

**Wake County Health and Human Services Board
Meeting Minutes
December 18th, 2025**

Board Members Present:

Lily Chen
Maty Ferrer Hoppmann
Christine Kushner
Trey McBrayer
Terry McTernan
Dr. Tonya Minggia
Dr. Jim Peterson
Ann Rollins
Dr. Anita Sawhney
Commissioner Cheryl Stallings
Irv Trust
Dr. Kelcy Walker Pope
Birchie Warren
Tamara Wilson

Guests Present:

Deidre McCullers

Staff Members Present:

Jennifer Brown
Sheila Donaldson
Sara Gisler
Kevin Harrell
Brittany Hunt
Lee Little
Rebecca Kaufman
Jenelle Mayer
Ken Murphy
Modupe Omosaiye
Tina Payton
Toni Pedroza
Melissa Pullen
Mike Ranck
James Smith
Lechelle Wardell
Rochelle Whitaker

Call to Order

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

Next Board Meeting – January 22nd, 2026

Approval of Minutes

Chair Ann Rollins asked for a motion to approve both the November 20th, 2025 Board meeting minutes. Ms. Christine Kushner pointed out a misspelling for correction. There was a motion by Ms. Christine Kushner and Mr. Irv Trust seconded. The amended minutes were unanimously approved.

Treasurer's Report

Mr. Terry McTernan, Treasurer, provided the Treasurer's Report. In November, the fund was reported as \$10,667.95. Since that report, there had been no changes. Thus, the fund was still at \$10,667.95.

Though she could not be in attendance, Vice Chair Wanda Hunter had recommended a \$1,500 donation to Wake County's Holiday Cheer program in order to cover the cost of the remaining 15 families seeking donations.

A motion was made by Ms. Christine Kushner to donate \$1,500 of the Board fund to the Holiday Cheer program for the purpose of covering the remaining families. Mr. Irv Trust seconded the motion. The motion was unanimously passed.

Honoring Dr. Jananne O’Connell

(Presented by Ms. Ann Rollins)

After eight years with two consecutive terms served, Dr. Jananne O’Connell was honored. She had served in the veterinarian seat for the Board and assured that she would be encouraging applicants for the now vacant seat. Board members commended Dr. O’Connell for her service and invaluable insight.

Annual Review of Wake County Human Services Board Operating Procedures Government Board (GOV.BRD) 100 [Accreditation Benchmark #34.1 and 34.2]

(Presented by Ms. Ann Rollins)

The Board Operating Procedures were presented for annual review with no suggested changes by staff.

Ms. Christine Kushner noted that the document made reference to the “Director of Health and Human Services.” She asked if edits need to be made to the language since Deputy County Manager Duane Holder had stepped into this role. Mr. Ken Murphy (Senior Deputy County Attorney) explained that, with the reorganization of the Human Services agency, Mr. Holder was still the Director of the Consolidated Human Services Agency. There was no legal reason to change the current language in the document.

Mr. Terry McTernan made a motion to approve the Board Operating Procedures as presented with no changes. Mr. Irv Trust seconded. The motion was unanimously passed.

Annual Review of Wake County Health and Human Services Board Rules of Appeal Government Board (GOV.BRD) Procedure 300 [Accreditation Benchmark #35.1]

(Presented by Ms. Ann Rollins)

The Board Rules of Appeal were presented for annual review with no suggested changes by staff.

Ms. Christine Kushner voiced concern with the recent septic system appeal with no guardrails on time to protect staff, appellants, or the appeal panel. Accounting for translations which would understandably need additional time, limiting the time to 15 or 30 minutes for staff and for appellants might streamline the process and ensure equity. Mr. Ken Murphy (Senior Deputy County Attorney) advised not to pursue such limitations as the panel portion of the appeal hearing was evidentiary in nature and quasi-judicial. Because of this, due process concerns were present. The appellant must be given the opportunity to provide their evidence and the department must be given the same opportunity. While the recent appeal panel hearing did run long, it was truly an outlier. The only time limitation that was enacted was the 20 minutes per side once the appeal had progressed to the Board reviewing the appeal panel’s decision. It was Mr. Murphy’s recommendation that this remain unchanged for the appeal panel level.

