

**Wake County Health and Human Services Board  
Meeting Minutes  
October 23<sup>rd</sup>, 2025**

**Board Members Present:**

Dr. Ojinga Harrison  
Wanda Hunter  
Christine Kushner  
Dr. Tonya Minggia  
Ann Rollins  
Commissioner Cheryl Stallings  
Tanyetta Sutton  
Irv Trust  
Dr. Kelcy Walker Pope

**Guests Present:**

None

**Staff Members Present:**

Jennifer Brown  
Sheila Donaldson  
Sara Gisler  
Barbra Gonzalez  
Kevin Harrell  
Brittany Hunt  
Evan Kane  
Rebecca Kaufman  
Dr. Joel Lutterman  
Jason Mahoney  
Jenelle Mayer  
Ken Murphy  
Shanta Nowell  
Modupe Omosaiye  
Tina Payton  
Melissa Pullen  
Mike Ranck  
James Smith  
Yolanda Thacker  
Dana Webb-Randall  
Diamond Wimbish  
Stantavia Wright

**Call to Order**

Chair Ann Rollins called the meeting to order at 7:37 a.m.

**Next Board Meeting** – November 20<sup>th</sup>, 2025

**Approval of Minutes**

Due to a lack of quorum, the minutes for the September 25<sup>th</sup>, 2025 meeting would be reviewed at a future meeting.

**Treasurer's Report**

In the absence of Mr. Terry McTernan, Treasurer, Ms. Ann Rollins (Board Chair) provided the Treasurer's Report. In September, the fund was reported as \$10,367.95. Since that report, there had been no changes to the fund. Thus, the fund was still at \$10,367.95.

## Public Health Update

(Presented by Ms. Rebecca Kaufman)

Ms. Rebecca Kaufman (Director of Public Health) provided brief updates from the Public Health department.

- Public Health staff were anticipating the move to the new Public Health building which will take place at the end of January 2026 to the middle of February 2026. The new building is anticipated, then, to open in February. Offices will close for one week due to the transition during which time staff hope to use Regional Centers to keep some of their key services going. While the Sunnybrook location has a front desk and checkout for each clinic, the new building will have a centralized front desk, checkout stations, and a newly implemented call center. Many operational changes and decisions were occurring now in order for the building to be successful upon staff's move and official opening in February 2026.
  - There have been preliminary discussions about the 2026 Wake County Health and Human Services Board Retreat being held at the new Public Health building. This would be dependent on the conference room scheduling and timing, though staff would continue to explore this option.
  - Chair Ann Rollins asked if Board members would be interested in considering moving their monthly meeting from the Somerset room 1700 Board room to a conference room at the new Public Health building regularly. Ms. Kaufman stated that while Swinburne staff would be temporarily relocating for renovations, the ultimate goal was for the new Public Health building to be on a shared campus with Social Services. Some members had toured the new building and spoke highly of it and the parking while others expressed interest in touring the site first.
- Ms. Kaufman provided a presentation to the Health and Human Services Committee earlier in the week about vaccination rates. There was a slight delay in ordering COVID-19 vaccines by a lot of providers who were waiting to hear recommendations from the Centers for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices (ACIP) meeting. As discussed last month, however, the vaccine would be available as long as individuals met at least one comorbidity. This was being conducted on a self-attestation model with attendance implying attestation that the person met the requirement. Flu shots were available Thursday afternoons at the health department.
  - The cost of the vaccines was admittedly an ongoing concern for the public alongside availability. Mr. Irv Trust confirmed this from the pharmacy aspect noting that the vaccine is being run through insurance and quoted copays are causing alarm.
  - Ms. Kaufman did add that there are grant funds remaining that staff hope to use to implement free COVID-19 vaccines for uninsured individuals.
- Public Health staff will go before the Accreditation Board in November 2025. After this meeting, staff will be able to share the result of the vote to have the Wake County health department accredited. It is believed that the department will be accredited with honors.

