

The Cleveland County Consolidated Human Services Board met on Tuesday, January 13, 2026, at 6:00 p.m.

Board members present: Sara Karner, Robert Miller, Marty Hamrick, Christina Alexander, Henry Gilmore, Nancy Cline, Paula Canipe, Allison Gragg, Danny Blanton, Mary Accor, Suzanne Hensley, Maggie Hohne, Rick Dixon

Staff present: Tiffany Hansen, DeShay Oliver, Andrea Power, Keisha Haynes, Victoria Byars, Rebecca Johnson, Destiny Davidson, Leslie McSwain, Nathan McNeilly, Heather Voyles

County Attorney present: Logan Roberts

CALL TO ORDER/WELCOME:

Chair Sara Karner called the meeting to order at 6:02 pm and welcomed everyone.

CITIZEN RECOGNITION:

No citizens requested to appear before the Board.

OATH OF OFFICE TO CONSOLIDATED HUMAN SERVICES BOARD MEMBERS:

Chair Sara Karner introduced Tiffany Hansen with Oath of Office to Consolidated Human Services Board Members. Tiffany explained that we have three new board members present at our meeting tonight and asked them to repeat after her as they take the Oath of Office for the Consolidated Human Services Board. Each board member also received a copy of our Conflict-of-Interest Policy and was asked to sign the Conflict-of-Interest Statement for the CHS Board. Dr. Rick Dixon, Maggie Hohne, and Suzanne Hensley all took the Oath of Office and signed the Conflict-of-Interest Statements for the Consolidated Human Services Board.

APPROVAL OF AGENDA FOR THE JANUARY 13, 2026, CONSOLIDATED HUMAN SERVICES BOARD MEETING:

Chair Karner presented the proposed agenda for the January 13, 2026, Consolidated Human Services Board meeting for consideration of adoption.

Motion: A motion was made by Mr. Miller with a second by Marty Hamrick to adopt the agenda for January 13, 2026, Consolidated Human Services Board meeting as prepared. The motion carried unanimously.

APPROVAL OF MINUTES FOR THE DECEMBER 9, 2026, CONSOLIDATED HUMAN SERVICES BOARD MEETING, OCTOBER 14, 2025, PUBLIC HEALTH BOARD MEETING, OCTOBER 27, 2025, DSS ADVISORY BOARD MEETING:

Chair Karner presented the December 9, 2025, Consolidated Human Services Board Meeting Minutes, October 14, 2025, Public Health Board Meeting Minutes, and October 27, 2025, DSS Advisory Board Meeting minutes for considerations of approval.

Mr. Miller noted one correction that needed to be made due to a grammatical error on the December 9, 2025, Consolidated Human Services Board meeting minutes. A note was made to correct the error.

Motion: A motion was made by Mary Accor with a second by Marty Hamrick to approve December 9, 2025, Consolidated Human Services Board Meeting Minutes, October 15, 2025, Public Health Board Meeting Minutes, and October 27, 2025, DSS Advisory Board Meeting minutes with a correction to December 9, 2025, Consolidated Human Services Meeting Minutes. The motion carried unanimously.

CHILD WELFARE PATH NC PRESENTATION:

Chair Karner introduced Keisha Haynes with the Child Welfare/Path NC Presentation. Keisha began by explaining that Child Welfare is made up of Intake, Assessments/Investigations, In Home Services, and Child Permanency. The purpose of Child Welfare is to help protect those that are under 18 years of age and unmarried from neglect and/or abuse. In North Carolina, any person who has cause to suspect a child is being maltreated (abused or neglected, or is dependent), is required by law to report their concerns to a local county child welfare agency. The goal of CPS intake is to make consistent screening decisions using a structured intake process based on specific criteria. The steps of CPS Intake are as follows:

1. Complete a new CPS Intake in Path NC
2. Consult the Maltreatment Screening Tool(s) that corresponds to the allegations
3. Determine the county responsible for completing the CPS assessment
4. Determine the appropriate Assessment Response Track (investigative or family) and Response Time (immediate, 8 hours, 24 hours, or 72 hours)

The purpose of Investigative Assessments and family Assessments in Child Welfare is that the goal of CPS Assessments is to protect children from further maltreatment and to support and improve parental/caretaker abilities to assure a safe and nurturing home for each child. If conditions described in the intake report would, if true, meet the legal definition of child abuse, neglect, and/or dependency, and the alleged perpetrator is a parent, guardian, custodian, or caretaker by statutory definition, and if the alleged victim is a child under the age of 18 years of age, the local county child welfare agency where the child resides, or is found, is required to initiate CPS Assessment of all children residing in the home. The task of the CPS Assessment is to determine if the child(ren) is/are abused, neglected, and/or dependent, what level of intervention is necessary to assure safety, and if the family needs additional services.

