Wake County Health and Human Services Board
Meeting Minutes
January 22nd, 2026

Board Members Present:
Lily Chen
Maty Ferrer Hoppmann
Wanda Hunter
Christine Kushner
Trey McBrayer
Terry McTernan
Dr. Tonya Minggia
Dr. Jim Peterson
Ann Rollins
Commissioner Cheryl Stallings
Tanyetta Sutton
Irv Trust
Dr. Kelcy Walker Pope
Tamara Wilson

Guests Present:
Deidre McCullers

Staff Members Present:
Jennifer Brown
Sheila Donaldson
Sara Gisler
Barbra Gonzalez
Kevin Harrell
Duane Holder
Brittany Hunt
Evan Kane
Rebecca Kaufman
Lee Little
Jason Mahoney
Jenelle Mayer
Ken Murphy
Shanta Nowell
Modupe Omosaiye
Tina Payton
Melissa Pullen
Jessica Sanders
James Smith
Joshua Volkan
Lechelle Wardell
Rochelle Whitaker
Tammy Whitaker
Ashley Whittington
Diamond Wimbish

Call to Order
Chair Ann Rollins called the meeting to order at 7:32 a.m.

Next Board Meeting – January 22nd, 2026

Approval of Minutes
Chair Ann Rollins asked for a motion to approve the December 18th, 2025 Board meeting minutes. There was a motion by Dr. Jim Peterson and Mr. Terry McTernan seconded. The minutes were unanimously approved.

Treasurer's Report
Treasurer Terry McTernan, Treasurer, provided the Treasurer's Report. In December, the fund was reported as $10,667.95. Since that report, the Board had voted to donate $1,500 of their fund to cover the remaining families and children with Holiday Cheer. This brought the fund to $9,167.95.

Chair Ann Rollins pointed out the thank you letter drafted to Board members for their donation to Wake County Holiday Chair.

Swimming Pool Regulations – Proposed Revisions
(Presented by Ms. Jessica Sanders
Ms. Jessica Sanders (Environmental Health Program Manager – Plan Review) provided an overview of proposed revisions to local pool rules. Environmental Health and Safety (EHS) manages the pool regulations for Wake County. She began her presentation with a brief history of pool regulations. Local swimming pool regulations were initially adopted in 1984 by the Wake County Board of Health. In 1996, they became the "Department of Environmental Services" regulations with the most recent revision being in 2020. Due to recent Wake County organizational changes, the current "Wake County Department of Environmental Services Regulations Governing Swimming Pools" needs to be revised with updated terms.

Wake County public swimming pools must comply with both State rules and local regulations. One of the main benefits of local regulations is having temporary staff conduct unannounced inspections of pools during the summer. This provides an extra level of accountability to ensure safe and healthy swimming pools. The pool technicians can only enforce Wake County pool regulations as they are not Registered Environmental Health Specialists (REHS). Therefore, Wake County regulations incorporate many of the same standards as the State rules. This is so the pool technicians can have a similar enforcement as the REHS that conduct the opening inspection of pools each spring.

The draft of proposed revisions was crafted by a group of staff across both Environmental Health divisions (EHS and Onsite Water) which met periodically over the summer to determine proposed revisions. There was a stakeholder feedback meeting held on October 30th with pool industry stakeholders which included pool owners and operators, pool maintenance and management companies, pool designers, builders, and contractors, and inspectors both local and with the North Carolina Department of Health and Human Services (NC DHHS). Feedback was accepted both during the meeting and into the following week. Once compiled and reviewed, final adjustments were made to the draft which is being presented to the Public Health Committee today.

Proposed changes fall into three categories:

- Update nomenclature for department name changes
- Align local regulations with NC DHHS technical guidance
    - Pool Technician inspections to match the opening inspections done by REHS
    - Update requirements around Certified Pool Operator (CPO) records
    - Add requirements to sun shelf pool design which is popular in the industry
- Reflect recent legislative changes
    - Session law 2025-94

The first proposed change – updating the nomenclature – is outlined in the two tables below to come in line with Wake County organizational structure changes.

Proposed Change	Current Regulations	Proposed Regulation
Update Title	Wake County Department of Environmental Services Regulations Governing Swimming Pools	Wake County Regulations Governing Swimming Pools
Update Director	Department of Human Services Director	Local Health Director
Update Department	Department of Environmental Services	Replace anywhere “Department" is mentioned with "Director"
Update Board name	Wake County Human Services Board	Wake County Health & Human Services Board

Proposed Changes	Reason	Impact
• Update Title, Director, Department and Board names	• Wake County organizational changes	• Industry: No impact • Public Health: No impact

The next few tables detail alignment of local regulation with NC DHHS technical guidance. None of these are new requirements – simply aligning with existing State rules.

Proposed Change	Current Regulations	Proposed Regulation
Add an exemption for pool entrances	All pool entrances shall be self-closing and self-latching.	All pool entrances shall be self-closing and self-latching, **except where a gate attendant and lifeguard are on duty**.
Add a requirement for a shower sign	None	All public pools shall post a sign visible upon entering the pool enclosure directing pool users to shower before entering the pool.
Add a requirement for depth markers	None	Depth markers shall be provided on the pool deck and on the vertical wall of the pool....
Add a requirement for a safety rope	None	A safety rope shall be provided at the breakpoint where the slope of the bottom changes to exceed a 1 to 10 vertical rise....

