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**Wake County Human Services Board  
July 23, 2015  
AGENDA**

**Northern Regional Center, Room 163  
350 E. Holding Avenue, Wake Forest, NC 27587**

**Standing Time: 7:30AM – 10:00AM**

Dr. James Smith III, Chair

Mr. John Myhre, Vice Chair

Ms. Margaret Raynor, Treasurer

**Purpose: Advocacy, Policy, Advisory, Accountability**

**7:30 am Meeting Called to Order**

**Reflections:** Ms. Fiorella Horna-Guerra

**Approval of Minutes:** June 25, 2015

**Next Board Meeting: August 27, 2015**  
**Swinburne Human Services Center,**  
**Room 2132**  
**220 Swinburne Street**  
**Raleigh, NC 27620**

**Regular Agenda**

**7:45 am Update on Human Services Director's Performance Evaluation**  
**[PH Accreditation Benchmark # 37.5] – Dr. Jim Smith**

**8:00 am Follow-up on Public Health Quarterly Report: Communicable**  
**Diseases [PH Accreditation Benchmark # 2.4] –**  
 Dr. Edie Alfano-Sobsey

**8:15 am Intervention Strategies for Syphilis Outbreak –**  
 Dr. Sue Lynn Ledford

**8:30 am Annual Review of Wake County Human Services Board**  
**Operating Procedures [PH Accreditation Benchmark # 34.1,**  
**24.2] – Ms. Regina Petteway, Ms. Leila Goodwin**

**8:45 am Annual Review of Wake County Human Services Rules of**  
**Appeal [PH Accreditation Benchmark # 35.1] – Mr. Ken Murphy**

**9:00 am Board Committee Chairs' Reports**

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

- 9:10 am Environmental Services Director’s Report –**  
Dr. Joseph Threadcraft
- Environmental Services Department Budget Update [PH Accreditation Benchmark # 39.1]
  - Public Swimming Pool Program [PH Accreditation Benchmarks # 17.1, 17.2]
- 9:20 am Human Services Director’s Report –** Ms. Regina Petteway
- Human Services Board Accomplishments
  - Human Services Budget and Planning Cycle
  - Human Services Trends and Issues
    1. NCFAST
    2. Public Health Clinical Services
    3. Child Welfare
    4. Adult Protective Services
    5. Mental Health Service challenges
- 9:30 am Human Services Board Chair’s Report –** Dr. Jim Smith
- 9:40 am Participation in Community Events**
- 9:45 am Public Comments**
- 10:00 am Adjournment**

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***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

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***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

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**2014-2015 Board Priorities (as of January, 2014)**

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

**Wake County Human Services Board  
Regular Meeting Minutes  
June 25, 2015**

<b>Board Members Present</b>
<b>Frank Eagles</b>
<b>Pablo Escobar</b>
<b>Leila Goodwin</b>
<b>Kent Jackson</b>
<b>John Myhre</b>
<b>Dr. Rosine Sanders</b>
<b>Dr. Paul Scruggs</b>
<b>Dr. James Smith</b>
<b>Stephanie Treadway</b>
<b>Angie Welsh</b>
<b>Commissioners James West</b>

<b>Staff Members Present</b>
<b>David Ellis</b>
<b>Ken Murphy</b>
<b>Regina Petteway</b>
<b>Dr. Joseph Threadcraft</b>
<b>Amina Shah</b>
<b>Alicia Arnold</b>
<b>Vielka Maria-Gabriel</b>
<b>Liz Scott</b>
<b>Felicia Downing</b>
<b>Janny Flynt</b>
<b>Dr. Edie Alfano-Sobsey</b>
<b>Dr. Jennifer Federico</b>

<b>Guests Present</b>
<b>Septina Florimonte</b>

**Call to Order**

Dr. Jim Smith called the meeting to order at 7:35 am. He thanked everyone for being present at the meeting.

**Reflections**

Ms. Leila Goodwin shared reflections about spiritual insights for daily living that she learned from her Yoga teacher.

**Approval of Minutes**

Mayor Frank Eagles made motion to approve May 28 meeting minutes, which was seconded by Ms. Stephanie Treadway and approved unanimously by the Board.

## **Next Board Meeting**

The next Board meeting will be held on July 23, 2015 from 7:30-10:00 am at Northern Regional Center in Wake Forest.

## **Human Services Board Input into Human Services Director's Performance Evaluation [PH Accreditation Benchmark # 37.5]**

Dr. Smith outlined the following process for the Human Services (HS) Director's Performance Evaluation procedure:

1. Chair announces process at a Board meeting.
2. Email sent out to Board to solicit feedback on Chair's questions about HS Director's performance.
3. Compiled responses from Board members were sent to Dr. Jim Smith.
4. Chair will set a time to meet with the Executive Committee by phone.
  - a. Executive Committee members: Dr. Jim Smith, John Myhre, Margaret Raynor, Angie Welsh, Dr. Sharon Foster.
5. Executive Committee will prepare a response to the feedback and develop a written or verbal report to submit to County Manager's office.
6. Chair will discuss the report with the Director.
7. Chair will submit report to County Manager's office and discuss with County Manager and Deputy County Manager.
8. At the July meeting, Chair will announce the process is complete

Dr. Smith said that some members have expressed concern that evaluating Ms. Regina Petteway on her performance is premature and unfair, because she has not been in the HS Director's role long enough. However, meeting the Accreditation Benchmark is paramount, so the Board has to do the process at this time. He has assured everyone who voiced this concern that the responses about her performance are good and favorable.

Dr. Smith mentioned that he was somewhat discouraged by the low response rate (about 50%) of the Board. He encouraged Board members to submit their comments to Ms. Amina Shah if they have not already done that.

## **Public Health Quarterly Report: Communicable Diseases [PH Accreditation Benchmark # 2.4]**

Dr. Edie Alfano-Sobsey presented the Public Health Quarterly Report on Communicable Diseases.

The Report tracks 80 diseases/conditions grouped into the following categories:

- Vaccine preventable diseases
- Foodborne diseases

- Sexually transmitted diseases
  - Tuberculosis
  - Vector-borne diseases
  - Animals and public health
  - Ebola
1. Vaccine Preventable Diseases
    - Concentrated in children
    - Hepatitis B is concentrated in women, African-Americans, and Asians
    - The 2014-2015 flu season was particularly severe
    - Changes in NC Immunization Laws
      - Changes to school entry requirements to include a booster dose of polio vaccine on or after the 4<sup>th</sup> birthday and a requirement for a 2<sup>nd</sup> dose of varicella vaccine
      - New requirement for children born on or after July 1, 2015 to receive pneumococcal conjugate vaccine
      - Requirement that rising 7<sup>th</sup> grade students have a dose of Tdap vaccine if they have not already had one
      - New requirement for 7<sup>th</sup> grade students to receive a dose of meningococcal conjugate vaccine
  2. Foodborne Diseases
    - Communicable Diseases staff works closely with Environmental Services staff to track foodborne diseases
    - Norovirus caused the most illnesses—it is the leading cause of foodborne deaths
    - Salmonella is the most common in Wake County, but rates are decreasing
  3. Sexually Transmitted Diseases (STDs)
    - Most commonly reported STDs in Wake County in 2014 were chlamydia and gonorrhea. However, the rates per 100,000 population for both diseases have declined since 2011. Wake County's rate for both diseases are lower, compared to other Counties.
    - Syphilis outbreak is a serious concern. It is a nationwide problem, because social media has made it easier to find sex partners.
  4. Tuberculosis (TB)
    - The case rate has decreased from 4.1 per 100,000 population in 2010 to 2.7 in 2013.
    - From 2014-2015, the highest number of cases were reported in 25-44 year age group
    - The proportion of foreign born TB patients compared to US born TB patients has shifted significantly from 2010 to 2014.

## 5. Vector-borne Diseases

- 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.
- Chikungunya was added to the list of reportable diseases in 2014. It is transmitted to people by mosquitoes. 1 case has been reported in Wake County since surveillance began.
- Active prevention efforts are underway

## 6. Animals and Public Health

- 460 cases of animal bites to humans in 2014
- Bite victims are encouraged to receive rabies immune globulin and rabies vaccine
- The highest risk animals for rabies are foxes, raccoons, and bats

## 7. Ebola Outbreak

- There were 80-90 Persons under Investigation (PUI) for Ebola in Wake County in the last 10 months—no one was infected.
- Persons traveling to and from Liberia are no longer being monitored.

Discussion was held about the growing rate of syphilis. An increasing significant risk factor is that syphilis patients are meeting their sexual partners on the internet and through mobile apps.

Additionally, Board and staff members asked and discussed the following specific questions about Communicable Diseases:

- Is there data available about how many people had not been vaccinated out of the 200 people who died from Influenza?
- What is omitted on page 9 of the Report where it says “Pushcarts (carts that sell only”?
- Has the testing for Lyme disease improved over time?
- Can a person get Lyme disease again if he/she has already had it before?
- What are the rates for Syphilis in the Eastern part of Wake County as compared to the rest of the County?
- What are the specific outreach efforts for Syphilis in Eastern Wake County and how will success be measured?
- What are the outreach efforts to address Chlamydia?

Ms. Petteway asked Ms. Shah to develop a list of questions asked during this Report’s presentation and Dr. Alfano-Sobsey to have responses for the questions before the next Board meeting.

\*Report included in June agenda.

## **Energy Programs Outreach Plan**

Ms. Janny Flynt presented the 2015-2016 Energy Programs Outreach Plan.

Contextual information about the 2 Energy Programs: Crisis Intervention Program (CIP) and Low Income Energy Assistance Program (LIEAP).

- These 2 energy assistance programs are funded from external programs and provide help to low-income families with paying their utilities bills.
- Over the last year, these 2 programs did not have the capacity to expend all dollars available to spend due to lack of outreach to low-income families and the staff capacity to perform the internal work needed to provide services. Therefore, the SS Committee tasked staff to develop an Outreach Plan. She commended staff for doing a great job with being proactive in developing the Outreach Plan.

The Plan included a list of agencies or groups that will be contacted to encourage their participation on an interagency committee for CIP and LIEAP.

The Plan also included a list of newspapers, radio stations, TV stations, towns and associations that will be contacted to request that they publicize the energy programs.

Additionally, staff is doing the following things:

- Working with the County's Communications Office on a number of other outreach activities including the use of social media for discussing energy topics including conservation.
- Working with an IT consultant to see how to structure LIEAP in a way that expands capacity to maximize productivity.
- Working on a customer tracking system
- Looking into feasibility of different kinds of mailings

LIEAP spent \$1.5 million this year and CIP spending was about \$1.7 million. Total spending for all Energy programs was \$3,809,999.72.

Mayor Eagles made motion to accept the Energy Programs Outreach Plan as presented, which was seconded by Mr. Pablo Escobar, and approved unanimously by the Board.

\*Plan included in June agenda.

