

**Wake County Human Services Board  
Meeting Minutes  
July 22, 2021**

**Board Members Present:**

Frank Eagles  
Dr. Ojinga Harrison  
Deborah Lawson  
Tonya Minggia  
Dr. John Perry  
Ann Rollins  
Dr. Anita Sawhney  
Dr. Kelcy Walker Pope  
Commissioner James West  
Dr. Mary Faye Whisler  
McKinley Wooten

**Guests Present:**

None

**Staff Members Present:**

Commissioner Vickie Adamson  
Stacy Beard  
Paige Bennett  
Commissioner Maria Cervania  
Sheila Donaldson  
Caroline Harper  
Richie Hayner  
Duane Holder  
Leah Holdren  
Brittany Hunt  
Dr. Kim McDonald  
Heather Miranda  
Ken Murphy  
Toni Pedroza  
Liz Scott  
Dr. Joseph Threadcraft

**Call to Order**

Dr. John Perry called the meeting to order at 7:30 A.M.

**Approval of Minutes**

Dr. John Perry asked for a motion to approve the June 24<sup>th</sup> meeting minutes. There was a motion by Dr. Mary Faye Whisler and Ms. Ann Rollins seconded to accept the minutes. The minutes were unanimously approved.

**Next Board Meeting** – August 26<sup>th</sup>, 2021

**Treasurer's Report**

(Presented by Mr. McKinley Wooten)

Treasurer Mr. McKinley Wooten reported that there was a \$1,000.00 decrease in the Board funds due to the recent donation the Board made to foster care high school graduates. The current balance of the Board fund is \$3,655.92.

**Environmental Services Director's Update**

(Presented by Dr. Joseph Threadcraft)

Dr. Joseph Threadcraft, Director of Environmental Services, shared information about septic rules with the caveat that the Human Services Board would likely be getting even more detailed information at the August meeting. The first meeting of the Permitting Process Improvement Subcommittee was held in November 2020 and three potential process changes were identified that could reduce builder turnaround time for permitting. These included permitting multiple properties at once, a fast-track model based on King County, Washington's permitting process, and municipal permitting processes already utilized in

Raleigh and Fuquay-Varina. The Subcommittee has two Workgroups – Communications and Rules Review. The Permitting Process Improvement Subcommittee is anticipated to end by November 2021, but the Rules Review Workgroup is expected to evolve into a subcommittee of its own. This new subcommittee will continue engagement with the community.

Another subcommittee for Wastewater Rules Review (also developed from the Workgroup mentioned above) has held three meetings since June of 2021. The new Director of Water Quality is expected to have an important role in this subcommittee and Dr. Threadcraft shared that this position has now been posted. For the rules review, Wake County staff met with North Carolina House members about septic rules. Bill H916 Wastewater Advanced Treatment Units Section 4 was noted as a bill to watch as it prohibits a local board of health from adopting more stringent rules concerning wastewater systems. This bill is proposed and is not a law at this time.

Next, Dr. Threadcraft reviewed the principles established by the Wastewater Rules Review Subcommittee.

