Wake County Human Services Board
August 27, 2015
7:30 am – 10:00 am
AGENDA

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

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: Mr. Kent Jackson

Approval of Minutes: July 23, 2015
Amendment of Minutes: June 25, 2015

Next Board Meeting: September 24, 2015
Swinburne Human Services Center,
Room 2132
220 Swinburne Street
Raleigh, NC 27620

Regular Agenda

7:45 am  Annual Child Fatality Task Force Report – Ms. Lisa Cauley

8:05 am  WCHS 4TH Quarter (Year-End) Data Report – Ms. Caroline Harper

8:20 am  Healthiest Capital County Initiative (HCCI) Bi-annual Report [PH Accreditation Benchmark # 41.2] – Ms. Regina Petteway

8:35 am  Community Health Needs Assessment Process Update – Dr. Edie Alfano-Sobsey

8:50 am  Behavioral Health Discussion [PH Accreditation Benchmark # 41.2] – Dr. Jim Smith, Ms. Ann Oshel

9:20 am  Board Committee Chairs’ Reports
  ❖ Dr. Sharon Foster, Chair, Public Health Committee
  ❖ Ms. Angie Welsh, Chair, Social Services Committee

9:35 am  Environmental Services Director’s Report –
  Dr. Joseph Threadcraft
Human Services Mission Statement
Wake County Human Services, in partnership with the community, will facilitate full access to high quality and effective health and human services for Wake County residents.

March, 2014

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

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

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

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

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

June, 2014

- 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  
July 23, 2015  
Northern Regional Center, Room 163  
7:30 am

Board Members Present
Frank Eagles  
Pablo Escobar  
Dr. Sharon Foster  
Fiorella Horna-Guerra  
Kent Jackson  
John Myhre  
Margaret Raynor  
Dr. Rosine Sanders  
Dr. Paul Scruggs  
Dr. James Smith  
Dr. Jacqueline Tavarez  
Angie Welsh  
Commissioners James West  
McKinley Wooten, Jr.

Staff Members Present
David Ellis  
Ken Murphy  
Regina Petteway  
Dr. Joseph Threadcraft  
Amina Shah  
Alicia Arnold  
Dr. Sue Lynn Ledford  
Vielka Maria-Gabriel  
Elizabeth Scott  
Carmen Frazier  
Dr. Edie Alfano-Sobsey

Guests Present
None

Call to Order
Dr. Jim Smith called the meeting to order at 7:35 am.

Reflections
Ms. Fiorella Horna-Guerra shared reflections. She emphasized the importance of having healthy lifestyle, as it enables people to gain greater control over their lives.
Approval of Minutes

Mayor Frank Eagles moved, seconded by Mr. McKinley Wooten to approve the June 25 meeting minutes. The motion was adopted unanimously by the Board.

Next Board Meeting

The next Board meeting will be held on August 27, 2015 from 7:30 to 10:00 am at Swinburne Human Services Center.

Update on Human Services Director’s Performance Evaluation [PH Accreditation Benchmark # 37.5]

Dr. Smith announced that he met with Mr. Jim Hartmann and Mr. David Ellis to provide HS Board’s input into HS Director’s performance evaluation process.

The following items have been sent to Mr. Ellis as part of the performance evaluation process
- Compilation sheet of Board members’ comments about Ms. Regina Petteway
- Minutes from Executive Committee’s conference call discussion of Board’s comments

This process is complete and satisfies PH Accreditation benchmark requirements.

Follow-up on Public Health Quarterly Report: Communicable Diseases [PH Accreditation Benchmark # 2.4]

Dr. Edie Alfano-Sobsey presented a follow-up report on the Public Health Quarterly Report on Communicable Diseases presented at the last Board meeting. The purpose of this follow-up report is to answer Board and staff members’ questions from the previous meeting.

Q/A:
1. Of those who died from Influenza in 2015, what percent were vaccinated?
   - NC: 218 deaths, 51% vaccinated
   - Wake County: 17 deaths, 62.5% vaccinated
2. Table 1 on page 9 of report should read “pushcarts (carts that sell hot dogs only and can be moved by one person).”
3. Can you get Lyme Disease or Rocky Mountain Spotted Fever again if you had it before? Yes, you can get Lyme Disease again if you do not take proper steps to protect yourself and are bitten by an infected deer tick. On the other hand, infection with R. rickettsia (causative agent of Rocky Mountain Spotted Fever) provides long lasting immunity against reinfection.
4. Have tests for Lyme Disease improved? The tests need to be used and interpreted correctly for an accurate diagnosis. According to CDC, during the first few weeks of infection, the test is expected to be negative. Several weeks after infection, currently available tests (ELISA, EIA and IFA tests) have good sensitivity. CDC recommends a two-step testing approach. If this first step is
negative, no further testing of the specimen is recommended. If the first step is positive or indeterminate, the second step should be performed for confirmation.