## **Environmental Services Rabies Update**

Dr. Jennifer Federico presented the Rabies Update. The Report was presented for informational only to the Human Services (HS) Board after presentation to the Public Health Committee. The Rabies Report highlighted Rabies Clinics, quarantine requirements, recent animal exposure cases, and prevention and control review.

NC GS 130A-187 advises that the local health director shall organize or assist other county departments in organizing at least one countywide rabies vaccination clinic per year for vaccinating animals required to be vaccinated. Wake County is exceeding this standard, as there were 5 clinics in Spring 2015.

Compendium of Animal Rabies Prevention and Control (2011) is a guiding document for rabies law, which is currently under review. Laws will not change unless the Compendium is updated.

A recent article published in JAVMA (January, 2015) compared anamnestic responses to rabies vaccination in dogs and cats with current and out-of-date vaccination status. The results indicated that dogs with out-of-date vaccination status were not inferior in their antibody response following booster rabies vaccination, compared with dogs with current vaccination status.

A study performed by Kansas State Veterinary Diagnostic Lab about titers showed that although the presence of antibodies after vaccination is important, a specific level above 0.5 IU/ml does not complete assurance of protection against the disease in every individual, because there are other immunological factors involved in the protection from rabies infection.

Other important information:

- 10 Day Quarantine is required if a dog, cat, or ferret bites a human
- Local governments have distinct jurisdictional boundaries

Important conclusion:

- Veterinarians need to make rabies vaccination easy and accessible

NC Rabies Control Manual is a good resource available online at <http://epi.publichealth.nc.gov/cd/lhds/manuals/rabies/toc.html>.

There was discussion about bats removal. Dr. Federico stated that Wake County Animal Control only removes bats from livable space. It does not remove bats out of the attic in someone's residence.

\*Presentation included in June agenda.

### **2015 Summer Food Service Program (SFSP) Launch [PH Accreditation Benchmark # 9.1]**

Ms. Vielka Maria-Gabriel talked about the launch of the 2015 SFSP. There will be a Jump Start Event held on Thursday, July 16<sup>th</sup> from 10:30 am to 12 pm. Guest speakers will be Commissioner James West and Ms. Regina Petteway. There will be a special presentation by Everette Brown, Washington Redskins MVP.

She also presented a list of 9 open sites in 2015 in the 2 pilot zip codes, 27601 and 27610.

She highlighted different communication efforts that are underway for promoting the free meal sites including:

- Posting information on Wake County’s website
- Posting information through social media including Facebook and Twitter
- Passing out flyers at different churches and key County locations such as libraries

Ms. Maria-Gabriel said that information should have also been sent out by Wake County Public School System (WCPSS) before schools closed for the summer. Since that information was not sent, Wake County Human Services (WCHS) is filling the communication gap. The goal for next year is to have the School System more involved to make the Program more successful. For example, the summer meals programs in Mecklenburg and Durham Counties are supported by their respective schools systems, which is the reason why they are performing better than Wake County in providing free meals to children.

Commissioner West said this is a great program and asked if there is any interface with Interfaith Food Shuttle. Ms. Maria-Gabriel replied that they are trying to build a partnership with them for next year, so they can also be a sponsor.

Commissioner West also recommended to work with neighborhood Community Advisory Committees (CACs), Mr. Dwayne Patterson, and Dr. Marvin Connelly to promote this program.

Mayor Eagles recommended that this initiative should expand outside of Raleigh and involve the Food Truck.

Ms. Petteway recommended that the Public Health (PH) Committee should look at the suggestions and results moving forward for next year.

Ms. Septina Florimonte said that the Wake County Commission for Women (WCCW) supports the SFSP—they have advertised it on their website and have received tremendous support from the community.

### **Board Committee Chairs Reports**

Dr. Smith gave an update on the Public Health Committee on behalf of Dr. Sharon Foster. He stated that the budget request for prenatal care expansion was approved by the Wake County Board of Commissioners (BOC) for fiscal year 2015-2016.

Ms. Angie Welsh gave an update on the Social Services Committee. She said the Committee continues to work Human Capital Development (HCD) and building partnerships. The next meeting will be jointly held with the Public Health Committee.

### **Environmental Services Director’s Report**

Dr. Joseph Threadcraft presented on the following items:

- Clean Water Rule
- National Association of Counties (Nacho) Achievement Awards

### *Clean Water Rule*

The Clean Water Act passed in 1972 made it unlawful to discharge pollutants into navigable waters.

The Environmental Protection Agency (EPA) and U.S Army Corps of Engineers lists the following action items for the Clean Water Rule:

1. Clearly defines and protects tributaries that might impact the health of downstream waters
2. Provides certainty on how far safeguards extend to nearby waters
3. Protects the nation's regional water treasures
4. Focuses on streams, not ditches
5. Maintains the status of waters within Municipal Separate Storm Sewer Systems
6. Reduces the use of case specific analysis of waters

The Rule protects clean water without getting in the way of farming, ranching, and forestry

Implementation - the law will be final 60 days after publication in the Federal Register

The National Association of Counties (Nacho) has raised concerns for its members with the following responsibilities:

1. Maintenance of roads and ditches
2. Maintenance of storm water measures
3. Operation of mosquito spray programs

Mecklenburg County, NC responded during the public comment period to omit storm water measures and ephemeral streams (streams that flow only after rainfall).

Applicability - a permit is needed only if waters are going to be polluted or destroyed

Wake County's Perspective:

1. No anticipated cost increase
2. No projected construction impacts
3. No road or ditch construction/maintenance responsibilities

### *National Association of Counties (Nacho) Achievement Awards*

The Environmental Services Department received recognition for 4 Nacho Achievement Awards:

*1. Administration Division*

Nacho granted Wake County a 2015 Achievement Award for its program titled "Business Intelligence Solution" in the category of Financial Management.

*2. Animal Services Division*

NACo granted Wake County a 2015 Achievement Award for its program titled "'Foster-On-Deck'" in the category of County Administration & Management.

3. *Animal Services Division*

NACo granted Wake County a 2015 Achievement Award for its program titled “Shelter Rounds - Key Personnel Discussion for At-Risk Animals” in the category of County Administration & Management.

4. *Water Quality Division*

NACo granted Wake County a 2015 Achievement Award for its program titled “Wake County Environmental Services; Water Quality Kaizen Team” in the category of County Administration & Management.

### **Human Services Director’s Report**

Ms. Petteway reported that USDA put NC DHHS on notice for untimely process of applications. NC DHHS would have to develop a corrective action plan, which will affect all counties and push them to work faster on processing applications.

She reported on the progress of NC FAST for Wake County. A pilot project that used out of county workers to process applications was done in Wake County to use out of county workers to process applications. This pilot project was replicated from the model used by Durham County. It was successful, as results showed a precipitous drop in untimely applications.

She said FY 14-15 was a successful budget expansion year. Out of the 5 Board’s advocacy priorities, 4 were successfully addressed. These include:

- Priority # 1: Prenatal Care Services
- Priority # 3: Human Services Facilities Master Plan (includes assessment of service need in Western Wake region)
- Priority # 4: Administrative Support for Energy Assistance Programs
- Priority # 5: Funding for Wake County SmartStart

Ms. Petteway thanked Commissioner West and the other County Commissioners for approving these aforementioned budget items.

She mentioned that Commissioner Matt Calabria and Ms. Moni Singh (with STEM for kids) received the Triangle Business Journal’s 40 Under 40 Award.

### **Human Services Board Chair’s Report**

In response to Ms. Petteway’s update on budget expansion, Dr. Smith stated that he is still concerned about child care subsidy, which is Advocacy Priority # 2 of HS Board. The County maintained some level of funding for child care subsidy for this fiscal year. He said the Department has support from the County Manager’s Office, so he hoped that it would be

addressed in the next budget cycle. The Board will also advocate more for services in the Western region in the next budget cycle.

Dr. Smith discussed changing the HS Board meeting start time to from 7:30 am to 8 am, while still ending at 10 am. There was discussion among Board members about this change. Ms. Goodwin discussed the possibility of still starting the meeting at 7:30 am when public comments are expected. The Board decided to make motion and take vote on this matter at the next meeting.

Dr. Smith asked to see a list of day camps that provide scholarships for next year, so the Board can support that. Ms. Petteway asked Ms. Maria-Gabriel to develop a resource sheet that lists day camps.

Mayor Eagles asked Ms. Petteway to check with General Services Administration (GSA) to get better wireless phone signal in the Swinburne building.

### **Participation in Community Events**

Mr. John Myhre said he talked to CEO of Wake Medical Center about the hospital's goals for the community.

Ms. Stephanie Treadway said she has been part of several advocacy groups including Wake Reentry Counsel. They have been working to develop community partnerships to help people released from prison to transition back into Wake County. Additionally, she is working with a group to that is working to help the homeless population. They are developing a plan to get the homeless registered to vote and to have their IDs.

Mr. Pablo Escobar said he attended a conference on Primary Care in Wilmington. The conference was organized by NC Community Health Centers Association. A major point of discussion in the conference was integrating mental and physical health.

Dr. Jim Smith mentioned that his organization, NC Minority Prostate Cancer Action Team is doing good work to promote awareness for Prostate Cancer for minority communities. There will be a new Psychiatric hospital opening on Brier Creek in January, 2018.

### **Public Comments**

There were not any individuals present for the public comments period.

### **Adjournment**

The meeting was adjourned at 10:00 am.

**Action Items**

- Ms. Petteway asked Ms. Shah to develop a list of questions asked during this Report’s presentation and Dr. Alfano-Sobsey to have responses for the questions before the next Board meeting.
- Ms. Petteway asked Ms. Maria-Gabriel to develop a resource sheet that lists day camps that the HS Board can potentially support.
- Mayor Eagles asked Ms. Petteway to check with General Services Administration (GSA) to get better wireless phone signal in the Swinburne building.

**Board Chair’s Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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

## Questions about the Communicable Disease Public Health Quarterly Report

### Human Services Board Meeting, June 25, 2015

#### 1) Of those who died from Influenza, what percent were vaccinated?

Among the 218 deaths reported in NC as of 5/23/5, 51% were vaccinated.

Among the 17 deaths in Wake County, 62.5% were vaccinated.

#### 2) Table 1 page 9 of the report

The information in the parentheses should have read: Pushcarts (carts that sell hot dogs only and can be moved by one person)

#### 3a) 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. Sometimes, it can be difficult to distinguish whether or not your symptoms are the result of a new infection or a previous infection.

On the other hand, infection with *R. rickettsia* (the causative agent of Rocky Mountain Spotted Fever) is thought to provide long lasting immunity against re-infection. However, other diseases may also be transmitted by ticks, including the ticks that transmit Rocky Mountain Spotted Fever.

#### 3b) Have tests for Lyme Disease improved?

Lyme disease diagnosis is based on both symptoms and laboratory tests and exposure history (to a tick bite or an area where the disease occurs) if known. The tests need to be used and interpreted correctly for an accurate diagnosis. According to CDC, during the first few weeks of infection, such as when a patient has an erythema migrans rash, 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 (sometimes called "equivocal"), the second step should be performed for confirmation.

