

**Wake County Human Services Board
Meeting Minutes
June 24, 2021**

Board Members Present:

Edward Buchan
DaQuanta Copeland
Frank Eagles
Dr. Ojinga Harrison
Fiorella Horna
Deborah Lawson
Tonya Minggia
Dr. Jananne O'Connell
Ann Rollins
Dr. Kelcy Walker Pope
Dr. Mary Faye Whisler

Guests Present:

None

Staff Members Present:

Nannette Bowler
Commissioner Maria Cervania
Dr. Dorothy Cilenti
Macy Fisher
Caroline Harper
Leah Holdren
Duane Holder
Brittany Hunt
Annemarie Maiorano
Heather Miranda
Dr. Nicole Mushonga
Morgan Poole
Paige Rosemond
Elizabeth Scott
Dr. Joseph Threadcraft

Call to Order

Ms. Ann Rollins called the meeting to order at 7:35 A.M.

Approval of Minutes

Ms. Ann Rollins asked for a motion to approve the March 25th meeting minutes. There was a motion by Dr. Mary Faye Whisler and Dr. Ojinga Harrison seconded to accept the minutes. The minutes were unanimously approved.

Ms. Ann Rollins asked for a motion to approve the May 27th meeting minutes. There was a motion by Dr. Ojinga Harrison and Ms. DaQuanta Copeland seconded to accept the minutes. The minutes were unanimously approved.

Next Board Meeting – July 22nd, 2021

Treasurer's Report

(Presented by Ms. Brittany Hunt)

Treasurer Mr. McKinley Wooten was unable to attend the meeting, so the Executive Assistant to the Human Services Board, Ms. Brittany Hunt, reported that there was no change from the total last month. The current balance of the Board fund is \$4,655.92.

Due to a donation request being made, Ms. Hunt reviewed the Board fund for the Board. The fund is composed of monies from Board members who have elected to donate their stipend. Board members have the right to accept, waive, or donate their stipends. Earlier in 2021, the Wake County Board of Commissioners approved this stipend to be increased from \$25.00 per meeting attended to \$50.00 per meeting attended. The purpose of the stipend is to cover expenses for internet connection and, when meetings return to in-person, coverage for transportation to the meetings.

Ms. Paige Rosemond, Child Welfare Division Director, made a donation request for high school foster care graduates. The Human Services Board typically donates to present these young adults with a gift for graduating. Because there were twenty students graduating and each gift would be around \$50.00, the request was for a total donation of \$1,000.00.

There was a motion by Mr. Frank Eagles approve donation request. Mr. Edward Buchan seconded. The donation was unanimously approved.

Public Health Report: Communicable Disease (Accreditation Benchmark #2.4)

(Presented by Ms. Morgan Poole)

Ms. Morgan Poole, Epidemiology Program Manager, presented the Public Health Report: Communicable Disease for 2021. This report focuses on selected communicable diseases of public health significance. A special focus for this report was COVID-19. Additional areas of concern include HIV and STDs, particularly syphilis, and tuberculosis. There is a spotlight on the 2020-2021 flu season as well as the Wake County COVID-19 operations.

Wake County's initial awareness of what would become the global pandemic of the coronavirus disease 2019 (COVID-19) came in an e-mail from the Wake County Human Services Epidemiologist on January 7th, 2020. In response to the unprecedented nature of the COVID-19 pandemic, Wake County had to develop both new processes and outcomes starting in March 2020. Wake County Human Services Public Health Division partnered with other Wake County departments to reach vulnerable populations. Fifteen months later, COVID-19 remains as a significant public health issue. As of June 11th, 2021, Wake County has had 89,185 cases of COVID-19 and 730 COVID-19-related deaths.

Due to the prevalence of COVID-19, Ms. Poole shared a wealth of data on COVID-19 cases (included below).

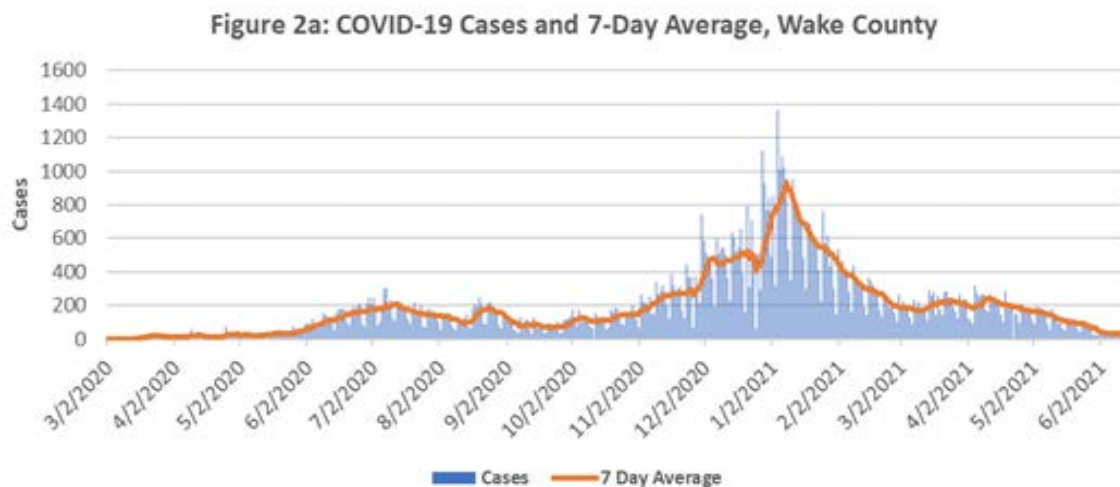
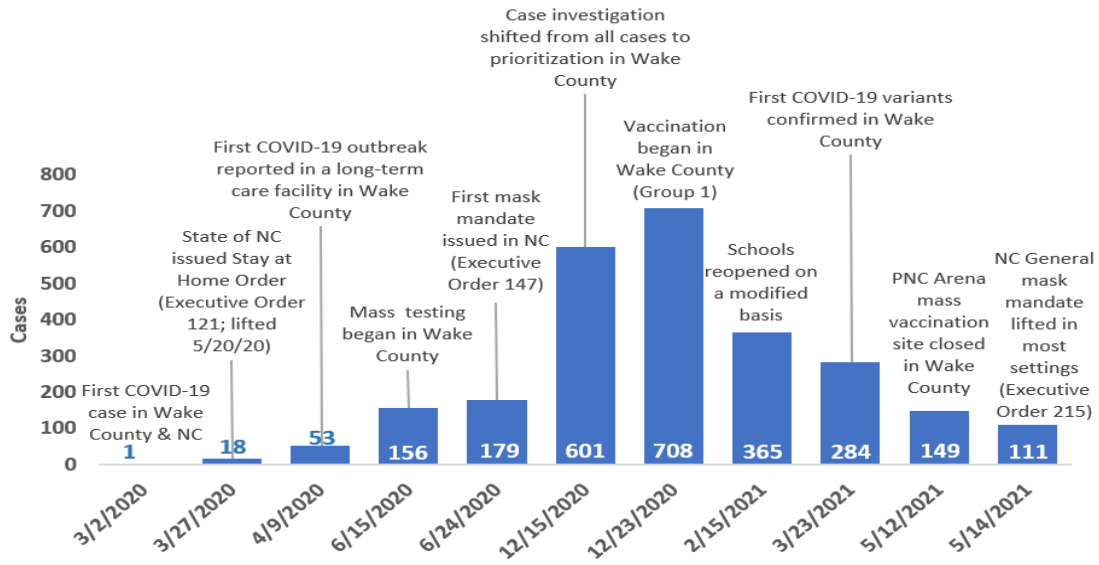
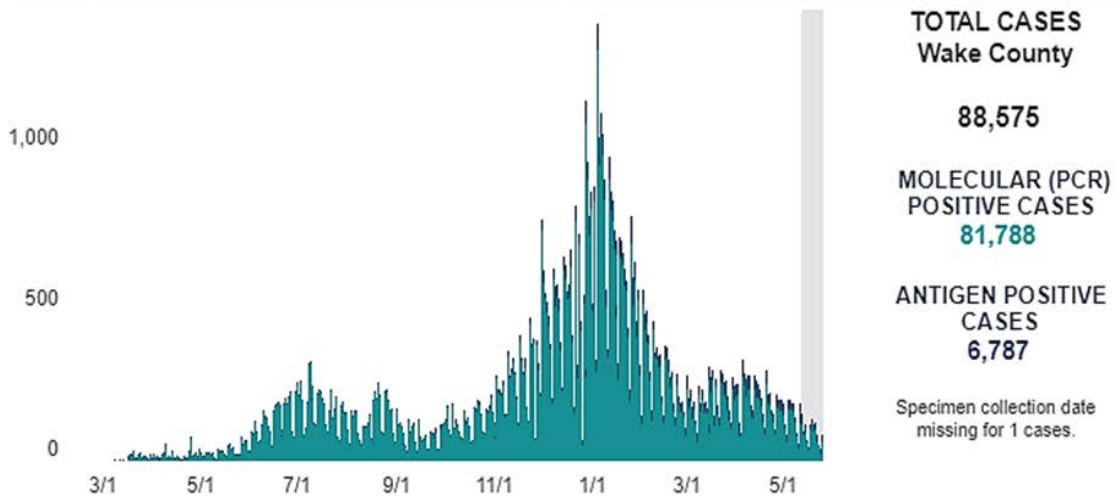