5. What are the rates for Syphilis in the Eastern part of Wake County as compared to the rest of the County?
   At this time, syphilis rates by geographic areas (including eastern Wake County) are not tracked. Outreach efforts were increased by the HIV/STD Community Outreach Team to the eastern Wake County because socio-sexual network information revealed high-risk sexual activities connected to an early syphilis case in a young person. This led to the identification and treatment of exposed persons. Reference to “syphilis rates” was made in error and has been removed from this report.

6. Efforts to address high rates of chlamydia
   Several strategies have been implemented to address high case numbers of chlamydia, gonorrhea, and other STI’s. Some of these include:
   - Expedited Partner Therapy (EPT)
   - Field Delivered Therapy (FDT)
   - Enhanced testing and prevention counseling offered at non-traditional sites
   - Enhanced testing at all WCHS clinics
   - Bridge Counseling to link those with HIV/AIDS to medical care
   - Comprehensive Risk Counseling and Services (CRCS)
   - Consultation and support for community partners
   - Condom distribution sites

*Report included in July agenda.

**Intervention Strategies for Syphilis Outbreak**

Dr. Sue Lynn Ledford presented a report on Intervention Strategies for Syphilis Outbreak in Wake County, as requested by the HS Board and Public Health Committee. She talked about the importance of knowing the numbers and doing case-finding.

An Incident Command System (ICS) was created in response to Syphilis Outbreak on April 2, 2015.

ICS Accomplishments
- Two-pronged Syphilis Education Plan for community and Wake County providers
- Ongoing work with State Communicable Disease Branch--focus is on effective diagnosis and treatment plans
- Field Delivered Treatment plan and standing orders updated to facilitate Disease Intervention Specialist RNs in the field delivery of care
- Quick Check Syphilis testing for designated areas
- Enhanced Tracking Tool for Symptomatic clients in Clinic A
- Surveillance Report with baseline data on Syphilis in Wake County
- Community Partners Meeting (WakeMed, Rex, Duke Raleigh, WHSI, and others) attended by 32 individuals
- Comprehensive Risk Counseling Services (CRCS) Referral System
- Syphilis Fact Sheet for media/public requests
- Expansion of Rapid Syphilis Testing to WCHS Regional Centers
- Adoption of CDC Guidelines for 13-64 years of age Opt Out testing
- ABC11 News Interview with Health Director
- Wake Health TV interview
- Syphilis “Refresher” training at WCHS Regional Centers
- Special section on Syphilis Outbreak on Wake County website
- Special Partner Meeting with Public Health and Wake Jail
- Outreach training updates with the Universities – underway
- Description of Syphilis Outbreak in PH Quarterly Report
- Memo to all WCHS Providers on Enhanced STI Screening

Ms. Margaret Raynor asked if the increase in human trafficking has had any impact on the rates of Syphilis. Dr. Ledford responded, to their knowledge, human trafficking has not had a significant impact on the rates of Syphilis.

Discussion was held, led by Commissioner James West, on the importance of spreading education and awareness through a support system (peers and family members) as a way to prevent the condition.

*Report included in July agenda.

**Annual Review of Wake County Human Services Board Operating Procedures [PH Accreditation Benchmark # 34.1, 34.2]**

Ms. Amina Shah presented the proposed changes to the HS Board Operating Procedures, as suggested by the Board officers (Dr. Jim Smith, Ms. Margaret Raynor, and Mr. John Myhre) and Ms. Leila Goodwin.

The proposed changes are:
- Board terms of service
- Roles of Board officers
- Roles of Standing Committee’s Chair
- Roles and responsibilities of staff

Board members suggested further changes including:
- **Section G, # 1:** Wake County Human Services Director
  Add language about HS Director appointing the Executive Assistant to HS Board to fulfill the responsibilities of the role of the Secretary
- **Section G, # 2:** Executive Assistant to Human Services Board
Add “process” to “managing Board members appointments” and “managing Board officers elections”
Add “logistics” to “managing Board and Committee meetings”

Mayor Frank Eagles moved, seconded by Ms. Raynor to approve the HS Board Operating Procedures, as amended. The motion was adopted unanimously.

*Procedures included in July agenda.

**Annual Review of Wake County Human Services Rules of Appeal [PH Accreditation Benchmark # 35.1]**

Mr. Ken Murphy suggested changing the present title “Wake County Human Services, Wake County Environmental Services, Rules of Appeal” to “Wake County Human Services Board Rules of Appeal”. The reason for doing this is that the Board is a consolidated Environmental Services and Human Services Board and is officially called the “Human Services Board”.

Mr. Wooten moved, seconded by Ms. Raynor to approve the Rules of Appeal with modification in title, as suggested by Mr. Murphy. The motion was adopted unanimously by the Board.

**Board Committee Chairs Reports**

Ms. Angie Welsh reported that the Social Services Committee did not meet in July, because the meeting conflicted with the 4th of July Holiday—it will have a joint meeting with the Public Health Committee on August 21, 2015.

Ms. Margaret Raynor and Dr. Paul Scruggs reported on the activities of the Public Health Committee on behalf of Dr. Sharon Foster.

