

**Wake County Health and Human Services Board
Meeting Minutes
November 21st, 2024**

Board Members Present:

Lily Chen
Dr. Ojinga Harrison
Maty Ferrer Hoppmann
Wanda Hunter
Christine Kushner
Trey McBrayer
Terry McTernan
Dr. Tonya Minggia
Dr. Jananne O’Connell
Ann Rollins
Dr. Anita Sawhney
Commissioner Cheryl Stallings
Dr. Kelcy Walker Pope
Tamara Wilson

Guests Present:

Deidre McCullers

Staff Members Present:

Alicia Arnold
Jennifer Brown
Sheila Donaldson
Odile Fredericks
Ann Godwin
Kevin Harrell
Duane Holder
Brittany Hunt
Evan Kane
Rebecca Kaufman
Katie LaWall
Crystal Lormejuste
Dr. Joel Lutterman
Jenelle Mayer
Ken Murphy
Shanta Nowell
Tina Payton
Morgan Poole
Mike Ranck
Dauline Singletary
Yolanda Thacker
Dana Webb-Randall
Rochelle Whitaker
Stantavia Wright

Call to Order

Chair Ms. Ann Rollins called the meeting to order at 7:33 a.m.

Next Board Meeting – December 19th, 2024

Approval of Minutes

Ms. Ann Rollins asked for a motion to approve the October 24th, 2024 Board meeting minutes. There was a motion by Ms. Christine Kushner and Mr. Terry McTernan seconded. The minutes were unanimously approved.

Treasurer’s Report

Ms. Christine Kushner, Treasurer, provided the Treasurer’s Report. In October, the fund was reported as \$9,767.95. Since that report, there had been no changes. Thus, the Board’s fund remained at \$9,767.95.

Ms. Kushner noted that Commissioner Vickie Adamson – Wake County Board of Commissioner and long-time attendee of the Wake County Health and Human Services Board meetings – had recently lost

her husband. Board members expressed the desire to extend condolences with the suggestion of Board funds being used to purchase flowers or in some way honor Mr. Adamson’s memory.

Ms. Christine Kushner a motion to use up to \$200 of the Board fund on an expression of sympathy for the passing of Mr. Adamson, the exact purchase to be further identified through collaboration with Board of Commissioners (BOC) staff. Mr. Trey McBrayer seconded. The motion was unanimously passed.

Public Health Report: 2024 Injury Report

(Presented by Ms. Katie LaWall)

Ms. Katie LaWall (Senior Epidemiologist) provided the 2024 Injury Report. Injury data is complex and gathered from several data sources such as death certificates, medical examiner reports, law enforcement reports, hospital admissions and emergency department visits. This report describes injuries and their impact on the health of those who live, work, play, and learn in Wake County. It analyzes the three leading causes of injury death in Wake County (motor vehicle traffic (MVT), unintentional falls, and unintentional poisonings), and includes a section on firearm injuries. Self-inflicted firearm deaths were the fourth cause of injury death in Wake County in 2023, while assault firearm deaths were the fifth cause of injury death in Wake County in 2023.

Figure 1: The Injury Iceberg



Source: <https://injuryfreenc.dph.ncdhhs.gov/injuryiceberg.htm>, retrieved 9/9/2024

The demographic profile for Wake County in 2022 was then shared:

- The median age of people living in Wake County was 37.3 years
- A little over half the population (55%) is between the ages of 25 and 64 years old
- 51% of residents are female and 49% are male
- The largest racial and ethnic groups are non-Hispanic White (58.3%), non-Hispanic Black or African American (20.8%), Hispanic (10.6%), and Asian (8.9%)

A comparison of intentional versus unintentional injury definitions helped to provide context for the report. “Intentional” was used to refer to injuries resulting from purposeful human action, whether directed at oneself or others. This includes self-inflicted and interpersonal acts of violence intended to

cause harm. “Unintentional” was used to refer to injuries that were unplanned and can be defined as events in which:

- The injury occurs in a short period of time (seconds or minutes)
- A harmful outcome was not sought
- The outcome was the result of one of the forms of physical energy in the environment or normal body functions being blocked by external means (i.e., drowning)

This report largely focuses on unintentional but does discuss intentional injuries with the firearm and “Firearms, Poisonings, and Suicide: Making the Connection” sections.

In the following table and forward, please note that “ED” refers to “emergency department.”

Table 3: Top Five Causes of Injury ED Visits (All Ages), Wake County, 2019-2023*

Cause of Injury	2019			2020			2021			2022			2023*		
	Cases	Rate	Rank	Cases	Rate	Rank	Cases	Rate	Rank	Cases	Rate	Rank	Cases	Rate	Rank
Fall - Unintentional	11,887	1,069.2	2	10,273	908.7	1	11,007	955.2	1	13,341	1,139.5	1	15,558	1,307.1	1
MVT - Unintentional	11,910	1,071.3	1	8,829	781.0	2	9,969	865.1	2	10,730	916.5	2	11,504	966.5	2
Natural/Environmental - Unintentional	2,762	248.4	3	2,108	186.5	3	2,132	185.0	3	2,488	212.5	3	2,680	225.2	3
Poisoning - Unintentional	-	-	-	1,210	107.0	5	1,483	128.7	5	1,683	143.8	4	1,835	154.2	4
Other Classifiable Injuries - Unintentional	1,785	160.6	5	1,643	145.3	4	1,624	140.9	4	1,673	142.9	5	1,786	150.0	5
Unspecified - Unintentional	1,916	172.3	4	-	-	-	-	-	-	-	-	-	-	-	-

* 2023 data are provisional: data as of 08/01/2024.

Note: Rates per 100,000 Wake County population; data are limited to Wake County residents.
MVT - Motor Vehicle Traffic

-: Cause of injury was not in the top five causes of injury ED visits for that particular year.

Source: North Carolina State Center for Health Statistics, North Carolina Healthcare Association Hospital Discharge Data, 2019-2023*; US Census non-bridged single race population estimates, 2019-2023

Analysis by: North Carolina Division of Public Health, Injury and Violence Prevention Branch, Epidemiology, Surveillance, and Informatics Unit

Table 4: Top Five Causes of Injury Hospitalizations (All Ages), Wake County, 2019-2023*

Cause of Injury	2019			2020			2021			2022			2023*		
	Cases	Rate	Rank	Cases	Rate	Rank	Cases	Rate	Rank	Cases	Rate	Rank	Cases	Rate	Rank
Fall - Unintentional	2,148	193.2	1	1,943	171.9	1	2,053	178.2	1	2,067	176.5	1	2,160	181.5	1
Poisoning - Unintentional	334	30.0	3	317	28.0	3	356	30.9	3	444	37.9	3	499	41.9	2
MVT - Unintentional	550	49.5	2	491	43.4	2	524	45.5	2	509	43.5	2	462	38.8	3
Poisoning - Self-Inflicted	246	22.1	4	202	17.9	4	223	19.4	4	198	16.9	4	198	16.6	4
Unspecified - Unintentional	-	-	-	151	13.4	5	146	12.7	5	167	14.3	5	179	15.0	5
Fire/Burn - Unintentional	184	16.6	5	-	-	-	-	-	-	-	-	-	-	-	-

* 2023 hospitalization data are provisional; data as of 08/01/2024.

Note: Rates per 100,000 Wake County population; data are limited to Wake County residents.
MVT - Motor Vehicle Traffic

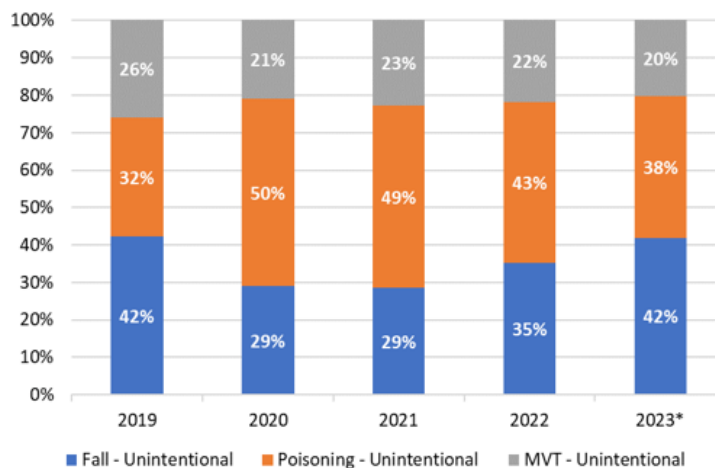
-: Cause of injury was not in the top five causes of injury hospitalizations for that particular year.

