

**Wake County Health and Human Services Board Meeting Minutes**  
**August 27<sup>th</sup>, 2026**

**Board Members Present:**

Lily Chen  
Dr. Ojinga Harrison  
Maty Ferrer Hoppmann  
Wanda Hunter  
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:**

Stephanie Oliver  
Dr. Saran Sundaram  
Kathy Warner

**Staff Members Present:**

Jennifer Brown  
Yolanda Campbell  
Mikayla Crawford  
Sheila Donaldson  
Sara Gisler  
Barbra Gonzalez  
Kevin Harrell  
Duane Holder  
Brittany Hunt  
Rebecca Kaufman  
Jenelle Mayer  
Shanta Nowell  
Modupe Omosaiye  
Melissa Pullen  
Lechelle Wardell  
Dana Webb-Randall  
Michael Wescott  
Tammy Whitaker  
Jahaziel Zavaleta

**Call to Order**

Chair Ann Rollins called the meeting to order at 7:35 a.m.

**Next Board Meeting** – September 24<sup>th</sup>, 2026

**Approval of Minutes**

Chair Ann Rollins asked for a motion to approve the July 23<sup>rd</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 July, the fund was reported as \$9,467.95. Since then, there has been an addition of \$150 from Board member stipends being donated. Thus, the fund now sat at \$9,617.95.

**Wake County Health and Human Services Board Priority Discussion, Location of HHS Board Meetings**

(Presented by Ms. Ann Rollins)

Chair Ann Rollins began the Wake County Health and Human Services Board priority discussion. She recalled how the Executive Committee of the Board had met to outline the following proposed priorities:

1. Access to Care – (Medicaid) maternal care management and the work Maternal and Child Health Section Manager Dauline Singeltary and the Maternal and Child Health team is doing. Related to HR 1
2. Aging population advocacy
3. “Kids in the building” advocacy – Medicaid contract and Blue Cross Blue Shield (BCBS). Educate on the Innovations Waiver – children are eligible but are not receiving the funds and remaining on the waitlist for far too long
4. Regional Center advocacy – How to utilize and educate the public about the work done through the Regional Centers in our county communities
5. Disparities and Communication advocacy – Black men’s health, accessibility, affordability
6. Budget issues

While six priorities would not be feasible for the Board to invest time in, input was welcome to both broaden the list provided and to ensure all potential priorities were considered. Some could rise to the level of constructing an ad hoc committee or even become embedded under the Public Health Committee or Social Services Committee. The hope was for the Board itself to focus on around two priorities with the rest being supported elsewhere. For the budget, Ms. Rollins explained that though 2026 had been a difficult year for the County’s budget, next year would likely be even more stringent.

Mr. Irv Trust asked if the Board became involved with advocacy on the legislative level. Ms. Rollins confirmed that this was one of the duties as Board members to disseminate the information that they were given and to educate and advocate for issues presented. When asked if this extended to the General Assembly, Ms. Rollins said that it was with local, state, and federally elected officials with the ability to impact Wake County communities. This was especially true for issues related to the Community Health Needs Assessment (CHNA). She also uplifted the Wake County Board of Commissioners’ (BOC) strategic plan for the county as well as the business plans for Public Health and Social Services. The hope was to align the Health and Human Services Board’s priorities with all of these efforts. s

When the concept of advocacy as its own bullet was proposed, Board members discussed how, even without the word “advocacy” being explicitly stated within each priority, it was assumed that advocacy would come into play with all six. The Board did hear regularly from Mr. Ben Canada (County Manager’s Office Chief of Staff) who provided legislative updates. Deputy County Manager Duane Holder added that Mr. Canada shared updates when legislation was in session. Since they had not been in session recently, no updates had been provided. However, Mr. Canada would share updates as they were available and these would be disseminated to the Board.

Treasurer Terry McTernan said that he felt advocacy for the aging population was going in a positive direction. The Board had made progress hearing from Resources for Seniors, Meals on Wheels, and Central Pines representatives. In addition, he would be attending the Central Pines meeting to be held in September. Ms. Rollins asked, with the influx of so many seniors moving into North Carolina and Wake County in particular, if advocating for the aging population should remain on the priority list for the Board. Mr. McTernan explained that he would like to see the Central Pines plan in more detail but that having an ad hoc committee or embedding the priority in a subcommittee would not be needed at this time. As the liaison for this priority, he would bring regular updates to the Board.

When discussing the children in foster care living in the Swinburne building, Ms. Diamond Wimbish (Child Welfare Assistant Division Director) reported that there was currently only one in the building. Though this admittedly only captured a snapshot in time and the number could change from day-to-day, it was at least encouraging for the moment.