Ms. Raynor talked about the implementation of the Summer Food Service Program in Wake County, highlighting the need, strategies, and partnerships (with NC Department of Public Instruction, Wake County Public School System, Food Bank CENC, and others).

She talked about the success of the Jump Start Event celebration. It was well-attended by Community partners and County Commissioners. Everette Brown, NFL MVP engaged the children in fitness activities during the event.

She also discussed lessons learned from field trips to Durham County and Mecklenburg County to look at their Summer Meal programs. In both these Counties, the Summer Meal program is fully supported by their individual school systems—the school sites are open sites. A general discussion was held about forming a collaborative relationship with Wake County Schools System.

Dr. Scruggs talked about raising awareness of the unmet need of dentistry, the scope of the dental problem, and different dental projects that have undertaken. He would like to have this
item on the Public Health Committee’s October agenda and the HS Board’s November agenda, when he would arrange guest speaker panels.

**Environmental Services Director’s Report**

The Environmental Services (ES) Director’s Report included 2 parts:
- ES Department Budget Update – presented by Dr. Joseph Threadcraft
- Environmental Services Department Swimming Pool Update – presented by Mr. Terry Chappell

**ES Department Budget Update [PH Accreditation Benchmark # 39.1]**

General Fund
- Positive trend for expenses and revenues
  - The expenses are a result of an 19 additional employees over 3 year period
  - The revenues are a result of increased service delivery

FY 2016 was a very positive budget year, thanks to support from Wake County Manager’s Office and County Commissioners
- Environmental Services (ES) Department received additional funding for 4 staff and major projects

Solid Waste consists of 2 enterprise funds:
- 5100 Fund: Recycling – closed landfill – outreach – illegal dumping
- 5200 Fund: Landfill and Transfer Station
  - The landfill’s life has been extended from 25 to 40 years

*Presentation attached to July agenda*

**ES Department Swimming Pool Update [PH Accreditation Benchmarks # 17.1, 17.2]**

Definition of “public pools” according to 130A-280: any artificial body of water used for swimming or recreation such as municipal, school, hotel, apartment, athletic club or membership facility pools, etc. Spray grounds are also checked because they have a pump and it is re-circulated.

Pools are regulated by State and Wake County rules.
1. State rules
   a. Require plan review of pools prior to opening
   b. Frequency of inspections – 1 time per year for seasonal pools; 2 times per year for year round pools
   c. Establishes basic requirements including pool chemistry, gating and fencing requirements, safety equipment and signage

2. Wake County rules
   a. Adopted 1984, prior to state rules
b. Wake County rules are more stringent than state: 2 daily chemical checks 6 hours apart; gate violations result in closure of the pool, etc.

This presentation was for information only and will also be presented to the HS Board during their July meeting.

*Presentation attached to July agenda

**Human Services Director’s Report**

The Human Services Director’s Report presented by Ms. Petteway included 3 parts:
- HS Board Accomplishments
- HS Budget and Planning Cycle
- HS Trends and Issues

**HS Board Accomplishments**

Ms. Petteway asked the Board to discuss its accomplishments that will be included in the Agency’s Annual Report. Some of the things discussed include:

- Summer Food Service Program
  - Additional open sites in 2 pilot zip codes (27610 and 27601)
  - Developed partnerships
- Funding for prenatal care clinics expansion
- Falls Lake Education Project
- Significant reorganization in the Department and on the Board
  - New Department Director
  - New Board member appointment and several reappointments
- Board officers orientation was helpful
- Staff was specifically guided by Board on the type of data requested by Board
- The Board is grateful to employees who even worked on the weekends for NC FAST
- The Board has helped the Department move towards a client-centered organization, with an open and engaged system
- About 101 people were monitored for Ebola without any national attention
- Human Capital Development (HCD) Summit
  - The Board needs to continue to work with the Department to ensure the success of HCD through collective impact. Staff time needs to be specifically dedicated to HCD.

**HS Budget and Planning Cycle**

The County’s budget cycle begins in December. This year, HS Department is starting the budget cycle now. The budget needs of Divisions are being identified. The County Budget Office will
provide training on writing better business justifications. By September, the Department should have completed the identification and analysis of its budget needs, so the Board will get to be involved in the budget cycle earlier than usual (1-2 months earlier).

**HS Trends and Issues**

The trends and issues that have been discussed the most during Board meetings include:

1. NC FAST
2. Public Health Clinical Services
3. Child Welfare
4. Adult Protective Services
5. Mental Health Service Challenges
6. Human Capital Development (HCD)

Ms. Petteway asked the Board to consider receiving a bi-annual report on each one of these aforementioned items.

Ms. Liz Scott discussed progress of NC FAST. The program is performing better, but it is still not performing at the expected levels. Commissioner West asked about how the challenges of NC FAST have impacted staff morale. Ms. Scott replied that the previous mandatory overtime had a significant impact on staff morale, which explains the high staff turnover in the Department. The Department is now focusing on retaining the new hired staff.