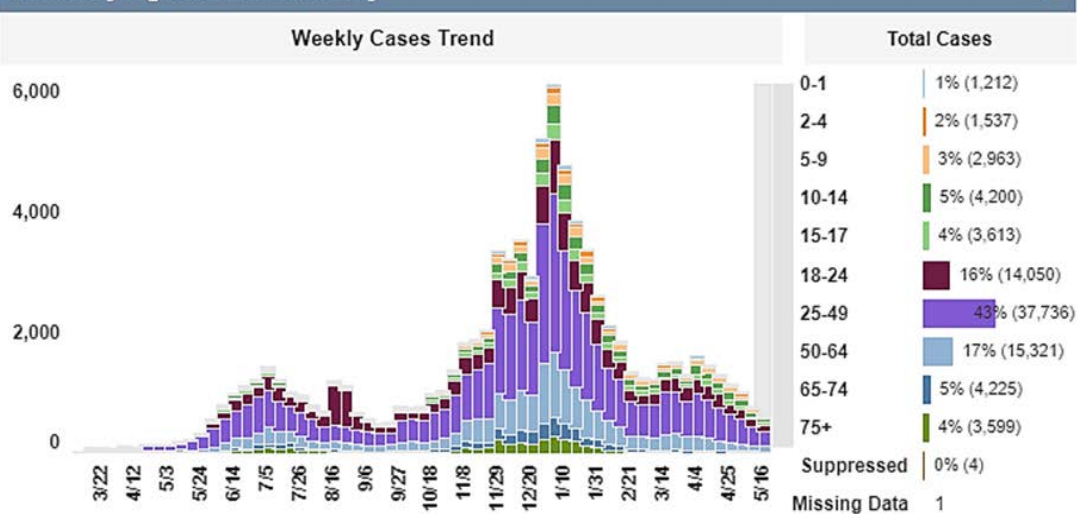
Figure 2b: Number of COVID-19 Cases on Significant Milestone Dates, Wake County, March 2, 2020 - May 14, 2021



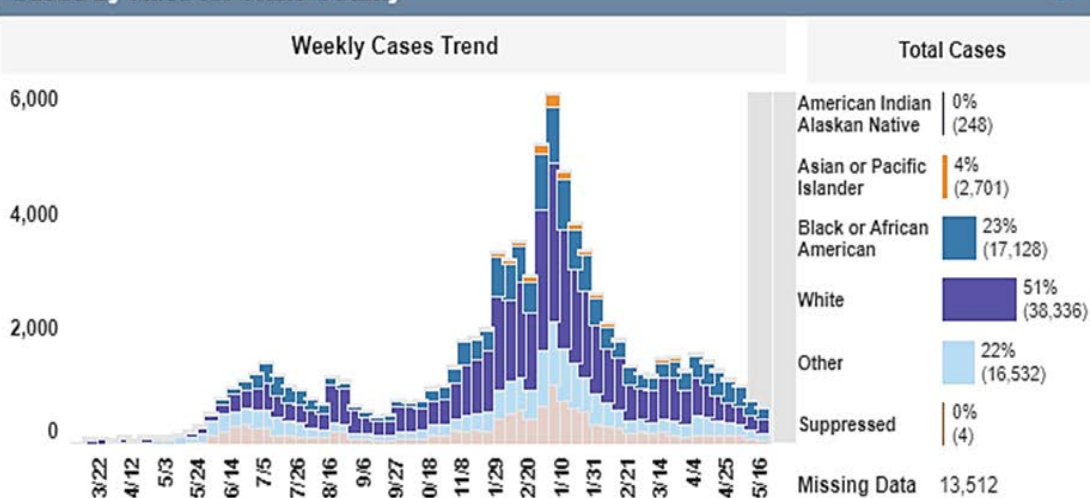
Cases by Date of Specimen Collection - Wake County