Ms. Rollins brought up the Innovations Waiver and the fact that questions still abounded around its coverage as well as its limitations as it had been reported that the waitlist sat stagnant for quite some time. Ms. Tanyetta Sutton explained there was confusion in general about the waiver despite many families and

children being eligible for it. Education on what the waiver actually was along with what providers could be secured through the waiver was needed. Ms. Sutton had a contact at Alliance that could come present to the Board and provide a better understanding of the waiver. Ms. Sheila Donaldson (Deputy Director of Social Services – Programs) agreed that hearing from an Alliance representative could be valuable. She noted that Ms. Toni Pedroza (Director of Social Services) was also very knowledgeable about the waiver and could be a resource for additional information. Vice Chair Wanda Hunter said that those utilizing the waiver, if provided with therapeutic necessities upfront, would be able to climb a ladder to self-sufficiency. Neglecting this need caused untold stress, costs, and stability. Ms. Sutton maintained that Alliance was sending letters and reaching out to families that were, at times, moving and unable to be reached. Yet, as Ms. Hunter pointed out, there were thousands on the Innovations Waiver waitlist that stood far too long in a standstill. The General Assembly, who were stewards of the waiver, were not aware of the impact to communities.

Ms. Hunter pointed out how Representative Julie von Haefen had introduced a bill around diapers and women's hygiene multiple times only for the exact same bill with the same wording to be passed once a man in the party in power presented it. The frustration only grew when considering a voucher system with no curriculum tied to it and no public measurements reassuring if children were succeeding or failing in school with provided support.

Ms. Maty Ferrer Hoppmann asked if the Board members were being charged to choose one priority over the others. Ms. Rollins clarified that the list was a starting point of advocacy efforts that had arose from Board discussions throughout the past few months since the Board Retreat in March 2026. The Board, as a whole, needed to be communicating and educating the community. She expressed the need for sustainability, advocacy, communication, and education with a thread of data-driven information connecting each piece to be shared in areas of influence.

When asked how this could rise to the General Assembly or BOC, Ms. Rollins shared that the BOC received the information that the Health and Human Services Board from Commissioner Cheryl Stallings who served as a liaison between the two entities. Mr. Canada also provided education to the Board as well as the BOC. The County also had Mr. Phil Isley as its lobbyist.

Ms. Donaldson said that another factor affecting the children entering the Swinburne building was the fact that families had already sought services. After trying to access services multiple times and losing hope with no resources being given, parents would leave their children in the emergency department. Those children would enter the County's custody for dependency reasons and be left in the Swinburne building when there was no placement available. This was not done out of malice but instead the need for safety for the remaining children in the home. Some of these children in the building could have avoided entering County custody entirely had their parents been given appropriate resources.

Ms. Ferrer Hoppmann asked if these were mental health resources. Ms. Donaldson explained that they were usually mental health services, substance use services, or residential treatment facilities not being available. Without the proper supports, these children became a safety risk for the other children in their homes. The parents knew – after three times of being promised resources that never came – that they would be left with no hope of solving the problem themselves.

Ms. Sutton added to this discussion recalling how she had spoken with a parent who said outright that they would not pick up their child from WakeMed. The mental health team at WakeMed was forced to call Child Protective Services (CPS) and noted how it was somewhat of a norm. It was not that parents were necessarily "choosing" to abandon their children. They were tired, exhausted by fighting a system over and over seeking help that would not arrive. This was compounded by the fact that there were now rumors that Wake County had placements. Ms. Donaldson shared that a parent had been told if they could not access services directly, leaving their child at the emergency department to come into County custody

would result in them receiving services automatically. This was not the case and left the parents disappointed and frustrated.

When revisiting how many priorities should be selected and confirming that it was multiple, Ms. Ferrer Hoppmann shared that she saw Regional Center advocacy as key to addressing all the priorities listed. The Regional Centers were all located within communities that could readily be reached. Ms. Rollins said that she had seen the County work on the Regional Centers for some time. The addition of the Community Advocacy Committees (CACs) provided an opportunity for local leaders to stay connected to both the Regional Centers and other community partners. The CAC of the Western Health and Human Services Center had different priorities than that of the Eastern Regional Center. Ms. Rollins recalled attending the 30<sup>th</sup> anniversary of the Southern Regional Center in Fuquay-Varina and just how much of the community came out to support the celebration.

Mr. McTernan stated that it went back to communications as well. If people were aware of the resources available to them, they would be more likely to seek them out. The reports from the Regional Centers throughout the year were valuable but success stories might also provide information that the reports could not. Ms. Ferrer Hoppman was curious about the priorities of each CAC embedded in the Regional Center noting that silos may be keeping disparities from being addressed. It had been confirmed that the Regional Center Directors met regularly but it was not clear how the CACs might be collaborating with one another.

Ms. Hunter added that Community Health Workers (CHWs) in the Regional Centers also needed to be part of the conversation. Having distinctive reports from the CHWs to detail what people were connected to or what they were missing could help identify successes and gaps. A “Do You Know” social media campaign could help in this regard to uplift what clients could complete at the Regional Centers to save a trip to Raleigh. Social media was where most went to seek out information.

Commissioner Cheryl Stallings shared that she had mentioned similar concerns to County Manager David Ellis over the last week. It might be valuable to hear from Ms. Dara Demi (Chief Communications Officer) and her team to better understand the social media strategy and how it might be elevated for Human Services.

