

Wake County Health and Human Services Board
Meeting Minutes
March 27th, 2025

Board Members Present:

Maty Ferrer Hoppmann
Wanda Hunter
Christine Kushner
Dr. Jananne O'Connell
Ann Rollins
Dr. Anita Sawhney
Commissioner Cheryl Stallings
Irv Trust
Dr. Kelcy Walker Pope
Birchie Warren
Tamara Wilson

Guests Present:

Darline Jean-Charles
Deidre McCullers

Staff Members Present:

Natasha Bowen
Jennifer Brown
Sheila Donaldson
Ann Godwin
Barbra Gonzalez
Petra Hager
Anika Hamilton
Kevin Harrell
Richie Hayner
Brittany Hunt
Evan Kane
Rebecca Kaufman
Lee Little
Dr. Joel Lutterman
Jenelle Mayer
Rachael McCaully
Ken Murphy
Tina Payton
Toni Pedroza
Melissa Pullen
Yolanda Thacker
Kathryn Thompson
Lechelle Wardell
Dana Webb-Randall
Rochelle Whitaker
Stantavia Wright
Ross Yeager

Call to Order

Chair Ms. Ann Rollins called the meeting to order at 7:38 a.m.

Next Board Meeting – April 24th, 2025

Approval of Minutes

Ms. Ann Rollins asked for a motion to approve both the February 4th, 2025 and February 27th, 2025 Board meeting minutes. There was a motion by Ms. Christine Kushner and Mr. Irv Trust seconded. The minutes were unanimously approved.

Treasurer's Report

In the absence of Mr. Terry McTernan, Treasurer, Ms. Brittany Hunt (Executive Assistant to the Wake County Health and Human Services Board) provided the Treasurer's Report. In February, the fund was

reported as \$9,567.95. Since that report, there had been a \$350 addition of donated stipends from Board members bringing the new total to \$9,917.95.

Local House Bill (HB) 197 Advocacy Request [Public Health (PH) Accreditation Benchmark #40.1] and Board Retreat Follow-up

(Presented by Ms. Ann Rollins, Ms. Rebecca Kaufman, and Ms. Natasha Bowen)

On the heels of the Wake County Health and Human Services Board's February 27th retreat, staff were providing information on opportunities for advocacy aligning with the Board's established goals and dedication to the community. Ms. Rebecca Kaufman (Health Director) explained that there was recently a bill – House Bill (HB) 197 – introduced to North Carolina to give local governments reoccurring communicable disease funds. The bill's primary sponsors were Representative Donna McDowell White and Representative Larry W. Potts of North Carolina.

Since COVID-19, these dollars have become commonplace, but most of those monies are received in a one-time sum. This makes using those dollars for purposes such as establishing critical staff difficult. This bill is one that, in its current state, the local health directors and the North Carolina Public Health Association are endorsing. The amount is for \$25 million for the state. There is a formula that has estimated the dollars to Wake County being around \$1 million. It is about far more about the great depth of need served by the money that is the greatest call to action.

To provide as accurate a capture of the conversation editing the language of the letter as originally drafted, the single paragraph edited (and moved) has been provided below in its original and edited forms for easy comparison. Following that are highlights of the reasoning for the edits.

Original Draft

“This year, Wake County received \$52,158 in state funding to support the communicable disease surveillance program, and the program costs more than \$2 million per year to operate. Increased investment in communicable disease management will be instrumental in ensuring local health departments maintain the workforce and operating budget needed to investigate communicable disease cases and prevent the spread of illness.”

Approved Edit

“Your immediate attention is appreciated. Increased, ongoing, and sustained investment in communicable disease management will be vital in ensuring local health departments maintain the workforce and operating budget needed to investigate communicable disease cases and prevent the spread of illness. This year, Wake County received \$52,158 in state funding to support the communicable disease surveillance program which only meets 2.6% of the need in the most populous county in the state.”

Ms. Natasha Bowen (Accreditation and Quality Assurance Consultant) provided further context explaining that the proposed letter would fulfill the accreditation benchmark of #40.1. This was one of the three outstanding accreditation benchmark items that the Board reviewed during its February retreat. The bill was last touched on February 26th (a month prior), so this was time sensitive with the need to then pursue contact for a meeting with the Wake County Board of Commissioners (BOC). If approved, the Board Chair (Ms. Ann Rollins) would sign and it would be distributed to North Carolina State Representatives Maria Cervania, Allison Dahle, and Ya Liu. Ms. Christine Kushner pointed out the importance of following up in support of the single letter to further the urgency.