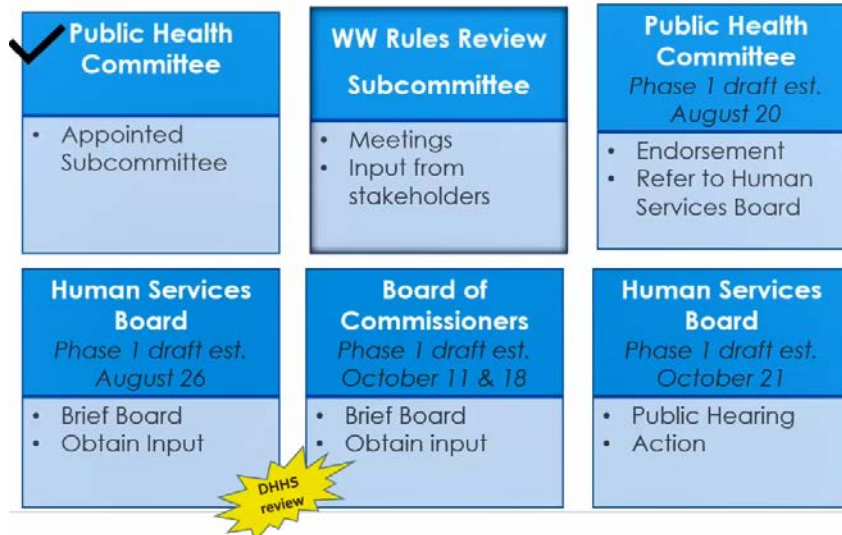
- Broad Engagement: Variety of perspectives among fifty invitees (not counting Wake County staff)
- Transparency and Voice: Perspectives and ideas are welcomed and openly discussed in meetings and via e-mail
- Established Process: This process is consistent with other local Human Services Board rules review processes
- Performance-based: Rules incorporate existing science and are performance-based
- Focused on Health: The intent of the rules is to protect human health
- Understanding of Impact: The impact of rule changes should be broadly understood based on subcommittee discussion

Dr. Threadcraft also shared the review topics of phase one, as follows:

- Prefabricated Permeable Block Panel System (PPBPS) Consistency: Remove specific PPBPS restrictions so that these can be evaluated consistent with other applications for reduction requests >25%
- 50' Minimum Line Length: Remove or revise the 50' minimum line length to a performance-based regulation
- Five-Minute Minimum Pump Time: Remove or revise the five-minute minimum pump run time to a performance-based regulation
- >25% Reduction: Revise or remove the regulation for >25% reduction

It is anticipated that the Rules Review Subcommittee will operate in two phases – one more quickly discussed and presented and another to open the rules to other matters for more discussion. This phased process is important to developers and builders in the community as it allows for additional time for questions.

The image below outlines the Committee and Board process that will develop over the coming months.



In the immediate future, the Wastewater Rules Review Committee will continue to meet and Environmental Services anticipates presenting to the Public Health Committee and Human Services Board in August 2021.

Board Chair Dr. John Perry asked about the possibility of this rule prohibiting response in some areas of local threats. He noted that Dr. Threadcraft's assessment showed little probability of this happening. Dr. Threadcraft explained further, stating that the average failure rate for septic systems is 10% statewide, regionwide, and nationwide. The average failure rate in Wake County varies between 6-10%. Thus, Wake County's particular rules have not necessarily resulted in a higher achievement of functioning systems. Ensuring a system receives routine and recommended inspections can also mitigate potential failures. When looking at the panel block system that produces 50% reduction, data received from the State indicates that the system may have a higher success rate than the conventional systems and other systems currently being used. This is not to imply that none of the systems will fail, but to say that the data does not indicate there being a present or prevalent threat to public health. There are several ways to judge effectiveness of a system, including a soil saturation analysis. Another concern is minimum line length. Wake County has proposed a 50% minimum line length largely because when a line is too short, there's hydraulic conductivity and the flow from the lines tends to reduce the effectiveness of the system. The five-minute run time for pumps was established to ensure the pumps functioned properly.

A Board member asked if this would apply to the unincorporated areas of Wake County and Dr. Threadcraft responded that these areas are served by private wells and septic systems. There are "doughnut holes" in Raleigh, which are an area surrounded by an unincorporated area, but which remains on private wells and septic systems. Wake County developed through a process called "urban sprawl." This means that there is no centralized wastewater collection system. So some places in the unincorporated areas will have a collection system and some will have a private well and septic system.