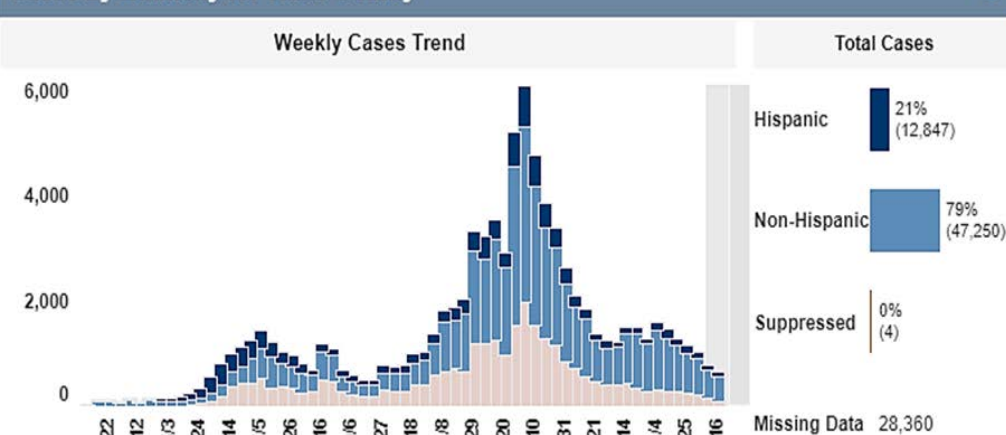
Cases by Age for Wake County



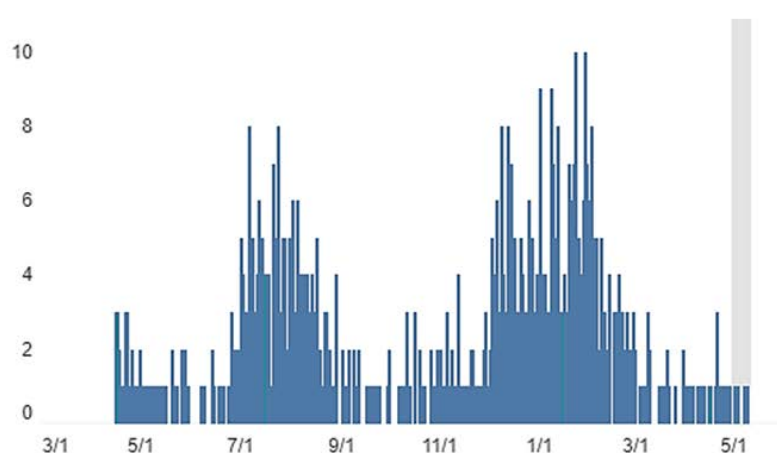
Cases by Race for Wake County



Cases by Ethnicity for Wake County



Deaths by Date of Death - Wake County



TOTAL DEATHS Wake County

724

MOLECULAR (PCR)
POSITIVE DEATHS
702

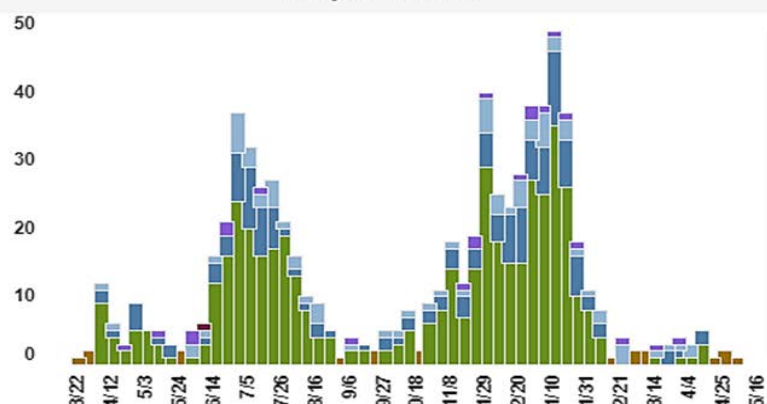
ANTIGEN POSITIVE
DEATHS
22

Date of death
missing for 0 deaths.

Deaths by Age for Wake County



Weekly Deaths Trend



Total Deaths

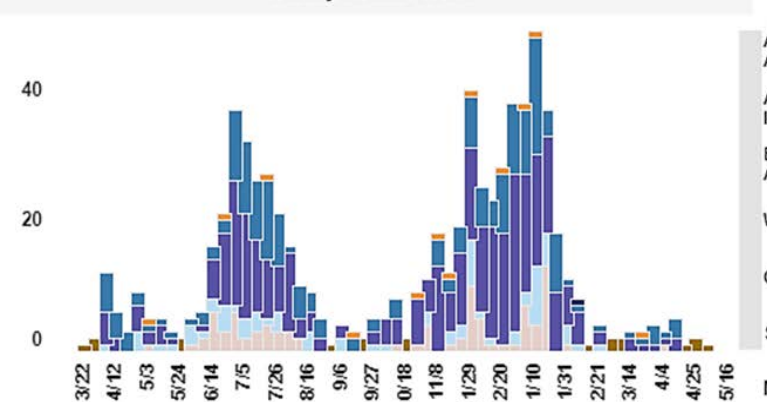
18-24	0% (1)
25-49	3% (22)
50-64	10% (74)
65-74	19% (141)
75+	65% (467)
Suppressed	3% (19)

Missing Data

Deaths by Race for Wake County



Weekly Deaths Trend



Total Deaths

American Indian or Alaskan Native	0% (1)
Asian or Pacific Islander	2% (12)
Black or African American	31% (196)
White	53% (335)
Other	11% (72)
Suppressed	3% (19)

Missing Data 89

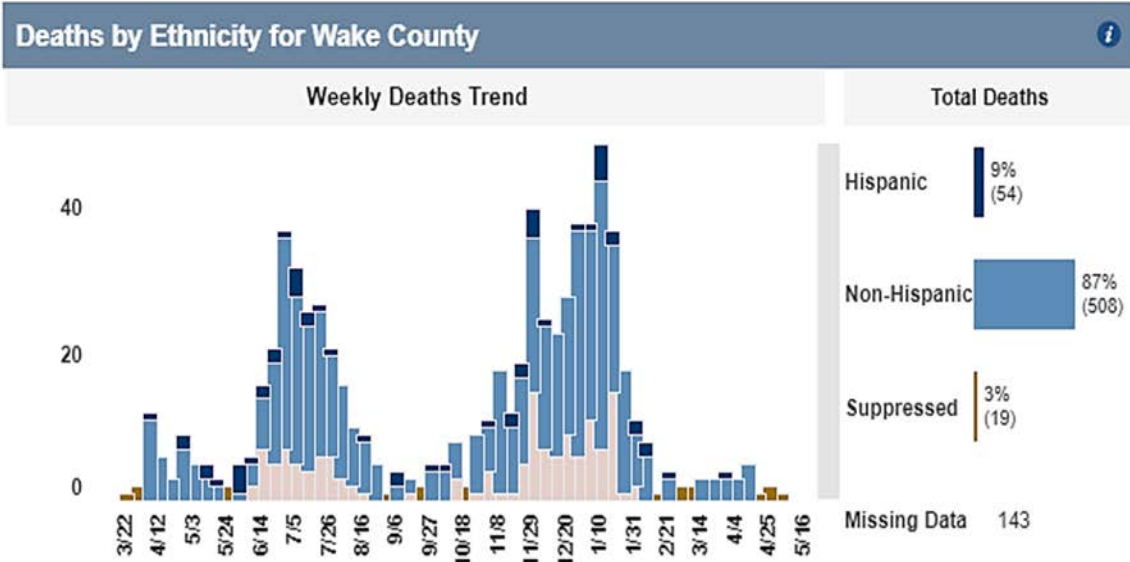
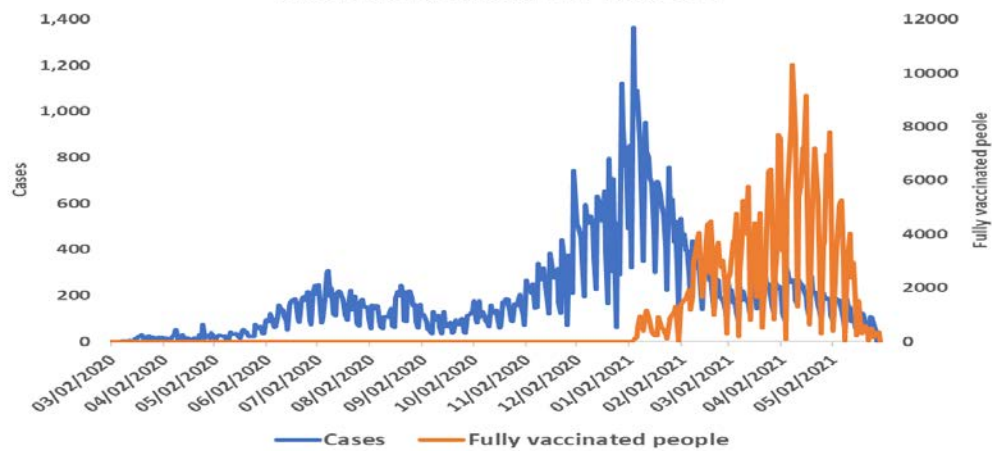


Figure 4: COVID-19 Cases and Fully Vaccinated People, Wake County, March 2020-May 2021



Ms. Poole also shared data on other communicable diseases (listed below).