There was initially some discussion around the language of “funding” and what funds were needed to operate the program. Language requesting to “sustain” the money currently received were met with approval and Board members began to finetune the nature of the contribution by adding language such as “increased, ongoing, and sustained investment” and switching out the somewhat clunky “instrumental” for “vital.” Board members were thorough about this insistency also adding “immediate attention” to the paragraph and moving it from its buried position on the second page to instead the second paragraph of the letter’s opening.

When it was asked if the Board members could e-mail the main sponsors of the bill to support, Mr. Ken Murphy (Senior Deputy County Attorney) noted that individual Board members had to be careful not to act or make recommendations of behalf of the entire Wake County Health and Human Services Board. Because of this, it was often seen as cleaner and firmer a voice to have the Board Chair sign on behalf of the Board. However, it could absolutely be part of the motion to send the letter with the Board Chair’s signature and then encourage members to follow up. Something like this with a signature block on letterhead could give legitimacy without jeopardizing the message. Ms. Wanda Hunter agreed, noting the want to plan rather than bombard.

Board members revisited the funding aspect of the letter with Ms. Ann Rollins encouraging to ask for what was needed. However, that does admittedly come with the careful consideration of the size and perceived and actual wealth of the capital county. This loses the context of many people meaning there are also many impoverished or incapable of accessing services. This is especially true and poignant for this bill with communicable disease work as shown firsthand through the COVID-19 pandemic. Board members noted how this was a point made by the late Commissioner James West several times while serving Wake County.

Dr. Jananne O’Connell asked if a person exposed to rabies would benefit from such monies and if the population targeted could be expanded upon. Anything from gastrointestinal (GI) conditions to food illness outbreaks to measles could be addressed with these funds.

Ms. Bowen thanked the Board for their edits, suggestions, and time considering the letter to truly make it their own. Ms. Kushner expressed gratitude to the Public Health staff for bringing it to the Board’s attention.

Deputy County Manager Duane Holder assured the Board that the letter would be sent to Mr. Ben Canada (County Manager’s Office Chief of Staff) who worked closely with the North Carolina General Assembly for awareness.

Ms. Maty Ferrer Hoppmann made a motion to approve the letter supporting Local House Bill (HB) 197 with the proposed revisions. This revised letter would be sent initially with the signature of the Board Chair and again including a signature block containing all of the signatures of the Wake County Health and Human Services Board members. Ms. Christine Kushner seconded the motion. The motion was unanimously passed.

Health and Human Services Director’s Update

(Presented by Ms. Toni Pedroza, Ms. Yolanda Thacker, Ms. Sheila Donaldson, and Ms. Rebecca Kaufman)

Ms. Toni Pedroza (Senior Deputy Director of Health and Human Services) yielded her time to Ms. Yolanda Thacker (Economic Services Division Director) and Ms. Sheila Donaldson (Child Welfare Division Director). The following updates were provided.

- Ms. Thacker shared that Economic Services' Food and Nutrition Services (FNS) had met a new milestone of 97% timeliness. It was truly a time for celebration with FNS workers being honored for Food and Nutrition Service Worker's Week. Work First, not to be outdid, achieved 100% timeliness for applications and recertifications for their year's evaluation. In Energy, the Low-Income Energy Assistance Program (LIEAP) had approximately 111,411 applications to date. An entire 169,000 applications were denied during the last fiscal year. The last date to accept applications is March 31st. Of the \$2.9 million allocated, so far \$2.5 million had been spent.
- Ms. Donaldson announced that April was Child Abuse Prevention Month. Staff would go throughout the county to educate the public on different resources in the community helping with abuse, neglect, proactive support for families, and interactions with Child Protective Services (CPS). Different events were being planned in the community with pinwheel plantings being popular. The pinwheel plantings include gathering in a public area to spread awareness of protective factors. Notably, April 4th would be "Go Blue Day" with an opportunity to wear blue in support and awareness.
- Ms. Pedroza did state that Board members may have heard news and rumors with Medicaid. There was ongoing fear of Medicaid cuts ever looming. At this point, there were two bills in the General Assembly asking for a work requirement for Medicaid. Nationally, 92% of those on Medicaid, currently, work already. Those who cannot work are usually elderly and/or disabled. They can also be young adults with severe disabilities.
 - What would a work requirement actually mean? If passed, these bills would force the state to be responsibility for ensuring work verification. This work, in turn, would be passed to the local counties.
 - There is already a current designation for those who must meet a work requirement for Medicaid – able-bodied adults without dependents (ABAWD). Even then, this is time-limited to a three-month timeframe.
 - If the work requirement for Medicaid passes, rules would need to be put in place. Most impacted adults would be eligible through Medicaid Expansion.

