



Community Health and Social and Economic Vitality Board Goals

*Presentation to Human Services Committee
October 12, 2016*



Board Goals & Objectives

- Approved by the Board November 2015
- 9 Goal Areas to track and monitor progress of the Board Goals
- Plan to update and revise goals annually
- 2016 updating process to begin through work in committees
- Desired outcome: update 2017 goals in order for departments to consider as they develop FY2018 budget requests

Board Goals Committee Work

- Focus on outcomes – what are we trying to achieve?
- Review progress on goals
- Determine if goal / objective/initiative:
 - Has been Achieved / “Done”?
 - If the goal still applicable?
 - Need to be continued / modified?
 - Revise goal wording?
 - Revise / add objectives and/or initiatives?



Community Health

Goal: Promote an effective behavioral and physical health system of care and practices that benefits all residents.



Objective CH 1: Identify efficient, effective, proactive, and collaborative ways to better support and build capacity for the treatment and management of Wake County residents who experience behavioral health challenges.

CH 1.1: Work with the Sheriff's Office and community partners to develop sustainable strategies for assisting detained and/or incarcerated individuals that suffer from mental illness.

- Increased resources for jail mental health care including additional care coordinators, clinicians, and psychiatric services.
- Conducted evaluation of brief mental health screen for all inmates booked in the detention center to gain understanding of population housed in the detention center and alignment of their needs.
- Crisis Intervention Training (CIT) customized for detention offices and being delivered to all Wake County Detention Center Offices.



Objective CH 1: Identify efficient, effective, proactive, and collaborative ways to better support and build capacity for the treatment and management of Wake County residents who experience behavioral health challenges.

CH 1.2: Evaluate benefits of expansion of integrated care at WakeBrook.

- UNC Healthcare continued operations of physical health clinic to WakeBrook patients and provide a medical home for patients not otherwise engaged in physical health care.
- Wake County provided resources for peer support and transportation services to assist overall care of WakeBrook clients



Objective CH 1: Identify efficient, effective, proactive, and collaborative ways to better support and build capacity for the treatment and management of Wake County residents who experience behavioral health challenges.

CH 1.3: Work with Wake Director's Group to improve coordination and communication on issues and obstacles related to behavioral health services.

- Wake Directors held their first meeting in April 2015 and continue to meet on a bi-monthly basis or more frequently as needed.
- Key areas of focus include:
 - Housing
 - Criminal Justice
 - Crisis Services
 - System Improvements



Objective CH 1: Identify efficient, effective, proactive, and collaborative ways to better support and build capacity for the treatment and management of Wake County residents who experience behavioral health challenges.

CH 1.4: Work with community partners to expand knowledge and awareness of behavioral health symptoms (mental health first aid), as well as services and resources available in the community and how to access them.

- Wake County provided resources to partner with Alliance Behavioral Healthcare for a full-time employee to support the Network of Care and coordination of Mental Health First Aid
 - The Network of Care will launch October 15 after a collaborative effort from Alliance Behavioral Healthcare, Wake County Human Services and other community partners.
 - Mental Health First Aid – Alliance is partnering with Wake County to make classes available for employees and is offering at least one class each month.



Objective CH 1: Identify efficient, effective, proactive, and collaborative ways to better support and build capacity for the treatment and management of Wake County residents who experience behavioral health challenges.

CH 1.5: Communicate ways to access behavioral health services and support the role of Alliance Behavioral Healthcare in our community.

- Wake County continues to partner with many efforts to make the community aware of Alliance's services including:
- Participant in Mental Health Breakfast
- Coordinator of special events for behavioral health populations
- Partner in housing, jail, hospital and other areas of focus for Wake County



Objective CH 1: Identify efficient, effective, proactive, and collaborative ways to better support and build capacity for the treatment and management of Wake County residents who experience behavioral health challenges.

CH 1.6: Leverage partnerships to enhance data sharing related to behavioral health services.