**Human Services Board Chair’s Report**

Dr. Smith shared that Mr. Ellis has been very helpful and supportive, so the Board and Department have great support from the County Manager’s Office.

**Participation in Community Events**

Mr. Wooten participated in the SFSP Jump Start event celebration.

Commissioner West participated in the National Association of Counties (NACo) meeting in Charlotte.

Dr. Jacqueline Tavarez said she would like to have the HS Board and Social Services Committee invited to Community Night Out event (more details will be provided by her later).

Mayor Eagles made the following comments

- The Board of Commissioners should list feeding low-income children as a priority
- The HS Department should consider closing the Sunnybrook Human Services Center and opening a center in a developing area of the County. Health services should be spread throughout the County.
Public Comments

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

Adjournment

The meeting was adjourned at 10:00 am.

Action Items

- Dr. Smith requested Dr. Scruggs to arrange dental program presentation for Public Health Committee’s October agenda and HS Board’s November agenda
- Dr. Smith requested Dr. Ledford to ask Ms. Penny Washington to give presentation to HS Board on the new ventures of Wake Health Services
- Ms. Petteway requested Dr. Alfano-Sobsey to talk about the Community Health Needs Assessment process at the next Board meeting

Board Chair’s Signature: ___________________________ Date: ________________
WAKE COUNTY HUMAN SERVICES BOARD
AGENDA ITEM SUMMARY SHEET

Agenda Date: August 27, 2015

Item: Annual Child Fatality Task Force Report

Specific Action Requested: Review and accept quarterly report to the HS Board for information.

Link to Wake County Human Services Goals:

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

Item Summary (Ex: What are major points/data. Is it better or worse?): The Wake County Child Fatality Prevention Report describes the Child Fatality Prevention Team (CFPT) and Community Child Protection Team (CCPT). It includes data from 2014 Annual Report team findings and recommendations, advocacy and service enhancements, and connection to Healthiest Capital County.

Purpose for Action (Ex: Proposed Solutions/Accomplishments): The purpose of this presentation is to inform the HS Board and its Subcommittees about the combined work of the CFPT and CCPT with regards to child fatalities in Wake County, and discuss new and existing ideas to collaboratively address the issue.

Next Steps (Ex: What is next step for Board or staff): Board is requested to review and accept the report.

Attachments: PowerPoint presentation

Opportunities for Advocacy, Policy or Advisory:

Connections to Other Committees: Healthiest Capital County
Wake County Child Fatality Prevention

Child Fatality Prevention Team
Community Child Protection Team

Wake County Child Fatality Prevention

• Local Team & Recommendations
• 2013 Infant Mortality Statistics
• Healthiest Capital County Connection
• Direction of 2015 Team

Child Fatality Prevention Team
Community Child Protection Team

• Mandate for counties
• Wake County combined teams in 1998
• Citizen review panel for Child Welfare
• Purpose
  – Review representative sample of child deaths
  – Identify systems issues
  – Make Recommendations
  – Annual report

2014 Annual Report
Team Findings & Recommendations

Motor Vehicle Deaths
• The team reviewed two motor vehicle deaths of minors, including one with a minor pedestrian and another a passenger in a vehicle.

Sudden Infant Death Syndrome (SIDS)
• Review of the death of two infants.

Neonatal Deaths and medically related deaths reviewed
• 3 neonatal deaths
• 5 medically related deaths were reviewed
2014 Annual Report
Team Findings & Recommendations

Accidental Death
• A review of accidental deaths included 1 blunt force trauma, 1 drug toxicity, 1 roll over death and 5 minor deaths by drowning.

Homicide
• A homicide was reviewed of a young child who died from non-accidental trauma perpetrated by an adult.

Suicide
• 5 suicides were reviewed of which 4 were by hanging and 1 by gunshot.

Advocacy and Service Enhancements

• Recommendation for getting health care providers connected electronically so that health care information can be shared.
• The team reached out to local hospitals to offer to provide information sessions for staff regarding mandated reporting laws.
• WCHS began outreach to hospitals to schedule and provide Mandated CPS Reporter training.

Advocacy and Service Enhancements

• Guidance provided to WCHS CPS staff on the use of Safety Assessment tools.
• Recommendation to WCPSS to increase suicide prevention efforts. This lead to an expansion of suicide prevention curriculum in high schools.
• The team commended the efforts of a CPS worker who initiated an article about safe sleeping in a newspaper for Spanish speaking families.

Continued Discussion for the Team

• Recommendations for the supervision of youth in residential facilities and how these facilities should be investigated when there are allegations of maltreatment and licensing violations.
• Continue concern about the number of youth that die from drowning and suicide.
2013 Infant Mortality

• Infant Mortality Rate 5.1 per 1000 live births. Better than 2012 (7.1) and state rate for 2013 (7.0)

Persistent Racial Disparity
• White rate was 3.5
• Hispanic rate was 4.8
• African-American rate was 9.3 (2012 rate 16.0)

Healthiest Capital County

• Infant mortality is an important health indicator.
• Child abuse and neglect negatively impact health and mental health outcomes
• Wake County has significant racial disparities for both infant mortality and Child Welfare involvement. Reducing these disparities by improving health outcomes for African American children and families is critical.
Agenda Date: August 27, 2015 WCHS Agency 4th 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 four of fiscal year 2015. Review and accept year to date information for FY15.