### Human Services Director's Update

(Presented by Ms. Toni Pedroza, Ms. Heather Miranda)

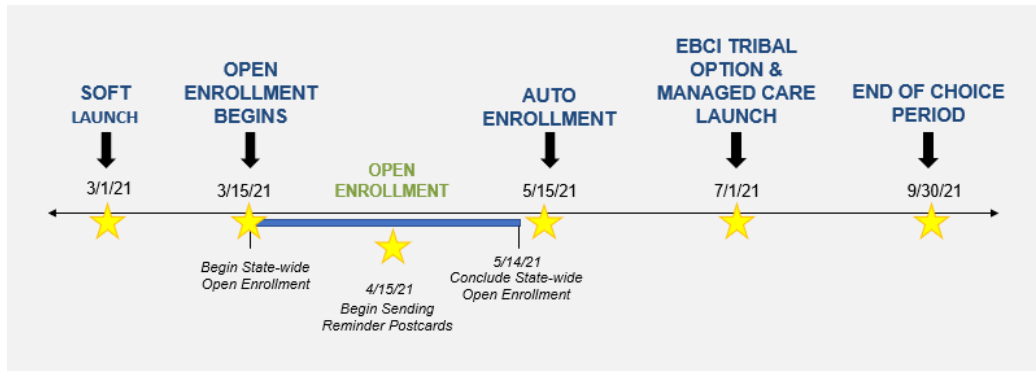
Ms. Toni Pedroza, Deputy Director of Social Services, and Ms. Heather Miranda, Clinical Operations Director, presented an update on Medicaid Transformation from fee-for-service to Managed Care. North Carolina's vision for Managed Care is "to improve the health of North Carolinians through an innovative, whole-person centered, and well-coordinated system of care that addresses both the medical and non-medical drivers of health."

Medicaid Transformation is changing the way most people receive Medicaid services. In 2015, the North Carolina General Assembly enacted Session Law 2015-245, which directed the Department of Health and Human Services (DHHS) to transition Medicaid and North Carolina Health Choice from fee-for-service to Managed Care. Under Managed Care, instead of contracting directly with providers, the DHHS will contract with insurance companies (called Prepaid Health Plans or PHPs). This model is known as North Carolina Medicaid Managed Care. Approximately 1.6 million of the current 2.1 million Medicaid beneficiaries will transition to Medicaid Managed Care. Those who are in the “mandatory” population must enroll in a health plan. This includes most family and children’s Medicaid, North Carolina Health Choice, pregnant women, non-Medicare aged, blind, and disabled. Managed care will have multiple types of health plans, including one health plan for most health services, including physical health, behavioral health, and pharmacy. Managed Care also addresses unmet health-related resource needs. North Carolina Medicaid Direct is the new name for the current Medicaid fee-for-service program. This provides many of the same health services as health plans. People who do not get their Medicaid services through a health plan will continue to receive health care through North Carolina Medicaid Direct and Local Management Entities – Managed Care Organizations (LME/MCOs – public Managed Care organizations that provide comprehensive behavioral health services).

Statuses and populations impacted by this transition are more clearly detailed in the table below.

Status of Medicaid Managed Care Enrollment, Per Legislation	Populations
Mandatory (Must enroll)	Most family & children’s Medicaid, NC Health Choice, pregnant women, non-Medicare aged, blind, disabled.
Excluded (Cannot enroll, stay in NC Medicaid Direct)	Family Planning program, medically needy, health insurance premium payment (HIPP), Program of All-inclusive Care for the Elderly (PACE), refugee Medicaid  Some beneficiaries are temporarily excluded and become mandatory later. This includes dually-eligible Medicaid/Medicare, foster care/adoption, & Community Alternatives Programs for Children (CAP/C) and Disabled Adults (CAP/DA).
Exempt (May enroll or stay in NC Medicaid Direct)	Federally recognized tribal members, beneficiaries who would be eligible for behavioral health tailored plans (until they become available). Target launch date for Tailored Plans is July 1, 2022.

Next, Ms. Pedroza reviewed the proposed timeline and key dates for the transition (provided in the image below).



Mandatory beneficiaries who do not choose a health plan during open enrollment will be enrolled in one based on the following criteria.