- Participated in White House Initiative on Data Sharing that has enhanced knowledge of HIPAA requirements, demonstrated best practices and assisted Wake County with efforts to advance data sharing efforts
- Launched CJLeads/Alpha data sharing report that informs Wake County detention staff of inmates that have history of behavioral health related interactions with Alliance or hospitals
- Beginning efforts to share cross-system data between EMS, Wake Detention Services and Wake County Homeless Information System with the goal to increase participation to hospitals, community providers and Alliance.

Review CH1

- Focus on outcomes – what are we trying to achieve?
 - What will success look like?
 - Can we measure it?
- What objectives and initiatives will help us achieve the desired outcomes?
- Determine if objective/initiative:
 - Has been Achieved / “Done”?
 - Is still applicable?
 - Needs to be continued / modified?
- Is a new objective/initiative needed?



Objective CH 2: Support building a “culture of health” based on the Robert Wood Johnson Foundation model for healthy communities.

CH 2.1: Develop infrastructure and education that encourages walking and biking to and from schools, and explore opportunities to encourage walkability and biking access to and from schools.

Active Routes to School (ARTS) Coordinator

- Coordinated with NCDOT & Town of Knightdale on installation of 2 crosswalks and road signs at Forestville Road Elementary School, Summer 2015
- Trained 43 teachers at Bugg Elementary School on *Let's Go NC!* Curriculum (based on a national model), in June 2016, impacting 600 students
- Partnered with Advocates for Health in Action to host *Safe Routes to School* workshop for 70 attendees and published Wake County Tool Kit in November 2015
- Provided support for 30 Wake County [Walk and Bike to School](#) events, impacting 1500+ participants since Fall 2015
- Facilitated accessibility audit at North Ridge Elementary School with 9 partners in May 2016



Objective CH 2: Support building a “culture of health” based on the Robert Woods Johnson Foundation model for healthy communities.

CH 2.2: Support growth of Wake County's local food movement and access to local healthy food.

- Increased the number of Farmer's Markets that accept EBT (to date, 8 Farmer's Markets accept EBT)
- Mobile Produce Market, Grocers on Wheels, partners with Human Services' Health Promotion Program to provide fresh produce to low-resource populations (FY'16 distributed 1,100 pounds of fresh produce to 100 individuals)
- Upon request from Representative Yvonne Holley, Public Health provided metrics to define areas of food insecurity in Wake County which led to legislative action for the Healthy Corner Store Initiative
- Increased the number of Summer Feeding sites and number of meals served including an innovative pilot strategy to utilize the Zebulon Farmer's Market as a Summer Feeding site (Summer 2016, 165 sites which is a 14% increase from 2015; 294,079 meals served)



Objective CH 2: Support building a “culture of health” based on the Robert Woods Johnson Foundation model for healthy communities.

CH 2.3: Continue to advance Wake County's Healthiest Capital County Initiative.

Adult obesity and physical inactivity

- WCHS Health Promotion offered multi-component obesity interventions i.e. FY'16 programs included *Club CHOICE Plus* weight management reaching 70 low-resource English and Spanish speaking women and children; *Movin' and Groovin'* walking program reaching 241 adults and children
- Advocates for Health in Action continues to convene community leaders to advance health in Wake County including introducing *Health in All Policies* to municipal and County leaders

Food Environment

- Through Farm to Childcare, Advocates for Health in Action, in partnership with other organizations has increased the consumption of fresh local food among 2,000 children in 22 centers up to an average of 4.1 servings per week.

High-risk Youth Behaviors and High School Graduation Rates

- Youth Thrive convened over 100 representatives from over 40 community organizations to develop the [Strategic Planning Blueprint: A Guide for Collective Impact for Wake County Youth](#), released March 2016. The Blueprint contains 26 indicators across multiple domains related to Community Health and graduation.
- Youth Thrive partnered with the Wake County Public School System and The Wake Partnership for Post-Secondary Success to host a one day [Grad Nation Summit](#) which was made possible through a grant of \$15,000 from [America's Promise](#). The focus of the Summit, held April 2016, was increasing the graduation rate and improving access to college and career resources for Wake youth.



Objective CH 2: Support building a “culture of health” based on the Robert Woods Johnson Foundation model for healthy communities.

