

**Wake County Health and Human Services Board
Meeting Minutes
July 24th, 2025**

Board Members Present:

Lily Chen
Dr. Ojinga Harrison
Wanda Hunter
Christine Kushner
Terry McTernan
Dr. Tonya Minggia
Dr. Jananne O’Connell
Ann Rollins
Commissioner Cheryl Stallings
Tanyetta Sutton
Irv Trust
Dr. Kelcy Walker Pope
Birchie Warren
Tamara Wilson

Guests Present:

Julian De Tuoni
Deidre McCullers

Staff Members Present:

Debra Baker
Jennifer Brown
Odile Fredericks
Sara Gisler
Anika Hamilton
Kevin Harrell
Duane Holder
David Hord
Brittany Hunt
Evan Kane
Rebecca Kaufman
Jenelle Mayer
Ken Murphy
Shanta Nowell
Modupe Omosaiye
Toni Pedroza
Mike Ranck
Jessica Sanders
Yolanda Thacker
Katie Thompson
Rochelle Whitaker
Stantavia Wright

Call to Order

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

Next Board Meeting – August 28th, 2025

Approval of Minutes

Chair Ann Rollins asked for a motion to approve the June 26th, 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

Mr. Terry McTernan, Treasurer, provided the Treasurer’s Report. In June, the fund was reported as \$10,167.95. Since that report, there have been no updates. Therefore, the fund was still at \$10,167.95

Santos Full Board Appeal Discussion

(Presented by Mr. Ken Murphy)

Mr. Ken Murphy (Senior Deputy County Attorney) explained that a three-member panel of Health and Human Services Board members heard this appeal the previous month. According to the Board’s Rules of

Appeals, the written decision from that panel must be recorded and provided to the full Board. The full Board must now review, discuss, and ultimately vote to adopt, reverse, or modify the written decision of the appeal panel from the evidentiary hearing. In this particular case, modification was not really an option, so the Board could adopt the decision or reverse it.

This appeal was filed by a citizen who owned property in the county. Mr. Santos purchased the property with the intention of building what was initially two structures – a main residence with four bedrooms and an accessory dwelling unit with two bedrooms. He needed, then, a septic system to handle waste disposal for six total bedrooms. He submitted an application with the health department for a permit in April 2024. When an application is submitted, it is uploaded to a permit portal where it is assigned to field staff for a site evaluation to be performed. This happened within a few weeks of the application being submitted. When staff visited the site, evaluating the characteristics of the soil, topography, and conditions of the land, they made some recommendations to Mr. Santos. One of these was that he consider engaging a private professional to help design the septic system. There were concerns from staff about whether they could approve and safely install a septic system at the property. It is important to note that, initially, the health department staff did not deny the permit. There were simply suggestions made as to how a septic system might be established.

Around eleven months went by before Mr. Santos reached back out to the health department stating that he had changed his plans for the property. Instead of a six-bedroom plan, he now wanted to move forward with a two-bedroom home. Mr. Santos never attempted to withdraw his application for the six-bedroom septic system and this was the only application ever submitted. Staff did a second site visit a couple of days after receiving Mr. Santos's e-mail in April of 2025. They again noted problems and potential concerns with the site. However, this time, the staff determined that the application for the six-bedroom system had to be denied.

Pursuant to the State rules which are incorporated by reference into the local rules that local septic regulations that the Health and Human Services Board has adopted over the years, this property would not allow for the approval of a six-bedroom system. This was the only application that staff received from Mr. Santos. Of note, there was evidence at the appeal hearing that even a two-bedroom septic system may not have been approved for this site. There was also evidence at the hearing that the denial of the septic permit did not mean that Mr. Santos could never build a house on this property. Other options, including seeking a different type of septic system from the State, were available.

Mr. Santos's argument was that he should have been allowed to withdraw his application before it was denied. The health department staff submitted evidence at the appeal hearing that they had interpreted the applicable State rules to say that once a site evaluation had been made, the permit had to be approved or denied. This did not mean that the applicant could not apply for a different permit. However, Mr. Santos felt very strongly that he should be allowed to withdraw the application. The staff, on the other hand, determined that State rules did not allow for an application to be withdrawn at this stage.

Ultimately, the three-member appeal panel determined that Mr. Santos should have been allowed to withdraw his permit. It was important to consider that North Carolina Public Records law would not allow for the destruction or removal of public records from the permit portal. This meant that the denial for Mr. Santos's six-bedroom septic system would always be there. However, as a practical matter, if the Board adopted the written decision of the appeal panel, health department staff will draft a brief statement saying that, pursuant to the Board's decision, the application Mr. Santos made on April 23rd, 2024 is hereby considered withdrawn. The statement will be uploaded to the permit portal to become part of the application's record. The health department was not further appealing the decision, so no oral argument could be made. This would strictly be a discussion from Board members.

Vice Chair Wanda Hunter asked if, based on the changes that Mr. Santos e-mailed staff about, the application should have been automatically withdrawn. This was found not to be the case.

When asked if there was any negative impact of the property having this denial, Mr. Murphy stated that Mr. Santos had submitted evidence at the hearing that it would lower the value of the property. It was important to note, however, that the denial did not mean he could not build anything on the property.

Dr. Jananne O'Connell asked if the denial was something that had to be disclosed. While there was due diligence required any time someone purchased property, Mr. Murphy's expertise was not in real estate law. Nothing had been built on the property as of yet, but there was a mandatory disclosure form that had to be followed when buying and selling property. Outside of this, speculation could not be made.

When asked if the property might be qualified for a State septic system, Mr. Murphy confirmed that this was a finding of the appeal panel.

As discussion continued, it was noted by Treasurer Terry McTernan, who served on the three-member appeal panel, that the application could have been withdrawn prior to the site visit from staff. He explained that staff worked closely with the homeowner, giving advice as they did upon their initial site visit. However, there seemed to be unwritten rules that staff had followed for many years and possible policies that could use updates to make expectations and possible outcomes clearer.

