

**Wake County Health and Human Services Board Meeting Minutes**  
**June 25<sup>th</sup>, 2026**

**Board Members Present:**

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

**Guests Present:**

Porter Bar  
Kristen Brannock  
Heather Burkhardt  
Jenisha Henneghan  
Bill Lamb  
Natalie Maltais  
Ashley McCumber  
Laura Melo  
Ashley Price  
Kathy Warner

**Staff Members Present:**

Linda Bauer  
Brooke Blanton  
Jennifer Brown  
Mikayla Crawford  
Doretha Daly-Jones  
Sheila Donaldson  
Barbra Gonzalez  
Petra Hager  
Kevin Harrell  
Tamara Harrison  
Brittany Hunt  
Evan Kane  
Rebecca Kaufman  
Lee Little  
Jason Mahoney  
Ken Murphy  
Shanta Nowell  
Modupe Omosaiye  
Tina Payton  
Toni Pedroza  
Melissa Pullen  
Catherine Rivera  
Yolanda Thacker  
Mike Wescott  
Tammy Whitaker  
Diamond Wimbish

**Call to Order**

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

**Next Board Meeting – July 23<sup>rd</sup>, 2026**

**Approval of Minutes**

Chair Ann Rollins asked for a motion to approve the May 21<sup>st</sup>, 2026 Board meeting minutes. There was a motion by Mr. Irv Trust and Mr. Terry McTernan seconded. The minutes were unanimously approved.

**Treasurer's Report**

Treasurer Terry McTernan provided the Treasurer's Report. In May, the fund was reported as \$9,467.95. Since then, there had been no change. Thus, the fund remained at \$9,467.95.

## **Child Care Wait List Policy Review**

(Presented by Ms. Linda Bauer)

Ms. Linda Bauer (Economic Benefits Manager) reviewed the current draft of the Child Care wait list policy. After serving Wake County for several years Ms. Bauer also announced that she would be retiring this year. She introduced Ms. Tamara Harrison (Administrative Supervisor) who worked for the Child Care and Work First teams as a contact for Child Care in case a contact was needed after she retired. Ms. Harrison oversaw the waitlist policy and applications and was commended for doing a wonderful job.

It was required by the North Carolina Division of Child Development and Early Education (NC DCDEE) that all one hundred counties have a local wait list policy for Child Care. The wait list policy details priority populations that will be served regardless of what the budget looks like. Even if overspending limits the County's ability to serve and a wait list is needed, these priority populations will still be served. These populations can vary by county to county. This documentation is required to be submitted any time a change occurs to the policy. This year the change was transferring the current wait list policy to a template now in place by the NC DCDEE. Other than the template, there had been no changes to the policy since it was last presented, amended, and approved by the Wake County Health and Human Services Board back in September of 2025.

Priority populations served includes:

1. Care to support Child Protective Services (CPS)
2. Children in Foster Care (FC)
3. Work First Assistance participants with a signed Mutual Responsibility Agreement (MRA)
4. Homeless Families with children birth to age 12, using 4%\* set aside funding
5. Families with children with special needs, using 4% set aside funding. Includes non-4% children in the family
6. Sibling, including newborns, of currently enrolled children who have active case when parent/responsible adults is currently employed or attending school
7. Families with approved cases when parent/responsible adult is currently employed or attending school
8. Care to support Child Welfare Services (CWS) through Child Welfare Prevention Program

\* - There was a typo on the materials presented that erroneously listed the 4% set aside funding as 6%

For additional context, the Work First Assistance participants were clients in the employment services part of Work First. The 4% set aside funding mentioned was a part of the budget given by NC DCDEE – not an additional allocation. The “special needs” in number five was determined by an Individualized Education Program (IEP) or Individualized Family Service Plan (IFSP). For number five, if there was another child in the home that did not have special needs, they would still be served as not serving them would likely mean the parent(s) of the special needs child(ren) could not work or attend school if all school aged children were not included.

The term “active case” from number six was expanded upon. This was the term used for a child or children who had been approved to receive services but had not selected a childcare provider. These active cases could return to Child Care at a later date to indicate their willingness to begin services. In the meantime, if there is a newborn or a child that they did not include at the time of the application, this child or children would be served as well.

Ms. Bauer then explained how families were pulled from the wait list when it was active. This was based on a “first come, first served” policy. When the wait list was enacted, staff would keep in communication

with NC DCDEE and open to a select few that it could support at any given time. These few would be invited to apply based on who had put their name on the list/applied first.

The third section of the wait list policy outlined the vulnerable population set aside as the following:

“Wake County will set aside the required 4% set aside funds to serve families with children identified as a vulnerable population, which includes children with special needs and families experiencing homelessness. Wake County will not add to the required set aside amount.”

As stated previously, this was 4% of the funding received that was set aside – not additional funding.

If Child Care cases are in jeopardy of termination due to potential lack of funding Wake County will contact the NC DCDEE for further guidance. At certain parts of the year, the NC DCDEE evaluated the spending of the counties and reallocated funds as needed.

It was noted that the wait list policy would be amended to fix the typo with the set aside funding.

When asked to provide how many children were typically served in a month along with an approximate budget, Ms. Bauer stated that she could look into and provide this information shortly.

Treasurer Terry McTernan inquired about how often staff have to request for additional funding. Ms. Bauer clarified that they do not request a certain amount. The amount is based on a formula used by the NC DCDEE. The County received Title 4E funding throughout the year for vulnerable populations of children. Every quarter, the NC DCDEE reviews the budget to see which children were served by code. Children who meet 4E guidelines are allocated additional monies. This cannot be projected at the beginning of the year. However, the amount is still helpful, especially as it can allow any active wait lists to be lifted for a select few based on funding received.

While there was not currently a wait list, when it was active, it was not held as long as it had been in the past (which could be up to a year or more). The wait list status is determined by the NC DCDEE due to overspending in the counties in general – not necessarily Wake County specifically. Because of this, anyone was able to apply for Child Care subsidy currently.

Mr. Irv Trust asked about federal funding cuts and if Child Care had been impacted. Ms. Bauer stated that while there was some concern the year before, Child Care subsidy had remained untouched with no differences seen since.

Chair Ann Rollins asked if there were enough childcare providers and placements for the people seeking services. There had not been concerns voiced from families about being unable to find providers. The more vocal obstacle being noticed was the ability to afford the providers. Because this is a subsidy, parents typically pay 10% of their gross monthly income towards their parent fee. This fee goes directly to the provider. On top of this fee, providers can choose to charge a rate higher than that of the market rate. This price is also passed onto the parent as well. One recent example was a parent being asked to pay an additional \$89 a week on top of their parent fee. This caused financial hardship for some and was avoided entirely by some providers.