Link to Wake County Human Services Goals:

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

Item Summary (Ex: What are major points/data. Is it better or worse?):
This document provides quarterly report data for selected program indicators. The document covers activities for the third quarter (Q4) of fiscal year 2015, April 1 through June 30, 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
• Year to Date and end of year case count’s for contributing programs

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.
• Actionable item: accept report
• Actionable item: indicate when the agency case count trend report for 2008-2015 should be presented.
Attachments:
6 pages: HS Board Report Q4 FY15 cover page + five page report

Opportunities for Advocacy, Policy or Advisory:

Connections to Other Committees:
Wake County Human Services Quarterly Report
By Service Designated Indicator

Fiscal Year 2015 – Quarter 4

A Report on Trends in Case Load Activities for Programs and Services
April 1, 2015 through June 30, 2015

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

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

August 27, 2015
<table>
<thead>
<tr>
<th>PROGRAM or SERVICE</th>
<th>Indicator Tracked</th>
<th>Q1 FY15</th>
<th>Q2 FY15</th>
<th>Q3 FY15</th>
<th>Q4 FY15</th>
<th>COMMENTS FROM PROGRAM ABOUT LEVEL OF CHANGE AND IMPACT ON SERVICE DELIVERY (For this quarter only)</th>
<th>Update New Cases Added Fiscal Year to Date Count as of June 30, 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Medicaid</td>
<td>New Cases Added per Quarter</td>
<td>686</td>
<td>22,037</td>
<td>22,210</td>
<td>30,594</td>
<td>1 Case count estimates were reported for quarters two and three. 2 The figure for quarter four was calculated by program staff and reflects the case count as of June 30. The end of year case count for FY15 is an increase of 28% compared to the same figure for FY14.</td>
<td>30,594 individuals</td>
</tr>
<tr>
<td>Adult Guardianship</td>
<td>Wards Added per Quarter</td>
<td>7</td>
<td>3</td>
<td>0</td>
<td>14</td>
<td>In August 2014 a contract agency was added as a strategy to reduce case load size. Wake County received 10 new cases from August 2014 through June 2015, the contract agency received 74. As of June 2015 new cases are assigned to WCHS staff. A total of 14 cases were added in quarter four, all in the month of June. The total number of wards in the case load on June 30 is 743. Wake County provides direct case management for 63% (470 people) and contract agencies 37% (273 people). The case load increased by 3% in FY15 compared to FY14.</td>
<td>24 unique individuals to WCHS staff</td>
</tr>
<tr>
<td>Adult Protective Services</td>
<td>Accepted Reports per Quarter</td>
<td>68</td>
<td>50</td>
<td>60</td>
<td>88</td>
<td>This reporting period had an increase in the number of calls received and reports screened in. This quarter saw a 47% increase in the number of accepted reports compared to the previous quarter. Total accepted reports in FY15 represent an increase of 14% compared to FY14.</td>
<td>266 reports</td>
</tr>
<tr>
<td>PROGRAM or SERVICE</td>
<td>Indicator Tracked</td>
<td>Q1 FY15</td>
<td>Q2 FY15</td>
<td>Q3 FY15</td>
<td>Q4 FY15</td>
<td>COMMENTS FROM PROGRAM ABOUT LEVEL OF CHANGE AND IMPACT ON SERVICE DELIVERY (For this quarter only)</td>
<td>Update New Cases Added Fiscal Year to Date Count as of June 30, 2015</td>
</tr>
<tr>
<td>-----------------------------</td>
<td>------------------------------------------</td>
<td>---------</td>
<td>---------</td>
<td>---------</td>
<td>---------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------</td>
</tr>
<tr>
<td>Child Welfare, CPS Assessments</td>
<td>Accepted Assessments per Quarter</td>
<td>1,464</td>
<td>1,516</td>
<td>1,324</td>
<td>1,513</td>
<td>This quarter saw a 14% increase in the number of accepted assessments compared to the previous quarter. This will likely increase the total number of assessments open as individual staff caseloads increase. Child Welfare is currently recruiting for assessor vacancies to help cover this increase in demand for services. Total accepted assessments and assists in FY15 increased by 1% compared to FY14.</td>
<td>5,817 unique reports</td>
</tr>
<tr>
<td>Child Welfare, In Home</td>
<td>New In Home Service Cases for Families Opened per Quarter</td>
<td>180</td>
<td>164</td>
<td>138</td>
<td>157</td>