There was an agreement that it was understandable someone would assume that changing their plans – and expression this intention to health department staff – would withdraw the initial application. Mr. Murphy confirmed that this was Mr. Santos's testimony at the hearing. The State rules and local septic regulations do not explicitly state whether, when, or how an applicant can withdraw their septic permit application. There is a rule that says you can withdraw it before the site evaluation but not after. This was a notion that the appeal panel discussed thoroughly given the policies and nuances of the case. It was also one of the considerations that the appeal panel hoped to see policy changes in moving forward. Mr. Murphy acknowledged that one of the findings of the appeal panel was that both sides could have done things differently. Mr. Santos admittedly let a long period of time go by before following up and was not explicit about wanting to withdraw the application after the first site visit. The County, too, could have made a determination after the first site visit.

Commissioner Cheryl Stallings asked for clarity with mention of unwritten rules and written rules. Mr. Murphy explained that staff were interpreting rules from chapter 18E of the North Carolina Administrative Code governing septic permits. There is a provision of this rule that the staff was interpreting to mean that once an application was submitted and a site evaluation was conducted, that application had to be approved or denied. Because of the unique nature of this permit application, the panel decided that staff was not correct in interpreting the 18E rules. The only question for the Board was if it was reasonable for the appeal panel to come to this conclusion based on the evidence presented.

When asked if the fact that the document was in the system and could not be removed was up for interpretation, Mr. Murphy mandated that this was not a health department system but a requirement within North Carolina Public Records law. It was now, and would always be, a public record.

Ms. Tanyetta Sutton asked if homeowners and applicants were made aware that they could not withdraw their application after a site evaluation had been done. Because this was not a question asked during the appeal hearing, it was outside the consideration of this discussion. The rules, however, are published online for all to see.

As discussion drew to a close, Board members reflected on the importance of a well-designed septic system. If a septic system fails, it causes much more harm than to just one homeowner given the impacts on neighbors.

Treasurer Terry McTernan made a motion to adopt the appeal panel’s decision for Mr. Santos’s appeal. Mr. Irv Trust seconded. The motion was unanimously approved and the decision adopted.

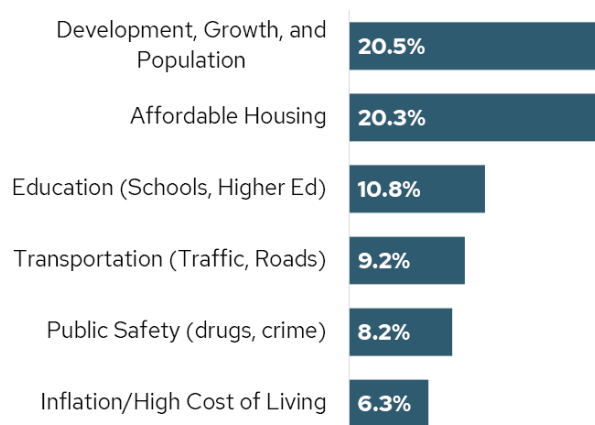
Wake County Strategic Plan

(Presented by Mr. Jason Horton)

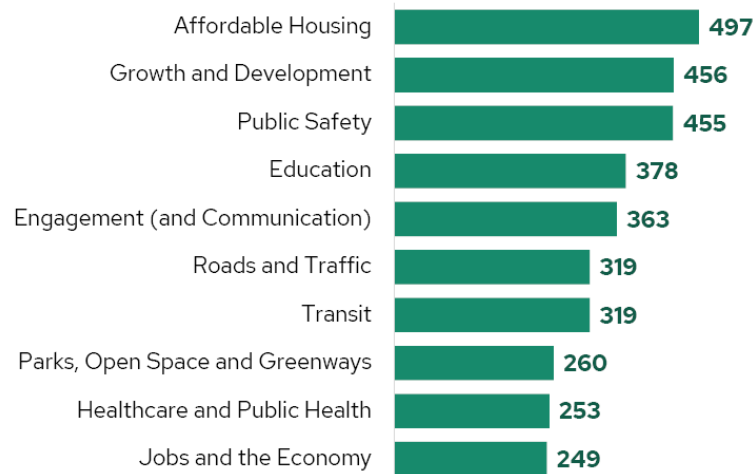
Mr. Jason Horton (Strategic Initiatives Director) provided an overview of the Wake County strategic plan. When Mr. Horton entered his role around five years ago, County Manager Ellis asked for help developing a Countywide strategic plan. This presentation would focus on why an organizational wide strategic plan was needed, what was in it, and to learn more about the process. He stressed that the focus was not so much on the document itself but the process that was followed from the document. The strategic plan was still being refined and changes had already been identified to be made. He encouraged feedback and questions that could be used to help in this ever-evolving process.

The County’s approach to the strategic planning process had four main components: focus, alignment, engagement, and outcomes. First to review was focus. Wake County is a large organization with numerous responsibilities – both those required by law and others that are assumed. While there were many competing priorities, the question became what was the most important? Staff met with various departments and identified over a hundred and fifty plans across the organization as well as from key partners like the Wake County Public School System (WCPSS) or the State. These plans identified specific responsibilities that helped inform potential priorities.

In order to flesh out these priorities, a 2022 countywide community perceptions survey was conducted identifying the most important issues facing Wake County. Over 2,000 responses were gathered with staff honing in on an open-ended question that identified priorities. These results are below. And while Wake County does not have complete control to impact these issues alone, it does seem promising to include leadership and partnerships.



Of note, this survey was first done during a time of inflation, explaining the 6.3% who prioritized “inflation/cost of living.” This survey was repeated in November of 2023 as part of stakeholder and employee engagement with the results below.



Both surveys were determined to be statistically valid. These will be regularly held with the hope of reinforcing the results with increased engagement.

With focus secure, it was time to review alignment. Staff realized the County processes were not always in sync, something that they are much more attentive to now. One example of this is the BOC typically having their annual retreat in winter. This has now been shifted to align with the new fiscal year so that their vision and outcomes can be reaffirmed, reinforced, and revisited with a better understanding of budget impacts. This would be a huge shift and support for top issues, especially those with limited resources. This will help the BOC, as well as departments and partners, develop multiple tailored plans with informed decision-making and alignment.

With over one hundred and fifty plans identified, it soon became clear that cross-referencing them, connecting the dots between priorities and needs, was a time-consuming process. Mr. Horton was able to map out about twenty plans before it became clear that a focus on broad vision and outcomes would be more successful.