Ms. Christine Kushner noted that it was a state and national trend that childcare providers were being lost. There was a movement in states such as Alabama and Mississippi to invest in childcare, but this had not extended to North Carolina as of yet.

Vice Chair Wanda Hunter asked if there were any regulations around the additional fee. Ms. Bauer shared that the only limitation was that the family using the Child Care subsidy voucher could not be charged more than a private pay family would be charged. The market rate itself was determined by a formula

through the NC DCDEE which posted the average market rate on its website. The subsidy payment was whatever the market rate was for each star rating (rated one through five) as well as the age of the child minus the parent fee. The provider received the subsidy payment and parent fee as well as any additional charge only if they charged private pay families the same price for the additional charge.

Mr. McTernan asked how many families were being supported by Child Care. Ms. Harrison said that there were 5,480 children receiving a Child Care subsidy voucher. This was reflective of the number of children only – not the number of families.

When asked if there was a wait list for homeless children, it was clarified that there was currently no wait list enacted. However, in the event that a wait list was active, homeless children would never be on wait list as they are on the priority list.

Ms. Tanyetta Sutton asked about resources and support made available by the County for those with financial hardships. Ms. Bauer noted that staff could make referrals which would likely be done to Early Years (<https://www.earlyyearsnc.org/>). This organization kept a list of providers who offered scholarships for their programs. They were capable of doing a deep dive into families to determine their needs and make appropriate referrals. Ms. Toni Pedroza (Director of Social Services) added that Early Years kept an updated database on all providers which included data on which providers charged extra fees. Wake County Smart Start, NC PreK, Wake ThreeSchool, and Early Head Start were also shared as resources that could be available based on the family's need and the child(ren)'s age(s). Sometimes a Child Care subsidy voucher was not the right answer for a family. Ms. Pedroza shared that Smart Start in particular had received funding for a new initiative with preschool that had allowed the County's budget to be expanded further.

Commissioner Cheryl Stallings stated that preschool was a topic that the Wake County Board of Commissioners (BOC) had broached a few years before. There was currently no state funding for this. The BOC had added fifteen more slots in the current year's budget which brought the total number to 350. Despite this, the wait list for children for Wake ThreeSchool was believed to be around 800. This emphasized the still very real need in the county.

When asked if Child Care subsidy supports day and night programs, Ms. Bauer confirmed that if did, but there was a notable lack of providers able to offer night shifts. Because the County would be the one paying the provider, they could not give a list of night providers to a family, but they could connect said family with Early Years to find an appropriate match.

Mr. Trust asked if someone did not utilize their voucher if this meant that they were taking the space from someone else. Ms. Bauer said that this would not technically be true since there was no money or actual voucher being exchanged. The active case did need to be served once the person returned, but it in no way prevented someone else from receiving services.

Ms. Rollins asked if parents received a list of providers who accepted vouchers or who had a star rating and what it was. Ms. Bauer replied that Wake County could not provide this as it was a conflict of interest. The application had a place for intended provider. If this was left undetermined, then the family would be referred to Early Years. There was also a list on the NC DCDEE website that was searchable for providers that had their accompanying star ratings. Providers had to have a star rating to be eligible for the voucher but staff would cross reference the provider with the family before continuing. The voucher had the names of both the provider and the child. NC FAST was the system used to pay the providers.

**Chair Ann Rollins asked for a motion to approve the amended Child Care Wait List Policy. There was a motion to approve the amended policy by Mr. Irv Trust. Ms. Tanyetta Sutton seconded. The amended policy was unanimously approved.**

## **Resources for Seniors Presentation**

(Presented by Ms. Kristen Brannock)

Ms. Brooke Blanton (Senior and Adult Services Manager) made introductions for Ms. Kristen Brannock (President of Wake County Resources for Seniors) and Mr. Ashley McCumber (Executive Director of Meals on Wheels Wake County) who would be providing presentations on how their organizations were collaborating with Wake County to serve the senior population both through mandated services and Wake County at large. She also acknowledged Ms. Jenisha Henneghan (Central Pines Area Agency on Aging Director), Ms. Ashley Price (Central Pines Area Agency on Aging Assistant Director), and Ms. Heather Burkhardt (Associate State Director Triangle Region at AARP) who were also in attendance.

Ms. Brannock began with an overview of Resources for Seniors. The organization had been around for 53 years with Ms. Brannock serving there for 32 of those years. In order to understand the organization, it was important to understand the history behind it. The Older American's Act was passed in 1965 establishing a network of units of aging and senior services across the nation. Resources for Seniors was founded as the Council on Aging of Wake County as a 501(c) 3 nonprofit organization in April 1973. It took on the Resources for Seniors name in 1993. The first funding the organization received was a \$5,000 appropriation from the Wake County Board of Commissioners (BOC) for start-up money for offices on Tucker Street. Wake County planned to renovate the old Wake County Home to create a Community Services Center. Resources for Seniors applied for Title V Senior Center funding to create a Senior Center and Nutrition Site in the building on the invite of the BOC. The nonprofit relocated its offices there as well.

Transportation, Home Health Aide, Senior Centers, Housing and Home Repair, and Adult Day Care services were the earliest programs offered. A study commission led to the partnership between Wake County Social Services and Resources for Seniors in the early 1980s.

This was but the beginning of a long partnership between Wake County and Resources for Seniors. A General Services grant worth around \$160,000 helped to knock some people off a waiting list for programs with great demand. Around seven or eight years ago, Resources for Seniors and Wake County applied for a Community Agency grant for special populations of older adults who had not yet reached age 60 needing support. These adults were not likely to qualify for many other programs. This was a huge win for both organizations, their partnership, and addressing the community's unmet needs.

The North Carolina Department of Health and Human Services (NC DHHS) created the Home and Community Care Block Grant (referred to as "Block Grant" hereafter) in 1992. The Block Grant was co-managed by Wake County Social Services and Resources for Seniors. By agreement, the BOC designated Resources for Seniors lead agent status in 1996. Wake County provides the 10% local match to ensure these funds come to the county while the Older Americans Act funding picks up the large appropriation of the state funds. The Block Grant was a way for the state to wrap its arms around different funding sources and community services for older adults. The goal was to provide consistency in these services across the state and give local entities like Wake County some discretion on what local seniors need. In fiscal year (FY) 2027, this grant will bring around \$4.75 million into Wake County. Resources for Seniors seeks public input on what types of services should be provided, manages wait lists, and keeps a pulse of the community needs. Even given this, there is a set list of approved services that can be selected. In FY 2027, the Block Grant is being used for In Home Aide services, Adult Daycare, Health Promotion, Overnight Respite, Housing and Home Improvement, and Information and Options (I&O) Counseling.