- 1 Beneficiary's geographic location
- 2 Whether the beneficiary is a member of a special population
- 3 Historical provider-beneficiary relationship and preference
- 4 Health plan assignments of other family members
- 5 Previous health plan enrollment within the past 12 months
- 6 Equitable health plan distribution (round robin)

Beneficiaries will be able to choose from five health plans. These plans are WellCare, UnitedHealthcare Community Plan, HealthyBlue, AmeriHealth Caritas, and Carolina Complete Health. The lattermost plan serves regions 3, 4, and 5. Wake County (as shown in the image below) is in region 4.



In Wake County, over 100,000 beneficiaries were eligible to move into Managed Care during this first phase. Of those, almost 15% (16,854) selected a plan, while the others were auto-enrolled.

The Department of Social Services for the County will continue processing Medicaid applications, changes of circumstances, and redeterminations. They will also continue generating replacement cards for Medicaid Direct, non-emergency medical transportation (NEMT) for Medicaid Direct Beneficiaries, and updating the primary care physician (PCP) for Medicaid Direct Beneficiaries. The Department of Social Services will not be responsible for choice counseling, enrolling members in plans, NEMT for Managed Care plan members, updating plan/PCP for Managed Care plan members, or generating replacement cards for Managed Care plan members.

Some clients who were eligible for tailored plans enrolled with a standard plan, which could impact their services. While the plans include the provision for NEMT, clients will continue to call the County, which will be only one of the reasons for increased calls in the call center related to Managed Care issues. The County will ensure that the State is aware of any transition issues that impact the health of the clients as they act as a liaison between the clients and the plans. Staff will also need to ensure that children in the County's custody have not enrolled in a plan.

The North Carolina DHHS announced the selection of organizations to serve three regions of the State to address social determinants of health. These were designed to reduce costs and improve the health of Medicaid beneficiaries. The program will create a systematic approach to integrating and financing non-medical services that address housing stability, transportation access, food security, and interpersonal safety into the delivery of healthcare. Wake County, unfortunately, was not chosen.

The Behavioral Health Intellectual/Developmental Disability (BH I/DD) tailored plan launch will cover qualifying beneficiaries with a serious mental illness, a serious emotional disturbance, a severe substance use disorder, an intellectual/developmental disability, or a traumatic brain injury. As a plan provider, Wake County Public Health has established key actions to prepare for Medicaid Managed Care. These include preparations for technology, staffing, quality metrics, reporting, workflows, training, communication, billing and contracts. There are some notable internal challenges, including the impact to Clinic and Maternal Child Health with expanded needs in communications and program requirements from multiple DHHS divisions. Staff capacity to create and implement changes quickly will also be of high demand as they re-establish workflows, technology, data analysis, and reporting. This means increased and ongoing administrative responsibilities for staff across multiple business units and incredibly short deadlines for provider and plan changes. Staff must also be trained on the new workflows while still keeping open communications with patients and clients. There is also anticipated to be some complications with billing and monitoring of claim acceptance. The increased complexity and administrative requirements to maintain revenue has already been tested. Wake County Human Services (WCHS) submitted two test claims to all five payers in order to resolve billing issues and identify possible technology reconfiguration for claims submission. In addition, WCHS will be hiring a new billing manager.

For external challenges, some private providers have opted out of Medicaid, thus reducing the pool of specialists. Health plans have not fully set up their prior authorization portals and, although a 60-day period was offered to continue to accept patients out-of-network, many providers opted against this and thereby caused more confusion and frustration. There are also discrepancies on how to bill the claims effectively, which have slowed down reimbursement. Additionally, some providers have opted to contract with fewer than the five plans. WakeMed, for example, is currently only contracted with two plans – Wellcare and Carolina Complete Health. This is in spite of WakeMed being the largest delivery location for WCHS Medicaid prenatal patients and the recipient of the most referrals from local providers for other services. The full scope of referrals to WakeMed is broken down in the table below.

