

**Wake County Health and Human Services Board
Meeting Minutes
October 24th, 2024**

Board Members Present:

Lily Chen
Dr. Ojinga Harrison
Wanda Hunter
Christine Kushner
Trey McBrayer
Terry McTernan
Dr. Tonya Minggia
Dr. Jananne O'Connell
Ann Rollins
Dr. Anita Sawhney
Commissioner Cheryl Stallings
Tanyetta Sutton
Dr. Kelcy Walker Pope
Birchie Warren
Dr. Mary Faye Whisler
Tamara Wilson

Guests Present:

Katie Bloedau
Ursula Jolly
Deidre McCullers

Staff Members Present:

Jennifer Brown
Sheila Donaldson
Odile Fredericks
Ann Godwin
Barbra Gonzalez
Anika Hamilton
Kevin Harrell
Duane Holder
Evan Kane
Rebecca Kaufman
Crystal Lormejuste
Dr. Joel Lutterman
Annemarie Maiorano
Jenelle Mayer
Janny Mealor
Ken Murphy
Shanta Nowell
Melissa Pullen
Mike Ranck
Yolanda Thacker
Kathryn Thompson
Eleanor Wade
Lechelle Wardell
Rochelle Whitaker

Call to Order

Chair Ms. Ann Rollins called the meeting to order at approximately 7:34 a.m.

Next Board Meeting – November 21st, 2024

Approval of Minutes

Ms. Ann Rollins asked for a motion to approve the September 26th, 2024 Board meeting minutes. There was a motion by Ms. Tamara Wilson and Dr. Mary Faye Whisler seconded. The minutes were unanimously approved.

Treasurer's Report

Ms. Christine Kushner, Treasurer, provided the Treasurer's Report. In September, the fund was reported as \$9,167.95. Since that report, there had been an addition of \$600 from Board members' donated stipends. Thus, the Board's fund was now at \$9,767.95.

Health and Human Services Board Officer Elections

(Presented by Mr. Ken Murphy)

Mr. Ken Murphy (Senior Deputy County Attorney) began by opening the floor for nominations for the Health and Human Services Board Chair. There was one nomination for Board Chair – Ms. Ann Rollins. Mr. Murphy asked if there were any other nominations and, seeing none, asked if Ms. Rollins would like to approve the motion making her Chair. She accepted and Dr. Anita Sawhney seconded. Ms. Rollins was then reinstated as the Health and Human Services Board Chair by unanimous vote.

Mr. Murphy then proceeded with the Vice Chair nominations. There was one nomination for Ms. Wanda Hunter. Mr. Murphy asked if there were any other nominations and, seeing none, asked if Ms. Hunter would like to approve the motion making her Vice Chair. She accepted and Ms. Christine Kushner seconded. Ms. Hunter was then reinstated as the Health and Human Services Board Vice Chair by unanimous vote.

Mr. Murphy then proceeded with the Treasurer nominations. There was one nomination for Mr. Terry McTernan. Mr. Murphy asked if there were any other nominations and, seeing none, asked if Mr. McTernan would like to approve the motion making him Treasurer. He accepted and Ms. Christine Kushner seconded. Mr. McTernan was then made the Health and Human Services Board Treasurer by unanimous vote.

The Board Officers will formally assume their positions in December 2024.

Social Services Committee Application Review: Mr. Michael Burger

(Presented by Ms. Ann Rollins)

Ms. Ann Rollins reviewed the Mr. Michael Burger's application to the Social Services Committee – a subcommittee of the Wake County Health and Human Services Board. Mr. Burger's application came recommended from the Committee itself. Ms. Christine Kushner noted that Mr. Burger worked out of a food pantry in Wake Forest.

Dr. Mary Faye Whisler made a motion to approve Mr. Michael Burger's application to the Social Services Committee. Ms. Christine Kushner seconded. The motion was unanimously passed.

The Board also took a moment to acknowledge and celebrate Dr. Mary Faye Whisler – a longstanding member of the Board and Chair of the Public Health Committee – who was terming out of her seat. This would leave two vacant positions for the Board open – Optometrist and Pharmacist.

Annual Review of Wake County Health and Human Services Board Policy on Consumer and Community Input, Board Policy 300 2.7 (Accreditation Benchmark #37.2 and 38.3)

(Presented by Ms. Ann Rollins)

Ms. Ann Rollins asked if there were any suggested edits to Board Policy 300 2.7. Initially, there were none with a motion from Dr. Mary Faye Whisler and a second from Mr. Terry McTernan to approve the policy as presented.

Dr. Whisler then made a motion to reconsider the vote on Board Policy 300 2.7 and Mr. Terry McTernan seconded the motion. Dr. Whisler noted that the benchmark #37.2 needed to be added to page one of the document to appear in addition to accreditation benchmark #38.3 as both benchmark activities were noted on the agenda packet but not the document itself. Ms. Wanda Hunter pointed out the need to add the #37.2 accreditation benchmark when benchmarks were once again mentioned on the bottom of the third page.

Dr. Tonya Minggia made a motion to approve the Board Policy 300 with the recommended changes. Ms. Christine Kushner seconded. The motion was unanimously passed.

Of note, the motion made for Procedure 300 (below) also requires the document details of Board Policy 300 to be edited for consistency.

Annual Review of Wake County Health and Human Services Board Rules of Appeal GOV.BRD Procedure 300 (Accreditation Benchmark #35.1)

(Presented by Ms. Ann Rollins)

Ms. Ann Rollins asked if there were any suggested changes or edits.

Ms. Christine Kushner inquired about the possibility for confidential information to come into play for the appeals handled by the Wake County Health and Human Services Board. Mr. Ken Murphy (Senior Deputy County Attorney) noted that no issue of confidential information being involved in appeal hearings had happened during his work with the Board for the past decade. While it was not impossible, it was highly unlikely to occur due to the nature of the appeals that the Board received. Should this situation arise, the likely outcome would be taking such sensitive information into account when planning the appeal panel hearing and documentation introduced. However, it was emphasized that this would truly be a unique case. It was possible that an appeal of some sort in Public Health, which often has statutes about certain conditions or illnesses and reinforces the Health Insurance Portability and Accountability Act (HIPAA), could have confidentiality requirements. However, the Board has never had an appeal of this sort as many of the decisions that the County makes in that realm, if challenged, would go straight to the Superior Court.

Ms. Kushner asked if a similar route would be taken for personnel issues. Mr. Murphy explained that a challenge of personnel action would not come before the Board.

There had – as recently as directly after the Board’s September 2024 meeting – been a recent appeal panel hearing. This was after a short number of years with no appeals. Dr. Kelcy Walker Pope, Ms. Tanyetta Sutton, and Dr. Tonya Minggia all served on the recent appeal panel hearing and spoke extremely positively of the experience and feeling confident with the preparations provided by Mr. Murphy in the form of forwarding evidence and clearly outlining the appeal process. The appellant, they explained, was truly listened to and heard during the appeal panel hearing. Mr. Murphy encouraged Board members to be checking their inboxes as another appeal may be coming through to the County within the next month or so and another three-member appeal panel may be required. Board members would receive a notification via e-mail from Ms. Brittany Hunt (Executive Assistant to the Health and Human Services Board) to seek volunteers for such a panel.

Mr. Murphy went on to explain that, under the North Carolina Open Meetings law, anyone who wanted to come to an appeal panel hearing could do so. As a practical matter, no one else attended outside of Health and Human Services staff defending their decision and the appellant who was appealing the County’s decision to deny their application for a septic permit.

