

**Wake County Health and Human Services Board  
Meeting Minutes  
February 27<sup>th</sup>, 2025**

**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  
Dr. Jim Peterson  
Ann Rollins  
Dr. Anita Sawhney  
Tanyetta Sutton  
Dr. Kelcy Walker Pope  
Birchie Warren  
Tamara Wilson

**Guests Present:**

Mike Burger  
Derrick Byrd  
Deidre McCullers  
John Myhre  
Dr. John Perry  
Irv Trust

**Staff Members Present:**

Natasha Bowen  
Jennifer Brown  
Ben Canada  
Sheila Donaldson  
David Ellis  
Odile Fredericks  
Ann Godwin  
Barbra Gonzalez  
Petra Hager  
Anika Hamilton  
Caroline Harper  
Kevin Harrell  
Richie Hayner  
Duane Holder  
Brittany Hunt  
Evan Kane  
Rebecca Kaufman  
Lee Little  
Crystal Lormejuste  
Dr. Joel Lutterman  
Annemarie Maiorano  
Jenelle Mayer  
Ken Murphy  
Shanta Nowell  
Tina Payton  
Toni Pedroza  
Mike Ranck  
Yolanda Thacker  
Kathryn Thompson  
Lechelle Wardell  
Rochelle Whitaker  
Diamond Wimbish  
Stantavia Wright  
Ross Yeager

**Board member attendees included newly appointed Board member Mr. Irv Trust.**

**Welcome and Opening Remarks**

(Presented by Ms. Ann Rollins)

Wake County Health and Human Services Board Chair Ms. Ann Rollins welcomed everyone to the 2025 Board Retreat. The meeting was called to order at 7:33 a.m.

**Next Board Meeting – March 27<sup>th</sup>, 2025**

## **Swearing in of Irv Trust**

(Presented by Mr. Ken Murphy)

Ms. Ann Rollins recognized Mr. Irv Trust who would be filling the vacant Pharmacist seat of the Wake County Health and Human Services Board. Mr. Trust would be replacing long-time Board member Dr. Mary Faye Whisler.

Dr. Trust was sworn into the position by Senior Deputy County Attorney Ken Murphy.

## **Legislative Affairs Briefing**

(Presented by Mr. Ben Canada)

Mr. Ben Canada (County Manager's Office Chief of Staff) presented a legislative affairs briefing. He presented the Board of Commissioners' (BOC) three-prong approach to legislative priorities.

- General Guidance
  - Policy guidance to County Manager's Office (CMO) and contracted lobbyists to:
    - Reflect ongoing Board Interests, and
    - Allow discretion to react quickly to legislative actions
- Top Three Asks
  - To speak with a single, clear voice, Board will set a short list of top priorities
- Opportunity List
  - We can't predict what issues will be "hot" each session. The Board will approve a list of issues that, if an opportunity arises, CMO has discretion to pursue

With general guidance, the BOC will pursue legislative advocacy that:

- Preserves the Board's statutory authorities and discretion to set policy priorities for the Wake County government
- Preserves the County's financial resources and tax base
- Maintains and enhances State funding for government services
- Advances the Board's Strategic Plan initiatives
- Facilitates policy improvements that benefit Wake County government and residents

The County Manager's Office staff have the Board's permission to advocate in support of this general guidance. This applies to State and federal advocacy. Staff and lobbyist assume this covers the following:

- Oppose bills that would shrink tax base or present financial challenges
- Oppose bills that reduce the Board's options to regulate growth and development
- Sustain or increase funding for public schools and community colleges
- Sustain or increase funding for State-funded services in Health and Human Services (HHS) and other departments

Next, with "Top Three Asks," Mr. Canada proposed setting a "Top 3" list for State asks and a "Top 3" list for federal asks. There is one bucket of political "capital" for Wake County. Prioritizing concentrates the Board's limited "capital" on highest needs, gives lobbyists a clear message to deliver, allows CMO and lobbyist to reserve capacity for unforeseen needs, and is easier for staff to explain. Staff recommend this model as it helps to focus on County government needs.

The opportunity list allows for an approved list of policy issues that gives CMO and lobbyists discretion to act quickly when opportunity knocks. This captures policy items that did not make Top 3. No advocacy is guaranteed, but it depends on what issues come up in any given year. The Board also doesn't need to specify the outcome desired.

For example, in the 2023 to 2024 Biennium, enacted legislation was Medicaid Expansion while introduced bills included foster care system reforms (S156, passed Senate), Child Welfare changes (S625, passed Senate). Various Housing bills.

The top three recommended for the State include Housing Affordability, foster care, and tax lien signage.

- Housing Affordability
  - Advocate for new and State policy and programs
  - Changes to existing programs
  
- Foster Care
  - Clarify roles and responsibilities
  - Youth with acute needs
  - State supported facilities
  - Kinship care supports
  
- Tax Lien Signage
  - Repeal provision requiring physical signage at lien properties
  - Not helpful or safe

With housing affordability, the call is to support housing developers by expanding the State's low-income housing tax credit program to make criteria more flexible. State-wide gap financing is available via loans, grant programs, and housing trusts. And there is a desire to authorize counties to develop teacher housing. With foster care, it is critical to clarify the roles of the local management entities (LMEs) and other entities for placement of youth with acute needs, to mandate North Carolina Department of Health and Human Services (NC DHHS) create and operate regional placement facilities, to seek full State reimbursement for County financial support to fictive kin (supporting kinship care, childcare – providers generally eligible for childcare vouchers), and to provide Medicaid coverage for foster family supplies (including diapers, feminine hygiene products). Finally S607, enacted July 2024, requires a posted sign on every lien property. This was an unfunded mandate with an estimated cost of \$150,000. Wake opposes this requirement (as it is not safe, not consistent with customer-friendly approach, an inefficient) and seeks repeal of this provision.

There is an opportunity list for the State. Advocacy work is not guaranteed, but CMO staff have discretion to pursue if the opportunity arises:

- Support for public schools
  - Instructional Assistants
  - Teaching Fellows Program
  - Social and emotional resources
  - Universal meals
  
- More funding for:
  - Veterans services
  - Orphan roads

- Broadband access and affordability, digital literacy
- JCPC programs
- Clerks of Court
- SmartStart / Childcare programs
- Property tax relief
- Continuing Medicaid coverage for incarcerated individuals

The recommended top three for federal are as follows:

- Earmark Requests
  - Criteria-based requests
  - Adapt to new 2025 congressional map
- Housing Affordability
  - Preserve block grants
  - Expand Low-Income Housing Tax Credit (LIHTC)
  - Permanently fund pilot programs
- Emergency Medical Services (EMS) Medication and Supply Challenges
  - National shortage of EMS medications
  - Need federal leadership to address market failures

Next was a federal opportunity list for advocacy work that was not guaranteed, but CMO staff had discretion to pursue if the opportunity arose.

- Policy and programs that complement Wake Transit plans
- Fire sprinkler incentives
- “Benefits cliffs”
- Admin and reporting relief
- Nationwide public health data tracking
- Well and septic regulation
- Water source long-term planning
- Early childhood education
- Workforce Innovation and Opportunity Act (WIOA) flexibility and upward mobility
- Veterans services
- Broadband access and affordability, digital literacy
- Rights for persons with disabilities

So what can be done? It is important to advocate on shared interests such as the foster care system and affordable housing while making targeted legislator visits. This means encouraging consultations with County staff. It also means inviting legislators and staff to site visits. Currently, there have been a number of internal terms meeting to keep up to date on several issues, especially those with shared interests such as foster care and housing overlapping.

Deputy County Manager Duane Holder noted that there was a difference between what was allowed insofar as Board action compared to staff action. County Manager David Ellis added that the landscape was similar to COVID-19 in the way that unpredictability seems the only thing predictable. There is no way to react to the sheer amount of items coming in every day with so much changing in real time. It may feel unsettling at times, but it is not impossible to get through. Mr. Canada spoke of it being a marathon with opportunities to advocate for or against things. In many ways, it was simply staying the course. There was, understandably, concern that there was not time to simply wait or otherwise leave things

hanging in the balance of fate. However, there are insistent advocates and voices such as the North Carolina Commissioners Association not to mention the many frontline workers and advocates.

Speaking of frontline workers, there were already those at the County reaching out to those in the community about what their roles should be if confronted by the United States Immigration and Customs Enforcement (ICE). Ms. Toni Pedroza (Interim Health and Human Services Director, Senior Deputy Director of Health and Human Services) noted how the County and El Centro had collaborated on a pamphlet that would be available to clients detailing their rights and what they could do if confronted by ICE. County Manager Ellis stated that staff are working with the County Attorney's Office to ensure to provide proper guidance to stay in compliance with the law while also staying factual. Undeniably, services would be impacted if federal funding ceased not only within Health and Human Services but within services outside the county like the school system and non-profit organizations. The County continues to bolster its relationships with partners to continue providing seamless support. Wake County does not take a stance on things outside its jurisdiction.

