Wake County Health and Human Services Board
Meeting Minutes
March 26th, 2026

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

Guests Present:
Dr. Sharon Foster
Deidre McCullers
John Myhre
Dr. John Perry
Macayla Wall

Staff Members Present:
Jennifer Brown
Sheila Donaldson
David Ellis
Barbra Gonzalez
Kevin Harrell
Duane Holder
Brittany Hunt
Rebecca Kaufman
Dr. Joel Lutterman
Jason Mahoney
Ken Murphy
Shanta Nowell
Modupe Omosaiye
Toni Pedroza
Melissa Pullen
James Smith
Lechelle Wardell
Dana Webb-Randall
Tammy Whitaker
Diamond Wimbish

Board member attendees included newly appointed Board members Dr. Carrianne Starnes.

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

Next Board Meeting – April 23rd, 2026

Swearing in of New Board Member: Dr. Carrianne Starnes
(Presented by Chair Ann Rollins)
Dr. Carrianne Starnes was sworn in to the Optometrist seat.

Wake County Manager Annual Address

(Presented by Mr. David Ellis)

County Manager David Ellis presented his annual address to the Wake County Health and Human Services Board. He began with a review of recent reorganizations with Community Services and Environmental Services. While organization had not changed much over the last thirty years, the county itself had. Staff had almost doubled in that amount of time. Beginning with Human Resources, there was an effort to establish consistent functions and policy by moving department Human Resources staff under Human Resources as a whole. This allowed employees to be further engaged in Human Resources policy on a countywide level and bolstered professional development opportunities. County Manager Ellis briefly touched upon the split of Health and Human Services into the Human Services agency that now houses the Public Health Department and Social Services Department. In Planning and Development, developers were voicing more frustration around having to approach multiple departments for their permits. The County Manager's Office reached out to staff and were able to reorganize to turn the Planning, Development, and Inspections Division under Community Services into its own department. Planning and Development Services is now led by Mr. Tim Maloney (Director of Planning and Development Services) who oversees long-range planning, zoning and subdivisions, watershed management, building permitting, plan review, and inspections.

Beyond permitting, the Department is actively working to complete the final two area plans for PlanWAKE, the County's comprehensive development plan. The Wake County Board of Commissioners (BOC) have approved five of the seven area plans. Currently, the County is in the public input phase for area plan 6 for Neuse North. Next, staff will start area plan 7 for Falls Lake. To stay informed and engaged, anyone interested could visit www.wake.gov/NN.

As part of the reorganization, the County also moved the Wake County Animal Center under the Community Services Department reporting directly to Mr. Matt Roylance (Deputy Director of Community Services). The State required the County to make some health and safety-related building repairs to the Animal Center which were made as the Center closed on January 16th. With the repairs completed, the Center is now back open to the public. The Center had been built in the 1990s when Wake County had around 500,000 individuals compared to the present day population of over a million. With such a growing population, a new animal shelter was needed to last the new twenty to thirty years. Dr. Jennifer Federico (Animal Services Director) and her team have often had to use very creative solutions to manage all the surrendered animals so the Center does not have to euthanize for space reasons. They have worked with Mr. Roylance as well as Deputy County Manager Ashley Jacobs to think through the needs of a new animal shelter. To that end, a new Center is in development with construction set to begin in Spring 2027. The image below is a snapshot of what the new Center may look like upon completion.

Next, County Manager Ellis reviewed Solid Waste Management, a division of Community Services reporting to Dr. Caroline Loop (Deputy Director of Environmental Services). Solid Waste Management launched the Beyond the South Wake Landfill Study as the Landfill will soon close. If it was not for recycling, it would likely already be closed. Current projections show that the facility, which receives 500,000 tons of waste annually, will reach capacity between 2040 and 2045. Staff are planning now as it could take ten years to develop a solution. There are currently four possible solutions:

- Build a new landfill in Wake County
- Haul waste to regional landfills outside of Wake County
- Construct a waste-to-energy facility in Wake County
- Implement alternative waste management technologies

Evaluation is currently underway for a formal decision.

Reorganization, ultimately, has been a success. The County has dissolved the Environmental Services Department and moved its divisions to improve efficiency and cross-promotion. The Planning and Development Services Department has improved customer service. Best of all, zero positions were lost in the process. Only sixteen staff now report to a new supervisor. This speaks to the deep creativity and intelligence of Wake County staff who came back with actionable solutions.

Next, the County Manager moved to affordable housing. The County has created and preserved 5,500+ affordable units since 2019. The median price of real estate in Wake County in January 2026 was $450,000. In 2015, the median price of real estate in the county was $288,000. This is a stark change, especially given some are merely one paycheck away from homelessness. County Manager Ellis commended Ms. Morgan Mansa (Director of Housing Affordability and Community Revitalization) for her tremendous work. Wake County is starting to see a number of first-time homeowners. He would be remiss, however, if he did not also acknowledge the first-time homeless families as well, showing the dichotomy and deep need for secure and stable housing.

He uplifted Wake Prevent!, an eviction prevention program created by Housing Affordability and Community Revitalization. Once evicted, that mark shows on credit making it difficult to find a place to

live. The goal then is to keep people in their homes. This may be challenged with individuals getting sick and lacking sick leave to take care of themselves. It could also happen with a car breaking down or missing one paycheck that snowballs into falling behind on rent and bills. This program provides short-term rental assistance to people who are at least 30 days behind on rent in an attempt to stabilize individuals and families to continue to move up the economic ladder. Applications are accepted online and the program now offers early intervention services and legal support.

Since the launch of the re-imagined Affordable Housing Development Program in 2019, the Housing Affordability and Community Revitalization Department has created and preserved 5,449 units. The ability to invest in affordable units has exceeded the 500-unit goal established in the County Strategic Plan every year since then with the exception of 2022. In that year, the greatest impacts of the COVID-19 pandemic were being felt. In aggregate, however, the County has gone far above the established goal of 2,500 units in five years. The County has invested $118 million dollars in housing and has leveraged a total of $1.2 billion.

It was important to remember that developments do not come out of the ground immediately. Units were in various stages of being active, under construction, or in pre-development. The Housing Affordability and Community Revitalization Department has demonstrated to the developer community that it is a reliable partner and demand for gap financing has increased every year. While the County was only able to offer funding to support 644 units in the most recent cycle, over twenty applications have been received for over 2,000 units. Now that the County has fully utilized its American Rescue Plan Act (ARPA) and Emergency Rental Assistance (ERA) Program dollars, its ability to produce will be more constrained to federal grant funding available. The County is also maintaining awareness of recent policy changes that can have both positive and negative impacts on production.

There was also a new housing tool – the Housing Data Platform – available to breakdown the county's median income, affordable housing units within geographical boundaries, and where progress was being made in several aspects. This tool was available at www.WakeHousingData.org.

Next, the County Manager reviewed the Wake County Continuum of Care (CoC) with its vision to ensure homelessness is rare, brief, and non-recurring. The CoC helps unhoused people move into stable housing as quickly as possible. It was brought to the County's attention previously that the system was not functioning as well. After trying to coordinate resolutions, the County has since taken over leading the CoC. Staff lead the coordinated entry process and can track individuals coming through. This translates to dollars from the federal government to address homelessness now having more accurate data. The truth is that some individuals may have different needs at different levels than others. This program allows staff to assess people experiencing homelessness or who are at risk of homelessness and refer them to the right resources to meet their needs. It uses a "no wrong door" mindset as people can get understandably frustrated when they have to go to different places for assistance.

A point in time count was held on January 22nd, 2026. Staff and volunteers engaged with the unhoused to get an accurate census. Data is expected by early April. This will help the COC determine how to reach "functional zero." With a better methodology, a decline is anticipate though it will take a few years to see. Staff are in the process of looking at veterans' homelessness and believe they can get to functional zero with this population relatively soon.