Source: North Carolina State Center for Health Statistics, North Carolina Healthcare Association Hospital Discharge Data, 2019-2023*; US Census non-bridged single race population estimates, 2019-2023

Analysis by: North Carolina Division of Public Health, Injury and Violence Prevention Branch, Epidemiology, Surveillance, and Informatics Unit

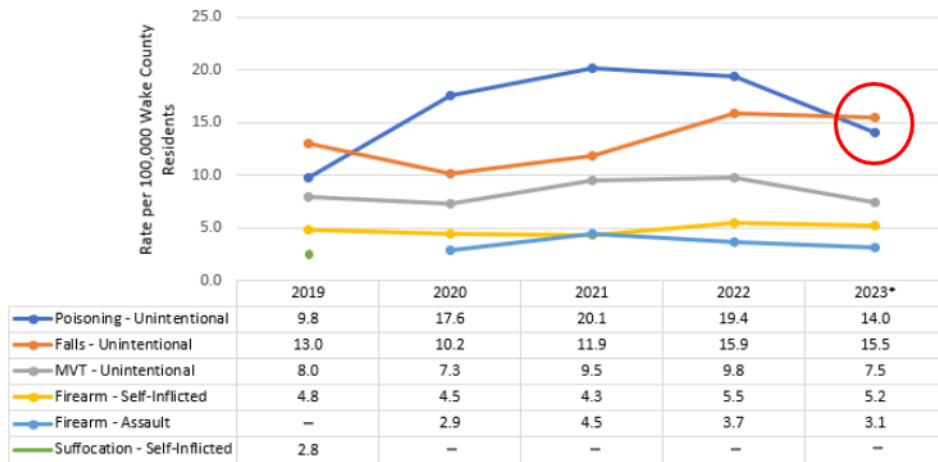
The leading cause of injury death are unintentional falls, unintentional poisonings, and unintentional motor vehicle traffic (MVT).

Figure 2: Percentage of the Top Three Causes of Injury Death, Wake County, 2019-2023*



*2023 data are provisional; data as of 08/01/2024.

Figure 3: Death Rates, Top Five Causes of Injury Death, Wake County, 2019 – 2023*



* 2023 data are provisional; data as of 08/01/2024.

While all death rates have decreased, the rate of unintentional poisonings decreased significantly more than the rest in 2023. This led to unintentional falls getting the #1 rate for 2023 injury death causes despite its rate slightly decreasing as well.

Figure 4: Top Injury Deaths by Rate Per 100,000 for 0-19 Year Olds, Wake County, 2018-2022

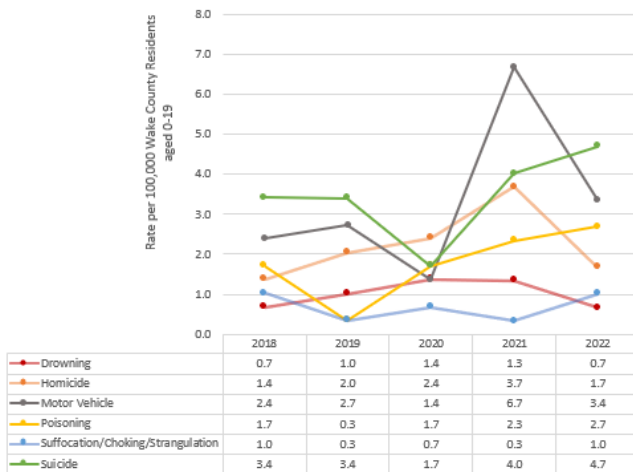


Figure 5: Top Injury Deaths by Rate Per 100,000 for 0-19 Year Olds, North Carolina, 2018-2022



Source for Figures 4 and 5: North Carolina State Center for Health Statistics, provided on 9/24/2024 by request.

In Wake County, suicide was the highest in 2022 (and second in 2021 only due to the dramatic motor vehicle peak). Note that the orange line above is homicides (with a lower rate than that of the state). In North Carolina, homicide and motor vehicle have gone back and forth the last few years with homicide being a little higher in 2022. Notably the green line (suicide) has a lower rate in Wake County. For more information regarding suicides and youth mental health in Wake County, please see the Epidemiology program’s latest issue brief (https://s3.us-west-1.amazonaws.com/wakegov.com.if-us-west-1/s3fs-public/documents/2023-12/Suicide%20Data%20Infographic_Revised%204.pdf).

The following table outlines unintentional fall injury hospitalizations and ED visits in Wake County from 2017 to 2021.

Demographic	Hospitalizations		ED Visits	
	Number	Rate	Number	Rate
Gender				
Female	6,161	216.6	33,341	1,172.30
Male	3,700	136.3	20,998	773.8
Unknown	<5	**	31	*
Race				
White (NH)	7,956	240.4	37,205	1,124.4
Black (NH)	1,057	95.5	11,131	1,005.4
AI/AN (NH)	12	76.3	69	438.8
Hispanic	346	60.2	2,580	449.2
Asian (NH)	198	46.0	791	183.9
Other (NH)	167	137.4	1,900	1,563.3
Unknown	126	*	694	*
Age				
0-14	280	25.9	5,604	518.4
15-24	176	23.9	2,869	389.1
25-34	219	26.8	3,201	391.8
35-44	319	38.4	3,111	374.7
45-54	454	57.5	4,362	552.7
55-64	1,051	164.5	6,298	986.0
65-84	4,437	746.2	18,744	3,152.2
85+	2,925	4,209.20	10,173	14,639.3
Unknown	<5	*	8	*
Total	9,862	177.4	54,370	978.3

The age groups of 65-84 and 85+ both had high rates for both hospitalizations and ED visits. White (non-Hispanic) and other non-Hispanic had higher rates (compared to other groups) for both hospitalizations and ED visits. Females also had higher rates for hospitalizations and ED visits than males.

The following table outlines unintentional fall deaths in Wake County from 2019 to 2023 with 2023 having provisional data as of August 1st, 2024.

	Number	Percent	Rate per 100,000
Sex			
Female	403	52.5	13.7
Male	365	47.5	13.0
Race/Ethnicity			
White (NH)	660	85.9	19.7
Black (NH)	57	7.4	5.1
American Indian (AI)/Alaska Native (AN) (NH)	0	0.0	0.0
Asian (NH)	20	2.6	4.1
Hispanic	28	3.7	4.3
Other (NH)/Unknown	3	0.4	**
Age Group			
0-14	1	0.1	0.1
15-24	1	0.1	0.1
25-34	2	0.3	0.2
35-44	16	2.1	1.8
45-54	16	2.1	2.0
55-64	43	5.6	6.4
65+	689	89.7	95.1
Total	768	100	13.3

For the table above, there were 95.1 per 100,000 for the 65+ age group; 19.7 per 100,000 for White, non-Hispanic individuals; and 13.7 per 100,000 for females (as compared to 13.0 per 100,000 for males).

A poisoning exposure can be defined as ingestion, injection, inhalation, absorption, or contact with a substance that produces a toxic effect or bodily harm. An unintentional poisoning occurs when the individual does not intend to cause harm when they are exposed to the substance. In the United States, illegal and prescription drugs are the cause of nearly 9 out of 10 unintentional poisonings. However, poisonings can also be caused by a variety of other gases, vapors, chemicals, and substances including alcohol, pesticides, and carbon monoxide.

The following table outlines unintentional poisoning deaths in Wake County from 2019 to 2023 with 2023 having provisional data as of August 1st, 2024.

	Number	Percent	Rate per 100,000
Sex			
Female	239	25.6	8.1
Male	695	74.4	24.7
Race/Ethnicity			
White (NH)	570	61.0	17.0
Black (NH)	292	31.3	25.9
American Indian (AI)/Alaska Native (AN) (NH)	**	**	-
Asian (NH)	12	1.3	2.5
Hispanic	49	5.3	7.6
Other (NH)/Unknown	8	0.9	-
Age Group			
0-14	0	0.0	0.0
15-24	115	12.3	15.4
25-34	274	29.3	32.5
35-44	255	27.3	29.5
45-54	142	15.2	17.5
55-64	117	12.5	17.5
65+	31	3.3	4.3
Total	934	100	16.2

** Count, percentage, and rate suppressed due to count between 1 and 4

-: rate not calculated for low counts

Note: Rates per 100,000 Wake County Population; data are limited to Wake County residents; US Census non-bridged single race population categories do not directly align with death certificate data race categories (population estimates exclude 1.8% multi-race residents).