Proposed Changes	Reason	Impact
• Add an exemption for pool entrances • Add a requirement for a shower sign • Add a requirement for depth markers • Add a requirement for a safety rope	• Match NC rule requirements	• Industry: Positive Improves consistency of permitting inspections performed by REHS and summer inspections by Pool Techs • Public Health: Positive Ensures additional safety measures provided for pool users

Vice Chair Wanda Hunter asked if pool technicians would need to go through additional training. Ms. Sanders explained that these technicians only went through local training, not State training, so it would all be within the local training.

Chair Ann Rollins asked about the "self-closing and self-latching" gate. If someone was not on duty, would it then be locked? It was clarified that the need was for both a self-closing and self-latching gate regardless of the presence of a gate attendant and lifeguard. If someone was present, however, the gate could be propped open as an exception. This proposed change was to bring the local rules in line with the State's.

Proposed Change	Current Regulations	Proposed Regulation
Revise "No Diving" marker requirement to allow international symbol	All swimming pools where diving is not allowed, or where the pool depth is less than five feet, shall provide notice on the deck which states: "NO DIVING", in clearly legible letters of at least four inches in height and in contrasting color to the deck. Such notices shall be employed at intervals of not more than 25 feet.	"NO DIVING" markers shall be provided on the pool deck adjacent to all areas of the pool less than five feet deep. "NO DIVING" markers shall consist of the words "NO DIVING" in letters at least four inches high and of a color contrasting with the background **or at least a six-by-six inch international symbol for no diving in red and black on a white background**.

Proposed Changes	Reason	Impact
• Revise "No Diving" marker requirement to allow international symbol 	• Match the NC rule requirements • Broadens audience to inform of shallow water safety risks	• Industry: Positive Allows options for pool builder to comply with "No Diving" markers • Public Health: Positive Using the International "No Diving" symbol enhances communication of shallow water safety risks to a diverse population

Proposed Change	Current Regulation	Proposed Regulation
Add requirement for CPO to record filter backwash cycles as part of daily records	Recordings of all activities pertaining to the operation of the pool, including hyperchlorination and the addition of all chemicals necessary for proper maintenance of the water quality standards;	Recordings of all activities pertaining to the operation of the pool, including **filter backwash cycles**, hyperchlorination and the addition of all chemicals necessary for proper maintenance of the water quality standards;
Add a requirement for CPO to record daily verification of emergency phone functionality	None	Daily verification of the emergency phone functionality by using the phone to call a non-emergency phone number and returning the call to test the audible emergency phone ringer;
Remove a statement that the CPO checklist is to be provided by the Department	A checklist of maintenance guidelines **to be provided by the Department of Environmental Services** (CPO checklist).	A checklist of maintenance guidelines (CPO checklist).

Proposed Changes	Reason	Impact
• Add requirement for CPO to record filter backwash cycles as part of daily records • Add a requirement for CPO to record daily verification of emergency phone functionality	• Match NC rule requirements • Encourage prevention of pool closure due to emergency phone not functioning properly	• Industry: Neutral These tasks should already be performed by the CPO • Public Health: Positive These requirements ensure the pool is operating healthy and safe

Proposed Changes	Reason	Impact
• Remove a statement that the CPO checklist is to be provided by the Department	• Due to advances in technology, digital records are now more common	• Industry: Positive CPO can create a checklist that works best for their operation • Public Health: No impact

Ms. Maty Ferrer Hoppmann asked if the certified pool operator (CPO) was someone from the community or from Wake County. Ms. Sanders stated that this was someone hired by the pool company or neighborhood to operate the pool. This position required two certifications – one a CPO's course and another from Wake County certifying knowledge of rules and awareness of requirements.

Mr. Irv Trust asked if the CPO and pool staff created their own checklist. Ms. Sanders shared that Wake County has a sample ready to share but many pool owners preferred electronic records that worked with their particular software and commonly made their own. As long as their checklist encompassed the necessary items, it was deemed sufficient. There had been many requests from pool staff for more flexibility and these changes allowed for that. Chair Rollins asked if the checklists themselves were a part of the inspection and Ms. Sanders confirmed that they were. Inspectors checked records and ensured that these were being maintained. If records were not maintained, this was noted on the inspection.

Chair Rollins asked if these records were accessible to the public in a similar vein of restaurant ratings. Ms. Sanders said that the inspection was only to ensure that they were maintained. These records were not the County's and were not considered public records. The County could not force the pools to provide these records to the public and there were not records kept upon inspection. Inspection of records were simply if they were complaint with maintenance.

When asked about the template, Ms. Sanders confirmed that the County did have a template available to pool staff. With the digital age, more pool staff were wanting more accessibility and flexibility with their options, sometimes using QR codes that inspectors could scan to access records.

Deputy County Manager Duane Holder asked for details about what the State requires of the health department in relation to inspections and access to the public. Ms. Jennifer Brown (Deputy Director of Public Health – Community Health) explained that though the records themselves are a line item on the inspection, the County itself does not maintain the records. Only the record of compliance as to whether or not the records were being maintained. However, residents could go online to search up Wake County pools and get limited information searchable by several data points (https://www.wake.gov/departments-government/public-health/public-swimming-pools).

Chair Rollins inquired about the emergency phone and whether it was required for a pool to operate. Ms. Sanders confirmed this – an emergency phone that worked properly was required both for a pool permit and permission to operate. Dr. Jim Peterson pointed out that a cellphone was allowable and Ms. Sanders explained that this was an item that was revised in 2020 to remove the requirement for a landline. The rules require that, upon calling 911, the location of the pool must be traceable. While this is a limitation with some cellphone technology (as they simply trace back to the nearest cellphone tower instead of the exact location), there is cellular technology that makes this allowable.

