

Wake County Board of Commissioners
Human Services Committee
October 12th, 2016
10 a.m.
2800 Wake County Justice Center

Commissioners Present:

James West, Committee Chair

Sig Hutchinson, Committee Vice-Chair

Wake County Staff Present: David Ellis, Deputy County Manager; Regina Petteway, Human Services Director; Denise Foreman, Assistant to the County Manager; Ken Murphy, Assistant County Attorney; Katherine Williams, Wake County Cooperative Extension Director; Andy Kuhn, Executive Assistant to the Board; Elizabeth Brandt, Communications; Yvonne Gilyard, Deputy Clerk to the Board; and Johnna Rogers, Deputy County Manager

Meeting Called to Order

Chairman West called the meeting to order at 10:05 a.m.

There was not a quorum present, so approval of the minutes was foregone.

Ms. Denise Foreman, Assistant to the County Manager, shared the Community Health and Social and Economic Vitality Board Goals.

Ms. Foreman said there will be a Board strategic planning session in November that will include a facilitator to assist with goal alignment among the objectives.

She shared the Board Goals and 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

She shared the 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?

Ms. Regina Petteway, Human Services Director, shared the Community Health Goal.

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

Ms. Foreman shared Objective 1.1.

	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.	<ul style="list-style-type: none"> • 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.

She shared Objective 1.2



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

She shared Objective 1.3



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

Commissioner Hutchinson joined the meeting at 10:16 a.m.

Ms. Foreman shared Objective 1.4.



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.

She shared Objective 1.5.



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

She shared Objective 1.6.



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.

Commissioner Hutchinson asked how the CJLeads/Alpha data will be shared among multiple Wake County agencies. Ms. Foreman said that criminal justice teams are determining what information should be shared in order to assist those in mental health diversion teams. Commissioner Hutchinson asked if emergency room hospitals would have access to the shared data. Ms. Foreman said this data would not be shared, but it is a possibility to explore.

Ms. Foreman asked for review of Objective 1.

- 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?

Commissioner West asked how linkage between partner agencies and those persons who enter the behavioral health system will be met. He said that gaps exist and that there should be efforts to connect the systems.

There was discussion of how case managers and service providers communicate and how data is shared.

Commissioner Hutchinson said that service delivery models need to be examined and that there are national models that can increase Wake County's ability to diagnose and manage patients. Ms. Petteway asked if there should be an initiative created to examine new service delivery models. He said that building a sustainable WakeBrook should be an initiative and that all partners need to be at the table to ensure its success. He also said that embedding supportive housing into the objectives is needed in order to address supporting the whole person. Ms. Foreman said community supports can include housing because this links to existing initiatives. Commissioner Hutchinson said that suspension versus cancellation of Medicaid benefits requires a discussion. He said that cancellation of Medicaid and its prevention should be addressed in the initiatives. He said that coordination of the 211 system and the proposed System of Care could improve access and accomplish a goal of pushing out services while improving efficiency and cutting costs.

There was discussion about provider networks and information sharing that would enable connection via the 211 system.

There was discussion of assessment of the existing 211 system and its strategic position to provide service integration and collaboration.


Commissioner West asked how operational management and objectives are transferred to the citizens. Ms. Katherine Williams, Wake County Cooperative Extension Director, said there are outcomes built into citizen implementation. Ms. Petteway said instructional strategies are created and built into the programs to ensure citizens can access the services.

Commissioner Hutchinson said that information platforms need objectives that allow safety net providers to effectively manage and implement their programs. He said that common platforms allow for improved data sharing. Ms. Petteway said tracking of medical information included in another goal could be included into the community health initiatives.

Ms. Foreman summarized thoughts by saying that there are proposals for:

- Revision of Objective 1.2 to include WakeBrook operations.
- Adjust 1.3 for integration of services and support services for Wake Directors.
- Telemedicine exploration
- Address obstacles regarding Medicaid for incarcerated individuals

Ms. Petteway shared Objective 2.1

 Objective CH 2: Support building a "culture of health" based on the Robert Woods 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 <ul style="list-style-type: none">• 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 1,500+ participants since Fall 2015• Facilitated accessibility audit at North Ridge Elementary School with 9 partners in May 2016


She shared Objective 2.2

 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.	<ul style="list-style-type: none">• 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 (FY16 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)

Ms. Williams said a comprehensive strategy for food systems was necessary to achieve impact.