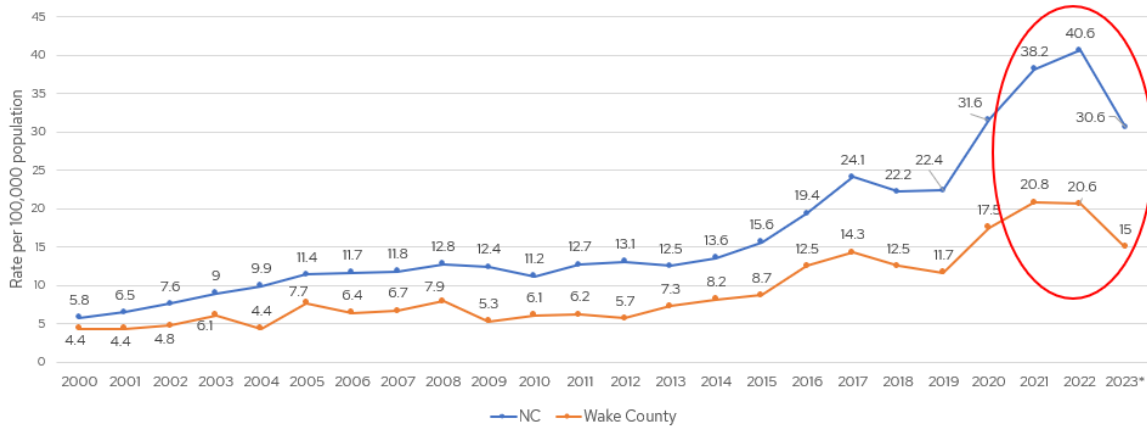
NH: non-Hispanic

Source: North Carolina State Center for Health Statistics, Vital Statistics Death Certificate Data, 2019-2023**; US Census non-bridged single race population estimates, 2019-2023

Analysis by: North Carolina Division of Public Health, Injury and Violence Prevention Branch, Epidemiology, Surveillance, and Informatics Unit

There were a total of 934 unintentional poisoning deaths in Wake County from 2019 to 2023, an increase of 8.5% from 2018 to 2022. Of these deaths, 74.4% were male, 61% were White non-Hispanic, and 71.8% were people aged 25 to 54. However, the rate of unintentional deaths is higher among Black non-Hispanics than other racial and ethnic groups.

Figure 6: All-Intent Overdose Death Rate per 100,000 Residents, Wake County vs. NC, 2000-2023*



* 2023 data are provisional; data as of 09/18/2024.

There was a downturn in the rates for 2022 and 2023 compared to 2021. Wake County’s rate is notably lower than North Carolina’s. More information regarding overdose deaths in Wake County can be found in both the 2024 Injury Report and 2023 Drug Overdose Integrated Epidemiological Profile (DOIEP) that was published on Wake County’s website earlier this summer. A 2024 DOIEP will be coming in the first half of 2025.

A firearm injury is a gunshot wound or penetrating injury from a weapon that uses a powder charge to fire a projectile. Weapons that use a powder charge include handguns, rifles, and shotguns. Injuries from air- and gas-powered guns, BB guns, and pellet guns are not considered firearm injuries as these types of guns do not use a powder charge to fire a projectile. Definitions for self-inflicted versus assault firearm injuries were provided. Self-inflicted includes firearm suicide or nonfatal self-harm injury from a firearm. Assault includes when the injured person was not the one holding or in charge of the weapon when it was fired.

Figure 8: ED Visits Involving Firearm Injuries (All Intent), Wake County, 2019 - 2023

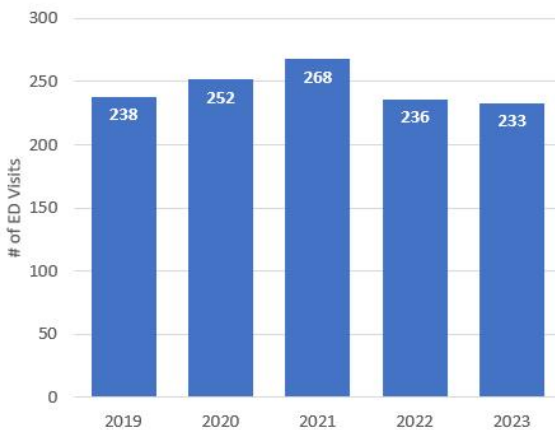
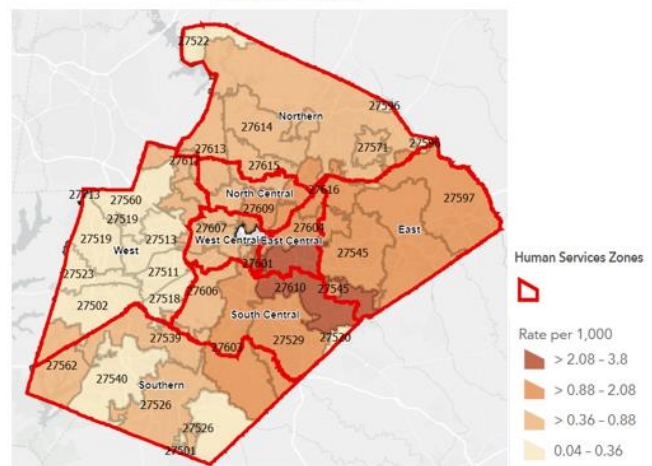


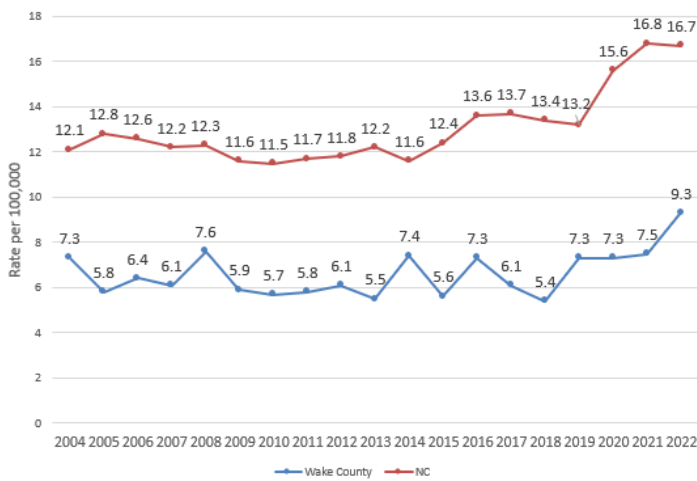
Figure 12: Firearm Injury ED Visits Rate per 1,000 Residents by Patient Residential Zip Code, Wake County, 2019-2023



Sources: NCDETECT and American Community Survey 2022 Population Estimates by Zip Code; map created in ArcGIS.

Demographic breakdowns on ED visits involving firearm injuries (race, age, and sex) can be found in the report in figures 9-11. Young adults, adults aged 19-44, and males have been the most impacted by firearm injuries and death. Note that zip code 27608 did not have any firearm-related ED visits reported from 2019 to 2023, explaining the blank or white section of the above heat map.

Figure 13: Firearm Death Rate (All Intent) per 100,000 Residents, Wake County and NC, 2004 - 2022



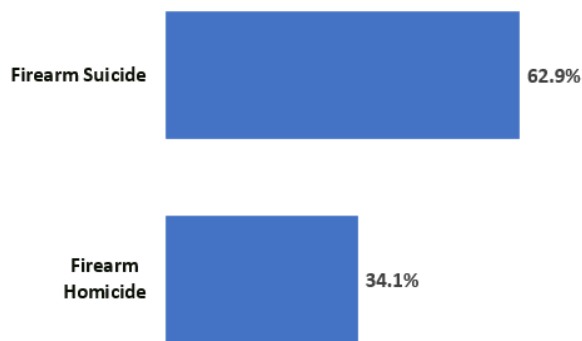
Source: North Carolina Violent Death Reporting System (NC VDRS) Dashboard.

Table 9: 2022 Firearm Death Counts and Rates per 100,000 Residents, Wake County and North Carolina by Age, Race, and Sex

Demographic	Wake County		North Carolina	
	Count	Rate per 100,000	Count	Rate per 100,000
Age				
<10	**	**	11	0.9
10-14	**	**	19	2.8
15-19	10	12.6	159	22.3
20-24	16	22.3	221	30.9
25-34	26	15.2	376	26.1
35-44	17	9.6	260	19.1
45-54	17	10.4	227	16.8
55-64	7	*	207	15.1
65-74	8	*	155	14.0
75-84	5	*	107	19.1
>84	0	0	40	23.1
Race/Ethnicity				
American Indian/Alaskan Native (NH)	0	0	35	31.6
Black (NH)	50	21.9	675	30.0
White (NH)	51	7.6	950	14.6
Asian (NH)	**	**	16	4.3
Hispanic	7	*	105	9.1
Sex				
Female	20	3.3	287	5.3
Male	89	15.5	1,495	28.6
Total Firearm Deaths	109	9.3	1,782	16.7

Firearms, Poisonings, and Suicide: Making the Connection

Figure 14: Percent of Firearm-Related Deaths by Manner, Wake County, 2018-2022



Source: North Carolina Violent Death Reporting System (NC VDRS) Dashboard.

