for adoption. There is a current gap in weekend coverage due to the scope of area that is covered, over 800 square miles in Wake County.

Environmental Health & Safety – Led by Mr. Andre Pierce and divided into two sections, Plan Review and Recreational Sanitation as well as Food, Lodging and Institutional Inspections. Although inspections are a primary function of the Environmental Health Specialists it only constitutes about 74% of their time. The next major chunk of time is classified as additional work which encompasses site visits, pool inspections and asthma and lead programs. Food and lodging has continued through the economic downturn with the number of required inspections approaching 12,000. We are now at approximately a 65% coverage rate for inspections. Through communication with the budget analyst and the manager's office there is an expansion request being submitting to the Board of Commissioners to increase the number of Environmental Health Specialists.

Solid Waste – Dr. Threadcraft spoke about the business plan, specifically the disposal of electronics and the possibility that legislature will be decided to allow old electronics to be disposed of in landfills. Currently electronic recycling costs are approaching \$1 million per year. Solid Waste is following this and will be completing an evaluation to make sure we have a minimum to no impact if this is decided.

Water Quality – Led by Michael Orbon and there are four areas of focus, laboratory, onsite wastewater, ground water, and watershed management. By law they are required to inspect types 3b, 4, 5 and 6 septic systems. Up until 2016 we had minimal response in doing this but as a result of expansion request approvals there is a significant improvement in this area. Also responsible for construction authorization and permits the goal is a turn-around of 7 days but seasonal events such as swimming pool inspections affect this goal. There is a program being put in to use where retirees will be used for these inspections to drive this number down. Every County in North Carolina has a need for a registered Environmental Services specialist and the demand far exceeds the supply. In this regard interns are hired that do not yet have certification. It takes approximately 24 months for these interns to complete their training and become certified.

In closing Dr. Threadcraft went through the Environmental Services organizational structure using organizational charts that he had provided in the handbook.

Human Services 101:

Ms. Regina Petteway spoke about Wake County Human Services and how it is organized. We are a consolidated human services agency that serves over 170,000 unduplicated individuals each year. Wake County Human Services not only gives benefits to people but we help develop human capital and help to make people be as self-sufficient as possible. We also work very hard to bring technology to the agency. Ms. Petteway thanked the County Commissioners and the County Managers office for the strong information technology support that they have provided to enable us to meet some of the strong mandates around Medicaid distribution, Food and Nutrition Services, and Public Health changing to electronic medical records system. Without this support we would not have been able to deliver services. Ms. Petteway then went over the Human Services organization charts explaining that her position reports to the County Manager's office, reporting to Assistant County Manager David Ellis and then went on to introduce her leadership team. In terms of locations and resource management Ms. Petteway

pointed out that there are 17 facilities located throughout Wake County that offer services and then explained that we have about a \$203 million budget and 48% of that is County funded and 52% is outside funds. Although we have about 1500 workers we also do have some temporary workers in addition to over 635 contracts with entities that help us deliver services as well as community partners. We have over 60 key partners that help with just the Community Health Needs Assessment as well as a large amount of partners that assist with the Summer Food Service Program not to mention approximately 1400 program volunteers that assist with programs such as 4-H, Foster Care and Family Services. Ms. Petteway spoke about Wake County Human Services serving as an agent of the State of North Carolina in the performance of the following statutory functions:

- Public Health Code
- Benefit Administration
- Child Protection
- Elderly and Disabled Protection
- Child Support Enforcement
- Emergency and disaster preparedness and response

Ms. Petteway then went over several of the functions that Human Services oversees in Wake County:

- Wake County Public School System such as health education and access to healthcare and dental screenings
- Public Health Services and functions such as STDs diagnosis, treatment & prevention
- Social Services functions such as distributing child and adult Medicaid and Food & Nutrition Services
- Child welfare Services and functions including Child Protective Services(CPS), CPS In-Home Services, Child Placement Services, and Family Development & Support
- Housing & Transportation Services including affordable housing, housing services, and some transportation services
- Administration and Operations is part of the infrastructure that supports all of the above services with the Human services Board being a top priority.