Ms. Maty Ferrer Hoppmann asked if the pool was required to notify the surrounding area and possible attendees of where the phone was located or if the knowledge was only with the CPO. Ms. Sanders shared

that signage was required if the phone was easily visible. However, regulations required the phone to be within the pool enclosure. The idea was that any pool goer would be able to clearly see where the phone was located by looking about the enclosure.

Mr. Trust asked if the pool is open on a specific date but without lifeguards or monitoring until two weeks later, whose responsibility was it to call 911 in case of an emergency. Ms. Sanders asked if "monitoring" meant having a lifeguard present and Mr. Trust said yes. Ms. Sanders explained that the rules do not require the presence of a lifeguard. It is the requirement of a CPO to check the pool daily. Part of the reason the emergency phone is present is because the CPO may not be at the pool all day. As long as the gate is self-closing and self-latching, people can enter the pool and use the emergency phone as needed. When asked if this would require a landline phone to be present, Ms. Sanders said that other cellular technology – such as voice-over internet protocol (VoIP) – were available and met the requirement to share the exact location with 911. Test calls are done including a test call with 911 to ensure that the responders can see the proper information when the phone is making a call.

Ms. Sanders then explained the need to address sun shelf pool designs. Sun shelves are a shallow underwater ledge connected to deeper water with steps. Pools with stairs in the shallow end require at least one handrail to serve all treads and risers per NC DHHS guidance for 2025. The table below outlines how to bring local rules in alignment with the State's for sun shelf pool designs.

Proposed Change	Current Regulation	Proposed Regulation
Add definition of sun shelf	None	"Sun shelf" means a shallow, flat area within a pool that extends horizontally from the pool wall. It is designed to be submerged in water, typically with a depth of 6 to 18 inches, providing a shallow space for lounging, play, or easy entry into the pool. Also referred to as a tanning ledge or Baja shelf.
Add a requirement of a handrail for a sun shelf	None	Where a sun shelf is the only means of access to the pool shallow area then at least one handrail is required leading from the deck to the sun shelf.
Add a requirement that a sun shelf shall adjoin a set of stairs	None	Notwithstanding adjoining benches, a sun shelf shall have adjoining stairs entirely connecting it to deeper water provided the depth at the bottom of the stairs is no more than four feet.

Proposed Changes	Reason	Impact
• Add definition of sun shelf • Add a requirement of a handrail for a sun shelf • Add a requirement that a sun shelf shall adjoin a set of stairs	• Current regulations do not address a common trend in industry to design pools with a sun shelf. • Opportunity to revise WC regulations to align with NC DHHS technical guidance.	• Industry: Neutral Current interpretation of NC rules already requires this. • Public Health: Positive Provides clarity and enforceability for local plan reviews.

Finally, Ms. Sanders reviewed proposed changes to reflect recent legislative changes due to Session Law 2025-94.

Proposed Change	Current Regulation	Proposed Regulation
Remove definition of Residential Swimming Pool	"Residential Swimming Pool" means any swimming pool located on private property, the use of which is limited to swimming or bathing by members of his/her family or invited guests. The term shall not include facilities located inside a residence, storable pools designed for seasonal setup and use which are stored at the end of the swimming season, or spas installed on decks or porches if a fitted hard cover designed to prevent entry is maintained in place at all times when the spa is not in use.	None
Remove fencing requirements for residential swimming pools	Section 10: RESIDENTIAL POOL FENCING (entire section)	None

Proposed Changes	Reason	Impact
• Remove definition of Residential Swimming Pool • Remove Section 10: Residential Pool Fencing	• Session Law 2025-94, House Bill 926 amended G.S. 130A-39(b) to no longer allow a local board of health to adopt a rule concerning a private pool serving a single-family dwelling	• Industry: No impact • Public Health: Positive Maintains Wake County's compliance with State law

Ms. Christine Kushner asked if the removal of fencing requirements included homes in unincorporated Wake County. Ms. Sanders said that this included pools in City of Raleigh, Wake County, and unincorporated areas.

There was a discussion referencing the Board's decision in an appeal some years back dealing with a pool in a residential home being used to teach swimming lessons. While staff will ultimately follow up with any complaint they receive, session law has changed in regards to the interpretation of swimming pools, particularly a "residential pool" – a pool within a single-family dwelling. Websites promoting pool rentals by the hour such as Swimply have made the interpretation of rules much more complicated. So while staff would assess the complaint, the ability for the Board to enforce any rules has vastly decreased.

Mr. Ken Murphy (Senior Deputy County Attorney) added that there might be other means that the County, as a whole, could use to regulate based on a case-by-case basis. Zoning regulations and other violations might be at play depending upon the scope of the complaint. It was impossible, then, to make a blanket statement about what would or would not be allowed. The significance of this language changed was that session law had greatly limited the authority of the Board, recognized as the Board of Health, to pass rules that regulate private pools in a single-family dwelling.

Ms. Rebecca Kaufman (Director of Public Health) noted that apps and websites such as Swimply truly opened the door for frightening scenarios. Pools in Wake County could be rented out, such as at an Airbnb, for the afternoon or even to throw a party at someone else's home. The change in session law was to allow more flexibility for this to continue.

When asked if the limitation would also extend to noise, Mr. Murphy clarified that noise was a different ordinance that the Board had no oversight or jurisdiction over.

Ms. Wanda Hunter made a motion to approve the pool revisions as presented. Ms. Christine Kushner seconded the motion. The motion was unanimously passed.