Throughout the entire strategic plan process, engagement was at the forefront. Six internal focus teams were crafted with over fifty engaged leaders from staff. Community outreach helped connect with over 250 stakeholders. The six internal focus teams – Community Health and Wellbeing; Growth, Land Use, and Environment; Inclusive Prosperity; Lifelong Learning; Safer Community Together; and Foundations of Service – helped to develop the County’s strategic plan.

This was not the only engagement for employees, however. Staff also had the opportunity to submit their feedback for the County’s new vision and mission statements. These statements had not been updated in some time and employees surveyed did not seem familiar with them. This showed a need for more awareness. The new vision of Wake County – “Passionate. Proactive. Purposeful.” – was short, punchy, and easy to recall. For the mission statement, employees were invited to participate in a contest to submit their ideas. This eventually gave way to the following mission statement:

“Wake County provides excellent public service through collaborative, inclusive, and sustainable solutions that prioritize the well-being of our community.”

Mr. Horton pointed out how “collaboration,” “inclusivity,” and “sustainable solutions” from the language of the mission statement were embedded and would continue to evolve within the strategic plan.

The overarching themes from the six focus groups are included in the image below.

Community Health & Wellbeing	Growth, Land Use and Environment	Inclusive Prosperity	Lifelong Learning	Safer Community Together
<ul style="list-style-type: none"> Affordable housing Homelessness Healthcare and behavioral health services Benefits and assistance Veterans and veterans' families 	<ul style="list-style-type: none"> Growth and development Public transit Preservation of green space (including farms) Clean water Clean energy 	<ul style="list-style-type: none"> Low barriers to employment Employment opportunities High quality of life 	<ul style="list-style-type: none"> Ready to learn Access to quality educational opportunities Education-based support services Education-based facilities 	<ul style="list-style-type: none"> Appropriate and timely emergency response Recovery support networks and services Reduce violent crime
Foundations for Service				
<ul style="list-style-type: none"> Maintain AAA bond ratings Employee satisfaction 		<ul style="list-style-type: none"> High-quality, fair and equitable services Engaging residents and gathering public input 		

For the outcomes, staff applied the SMART (Specific, Measurable, Attainable, Realistic, Timebound) principles when crafting goals. One key consideration was measurability – at the end of the five-year strategic plan period, how could staff determine how progress was made towards stretch goals?

While Board members received a two-page summary of the twenty-four goals in the strategic plan, the following example from Community Health and Wellbeing's five goals was provided. Please note that emphasized text is included in the original goals.

- Goal 1: Create and preserve 2,500 **affordable housing** units by 2029.
- Goal 2: By 2029, make **homelessness** rare, brief, and non-recurring by reducing the number of people experiencing unsheltered homelessness by 10% from 2024 levels.
- Goal 3: By 2029, 5% more residents asked will indicate low barriers to **healthcare and behavioral health services**, such as access to providers, insurance coverage, affordability, and appointment wait times.
- Goal 4: By 2029, three out of four residents asked will indicate low barriers to accessing **benefits and assistance programs and resources**, such as food and utilities, childcare, employment services, housing, etc.
- Goal 5: By 2029, increase by 4% the number of Wake County **veterans and veterans' families** who are accessing the benefits they earned through military service.

Each of these goals, as mentioned above, were informed by the SMART structure.

Treasurer Terry McTernan asked when the work for the strategic plan began. Development began in 2022 which was when the first community perception survey was conducted. When asked if these goals were for 2025, Mr. Horton clarified that the strategic plan and goals were adopted on April 15th, 2024. It was a five-year strategic plan that would be covering work through 2029.

Vice Chair Wanda Hunter pointed out that the first goal from Community Health and Wellbeing had two very different intentions with using “create” and “preserve.” She also asked how “affordable” was being defined in the strategic plan. Mr. Horton agreed that the language with the first goal was different explaining that additional units being built by the Housing Affordability and Community Revitalization

were being counted towards “create” while preservation through landlord engagement was securing units that were “preserve[d].” For affordability, Deputy County Manager Duane Holder explained that the plan focused on 30% area median income (AMI). Some thresholds extended to 50% AMI, but the priority was 30%. Commissioner Cheryl Stallings asked what 30% AMI would be currently for a family of four (to better gain an understanding of the limitations). Mr. Holder estimated that the AMI in Wake County for a family of four would be around \$62,000.

Mr. Irv Trust asked if funding for the homelessness efforts would require further efforts based on federal cuts. Mr. Holder said that this was a possibility with staff waiting on the State’s response to federal policy changes in order to measure impact at the local level. Other Board members voiced concern, particularly around cuts coming to Medicaid with access to providers becoming more critical. There was also the growing need for resources for providing healthcare to immigrants. It was pointed out that the strategic plan was very much a living document. Mr. Horton advised that federal changes not mean abandoning goals but instead potentially impacting how those goals were measured. Ultimately until more was known about the real impacts and challenges, overcorrection could do more harm than good. Reacting too swiftly could lead to disruption of the programs and initiatives already being planned.

Ms. Lily Chen asked about the potential use of Artificial Intelligence (AI), particularly for parsing through the connections of the one hundred and fifty plans. She also brought up the potential of peer supports and Community Health Workers (CHWs) who could step in to potentially assist with the gap in access to healthcare. Mr. Horton explained that, as with any new technology, the County was approaching AI with some caution with guardrails in place. Using AI safely is being discussed. Beyond this, AI seems to be good at summarizing the work of others and evaluating things done in the past. It is, perhaps, not as effective in being able to pivot with ever-changing guidelines and emerging issues such as federal cuts and State changes in programs. There’s also the need to not disclose private information or information that could be cycled back into the AI’s learning processes.

It was shared that this was the first organization-wide strategic plan for Wake County. Ultimately there were twenty-four goals in the overarching six focus areas. The image below helps visually show the breakdown between focus areas, goals, and strategic initiatives. The six focus areas are considered evergreen and will not be changing over the course of the plan. The goals may receive some editing, especially if new information and/or data is received. The strategic initiatives, however, are where the most flexibility can be found with edits.