Ms. Maty Ferrer Hoppmann wanted to recommend that staff directly involved with the appeal panel case be present at the time of the hearing. In the panel she served, one of the heads of the department was present but not the employee directly involved. Mr. Murphy did not advise putting such a recommendation to a rule. The parties had the right to develop their case as they found appropriate. However, having said this, staff had received this recommendation after the appeal panel hearing. Staff at every level did sometimes have commitments that could not be changed, especially given the time sensitivity of the appeal hearing process. Coming to the appeal hearing was but one of many duties that

staff held. Some were bound to evaluating permits which were also heavily time sensitive. Staff have taken this feedback into account, however, and will be considering it moving forward.

Ms. Tamara Wilson voiced difficulties in being able to serve on an appeal panel given the fifteen days of notice for the hearings. She asked if it was possible to get more time so that more Board members could participate as many had clinical jobs that could not be put on hold with such short notice. Unfortunately, this requirement comes from general statute and cannot be deviated from by the Board. The General Assembly preferred an accelerated timeline so as to ensure local governments did not delay the appeal process. As limiting as it might be, general statute superseded what Board members could change.

Ms. Kushner asked if there had been an increase in the number of appeals and if appeals were limited to Public Health. The appeals that the Health and Human Services Board heard were only Public Health appeals despite the Board being a consolidated one. As for there being an increase, there was certainly a spike in septic appeals in the last year. Prior to COVID-19, the Board largely heard Dangerous Dog appeals. Since the pandemic, however, Dangerous Dog appeals had more regularly been resolved at the pre-hearing stage prior to the appeal panel hearing the case. There was a mistaken assumption of many that having a dog deemed “Dangerous” meant that they would be euthanized. This was not the case in Wake County – there were merely rules that had to be followed in order to have the dog outside or in public. This often took a face-to-face meeting to reassure the owner, however. The determination for “Dangerous Dog” was also incredibly clear. If a dog met the elements of the ordinance, it did not matter if they had previously never hurt anyone or any animal. In the last year alone, three of these cases had been resolved at the pre-hearing conference. While this could be frustrating once getting schedules rearranged, it was a clear example of the process working as intended to resolve the underlying dispute.

When asked if there could be pre-hearing conferences for septic appeals, it was confirmed that there were. Dangerous Dog cases were just more likely to be resolved at the pre-hearing as compared to other appeals.

There was then a discussion to revise the Board Rules of Appeal as some of the language still referred to the Environmental Services department. Changes made are referred to below:

- Page 1 – “& Environmental Services” was struck from the “Department” reference at the top of the page
- Page 5, section IV – “Health and Human Services or Environmental Services Departments” was replaced with “Wake County Health Department”
- Page 5, section VI – “Environmental Services Director or the Health and Human Services Division Director for Public Health” was replaced with “Consolidated Health and Human Services Agency Director”

Mr. Terry McTernan made a motion to approve the amended Board Rules of Appeal. Mr. Irv Trust seconded. The motion was unanimously passed.

Ms. Ferrer Hoppmann asked about the appeals for the Social Services department. Mr. Murphy stated that appeals related to Social Services did not deal with local rules. These were largely handled in court and through filing petitions. Ms. Toni Pedroza (Social Services Director) added that there were internal appeal processes and that these appeals followed State rather than local rules. If appellants were not satisfied with the result of their appeal, they could pursue further action with the State. When asked if these appeals often occurred, Ms. Pedroza confirmed that they were fairly common.

Mr. Murphy called attention to the first page of the Board Rules of Appeal under section I – “This procedure specifies how any aggrieved person may request an appeal hearing to contest a decision or

ruling of the Director of Designee, or Delegate regarding the interpretation and enforcement of State or Wake County health regulations, rules adopted by the Board, or the imposition of administrative penalties.” None of these included Social Services as there were no Social Services rules adopted by the Board. Regulations governing Social Services were typically in general statute or in the State Department of Health and Human Services (DHHS).