It was likely that the November 2024 Health and Human Services Board meeting would have some time dedicated to the Board’s final step of involvement in the current appeal case. This would mean the record development from the appeal panel hearing (containing documents both the staff and the appellant introduced as evidence) would be included in the Board’s agenda packet. The process is quasi-judicial – similar to court proceedings but not exactly the same. Both parties have the opportunity, prior to the appeal panel hearing, to enter evidence into record. The appellant argues why the County’s decision was wrong while the County defends its decision and why it is correct. The record in the agenda packet will

also contain the three-member appeal panel's written decision with findings of fact and conclusions of law as to why the decision reached was ultimately made. It is this decision that the full Health and Human Services Board must consider whether to accept the decision and adopt it or to reverse it entirely. Under the Board Rules of Appeal, the appellant in this case has the option to submit written objections as to why the appeal panel's decision was wrong. This is not a requirement but is an option. If the appellant does this, they are allowed 20 minutes to argue before the full Board as to why the appeal panel's decision should be reversed. County staff likewise, are given 20 minutes to defend the decision. At that full Board meeting, no new evidence is allowed – only the evidence presented during the appeal panel hearing.

Revisiting Procedure 300, Dr. Mary Faye Whisler voiced concerns about consistency with the document detail box of this document not aligning with the details provided in Policy 300 (see above). Her suggestion for Procedure 300, then, was to move up the accreditation benchmarks so as to ensure consistency. This would, in turn, need to be reflected on agenda items referencing the policy moving forward so as to ensure the proper benchmark activities were being met. As a historical note, Mr. Murphy explained that there was no legal significance between the two formats and that the different stylistic choices were likely the result of the documents being constructed at different times by different people.

Ms. Wanda Hunter made a motion to create consistency with all Board policies and procedures by ensuring accreditation benchmarks were accurately updated and represented in the document detail box on the first page of every policy and procedure. General statutes would also need to be included in this box. Ms. Christine Kushner seconded. The motion was unanimously passed.

Ms. Wanda Hunter made a motion to approve the Procedure 300 with the aforementioned changes. Ms. Christine Kushner seconded. The motion was unanimously passed.

Annual Review of Wake County Health and Human Services Board Operating Procedures GOV.BRD 100 (Accreditation Benchmark #34.1 and 34.2)

(Presented by Ms. Ann Rollins)

Ms. Ann Rollins asked if there were any additional suggested changes (other than the aforementioned vote to add consistency to the formatting of the policies and procedures) for the Board Operating Procedures. There were no additional suggested edits.

Mr. Terry McTernan made a motion to approve the Board Operating Procedures with the aforementioned changes. Dr. Mary Faye Whisler seconded. The motion was unanimously passed.

Review of Wake County Health and Human Services Board Participation in the Performance Evaluation of the Wake County Health and Human Services Director WCHHS Board Procedure 200 2.4

(Presented by Mr. Ken Murphy and Ms. Ann Rollins)

Mr. Ken Murphy (Senior Deputy County Attorney) suggested tabling the discussion of Procedure 200 given the confusing nature of the procedure in the past.

In North Carolina, by statute, when there is a consolidated Health and Human Services (HHS) agency like there is in Wake County, then the consolidated HHS agency director also functions as the local health director. However, also by statute, the person who is local health director must have certain education backgrounds and qualifying experience to fill that role. Essentially, the Health Director must be a physician or hold a graduate degree in Public Health with years of experience in the Public Health field. In recent years, the consolidated agency director (i.e., Health and Human Services Director) has not had the statutory qualifications to be Health Director. This is not an issue as the statute goes on to say that, in

such circumstances, the consolidated agency director will appoint someone who does have the qualifications to fulfill the role of Health Director. This is why Ms. Rebecca Kaufman's title is Health Director despite not being the consolidated agency director (or Health and Human Services Director).

The accreditation benchmark that is referenced in Procedure 200 requires the Health Director to receive an annual performance evaluation. If the Health Director is the acting consolidated agency director, the benchmark states that the performance evaluation comes from the consolidated Health and Human Services Board. If the Health Director is *not* the consolidated agency director, the benchmark says the performance evaluation comes from the agency director themselves. This means that Ms. Kaufman, being the Health Director, would be reviewed by the acting consolidated agency director/Interim Health and Human Services Director Ms. Toni Pedroza. Because of this nuance and the open position of Health and Human Services Director, it was Mr. Murphy's suggestion to hold editing and voting on Procedure 200 as the policy, though unlikely, could need substantial changes moving forward.

When asked about the time limitation on voting on such benchmarks, Ms. Kaufman reminded the Board that the review of policies and procedures was an annual requirement. Mr. Murphy suggested that the "annual" fulfillment, for this particular document, was actually satisfied through the annual review of the Health Director.

Ms. Ann Rollins thought that the issue of voting on the document was separate from the benchmark policy itself. Ms. Christine Kushner agreed stated that she saw the policy as giving the Board the authority to give input into the annual review of the Health and Human Services Director. Regardless of the temporary status of the position, the Board should have input into the annual evaluation of the consolidated agency director. The policy should be standing and account for whether the annual review is of a singular Health Director or the Health Director as appointed by the Health and Human Services Director. Regardless of the benchmark, this policy should also include the Board's authority to review the Health and Human Services Director.

Mr. Murphy cautioned that there was no clear legal authority for the Board to have a role in formally evaluating the performance of the consolidated agency director. The Statute dictates that the agency director is hired and fired by the Wake County Manager with the advice and consent of the Health and Human Services Board. It does not make any reference to the evaluation of the agency director.

Ms. Kushner stated that advice and consent given annually would give the Board an avenue to provide feedback about the position.

Deputy County Manager Duane Holder reminded Board that Mr. Murphy's role was to look at statute so as to assure the Board did not overstep its legal authority. However, operationally, there should admittedly be a conversation on how the process looks. Discussion and input from the Board has not been included in recent years, but it is something staff are willing to discuss.

Mr. Murphy added that there was no clear legal authority for the Board to have input on the annual evaluation of the Health and Human Services Director. However, there was also nothing in the statute that clearly prohibited it. There was a possibility, then, of finding an opportunity for the Board to give feedback in some form. The concern now was the need to drastically overhaul the Board's own policies and procedures with Procedure 200.

Ms. Wanda Hunter stated that this was a question she raised during the Board Retreat in May 2024 with who was involved with the evaluation of agency director. The Board should, to her, have input in the evaluation of how the agency is run and what direction the agency is going in. This was indirectly already occurring with the Board's questions and feedback to the various staff presentations made at each

monthly meeting. The feedback was not meant as a negative or an insult to any potential director but instead helpful input into best achieving the director's goals with uplifting the local community. While this was understandable, it was emphasized that Procedure 200, initially drafted in 2011, simply did not give the Board the authority to do so.

Dr. Ojinga Harrison asked if the Procedure 200 was flexible enough to allow for both of the scenarios of the Health Director – either as the qualified consolidated agency director or the delegate of a consolidated agency director not meeting qualifications. Mr. Murphy argued that he did not think the procedure had such flexibility. Even the accreditation benchmark referenced was firmly interested in if the local Health Director was being properly evaluated. The Board, as things currently stand, has no role in that. Amendments would need to be made for the Board to contribute feedback. When Mr. Harrison asked if staff foresaw the two positions as separate moving forward it was explained that this could not be forecasted as it would depend entirely on who was hired for the role of Health and Human Services Director. In recent history, the County has had different Health and Human Services Directors who did and did not have the qualifications to be Health Director. When the Health and Human Services Director has had the proper qualifications, they have filled the Health Director role also. But when the Health and Human Services Director's educational background and experienced were with Social Services, a properly qualified delegated employee had to be appointed.