It was confirmed that those in long-term care were exempt from the work requirement for Medicaid. The elderly and disabled is where the actual expense lies – 75% of the total cost. Ms. Tamara Wilson asked if a demographic breakdown could be provided of those who receive Medicaid in Wake County based on age, disability status, and other factors. This would be provided in a future meeting and had been provided to Commissioner Cheryl Stallings just recently.

There are, quite simply, people who must work multiple jobs and yet still, despite the very best of efforts, not make enough income to survive. Mr. Irv Trust asked if such verbiage were considered when writing the bill initially rather than writing with the intent to go back in with a red pen. However, it was explained that when a bill is written, it is typically passed and then rules begin getting tagged on. The language in this particular bill says to "work or be engaged in activity leading to work." Because of the gray area this language creates, it will be up to the state (and therefore the counties) to make sure programs ensure people go to work. This is the case in the Food and Nutrition Services (FNS) Employment program. Anyone in this category in the FNS Employment program is asked if they want help or training to get a better job. This is voluntary but offered.

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

- Gratefully, all of the respiratory viruses, last reported in February 2025 as being on the incline, were now declining.
- Recently there was the kickoff of the 2025 Infant and Maternal Mortality Workgroup. In 2019, an Infant Mortality Workgroup was formed. This year, "Maternal" was added to begin including

reports and cases of maternal death, notably disproportion in Black women compared to other racial and ethnic groups. The Maternal and Child Health (MCH) unit is leading a partnership with UNC facilitating that group. The members will meet for six months and work on goals for the community to then be working on.

- The Community Health Needs Assessment (CHNA) has selected priorities and, the same as the previous cycle, they are access to healthcare, affordable housing and homelessness, and mental health. While perhaps an anticlimactic announcement to some, this is actually good news as work can continue with bigger impacts reached. These results come after a large exercise to pick priorities with a close fourth being education. This was an interesting mention given the time people were voting and the news dominating the airwaves of cuts to education. It will be up to staff to continue to monitor if education holds this seat or changes in the votes in the years to come.
- The news, too, has very often reported on funding. A recent announcement from the North Carolina Department of Health and Human Services (NCDHHS) cut certain COVID-19 funding to local health departments, but, thankfully, these two funding sources are ones Wake County does not, or no longer, receives. One was for farm workers specifically and the other was received during the peak of COVID-19 when there were more temporary staff. Because these temporary staff are no longer employed, the funds are no longer available. There were other stops issued by the Centers for Disease Control and Prevention (CDC) but the only funding impacted was one that the County had already shut out. The news today, truly, is different each and every day when it comes to these developments.
- Leadership are concerned about HIV prevention as the State has reduced funding hoping it to be flat funded. It is much more likely that it will be cut completely, but staff are continually making adjustments. The talks, however, of removing HIV prevention from the CDC and moving it to the United States Department of Health and Human Services, Health Resources and Services Administration (HRSA) continue. HRSA offers Wake County Ryan White funding, so there is some connection, but the typical hub has been the CDC.

Ms. Kaufman also spoke to the flu season upcoming in the fall of 2025 noting that they had booked the vaccine (as it must be ordered this far in advance!). Pre-purchased or stocked is not the combination flu/COVID-19 vaccine but this does not necessarily mean that it will not be. The vaccine will be updated but if it will be a combo is still yet to be determined. Mr. Irv Trust asked if there was stock with MMR vaccine. The County did have MMR vaccines and no reported cases of MMR at this time. It was noted that those receiving the MMR vaccine would need two doses to complete.

Regional Networks Annual Update

(Presented by Mr. Ross Yeager)

Mr. Ross Yeager (Northern Regional Center (NRC) Director) presented the Regional Networks Annual Update. Mr. Richie Hayner (Southern Regional Center (SRC) Director) and Ms. Petra Hager (Departure Drive Regional Center Director) were also in attendance.