Mr. Horton stressed that this strategic plan represented a significant culture change for the County and its departments, particularly around collaboration and idea sharing. The meetings already held with various leaders spanning the departments has been eye-opening with staff vetting different ideas and potential initiatives. A total of 107 initiatives were identified which was narrowed down from an initial 140. Once these recommendations were developed, they went before the County Manager's Office for review in December of 2024 before appearing before the BOC for final approval. The focus teams are continuing to meet on a quarterly basis and their current focus is on identifying which departments should be nominated to lead each individual initiative. Because collaboration is so vital to this plan, the teams are identifying what departments and/or community partners need to be involved and active at the discussion table.

Examples of strategic initiatives were provided for the second goal of Community Health and Wellbeing (listed below). Those marked "(Complete)" have already been identified as being fulfilled. Please note that emphasized text is included in the original goal and initiatives.

- Goal 2: By 2029, make **homelessness** rare, brief, and non-recurring by reducing the number of people experiencing unsheltered homelessness by 10% from 2024 levels.
 - **Establish a dedicated lead agency** (continuum of care) that will coordinate efforts to reduce homelessness, foster partnerships, improve service navigation, and provide oversight and accountability for resource allocation. (Complete)
 - Strengthen partnerships between healthcare providers, homelessness agencies, and community stakeholders to formalize **coordinated care models and streamline referral pathways** for individuals experiencing homelessness.
 - Expand and enhance **homelessness prevention** to serve as an emergency resource for residents experiencing a housing crisis and at risk of literal homelessness.
 - Evaluate and define the future direction of innovative **affordable housing pilot programs** supported by one-time funding sources, such as the American Rescue Plan Act (ARPA), to ensure sustainability and long-term impact. (Complete)
 - Collaborate with community organizations, stakeholders, and partners **to implement the Wake County Unsheltered Facility Study's recommendations** (e.g., day centers, drop-in shelters, transitional housing) to enhance accessibility, service effectiveness, and pathways to stable housing and supportive services. (Complete)
 - Strengthen collaboration between the justice system and temporary housing providers to **support justice-involved individuals** who are housing insecure, transition from detention or court-ordered release.

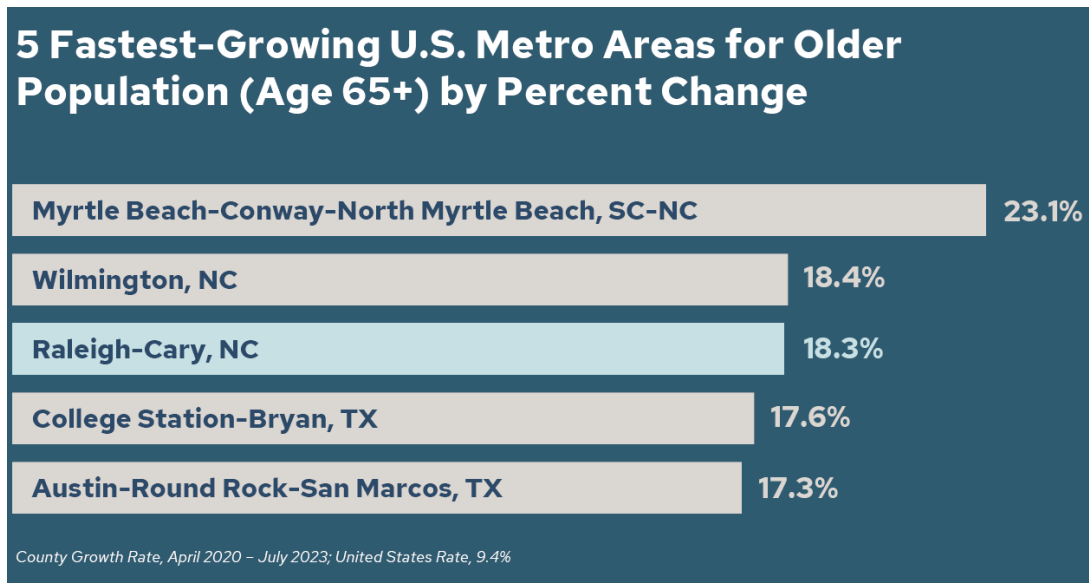
The first initiative above was completed effective July 1st when the County became the lead agency of the continuum of care (COC). Some initiatives were still in development with stakeholder engagement active. An unsheltered facility had recently opened in North Raleigh that would be fulfilling the "Expand and enhance homelessness prevention..." initiative. Another initiative receiving a kick off was the support for justice-involved individuals.

Vice Chair Hunter questioned the first initiative listed and its completeness, stating that while a lead agency had been identified, she would like to see the evidence of improvement of service navigation. Mr. Holder explained that this initiative's key focal point was in establishing the coordination and department. The department has been established and while it is too early to determine the impact of Wake County becoming the lead agency, the recruitment of nine positions for the department shows a solid foundation being laid. The County is currently working on a business plan for the COC with active participation from members of the Community Health and Wellbeing focus group. The fluid nature of the initiatives was emphasized as staff could always add initiatives around service integration. Ultimately staff will look for expertise in the departments for contributions to initiatives and goals. As some initiatives are fulfilled, others may take their place.

Commissioner Stallings asked Mr. Holder to share a bit more about the new shelter. Mr. Holder shared that the County had been successful in purchasing and quickly establishing a standalone shelter site on Second Street in Raleigh. The request for proposal (RFP) to identify a nonprofit provider to operate the shelter had just been completed. This shelter had been in operation since January 2025 and will shut down in early spring of 2026 for renovations. The 98-bed co-ed center will be fully renovated over the course of around six to seven months with plans to reopen in fall of 2026. The COC as well as Housing Affordability and Community Revitalization are working to identify alternative locations for emergency shelter for this renovation period. Staff are thankful this can happen during a season where the weather is not as brutal (considering the “white flag seasons” that shelters offer refuge for extreme weather conditions that often run from late fall to early spring). There are already some commitments from nonprofit organizations to expand and hopefully bridge resources during this gap period.

Board members discussed hearing from Housing (led by Ms. Morgan Mansa, Director of Housing Affordability and Community Revitalization) as well as from COC (led by Ms. Eileen Rosa, Lead Agency Director) at future Board meetings.