Further, it is possible for someone who was infected with Lyme disease to test negative because:

1. Some people who receive antibiotics (e.g., doxycycline) early in disease (within the first few weeks after tick bite) may not develop antibodies or may only develop them at levels too low to be detected by the test.

2. Antibodies against Lyme disease bacteria usually take a few weeks to develop, so tests performed before this time may be negative even if the person is infected. In this case, if the person is retested a few weeks later, they should have a positive test if they have Lyme disease. It is not until 4 to 6 weeks have passed that the test is likely to be positive. This does not mean that the test is bad, only that it needs to be used correctly.

New tests may be developed as alternatives to one or both steps of the two-step process but their performance must be demonstrated to be equal to or better than the results of the existing tests.

#### **4) What are the rates for Syphilis in the Eastern part of Wake County as compared to the rest of the County?**

At this time, we do not track syphilis rates by geographic areas including eastern Wake County. Outreach efforts (prevention education, testing, etc.) 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.

#### **5) Efforts to address high rates of chlamydia**

Several strategies have been implemented to address high case numbers of chlamydia and gonorrhea as well as other sexually transmitted infections. Some of these include:

Expedited Partner Therapy (EPT) Partners of those who are diagnosed with chlamydia or gonorrhea are offered treatment without having to be seen first by a health care provider. This helps treat these diseases faster.

Field Delivered Therapy (FDT) Beginning November 29, 2011, medications were delivered to clients diagnosed with chlamydia and/or gonorrhea infections and who were lost to follow-up for treatment.

Enhanced testing for HIV, syphilis, gonorrhea, chlamydia and Hepatitis C and prevention counseling offered at non-traditional sites (churches, shelters, colleges, universities, etc.)

Enhanced testing at all WCHS clinics for HIV, syphilis, chlamydia and gonorrhea in all WCHS clinics

Bridge Counseling to link those with HIV/AIDS to medical care

Comprehensive Risk Counseling and Services (CRCS) are being provided by WCHS HIV/STD Health Educators to STD clients referred by the clinics.

Consultation and support for community partners. Since December 2011, HIV/STD Health Educators provided consultation to community partner who serve the populations at risk for STDs

Condom distribution sites to participating barber shops, beauty salons, tattoo parlors, laundry mats, markets, and other local businesses

# **Intervention Strategies for Syphilis Outbreak in Wake County**

## 2015 Syphilis Outbreak Response

### ICS Team Accomplishments to Date (7/15/2015)

- Formation of Incident Command System (ICS) team in response to syphilis outbreak — 4/2/15
- Two-pronged Syphilis Education Plan for general community (brochure) and Wake County providers (power point) — 4/24/15
- Ongoing work with State CD Branch – Dr. Vicki Mobley and team are assisting in many areas. Focus on effective diagnosis and treatment plans. Current
- Field Delivered Treatment plan and standing orders updated to facilitate Disease Intervention Specialist RNs in the field delivery of care.
- New Quick Check Syphilis testing for designated areas. Internal QI to assure reliability completed and now in use – 6/30/15
- Enhanced Tracking Tool for Symptomatic clients in Clinic A — 4/27/15
- Special Surveillance Report with baseline data on Syphilis in Wake County — 4/27/15
- Community Partners Meeting (WakeMed, Rex, Duke Raleigh, WHSI, and others) attended by 32 individuals <http://www.wakegov.com/humanservices/publichealth/information/diseases/Documents/Syphilis%20Outbreak%20Powerpoint%205-12-15%20for%20Partners%20Meeting.pdf> — 5/14/15
- Comprehensive Risk Counseling Services (CRCS) Referral System — 5/18/15
- Syphilis Fact Sheet for media/public requests <http://dig.abclocal.go.com/wtvd/docs/syphilis.pdf> — 5/20/15
- Expansion of Rapid Syphilis Testing to WCHS Regional Centers — 6/30/15
- Adoption of CDC Guidelines for 13- 64 years of age Opt Out testing – 7/13/15
- ABC11 News Interview with Health Director <http://abc11.com/health/wake-county-apps-may-be-to-blame-for-syphilis-spike/732931/> — 5/20/15
- Wake Health TV interview — 6/3/15 video forthcoming
- Syphilis “Refresher” training at WCHS Regional Centers — 5/29/15

- Special section on Syphilis Outbreak on Wake County website <http://www.wakegov.com/humanservices/publichealth/information/hiv/Pages/Syphilis.aspx> — 6/15/15
- Special Partner Meeting with PH and Wake Jail — 6/2/15  
HIGHLIGHTS:
  - STD Testing at Intake
  - Staff Education series on Communicable Diseases
  - Posters, banners and bulletin board items to be put up at facility
  - Adding Jail staff to PH list serve
  - Modifying medical protocols to allow for better history-taking, symptom assessment and presumptive treatment for syphilis
- Outreach training updates with the Universities – underway. To be completed prior to August return.
- Description of Syphilis Outbreak in PH Quarterly Report — 6/19/15
- Memo to all WCHS Providers on Enhanced STI Screening see — 7/18/15

## CLINICAL MEMORANDUM

### ENHANCED STD SCREENING & TESTING

**TO:** Clinical Staff, Wake County Human Services  
Sunnybrook and Regional Center Clinics

**FROM:** Ida Dawson, Clinics Division Director  
Dr. Sue Lynn Ledford, Public Health Division Director  
Dr. Kim McDonald, Medical Director

**SUBJ:** STD and HIV Screening Change

**EFFECTIVE:** July 13, 2015

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Wake County is experiencing the worst Syphilis outbreak in 20 years. Significant case numbers have been observed in all racial/ethnic groups ranging in age from 16-70. Though males constitute the majority of diagnosed cases, those among females have increased over the last 18 months. Of further concern, approximately 33% of syphilis cases in the past 16 months were asymptomatic at testing. Wake County Public Health is working with community partners to implement measures that increase diagnosis and treatment. WCHS clinics have the opportunity to contribute to this effort through enhanced screening of our patient population. Screening will include Syphilis, HIV, Gonorrhea and Chlamydia, as the presence of one STD increases the likelihood of co-infection with others.

Because early detection is our best chance to interrupt spread of STIs, *beginning July 13th* all WCHS clinics will implement *HIV, Syphilis, Gonorrhea and Chlamydia screening of 13-64 year old clients at every preventive, and select problem visits*. Because we are case finding do not ask patients if they “want to be tested”. Workflow details and pre-screen questions follow this memo.

**Positive Results:** Providers whose clients test positive for syphilis, and/or HIV, can initiate treatment referrals and post-test counseling. Disease Intervention Specialists (DIS) will also receive these results and provide follow up on all positive tests for syphilis and/or HIV. Standard DIS follow-up includes patient notification of positive results, referral for treatment, referral to HIV bridge counselor, interview for partner notification, case reporting, and notification to ordering provider once DIS has followed up with the client.

### **EXCEPTIONS to Enhanced Screening:**

**PRENATAL CLINIC** patients will continue to receive STD screening/testing per established protocol mandated by NCAC 41A .0204(e) and .0202(14).

**IMMUNIZATION, TRAVEL MEDICINE, DENTAL** clinic services should *offer screening to clients*.

- Immunization and Travel Medicine patients who wish to be screened should have orders entered in Clinic E and client sent to lab.
- Dental clinic patients who wish to receive screening can be sent to Clinic A.

Additional information regarding HIV, syphilis and STD testing is available at the following websites:

- **2015 CDC STD Treatment Guidelines:** [http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6403a1.htm?s\\_cid=rr6403a1\\_e](http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6403a1.htm?s_cid=rr6403a1_e)
- **NC Public Health Advisory - Early Syphilis Infections in NC Continue to Rise:** <http://www.wakegov.com/humanservices/publichealth/providers/Documents/Syphilis%20Alert%20514%202015.pdf>
- **10A NCAC 41A .0204 Control Measures – Sexually Transmitted Diseases:** <http://reports.oah.state.nc.us/ncac/title%2010a%20-%20health%20and%20human%20services/chapter%2041%20-%20epidemiology%20health/subchapter%20a/10a%20ncac%2041a%20.0204.pdf>

## **Enhanced Screening Workflow**

### **Front Desk:**

- Advise 13-64 year old patient or responsible party that well visits (child or adult), and certain problem visits, now include routine screening for the tests listed.
- Provide a copy of the notification letter and consent form for their review (consent collected by clinical staff)
- Advise patient they will only be called for a positive result

### **Prep Nurse, Support Nurse or Provider**

#### **Well Visits**

- Collect the consent form
- Answer patient questions
- Ensure patient signs the form

- Document patient consented, Opted Out or declined screening labs (check box for “declined or opt out” in GE)
- Order labs – all clinics on GE will order from your “orders custom list”, to include urine GC/CT for men, self-collected vaginal swab for women, HIV and Syphilis
  - Clinic E will collect urine for both GC and CT
  - Regional Centers – GC/CT: urine for men, vaginal swab for women, HIV and Syphilis as you currently place orders
- Signed consent form placed/scanned into chart

### **Problem Visit**

- Complete screening questions
- Screen all 13-64 year olds with YES answer to any screening question
- Answer patient questions
- Collect signed consent form
- Document patient consented, Opted Out or declined screening labs (check box for “declined or opt out” in GE)
- Order labs – all clinics on GE will order from your “orders custom list”, to include urine GC/CT for men, self-collected vaginal swab for women, HIV and Syphilis
  - Clinic E will collect urine for both GC and CT
  - Regional Centers – GC/CT: urine for men, vaginal swab for women, HIV and Syphilis as you currently place orders
- Signed consent form placed/scanned into chart

### **Positive Results**

- Gonorrhea and chlamydia: F, C, SRC, NRC and ERC refer patient for treatment per current policy. TB and Refugee refer patient to Clinic A for treatment.
- HIV and syphilis: Any provider/clinic with a patient testing positive for syphilis and/or HIV may contact patient for treatment referral and post-test counseling. DIS will follow up on all HIV and syphilis positive results.
- Notify DIS of positive result via fax or EMR.

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

**Agenda Date:** July 23, 2015

**Item:** Annual Review of Human Services Board Operating Procedures

**PH Accreditation Benchmark #:** 34.1, 34.2

**Specific Action Requested:** HS Board review and approve the proposed changes to Wake County Human Services Board Operating Procedures.

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

Wake County Human Services Goal # 4: Ensure fiscal accountability, data driven decisions and alignment with county, state and national objectives and priorities.

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

Changes proposed in the Wake County Human Services Board Operating Procedures in the following areas:

- Board terms of service
- Roles of Board officers
- Roles of Standing Committee's Chair
- Roles and responsibilities of staff
- Staff member responsible for preparing Board's meeting minutes

**Purpose for Action** (Ex: Proposed Solutions/Accomplishments): Annual review of Wake County Human Services Board Operating Procedures in accordance with Public Health Accreditation benchmark requirements.