When asked about meeting the accreditation benchmark, Mr. Murphy replied that the benchmark's focus was on the Health Director being evaluated annually and properly, which the procedure itself allows for and supports, albeit with limited conceptualization of where the Board's input to the specific role allowed for additional insight. Dr. Mary Faye Whisler asked who would be responsible for rewriting Procedure 200 if it were to be tabled as an action will need to be taken on it as an agenda item open for vote. Ms. Rollins asked if the procedure edits should be dependent upon the position still being open and the general consensus was that this seemed irrelevant to the content of the procedure. Ms. Hunter pointed out that such issues should have been addressed when the agency first became consolidated. However, this was now a chance to make Procedure 200 a living and breathing document to change alongside any policy changes.

Mr. Murphy stated that the document would need to be amended beyond the scope of what the Board could do in a singular meeting. Because of this, Deputy Manager Holder recommended that a smaller workgroup was formed of Board members working alongside Wake County staff to review and suggest edits that would then appear before the full Board for final approval.

When Dr. Whisler noted that the "originating department" on Procedure 200 was listed as the "Health and Human Services Board," Mr. Murphy admitted that the procedure had been drafted prior to his service on the Board, but it likely meant that the Board had responsibility in taking any action spelled out in the procedure. It most likely did not mean that the Board itself drafted the policy.

Both Deputy County Manager Holder and Ms. Kushner volunteered to serve on the workgroup, should it be formed. It was not yet known how timebound the workgroup would be, but Board members were encouraged to let Ms. Brittany Hunt (Executive Assistant to the Health and Human Services Board) if they would like to serve on the workgroup.

Ms. Kaufman asked if the documentation in the minutes for this meeting would adequately meet the expectation of the procedure being "reviewed and updated annually." Mr. Murphy felt that the robust discussion was indeed adequate to meet the qualifications of reviewing with intent to thoroughly update the procedure.

Ms. Christine Kushner made a motion to formally form a workgroup of Board members and Wake County staff to review Procedure 200 in detail, make suggested amendments, and bring back to the full Board for final approval. Dr. Ojinga Harrison seconded. The motion was unanimously passed.

Flu Update

(Presented by Ms. Eleanor Wade)

Ms. Eleanor Wade (Immunization Outreach Coordination Supervisor) provided a brief update on the 2024 flu season. Wake County began vaccinating for flu on October 1st. The County is offering Fluzone (MDV and Prefill), Flucelvax, High Dose Flu, and Flu Mist. Staff have administered 1,068 doses of the flu vaccine so far this year. This number will change as vaccinations continue with the official count coming out after June 30th, 2025 when the flu season will be over. During the 2023-2024 flu season, Wake County administered 5,642 doses of the flu vaccine.

Members of the community can call and make an appointment at all of the Regional Center locations as well as Sunnybrook. Staff are also offering walk-in services every Wednesday from 1:00 p.m. to 5:00 p.m. through November 20th at Sunnybrook. The County does receive some vaccinations from the Vaccine for Children (VFC) program which is a State supply of vaccines for those aged 18 or younger who are not insured, are underinsured, or who have Medicaid. Vaccines through the VFC are free. The cost of the flu vaccine from Wake County is \$30 with the high dose costing \$60.

Dr. Anita Sawhney asked what the best time of year was to get vaccinated. Ms. Wade suggested October as that would ensure the immunity carried throughout the entirety of the flu season.

Mr. Terry McTernan asked how many people were anticipated to receive the vaccine. Ms. Wade projected that it would be slightly higher than last year's season of over 5,000 doses as this year clients could receive both the COVID-19 and flu shot at the same time. Clients could call ahead and make appointments for both vaccinations or choose to simply get one or the other per their request.

Health and Human Services Director's Update

(Presented by Ms. Rebecca Kaufman, Ms. Yolanda Thacker, and Ms. Kathryn Thompson)

Ms. Rebecca Kaufman (Health Director) provided the following updates.

- As many may be aware, the Wake County Sunnybrook building experienced a water break line leading to a flood in the past week causing the entire building to be closed for two days. On Wednesday, October 16th, half of the clinics were able to open with normal operations with makeshift homes for others. The local Regional Centers and other spaces were used and, by this week's Monday, all clinics had since reopened. Ms. Kaufman expressed appreciation for County staff, particularly in General Services Administration (GSA). The flood was found around 5:00 a.m. on the morning of Monday, October 14th and by 9:00 a.m. that same day there were crews of people cleaning out the water. The damage could have been significantly worse with most of the extensive damage occurring in the second-floor lab. Unfortunately, this would mean a slight change in timeline for moving in LabCorp staff now that the County was solely using LabCorp for testing processes. However, this was far preferred compared to the possibility of having them move into a space only for it to be damaged immediately thereafter. Ms. Kaufman again thanked all who assisted with the Sunnybrook reopening and noted that, other than lab areas and some records, all offices were back open.
- In Health Promotion, staff celebrated Safe Routes to School on October 9th with a collaboration with the Wake County Public School System (WCPSS). This was a fun event with children

encouraged to participate by walking to school or being dropped off at a safe distance to walk into school.

- The Power Up for Pink fitness event, a part of Breast Cancer Awareness Month, would be held on November 2nd from 10:30 a.m. to 12:30 p.m. at the Body of Christ Church (4501 Spring Forest Road, Raleigh, NC 27616). There will be Zumba, aerobics, and belly dancing with refreshments and water provided. All are welcome.
- The Community Health Needs Assessment (CHNA) is now open and all who live in Wake County are strongly encouraged to take the survey. The survey ([link here: https://livewellwake.org/survey/](https://livewellwake.org/survey/)) is available on the Live Well Wake (LWW) website. The County was recently acknowledged with an award from the State and Community Health Institute for its work on the 2022 CHNA.
- Public Health was working with Disaster Preparedness to support relief efforts in western North Carolina with deployments. Ms. Jennifer Brown (Environmental Health and Safety Director) has already done two rotations with the State Emergency Operations Center (EOC). Ms. Ivy Hardy (Disaster Preparedness Program Manager) and other staff have also worked the State EOC. Two deployments of Health and Human Services staff have already been sent to set up a makeshift reception site for people who were being evacuated from the west with more expected to be deployed this week. This is a huge partnership with the Disaster Preparedness team and the State EOC that was anticipated to create a need far surpassing the month of October.
- Public Health is continuing to partner with its friends at the Wake County Animal Center in supporting Community Pet Days. With grant funds, staff are able to provide free rabies vaccines during these 2024 events. Unfortunately, with the grant coming to an end, free rabies vaccinations cannot continue unless another grant is secured. However, staff are focusing on the current celebrations and the energizing nature of the events that hold human health promotion as well as healthcare for pets. Four Community Pet Days – including one coming up in Cary on Sunday, October 27th – would be held in fall of 2024.
- The Public Health Workforce grant continues to progress with Spanish language workshops for staff being established through a partnership with Wake Technical Community College (WTCC or Wake Tech). These will be kicked off this month with feedback being garnered so as to best tailor the resources to serve clients' needs.
- Staff were thrilled about efforts for recruitment and retention that meant the vacancy rate for all of Health and Human Services was down significantly. The Clinic vacancy rate is now 9% with the Public Health vacancy rate at 4%. This is a tremendous achievement from even two years ago when Ms. Kaufman joined the County and shows the dedication of staff.

Commissioner Cheryl Stallings asked if flu and COVID-19 shots were available at Community Pet Days. Unfortunately, they were not, but this was certainly a consideration that could be made in the future.

Dr. Ojinga Harrison asked if the reason behind the water break at Sunnybrook was known. Unfortunately, the pipe that broke had been fixed five years prior and gave way due to incompatible metals being used. Staff were relieved, at least, that the break occurred Sunday night rather than Saturday night though the damage extended from the second floor to the first floor and to the basement.