Figure 5: Pertussis, Hepatitis B and *Haemophilus influenzae* type B Cases, Wake County, 2017-2020

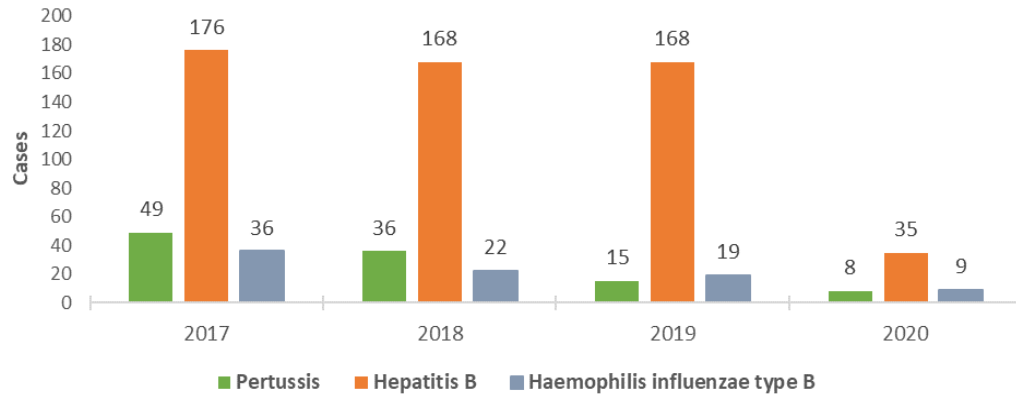


Figure 8: 5-Year Trend, Most Frequently Reported Foodborne Diseases, Wake County, 2016-2020

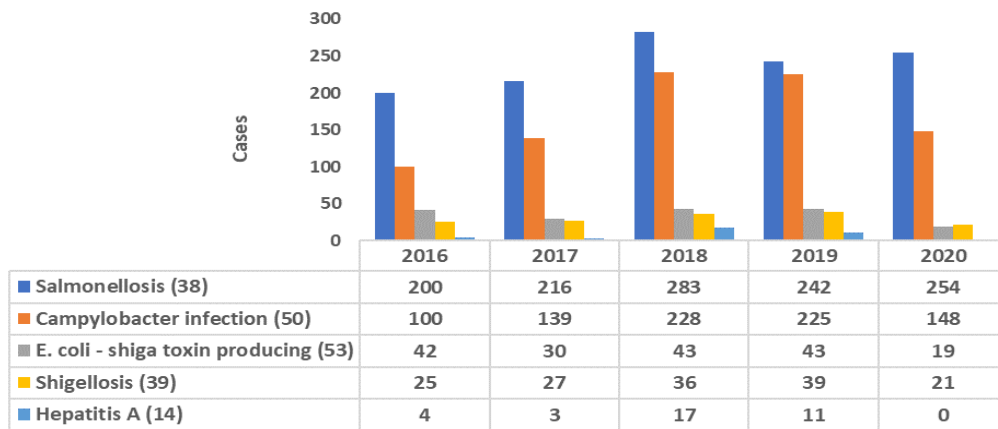
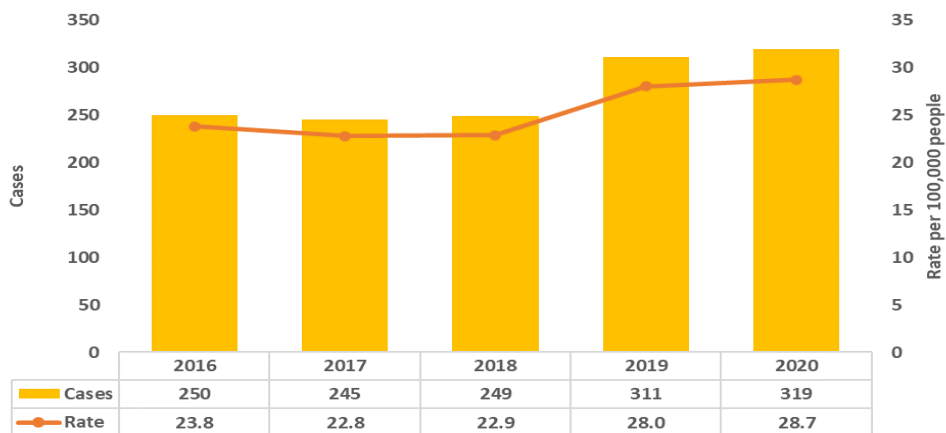
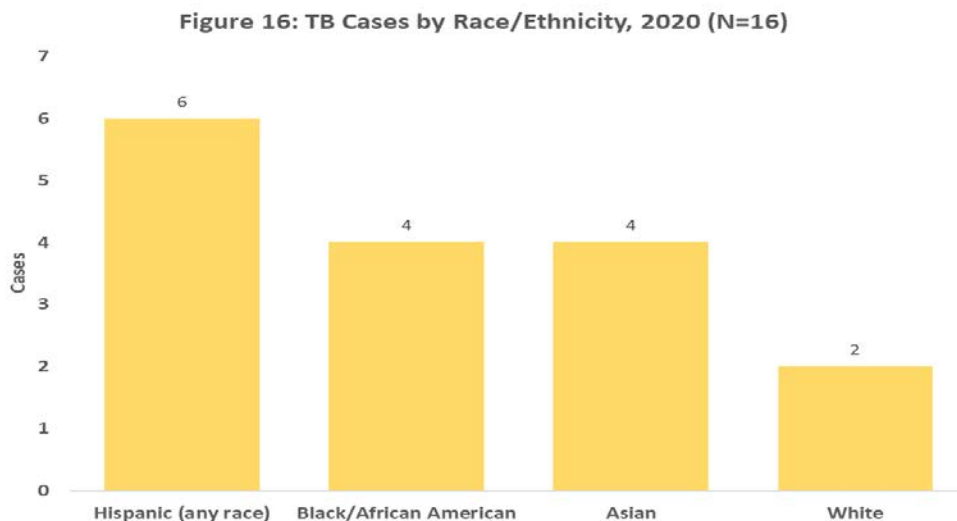
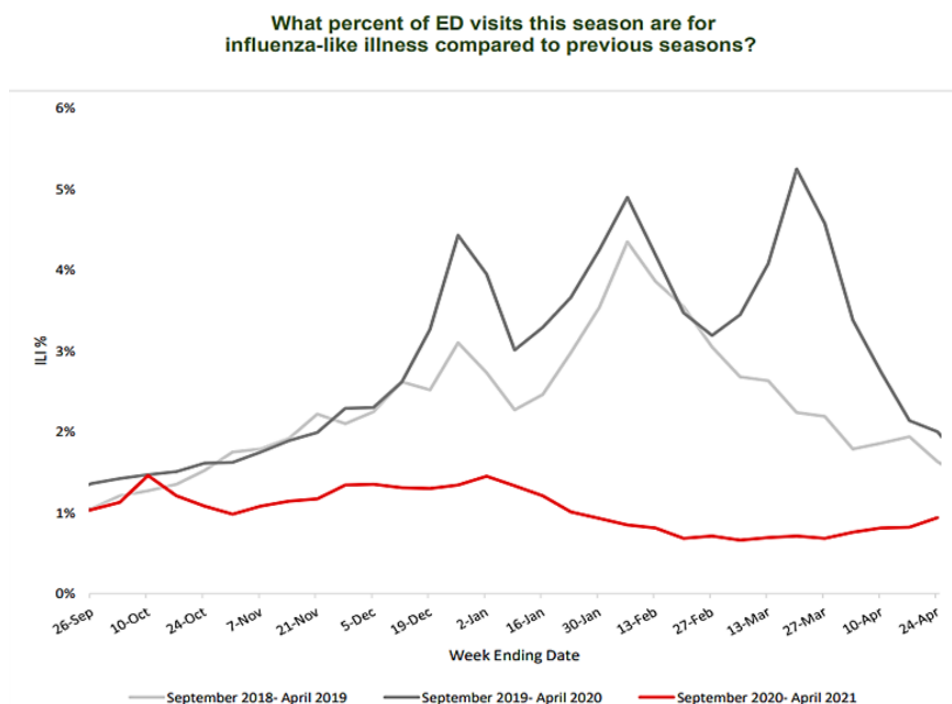