<td>The number of new admissions into In-Home Services increased by 14% from the previous quarter, however, this number is down from the number of new admissions from the first two quarters. This should help ease the case loads of our In Home workers so that they remain at case load standards. Total new in home service cases opened for families in FY15 represents a decrease of 4% compared to FY14.</td>
<td>639 unique families</td>
</tr>
<tr>
<td>Foster Care</td>
<td>New Placements of Children per Quarter</td>
<td>131</td>
<td>74</td>
<td>97</td>
<td>65</td>
<td>The number of new entries into foster care was down substantially in the last quarter of the year, and was half the number of children who entered care in the first quarter. This allowed staff case loads to be at or near case load standards. Child Welfare has implemented a new initiative that focuses on closing children out of foster care over the course of the next six months. Total new placements of children in FY15 is an increase of 11% compared to FY14.</td>
<td>367 unique children</td>
</tr>
<tr>
<td>PROGRAM or SERVICE</td>
<td>Indicator Tracked</td>
<td>Q1 FY15</td>
<td>Q2 FY15</td>
<td>Q3 FY15</td>
<td>Q4 FY15</td>
<td>COMMENTS FROM PROGRAM ABOUT LEVEL OF CHANGE AND IMPACT ON SERVICE DELIVERY (For this quarter only)</td>
<td></td>
</tr>
<tr>
<td>-------------------</td>
<td>---------------------------------------------------------------</td>
<td>---------</td>
<td>---------</td>
<td>---------</td>
<td>---------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>Child Care Subsidy</td>
<td>New Cases of Children Opened for Service per Quarter</td>
<td>427</td>
<td>451</td>
<td>266</td>
<td>376</td>
<td>The program started serving families from the waiting list in May 2015, as a result an increase is expected in case load size. The number of new cases added increased by 41% this quarter compared to the previous quarter. In FY15 the program served 7,011 children, this figure represents a decrease of 9% compared to FY14.</td>
<td></td>
</tr>
<tr>
<td>Child Care Subsidy</td>
<td>New Cases Added to Wait List per Quarter</td>
<td>837</td>
<td>663</td>
<td>574</td>
<td>-1,342</td>
<td>The program started serving families from the waiting list in May 2015. The number of new cases added to the waiting list decreased by 333.8%. The decrease in the waiting list includes families moved from the waiting list and opened for services, those no longer eligible for services and those who didn't respond to inquiries about their current need and status.</td>
<td></td>
</tr>
<tr>
<td>Family and Children’s Medicaid</td>
<td>New Cases Opened for Services per Quarter</td>
<td>3,611</td>
<td>85,212</td>
<td>89,230</td>
<td>59,221</td>
<td>1 Case count estimates were reported for quarters two and three. The figure for quarter four is a count of active cases at the end of the fiscal year. This number was calculated by the program using client data. 2 End of year case count for FY15 is an increase of 3% compared to the figure for FY14.</td>
<td></td>
</tr>
<tr>
<td>Capital Area Workforce Center at Swinburne</td>
<td>New &amp; Repeat Customers Served per Quarter</td>
<td>5,726</td>
<td>4,790</td>
<td>4,494</td>
<td>4,780</td>
<td>This has been a transition year with several changes with Vocational/Employment Services and at the State level. The Center was officially certified as an NCWorks Career Center and fully integrated. Resources have been identified to allow us to increase our Recruitment/Hiring events (Business Days) which will impact our numbers FY 2016.</td>
<td></td>
</tr>
<tr>
<td>Food and Nutrition Services (FNS)</td>
<td>New Cases Opened for Services per Quarter</td>
<td>5,130</td>
<td>4,297</td>
<td>4,021</td>
<td>5,654</td>
<td>The number of Food and Nutrition Services (FNS) applications increased each month during Quarter 4. This quarter saw a 41% increase in new cases added for households compared to the previous quarter. The end of year case count for FY15 is an increase of 3% compared to the figure for FY14.</td>
<td></td>
</tr>
<tr>
<td>PROGRAM or SERVICE</td>
<td>Indicator Tracked</td>
<td>Q1 FY15</td>
<td>Q2 FY15</td>
<td>Q3 FY15</td>
<td>Q4 FY15</td>
<td>COMMENTS FROM PROGRAM ABOUT LEVEL OF CHANGE AND IMPACT ON SERVICE DELIVERY (For this quarter only)</td>
<td>Update New Cases Added Fiscal Year to Date Count as of June 30, 2015</td>
</tr>
<tr>
<td>--------------------</td>
<td>-------------------</td>
<td>---------</td>
<td>---------</td>
<td>---------</td>
<td>---------</td>
<td>---------------------------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------</td>
</tr>
<tr>
<td>Syphilis Services</td>
<td>New Cases being Served</td>
<td>50</td>
<td>46</td>