Dr. Harrison asked how much telemedicine was used to meet the clients needs due to the need to shut down the Sunnybrook building. Ms. Kaufman stated that some telemedicine was implemented, notably in Clinics A and B which include infectious disease, HIV, and STD. Dr. Joel Lutterman (Medical Director - Public Health Services) explained that the County was in the process of investigating the feasibility of telemedicine in several aspects which involved building out several workflows. Within the community, partnerships with providers also helps to amplify this experience. The extension of telemedicine services is coming to the County in the very near future and beyond.

Ms. Lily Chen inquired about the financial loss and if the County had insurance. Ms. Annemarie Maiorano (Deputy Director of Operations) confirmed that there is insurance and that GSA is working with Risk Management so the labs and other offices can do an inventory of everything lost.

When asked about the possibility of doubling up on clinics, Ms. Kaufman explained that there were simply some appointments that had to be prioritized (such as an appointment for a 36-week pregnant person that was not going to be available to reschedule). Healthcare for refugees was also sometimes able to use telehealth. When Sunnybrook was partially opened, staff were able to partner with the Clinics to ensure these priority clients were seen. Many reschedules did admittedly occur, but those who needed to be seen that week were worked with and seen.

Ms. Ann Rollins noted the IV fluid shortage and asked what, if any, impact it had had upon services. Ms. Kaufman said that there weren't many services provided by the County that required IV fluid. This was largely impacting hospitals performing surgeries or other procedures such as cancer treatments.

Ms. Toni Pedroza (Senior Deputy Director of Health and Human Services) shared that some Health and Human Services (HHS) staff had been assisting with Hurricane Helene relief efforts in western North Carolina both with deployments and in assisting with completing applications for disaster FNS. Disaster FNS allows for shorter applications and more people that apply are ultimately eligible. Every county in North Carolina was called to help in this regard to meet the massive need.

Yielding the rest of her time, Ms. Pedroza then introduced Ms. Yolanda Thacker (Economic Services Division Director) and Ms. Kathryn Thompson (Economic Benefits Assistant Division Director) to provide updates on Food and Nutrition Services (FNS), Medicaid Expansion, and Energy updates.

Ms. Thacker began with an FNS update. Several waivers during the pandemic made different groups of people eligible for FNS benefits that would normally have limited eligibility. There were also waivers in place that extended benefits automatically in addition to providing additional pandemic EBT benefits. All interviews were waived, and signatures could be accepted electronically. The last FNS waiver will end effective October 31st, 2024 with a list of waivers included below.

- Automatic FNS Recertification Extension
- Emergency Allotments
- Able-bodied Adult Without Dependents (ABAWD) work requirements suspended
- College Student work requirements suspended
- Substance Use Felon suspended
- Extended Certification Periods
- Waive Initial and Recertification Interviews
- Telephonic Signatures

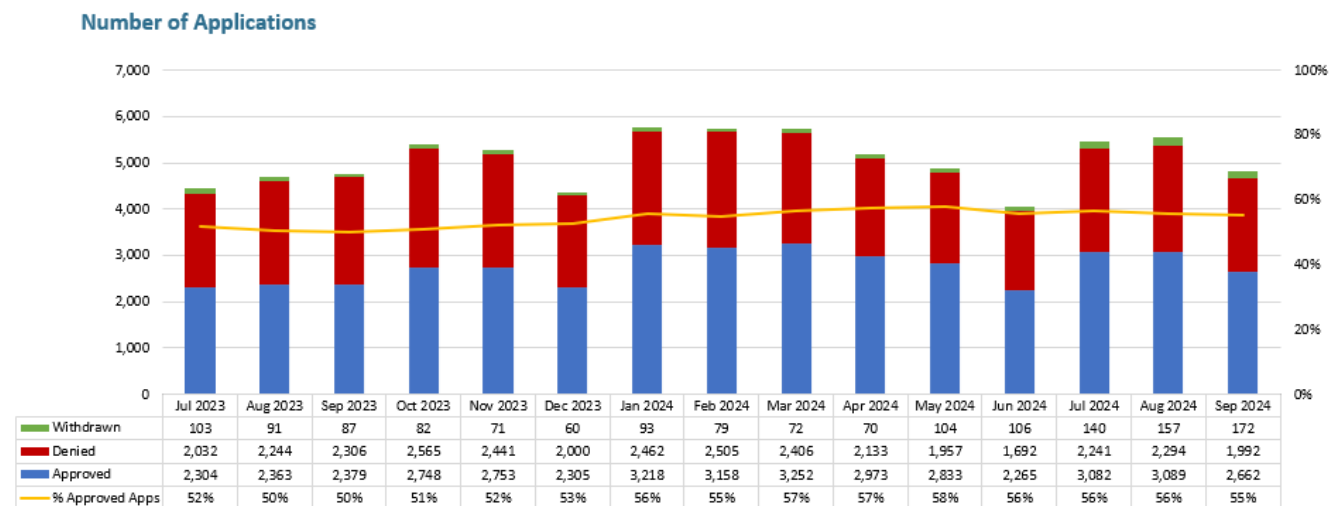
Some of the impacts of these FNS waivers were then reviewed.

- ABAWD: Not having to apply regular ABAWD streamlined processing and wait times for case managers and beneficiaries through not having to request training, job and medical information from the client
- Interviews: Currently, county staff can document in writing in the case file that a client verbally attested to the information provided on the application, instead of requiring an audio recording of the verbal attestation to constitute a valid telephonic signature. This is still in place and a huge help to the case manager and the client

- Substance Abuse Felon Assessments: This allowed processing of cases to go faster for those clients that had to work with Qualified Substance Abuse Professionals (QSAP). Cases can be delayed in processing because the client must meet with QSAP to be eligible for FNS. Referring these clients are extra steps that case managers must do along with waiting for results before processing the case. This can cause an issue with timeliness
- Student Waiver: Allowed case manager to process cases faster for these clients and not need to request information from the client or the school to prove eligibility
- Certification Period Extension Waiver: Allowed for almost all 6-month recertifications to be extended and only the 12-month recertifications had to recertify. Once the extensions ended, workloads increased. Retraining newer staff who are still learning to process recertifications

FNS staff began to implement several initiatives to clear backlog and improve timeliness. This began with filling vacancies so that, as of October, Case Worker vacancies were below 10 for recertifications and applications teams combined. There was also an initiative to work with staff from other program areas would process cases and conduct required interviews. Last but not least was the FNS out-of-county Temp project with a goal of reducing a backlog in FNS applications and recertifications.

**Food and Nutrition Services: Total Applications Processed Per Month
July 2023 to September 2024**



Data was retrieved 10/08/2024. Source: Client Services Data Warehouse (CSDW). WCHS review of measure id HSDIR_FNS_01 completed on 2/21/2019. The data in this chart represents the total number of applications disposed during the specified month by disposition and the percentage of all applications disposed that were approved.

Note: An application is approved if a client meets eligibility requirements. An application can be denied if a client does not meet eligibility requirements or fails, after two requests, to provide documentation within 30 days from the date of the application. A withdrawn application is an application the client withdrew prior to determination of eligibility.