Continued 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 in December 2025. Board members were encouraged to forward any feedback or proposed changes. Since then, no responses had been received.

Mr. Irv Trust made a motion to approve the Board Policy on Consumer and Community Input as presented. Mr. Trey McBrayer seconded the motion. The motion was unanimously passed.

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

- Ms. Kaufman extended a 'thank you' to everyone who attended the ribbon cutting ceremony for the new Public Health building the week before. This week was the "redundancy move" with movers taking things from storage as well as extra supplies. The first week of February, the Community Health team currently housed on Sunnybrook's third floor would enter the new building's fourth floor. On the week of February 16th, both buildings will be closed as the clinics formally move over. Staff were excited and eager to move with an opening date of February 23rd.
- On January 12th, Public Health's new call center launched. This is tied to the new Public Health building as there is now one centralized front desk instead of the multiple clinics all having separate call lines. Without a centralized line, data for what calls were actually being dropped was hard to obtain. Staff now have all the lines forwarded to the central one. Ms. Kaufman thanked Social Services staff who helped train Public Health as their call line uses the same software. Public Health staff will acclimate in the new building before being able to work remotely from home.
- Population Health under Ms. Lechelle Wardell (Population Health Director) was working to launch a Wake County non-profit capacity building institute. This institute would help non-profits build capacity to undertake various initiatives from applying for more grants to establishing a strategic plan and beyond. The first step was in finding non-profits seeking support before matching them with the resources they needed to be prepared for grants or expanding their work. Staff were well aware that non-profits supported the County during the COVID-19 pandemic and wish to pay that success forward to uplift the non-profits in turn.
- The 2025 Maternal and Infant Mortality report (https://s3.us-west-1.amazonaws.com/wakegov.com.if-us-west-1/s3fs-public/documents/2026-01/Maternal%20and%20Infant%20Mortality%20Report%202025.pdf) would be released soon with the last meeting for the Maternal and Infant Mortality Workgroup occurring recently. Ms. Dauline Singletary (Maternal and Child Health Section Manager) would be presenting the report to both the Public Health Committee and the full Health and Human Services Board at future meetings.

- A partnership between Child Welfare and Preventive Health produced an upcoming Teen Winter Kickback after the success of last year's Summer Kickback. This was an opportunity for education as well as fun. While the Summer Kickback was held at the McKimmon Center in Raleigh, the Winter Kickback would be held at Urban Air Adventure Park in Raleigh. With reading rooms available at Urban Air, it seemed the perfect blend of educational and recreational. The Winter Kickback will take place on February 16th with drop off as early as 8:30 a.m. and pick up as late as 6:00 p.m. The first learning session is scheduled for 10:00 a.m. Mr. Kevin Harrell (Preventive Health Director) explained that the intent was to give parents the flexibility to drop of their child(ren) with plenty of time to spare for work.

Deputy County Manager Duane Holder mentioned that one thing County Manager David Ellis was working on was bus access for the new Public Health building. There was currently one bus stop on the Swinburne campus directly in front of Swinburne. The County Manager has talked to the City of Raleigh about the possibility of moving the bus stop to sit more evenly between Swinburne and the new Public Health building to improve accessibility. Facilities had originally requested the bus making a loop around to both buildings but there were issues with maneuvering the buses between the two buildings.

Ms. Maty Ferrer Hoppmann asked if clients could still drop off their food stamps at the new Public Health building or if they would need to visit Swinburne. Ms. Kaufman shared that when the original plans had been drafted, there were no Medicaid or Food and Nutrition Services (FNS) in the new building. However, once staff began to review the work of these staff members currently working out of Sunnybrook, it became clear that it was a vital service. With that, a conference room has been designated for these staff to continue their work in the new Public Health building. Clients could drop off Medicaid or FNS work at either Swinburne or the new Public Health building.

Mr. Irv Trust commended the professional team at the ribbon cutting ceremony. He was particularly impressed with their ability to talk about all the nuances of the building as well as the Immunization team. The Immunization team was provided sorely needed services in Wake County. The exuberance of the staff was particularly amazing. Ms. Kaufman thanked Mr. Trust and said that she would share this feedback with the team.

Ms. Christine Kushner asked if Ms. Kaufman could talk the Board members through the transition and how this workload would impact the public. Ms. Kaufman shared that both Sunnybrook and the new Public Health building on the Swinburne campus would be closed from February 16th through the 20th for moving. Services would be available at Regional Centers as always, particularly at Departure Drive, Southern Regional Center (SRC), Eastern Regional Center (ERC), and Northern Regional Center (NRC). The prenatal clinic is seeing clients that had scheduled far in advance that week but it was admittedly a limited number. The centralized call center has been trained to prioritize and offer what is available as services will be reduced the first two days the new building is open. The new Public Health building formally opens its doors on February 23rd. After those two initial days, workflow will ramp back up to normal.

Vice Chair Wanda Hunter asked if the call center was relaying the message that visits were limited during this timeframe. Ms. Kaufman noted that clients all received information about the move in various formats – text messages, e-mails, social media, and signage. Many appointments are made six to eight weeks out, so these regularly scheduled appointments would, within reason, be seen. Ms. Kaufman was not aware if the call center was changing their script to inform callers, but the staff would be well aware of what is open.

Ms. Lily Chen asked about the possibility of room at the new Public Health building being available for providers outside of Wake County to partner and be available in on a rotating basis weekly or biweekly to

expand services and accessibility. Ms. Kaufman said that there was a hallway that would be lent to staff from Swinburne while that building was being renovated. Staff will be monitoring room and any missing services as needed but will be focused on reestablishing services and acclimating to the building for the next few months.