In 1996, Wake County opened its first Regional Center in Fuquay-Varina, based on a few simple principles:

- Bringing Wake County services closer to citizens in outlying communities
- Bridging transportation gaps
- Increasing access to services
- Promoting partnerships
- Collaborating with local organizations

Mr. Yeager shared that in the years gone by, workers would be stationed at the centers before returning home. This helped to bridge transportation gaps with employees living throughout the county and beyond. When other departments began to call and ask for their employees to be stationed at these centers as well, this naturally, over time, produced centers evolved from the local community's needs. It grew from Health and Human Services as well as across the county during the following years.

- 1996 – Southern Regional Center (SRC), Fuquay-Varina
- 2002 – Eastern Regional Center (ERC), Zebulon
- 2008 – Northern Regional Center (NRC), Wake Forest
- 2009 – Departure Drive Regional Center (formerly Millbrook, renamed December 2020), Raleigh
- 2017 – Western Health and Human Services Center

The Centers all have Wake County Health and Human Services embedded into them – Economic Services, Child Welfare, Health Clinic Services, and Public Health Services. After the pandemic, the way services are delivered has been irreparably changed. However, as the late Commissioner James West noted, no matter how high tech we become, we can get nowhere without touch too – without actual buildings and actual people caring and going out to make a difference.

- Economic Services
 - Medicaid – Family and Children, Adult
 - Long-term Care Assistance
 - Work First
 - Food and Nutrition Services (FNS)
 - Energy/Water Assistance
 - Child Care Subsidy
- Child Welfare Services
 - Child Protective Services Assessment
 - Foster Home Recruitment/Licensing
 - Child Protective Services In-Home
 - Adoption
 - Foster Care
 - Family Support Services (Prevention)
- Health Clinic Services
 - Family Planning
 - Prenatal Care
 - Immunizations
 - Pharmacy
 - Communicable Disease/STD
 - Lab (Contract)
 - Child Health

Here, Mr. Yeager pointed out how immunizations can often be an overwhelming thing for families required to have various vaccinations before being able to bring their child(ren) to school. Because of this, Regional Centers had a one-stop shop event and this year Immunizations has already reached out hoping to do this again at each Center. These are the types of living and ever evolving services that each of the Centers provides.

- Public Health Services
 - Women, Infant, and Children (WIC)
 - Maternal Care Services
 - Care Management for At-Risk Children (CMARC)
 - High Risk Nursing Services
 - Health Promotion

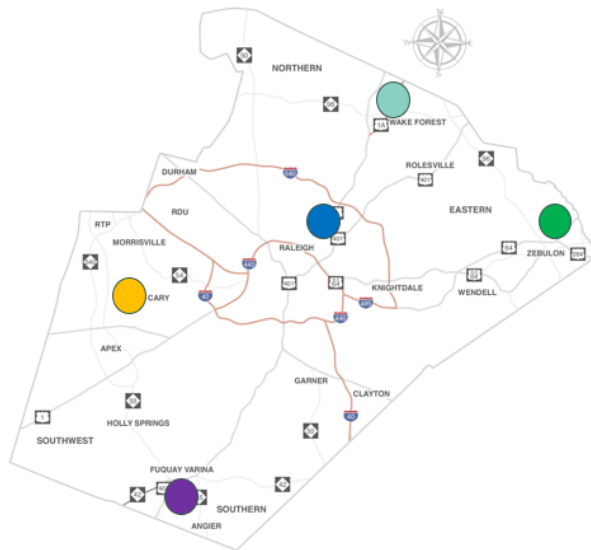
- Other Wake County Services
 - Vital Records (Register of Deeds, R.O.D.)
 - Wake County Sheriff
 - Tax Administration
 - Housing
 - Inspections (C.S.)
 - Veterans Services
 - Environmental Services

Ms. Ann Rollins asked if the Centers offered certified background checks and Mr. Yeager stated that they did not.

All of the five Regional Centers combined provided around 9,000 death certificates, 2,500 marriage certificates, and 1,000 marriage licenses. All but Western Health and Human Services Center offer passport services once a month on site. Appointments are preferred but not needed. When the news first began to cover stories of required passports, there was higher foot traffic, so an appointment will ensure clients are seen in a timely manner. This service is provided through the Register of Deeds. Ms. Wanda Hunter shared that a passport fair was being held that very day. Ms. Christine Kushner predicted that passport services would continue to becoming increasingly important for residents to have access to. It was noted the potential hiccups that such a rule could cause (such as married women’s names not matching that on their passport) which indicated an unrealistic and undeveloped plan for implementation.

Next, Mr. Yeager reviewed some of the Centers’ many partner agencies. NCWorks Career Center, Monarch Behavioral Health, UNC Healthcare, Advance Community Health, and Fernandez Community Center were mentioned as facility-based partnerships. UNC was exclusive to NRC while Departure claimed Fernandez and the SRC employed Advance.