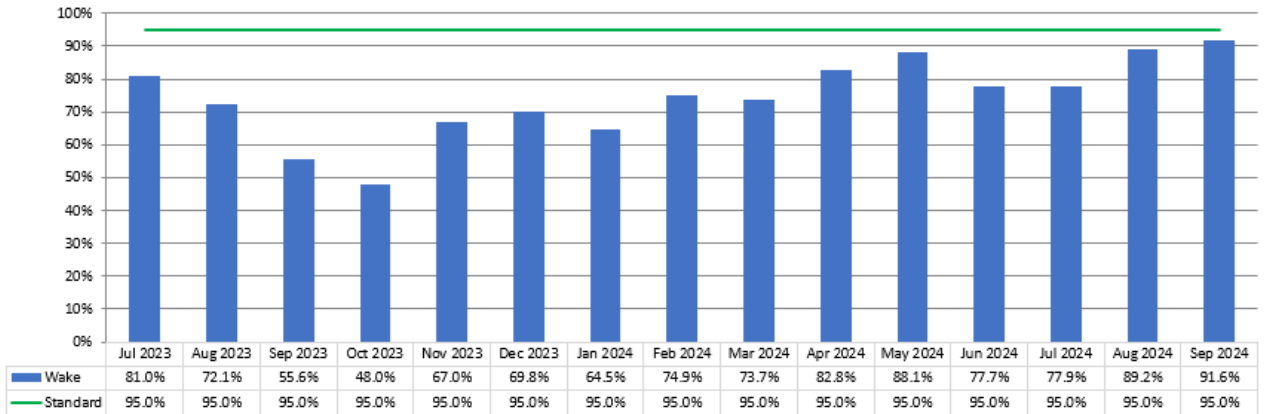
From the chart above, Ms. Pedroza pointed out that staff perform as many denials as they do approvals – nearly a perfect split between the two. Additionally, work for a Case Manager is the same no matter if the application is approved or denied. State rules are firmly in place to ensure that no one is ever discouraged from applying.

Ms. Wanda Hunter asked what the difference between ‘denial’ and ‘withdrawal’ was. It was explained that withdrawal was only used if the client themselves chose to end the application process and withdrew their application (sometimes due to securing employment). Ms. Christine Kushner asked what the most common reason for a denial was and Ms. Pedroza stated that it was usually income requirements. Commissioner Cheryl Stallings inquired about the cumbersome nature of the documentation needed to apply for FNS to a mixed response, indicating that some assistance or additional research and resources may be needed when looking to apply for FNS. Ms. Pedroza shared that if the applicant was unable to

provide paycheck stubs, staff may be able to look into NCFASST and gather employment information, including what income the person earns.

Food and Nutrition Services: Monthly Timeliness of Processing Applications July 2023 to September 2024

State Standard is 95% Per Month



Data was retrieved 10/08/2024. Source: USDA Timeliness Report. WCHS review of Measure ID HSDIR_FNS_02 completed on 2/21/2019. The data in this chart represents the percentage of approved applications processed timely for the specified month. Timeliness is calculated by dividing the total number of applications approved timely (within 30 days for regular applications or 7 days for expedited applications) by the total number of applications approved during the reporting period.

Note: This measure combines regular and expedited applications in the calculation of timeliness and differs from the State MOU measure, which separates out the two types of applications. This measure is based on the weekly USDA report provided by the state to counties weekly. The weekly totals are combined to determine monthly timeliness and may not be all-inclusive of each month.

Great strides have been made over the past year to improve timeliness scores, evident in the chart above. Dr. Ojunga Harrison inquired about the requirements for timeliness and Ms. Thacker explained that timeliness was determined based on how many applications were processed timely. Timely meant within 30 days of receipt for applications and within seven (7) days for emergency applications. This also includes recertifications which depends on applicants recertifying six months after their application wherein they must report of any applicable changes. In any given month, staff are usually processing anywhere from three to four thousand recertifications.

The following table outlines the improvements of timeliness week after week since August 1, 2024.

Week Ending	Timeliness Percentage
8/5/24	80.16
8/18/24	89.15
8/25/24	91.71
9/1/24	91.57
9/8/24	87.73
9/15/24	92.42
9/20/24	93.31
9/29/24	92.14

While these improvements are encouraging, the State standard is still 95%, so there is admittedly still work to be done while acknowledging and applauding the strides of staff to make such a drastic impact in such a short amount of time.

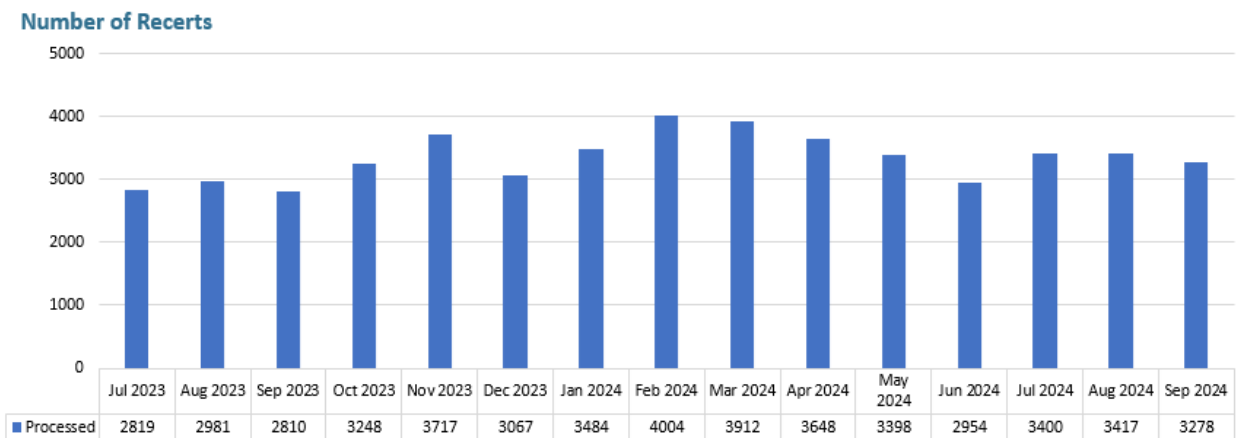
Mr. Birchie Warren asked what an example of an emergency application would be. Ms. Thacker explained that this would be qualified as an applicant who earns under \$150 per month in income or whose shelter and utilities exceeded their income.

When asked what contributed the most to the turnaround on the timeliness percentage, many aspects were named but the filled vacancies and Temp positions were a huge boost to timeliness. Staff are also diligently working on streamlining processes to make timeliness more achievable.

Dr. Kelcy Walker Pope inquired as to how Wake County compared to other counties in terms of timeliness. Ms. Thacker explained that Wake County was largely average. It was admittedly difficult to compare Wake County to smaller counties that only process around a hundred applications per month while Wake County had thousands. However, when side-by-side with comparable counties of size such as Mecklenburg, Wake County was doing well if not succeeded its comparisons.

Ms. Pedroza acknowledged the leadership, dedication, and contributions of both Ms. Thacker and Ms. Thompson in creating the positive impact on FNS timeliness. Every morning there is a meeting with staff to keep them up to speed on where applications and recertifications are and where they need to be. These consistent check-ins have had an immediate and huge impact on timeliness as a whole and speaks both to the excellent leadership as well as the tireless work of staff processing the applications.

**Food and Nutrition Service Total Recertifications Processed Per Month
July 2023 to September 2024**



Data was retrieved 10/09/2024. Source: Client Services Data Warehouse (CSDW). WCHS review of Measure ID HSDIR_FNS_03 completed 2/21/2019. The data in this chart represents the unduplicated number of recertifications processed during the specified month.

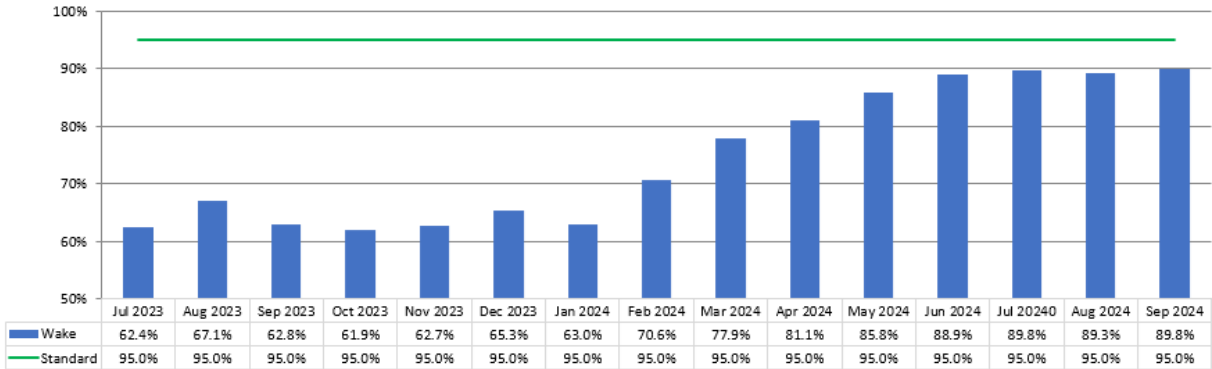
Note: Each FNS case must be recertified every six months for client to continue receiving benefits.