She then pointed out that we have a very strong customer service and feedback focus right now and that our call center is part of this as well as data management. In closing Ms. Petteway stated that she considers the leadership of the Wake County Human Services Board a part of our organization and that Wake County Human Services is here to help people help themselves.

Newly appointed Human Services Board member Dr. John Perry asked for background information on the Vision 2020 plan. Ms. Petteway stated that the Vision 2020 plan puts emphasis on customer service, retaining good staff, making sure we have the best technology and having all the things that we need to provide world class customer service. Dr. Perry asked if the plan is regularly reviewed to discuss the status as we approach that goal of 2020. Ms. Petteway stated that Wake County Human Services has completed an organization assessment and that we are in the middle of phase II of that, as well as that there is currently a Human Services master plan assessment underway that is looking at services across the County and at all of our buildings. Once we complete these two things together we will come back and look at the strategic direction and take the pulse of Vision 2020 to see how we are

doing. Once these results have been received we will be sharing the Vision 2020 results with the Wake County Human Services Board.

Human Services Horizon Issues

(presented by Annemarie Maiorano)

Ms. Maiorano went over several items that she had included in the Human Services Horizon Issues handout:

- **NCFAST** continues to require us to look at our own business processes and how to best serve clients. NCFAST implementation in the areas of Food and Nutrition Services and Medicaid has profound impact on service ability to clients and on our workforce (i.e. we have taken on more than 120 new positions in the past year and a half). The federal government has implemented a more stringent definition of “timeliness” which is stretching our leadership and staff to expedite strategies to reach our timeliness and quality goals. If the State of North Carolina does not meet Food and Nutrition Services timeliness and quality standards by the end of the fiscal year, Wake County will be at risk of losing \$2 million dollars in administrative funds. In addition, the Able-bodied Adults Without Dependents (ABAWD) Waiver is being removed for Wake County and 22 others, which means that there are at least 4,100 adults who have to be verified in several ways, as they may only have 3 months of Food and Nutrition Services benefits out of 18 months, if they do not comply with work or volunteer requirements. The next phases of NCFAST implementation are daycare and energy assistance services. This too will have impacts on our business processes; training of staff; access for consumers; and evaluation of program integrity.
- **The Affordable Care Act (ACA)** is bolstering the need to process applications and enrollment in economic programs. Extension periods continue to be adjusted and this causes additional unpredictability and increased workloads with the Medicaid program, as all new applications must be processed for Medicaid eligibility before being approved for ACA coverage.
- **Adult Services Caseloads** continue to rise, and an increasing number of younger wards are being accepted. Staff faces many challenges in coordinating mental health and substance abuse services for clients in this current mental health services configuration within the State of North Carolina.
- **State Medicaid Reform** Medicaid represents approximately 40% of WCHS clinic revenue, and is critical to offsetting the cost of care for our uninsured patients. Consequently, it is critical that we maintain the ability to receive reimbursement from this payer source. For this reason, WCHS is actively working to position clinics for continued participation as a Medicaid provider. One example is partnering with the Community Care Provider Network (CCPN) as a mechanism to facilitate contracting with Managed Care Organizations and Provider Led Entities that will provide the vehicle for Medicaid payment. Furthermore, North Carolina’s decision to not expand Medicaid has resulted in some of our most vulnerable population going without insurance coverage. Safety net providers will bear the responsibility to care for this population. Dollars received from the Medicaid cost settlement help tremendously in defraying costs; however, the Medicaid cost settlement continues to trend downward. Therefore, reliance on the cost settlement must be decreased over time through strong practice management, workflow efficiencies and productivity benchmarks for billable staff.
- **ACA and Prevention Funding for Local Public Health Activities** The Affordable Care Act (ACA) originally included targeted funding for Public Health prevention

efforts at the state and local levels. However, these dollars were either never allocated for that purpose or were available for only a short time before being eliminated. This loss of prevention funding was replaced by \$931 million dollars of pre-existing public health funding that was then moved into the ACA. These funds currently support core public health programs such as Childhood Immunizations, Chronic Disease Prevention, Lead Poisoning Prevention, Public Health Epidemiology and Laboratory Capacity, among other important programs. North Carolina currently receives approximately \$20 million for this work. Much of Wake County's allocations are applied to mandated service provision, including childhood immunization, STD and TB investigation/treatment. Repeal of the ACA could result in the loss of these critical infrastructure dollars, impacting our ability to continue any of these activities without relying further on County support.