**Next Steps** (Ex: What is next step for Board or staff): Staff implement the changes proposed and reviewed by the HS Board by updating the Wake County Human Services Board Operating Procedures accordingly.

**Attachments:** Wake County Human Services Board Operating Procedures (proposed changes are highlighted in yellow).

**Opportunities for Advocacy, Policy or Advisory:**

**Connections to Other Committees:**



## Wake County Human Services Board Operating Procedures GOV.BRD 100

<b>Countywide or</b>	<input checked="" type="checkbox"/>	<b>Department:</b> Human Services	<input checked="" type="checkbox"/>	<b>Division:</b> Board
<b>Supersedes:</b> March 28, 2013 Operating Procedures			<b>Original Effective Date:</b> August 28, 2014	
<b>Authority:</b> Wake County, NC Code of Ordinances § 30.025 – 30.030; NC G.S. § 153A-77; NC G.S. § 130A-39, NCAC 10A 48B .1301				
<b>Originating Department:</b> Human Services				

**I. Purpose:** To establish operating procedures for the Wake County Human Services Board in compliance with state law and county regulations, and to exercise the authorities and responsibilities granted in Sections 153A-77(d) and 130A-39 of the North Carolina General Statutes.

**II. Procedure Statement**

**A. Name and Office**

The name of this organization is the Wake County Human Services Board (hereinafter “Board”). The principal office of the Board is located at the Wake County Human Services Center, 220 Swinburne Street, Raleigh, NC, 27610.

**B. Board Membership and Terms of Service**

The Board shall be composed of members appointed by the Wake County Board of Commissioners pursuant to NC General Statute 153A-77(d). The Board shall include one each of the following: psychologist, pharmacist, engineer, dentist, optometrist, veterinarian, social worker, registered nurse, psychiatrist, other physician, and County Commissioner. In addition to these positions, there will be 4 consumer representatives and 4 general public representatives for a total of 19 positions. Board seats have four year **staggered terms** and members can be appointed for all or part of a four-year term. Board members must be Wake County residents. Board members may be appointed for a maximum of two consecutive terms; however members may continue to serve on the Board until a new member is appointed to fill their seat.

**C. Officers**

**1. Chair**

The Board members shall elect a Chair by majority vote each year at the October Board meeting.

**Roles of the Chair:**

- Serve as Presiding Officer

- Chairs the Board meetings
- Facilitates, directs, and achieves Board goals during meetings
- Facilitates Executive Committee's Agenda Setting
- Recommends Board members to Sub-committees
- Calls special meetings. Can also call to cancel a meeting
- Attends Sub-Committee meetings

## 2. Vice Chair

The Board members shall elect a Vice Chair by majority vote each year at the October Board meeting.

### Roles of the Vice Chair

- Serves as Acting Chair in the absence of the Chair
- Serves on Executive Committee and Advocacy Committee
- Attends Sub-Committee meetings

## 3. Treasurer

The Board members shall elect a Treasurer by majority vote each year at the October Board meeting. The Treasurer has responsibility for managing the fund containing personal contributions by Board members for discretionary spending purposes. Board authorized disbursements from the fund will require the three signatures of the Board Officers: the Treasurer, the Chair, and the Vice Chair.

## 4. Secretary

The Wake County Human Services Director shall serve as Secretary to the Board, but is not a member of the Board. The Human Services Director appoints the Executive Assistant to Human Services Board.

## D. Board Member Selection

1. Interested Wake County residents are invited to complete an application, which is available on the County website or may be requested from the Secretary's Executive Assistant, at any time. Applications may be completed on-line or sent to the Secretary's Executive Assistant.
2. When a seat on the Board becomes vacant, the Secretary's Executive Assistant will forward all applications on file to the Board Chair. The Board Chair will appoint an ad hoc group to solicit, review and discuss applications, and to make recommendations to the Board for applicants to be considered for appointment. At its discretion the Board may interview applicants. The Board will forward recommendations for Board member appointments to the Wake County Board of Commissioners.

**E. Responsibilities of Board Members**

1. Function effectively within the context of a Consolidated Human Services Agency, serving simultaneously as a Public Health and Social Services board member.
2. Serve as a member of the Public Health Committee, Social Services Committee, or other Board Committee as appointed by the Board Chair. If a Board member serves on one or more of the Administrative Committees advisory to the Human Services Department, the Board Chair at his or her discretion may elect not to appoint that member to a Board Committee.
3. Serve as a member of a Hearing Panel when appointed by the Board Chair, as defined in Section G and in accordance with Board Procedure 300 2.0.
4. Play an active role in helping to meet the Public Health and Social Services statutory functions.
5. Participate fully in meeting discussions and decisions;
6. Perform necessary reviews of documents and other important materials to be well prepared to provide sound advice and decision-making
7. Attend at least 75% of scheduled meetings
8. Identify any conflict of interest as defined by North Carolina law and withdraw from discussion of or voting on the issue with which there is a conflict.

**F. Committees**

The Board may establish committees as needed to carry out the Board's work. All committees are subject to the North Carolina open meetings laws and shall comply with the provisions of those laws.

1. **Executive Committee.** The Executive Committee shall consist of the Board Chair, Board Vice Chair, Board Treasurer, Chair of the Public Health Committee, and Chair of the Social Services Committee. The Board Chair will also chair the Executive Committee. The Executive Committee will meet at the discretion of the Board Chair to assist in setting the agenda for Board meetings and to advise on issues related to Board responsibilities.
2. **Standing Committees:** The Board shall have two standing committees: the Public Health Committee and the Social Services Committee.
  - a. **General Functions of Standing Committees**
    - 1) On issues over which the Board has authority, provide general oversight of Wake County's programs
      - a) Contribute to the development of administrative policies and plans
      - b) Monitor quality of operations and service delivery
      - c) Review and discuss budget
    - 2) Make regular reports to the Board.
    - 3) Make recommendations to the Board
      - a) Review information from County staff
      - b) Gather input on issues from community stakeholders
      - c) Appoint subcommittees as needed to review and develop recommendations regarding specific issues

- d) Provide broad advocacy on relevant issues, promote community awareness and increase or garner political support.
- 4) Discuss and make recommendations on other advocacy, advisory and policy development issues as delegated by the Board

## **b. Functions of Specific Standing Committees**

### **1) Public Health Committee**

- a) Review public health issues, and Wake County Human Services Department and Environmental Services Department programs, to ensure the ten essential public health services in Section 4 of General Statute 130A-1.1(b) are available and accessible.
- b) Ensure the Board has information to assist with the goal to protect and promote public health
- c) Evaluate the need for adoption or amendment of local rules or ordinances related to public health and make recommendations to the Board
- d) Make recommendations to the Board on public health related fee schedules.

### **2) Social Services Committee**

- a) Review social services issues and Wake County Human Services Department programs;
- b) Advise the Board on policies and procedures that improve the social conditions of the community
- c) Ensure the Board has information to advocate for the appropriate provision of social services within Wake County.
- d) Evaluate program needs; develop and recommend action-oriented strategies to the Board.
- e) Recommend priorities for advocacy to the Board and engage the broader community in support of established social services priorities.

## **c. Membership of Standing Committees**

### **1) Chair**

The Chair of each standing Board committee shall be a member of the Human Services Board and the Executive Committee. He/she is appointed to lead the Committee by the Board Chair for a term of two years, with no more than two consecutive terms in office. The Committee Chair is responsible for reporting back the activities of the Committee to the Board. He/she also works with the Board Chair to set annual calendar.

### **2) Terms**

Committee membership will be for four-year terms and members will generally serve for no more than two consecutive four-year terms, although they may serve longer at the discretion of the Board. Terms shall begin on January 1 although members may be appointed mid-term.

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**3) Board Members on Committees**

Board members will be appointed to Committees by the Board Chair. The number of Board Members serving on each Standing Committee at any given time is expected to vary between about six and nine, at the discretion of the Board Chair. Former Board members are eligible to apply for community representative membership on a committee at the conclusion of their term of service on the Board.

**4) Community Representative Members**

Each Standing Committee will have up to 10 community representative seats.

**a) Qualifications**

Each Board committee may include community representatives in any combination of organizational members that represent specific Wake County organizations related to the mission of the committee and do not need to reside in Wake County, and at-large members who shall be residents of Wake County. Community representative members shall reasonably reflect the mission of the committee and the population makeup of the county, and may include representation from the following categories as appropriate to the committee mission:

- (i) Private business
- (ii) Non-profit organizations
- (iii) Government organizations
- (iv) Educational organizations
- (v) Human Services geographic service zones
- (vi) Persons who are consumers of human services or family members of consumers
- (vii) Persons who are professionals with qualifications in one of these categories: psychologist, pharmacist, engineer, dentist, optometrist, veterinarian, social worker, registered nurse, physician licensed to practice medicine in North Carolina, and psychiatrist licensed to practice medicine in North Carolina.

**b) Selection**

- (i) Community members are invited to complete an application which is available from the Secretary's Executive Assistant.
- (ii) Applications should be sent to the Secretary's Executive Assistant, who will forward applications to the Committee Chair and staff assigned to that committee.
- (iii) At any time there is a vacant seat on a Standing Committee, the Committee will review all applications on file, have the option to interview applicants, and at its discretion will recommend member appointments to the Board.
- (iv) The Board will make community members appointments.

- (v) The Committee Chair will ensure applicants are notified of consideration and/or appointment.
- (vi) Members may resign at any time by notifying the Committee Chair in writing.
- (vii) The Board may, at any time and for any reason, remove any community representative member from a Standing Committee.

#### **5) Responsibilities of Committee Members:**

- a) Attend the committee meetings;
- b) Read materials sent to them for review prior the scheduled meetings in preparation for active participation in discussions;
- c) Participate fully in meeting discussions and decisions;
- d) Identify any conflict of interest as defined by North Carolina law and withdraw from discussion of or voting on the issue with which there is a conflict.

#### **6) Voting**

In the event that any vote is taken at a Committee meeting, only Board members may vote. A member must abstain from voting in cases involving conflicts of interest as defined by North Carolina law.

### **3. Temporary Advisory Committees**

The Board may establish Temporary Advisory Committees to address specific issues at any time. The Board Chair will appoint Board members to serve on a Temporary Advisory Committee. The Board may appoint, or may delegate the Board Chair to appoint, community members to serve on a Temporary Advisory Board.

## **G. Staff Roles and Responsibilities**

### **1. Secretary**

The Wake County Human Services Director shall serve as Secretary to the Board, but is not a member of the Board. The Human Services Director appoints the Executive Assistant to Human Services Board.