There are three goals for regional service delivery – enhancing access to services, building partnerships to strengthen communities, and integrating services to improve social and economic vitality (SEV).



Regional Centers are strategically located in outlying areas and in proximity to historically marginalized populations. This community-based service delivery model not only reduces transportation barriers it also provides enhanced opportunities for coordinated access to services.

- Cary H & HS Center
- Northern Regional Center
- Departure Regional Center
- Southern Regional Center
- Eastern Regional Center

Deputy County Manager Duane Holder asked Mr. Yeager to explain how language access is addressed and multiple methods were used. Bilingual staff were employed as well as contracts with two agencies to perform translation services. While most bilingual staff are primarily Spanish-speaking, a report came out that around sixty different languages had translating needs in Wake County in the Regional Centers alone.

Through connections to local, community-based organizations and service providers, Regional Centers often work collaboratively to pair services to the needs of clients. Further, each region has a Community Advocacy Committee (CAC) comprised of local leaders to ensure our focus and initiatives are aligned with the priorities of the communities served. In essence, admittedly, many of the assistance provided is based on income. It is not lost that the unintended and yet unspoken challenge is “Are you poor enough to need help?” Community partners have much more latitude to assist and so partnerships can open doors for a truly holistic plan.

Mr. Yeager touched on the CACs briefly. Each CAC partners with local communities to assure quality services, identify needs and priorities of the community, serve as a forum for information sharing, increase coordination and service linkage, and serve as a resource for local Regional Centers and Wake County Health and Human Services. Other community-based partnerships may include faith partners, town governments, non-profit service providers, business community, and community coalitions.

Communities are strongest when every member possesses the tools and resources to realize their full potential which is why Wake County integrates services to improve social and economic vitality (SEV). Regional Centers strive to comprehensively assess client needs, then make direct connections to internal and external services and resources.

The following provides just a snapshot of 2024 Regional Center accomplishments and highlights (please note that any emphasis used appears as it did in the original PowerPoint slides).

- Eastern Regional Center
 - Partnered with Pleasant Grove Outreach Ministry, Men’s Ministry, and Wendell Senior Center to promote ERC facility and resources at multiple **Community Health Fairs** throughout the year
 - **Suicide Prevention Training** hosted in partnership with the Poe Center for Health Education and Village of Care

- **Truist Financial Literacy Workshop** – No cost banking and budgeting basics hosted in partnership with Truist Financial
 - **Holiday Partnerships**
 - Distributed toys to over **375 children** in need during ERC community event, *Santa’s Peppermint Palace*
 - Coordinated gift sponsorship initiative with Zebulon Elementary School supporting **223 children** within **93 families**
 - Over **600 toys** donated and wrapped in partnership with staff/community
 - **ERC Facility Open House**
 - Over 100 attendees
 - 30+ vendors, including community partners and HHS programs
 - Monarch Behavioral Health expansion of services, 2024
 - Community Pet Day (Spring and Fall), serving a total of 605 pets
 - Mobile Dental Clinic opening September 2024
 - Full-time Veterans Services Officer on site, 2025
- Departure Drive Regional Center
 - Hosted bi-monthly Passport Fairs. The Wake County Register of Deeds department received U.S. passport applications, successfully serving 87 clients
 - Held an information session to connect St. Raphael Church parishioners with Wake HHS resources
 - The Departure HHS Center agreed to work in collaboration with the U.S. Committee for Refugees and Immigrants NC to provide special time one or two Wednesdays a month
 - Departure Regional Center, in partnership with Wake County Public Schools, Green Road Library, and Green Road Community Center hosted the Summer Feeding Program providing 943 meals to the local community in the area
 - Departure Regional Center partnered with North Raleigh Ministries to promote their services at their new location and invited the community to explore its resources and promoted its emergency food services
 - Departure Regional Center opened their facilities to Wake County Smart Start to support their recruitment sessions for children 0-5 early education services
 - Departure Regional Center promoted reading literacy by partnering with Wake Up and Read, providing books for Departure clients ages 1-14
 - Wake County Fire Academy hosted a recruitment session at Departure Regional Center. The Fire Academy targeted young adults ages 18-25
 - Northern Regional Center
 - In partnership with HHS Clinics, TriArea Food Ministry, Town of Wake Forest and Town of Rolesville, the NRC launched a **Food Prescription** pilot: **Eat Well Wake**. Clinic patients with chronic health conditions receive 50 lbs. of fresh product and healthy shelf stable food items twice a month. In addition, they receive nutritional guidance and information
 - In collaboration with the Wake Forest Senior Center, the **All Ages All Stages** series of programming was launched to bring intergeneration participants together to share experiences (i.e.: expressive art) and information (i.e.: personal safety)
 - In partnership with Ripe Revival and the Town of Wake Forest, the availability of the mobile “***Pay What You’re Able***” was doubled from once to twice a month. **1,574 people** received **9,178 lbs** of produce
 - In a cross departmental collaboration with Register of Deeds, the NRC began offering **Passport Fairs** in 2024. Since its inception in March, there have been **73** passport applications processed