Mr. Horton presented the image below for context for the growing population of older adults in Wake County.



Wake County is growing by around 66 people per day, higher than any period in the last decade. When looking at the age breakdown of those individuals, most (around 40-45) were middle-aged or seniors (aged 45+). During 2024, Wake County was ranked third in the fastest-growing United States metro areas for those aged 65+ by percent change. This is why seniors/aging populations were identified as one of the three emergent issues and opportunities by the BOC alongside the benefits cliff and the root cause of violence (spreading prevention).

Vice Chair Hunter asked for clarity on what staff meant by the “benefits cliff.” Mr. Holder state that the County was working to propose and design system that could bridge the gap when people are just over the limit for being eligible for benefits, thereby losing those benefits. Federal guidelines are very prescriptive with eligibility criteria. With some help, the cut off with these benefits could be supplemented by changes in policy at the State level or additional funding at the local level. When asked about the potential for additional funding at the local level, Mr. Horton explained that sometimes those celebrating an increase in income due to merit were sometimes inadvertently penalized by then becoming

outside of the eligibility for benefits such as those from Food and Nutrition Services (FNS). Help at the local level could look like a transitional period supporting these clients to continue improving their employment status and earnings without losing the benefits. When asked if this might mean working with employers and corporations, it was noted that these were considerations up for discussion through the focus teams. Vice Chair Hunter thanked staff stating that a step-down opportunity to allow the client to receive a percentage of their initial benefits would be better than losing everything at once.

Commissioner Stallings commented on the root cause of violence focus explaining that this was addressing issues of the Social Determinants of Health (SDoH) including housing, transportation, food security, and access to healthcare. The County was investing \$4.5 million to the children's hospital in Apex as well as to the WakeMed located in Garner. The BOC was dedicated to improving access to healthcare and behavioral healthcare. Mr. Horton added resources had been increased around juvenile crime prevention.

Ultimately, this is the period where the County is working to build momentum. This includes alignment with the strategic plan goals as well as enhanced partnerships and collaboration. The focus groups and staff hope to foster a strategic mindset prioritizing reflection and true understanding of the goals and outcomes. The community survey, done twice through this strategic planning process, will occur again in 2026 under the name "Wake Insights." Staff plan to conduct this statistically valid survey once every two years.

For those interested in finding out more about the Wake County strategic plan, more information was available at www.wake.gov/strategic-plan. An update on initiatives was planned for the fall as focus groups continued to connect departments to each initiative. This was needed for accountability as well as to flesh out a reporting structure. Everything from the budget to reorganization to realignment is coming into play when working this plan out. The Wake Insight survey, also overseen by Mr. Horton, will also continue to inform the strategic plan.

Vice Chair Hunter asked if it was reasonable to base all of this work given the smaller response rate to the surveys when compared to the over one million people living in Wake County. Statistical analysis had confirmed the validity of the survey and assured that the responses were a representative sample of the county as a whole. Vice Chair Hunter asked how the invisible community or those not literate were engaged and how their responses were diversified. Mr. Horton replied that he worked with a consultant who implemented the survey, assuring that questions were written to a third grade reading level. Jargon was not used. While the County did not have a street outreach team to conduct this survey, he went to homeless facilities offering an opportunity for the homeless population to respond. Staff review demographics and can canvas for specific responses if they notice a gap (for example, a smaller number of respondents without high school diplomas). He also tried to work with groups for outreach and to encourage the use of paper copies of the survey so technology was not a barrier. There were several things that could be done with a weighted scores to ensure that the results were representative of the community. Commissioner Stallings added that the BOC was consistently asking to ensure that the results of the survey were representative of the community.

Ms. Chen followed up on the representation question noting that the Community Health Needs Assessment (CHNA) recently completed also had a much smaller response pool than the community population. Mr. Horton recalled that the CHNA used a weighted analysis model that looked at the responses and weighted them based on a specific score. Engagement, ultimately, was the way of broadening the understanding of the community's needs and challenges. Because the CHNA was retaining its three focus areas (mental health, access to healthcare, and affordable housing – from the previous cycle, alignment could expand on the work already completed. The Behavioral Health Summit was held in the fall of 2024 with recommendations that could be used by staff to reinforce the initiatives

of the CHNA. Affordable housing, too, presented an opportunity with an outdated affordable housing plan. The BOC keeps informed of the shifts in plans and will continue to elevate the strategic plan goals as work progresses.

Health and Human Services FY 2026 Budget Presentation

(Presented by Ms. Anika Hamilton and Ms. Melissa Pullen)

Ms. Anika Hamilton (Department Finance Officer) and Ms. Melissa Pullen (Public Health Administrative Director) provided a fiscal year (FY) 2026 budget update for the consolidated human services agency. Because of the restructuring creating the Public Health and Social Services departments, this year’s budget was a bit different than previous years. There was a focus on introducing or supporting initiatives started previously to close gaps and ensure all resources needed were secured. There was also a need to keep a strategic alignment and awareness of mandated services. Of note, the County budget for FY 2026 was adopted by the Wake County Board of Commissioners (BOC) on June 2nd, 2025.

Budget Expansion Position Results

Overview	Positions
Requested by HHS Consolidated Agency	26
Positions Received through Repurposing	4
Position Received	6
Positions funded through ARPA	6
Positions Not Received	10

Staff submitted 24 requests, which had the following results:

- 11 requests approved, 2 requests included 6 positions, and the other 9 requests included contract and program funding
- 3 requests approved from repurposing, all 3 included 4 positions
- 4 requests funded through the American Rescue Plan Act (ARPA), 1 request included 6 positions, and 3 requests included contract and program funding
- 6 requests, 5 requests included 10 positions, and 1 request for program funding

Expansions Received through Repurposing Positions

Expansion Request Name	FTE
SS - Senior / Adult Services: Senior and Adult Services Social Worker	1
SS - Western Regional Center: Administrative Manager	1
SS - Western Regional Center: Customer Service Specialists	2

Three requests were being met through repurposing of positions that have been vacant for a significant number of days. Of note, the Western Regional Center will be opening spring of 2027, so hiring was beginning to ramp up to properly train staff.