Mr. Trust asked how Wake County was interfacing with surrounding counties, particularly in ensuring a continuity of care for those who left Wake County to seek housing and support in neighboring counties. He mentioned medical care in particular but also initiatives that the County supported that might be available to an unknown degree in other counties. Mr. Holder noted that Wake County was a member of the North Carolina Association of County Commissioners which included all one hundred counties in the state. The County was also an active member of Central Pines with the aging plan as well as the Regional Council of Government.

Ms. Rebecca Kaufman (Director of Public Health) shared that each county provided resources as they were able and allowed to serve. Wake County, undoubtedly, had a wealth of resources. There were a few clinics that served those living in Wake County only due to limited resources. People were coming to Wake County to be able to access all of the available services, but this was not to negate the challenge that transportation could present.

Ms. Ferrer Hoppmann asked if a person could still be served if it was known that they resided in another county. Ms. Kaufman explained that it depended on the program. For the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), clients could be served as long as they lived in North Carolina regardless of the county. For the pediatric clinic, however, only Wake County clients could be served. It truly depends on both the demand and if the monies related to the program were from Wake County tax dollars. Ms. Kaufman said that some programs received federal dollars that were sent to the state which in turn sent them to local governments. There were sometimes limitations on who could and

could not be served with these dollars. If the guidelines dictated that all North Carolina residents were to be served, that was who was served.

Mr. Trust shared that his experience with the Wake County Opioid Reduction Committee was that when people were released from jail and seeking opioid remediation services, it was simply too expensive to live in Wake County. Because of this, they were forced to move to surrounding counties and start over completely. If resources were so intent on supporting the person, they should also account for when a person had to move so that all their progress was not undone. Ms. Kaufman shared that this was something the community was actively working on citing Healing Transitions and Morse Clinics as trying to broaden their scope. It was, admittedly, difficult to reach people living in rural areas. Between care management and community partners, those in substance use treatment services were working to create as large a safety net as possible.

Mr. Trey McBrayer stated that though those providing services were intentional about not letting clients fall through the cracks, housing had become unobtainable even when looking at affordable housing meant to be set aside for those in need. Ms. Hunter cautioned that this would only become exacerbated if the property tax amendment being proposed passed. Most saw the potential for lower property taxes as an unquestionably good thing. However, those taxes provided resources that would be cut if the amendment were to pass. Both amenities and essential needs already were not being covered.

Ms. Rollins acknowledged the struggle of attempting to support a client moving from county to county. In her experience with the Child Fatality Taskforce, sometimes families had lived in four different counties and had four different experiences with seeking support. On top of the families' experiences, staff workloads were becoming nearly impossible to keep up with.

Mr. Holder proposed that, for the regional discussion, the Board could reach out to the Boards of Health (BOH), Boards of Social Services, and/or Consolidated Boards in surrounding counties for joint meetings to address these issues.

Commissioner Stallings added that at the North Carolina Association of County Commissioners conference in Durham, all one hundred counties had focused on healthcare access, affordability, and the closing of rural hospitals and primary care. How it impacted Wake County as many migrated toward the capital city was also brought up. All Commissioners were serving on various committees of the North Carolina Association of County Commissioners. Commissioner Shinica Thomas was currently serving as First Vice President but would be moving to a President position within the Association. She liked Mr. Holder's proposal of having joint meetings to extend these regional issue discussions. Wake County alone would be receiving \$76 million with the opioid settlement dollars over eighteen years to address substance abuse and use. This was a real opportunity to gain a fuller understanding of clients' experiences to truly use the funds to make actionable, accessible, and achievable success that could be sustained county to county.

Ms. Lily Chen brought up a local project with ten tiny homes built for veterans in the City of Raleigh. It was a nonprofit partnership that resulted in incredibly innovative work that invested in community partners. This was, it turned out, a project in part supported through the Nonprofit Institute lead by Ms. Lechelle Wardell (Population Health Director) and her team. The Nonprofit Institute identified several nonprofits in the community, assessed them for strengths and opportunities, and held general sessions as well as coaching in everything from financial stability, strategic visioning, and communications. This helped to build capacity with partners who were making a difference directly in the local communities who may lack the infrastructure needed to apply for a grant. Ms. Kaufman pointed out how the COVID-19 pandemic had proved these nonprofits were the agencies connecting with the community. The question then became how the health department could support them, especially in the case of a future need to connect to the community quickly.

Ms. Rollins stated that an ad hoc committee for the regional issues discussion would likely be a strong next step. Volunteers would be sought to serve on the committee. Outside of this and running constant with the work the Board did monthly, communicating with legislators or connecting with communities to share information was always welcome and intended for the public's good. She spoke of transportation and landfill concerns as additional regional topics to be discussed and broadened upon.

When addressing the final two priorities that had not been discussed at length – maternal and child health and budget issues – Commissioner Stallings shared that she would be leaving the meeting that day to attend a strategic retreat with the BOC. The budget would be on the agenda that day and she would share any updates with the Board. Her own message to the community was to vote – something vital to making actionable change.