Chair Ann Rollins asked if there was any concern surrounding measles as some cases had been recorded as close as South Carolina. Ms. Kaufman stated that Ms. Morgan Poole (Epidemiology Program Manager) provided regular measles update to leadership with one being sent out just the day before. Staff were monitoring cases both regionally and nationally as well as those that resulted in deaths through this report. People are transient and having cases in the United States meant that it was only a matter of time before it came to North Carolina. The South Carolina cases, still, were concerning. Staff were prepared if the need to respond arose and further information from the report itself could be shared.

There was a claim of a news outlet reporting less than 23% of children were vaccinated for measles. However, Ms. Kaufman stated that the County evaluates the percentages of children entering kindergarten

fully vaccinated in Wake County and that, currently, was 94.1%. This percentage commonly hovered around 94-95% in Wake County. This was considered a high percentage compared to other counties and parts of the country. Staff are seeing an increase in exemptions and more general hesitancy to receive vaccines, admittedly.

Commissioner Cheryl Stallings asked if Ms. Kaufman could speak to messaging and if that had changed due to the hesitancy around vaccinations. Ms. Kaufman recalled that the public, in general, was questioning public health and the government's role in their health and lives. The messaging, then, had to remain rooted in science and facts while presenting consistent encouragement for parents to speak to their healthcare providers. When parents turn to social media for information, this increases the chance for mixed and inaccurate messaging to inform critical decisions. For example, some parents are concerned about the number of vaccinations that their child(ren) must receive citing worries about too many being given too close together too young. This is a concern that should be brought directly to the healthcare provider who can best explain why the vaccination schedule is constructed this way and why it is important. Staff are trying to get this consistent messaging out through social media but also through educating Community Health Workers (CHWs) to be able to share when working in the community. Chair Rollins noted how important and timely this was with October being Health Literacy Month.

Vice Chair Wanda Hunter asked, with social media being the main means of sharing information, if there was any intent to have several social media campaigns. Ms. Kaufman confirmed that this was actively happening with Wake County social media. Ms. Leah Holdren (External Communications Manager) had been particularly engaged with sharing Public Health highlights on the flu shot clinics and COVID-19. She works with the Communications team and has fairly consistent messaging going out about vaccines on Wake County's social media sites.

Board members voiced frustration with the role of health professionals growing more difficult due to the mixed messages populating not only social media feeds but the federal government itself. The lack of fact checking and even institutions to direct that fact checking to is resulting in a wide array of stances, opinions, and outcomes for those most in need of vaccines. Ms. Kaufman stated that thirteen states – one of which was North Carolina – were coming together to make health recommendations. It was becoming more and more critical to look at where the information was originating from and what resources were being provided. She mentioned the National Association of City and County Health Officials (NACCHO) and the need to lean on them to extend their message further.

Dr. Ojinga Harrison asked if there were talks of changes in the legislature to allow children to go to school without the required vaccinations due to the rise in hesitancy and exemptions. Ms. Kaufman clarified that there was not currently proposed legislative changes and that this was largely due to exemptions – such as religious exemptions – that forbade any further questioning. It was not known if changes to legislation would be pursued in this regard.

Ms. Christine Kushner asked if wastewater monitoring had shown a spike in COVID-19, flu, or respiratory syncytial virus (RSV) as numbers seemed low over the summer. Ms. Kaufman referenced the online wastewater dashboard (<https://covid19.ncdhhs.gov/dashboard/wastewater-monitoring>) that is updated weekly noting that no dramatic surges had been seen. It was helpful, however, to keep track of upticks in specific areas in Raleigh and Cary. When asked if this information was shared with the federal government as well, Ms. Kaufman said that it likely was included on a federal level. Originally during the COVID-19 pandemic, Wake County had a contract to conduct the wastewater monitoring with teams collecting the water and contracting with labs at North Carolina State University (NCSU) to test. The State department took over this role as the pandemic ended and they now run the program. This effort was partially funded through the CDC, so the federal government has had some connection since the beginning of the effort. Wastewater monitoring, Ms. Kaufman explained, was a new and innovative

technology in Public Health that COVID-19 allowed to rapidly accelerate due to need during the pandemic.