The CoC worked with the Emergency Operations Center (EOC) during the winter storms to help make the process the smoothest it has ever been. A collaboration with the Wake County Public School System (WCPSS) to have their Food and Nutrition Services (FNS) workers on site to provide meals for the homeless was particularly encouraging. This is something that the County is hoping to build upon to ensure white flag shelters are properly staffed in the summer and winter when weather becomes extreme.

County Manager Ellis saved the fiscal year (FY) 2027 budget, which was currently in development, for the last topic of his presentation. Property tax was Wake County's largest revenue source. Unfortunately, the County is not meeting the projections for property tax. The County typically expects about $40 million to $50 million in annual revenue growth every year. This number, unfortunately, changes. About six weeks ago, the Tax Administrator briefed the BOC that projections anticipated $15 million in revenue. Two weeks ago, this figure dropped to $8 million. This will present a huge challenge to the County. Sales tax is stable but not great. Even if it was, it would not make up for a $32 million deficit. This was, as the County Manager called it, a perfect storm.

FY2026 property tax base (billions)

	FY 2025 Actual	FY 2026 Adopted	FY 2026 Projected	Difference
Real Property	**$274.6**	**$278.7**	**$277.1**	**-$1.6**
Personal Property	11.1	11.8	11.8	$0
Public Service	4.3	4.5	4.6	$0
Registered Motor Vehicles	17.7	18.9	19.0	$0.1
Total	$307.7	$313.9	$312.4	-$1.5

The chart above shows the difference in the FY 2026 adopted budget and FY 2026 projected budget was $1.6 billion. This equates to about $20 million less in property taxes in this fiscal year. Part of the challenge is that people can appeal their property tax when they receive it. In 2016, there were almost 18,000 informal appeals. In 2020, this was closer to 17,000 while 2024 had around 16,000. These figures increased with formal appeals (shown below).

2024 appeals

	2016	2020	2024
Informal Review	17,879	17,397	15,936
Percent of Total Parcels	5%	4.4%	3.7%
Formal Appeal	3,650	6,391	8,936
Percent of Total Parcels	1%	1.6%	2.1%
Property Tax Commission	381	708	1,529
Percent of Total Parcels	0%	0%	0%

If denied at the County level, individuals have the right to appeal to the Property Tax Commission. These appeals, in turn, are handled by the State.

Property Tax Commission

	Total Filed*	Open	Closed
Residential	516	176	340
Commercial	694	374	320
Total	1,210	550	660

*Includes multiple parcels shown as one filing

Total Value Reduced – Closed Appeals

- Residential: $14.5 million
- Commercial: $1.5 billion

Total Value – Open Appeals

- Residential: $146 million
- Commercial: $8 billion

This group meets once a month to review only a small number of cases. For the County, it's urgent that the cases get resolved. For this group, however, they want to take their time to ensure everything is checked and processed correctly. This leaves cases opened - $146 million in residential and $8 billion in commercial.

Total exempt, excluded and deferred value

- **Normally, we see a nominal increase in the year after the revaluation is effective**
- **Increase of $1.2 billion in exempt value for FY2026**

Tax Year	Total Value (Billions)	Annual Change (Billions)
2017	23.8	0.54
2021	29.8	0.08
2025	41.3	1.22

Improvements on Brownfield properties

NCGS 105-277.13(c)

.... Percentage of appraised value of the qualified improvements that is excluded based on the taxable year:

Year	Percent of Appraised Value Excluded
Year 1	90%
Year 2	75%
Year 3	50%
Year 4	30%
Year 5	10%

Exemptions were also causing quite a few problems. If a developer comes in to a property that already had an established business such as a gas station or dry cleaners, they might need to go through a remediation process. The percentage of appraised value of the qualified improvements excluded based on the taxable year decreased year by year. This was an issue with the budget, but not the largest one.

Trend with Brownfield properties

- **$514.5 million increase in excluded value from Brownfield projects**

	Excluded Value
2024 Taxable Value (Excluded in 2025)	$233.2 M
2025 Additional Value Excluded	$281.3 M
Total Value Excluded	$514.5 M

The County is seeing more and more Brownfield properties. These are excluded from property taxes. This is where the budget is truly hurting. North Carolina General Statute (NCGS) 105-278.6(a)(8) states that a nonprofit organization providing housing for individuals or families with low or moderate incomes "shall be exempted from taxation if (i) As to real property, it is actually and exclusively occupied and used, and as to personal property, it is entirely and completed used, by the owner for charitable purposes; and (ii) the owner is not organized or operated for profit." Mr. Marcus Kinrade (Tax Administrator) made an amazing presentation on this. The County Manager gave the example for "(ii)" of Person A owning an apartment complex. Person A meets Person B who owns a nonprofit. Person A sells 0.1% of the complex to Person B. This now means Person A's property can be excluded from paying property taxes.

This was a result of Blue Ridge Housing of Bakersville, LLC vs Mitchell County in North Carolina in 2013. The ownership structure showed 99.9% investor member and 0.1% nonprofit member. This was a balancing test of control of operations, status as trustee of property, possibility of future increased ownership, and intent of participating parties. The court concluded that even though the nonprofit had 0.1% ownership, the property could qualify as exempt for property tax purposes. This did not define low and moderate income or purposes of 105-278.6(a)(8). This is North Carolina state law and can only be changed via legislation. It is, at least, being talked about within the North Carolina General Assembly.

Trend with charitable housing

Increase of $776.3 million of exempt value for FY2026

Tax Year	Properties Qualified	Total Living Units	Exempt Living Units	Unit % Increase	Total Value Assessed	Exempted Value
2020	66	2,891	2,891	9.2%	223,089,037	223,089,037*
2021	69	3,503	3,503	21.2%	289,993,674	289,993,674
2022	76	4,276	4,276	22.1%	368,306,829	368,306,829
2023	73	4,581	4,581	7.1%	388,014,684	388,014,684
2024	97	8,134	8,134	77.6%	1,428,371,902	1,428,371,902*
2025	137	13,209	12,693	56.0%	2,299,181,354	2,204,668,044

*Revaluation

In 2025, the exempted value (shown above) more than doubled. Deputy County Manager Duane Holder touched on the low and moderate income provision. Eighty percent (80%) of average median income (AMI) for Wake County right now is basically market rent. Because rent is so high, it still qualifies as moderate income as far as the government is concerned. This is not addressing the population typically thought of when considering low income.

Ms. Lily Chen asked what happened in 2023 to cause such a jump in the exempted value. The County Manager believed this was due to word of mouth. Despite the case law occurring in 2013, it was in 2023 to 2024 that a snowball effect was truly seen.

Ms. Tanyetta Sutton recalled how she had worked with some families who said their homes they rented had new ownership that gave them 30 days to vacate the premises. While this was reported to the BOC, it was determined that nothing could be done as the rental properties were private. She asked if this was due to this phenomenon and though the County Manager could not say without more information, he noted that there were many cases where tax credits had expired and new ownership chose not to utilize them moving forward.

One example was given of an existing apartment complex in Raleigh:

- 2024: 0% exempt, $104.2 million in taxable value
- 2025: 70% exempt, $31.3 million in taxable value

Seventy percent (70%) of units are at 80% AMI (moderate income and the market rent). These are not new luxury apartments – these are apartments that have been around for a while.

Exempt and excluded property applications were due February 1st, 2026. The initial review shows potential for $1.35 billion loss in value for housing exemptions and $151 million loss in value for Brownfield exclusions.

Ms. Wanda Hunter asked if the appraised values for the Brownfield properties decreased in exemption amount over the years, did this stay the same or restart if the property was sold? For example, if she owned a property but then sold it after three years, would it be exempt at 90% (like year one) or 50% (like year three). The County Manager was unsure but could look into this.