### **2. Executive Assistant to Human Services Board**

- Develops Board and Committees meeting agendas in accordance with Board calendar and Public Health Accreditation Benchmarks
- Prepares Board and Committees meeting reports and minutes
- Develops annual calendar of Board and Committees review and action items
- Assists County Attorney's Office in organizing Board appeal panel and full Board hearings in accordance with NC General Statutes
- Maintains and updates Board's protocols and procedures
- Works with Board's Advocacy Committee to develop advocacy priorities for Budget season and conducts research to support budget priorities
- Assists with Board's Officers Orientation and new members orientation

- Assists with organizing Board's annual Retreat and Legislative Event
- Manages Board members appointments
- Manages Board officers elections
- Manages Board and Committee meetings
- Maintains Board's attendance records
- Manages Board's fund by maintaining record of Bank statements
- Performs other special projects as assigned by the Secretary to the Board

## H. Hearing Panels

From time to time a Hearing Panel may be required to hear grievances related to a ruling of the Human Services Director (or Delegate) regarding the interpretation and enforcement of State or Wake County health regulations, rules adopted by the Board, or the imposition of administrative penalties. The Board Chair will appoint three Board members to serve on a hearing panel, generally making appointments in alphabetical order, taking into account the disqualification procedures in Board Procedure 300 2.0 as may be amended. If a Board member is disqualified or for some other reason cannot serve, that Board member will remain in rotation to be on the next Hearing Panel.

## I. Board Meetings

### 1. Meeting Schedule

The Board will hold meetings as required by GS153-A-77. A regular monthly meeting will be scheduled, unless cancelled by the Chair. The meeting location and time shall be advertised on the County's website and posted at least one week before the meeting.

### 2. Agenda

The Secretary to the Board shall prepare an agenda for each meeting in consultation with the Executive Committee. Any board member or person who wishes to place an item of business on the agenda shall submit a request to the Secretary by the first Monday of the month. For regular meetings, the Board may add items to the agenda or subtract items from the agenda by a majority vote. The Board has designated a period for public comment as a component of the regular agenda for every Board meeting (see Appendix B for public comment procedures). The agenda for a special or emergency meeting may be altered only if permitted by and in accordance with the North Carolina open meetings laws.

### 3. Presiding Officer

The Chair of the Board shall preside at Board meetings if he or she is present. If the Chair is absent, the Vice Chair shall preside in his place.

### 4. Quorum

A majority of the actual membership of the Board, excluding vacant seats, shall constitute a quorum--the minimum number of members present who may conduct business on behalf of the Board. A member who has withdrawn from a meeting without being excused by a majority vote of the remaining members shall be counted as present for purposes of determining whether or not a quorum is present. If a member must abstain from voting

on a specific issue due to a conflict of interest, that member shall be counted as present for purposes of determining whether or not a quorum is present.

## 5. Rule Making

The WCHS Board has the responsibility and authority of the local Board of Health to adopt rules, as necessary, to protect and promote the public health. The Board shall do so in compliance with conditions set out in NC General Statute 130A-39, by vote, at a regular meeting of the Board. The Board will adopt, amend, or repeal a rule only:

- a) After thorough consideration by the Public Health Committee and the WCHS Board of available data and analysis from county and/or other staff with expertise in the subject under consideration,
- b) After consultation with the Office of the County Attorney regarding the subject under consideration and regarding the authorities and responsibilities of the Board,
- c) After public notice of the proposed rule, its effective date, and where copies of the proposed rule are available, and
- d) After conducting a public hearing on the proposed version of the rule at a regular meeting of the Board.

## 6. Voting

While Board meetings are open meetings, only Board members may vote. A member must abstain from voting in cases involving conflicts of interest as defined by North Carolina law.

## 7. Minutes

The minutes of each Board meeting shall be prepared by the Secretary's Executive Assistant. Copies of the minutes shall be made available to each Board member before the next regular Board meeting. At each regular meeting, the Board shall review the minutes of the previous regular meeting as well as any special or emergency meetings that have occurred since the previous regular meeting, make any necessary revisions, and approve the minutes as originally drafted or as revised. The public may obtain copies of Board meeting minutes by request from the Secretary.

## J. Committee Meetings

### 1. Meeting Schedule

A regular monthly meeting will be scheduled, unless cancelled by the Chair. The meeting location and time shall be advertised on the County's website and posted at least one week before the meeting.

### 2. Agenda

The staff to the Committee shall prepare an agenda for each meeting in consultation with the Chair. Any committee member or person who wishes to place an item of business on the agenda shall submit a request to the Chair. The Committee may add items to the agenda or subtract items from the agenda by a majority vote.

**3. Presiding Officer**

The Chair of the Committee shall preside at Committee meetings if he or she is present. If the Chair is absent, the Vice Chair shall preside. If the Chair and Vice Chair are both absent, another member designated by a majority vote of members present at the meeting shall preside.

**4. Quorum**

A majority of the actual membership of the Committee, excluding vacant seats, shall constitute a quorum. A member who has withdrawn from a meeting without being excused by a majority vote of the remaining members shall be counted as present for purposes of determining whether or not a quorum is present. If a member must abstain from voting on a specific issue due to a conflict of interest, that member shall be counted as present for purposes of determining whether or not a quorum is present.

**5. Voting**

A member must abstain from voting in cases involving conflicts of interest as defined by North Carolina law and in such cases no vote is counted for the abstaining member.

**6. Minutes**

The Secretary's Executive Assistant shall prepare minutes of each Committee meeting.

Copies of the minutes shall be made available to each Committee member before the next regular Committee meeting. At each regular meeting, the Committee shall review the minutes of the previous regular meeting as well as any special or emergency meetings that have occurred since the previous regular meeting, make any necessary revisions, and approve the minutes as originally drafted or as revised. The public may obtain copies of Committee meeting minutes by request from the Secretary to the Board.

**K. Amendments to Operating Procedures**

These operating procedures may be amended at any regular meeting or at any properly called special meeting that includes amendment of the operating procedures as one of the stated purposes of the meeting. A quorum must be present at the meeting at which amendments are discussed and approved, and any amendments must be approved by a majority of the members present at the meeting.

**L. Other Procedural Matters**

The Board shall refer to the current edition of Robert's Rules of Order Newly Revised (RONR) to answer procedural questions not addressed in this document, so long as the procedures prescribed in RONR do not conflict with North Carolina law.

**M. Compliance with North Carolina Law**

In conducting its business, the Board shall comply with all applicable North Carolina laws, including but not limited to open meetings laws, public records laws, and the laws setting forth the powers and duties of local boards of health. To assist the Board in compliance, the

local health director shall maintain a current copy of relevant North Carolina General Statutes and make them available to Board members on request.

### III. Definitions-None

### IV. Applicability and Exceptions

These procedures applies to current members of the Wake County Human Services Board

### V. Operating Procedures Responsibility and Management:

- A. These operating procedures shall be reviewed annually by the Human Services Board, the County Attorney's Office and the Wake County Human Services Quality Assurance Officer.
- B. New Board members will receive a copy of the Board Operations Manual and review it as part of their orientation.

### VI. Related Policies, Procedures, and Publications: GOV.BRD 300 2.1 Board Policy on Consumer and Community Input

### VII. Appendices

Appendix A: Human Services Board Structure Chart

Appendix B: Procedures for Public Comment for the Wake County Human Services Board

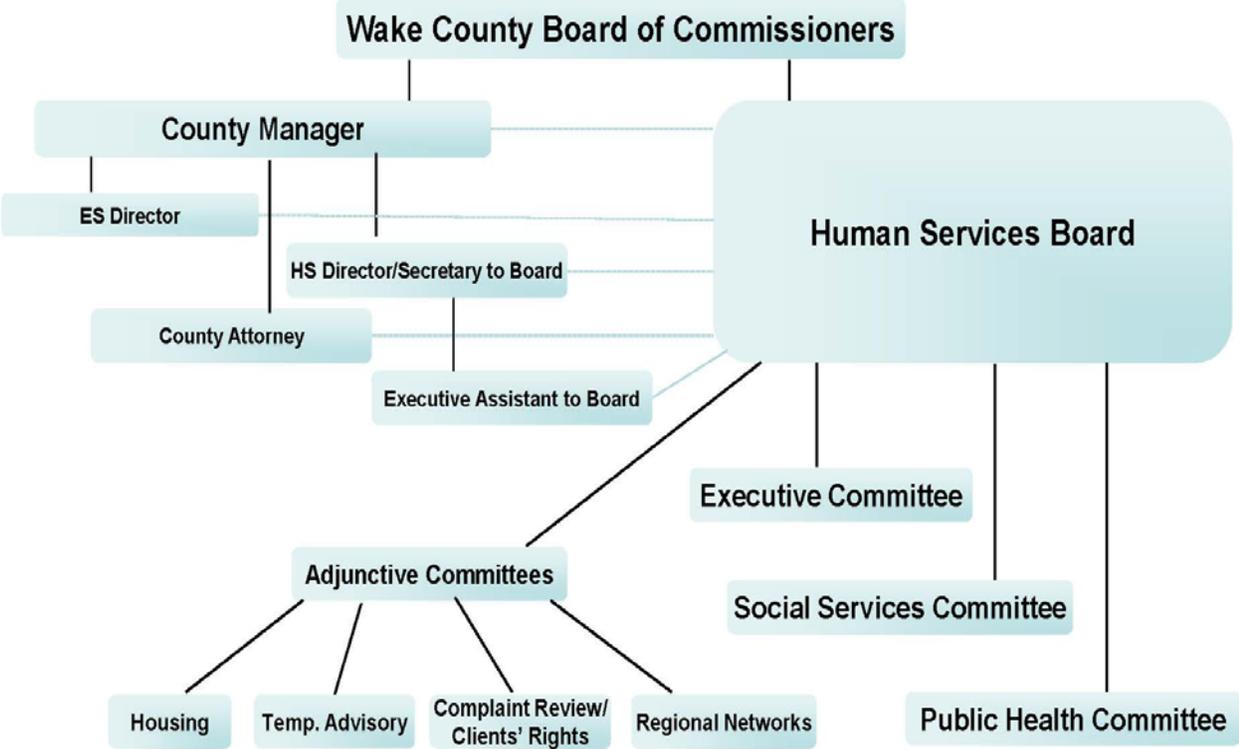
### VIII. History

Effective Date	Section(s) Revised	Author
March 26, 2015	Section H – Board Meetings: Added rule making procedures for Board of Health responsibilities	Brian Gunter, Division of Administration
August 28, 2014	Added updates approved by the WCHS Board (8/2014) including language addressing: new office of Treasurer, signature authority to expend Board funds.	Regina Petteway, WCHS Interim Director Brian Gunter, Program Manager, Division of Administration
March 28, 2013	Entire Document Reviewed and Revised, per new board structure	Regina Petteway, Director, Division of Administration; Leila Goodwin, Vice Chair of the HS Board
December 15, 2012	Entire Document Reviewed. No changes.	Regina Petteway, Director, Division of Administration; Leila Goodwin, Vice Chair of the HS Board

December 15, 2011	Entire Document Reviewed and Revised	Regina Petteway, Director, Division of Administration; Leila Goodwin, Vice Chair of the HS Board
October 23, 2003	Original (By-Laws of Wake County Human Services and Environmental Services Board)	J. Tallis , QA Officer

DRAFT

# Wake County Human Services Board Organizational Chart



## **Appendix B: Procedures for Public Comment and Public Hearings at Wake County Human Services Board Meetings**

### **PUBLIC COMMENT**

1. Each regular WCHS Board meeting shall include a thirty (30) minute period for comments from the public in attendance at a time indicated on the printed agenda for the meeting.
2. Members of the public who wish to speak during the Public Comment period should sign up at the beginning of the meeting on a “sign-up” sheet provided.
3. During the Public Comment period, the Chair shall first recognize persons, agencies or organizations that have requested the opportunity to speak by signing up. *If you have come as a member of a group, you may wish to select a representative to present the points you feel are important.*
4. When recognized by the Chair, a speaker should be asked to:
  - Stand
  - State his or her name and address
  - State the topic of the comments
5. Each speaker is limited to three (3) minutes for comments.
6. The Chair may recognize other speakers depending upon the time available. When the time allotted for public comment has expired, the Chair will recognize further speakers only upon a motion duly made and adopted.
7. The Board Chair and Human Services Director will review the comments and follow up as appropriate.