Chair Ann Rollins praised the flexibility in the design of the building, particularly the internal connectivity of the clinics. Ms. Kaufman uplifted the Clinic team as well as the Workforce team for partnering with Capital Area Workforce Development to secure five temporary Patient Navigators. These are younger individuals who were in need of job experience and have taken advantage of the move to learn the department. Public Health benefits as they are assisting with the move when extra hands are desperately needed. These Patient Navigators are strategically placed throughout the building while they finish out their roles. They will work with Public Health for six months after the move working with clients, seeing what needs persist, and actively participating in orientation.

When asked if free or mobile clinics from partnering groups might be considered for some of the space, Ms. Kaufman noted that such shared space was more common in the Regional Centers than in the main campus of Public Health. It was always a possibility, but the next six months would be focused on firming operations and monitoring opportunities.

Ms. Sara Gisler (Deputy Director of Public Health – Clinical Operations) added that, during the week the two buildings are closed for the main move, the pharmacy as well as services for Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) would remain open. These were the two exceptions to all services being temporarily delegated to the Regional Centers for the week of February 16th.

Mr. Trust asked if there were current or future plans to collaborate with the nearby Wake Technical Community College (Wake Tech) campus close to the new Public Health building. Ms. Kaufman voiced excitement about the entire area being centered around Wake Tech, WakeMed, and Wake County. The Sunnybrook building, once vacated, will actually become a training center for students that are in the healthcare field. The Workforce team had some work plans with Wake Tech very much intertwined. Opportunities could range from a free phlebotomy program to increase phlebotomists to Community Health Worker (CHW) certifications to a pipeline for a Certified Medical Assistant (CMA). While staff are not far into this potential partnership, opportunities are definitely building excitement for the horizon. Other key organizations were already embedded in the area such as the Wake Early College of Health and Science (WECHS) (which is one of the high schools that already shadow Public Health staff), the Poe Center for Health Education, and the WakeBrook Behavioral Health campus.

Ms. Tanyetta Sutton thought the mobile unit was a particularly good idea with WakeMed. The Wake County Public School System (WCPSS) partners with UNC to use interns for vaccinations. The turnout for this is encouraging, especially since parents cannot always make it out to locations but the vaccinations are required to attend school. Ms. Kaufman shared that vaccinations had been provided by the County's mobile unit, but she would be open to hearing how UNC approached this. Ms. Chen pointed out that staffing for mobile units seemed to be a known hardship. It was, however, critical to make healthcare accessible. Ms. Kaufman was excitement for the potential to bring the multiple mobile units in the area – UNC, WakeMed, Wake County – together to provide services in collaboration in one central location. Dr. Kelcy Walker Pope noted that the Mobile Health Association had two meetings a year – the next scheduled for February 6th. Wake County Social Services staff had attended the last meeting, but Ms. Kaufman stated she would look into the February date.

Social Services Update
(Presented by Ms. Toni Pedroza)
Ms. Toni Pedroza (Director of Social Services) provided brief updates from the Social Services department.

- Staff were working closely with the State reviewing HR1 policy changes associated with Food and Nutrition Services (FNS). The policy changes started in November 2025 and will continue. One of the more difficult policy changes due to complication is around immigration. These policy changes would take effect in February 2026. The State has gone to the General Assembly requesting funding due to policy changes as these have to be implemented using the NC FAST system. Technology changes happen with each and every policy change.
    - One of the most impactful changes in FNS so far is the loss of exemptions for Able-Bodied Adults Without Dependents (ABAWD). For example, parents of children aged 14 and above now may or may not be eligible based on the new policies. Veterans who were once exempt and could receive FNS services are now not exempt. And children aging out of foster care have also potentially lost their exemption status and eligibility. In the State's initial estimate, over 106,000 people will lose FNS benefits across the state of North Carolina. When a statewide number is mentioned like this, Wake County is usually compromised of 8 to 10% of the number (meaning 8,480 to 10,600 based on this estimate). Still others will be discouraged from even applying feeling like the criteria is too stringent to meet.
    - The State is calling its team working on these policy changes Assessing, Implementing, and Monitoring (AIM). Because Wake County staff are experienced in NC FAST, they can help the State identify issues causing problems. This is a critical step in reducing the error rate associated with FNS.
    - The General Assembly is also sending non-partisan groups to receive education from staff members. The last time they visited, staff shared the workflow of receiving an FNS application and processing it to the very end. Interestingly, whether the application is determined eligible or not eligible, the amount of time for processing is the same for staff. The non-partisan group was interested in the road map of this process.
    - Staff are also working with IBM as they are collaborating with the State to identify technology fixes. An all-day meeting is scheduled with IBM representatives on January 28th.
- Childcare has unfortunately been in the news with reports of losing providers statewide. Childcare providers were given so many additional funds during the COVID-19 pandemic that have since been eliminated and impacted the ability to hire and retain staff.
    - There was some additional news about childcare with five states losing their funding due to potential fraud. In childcare policy, states can bill based on enrollment or attendance – both are allowed. Thankfully, North Carolina bills based on attendance. The five states losing their funding all billed based on enrollment despite it being harder to verify how many children were in attendance from day to day. Because North Carolina had ample evidence of bills based on attendance, they were able to send this in to avoid the fraud charges.
    - This does not guarantee that childcare funding will not be impacted in the future as many notices are being received from the State and federal government. Last week, staff received a notice from the State that childcare funds for December services would be paid late – a potential devastating blow to providers often working from reimbursement to reimbursement. However, it was announced that same afternoon that the money had been received. While this was a huge sigh of relief, it is merely a show of how unpredictable the current climate is.