Dr. Jim Peterson asked if there was any data to say how the Brownfield properties were levelling out over time with revenue. The County Manager conceded that, after five years, this was not an issue. However, these properties tended to occur in groups and so the impact was especially felt. Here the County Manager explained that while taxpayers pay both the County and the State, the County has certain services that have been delegated to it by the State. The State has vacancies in the amount of billions of dollars. The County is the one taking over this work, providing $742 million in operating costs to the school system as the State is not fulfilling its responsibilities. The District Attorney's Office is fifteen District Attorneys short. Last year, the County funded a couple of positions. Counties are responsible for operating jails. When there are not as many District Attorneys to hear cases, individuals wait in the jail for longer. This also leaves people who should be in the state penitentiary waiting alongside those in the County jail because there is not enough state funding for staffing. Without staff to hold them, the state penitentiary turns them away.

The County, then, has subsidized many of the services of the state. This also occurs in child psychiatric hospitals and behavioral health services. The State has insisted it pays everyone at the same level which simply does not work for a county as large as Wake County. This means more funds must be provided to keep services at a level that residents have come to expect. This is not only a Wake County problem. The

County Manager has spoken to his colleagues in Mecklenburg and Guilford as well as throughout the state. It is becoming a tremendous burden. It is also frustrating given the amount of misinformation stating that the County is spending tax dollars wildly when they are spent on services the State refuses to properly resource. He stressed that staff heavily considered what was needed as well as what the community could afford. He fully and openly acknowledged that this was the most challenging budget he had had since arriving to Wake County, more so than even the first year of COVID-19.

Ms. Christine Kushner added that the State had announced they had a budget surplus and were intending to do more tax cuts for corporations and wealthy residents of North Carolina. This was extremely frustrating given the financial struggles of the counties and was all the more reason to vote and contact elected officials.

Ms. Tanyetta Sutton inquired about the ability to get this story out to the public. Commissioner Cheryl Stallings stated that the North Carolina Association of County Commissioners was working on this with all one hundred counties. They are working to talk with State legislators to help understand their position. Ms. Hunter recalled how this narrative and inaction from the State had harmed emergency efforts in the west when in came to the support received for Helene. County Manager Ellis stated that the counties were "creatures of the State." A respectful dialogue was both desired and needed, one that shared the challenges while providing appropriate information. There was a wave of property tax reform across the country. It was simply critical that it was known it did not just impact urban counties, it impacted all counties.

County Manager Ellis asked attendees where Wake County rated among the hundred counties with property tax. The answer? Sixty-seven (67) out of one hundred. Housing values, admittedly, were higher, but it was clear that the County was trying its best to remain affordable.

Mr. John Myhre commented on the lack of State funding being tied to federal funding and HR1 was discussed. There would be changes in the budget because of changes in funding from the federal government regarding Social Services programs. Unless the State chose to cover these funds, it would fall back on the counties. Mr. Holder stated that it was projected the County would need between $20 million and $30 million to cover this gap.

Mr. Irv Trust asked why a sliding scale could not be used to consider the profit and nonprofit properties. County Manager Ellis acknowledged that this was a good idea and hopefully one the General Assembly would consider in its discussions. Though this was acknowledged as an issue, any resolution was not likely to occur to impact the FY 2027 budget. The County Manager did not believe growth paid for itself, leaving the large deficit with the anticipated revenue to be felt throughout the county.

There was a discussion around housing and the ability for people to purchase homes. County Manager Ellis noted that while homes in his neighborhood sat for a little longer upon being sold, they still sold. He shared that Commissioner Susan Evans stated the County was just getting back to building as many housing units as they did in 2007. It was shared that Wake County had the second highest increase in seniors, just behind New Hanover County.

With all of these details, the County Manager encouraged everyone to be educated. He wanted to be a trusted source of information in the community but always recognized that it was incumbent to every person to do their research, ask questions or elected officials, and seek facts. He knew that the County was putting a tremendous amount of resources into services that the State mandated.

Dr. Ojinga Harrison asked about the consequences of such a significant decrease in anticipated revenue. County Manger Ellis responded that there was a need to keep the mandated services running. His priority

with this budget was employee compensation as he did not want staff to fall behind. The County Manager's Office was looking at every option, including at non-mandated services that the County did not need to be operating whose staff could be moved to new positions. While it was too early to definitively say, there would be consequences. Mr. Holder added that staff were feeling the pressure of the community, the legislature, and the property taxes. The County Manager did add that there was tax rate and evaluation. What many saw in North Carolina was the value of their home going up as it was a desired place to live. The tax rate itself was lower than it had been. Regardless, the BOC was looking at property tax in Wake County and how to keep individuals, especially those who were elderly and disabled, in their homes.

Ms. Tamara Wilson asked if the County had an opportunity to tap into corporate taxes? County Manager Ellis clarified the County could not require corporations to provide resources or things of that nature. Some did out of kindness and some were heavily involved with the schools.

Mr. Birchie Warren thanked the County Manager for his presentation and asked out of all of the issues what the main concern was as well as the solution. This was the property tax with the solution being the General Assembly fixing the issue. With this fix, a lot of the pain points being felt could be resolved. Ms. Kushner encouraged contacting Representative Mike Schietzelt if living in his district in Wake Forest or Representative Erin Paré if living in her district in southern Wake County in this regard. Commissioner Stallings added that the State legislature covering education would be a huge relief to the budget. The BOC is responsible for the capital costs of schools but the State was supposed to be responsible for salaries and operating expenses and was falling short. This resulted in around $740 million that the Wake County taxpayers were covering. The County Manager added that the County has consistently increased and filled the gap left by the State. Three years before it was with teachers who were leaving the school system. The year before it was maintenance staff. And while treating all the counties the same was understandable to an extent, Wake County had over 200 schools in the Wake County Public School System. Mecklenburg had the second largest at around 180. These large numbers of schools could not be related to smaller counties and school systems and it was unfair to be treated the same with the expectation to provide the same services. Corporations were drawn to these areas in part because of the wonderful schools in the area. It was just about finding a respectful dialogue to elevate this issue.

The County Manager made it clear that he was not a politician and was there only to give facts and information. Ms. Kushner voiced that the brunt of these cuts were impacting Black and Brown individuals as well as vulnerable immigrants and children. Ms. Hunter responded that there was a need to have people based on issues rather than on color so that the systemic issues – such as health disparities between ethnicities – could truly be addressed. She voiced appreciation for the comparison of tax rate evaluation and property taxes but maintained that context was needed. If someone did not have the wage to continue to pay for their property, it mattered very little that their home was worth half a million dollars. Sustainability was desperately needed.

Annual Legal Training and Orientation (Public Health Accreditation Benchmark #34.2, 36.1, 36.2, and 36.3)

(Presented by Mr. Ken Murphy)

Mr. Ken Murphy (Senior Deputy County Attorney) explained that he would be speaking about the powers, duties, and responsibilities of the Health and Human Services Board. The Health and Human Services Board is a consolidated Public Health and Social Services Board. NC General Statute 153A-77(b) states that any county with a County Manager form of government may create a consolidated county human services agency having the authority to carry out the functions of the local health department and the county department of social service and may create a consolidated human services

board. Wake County did this in 1996. The NC General Statute 153A-77(c) states the statutory foundation for the Wake County Health and Human Services (HHS) Board's powers and duties as:

- "A consolidated human services board . . . shall serve as the ***policy-making, rule-making, and administrative board*** of the consolidated human services agency."
- **Policy-making:** energy programs assistance outreach plan, public health quarterly reports (chronic disease, communicable disease, injury prevention, county health report), support for changes in State law and County ordinances regarding tobacco sales and use
- **Rule-making:** adoption and amendment of "Local Health Rules" – septic system regulations, drinking water well regulations, swimming pool regulations, public recreational waters and beaches regulations, mosquito management regulations
- **Administrative:** WCHHS Board Appeal Panel hearings (Dangerous Dog appeals – from County Animal Control Ordinance; appeals of staff's interpretation and enforcement of State and Local Health Rules. Review of WCHHS Board Operating Procedures and WCHHS Board Rules of Appeal. Set fees for health department services as recommended by staff