Positions Received

Expansion Request Name	FTE
PH - Recovery Court: 1 Recovery Court Supervisor, 2 Recovery Court Social Workers, and associated operating costs	3
PH - 3 School Health Registered Nurses	3

The County tries to keep the ratio of school nurses to school 1:2, so three new hires were needed for the anticipated six schools to be opened in Wake County.

Contract / Program Funding Received

Expansion Request Name
PH - Immunization Outreach Vaccines
PH - Laboratory Services Contract
PH - Water Quality Well and Septic Assistance Program
SS/PH - Community Funding Organizations
SS - Youth in the Building Operating Costs
SS - Training Space Operating Costs
SS - Medicaid Transportation Program: Administrative Costs and Local Match Requirements
SS - Medicaid Transportation Program: Transportation Local Match Transfer
SS - Child Welfare Level 2 and 3 Group Home Contract

The areas above recognize gaps in resources needed to continue initiatives.

FY 2026 ARPA Funding

Expansion Request Name	FTE
SS – Neighborhood Networks: 1 Supervisor, 5 Social Workers	6
SS – CW Connect: Backup Plan (Own Software)	0
SS – CW Connect: System License Agreement	0
SS – CW Connect: DocuSign License Agreement	0

“CW Connect” (above) is the Child Welfare case management system.

Not Received

Expansion Request Name	FTE
PH – Western Regional Center: 1 each Physician, Advanced Practice Provider, Nurse Supervisor, and Registered Nurse, and 2 Certified Medical Assistants	6
SS – Adult Protective Services Social Worker	1
SS – Western Regional Center: Administrative Supervisor	1
SS – Western Regional Center: Administrative Specialist	1
SS – Western Regional Center: Customer Service Team Lead	1
SS – Western Regional Center: Operating Costs	0

Because the Western Regional Center is not slated to be completed until 2027, staff will request these expansions that were not received again in FY 2027.

Mr. Irv Trust asked the reason behind making the expansion requests for the Western Regional Center staff positions was so far ahead of opening. Ms. Hamilton explained that one reason was training. The Western Regional Center was moving from a smaller facility to a much larger one where more services would be offered, ideally to more people. So the new hires would require a ramp up period for training purposes at the different Regional Centers across the county. This would allow them to gain a better understanding of working with different populations. Staff anticipated a six-month lead up time for training periods. Ms. Rebecca Kaufman (Director of Public Health) added that when the budget expansion requests were first submitted, the Western Regional Center also had an earlier opening date. With a slight delay, it was no longer so time sensitive to secure these requests this year.

When asked if any issues were foreseen with ramping up hiring with a 2027 opening schedule, Ms. Kaufman responded that clinical positions gave her pause. However, with some internal interest expressed for the Western Regional Center positions to come, it seemed there would be coverage. If these

positions were secured for FY 2027 in July 2026, this would give a six-month window for training with a tentative plan to open the Center in spring 2027.

Chair Ann Rollins asked how many total school health nurses there were with the County. Ms. Kaufman said that there were 122 school nurses, including supervisors and two program managers. As Commissioner Cheryl Stallings explained, these school nurses served around two hundred schools. Ms. Christine Kushner pointed out that nurses for high schools were facing vastly different challenges than those that worked at elementary schools.

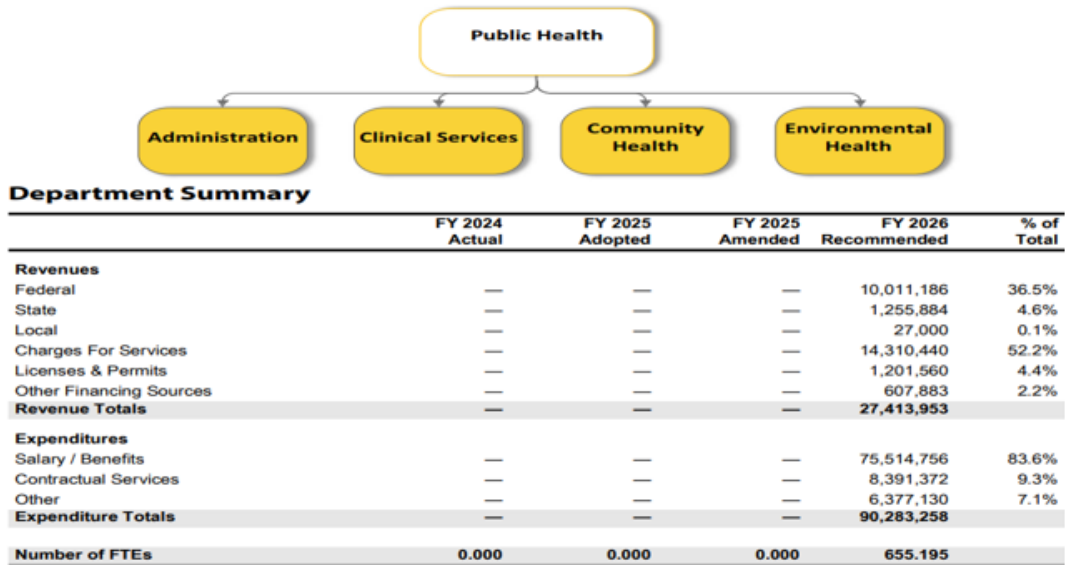
Next, Ms. Pullen reviewed the FY 2026 Capital Improvement Projects (CIPs). Two were submitted and both were received. One project covers training space dedicated to all staff, something that would soon become critical with the Swinburne building coming offline due to reconstruction. The Swinburne building was a primary training space, so accommodations needed to be made. This year, \$500,000 was received for a study to initiate and figure out what was needed. Facilities, Design, and Construction (FDC) had incorporated Little Architecture to do this study. The hope was to have a space ready to move into by early 2026. The second project was a Public Health Electronic Health Records (EHR) system that would be a replacement for the currently used Centricity. This will be a huge initiative in the coming years with FY 2026 allotting \$425,000 to get an initial consultant to review the current system, what staff needs are, and what options are available to move to. This will also include the start of the bidding process for a new system. For FY 2027, staff have identified a \$2.5 million need followed by another \$2.5 million for FY 2028. These monies over the course of two and a half years will help get the new system up and operational.