*Note: Due to the COVID 19 pandemic, certification periods have been extended for March 2020 - September 2020 and November 2020 - December 2021. Due to the extensions, a reduced number of recertifications were processed. As of January 2022, most automatic extensions of FNS certification periods have ended.

^The November 2020 through July 2022 data is only reflective of cases that were not included in the automatic certification extensions as a result of COVID 19.

Food and Nutrition Services: Monthly Timeliness of Processing Recertifications July 2023 to September 2024

State Standard is 95% Per Month



Data was retrieved 10/09/2024. Source: NC State DSS FNS Recert Timeliness Report. WCHS Review of Measure ID NCDHHS/County MOU FNS3 completed 11/1/2018. The data in this chart represents the percentage of FNS recertifications processed timely. Recertifications received by the agency by the 15th of each month are due on the last day of the month. Recertifications received after the 15th are due within 30 days of receipt. Recertifications that are closed due to failure to return recertification by the last day of the month can be reopened in following month.

Ms. Thompson then provided an update on Medicaid Expansion. With the December 1st, 2023 launch of North Carolina Medicaid Expansion, Medicaid now covers people ages 19 through 64 years with higher incomes. North Carolinians may be able to get health care insurance through Medicaid even if they did not qualify before. Medicaid pays for doctor visits, yearly check-ups, emergency care, dental care, mental health services, and more at little or not cost to beneficiaries. The eligibility criteria is outlined below.

- Live in North Carolina
- Aged 19 through 64
- Are a United States citizen
 - Some non-U.S. citizens can get healthcare coverage through Medicaid
- Have a household income below 138% of the federal poverty level
 - This is about \$20,000 for a single adult or around \$34,000 for a family of three

Note: Adults are not required to have children in the home to be eligible for Medicaid Expansion coverage.

Wake County Medicaid data was then shared. There are currently 210,171 Medicaid recipients in Wake County. A total of 35,123 Wake County recipients were enrolled in Medicaid Expansion (MXP) from December 1st, 2023 to August 5th, 2024 (per the Medicaid Expansion Dashboard: <https://medicaid.ncdhhs.gov/reports/medicaid-expansion-dashboard>). Pre-expansion 32,391 recipients were enrolled in Family Planning which offers very limited benefits but does not require a minor in the home. There are currently 12,391 recipients enrolled in Family Planning.

The following table is a comparison of total Family and Children’s Medicaid applications received in Wake County.

Pre-expansion

December 2022: **5761**
 January 2023: **4812**
 February 2023: **3274**
 March 2023: **3697**
 April 2023: **2748**
 May 2023: **3318**
 June 2023: **3142**
 July 2023: **3580**
 August 2023: **4093**

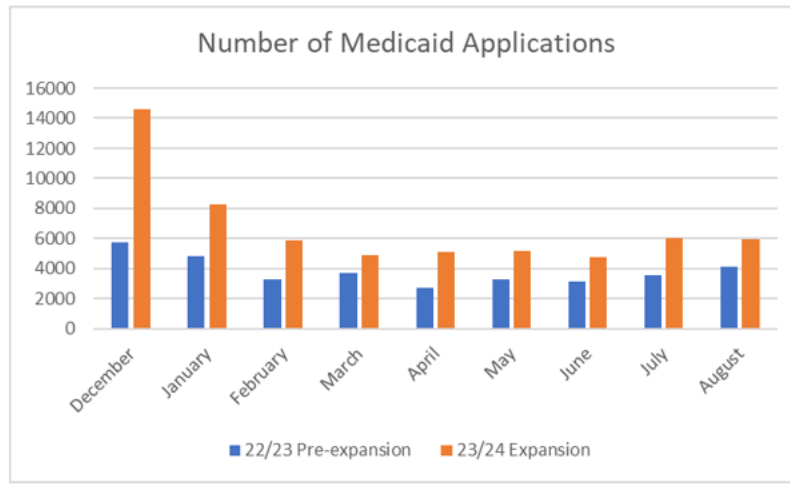
Total: 34,425

Expansion

December 2023: **14,620**
 January 2024: **8239**
 February 2024: **5867**
 March 2024: **4932**
 April 2024: **5128**
 May 2024: **5183**
 June 2024: **4766**
 July 2024: **6018**
 August 2024: **5985**

Total: 60,738

The chart below offers a comparison of pre-Expansion and Expansion Medicaid applications.



**Medicaid: Monthly Timeliness of Processing Applications
 August 2022 to August 2024**

State Standard is 90%



Data was retrieved 09/11/2024. Source: NC State DSS Medicaid Report Card. WCHS review of Measure IDs S4615_110_M02 and S4615_172_M02 completed 11/1/2018. The data in this chart represents the percentage of applications that were processed timely for the specified month and only includes those applications which were processed timely.

Note: Timely applications are applications for which the determination of eligibility was made, and the determination was not past due. Adult MAD includes applications for adults with disabilities only. Other Medicaid includes all other Medicaid applications, including Family and Children and adults over the age of 65 with no disabilities.

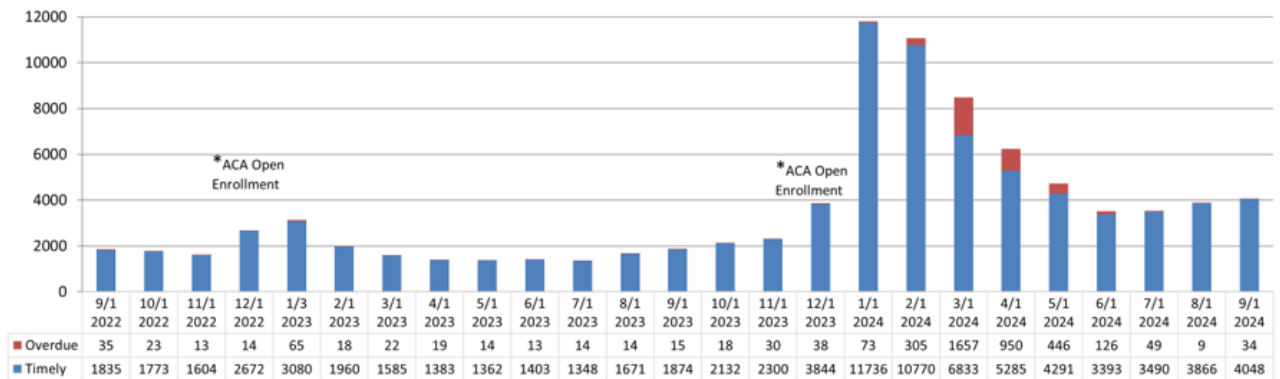
The following list reviews the Family and Children’s Medicaid applications processed monthly.

- December 2023: 6,079 – 95% timeliness
- January 2024: 8,211 – 92% timeliness
- February 2024: 7,827 – Blanket Timeliness waiver from the State
- March 2024: 6,837 – 98% timeliness*
- April 2024: 6,525 – 98% timeliness*
- May 2024: 4,614 – 100% timeliness*
- June 2024: 5,182 – 100% timeliness*
- July 2024: 5,209 – 92% timeliness
- August 2024: 5,303 – 94% timeliness

* - Timeliness waiver approval due to application volume. State recalculation is shown.