Back in the 1990s, the Wake County Public Health department sought to give up the lead agency status of the Community Alternatives Program for Disabled Adults (CAP/DA). Resources for Seniors studied CAP/DA for six months before agreeing to take on the title of lead agency. Resources for Seniors and

Wake County Social Services collaborate on a 50/50 funded Medicaid worker position to support the program. This continues today with two Wake County Social Services employees located at Resources for Seniors. This program serves around 370 individuals at a nursing home level of care.

In 1997, Wake County Social Services sought to outsource the management of several allocations of service funding including State Adult Daycare fund and a percentage of State In Home Aide funds. Resources for Seniors submitted a proposal and was selected to provide Professional Care Management oversight of funding wait lists, purchase of Adult Daycare and In Home Aide services, and support to Adult Protective Services (APS) clients needing ongoing services. This program continues today and is called Wake Independence at Home. It is valued as \$400,000 annually with around \$650,000 dollars for all the services funds combined. There was intentionality in the contract recognizing that clients of APS have oftentimes experienced abuse, neglect, and/or exploitation. These experiences could lead clients to return to APS again and again. Resources for Seniors became a direct conduit between APS and the long-term care management with a goal of ending the cycle of needing to secure APS over time. This also works well alongside the Block Grant which Resources for Seniors also manages. Because this population being served are older, they oftentimes had less temporary needs and more permanent ones. Sometimes clients would work with Resources for Seniors anywhere from five to twenty years. Leveraging multiple funding streams helped support independence in the community.

Resources for Seniors arranges rural medical transportation for seniors in partnership with GoWake Transportation. Resources for Seniors operated the Whitaker Mill, East Wake, and Northern Wake Senior Centers. As towns and cities in Wake County opened their own Senior Centers, Resources for Seniors has adopted the model of supporting these efforts and stepping away from operations. As part of a commitment to the BOC, Resources for Seniors provides information and referrals, case assistance, caregiver counseling, and group and individual education at the following Centers: Garner, Cary, Raleigh, Wendell, Wake Forest, Apex, and Morrisville. Resources for Seniors has partnered closely with Meals on Wheels of Wake County for more than fifty years. Meals on Wheels oversees all nutrition services.

Resources for Seniors is dedicated to enhancing the quality of life for older adults through compassionate and comprehensive support services. By the year 2035, there will be more older adults in North Carolina than youth aged 0 to 18. Resources for Seniors works hard not to duplicate services. Where funding is most efficiently used to purchase services from other organizations, that model is prioritized. Resources for Seniors was a \$10.5 million organization with 110 employees. Because of that, sometimes funding was more effectively leveraged by supporting another organization.

The organization purchases over \$2 million a year in In Home Aide services. Despite this, there is still a four and a half year wait in Wake County to receive In Home Aide. This is probably the single most important service clients can receive to remain independent and in the community. Sixteen subcontractors are used through Resources for Seniors to provide this assistance. Volunteers do home improvement and accessibility by addressing HVACs, plumbing, and electrical concerns through subcontractors. Public funding is used to operate four Adult Day programs. Resources for Seniors contracts with every other Adult Daycare provider in the county with interest in receiving public funding. The Center for Volunteer Caregiver does in home caregiver respite for Resources for Seniors as well as providing community caregiver education and assessment.



Ms. Brannock reviewed the information in the image above. She did note that the medical transportation had waned since it came out of the Block Grant just this year in agreement with community partners. Because of that, outside of limited transportation purchased through GoWake, Resources for Seniors leaned upon partner organizations to provide this service.

The existing model for Aging Services in Wake County is, admittedly, decentralized. The sheer size of the county and the number of municipalities creates a complexity not common elsewhere in the state. Funding has remained stagnant at all levels. Increased costs put downward pressure on services at a time when the demand has never been greater. For the first time in FY 2024 and 2025, fewer services were provided by Resources for Seniors than in the previous year.

Ms. Brannock ended her presentation providing contact information and welcoming conversations surrounding aging services in the county.

Ms. Kristen Brannock  
 President, Resources for Seniors, Inc.  
 1110 Navaho Drive, Fourth Floor  
 Raleigh, NC 27609

Website: [www.resourcesforseniors.org](http://www.resourcesforseniors.org)  
 Email: [Kristenb@rfsnc.org](mailto:Kristenb@rfsnc.org)  
 Main Phone: 919-872-7933  
 Direct Line: 919-713-1524

### Meals on Wheels Presentation

(Presented by Mr. Ashley McCumber)

Mr. Ashley McCumber (Executive Director of Meals on Wheels Wake County) expressed gratitude to his colleagues Ms. Kristen Brannock (President of Wake County Resources for Seniors) and Ms. Jenisha Henneghan (Central Pines Area Agency on Aging Director) as well as Wake County staff and those in attendance. He noted that he had grown up in North Carolina before spending time in Massachusetts and even serving as the Chief Executive Officer (CEO) of Meals on Wheels San Francisco. He had also attended the University of North Carolina at Wilmington. After asking those in attendance if they had

delivered a meal before, he invited them to participate with Meals on Wheels noting that volunteer ambassadors were available to ride along to show the process and provide support.

A “homebound senior” met the qualifications outlined below:

- Could not drive, had limited mobility
- Difficulty acquiring food or preparing meals
- Nutritional deficiencies or malnourishment
- Socially isolated
- Increased fall risk
- Mental or cognitive deterioration
- Chronic health conditions
- Limited to no community support
- Living on a fixed income

The mission of Meals on Wheels is that no senior goes hungry or is isolated. They have the support they need to live and to thrive in the community with dignity and independence. Visions statements included the following:

- We nourish the whole person.
- We’re more than a meal.
- We understand the power of the knock.

Volunteers that deliver food see the need of their clients firsthand. Typically they work the same route each week. Some find clients incapacitated or worse. If a client did not answer the knock for Meals on Wheels, someone found out why.