- **Drug Overdose Prevention** Wake County, like much of the nation, is experiencing an exponential increase of heroin and opioid use and overdoses leading to serious public health and socioeconomic consequences. The heroin death rate has increased over 400 percent: 6 deaths - 2011 to 30 deaths - 2015. The prescription opioid death rate has increased 27 percent from 30 deaths in 2011 to 38 deaths in 2015. These bring the total number of deaths from both heroin and prescription from 36 to 68 from 2011-2015. Drug-related deaths, however, are only the tip of the iceberg when the epidemic is evaluated holistically. The financial and human impact on Wake County residents is alarming. Emergency services, law enforcement, hospitals, child welfare, and our economy are also dealing with the repercussions. Wake County ranks among the highest prescribers of outpatient opioid medications in North Carolina at a rate of 113+ per 100 residents. Extensive effort across the continuum of preventive services is needed.

Ms. Maiorano then announced that the Board of Commissioners has approved a seven year lease for a building in Cary to create a new WIC location. There is expandable space in the building which we can lease for expansion in the future. We can start to look at other services that may be needed in the West and if things work out there is an opportunity to expand them into the same building. There will also be meeting space created for the Community Advisory Committee to meet on-site at this location.

Ms. Maiorano then went on to discuss Housing and Transportation issues such as the need for additional women's shelter beds to meet local demand especially for single women without children. Wake County is working to identify a site and an operating partner for the shelter. She also spoke about the comprehensive plan to address safe decent and affordable housing. Due to increased rents decreased housing stock decreased federal funding for affordable developments decreased available properties for tenants with barriers decreased participation of landlords and the overall growth of the County, there is a significant need for safe, well kept, affordable housing developments and an increase in rental assistance vouchers. Wake County is in the process of preparing an affordable housing plan to identify gaps in housing and methodologies to fill the gaps. The plan is being prepared by a consultant with input from a Board of Commissioners appointed Advisory Committee. The plan will be completed by September 2017.

Ms. Maiorano spoke about Changes in eligibility requirements that will allow youth who are in foster care at age 18 more options to receive foster care benefits until the age of 21. This will increase the total number of youth in foster care and require agency staff to monitor cash payments made directly to youth.

Ms. Maiorano then mentioned that the master plan that Ms. Petteway mentioned should be completed this summer. The past several months have involved considerable information gathering through interviews, community assessments of current service delivery, analysis of demographic data workflow and evaluation of work spaces at existing locations. The consultant team is confirming information they have received and will soon begin to develop a master plan with three service delivery scenarios for final evaluation by staff.

Human Services Board Priorities for Discussion at Advocacy Event

(presented by Dr. James Smith, III)

Dr. Smith began by speaking about the survey that was sent to Board members to solicit their top six items that they thought should be focused on at the upcoming advocacy event. The 2017 key areas of focus top six items chosen by Board members are:

- Support strategies to address the need for foster and adoptive parents
- Support expansion of Medicaid
- Improve access to economic services, job training and affordable housing
- Transportation
- Address food insecurity and hunger
- Improve access to care and medical homes (includes physical, behavioral health and substance use disorder)

Dr. Smith then informed the Board members that due to a conflicting legislative event scheduled for the same weekend as the annual Board advocacy event there would be very few elected officials attending.

Ms. Raynor asked Dr. Smith how the Board could advocate their priorities with the Board of Commissioners. Dr. Smith stated that his thoughts were that the Board members assign themselves to one of their elected officials and reach out to them following the Board retreat and the advocacy event.

