

**Wake County Human Services Board
Meeting Minutes
January 21, 2021**

Board Members Present:

Ed Buchan
Frank Eagles
Fiorella Horna
Deborah Lawson
Tonya Minggia
Dr. John Perry
Ann Rollins
Commissioner James West
Dr. Mary Faye Whisler
McKinley Wooten

Guests Present:

Dr. Ojinga Harrison
Dr. Anita Sawhney
Dr. Kelcy Walker Pope
Mr. Sloan Walters

Staff Members Present:

Commissioner Vickie Adamson
Nannette Bowler
Commissioner Maria Cervania
Caroline Harper
Richie Hayner
Leah Holdren
Brittany Hunt
Annemarie Maiorano
Heather Miranda
Ken Murphy
Dr. Nicole Mushonga
Derwick Paige
Toni Pedroza
Glenda Reed
Paige Rosemond
Liz Scott
Dr. Joseph Threadcraft
Dr. Jason Wittes

Call to Order

Dr. John Perry called the meeting to order at 7:33 A.M. Several attendants were introduced to the Board.

Approval of Minutes

Dr. John Perry asked for a motion to approve the December 17th meeting minutes. There was a motion by Ms. Ann Rollins and Mr. McKinley Wooten seconded to accept the minutes. The minutes were unanimously approved.

Next Board Meeting – February 25th, 2021 – Board Annual Training/Orientation

Treasurer's Report

(Presented by Treasurer, Mr. McKinley Wooten)

Treasurer Mr. McKinley Wooten reported that there was no change from the total last month. The current balance of the Board fund is \$4,230.92.

Human Services Director's Update

(Presented by Ms. Liz Scott, Ms. Paige Rosemond, Ms. Heather Miranda, and Dr. Nicole Mushonga)
Ms. Liz Scott, Economic Services Division Director, provided a brief update. The County is anticipated to resume pandemic Electronic Benefit Transfer (EBT). The State's plan has not yet been approved by the United States Department of Agriculture (USDA), but that approval is expected soon. More information and materials will be sent once approval has been obtained. These benefits would be received by children who receive free or reduced lunch in public schools.

Ms. Paige Rosemond, Child Welfare Division Director, spoke of how the State's lack of capacity continues to present struggles for the County in placing youth with complex needs. Children continue to be "placed" at buildings for the Division of Social Services because there is no availability for therapeutic placement. This limits these youth and prevents them from obtaining the services that they need. The obstacles are insurmountable without further advocacy and assistance. This is true not only for the County but also the State. Local youth continue to be placed outside the County and, in some cases, outside of North Carolina completely. Recent states of placement have included Utah and Alabama. This is the direct result of not having adequate placement available in the state of North Carolina.

Stress to the system has only been compounded with the continued impact of the COVID-19 pandemic. What availability may be made could also be limited due to a sudden COVID-19 outbreak and required quarantines. More foster families are unwilling to accept youth without knowing if they have the virus. Staff continue to provide supervision at the building 24 hours a day for seven days a week. The stress this causes impacts not only the staff, but the youth that are being "placed" at a business building.

To combat these obstacles, advocacy needs to begin with State partners and legislators. Partners at the North Carolina Department of Health and Human Services (NC DHHS) have started a review team, but this has yet to yield placements or tangible support. Incentives for placement providers could also prove useful. Mr. McKinley Wooten noted that whatever advocacy was conducted needed to be fielded through Chair Dr. John Perry. This would assist the Board and County staff with more easily meeting accreditation benchmark items related to the Board's advocacy.

Ms. Heather Miranda, Clinical Operations Director, informed the Board that she would be acting as Interim Public Health Division Director due to Dr. Christopher Kippes resigning. In other news, the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) will continue to remain remote through the middle of May 2021.