CH 2.4: Continue focus on public health in Wake County Public Schools through improved access to school nurses to address health needs in schools.

- 1090 students received case management service for chronic illness, a 35% increase
- When nurse was present in school 80-84% of students are sent back to class after the encounter and 14-18% of students are sent home.
- 135,942 doses of medications given over the school year, 99% were given correctly
- School nurses identified 281 students that did not have health insurance. 80% were referred to either Medicaid or ACA, 54% secured a medical home



Objective CH 2: Support building a “culture of health” based on the Robert Wood Johnson Foundation model for healthy communities.

CH 2.5: Identify, prioritize and implement strategies and initiatives to address the needs and priorities identified in the most recent Wake County Community Health Needs Assessment.

- CHNA completed in June 2016 and priorities identified: Transportation, Access to Insurance, Access to Care, and Mental Health/ Substance Abuse.
- 150 WC residents and community leaders gathered together on Sept. 27 to brainstorm strategies to address priorities and draft vision statements were developed for each of the priorities.



Objective CH 2: Support building a “culture of health” based on the Robert Woods Johnson Foundation model for healthy communities.

CH 2.6: Plan and prepare for next Community Health Needs Assessment to ensure it reflects the full spectrum of health needs, including behavioral health and young risk behaviors.

Phase one (survey) researchers gathered input from the public. Nearly 1,400 people participated in the effort.

Phase two (analysis) results collected in Phase One, as well statistical data for physical, behavioral, mental, economic and environmental health, as well as safety and life-long learning were analyzed.

Phase three (public feedback) a series of public meetings narrowed the results down to the most important issues to be addressed over the next three years.

Phase four (roadmap) was completed with the publication of the CHNA report. This document shares the findings and results of the assessment effort with the entire community and serves as a roadmap to develop the action plan for the top four issues.

Phase five (action planning) is now underway. The CHNA steering committee again turns to the community to take the issues prioritized in the report and use that information to create an action plan to guide the next steps to make improvements and generate positive change in our community.



Objective CH 2: Support building a “culture of health” based on the Robert Woods Johnson Foundation model for healthy communities.

CH 2.7: Support early childhood development from conception to birth through Pre-K by supporting prenatal programs to promote healthy pregnancies for healthier babies.

- PH Pregnancy Case Management Program (OBCM) – FY16 the OBCM Program contacted 1702 high risk prenatal patients and engaged/assessed 1388 within 30 days of completion of a risk screen of by their prenatal care provider.
- Nurse Family Partnership (NFP) program served 113 first-time moms, exceeding their target of 100 from Jan - Sept, 2016 .
- Prenatal clinical service expansion – to address the need for timely prenatal care, Sunnybrook expanded hours and a new clinic location at Millbrook Human Services building will open to serve clients on Oct. 24, 2016.
- To address a leading cause of preterm delivery and infant morbidity, WCHS Prenatal Care clinic has implemented expedited partner treatment for STDs to protect our pregnant women from reinfection.

Review CH2

- Focus on outcomes – what are we trying to achieve?
 - What will success look like?
 - Can we measure it?
- What objectives and initiatives will help us achieve the desired outcomes?
- Determine if objective/initiative:
 - Has been Achieved / “Done”?
 - Is still applicable?
 - Needs to be continued / modified?
- Is a new objective/initiative needed?

What's Missing?

- Are there other desired outcomes related to this Board Goal that we're missing?
 - Focus on outcomes – what are we trying to achieve?
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Social and Economic Vitality

Goal: Improve economic and social opportunities in vulnerable communities through strategic partnerships.



Objective SEV 1: Create more affordable housing opportunities in Wake County and support efforts to reduce or end homelessness.

SEV 1.1: Work collaboratively within government, with nonprofit, education and business partners to reduce or eliminate homelessness and to improve the health and wellbeing of our most vulnerable citizens.

- Homelessness services providers are working cooperatively using a common assessment tool, the Vulnerability Index- Services Prioritization Assessment Tool, to identify, prioritize and serve first those citizens who are most vulnerable with multiple barriers.
- This tool is now being used to qualify citizens for Permanent Supportive Housing and Rapid Rehousing Rental Assistance.