This same NC General Statute 153A-77(c) also states the composition of the Wake County Health and Human Services Board as:

- Nineteen members, all appointed by the Board of Commissioners (BOC)
- No member may serve more than two consecutive four-year terms
- Must have: psychologist, pharmacist, engineer, dentist, optometrist, veterinarian, social worker, registered nurse
- Must have: 2 physicians, one of whom shall be a psychiatrist
- Must have: 1 member of the Board of Commissioners
- Must have: 4 consumers and 4 general public

Mr. Murphy went over Specific Statutory powers of the Wake County Health and Human Services Board as set by NC General Statute 153A-77(d):

- Set fees for departmental services as recommended by staff
- Adopt Local Health Rules and participate in citizen appeals from enforcement of Local Health Rules
- Advise local officials through the County Manager
- Perform public relations and advocacy functions
- AND, in addition to the above: **"**the consolidated human services board shall have the powers and duties conferred by law upon a *board of health [and] a social services board*"

The Statutory powers and duties of a local Board of health are specified by NC General Statute 130A-39 as:

- "Adopt *rules* necessary to *protect and promote the public health*" and
- "Adopt a *more stringent rule* in an area regulated by [the State] where, in the Board's opinion, a more stringent rule is *required to protect the public health*"

As an example, using the parameters of NCGS 130A-39A, the Board has set more stringent rules for Wake County Well Regulations and Septic Regulations than the State regulations. The Board had determined that it was necessary to protect the public health to make these rules more stringent. Mr. Murphy went on to explain that the County cannot make rules that are less stringent than State rules. Local health rules apply to unincorporated Wake County as well as all municipalities within the County.

Proposed health rules must be made available for public inspection ten days in advance of their adoption, amendment, or repeal. The Board must also keep copies of health rules on file.

Mr. Murphy went over NC General Statute 108A, Statutory powers and duties of Social Services Board as it pertains to the Wake County Health and Human Services Board's powers and duties.
NCGS 108A-1 and NCGS 108A-9 state the duties and responsibilities:

- "Advise county and municipal authorities in developing policies and plans to improve the social conditions of the community"
- "Consult with the director of social services about problems"
- "Have such other duties and responsibilities as the General Assembly, DHHS or the Social Services Commission or the board of county commissioners may assign"

The WCHSS Board has advised County authorities in developing policies to improve social conditions of the community. This includes:

- Public Hearing and discussion of Affordable Housing Action Plan
- Review/discuss Wake County Child Abuse Prevention Plan
- Review/discuss Wake County Child Fatality Protection Team/Community Child Protection Team Report
- Review/discuss Energy Programs Outreach Plan
- Review/discuss Regional Center Network Committee Action Plan
- Review/discuss Fatherhood Initiative Program
- Review/discuss Social and Economic Vitality Program
- Review/discuss Aged Out Foster Care Youth Workgroup
- Mayor Frank Eagles Community Service Award

Mr. Murphy discussed the board members' individual responsibilities. He also reminded members to be careful not to individually speak for the "Board" as a body when they are advocating at various community events as an individual. He then went on to note some of the responsibilities each individual Board member has to the Board:

- Don't move to another county. Board members must live in Wake County
- Participate actively and constructively in Wake County Health and Human Services Board meetings
- Attend at least 75% of scheduled meetings
- Not seek or accept financial gain related to status as a Wake County Health and Human Services Board member
- Represent, and advocate for, Wake County Health and Human Services programs at various community events as requested
- Identify and advocate for resources needed to carry out the mission of Wake County Health and Human Services
- Conduct Wake County Health and Human Services Board meetings in compliance with NC Open Meetings Law
- Serve on WCHHS Board Appeal Panel
- Serve on the Public Health Committee or Social Services Committee

Finally, Mr. Murphy reviewed the Health and Human Services Board's role in the accreditation of the health department. All local health departments in North Carolina must obtain and maintain accreditation from the State every four years. The most recent accreditation cycle ended in 2019. Of the 41

accreditation benchmarks, the Health and Human Services Board is directly responsible for benchmarks 34 through 41 (standards on "Governance").

Strategic Plan Overview

(Presented by Mr. Duane Holder)

Deputy County Manager Duane Holder reviewed the County's Strategic Plan. He did this noting that it gave a broader context to the business plans that would soon be reviewed by Ms. Toni Pedroza (Director of Social Services) and Ms. Rebecca Kaufman (Director of Public Health). The Wake County Strategic Plan represented the County's first comprehensive organization-wide road map designed to guide decision making, investments, and resources through the year 2029. The development reflected intentional and expansive collaboration throughout the community. This included residents, community organizations, and Boards as groups such as the Health and Human Services Board. It also included Wake County employees. The process began in 2023. The Wake County Board of Commissioners (BOC) wanted to establish some clear long-term priorities for the county. Over the next year, staff conducted engagement efforts that generated more than 2,400 different responses from residents and employees. This was the input that truly shaped the strategic plan.

Internal teams continued to work on drafting purpose statements, identifying community needs, and proposing measurable outcomes to track the effectiveness of accomplishing the plan's goals. On April 19th, 2024, the BOC officially adopted the County's strategic plan and came up with a new vision for Wake County – "Passionate. Proactive. Purposeful." In addition to the vision statement and the revision of the mission statement, priorities were established in six focus areas. Under each of these were a total of 24 goals (https://s3.us-west-1.amazonaws.com/wakegov.com.if-us-west-1/s3fs-public/documents/2024-04/WC%20Strategic%20Plan%20(2024.04.16).pdf).

Following the adoption of the plan, staff continued to work in 2024 and 2025 to translate these goals into actionable initiatives. The goals are often broad and not department specific to encourage breaking down silos. However, goals have been assigned to departments to be champions with diverse teams composed of individuals and employees from all levels of the organization.

- Community Health and Wellbeing – highlights housing stability, access to services, and support for vulnerable populations
- Growth, Land Use, and Environment – guides responsible development and environmental stewardship
- Inclusive Prosperity – expanding economic opportunities and community enrichment. Getting rid of barriers for employment in the county and improving accessible job opportunities. Ensure residents feel connected to enriching community experiences
- Lifelong Learning – educational access and quality across all ages
- Safer Community Together – supporting coordinated and responsive safety and behavioral health
- Foundations for Service – underpins all other focus areas. More internal focus for the county providing operational backbone for plan

The operation of the plan is highlight dependent upon the functioning of County departments. For the purpose of the Wake County Health and Human Services Board, the Community Health and Wellbeing focus area was the most direct link, though there were some ties to Lifelong Learning and Foundations of Service.

Ms. Wanda Hunter asked what the target was for affordable housing units with creation and preservation. Mr. Holder said the focus was 50% and below. She also asked if there was a definition of "clean water" and "clean energy." She noted these were often used interchangeably and wanted to avoid buzz words

without necessarily having meaning behind them. Mr. Holder stated that while there were details behind the measures, he would follow up on these specific definitions.

Ms. Hunter also asked about trades and vocational learning within Lifelong Learning. Mr. Holder shared that Wake Tech did feature prominently in the initiatives. This was a good point, however, and could be brought up. Commissioner Cheryl Stallings said that the BOC had just received a presentation from Wake Tech who was expanding their vocation program. Mr. Holder added that the County was an investor in their apprenticeship program as well. Ms. Hunter shared that there was an organization in Mecklenburg County called "Momma I Don't Want to Go to College" that acted as a pathway to trade. There was value in all roles in a community.

Ms. Hunter inquired about the employee satisfaction rate. Mr. Holder said that, across the organization, the last survey had around 80 to 87% satisfaction, which was high for an organization of Wake County's size. There were always things that could be improved upon, however.