Annual Review of Wake County Health and Human Services Board Policy on Consumer and Community Input, Board Policy 300 2.8 (Accreditation Benchmark #37.2 and 38.3)

(Presented by Ms. Ann Rollins)

The Board Policy on Consumer and Community Input was presented for annual review with no suggested changes by staff. Chair Ann Rollins reviewed the document at length noting the many ways the Board sought consumer and community input including in the opportunity for Board members to serve on one of the various Community Advocacy Committees (CACs) tied to the local Regional Centers. She also stressed the need for Board members to serve on one of the Board’s two subcommittees – the Public Health Committee or Social Services Committee. If not yet serving on a committee, Board members were encouraged to contact Chair Rollins or Ms. Brittany Hunt (Executive Assistant to the Health and Human Services Board). There was reference to the Board’s five priorities (social and economic mobility, mental health, food insecurity, access to integrated services, and senior services) as well as the process for adding items to the agenda. Chair Rollins added that she had been approached by representatives from Blue Cross Blue Shield’s Healthy Blue program (which now oversees foster care children as the State’s Managed Care Organization (MCO)) about presenting to the Health and Human Services Board.

Ms. Maty Ferrer Hoppmann asked if there was a concern that Board members wanted to voice and discuss if there can be time on the agenda for that. She felt like meetings could sometimes be transactional with receiving presentations and lacking connection with other Board members. There was now a monthly agenda item titled “Upcoming Events, Community Highlights, and General Discussion” that was seeking to bridge this gap. There was also a distinction made between public comments and public requests to make presentations such as the request from BCBS representatives. Public comments were limited to a maximum of three minutes each. A presentation was notably different and was not limited to the same time constraint.

There was discussion of adding Ms. Ferrer Hoppmann’s suggestion as a policy statement in section II. Ultimately, Board members felt more time was needed in order to fully consider the document and what additions might be made, particularly with proposed language. Mr. Irv Trust asked if the edits to the document were time sensitive. Ms. Hunt replied that the annual requirement for the document was for review. Since there had been ample discussion with intentions to provide further edits and approval in the near future, this requirement had been sufficiently fulfilled.

Ms. Christine Kushner made a motion to revisit the Board Policy on Consumer and Community Input once Board members had had time to review and make recommended changes. Ms. Maty Ferrer Hoppmann seconded. The motion was unanimously passed.

Mr. Ken Murphy (Senior Deputy County Attorney) stressed that Board members should not have discussions with a quorum of the Board. Electronic messages including e-mails with a quorum of the Board would be considered a meeting per the North Carolina Open Meetings law if discussing Board business. If this was done with a quorum, it could be considered conducting business outside the view of the public which violates the Open Meeting law. It was suggested, then, that any proposed language be sent to the Board Chair (Ann Rollins) and Board Vice Chair (Wanda Hunter) individually to bring forth for discussion at a regularly held meeting rather than in an e-mail chain.

2026 Health and Human Services Board Retreat

(Presented by Ms. Ann Rollins)

Chair Ann Rollins shared results from a recent Health and Human Services Board survey. The time of the regular meetings would remain the same – 7:30 a.m. to 9:30 a.m. on the fourth Thursday of each month. The location, however, would soon be changing. The Board meetings would continue to take place in Somerset until the March 26th Board Retreat. On March 26th, the meetings would then and thereafter be held at the new Public Health building at 200 Swinburne St, Raleigh.

The Board Retreat would include presentations from Ms. Rebecca Kaufman (Director of Public Health) and Ms. Toni Pedroza (Director of Social Services) who would review their business plans with the Board. The Retreat would also include an orientation presentation from Mr. Ken Murphy (Senior Deputy County Attorney). Either during the retreat or in the near future, Mr. Ben Canada (Wake County Manager’s Office Chief of Staff) would be asked to return to provide a legislative update.

In addition, the Mayor Frank Eagles Excellence in Community Service Award was now accepting nominations. Chair Rollins recognized and thanked Mr. Ross Yeager (Northern Regional Center Director) who had previously spearheaded the Award Review Committee. This task would now be overseen by Ms. Brittany Hunt (Executive Assistant to the Health and Human Services Board) as it was a Board award. One Board member was needed to sit on the Committee to review the nominations for 2026. Commissioner Cheryl Stallings shared that there was concern of the award nominations not reaching the community. There were numerous worthy candidates all throughout Wake County and the nomination pool should reflect that.

Additional information about the award, eligibility, and nomination form are available at <https://www.wake.gov/departments-government/health-human-services/about-health-human-services/health-human-services-board/mayor-frank-eagles-excellence-community-service-award>.