Chair Rollins asked if Epic was on the list of considerations for a new EHR system. This was, notably, the same system used by local hospitals. Would this connectivity – or connectivity with the school system – be considered? Ms. Kaufman explained that she was looking at systems used at other large health departments. Epic was a consideration. For the Wake County Public School System (WCPSS) there were obstacles with connectivity as the health department system had to abide by the Health Insurance Portability and Accountability Act (HIPAA) and the WCPSS had to abide by the Family Educational Rights and Privacy Act (FERPA). There were also challenges as local health departments (LHDs) had to send some information to the State, requiring certain system accommodations. Staff do want a system that is up-to-date, capable of sending out referrals seamlessly, and able to run day-to-day operations at the same time. No decision had yet been made, but there was excitement for the new system.

Mr. Irv Trust inquired about the EHR's potential connectivity with the prison system. Ms. Kaufman admitted that the County worked more commonly with the prison system and this was a consideration. More telehealth appointments were becoming available to inmates at the County jail. Ultimately, this change was occurring because Centricity would no longer be updated as an EHR system. No official cut off date had been provided, but staff were hoping to use the system for the next couple of years until a new one could be secured.

Vice Chair Wanda Hunter asked if part of the pre-work to the EHR system would be centered on what staff would like to see in the system, focusing on access rather than just requirements. Ms. Kaufman felt reassured that this year's contract work incorporated this with the contractor talking directly to staff. There was also research being done with other departments to see their capabilities with their systems. Vice Chair Hunter inquired specifically about continuous feedback, like on a monthly basis. Ms. Kaufman noted that both Information Technology (IT) staff and Public Health program managers all met regularly, went through the clinics, and gathered feedback. The consultant that was secured would amplify this work as staff had already realized some issues were solved through training. This is a growing and living document of needs being created from frontline staff.

Next, Ms. Pullen reviewed the Public Health FY 2026 budget (see below).

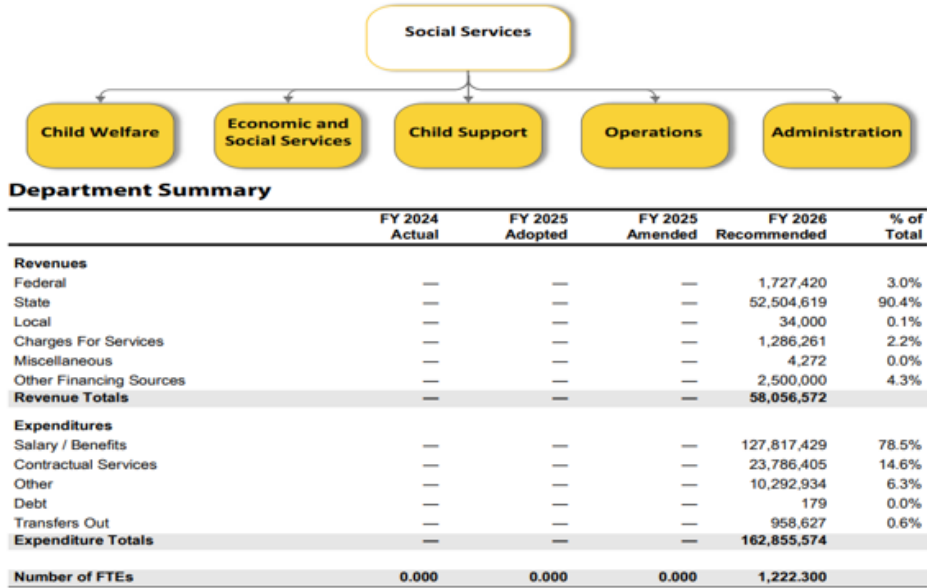


https://s3.us-west-1.amazonaws.com/wakegov.com-if-us-west-1/s3fs-public/documents/2025-05/Wake%20County%20FY26%20Recommended%20Budget_%20Web.pdf, For the FY July 1st, 2025 through June 30th, 2026, Page 191

Ms. Pullen explained that this year presented a unique and creative challenge with the split of Health and Human Services into Public Health and Social Services. Some of these figures were still being reviewed by staff wanting to ensure complete accuracy given the learning curve of separating the departments. However, staff were confident for a smooth transition FY 2027 forward.

Ms. Hamilton added that the organization displayed above was a budgetary structure, not an organizational one. There were only three divisions in Public Health – Administration, Clinical Services, and Community Health. Environmental Health was actually housed under Community Health organizationally. However, for the budget, this was the view that needed to be created. A similar breakdown would occur for the Social Services budget.

Deputy County Manager Duane Holder noted that some of these details would evolve as far as tracking the budget as the County continued to work to organize the budget in a way that made sense. The goal was to enhance accountability. Additionally, he cautioned Board members that, when looking at the revenue and expenditures, the difference between the two was filled by local Wake County tax dollars.



https://s3.us-west-1.amazonaws.com/wakegov.com-if-us-west-1/s3fs-public/documents/2025-05/Wake%20County%20FY26%20Recommended%20Budget_%20Web.pdf, For the FY July 1st, 2025, through June 30th, 2026, Page 162

When looking at the Social Services budget overview, Child Support was housed under Economic Services organizationally. Ms. Pullen also pointed out the number of full-time equivalent (FTE) positions with Social Services being nearly double the size of Public Health. Ms. Toni Pedroza (Director of Social Services) added that the amount listed as being received from the State was, truly, more so from the federal government. This was because the federal government sent monies to the State in order to be distributed to counties. Ms. Rebecca Kaufman (Director of Public Health) echoed that sentiment for Public Health’s budget.

Ms. Christine Kushner asked if any of the funds from the State were being threatened by the One Big Beautiful Bill Act. While some could certainly be cut in the future, staff had yet to see impacts to revenue. Commissioner Cheryl Stallings explained that some cuts would be occurring after midterms. The Wake County Board of Commissioners (BOC) was still advocating for possible changes at the State and federal levels.

Ms. Lily Chen inquired about the percentages of State versus federal dollars, especially comparing those funds between Public Health and Social Services. Ms. Pedroza explained that this was simply however the monies were drawn down in their system. It may be allocated to specific programs that determined whether it was State or federal.