### **PUBLIC HEARINGS**

1. The WCHS Board shall conduct a Public Hearing before adopting or amending a public health or environmental health rule applying to Wake County, or for other purposes designated by the Board.
2. Public Hearings are separate from the regular public comment period during a WCHS Board meeting.
3. Public Hearing items shall be designated as such in advance on the printed agendas for meetings of the WCHS Board.
4. Other required public notifications for Public Hearing items will reference the Public Hearing opportunity at the WCHS Board meeting as appropriate.

5. Members of the public who wish to speak during the Public Hearing should sign up at the beginning of the meeting on the “sign-up” sheet provided.
6. The Chair shall declare the opening of the Public Hearing at any time during consideration of the agenda item.
7. During the Public Hearing, the Chair shall first recognize persons, agencies or organizations that have requested the opportunity to speak by signing up.
8. When recognized by the Chair, a speaker should stand and state his or her name and address prior to being heard. *If you have come as a member of a group, you may wish to select a representative to present the points you feel are important.*
9. Speakers shall be limited to a maximum of three minutes each.
10. The Chair may recognize other speakers depending upon the time available.
11. Once all speakers have been heard, the Public Hearing will be closed by the Chair, who will call for discussion by the Board.
12. The Board may or may not vote on a matter immediately after a Public Hearing.

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

**Agenda Date:** July 23, 2015

**Item:** Annual Review of Wake County Human Services Board Rules of Appeal

**PH Accreditation Benchmark #:** 35.1

**Specific Action Requested:** Identify and discuss any potential amendments to the Wake County Human Services Board Rules of Appeal. If a motion is made to amend any portion of the Rules of Appeal, and such motion receives a second, vote on the motion.

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

Wake County Human Services Goal # 4: Ensure fiscal accountability, data driven decisions and alignment with county, state and national objectives and priorities.

**Item Summary** (Ex: What are major points/data. Is it better or worse.): Benchmark # 35 of the accreditation requirements for local health departments states “[t]he local board of health shall assure a fair and equitable adjudication process” and “[t]he local board of health shall assure it follows the procedures for adjudications in G.S. 130A-24.” The purpose of this review of the Wake County Human Services Board Rules of Appeal is to evaluate whether the Rules of Appeal are meeting this benchmark, and if any areas are identified where the Rules of Appeal are not meeting this benchmark, to discuss and, upon a proper motion and a second, to vote on making any proposed amendments.

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

1. Consider removing “Wake County Environmental Services” from the title of the Rules of Appeal, to maintain consistency with the Wake County Human Services Board’s official title
2. Identify and discuss any other potential amendments to the Rules of Appeal that will help assure a fair and equitable adjudication process

**Next Steps** (Ex: What is next step for Board or staff): update the Wake County Human Services Rules of Appeal according to changes (if any) proposed by the Board.

**Attachments:** Wake County Human Services Board Rules of Appeal; NCGS 130A-24

**Opportunities for Advocacy, Policy or Advisory:**

**Connections to Other Committees:**



# Wake County Human Services Wake County Environmental Services Rules Of Appeal Board Procedure 300 2.1

	<b>Countywide</b> or	X	<b>Department:</b> Human Services & Environmental Services	<b>Divisions:</b> Public Health/Environmental Health
<b>Supersedes:</b> Wake County Human Services, Department of Environmental Services Rules of Appeals dated 03/28/2002			<b>Original Effective Date:</b> 8/25/2011	
<b>Authority:</b> North Carolina General Statute (NCGS) 130A-24(b),(c),(d) and (e)				
<b>Originating Department:</b> Human Services & Environmental Services				

I. **Purpose:** To provide a single Wake County Human Services Board appeals process that applies to all functions under the purview of the Board. This procedure specifies how any aggrieved person may request an appeal hearing to contest a decision or ruling of the Director or Designee, or Delegate regarding the interpretation and enforcement of State or Wake County health regulations, rules adopted by the Board, or the imposition of administrative penalties. This document meets requirements or partial requirements for Public Health Accreditation Benchmarks 31.5a and 34.5.

II. **Procedure Statement:**

1. Hearing Request: Any aggrieved person may request an appeal hearing under these rules to contest a decision or ruling of the Director regarding the interpretation and enforcement of State health regulations; rules adopted by the Board; or the imposition of administrative penalties if:
  - a. The request is submitted in writing to the Director within thirty (30) days following receipt of the decision or ruling; and
  - b. The notice contains the following information:
    - i. The name and mailing address of the Appellant;
    - ii. A description of the challenged decision or ruling; and
    - iii. A statement of why the decision or ruling is incorrect.
  - c. The Director or the Director’s Delegate or Designee shall, within seven (7) working days after receipt of the notice of appeal, transmit to the Hearing Panel the notice of appeal and all papers and materials upon which the challenged decision or ruling was based.
  
2. Notice of Hearing:
  - a. The Hearing Panel shall schedule and hold a hearing within fifteen (15) days following receipt of the notice of appeal from the Director or the Director’s Delegate or Designee. The Board shall issue notice to Appellant of the date, time, and place of the hearing not less than seven (7) days prior. If notice is sent by United States Mail, the Hearing Panel shall mail the notice not less than ten (10) days prior to the hearing.
  - b. The Appellant may waive notice by supplying the Board with a written statement signed by the Appellant to that effect.

3. Continuance, Waiver of Hearing:
  - a. The Appellant may, for good cause, request a continuance of the hearing. The Panel shall determine if a continuance should be granted, and shall inform the Appellant of its decision at least one day prior to the scheduled hearing.
  - b. An Appellant waives his right to a hearing if:
    - i. He fails to file a notice of appeal with the Director within thirty (30) days of the decision or ruling;
    - ii. He fails to attend a scheduled hearing after sufficient notice; or
    - iii. He submits a written waiver to the Panel of his right to a hearing.
4. Filing of Written Answer: The Appellant who has been served with notice of a hearing may file a written response. Said response shall not be included in the record of the hearing unless served upon the Panel, through the Director or the Director's Delegate or Designee, at least three (3) working days before the hearing.
5. Discovery: Pre-hearing discovery shall not be available to any party.
6. Pre-hearing Conference:
  - a. Prior to appearing before the Hearing Panel, the appellant shall appear at an informal pre-hearing conference. The conference shall be held and directed by the Environmental Services Director or Designee, or by the Human Services Division Director for Public Health or Designee.
  - b. The persons attending the conference will:
    - i. Simplify issues;
    - ii. Stipulate facts or findings;
    - iii. Identify areas where evidence will be needed;
    - iv. Discuss the needs for consolidation of cases or joint hearings; and
    - v. Consider any other means to expedite disposition.
7. Disqualification of Panel Members: If any Panel member cannot attend the hearing or feels they cannot conduct a fair and impartial hearing in a particular case, or any Appellant objects to a member of the Panel, and files a written objection at least two (2) working days before the hearing date, the Board shall appoint a substitute member to the Panel to conduct the hearing.
8. Oath: No person may testify or present any evidence, oral or written, to be admitted into the record without first being put under oath or affirmation. The Panel, its Clerk, or its attorney shall have the power to administer oaths or affirmations.
9. Conduct of Hearing: The Panel shall have complete control in conducting the hearing, including:
  - a. The responsibility of preparing a complete record of all testimony and exhibits presented at the hearing.

- b. The order of the calling of witnesses or the prosecution of evidence.
  - c. Excluding irrelevant, immaterial, repetitious or redundant testimony or evidence.
  - d. The responsibility of determining the adequacy of the room in which the hearing is held for the safety of the Panel and of those persons involved in the hearing or observing the hearing. The room shall be large enough to ensure a safe environment and a setting conducive for the rendering of an impartial decision by the Panel. Security shall be provided by Wake County as reasonably requested by the Chairperson of the Panel, by a majority of the Panel, or as deemed appropriate in the discretion of the Panel's attorney.
10. Evidence at Hearing: The rules of evidence as applied in general courts of justice shall not apply at the hearing. Any competent evidence, relevant to the decision or ruling in the case shall be admissible in the record. The Panel may restrict or exclude unduly repetitious or redundant testimony or exhibits.
11. Counsel: Appellant may have an attorney to present the case before the Panel. A representative of the County Attorney's Office may be present to assist procedurally, and to assist in the development of evidentiary aspects of the hearing.
12. Recommendation of the Panel: After all competent testimony has been heard and all evidence presented to the Panel, the Panel shall deliberate in open session and:
- a. Assimilate and review all evidence presented, and, based on clear and convincing evidence, render a decision by majority vote;
  - b. Prepare proposed findings of fact and conclusions of law, based on the evidence presented;
  - c. Prepare recommendations to the full Board to either affirm, modify, or reverse the decision or ruling of the Director or Delegate on appeal;
  - d. Promptly transmit copies of the findings of fact, conclusions of law and recommendations (the record) to the Board and to Appellant; and
  - e. Transmit a copy of the record and all exhibits of the hearing to the Board if either party pursues further appeal.
13. Objection. Oral Argument before the Board:
- a. The Appellant shall have ten (10) days from receipt of the Panel's recommendation to file objections with the Board. Objections must be made in writing and actually received by the Director within the ten (10) day limitation.
  - b. The Appellant may request the right to present oral argument to the full Board. Such request must be made along with the objections described in subsections (a) above.
  - c. Upon receipt of an objection and request for oral argument, the Board shall schedule a time and date. The Board shall notify Appellant of the date, time, and place of the argument at least ten (10) days prior to the scheduled date.
  - d. In presenting oral arguments to the Board, no new evidence shall be allowed. The record below shall be the only evidence considered, and new evidence or written

argument shall not be received. Oral argument is limited to twenty (20) minutes per side. The Board shall decide by simple majority vote based on a reasonableness standard, whether or not the recommendations of the Hearing Panel should be adopted, reversed, or modified.