Public Health Update

(Presented by Ms. Rebecca Kaufman)

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

- Ms. Holly Wall (Deputy Chief of Staff of Health Resources and Services Administration (HRSA) at the United States Department of Health and Human Services (DHHS)) visited the Wake County health department to receive an update about the Ryan White program (a federal program providing uninsured or underinsured individuals with HIV/AIDS care and services). Staff shared efforts building relationships with those who are virally suppressed. Ms. Wall’s questions included a focus on geriatrics and nutrition. She also stated that she would be referring this information to the current United States Health and Human Services Secretary Mr. Robert F. Kennedy Jr. and advising on these areas in the coming year.
- The County’s World AIDS Day celebration on December 1st was a great success with clients, staff, and members of the public (including the Board’s own Vice Chair Wanda Hunter) in attendance. There was a focus on outreach with an educational speaker as well as an opportunity for relaxation with live music and a Zumba instructor conducting sessions.
 - Mr. Irv Trust asked if this celebration would continue in the future given the federal government choosing not to acknowledge the observance. While staff could only wait to see how this unfolded, local intentions were to honor World AIDS Day thereafter. Notably, federal funds were not used for the celebration.
- Maternal and Child Health (MCH), in collaboration with partners, would host a community diaper drive on December 19th.

- The Workforce Grant was continuing with one byproduct – the immersive shadowing opportunities for local high school students – garnering attention. The last month had the largest group of students to date – twenty youth – representing the most high schools – five – since inception. Students come for the day, do group learning, and then go to individualized shadowing experiences from dental work to water labs. Seeing different aspects of public health work allowed the students to see the many functions of the health department. This collaboration with schools is an opportunity for students to learn about the daily functions of public health. Many public health workers had degrees in other fields as they were unaware of the vast array of options, so providing this exposure to high school students helped raise awareness.
- There was a measles exposure in the RDU airport on December 10th between the hours of 4:00 a.m. and 8:00 a.m. in terminal two. A press release was made by the State in collaboration with Wake County. If anyone feels sick and had passed through terminal two, they were encouraged to contact their local health department, not Wake County specifically unless they lived in Wake County. Staff were hopeful that no cases would come from this, but the fact remains that measles was spreading across the country. Holidays always increased the potential for exposure due to traveling becoming more commonplace.
 - When asked if the individual with a confirmed case of measles was an incoming or outgoing flight, it was confirmed that it was outgoing with the individual having spent time in Virginia. Virginia health officials had also issued a press release detailing exposures. Ms. Maty Ferrer Hoppmann asked if the individual had the measles vaccine and Ms. Kaufman confirmed that they were not vaccinated for measles.
- Finally, staff were excited for the new Public Health building’s ribbon cutting ceremony scheduled for Friday, January 16th. Board members as well as the public wishing to attend were encouraged to do so with invitations being sent out.

Mr. Jim Peterson asked what the County’s vaccination rate for measles was. While Ms. Kaufman did not have the exact rate readily available, she said that it was high when compared to the rest of the state. Vaccine hesitancy was on the rise with more people choosing, whether for religious or personal reasons, not to be vaccinated. There was a measles outbreak in South Carolina currently ongoing that started in an unvaccinated community. When asked if the vaccine lowered the chance for an individual to have measles, Ms. Kaufman confirmed that individuals were better protected. Individuals vaccinated as a child could potentially get measles as they got older.

Ms. Lily Chen asked what strategies the County was using to combat misinformation. Ms. Kaufman stated that staff advised parents and families to talk to their healthcare providers if they had questions. Social media should not be depended on as a main source of information when regarding health issues such as the decision to vaccinate.

Dr. Anita Sawhney noted the tension between the messages of the federal government and local governments. Ms. Kaufman maintained that the County worked closely with the State to put out factual information while leaning on sources such as the American Academy of Pediatrics and the Association of American Physicians which had released messaging backed both by science and trusted and train public health professionals. Chair Ann Rollins spoke of the thirteen states, including North Carolina, that had come together to make joint vaccine recommendations. While Ms. Kaufman had not seen much of an impact from this particular endeavor, she agreed that such efforts were important.