        - Chair Ann Rollins pointed out that the Substance Abuse and Mental Health Service Administration (SAMHSA) recently had a similar proposed cut – a total elimination of $2 billion – the week before only for the cut to be rescinded the following day. Ms. Pedroza stated that the County used very little SAMHSA funding, but this was indeed another example of the yoyo occurring with vital funding.
    - Ms. Pedroza belonged to groups in both the National Association of Counties (NACo) and American Public Health Services Association (APHSA) that both talk about HR1 updates biweekly and monthly. The language of the policy changes is quickly becoming one of her own.
    - At the end of the month of January, there will potentially be another government shutdown. Staff are thankful FNS has been set aside and will not be part of the negotiations for this potential shutdown.
    - This month, the Social Services Senior Leadership Team (SLT) had a joint meeting with the Public Health SLT. This is done once a quarter as a joint meeting. This meeting focused on business plan reviews and changes in the diversity, equity, and inclusion (DEI) language in order to stay in line with policy changes.
    - Staff continue to work with staff from the Children and Families Specialty Plan (CFSP) through Blue Cross Blue Sheild (BCBS) – the new managed care organization (MCO) for children in foster care. While not all children in foster care are under this plan, the majority are as of December 2025. BCBS is now responsible for finding appropriate placements for children – particularly those in level III and above homes. This is a new concept that BCBS is still getting its bearings around as they are charged by both the State and all one hundred counties to increase their capacity. Ms. Shanta Nowell (Child Welfare Division Director) and Ms. Diamond Wimbish (Child Welfare Assistant Division Director) have led staff and done an excellent job in scheduling meetings and being proactive to rising changes and needs. Strategies are needing to change in real time as there are too many children living in the Social Services building at Swinburne – a building soon scheduled to undergo renovations that will force these children to alternate location.

Vice Chair Wanda Hunter asked how many children were living in Swinburne currently. Mr. Jason Mahoney (Child Welfare Assistant Division Director) shared that there were 17 youth living in Swinburne. Ms. Maty Ferrer Hoppmann inquired about the age of the youth. Ms. Pedroza said that all seventeen were 13 or older. They were all children with mental health and behavioral health backgrounds and multiple disruptions creating compounding trauma. She did contextualize this figure by saying the number could jump up if a sibling group entered foster care (such as two weeks before when a group of five siblings lived in the building). When children enter care with behavioral health, mental health, autism, and other concerns, this creates constant complex and challenging conversations with BCBS as well as the State in order to find the best placement for the youth.

Vice Chair Hunter asked how often children were evaluated for behavioral health and other concerns. Ms. Pedroza said that before a child is placed, they have to have an evaluation. This is done shortly after the child enters the County's care with BCBS being able to identify providers to perform the evaluation within three days. Mr. Mahoney added that if behavior changes were seen, staff create an addendum to the Comprehensive Clinical Assessment (CCA) for the child. This is done as needed based on each child's case.

Vice Chair Hunter voiced concern over the term "as needed" as it was not definitive. She asked who determined the need for evaluation and the frequency. Mr. Mahoney explained that the therapeutic team comes in on a monthly basis and would be recognizing additional behaviors. "As needed" was intended to

offer flexibility to create addendums based on the child's changing needs. However, Vice Chair Hunter countered that behavior changes could be missed with growing caseloads. She felt a definitive frequency was needed for revaluation. She also pointed out that children were still feeling the impacts of isolation from the COVID-19 pandemic which manifested in behavioral issues. Unique and alternative plans – such as putting a child in a foster home with additional resources – may be helpful. She also touched on the fact that youth with behavioral issues may be swayed by other children with more severe issues, especially when the latter are left without correction to their behavior.

Ms. Pedroza said that staff had verbalized such concerns to BCBS and were being intentional about the behaviors of those aged 13 and older entering the County's care. The County has considered placing a level III child in a foster home with supports around them to directly address their level III needs.

Ms. Tanyetta Sutton, citing knowledge from her role as the Mental Health Coordinator for the Wake County Public School System (WCPSS), clarified that CCAs are done every six months. It is a team approach and "as needed" determined by that team. She asked if the County was still working with Alliance because there seemed to be some struggle to connect with children in foster care if they were deemed in need of level II and above care since BCBS took over. It was confirmed that the County was still involving Alliance in these discussions.

Ms. Sutton added that payment is also a factor in reevaluating which may be limiting the frequency. There were many considerations made when looking at evaluating a child from the school system to the child's treatment to Social Services and Public Health. Children in kindergarten were difficult to connect to both due to their age and the need for input and buy-in from parents. All of these issues were compounded by the fact that the State budget greatly limited the ability to hire qualified staff for the classrooms and mental health agencies. Alliance shared just yesterday that it was hiring more group homes and making more opportunities for providers as there were not enough resources in the community to support children as young as those in kindergarten. The start of the many issues, however, began with the budget.

While Vice Chair Hunter agreed that the budget was critical and parents needed to consider this when voting, she maintained that the "as needed' language left too much gray area to miss a need for reevaluation. Others interpreted it to mean six months *or* as needed to make way for flexibility for a crisis (i.e., occurring between the six-month intervals so as not to miss any critical changes).