When asked for clear, concise details about foster care and the advocacy already done in that arena, Mr. Canada stated that he could forward a two-page list of talking points updated within the last year. County Manager Ellis stated that the narrative around foster care needed to change so that they were no longer seen as the "throwaway kids."

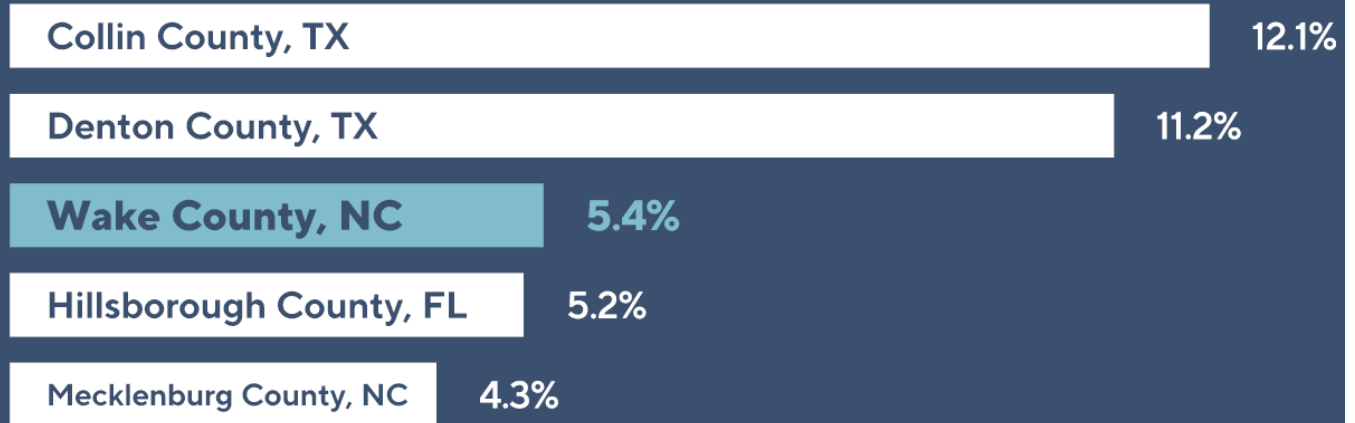
Mr. Derrick Byrd noted that Ms. Sydney Batch, a long-time community advocate, might be a person to partner with who was already known to the community with the knowledge to educate others. Ms. Sheila Donaldson (Child Welfare Division Director) emphasized the need for support and community advocates as she had just been told recently that Wake County was alone in the issue of having youth living in administrative buildings. This has been disproven several times over with some staying in sheriff's departments when health departments had no room. Having the advocacy be a statewide effort would no doubt be a huge boon compared to those stuck with efforts limited to their geography. County Manager Ellis noted that he was on a committee with the State about foster children living in administrative buildings and Ms. Pedroza recalled having to submit names to the State of the children who lived in Health and Human Services buildings. This was very much a reality even outside of Wake County, one it was dangerous to ignore.

### **Wake County's Perspective**

(Presented by Mr. David Ellis)

Mr. David Ellis (County Manager) provided an update on the County. Wake County's population was projected at 1,190,275 residents during the July 1<sup>st</sup>, 2023 County Population Estimates of the United States Census Bureau. Wake County is growing by 51 people a day according to County Net Increase Per Day, April 1, 2020 – July 1, 2023.

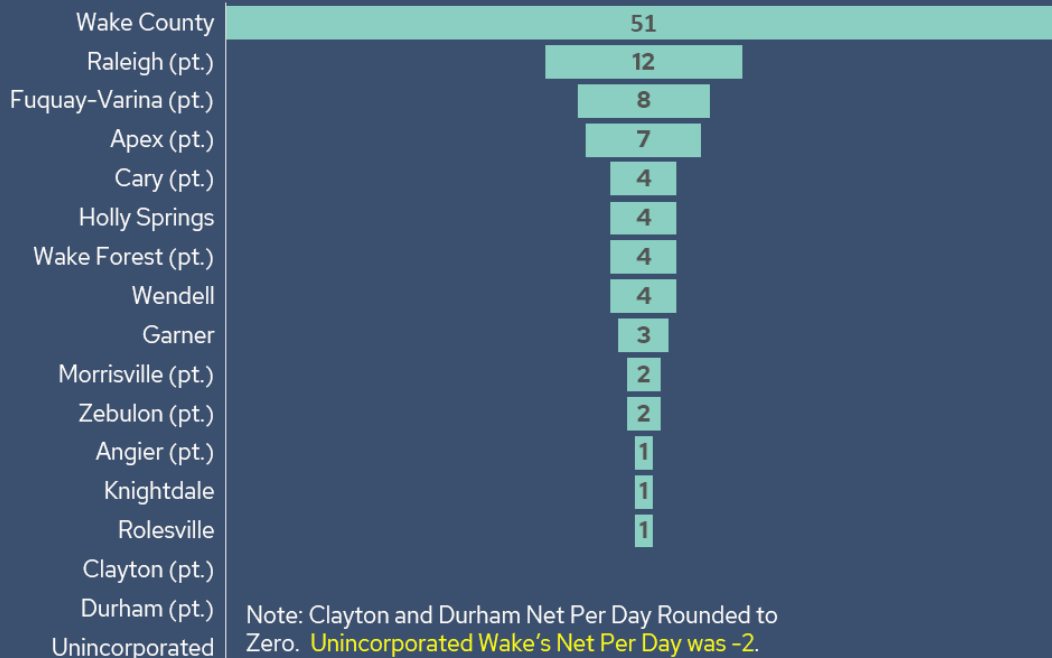
## 5 Fastest Growing Counties in U.S. with ≥ 1 Million Residents, 2023



County growth rate, April 1, 2020 – July 1, 2023

April 2020 – July 2023

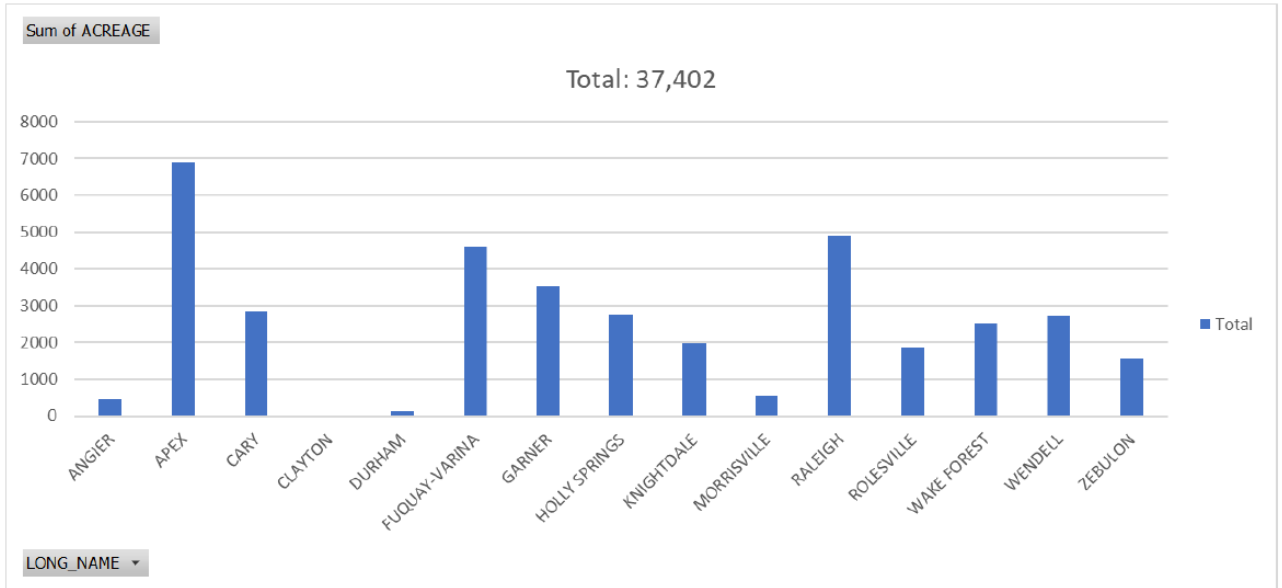
Net Per People Per Day by Wake Jurisdictions (Part (pt.) within Wake)