Treasurer Terry McTernan inquired about the vaccine requirements students have to attend public school and how the rise in vaccine hesitancy was impacted by this. Ms. Kaufman clarified that these students were likely still attending school based on religious and personal exemptions making it possible for them to attend school without the vaccinations required. She did caution that even with strong vaccination rates, the population was still transient. Many worked in one county while living in another. This

complicated concerns given the fact that measles was extremely contagious. Board members expressed confidence in Wake County staff to both educate and keep the community safe.

Dr. Kelcy Walker Pope asked if there were any specific strategies implanted towards directing the community to trusted sites while encouraging vaccinations. Ms. Kaufman uplifted several employees who provided outreach and education. There was a nurse whose entire job centered around vaccine promotion. In addition, Ms. Lechelle Wardell (Population Health Director) worked with contracted Community Health Workers (CHWs) as well as the County's own CHWs to form a consortium with the goal of bringing clear and consistent information to the community. There was also an Ask-the-Doc series making medical doctors readily available for questions attendees might be too nervous to ask in the exam room. Staff were all too aware that their biggest hurdle was social media misinformation, so having consistent messaging from trusted community leaders was critical. CHWs had been building trust within the community since the days of the COVID-19 pandemic and staff wanted to continue to cultivate that.

Mr. Birchie Warren thanked Ms. Kaufman for her information around health education and the high school students' participation. He asked if staff was tracking which high schools were participating and which were not. Ms. Rochelle Whitaker (Public Health Workforce Director) explained that at the beginning of each year, staff reached out to the Career and Technical Education (CTE) Director at the Wake County Public School System (WCPSS). Sign ups happen quickly as they are based on the capacity of public health staff. This year, around five different schools participated. The County has connections at Mary E. Phillips High School as well as the Triangle Math and Science Academy (TMSA) in Apex.

Mr. Trust added that, from a pharmacy standpoint, there were now software enhancements in the retail sector highlighting if immunizations were missing on patient profiles. Phone numbers were also becoming critical with the ability to send timely texts with due dates for immunizations for children. Text messages had been used with great success during the COVID-19 pandemic and the continued outreach encouraged vaccinations in a timely manner. The messaging was purposeful so as not to overwhelm patients with too many text messages.

Ms. Lily Chen commended the CHW consortium, noting that the CHWs she worked with stated it was impactful. She echoed the sentiment that youth and young adults needed to be made aware of the opportunities available to them in the public health field. Ms. Kaufman shared that the internships had changed slightly with the split of Public Health and Social Services as well as in the wake of the recent pandemic. But staff were excited to give students a look into what the public health department did on a daily basis. There were different options for outreach and staff were always open to exploring more based on capacity.

Social Services Update

(Presented by Ms. Toni Pedroza)

Ms. Toni Pedroza (Director of Social Services) provided brief updates from the Social Services department. With it being the end of the year, Ms. Pedroza focused on several horizon issues.

- As some may know, the County has a memorandum of understanding (MOU) with the State of North Carolina as Social Services is supervised by the State. This includes all Social Services programs with goals attached to each one with expectations and guidelines to meet.
 - With Food and Nutrition Services (FNS), last year staff were concerned about timeliness for applications and recertifications. Ms. Pedroza was proud to announce that the County was now meeting timeliness for both. The same was occurring with the Energy programs.