Dr. Smith then went over the priorities selected by the Public Health and Social Services Committees:

Public Health Committee Priorities

1. Advocacy related to healthy behaviors that will include:
 - Dental Health
 - Substance Use
 - Prenatal Care
 - Exercise and Nutrition
 - STDs
2. Environmental Advocacy for areas included but not limited to water quality/water quantity
3. Food Insecurity – specifically as it relates to Summer Food Service Program

Social Services Committee Priorities

1. Strategies to address the need for foster and adoptive parents
2. Affordable Housing
3. Transportation

Effectively Advocating with Legislators

(presented by Lynette Tolson and Chris Dillon)

Mr. Dillon started off by reporting that in 2016 Wake County represented 11.13% of Statewide voters and that this is a huge impact by Wake County residents. He then went over the 2017 Wake County voting statistics:

- Democratic: 262,168
- Republican: 187,173
- Unaffiliated: 243,180
- Total: 696,783

Mr. Dillon pointed out that due to the election results Wake County no longer has Chair representation in the Senate Appropriations committee and no one at all on the Senate HHS and Health Committees. He went on to discuss the legislative goals and that they were comparable to the goals of the Human Services Board. He then spoke about the details of some of the legislative goals such as environmental and Medicaid items.

Ms. Lynette Tolson spoke about working together on advocacy and not having multiple people advocating with different messages. Recently there was a Safety Net Advocacy Day where some of the Health Directors from across the State come to Raleigh and meet with Legislators. She spoke about a Health Director from a rural county that was new to the area that had never met with legislators. Ms. Tolson accompanied her until she was comfortable on her own and realized that the legislators just want to know what is going on with the people and what their needs are. Some pointers that Ms. Tolson passed along are to use information that you are provided with as talking points with legislators and always provide truthful information. She stated that you will not agree with them on everything but shake their hand look them in the eye and thank them for their service to Wake County. Ms. Tolson spoke about finding a connection with your legislators. She suggested that they form a relationship with their elected officials by finding out who they are and what their interests are and to write personal thank you notes after meeting them and not to wait until they need something before building that relationship.

Dr. Sharon Foster asked about the upcoming Board advocacy event and asked if it would be better to use talking points or more favorable to use real stories when speaking with the legislators. Ms. Tolson said that the stories would be more memorable and that if you discussed several talking points they would not remember those as well as the real life stories that you spoke to them about.

Ms. Petteway asked Mr. Dillon to talk about how we as staff communicate with the General Assembly through his office and how the Board members should communicate with the elected officials. Mr. Dillon stated that the Board should share their goals with him so that he can share those with the officials that he communicates with. Mr. Dillon also stated that if the members have a personal relationship with a particular legislator then they should by all means use that link as well but that they should let him know about the relationship with that legislator and what they had discussed with that individual as well. This would enable Mr. Dillon to form a mutual connection with that individual through the Board member.

Annual Legal training and Orientation (PH Accreditation Benchmark #34.2, 36.1, 36.3)

(presented by Kenneth Murphy)

Mr. Murphy spoke to the group and let them know that he would be speaking about the powers, duties and responsibilities of the Human Services Board. Mr. Murphy then explained that the Human Services Board is a consolidated Public Health and Social Services Board. Many Counties in North Carolina have a separate Health Department and Social Services Department, governed by separate boards. NC General Statute 153A-77(b) states that any county with a County Manager form of government may create a consolidated county human services agency having the authority to carry out the functions of the local health department and the county department of social service and may create a consolidated human services board. Wake County did this in 1996, twenty years ago. Mr. Murphy then went over NC General Statute 153A-77(c) and that this Statute states the Statutory foundation for the Wake County Human Services Board's powers and duties as:

- "A consolidated human services board . . . shall serve as the ***policy-making, rule-making, and administrative board*** of the consolidated human services agency."
- **Policy-making:** budget input; mission statements; Healthiest Capital County; Middle Class Express; dental health services
- **Rule-making:** some examples of past rule-making are the smoking, Tobacco and Vapor Product Use ordinance; Recreational Waters and Public Beaches regulations; Septic Regulations; Well Regulations; Animal Control Ordinance revision that the Human Services Board has been involved in
- **Administrative:** Appeal Panel hearings and appeals to Full Board; interview prospective Board members; advice and consent to County Manager in selection of HS Director; HS Board Bylaws; HS Board Rules of Appeal

This same NC General Statute 153A-77(c) also states the composition of the Wake County Human Services Board as:

- No more than 25 members, all appointed by the Board Of Commissioners
- The composition of the board shall reasonably reflect the population makeup of the county
- Must have: psychologist, pharmacist, engineer, dentist, optometrist, veterinarian, social worker, registered nurse
- Must have: 2 physicians, one of whom shall be a psychiatrist
- Must have: 1 member of the Board of Commissioners

Mr. Murphy went over Specific Statutory powers of the Wake County Human Services Board as set by NC General Statute 153A-77(d):

- Set fees for departmental services based upon recommendation of the human services director
- Recommend creation of local human services programs
- Adopt local health regulations and participate in enforcement appeals of local regulations
- Advise local officials through the county manager
- Perform public relations and advocacy functions
- Protect the public health to the extent required by law

- AND, in addition to the above: “the consolidated human services board shall have the powers and duties conferred by law upon a *board of health [and] a social services board*”

The Statutory powers and duties of a local Board of health are specified by NC General Statute 130A-39 as:

- “A *local board of health* shall have the *responsibility to protect and promote the public health [and] adopt rules necessary for that purpose*”
- “adopt a *more stringent rule* in an area regulated by [the State] where, in the opinion of the local board of health, a more stringent rule is *required to protect the public health*”

As an example, using the parameters of NCGS 130A-39A the Board has set more stringent rules for Wake County Well Regulations and Septic Regulations than the State regulations. The Board had determined that it was necessary to protect the public health to make these rules more stringent. Mr. Murphy went on to explain that the County cannot make rules that are less stringent than State rules. Mr. Frank Eagles asked about the Board adopting rules and asked that once the Board adopts rules if the Board of Commissioners then has to approve them. Mr. Murphy replied by stating that per NC General Statute the consolidated Human Services Board, acting with all the authority conferred upon a local health board, is the rule making authority for public health related rules and regulations. There are good reasons to go to the County Commissioners and let them have a chance to pass on these rules as well and that has been the practice in Wake County. One of the things that Mr. Murphy reminded the members is that Public Health rules adopted by the Human Services Board apply to the entire area of Wake County, including the outlying municipalities. Another significant point Mr. Murphy pointed out is that there are very specific notice requirements if the Board is considering adopting new local health rule or regulation or amending an existing rule or regulation a copy must be provided to the Board of Commissioner’s Clerk at their office for public inspection as well as being published in a newspaper with general circulation throughout the County. The thinking behind this is that these rules will apply Countywide so everyone who potentially could be interested or impacted needs to be notified.

Mr. Murphy went over NC General Statute 108A, Statutory powers and duties of Social Services Board as it pertains to the Wake County Human Services Board’s powers and duties. NCGS 108A-1 and NCGS 108A-9 state the duties and responsibilities:

- “advise county and municipal authorities in developing policies and plans to improve the social conditions of the community”
- “consult with the director of social services about problems relating to his office”
- “to have such other duties and responsibilities as the General Assembly, DHHS or the Social Services Commission or the board of county commissioners may assign”