Family and Children’s Medicaid: Pending and Overdue Applications September 2022 to September 2024

Number of Pending Apps (Point in Time)



Data was retrieved 09/09/2024. Source: NC FAST O&M Reports D002 MAGI Pending Applications. WCHS review of measure ID HSDIR_FCMA_01 completed 3/6/2019. The data in this chart represents the total number of Family and Children’s MAGI applications pending on the specified date, which include both timely and overdue pending applications.

Note: Timely pending applications are applications for which the determination of eligibility has not yet been made and are not past due. Overdue pending applications are applications for which the determination of eligibility has not yet been made and are past due.

Note: Data prior to February 2019 include pending applications from O&M Report D006 Traditional Medicaid Pending Applications. Health Choice was changed from a “traditional” based program to a MAGI program and the report was updated to align with that change. It is not known when that final transition was made to the report.

*Open Enrollment for the Affordable Care Act (ACA) typically occurs in November and runs through January 31 of each year. The most recent Open Enrollment period began November 1, 2021 and extends through January 15, 2022.

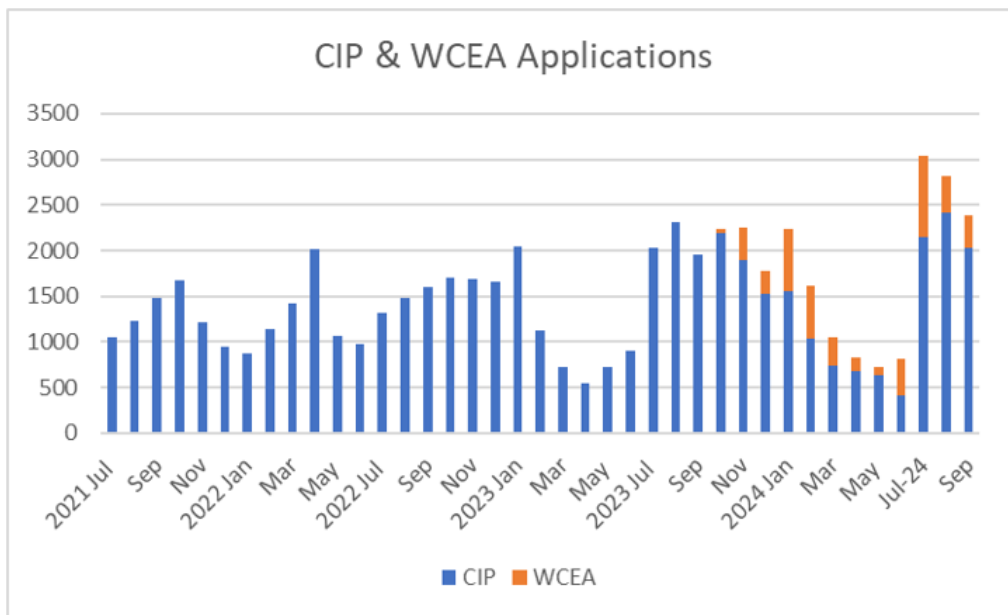
Mr. Terry McTernan asked if applications had to be resubmitted annually. Ms. Thompson clarified that it was an annual recertification – not an application – but that most were recertified through ex parte. Ex parte meant that staff could access information needed for Medicaid eligibility through their systems. As they could verify that no information had changed (or there are no significant changes), staff could process the recertification without contacting the beneficiary for additional information. Mr. McTernan thanked Ms. Thompson citing concerns of another high volume of work with recertifications arriving in January 2025 for those who applied in such mass numbers in December 2023.

Commissioner Cheryl Stallings noted that the Wake County Board of Commissioners (BOC) had allocated funding for hiring to assist with this process. What was the status of these positions and were additional hires still needed? Ms. Thompson shared that there were still some vacancies, not all related to the expansion request that was approved by the BOC. There had been regular turnover that left ten vacancies in Adult Medicaid and around thirty vacancies in Family and Children Medicaid. Staff were excited and energized about an upcoming hiring event in November 2024.

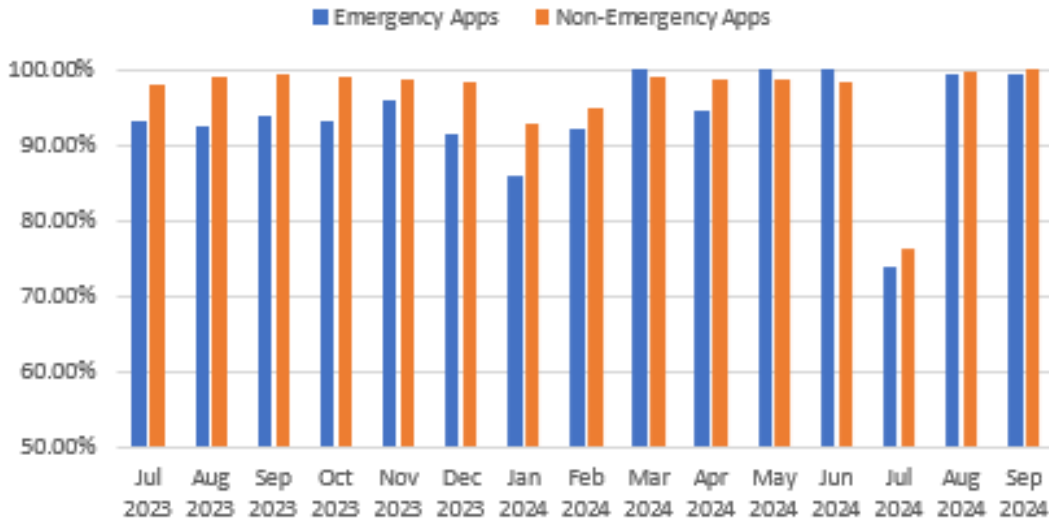
Ms. Lily Chen asked that tracking the State does in terms of Medicaid Expansion and health outcomes. Ms. Thompson explained that the State releases tracking data through the Medicaid Expansion dashboard (<https://medicaid.ncdhhs.gov/reports/medicaid-expansion-dashboard>) where the public could access data by county as well as by state for each Medicaid program. Ms. Pedroza added that almost all clients that were eligible for Medicaid Expansion were also eligible for one of the Managed Care programs. This is supervised by the State and Managed Care includes health outcomes, so there are small strides being made to finally and formally track these health outcomes.

Ms. Wanda Hunter reminded the Board that though Medicaid Expansion had been a positive start, there was still the issue of not having as many healthcare providers as needed to properly support the expansion. Clients are still waiting for healthcare for months at a time due to providers being overwhelmed by appointments. Additionally, Managed Care offered value added benefits to entice individuals to be a part of their programs. For Healthy Blue, for example, clients attending their annual physical are offered a \$25 gift card to encourage participation. WellCare is another example that gives the opportunity to offer rental assistance to those with housing instability. This may mean a home with four children is offered \$2,500 for rental assistance to regain stability to refocus on healthcare. Other such programs focus on school supplies for back-to-school periods, mental health assistance, doulas for pregnancies, and opportunities to work for Community Health Workers (CHWs). This is a research-based model that has proven effective in supporting those in the community to prioritize their health and wellbeing.

Ms. Thacker wrapped up the presentation by providing Energy updates. The abbreviations used in the images below are the Crisis Intervention Program (CIP) and Wake County Emergency Assistance (WCEA).



CIP Applications % Timely



CIP Applications % Timely



Currently, there is no CIP funding available. There is \$350,000 left with WCEA. Ms. Christine Kushner asked if the County ran out of funding in July of 2024 for CIP and Ms. Pedroza confirmed this, noting WCEA was County funding that was added as an emergency fund. Ms. Pedroza also confirmed that monies would be reallocated as the county moved into the winter months meaning that additional funds may be available in the near future.