- Interestingly, one of the only programs not a part of the MOU was Medicaid which was a standalone program. However, staff were meeting and exceeding State goals for Medicaid application timeliness.
- Adult Protective Services (APS) goals were being met and exceeded.
- Child Support was an interesting program in regards to the MOU. While the program was not often brought to the attention of the Wake County Health and Human Services Board as it was not considered a benefits program, it did in fact benefit the community. In Wake County alone, \$54 million is brought in for Child Support that goes directly to children and families. It is a huge program with many responsibilities. Staff were anticipating a rise in calls and complaints related to Child Support as the tax season approached as many were shocked to learn that Child Support could be taken from tax refunds.
- This MOU included five goals for Child Welfare overall. The focus was less on exact totals and more on the ability to demonstrate improvement in Child Welfare as no organization across the nation regularly met the Child and Family Services Regulation (CFSR) goals directly. Improvement, then, was a step in the right direction.
- For additional context, this MOU had existed for several years between the County and the State. It was more important than ever, however, given the pressure on the State from the federal government. This, in turn, turned to pressure on the counties from the State to meet goals to ensure consistent compliance and excellence statewide.
- Medicaid staff had been struggling to meet timeliness for recertifications. Interestingly, because the State of North Carolina had been under a lawsuit for the past three years, the State was moving forward Medicaid applications if County staff were unable to get to it. Because of this, not much of an actual delay was noticed despite struggles with timeliness. There was, however, a plan in place to improve timeliness and have the State process even when staff are unable to get to a file. The County is working closely with the State as well as the General Assembly, the latter of which sent a fiscal team to visit the County a few times to review processes. In addition, the State is partnering with various organizations to address glitches in NC FAST. It is the hope that a resolution can be found with all these discussions of workflows and attention to ongoing issues.
- The Blue Cross Blue Shield (BCBS) Healthy Blue Children and Families Specialty Plan (CFSP) launched December 1st as the new statewide foster care plan. This was a Managed Care Organization (MCO) like others discussed during Medicaid Transformation. This MCO, however, oversaw all children in foster care custody. In the future it would also provide expanded services for parents of children in foster care as well as any siblings involved.
 - Wake County Child Welfare has been very open about the challenge of having foster care children living in Social Services buildings due to the lack of appropriate placement options available. On December 1st, the number of children living in the building went down to three. As of today, this number was back up at nine. This early in the new plan, fluctuation is still occurring, but BCBS has been very involved with the County. This has included daily conversations as well as brainstorm meetings on how this situation can be improved.
 - Most counties received one staff member from CFSP to work with them, but Wake County was honored to be offered two. These individuals work out of the Swinburne building and partner with staff to ensure placements occur. There were three additional staff members not physically present but assigned to Wake County to work with Child Welfare. The County is being very intentional about connecting with these partners every day to ensure they understand the goal is to have no children living in the social services buildings.
 - In November of 2025, staff went into the very first statewide Child Welfare case management system – Path NC. Currently the system only has intake and assessment, but there are hopes and plans to have all of Child Welfare functions by the end of the year. Historically, counties have been unable to share information as each one was using a

different and/or outdated system. If a Child Protective Services (CPS) report happened in Wake County and the family moved to Durham, there was no way to communicate to staff in Durham because they did not have access to the same system. Now with all counties in the state on one centralized system, accessibility was possible like never before. It was a cohesive approach to addressing child abuse, neglect, and dependency.

- Ms. Pedroza had been sitting in on meetings with the American Public Health Services Association (APHSA) as well as the National Association of Counties (NACo) in regards to changes brought by HR 1. There were efforts to ask legislature for the County share of FNS benefits to be delayed to 2030 as well as an administrative decrease anticipated for 2026 to be delayed. If these could be secured, it would be a big sigh of relief for staff. Because the State's share of the benefits was tied to error rates in FNS, there was a huge push to bring the error rate down so the County rate went down. Based on the error rate as of today, the County share of the benefits would be \$430 million under the new rules. If the error rate could be brought below 5%, this amount would be \$0. Almost every state involved with NACo is putting forth the same recommendations. Ms. Pedroza had forwarded the recommendations to Mr. Ben Canada (Wake County Manager's Office Chief of Staff). APHSA and NACo were both encouraging counties and commissioners to send this in as an ask to federal congress.
- Also on the horizon was the January 30th resolution. The last shutdown greatly impacted FNS as benefits were cut off. This, thankfully, will not occur on January 30th thanks to a prior agreement.
- Central Pines was developing an area plan for aging and human services. A lot of the components discussed by the Board and in committee meetings were included in this plan. Deputy County Manager Duane Holder was working to schedule a meeting with the Central Pines Director to help align the work. Notably, Central Pines Regional Council was the former Triangle J Council of Government (TJCOG). This plan would inform work with the counties of Wake, Orange, Durham, and Johnston. It made more sense for Social Services to partner with them as an agency as Central Pines could take the lead and it could broaden the scope beyond the services the County could provide.
- The County is also working to implement new regulations. However, this process is one that must wait for the State to put rules in place. Some delays are occurring as the State works to implement new rules with existing technology.
- Public charge continues to be a source of discussion and concern. The fact that those seeking to become a citizen can be penalized for seeking services that they or their children are eligible for has caused a chilling effect. Parents might be afraid to seek much needed help and resources fearing that it will prevent them from becoming a citizen.
- Staff are also hard at work implementing their business plan. The Health and Human Services Board would receive a review of the Social Services (and Public Health) business plan at the Board Retreat on March 26th. Currently, however, the plan details how to make the department better for the people served. The County Manager's Office has received, review, and given feedback on these business plans.