Figure 10: Early Syphilis Cases and Rates, Wake County, 2016-20





From September 27th, 2020 to May 8th, 2021, there were only seven flu deaths in North Carolina and no deaths in Wake County. The Department of Health and Human Services’ (DHHS) “Know Your 3Ws” campaign in conjunction with the combination of statewide executive orders and local public health ordinances, likely had the effect on decreasing flu cases. This is apparent in the data in the chart below.



One Board member asked if it was possible to disaggregate some of the data for salmonella causes. Ms. Poole said she would look into returning this data to the Board if it existed. Another discussion centered around providing outreach to the particularly vulnerable and impacted communities that were seen at higher odds in these reports. Dr. Nicole Mushonga, Assistant Physician Director and Epidemiology Program Director, explained that staff were regularly working with the community as well as the State in several key areas to identify best practices for outreach and communication.

Commissioner Maria Cervania asked if contact tracing was still being done – both for COVID-19 and other communicable diseases – especially for the uninsured population. Staff said that contact tracing was occurring still for those with COVID-19 and the other communicable diseases, though there is some difficulty with sexually transmitted diseases and infections (STDs/STIs) in particular. This is due to the increase of people meeting online and anonymously. Social media has increased these issues as well.

There was a motion by Ms. Fiorella Horna to approve the Public Health Report. Dr. Jananne O’Connell seconded. The report was unanimously approved.

Public Health Fee Schedule and Sliding Fee (Accreditation Benchmark #33.5, 33.7, 39.3)

(Presented by Ms. Heather Miranda)

Ms. Heather Miranda, Director of Clinical Operations, presented the Public Health Fee Policy. This is an annual accreditation benchmark dealing with fee setting methodology. Ms. Miranda will review the fee policy, fee setting methodology, and fee schedule.

The County responds to this benchmark based on governing statutes. For the Public Health Fee Policy, this is the Code of Federal Regulations, Title 42: Public Health, Part 59 – Grants for Family Planning Services, Subpart A – Project Grants for Family Planning Services (<https://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&SID=8f4724cb2093da084cddac01dca0c3d&n=42y1.0.1.4.44.1&r=SUBPART&ty=HTML>).

Next, Ms. Miranda shared the sliding fee scale as of February 1st, 2021 (see below). Each patient that comes in for services has their income evaluated. Based on that income and family size, the fee that they are charged is determined. The fees are updated each February in line with changes to the poverty level.

Wake County Human Services
Public Health Division - Clinical Services
Sliding Fee Scale
101% to 250% Federal Poverty Level
(Effective February 1, 2021)

Federal Poverty	Family Size	20% Pay		40% Pay		60% Pay		80% Pay		100% Full Pay
12,880	1	12,881	17,710	17,711	22,540	22,541	27,370	27,371	32,199	32,200
17,420	2	17,421	23,953	23,954	30,485	30,486	37,018	37,019	43,549	43,550
21,960	3	21,961	30,195	30,196	38,430	38,431	46,665	46,666	54,899	54,900
26,500	4	26,501	36,438	36,439	46,375	46,376	56,313	56,314	66,249	66,250
31,040	5	31,041	42,680	42,681	54,320	54,321	65,960	65,961	77,599	77,600
35,580	6	35,581	48,923	48,924	62,265	62,266	75,608	75,609	88,949	88,950
40,120	7	40,121	55,165	55,166	70,210	70,211	85,255	85,256	100,299	100,300
44,660	8	44,661	61,408	61,409	78,155	78,156	94,903	94,904	111,649	111,650
49,200	9	49,201	67,650	67,651	86,100	86,101	104,550	104,551	122,999	123,000
53,740	10	53,741	73,893	73,894	94,045	94,046	114,198	114,199	134,349	134,350
58,280	11	58,281	80,135	80,136	101,990	101,991	123,845	123,846	145,699	145,700
62,820	12	62,821	86,378	86,379	109,935	109,936	133,493	133,494	157,049	157,050

The purpose of the fee setting is to establish policies and procedures that will take all appropriate and cost-effective actions to ensure the fair and appropriate setting and collection of fees for physical health services provided by Wake County Human Services (WCHS). WCHS provides a range of physical and telemedicine services, many of which may be mandated by state contracts, grants, or participation in federal initiatives, or may be targeted to the needs of specific populations. WCHS is committed to keeping these services within reach of all Wake County residents. The Human Services Board (of which the Public Health Committee is a subcommittee) reviews and approves the fee setting methodology for Wake County Human Services Health Clinics. WCHS will make every effort to collect appropriate reimbursement for the cost of providing services from individuals, insurance, and other third-party payers.

The last time a full review of the fees was conducted was in 2018. Instead of a full review, staff focused on specific fees. So staff reviewed best practices for safety net providers. Benchmarks indicated setting fees at 50% of customary for the region. This means that 50% of providers charge more than the County and 50% charge less than the County. This is for the full fee, which means that the individual would be evaluated and charged with 100% of the fee upon reviewing their income and family size.

Criteria for evaluation of the fee structure was also reviewed, including current service charges, cost of providing the service, and level of Medicaid and private insurance reimbursement. Five meetings were conducted to review fees and policy between March and June of 2021.

Only one change was made to the policy statement under the “fee setting” section. The new statement reads as follows (newly added text in italics): “WCHS will conduct an annual review of fees. Charges shall be based on a cost analysis of all services provided, as documented in the annual ‘Medicaid Cost Analysis’ report which is prepared contractually by the North Carolina Alliance of Public Health Agencies (NCAPHA), *as well as a review of fees utilizing the Physician’s Fee Reference, with a regional zip code multiplier.*”

Changes to fees include COVID-19 codes, in-house laboratory codes, LabCorp sliding fees, and added fees for proposed new medical and dental services as well as new evaluation and management (E&M) codes (which are used to code medical services by providers). Some of the new fees and codes are included below.