Commissioner Stallings also shared that she had spoken to County Manager David Ellis about the want for a roundtable discussion around Black men's health. He would be discussing potential opportunities with Mr. Holder and proposing some staff that might lead the roundtable. This could also be tied to mobile healthcare and how it could be utilized to address concerns instead of seeking help at a primary care physician.

Mr. Trust elevated the potential for prescription drug costs to rise for Medicare Part D as the federal government was increasing premiums and establishing copays at different tiered levels. This would very likely impact the senior population heavily which was a high concern as seniors were already having support cut back. Seniors would be unable to pay for their medication which would lead to more emergency department visits which would, in turn, place a strain on the healthcare system. The long-term impacts were telling, especially given the fact that Wake County had a growing aging population.

Ms. Ferrer Hoppmann shared that certain refugees – notably those from Cuba – had lost their Medicare benefits altogether. One patient she knew of had cancer and no access to medication. While she had reached out to nonprofits seeking support for the patient, the increase in demand for affordable or no-cost clinics left the ones that were available incapable of meeting the need. She had experienced Alliance as only accepting referrals from a hospital and Right Care (a care navigator). The Open Door Clinic, another option, had not been accepting new patients for quite some time. Amplify Health (previously Advance) had to abide by federal changes and the cost of care went up for patients without documentation. It was a reduce in access to care on a massive scale. While there was a claim of there being so many resources, these same services were decreasing rather than increasing for some.

Mr. Trust asked Ms. Ferrer Hoppmann if her clients had been impacted by the termination of Temporary Protected Status (TPS). Ms. Ferrer Hoppmann shared that TPS had ended as of July 27<sup>th</sup> for Haiti and Syria. There was a lot of uncertainty. Clients were potentially able to use driver's licenses – even those from other states. But it all depended on what the service or program required.

Dr. Kelcy Walker Pope clarified that Amplify Health was not turning away clients for being unable to provide documentation. She asked to know if there was an experience different to this so Amplify Health could be made aware. Ms. Ferrer Hoppmann shared that while the clients might not be outright turned away, they did have to pay full price which in turn caused a financial burden that could not be overcome. Dr. Walker Pope asked to talk further about this as the intent was to make services as affordable as possible. She wanted to be sure to bring back feedback to ensure a consistent, clear message to staff and clients alike.

Ms. Tamara Wilson noted that one cause not included on the priority list was advocacy for individuals with disabilities, particularly around their housing. She had found that it was incredibly difficult to secure housing for disabled clients she worked with even on Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI). Many were struggling and in need of the supportive services Wake County provided but unable to stay due to housing alone. This was likely to become an increasing

problem in the years to come. While Wake County serves all, this was a very vulnerable population and one not represented in the current priority list.

Ms. Hunter suggested receiving an update from Ms. Morgan Mansa (Director of the Housing Affordability and Community Revitalization Department) or Ms. DaQuanta Copeland (Community Engagement Coordinator of the Housing Affordability & Community Revitalization Department) who could give an overview of the programs available. Ms. Copeland had recently given an update to the Social Services Committee and the navigation for services was different than it used to be. Mr. Holder added hearing from Ms. Eileen Rosa (Continuum of Care (CoC) Lead Agency Director) in a tandem presentation with Wake Prevent! could be beneficial.

Ms. Rollins recalled how Ms. Pedroza would share stories of children in foster care or living in the Swinburne building due to needing a high level of care that was not available. Sometimes these children would transfer directly from Child Welfare into Guardianship. Ms. Donaldson confirmed this explaining that as some children approached their 18<sup>th</sup> birthday, staff began discussing options with Adult Services and Guardianship. Ms. Wilson also uplifted those who aged out of the foster care system being left to navigate a world that they may have never had stability in.

Mr. McBrayer mentioned individuals with both mental illnesses and disabilities who were in need of guardianship because they were not able to sustain themselves. They would often cycle through being housed and unhoused despite being provided with wraparound services that simply struggled to keep up with their needs. When asked if he saw many from other counties, Mr. McBrayer confirmed that he had seen many come to Wake County solely because they were told all the services are here locally. These were the homeless as well as veterans who were then told to wait in line and eventually stuck unhoused on the streets. By then, it was far harder to provide support as they were often missing essential documents. While peer supports and case management worked to support these clients, they too were asked to wait in line. It was a frustrating, overwhelming, and disheartening cycle. Ms. Wilson shared this experience noting that the housing voucher might finally arrive only to have those supporting the person unable to locate them due to moving so frequently.

Dr. Ojinga Harrison shared that many people's ability to maintain their Medicaid insurance would be impacted by the HR1 changes that clients and healthcare providers alike were still not clear on. He had heard these were not being released until September 1<sup>st</sup>. However, with the changes taking effect on January 1<sup>st</sup>, this created a woefully small window to ensure a client met eligibility requirements. Communications could help uplift this issue to ensure that clients did not lose their insurance and services they needed to function. Ms. Rollins saw this as tying into the access for healthcare priority as well as the budget advocacy. Dr. Harrison added that the changes from HR1 would undoubtedly have a ripple effect with some individuals losing housing as well as vital services.