Commissioner Cheryl Stallings requested updates on foster care, specifically in relation to the effort to ensure no youth were forced to live in Social Services buildings, be added to the monthly Social Services update. She asked if most children living the buildings could be placed with families with specialized support or if some needed more structured settings. Ms. Pedroza explained that part of the job of Social Servies with foster care was licensing level I foster care homes. She admitted that none of the children living in the building could be appropriately placed in such homes. Even if ten such homes were licensed that very day, it would not impact the nine children awaiting placement. They require level III or IV assistance and sometimes the guidance of a psychiatric rehabilitation treatment facility (PRTF).

For additional context, North Carolina Governor Josh Stein had recently considered decreasing the pay for PRTF. In response to this announcement, the local PRTFs declared that they would not accept

children from North Carolina to be placed at their facilities, only allowing out-of-state placements that would pay them equitably. Thankfully, further tension was avoided when the governor agreed to pay the normal rate. This underlines, however, the stress of placements as well as the growing demand for assistance. There are children forced to live in Wake County buildings that have sometimes experienced up to fifteen different placements. To experience such disruption time and time again creates a mental health crisis. This is compounded by the fact that these children are sometimes forced into these situations when their parents have sought help at every turn. Some parents sought to seek support through the Community Alternatives Program for Disabled Adults (CAP/DA), a Medicaid waiver program, when their children were young only to remain on the wait list for ten years or more. By that point, the children have grown into teenagers expressing more aggressive and dangerous behaviors. Families with other children in the home may find themselves in the impossible situation of having to put their other child(ren)'s safety over the child in need of services and refuse to take the child home. These are the very real systemic failures that the County is bringing to the attention of BCBS to address. The number of providers trained to work with children with these issues had to be expanded.

Ms. Sheila Donaldson (Deputy Director of Social Services – Programs) added that this was why it was so important to have a large pool of foster care families. Even if there were twenty children in foster care, more than twenty homes were needed to best match a youth's needs to a family's strength. When there were not enough families available to choose from, children were not being placed with their needs in mind – simply for shelter and having a roof over their head. Because of this, the placement is likely to be disrupted and the child needing to be placed again. Every disruption was a new layer of trauma that then manifested into behaviors. So while additional foster care families may not immediately help those in the building now, they might have prevented some of the children from arriving to the point of severity they now lived in.

Ms. Christine Kushner asked if there was anything that the Wake County Health and Human Services Board could do to help the situation. Ms. Pedroza stated that the suggestion from Chair Ann Rollins to bring a BCBS representative to present was a good one. This would allow the Board a clearer picture of what the plans were and allow them to reinforce the need to remove children from the buildings. Children should not have to live in office buildings designed for Social Services work.

Ms. Maty Ferrer Hoppmann shared that she was working with Ms. Diamond Wimbish (Child Welfare Assistant Division Director) trying to recruit Hispanic foster care homes as this was a cause close to her. Ms. Donaldson reinforced the need for collaborations such as this. Donations were helpful and were received from the community but finding those willing to talk about foster care or recruit families was far more difficult to come by. This was a nationwide challenge providing further obstacles to the already complex issue of placement. Ms. Pedroza noted that many families expressed hesitancy because they believed they needed to be able to provide a perfect home to a potential child when this was not the case. What was needed was a willing home. Supports were available but needed families who were simply willing and able to help.