With Child Care subsidy, there was now unfortunately a wait list as of September 18th, 2024. As of October 10th, 2024, Wake County had 396 people on the wait list who had been screened and entered in NCFAST for swift processing once the wait list had lifted.

Ms. Hunter recalled that there had not been a Child Care subsidy wait list in several years. She went on to recount someone counting her about recertification who had lost their benefits, reapplied, and found out

from their reapplication that they needed to go back to Southlight to be evaluated as the substance use waiver had been lifted. Were all staff aware that clients may need to go back and be evaluated so that such delays could be avoided? Ms. Thacker acknowledged that staff were aware but it was a process in reeducating them as the waiver had been in place for so long. However, staff were working to make their clients aware with more consistency.

Ms. Hunter asked if the emergency FNS applications being processed to help in the West was being answered by all counties and it was confirmed that many were assisting in this regard. Some recertifications were being extended as those impacted by the hurricane worked to evacuate to eastern North Carolina.

Two brief staff highlights were made. Ms. Janny Mealor (Adult and Family Services Assistant Division Director) was retiring shortly. Ms. Mealor was in the very first group deployed to Hickory, NC to assist with the Hurricane Helene relief efforts and was a longstanding employee of Wake County who would be deeply missed. Ms. Thompson then introduced Ms. Stantavia Wright (Food and Nutrition Services Assistant Division Director) who was stepping into the new role and was already making great strides.

Committee Chairs Update

(Presented by Ms. Ann Rollins, Dr. Mary Faye Whisler and Ms. Wanda Hunter)

Ms. Ann Rollins noted that the Regional Networks report was available in the agenda packet. She briefly reviewed a few highlights.

- The Northern Regional Center (NRC) partnered with the Town of Wake Forest, Village of C.A.R.E., Resources for Seniors, and Disabled American Veterans to host a Mental Wellbeing Fair on September 28th at the Renaissance Center in Wake Forest. This event was very well attended and featured 38 vendors including: Wake Med, Alliance Health, Nami, Monarch, BCBS, NC Medicaid, and many other local organizations.
- Staff from the Eastern Regional Center (ERC) attended the Pleasant Grove Community Outreach Fair on September 14th at the Carver Center/Pleasant Grove Baptist Church in Wendell. The event included dozens of area partners distributing resources. Along with the ERC, participating vendors/partners included Dorothy Mae Hall Women's Center, The Help Center of NC, Wendell Wake NAACP, Dementia Alliance of NC, AARP Triangle, Dress for Success Triangle NC, and more. Community Healthcare Workers from Southeastern Healthcare were also on-site distributing Wake County Community Health Needs Assessment Surveys. Interfaith Food Shuttle provided free lunch, and the Center was open to the public offering new/slightly used clothing to those in need.
- In the Southern Region, a community health event was held on September 21st. Six members of the Southern Regional Center (SRC) Administrations and Operations team participated in this health fair which was hosted by a local church. The First Aid Ministry of Health sponsored the event, aiming to bring information and resources to their congregation and the community.
- Departure partnered with North Raleigh Ministries to raise awareness about their referral-free food pantry services and their long-term budgeting curriculum aimed at helping individuals improve their financial well-being. Additionally, staff partnered with Green Road Library to provide COVID tests to families during their visits to the library.
- The Western Regional Community Advocacy Committee (WRCAC) Food Security Action Group distributed 690 produce boxes to 690 families in September. Also distributed were 30 boxes of diapers, 350 packs of baby wipes, 300 bags of nonperishables, and information for Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), Food and Nutrition Services (FNS), Medicaid, and Energy services. Current funding for distributions ends in

December of 2024. There are currently eleven food pantries operational in this region – nine in Cary and two in Apex.

Ms. Wanda Hunter shared that the Social Services Committee met in early October. She began her report by acknowledging, thanking, and uplifting Ms. Yolanda Thacker (Economic Services Division Director). Ms. Thacker responds swiftly to concerns, is eager to assist, and genuinely cares about the clients she serves. Ms. Thacker not only hears clients but ensures that they know that they are heard.

The last Social Services Committee meeting was held on October 4th. Ms. Brooke Blanton (Senior and Adult Services Manager) presented on Adult and Community Services with placement assistance, special assistance, and facility monitoring and complaints. Of particular interest to attendees was special assistance funding for in-home assistance for those wanting to age in place at their home where they live independently. At the meeting, staff also shared relief efforts for deployment in areas most impacted by Hurricane Helene. In another update, Mr. Derrick Byrd (Executive Director at the Family Resource Center at South Atlantic) provided an update on the Aged Out Foster Care Youth Workgroup. The Workgroup had been placed on hold indefinitely due to reaching a comfortable level of resources for transitional housing as well as awaiting more stability for future projects. Notably, there had been a transitional housing collaborative project between the Workgroup, Wake County Health and Human Services, and St. Augustine's University (SAU) allowing aged out foster care youth to stay in a suite on SAU's campus while awaiting more permanent housing through securing a housing voucher. Unfortunately, SAU had endured a number of hardships from a transition in leadership to working to retain accreditation. Due to these obstacles and the want to allow SAU staff to regain stability, the Workgroup was putting this partnership on a temporary hold. The Workgroup itself would stop meeting with the understanding that meetings would start anew once the partnership with SAU could be revisited.

Finally, the Committee ended the meeting on a discussion reviewing a number of topics of interest for potential further overview. This included a living wage (what is a living wage – actually? Even if achieved, how should the benefits cliff be brought into the discussion? If someone receiving services made just enough money not to receive those services but, in doing so, lost the extra income, resources, and/or stability that came along with the assistance, how could they still be supported?) and fictive support (why is a family friend that is willing to step up and take care of a child not compensated the same as a foster parent or kinship care?).

Dr. Mary Faye Whisler noted that the Public Health Committee only met every other month, so there was no October meeting. However, it was National Pharmacist Month and the National Prescription Drug Takeback Day was approaching on Saturday, October 26th. The latter encouraged communities to dispose of prescription drugs properly and highlighted several sites to do so. Dr. Whisler also thanked the Board for their support over the last four years of her term serving the Health and Human Services Board.

Public Comments

- Ms. Deidre McCullers inquired about the hiring process for the Health and Human Services Director. She also asked if the public would have the opportunity to have a voice in the process as they are the ones ultimately served by the Director.
- Ms. McCullers also asked what the price of the flu shot was in regular drug stores as compared to those being offered by Wake County (which, as noted above, was \$30 for a regular dose and \$60 for a high dose).
- With Food and Nutrition Services (FNS) recertifications, Ms. McCullers pointed out the frustrating nature of such a process. If no change is reported, why would applicants then need to remember to recertify when it was likely that no report meant no changes? Without the recertification process, the struggles with timeliness might be relieved.

- Ms. Ursula Jolly asked about the County’s hiring practices and if the County followed the “HB223” pilot program when hiring.

Closed Session

Ms. Ann Rollins made a motion for the Board to go into closed session pursuant to North Carolina General Statute 143-318.11(a)(1) to prevent the disclosure of information that is privileged or confidential pursuant to the law of this State, or not considered a public record within the meaning of Chapter 32 of the General Statutes. The motion was seconded by Ms. Christine Kushner and approved by unanimous vote. The meeting was then moved into a closed session.

Adjournment

The Board, upon a motion made, properly seconded, and unanimously approved by a 16-0 vote, moved back into open session at approximately 9:58 a.m. and promptly adjourned.

Board Chair’s Signature: 

Date: 11/21/2024

Respectfully submitted by Brittany Hunt