Mr. Irv Trust inquired as to whether light rail had been considered for the goals surrounding public transit. Mr. Holder said that the County was looking into it for quite some time but funding at the federal level made it cost prohibitive. There was now more focus on rapid transit and trying to increase corridors for riders. While not an impossibility, it was perhaps not a feasible option for the area.

Ms. Lily Chen asked about language considerations in the strategic plan. Mr. Holder was unsure if the plan spoke specifically to languages, but it did highlight increasing access to benefits and care, which this would fall under. Wake County has prioritized language access across the agency. There were 104 initiatives behind the 24 goals, so he could not say definitively if this was or was not in the plan. Ms. Chen asked if someone spoke another language, how was this handled with services? Ms. Kaufman stated that aside from the five visible individuals at the Public Health building's front desk, there was a small room with two desks that was used where individuals could connect with Propio language services via tablet or cellphone. This was a contracted service with over a hundred languages available. Ms. Maty Ferrer Hoppmann asked if it was a live person on the line and it was confirmed that it was a live translation once connected and selecting the appropriate translation needed.

Ms. Christine Kushner asked the baseline for quantifiers such as "5%" or "10%" more. Mr. Holder explained that ten years ago, a community perception survey was done that established the baseline from residents. This was separate from the 2,400 comments mentioned above. Dr. John Perry asked if these increases were relative or absolute. Mr. Holder said that he believed it was absolute.

Ms. Ann Rollins pointed out that some of the goals mentioned certain things being developed by 2025. She asked if these had been completed or if the goal had shifted. Mr. Holder believed some might have been completed, but he could follow up on the status of those indicating action in 2025.

Ms. Ferrer Hoppmann inquired about the connection between these goals and the Live Well Wake (LWW) goals. Mr. Holder stated that there was a huge connection. Many members served on the LWW action teams and the focus area groups at the same time. This was very intentional to ensure no duplication of efforts was being made. Commissioner Cheryl Stallings added that every agenda item that the BOC has connected to the strategic plan is marked as such to show the public the connectivity to the plan.

Dr. Ojinga Harrison asked about the first goal of Safer Community Together – "Goal 1: By 2029, 80% of all County public safety calls will receive an appropriate and timely emergency response." What percentage was not being appropriately addressed? Mr. Holder spoke of emergency medical services (EMS) and the public communication surrounding dynamic responses to maximize effectiveness.

Ultimately, not everyone that called 911 needed an ambulance on site. The County wanted to ensure callers were receiving the appropriate response based on the level of treatment. One way this was done was with the Nurse Navigation Line – a triage line embedded into the 911 Center to divert non-emergent calls.

Ms. Rollins recalled how the County has assisted with Helene and with New Hanover County with some staff physically in Wake County but serving those in New Hanover County. This was a great example of how the EMS line could be used to really direct calls as needed and help its fellow counties when in emergency situations.

Mr. Terry McTernan asked if the improvement percentage here was based on the community survey. Mr. Holder did not believe this particular measure was. The mention of language such as "3 out of 4 residents" indicated that a specific part of the goal came from the survey.

Dr. Kelcy Walker Pope shared her own personal story calling EMS and being transferred to the Nurse Navigation Line. When asked how the experience was, Dr. Walker Pope stated that she was offered an Uber and decided to drive to seek treatment instead.

Ms. Hoppmann asked if this goal also considered adding personnel. She spoke of a training at the emergency response center she had taken recently with staff who answered 911 calls. Those staff members relayed that there were sometimes ambulances parked with no one to operate them and that their particular positions had turnover due to the level of stress on the job. This required hiring and retaining which could be an exhausting process. She asked about relieving some of this stress and if these individuals would have been involved in strategic planning. Mr. Holder shared that all levels of the organizations were included in garnering feedback. As far as the workforce was concerned, the County had the most stable EMS staff it had had in years, so the comment about an ambulance being left unmanned was concerning. While he could not say it never happened, he was able to confirm that a few years before, the County significantly increased its pay structure with EMS. The County was now at the point that applications had to be turned down for EMS roles due to competitiveness. Commissioner Stallings said that twenty-five positions had been added for the 2026 budget. But it was acknowledged that the responders of 911 calls were directly dealing with a high level of stress.

Mr. McTernan asked when the strategic plan was developed and implemented. Mr. Holder clarified that it was developed and approved as of 2024. Implementation began in 2025 and was ongoing. At the risk of sounding cliché, it was intended to be a living, breathing document that undergoes changes as needed.

Social Services Business Plan Overview and Board Discussion
(Presented by Ms. Toni Pedroza)
Ms. Toni Pedroza (Director of Social Services) provided an overview of the Social Services Business Plan. This included the history of Social Services, core services, the business plan itself, and the intersection with the Wake County strategic plan. She began with the history, outlined below:

- 1868-1900s (Charity Era): The state constitution mandated care for the "poor, deaf, blind, and insane" shifting responsibility from strictly private charity to county-managed almshouses (modern day orphanages or family care homes for adults)
- 1910s-1920s (Professionalization): The Progressive movement led to the 1917 creation of the Board of Charities and Public Welfare. In 1920, the UNC School of Public Welfare was established, and in 1923, a Mother's Aid law was passed that provided financial assistance to indigent mothers with children under the age of fourteen. County participation was option with the cost split between the counties and the state

- 1930s (Federal Integration/Public Assistance Programs): Following the 1935 Social Security Act, North Carolina adopted federal aid programs, requiring all counties to participate and setting the framework for modern public assistance
- 1970s-1980s (Consolidation and Specialization): In 1971, the Department of Human Resources (now DHHS) was created as an umbrella agency for over 300 smaller entities. The 1980s saw increased focus on child protective services and the rise of professional licensing for social workers
- 1990s-Present (Modernization and Technology): The 1990s introduced specialized services for the elderly, such as the Home and Community Care Block Grant. Recent efforts (2010s–2020s) have focused on implementing technology, such as NC FAST and the 2025 rollout of PATCH NC, to improve child welfare tracking

Throughout its history, North Carolina Social Services have maintained a hybrid structure, where the state provides supervision while counties retain primary responsibility for funding and administration.

Rylan Ott died in April 2016 – two weeks after he had reunited with his family and two weeks before his second birthday – after wandering from his home in Carthage and drowning in a pond. In 2017, the North Carolina General Assembly (NCGA) passed Rylan's Law. This law required Social Services system reform and improvement. Rylan's Law (HB 630) required the North Carolina Department of Health and Human Services (NC DHHS) to develop a regional supervision plan for improving service delivery and outcomes at the local level. The plan also required counties to enter into annual performance agreements with memorandums of understanding (MOUs). The Fostering Care in North Carolina Act was signed in June 2025 and builds on Rylan's Law by further standardizing Child Welfare outcomes and rolling out a new statewide case management system – PATH NC – intended to replace the outdated NC FAST system by 2026. Wake County is in Region 5 of the state's seven regions, something ongoing as the region maps were just released a year before.

The MOUs created the following mandated services:

- Public Assistance
    - Food and Nutrition Services (FNS)
    - Work First
    - Energy Assistance
    - Child Support
- Social Work
    - Foster Care
    - Child Protection
    - Adult Protection
    - Special Assistance

The following services are not in the MOUs but are all mandated.

- Economic Services
    - Medicaid
    - Work First
    - Child Care Subsidy
    - Employment
    - Voter Registration
    - Adoption Assistance
    - Medicaid Transportation
    - Employment

- Social Work
    - Adoption
    - Prevention
    - Guardianship
    - Services to aging populations (In-Home, Placement, Special Assistance, Meals on Wheels, etc.)
    - Day Care and Facility Monitoring
    - Licensure

Deputy County Manager Duane Holder highlighted that North Carolina was one of only eight states in the country that operated under a state supervised county administered model. The rest of the states supervise and administer. The MOUs are to ensure the County is carrying out what the state is charged with. Mandated services did not always come with funds to carry out the mandated services. Dr. John Perry pointed out that this still rings true in rural counties and Ms. Pedroza shared her own personal experience with this. In her former role as Director of Social Services for Vance County, she would sometimes follow up on reports to people's homes. She was a Social Worker when needed and an Energy Assistance professional when demanded. This was much more difficult for smaller counties to meet the demand for despite the services being mandated.