Ms. Tamara Wilson inquired about the role of Alliance Health with children with mental health diagnoses. Ms. Pedroza stated that Alliance Health had been the prior MCO for Wake County before BCBS. Now Alliance Health was expected to serve children outside of foster care. To her, their role was to ensure these children received services before ever needing to come to foster care. Staff had held conversations with Alliance Health as well as with Ms. Denise Foreman (Director of Behavioral Health) to make sure the mental health services needed were in place. The Wake County Public School System (WCPSS) was the largest reporter of children with mental health issues. Many of these children had individualized educational plans (IEPs) in place. Now staff are asking questions such as if Alliance Health is aware of those children with IEPs to be able to provide supports in advance of behaviors manifesting. The CAP/DA wait list has over 10,000 children on it in North Carolina alone. Support was desperately

needed but not so directly provided. Ms. Pedroza recalled how just last year a House Representative had put forth a bill to remove the CAP/DA wait list that essentially was ignored. The State takes some children off the wait list each year, but more and more are added. In order for things to improve in North Carolina and in Wake County, the mental health needs had to be addressed or children would continue to come into the care of foster care and, for some, the Social Services buildings.

Ms. Donaldson noted that staff are hopeful that Alliance Health will be particularly well placed to prevent families from abandoning their child in the emergency room when left with no other options to protect their other child(ren). Staff have heard time and time again about families entering the ER multiple times in such cases and awaiting services and resources that either were not a good fit or were never received in the first place.

When asked who was paying BCBS, it was confirmed that the State covered the cost of the statewide plan. The State also had a contract with Alliance Health. For the statewide plan, however, a request for proposals (RFP) was put forth and BCBS was the one that was selected.

Committee Chairs Update

(Presented by Chair Ann Rollins and Dr. Anita Sawhney)

The Regional Networks Committee report would be forwarded out.

Dr. Anita Sawhney (Chair of the Public Health Committee) shared highlights from the November 2025 meeting. Ms. Jessica Sanders (Environmental Health Program Manager – Plan Review) presented revisions to the regulations governing swimming pools. This included updates to the nomenclature as well as to rules in order to align them with North Carolina rule requirements. Proposed changes included adding an exemption for pool entrances and requirements needed for shower signs, depth markers, and safety grips. There was also a proposal to revise diving markers to incorporate international signs and an update for certified pool operators to record filter backwash daily as well as verify the landline phone functionality. The Public Health Committee voted to recommend the presentation to the full Health and Human Services Board during its January 2026 meeting to approve these changes.

In addition, the staff of Under One Roof, a Wake County program supporting individuals with HIV and Hepatitis C, made a presentation. Ms. Katie Horstmann (HIV and STD Community Health Supervisor), Mr. Andrew Farr (HIV and STD Community Health Supervisor), and Ms. Ashley Bueno (HIV and STD Community Health Supervisor) all provide linkage to medical care, treatment, health education, and supportive services to help clients live a better life. The program was a marked success with some people even moving to Wake County for services for HIV and Hepatitis C.

The Committee would hold its next meeting at a rescheduled time and date as the original date (January 16th) was the ribbon cutting ceremony for the new Public Health building. As of the meeting, Committee members were still voting on the alternate date.

Vice Chair Wanda Hunter (Co-Chair of the Social Services Committee) was unable to attend.

Public Comments

- Ms. Deidre McCullers asked if the general public was able to attend the Health and Human Services Board Retreat to be held on March 26th. It was confirmed that this meeting was open to the public.
- Ms. McCullers followed up on Commissioner Cheryl Stallings request to Social Services with an update on the number of foster care children living in Human Services buildings with an

additional request for the nationality of these children. She stressed the need to acknowledge the role of racism, discrimination, and forced assimilation within this ongoing crisis stating that Black children were historically disproportionately left to live in the buildings.

Upcoming Events, Community Highlights, and General Discussion

(Presented by Chair Ann Rollins)

Ms. Lily Chen shared that there were numerous events being held in honor of the lunar new year. This included two events by the Chinese American Friendship Association (CAFA) – a Lunar New Year Gala Dinner held at the McKimmon Center on January 11th, 2026 and a Chinese New Year Gala: Music, Dance, and Tradition on February 8th at the Memorial Auditorium at Martin Marietta Center for the Performing Arts.

Ms. Christine Kushner shared that there would be a public tour of the landfill on January 26th. It was a fascinating and enlightening tour some Board members had taken in years past illuminating some critical countywide efforts.

Board members expressed warm wishes for the holiday as well as the new year to come.

Adjournment

The meeting was adjourned at 9:34 a.m.

Board Chair's Signature:



Date: 1/22/2026

Respectfully submitted by Brittany Hunt