Mr. Trust noted that staff often brought up the massive expansion of the population in Wake County. How did this influx of tax dollars from ever growing taxpayers get figured into the budget? Were there population projections or other budget factors that were considered? Mr. Holder explained that the County did not receive income tax, but they did receive property taxes and some sales taxes. It was a fine balance with taxes received and the growth and movement occurring in the county. Commissioner Stallings noted that it costs more to provide services than the income from property taxes covers. Mr. Holder continued, noting that staff accounted for

changes knowing that growth would always occur to some degree. While these changes are factored into the overall County budget, they were not factored into Public Health or Social Services budgets as the revenue attributed were directly tied to services. The difference between revenue and expenditures were filled, instead, by local tax dollars. However, when the overall budget was reviewed, growth was factored in based on trends not only of residents but of businesses.

Commissioner Stallings reminded Board members that the BOC had the opportunity to adjust property taxes every year with the annual budget. They did, of course, try to keep this as lean as possible.

Ms. Kushner asked what percentage of sales tax stayed in Wake County as some goes to the State and other counties. Mr. Holder stated that he would look into this and follow up with an answer.

Vice Chair Hunter asked how the influx of aging adults being a population heavily attracted to Wake County impacted the budget, especially knowing they might be on a fixed income. Mr. Holder said that staff were actually seeing a trend of older adults with higher incomes coming into the county. While he did not know the percentage offhand, it was the more predominant trend.

Chair Rollins inquired about possible cuts to services and programs in the coming months in the wake of the One Big Beautiful Bill Act. Would some services not be provided or had considerations been made to fill the gap created from the federal cuts? Could taxes be increased to solve any gap that occurred? Mr. Holder stated that once the budget was adopted, the BOC could not adjust the property tax rate. The next opportunity that the BOC would have to adjust property tax would be July 1st, 2026. Sales tax, on the other hand, could be adjusted. Insofar as services and programs being cut, the County Manager had already begun prioritization exercises to determine the most essential. Staff are also looking into the impact of the federal policy on services to determine what additional resources will be required and what losses of resources there could potentially be. After evaluating all these considerations, a road map can be established of how to proceed. A big part of this evaluation, however, will be what the state of North Carolina will do. There is, notably, not yet a state budget approved for the year.

Dr. Kelcy Walker Pope asked if any of the funds for FY 2026 were going towards the new Public Health building or if those monies were identified in previous years. Staff confirmed that this was funded in previous fiscal years. Board members praised the new building with several of them recently having had a tour of the facility.

Board members revisited the difference between the revenue and expenditures, noting a need to include the local tax dollars in future budget reviews.

Dr. Ojinga Harrison asked what the stress points and short falls of growth in the county. Mr. Holder cited unfunded mandates as ongoing obstacles. These are expectations that are handed down from the State that do not come with offsetting revenue. In other words, the County itself is left responsible to provide the funds to meet the mandate. Another struggle is educational funding which is not adequately covered by the State. The County, then, is left to fill in the gap.

Commissioner Stallings added that around half of the annual budget went to public education funding.

There was a discussion surrounding how some schools were still falling behind on critical resources such as air conditioning – sometimes for years on end. But with so much funding falling on the County, there was also the expectation for local schools to use those funds not only on new facilities but on renovations as well.

Board members thanked Ms. Hamilton and Ms. Pullen for the insightful presentation.

Health and Human Services Director’s Update

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

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

- She introduced Ms. Jennifer Brown in her new role as Deputy Director of Public Health – Community Health. Ms. Brown previously served as the Environmental Health and Safety (EHS) Director.
- Ms. Melissa Pullen, former HHS Budget Manager, had been promoted to Public Health Administrative Director.
- On August 14th, the Black Pearl Society would be holding their third annual Black Maternal Infant Health Conference at the McKimmon Center in Raleigh. Wake County Maternal and Child Health staff were partnering with them to assist with planning. Any interested attendees were encouraged to register for the event.

Ms. Toni Pedroza (Director of Social Services) stated that her updates had been shared when Mr. Duane Holder (Assistant County Manager) went over the impacts of the One Big Beautiful Bill Act. Ms. Christine Kushner asked how the internal town hall sessions surrounding the restructuring were going. Ms. Pedroza and Mr. Holder confirmed that they were well received and well attended by staff.

Committee Chairs Update

(Presented by Chair Ann Rollins, Mr. Irv Trust, and Vice Chair Wanda Hunter)

Chair Ann Rollins shared that the Regional Networks summary was in the Board members’ agenda packet.

In the absence of Dr. Anita Sawhney (Chair of the Public Health Committee), Mr. Irv Trust provided an update. The Public Health Committee received two presentations – a Public Health update from Ms. Jennifer Brown (Deputy Director of Public Health – Community Health) and a presentation from Ms. Dauline Singletary (Maternal and Child Health Section Manager) focused on doula services and how the County was working to impact infant mortality rates.

Vice Chair Wanda Hunter (Co-Chair of the Social Services Committee) recalled that the Committee received an update from Ms. Sydney Mierop (Food Security Program Manager) and Ms. Stantavia Wright (Food and Nutrition Services Assistant Division Director) reviewing SUN Bucks and the Summer Food Service Program (SFSP). She also shared that Best Baby Wake would be having a meeting that night at 6:00 p.m. at the Wake County Sunnybrook building (10 Sunnybrook Road, Raleigh, NC 27610).

Public Comments

- Ms. Deidre McCullers emphasized the need to hear from community members who were open and honest about struggles in the county. She maintained that continuous strategic planning would not be needed if the root cause of the homelessness was addressed. She did thank and recognized Mr. Duane Holder (Deputy County Manager) for sharing the upcoming closing and renovations to the 98-bed homeless shelter. She cautioned against the comment from Mr. Jason Horton (Strategic Initiatives Director) where he went to homeless shelters for feedback. Not all homeless people are housed in homeless shelters. She noted that some homeless individuals regularly lived in hotels.

Adjournment

The meeting was adjourned at 10:01 a.m.

Board Chair's Signature: 

Date: 08/28/2025

Respectfully submitted by Brittany Hunt