14. Decision:

- a. After review of the record and any oral argument presented to the Board, the Board shall issue a binding written decision adopting, modifying or reversing the proposal of the Panel. The Board shall notify all parties of its decision. The decision shall contain a concise statement of the reasons for the decision.
- b. Appeal from the Board's decision may be pursued under N.C.G.S. 130A-24(d), as amended.

15. Record: The official record of contested case hearings shall be maintained by the Hearing Office. Any person who wishes to examine the record shall submit a written request to the Hearing Office in sufficient time to allow the record to be prepared for inspection and all material properly held confidential to be deleted. The Hearing Office shall maintain the record for a period of sixty (60) days following the decision of the Board. If an Appellant appeals the Board's decision to the District Court pursuant to N.C.G.S. 130A-24(d), the Appellant is responsible for notifying the Hearing Office to maintain the record and all exhibits of the hearing for transmittal to the District Court.

16. Transcript: Any person who desires a transcript of a hearing or part of a hearing shall contact the Hearing Office, which shall require fees to be paid in advance of providing the transcript. The Hearing Office shall delete from the transcript all materials properly held confidential.

III. **Definitions:** For the purposes of these rules, these terms have the following meanings:

1. Appellant: Any aggrieved person appealing under this Section a decision or ruling of the Wake County Human Services director or his Delegate regarding the interpretation and enforcement of State health regulations; rules adopted by the Board; or the imposition of administrative penalties.
2. Board: The Wake County Human Services Board.
3. Delegate: A staff member acting on behalf of the Human Services Director with the authority to issue decisions regarding the interpretation and enforcement of State health regulations; rules adopted by the Board; or the imposition of administrative penalties.
4. Designee: A staff member exercising the actual authority of a Delegate as directed by the Delegate.
5. Director: The Wake County Human Services Director.
6. Hearing: An appeal hearing as provided for by NCGS 130A-24(b),(c),(d) and (e).
7. Hearing Office: The hearing may be scheduled at a Wake County Government location convenient to the parties. However, if not otherwise specified, the location will be:

Office of the Human Services Director, Room 5035

Wake County Human Services Center  
 220 Swinburne Street, Raleigh, NC 27620  
 Phone: 919-212-7000

8. Hearing Panel: A panel consisting of three members of the Wake County Human Services Board. The panel has the authority to conduct hearings under these rules.

**IV. Applicability and Exceptions:** This procedure applies to all parties subject to decisions, rulings, or administrative actions of the Director relating to State or Wake County health regulations administered by the Human Services or Environmental Services Departments.

**V. Procedure Responsibility and Management:**

- The Environmental Services Director or the Human Services Division Director for Public Health, or their delegates, shall review this procedure at least every two years to ensure currency.
- Employees who make decisions that are subject to these appeal procedures will be trained on the appeals process during their new employee orientation.
- Approved protocol will be located on the departmental shared network drive.

**VI. Related Publications:** N/A

**VII. Appendices:** N/A

**VIII. History:**

Effective Date	Version	Section(s) Revised	Author
7/12/2013	2.2	Section – Section(s) Revised - corrected date for “Replaces former rules of appeal” to 3/28/2002 instead of #/28/2002. -Corrected date for Regina Petteway’s revisions to 2/12/2013 instead of 7/11/2013.	Laura Jernigan, Interim Executive Assistant to the Human Services Board per discussion with Regina Petteway, Director for Administration.
7/12/2013	2.2	Section 1 – Purpose, added “This document meets requirements or partial requirements for Public Health Accreditation Benchmarks 31.5a and 34.5.” Section II.1.c – Added “or the Director’s Delegate or Designee”, removed word “his” Section II.2.a, Added “or the Director’s Delegate or Designee” Section II.4, Added “or the Director’s Delegate or Designee” Section III.7, added “Office of the Human Services Director, Room 5035”	Regina Petteway, Director for Administration per Board Discussion/Instructions with County Attorney at the June 2013 Human Services Board Meeting
6/27/2013	2.1	Section I, Added director “or designee” Section II.6.a, Added “or designee”	Scott Warren & Ken Murphy. Reviewed by Sue Ledford and

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		Section II.9d – Added paragraph Section II 12, Added “deliberate in open session and” Section III.4. Added definition of Designee	Joseph Threadcraft
8/25/2011	2.0	Replaced former Rules of Appeal approved on 3/28/2002	Scott Warren, Matt Roylance, Sue Lynn Ledford

West's North Carolina General Statutes Annotated  
Chapter 130A. Public Health  
Article 1. Definitions, General Provisions and Remedies  
Part 2. Remedies (Refs & Annos)

N.C.G.S.A. § 130A-24

§ 130A-24. Appeals procedure

Currentness

(a) Appeals concerning the enforcement of rules adopted by the Commission, concerning the suspension and revocation of permits and program participation by the Secretary and concerning the imposition of administrative penalties by the Secretary shall be governed by Chapter 150B of the General Statutes, the Administrative Procedure Act.

(a1) Any person appealing an action taken by the Department pursuant to this Chapter or rules of the Commission shall file a petition for a contested case with the Office of Administrative Hearings as provided in G.S. 150B-23(a). The petition shall be filed not later than 30 days after notice of the action which confers the right of appeal unless a federal statute or regulation provides for a different time limitation. The time limitation imposed under this subsection shall commence when notice of the agency decision is given to all persons aggrieved. Such notice shall be provided to all persons known to the agency by personal delivery or by the placing of notice in an official depository of the United States Postal Service addressed to the person at the latest address provided to the agency by the person.

(b) Appeals concerning the enforcement of rules adopted by the local board of health and concerning the imposition of administrative penalties by a local health director shall be conducted in accordance with this subsection and subsections (c) and (d) of this section. The aggrieved person shall give written notice of appeal to the local health director within 30 days of the challenged action. The notice shall contain the name and address of the aggrieved person, a description of the challenged action and a statement of the reasons why the challenged action is incorrect. Upon filing of the notice, the local health director shall, within five working days, transmit to the local board of health the notice of appeal and the papers and materials upon which the challenged action was taken.

(c) The local board of health shall hold a hearing within 15 days of the receipt of the notice of appeal. The board shall give the person not less than 10 days' notice of the date, time and place of the hearing. On appeal, the board shall have authority to affirm, modify or reverse the challenged action. The local board of health shall issue a written decision based on the evidence presented at the hearing. The decision shall contain a concise statement of the reasons for the decision.

(d) A person who wishes to contest a decision of the local board of health under subsection (b) of this section shall have a right of appeal to the district court having jurisdiction within 30 days after the date of the decision by the board. The scope of review in district court shall be the same as in G.S. 150B-51.

(e) The appeals procedures enumerated in this section shall apply to appeals concerning the enforcement of rules, the imposition of administrative penalties, or any other action taken by the Department of Environment and Natural Resources pursuant to Articles 8, 9, 10, 11, and 12 of this Chapter.

**Credits**

Added by Laws 1983, c. 891, § 2. Amended by Laws 1987, c. 482; Laws 1987, c. 827, § 248; Laws 1993, c. 211, § 1, eff. June 24, 1993; S.L. 1997-443, § 11A.66, eff. July 1, 1997; S.L. 1998-217, § 33, eff. Oct. 31, 1998.

Notes of Decisions (5)

N.C.G.S.A. § 130A-24, NC ST § 130A-24

The statutes and Constitution are current through Chapter 95 of the 2015 Regular Session of the General Assembly.

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End of Document

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**Public Health Committee  
Chair's Report**

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

**Agenda Date:** 07-17-2015

**Item:** Alcohol Related Car Crashes in Wake County

**PH Accreditation Benchmark #:**

**Specific Action Requested:** None. Information only

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

To educate the Wake County Human Services Board on impaired driving related crashes in Wake County and what law enforcement is doing to prevent them.

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

Approximately 20 minute presentation with power point regarding alcohol/drug impairment, and Wake County DWI Task Force in Wake County and across NC

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

Educate listening audience on the steps and measures Wake County is taking to make roadways safe.

**Next Steps** (Ex: What is next step for Board or staff): Receive presentation and inform the Board about this presentation during Public Health Committee Chair's Report.

**Attachments:** Power Point presentation

**Opportunities for Advocacy, Policy or Advisory:**

**Connections to Other Committees:**

## Impaired Driving Related Crashes in Wake County

*..and what we're doing to prevent them*



Joshua Legan, Deputy Sheriff  
Wake County Sheriff's Office  
DWI Task Force



## Alcohol "the drug"

- Alcohol falls in to the drug category of Central Nervous System Depressants
- Alcohol slows a persons judgement and can have impairing effects such as:
  - Slowed reaction time
  - Effects reasoning ability
  - Impairs vision
  - Upsets sense of balance and coordination

## Impaired Driving as a whole

- Educating officers statewide that although alcohol is the leading drug that causes crashes, a trend is becoming more and more prevalent where we find impairing amounts of legally prescribed as well as illegal drugs in a person's system involved in a crash.
- Going away from the mindset of looking for a "drunk driver", but an "impaired driver".

## Drug Recognition Expert (DRE)

- Over 35,000 law enforcement officers in NC
- Approximately 140 are DREs with approximately 20 being in Wake County
- 12 step systematic and standardized evaluation process
- Forms court recognized expert opinion on specific drug category a person is impaired on or if they're not impaired



## DWI Statistics Wake County

- Alcohol related crashes in Wake County

2009	2010	2011	2012	2013	2014	Avg
865	884	843	984	1,022	1,073	920

- Alcohol related fatalities in Wake County

2009	2010	2011	2012	2013	2014	Avg
18	21	19	36	33	19	25

As of December 2014, North Carolina lost 268 motorist to impaired driving as opposed to 321 the previous year

Yep....you guessed it!



## Wake County DWI Task Force

- Wake County Sheriff's Office – 5 Deputies
- Raleigh Police Department – 5 Officers
- Cary Police Department – 2 Officers
- Garner Police Department – 1 Officer



## Checking Stations

- The Wake County DWI Task Force conducts at least one multi-agency DWI Checking Station a week somewhere in Wake County.



## Breath Testing Devices



## Education and Presentations

- Wake County Public Schools
- Wake County Sheriff's Office Adventure Camp
- North Carolina State Fair
- Other events where traffic safety is promoted



## Questions?



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

**Agenda Date:** 7-17-2015 Public Health Committee and 7-23-2015 Human Services Board

**Item:** Environmental Services Department Budget Update

**PH Accreditation Benchmark #:** PH Accreditation Benchmark 39.1

The local board of health shall communicate with the board of county commissioners, units of government and private foundations in support of local health department efforts to secure national, state and local financial resources.

**Specific Action Requested:** This item is presented for information only. No action is required by the Human Services Board.

**List Goal and/or Objective Linked to in the 2012-2014 WCHS Strategic Plan:** Ensure fiscal accountability, data-driven decisions and alignment with county, state and national objectives and priorities.

