**Wake County Human Services Board**
**Retreat and Regular Meeting Minutes**
**February 25, 2016**

**Board Members Present:**
Ronda Bean
Frank Eagles
Dr. Sharon Foster
Leila Goodwin
Fiorella Horna-Guerra
Kent Jackson
John Myhre
Margaret Raynor
Dr. Rosine Sanders
Dr. Jim Smith
Stephanie Treadway
Angie Welsh
McKinley Wooten, Jr.

**Board Members Absent:**
David Cottengim
Dr. Paul Scruggs
Commissioner James West
Dr. Seth Wexler

**Guests Present:**
None

**Staff Members Present:**
Jim Hartmann
David Ellis
Regina Petteway
Kenneth Murphy
Dr. Joseph Threadcraft
Annemarie Maiorano
Cassandra Watford
Elizabeth Scott
Dr. Sue Lynn Ledford
Amina Shah
Patricia Pritchett
Elizabeth Brandt
Lisa Cauley
Dr. Edie Alfano-Sobsey

## Call to Order

Chairman Dr. Jim Smith called the Retreat meeting to order at 8:08 am. He announced Ms. Amina Shah has accepted a new job position and expressed his gratitude for her hard work with the Wake County Human Services Board.

All Board and staff members introduced themselves.

## Human Services Training & Orientation
(Presented by Ms. Regina Petteway)

This presentation covered a description of Human Services as a consolidated agency, history, vision/mission/values, key strategies, organizational charts, service locations, and important functions in the areas of public health, social services, child welfare, and housing.

**Human Services Horizon Issues**
(Presented by Ms. Annemarie Maiorano)

This Report covered horizon issues faced by Human Services in the areas of Social Services, Public Health, Housing & Transportation, Child Welfare and Operations/Administration. It also covered issues such as trends in aging population and how to partner with WCPSS.

**Departmental Budget Updates**

***Human Services Department***

- Base budget (FY 17)
  - Expenditures: $194,567,670
  - Revenues: $105,691,402
- Expansion requests

| | **Total Expenditures** |
|---|---|
| Infrastructure | $105,672 |
| Vulnerable populations | $1,118,623 |
| Compliance | $713,588 |
| Safety and risk | $802,966 |

***Environmental Services Department***

| **Expansion requests** | |
|---|---|
| Corrective Action Plan | 6 FTE's |
| Impact to Service Delivery | 4 FTE's |
| Automation – LDS System | $370,000 |

**County Manager's Office: County Level Priorities**
(Presented by Mr. Jim Hartmann)

Wake County is in the 10 fastest growing counties with greater than 750,000 residents. The growth rate is 250,000 per decade. It reached 1 million people in 2014. If we average 25,000 new residents a year, Wake reaches 2 million in 2054.

Therefore, the community needs are growing including hunger, homelessness, and mental health. Wake County is investing in Summer Food Service Program and Universal School Breakfast for hunger. There is need for additional resources to provide beds for homeless individuals and services for mental health patients.

Transit Investment Strategy includes a Recommended Transit Plan that includes commuter rail and bus rapid transit. It will be adopted in Spring 2016.

Four Big Moves of the Recommended Transit Plan are:

1. Stronger regional connections
2. Connections to all communities
3. Frequent, reliable bus service in urban areas
4. Enhanced access to transit

**Wake County's Board of Commissioners (BOC) Priorities**
(Presented by Mr. David Ellis)

This presentation highlighted BOC goals and objectives and connected them with HS Board priorities and work. The HS Board is doing great work connecting its priorities with the larger BOC goals and objectives. A major example is the Summer Food Service Program for community health and fighting child hunger.

BOC Goals:

1. Community Health: promote an effective behavioral and physical health system of care and practices that benefits all residents
2. Economic Strength: create a business-friendly environment to attract, retain and grow business, diversify the economic base and create job opportunities for all citizens
3. Education: through collaboration with education stakeholders, achieve a well-educated skilled citizenry prepared for success in a global workforce
4. Great Government: promote a vision of a county government that partners with all levels of government to empower, protect and serve its citizens through a culture of respect, collaboration and innovation
5. Growth and Sustainability: establish a deliberate and realistic approach to address growth while preserving our environment and individual communities
6. Mobility: create a sustainable, regional transportation system that offers choices to meet local needs.

**Annual Legal Training & Orientation [PH Accreditation Benchmarks # 34.2, 36.1, 36.3]**
(Presented by Mr. Ken Murphy)

This presentation covered the legal powers and duties of the Human Services Board as a consolidated board.