Objective SEV 1: Create more affordable housing opportunities in Wake County and support efforts to reduce or end homelessness.

SEV 1.2: Work in partnership with the City of Raleigh and other municipalities and the Partnership to End Homelessness to develop a multiservice center for the homeless that will function as a point of entry for professional coordinated assessment of homeless needs.

- The City and County have identified 10 potential sites for the multi services center.
- Staff will evaluate these sites on Oct 10
- Recommendations to the Raleigh City Council and Wake County Board of Commissioners will be presented soon thereafter.



Objective SEV 1: Create more affordable housing opportunities in Wake County and support efforts to reduce or end homelessness.

SEV 1.3: Work with community and business partners to address outstanding needs associated with housing and providing assistance to women experiencing homelessness.

- Homeless service providers who shelter single women without children are participating in a convened task force that is working to better coordinate, streamline and de-duplicate services.
- The task force is also working to identify frequent users of multiple shelters, and develop more effective outreach and service planning.
- Women shelters are providing both overnight shelter access and more extended program services.
- County staff continue to explore options for adding additional beds for single women.



Objective SEV 1: Create more affordable housing opportunities in Wake County and support efforts to reduce or end homelessness.

SEV 1.4: Work with partner agencies and municipalities to develop strategies to preserve and increase affordable housing options in Wake County.

- In March 2016, a Board of Commissioners Worksession was held to provide an overview of the affordable housing landscape
- In May 2016, a Community Partner worksession was conducted to prioritize community need. From this worksession, an Affordable Housing Study and Committee was recommended
- In August 2016, an RFP was released to secure a consulting partner to facilitate the planning process
- In September 2016, the Board of Commissioners approved the creation of an Affordable Housing Steering Committee

Review SEV1

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Objective SEV 2: Develop a comprehensive approach to addressing the needs of Wake County's most vulnerable regions and communities to improve the overall wellbeing of their residents.

SEV 2.1: Use data to define, identify and target fragile areas in Wake County. Reassess current strategies accordingly, including (a) clear definition of "fragile" areas, (b) engaging partners, (c) economic development benchmarking, and (d) funding.

- Mapping of vulnerable areas of the county is being used to frame the target areas for the initiative in Southeast Raleigh and the Eastern Region of Wake County
- The Human Services Director's maps are used to frame service level and intensity by geographic area for select public health and social services populations. These maps are being used to document continued need for WIC services in the West, and for the Human Services Master Plan (which will outline service needs and recommended locations for the future)



Objective SEV 2: Develop a comprehensive approach to addressing the needs of Wake County's most vulnerable regions and communities to improve the overall wellbeing of their residents.

SEV 2.2: Establish intergovernmental, private sector and community collaboration and commitment to a set of policies and actions that will bring near and long term improvement to conditions that affect the quality of life of residents in vulnerable communities in Wake County.

- The Cooperative Extension Director, Human Services Director are in the process of hiring staff to lead the vulnerable communities initiative.
- The County Manager's Office, Human Services and Cooperative Extension are working with the Triangle United Way on an initiative to promote entrepreneurship and innovation in specific vulnerable communities (a social innovation challenge).



Objective SEV 2: Develop a comprehensive approach to addressing the needs of Wake County's most vulnerable regions and communities to improve the overall wellbeing of their residents.

SEV 2.3: Identify and implement tailored strategies to improve economic, physical, behavioral, and environmental health in the vulnerable communities.

- Cooperative Extension and WCHS initiated dialogue with United Way to explore implementation of the Social Innovation Challenge in association geographically based pilots in Southeast Raleigh and Eastern Wake County. Plans focused on entrepreneurial development evolving in partnership with AJ Fletcher Foundation, Southeast Raleigh Promise, Chamber of Commerce, City of Raleigh, East Wake Community Development Coalition and North Carolina State University for initiation in 2017.
- Interviews in process, including Community Panel, for the selection of the Social & Economic Vitality Program Manager's Position.
- Jointly-resourced Community Development/Urban Extension agent, dedicated to Social & Economic Vitality work in Wake County begins November 1, 2016.
- Cooperative Extension Director working with Planning Department and Manager's Office to assemble partnership for Turning the Corner Project of the Urban Institute, Kresge Foundation and Federal Reserve Bank. Focus is on the management of local data and performance measures associated with community transformation efforts in distressed areas. Working with AJ Fletcher, NCSU, SAS, Youth Thrive, City of Raleigh and possibly the John Rex Endowment.