Ms. Pedroza added that some children come into custody having never had a CCA evaluation. Alliance was still working with children on the Tailored Plans with diagnoses like developmental delay (DD) that are expected to last a lifetime. However, not every child met these criteria or had been evaluated to receive such diagnoses. Disruptions and displacements in and of themselves caused trauma. In the end, this was a systemwide issue and mental health emergency. Staff have multiple conversations with BCBS, Alliance, and the Wake County mental health team to reach children prior to them coming into the custody of the County. This includes what needs to be done differently. Ms. Denise Foreman (Director of Behavioral Health) and Ms. Katherine Williams (Director of Cooperative Extension) were also involved in these conversations. Cooperative Extension has a group that goes into the schools and identifies needs of children early. The Child Welfare Prevention team are working with Ms. Williams' team to collaborate on ways for parents to identify what they can do for their children to advocate for them while young.

Ms. Maty Ferrer Hoppmann brought the rise of technology up as a detriment to children, especially those extremely young who were becoming familiar with it through sometimes age inappropriate material and other times too much screen time. Ms. Pedroza noted that there was an ongoing lawsuit against companies such as TikTok and SnapChat that are making targeting young children.

On the discussion of foster care children and the rising needs, Ms. Pedroza said that though there was not a budget in North Carolina currently, there were persistent problems even with a budget in place. There was simply not enough money to meet the needs and demands of the issue.

Treasurer Terry McTernan asked how many children in Wake County fell into the category of behavioral and mental health needs. Ms. Pedroza stated that the Tailored Plan (while not all encompassing of children with such needs) was for those with diagnoses of autism or DD. There were 10,000 kids across the state – 3,500 of which were from wake County – on the Innovations Waiver waitlist (https://medicaid.ncdhhs.gov/beneficiaries/nc-innovations-waiver). These were children who had been diagnosed and deemed eligible for the waiver program and services but had not received them due to lack of funding. When the State passes its budget, some children are taken off of the waitlist. The waitlist, however, only continues to grow.

This touched on an ongoing and harsh reality that many parents were facing despite doing everything in their power to support and provide for their children. The children grew up, often receiving what services they could within the limitations of insurance which could charge out-of-pocket after ten visits with a therapist, only to grow into teenagers with more complex behaviors due to trauma. The parents were then forced to give up their child to protect their other children simply due to the fact that the mental health system failed them. Situations like this were why staff were being so intentional about their conversations with BCBS to bring such impossible decisions to an end before they even began.

Ms. Ferrer Hoppmann asked if the children still faced these issues with Medicaid. Ms. Pedroza clarified that the Innovations Waiver was through Medicaid's Tailored Plan. Deputy County Manager Duane Holder explained that the Innovations Waiver list was capped. Ms. Pedroza went into a more detailed explanation of what the Innovations Waiver would provide. If a child with severe autism successfully secured the Waiver, a person might come in to work with the child daily on Applied Behavior Analysis (ABA) therapy. This support extended to talking with the parents to provide feedback on behaviors and noted issues. Someone might visit the home to see the child in their normal routine or attend class with the child to see any behaviors first-hand. Understandably, these resources cost a lot of money as they are provided 24-hours a day for 365 days a year. It is an Intermediate Care Facility (ICF) level of care.

It was important to note that Wake County Child Welfare did not have a real say in many of the conversations until the child came into their care – a last resort. The goal, however, was to support the many teams working with children and young adults to prevent them from ever being known to the County. Unfortunately, because of the nature of the Innovations Waiver, some children spent their entire lives on the waitlist desperately needing support that never comes or comes far too late to prevent trauma and behavioral issues. Ms. Sutton shared the work that WCPSS does to ensure that those who would benefit from Innovations Waivers were on the waitlist as soon as possible to try to secure services as soon as possible.

Vice Chair Hunter circled back to the non-partisan members visiting from the General Assembly asking if there was a possibility to educate them on the limitations of the Innovations Waiver waitlist along with the youth's mental health crisis. Representatives needed to understand the intricacies of these issues from a youth level. Mr. Holder said that these were a non-partisan fiscal group that educated members of the General Assembly staff. Vice Chair Hunter maintained the importance of awareness, especially for voters and those voted for to work towards change. Ms. Pedroza recalled that, in recent history, there had been one bill put forward that would have eliminated the waitlist for Innovations Waiver. It unfortunately was not considered further than being proposed. Ms. Sutton voiced frustration over the fact that there was funding allocated to support the Innovations Waiver that would not be released despite a thirty-year old lawsuit.

Committee Chairs Update
(Presented by Chair Ann Rollins and Vice Chair Wanda Hunter)
Chair Ann Rollins noted that the Regional Networks Committee report was a part of the Board's agenda packet. She encouraged attendees to look at the tables of services that the Centers provided above and beyond their normal day-to-day operations providing birth certificates, death certificates, marriage certificates, and notary services. She also encouraged Board members to visit the Regional Centers praising their Directors for being welcoming and engaging. The Community Advocacy Committees (CACs) tied to the Regional Centers support the local communities. Chair Rollins shared that the Board would receive an annual update from the Regional Centers during their regularly scheduled February 2026 meeting.

Vice Chair Wanda Hunter (Co-Chair of the Social Services Committee) reported that Food and Nutrition Services (FNS) had issued around $14.5 million in benefits in December 2025. Open enrollment for the federal marketplace closed on January 15th. For the month of December 2025, the Medicaid team processed 8,934 applications. There was also a temporary life on the childcare subsidy waitlist meaning that those on the waitlist were coming off. The waitlist, however, was technically still in place according to Ms. Toni Pedroza (Director of Social Services).

Ms. Maty Ferrer Hoppmann asked if the funds for the Low Income Energy Assistance Program (LIEAP) had been received. Mr. Lee Little (Adult and Family Services Assistant Division Director) confirmed that LIEAP funds had been received.