Part of Figure 17: Percent of Suicide Deaths by Method and Sex, Wake County, 2022

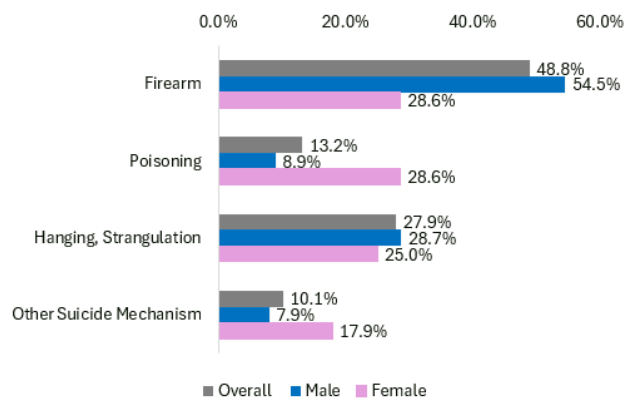


Figure 14 is in the firearms section of the report but is included here so that both figures can give a broader picture of how firearms are commonly chosen as the method of suicide – especially for males. In the report, figure 17 includes this visual along with a similar one for statewide percentages. Overall, firearm had even higher percentages across NC as the most common method of suicide in 2022.

Motor Vehicle Traffic (MVT) Injuries and Pedestrian/Automobile Crashes

Table 11: Unintentional Motor Vehicle Traffic Deaths, Wake County, 2019 – 2023*

	Number	Percent	Rate per 100,000
Sex			
Female	154	31.8	5.2
Male	331	68.3	11.8
Race/Ethnicity			
White (NH)	220	45.4	6.6
Black (NH)	168	34.6	14.9
American Indian (AI)/Alaska Native (AN) (NH)	0	0.0	0.0
Asian (NH)	18	3.7	3.7
Hispanic	74	15.3	11.4
Other (NH)/Unknown	5	1.0	**
Age Group			
0-14	15	3.1	1.4
15-24	86	17.7	11.5
25-34	99	20.4	11.7
35-44	80	16.5	9.2
45-54	58	12.0	7.2
55-64	62	12.8	9.3
65+	85	17.5	11.7
Total	485	100.0	8.4

Table 12: Pedestrian Crash Data by Injury Severity, Wake County, 2019 – 2023*

Severity	2019	2020	2021	2022	2023
Killed	22	26	16	37	20
Suspected Serious Injury	54	45	33	61	54
Suspected Minor Injury	154	112	109	158	157
Possible Injury	142	88	90	91	107
No Injury	44	42	32	35	39
Unknown Injury	**	0	**	**	**
Grand Total	417	313	281	384	379

*2023 data are provisional; data as of 08/28/2024. Source: NC DOT.

**Counts between 1-4 are suppressed

There was a higher rate of unintentional MVT deaths for non-Hispanic Black as well as Hispanic individuals. There was also a higher rate for males over females. Crashes in these tables include those occurring on the roadway and off the roadway.

Ms. LaWall finished up the report with the following summary.

- Decrease in the rate of unintentional poisoning deaths and drug overdose deaths
 - However, the rate of unintentional poisoning deaths is higher among Black non-Hispanics than other racial and ethnic groups
- Rate of unintentional fall deaths stayed about the same and was the leading cause of injury deaths in Wake County in 2023
 - 65+, White non-Hispanic
 - Unintentional falls were also the leading cause of injury ED visits and hospitalizations in 2023
- Decrease in the rate of overall MVT unintentional deaths
 - Pedestrian deaths and suspected serious injuries from automobile crashes decreased in 2023 (compared to 2022)
- Slight decrease in both the rates of firearm self-inflicted deaths and firearm assault deaths
 - 2022 firearm death rate (all intents) in Wake County was lower than the statewide rate but increasing
 - Disproportionately affects the Black/African American non-Hispanic community in Wake County
 - Nearly 63% of firearm deaths in Wake County from 2018-2022 were suicides

Mr. Trey McBrayer asked if harm reduction played a part in the decrease with unintentional poisoning overdoses. Ms. LaWall confirmed that this was one of two main factors with the other being a natural return to rates prior to the COVID-19 pandemic (there was a decrease in 2017-2019 and a large spike from 2020-2021). Harm reduction programs that have been in the last few years have also seen their efforts

rewarded with Naloxone access being particularly praiseworthy for its impact in decreasing fentanyl-involved overdoses.

When asked about additional data based on location of suicide deaths by firearm (particularly with an interest in youth suicide and prevention), Ms. LaWall shared that she was not sure about upcoming plans but the issue brief shared from the County website delved into youth mental health statistics in Wake County on a deeper level.

Ms. Wanda Hunter commented how the firearm and firearm injuries along with suicide and homicide numbers represented the loss in people's value of life. With this, what type of initiatives or preventative methods were addressing this mind set shift? Harm reduction worked well, but it could only do so much in the wake of devaluing life itself. There were comments about the importance of connection and community as well as gun safety practices. Ms. Maty Ferrer Hoppmann asked about the ability to tell the community what the County was doing in response to address these issues. Ms. Rebecca Kaufman (Health Director) then shared that the County was launching Safe Wake – a violence prevention coalition – that would be led by Commissioner Matt Calabria. Safe Wake is working with State and federal partners and informing work through best practices on firearm education and gun violence prevention. This initiative was still in early planning stages but would be led by a new hire solely dedicated to Safe Wake and with the community's health, well-being, and overall safety in mind with resources towards prevention and a public health approach to combating violence. As Ms. Kaufman quoted from a recent North Carolina Violence Prevention Conference, this needs to be a “community response to a community problem” with support to families, proper gun storage, and equal opportunities across the community. This conference had emphasized the role each and every sector plays in violence prevention and highlighted the need for a holistic approach.

Deputy County Manager Duane Holder added that a presentation from Director of Behavioral Health Denise Foreman could provide further context about where the County is with the opioid settlement program and the initiatives coming from said program.

Ms. Hunter noted that youth violence in particular was troubling as youth had very little to do with few supports in the County. She encouraged Deputy County Manager Holder to speak with the Youth Council as he had done in the past, emphasizing a new cohort and a significant increase in the number of youth. This meeting could help them to understand the roles of leadership in Wake County and give Deputy County Manager Holder and County Manager David Ellis valuable first-person insight into what these youth are facing, struggling with, and going without each day.

The conversation around data – including qualitative data from the words of the youth of the Youth Council – stressed the importance of not only gathering accurate data but of being actionable with it. In the past, data was what helped the Public Health Committee form a workgroup on food insecurity that later aided in securing resources around food insecurity in the County.

Ms. Toni Pedroza (Senior Deputy Director of Health and Human Services) recognized the need to reach and serve families of young children in particular as mental health issues were showing up earlier and earlier – even in grade school. Intervening early could mean the issues are less likely to exacerbate. The school system remains the biggest reporter to the County by far – more than any other source combined. Mental health services needed to catch up to meet this growing shift and concerning spiral for the county's youth.

Ms. Hunter asked Deputy County Manager Holder if Safe Wake would have a youth component. Mr. Holder confirmed that it would and that stakeholder engagement would be used to best inform this aspect of Safe Wake. Ms. Hunter thanked staff for recognizing youth and grade-school aged children in

particular as the social and emotion learning landscape and services seems to have changed so drastically in the previous years. This leaves teachers, often with fifteen to thirty students in their class, woefully low on resources to truly teach and foster the growth of each and every student. While there were mentorships and positive role models for teenagers and older, the younger population of the county was left out of these conversations when they may benefit the most. Yet a child traumatized and left to learn in the third grade consistently sees their needs not being met and shut down, giving up far too soon in life.