Commissioner Hutchinson suggested that community gardens be included in the initiatives.

Ms. Petteway shared Objective 2.3

 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
	<ul style="list-style-type: none">• WCHS Health Promotion offered multi-component obesity interventions (i.e. P116 programs) including Club CHOICE Plus weight management reaching 70 low-resource English and Spanish speaking women and children; Marvin 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
	<ul style="list-style-type: none">• 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
	<ul style="list-style-type: none">• Youth Thrive convened over 100 representatives from over 40 community organizations to develop the <i>Strategic Planning Blueprint: A Guide for Collective Impact for Wake County Youth</i>, 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 <i>Grad Nation Summit</i> which was made possible through a grant of \$15,000 from <i>America's Promise</i>. The focus of the Summit, held April 2016, was increasing the graduation rate and improving access to college and career resources for Wake youth.

Commissioner Hutchinson said that the entire community needs to be served by the policies in place. He said that impact of the entire community should be examined moving forward. Commissioner West asked if this would detract from targeting of at-risk neighborhoods.

There was discussion of creation of a task force that will address population health in a broader scope.

Mr. David Ellis, Deputy County Manager, asked if Objective 2.1 and 2.2 can become more outcome focused. Commissioner Hutchinson said that inclusion of transit into initiatives will allow for outcome generation in the initiatives and measurement moving forward.

There was discussion of definitions of success within the objectives.

Ms. Petteway shared Objective 2.4



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

She shared Objective 2.5



Objective CH 2: Support building a "culture of health" based on the Robert Woods 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.


Commissioner West said that ensuring work is tangible and felt by all involved is important to continue strategic growth. He said that the process can be made stronger by improving reporting and applying a systems approach.

Mr. Ellis said that community embedding is a strategic goal moving forward and that improvements over time need to be measured and publicized.

There was discussion of priority indicators and which ones should be included in the Community Health Needs Assessment.

Commissioner Hutchinson said that combining Objective 2.5 and 2.6 is a good idea and that adding the language, “supports building a culture of health”, achieves higher level strategies.

Ms. Petteway shared Objective 2.6

 Objective CH2: 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.

She shared Objective 2.7

Commissioner West said that some basic objectives need to be achieved prior to pushing ultimate aims for bettering community health.



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.

Ms. Petteway summarized suggestions for augmentation of objectives:

- 2.1 inclusion of transit
- 2.2 Local healthy food
- 2.3 health and all policies
- 2.4 improved access to health services, inclusion of school aged populations
- Combine 2.5 and 2.6 and emphasize better partnerships and reporting
- 2.7 language of population health task force
- Share data between populations and mental health providers

Mr. Ellis said inclusion of the Opioid/Tobacco/Gonorrhea issues facing the county within the initiatives is still needed. Ms. Petteway agreed saying addition of these priorities is necessary.

Ms. Petteway shared the goals for Social and Economic Vitality.



Social and Economic Vitality

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



Ms. Williams shared Objectives 2.1 and 2.2



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)

There was discussion of economic strength and the mapping of community block group vulnerability data.

Commissioner West said identification of the targeted groups is important and should influence policy.

There was discussion of how to operationalize the pilot program.

There was discussion of how to incorporate strategies of Human Capital Development into the pilot program and adding an engagement piece.

 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.	<ul style="list-style-type: none">• 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).

Ms. Petteway shared Objective 2.3.



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.

She shared Objective 2.4



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.

She shared Objective 3.1.



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.

She shared Objective 3.2



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.

Ms. Foreman said Objective 3.2 and 2.2 could be combined.

Ms. Williams said incorporating food security strategies could also be included in the combined objective.



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.

Ms. Foreman said revisions to align task force goals will be made.

Ms. Petteway said that behavioral health supports related to housing should also be noted within the objectives.

Commissioner West said there are great opportunities to achieve goals with increased community engagement through advisory groups and individual empowerment.

Next Steps

Ms. Foreman said that staff will create a revised set of objectives. She said this will be sent via email to the committee. She said that after review these will be sent to the full Board during the Board of Commissioners Retreat.

Adjourn

Commissioner West concluded the meeting at 12:00 p.m.

Respectfully submitted,

Andy Kuhn
Executive Assistant to the Board of Commissioners