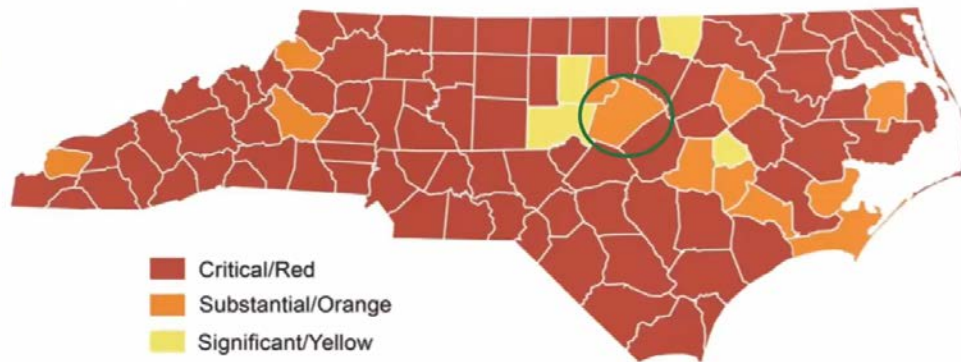
A focus for Public Health has been new hires. Two Physicians have accepted positions and a third Physician is currently in the further stages of being hired. Another concern is evaluating the Regional Centers to get them back open after their services were limited due to the pandemic. Many staff from the Regional Centers (as well as Public Health as a whole) were re-assigned to assist with COVID-19 operations. Public Health is providing approximately 52% of its services that were offered pre-COVID-19. Services related to sexually transmitted diseases (STDs) have increased 100%. There has been a notable low level of flu patients, likely due to precautions residents are taking to prevent COVID-19.

Dr. Nicole Mushonga, Assistant Physician Director and Epidemiology Program Director, reviewed the details from Governor Roy Cooper's executive order 181.

- There is a statewide stay-at-home order in effect from 10:00 p.m. to 5:00 a.m.
- All businesses must cease alcohol sales by 9:00 p.m. (where applicable).
- There are restrictions on mass gathering sizes – only 10 are allowed indoor and 50 outdoor.
- Both mask wearing and business capacity restrictions must remain in effect.
- Local law enforcement are expected to enforce this order.

Next, Dr. Mushonga shared the latest statewide community status through the COVID-19 Alert System. Counties are shaded in by one of three levels of COVID-19 spread – significant, substantial, or critical. Percent positivity rate, case rate, and hospital impact all determine a county's tier. A percent positivity rate of 10% and a high hospital impact puts a county in the critical or red category. The data from December 20th, 2020 through January 2nd, 2021 is shown below. Circled in green on the image is Wake County.

NC Counties by Tier: Data from December 20 through January 2, 2021



As of January 20th, 2021, Wake County had a case rate of 989 cases per 100,000 people. This is the number of new cases in fourteen days per 100,000 people. The percent positivity rate is 9.6%, which represents the percent of tests that are positive over fourteen days. In the previous week, this rate had risen to 11% before slowly declining. The County's hospital impact (moderate) is a composite score based on the percent of COVID-19 hospitalizations, COVID-19 related visits to the emergency department (ED), staffed open hospital beds, and critical staffing shortages over fourteen days.

Reviewing Wake County COVID-19 cases by month reveals a grim picture for December 2020. This month alone doubled the case number of November 2020 and was the highest number of cases yet for the County at 15,590. The new year is not seeming more positive. Between January 1st and January 15th, 2021, there had already been 11,388 identified cases of COVID-19 in Wake County. This large number is believed to be the repercussion of holiday travel and social gatherings from Christmas and New Year's.

The County does keep a daily track of all these metrics (see below). Even this can be subject to limitations, however. There is a delay on the reporting for deaths as an investigation needs to be completed to ensure the passing is indeed related to COVID-19. This includes documentation that must be completed to properly formalize the data. The State has run into similar data challenges in its efforts to house figures on COVID-19's impact.