The Wake County Comprehensive Development Plan or “PLANWake” can be found online here <https://www.wake.gov/departments-government/planning-development-inspections/planning/planwake->

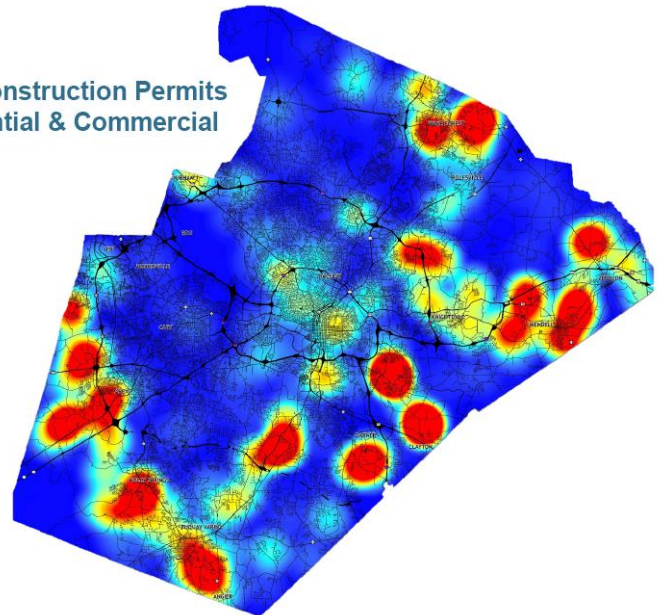
[comprehensive-plan](#). It has four guidelines – change is needed to plan for growth, direct growth toward towns and cities, protect open space and natural areas, and create walkable spaces and places.

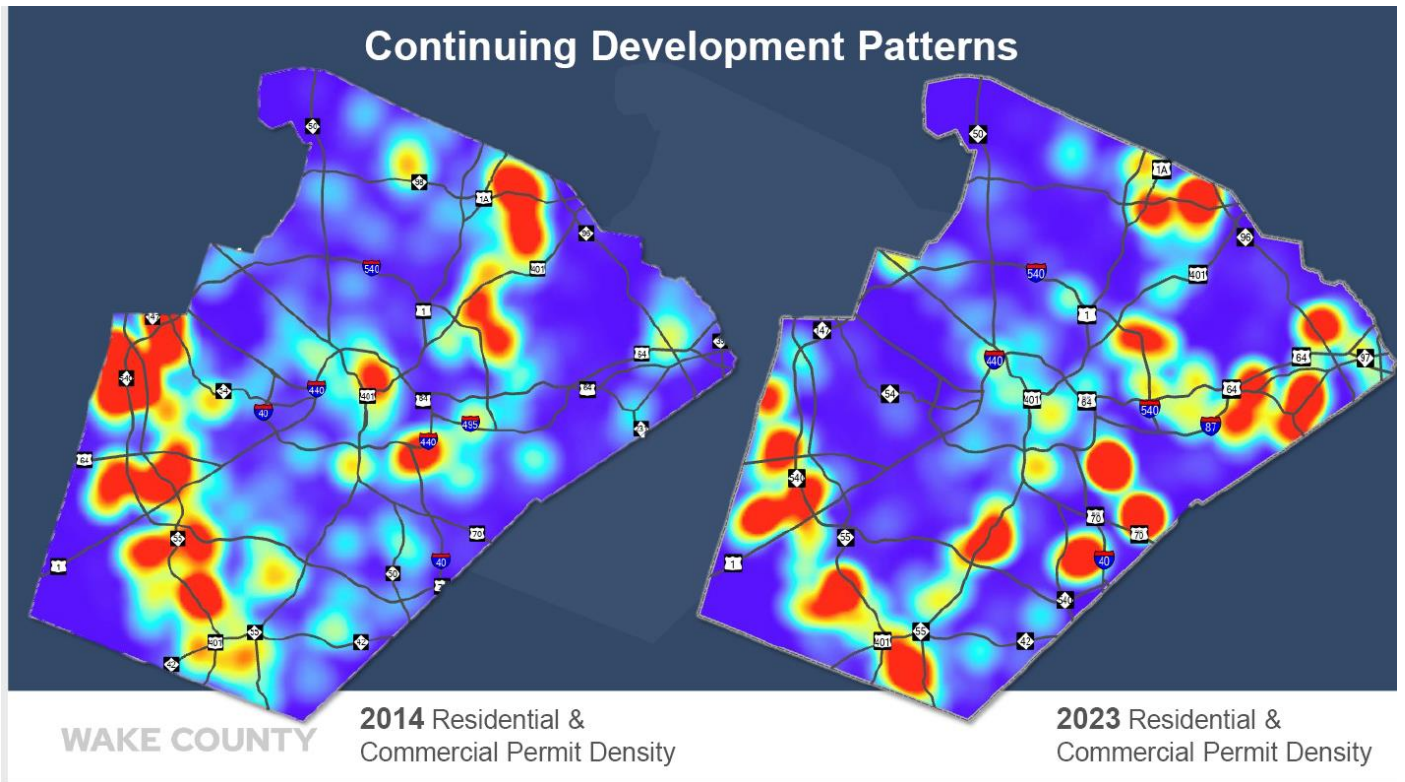
## Municipal annexations: 2014-2024



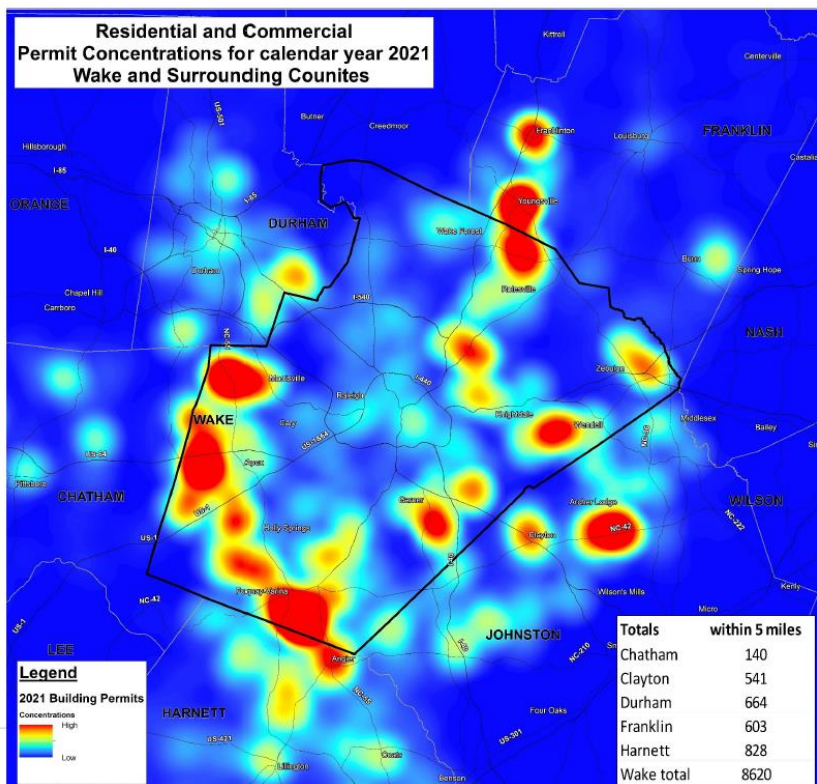
Municipality	Residential	Commercial
Angier	39	0
Apex	897	15
Cary	303	13
Clayton	0	0
Durham	63	1
Fuquay-Varina	906	11
Garner	1,048	18
Holly Springs	592	16
Knightdale	261	6
Morrisville	7	7
Raleigh	1,756	64
Rolesville	184	4
RTP	0	2
Wake Forest	615	14
Wendell	887	4
Zebulon	470	1
Unincorporated Wake	462	13
Totals:	8,490	189