Ms. Pedroza then began reviewing parts of the Social Services business plan.

Social Services Business Plan: Improve

Goal	Purpose
• Child Protective Services (CPS) Pilot • FNS and Medicaid Full Case Management Pilot Programs • Regional Center Evaluation • Mitigating Federal Policy Changes: Error Reduction in Food and Nutrition Services Processing • Expand and integrate the use of community health workers • Youth Awaiting Placement	• Expand a new CPS staffing model that separates the roles in CPS • Improve customer service • Process to evaluate and reenvision regional centers • Decrease overall error rates tied to State Benefit share • Support individuals and families to reach economic independence

Social Services Business Plan: Initiative

Goal	Purpose
• Mobile Unit • Social Services Apprenticeship Program • Planning Ahead: A 10-Year Framework for Aging Services	• Increase access to underserved areas and populations • Workforce development • Coalition driven long-range plan for aging services

Ms. Pedroza pointed out that the work with aging services was moving along smoothly with Mr. Holder in talks with Central Pines, the entity that acted as the Department of Aging for Wake County and many other surrounding counties.

Social Services Business Plan: Intersection

Core Services	Business Plan	Strategic Plan

• Benefit Programs
  ○ FNS
  ○ Medicaid
  ○ Energy
  ○ Childcare
• Adult Services
• Child Welfare Programs
• Child Support
	• Full Case Management
	• Mobile Unit
	• Interdisciplinary Team
	• Child Care Options
	• 10 Year Aging Initiative
	• Community Health Workers
	• Regional Center Evaluation
	• Apprenticeship
		• Community Health and Well Being
		  ○ Reducing Barriers to Services and benefits
		• Inclusive Prosperity
		  ○ Child Support
		  ○ Childcare
		  ○ Employment Services
		• Lifelong Learning
		  ○ Apprenticeship
		• Safer Community
		  ○ CPS and APS

Ms. Wanda Hunter asked if there was foresight for certain regional areas to have more than one Community Health Worker (CHW) based on traffic and need. Ms. Pedroza explained that there were currently only a limited number of CHWs, so there was one in each of the five Regional Centers. However, they did have a database and were collecting data for staff to know just how many people had filled out Social Determinants of Health (SDoH) assessments and were receiving services. Ms. Lechelle Wardell (Population Health Director) shared that there were another ten CHWs working and roaming throughout the county to assist when increases in need were identified. Ms. Lily Chen added that her organization had a grant from the state and the University of North Carolina at Greensboro which allowed for five part-time CHWs to work directly with the Chinese communities. Ms. Pedroza recalled how CHWs became integral during COVID-19 upon seeing how invaluable community members were in assisting vulnerable populations and communities.

Mr. Terry McTernan asked how many children were living in the Social Services building. Ms. Pedroza said that this number fluctuated from day-to-day but yesterday there were two children in the office and three on the census (meaning one ran away). He asked how the County was going to help deal with this long-standing issue. Ultimately, this was a problem statewide and nationwide. The fact is that there are more and more children coming into custody while there is a decrease in mental health services. There is not enough money or resources to meet the need. But this is never a reason not to do Social Work, which must continue regardless. North Carolina is on the verge of receiving countless pending lawsuits around placing children in the appropriate environment. Currently, all staff can do is look for the proper placement. This, unfortunately with current resources, often means an empty bed and a provider who is willing instead of an appropriate match to a good family to the right child.

As of December 1st, 2025, Blue Cross Blue Shield (BCBS) is the managed care program for children and families in foster care. They were chosen and hired by the state during a request for proposals (RFP) process. County staff now meet with BCBS staff one a week to talk about the needs of children to from a proper placement. The County was working with Lutheran Family Services to see if they could start a professional parenting program in Wake County. “Professional foster parenting” is a new buzz word, but it is essentially about opening a home and paying foster parents to take care of the children. Most foster parents have a job and try to foster around that job. This makes foster parenting a job that the parents are then paid to do.

Ms. Wanda Hunter asked how staff are dispelling the negative connotations with Child Protective Services (CPS) and the displacement of youth. She received calls relaying that children were taken from homes while an appropriate family member was ready and available to take the child(ren) in and ignored with caseworkers not following protocol to put the child(ren) in the proper place. This came to light within the court room and gave a negative image in the community. Ms. Pedroza began by saying that CPS work, inevitably, traumatized children. Even a child abused daily is traumatized when removed from the only home that they have ever known. If the child's placement is disrupted and they are placed multiple times, this is trauma upon trauma. The way to ensure consistent consideration is training of staff. Staff must follow protocol for kinship placement, ensuring searching any relative as the best placement is with family members. These family members must be able, willing, and pass a background check. Unfortunately, sometimes the background check prevents staff from moving forward with family members that may otherwise be willing and able to take care of the child(ren). Ms. Shanta Nowell (Child Welfare Division Director) added that this is where judges had some discretion. It is County policy that if a person does not pass their background check, they can no longer be considered. A judge, on the other hand, has the capacity to supersede these policies.

Mental and behavioral health needs were also strong considerations with the level of support a child needed. Staff were working with BCBS which was trying to expand the availability of level III and IV facilities. This includes finding providers willing to accept these children for care. It is, however, a historical problem. Even still, staff are holding BCBS to their promise to make sure providers are trained to decrease the likelihood of disruptions.

Ms. Sheila Donaldson (Deputy Director of Social Services – Programs) added that foster care recruitment was also a strategy prioritized. She recognized both Ms. Nowell and Mr. Jason Mahoney (Child Welfare Assistant Division Director) who bolstered this as well as the behavioral health needs being met. The County is also granting positions to build a Kinship unit. This unit will use an evidence-based thirty days new to family model. The focus is small with two to three children evaluated per month. However, these are intensive efforts to identify family members with nearly sixty relatives consulted and/or convening together to establish a family plan and processes for placement. Staff were infinitely grateful for the support of the County in these efforts.

Ms. Maty Ferrer Hoppmann asked if there were specific strategies for prevention so that children in homes did not need to enter the foster care system. Ms. Pedroza confirmed that about five years ago, the Families First Prevention Services Act was passed. Every state had to develop a plan on how to use 4E (Medicaid) money, which was uncapped, to prevent children from entering custody. North Carolina focused on in-home services. Wake County had wanted a more expansive plan, having had family support services for years. Family support was a voluntary program. This was often used for families who received a report that did not meet the legal definition of abuse, neglect, or dependency. If the family agreed to the help, staff could assist that family for up to twelve months. The goal is to stabilize and make the family aware of all the services that might support them – FNS, mental health, Medicaid, childcare services, etc. Stressors and services to match were identified.

Ms. Ann Rollins brought up the transient nature of families and children. Ms. Pedroza felt reassured that PATH NC was bridging this gap for the state with every county entering data into the same system that could be referenced.

Dr. Ojinga Harrison brought up experience with Healthy Blue and the challenge to get them to properly pay or pay in a timely manner the providers who have given their clients care. He spoke of one organization that no longer accepted Healthy Blue at all because of this. Ms. Pedroza stated that when such concerns were brought to staff, they were in turn brought immediately to Healthy Blue. These

concerns could be voiced directly with Healthy Blue but, for the County, also the State since they are the ones who made the agreement with Healthy Blue to become the managed care organization (MCO).