- The NRC CAC in coordination with Wake County Geographic Information Systems (GIS) began a long-term **Asset Mapping** project. The CAC made the decision to mirror the 7 social determinants of health identified by the Social and Economic Vitality (SEV) program, then categorize assets based on level of need (Essential/Crisis, Stability, or Transformational)
- The CAC member led **Community Connections Garden** donated **4,383 lbs** of fresh produce to the local food pantry
- Southern Regional Center
 - Fuquay-Varina Police Department and the SRC co-hosted a Mental Health Resource Event
 - Fuquay-Varina Rotary Club and the SRV co-hosted a Mental Health Awareness Event
 - Poe Center for Health Education provided QPR (suicide prevention) and Youth Mental Health First Aid trainings at the SRC
 - Monarch provided in-person and virtual services at the SRV three days per week
 - SRC Health Clinic re-opened at an expanded capacity five days per week
 - Advance Community Health (ACH), a facility-based partner, provided primary care services five days per week
 - SRC Health Clinic and ACH combined for a monthly average of 254 patients
 - The Regional Smiles program began a monthly mobile dental clinic
 - Wake County Animal Center hosted two Community Pet Days at the SRC, serving a total of 583 pets
 - Wake County Register of Deeds (ROD) hosted two Passport Fairs, a new service at the SRC
 - SRC Administrative staff completed a full-year of new ROD services issuing 627 marriage licenses and 369 public notary oaths
 - SRC Administrative staff collected 2,794 in-person tax payments, a 17% increase (\$4 million in total collections, a 48% increase)
 - SRC Administrative staff received 9,826 phone encounters and 15,588 in-person encounters, a daily average of 108

When asked if the mobile dental unit was for adults, Mr. Yeager clarified that it was for children aged 21 and up without insurance.

- Western Health and Human Services Center
 - Western Regional CAC Transportation Action Group convened all transit service organizations to collectively address gaps presenting barriers to accessing human services, employment, childcare, healthcare, shopping by seniors, and low-income families
 - Western Health and Human Services Center (WHHSC or WRC) serves the growing demand for services among growing diverse demographics in the western region
 - WHHSC received 8,532 onsite encounters and 3,257 phone encounters
 - Child Welfare Pinwheel Planting Awareness events with all three Towns (Apex, Cary, Morrisville)
 - WHHSC partners with First Bank, Cary Chamber of Commerce, and Food Bank of CENC to host second Community Resource Day at the Cary Chamber. Seventy volunteers and thirty participating HHS programs and community organizations made the event a huge success for all attending. This year's theme was "Pathways to Wellbeing" with an Adolescent Behavior Health Hub
 - Library Tour of four libraries in the region to increase awareness and access to services at the library

- WHHSC Intake included assessment of Social Determinants of Health (SDofH) and referral services to five offsite HHS Program Services and thirteen community partners to connect clients to crisis services and a pathway to upward mobility
- Six Lunch-and-Learns held to improve referral process for childcare services; homeless services; to build a workforce development coalition to engage 14-25 years employment seekers in work-based learning and to strengthen partnerships between Child Protective Services (CPS) staff and local police to provide domestic violence prevention services
- The Urban Institute’s Upward Mobility Framework selected by the WRCAC to study as a model for regional seamless service delivery indicating Housing, Food Security, Transportation, and Employment

Ms. Christine Kushner appreciated how diverse the services offered by the Regional Centers was. She asked how gaps identified by advisory councils were found and Mr. Yeager explained that many learn from one another. Immunizations, for example, created a back-to-school event in one Regional Center that has expanded to all five. The Centers try to replicate what works and is needed in each of their unique locations as what is good for one community is usually good for multiple. With 470,000 people living in the City of Raleigh and 1.2 million people in Wake County, most people live outside of the capital.