Mr. McBrayer inquired about the zip code information for the heat map used and if the unsheltered population was included. Ms. LaWall shared that the zip code information referenced was provided based on paperwork filled out during the emergency department visits. Because of this, there was no data on zip codes for deaths. However, for the zip codes themselves, Wake County staff have spoken to the State about this as it was brought up during the last Public Health Report (i.e., the unsheltered population was not being counted if a zip code was left blank on the paperwork). Unfortunately, the State said that there was not a great way to truly count the unhoused population. The zip codes used in these scenarios would likely be the address of the facility that the individual was seen at or left empty entirely. If left empty, the person would not be reported on the heat map at all as they lacked a zip code. They would, however, be included in all other data presented except for the heat map. It is admittedly an imperfect system and staff have been discussing with the State the opportunity to add a mandatory “yes/no” question about housing stability on the form.

Ms. Christine Kushner stated that on page ten, the 0-19 death rate for Wake County and North Carolina were side-by-side yet the y-axis was different on both. Her suggestion was to make the y-axis the same for a true comparison as the current view makes it seem as though North Carolina as higher rates when it does not. The Wake County injury deaths were actually rather concerning compared to the state. Additionally, on page sixteen for firearms, the definitions provided were likely those accepted nationwide, but they did not address unintentional self-inflicted accidents. This was particularly concerning given the discussion around youth and unintentional use of a firearm for unintentional self-harm. Teasing out these definitions and understanding what is actually being reported could help give an accurate image of violence in the county. Ms. LaWall agreed to look into these noted issues and stated that she was unsure how the Centers for Disease Control and Prevention (CDC) classified a scenario when someone used a firearm unintentionally on another person, though cleaning a firearm and accidentally harming oneself would be considered self-inflicted.

Board members encouraged the County to begin working with leaders and resources in the unhoused population – such as Mr. McBrayer – to gain a better understanding of the real-life experiences of the community. Mr. Holder shared that the County was in the process of assuming responsibility for supporting the management of the continuum of care (COC). These responsibilities are currently being done by three community entities – Oak City Cares, Urban Ministries, and Haven House. The County has since signed a memorandum of understanding (MOU) to become the lead agency to support the COC. This is relevant as the COC helps to manage the Homeless Management Information System (HMIS). With the County’s involvement, staff can better leverage the information from the system into planning efforts moving forward. Board members commented on the opportunity to bring in outside data sources for elements such as violence against and to the unhoused as well as to build up partnerships with organizations such as Healing Transitions to get a broader, more complete picture of the community’s needs alongside the data.

There was a comment on the notion of opposing the mindset that firearms keep people and places safer. Conversation emphasized the need for public education on safety and the continued positives from providing gun locks to those in need of them. Access to guns, in and of itself, is not occurring in a vacuum or in Wake County alone. The root origin of the firearms is of concern as is the need for educational outreach.

Ms. Tamara Wilson noted that harm reduction could be brought into the conversation of gun violence as well with the true need to educate while understanding the context of the issues making people feel so unsafe as to rely on a gun. It is also about safe storage of the guns. The Sherriff's Office does have gun locks available, as do other locations. Additional access points could help more families obtain these gun locks as not everyone was willing or wanting to obtain the from the Sherriff's Office. There was a suggestion to have the gun locks available at schools as an additional access point (much like what was done with Naloxone).

Ms. Christine Kushner made a motion to approve the Public Health 2024 Injury Report with the suggested amendments. Ms. Maty Ferrer Hoppmann seconded. The motion was unanimously passed.

Health and Human Services Director's Update

(Presented by Ms. Rebecca Kaufman and Ms. Toni Pedroza)

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

- Flu/COVID-19 season is still in full swing with vaccinations being provided at multiple locations. Staff are holding regular Wednesday clinics at the Wake County Sunnybrook building. While exact numbers are not yet known, it is anticipated that vaccination rates will be down as the general public seems less interested in obtaining the vaccine.
- There was a community baby shower just the week before at the Southeast Raleigh YMCA. The event served over fifty moms and brought in a number of organizations to support young families.
- Public Health launched its take home STD project with a campaign title of "Let's Get Checked." Ms. Kaufman would continue to report on the campaign's progress. With a certain number of testing kits received thanks to a grant, staff are prioritizing those that come into the STD clinic and cannot wait for their results as well as those who are diagnosed with an STD who have a partner who will not test in the clinic for a variety of reasons. The campaign is promising to provide access in ways that have previously been unobtainable in Wake County.
 - When asked what the at-home test kits screened for, it was shared that it tests for HIV, syphilis, gonorrhea, trichomoniasis (trich), and chlamydia.
 - When asked if the tests could be provided in local organizations, Ms. Kaufman expressed hope that the project could grow to this level. However, the test kits were currently more costly than this level of rollout would allow. The hope was to identify additional monies and slowly grow the program with an established workflow that could allow for a greater amount of access to the test kits.
- The Community Health Needs Assessment (CHNA) process continues. While community surveys have now closed, staff are evaluating data and holding community conversations. Staff would continue to report back updates as the data from the surveys is analyzed.

Ms. Toni Pedroza (Senior Deputy Director of Health and Human Services) shared that the open enrollment period for the Affordable Care Act (ACA, otherwise known as Obamacare) had begun on November 1st. Over 6,000 people have applied in Wake County. Before being approved for subsidy through the ACA, all applicants have to have been denied Medicaid and must meet ACA eligibility requirements. When asked if this process happens automatically, Ms. Pedroza clarified that the State notified applicants. Because of the comprehensiveness of Medicaid Expansion, most that are currently applying for Medicaid are being denied. On Veteran's Day alone, over 1,000 applications were received for ACA.

Duke Energy settlement funding was received and staff were able to approve 115 applications for this funding. This allows staff to address the needs of the customers up to \$2,500 per customer. This goes a long way to address the need built through years of high bills during COVID-19 that have become too much for these customers to pay off.

Ms. Pedroza touched on the Special Assistance In-Home (SAIH) program in which a person can in a family care home or their own home while applying for special assistance funding to address needs not covered in the housing cost. While Supplemental Security Income (SSI) would go to rent, SAIH may go towards other living expenses. SAIH became a mandated service that cannot have a waitlist back in 2021 when the State changed the rules surrounding the program. In December 2024, staff will be able to start billing Medicaid Administrative Claiming (MAC), an uncapped Medicaid funding source for services provided to SAIH clients. With Medicaid, a person that is approved is the one that is going out to secure their own services. However, with SAIH, staff worked to develop a plan to address the client's needs and note how the money will be spent. This may be accessing vitamins at a store not covered through Medicaid. The MAC will allow to draw more revenue for Adult Services which is a hugely underfunded County resource.

Finally, Ms. Pedroza reminded the Board of a presentation from Ms. Yolanda Thacker (Economic Services Division Director) at the October 2024 Board meeting on Food and Nutrition Services (FNS). At that time, the timeliness for FNS was at its highest with 92%. Staff were proud to announce that timeliness was now up to 93% which is slowly but surely coming in line with the State timeliness standard of 95%.

Commissioner Cheryl Stallings asked if the MAC was related to Medicaid Expansion. Ms. Pedroza clarified that MAC was a funding stream that had been available for years and was typically used for children, families, and aging people. In the past, if a Social Worker or Medicaid worker was assisting a client with applying for Medicaid, the funds could be used to cover any time spent helping to access Medicaid. SAIH is a Medicaid eligibility program but also a service program that results in yearlong plans with clients. Now that the funds are being opened to use with SAIH, reimbursements can be made for work already being done.

Ms. Wanda Hunter asked, with the aging population increasing, if Ms. Pedroza foresaw a need to increase staffing to accommodate for those that might qualify for these services. Ms. Pedroza said that this was likely in the years to come.

Deputy County Manager Duane Holder shared that, during a recent Wake County Board of Commissioners (BOC) meeting, it was acknowledge that Wake County, like all counties, received a lot of federal funding for safety net programs and services. The BOC had asked staff for insight into funding or programs specifically in place as the community continues to monitor and forecast the changes to come from the election and change in administration. It is currently far too early for such details to be forecasted, but staff will keep an eye on happenings and report changes as soon as they are available and on staff's radar.

Wake County Housing Consolidated Plan

(Presented by Ms. Alicia Arnold)

Ms. Alicia Arnold (Deputy Director of Housing Affordability and Community Revitalization) reviewed the 2025-2030 Consolidated Plan and Action Plan from the Housing Affordability and Community Revitalization Department. This presentation was being made to gather feedback on housing, homelessness, and community development needs from stakeholders.