Public Health Business Plan Overview and Board Discussion
(Presented by Ms. Rebecca Kaufman)
Ms. Rebecca Kaufman (Director of Public Health) presented an overview of the Public Health business plan. This was the first plan with Public Health being its own department given the split of Health and Human Services back in July of 2025.

CORE SERVICES AND PERFORMACE MEASURE AREAS

- Environmental Health and Safety
- Maternal Child Health
- Health Promotion and Disease Prevention
- Vital Records
- Epidemiology
- Communicable Disease
- Accreditation and Quality Management
- Population Health
- Workforce Development
- Onsite Water Protection
- Dental Clinic
- Child Health Clinic
- Immunization Clinic
- Prenatal Clinic
- Family Planning Clinic
- Sexually Transmitted Disease Clinic
- HIV Clinic
- Pharmacy
- WIC
- School Health

The business plan began with staff mapping out all of their core services. As Deputy County Manager Duane Holder pointed out, there were mandated services within this list that the State mandated the County to provide but did not support with monies. Dental and the child health clinic were noted as two examples not mandated by the State. When Ms. Wanda Hunter asked which were mandated and which were not, Ms. Kaufman stated that the business plan highlighted non-mandated and mandated.

Next, staff made a crosswalk of goals from the health department with the County strategic plan and initiatives from Public Health (see below).

PUBLIC HEALTH DEPARTMENT: 2026 -2029 INITIATIVES CROSSWALK

Departmental Strategic Goals	Modernize data and technology infrastructure of the department to optimize usage 1	Strengthen public health core services and meet mandates of the department 2	Build and further support for Public Health workforce 3	Raise the profile of the Wake County Public Health Department regionally and nationally 4	Improve access to care and elevate quality of care 5	Be the leader of Public Health strategy to respond to emerging threats in Wake County 6	Strengthen collaboration and community partnerships to advance health equity 7
Departmental Initiatives	1. Modernize data and technology collection and reporting for the department	4. Meet new NC Accreditation Requirements	6. Sustainability of Public Health Infrastructure Grant (PHIG)	8. National submissions and external communications campaign	10. CHW 3.1: Expand the accessibility of healthcare and behavioral health services through facility co-locations (e.g., regional centers, hospitals, safety net providers, Wake County public schools) and by implementing mobile service models to provide comprehensive care, including dental, vision, immunizations, and behavioral health services	15. Enhance public health readiness and response to communicable disease threats and social threats	16. Advance community health and equity through coalition partnerships and internal equity initiatives
	2. Transition Public Health department from current, outdated EMR to a modern system to better serve the needs of the department	5. Become compliant with core service mandates of the Local Health Department	7. Evaluate and implement recruitment, retention and engagement strategies for public health staff	9. Relocate Local Health Department (LHD) at Sunnybrook Road into the new Public Health Building and implement operational changes to support improved efficiency and expansion of access to essential health and human services	11. CHW 3.5: Facilitate a collaborative, community-centered conversation among healthcare and safety net providers, behavioral health providers, nonprofits, and other key stakeholders to identify and address capacity challenges		17. Through Live Well Wake, advance 2025 Community Health Needs Assessment and Improvement Plan as well as internal equity initiatives
	3. Remodel existing clinical call center to improve call services for applicants, participants, and community partners				12. Improve medical-dental integration to improve oral health outcomes and enhance access to care		18. GLUE 4.1: Equitably improve water conditions in vulnerable communities by implementing focused interventions, providing technical assistance, and connecting residents to resources.
					13. Bridge Wake County gaps in patient care by maximizing use of pharmacist licensure with recent legislative expansion in professional scope		19. GLUE 4.2 Implement a community- focused Clean Drinking Water Campaign to raise awareness of safe water practices and testing, build trust in water quality, and empower residents to protect their water through informed actions
					14. CHW 3.3 Evaluate healthcare and behavioral health programs funded through temporary COVID resources, such as telehealth, after-hours care, maternal health and community outreach to recommend strategies for sustainability and scalability		20. CHW 3.7: Update and implement a comprehensive black maternal and infant health services plan to enhance health outcomes for mothers and babies, reduce maternal and infant mortality, and address disparities.

The goals and initiatives of the business plan were then shared.

- Goal 1: Modernize data and technology infrastructure of the department to optimize usage
    - Modernize data and technology collection and reporting for the department
    - Transition the Public Health department from outdated electronic medical record (EMR) to a modern system to better serve the needs of the department
    - Remodel call center to improve call services for applicants, participants, and community partners

Public Health, admittedly, had a great deal of data. When the department split, there was a singular Business Analytics team that now had two members reporting out of Information Technology (IT) to work with Public Health directly. IT is helping with creating stories out of the data received to share with stakeholders and the public. She next touched on the EMR stating that this year Public Health was hiring a consultant to work with teams and put together a request for proposal (RFP) for an EMR system. The investment to Public Health will be huge with help in referrals and the ability to see clients' health information at other locations. Public Health had launched its call center which was going well. Previously, clients called in to each clinic and staff were unable to see the caller data aside from the total number of calls received. The advanced technology has helped with planning and identifying how much time each caller spends on the line and waiting.

- Goal 2: Strengthen Public Health core services and meet mandates of the department
    - Meet new North Carolina Accreditation requirements
    - Become compliant with core services mandates of the Local Health Department (LHD)

Much of what the Public Health department does in written in North Carolina accreditation requirements. The department just completed an accreditation cycle and was awarded accreditation with honors. The accreditation review team was particularly impressed that the Wake County Health and Human Services Board received their annual training embedded in their retreat. Accreditation will continue to be a priority, especially given a recent overhaul that has reduced the number of benchmarks.

- Goal 3: Build and further support for Public Health Workforce.
    - Sustainability of Public Health Infrastructure grant.
    - Evaluate and implement recruitment, retention, and engagement strategies for Public Health staff

The County is currently able to assist with piloting many different programs thanks to its Workforce grant through the Centers for Disease Control and Prevention (CDC). Staff are evaluating what made a difference, what is sustainable, and what cannot be sustained once the grant's terms end. An engagement survey has been done and results will be released soon. A staff-led committee brought different interventions to leadership to boost engagement as well as morale.

- Goal 4: Raise the profile of the Wake County Public Health Department regionally and nationally
    - Raise the profile of the Wake County Public Health Department regionally, and nationally through marketing, educational partnerships and by encouraging presentations at conferences
    - Relocate Local Health Department (LHD) at Sunnybrook Road into the new Public Health building and implement operational changes to support improved efficiency and expansion of access to essential health and human services

Staff have gone to several conferences in the past, most notably Population Health with the National Association of Counties (NACo). The hope is to encourage staff members to present at conferences or turn in papers if they are able to do so. The second initiative here has been completed with the official move to the Public Health building done. For a move of the Department's size things went very smoothly. There are still some things to be resolved or equipment to purchase to make rooms useable, but these are being addressed swiftly.

- Goal 5: Improve access to care and elevate quality of care
    - Expand the accessibility of healthcare and behavioral health services through facility co-locations, and by implementing mobile service models to provide comprehensive care including dental, vision, immunizations, and behavioral health services
    - Facilitate a collaborative, community-centered conversation among healthcare and safety net providers, nonprofits, and other key stakeholders to identify and address capacity challenges
    - Enhance medical-dental integration to improve pediatric oral health outcomes and enhance access to care by implementing intraoral cameras
    - Bridge Wake County gaps in patient care by maximizing use of pharmacist licensure with recent legislative expansion in professional scope
    - Evaluate healthcare and behavioral health programs funded through temporary COVID-19 resources, such as telehealth, after hours care, maternal health, and community outreach to recommend strategies for sustainability and scalability

Some of these initiatives, in particular, were tied to the County strategic plan. The Department was excited to announce that the singular Wake Wheels for Health mini-bus would soon have a second unit. There were two COVID-19 mini-buses and staff received a grant to make this a more comprehensive transition. In addition, Public Health would be partnering with Social Services on their larger mobile unit.