The nation’s senior population was growing exponentially. One in five Americans is aged 60 or older with 12,000 more turning 60 each day. Wake County, specifically, had the second fastest growing senior population in the country. On top of that, those aged 85+ were the fastest growing demographic in the country. This is a trend that is anticipated to continue for the next two to three decades. The average life expectancy today is 79 years. People are living longer though not always as they thought they would, especially if impacted by poverty. The 60+ population is set to reach 93,000,000 in the next decade with 118,000,000 expected by 2060 increasing the number of seniors today by more than half. This leave smore and more Americans at risk of hunger and isolation. Nearly 77.4 million seniors have incomes below the poverty line. That’s an income of \$240 a week or less, which, after housing, utility, and medical expenses, leaves very little for food. In addition, one in four seniors live alone and one in four describe themselves as feeling “lonely.”

In Mr. McCumber’s experience, there were several factors driving the need in Wake County. Though there was already a Boomer wave with more people growing older naturally, there was also an increased population in Wake County, especially with the retired population. The cost of living had also gone up exponentially. While people were living longer, it did not necessarily mean that they were living better. Families were now often dispersed with many living outside of Wake County or event the state. Even those with a network might not frequently be around those individuals. And transportation has become both complex and, at times, inaccessible. The lack of knowledge and how to navigate both life and services that can assist as one grows older can also prove limiting. When people do not know what to do, they oftentimes end up arriving at the services they need much later than they should. This means that they come in a time of crisis rather than earlier when a broader range of assistance might be available.

Mr. McCumber maintained that it was a moral imperative to feed people. Hunger and isolation not only jeopardize the health and well-being of older adults; they also place a significant strain on our country’s

healthcare system and economy. There is \$51 billion economic burden associated with malnutrition in seniors. Older adult falls cost about \$50 billion in medical costs. Around two third of Meals on Wheels clients who have had a fall before have not had as many or any since receiving Meals on Wheels services. This showed a huge opportunity for services and connection to impact these huge financial burdens while alleviating needs for older adults.

Among seniors, the additional Medicare expenditures associated with social isolation are estimated to cost \$6.7 billion each year. Medicare spending has more than doubled since 2005 and is disproportionately concentrated on older adults with multiple chronic conditions and/or functional limitations. Of the Medicare beneficiaries, 5% account for 41% of spending. Meals on Wheels can serve a senior for an entire year for about the same cost as just one day in a hospital or ten days in a nursing home. One day in the hospital averages over \$2,000. One day in a nursing home is \$240. One Meals on Wheels home-delivered meal is about \$10.

Nine out of ten recipients say Meals on Wheels helps them live independently. Daily home-delivered meals help keep eight out of ten recipients who have previously fallen from falling again. A typical meal meets the dietary guidelines set by the Older Americans Act Nutrition Program. Meals are often tailored to meet medical needs and cultural preferences. Two out of three recipients report the meals make up half or more of all food eaten that day. Eight out of ten recipients say they see their friends more often because of the congregate meals. About 75% of those receiving Meals on Wheels are Supplemental Nutrition Assistance Program (SNAP) eligible which means they earn 165% of the federal poverty level. They are given five meals a week not including Saturday and Sunday. While this is a huge help, it is not fully covering their need.

A 2025 home delivered clients survey reported that:

- 97% feel better due to regular, nutritious meals
- 98% say deliveries allow them to continue living in their own homes
- 98% feel more secure at home knowing that they will have regular visits from Meals on Wheels staff or volunteers

Meals on Wheels of Wake County was founded on February 12<sup>th</sup>, 1974 with ten volunteers meeting at Hillyer Christian Church to deliver ten meals in downtown Raleigh. Fifty-two years later, over 12 million meals have been served to seniors in Wake County. Meals on Wheels of Wake County is a separate 501 (c)3 organization with a staff of 47 – 17 full-time equivalent (FTE) and 30 part-time. They have a \$4.7 million budget and over one hundred daily volunteers. Meals on Wheels in North Carolina are associations, not chapters. The organization has a relationship called “Food Runners Collaborative” with the Inter-Faith Food Shuttle.

In 1972, President Nixon signed into law a measure that amended the Older Americans Act of 1965 to establish a national nutrition program for seniors 60 years and older. This legislation spurred the rapid growth of the nationwide network of senior nutrition programs – commonly referred to as Meals on Wheels – that have delivered more than just nutritious meals to homebound seniors in virtually every community across the country for decades. Most of the funding comes through the Home and Community Care Block Grant (referred to as the “Block Grant”).

There are three different programs that deliver meals to homebound seniors – daily hot delivery, frozen meals delivery, and hospital-to-home program. Those receiving frozen meals are usually not on a consistent schedule (meaning that they may have dialysis, frequent doctors’ appointments, or be active in rehabilitation). Because that are often not in the same location throughout the week, they are delivered frozen meals instead once a week. The hospital-to-home program is done with WakeMed and other research projects giving discharge meals.

Meals on Wheels also has Friendship Cafes which serve anyone 60 or older. These are dining sites located throughout Wake County. The Friendship Café is a space for seniors to eat with their peers and enjoy experiences together. There are 10 locations throughout Wake County that currently serve 500 seniors. Most are in churches or community centers while a few are in senior centers

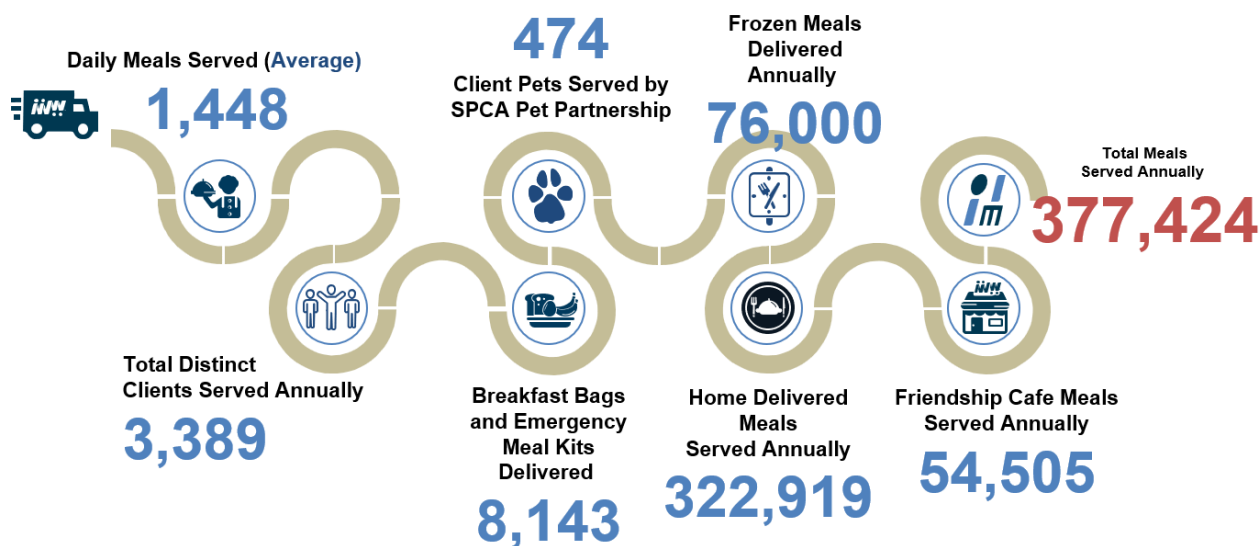
Mr. McCumber reviewed funding for Meals on Wheels of Wake County next:

- 47% Government (includes City of Raleigh from Matching Funds from Wake County)
- 20% Individual Giving
- 17% Volunteerism
- 10% Foundations
- 5% Business/Corporate
- 2% Churches/Civic/Clubs
- 2% Events

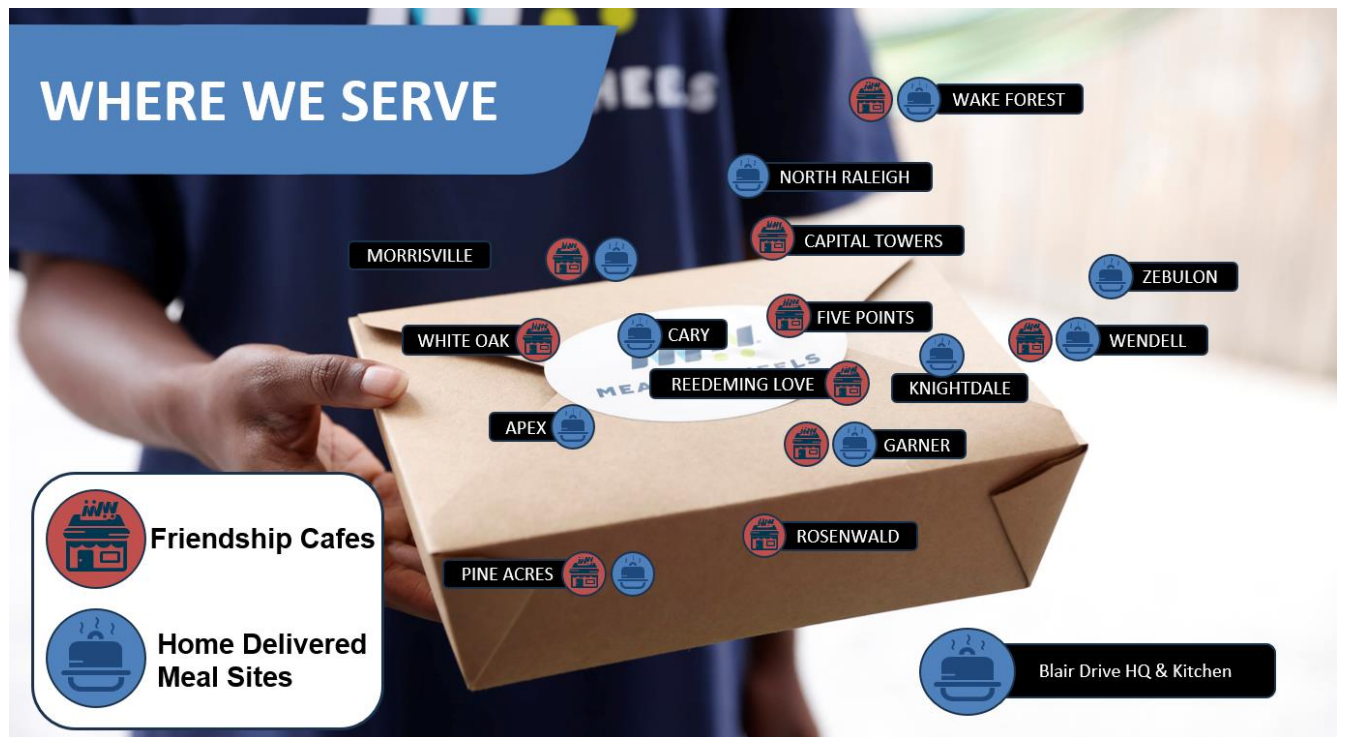
Meals on Wheels is a “50/50” operation. One dollar from the government requires a dollar match privately.

#### 2024-2025 IMPACT

### MORE THAN A MEAL

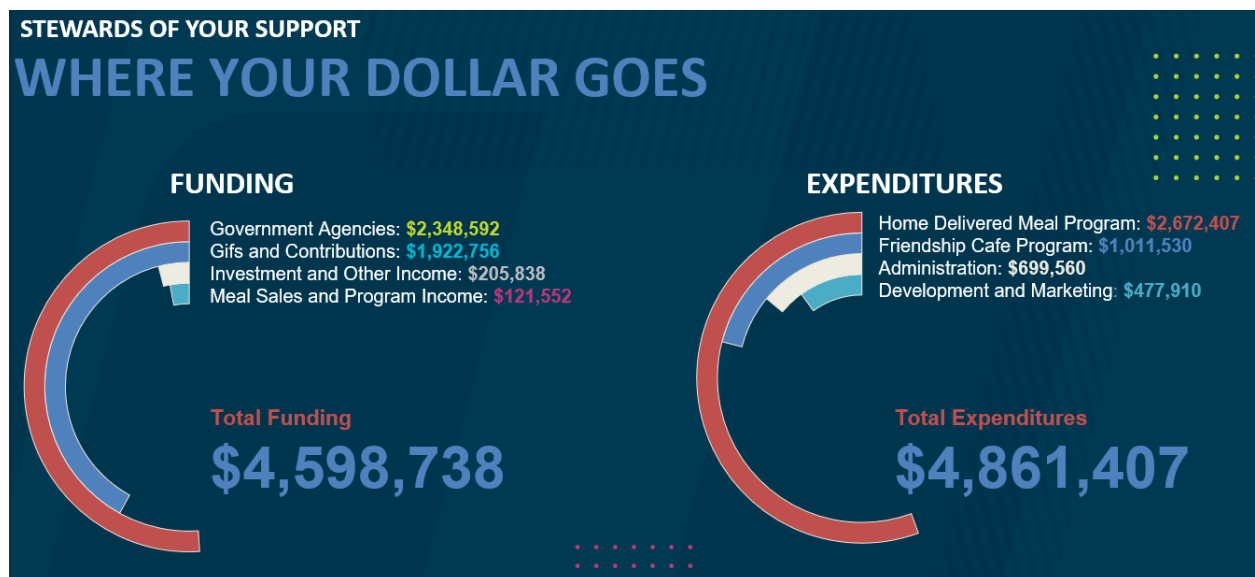


Meals on Wheels of Wake County is the largest Meals on Wheels organization in North Carolina. The image below shows where the organization serves with blue dots indicating hubs where meals are distributed to volunteers to deliver.