Commissioner Stallings commended Ms. Pedroza's team for working on the changes implemented from HR1. Administrative work was anticipated to double and, in response, the budget now included 25 more positions for the Social Services department to manage this growing workload. Dr. Harrison pointed out that communicating with clients and ensuring legal compliance was a good start, but healthcare providers and the broader community needed to know how to access the information to better help clients navigate an increasingly complex and confusing system.

Ms. Donaldson admitted that there were a lot of changes coming to both Medicaid and Food and Nutrition Services (FNS). Sometimes these changes were announced, pulled back, and announced again once changes had been made. In other instances, the state mandated Wake County to scrub a 2,000-person list within 24 hours related to clients with different immigration statuses. Staff were extremely appreciative both of the BOC as well as the County Manager's Office for the additional positions in the budget that would provide much needed assistance. The state had also hired consultants and both state representatives as well as the consultants have come to the County at least three times to review processes

and create a reporting making recommendations. An implementation team was actively working with Social Services to help implement changes. In addition, staff were looking for ways to use the Continuous Quality Improvement (CQI) team through Mr. Mike Wescott (Business Analytics Director). There was promise with the ability for the County to use its resources to audit its own cases, particularly those with families of five or more people whose error rate was the highest. Despite ever evolving communication changes and imminent projects, staff remain passionate about their work and impact. Ms. Yolanda Thacker (Economic Services Division Director) had stated outright that staff were aware not being on time for FNS meant that a family did not eat. It was a weight that was ever present on staff.

Dr. Harrison encouraged communications about the ongoing changes with HR1. Ms. Ferrer Hoppmann asked if there was a website detailing all of the changes and updates. There were state websites that were detailing these changes (<https://medicaid.ncdhhs.gov/beneficiaries/medicaid-is-changing> as well as <https://medicaid.ncdhhs.gov/beneficiaries/impact-hr-1-and-federal-changes-medicaid/toolkit>).

Dr. Harrison pointed out that if there was a way to know the work requirements and other details, providers could advocate for their clients to be in a position to fulfill those requirements. Trying to predict by themselves and calming a client who may both be anxious at the uncertainty and in transit to the point of missing the letter was limiting the ability to provide assistance. Ms. Donaldson acknowledged this call for more communication to the public about changes shared through the “Dear County Director” letters and said it would be beneficial to expand on external communication.

Ms. Chen commended staff for working so hard to collaborate and meet the growing changes. She too would love to have the information to be able to translate it to disseminate to the community. Ms. Hunter recalled how there had been a one pager made available early on during the proposed HR1 changes that broke down what the impacts would be. This would be secured and ensured it was updated for accuracy. Ultimately, there were clearly details that were still being worked out in real time.

Ms. Rollins summarized the discussion saying that communication and advocacy seemed to be the thread through all of the topics reviewed. She would follow up with both the Executive Committee of the Board as well as the Board’s Executive Assistant to include all of these details and ultimately parse out which priorities might belong best with a subcommittee or ad hoc committee. There were clearly a number of presentations mentioned that day (Communications, Housing/CoC, and Innovations Waiver with Alliance) that would require coordination to plan.

Board members then discussed the location of the Health and Human Services Board meetings. Ever since March of 2026, the Board had met in the Public Health Building (200 Swinburne St, Raleigh) after previously meeting at Somerset (4401 Bland Rd, Raleigh) for some years. There was a discussion of whether the Board would like to stay at the Public Health Building or return to Somerset. Some limitations of the current room included the size capacity and reservation duration. Ultimately, both locations would need to be accommodated for at different levels by those in attendance. While it was proposed that the Board could hold meetings at each location and rotate every other month, it was determined that this would be confusing and be easy to forget. Ms. Ferrer Hoppmann pointed out that the attendees and families for the Mayor Frank Eagles Award earlier in the year had been hard to accommodate due to the room size and shape.

**Chair Ann Rollins asked for a show of hands concerning the location of the regular monthly Wake County Health and Human Services Board meetings. Six voted to remain at the Public Health building while seven voted to return to the Somerset location. By majority, the Board voted to return to the Somerset location.**

Ms. Brittany Hunt (Executive Assistant) would work on the room reservation. While the room at Somerset was currently open consistently March 2027 onward, efforts would be made to accommodate the meetings earlier. The location change would be announced in advance of occurring.