Objective SEV 2: Develop a comprehensive approach to addressing the needs of Wake County's most vulnerable regions and communities to improve the overall wellbeing of their residents.

SEV 2.4: Examine the nexus of Healthiest Capital County, and Human Capital Development, Community Health Assessment and the pilot project to develop a collaborative neighborhood center at the Crosby-Garfield for greater outcomes for a better quality of life and economic wellbeing for low income residents. Avoid duplication of services or "reinventing the wheel" to achieve efficiencies to address unemployment and poverty.

- Healthiest Capital County has two of three collective impact groups working, but there is no brand recognition with the "Healthiest Capital County" name brand.
- A "Live Well San Diego" model was presented to community partners.
- Currently working with Commissioner Sig Hutchinson to implement a Population Health Task Force through the Wake County Board of Commissioners that will examine and connect policy, and inventory and align health related collaboratives and initiatives in one comprehensive plan.

Review SEV2

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Objective SEV 3: Support collaboration among agencies, nonprofits and governments to deliver more evidence based services to our citizens.

SEV 3.1: Broaden arena of Human Capital Development.

- A contract is in place to evaluate the efficacy of Human Capital Development, including the Middle Class Express models. The intent is to show cost benefit.
- Middle Class Express will be a specific strategy used in the vulnerable communities initiative. Existing resources will be aligned with the vulnerable communities staffing.



Objective SEV 3: Support collaboration among agencies, nonprofits and governments to deliver more evidence based services to our citizens.

SEV 3.2: Partner with nonprofits and local governments to identify and address issues related to hunger, food insecurity and food deserts in Wake County.

- On June 22, 2016 hosted a Wake County Food Summit, Moving Beyond Hunger, Food Systems for Food Security. A complete report with the findings from this summit were submitted on July 29, 2017 and distributed to members of the Food Security Workgroup and the County Manager's Office.
- Contract for comprehensive plan in development, target date: October 15, 2016.
- Ongoing dialogue with Food Security Workgroup to: Expand the Summer Food Service Program; create a Breakfast in the Classroom Pilot to increase target group utilization of Universal Breakfast; and to capture metrics associated with short and long term policy objectives.



Objective SEV 3: Support collaboration among agencies, nonprofits and governments to deliver more evidence based services to our citizens.

SEV 3.3: Assist Wake County's foster children in transitioning to successful independent living after leaving the foster care program.

- On September 14, 2016 the NC GlaxoSmithKline Foundation (GSK) recognized Wake County Human Services with the Local Health Department Child Health Recognition Award that honors innovative public health programs across the state that improve health outcomes of North Carolina's children and their families. As of November 2014, fifty three youth in foster care have completed the curriculum with no reported pregnancies for participants.
- In 2015, 213 children left foster care to adopted, reunified with their parents or placed in the legal custody of a relative or caregiver.



Objective SEV 3: Support collaboration among agencies, nonprofits and governments to deliver more evidence based services to our citizens.

SEV 3.4: Identify and implement opportunities to reduce logistical barriers that prevent vulnerable populations from accessing services provided by government and nonprofits, including increasing co-location and contracting of services.

- The Western Community Advisory Committee partnered with Advance Healthcare to advocate for and support the opening of a primary care office on the Dorcas Ministries property.
- A location for WIC services in the West is being considered; and the General Services Administration Department is working through lease negotiations for this space.
- Wake County Human Services is planning to move additional social services to the West in the future, through use of existing funds if approved by the Board.
- A master plan study will address logistical barriers to service access across the County.

Review SEV3

- Focus on outcomes – what are we trying to achieve?
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What's Missing?

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