Live Well Wake (LWW) was tied into the safety net providers and ensuring connectivity within the community. In addition, the "enhance(ment) to medical-dental integration" was already underway with cameras now on-site. Essentially, if a child is brought to the Regional Center for care when dental is not present (which is highly possible as dental is only available once a month at each of the Regional Centers), a provider can still take pictures of the child's mouth. These pictures can be sent to the dental clinic where recommendations or appointments can be made to see them as soon as possible. Dental care was critically important in the first years of life and the County wanted to meet this need.

The County's pharmacy had done amazing work to become a community pharmacy over the last couple of years. Buprenorphine is carried and a new tobacco cessation program proves promising. Staff are working to ensure those with behavioral health needs or long-acting injectables are able to receive their chronic disease medication through the County despite not being seen there for primary care. Ms. Kaufman also assured that Ms. Angela Johnson (Pharmacy Director) would be coming to the Public Health Committee and Health and Human Services Board to present and highlight the pharmacy's work. It was unique for an LHD to have a pharmacy as large as the one Wake County has.

Mr. Irv Trust asked if the pharmacy had oral contraceptives as well. Ms. Kaufman stated that this would more likely be found in the family planning clinic as the pharmacy tended to stand in for gaps not met by other clinics. However, she understood the importance of carrying oral contraceptives. This was more so a concern for smaller areas without access to a physician.

Mr. John Myhre inquired about immunizations. Ms. Kaufman explained that there is an immunizations clinic ran by nurses where a wide scale of immunizations are offered. Ms. Modupe Omosaiye (Clinic Operations Director) confirmed that these would be in the immunizations clinic rather than the pharmacy.

Ms. Wanda Hunter asked if there had been a consideration for vision. She spoke of the negative impacts of screen time with youth. Ms. Kaufman admitted that staff had not considered this in depth, but it was an interesting prospect. The new Public Health building had room to grow with space in clinic 1 that was soon to be temporarily filled with individuals staying during the renovations on the Swinburne building. However, this was something to evaluate – what could go in said clinic space. Ms. Tina Payton (Nursing Director) confirmed that School Nurses do the first line of vision screening for students. If a student fails this screening, they are referred out for care. Those with insurance can receive assistance for referral care coordination. Those without insurance can receive support through programs such as Prevent Blindness.

- Goal 6: Be the leader of Public Health strategy to respond to emerging threats in Wake County
    - Enhance Public Health readiness and response to communicable disease threats and social threats

There remained a great deal of conversation around Communicable Disease and the concept of it being only related to measles and COVID-19 and other conditions. But there are also social threats that need to be brought to attention that Public Health had expertise in. The implementation of Community Health Workers (CHWs) had only enhanced this aspect with reassuring communities that they did not need to come directly to Public Health to receive assistance and guidance.

- Goal 7: Strengthen collaboration and community partners
    - Advance community health through coalition partnerships and internal initiatives

- Through Live Well Wake, advance 2025 Community Health Needs Assessment and Improvement Plan
- Equitably improve water conditions by implementing focused interventions, providing technical assistance, and connecting residents to resources
- Implement community-focused Clean Drinking Water Campaign to raise awareness of safe water practices and testing, build trust in water quality and empower residents to protect their water through informed actions
- Update and implement a comprehensive maternal and infant health services plan to enhance health outcomes for mothers and babies, reduce mortality, and address disparities

Ms. Kaufman closed the presentation saying that this was a business plan that could be updated throughout the years. It was a lot to take this on in addition to all of the efforts and the move over the last year, but being able to refine it as Public Health settled into their new space was exciting.

Mr. Birchie Warren inquired about the school health staffing structure. Ms. Kaufman shared that every two public schools had one School Nurse. This was in an agreement with the Wake County Board of Commissioners (BOC) and the School Board. With over 200 schools in the Wake County Public School System (WCPSS), this meant over 100 School Nurses under Ms. Payton's direction.

Dr. Perry recalled the existence of a travel clinic and asked if it was identified as a core function with immunizations for travel in addition to prophylaxis for malaria and similar remedies. Ms. Kaufman stated that this was all now handled in the immunizations clinic. This used to be co-located with refuge health but refuge health has moved under the tuberculosis (TB) clinic. Anyone would travel needs could call and schedule an appointment. Appointments were encouraged due to the varying needs to consider. But the travel clinic had essentially been embedded within immunizations. This is a clinic that collects revenue not only for immunizations but for different pre-travel medications.

Ms. Maty Ferrer Hoppmann suggested an edit to the language of "become complaint" in the second initiative of the second goal. Suggestions included "remain," "maintain," and "become and enhance." Ms. Kaufman thanked the Board members for their feedback but felt that though Public Health is complaint in most areas, this language was currently inclusive of capturing those still being worked on. It would, however, be brought back to the team to consider.

Mr. John Myhre asked if the opioid overdose monies would be a part of Public Health outside of the core services. Ms. Kaufman explained that these dollars would likely be within the Behavioral Health business plan. Ms. Alyssa Kitlas (Behavioral Health Program Manager) who oversees the money was first housed in the County Manager's Office before being placed under Behavioral health. Ms. Kitlas had a comprehensive plan for the program and worked well collaboratively with several departments.

Dr. Anita Sawhney asked about the impacts of people at the federal level sharing information that was misaligned with the goals laid out in the business plan. Ms. Kaufman shared that the biggest impact currently was that a lot of federal funding anticipated by the State to be drawn down by the counties simply has not been released yet. It is not that it is not coming – it is simply extremely slow to come or lacks a notice of when it will be released. The County's budget timeline does not always align with that of the State or federal government. Staff do try to combat misinformation. This was once done by referring to the CDC, but other organizations, such as American Pediatrics, are now being considered. Ms. Lechelle Wardell (Population Health Director) stated that Population Health had seen an impact in the audience they targeted. What used to be information brought to vulnerable and marginalized communities has had to be broadened to meet the growing need for evidence-based information.

Dr. Kelcy Walker Pope asked if the resources mentioned for the maternal and infant mortality efforts were available on the website. There were many resources available online at https://www.wake.gov/departments-government/public-health/maternal-and-child-health/best-baby-wake/wake-county-infant-mortality-workgroup. Additional links available are listed below.

- Maternal and Infant Mortality 2025 Workgroup 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
- Maternal and Child Health Best Practices Toolkit: https://www.canva.com/design/DAGqhwBh9uk/-UmUicf1Q8ALbvZBLRXCKQ/edit
- Maternal and Child Health Google Maps Resource: https://www.google.com/maps/d/viewer?mid=1LJINVul_CqKcezcgooSPtdyfXnebE-s&ll=35.83802264696739%2C-78.55846043641974&z=10

Ms. Dauline Singletary (Maternal and Child Health Section Manager) would be asked to present the Maternal and Infant Mortality 2025 Workgroup report at a future Health and Human Services Board meeting after having presented to the Public Health Committee.

Public Comments

- None

Next Steps, Upcoming Events, Community Highlights, and General Discussion
(Presented by Chair Ann Rollins)
Chair Ann Rollins emphasized the need for every Health and Human Services Board member to serve on one of the two subcommittees – the Public Health Committee or Social Services Committee. She encouraged anyone not currently on a subcommittee to contact her or Ms. Brittany Hunt (Executive Assistant) to begin regularly attending as this was a required part of being a Board member.

There would be time set aside at the next few Board meetings to discuss the County's strategic plan along with the business plans for Public Health and Social Services in order to begin narrowing down the Board's priorities moving forward. The Board was also anticipating an update from Mr. Ben Canada (County Manager's Office Chief of Staff) relating to legislature. Finally, she encouraged any applicants for the vacant Veterinarian seat.

Adjournment
The meeting was adjourned at 11:08 a.m.

Board Chair's Signature:  **Date:** 04/23/2026

Respectfully submitted by Brittany Hunt