**Item Summary**

*Environmental Services Department Budget Update*

*Department Overview*

The Wake County Environmental Services Department consists of 5 Divisions as outlined below:

- a. Administration – The Administration Division has a staff of 7.8 full time employees. It is the primary point of contact for the Wake County Board of Commissioners and the office of the Wake County Manager; additionally, it is responsible for the overall performance and operation of the Department to include fiscal accountability.
- b. Animal Services – The Animal Services Division has a staff of 40 full time employees divided into two sections consisting of Animal Control and Animal Care and Adoption. The intake rate for the facility is approximately 14,000 animals per year.
- c. Environmental Health & Safety – The Environmental Health & Safety Division has a staff of 30 full time employees. This Division is divided into two sections consisting of Food Lodging and Institution (FLI) and Plan Review and Recreational Sanitation (PRRS). This Division is responsible for administering and enforcing state laws and regulations and local ordinances related to public health and safety.
- d. Solid Waste – The Solid Waste Division has a staff of 20.7 full time employees and consists of two enterprise funds, solid waste management and the South Wake Landfill Partnership. The solid waste management fund accomplishes the following: (1) Recycling initiatives (2) Monitors and enforces illegal dumping and roadside cleanup (3) Maintenance responsibility for closed landfills (4) Environmental education (5) Coordinates the

franchising of construction and demolition landfills within Wake County. The South Wake Landfill Partnership was created in 2006 to provide sustainable, long-term waste disposal services to the residents of Wake County.

- e. Water Quality – The Water Quality Division has a staff of 35.5 full time employees and is organized into 3 sections consisting of Groundwater Management, Wastewater Management and Watershed Management. The sections perform five broad functions: (1) Administer County ordinances (2) Provide research, policy analysis and recommendations (3) Provide information outreach and technical support (4) Evaluate regional water quality and public health concerns (5) Respond to various hazardous waste initiatives.

### *Fiscal Accountability Model*

Although the Department consists of five Divisions, it has a decentralized approach to budget management and a centralized approach to QA/QC. In other words, each Division Director is responsible for managing their perspective Division's budget. The Business Officer and her staff provide QA/QC on behalf of the Department. The Finance Group has a staff of three financial professionals and supports one general fund and two enterprise funds of \$45 million and 134 full time employees. General fund budgets are supported primarily by property taxes and sales taxes. The two enterprise funds are primarily supported by user's fee. In addition, the group does accounting functions such as accounts payables, receivables, orders supplies, processes contracts and journal entries.

### **Purpose for Action**

#### *Environmental Services FY 2016 Budget Expansions*

The recommended budget provides \$ 528,000 in additional funding for three new restaurant inspector positions, which are needed to meet new state productivity rules and conduct nearly 1,500 more inspections each year within the growing business community. This investment will also fund a new position in the Customer Support Center to respond more efficiently to the public's needs.

### **Next Steps**

This item is presented as information only.

### **Attachments:**

PowerPoint presentation titled ES Finance and Budget Management.

**Opportunities for Advocacy, Policy or Advisory:** To be determined

**Connections to Other Committees:** N/A



## Environmental Services Finance and Budget Mgt.

Anarosa Jones, Business Officer  
Revision-1




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## General Fund

### Water Quality, Health & Safety, Animal Center, Administration

#### ES Expense Trends

Fiscal Year	Expense
FY2013	7,661,402
FY2014	8,301,441
FY2015	9,454,511
FY2016	10,023,780

#### Revenues

Fiscal Year	Revenue
FY2013	2,108,401
FY2014	2,391,868
FY2015	2,455,979
FY2016	2,470,969

- Expenses have been increasing to support added demand for services and meet work standards. We have added 19 employees since FY2013 and have funded major projects such as the digital conversion of public records and the Land Development System.
- Revenues have increased significantly since FY2013 due to increased demand for services as the economy recovers and for now is leveling off.



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## FY 2016 Approved Expansions

We received additional funding for 4 staff and major projects:

Description	FTEs	Expenses /		Division
		CIP	Revenues	
11052 - EH&S - Env Health Specialist	3	253,302	17,500	EH&S
11175 - ES Admin - FTE for Call Center	1	42,489		Admin
11366 - ES - LDS System Lic/Maint/Host		161,222		Water Quality
ES - Digital conversion of public records		145,000		Water Quality
11063 - WQ - Groundwater Well Samples		31,536	27,000	Water Quality
11064 - WQ - Laboratory Supplies		17,800	6,466	Water Quality
11068 - ES Admin - On-call Consulting		12,600	12,600	EH&S, Water Quality
11066 - WQ - Watershed UNRBA Dues		8,653		Water Quality
<b>Total</b>	<b>4</b>	<b>672,602</b>	<b>63,566</b>	



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## Solid Waste Mgt. Budget- 5100

### Recycling - closed landfill – outreach – illegal dumping

- Wake County Population growth and the recovery of the economy has increased the quantity and costs of recycling collected material
- We have added additional collection sites for scrap electronics and Household Hazardous Waste

Sale of land \$2.8M

Fiscal Year	FY2013	FY2014	FY2015	FY2016
Revenues	11,305,710	15,089,240	12,600,000	13,915,000
Expenses	9,412,300	9,742,500	12,105,511	13,425,000
<b>Net Revenues</b>	<b>1,893,410</b>	<b>5,346,740</b>	<b>494,489</b>	<b>490,000</b>



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## Solid Waste Mgt. Budget- 5200 Landfill and Transfer Station

- The tonnage buried remained at the same level up to FY2015 when we experienced a 3.2% increase due to population growth and the improving economy.
- Since the opening of the SWLF we have buried 3,100,000 tons of trash and extended the landfill life from 25 years to 35 → 40 years

Fiscal Year	FY2013	FY2014	FY2015	FY2016
Revenues	14,173,283	14,687,304	15,632,200	15,332,000
Expenses	12,134,253	12,557,753	13,032,200	12,842,362
<b>Net Revenues</b>	<b>2,039,030</b>	<b>2,129,551</b>	<b>2,600,000</b>	<b>2,489,638</b>

## Questions?

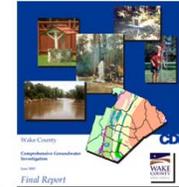
Environmental Health & Safety Division



Well testing and supplies



Landfill gas to energy



Wake County  
Comprehensive Geographic  
Interim Report  
Final Report



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

**Agenda Date:** 7-17-2015 Public Health Committee and 7-23-2015 Human Services Board

**Item:** Environmental Services Department Swimming Pool Update

**PH Accreditation Benchmark #:** PH Accreditation Benchmark 17.1

The local health department shall conduct inspection and permitting activities for state mandated environmental health regulatory programs.

PH Accreditation Benchmark 17.2

The local health department shall conduct inspection and permitting activities assigned to the local health department by local rules, ordinances, or policies.

**Specific Action Requested:** This item is presented for information only. No action is required by the Human Services Board.

**List Goal and/or Objective Linked to in the 2012-2014 WCHS Strategic Plan:** Maximize the well-being, health and safety of individuals and families.

**Item Summary**

*Environmental Health & Safety Swimming Pool Update*

Pools are regulated by state rules and Wake County rules.

State rules – 1) require plan review of pools prior to opening, 2) frequency of inspections – 1 time per year for seasonal pools; 2 times per year for year round pools, 3) establishes basic requirements including pool chemistry, gating and fencing requirements, safety equipment and signage

Wake County rules – 1) adopted 1984, prior to state rules, 2) Wake County rules are more stringent than state: 2 daily chemical checks 6 hours apart; gate violations result in closure of the pool, etc.

**Purpose for Action**

*Environmental Health & Safety Swimming Pool Update*

Public Pools (130A-280) – definition: 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.

*("public swimming pool" means any structure, chamber, or tank containing an artificial body of water used by the public for swimming, diving, wading, recreation, or therapy, together with buildings, appurtenances, and equipment used in connection with the body of water, regardless of whether a fee is charged for its use. The term includes municipal, school, hotel, motel,*

*apartment, boarding house, athletic club, or other membership facility pools and spas. This Article does not apply to a private pool serving a single family dwelling and used only by the residents of the dwelling and their guests)*

**Next Steps**

This item is presented as information only.

**Attachments:**

PowerPoint presentation titled “Environmental Health & Safety 2015 Swimming Pool Update”.

**Opportunities for Advocacy, Policy or Advisory:** To be determined

**Connections to Other Committees:** N/A



## Environmental Health & Safety 2015 Swimming Pool Update



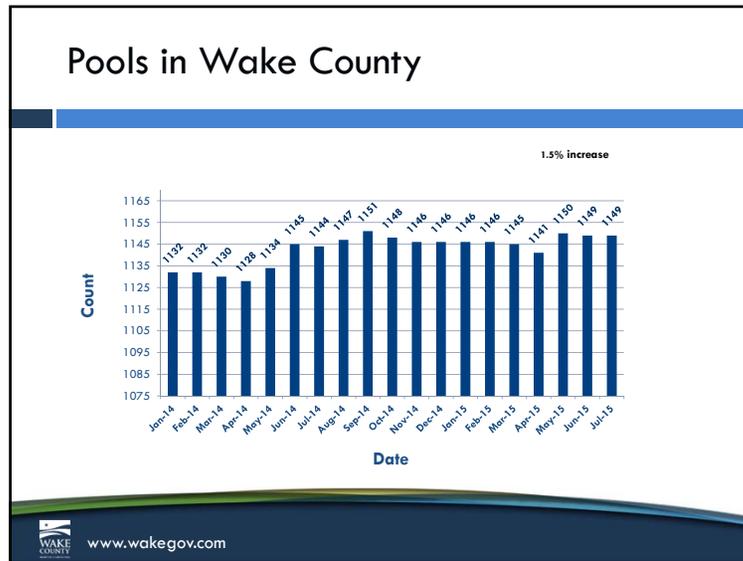
www.wakegov.com

## Legal authority

- **NC Administrative Code – 15A NCAC 18A .2500**
  - Effective May 1, 1991; amended April 1, 2013
  - Public Swimming pools definition and requirements
- **Wake County Regulations Governing Swimming Pools**
  - Effective May 1984; last amended December 1, 2009
  - more stringent requirements



www.wakegov.com



## History

- 1984 – Wake County BOH adopts local pool rules**
- 1991 – State adopted rules**
- late 80s – Wake County starts a summer pool tech program**
- 2010 – Pool Tech program eliminated as a reduction in force**
- 2014 – Pool tech program reinstated (6 FTEs)**
- 2015 – Pool tech program fully implemented (9 FTEs)**



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## Update - Surveillance

### 2014 Pool Season

- Pool techs reinstated (6 FTEs) (July 1 – August 31)
- 2,927 inspections (1681 pool tech inspections)
- 37% closure rate during the summer

### 2015 Pool Season (to date)

- 9 pool techs this season (June 1 – 26)
- 2,250 inspections (1063 pool tech inspections as of 6/23)
- 14% closure rate to date
- Goal – 5,000 inspections or more (pre-2008 levels)



[www.wakegov.com](http://www.wakegov.com)



## Environmental Health & Safety 2015 Swimming Pool Update



[www.wakegov.com](http://www.wakegov.com)