## Public Health Update

(Presented by Ms. Rebecca Kaufman)

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

- Neighbor Health, a local community partner, was now a federally qualified health center as announced last week.
- Cyclosporiasis cases had declined with only one new case being reported over the weekend. There were over 500 new cases over the summer of 2026. Staff were thankful to see the numbers come down as was anticipated with a seasonal decline in August and September. Each year during the summer, Communicable Disease cases are split between cyclosporiasis and all other diseases to maintain the tracking for cyclosporiasis
- The electronic medical records (EMS) search had kicked off with the County providing a vendor. Staff were working closely with the Information Technology (IT) department and notifying team members over the next few weeks. Teams would be interviewed to gather requirements to put out a request for proposals (RFPs) to replace the current EMR. This technology is needed to make data-driven decisions and is currently outdated. When asked for the current version, Ms. Kaufman stated that it was an older version of Athena that was formerly Centricity and left without updates
- Representatives from the Centers for Disease Control and Prevention (CDC) visited the Public Health department this week to talk about the Public Health Infrastructure grant. On the first day recruitment and retention was highlighted with an interest in onboarding and shadowing done with high school students. The Community Health Workers (CHWs) were commended with hopes of the County being technical assistance for other LHDs on how to balance internal and external work. On the second day of their visit, Ms. Lechelle Wardell (Population Health Director) showed the representatives around the county directly with nonprofits to show where the funding was going. The representatives noted that it was one thing to read a report about successes but it was another to actually see these partners in the community in action. There were multiple representatives – three with programming, one with grants, one with finance, and another with technical assistance acting as an outside provider. Public Health was proud to show what Wake County had done with the grant funds
- Wake County had run the Care Management of At Risk Children (CMARC) and Care Management of High-Risk Pregnancy (CMHRP) programs for close to thirty years. When Medicaid Expansion happened, staff were aware that there was always a possibility that these programs would not be facilitated by the County (or local health department (LHD)). The County had 42 staff – most of whom were field-based in people's homes and serving clients every day. First there was a five-year extension where the state was still requiring the plans to contract with LHDs. Then the COVID-19 pandemic happened, and a two-year extension was in place as long as LHDs met benchmarks. Wake County always exceeded the benchmarks with high scores and was able to continue the program. This year was the last six-month extension ending on December 31<sup>st</sup>, 2026 that the state required health plans to contract with LHDs. While there was advocacy from the local Health Directors Association to push forward a statewide effort to establish an IT platform to keep the program going with group contracting, there was an August 1<sup>st</sup> deadline for the platform. This was to allow time for the platform to fully develop the needed technology by January 1<sup>st</sup>. One plan committed, but in the last week one plan put in writing that it would not contract with the LHDs and would instead bring CMARC and CMHRP in-house. Another plan has since put in writing that they too would be hiring employees for these programs. While two more plans have not put their decision in writing, the two that have means that work towards a statewide effort for contracting has come to an end
  - In short, these programs will *not* end, but they will no longer be provided by LHDs and instead be provided and staffed directly through the plans themselves
  - This was a loss for LHDs as the quality of care clients received was high. It also meant that the team members would no longer be in their current positions and there would be a

reduction in the workforce. These are 25 Social Workers, 9 Nurses, and various supervisors and administrative team members

- Ms. Kaufman believed the Nurses could be placed within Nurse vacancies. For the Social Workers, it would not be as easy in placing them but the hope was to keep them with Wake County
- With support from the County Manager's Office, the announcement was made with County Manager David Ellis and Deputy County Manager Duane Holder in attendance
- There was a group meeting with Human Resources (HR) last week and individual meetings with HR this week. On Friday staff members will officially receive their letters. Of note, eleven of these team members had served over 24 years with Wake County representing people with longevity and commitment to the community
- Mr. Kevin Harrell (Preventive Health Director) and Ms. Dauline Singletary (Maternal and Child Health Section Manager) would both be monitoring the programs and developments. People would still be coming to Wake County for help and guidance
- One plan has moved forward with taking referrals directly and are no longer sending them to Wake County. But there are ongoing discussions of how inquiries will be handled and requests navigated so there is not a loss of services. This will officially take place with the plans taking over on January 1<sup>st</sup>
- Ms. Kaufman shared that the teams truly cared about the clients. Instead of asking about their own job security when presented with the news, they instead wanted to know how the transition could be planned for the least impact to clients showing an immeasurable amount of empathy. If a staff member wants to stay with Wake County, there will be efforts to ensure that this is done. Ms. Kaufman had placed a freeze on all positions in the Public Health department and County Manager Ellis had asked all department heads to similarly freeze positions these workers may qualify for or to prioritize them
- These programs were funded by Medicaid per member per month revenue meaning Medicaid paid based on who qualified for the program. Without the County performing the service, the funding goes away. This will mean a decrease in revenue to the bottom line of the department

Ms. Tanyetta Sutton asked if the Social Workers for CMARC and CMHRP might transfer over into the 25 positions Commissioner Stallings had mentioned earlier in the meeting. However, these were eligibility worker positions and of a lesser market range (MR) value. Ms. Kaufman explained that even among Social Workers, there were different MRs. HR was doing the work of evaluating levels and minimum qualifications to see who might fit where. The County tried to time the letters being released to give staff plenty of time to make an informed decision. Once the letters go out, there is a five-day window to indicate if they want to stay with the County. Since the letters go out on Friday, August 28<sup>th</sup>, by next week staff will know how many stay with Wake County.