Average Referrals Per Year for FY 2019-2021		
Location	Patients	Percent
Wake Med High Risk	1050	33%
Wake Med Maternal Fetal Med	1396	44%
Wake Med Radiology	465	15%
Wake Med Colposcopy Clinic	32	1%
Wake Med Surgery Center	12	0%
Wake Med Heart and Vascular	16	1%
Wake Med Physician Practices ENT	92	3%
Wake Med Gastroenterology	32	1%
Wake Med Pediatric Gastroenterology	20	1%
Wake Med OB/GYN	49	2%
Wake Med Pediatric Cardiology	16	1%
Total	3181	100%

The following table breaks down the current patient assignments to WCHS. Of note, there are approximately 2,000 more individuals here than have historically been assigned. Because of this, there is an expectation for some assignments to change upon further review.

Health Plan	Members	Percent
AMERIHEALTH CARITAS NORTH CAROLINA	1601	19.7%
BLUE CROSS AND BLUE SHIELD OF NORTH	1426	17.5%
Carolina Complete Health Inc	1592	19.6%
UNITEDHEALTHCARE OF NORTH CAROLINA	1604	19.7%
WellCare of North Carolina Inc	1915	23.5%
Total	8138	100.0%

From here, WCHS will begin holding meetings with WakeMed and UNC Rex leadership to determine next steps related to deliveries and referrals. Staff will also begin outreach to patients for education to help mitigate gaps in coverage and in care. Current WCHS protocols and processes are also being evaluated and updated. Staff will continue monitoring claims submission and billing, reviewing assigned patients, receiving regular questions and feedback from staff, reaching out to key external stakeholders to help resolve issues and concerns, and sharing information among staff at staff “question and answer” sessions. Long-term, quality metrics will need to be monitored closely. The initial period is June 2021 through December 2021, so this will require developing quality reporting processes and monitoring across all programs. Future projects also include technology enhancements and cost settlement payments.

Mr. Duane Holder, Chief Community Health and Vitality Officer, commended Ms. Heather Miranda, Mr. Eugene Chalwe (Practice Management Analyst), and Ms. Nannette Bowler (Director of Health and Human Services) for their quick action in notifying the County Manager’s Office of the WakeMed issue. This way, the problem can be addressed from the onset and more quickly be resolved.

Board members voiced concern surrounding the decision-making process and the limitations that individuals in a lower socioeconomic level might face when attempting to navigate the new rules and process. Ms. Pedroza explained that the change is not only new and occurring to all Medicaid recipients, but that it was also during the ongoing COVID-19 pandemic. Clients have been dealing with a plethora of issues. The State has been critical in providing information to the clients by utilizing the enrollment broker Maximus. Maximus is the counseling entity charged with counseling clients about choosing their health plan. Across the State and in the County, only 15% of Medicaid recipients actually chose their own health plan. For the rest, their health plan was chosen for them. An additional point of confusion for

clients will be their primary health provider, which was also selected by the State. While the health plan is essentially an insurance program, the provider is the individual a person goes to see on a regular basis. The State based their selections for providers on historical patient data. The process is expected to cause not only confusion but misalignments with assignments. Patients also have a smaller window of time to change their primary care provider than they do their health care plan. The call center for the County has been provided with detailed scripts in order to attempt to answer questions and provide in-depth support during what is an admittedly difficult process.

Especially in the case of the continued discussion with WakeMed, who only contracts with two of the possible five plans at present, there will need to be ongoing, proactive solutions. The best-case scenario is that WakeMed will eventually accept all five plans. However, it is unknown if this is what will come to pass as it is still early in the process. Ms. Miranda also noted the need for an increased workflow with the staff. More calls and more questions are coming in for the billing side. Evaluations are still being conducted, but staff are having to adjust day-to-day with how new the process is.