Ms. Wanda Hunter challenged that this was a downplay on transportation. The Battle Athens Drive Library, for instance, was a County library not in a neighborhood. People lived all throughout the county and with transportation resources locked largely in Raleigh, how can the County get information out to the Regional Centers as well as into the hands of those with varying levels of access. Mr. Yeager stated that three years prior, there was a Wake County Transportation pilot in the eastern part of the county for a micro transit, door-to-door service. This was similar to Uber. Clients had to get half a block to a bus stop, pick up food at the pantry, and be dropped back off. The fixed route is better than nothing but this elevated level of accessibility has now found its way to Wake Forest with talks of Rolesville being next. It is, at least, much more specialized than simply going from point ‘a’ to point ‘b.’ Ms. Hunter maintained more information needs to be provided, more outreach.

Deputy County Manager Duane Holder stated that the County Manager’s Office (CMO) was looking countywide at tying in Health and Human Services transportation as well as other elements (such as Housing Opportunities for Persons With AIDs (HOPWA)). There are different resources without a unified strategy, admittedly. So it is something the CMO is certainly prioritizing.

Commissioner Cheryl Stallings confirmed that, with the mobile dental services, Western Health and Human Services Center became the final Regional Center to offer, thus making it available once a month at all five Centers. Yesterday was the first in Cary and five appointments had already been made. She asked if Community Health Workers (CHWs) were embedded into all of the Regional Centers. Mr. Yeager stated that they were not yet at all Regional Centers but would be shortly. He likened them to Social Workers noting that they went into the communities connecting with partners to understand resources to then share. While some clients only have one service to complete in an “express lane” type mode, many had deeper needs running far beyond crisis’s and often triggering the crisis’s. A person who is seeking out care for energy assistance for a light bill not paid due to unemployment, for example, has a greater need than one-time assistance. The CHWs, then, work long term with these clients to get to a transformational level. A growth initial assessment is done and evaluated to look for opportunities for upward movement. This will be largely driven by what the families want themselves allowing staff to meet them where they are. CHWs are anticipated at every Center by summer 2025. Those currently hired are training at the NRC to understand the flow of the Center, what the front desk does and doesn’t do, and the processes moving clients through the Center.

Ms. Hunter added that CHWs were certified and intended to be trusted voices in the community. This was

more than a mere assessment – it was a relationship. A gaining of an individual’s trust. The stories she shares are real-world situations. These are the workers providing resources for people that the County isn’t even aware are in Wake County. Engagement is the only way to ensure the community sees what the services are and to build trust enough to lean on them. SEV was born from the Crosby Advocacy Group (CAG) with so many programs such as Mindset that eagerly engaged with a cohort to uplift them through education and resources. Clients need a guide to help them get to the next level even if just with financial management. Even a small budget needs to have awareness, considerations, and planning to be an effective budget. This is training, upward mobility, navigating the treacherous terrain of a complicated FNS applications. It could even be as basic as “If I need life insurance, what do I need to do to apply? What are the best steps? How can I ensure I get the best insurance?” It’s listening, seeing, and *hearing* the person to get them what they need to succeed.

Mr. Holder added that, out of transparency, the pilot for the CHWs was being funded out of a grant. This admittedly caused some unease given the challenges currently being faced by health grants.

Speaking of the current challenges local governments are facing, Ms. Kaufman informed the Board of House Bill (HB) 376 (<https://www.ncleg.gov/BillLookup/2025/H376>). Mr. Evan Kane (Onsite Water Protection Director) shared his expertise on its content and had shared it with the County Manager’s Office (CMO) as well. It establishes increased oversight of local health departments that have local wastewater regulations. These are septic regulations of which there are only two in the County of which the Board was one. This bill gives the State authority to rescind any local rules that it deems unnecessary. It removes a requirement for a five-year expiration date on septic permits and establishes a taskforce to study the local well programs specifically to determine whether local well programs are needed in North Carolina. The County has site specific issues addressed in the local well program that would be dismissed.

Finally, there has been a move towards more private option for septic permits over the last several years. This bill includes a provision to allow certain private sector professionals to write well permits which is a new and disturbing foray into the privatization. There are concerns if these professionals have the skills or the resources needed to write an effective permit given some local considerations that County staff make routinely. No draft letter was available at this point and staff were continuing to work with the CMO to respond appropriately.

Ms. Ann Rollins asked who the bill’s sponsors were. This included North Carolina Representatives Mark Brody, Jeff Zenger, and Dennis Riddell.