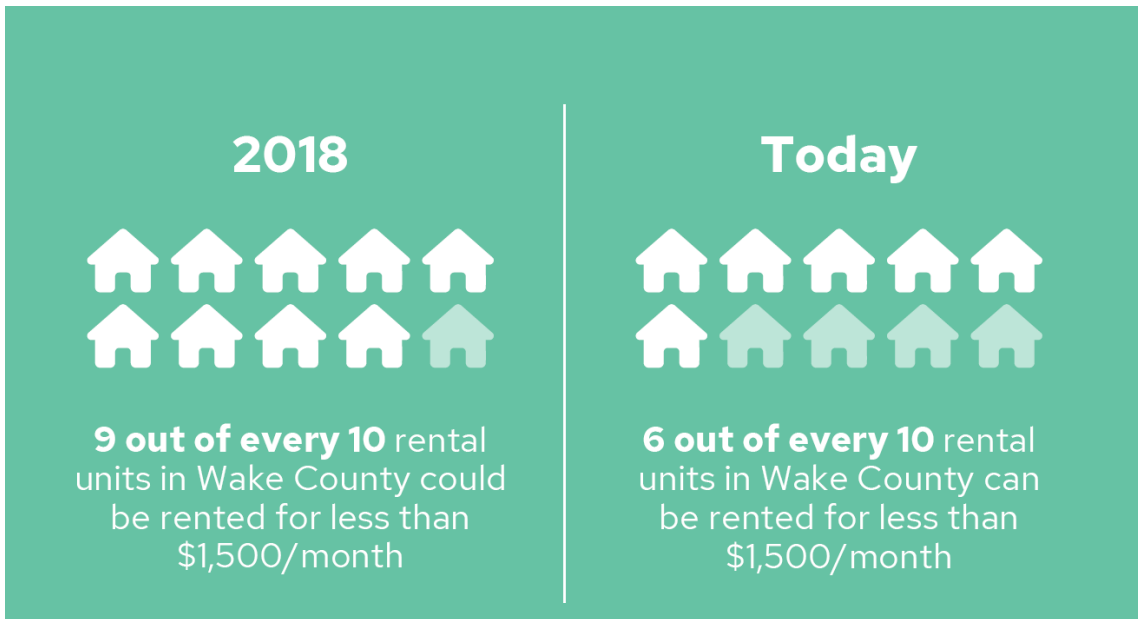
2023 Construction Permits Residential & Commercial





For 2021, growth of residential and commercial building permits collected for “collar counties” around Wake included 8,620 Wake County permits and 2,776 five-mile border permits:





There is admittedly a shortage of 66,870 affordable housing units. Some long-time Wake County residents cannot afford to buy or rent here anymore. This includes teachers, firefighters, police officers, and others.

By 2040, there is projected growth in the Triangle of 750,000 people and 700,000 vehicles.

## 50%+ of growth is age 55+

	2020	2023	Change	Net Per Day
Total Population	1,129,352	1,190,275	60,923	51
Under 5	67,106	67,714	608	1
5-17	202,049	203,023	974	1
18-24	100,601	103,065	2,464	2
25-54	494,493	519,485	24,992	21
55-64	130,609	137,622	7,013	6
65+	134,494	159,366	24,872	21

County Net Increase Per Day, April 1, 2020 - July 1, 2023

# Fastest growing metros for 65+

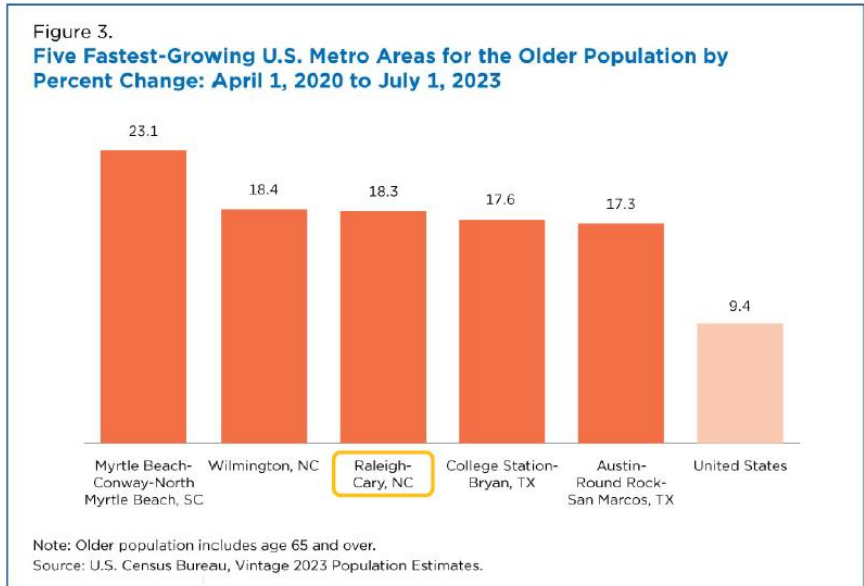


**Population**

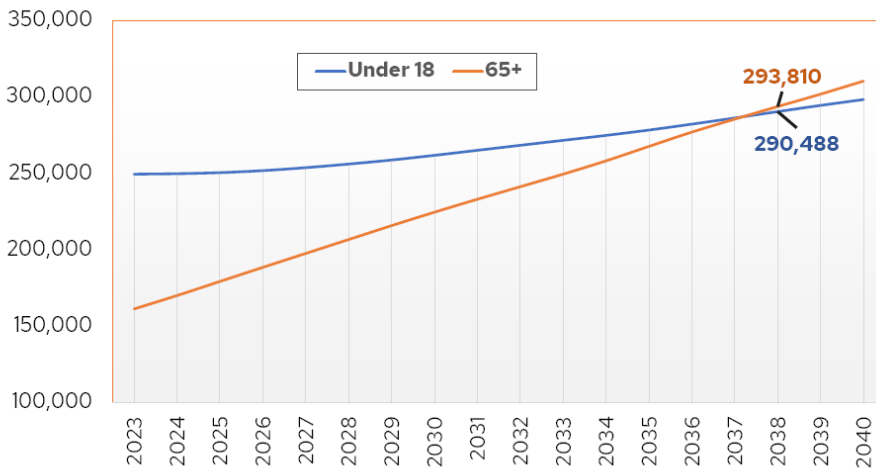
**Older Population Grew in Nearly All U.S. Metro Areas**

June 27, 2024

New 2023 metro area population estimates by age show increases in older adults in almost all metro areas, with decreases in young people in many metro areas.



## Wake County's projected aging trend



**In 2038, the number of Wake residents aged 65 and older is projected to surpass the population under age 18.**

Source: Compiled from Vintage 2023 population projections of North Carolina counties produced by the State Demographer of the North Carolina Office of State Budget & Management.

Data on those aging in North Carolina is clear: Older adults are here to stay. The top five considerations noted in the State Aging Plan on June 9<sup>th</sup>, 2023 produced by the North Carolina Department of Health and Human Services (NC DHHS) Division of Aging and Adult Services are as follows:

- People want to stay in their communities and not relocate
- People want to age in their own homes

- Individuals worry about when they won't be able to drive
- People worry about becoming socially isolated
- Employment for older and disabled adults is important issue that needs to be addressed moving forward

National and county trends for workers aged 55+ were provided alongside the following quote:

“The U.S. Labor Department says that among men aged 70 to 74, nearly one in four is now working. Among men aged 75 and over, that figure is nearly one in eight. Both those numbers are near the record levels seen just before the COVID-19 crisis.”

Brett Arend's ROI, Opinion: Men over 70 are flooding back into the workforce  
*MarketWatch. Last Updated: Nov. 2, 2024 at 8:08 a.m. E.T.*  
*First Published: Nov. 1, 2024 at 12:48 p.m. E.T.*

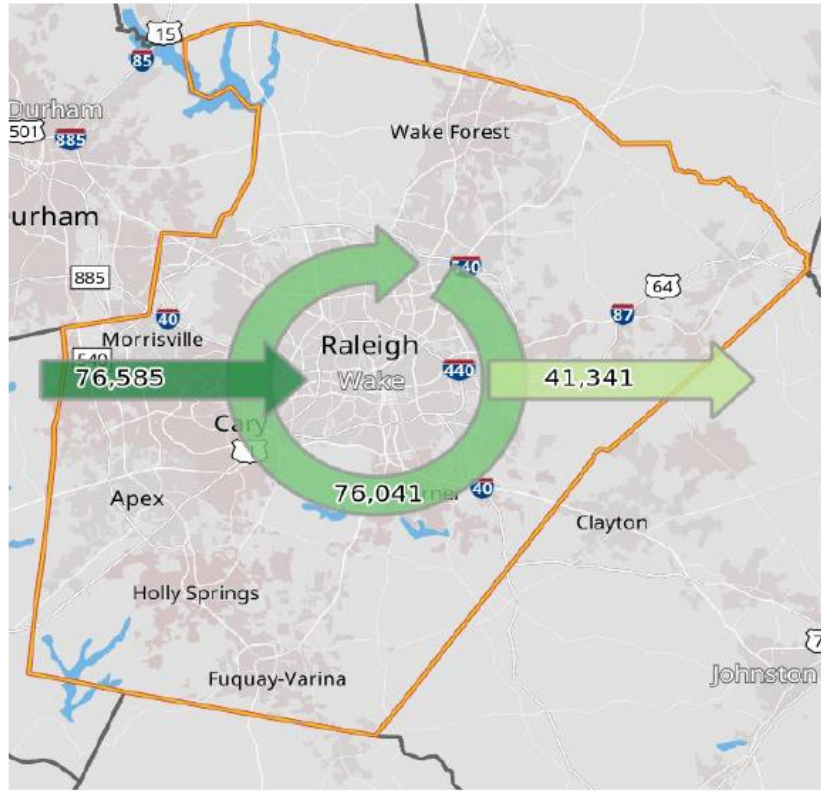
<https://www.marketwatch.com/story/men-over-70-are-flooding-back-into-the-workforce-a1254a61>