Indicator	1/7	1/8	1/9-1/10	1/11	1/12	1/13	1/14
Case Rate (1)	731	768	915	915	977	945	918
Percent Positive (2)	10.2%	10.8%	10.9%	11%	10.8%	10.9%	10.5%
Hospital Impact (3)	Mod	Mod	Mod	Mod	Mod	Mod	Mod
Daily Positives	1,137	658	2,180	709	1,189	274	799
Total Positives	48,425	49,110	51,290	51,999	53,188	53,462	54,261
Daily Deaths	17	2	0	0	0	18	2
Total Deaths	354*	373	373	373	373	374	374*

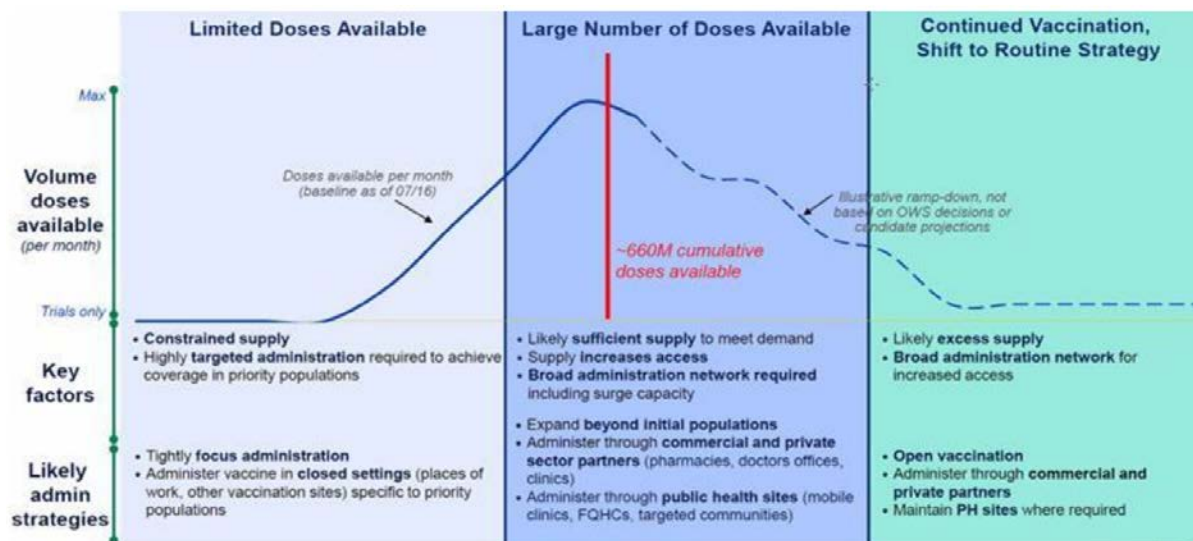
From January 4th to January 15th, 2021, the percent positivity rate had increased over 13%. Though the rate has since showed promising signs of decreasing, the State still wishes to have a positivity rate of 5% or lower. The County was last within this range between September and October of 2020. From January 4th to the 15th, there was also a 13.4% increase in hospitalizations (from 230 cases on the 4th to 261 cases on the 15th).

Guidance was provided for what the community could do to protect themselves and others. For those 65 years old or older, gatherings should be limited to the immediate household as they are at a significant risk for a serious COVID-19 infection. If symptoms develop, the individual should get test immediately as the majority of therapeutics work best early in the infection. For individuals 40 years old or younger, there should be an assumption that the infection was caught if the individual gathers beyond their immediate household. Most will likely not have any symptoms. However, they could be a danger to others and should isolate away from anyone at an increased risk for severe disease. Testing is also important for this age group. Overall, no unmasked public gatherings are safe. No indoor private gatherings are safe without all members fully masked with all individuals taking the same precautions and regularly testing negative for COVID-19.

COVID-19 Vaccination Update and Discussion

(Presented by Dr. Jason Wittes)

Dr. Jason Wittes, Pharmacy Director, reviewed the phased approach to administering the COVID-19 vaccine with the following graphic.



At this point, the County is still early on to the leftmost side of the graph with a constrained supply. Only when the availability of the vaccines reaches the red line on the graph will they be more widely accessible. At that point, places like CVS Pharmacy and Walgreens will have access to the vaccines. United States President Joe Biden's goal of 100,000,000 doses in his first 100 days of office may impact the trajectory if successful.