The Public Health Committee had yet to meet with their next meeting scheduled for January 30th.

Public Comments

- Ms. Deidre McCullers asked if the public had been invited to the ribbon cutting ceremony at the new Public Health building. It was confirmed that the event had been shared on the news prior to the ribbon cutting. She asked Deputy County Manager Duane Holder about the bus stop mentioned and he clarified that it was an existing bus stop stationed in front of Swinburne that the County was asking the City of Raleigh to move between the two buildings for better accessibility.
- Ms. McCullers asked if the state of emergency announced due to the inclement weather would allow for people not normally eligible for food stamps to be eligible. Ms. Toni Pedroza (Director of Social Services) stated that there was an Emergency Supplemental Nutrition Assistance Program (SNAP) that could potentially be announced, but this would only happen per Governor Josh Stein and likely would not occur until a couple of weeks after the actual emergency. Vice Chair Wanda Hunter asked if people needed to apply for Emergency SNAP and Ms. Pedroza said yes. There were some eligibility requirements but they were far less than those for SNAP itself. Emergency SNAP being available would be announced via the local newspapers.
- Ms. McCullers voiced the need for qualified individuals with lived experience rather than textbook knowledge positioned to support those with behavioral and mental health issues living in the Social Services building. She stated the rise of electronic use among parents with young children as well as the use of medication to treat children had exacerbated these issues. She questioned why volunteers were not utilized more for support to bring the lived experience to the forefront. She also brought up the present day impacts and continuance of slavery. Ms. Tanyetta Sutton mentioned that there was an upcoming conference promoted by the Wake County Public School System (WCPSS) and National Alliance on Mental Illness (NAMI) that Saturday, January 24th titled "Lived Experiences" addressing the topic of more support services to have individuals with lived experiences.

Upcoming Events, Community Highlights, and General Discussion
(Presented by Chair Ann Rollins)
Vice Chair Wanda Hunter began by asking Deputy County Manager Duane Holder if there had been considerations to move some funding from the Food Security Program in light of the Supplemental Nutrition Assistance Program (SNAP) crisis and the lack of budget and potential federal shutdown. She suggested trying something like Tangelo (https://www.jointangelo.com/). She still received texts from people in the community asking about Tangelo. Mr. Holder stated that there were no discussions about returning to Tangelo. Staff were letting the prescription boxes run with the intent to evaluate effectiveness. Vice Chair Hunter stated that the prescription boxes were not as accessible given sick people were not the only ones in need of nutritious food. Healthy food could help prevent people in the community from getting sick in the first place.

Mr. Irv Trust asked if staff would be moving to the newly announced food pyramid (https://cdn.realfood.gov/DGA.pdf). Mr. Holder said that there were discussions with Cooperative Extension to determine the effectiveness of the updated pyramid.

Chair Ann Rollins shared that the Poe Center for Health Education would have Terrific Teeth Day – an open house event – on February 14th. The Poe Center was working with the Raliegh Wake Dental Society to provide dental health services including screenings. Dentists volunteered their time to provide the screenings. A couple of weeks later, those screened and found having needs would have their treatments. This was in recognition of February being Child Dental Health Month.

Ms. Maty Ferrer Hoppmann stated that a power of attorney clinic was scheduled at El Centro Hispano the following Tuesday (with another date in February in case of inclement weather). This was for undocumented residents of Wake County or the area who want to plan in case of arrest. This collaboration would continued with the North Carolina Justice enter once a month for as long as needed. She encouraged anyone needing this to e-mail her. It was a free event with attorneys – not notaries who had been found to be scamming people looking for advice.

Ms. Ferrer Hoppmann also spoke of the mobile health clinic. She shared that Advance Community Health was unfortunately a federally qualified health center. Because of this, they were impacted by the federal policy making them unable to use funds to serve undocumented patients. Advance Community Health can treat them and offer services, but the undocumented patients must be self-pay. This will likely result in an increase in children in pediatric clinics and Regional Centers seeking healthcare. Dr. Kelcy Walker Pope clarified that Advance Community Health will not turn any patient away due to inability to pay. Staff were still very sensitive to the needs of this community and are working to make services as affordable as possible regardless of ability to pay. Appointments are still being made and services have not stopped. These patients simply could not be considered for the sliding fee scale.

Ms. Lily Chen asked Ms. Ferrer Hoppmann if there was a decrease in visits to El Centro Hispano for services in general due to the presence of the United States Immigration and Customs Enforcement (ICE). Ms. Ferrer Hoppmann said that there was a significant decrease in visits when ICE was active and conducting raids back in November 2025. If there is a surge in news around ICE, attendance will be impacted. But, many families are still in need and seeking services. Just the day before, staff had helped 213 families over the course of three hours. More than 50% of these families were Hispanic. Basic services like food assistance and health clinics were the most sought.

Mr. Holder announced that Deputy County Manager Dr. José Cabañas's last day with Wake County would be Friday, January 23rd. He was taking another opportunity with the University Health System of Cleveland, Ohio. Dr. Cabañas had been instrumental in the County's work and would be greatly missed. His position was being advertised to be filled.

Ms. Tanyetta Sutton added that the Buddhist monks doing Walk for Peace would be passing through Apex and Cary on January 24th. They would be walking regardless of weather and travelling along highway 64.

Adjournment
The meeting was adjourned at 9:28 a.m.

Board Chair's Signature: Ann Rollins **Date:** 02/26/2026

Respectfully submitted by Brittany Hunt