### **Social Services Update**

(Presented by Ms. Sheila Donaldson)

In the absence of Ms. Toni Pedroza (Director of Social Services), Ms. Sheila Donaldson (Deputy Director of Social Services – Programs) provided brief updates from the Social Services department.

- In Economic Services, on July 1<sup>st</sup>, there was a restoration of the medical assistance-only mandate to cooperate with Child Support services. Since that time, Child Support services has experienced a 298% increase in new applications for services due to this mandate.
- In Child Care Subsidy, a third pull from the wait list will be performed for the timeframe of February 18<sup>th</sup>, 2025 to April 30<sup>th</sup>, 2025.
- The Energy program had received their funding for the Low Income Energy Assistance Program (LIEAP) which will begin in December for the elderly population.
- In terms of employment, the NC Works Career Center continued to experience an increase in customers seeking employment support including resume assistance and job search help.
- The Regional Centers are keeping busy from substance use disorder (SUD) support to mini food pantries to health clinics.
- In Child Welfare, the Child Protective Services (CPS) section will go into the State case management system on November 3<sup>rd</sup>, 2025 – just a week and a half away. The State of North Carolina has not had a state system for Child Welfare before, so the State is launching it in increments with intake and assessment of CPS going first. Permanency with foster care and adoption will be added into the system within the next year.

Vice Chair Wanda Hunter asked if grandparents' rights were legal in North Carolina, expanding to ask if parents were deemed unfit to care for their child(ren), were the grandparents (maternal or paternal) the next in line for eligibility for custody. Ms. Donaldson explained that if the County was involved and they had taken custody of the child(ren), staff looked for relatives, including grandparents on both sides. The Fatherhood Program, overseen by Mr. Jason Mahoney (Child Welfare Assistant Division Director), has vastly improved the culture around including not only fathers but the father's family. Thankfully, through budget expansion, Child Welfare has a new program – Kinship, Search, and Engagement – that uses evidence-based research and data review to connect and engage with relatives. In terms of the hierarchy of legal goals, the first goal, short of a significant situation that would not allow it, is always reunification. The second goal is placement with relatives and, failing that, the third goal would be foster parents or adoption by a non-relative. Ms. Donaldson admitted that, historically, Child Welfare had not done a good job in exploring all these options, but the past years had seen Wake County make incredible efforts to do better.

Staff also uplifted a recent Divine Nine event with foster care made possible thanks to the leadership of Mr. Mahoney who oversees recruitment and retention. Mr. Mahoney created a strategic marketing plan to increase efforts at recruitment that are already showing results. Board members commended Mr. Mahoney for his work and dedication to the County and its community.

Commissioner Cheryl Stallings asked Ms. Donaldson about the State's Children and Families Specialty Plan (CFSP) that would be kicking off on December 1<sup>st</sup>, 2025. This new North Carolina Medicaid Managed Care health plan would impact children in foster care. In North Carolina, there had previously been six different Managed Care organizations. For Wake County, this was Alliance Health. However, on December 1<sup>st</sup>, North Carolina will officially have one Managed Care organization for all children in foster care – Healthy Blue.

Staff have been engaged in readiness meetings with Healthy Blue staff with hopes about the intentionality that this will create around how children in foster care are viewed. There are also hopes that this change will improve placement challenges as current competition with other counties for placement means that providers, who may or may not be affiliated with each Managed Care organization, selected the youth. This could become especially sensitive based on children with high acuity needs, such as aggression. For example, if a child, known for having a history of aggression, was placed into a home and then physically assaulted a staff member or another youth, it would oftentimes negatively impact the provider's license. In response, the provider would discharge the youth for the behavior that they knew was likely to happen due to the child's history. This would leave the youth in an even worse position with more trauma and the need to be placed again.