The State is supporting the County by providing guidance, in concordance with the Centers for Disease Control and Prevention (CDC), on phases and priority groups. The State also licenses vaccine providers and determines distribution quantities. While an electronic registration and inventory system used statewide (CVMS) is being managed by the State, it is not yet live to the general public. Finally, the State is charged with establishing the locations where the vaccine will be administered as well as education to the public to ensure availability, safety, and effectiveness of the vaccines.

The populations being targeted are broken out clearly at www.YourSpotYourShot.nc.gov – the official vaccination webpage from the North Carolina Department of Health and Human Services (NC DHHS). Previous phases and subgroups are now simplified into groups. These five groups differ slightly from earlier information provided solely based on how quickly the situation surrounding the pandemic changes.

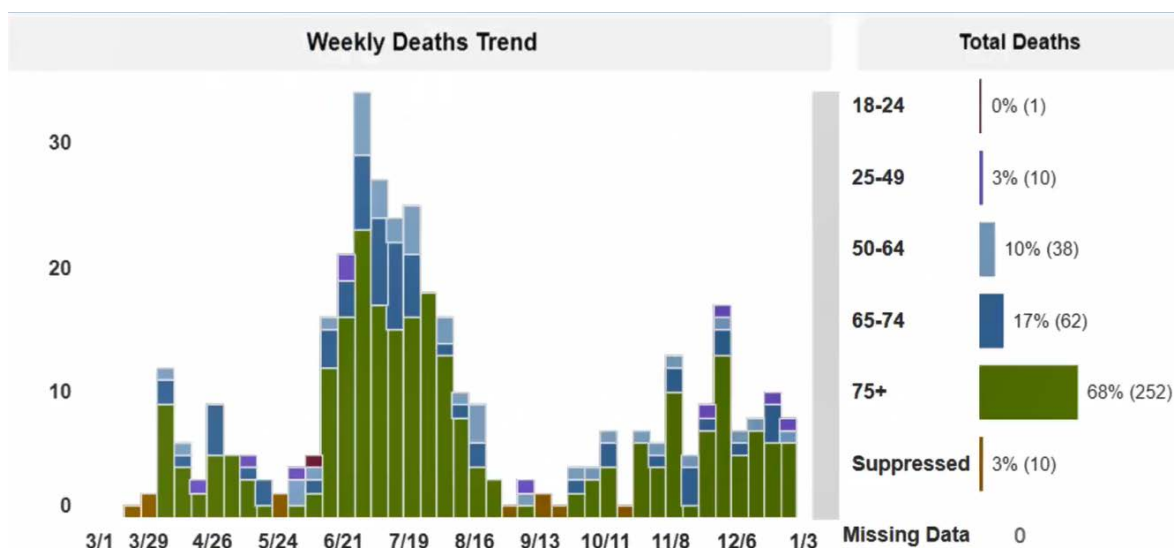
This understandably causes questions and concerns from the community during a time where skepticism about the vaccines was already circulating. The new phases are outlined below.

- Health Care Workers and Long-term Care Staff and Residents*
- Older Adults (Aged 65+)*
- Frontline Essential Workers
- Adults at High Risk for Exposure and Increased Risk of Severe Illness
- Everyone

* - Individuals who are currently eligible for the vaccines

In Wake County, there are 180,000 people in groups one and two. Group two is composed of roughly 130,000 people. The vast majority of the 50,000 in group one have been vaccinated. Group one only includes patient-facing individuals and does not include remote workers. These two priority groups were critical to vaccinate as soon as possible. Group one protects health care workers who are a critical workforce during the COVID-19 pandemic and at risk for exposure to COVID-19. This group also includes long-term care residents and workers who are at the highest risk of being hospitalized or dying. Group two saves lives by protecting those at high risk of being hospitalized or dying from COVID-19.

The following image reviews weekly death trends by total age in Wake County from March 1st, 2020 to January 3rd, 2021. Over 80% of deaths have been attributed to those aged 65 or older. On January 19th, 2021, Wake County Public Health began a wait list for registration of those aged 65 or older.