Workers: Aged 55 or older living in Wake		
	2014	2022
All Jobs	84,777	117,382
Earning More than \$3,333 per month	52.6%	64.5%
Bachelor or Advanced Degree	35.4%	36.8%
Professional, Scientific, Technical	9.1%	11.2%
Health Care & Social Assistance	12.5%	12.5%
Educational Services	11.8%	9.3%
Construction	4.2%	5.3%

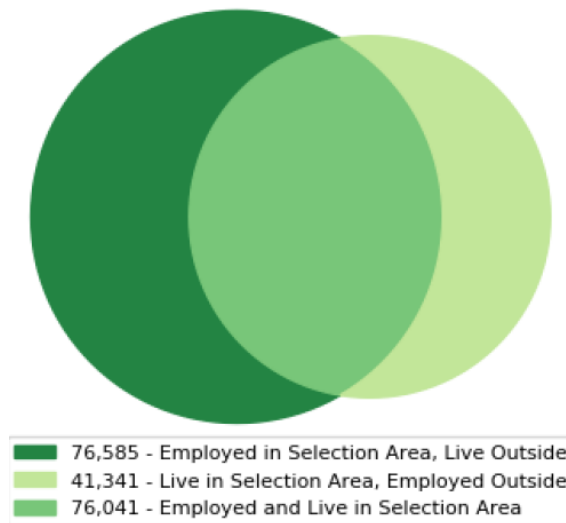
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Source: U.S. Census Bureau. 2022. OntheMap.

Meanwhile, Wake commuters aged 55+ in 2022 were shown in data points in the following two images:



Inflow/Outflow Job Counts in 2022  
Age 55 or older



Source: U.S. Census Bureau. 2022. OntheMap.

County Manager Ellis briefly touched on the Wake County strategic plan. A strategic plan is an organized process that assesses the current state and describes future direction. The Wake County strategic plan was formed by engaging residents, stakeholders, and staff throughout 2023 via a community survey, focus groups, presentations to partners, and employee feedback. This allowed for 2,400 respondents to help identify priority issues such as growth and affordable housing. The Wake County Board of

Commissioners (BOC) reviewed the materials at work sessions, retreats, and meetings. The commissioners provided essential ideas and feedback that cemented the direction and development of the plan. The BOC adopted the plan on April 18<sup>th</sup>, 2024. County Manager Ellis recognized Mr. Jason Horton (Strategic Initiatives Director) who helped lead the construction of the strategic plan. The plan identifies top priorities through 2029 and includes the following six focus areas:

1. Community Health and Wellbeing
2. Growth, Land Use, and Environment
3. Inclusive Prosperity
4. Lifelong Learning
5. Safer Community Together
6. Foundations of Service

From these six focus areas, a total of twenty-four goals were set. Each one has indicators and measures associated with it, which enables progress tracking. Additional details can be found here:

<https://www.wake.gov/strategic-plan>

With the “Safer Community Together” category, it was noted that Wake County is approximately 857 square miles. Despite this, there are only around 61 ambulances functioning in the County. The County Manager’s Office is well aware that emergency medical services (EMS) providers and vehicle operators are needed. In 2024, the County opened three new fire stations using an innovative, new cost-sharing model. Staff cut the ribbon on the new Garner Main EMS station and increased the diversity of fire academy recruits.

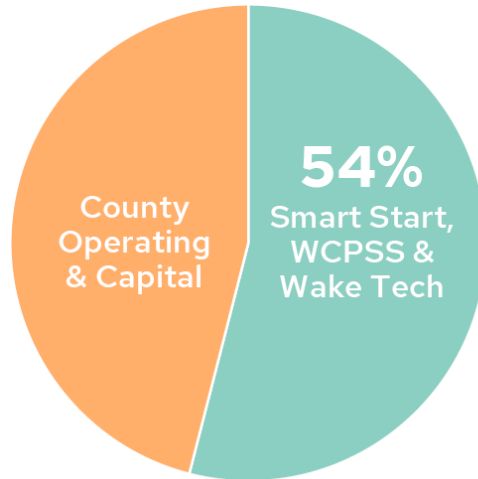
In “Community Health and Wellbeing” in 2024, the County invested \$29.1 million in affordable housing, created and preserved 4,000+ units since 2019, launched the Major Repair Program, and reopened a newly renovated Cornerstone Service Center.

With “Inclusive Prosperity,” in 2024, the County adopted its first Digital Equity Plan. It also received \$17.6 million in grants for broadband access, continued to attract top life sciences companies, and had three businesses qualify for Upward Mobility Bonus.

For its financial picture, the County added over three hundred positions to Health and Human Services (HHS).

- Fiscal Year 2021 – Added 4.973 positions
- Fiscal Year 2022 – Added 44.025 positions
- Fiscal Year 2023 – Added 40.4 positions
- Fiscal Year 2024 – Added 27 positions
- Fiscal Year 2025 – Added 188 positions

Below are the fiscal year (FY) 2025 education investments. This includes Wake County Public School System (WCPSS) at \$703 million, Wake Tech at \$40.9 million, and Smart Start at \$7.8 million.



It was noted that bond money was **not** included here – just the fraction of the County’s budget for the schools.

## FY2025 adopted tax rates

	Reported FY25 Neutral Rate	FY25 Adopted Tax Rate	% Increase Over Neutral Rate
Knightdale	0.30	0.44	46.7%
Wendell	0.2889	0.42	45.4%
Cary	0.244	0.325	33.2%
Zebulon	0.454	0.577	27.1%
County Fire District	0.086	0.1075	25.0%
Rolesville	0.323	0.40	23.8%
Wake Forest	0.346	0.42	21.4%
Garner	0.435	0.52	19.5%
Morrisville	0.30	0.35	16.7%
Holly Springs	0.295	0.3435	16.4%
Apex	0.302	0.34	12.6%
Fuquay-Varina	0.318	0.358	12.6%
Raleigh	0.317	0.355	12.0%
Wake County	0.4636	0.5135	10.8%

Ms. Wanda Hunter inquired about the process to contest the value of the tax. Interested residents should refer to the Tax Administration webpage for a walkthrough of this process:

<https://www.wake.gov/departments-government/tax-administration>

The County Manager’s Office, as mentioned above, has formed three working groups to evaluate financial impacts, cybersecurity, and operational impacts of the executive orders being handed down at the federal level. Mr. Holder added that the cybersecurity workgroup was specifically because of a federal level cybersecurity office that was disbanded leaving the County without the infrastructure needed for one of its systems.

However, despite this, the County was strong, its budget primed to focus on its strategic plan. The County Manager's Office does not anticipate adding a large number of positions for a number of reasons, partly to focus instead on addressing long-standing vacancies and to remain flexible given the unknown impact of changes brought by the federal government. There were around 6,000 federal workers who lived in Wake County, so the County wanted to be cognizant even to the level of need that may develop given the continued changes in the political climate.

Ms. Caroline Harper inquired about any immediate concerns with cybersecurity and it was reassured that protecting data was of the utmost importance. The critical nature of the workgroup was in direct response to the one federal office already lost. It could also be considered the workgroup that would look into the misuse of power to eliminate positions without proper authority, especially as a result of diversity, equity, and inclusion (DEI). Ms. Hunter did inquire about starting to be proactive rather than reactive insofar as having inklings of DEI being targeted ahead of the current administration. It was argued that DEI itself was being targeted – meaning no matter the name used to refer to an initiative, the DEI initiative would still be under attack. Staff would continue to work and to listen to the community to attempt to gain a broader sense of community needs.