North Carolina General Statutes covered in the training:

| General Statute | Powers and Duties |
|---|---|
| NCGS 153A-77 | • Policymaking, rulemaking and administrative board<br>• No more than 25 members, appointed by BOC<br>• Composition reflect population makeup of County<br>• Must have: psychologist, pharmacist, engineer, dentist, optometrist, veterinarian, social worker, registered nurse, 2 physicians (one shall be a psychiatrist), and 1 BOC member<br>• Set fees for departmental services based upon recommendation of |

| | |
|---|---|
| | HS Director<br>• "Recommend creation of local human services programs"<br>• "Adopt local health regulations and participate in enforcement appeals of local regulations"<br>• "Advise local officials through the county manager"<br>• "Perform public relations and advocacy functions"<br>• "Protect the public health to the extent required by law"<br>• AND, in addition to the above: "the consolidated human services board shall have the powers and duties conferred by law upon a *board of health [and] a social services board*" |
| NCGS 130A-39 | • "A *local board of health* shall have the *responsibility* to *protect and promote the public health* [and] *adopt rules* necessary for that purpose"<br>• "adopt a *more stringent rule* in an area regulated by [the State] where, in the opinion of the local board of health, a more stringent rule is *required to protect the public health*"<br>• "The rules of a local board of health shall apply to all municipalities within the local board's jurisdiction"<br>• Prior to adoption, amendment, or repeal of any local board of health rule, copies must be made available for public inspection at county clerk's office, and notice must be provided to public via legal ad in newspaper<br>• "A local board of health may impose a fee for services to be rendered by a local health department, except where the imposition of a fee is prohibited by statute" |
| NCGS 130A-1.1 | 1. Monitoring health status to *identify community health problems.*<br>2. *Diagnosing and investigating health hazards* in the community.<br>3. *Informing, educating, and empowering* people about health issues.<br>4. *Mobilizing community partnerships* to identify and solve health problems.<br>5. *Developing policies and plans* that support individual and community health efforts.<br>6. *Enforcing laws and regulations* that protect health and ensure safety.<br>7. *Linking people to needed personal health care services* and ensuring the provision of health care when otherwise unavailable.<br>8. *Ensuring a competent public health workforce* and personal health care workforce.<br>9. *Evaluating effectiveness, accessibility, and quality* of personal and population-based health services.<br>10. Conducting *research.* |

| | |
|---|---|
| NCGS 108A-1 | • "Every county shall have a board of social services *or a consolidated human services board* created pursuant to G.S. 153A-77(b) which shall establish county policies for the programs established by this Chapter in conformity with the rules and regulations of the Social Services Commission and under the supervision of the Department of Health and Human Services." |
| NCGS 108A-9 | • "Advise county and municipal authorities in developing policies and plans to improve the social conditions of the community"<br>• "Consult with the director of social services about problems relating to his office"<br>• "To have such other duties and responsibilities as the General Assembly, DHHS or the Social Services Commission or the board of county commissioners may assign" |
| NCGS 108A-14 | • "Administer the programs of public assistance and social services"<br>• "Administer funds provided by the board of commissioners for the care of indigent persons in the county"<br>• "Act as agent of the Social Services Commission and DHHS"<br>• "Investigate cases for adoption and supervise adoptive placements"<br>• "Assess reports of child abuse and neglect and to take appropriate action to protect such children"<br>• "Accept children for placement in foster homes and to supervise placements"<br>• "Receive and evaluate reports of abuse, neglect, or exploitation of disabled adults and take appropriate action" |
| **NCGS 108A-15.1** | Human Services Board may not:<br>1) Appoint the Human Services director.<br>(2) Transmit or present the budget for social services programs.<br>(c) In addition to the powers conferred by G.S. 153A-77(e), a Human Services Director has powers and duties of a Director of social services provided by G.S. 108A-14, except he/she may not:<br>(1) Serve as the executive officer of the consolidated Human Services board only to the extent and in the manner authorized by the County Manager.<br>(2) Appoint staff of the consolidated human services agency only upon the approval of the county manager. |

**State of the County Health (SOTCH) Report [PH Accreditation Benchmarks # 1.3, 2.4, 9.1, 14.2, 38.1, 38.2]**
(Presented by Dr. Edie Alfano-Sobsey)

The purpose of the SOTCH Report is to provide information on health concerns identified in the 2013 Community Health Needs Assessment (CHNA) and update on actions taken to address those concerns.

Top three priority areas:

1. Poverty and unemployment
2. Health care access and utilization
3. Mental health and substance abuse

The Report highlights the following for each priority area:

- Objective
- Types of intervention including: intervention targeting health disparities; individual change interventions; policy or environmental change interventions
- Community partners
- Strategy (including completed strategies)
- Update

After a discussion during Public Health Committee meeting, an addendum was made to the SOTCH Report that includes information about special initiatives of the HS Board. These include scope of dental problems and the Summer Food Service Program.

**Human Services Board Priorities Discussion**
(Presented by Ms. Regina Petteway)

The Board Training and Orientation includes a section on Board's 2016 priorities called HS Board Key Areas of Focus:

- Improve access to care and medical homes (includes physical and behavioral health)
- Support dental partnerships with community providers
- Support prevention and control of sexually transmitted diseases
- Improve access to economic services and job training
- Continue support for regional service delivery
- Support policies for clean water and air
- Address food insecurity and hunger
- Support expansion of Medicaid and increase in Medicaid rates for providers
- Improve NCFAST system

The Board will discuss these priorities in more detail at a future meeting.

**Adjournment**

The meeting was adjourned at 11:40 am.

**Board Chair's Signature:** _____ **Date:** 3/24/16

Respectfully Submitted By: Ms. Amina Shah