Proposed New Services: Prenatal/Family Planning

Service Type	Code	Proposed Charge
Ultrasound (US), fetal anatomic survey	76811	526.78
Ultrasound, fetal anatomic survey, additional fetus	76812	290.15
US, transvaginal, gynecologic	76830	290.15
US, pelvic, complete	76856	284.52
US, transvaginal limited (IUD check)	76857	191.56
US, extremity limited	76882	102.35
Endometrial Biopsy at the time of Colposcopy	58110	153.11
Vulvar biopsy, 1 specimen	56605	204.70
Vulvar biopsy, each additional lesion	56606	110.80

I&D for Bartholin's cyst	56420	354.00
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Proposed New Services: Child Health

Service Type	Code	Proposed Charge
REMOVAL FOREIGN BODY FROM EXTERNAL AUDITORY CANAL	69200	129.89
CLEAR OUTER EAR CANAL	69205	111.75

Proposed New Services: Dental

Service Type	Code	Proposed Charge
Inhalation of nitrous oxide/analgesia, anxiolysis	D9230	100.00
Core buildup, including any pins when required	D2950	320.00

Proposed New Services: COVID Vaccine Administration

Service Type	Code	Proposed Charge
0001A 1 st dose (Pfizer)	91300	40.00
0002A 2nd dose (Pfizer)	91300	40.00
00011A 1 st dose (Moderna)	91301	40.00
00012A 1 st dose (Moderna)	91301	40.00
00031A (J and J)	91303	40.00

Laboratory In-house Fees

Service Type	Code	Current Fee	Proposed Fee	Difference
URINE DIPSTICK	81003(FP/N/NC)	\$15.00	\$16.00	\$1.00
U/A MICROSCOPY	81015(N)	\$24.00	\$24.00	\$ -
URINE PREGNANCY TEST	81025(FP/N/NC)	\$29.00	\$29.00	\$ -
AMINES, VAGINAL FLUID QUALITATIVE	82120	\$18.00	\$18.00	\$ -
HEMMOCCULT	82270	\$16.00	\$16.00	\$ -

GLUCOSE/RANDOM FASTING	82947F/R	\$22.00	\$23.00	\$1.00
OSULLIVAN	82950	\$29.00	\$28.00	(\$1.00)
GTT	82951	\$75.00	\$83.00	\$8.00
GTT, EA BEYOND 3 SPECIMEN	82952	\$25.00	\$30.00	\$5.00
GLUCOSE, BLOOD BY GLUCOSE	82962	\$14.00	\$15.00	\$1.00
HEMOGLOBIN	85018(FP/N)	\$16.00	\$18.00	\$2.00
TB-MANTOUX STATE SUPPLY	86580(N/T/TF)	\$0.00	\$ -	\$ -
TB-MANTOUX PURCHASE SUPPLY	PPDBILL	\$25.00		(\$25.00)
RAPID HIV	86701R	\$0.00		\$ -
GRAM STAIN FOR BACTERIA	87205	\$34.00	\$36.00	\$2.00
WET MOUNT FOR INFECTIOUS AGENT	87210(FP)	\$22.00	\$23.00	\$1.00
TISSUE EXAM KOH-SKIN, HAIR, NAIL	87220	\$25.00	\$26.00	\$1.00
INFLUENZA, RAPID A & B	87804	\$41.00	\$41.00	\$ -
RAPID STREP	87880(QW/TB)	\$39.00	\$41.00	\$2.00
HGB, QUANTITATIVE, TRANSCUTANEOUS	88738	\$15.00	\$21.00	\$6.00

For sliding the LabCorp fees, this is required to utilize a sliding fee scale for all service fees within the health department. It was also noted in the past during administrative audits as an area for improvement and corrections.

Ms. Miranda also shared data from 2019 based on what sliding fee classes patients landed in when being seen in the health clinics (included below). Please note that these figures do not include all clinics and specifically omits clinics such as the sexually transmitted disease (STD) clinic that offers completely no-cost services.

2019		
Sliding Fee	Number of Patients	Percent of Total Patients
100%	2,535	46.67%
80%	103	1.90%
60%	151	2.78%
40%	475	8.74%
20%	883	16.26%
0%	1,285	23.66%
Total	5,432	

It should also be noted that the “100%” category is rather large due to patients refusing to provide income information that would potentially allow them to enter a lower category. If they refuse to provide this information, they are automatically placed in the “100%” category.

For 2020, a total of \$280,000 in fees were collected without sliding LabCorp fees. If current wholesale LabCorp fees were slid as is, it would result in over \$125,000 fees paid by the County to LabCorp. The new LabCorp sliding fees would result in collection of \$341,000 in revenue to cover fee costs. A sample of a few of these proposed changes is outlined in the image below.

Test Description	CPT CODE	Total Volume	Lab Corp Cost	100% pay		80% pay	60% pay	40% pay	20% pay
Vitamin B12 and Folate (H)	82607	443	\$ 13.20	\$ 36.81		\$ 29.45	\$ 22.09	\$ 14.72	\$ 7.36
Creatinine, Serum (H)	82565	387	\$ 1.50	\$ 11.83		\$ 9.47	\$ 7.10	\$ 4.73	\$ 2.37
Hemoglobin A1c (H)	83036	1920	\$ 3.00	\$ 16.90		\$ 13.52	\$ 10.14	\$ 6.76	\$ 3.38
TSH (H)	84443	627	\$ 2.50	\$ 18.40		\$ 14.72	\$ 11.04	\$ 7.36	\$ 3.68
CBC With Differential/Platelet	85025	1861	\$ 2.25	\$ 15.96		\$ 12.77	\$ 9.58	\$ 6.39	\$ 3.19
Antibody Screen	86850	1832	\$ 5.00	\$ 18.40		\$ 14.72	\$ 11.04	\$ 7.36	\$ 3.68
ABO Grouping and Rho(D) Typing	86900	1775	\$ 4.00	\$ 14.37		\$ 11.49	\$ 8.62	\$ 5.75	\$ 2.87
Urine Culture, Routine	87086	2574	\$ 8.00	\$ 23.66		\$ 18.93	\$ 14.20	\$ 9.47	\$ 4.73
Anal(Rectal) Cytology, LBP	88112	426	\$ 51.00	\$ 61.97		\$ 49.58	\$ 37.18	\$ 24.79	\$ 12.39
Prostate-Specific Ag, Serum	84153	321	\$ 6.00	\$ 19.53		\$ 15.62	\$ 11.72	\$ 7.81	\$ 3.91
Varicella-Zoster V Ab, IgG	86787	1857	\$ 10.00	\$ 41.32		\$ 33.05	\$ 24.79	\$ 16.53	\$ 8.26
Testosterone, Free and Total	84402	394	\$ 43.50	\$ 68.55		\$ 54.84	\$ 41.13	\$ 27.42	\$ 13.71
HCV Antibody RFX to Quant PCR (H)	86803	1127	\$ 7.15	\$ 21.78		\$ 17.43	\$ 13.07	\$ 8.71	\$ 4.36
Pap IG, rfx HPV ASCU	88155	563	\$ 20.00	\$ 32.87		\$ 26.29	\$ 19.72	\$ 13.15	\$ 6.57
IGP, rfx Aptima HPV ASCU	88175	412	\$ 100.00	\$ 109.00		\$ 87.20	\$ 65.40	\$ 43.60	\$ 21.80
IGP, Aptima HPV	87624	660	\$ 35.00	\$ 52.21		\$ 41.77	\$ 31.33	\$ 20.88	\$ 10.44
Lipid Panel (H)	80061	1522	\$ 2.50	\$ 19.95		\$ 15.96	\$ 11.97	\$ 7.98	\$ 3.99
Helper T-Lymph-CD4	86361	2940	\$ 20.00	\$ 46.76		\$ 37.41	\$ 28.06	\$ 18.70	\$ 9.35
RNA, Real Time PCR (Non-Graph)	87536	3135	\$ 95.00	\$ 135.08		\$ 108.06	\$ 81.05	\$ 54.03	\$ 27.02

To optimize the revenue base, staff will need to continue to review fees annually and conduct quarterly coding and billing audits of medical providers. There is also a Bi-annual Customer Service survey in order to get feedback from the community. Business model adjustments and updates to staff models are also in progress. Staff are also eager to leverage technology with a call reminder system to reduce no-show rates and patient-friendly fee payment options, which are in a final contracting stage.