Ms. Maty Ferrer Hoppmann asked if the workers would stay in their positions until January 1<sup>st</sup>. Unfortunately, they would only be within their roles for the next four months. Even then certain vacant positions could only be held open so long. If there was no interest, the position would then need to move on to recruitment. This will, in turn, impact how many clients the County can serve through CMARC and CMHRP through December. At this point, it is the hope that staff will prioritize their need for placement as health plans will be employing nurses and social workers as well as care managers.

Ms. Lily Chen asked if clients had any other options for care. Mr. Holder explained that if the client had Medicaid, the health plans would be their only option for CMARC or CMHRP.

Ms. Ferrer Hoppmann asked if CMARC saw patients with insurance. Ms. Kaufman said that some funding was received to see insured patients. It was not clear how this would be handled in light of the transition. However, the County would not have a platform to provide the services as it was not a statewide effort. If something came to be, it would be small, local, and based on if funding was present.

The Division of Child and Family Well-Being (DCFW) of the North Carolina Department of Health and Human Services (NC DHHS) had not been entirely clear on the transition. Although the state controls the NC DHHS benefits, who would actually contract with the plans remained uncertain. It seemed, at least, financially driven.

When asked about the statewide impact, Ms. Kaufman explained that Wake County's 42 team members were a part of 400 team members across North Carolina who would be impacted. Around 12,000 people were currently served within these programs. Healthy Blue and AmeriHealth were the two health plans to take the services in-house, but it was anticipated that all plans would make this decision in the coming weeks.

Dr. Ojinga Harrison asked who would have oversight over the benchmarks and expectations of the programs. Ms. Kaufman stated that NC DHHS had consultants but the health plans were only given reports of these previously. In the event a client had a high-risk pregnancy, it was intended that healthcare providers, social workers, or nurses would all be collaborating as part of a plan to identify complications and ensure proper level of care prior to emergencies happening. The benchmarks and level of detail were concepts that seemed difficult to replicate. Dr. Ojinga voiced concern over accountability and who would be evaluating the health plans moving forward to determine if the transition was the best decision for the patients.

Mr. Holder added that the state contracts with health plans for this service. The County's contract was a subcontract with the health plans. The state is who will be monitoring the benchmarks and performance. Commissioner Cheryl Stallings asked if this would fall under the NC DHHS. Mr. Holder confirmed that, ultimately, it was the NC DHHS who was responsible. But determining accountability further to a direct division was currently unclear. As it stood, any future complaints should be made to the NC DHHS.

Mr. Birchie Warren asked if the cut in positions translated to a cut in salaries. Ms. Kaufman explained that HR was working with employees to match them to the same MR level so that their salary was not impacted. However, having said this, if someone was intent on supporting children and families and presented with one position with a different focus at the same MR and a position with the same focus at a lower MR, it would ultimately be up to the employee to decide which was more important to them. Mr. Holder added that a cut in salary would be the absolute last resort. The County's goal was to provide a continuity in salaries without harm. There would be no promotion or increase but there would, at the same time, be no harm if it could be prevented.

## **Social Services Update**

(Presented by Ms. Sheila Donaldson)

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

- September is Kinship Month and staff were celebrating with three events meant to honor kinship caregivers. These caregivers were sometimes supporting their relative child(ren) informally in the community. Some had accepted intervention with Child Welfare and were caring for their relative child(ren). Wake County was intentional about improving kinship care efforts and had support from the County Manager's Office and Wake County Board of Commissioners (BOC) to expand these services in the past. Because of this, there was excitement to celebrate the caregivers this September
- In the past month, Adult Services has been very busy. Previously Child Welfare had challenges in a relationship with WakeMed resulting in children living in the Swinburne building. However, staff were able to collaborate and bridge the gap and relationship with WakeMed. Now in August, Adult Services had engaged in discussions and meetings with WakeMed leadership on how to improve collaborations and communications. One of those areas was with guardianship with an

open discussion of gaps occurring without pointing fingers or shirking responsibility. Instead, both sides met to put the needs of the community first. This intentionality improves the way both work together to serve clients

- The Energy program has seen an increase in applications with disconnections. This has been a concerning development with communities. Cool for Wake, in turn, has had a lot of support from the community. The Divine Nine community through Phi Beta Sigma donated 162 fans to Cool for Wake. Population Health Director Lechelle Wardell's own church also gave portable AC units. As of last months, Cool for Wake had received 792 fans and 147 AC units donated through a phenomenal show of support
- There was an exciting pre-apprenticeship program developing between a partnership with the Wake County Public School System (WCPSS) and Area Workforce Development. This partnership allowed ten high school seniors who met certain financial criteria to access a funding source allowing them to train on foundational government topics. Next semester, staff will show them what happens with eligibility applications by providing real world scenarios and showing them how to use the system. If the students do well, they can apply for the next year's apprenticeship program. By the time they finish the apprenticeship program, they will be eligible to be an eligibility worker. These were dedicated students who were making the choice to learn and staff were excited to teach them
- Mr. Holder added that he was aware youth awaiting placement had been a highly sensitive topic. Wake County was now part of a workgroup with Healthy Blue and the state to look at the topic and youth directly
  - Ms. Shanta Nowell (Child Welfare Division Director) shared that this was not only a Wake County perspective but a broadened perspective of what was happening across the state. The workgroup was identifying gaps and missing resources. The workgroup had just begun meeting and staff hoped to make strides to bring necessary resources directly to the children
  - Ms. Diamond Wimbish (Child Welfare Assistant Division Director) stated that strides had been made internally with local partners after intentional meetings meant to solve problems and bridge gaps. However, staff soon began to realize that some things were simply out of their control. Bringing the state who had oversight of Healthy Blue and Medicaid partners to the table broadened the discussions. There was a current concern around a placement being secure and a Medicaid switch leaving a possibility open that the bed could be lost. This has been ongoing for three weeks and highlights one of the many concerns staff are bringing to the workgroup. The goal of the workgroup was to get ride of silos to begin developing solutions. The first meeting was held on Friday, August 21<sup>st</sup> with a lot of excitement from staff for future meetings