Ms. Christine Kushner asked if other states or localities that have privatization had shown efficiencies or risks. Mr. Kane stated that he was not aware of other states or localities that successfully privatized septic permitting. The primary motivator for privatization is when counties are too backed up or turnaround times become far too extended. This is not the case in Wake County where there are short turnaround times for septic permits.

What has been seen is that the private sector permits tend to be issued in a vacuum. A consultant is hired by one client for their specific lot and that consultant focuses only on that lot leaving conditions on neighboring lots ignored. Even if they are thorough and do check, they may still overlook other permits that the county has issued or create situations where the County must intervene. At times private sector professionals issue permits and the County becomes responsible for inspections of work due to negligence or abandonment. Because of this, they often run into problems with the way the system was designed but did not write the permit and are therefore forced to fail the inspection. This is in spite of a private sector professional assuring them that it was fine to install. It creates inefficiency and increases risks to residents and is why the public service is offered.

Groundwater Program Update [Public Health (PH) Accreditation Benchmark #36]

(Presented by Ms. Rachael McCaully)

In lieu of time, the presentation from Ms. Rachael McCaully (Environmental Consultant – Hydrogeologist) will be moved to the April 2025 Wake County Health and Human Services Board meeting.

Committee Chairs Update

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

Ms. Wanda Hunter shared that the Social Services Committee had last met on May 7th with a presentation from Energy Assistance and an update from Warmth for Wake. There was a National Nutrition Month update and Ms. Sheila Donaldson (Child Welfare Division Director) provided an update from Child Welfare.

Dr. Anita Sawhney noted that the Public Health Committee had met both in January and March. Ms. Rebecca Kaufman (Health Director) provided updates on respiratory viruses in the last few months (though, as mentioned above, these are now on the decline). In January, the Committee had already heard the informative presentation from Ms. Rachael McCaully (Environmental Consultant – Hydrogeologist) highlighting the challenges of contamination concerns and including radionuclides and public outreach efforts. This, again, would be presented during the April 2025 Health and Human Services Board meeting. Ms. Dauline Singletary (Maternal and Child Health Section Manager) reported on Maternal and Child Health including doula services and lactation support. Mr. Marcellos Allison (Live Well Wake (LWW) Program Manager) also provided an update on the extensive LWW priority planning process.

During its March meeting, the Public Health Committee heard from Ms. Jennifer Brown (Environmental Health and Safety Director) who provided an overview of the Environmental Health and Safety program. Ms. Brown reiterated that the State provides rules that it is up to the County to enforce. She also wanted to alter the perception that EHS was a police force entity and Dr. Sawhney shared that she was thoroughly convinced. Finally, Ms. Sarah Plentl (Health Promotion and Disease Prevention Section Manager) presented on the Health Promotion Program. Her focus is decreasing chronic disease and injury prevention. Staff counseled clients on exercise, nutrition, drug prevention, breast screenings, A1C levels, BMI, and how they're promoting safe routes to school walking and biking.

Dr. Sawhney asked Commissioner Cheryl Stallings if the dental unit referenced was the new geriatric dental clinic that opened in Cary. Commissioner Stallings clarified that it was Wake Smiles. Ms. Rebecca Kaufman (Health Director) added that the team is mobile in that they go to each of the Regional Centers once a month, not that it was an actual vehicle. There would, however, be a room designated in each Center for the mobile team.

Ms. Wanda Hunter asked if any of the other Board members had been on a restaurant inspection as when EHS was under Environmental Services, Ms. Hunter went on a joint inspection – first of a restaurant in Red Hat and, following, a rooftop pool for a pool inspection. The Board has performed several tours in the recent past including the animal shelter, landfill, and dental clinic. Ms. Christine Kushner asked if a Board member does a solo trip to make sure to extend the invitation to the rest of the Board so that everyone interested could attend.

Public Comments

- Ms. Deidre McCullers spoke against the white privilege prompting public comment while claiming no legal obligation to answer questions asked. Protocol needed to be reviewed, updated,

and inclusive of those invited. Ms. McCullers sat through the meeting – 7:30 a.m. to 9:30 a.m. – and answers to questions were the least to be provided in a timely manner

- Ms. McCullers asked if the UNC Healthcare facilities accept Medicaid

Adjournment

The meeting was adjourned at 9:32 a.m.

Board Chair's Signature: 

Date: 04/24/2025

Respectfully submitted by Brittany Hunt