New Board member Dr. John Perry asked about the appeal process and if it was available to those parties that disagree with a decision of the Public Health Committee or the Human Services Board and if so, whether it was related to a dangerous dog issue or concerning adopted Public Health rules, do parties that appeal these decisions take their appeals to the County Commissioners or to the Court system? Mr. Murphy replied that these individuals do have an opportunity to take their appeal to the court system and then he continued to explain the appeal process of the Human Services Board. The way the appeal process works is that if someone appeals a notice that they have violated a Wake County Public Health rule or regulation they appeal to the Human Services Board and there is an evidentiary hearing set that

would include three Board members and whatever Wake County staff is involved in the violation notice such as an animal control employee. Also present would be any attorney the individual hired or a witness as well as a County attorney. The rules of due process govern this proceeding and it is an open court proceeding in which everything is heard in one room in front of both parties. The individual must come with evidence as to why they did not meet the criteria for violating the rule, the staff presents the evidence they used to make their determination, and then the panel members would deliberate and vote whether to uphold the violation or to reverse it. What happens next is that the panel's decision goes in front of the full Human Services Board at the next scheduled meeting and the individual who appealed would have the right to come to that Board meeting and make an argument to the entire Board. The full board would then vote and if the full board votes to affirm the panel's decision then the Statutes give the appellant who is appealing the right to appeal to Wake County district court. This has happened at least once over the last five years and at that point the County attorney stops being an advisor and begins to be an advocate in the court system representing the Board.

Mr. Murphy ended the session by discussing the board members individual responsibilities. Mr. Murphy also reminded the individuals that the members should be careful not to individually speak for the "Board" as a body when they are advocating at various community events as an individual. He then went on to note some of the responsibilities each individual Board member has to the Board:

- Play an active role in helping Wake County to meet its Public Health and Social Services statutory functions
- Participate actively & constructively in Wake County Human Services Board meetings
- Attend at least 75% of scheduled meetings
- Not seek or accept financial gain related to status as a Wake County Human Services Board member
- Represent, and advocate for, Wake County Human Services programs at various community events as requested
- Identify and advocate for resources needed to carry out the mission of Wake County Human Services
- Conduct Wake County Human Services Board meetings in compliance with NC Open Meetings Law

In closing, Ms. Satterfield asked the Board and Committee members that were in attendance if anyone had any questions for any of the presenters or the staff while they were all together. Dr. Smith spoke about the advocacy event and stated that the Board had done well establishing relationships with the legislators over the years and he wanted the advocacy event attendees to remember to be respectful and strengthen these relationships without making them feel uncomfortable. Ms. Foster also spoke about this being a good time for the board and committee members to spend time together and get to know each other as well since they were limited on the social activities that they could hold together.

Ms. Petteway then closed the meeting by thanking Ms. Satterfield and Ms. Baker for their work in putting the meeting together and then thanked the Board for all of their support and hard work as well.

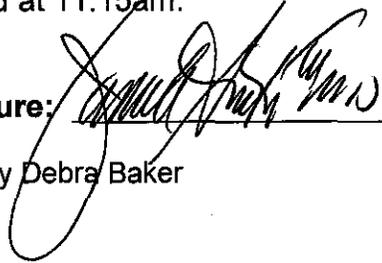
ACTION ITEMS:

- Ms. Horna asked about the rise in the number of children in Foster Care and raised the question of why is there a jump and if it is just now being recognized, is it more reported, or are there just more children in the system? Ms. Petteway stated that this question would be parked for now but that the response will be brought to the Social Services Committee meeting.
- Commissioner West asked about public comments that are given at Human Services Board meetings and if there was a system of follow-up for those individuals that make public comments. Ms. Petteway explained that comments were recorded in the meeting minutes and Dr. Smith spoke about normally when public comments are given there is discussion at that meeting on the topic. Mr. Eagles then commented that due to the low numbers of public comments at the Board meetings we should look at publicizing the meetings more to solicit input from more than special interest groups. Ms. Petteway stated that that is something that we will look in to.
- Mr. Myhre commented on the community mobilization and stated that there should be more encouragement for the Board members to participate in the Community Advisory Committee's (CAC's).

Adjournment

Chair Dr. Smith asked for a motion to adjourn, a motion was made and seconded. The meeting was adjourned at 11:15am.

Board Chair's Signature:



Date:

4/29/07

Respectfully submitted by Debra Baker