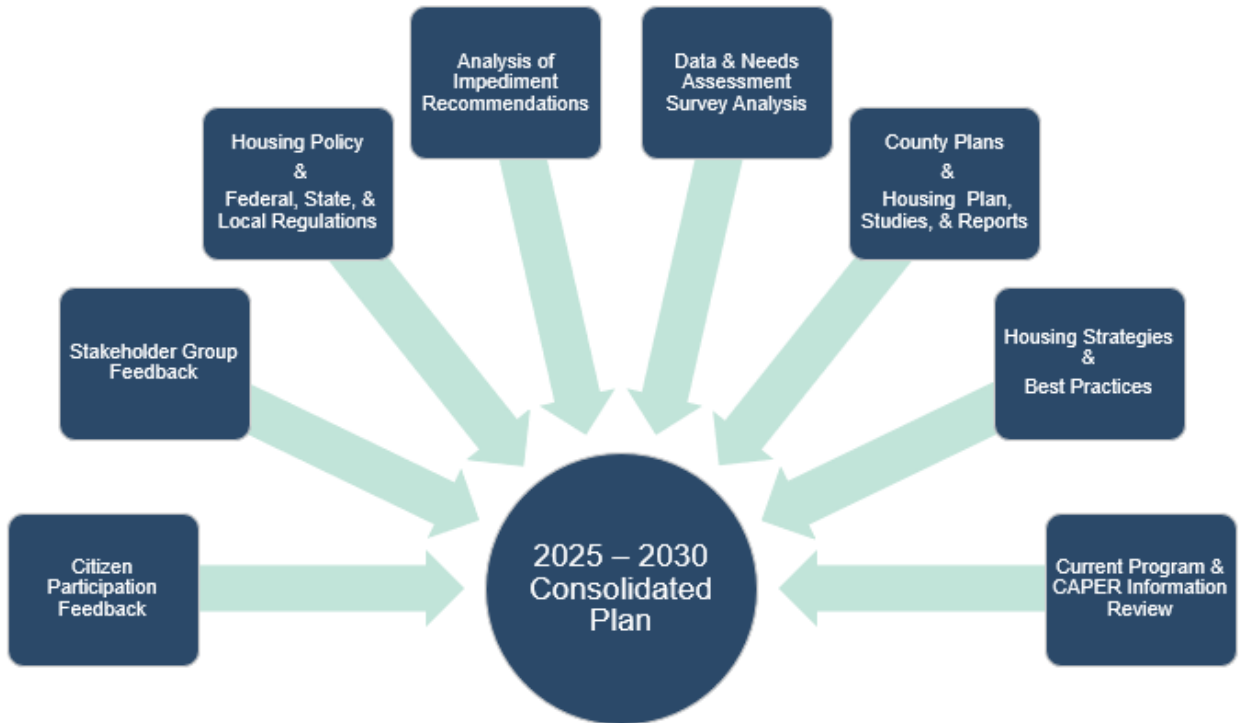
The Consolidated Plan was a five-year strategic plan process required by the United States Department of Housing and Urban Development (HUD) to receive four federal funding sources that the County receives on behalf of the ten municipalities outside the City of Raleigh and Town of Cary (both of which receive their own entitlement funding). The document does not describe the territory of the County’s resources but does describe how federal and County funds will be allocated; addresses housing, homelessness, and community development needs; addresses barriers to affordable housing; and includes a one-year Action Plan. For this current process, the Action Plan for 2025 will be included along with the Consolidated Plan process.



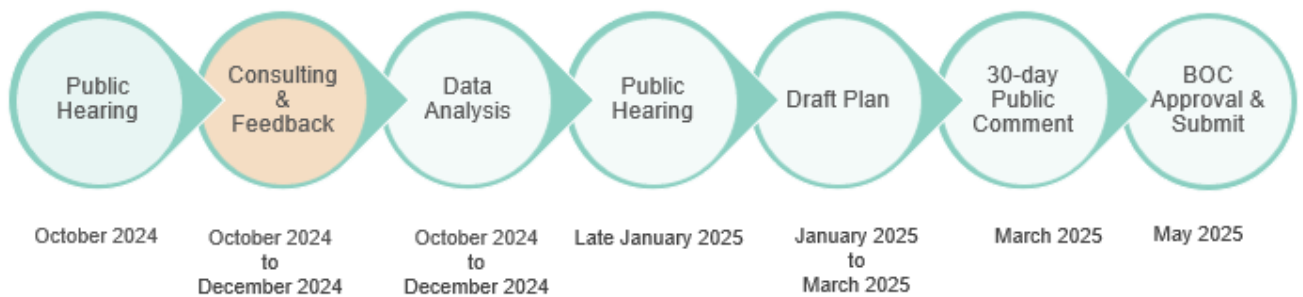
There are two related documents to these plans – the Analysis of Impediments to Fair Housing Choice (AI) and the Citizen Participation Plan (CPP). Fair Housing is the right to choose housing without regard to a person’s race, color, national origin, religion, sex, disability, and familial status. Persons who are protected from discrimination by fair housing laws are referred to as members of protected classes.

- Analysis of Impediments to Fair Housing Choice (AI)
 - Examination of conditions restricting availability or access of protected classes to adequate housing. This includes market analysis, economics analysis, demographics, land use policy, zoning, transportation, and anything that can have an impact on housing conditions. It also describes action steps or recommendations that can be taken to overcome identified impediments. HUD recommends that the AI be a regional effort, so the County partners with the City of Raleigh and the Town of Cary as well as the two Housing Authorities to complete the AI

- Citizen Participation Plan (CPP)
 - Describes the process and methods for citizen input into the Consolidated Plan and the annual Action Plan. This includes procedures for issuing notices of public hearing and presenting draft plans for community review. The amendment process when/if plans need to be changed is also described



Consolidated Plan Timeline



**Consolidated Plan is a 9-month process*

The process was officially kicked off during a Wake County Board of Commissioners (BOC) meeting during a public hearing in October of 2024. Throughout the months of October to December of 2024, staff will hold extensive stakeholder and public engagement. The gathered information will then be compiled and the plans presented at a second public hearing for a BOC meeting in late January 2025 where staff will also gather more input from the public. From January to March 2025, the plan will be drafted. From mid-March to mid-April, staff will enter into a 30-day public comment period where

feedback is taken and incorporated into the final plan. Finally, staff will go to the BOC for approval and submit the plan to HUD in May 2025.

The Consolidated Plan is required by HUD in order to receive the following four main federal grants:

- Community Development Block Grant (CDBG) – Primarily used to support communities through housing rehabilitation, land acquisition, public services, community development, and infrastructure projects – anything outside of the development of affordable housing units
- Home Investment Partnership Grant (HOME) – Primarily development or preservation of affordable housing
- Housing Opportunities for Persons with AIDS (HOPWA) – Used for both long- and short-term rental assistance and case management (Tenant-Based Rental Assistance (TBRA) and Short-Term Rent, Mortgage, and Utility (STRMU) Assistance) for residents in Wake, Franklin, and Johnston Counties
- Emergency Solutions Grant (ESG) – Homelessness prevention and street outreach

The follow table provides annual projected resources. These are estimated projections based on the current year’s allocation.

Source	FFY24 Funding Amount
Community Development Block Grant (CDBG)	\$2,162,530
HOME Investment Partnership Act (HOME)	\$917,368
Housing Opportunities for Persons with AIDS (HOPWA)	\$1,706,493
Emergency Solutions Grant (ESG)	\$190,540
Total	\$4,976,931

HUD allocates to Wake County based on a formula grant which amounts to a little less than \$5 million through the four grants combined. These amounts are very small in comparison to the greater housing needs in the community. In totality, Wake County spends around \$32 million a year in housing, which means what is received from the government is but a small portion. Even with what the County puts in, it is hard to meet needs with these limited resources.

The estimated five-year federal funding sources is anticipated to be around \$24 million (\$10.8 million for CDBG, \$0.95 million for ESG, \$4.5 million for HOME, and \$8.5 million for HOPWA). This all depends, of course, on Congress approval of budgets.

Who Do We Serve?