<td>52</td>
<td>42</td>
<td>Case numbers continue to be very high. Both Public Health and Clinics division's are employing numerous strategies to bring syphilis under control. This quarter saw a decrease of 19% compared to the previous quarter.</td>
<td>190 new cases July 1, 2014 - June 30, 2015</td>
</tr>
<tr>
<td>HIV / AIDS Services</td>
<td>New Cases being Served</td>
<td>48</td>
<td>39</td>
<td>63</td>
<td>67</td>
<td>Number of cases changed slightly from last quarter, but trend is increasing when looking at the entire fiscal year. This quarter saw an increase of 6% compared to the previous quarter.</td>
<td>217 new cases July 1, 2014 - June 30, 2015</td>
</tr>
<tr>
<td>Gonorrhea Services</td>
<td>New Cases being Served</td>
<td>272</td>
<td>285</td>
<td>379</td>
<td>408</td>
<td>Number of cases changed slightly from last quarter, but trend is increasing when looking at the entire fiscal year. This quarter saw an increase of 8% compared to the previous quarter.</td>
<td>1,561 new cases July 1, 2014 - June 30, 2015</td>
</tr>
<tr>
<td>Chlamydia Services</td>
<td>New Cases being Served</td>
<td>808</td>
<td>1,225</td>
<td>1,338</td>
<td>1,338</td>
<td>Number of cases added is the same as the previous quarter, but trend is increasing when looking at the entire fiscal year. The quarter saw 0% increase from the number for the previous quarter.</td>
<td>4,709 new cases July 1, 2014 - June 30 cases</td>
</tr>
<tr>
<td>Immunizations</td>
<td>Total Vaccine Doses Provided</td>
<td>9,123</td>
<td>14,001</td>
<td>9,112</td>
<td>7,319</td>
<td>Represents vaccine doses administered in all Clinic and Program areas, including Regional Centers and Outreach activities.</td>
<td>40,108 doses</td>
</tr>
<tr>
<td></td>
<td>Total Number of Clients at WCHS Receiving Vaccine Doses</td>
<td>4,278</td>
<td>7,525</td>
<td>3,871</td>
<td>3,165</td>
<td></td>
<td>15,988 unique individuals</td>
</tr>
<tr>
<td>Immunizations, Regional Centers</td>
<td>Total Vaccine Doses Provided</td>
<td>990</td>
<td>1,299</td>
<td>853</td>
<td>616</td>
<td>Represents doses provided ONLY at Regional Centers ERC-NRC-SRC.</td>
<td>3,758 doses</td>
</tr>
<tr>
<td></td>
<td>Total Number of Clients at Regional Centers</td>
<td>524</td>
<td>769</td>
<td>416</td>
<td>315</td>
<td></td>
<td>2,024 unique individuals</td>
</tr>
<tr>
<td>PROGRAM or SERVICE</td>
<td>Indicator Tracked</td>
<td>Q1 FY15</td>
<td>Q2 FY15</td>
<td>Q3 FY15</td>
<td>Q4 FY15</td>
<td>COMMENTS FROM PROGRAM ABOUT LEVEL OF CHANGE AND IMPACT ON SERVICE DELIVERY (For this quarter only)</td>
<td>Update New Cases Added Fiscal Year to Date Count as of June 30, 2015</td>
</tr>
<tr>
<td>------------------------------------------</td>
<td>---------------------------------</td>
<td>---------</td>
<td>---------</td>
<td>---------</td>
<td>---------</td>
<td>-------------------------------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------</td>
</tr>
<tr>
<td>WIC, Eastern Regional Center (ERC)</td>
<td>Active Participants per Quarter</td>
<td>2,992</td>
<td>2,680</td>
<td>pending</td>
<td>pending</td>
<td>WIC transitioned to a new data system in December 2014. The program is using the monthly count of active participants for all Wake sites to update stakeholders during the transition. New data indicates an average monthly case count of 16,616 from December 2014 through April 2015. Tentative data for May and June indicates the active participant case count is lower than the end of year count in the previous five years; tentative estimates indicate a decrease of about 2% in FY15 compared to FY14. Data will be updated as it becomes available.</td>
<td>1,000 average monthly (est.)</td>
</tr>
<tr>
<td>WIC, Millbrook Center</td>
<td>Active Participants per Quarter</td>
<td>10,147</td>
<td>9,125</td>
<td>pending</td>
<td>pending</td>
<td></td>
<td>3,410 average monthly (est.)</td>
</tr>
<tr>
<td>WIC, Northern Regional Center (NRC)</td>
<td>Active Participants per Quarter</td>
<td>2,824</td>
<td>2,387</td>
<td>pending</td>
<td>pending</td>
<td></td>
<td>931 average monthly (est.)</td>
</tr>
<tr>
<td>WIC, Sunnybrook</td>
<td>Active Participants per Quarter</td>
<td>28,672</td>
<td>24,666</td>
<td>pending</td>
<td>pending</td>
<td></td>
<td>9,493 average monthly (est.)</td>
</tr>
<tr>
<td>WIC, Southern Regional Center (SRC)</td>
<td>Active Participants per Quarter</td>
<td>5,097</td>
<td>4,441</td>
<td>pending</td>
<td>pending</td>
<td></td>
<td>1,685 average monthly (est.)</td>
</tr>
</tbody>
</table>
WAKE COUNTY HUMAN SERVICES BOARD
AGENDA ITEM SUMMARY SHEET