Dr. Wittes explained that the notable decrease in fatalities after a huge increase in late June and mid-July could be attributed to an increase in medical knowledge. As health experts dealt with more infected patients and more was known about the virus, the death rate decreased.

The following image displays how the demand far exceeds the supply of the vaccines. As of 7:30 a.m. on the morning of January 21st, Wake County had received requests for over 45,672 people to be on the waiting list for the vaccine.

County	Week of 12/14	Week of 12/21	Week of 12/28	Week of 1/4	Week of 1/11	Total Doses thru 1/11	Expected Week of 01/18
All Wake Vaccinators	8,775	6,825	4,000	4,975	8,875	33,450	4,975
Wake County Public Health *	0	975	1,950	975	1,950 and 975 Second Dose	5,850 First Dose	975

* Included in Wake Overall numbers; all Wake County Public Health (WCPH) doses to date have been Pfizer

So far, Wake County has done an outstanding job of not wasting doses of the vaccine. Each vial of the vaccine can be stretched to six doses. Of all the vaccines administered thus far, only five doses have been “wasted.” This is commonly due to human error and reconstitution issues. This puts Wake County at a 0.1% rate of wasting. Surrounding counties tend to have higher rates of wasting compared to Wake County.

Even after receiving the vaccine, individuals must continue to wear a cloth face covering, wait six feet apart, and wash their hands often or use hand sanitizer (otherwise known as the “3Ws”). This is due to broad vaccine availability being months away while community spread stays high.

Dr. Wittes was also asked to expand upon the registration system. He indicated that data-driven decisions were being made to help not only the most vulnerable populations, but also populations in areas of the County with high positivity rates. This way, the distribution does not become a “free-for-all.”

Ms. Fiorella Horna asked for clarity on whether those being administered the vaccine in Wake County were entering the clinic or receiving the vaccine via drive thru. Dr. Wittes stated that Wake County Human Services (WCHS) would be administering the second dose of the vaccine solely by drive thru so that there was a clear distinction between these residents and those receiving the first dose. By mid-February, staff hope to have drive thru options available for both first and second doses. For now, the first dose would be administered inside of the vaccination clinic. This is essentially a mass walk-in clinic with handicap accessibility. Those administering the vaccines outside of WCHS in the County may be conducting the process differently. The registration website referenced earlier is solely for WCHS.

Another Board member asked about the rate of doses given the large amount of demand. Dr. Wittes explained that the registration database was critical in showing the State and federal representatives just how large the demand had become. This could help WCHS in securing more vaccines as time moves on and more individuals register. This, of course, is complicated by the fact that there are not only other entities in Wake County with a need for vaccine doses, but many statewide as well.

County staff and Board members thanked Dr. Wittes for both his information and professionalism in education the community during such a demanding time.

Environmental Services Director’s Update

(Presented by Dr. Joseph Threadcraft)

Dr. Joseph Threadcraft, Environmental Services Director, recognized Mr. Andre Pierce, Environmental Health and Safety Director, and his team for leading Environmental Services’ COVID-19 response. To date, sixteen of Mr. Pierce’s staff have been identified to receive the COVID-19 vaccine. All sixteen are

Strike Team members of the COVID-19 response operation. They accompany Communicable Disease Nurses into assisted living facilities to address active COVID-19 outbreaks.

Dr. Threadcraft then shared the Wake County Groundwater Assessment webpage (<https://www2.usgs.gov/water/southeastatlantic/nc/projects/wake-county-groundwater/study.php>) from the United States Geological Survey (USGS) website. Approximately 10% of Wake County residents receive their drinking water through wells. Questions about the sustainability, quality, and connection of groundwater have increased over the past few years. Wake County's Water Quality Division and Environmental Services as a whole formed an agreement with USGS for them to provide a groundwater assessment study. Knowing more about groundwater helps the County plan how to best help residents outside of municipalities. The webpage is accessible to the public and provides a wealth of data on wells and water levels across the County. The webpage breaks down how the data is gathered and presented with clear terminology and picture guides. Dr. Threadcraft noted that this webpage would not be possible without the work of the Public Health Committee and Human Services Board.