The power of the knock is very real with the following successes from Meals on Wheels of Wake County from 2024 to 2025.

- \$1,407,864 Total Volunteer Value
- \$1,052,520 Value of Volunteer Time (based on national labor rate average for volunteers)
- \$355,344 Value of Volunteers' Gas and Vehicles
- 507,620 Estimated Miles Driven
- 30,072 Total Volunteer Hours
- 26,000 Routes Run Per Year
- 1,289 Active Volunteers
- 109 Total Routes



For the image above, Mr. McCumber outlined that Meals on Wheels of Wake County had been deficient spending for a number of years. Like the county, Meals on Wheels had a reserve. However, despite the American Rescue Plan Act (ARPA) and monies from the COVID-19 pandemic being exhausted, the same number of clients have showed up. With everything from gas to food to healthcare increasing in price, the need remains unchanged while the dollars are forced to be spread thinner. Block Grant funding has remained the same.

Meals on Wheels of Wake County is continually looking at metrics. The hope is to continue to expand the ability to provide culturally supportive meals. Staff are regularly reviewing and refreshing their meal production model. The table below showed funding priorities for the Block Grant that could assist in covering unmet needs.

| Need for More Funding from HCC Block Grant or Other Government Sources to Expand and Deepen Meals for Seniors in Wake County |                                                                |                  |                  |
|------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|------------------|------------------|
| Rank                                                                                                                         | Need                                                           | # of Added Meals | Projected Costs  |
| 1                                                                                                                            | Cover <b>Unfunded Meals</b> Currently Being Served             | 37,050           | \$324,187        |
| 2                                                                                                                            | 3% CODB – <b>Cost of Doing Business</b> Increase               | Existing Meals   | \$70,457         |
| 3                                                                                                                            | Continuation of <b>PEAS Model</b>                              | 10,000           | \$95,550         |
| 4                                                                                                                            | <b>Double PEAS Model</b> – Increase Clients by 100%            | 10,000           | \$95,550         |
| 5                                                                                                                            | Frozen <b>Meals</b> for HDM Clients for <b>Closed Holidays</b> | 10,000           | \$87,500         |
| 6                                                                                                                            | <b>Expansion of HDM Service</b>                                | 26,000           | \$227,500        |
| 7                                                                                                                            | Add <b>Knightdale Congregate Site</b> – 5 Days Per Week        | 5,200            | \$42,484         |
|                                                                                                                              | <b>Total</b>                                                   | <b>98,250</b>    | <b>\$943,228</b> |

- Project Cost are estimated only for demonstration and do reflect 3% CODB for new meals
- The HCCBG has been unchanged for three years with no increases for CODB for three years
- We currently cover three closed holidays in partnership with Raleigh Rescue Mission (\$22,500) – Not Block Grant Reimbursed but through fundraising for Thanksgiving, Christmas, and Easter Meals.

Mr. McCumber explained that around two months of meals were not really paid for by the county based on how the pay scheduled worked out near the first of May to the end of the fiscal year on June 30<sup>th</sup>. The Providing Elders Additional Sustenance (PEAS) model mentioned in the chart above was an allocation of two extra meals for a subset of clients – around 200 people – over the course of a year. Unfortunately, this funding would end in September 2026. More and more people were in need of these two additional meals and those who had received it said they improved their health, sometimes providing their only meals on the weekends. Another unmet need were holidays. Meals on Wheels did not deliver on holidays. There was only a grant with Raleigh Rescue Mission to deliver meals on Christmas, Thanksgiving, and Easter. All other holidays left a gap in service. With additional funding, staff could send an extra frozen meal to a client the day before a holiday to ensure coverage.

Mr. McCumber closed his presentation by emphasizing that, without the proper and sustainable funding, all the plans in the world still could not be implemented to their fullest potential. He challenged those present to become an advocate for aging. So often aging – an unavoidable reality – was not listed as a priority for legislators. It was up to people, communities, and organizations to change this and ensure older adults were brought into the conversations and considerations being made.



Ms. Tanyetta Sutton asked about the connection between Meals on Wheels of Wake County and the Inter-Faith Food Shuttle, specifically if they helped with the meals. Mr. McCumber responded that the two organizations shared a kitchen and Inter-Faith did run some canteen programs out of the kitchen used. Inter-Faith used the kitchen during the night while Meals on Wheels utilized it during the day. However, Meals on Wheels had its menus on a three-month cycle with documentation needing to be approved ahead of time, so Inter-Faith did not play a role day-to-day. Despite this, the two served as part of a continuum of services providing food for aging people. This included SNAP and countless others in the community. Home delivering meals was, admittedly, the most expensive way to get food to people. If the client was healthy, they might be encouraged to visit a congregate site. If they client could cook for themselves, they could instead benefit more from a produce bag or box of food. It was all about meeting the person and their specific needs.

#### **Senior Services Panel Question and Answer Session**

(Presented by Mr. Lee Little, Ms. Kristen Brannock, Mr. Ashley McCumber, and Ms. Jenisha Henneghan)

There was a designated question and answer session hosted by Mr. Lee Little (Adult and Family Services Assistant Division Director), Ms. Kristen Brannock (President of Wake County Resources for Seniors), Mr. Ashley McCumber (Executive Director of Meals on Wheels of Wake County), and Ms. Jenisha Henneghan (Central Pines Area Agency on Aging Director). Chair Ann Rollins opened the session giving a moment to Ms. Henneghan to speak on behalf of Central Pines.

Ms. Henneghan began by noting that one highlight strongly felt through both of the presentations from Ms. Brannock and Mr. McCumber was the rise in demand for services. Central Pines is a regional agency overseeing seven counties of which Wake is only one. Wake County had the discretion as to how the Home and Community Care Block Grant (referred to as “Block Grant” hereafter). The money for the grant was divided up based on a funding formula that included census data. As the largest county in the region, Wake County received the majority of funding. In spite of this, Wake County was complex with municipalities spread out creating challenges and barriers as to how to equitably spread the money out. The county population continues to grow amidst worries of looming federal cuts to funds that never seem far out of reality. Because of this, advocacy is critical not only locally but at the state and federal levels. The Block Grant simply does not receive adequate funding to meet the needs of the region.