The purpose of In Home Services in Child Welfare is that the primary goal of opening an Ongoing Case for CPS In-Home Services is to support families to safely maintain their child(ren) in their own home by eliminating identified safety and threat concerns and reducing risk of future child maltreatment. This is achieved through engagement of the family, their support system, and other

service providers. CPS In-Home Services provides interventions and services to families after maltreatment has occurred. CPS In-Home Services are legally mandated and are provided to:

- Address child safety and threat factors and protection.
- Preserve families (maintain child(ren) safely in their home).
- Prevent further abuse or neglect by strengthening the family's capacity to protect and nurture their children.

The purpose of Child Permanency in Child Welfare is to provide Permanency Planning Services to children who must be separated from their own parents or caretakers when they are unable or unwilling to provide adequate protection and care. As a result, the child enters the custody of a NC County child welfare services agency. When this happens, the county child welfare services agency has legal custody and/or placement responsibility, whether the child has been removed from their home, and regardless of the type of placement. County child welfare custody must not be considered until reasonable efforts have been made to preserve a child's safety, health, and well-being in their own home. County child welfare agencies are required to provide services to preserve or reunify families until parental rights have been terminated by the juvenile court.

Keisha also explained that Cleveland County Child Welfare has been using the same information storage system, known as AS400 since the late 1980's. We are slowly starting to move away from AS400 and are in the beginning stages of using PATH NC. Partnership & Technology Hub for North Carolina (Path NC) is the statewide information for child welfare services going forward, replacing the current Child Welfare Information System (CWIS) formerly known as NCFAS. In 2025, NC Division of Child Welfare began a phased integration of local Departments of Social Services Child Welfare units into Path NC based on regions. The Cleveland County Department of Social Services went live in Path NC on August 11, 2025, for Intake and Assessments/Investigations joining 43 other counties. As of today, only 11 counties are waiting on rollout into Path NC. These 11 counties are currently using CWIS for assessments, investigations, and the ongoing services of In-Home Services and child Permanency. Path NC has provided the added benefits of:

- Tracking submission times for intakes to ensure timely screenings.
- Tracking initiation times for assessments/investigations for timely face to face contact with children and parents to ensure child safety.
- Real-time reports for intakes, assists from other counties and states, and open cases.
- Tracking of the length of days that cases are open in assessments/investigations to help ensure cases are completed within state timeframes.
- Enables users to see open/closed cases from other counties to better track CPS history.

The Path NC system comes with a mobile app that is accessible through the county issued work cell phones. The mobile app allows you to access all information that is currently on the Path NC website, allows you to generate forms, and allows the supervisor/program manager to approve intake decisions, safety assessments and other forms. Path NC also has a policy search engine function known as "Ask PATH". This function allows users to ask child welfare policy questions and receive the answer along with where to locate the information on policy. The previous information system, AS400 required several steps to enter intakes and documentation/supporting information into the assessment, In-Home, and Child Permanency cases that took a while for new social workers to learn. Path NC has made the initial onboarding and training to enter data for cases much easier and less complicated for new staff. Path NC also has a state provided training, and an online training via ncfasttraining.nc.gov. Path NC has job aids that are accessible on the

training website, and instructs users on tasks such as entering an intake, sending an assist, etc. This year, Path NC will fully integrate all 100 counties into this statewide system for all child welfare services including Intake, Investigations/Assessments, In-Home Services, and Child Permanency by December 2026. Cleveland County DSS will go live with ongoing services of In-Home Services and Child Permanency in Path NC in July 2026. Keisha asked if there were any questions. Mr. Miller asked if a child needs to be removed from the home, does law enforcement have to go with the social workers for removal? Keisha said that sometimes they will need to take law enforcement but most of the time they do not. Mr. Miller also asked if there is an age limit that would prevent DSS from taking a child from the home. Keisha answered that we are legally able to take a child under 18 years of age. The question was asked if the process is the same for Adult Protective Services. It is different as you do have to prove that the adult is making a conscious decision to stay in the situation. Maggie asked if children are removed from the home during the school day. Keisha said that it does happen, but we prefer they are home so they can gather their belongings.