Ms. Tanyetta Sutton commended the work to address the conflicts with providers assuring they could handle such behavior but refusing to truly provide care to support the youth in their behaviors. Ms. Donaldson agreed that regulations were needed for providers but that there was a balance that needed to be struck between supporting providers and holding them accountable to ensure youth's safety and proper placement. It is not fair to an already traumatized youth to have to be placed again and again – getting older with behaviors becoming more layered and complex as they await the proper resources and support to thrive.

Vice Chair Hunter asked if there were tiers for homes being used to have better support for those with high acuity needs. Ms. Donaldson confirmed that there were. If staff see that a youth has a therapeutic need, a comprehensive clinical assessment (CCA) is done and required in order to be placed above a regular placement with these tiers. The CCA allows for Medicaid to pay for these placements. The issue comes when the CCA is done, submitted, and then denied to all the facilities at a specific tier. The youth can then be reevaluated to see if their therapeutic level might change in order to open possibilities for placement. This, Ms. Donaldson noted, was sometimes the reason for children awaiting placement in Social Services buildings. When the newly updated CCA is submitted and a placement is made, the question then becomes if the placement is truly a good fit or if it is simply being sought because another option is not available that might better meet the youth's needs. As Ms. Donaldson stated at the recent State of the County address (<https://www.wake.gov/departments-government/board-commissioners/2025-state-county-address>), she did not feel children were being placed appropriately. Placements were simply so scarce that staff were instead looking for a placement that was not the Social Services building.

The hope, then, is that the singular Managed Care organization will stop this unfortunate cycle. Healthy Blue will be able to evaluate not only the providers but the supports that are in place. Some youth need one-on-one support while others benefit more from two-on-one support. This may cost more money that the Managed Care organization may or may not fund. But with one Managed Care organization instead of six, the process is intended to be more streamlined.

Ms. Sutton also spoke to the qualifications of the staff at the providers. This was an issue as the hourly rate for staff was low. People were hired with little experience or training and, once given the training, were often leaving for better opportunities. This, in turn, created constant turnover and more instability for youth receiving services.

Vice Chair Hunter inquired about the impact of one Managed Care organization on the providers, especially for those already frustrated with the amount of paperwork being required. Admittedly, the impact had not yet been seen as this will all go into effect on December 1<sup>st</sup>. However, contracts are currently being negotiated. Providers who have been offering these services will need to partner and contract with Healthy Blue to arrange their rates. They will also have to become a vendor in contract with Wake County.

Dr. Ojinga Harrison, having worked extensively with this population, commended Ms. Donaldson for capturing the complexities of the issues on both sides. It is a challenge from all angles with providers needing to have the ability to decide who will be most appropriate at their facilities at any given time due to group dynamics and even level of progress with treatment. Someone dictating who could go into a facility without the provider's input would be highly detrimental. Ms. Donaldson agreed reflecting on the dynamics being considered even for youth waiting in the Social Services buildings. Placement cannot only consider age or gender or general diagnosis. It truly depends on the different groups and the specific point in time.

Commissioner Stallings recalled that there were representatives from Healthy Blue that came to speak at the North Carolina Association of County Commissioners (NCACC) statewide conference in August that seemed thoughtful about all the contingencies spoken about. The purpose of the change was stated to standardize the process and grant children equitable services needed throughout the state. With children with complex needs in the forefront of these considerations, she felt hopeful of the direction. Ms. Donaldson concurred, stating that Healthy Blue staff had been listening and asking the County questions in turn. Staff anticipate December 1<sup>st</sup> and shortly thereafter to be a bit of a learning curve as the change takes effect but hope for more consistency as time goes on.

Luckily the change aligns with the case management system coming online which will allow everyone in the state to clearly see changes occurring in real time. When counties were using various systems, including and overwhelmingly by paper, it was much harder to audit or get the proper case in a timely manner. With the new case management system, data integrity and accountability will become the norm and best practice can be firmly in place. It is hoped, with time, that the system will improve practices to the point of allowing for some therapeutic and clinical training for staff.