### **Annual Legal Training and Orientation**

#### **[Public Health Accreditation Benchmark #34.2, 36.1, 36.2, 36.3]**

(Presented by Mr. Ken Murphy)

Mr. Ken Murphy (Senior Deputy County Attorney) explained that he would be speaking about the powers, duties, and responsibilities of the Health and Human Services Board. The Health and Human Services Board is a consolidated Public Health and Social Services Board. NC General Statute 153A-77(b) states that any county with a County Manager form of government may create a consolidated county human services agency having the authority to carry out the functions of the local health department and the county department of social service and may create a consolidated human services board. Wake County did this in 1996. The NC General Statute 153A-77(c) states the statutory foundation for the Wake County Health and Human Services (HHS) Board's powers and duties as:

- “A consolidated human services board . . . shall serve as the *policy-making, rule-making, and administrative board* of the consolidated human services agency.”
- **Policy-making:** energy programs assistance outreach plan, public health quarterly reports (chronic disease, communicable disease, injury prevention, county health report), support for changes in State law and County ordinances regarding tobacco sales and use
- **Rule-making:** adoption and amendment of “Local Health Rules” – septic system regulations, drinking water well regulations, swimming pool regulations, public recreational waters and beaches regulations, mosquito management regulations
- **Administrative:** WCHHS Board Appeal Panel hearings (Dangerous Dog appeals – from County Animal Control Ordinance; appeals of staff's interpretation and enforcement of State and Local Health Rules. Review of WCHHS Board Operating Procedures and WCHHS Board Rules of Appeal. Set fees for health department services as recommended by staff

This same NC General Statute 153A-77(c) also states the composition of the Wake County Health and Human Services Board as:

- Nineteen members, all appointed by the Board of Commissioners (BOC)
- No member may serve more than two consecutive four-year terms

- Must have: psychologist, pharmacist, engineer, dentist, optometrist, veterinarian, social worker, registered nurse
- Must have: 2 physicians, one of whom shall be a psychiatrist
- Must have: 1 member of the Board of Commissioners
- Must have: 4 consumers and 4 general public

Mr. Murphy went over Specific Statutory powers of the Wake County Health and Human Services Board as set by NC General Statute 153A-77(d):

- Set fees for departmental services as recommended by staff
- Adopt Local Health Rules and participate in citizen appeals from enforcement of Local Health Rules
- Advise local officials through the County Manager
- Perform public relations and advocacy functions
- AND, in addition to the above: “the consolidated human services board shall have the powers and duties conferred by law upon a *board of health [and] a social services board*”

The Statutory powers and duties of a local Board of health are specified by NC General Statute 130A-39 as:

- “Adopt *rules* necessary to *protect and promote the public health*” and
- “Adopt a *more stringent rule* in an area regulated by [the State] where, in the Board’s opinion, a more stringent rule is *required to protect the public health*”

As an example, using the parameters of NCGS 130A-39A, the Board has set more stringent rules for Wake County Well Regulations and Septic Regulations than the State regulations. The Board had determined that it was necessary to protect the public health to make these rules more stringent. Mr. Murphy went on to explain that the County cannot make rules that are less stringent than State rules. Local health rules apply to unincorporated Wake County as well as all municipalities within the County. Proposed health rules must be made available for public inspection ten days in advance of their adoption, amendment, or repeal. The Board must also keep copies of health rules on file.

Mr. Murphy went over NC General Statute 108A, Statutory powers and duties of Social Services Board as it pertains to the Wake County Health and Human Services Board’s powers and duties. NCGS 108A-1 and NCGS 108A-9 state the duties and responsibilities:

- “Advise county and municipal authorities in developing policies and plans to improve the social conditions of the community”
- “Consult with the director of social services about problems”
- “Have such other duties and responsibilities as the General Assembly, DHHS or the Social Services Commission or the board of county commissioners may assign”

The WCHSS Board has advised County authorities in developing policies to improve social conditions of the community. This includes:

- Public Hearing and discussion of Affordable Housing Action Plan
- Review/discuss Wake County Child Abuse Prevention Plan
- Review/discuss Wake County Child Fatality Protection Team/Community Child Protection Team Report
- Review/discuss Energy Programs Outreach Plan

- Review/discuss Regional Center Network Committee Action Plan
- Review/discuss Fatherhood Initiative Program
- Review/discuss Social and Economic Vitality Program
- Review/discuss Aged Out Foster Care Youth Workgroup
- Mayor Frank Eagles Community Service Award

Mr. Murphy discussed the board members' individual responsibilities. He also reminded members to be careful not to individually speak for the "Board" as a body when they are advocating at various community events as an individual. He then went on to note some of the responsibilities each individual Board member has to the Board:

- Don't move to another county. Board members must live in Wake County
- Participate actively and constructively in Wake County Health and Human Services Board meetings
- Attend at least 75% of scheduled meetings
- Not seek or accept financial gain related to status as a Wake County Health and Human Services Board member
- Represent, and advocate for, Wake County Health and Human Services programs at various community events as requested
- Identify and advocate for resources needed to carry out the mission of Wake County Health and Human Services
- Conduct Wake County Health and Human Services Board meetings in compliance with NC Open Meetings Law
- Serve on WCHHS Board Appeal Panel
- Serve on the Public Health Committee or Social Services Committee

Finally, Mr. Murphy reviewed the Health and Human Services Board's role in the accreditation of the health department. All local health departments in North Carolina must obtain and maintain accreditation from the State every four years. The most recent accreditation cycle ended in 2019. Of the 41 accreditation benchmarks, the Health and Human Services Board is directly responsible for benchmarks 34 through 41 (standards on "Governance").

Mr. John Myhre inquired about what happened when someone appealed even after the Health and Human Services Board. Mr. Murphy walked through the appeal process from the beginning where a disagreement over a finding resulted in an appeal for a decision. This would initially be heard by a three-member panel of Wake County Health and Human Services Board members who volunteered for the role. Each party would be there to make an argument for their side. The decision could then be held (approved) or reversed. The decision comes before the full Wake County Health and Human Services Board when that finding is further challenged. No new evidence is allowed in at this point, but each party may appear before the Board to state their case and why their stance should be upheld. The full Board then makes a decision that can be appealed further to the Wake County court system. While Mr. Murphy has been with the Board, this has only happened twice in which case Mr. Murphy's role transitions to that of advocate for the Board's decision.

## Onsite Water Protection Development Services Fee Study – Environmental Health [Public Health Accreditation Benchmark #33.5 and 39.3]

(Presented by Mr. Evan Kane)

Mr. Evan Kane (Onsite Water Protection Director) presented on the Development Services Fee Study – Environmental Health review. Development services are permits and inspections associated with building new commercial or residential structures:

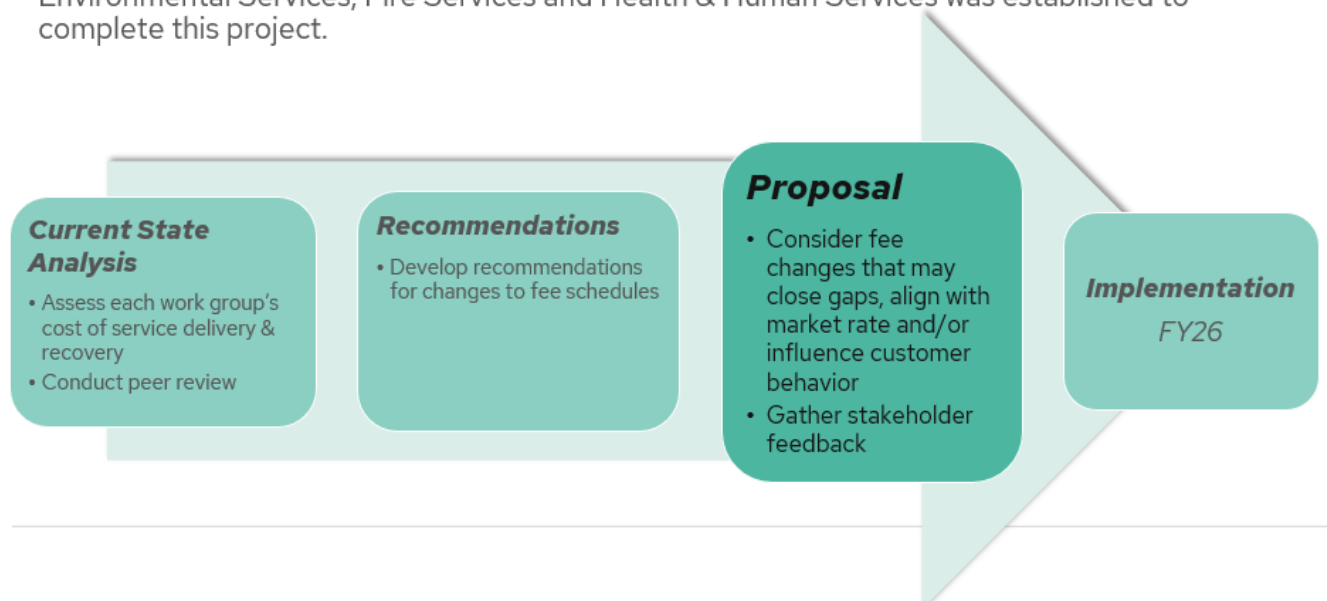
- Building permits (Community Services department)
- Sediment and erosion control plans, stormwater management plans (Environmental Services department)
- Well permits, septic system permits (Health and Human Services department)

The Wake County Health and Human Services Board role and scope include:

- Benchmark #33.5: The local health department shall determine the cost of services in setting fees
- Benchmark #39.3: The local board of health shall annually review and approve the local health department budget and approve fees in accordance with G.S. 130A-39(g)
- **NOT** included in current review:
  - Services not related to land development (voluntary well testing, complaint investigations, repair permits)
  - Anything outside of environmental health (medical, dental)

## Project Approach

A Development Services committee consisting of representatives from Community Services, Environmental Services, Fire Services and Health & Human Services was established to complete this project.