Dr. Threadcraft closed with stating that this monthly update would begin to focus on different initiatives taking place throughout Environmental Services.

Commissioner Vickie Adamson asked for clarity on the ongoing free testing of well water for certain parts of the County. Dr. Threadcraft confirmed that money was allocated for low-income residents. Staff have requested additional funds so that they can continue to provide these services. This effort also helps these individuals understand any findings and guide them through potential solutions. Even outside of the additional funding, staff help field calls with questions about well water and water test results.

Ad Hoc Nominating Committee Update and Discussion

(Presented by Chair, Dr. John Perry)

Dr. John Perry presented on behalf of the Ad Hoc Nominating Committee. Dr. Ojinga Harrison is awaiting approval from the Board of Commissioners to fulfill the psychiatrist slot. Outside of this slot, five vacancies remain – psychologist, optometrist, and three consumer representative slots. Commissioner James West stated that there were several candidates being considered for the consumer representative slots.

El Centro Hispano COVID-19 Latino Outreach Update

(Presented by Ms. Fiorella Horna)

Between December 1st and December 30th, 2020, El Centro Hispano (ECH) and its Community Health Workers (CHW) focused on outreach, education, and testing. There was a concerted effort to educate business owners and workers in the construction industry. Staff achievements are as follows.

- Nearly 15,000 masks were distributed door-to-door and to businesses, churches, and shopping centers.
- Over 250 households were provided food. Among them were families (57 people, 23 adults, and 21 children) impacted by COVID-19. These families were served in collaboration with Tri-area Ministry Food Pantry and InterFaith Food Shuttle – both food security organizations in Wake County. Fifty food boxes were distributed as part of the Chocolatada with Luisito event at Villa Latina. Twenty-three households made up of 39 adults and 65 children were given food baskets for Christmas thanks to a donation from Curamericas.
- Slightly over 500 COVID-19 tests were administered in collaboration with Advance Community Health Center at Compare Foods, Villa Latina, and the Mexican Consulate. Unfortunately, testing

was impacted due to medical staff being pulled from the support test site to help with a surge of people at hospitals. Three events were cancelled due to the lack of medical staff.

- Almost 2,500 people and 138 businesses interacted with CHW/Promotoras with COVID-19 education and mask distribution. Additionally, targeted outreach was coordinated to connect with construction workers by creating a team of three CHW/P trained in COVID-19 safety precautions. These safety precautions, in particular, focused on the construction industry. Nearly 700 workers received education, masks, and sanitizers.
- Over 280 people were provided Community Support Services related to food security and financial assistance for housing and utilities.
- The social media campaign “#NCUnidaContraelVirus” reached 841,500 people and received 62,300 website hits. In collaboration with Spanish Language Media, eleven public service announcements were created and 27 press articles were published. Partners included Curtis Media, Explosion 107.5, La Ke Buena, La Grande, Que Pasa, La Noticia, La Conexion, Enlace Latino (Newsline), and Revista Latina.

Adult Services Update

(Presented by Ms. Glenda Reed)

Ms. Glenda Reed, Senior and Adult Services Manager, gave an update on Adult Services. Like all other services, Senior and Adult Services was not immune to the impact of COVID-19. Following the guidance of the North Carolina Department of Health and Human Services (NCDHHS), the Emergency Operations Center (EOC), and Wake County Public Health (WCPH), Senior and Adult Services set several safeguards in place. This included a policy to call ahead to arrange visits or meetings to answer questions about COVID-19 diagnosis, symptoms, or exposure. If it is not possible for visitors to call ahead, staff will wait by the door to request their status. While isolation with the pandemic has been especially hard on adults and the elderly, there are some successes. Resources for Seniors distributes a COVID-19 Electronic Resource list twice a week. The Coronavirus Aid, Relief, and Economic Security Act (CARES Act) funding has supported several initiatives to support the aging community.