When Commissioner Stallings noted that it was a goal to keep children as close to their kin as possible and especially in state if possible, Ms. Donaldson agreed. There was a great deal of research correlating children being placed in their community with reunification. Research shows that placing a child more than ten miles from their home decreases the chance of reunification.

Chair Ann Rollins asked if the decrease in reunification considered only mental health needs as some substance use actually benefitted from children being outside of their normal environment. Ms. Donaldson explained that substance treatment was a separate consideration. Luckily, the County has a new Behavioral Health department that Child Welfare is partnering closely with to inform of these needs for supports. There has been a lack of treatment facilities for teenagers with substance use challenges. Because of this, they have had to be placed out of state which, as Chair Rollins pointed out, is sometimes for the best. However, for Child Welfare, their mandate is for the reunification of families and, when able, the prevention of children even entering foster care. Many children – particularly teenagers – come into custody because the family simply does not have the support for mental health treatment and/or substance use treatment.

A heart-wrenching real-life example was given of a teen in an emergency room for the third time ready to be discharged. The parents have other children and feel, for the safety of those children, the teen cannot come home. They have been promised and not delivered resources and supports the prior two visits to the hospital. So the hospital then calls the County reporting the teen as being abandoned.

Ms. Donaldson recognized and honored Ms. Shanta Nowell (Child Welfare Division Director) who had been coaching her Child Protective Services team to work with parents put in this situation in order to identify other relatives who might offer support. However, unfortunately, it is all too often that the teen must be taken into custody for the safety of the children in the home. Board members shared stories from the community noting that even housing may come into question when trying to work with youth. If an

apartment complex or place of living determined a child to be a liability, they could force an already tense situation into requiring the parents to choose between their child's safety under their roof and their own housing. This decision could – and has – ultimately lead to the child losing their life. While Naloxone/Narcan has caused the number of overdose deaths to decrease, it could also be depended on to constantly “fix” life-threatening situations instead of addressing the root cause directly. In this light, ‘abandonment’ can oftentimes feel too harsh a word when so many impossible decisions are thrust upon those who have genuinely tried to support their children that they love dearly.

### **Committee Chairs Update**

(Presented by Chair Ann Rollins and Vice Chair Wanda Hunter)

Chair Ann Rollins shared that the Regional Networks summary was in the Board members’ agenda packet. She briefly reviewed a few key highlights, as follows:

- The Northern Regional Center (NRC) Community Advocacy Committee (CAC) is exploring ways to raise community awareness about substance use disorder (SUD). The NRC CAC continues to prioritize food security.
- The East Wake Food Family met virtually on September 30<sup>th</sup> to receive updates on County-level food programs, grant opportunities, and seasonal food distributions.

The Public Health Committee did not meet in October and thus there was no report. November 21<sup>st</sup> will be their next Committee meeting.

Vice Chair Wanda Hunter (Co-Chair of the Social Services Committee) recalled that the Committee received a report from Ms. Brooke Blanton (Senior and Adult Services Manager) on special assistance in-home (SAIH), facility monitoring/complaint investigations, and placement assistance on October 3<sup>rd</sup>.

Chair Rollins asked staff if there were updates surrounding Medicaid. Commissioner Cheryl Stallings stated that things were somewhat in limbo awaiting news of Medicaid rebates. There is a funding shortfall of administration and operating procedures for basic Medicaid. This is in addition to a funding deficit still being experienced. As Commissioner Stallings understood it, as of October 1<sup>st</sup> some cuts were initiated to providers ranging from 3% to 10%. These provider rates were already criticized for being low and the concern is losing providers which will impact access to care.