While Central Pines did have its own region-specific aging plan which included Wake County (<https://www.centralpinesnc.gov/sites/default/files/uploads/aging/region-j-area-plan-2024-2028.pdf>), Ms. Henneghan also uplifted the state multisector plan on aging from the organization (<https://www.ncdhhs.gov/imstillhere>). Regardless what level aging was being looked at, it had to be addressed. Looking at exactly how to address older adult needs was larger than simply looking at the Block Grant. It was an intersection of state transportation accessibility and workforce development driving the ability to both access and provide the appropriate range of services to the breadth of demand.

Mr. McCumber stated that one obvious detriment to services across the country was the current Health and Human Services administration cutting the administration of Community Living Secretary.

Leadership in the adult and disability community had worked for years to have this representation at the state level. Around 40% of those building these networks across the country were let go from their positions. It would take time to recover from this loss.

Treasurer Terry McTernan shared that he had read through the Central Pines Regional Aging Plan. With such a big area, he inquired about the collaboration between Ms. Henneghan's organization and Resources for Seniors with Ms. Brannock. Ms. Henneghan said that the two entities met quarterly. This included lead entities from other counties who were invited to share ideas. How Wake County provided services and the needs of the people were vastly different than Chatham County, so the counties learned from one another. However, the overall message was that every county was struggling to meet the needs given the budgets provided. Central Pines staff did quality assurance checks for all services to ensure standards were being upheld, so connections were definitely established and maintained through these regular checks. The meetings themselves, however, were more so for brainstorming and strategizing.

When asked if the quarterly meeting included representation from each of the seven counties in the region for Central Pines, Ms. Henneghan confirmed that this was true. The next fiscal year (FY), Central Pines was working under a new strategic plan. One of the strategic goals of this plan was to bring together all Human Services agencies throughout the region. This included programs and representation even from leadership not associated with the Older Americans Act funding. There was a homelessness program within Central Pines that could use context from Social Services programs and those connected to the homeless. While the program focused on teens, a lot of older adults were displaced as well. Coming together as a region and discussing Human Services needs could show a better picture of advocacy asks.

Ms. Lily Chen commended the work of the panel. She brought up the falls mentioned in Mr. McCumber's presentation, particularly how much these falls cost. How could healthcare providers become aware of seeing the value of these services and how they could impact the cost had overall? Ms. Brannock said that this was a conversation happening across the state. There simply was not going to be sufficient funding to meet all of the needs of the communities. So the question then became where the payors were, especially those that did not traditionally fund aging services. Focusing on services to increase wellness, too, could assist here. Equipping people with the data about what improvements could be made helps them to find ways to support the work. In this vein, some insurance companies had been encouraged to support some aging supports and resources due to the presence and pressure from Medicaid. Sometimes it took time – decades – to make a difference. Even still, the conversations were needed and not just by Wake County or a single organization. Data, evidence, impact, and money savings showed actual change and something that people and legislators could tangibly understand the issue.

Mr. McCumber added that North Carolina was one of thirteen states that applied for a Medicaid waiver creating the Healthy Opportunities Pilots (HOP, [https://www.ncdhhs.gov/about/departments-initiatives/healthy-opportunities/healthy-opportunities-pilots](https://www.ncdhhs.gov/about/departments/initiatives/healthy-opportunities/healthy-opportunities-pilots)). This touched on nutrition, transportation, and housing to serve the Medicaid population. Many seniors were dual eligible for Medicaid and Medicare. While HOP promised to save the state around \$25 per member per month, this was now hanging in the balance along with many other aspects of Medicaid due to the around \$800 billion cut expected over the next few years. Stamina for HOP has, understandably, stagnated in the wake of this uncertainty. Ms. Henneghan reaffirmed this sharing dollars for research were also cut and hit hard even on a regional level. Collaboration of partners and healthcare entities was needed. "Advocacy" was truly the one word for the aging services discussion. She also recognized Mr. Bill Lamb with Senior Tar Heel who was in attendance highlighting the need for connections. It took not only aging services but all sectors – Human Services, Transportation, Housing, and Economic Development. Underlining this, Mr. McCumber pointed out how only 6% of foundation giving in the country targeted aging. Innovation and stability was needed in the advocacy realm to make a difference.

Mr. Little emphasized that Wake County Social Services and Adult Protective Services (APS), while having mandated programs to help seniors in the community, could not support clients without the

community partners like Ms. Henneghan, Mr. McCumber, Ms. Brannock, and Mr. Lamb. Once an assessment is done and staff determine what a family needs, the support that these partners provide is relied on. As of 2023-2024, the County's APS caseloads had increased by 13%. This was going to be a trending number without support and intervention.

Mr. Irv Trust brought up two points. The first was that there was an alarming sense among some seniors that their children or families would take care of them without foresight or the families actually being present to follow through on such a promise putting an assumed burden on the younger generation. He also inquired about the pharmacy services with Resources for Seniors and how extensive these were in staff and reach. Ms. Brannock shared that there was only one pharmacist and the organization was thrilled to have her. The evidence-based home meds program was something supported through funding received through Central Pines. It was not a stretch to state that this pharmacist regularly saved lives. Unfortunately, given that there was only one of her and she was serving a county with close to a quarter of a million older adults, there was high demand and she did not have the opportunity to stay with clients long. Ms. Brannock also shared that she had seen the opposite from seniors with expectations from their families, ones who did not want to ask for help and seem like a burden. Society assumed older adults needed a great amount of support to live independently in their homes. However, from experience, with a few key supports, older adults could be successful when also receiving visits and support from family.

Mr. Little did agree that family support was not what it was in the past. Many times children and grandchildren were in different counties or cities. Staff did receive calls from family members asking to check in on their older adults because they could not be reached by phone. Calling and visiting in person were inherently different. It was vital to ensure a support system was in place early to combat this.

Dr. Ojinga Harrison asked if there was a standard assessment done with home visits or any training done for assessment. Mr. McCumber explained that there was a gamut of how this was done across Meals on Wheels. For Meals on Wheels of Wake County, there was a required phone assessment done within ten days of a person starting the program. After that, there was a follow up assessment annually done in-home. This was not as in depth as other programs which might have a social worker doing the assessment with case management getting people to services needed. Instead, Wake County did general referrals. It was a personal goal of his to grow the team and get more data with these assessments. Regardless of what was formally gathered, volunteers and visitors still saw the people and, many times, their need. This might be reflected in the client wearing the same clothes over an extended period of time, having mysterious bruises, or not recognizing the same delivery person from day to day. There was an opportunity on growing this through the Medicaid Management Model in the Meals on Wheels program. However, a dietetic team was needed. There was a billable component to this, however, where nutrition advising could be provided in-home. This was a way some Meals on Wheels, including the one in San Francisco, could bring in revenue. Meals on Wheels of Wake County was striking a deal with Inter-Faith Food Shuttle to share a dietitian who would go into senior centers and run programs there as well.