Program Participants must meet HUD Income Limits

Percent of Area Median Income (AMI)	Household Size							
	1	2	3	4	5	6	7	8
Median Income (100%)	\$85,610	\$97,840	\$110,070	\$122,300	\$132,084	\$141,868	\$151,652	\$161,436
Low Income (80%)	\$68,500	\$78,250	\$88,050	\$97,800	\$105,650	\$113,450	\$121,300	\$129,100
Very Low Income (50%)	\$42,850	\$48,950	\$55,050	\$61,150	\$66,050	\$70,950	\$75,850	\$80,750
40%	\$34,280	\$39,160	\$44,040	\$48,920	\$52,840	\$56,760	\$60,680	\$64,600
Extremely Low Income (30%)	\$25,700	\$29,400	\$33,050	\$36,700	\$39,650	\$42,600	\$45,550	\$48,450

*HUD Income Limits as of May 2024

HUD requires that implemented programs serve households that range between 0% and 80% Area Median Income (AMI). AMI is the middle income level in a specific area based on the income of all households in that area. HUD uses these income levels to help determine who qualifies for housing assistance programs. These numbers are updated on an annual basis. For the Raleigh Metro Statistical Area (MSA, which are standard metrics), a household size of four cannot earn more than \$97,800 (see above). The current Consolidated Plan priority populations and 2020 Consolidated Plan goals were then reviewed.

- Priority Populations
 - Priority One – 0-50% AMI
 - Vulnerable populations experiencing or at-risk of homelessness
 - Priority Two – 51-60% AMI
 - Vulnerable populations not experiencing homelessness
 - Priority Three – 61-80% AMI
 - Not experiencing homelessness, but also priced out of housing market

- 2020 Consolidated Plan Goals
 - Link to Plan: <https://s3.us-west-1.amazonaws.com/wakegov.com-if-us-west-1/s3fs-public/documents/2020-10/2020-2025%20Consolidated%20Plan.pdf>
 - Goal 1: Increase and preserve affordable housing
 - Goal 2: Reduce barriers to affordable housing
 - Support vulnerable populations and communities

Current Grant Activities

Homeowner Rehabilitation	Development or preservation of affordable housing	First-Time Homebuyer Financial Assistance	Permanent Supportive Housing
Municipal Community Development	Short term rent, mortgage, and utility assistance	Job Training	Supportive services
Homelessness Prevention	Street Outreach	Enhanced Shelter Services	Grant Administration: Salaries and Operating Costs

These tiles are not meant to be a comprehensive list of the Housing department programs but instead a list of programs that HUD dollars go towards.

Ms. Arnold then opened the floor to feedback and questions.

Ms. Wanda Hunter asked if the caveat for construction of affordable housing had been a recent change for the CDBG. Ms. Arnold stated that this had been part of the grant for a while. While the grant can be used for things that may help the construction of affordable housing (such as infrastructure, sidewalks, water/sewer, and land acquisition). But it cannot pay for the construction of affordable housing unless it is done by a community-based organization. Currently, there are no community-based organizations that exist in Wake County.

Ms. Maty Ferrer Hoppmann commented on the continued frustration many feel with trying to access resources while be forced to physically drive to hubs or places to fill out applications to be assisted. This is a tremendous barrier against a population already struggling not to be evicted. Another location where referrals can be made or securing outside partners as part of the COC is needed. Even if a client can get one ride to a location, they are then forced to try to find additional transportation just to fill out paperwork which is frustratingly inaccessible. When Ms. Hunter asked about how the performance of locations is evaluated and evaluating the partnerships of access hubs for applications, Deputy County Manager Duane Holder indicated that this was one of the largest benefits from the County taking over as a lead agency with the COC. This evaluation would be put in place with metrics set up for timeliness, referrals, and ensuring referrals are happening and connections are solidified. Mr. Holder thanked Ms. Ferrer Hoppmann for her feedback as a great deal of collaborations will be needed to bring the COC back up to speed.

One particular feature that Mr. Holder and the County are looking to reinstate is the “access hub” which was a number to access the Homeless Service System along with physical entry points. Ms. Hunter cautioned against it being the same broken system from before with a need to actually connect people and ensure referrals are made. In such a digitized age, more than just a telephone system was needed. Having applications accessible online may be life-changing for those able to access internet through the local libraries.

Ms. Hunter asked how much federal funding was being left from HUD that the County could be assessing or pulling down. Mr. Holder stated that the County is pulling down all the federal funding its allocated from the government. However, having said that, there are things that could be done as a community to receive even more federal funding. The best answer, here, is to look at similarly sized governments to the County that are high performing so that comparisons and true goal setting may be achieved. Ms. Hunter emphasized the need for the County to work with its internal and external partners in order to access the most benefits to help the entire community. She reiterated the need for an environmental scan to understand all the resources in order to access as much federal monies as possible. Mr. Holder agreed that the culture needed to change and that things were hopeful with the County stepping in as the lead agency for the COC. This married with other changes – such as to the leadership of the COC and its governing board – promised change and positive impact on the horizon. This will include benchmarking efforts as the initiative moves forward.

Ms. Hunter noted that the Consolidated Plan had great goals but did not provide a “how” to said goals (i.e., increasing and preserving affordable housing, reducing barriers to affordable housing, etc.). The notion of “supporting vulnerable populations” appeared in many presentations in many initiatives in the County, so how was this truly being done? The AMIs seemed a poor way to gauge a person’s actual need and “priority” setting. Ms. Arnold clarified that the ESG could only be used for individuals who were at 50% or less of the median income. The priority groups are not so much to imply the actual priority of someone for housing but instead how these federal programs evaluate a person’s eligibility with their program. However, it is known that not everyone above 50% AMI is housing secure. This is where County funding comes in to meet the gaps in the system. Definitions tied to federal government programs do not preclude or indicate that the Housing department is unaware of the additional needs in the community.

Ms. Arnold continued noting that each one of the goals is tied directly to a program area investing in said goal. For “creating and preserving affordable housing,” this ties directly into Development and Preservation of Affordable Housing where the totality of the HOME grant funds along with close to \$10 million of County funds is used to develop affordable housing every single year. For “reducing barriers to accessing affordable housing,” the County works with municipalities to look at policy barriers that are highlighted in the AI document. Each of the goals also ties further down into metrics that tie further in to programs that the Housing department reports out on. Ms. Arnold stated that she would be happy to give additional information on this crosswalk and how all of the programs and goals fit together.

Dr. Jananne O’Connell brought up the lack of pet friendly housing which drives away a great deal of those looking to move to the county. It also creates a huge strain on Health and Human Services as well as other resources with dire impacts on owners’ mental health. Ms. Arnold thanked Dr. O’Connell for bringing this concern to light as it was a comment that had been heard from multiple stakeholders and staff would be sure to address in future documents.

Mr. Terry McTernan asked if previous plans (such as the 2020-2025 Consolidated Plan) were being reviewed for what succeeded and what could be improved upon. Ms. Arnold shared that each year the Housing department was required to produce a Consolidated Annual Performance Evaluation Report (CAPER) that looks at goal metrics for each of the programs tied to a goal. This may mean reviewing the number of households served or units produced or other metrics. These metrics are set at the beginning of each year and set into the Action Plan. At the end of said year, a CAPER is produced to see if metrics were met, exceeded, or not achieved. The latest CAPER can be found online under “Other Recent Plans & Notices” titled “WAKE COUNTY 2023 CAPER and 2023 HOPWA CAPER” (<https://www.wake.gov/departments-government/housing-affordability-community-revitalization/plans-and-public-notice>). Clicking on the “Archives” button at the bottom of the page reveals CAPERs from prior years.

When asked if the CAPER would cover things such as the issue of access brought up during the meeting, it was clarified that the CAPERs review the metrics for specific outcomes of grants, such as the Homeowner Rehabilitation Grant goal to serve around 40 individuals a year. The need for additional access would fall instead with the COC. Of note, the COC is also required to do an annual report. The disconnect, currently, is that the County is a grantee for resources through the Housing department and not yet through the COC. The latter, however, will soon be changing. This will allow the County to begin monitoring the COC goals and metrics to give added transparency and goal tracking.

Ms. Tamara Wilson shared that she worked with individuals with serious mental illness. Some people that she works with receive Supplemental Security Income (SSI) alone which leaves them with \$950 income per month. This is impossible to live on and makes enhancing these people's quality of life extremely difficult, especially if they have nowhere to live. Many live with families or parents and have never obtained life skills for living independently and have never had the opportunity to experience living alone or in supportive housing. Another challenge is with individuals who have felonies. These individuals have completed their debt to society and served their time and yet are denied shelter and a place to live solely on the felony alone without consideration to any good done since. It leads to the person being unhoused, likely unable to find secure work, and unfairly prevented from returning to life even once they are free from incarceration.