The Wake County Board of Commissioners (BOC) is also concerned about the Supplemental Nutrition Assistance Program (SNAP) benefits as food insecurity is a concern. Commissioner Stallings spoke with Deputy County Manager Duane Holder days before to ensure community partners and non-profits were aware of the potential impacts to try to keep the food pantries stocked as best as possible. Even still, this will be a struggle. Some of the bigger Medicaid cuts will not go into effect until December 2026, so the BOC is leaning on their advocates at the North Carolina Association of County Commissioners (NCACC). The BOC, along with others, continue to tell personal stories to State and federal partners to try to inform them of the dire need for these benefits and resources. The BOC’s strategy, in addition to being engaged within the NCACC, is to partner with some of North Carolina’s other one hundred counties. There are more rural counties than urban counties so the BOC is attempting to partner with rural Commissioners to have a coalition to speak to the State and federal partners. She noted that when one county suffers, all counties suffer.

This, of course, is a grave concern given the potential impacts on rural healthcare and hospitals that may be forced to shut down. With those clients still needing care, they may understandably migrate to Wake County to receive services. Wake County currently has over 200,000 people receiving some form of Medicaid along with 85,000 individuals receiving SNAP benefits. The need is poised to only become

greater.

Chair Rollins added that a smaller program – SNAP-Ed, the educational branch of SNAP – had been totally cut off as of October 1<sup>st</sup>, 2025.

Board members voiced growing concerns about food insecurity as well as gerrymandering of maps. Without resources – education on how to cook and eat nutritious foods, encouragement to vote and be aware of the policies being voted on, and elevating issues beyond misinformation to actionable solutions – no change could be made. It was noted that North Carolina was currently one of only two states in the nation without a budget.

Ms. Rebecca Kaufman (Director of Public Health) reminded Board members that, when speaking of SNAP, it was important not to forget the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) was only funded through the end of October. With that deadline passing in a week, the potential loss of benefits would leave mothers and babies without food and support. Ms. Christine Kushner noted that Mr. Ben Canada (County Manager’s Office Chief of Staff) had shared a report with Board members about the local impacts of the federal government shutdown. The Affordable Care Act (ACA) subsidies, unfortunately, were still in limbo.

Ms. Sheila Donaldson (Deputy Director of Social Services – Programs) added that there was an unfortunate correlation found between poverty and child neglect. As resources decrease, staff anticipate an increase in calls to Child Protective Services (CPS) along with the need for intervention. Commissioner Stallings recalled how this was a concern during the recent COVID-19 pandemic with domestic and partner violence on the rise despite the lack of data due to isolation, fear, and stress.

### **Upcoming Events, Community Highlights, and General Discussion**

(Presented by Chair Ann Rollins)

Chair Ann Rollins shared that the Poe Center is offering mental health first aid classes available for review on their website ([https://www.poehealth.org/program\\_category/?term-id=60](https://www.poehealth.org/program_category/?term-id=60)). The Center is also providing “Question. Persuade. Refer.” or “QPR” sessions which Chair Rollins described as the CliffsNotes version of mental health first aid focused around suicide prevention.

Representative Deborah Ross will be holding a meeting at Meredith College on October 24<sup>th</sup> in commemoration for Breast Cancer Awareness Month amidst the discussions of federal cuts to breast cancer research money. Those with metastatic breast cancer only receive around 5% of the research money currently, so cuts are concerning.

Ms. Christine Kushner commented that the continued federal cuts and losses to research were damaging to children and the future of their medical needs. The country had led a great deal of research and while there would still be promising drugs moving forward, the damage left would be irreparable.

Due to the lack of quorum at the meeting, the agenda items requiring a vote would be moved to future Health and Human Services Board meetings. The appeal discussion would be moved to the November 20<sup>th</sup>, 2025 Board meeting. Ms. Christine Kushner notably removed her name from the nominees for Board Vice Chair.

### **Public Comments**

- None

**Adjournment**

The meeting was adjourned at 8:43 a.m.

**Board Chair's Signature:**

*Ann Rollins*

**Date:** 11/20/2025

Respectfully submitted by Brittany Hunt