Ms. Fiorella Horna asked how the County was aligning its costs for Medicaid Managed Care with the rest of the County and how staff ensured that there was access to contracted care that processed in other languages besides English. Ms. Miranda explained that the County is currently contracted with all providers and that costs were evaluated on a national and regional scale. Currently, the biggest concern is for access of the care. The County itself does have language experts available and does have a loop patient process that brings the patient back in after they see their provider to ensure the work was done. Ms. Miranda noted that she would investigate into how these providers handled this.

There was a motion by Ms. Deborah Lawson to approve the report. Dr. Mary Faye Whisler seconded. The report was unanimously approved.

Committee Chairs Update

(Presented by Ms. Ann Rollins, Dr. Jananne O’Connell, and Ms. Annemarie Maiorano)

The Public Health Committee meeting for June 2021 would be occurring the following day, so there was no report from this Committee at this time.

Dr. Jananne O’Connell shared that the Social Services Committee’s Aged Out of Foster Care Youth Workgroup had recently met and continues to discuss how to best help young adults who have aged out of foster care. The Committee also discussed the letter in reference to assisting foster care youth displaced

at the Wake County Human Services buildings (approved in a previous Human Services Board meeting). Dr. Mandy Cohen, Secretary of the North Carolina Department of Health and Human Services (NCDHHS), did have staff reach out to the community about the letter and Human Services Director Ms. Nannette Bowler would be meeting this same week to further discuss with community members and staff.

Ms. Annemarie Maiorano, Deputy Director of Operations, provided the Regional Networks report, outlined below.

1. Millbrook/Departure Human Services Center: Departure Drive and North Central (NC) Community Advocacy Committee (CAC) members will be providing summer food to kids in the area for the 2021 Summer Food Program. NC CAC member Crossroad Fellowship and community partners hosted a Virtual Community Partners meet and greet with great participation. The event prompted discussion on how organizations in the Triangle area are rebounding following the pandemic. CAC partner Berean Community Center, Inc. hosted a conversation on mental health titled “What’s Going On: An R-UOK Conversation on Mental Well-being.”
2. Crosby Garfield/Social and Economic Vitality (SEV): No updates provided.
3. Western Human Services Center (WHSC): The Western Regional Community Advocacy Committee (CAC) Food Security Action Group is finalizing a contract between Kirk of Kildaire Presbyterian Church and the North Carolina Department of Public Instruction (NCDPI) to launch the Western Regional Summer Meals Partnership for the fifth year. This will distribute hot meals to vulnerable neighborhoods across the region and run from June 2021 to August 2021. The sites continue to serve as access points for information and other resources, such as COVID-19 vaccines. The Western Regional CAC is establishing a Network of Care subcommittee to augment regional services delivery in formation of the design of the new Western Regional Center. In June, the Western Regional CAC continued informational meetings with content experts to study workforce development. The May meeting launched key informant interviews to begin mapping regional assets, conduct a gap analysis, and ensure a collaborative relationship through the process. With over twenty partners, the Western Regional CAC Food Security Action Group served 3,595 food boxes in the month of April at seventeen neighborhood sites. An additional \$120,000 was awarded from Wake County American Relief Program funds to continue food distribution in the most vulnerable neighborhoods in Apex, Cary, and Morrisville through December 2021. Efforts are being made to coordinate a vaccination site at the Grand Asis Market to specifically reach neighbors in the Chinese community. Another endeavor is attempting to host vaccination sites at local Young Men’s Christian Associations (YMCAs). A \$2,500 grant was also awarded by the Town of Holly Springs to distribute household items at the Holly Springs food distribution site. The WHSC is collaborating with the Wake County COVID-19 Community Engagement Team to increase access to vaccination shots in historically marginalized neighborhoods. Shiloh Baptist Church hosted a second shot site in Morrisville while Kirk of Kildaire Presbyterian Church hosted a second shot site in Cary. The WHSC remains closed to the public.
4. Northern Regional Center (NRC): The Northern Regional Community Advocacy Committee (CAC) successfully simulcast its first live social media event titled “Northern L.I.G.H.T.s.” The acronym stands for “Living In Good Health Together.” Thanks to Wake County Public Information and its partners with the Rolesville Chamber of Commerce, the event was live on both Facebook and YouTube on May 27th, 2021. The first episode was called “Happy Campers – Summertime Well Spent” and featured guest speakers from the Boys and Girls Club of Wake County, Parks and Recreation from both Rolesville and Wake Forest, 4-H, and the Housing Authority. The presentations all focused on events and activities for youth during the 2021 summer. The next live “Northern L.I.G.H.T.s” event was held on June 16th and highlighted mental health and emotional wellbeing. The NRC clinic re-opened on May 17th. The clinic is open on Mondays and Wednesdays as staff are shared with the Eastern Regional Center. Even with the

partial month and reduced service days, twenty-one patients received care. The NRC remains in a partial opening status.

5. Southern Regional Center (SRC): The SRC piloted an Economic and Social Services (ESS) Virtual Assistant in April and May 2021. This pilot used videoconferencing to connect visitors of the Center to an on-call case manager from the appropriate program. The Virtual Assistant is an attempt to explore ways to utilize technology to provide prompt service to benefit recipients. The Wake County Sheriff's Department (WCSD) held a gun lock distribution at the SRC in the month of May. In two hours, the department distributed more than twenty-five gun locks to residents. Advance Community Health (ACH) held one drive-thru testing event at the SRC in the month of May resulting in thirty-one tests administered. ACH will continue testing on at least two dates at the SRC in the month of June. The SRC remains in partial opening status.
6. Eastern Regional Center (ERC): The ERC will be partnering with the Food Bank of Central and Eastern North Carolina and K&W Cafeteria. Meals will be distributed via "grab-and-go" at ERC. This began on June 15th and will continue weekly through August 19th on Tuesdays and Thursdays from 11:30 a.m. to 12:30 p.m. Two hundred and seventeen patients were served at the ERC clinic in May 2021. Three hundred and seventeen residents were assisted via the distribution of resources. Monarch Behavioral Health Services has resumed in-person services as well, though an appointment is required. The ERC remains in a partial opening status.

The Wake County Dental Clinic Regional Smiles Program provided no-cost dental cleaning to children without insurance. Services provided on the bus included exams, prophylaxis (cleaning), radiographs, fluoride varnish, sealants, and oral hygiene instruction. The Eastern, Northern, and Southern Regional Centers each hosted the North Carolina Baptist Dental Bus for one day in May. A total of twenty-eight children were served (ten at ERC and nine each at NRC and SRC, respectively). The bus will return to each of the three regional centers mentioned above in the month of June.