The project approach (see above) is a step wise approach now focused on the “proposal” stage by gathering stakeholder feedback.

Data collection included financial records from fiscal year (FY) 2024 as well as service usage data from EnerGov permitting and inspection system. During the analysis process, the FY 2024 fee revenue was compared to each FY 2024 cost of service fee, benchmarked against peer jurisdictions, and factored in all statutory requirements which inform the fee schedule. Next came the current state analysis key findings.

## Cost Recovery Summary

Service Group	Cost of Service Delivery (\$)	Revenue Recovered (\$)	Cost Recovery Rate (%)
Well Permitting & Inspections	\$225,898	\$111,825	50%
Wastewater Permitting & Inspections	\$1,002,641	\$376,807	38%
EH&S – Plan Review	\$1,658,985	\$576,925	35%
EH&S – Food and Lodging	\$255,520	\$192,450	75%
<b>Overall</b>	<b>\$3,703,646</b>	<b>\$1,413,777</b>	<b>38%</b>

## Peer Benchmarking

Fee Name	Fee Amount	Peer Jurisdiction(s)	Peer Fee Range (Min-max)
Wastewater Improvement Permit + Construction Authorization	\$400	Chatham, Cumberland, Durham, Franklin, Johnston, Orange, Guilford, Mecklenburg Counties	\$400-600
Well Permit	\$400	Chatham, Cumberland, Durham, Franklin, Johnston, Orange, Guilford, Mecklenburg Counties	\$340-660
Food Establishment Re-Review	\$100	Durham, Johnston, Guilford, Mecklenburg, Cumberland & Orange Counties	\$50 - \$200
Plan Review New Public Swimming Pools	\$250	Durham, Johnston, Guilford, Mecklenburg, Cumberland & Orange Counties	\$250-\$450
Annual Pool Operating Permit	\$300	Durham, Johnston, Guilford, Mecklenburg, Cumberland & Orange Counties	\$50 - \$370
Annual Operating Pool Permit Re-Inspection	\$100	Durham, Johnston, Guilford, Mecklenburg, Cumberland & Orange Counties	\$100 - \$150

It should be noted that these fees have not changed in two decades, meaning they are outdated in today’s market. These changes would better align fees with current market rates and service costs and help achieve sustainable cost recovery.

## Proposed Fee Changes: Health & Human Services

Proposed Fee Change	Current Fee & Adoption Date	Proposed Fee
Well Construction Permit Fee	\$400 Adopted 2005	\$800 (all initial testing included)
Wastewater Improvement Permit	\$200 Adopted 2004	\$400
Wastewater Construction Authorization	\$200 Adopted 2004	\$400
Hybrid Wastewater Improvement Permit	\$80 (percentage set by statute)	\$160
Hybrid Wastewater Construction Authorization	\$80 (percentage set by statute)	\$160
Well & Septic Re-Inspections	\$75 Adopted 20+ years	\$200 flat

For next steps, stakeholder engagement is ongoing. The County Manager will consider the proposed fees as a part of the recommended budget. The Health and Human Services Board would also need to approve the proposed fees prior to the Board of Commissioners (BOC) consideration for the fiscal year (FY) 2026 spring budget. The implementation of any adopted changes would take place on July 1<sup>st</sup>, 2025.

Ms. Rebecca Kaufman (Health Director) commended Mr. Kane for condensing months of work into a few PowerPoint slides, noting the thought and consideration being given.

When asked if the doubling of the fees would bring the cost back to breaking even, it was noted that it would likely be much closer than it currently is. When asked if 100% cost recovery was typical, it was not known on average but believed to be, on the whole, subsidized to a point. Deputy County Manager Duane Holder clarified that cost recovery was a factor but not a primary driver for this program.

Ms. Maty Ferrer Hoppmann asked if the fees were all within range, it was stated that some were slightly higher. If the fees were to be approved at a future Board meeting, the estimated date for implementation was July 1<sup>st</sup>, 2025, but it would definitely return again before being finalized. Mr. Kane also provided context for the jump in well construction permit fee from \$400 to \$800. While this figure was certainly substantial, it should be considered with the context that the installation for a well would typically be a total of \$20,000 to \$30,000 dollars. So the fee was part of, not the entirety of, a costly well installation process.

**Proposed Change to the Health and Human Services Board Operating Procedures  
[Public Health Accreditation Benchmark #36.3]**

(Presented by Ms. Ann Rollins)

Ms. Ann Rollins introduced proposed language (highlighted in yellow in the agenda packet and presented in its entirety below) to address accreditation benchmark #36.3 more directly.

**“E. Board Member Orientation and Training** At minimum one orientation/training event for all Board members is to be scheduled annually. Board members who are attending orientation and training for the first time will be denoted in footnotes in the minutes from the orientation and training event (as well as being included in the attendance list). Returning Board members (i.e., those who have participated in orientation and training events previously) will be noted on the minutes from the orientation and training event in the attendance list.”

Ms. Wanda Hunter asked if there was a definition for the word “training.” Ms. Natasha Bowen (Accreditation and Quality Assurance Consultant) explained that there was not. It was essentially whatever was deemed training by the board of health as long as it was properly documented annually. It could be during a retreat or during a regularly scheduled meeting, but did need to be with the intention to train members (new (with no prior training) and old (with prior training) alike).

**Mr. Irv Trust made a motion to adopt the suggested language and amendment to the Board Operating Procedures. Mr. Terry McTernan seconded the motion. The motion was unanimously passed.**

**Public Health Accreditation Overview**

(Presented by Ms. Natasha Bowen)

Ms. Natasha Bowen (Accreditation and Quality Assurance Consultant) presented an overview and update on the North Carolina Local Health Department Accreditation for the Wake County Board of Health. Public Health Accreditation allows local health departments. Public health accreditation allows local health departments (LHDs) to assess how they are meeting national and state-specific standards for public health practice and provides the opportunity to address any identified gaps. It is also required for LHDs to receive federal and state funding from the Division of Public Health.

Accreditation provides a framework for a health department to identify performance improvement opportunities, improve management, develop leadership, and improve relationships with the community. “The process is one that will challenge the health department to think about what business it does and how it does that business” (Public Health Accreditation Board, 2013).

Senate Bill 804 (2005, S804) was created and funded the North Carolina Local Health Department Accreditation (NCLHDA), an act to improve the public health infrastructure by establishing an accreditation system for LHDs. S804 directs Commission to adopt rules establishing standards for LHDs and mandates all LHDs to obtain and maintain accreditation pursuant to G.S. 130A-34.1. The Rules Commission adopted permanent Accreditation Rules that incorporated the Health Department Self-Assessment Instrument (HDSAI). The HDSAI outlines standards that LHDs must meet to become accredited. The following two general statutes were then highlighted:

## G.S. 130A-34.1

### § 130A-34.1. Accreditation of local health departments; board established.

(f) All local health departments shall obtain and maintain accreditation in accordance with this section. The Board shall implement accreditation over a period of eight years, beginning January 1, 2006. The Board shall establish a schedule specifying when each local health department shall apply for initial accreditation and ensuring that all local health departments have applied for initial accreditation by December 1, 2014.

## G.S. 130A-34.4

### § 130A-34.4. Strengthening local public health infrastructure.

- (a) By July 1, 2014, in order for a local health department to be eligible to receive State and federal public health funding from the Division of Public Health, the following criteria shall be met:
- (b) (1) A local health department shall obtain and maintain accreditation pursuant to G.S. 130A-34.1.  
 (2) Repealed by Session Laws 2015-246, s. 2.5(a), effective July 1, 2016.
- (c) The criteria established in subsection (a) of this section shall be in addition to any other funding criteria established by State or federal law. (2012-126, s. 3; 2015-246, s. 2.5(a).)