Ms. Lily Chen added the need to have housing for those with mental illnesses and disabilities, noting the correlation between housing instability and mental health. Wraparound services for these individuals could help to provide far more positive outcomes. Ms. Arnold shared that the County does operate permanent supportive housing – around 300 vouchers that match rental assistance with case management that is funded by Wake County. The lion's share of that case management is actually County funding as not many federal grant monies go towards this. The County is also funding developments that will provide permanent supportive housing such as King's Grove that will be operated by CASA near the Wake County Sunnybrook and Swinburne campuses. The New Bern Crossing area where 40 units have been dedicated specifically to individuals in need of permanent supportive housing is yet another example. Staff hope to work with behavioral health partners with Medicaid Expansion in order to tap into additional resources. Once the 1115 waiver passes (<https://medicaid.ncdhhs.gov/meetings-notices/proposed-program-design/nc-section-1115-demonstration-waiver>), hopefully at the beginning of 2025, staff will have access to additional tenancy support through that for individuals who are eligible for Medicaid. The biggest barrier to expanding permanent supportive housing in the community is not having ongoing service money.

Ms. Ann Rollins brought up senior citizens and how they might be incorporated into the planning for Housing. Ms. Arnold noted that seniors were one of the populations included in the "Other Vulnerable Populations" category. There is the Elderly and Disabled Rehabilitation Grant which looks at specifically health and safety operational safety grants to help improve the conditions of homeowners that may be aging. While Housing cannot impact tax or do tax relief, they can impact and take some other costs off households that hopefully offset other costs challenges they may face. This is in addition to building developments using funding that are specific to seniors. Tax credits are awarded specifically to build those rental units for individuals to have legally binding affordable housing.

Mr. McBrayer asked if there were any more increases in peer support or case management anticipated. Ms. Arnold shared the hope that Medicaid Expansion funding would allow for this. However, funding was very limited for operational type services. Some funding could come through the COC rather than grants. The CDBG funding limited funds for services to 15% at its maximum. This, in turn, limits what staff can do for services. The hope is to leverage other resources to continue to provide resources, establish navigation, and bolster support.

Ms. Rollins noted that a holistic and consolidated approach was truly needed to fully access and implement some of the services and wraparound resources being discussed. This included voices and data from the community itself and its partners with active leaders on the ground. Ms. Arnold agreed noting that the holistic approach was one Mr. Holder often reminded staff of when working. She stated that staff had talked to Workforce Development and Health and Human Services. However, it would take building the systems together – not just talking – to make real change. This was the intent and the drive moving forward.

Ms. Christine Kushner spoke of the impact of the elections and voting with the failed Cary Housing bond. She expressed hope for contingency plans and encouraged seeking grants early in order to combat the ever growing need, especially in the wake of an uncertain future. Commissioner Cheryl Stallings shared that the BOC felt a great deal of pressure from the federal and State governments alike to provide more public education funding. The BOC would be going forward with efficiency and effectiveness in mind when utilizing taxpayer dollars. Community partnerships will be critically important moving forward and will need to be built stronger and stronger. This includes faith-based communities. The community – as a whole – must pull together to be stronger and provide services to enhance the lives of those in most need.

Ms. Hunter claimed that House Bill 9495 (<https://www.congress.gov/bill/118th-congress/house-bill/9495>) was trying to strip certain non-profits of their 501(c)(3) statuses. With one of the CAPER outcomes, it was noted that no rental units had been rehabilitated and no homeowner housing had been added despite the expectation of five units. Ms. Arnold state that some of the programs experienced a natural ebb and flow. Though rental units had been rehabilitated, it may be that the funding came through a different source. Such funds, specifically, were likely to come from the County. This results in some programs not meeting a metric despite the work itself being done with other monies. Homeowner housing, in particular, is a difficult initiative to push forward as its only federal funding tool is HOME which is about a \$900,000 grant. This is a mere portion of what it takes to develop a single rental complex of 100 to 150 units. This results in tough choices to produce units in specific locations based on cost alone. Staff have utilized County funds as well as American Rescue Plan Act (ARPA) dollars to provide over \$2 million to Habitat for Humanity to produce homeownership units. Those units, however, would not be counted in the CAPER as they were not secured using federal funds.

Commissioner Stalling shared that, with data tracking, she had recently requested for a housing dashboard for the whole of Wake County to document the homes being preserved as well as the homes being built. The City of Raleigh has such a system, but Commissioner Stallings was hopeful this dashboard could encompass the entire County for further monitoring of housing growth and preservation.

There was a noted desire to see the efforts of the Housing department in one central location – not just federal funds through the CAPER. Ms. Arnold shared that the Housing department produced its first annual housing report at the end of the previous year (<https://acrobat.adobe.com/link/track?uri=urn%3Aaaid%3Ascds%3AUS%3A70474dcc-2194-4a07-9ce8-f8032b6dc59d&viewer%21megaVerb=group-discover>). This document looks at what the department is doing more broadly for all programs and is available on the County’s website.

Ms. Hunter asked what “public service activities” entailed. Ms. Arnold shared that it could be various services but that some included were street outreach, shelter services, and job training, to name a few. She was happy to return for a presentation crosswalking the services and outcomes outlined in the Plan and beyond. This included a reference to public service activity indicators, some of which seemed to imply the need for public assistance with energy. Ms. Arnold did confirm that staff worked with Health and Human Services’ Energy Assistance program. And would continue to do so.

Ms. Maty Ferrer Hoppmann asked if the Housing department oversaw section 8 (https://www.hud.gov/topics/housing_choice_voucher_program_section_8). Ms. Arnold clarified that section 8 was overseen by the two Housing Authorities. While the County works closely with the Housing Authorities, it is ultimately their responsibility to administer those vouchers.

Ms. Arnold closed out the presentation thanking the Board for their feedback and encouraging members to stay engaged. She encouraged attendance at the BOC public hearing scheduled in January as well as continued engagement. Those interested in more details about the Consolidated Plan were encouraged to contact the following:

Wake County
Housing Affordability and Community Revitalization Department
919-856-5689
housing.info@wake.gov

Community Feedback Survey Link: <https://forms.office.com/g/z8kWnWa5xF>



Committee Chairs Update

(Presented by Ms. Ann Rollins, Dr. Anita Sawhney, and Ms. Wanda Hunter)

In the interest of time, Ms. Ann Rollins encouraged members to reference the Regional Networks report in their agenda packet.

Ms. Wanda Hunter shared that the Social Services Committee met in early November. There was a presentation on National Adoption Month as well as a rich and in-depth conversation around a living wage. Ms. Toni Pedroza (Senior Deputy Director of Health and Human Services) shared resources and data to help inform the Committee of currently existing efforts with the livable wage discussion. Especially important to said discussion was the inclusion of the benefits cliff. The benefits cliff referenced the delicate balance many faced between being eligible for assistance and resources and, based on even the slightest of increases in income, the threshold with which they immediately lose said assistance. For example, someone receiving a dollar raise at their job could end up losing benefits such as child care subsidy and Food and Nutrition Services (FNS) thereby putting an undue burden on them before they are able to sustain and truly benefit from their income increase.

Dr. Anita Sawhney noted that the Public Health Committee had met just the week prior. Ms. Somner Wisner, the Executive Director of Wake Smiles, provided a presentation on the clinic that had done \$1.7 million worth of care in the last year alone. With 3,000 patient visits and 900 unduplicated patients during that time period, the clinic provided life-changing assistance to the community. Access to dental care is a dire issue in Wake County. While Medicaid Expansion is wonderful and worth celebrating, the downside is Medicaid reimbursement for dentists being so poor as to break even or lose money with Medicaid clients. Aligning reimbursement fees would bring a great deal of relief and help ensure clients get proper care. Wake Smiles' success is thanks to local dentist volunteers as well as the Dental Society which donates to keep the clinic running. The Committee also heard from Mr. Mike Ranck (Environmental Health Program Manager – Groundwater) who proposed revisions to well regulations emphasizing a need for local authority to approve variances to well construction regulations as mandated by the State. The full Health and Human Services Board would be receiving this presentation at a future meeting. Finally, Ms. Katie LaWall (Senior Epidemiologist) also presented the 2024 Injury Report to the Public Health Committee.

Public Comments

- Ms. Deidre McCullers thanked Deputy County Manager Duane Holder for replying in reference to the hiring process for the Health and Human Services Director position. She also acknowledged Ms. Yolanda Thacker (Economic Services Division Director) who had answered a question.
- Ms. McCullers agreed with Ms. Tamara Wilson's comments on individuals with felonies being further penalized through limited access to resources even after having served their debt to society.
- Ms. McCullers asked how many children, if any, were living in the Wake County buildings.

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. Wanda Hunter 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 13-0 vote, moved back into open session at approximately 9:49 a.m. and promptly adjourned.

Board Chair's Signature: 

Date: 12/19/2024

Respectfully submitted by Brittany Hunt