These safeguards are necessary to prevent the very worst from happening. Senior and Adult Services had already lost two clients under their guardianship who passed due to COVID-19. There are a total of 873 clients who receive guardianship services from Wake County Human Services and its contract agencies. Several staff were exposed to the virus and were required to quarantine. Two staff tested positive for COVID-19. However, compliance with COVID-19 requirements by client has been encouraging.

Adult Protective Services (APS) is an essential service responsible for assuring the safety of vulnerable adults who are suspected of being maltreated. Face-to-face initiation is a critical element to assuring safety when APS screens in a report for a protective services evaluation. The monthly average number of APS reports is 57. There was a slight decrease in these reports early in the spring due to the pandemic, but it stabilized by June. The CARES Act funding has allowed APS to purchase personal protective equipment (PPE) and pay for overtime. There is a contract with Doctors Making House Calls that makes quicker access available. But staff continue to go out to the hospitals and homes.

In Guardianship Services, court cases are being held virtually. Staff continue to work in the community with both providers and clients. Guardianship Services provides surrogate decision-making for 445 clients by Wake County Human Services staff and 428 by contract agencies. In Adult and Community Services, Adult Home Specialists monitor and take complaints on assisted living facilities and the adult care homes in Wake County. The program also has social workers who provide special assistance in-home case management to assist individuals to remain in their homes. There are a total of 105 adult care facilities in Wake County, which are composed of 33 adult care homes and 72 family care homes. Approximately 22 of the 33 adult care homes reported positive cases while roughly 7 of the 72 family care homes reported

positive cases. Routine monitoring of these facilities is suspended due to COVID-19, but complaint investigations continue. Special assistance in-home social workers provide case management services to 40 clients.

Next, Ms. Reed reviewed details about the Growing Older – Living with Dignity (GOLD) Coalition. In 2005, the Wake County Board of Commissioners established an Aging Services Committee to develop a countywide Aging Services Plan. This Plan recommended the GOLD Coalition be established. This Coalition includes representatives from a wide array of agencies and is co-chaired by Wake County Human Services and Resources for Seniors. Though the original Aging Services Plan has been updated throughout the years, its next update is due in 2021. The Coalition receives no funding, has no staff, and retains no authority. These challenges have resulted in many programs having a significant waitlist. The Coalition does provide advocacy, develops priorities, and serves as the entity to receive and filter input from aging and/or disability providers. There is some overlap with issues and membership between Live Well Wake and the GOLD Coalition. Efforts are being made for the two entities to collaborate.

For context, there are over 200,000 adults aged 60 or older in Wake County. Approximately 28,000 of these adults live alone. Over 30,000 of them have one or more disabilities and 21,000 of them are below 200% of the Federal Poverty Level. These figures are dangerous when considering the lack of Adult Day/Health Care programs in Wake County. The daily rate for Adult Day/Health Care established by the State (\$33) has remained the same for over a decade. Due to demand, special assistance in-home services has a waitlist with 52 people. In-home aid has a waitlist of 386 residents. And without Medicaid expansion, individuals under 65 years of age have few affordable options for healthcare.

Committee Chairs Update

(Presented by Mr. Frank Eagles)

Representatives from the Public Health Committee and Social Services Committee were not available for a report at the time of this update.

Mr. Frank Eagles provided a detailed report on the Regional Networks Committee. From center to center:

1. Millbrook/Departure Human Services Center: Departure Drive has served as a COVID-19 testing site since December 2020. Community Advocacy Committee (CAC) members partnered with Departure Drive to promote this testing. This initiative was used to promote testing while simultaneously communicating and marketing the new Center location. Currently, the location is closed to the public.
2. Crosby Garfield/Social and Economic Vitality (SEV): The SEV team reached an estimated 46,000 residents by distributing over 162,000 masks countywide with a concentration on families in the Southeast Raleigh and Eastern regions of the county. The Southeast Raleigh Co-hub is determining the viability of establishing a cooperatively owned, community, co-working hub primarily for grassroots nonprofits and small business in Southeast Raleigh. A fifteen-member planning committee has been recruited and applications for consultants have been received. The Crosby Garfield SEV Team hosted the second part of a “Conversation on Living Wages,” partnering with Capital Area Food Network (CAFN), United for a Fair Economy, and Durham Living Wage Project. As part of its work with North Carolina State University, the SEV team supported the launch of the Southeast Raleigh Community Collaborative (SRCC). This group is tasked with developing a community engagement toolkit for Southeast Raleigh. The SRCC toolkit will honor the knowledge, wisdom, talents, and time of experts by highlighting the history, culture, strengths, and current challenges in Southeast Raleigh. The slides from the orientation, including names of committee members, is located at the following web link:
<https://drive.google.com/file/d/1KtiXc5heZK0FZKMmH6VaRtvOqxYPRI5e/view>

3. Western Human Services Center (WHSC): The regional food service distributed six hundred produce boxes, over one thousand casseroles, three thousand shelf-stable food boxes, and household goods during December. In the first position expansion since 2018, the WHSC posted a Customer Services Specialist position. The Western Region partnered with more than twenty organizations, one hundred volunteers, and sixteen neighborhood sites to distribute food and resources. More than four thousand items of meat, produce, and shelf-stable boxes were distributed prior to Christmas. Western Region food sites partnered with various agencies to distribute three thousand masks and two hundred toothbrushes through the Wake County Dental Clinic. They also provided three hundred flu vaccines through CVS Pharmacy. Currently, the location is closed to the public.
4. Northern Regional Center (NRC): Customers continue to take advantage of the NRC drive thru services for tax payments and birth certificates. December 2020's foot traffic (2,482) was about 50% of the typical December customer flow. This does not include those customers that were able to be provided drive thru services. The NRC administrative staff hosted a drive thru holiday celebration on December 18th. Staff were able to briefly step out of their cars to take pictures by a Christmas tree and enjoy a treat bag. The Northern Region Food Hub received \$45,000 in additional funds. This brings their six-month total to \$135,219.74. These funds allow the provision of shelf-stable food through the end of February 2021. Currently, the location remains in a "Partial Opening" status.
5. Southern Regional Center (SRC): Since the partial opening in August 2020, the amount of revenue collected has exceeded \$1.34 million dollars and there have been 311 birth certificates issued. Advance Community Health had one testing event during December at SRC. Nearly two hundred tests were completed – approximately 46 tests per hour. Currently, the location remains in a "Partial Opening" status.
6. Eastern Regional Center (ERC): Since the June re-opening of the ERC Health Clinic, one thousand and seven hundred patients have been served. Over six hundred residents were assisted in December from a distribution of resources at the "Resource Table." The Eastern Region Community Food Hubs distributed nearly 4,000 boxes of shelf-stable food and produce in December 2020. Currently, the location remains in a "Partial Opening" status.

Foot traffic among the Regional Center, which includes both visitors and staff, hovers around 50% of the pre-pandemic numbers. A primary purpose for visits in December 2020 was the collection of revenue. Collectively, the ERC, NRC, and SRC collection \$2.9 million during December. Birth certificates were also sought after. The NRC and SRC, which both continue to issue birth certificates, each issued 57 during the month of December.

Revenue Collections	
Northern	\$1,055,898.02
Southern	808,297.07
Eastern	1,040,151.83
TOTAL	\$2,904,346.92

Birth Certificates Issued	
Northern	57
Southern	57
Eastern	N/A
TOTAL	114

The ERC and SRC are currently partnering with Advance Community Health to administer COVID-19 testing several times per month. The final drive thru event in January will be at the ERC on January 25th from 10:00 a.m. to 3:00 p.m.

Commissioner Vickie Adamson told Board members that land was recently purchased in Cary for the purpose of building a new Regional Center. The land is located in the same shopping area as Dorcas Ministries.

Public Comments

- None

Adjournment

The meeting was adjourned at 9:24 A.M.

Board Chair's Signature:**Date:** 3/25/2021 _____

Respectfully submitted by Ms. Brittany Hunt