Vice Chair Wanda Hunter asked if there was a component to have a roundtable of the youth to ask what their ideal world would look like with resources that they desired. Being able to look beyond their circumstances to dream might give a unique perspective to what could help them thrive. Ms. Wimbish confirmed that staff did not want to make solutions for the children without including their voice. This was something made clear by stakeholders and placement providers alike during the initial workgroup meeting.

### **Committee Chairs Update**

(Presented by Ms. Ann Rollins, Ms. Wanda Hunter, and Dr. Anita Sawhney)

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

Vice Chair Wanda Hunter asked Ms. Sheila Donaldson (Deputy Director of Social Services – Programs) to speak to the presentation that she had provide to the Social Services Committee during their August 2026 meeting. Ms. Donaldson explained that the presentation focused on the link between Economic

Services and Child Welfare. Benefit programs are prevention strategies for child abuse and neglect. She had shared a wealth of data showing how cuts in benefit programs correlated with an increase of child abuse reports and neglect. Data also demonstrated that housing instability resulted in more physical abuse, particularly around serious head trauma. She spoke of Dr. Jason Mahoney (Child Welfare Assistant Division Director) and his reminders surrounding the five fingers or hand representing the five protective factors (<https://preventchildabuse.org/resources/strengthening-protective-factors-in-your-community>). The benefit programs serve as a massive prevention opportunity. It may not always seem intuitive to have both Child Welfare and Economic Services under the Social Services department. But the impacts from both can make a huge difference in the lives of children and families impacted.

Ms. Hunter added that the Committee also received an update from Ms. DaQuanta Copeland (Community Engagement Coordinator for the Housing Affordability and Community Revitalization Department) outlining the two components of Wake County Housing including the Continuum of Care (CoC) focused on homelessness as well as Wake Prevent! which focused on preventing homelessness. Ms. Hunter also shared that the HR1 proper notice of eligibility status was expected to go out by September 30<sup>th</sup> for Medicaid. Dr. Ojinga Harrison commented how this gave a very small window to meet the eligibility requirement by December.

Dr. Anita Sawhney shared that the Public Health Committee heard an accreditation update from Ms. Natasha Bowen (Accreditation and Quality Assurance Consultant). Ms. Bowen would be presenting to the Wake County Health and Human Services Board to give a more in-depth overview of accreditation. Public Health accreditation takes place every four years and preparation is key to creating a strong, prepared case for review.

### **Honoring Health and Human Services Retirees**

(Presented by Ms. Ann Rollins)

The Wake County Health and Human Services Board honored Ms. Nicole Singletary (former Drug and Injury Prevention Consultant) who was retiring. She was presented with a certificate of appreciation for her work at Wake County.

### **Public Comments**

- Dr. Saran Sundaram expressed appreciation for the work that the Wake County Health and Human Services Board did citing their priorities surrounding access to services, mental health, and seniors. He commended their current priority discussion, particularly concerning access to Medicaid services for seniors through legislative action as well as concerns surrounding access to services for the disabled population. He shared that his work was focused on drug control and prevention of substance misuse with a particular concern around vaping among youth. He had been impressed with the work of the Wake County Drug Overdose Prevention Coalition and highlighted how the Opioid Reduction Committee of Wake County had been mentioned earlier in the meeting. The distribution of Naloxone kits across the county, the prevalence of opioid clinics, and the rising anti-vaping messaging in schools were all encouraging. The alternative counseling and educational programs throughout the county were also impressive. He was open and looking forward to supporting this work and collaborating with Board members in the future.

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

(Presented by Ms. Ann Rollins)

Ms. Tanyetta Sutton uplifted September as Suicide Prevention Month. In the last year alone at the Wake County Public School System (WCPSS), six students and two staff members committed suicide. One person lost to suicide was one too many. In addition, there had been over one thousand suicide assessments. Awareness, education, and resources were needed in communities to avoid such tragedies.

**Adjournment**

The meeting was adjourned at 9:35 a.m.

**Board Chair's Signature:** 

**Date:** 07/23/2026

Respectfully submitted by Brittany Hunt