MATERNITY PRESENTATION:

Chair Karner introduced Victoria Byars with the Maternity Presentation. Victoria began by explaining that the CCHD Maternity Clinic provides individualized and comprehensive prenatal care to pregnant women in Cleveland and surrounding counties as long as they are a resident of North Carolina. Our clinic is staffed with registered nurses, a nurse midwife, and 1 OB physician. We accept private insurance, NC Medicaid and offer a sliding fee scale for self-pay patients. We also have contract ultrasound Sonographers who are on-site weekly to perform any ultrasounds patients need. All patients who come through our maternity clinic have routine prenatal labs per ACOG and the maternal health agreement addenda that includes CBC, blood type, antibody screening, hemoglobin, HIV, Hepatitis B and C, Syphilis, Rubella, Varicella, Sickle Cell Testing, Hemoglobin A1C/Diabetic Testing, and STD testing. Once a patient has an established due date, we also offer genetic testing that includes Onatal-screens for increased risk for Trisomy disorders such as Down Syndrome, AFP-screens for increased risk of neural tube defects such as spina bifida, and Carrier screening-screens to see if mother carries traits for Cystic Fibrosis and Spinal Muscular Atrophy. Any abnormal result warrants consult with Maternal Fetal Medicine Specialists. First appointments for patients after confirmed pregnancy test include a detailed health history, nutritional assessment with our WIC department, education on pregnancy/warning signs, and time with the OB provider. Several psychosocial screenings are performed to assess depression/anxiety, intimate partner violence, and housing/food/transportation. The second visit will include a complete physical exam by the OB provider and a dating/visibility ultrasound. At this time, further ultrasound studies to include an anatomy scan will be scheduled and the patient will return for visits based on gestation and ACOG recommendations. We will see the patient every 4 weeks up to 28 weeks, every 2 weeks up to 36 weeks, and weekly 36 weeks to delivery. Additional resources available to maternity patients include CCHD dental clinic, Case Management for High-Risk Pregnancies, Case Management for At Risk Children, WIC, Childbirth/Infant Feed Classes, Licensed Clinical Social Worker Referrals, and Presumptive Medicaid Eligibility Determination for patients who are uninsured or have private insurance. Coverage is temporary and lasts 2 months from date of application. Patients are encouraged to apply for regular Medicaid after the presumptive Medicaid ends. Victoria opened the floor for anyone that had questions. Maggie asked if there

was any help for those that had referrals to Charlotte that needed transportation. Victoria explained that most of the clients do have Medicaid and will receive Medicaid transportation. Mr. Miller asked if we have patients that have had IVF. Victoria answered that we typically do not have those patients in our practice as this is usually through a private provider. Sara asked what the time limit is for Pregnancy Medicaid and Victoria answered that they have a year after delivery. Maggie asked if we do post-partum visits. Victoria answered that we do those visits in our family planning clinic. She also asked if we keep track of the percentage of people that come in for those visits following delivery. Victoria said we do not keep track of those but do encourage them to come in for those visits in our family planning clinic.

ORGANIZATIONAL CHART REVIEW:

Chair Karner introduced Tiffany Hansen to present the Organizational Chart Review. Tiffany explained that, since the agencies have consolidated, she wanted everyone to have a better perspective on the organizational charts for the Health Department, DSS, and the Consolidated agency. Copies of the organizational charts were emailed to all board members ahead of the meeting. She noted that she would not go into great detail as they are pretty self-explanatory but invited anyone with questions to reach out to her.

BUDGET AMENDMENTS:

ITEM NUMBER ONE:

The North Carolina Department of Health and Human Services, Cancer Prevention and Control Branch, has allocated an additional \$400 for the CVD Wisewoman Activity. This increase is due to updated reimbursement rates, including an increase from \$250 to \$260 per CVD screening and an increase from \$15 to \$25 for each second and third HBSS session, effective December 1, 2025, through May 30, 2026. We request permission to budget these funds in the Adult Health Department (533) to support contracted services for this program.

ITEM NUMBER TWO:

The Cleveland County Health Department has received \$334,012 in Prescription Drug rebate funds. We request permission to budget \$200,000 of these funds in the Employee Wellness Center (660) department and the remaining \$134,012 in the Primary Care (550) department. These funds will be used to offset the cost of Tier 3-5 prescription drugs for these two programs.

Motion: A motion to recommend the proposed budget amendments to the Board of Commissioners was made by Mr. Miller and a second was made by Allison Gragg. The motion carried unanimously.

MISCELLANEOUS:

Chair Karner asked if there was any additional business to discuss. There was no additional business to discuss.

ADJOURN: 7:29 PM

There being no further business, Chair Karner called for a motion to adjourn.

Motion: Mr. Miller moved, with a second by Marty Hamrick, that the Cleveland County Consolidated Human Services Board meeting be adjourned. The motion carried unanimously.

RESPECTFULLY SUBMITTED,

Tiffany Hansen, Secretary
Cleveland County Consolidated Human Services Agency