Agenda Date: August 27, 2015

Item: Healthiest Capital County Initiative (HCCI) Bi-annual Report

PH Accreditation Benchmark #: 41.2

Specific Action Requested: HS Board is requested to receive, accept, and discuss the report for information. And identify opportunities

Link to Wake County Human Services Goals:

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

Item Summary (Ex: What are major points/data. Is it better or worse.):
This presentation highlights the progress of the HCCI since inception. Major points include:

- Background and overview
- Planning team selection of collective impact measures
- Leadership of workgroups
- Initiative structure
- Building infrastructure
- Identifying funding opportunities
- Current efforts
- Engagement opportunities

Purpose for Action (Ex: Proposed Solutions/Accomplishments): To keep the Board informed of HCCI progress and opportunities to engage in the work of the Initiative.

Next Steps (Ex: What is next step for Board or staff): Board is requested to receive, accept, and discuss the report, potentially advocate for the Initiative with their agencies and stakeholders, and support the Initiative by considering joining work groups.
Attachments:  PowerPoint presentation

Opportunities for Advocacy, Policy or Advisory:  Board is asked to potentially advocate for the Initiative with their agencies and stakeholders

Connections to Other Committees:
2016 Community Health Needs Assessment Process
- Community Health Assessment Team (CHAT), comprised of key funding stakeholders.
- Community Health Needs Assessment Steering Team, comprised of broad array of community wide stakeholders
HEALTHIEST CAPITAL COUNTY INITIATIVE

Update to the Human Services Board
August 27, 2015

The Healthiest Capital County Initiative seeks to improve the health and well-being of residents in Wake County by mobilizing the community and using the County Health Rankings as a yardstick to measure progress and to “compete” with other capital counties.

BACKGROUND: County Health Rankings

• University of Wisconsin Population Health Institute and Robert Wood Johnson
• Rank nearly every US county since 2010
• Wake was the healthiest county in NC for the first five years and second healthiest in 2015.
• The Healthiest Capital County Initiative (HCCI) launched in February 2014 to improve health for all residents.
• Diverse, multi-sector group of stakeholders
• Collective impact model

PLANNING TEAM: Selection of Collective Impact Measures

➢ On July 17, 2014, the HCCI Planning Team selected five measures as the Initiative’s focus:
  • Adult Obesity (with Physical Inactivity)
  • Food Environment Index (=access to food / food insecurity)
  • Children in Poverty
  • High School Graduation
  • High Risk Youth Behavior (a collection of several measures)
➢ On November 20, 2014, the Planning Team agreed to address these measures in three Work Groups
WORK GROUPS: Leadership

➢ High Risk Youth Behavior & High School Graduation:
  • Youth Thrive
  • Robin Rennells, Interim Executive Director

➢ Adult Obesity (w/Physical Inactivity) & Food Environment Index:
  • Advocates for Health in Action (AHA) and YMCA of the Triangle
  • Sara Merz, Executive Director (AHA)
  • Lisa Humphreys, Senior Vice President - Organizational Development (YMCA of the Triangle)

➢ Children in Poverty
  • United Way of the Greater Triangle
  • Angie Welsh, Senior Vice President - Community Impact

SIMPLIFIED INITIATIVE STRUCTURE

INFRASTRUCTURE

➢ Since January 2015, HCCI focused on building infrastructure
  • Aligned HCCI with Community Health Needs Assessment:
    – Significant overlap in partnerships;
    – Both are data driven and rely on the same or similar data;
    – Both are focused on health improvements in Wake County.
  • Proposed a collaborative model to partners to fund Executive Director and Administrative Assistant positions along with operational expenses
  • Developed Budget Expansion Request for County funding
  • Explored other funding opportunities, including United Way

➢ Current infrastructure support
  • No funds were committed
  • Structure was simplified: no Executive Director or Administrative Assistant; Executive Committee on hold for now
  • Co-Chairs Regina Petteway and Kevin Cain continue to lead HCCI
  • Human Services staff provide coordination and project management

➢ The vision remains to transform HCCI into a community driven rather than a government-led collaborative
CURRENT EFFORTS

- Steering Team convened
  - Members: Co-Chairs, HS project manager, Focus Area Work Group Chairs
  - Future members: Communications Team representative and others
  - Currently determining roles, responsibilities, tasks
  - Working with County Health Rankings coach to strategize how to move into action

NEXT STEPS

- Work Groups are preparing to launch in October/November with a kick-off event.
- A Communications Team will convene very soon to develop branding, messaging, and an overall marketing plan.
- The Steering Team will consider how best to expand its membership and will continue to identify funding and other resource opportunities.

ENGAGEMENT OPPORTUNITIES

- Provide suggestions, feedback, linkages with your partners
- Serve on:
  - A Work Group to address the focus measures
  - The Communications Team for branding, messaging and marketing
  - The Steering Team to lead, provide direction

IDEAS? SUGGESTIONS? WANT TO GET INVOLVED?

Contact:
Regina Petteway
rpetteway@wakegov.com
919.212.7302