The Regional Network continues to be an active participant in the response to COVID-19, including offering testing and vaccinations on-site. Vaccinations and testing are currently offered throughout the entire week (including weekends). The following table shows vaccines administered in the month of May 2021.

Region	COVID Vaccines Administered
Departure Drive	6,781
Eastern Region	114
Northern Region	787
Southern Region	230
TOTAL	7,912

In May 2021, the ERC, NRC, and SRC collected a combined eighty-six tax payments representing \$23,931.91 in tax revenue. These same three centers issued a combined 337 birth certificates. Since the partial opening in August 2020, there have been 947 birth certificates issued.

Revenue Collections	
Eastern	\$ 5,899.58
Northern	6,905.75
Southern	11,126.64

Eastern	5,899.58
TOTAL	\$23,931.97

Birth Issued	Certificates
Eastern	37
Northern	148
Southern	152
TOTAL	337

Environmental Services Director's Update

(Presented by Dr. Joseph Threadcraft)

Dr. Joseph Threadcraft, Director of Environmental Services, updated the Board about the Water Quality Director position vacancy. This position is currently being advertised on a national level through July 9th, 2021. Staff anticipate having the position filled by late September 2021 and are optimistic with a strong pool of applications and candidates.

Environmental Services is engaging several subcommittees in order to evaluate current processes. Two initiatives are currently being advanced – improving the wastewater permitting process and giving a comprehensive review of local wastewater rules. For the former, once building permits are applied for and subsequently approved, there is often a delay due to staff being unable to approve septic systems in a seven business day turnaround. This is due to the added complexity of required site visits. So staff are looking at resequencing and building the process to come before the build permit. This way, the wastewater can be addressed at the forefront. The second issue is both more complex and more sensitive. Local wastewater rules are designed to advance the betterment of public health. However, with Wake County being such a populated metropolitan area, there is not as much space to install the necessary equipment when larger homes are being built atop smaller lots. Thus, many community stakeholders are involved in the discussion of establishing these local rules. Once the rules have been drafted, staff will present them to the Public Health Committee for endorsement before presenting to the Human Services Board. Once reviewed and approved/approved with changes by the Human Services Board, it will then proceed to the Wake County Board of Commissioners. Finally, the rules will appear before the Human Services Board in a public hearing which will allow for comments before finally being adopted. Dr. Threadcraft noted the importance of detailing this procedure in advance as there is likely to be a lot of discussion surrounding these rules.

Human Services Director's Update

(Presented by Ms. Nannette Bowler, Dr. Nicole Mushonga, Ms. Heather Miranda)

Ms. Nannette Bowler, Human Services Director, introduced Dr. Nicole Mushonga, Assistant Physician Director and Epidemiology Program Director. Dr. Mushonga shared that Public Health recently had two large White House visits. On June 15th, Mr. Michael Regan, Environmental Protection Agency Administrator, and Dr. Cameron Webb, White House Policy Advisor for COVID-19 Equity, visited the WakeMed Medical Park across the vaccine clinic at the Wake County Public Health Center. During the stop, Mr. Regan and Dr. Webb will join local leaders to thank the community for the COVID-19 response and continue education on vaccinations. On June 24th, the County welcomed United States President Mr. Joe Biden. Ms. Ive Jones, Apex Friendship High School graduate and Princeton student, introduced Mr. Joe Biden before he addressed the community. Dr. Mushonga credited the hard work of the staff and community and noted that both events were extremely successful and advertised to continue encouraging vaccinations.

Recently, the American Rescue Plan (ARP) funds were appropriated to support Public Health efforts. With the COVID-19 metrics, the positivity rate and number of positive COVID-19 cases have declined significantly. Percent positivity is around 1.3 to 1.4% and remains around this level, which is a great sign of progress. The County has reached the milestone of at least 70% of the Wake County adult population (aged 18 or older) having one or more doses of the COVID-19 vaccine. The exact percentage is currently 70.4%.

Director of Clinical Operations Ms. Heather Miranda shared that staff are working hard to re-open all Regional Center locations about the community. The Northern Regional Center (NRC, in Wake Forest) and the Eastern Regional Center (ERC, in Zebulon) have both already re-opened. Departure Drive (in Raleigh) is slated to re-open on July 6th. This location does present obstacles as it is currently heavily utilized for vaccinations, so workflows are being reviewed. The Southern Regional Center (SRC, in Fuquay-Varina) will re-open on August 2nd, 2021.

The Smiles at Sunnybrook dental program did receive funding from the Office of Rural Health. This program has been going on for four years as of 2021. The funding will allow staff to purchase mobile dental equipment and depend more on clinics at local Regional Centers rather than solely renting a bus.

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) continues to grow each month throughout the continuing pandemic. Currently, around 19,000 participants are served each month. This is 120% of caseloads. The WIC program is still remote, though the waiver allowing for remote work ends in mid-August. Staff are awaiting further direction from the State and federal government on the transition to in-person consultations.

Finally, next week will mark the go-live for Medicaid Transformation. Though staff are working tirelessly in this regard and the County has signed up for all plans with the pharmacy prepared for the new demands, the State support and plans themselves leave questions. There is a worry about referrals and different aspects of health care that extend past the Human Services buildings. But more information is expected soon. There are also a great deal of questions surrounding Maternal and Child Health Care Management programs. Additional details will be provided on this as well.

Dr. Dorothy Cilenti, Interim Public Health Division Director, shared that work had begun on the Community Health Needs Assessment (CHNA). The steering committee has met and is currently organizing subcommittees. The CHNA must be completed by April 15th, 2022. Live Well Wake (LWW) recently sponsored two racial equity trainings by the Racial Equity Institute (REI) in the month of June. REI operates out of Greensboro, NC and provided groundwater training to Wake County staff and community partners. The goal is for the County to provide ongoing racial equity training during the summer of 2021. The Health Lit for Wake Health Equity Coalition convened to have its kickoff thanks to launch money from the John Rex Foundation. Staff are still waiting to see if additional funds will be awarded soon. The monies will be used to address inequities related to COVID-19 in the community.

Secretary of the North Carolina Department of Health and Human Services (DHHS) Dr. Mandy Cohen came to the Health Directors' last meeting to express appreciation for the hard work of local Public Health officials. Dr. Cohen mentioned that Wake County had some of the lowest COVID-19-related death rates nationwide as well as some of the fewest employment losses and economic losses because of the pandemic. However, vaccination efforts still had room to grow. Many areas have exceeded the 70% threshold for adults who are completely vaccinated. In comparison, this figure for Wake County is near 50%. The County is admittedly doing better than the State in this regard, but can still improve its efforts.

In other news, the Senate budget established funding to expand Medicaid postpartum for one year for people pregnant and eligible for Medicaid. These funds would cover pregnancy needs, chronic conditions,

and other preventative health care through the first year of a baby's life (for both the infant and mother). This is a large step for maternal and infant health. At this time, there was no other expansion mentioned for Medicaid.

Public Comments

- None

Adjournment

The meeting was adjourned at 9:02 A.M.

Board Chair's Signature:  **Date:** 7/22/2021

Respectfully submitted by Ms. Brittany Hunt