There are 147 activities, 41 benchmarks, and three standards in Public Health (PH) Accreditation. These three standards are:

- Standard 1: Agency core functions and essential services
- Standard 2: Facilities and administrative services
- Standard 3: Governance – purpose of the governance standard is to show that the Board of Health (BOH) is involved in the work of the agency and is fulfilling its role in being involved in the requirements of activities 34-41

The Board has several roles. This includes ensuring the BOH has required policies, procedures, and materials; hearing or reviewing LHD reports; discussing service costs, need for new/amended rules or ordinances; approving fees and budgets; and taking other actions or being involved with efforts to assure the LHD has what it needs to do its job. The Board must have access to legal counsel and statutes; have policies for rulemaking and appeals and demonstrate it is following said policies; along with the LHD, evaluate the need for additional and amended rules/ordinances; and support prohibition of tobacco within 50 feet of all LHD facilities.

Next the summaries for three BOH benchmark activities – 39.1, 39.4, and 40.1 – were shared with Board members to review. These were the remaining outstanding activities that the Board was responsible for

and the Board would spend some of this morning’s time in a work session to work towards resolving these three in particular.

## Activity 39.1

### BOH Support of Securing Funding

#### ACTIVITY

The local board of health or the advisory committee on health shall communicate with the board of county commissioners, units of government and private foundations in support of local health department efforts to secure national, state and local financial resources.

- a. **BOH correspondence to County Commissioners about efforts to secure financial resources**
- b. **Correspondence to private foundations/other units of government regarding LHD efforts to secure financial resources**

#### Optionally:

The Health Director may write or present the information, but there must be a link back to the BOH members showing that they support.

## Activity 39.4

### BOH Support of Programs and Processes

#### STANDARD

Governance

#### BENCHMARK

39: The local board of health shall assure the availability of resources to implement the essential services described in G.S. 130A-34.1(e)(2).

#### ESSENTIAL SERVICES



#### ACTIVITY

The local board of health or the advisory committee on health shall communicate with the board of county commissioners, units of government and private foundations in support of the development, implementation and evaluation of public health programs and a community health improvement process.

- Two pieces of evidence required to show communication with (a) BOC and (b) other units of government and private foundation in support of public health programming and a community health improvement process.
- Documentation submitted last accreditation: (a) BOH Advocacy Event with BOC attendance, BOH areas of focus; (b) BOH minutes detailing the Chair-Dr. James Smith’s written correspondence with Secretary Cohen and letters to U.S. House of Representatives Rep. George Holding and Rep. David Price.

# Activity 40.1

## BOH Communication on Public Health Issues

### ACTIVITY

The local board of health or the advisory committee on health shall inform elected officials and community boards about community health issues.

- a. BOH informed elected officials about community health issues
- b. BOH informed community boards about community health issues

#### Examples could include:

- Written correspondence between BOH/Health Director and an elected official (i.e., letter, memo, email)
- County Commissioners minutes reflecting presentation by BOH/Health Director
- Media articles (i.e., press release) showing BOH support for community health issues
- Documentation showing that the BOH/Health Director presented at meetings with other community boards

The agency accreditation timeline was outlined as follows:

- Agency 90-day Notice expected on March 1<sup>st</sup>, 2025
- Agency HDSAI Dashboard submission deadline for **ALL** evidence and documentation: June 1<sup>st</sup>, 2025
- Site visit date selection on or before June 1<sup>st</sup>, 2025
- Confirmation of site visit and list of site visitors received on or after June 1<sup>st</sup>, 2025
- Fall 2025 site visit (between August and November)
- Current accreditation expires on November 22<sup>nd</sup>, 2025

For more information regarding the presentation or Wake County Health and Human Services Public Health accreditation, please contact Natasha Bowe at [natasha.bowen@wake.gov](mailto:natasha.bowen@wake.gov) or at 919-212-9293. For additional information about the NCLHDA program, visit <https://NCLHDaccreditation.unc.edu>.

The Board still had its March and April Board meetings to complete work in that could be used to submit for accreditation (as every Board meeting's minutes are reviewed and approved, even if in part, during the next month's meeting). Ms. Wanda Hunter asked if there would need to be volunteers from the Board during the site visit and this will be something that comes up as an opportunity during the site visit in the fall. Ms. Rebecca Kaufman (Health Director) briefly spoke to the importance of accreditation. Federal accreditation efforts have fallen flat while the State accreditation benchmarks give validity to the work being done. Having said that, there was admittedly redundancy within the work with some evidence capable of fulfilling multiple activities and requiring some streamlining. But these were efforts that the State was already dedicated to resolving.

## **Public Health Accreditation Breakout Sessions**

(Facilitated by Ms. Lechelle Wardell)

Ms. Lechelle Wardell (Population Health Director) facilitated the breakout sessions focused on the three outstanding accreditation benchmarks – 39.1, 39.4, and 40.1 – for the Board. Attendees were each assigned a benchmark – six groups with two tables each reviewing each benchmark – and asked to develop a strategy to address the benchmark alongside who was responsible for fulfilling the strategy. The “who” was limited to the Public Health Committee (PHC), Social Services Committee (SSC), Ad Hoc Committee, or the Health and Human Services Board. For brevity, the accreditation summaries (provided above) are not included, only the accreditation benchmark itself. Summaries are readily available, however, on the HDSAI: [https://nclhdaccreditation.unc.edu/wp-content/uploads/sites/733/2024/12/HDSAI-Interpretation-Document-Version-2025\\_FINAL.pdf](https://nclhdaccreditation.unc.edu/wp-content/uploads/sites/733/2024/12/HDSAI-Interpretation-Document-Version-2025_FINAL.pdf)

- 39.1 – There was potential to use some of the reports Ms. Rebecca Kaufman (Health Director) brought before the Health and Human Services Committee. It is important to denote the distinction between the Committee and the Health and Human Services Board. There was also the potential for a bill at State legislation looking to expand Communicable Disease funding that may allow for an opportunity to advocate. There was also the possibility to use minutes already craft from the Health and Human Services expansion request review outlined in minutes from March 21<sup>st</sup>, 2024 as well as April 24<sup>th</sup>, 2024. Another mention of Best Baby Wake provided an opportunity to fulfill this benchmark. This could also be combated with a standalone agenda item allowing for conversation about events. This could help ensure a repository of these types of items that could fulfill this and other accreditation benchmarks.
- 39.4 – The Onsite Water Protection presentation from today’s own meeting could be used here. There was another suggestion of Medicaid that was ultimately determined not to be applicable due to the lack of ties to Public Health. Safe Routes to School (SRTS) was also mentioned to much more favorable prospects. A brief mention of the Community Health Improvement Plan (CHIP) was also mentioned as being ready in the near future.
- 40.1 – Documentation for things already done was a large consideration. It was mentioned that Commissioner Cheryl Stallings, the appointed Commissioner for the Health and Human Services Board, might benefit from providing an update on a regular basis to other Board of Commissioners (BOCs) about the Health and Human Services Board’s work. The Health and Human Services Committee was mentioned here too with its quarterly meetings perhaps offering some guidance as to ongoing report outs from staff. Ms. Ann Rollins also noted the August 21<sup>st</sup>, 2023 proclamation for National Senior Citizens Day brought about by advocacy on behalf of the Wake County Health and Human Services Board. There were upcoming opportunities (such as the One Water Program that would be presented to a Community Advocacy Committee (CAC). Board members were encouraged to send Ms. Brittany Hunt (Executive Assistant to the Wake County Health and Human Services Board) items to include on advocacy and items that occur outside of Board meetings.

Ms. Caroline Harper (Senior Business Analyst) also reminded Board members of the monthly Regional Networks report that often includes activities being done by the local Regional Networks, Regional Centers, and local Community Advocacy Committees (CACs).

## **Public Comments**

- Ms. Deidre McCullers recounted the County Manager’s call to change the narrative around foster children, expanding it to the narrative constructed through slavery. Without addressing the horrors of slavery, that narrative was not changing.

- Ms. McCullers pointed out the mention of the Health and Human Services Committee by Deputy County Manager Duane Holder. Was this committee only for Public Health staff or were partners and community members involved as well?
- Ms. McCullers also asked if questions asked during the Wake County Health and Human Services Board had to be asked by Social Services employees or if anyone could ask questions during the meeting.

Ms. Ann Rollins closed the meeting encouraging nominations to the still open Mayor Frank Eagles Excellence in Community Service Award. Applications would be accepted through March 14<sup>th</sup>. When asked about the selection committee, it was confirmed that Commissioner Cheryl Stallings would be serving from the Board of Commissioners (BOC) and the Health and Human Services Board alongside Ms. Petra Hager (Departure Drive Regional Center Director) and Mr. John Myhre.

### **Adjournment**

The meeting was adjourned at 11:25 a.m.

**Board Chair's Signature:** 

**Date:** 03/27/2025

Respectfully submitted by Brittany Hunt