Commissioner Vickie Adamson stated how feedback to every level – including the State and Wake County Board of Commissioners (BOC) – would be integral in continuing to perfect the process. Transportation is also a large concern as so many individuals depend on Medicaid transportation to get them to their appointments. Other than the public, emergency rooms and Emergency Medical Services (EMS) are experiencing an overload of cases. Emergency rooms have been forced to divert patients, which means that they are refusing to accept patients in need of care. Pairing this crisis with the possibility of a patient appearing at a hospital, such as WakeMed, that does not accept their plan, leads to the chance of truly catastrophic results for the patient. Commissioner Adamson also voiced concern for dental needs with these patients. Ms. Miranda explained that, currently, dental is not a part of Medicaid Managed Care. The County only provides dental for children and pregnant women still on Medicaid Direct Care. This is a huge need with limited options for adult dental services. For the hospitals and EMS, the most recent available information indicates that, at this time, someone arriving at WakeMed that has one of the plans not covered by WakeMed would not be responsible for the hospital costs. WakeMed will, at this time, cover 100% of the costs. However, Ms. Miranda could not speak to all out-of-network emergencies and this may depend on a case-by-case basis. It is definitely a continuing concern for the County and Public Health. For transportation, Ms. Pedroza shared that the County system can give staff details on which Medicaid plan callers or visitors are on so that they can best assist them with their transportation needs.

Mentioning the ninety-day grace period when clients can change their plan, a Board member asked what resolutions would be available to them afterward. Ms. Miranda stated that the goal was to contact patients in advance to ensure they understand their options. However, at that point, if they appeared to WakeMed and were on one of the three plans not recognized by the hospital, they would likely be suggested to Rex (which does accept all five plans). Ms. Pedroza agreed and emphasized the importance of the continued meetings with WakeMed and the State in order to, hopefully, find additional resolutions in advance. There will, admittedly, be learning curves to overcome, especially in the areas of serving individuals with disabilities. The Behavioral Health and Intellectual/Developmental Disability (BH I/DD) Tailored Plan will not launch until July 1, 2022 and will serve those with severe mental health and/or developmental disabilities. The introduction of this plan with Medicaid Managed Care will likely mean many tweaks down the line.

Dr. Ojinga Harrison spoke of the complexity the new Medicaid Managed Care and five plans would add to the system, especially to billing with all the different policies that abound. Dr. Harrison asked for additional clarification about how staff could and could not guide or counsel patients and residents on which plan to pursue as it will greatly impact their ability to receive care. Because Social Services does play a roll in identifying eligibility for Medicaid, they are not allowed to counsel patients in regards to



which plan to choose. Essentially, they are already serving as a type of enrollment specialist and this would create a conflict of interest. They can send the patient to the enrollment broker for additional information. Public Health, however, can give guidance as they are a recognized health care provider. This way, they can outline what plans each provider accepts and does not accept.

When asked what the Board could best do to support these endeavors, Ms. Pedroza predicted that the Wake County Board of Commissioners would likely be receiving frustrated clients reaching out. Thus, it is important to voice these challenges ahead of time and outline how the County is responding.

### **Committee Chairs Update**

(Presented by Ms. Ann Rollins and Mr. Richie Hayner)

Ms. Ann Rollins, Vice Chair of the Human Services Board and Chair of the Public Health Committee, noted that the Committee met on July 16<sup>th</sup> where the wastewater presentation made by Dr. Joseph Threadcraft, Environmental Services Director, was shared. There was also a discussion surrounding the “Proposed Limits on Public Health Authority: Dangerous for Public Health” produced by the Network for Public Health Law and National Association of County and City Health Officials (NACCHO). The Committee also received a presentation from Ms. Michelle Mulvihill, Health Promotion and Chronic Disease Prevention – Public Health Educator, on the JUUL settlement in North Carolina. Ms. Mulvihill also touched on the ongoing vaping issue in Wake County. Dr. Dorothy Cilenti, Interim Public Health Division Director, also reviewed important bills with the Committee, including House Bill 61 (funds for communicable disease) and Senate Bill 711 (medical use of marijuana).

There was no update from the Social Services Committee.

Mr. Richie Hayner, Director of the Southern Regional Center, provided the Regional Networks report, outlined below. There was a question posed about testing and the possibility of ramping testing back up in respond to the COVID-19 variants (so that testing will be as robust as it was prior to vaccinations becoming widely available). Both Mr. Hayner and Dr. Kim McDonald, Physician Director, confirmed that considerations were being made in case testing needs to increase in capacity once again.