Ms. Maty Ferrer Hoppmann asked if these resources were specifically for low-income adults as there were elderly people who may not necessarily meet requirements but still need support. Ms. Brannock responded that Resources for Seniors served older adults of all economic levels. There were Block Grant prioritizations that did cater to certain populations and, admittedly, the organization's niche was lower income older adults. Most programs had some requirement around income. However, Information and Options Counseling through the Block Grant could connect people with resources that worked for them. Mr. McCumber said that nutrition programs were not needs tested and they were not allowed to screen and prioritize people per se. But more than half – 60% - of their clients in Meals on Wheels were over the 200% poverty level. This was a question on the assessment form with no threshold required to be met. The requirement was to meet activities for daily living (ADLs) for homebound seniors.

Ms. Tamara Wilson thanked the panel for all that they did for the community. She asked Ms. Brannock about examples of gaps commonly identified from callers to the help line as well as the most readily

available resource. Ms. Brannock felt that the most readily accessible resource was information. Many people simply did not know what resources were out there, so simple information and redirection to resources was a common ask. The biggest challenge was affordable housing and In-Home Aide services. While these were both listed on the Resources for Seniors website as services the organization offered, unless the caller was coming directly from APS, there was a long wait time to receive these services. Many individuals being evicted cannot afford even affordable housing. When the market rate rent goes up in an area, affordable housing begins to look a lot different than it did fifteen to thirty years ago. Staff work to identify next steps. For example, though the average wait for In-Home Aide services is four and a half years, an older adult might temporarily be served in an Adult Day services program. Identifying informal supports and resources in the local community were key. Unrealistic expectations from callers expecting an automatic safety net required honest and frank conversations. Staff were determined to make clients and callers feel heard and connected to what was available.

Ms. Henneghan added that some of these skewed expectations came from older adults moving into the area from out of state and anticipating the exact same services as their home state offered. She mentioned monies for a caregiver taking care of their mother in particular with some callers expecting the assistance to replace their salary. While this might be available in another state, it was not a guaranteed thing in North Carolina. While the Community Alternatives Program for Disabled Adults (CAP/DA) could offer some assistance – such as gas cards – this was not automatic like some callers hoped it would be.

Chair Ann Rollins asked if there was a component of workforce development. She also noted that with census data being a part of the funding formula and with the county being the second fastest growing for this population, the budget should reflect that. So why was it flat? Ms. Brannock shared that there was an increment given – this year \$140,000 – that was a slightly increased amount compared to the other counties in the Central Pines region. It was, however, an equal amount of dollars compared to last year available as a whole to the Block Grant. Ms. Henneghan said that it was a federal determination.

Ms. Rollins then asked about the timeline for spending and if carryover funds could be used. Ms. Henneghan stated that funding worked on a fiscal year that ran from July 1<sup>st</sup> to June 30<sup>th</sup>. All monies had to be spent by June 30<sup>th</sup> as carryover was not allowed. This was not an issue, however, as everything was always spent.

When asked how closely the organizations worked with AARP, Ms. Brannock considered them a strong advocate for older adults and the North Carolina Coalition on Aging. AARP had strong legislative priorities around workforce development in particular. Unfortunately, there was a noted struggle in finding In-Home Aide for Level III clients. Even if money was available to spend, the services may not be available.

Ms. Henneghan said that while North Carolina and Wake County were growing, the share that arrived was fair and a blessing, especially compared to smaller counties with more older individuals per capita. However, the data did not lie. Many adults over the age of 60 and even 70 were moving to Wake County. The rate of older adults moving into the area was greater thereby indicating a greater need.

Dr. Anita Sawhney asked Mr. McCumber if the volunteers were stable or harder to get and retain. Mr. McCumber commended the local community sharing that there was a resilient volunteer population. Many churches had active volunteers. Many of those delivering meals to seniors were actually seniors themselves. He had been trying to build robust systems of recruitment, training, support, and ride along options so as to relieve any worries when taking a route on. But this seems to be a very natural thing happening in North Carolina with people looking to support the organization. There were thousands of volunteers to activate, something that he had been considering more about especially with the need to uplift the visibility of other partners and programs.

Ms. Christine Kushner asked for steps to press the state more aggressively for corporate income tax. When she asked if the services worked with veterans, Ms. Brannock confirmed that this was a population they worked with closely. As to how to advocate and how to coordinate to encourage more monies, Ms. Brannock said it was critical to ensure every voice was at the table. Amplifying AARP and their work with legislative priorities and the North Carolina Coalition on Aging was a strong start. Bringing in organizations just like the Board had done that day with the panel could reemphasize the connection with resources that already exist. And, unfortunately, considerations had to be made to make dollars go further. Board members spoke of how valuable more case managers and Community Health Workers (CHWs) would be to both agencies and the local communities.

Ms. Kushner also commented how there was an increase in people moving to Wake County to be closer to their young children, perhaps creating an untapped advocacy group with a knowledge of resources available in other states that might provide context and pressure for local legislators. Ms. Brannock highlighted the Aging Network as an organization that did well in uplifting certain key areas. While not all problems could be solved at once, a few could be addressed. The Aging Network, with this model in mind, had been slowly improving upon four or five key priorities over the last five years.

Commissioner Cheryl Stallings stated that there were three property tax relief programs at the state level that would help target seniors on a fixed income. However, the North Carolina General Assembly had refused to entertain these for conversations.

Ms. Rollins and Board members thanked and recognized the panel for their tireless efforts for the aging adults in Wake County.

### **Committee Chairs Update**

(Presented by Ms. Ann Rollins)

Chair Ann Rollins encouraged Board members to read the Regional Networks report provided in the Board's agenda packet.

Ms. Rollins also shared and encouraged promotion of the Summer Meals program (SUN Meals, <https://summermeals4nckids.org/>).

### **Public Comments**

- None

### **Adjournment**

The meeting was adjourned at 9:41 a.m.

**Board Chair's Signature:**



**Date:** 07-23-2026

Respectfully submitted by Brittany Hunt