1. Millbrook/Departure Human Services Center: The Departure Drive North Central Zone (NCZ) Community Advocacy Committee (CAC) secured a summer feeding site in partnership with the City of Raleigh, Green Road Community Center, Green Road Wake County Public Library, and Cooperative Extension. North Central CAC members met with the COVID-19 vaccination strike team in June to engage the NCZ CAC to see how to work together. The strike team will be in the NCZ targeting residents in the area. Their focus will be guided by the census track of areas with a lower number of vaccinated people. The NCZ CAC agreed to support the strike team with their efforts. The team is focused on people who are still unsure as to whether they should get vaccinated.
2. Crosby Garfield/Social and Economic Vitality (SEV): To date, Crosby Garfield/SEV has mobilized distribution of 243,736 face masks countywide with a concentration on families in the Southeast Raleigh and Eastern regions of Wake County. SEV hosted Advance Healthcare for a small vaccination clinic at the Crosby Garfield Center administering the two-dose Moderna vaccine on May 24<sup>th</sup> and June 21<sup>st</sup> with twenty-two community residents receiving the vaccine. The SEV Team has supported the planning and implementation of numerous food and vaccination clinic outreach events including those held at Gethsemane Church in Southeast Raleigh and Heels, Hoofs, and Wheels in Eastern Wake County. SEV received the \$10,000 NCIDEA Engage Grant to celebrate and promote entrepreneurship. Planning is underway to offer the Empowering Entrepreneurs and Seeding Innovation (EEASI) Challenge focused on Eastern Wake in preparation for further programming and hub development in Eastern Wake County.

SEV and the Eastern Regional Center (ERC) are convening a monthly planning meeting including the representatives from the towns of Wendell, Knightdale, Zebulon, and Rolesville in collaboration with Wake Technical Community College to do collective visioning for expanding the entrepreneurial ecosystem in Eastern Wake County. SEV continues to have robust participation in the Crosby Advocacy Group with forty-five residents, partners, and staff participating in the May meeting. This meeting focused on Community Action Month and featured presentations from Passage Home, Emergency Broadband benefit, Best Baby Zone (BBZ), Wemoov, and Youth Food. The June 15<sup>th</sup> meeting had forty-four residents, partners, and staff participating and focused on the history of Juneteenth as well as a presentation from the Family Resource Center of the South Atlantic and Camp Crosby. SEV continues to host Living Wage Advocacy conversations in conjunction with Capital Area Food Network (CAFN). SEV Program Manager Ms. Verna Best has been selected to serve on the County Manager's WakeUP Diversity, Equity, and Inclusion Committee as well as the American Heart Association of the Triangle Board. Two SEV staff members, Ms. Vielka Gabriel and Ms. Amanda Salami, were afforded the opportunity to attend the President's Raleigh, NC Vaccine Rally as they had demonstrated outstanding support of pandemic relief efforts.

3. Western Human Services Center (WHSC): The Western Region CAC Food Security Action Group kicked off the summer meals partnership for the fifth year at eight sites in June. This action group continues the emergency distribution of produce and shelf-stable food boxes at seventeen sites across the region thanks to an additional \$120,000 from the Wake County American Relief Program to continue food distribution in the most vulnerable neighborhoods in Apex, Cary, and Morrisville through December 2021. Other partnerships include Shiloh Baptist Church – a new partner exploring outreach efforts with the WHSC to expand community engagement reach in Morrisville's historically marginalized community. An event is being planned for October 2021. New partner organizations joined the Western Regional CAC Affordable Housing Group. The Caring Place, Habitat for Humanity of Wake County, and the group's Advocacy Action Team established a team in each town to plan and implement local advocacy agenda. The Western Region CAC will augment regional services delivery through the design of the "new" Western Workforce Development Action Group established this month. A broad section of regional representatives from the towns, Live Well Wake, Dorcas Ministries, The Caring Place, Western Wake Crisis Ministry, Passage Home, Capital Area Workforce, and WHSC have been convened to continue conducting a gap analysis and to ensure a collaborative relationship throughout the process. Leadership for this action group is being recruited. Ms. Karen Morant, Director of the WHSC, represented the Western Regional CAC and WHSC in the town of Morrisville application for the All-American City award by presenting the region's food security approach and response to COVID-19. Morrisville is now nationally recognized as an "All-American City." Ms. Morant joined the Morrisville delegation at the town's Family Fun Festival to officially receive the award with the Town Manager and council managers. The WHSC remains closed to the public. The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), Child Welfare, and Economic and Social Services staff telework and are increasingly utilizing the building to conduct business functions. Prevent Wake staff continues services from the Center three days a week. The Center now has a Customer Services Specialist (CSS) to manage intake and coordinate referrals. The Western Child Protective Services team is scheduling returns to the building by teams. A supervisor and staff team on weekly rotation will always be in the building starting August 2021.
4. Northern Regional Center (NRC): The Northern Region Food Security Team and Food Hub delivered a total of 925 boxes in June (303 shelf-stable boxes and 622 produce boxes). These numbers reflect the conscious decision to allocate more funding towards providing fresh produce. The Northern Regional Community Advocacy Committee (CAC) continued its simulcast live social media event titled "Northern Living In Good Health Together (L.I.G.H.T.s)." June's episode focused on mental health, mindfulness, and emotional wellness. Among other

distinguished guests, the NRC was delighted to have Wake County Human Services Board Member Ms. Deborah Lawson as a featured presenter and member of a panel discussion. The NRC remains in a Partial Opening status.

5. Southern Regional Center (SRC): The SRC piloted an Economic and Social Services Virtual Assistant for a third month in June 2021. This pilot used videoconferencing to connect visits 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. Advance Community Health (ACH) held one drive-thru testing event at the SRC in the month of June. ACH will continue testing at the SRC with two dates scheduled for the month of July. The SRC remains in a Partial Opening status.
6. Eastern Regional Center (ERC): The ERC has fed one hundred and forty children through the 2021 Summer Feeding program by partnering with the Food Bank of Central and Eastern North Carolina since June 15<sup>th</sup>, 2021. The ERC is also partnering with the Zebulon Library to promote the program and increase attendance as well as sponsor activity packs for the children. The ERC Clinic served 248 patients in June. Six hundred and sixty-five residents were assisted via the distribution of resources. Mr. Darryl Blevins, Director of the Eastern Regional Center, has been selected to serve on the County Manager's WakeUP Diversity, Equity, and Inclusion Committee as well as the American Heart Association of the Triangle Board. 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 NC Baptist Dental Bus for one day in May. A total of 31 children were served – nine at the NRC and eleven each at the ERC and SRC.

The Regional Network continues to be an active participant in COVID-19 response including offering COVID testing and vaccinations. Vaccinations and testing are currently offered throughout the week including weekends. The following shows vaccines administered in the month of June.

<b>Region</b>	<b>COVID Tests Administered</b>	<b>COVID Vaccines Administered</b>
Departure Drive	NA	2,766
Eastern Region	888	300
Northern Region	3,583	502
Southern Region	1,474	324
<b>TOTAL</b>	<b>5,945</b>	<b>3,892</b>

In June 2021, the ERC, NRC, and SRC collected a combined 188 tax payments, representing \$43,812.44 in tax revenue. The three centers issued a combined 323 birth certificates. Since the partial opening in August 2020, the amount of birth certificates issued is 1,074.

<b>Revenue Collections</b>	
Eastern	\$20,637.36
Northern	\$10,557.08
Southern	\$12,618.00
<b>TOTAL</b>	<b>\$43,812.44</b>

<b>Birth Certificates Issued</b>	
Eastern	87
Northern	109
Southern	127
<b>TOTAL</b>	<b>323</b>

**Public Comments**

- None

**Adjournment**

The meeting was adjourned at 9:23 A.M.

**Board Chair's Signature:**



**Date:** 8/26/2021\_\_\_\_\_

Respectfully submitted by Ms. Brittany Hunt