

**Wake County Human Services Board
Meeting Minutes
October 21st, 2021**

Board Members Present:

Edward Buchan
DaQuanta Copeland
Dr. Ojinga Harrison
Deborah Lawson
Dr. Jananne O'Connell
Dr. John Perry
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
Nannette Bowler
Commissioner Maria Cervania
Dr. Theresa Flynn
C.J. Harper
Leah Holdren
Brittany Hunt
Dr. Rebecca Kaufman
Annemarie Maiorano
Heather Miranda
Ken Murphy
Dr. Nicole Mushonga
Shanta Nowell
Morgan Poole
Paige Rosemond
Dr. Joseph Threadcraft

Call to Order

Dr. John Perry called the meeting to order at 7:31 A.M.

The passing of Board member and former Mayor of Rolesville Mr. Frank Eagles was notably felt and recognized. Aside from the enormous and innumerable contributions that Mr. Eagles made to and for Wake County, he was a passionate and constant advocate for the Regional Centers. After serving two full terms on the Human Services Board, Mr. Eagles still attended meetings as a member of the public. When a year had passed, Mr. Eagles once again applied to and became a member of the Human Services Board. His love for the County was felt through each and every interaction and he remained a compassionate champion for the community's most vulnerable.

Approval of Minutes

Dr. John Perry asked for a motion to approve the September 23rd meeting minutes. There was a motion by Dr. Mary Faye Whisler and Mr. McKinley Wooten seconded to accept the minutes. The minutes were unanimously approved.

Next Board Meeting – November 18th, 2021

Treasurer's Report

(Presented by Mr. McKinley Wooten)

Treasurer Mr. McKinley Wooten reported that there was an addition of \$1,225.00 from the previous month. These monies all represented stipends donated by Board members to the Board fund. With a previous balance of \$3,655.92, this gives a current balance of \$4,880.92.

There was a suggestion to make a donation to the Frank Eagles Memorial Foundation via the Village Church Rolesville in order to help local food pantries (as requested by his family in lieu of flowers).

There was a motion by Ms. DaQuanta Copeland to donate \$200 to the Frank Eagles Memorial Foundation. Mr. McKinley Wooten seconded. The donation was unanimously approved.

Human Services Board Officer Elections

(Presented by Mr. Ken Murphy)

Mr. Kenneth Murphy, Deputy County Attorney, began by opening the floor for nominations for the Human Services Board Chair. There was one nomination for Ms. Ann Rollins and Mr. Murphy asked if there were any other nominations at this time. There were no other nominations and a move was made to close nominations and it was seconded. Mr. Murphy asked for a vote and Ms. Rollins was unanimously voted in as the Human Services Board Chair.

Mr. Murphy then proceeded with the Vice Chair nominations. There were two nominations – one for Ms. DaQuanta Copeland and one for Dr. Jananne O’Connell. After Ms. Copeland and Dr. O’Connell reviewed their visions for the Human Services Board, a role call vote was conducted and Ms. Copeland was voted in by majority as the Human Services Board Vice Chair.

Mr. Murphy then proceeded with the Treasurer nomination. There was one nomination for Dr. John Perry and an oral nomination for Dr. Jananne O’Connell. Dr. Perry withdrew his nomination. There were no other nominations and a move was made to close nominations and it was seconded. Mr. Murphy asked for a vote and Dr. Jananne O’Connell was unanimously voted in as the Human Services Board Treasurer.

Review of Proposed Changes to Wake County Human Services Board Operating Procedures GOV.BRD 100 [Accreditation Benchmark #34.1 and 34.2]

(Presented by Dr. John Perry)

Board Chair Dr. John Perry briefly reviewed the changes made in light of the previous Board meeting. These changes included formally renaming the Board to the Health and Human Services Board as well as clarifying that the Chair approves changes on behalf of the full Board.

There was a motion by Ms. DaQuanta Copeland to approve the updated version of the Board Operating Procedures. Mr. Edward Buchan seconded. The Operating Procedures were unanimously approved.

Annual Report of the Wake County Child Fatality Prevention Team/Community Child Protection Team (CFPT/CCPT)

(Presented by Dr. Theresa Flynn and Ms. Paige Rosemond)

Dr. Theresa Flynn, Physician, and Ms. Paige Rosemond, Child Welfare Division Director, presented the Annual Report of the Wake County Child Fatality Prevention Team/Community Child Protection Team (CFPT/CCPT). This is a review of 2019 fatalities and a report of 2020 Team activities. Dr. Flynn is Chair of the CFPT/CCPT and Ms. Rosemond is a member. During calendar year 2020, the Team met eight times and reviewed 14 deaths. After not meeting in March and April due to COVID-19, the Team transitioned to a virtual platform. A Youth-on-Youth Violence Virtual Community Forum was also held in July of 2020.

The table below outlines the infant deaths in Wake County in 2019. Of note, 2020 and the pandemic in general forced many obstacles in the way of reporting. The statistics provided below are sent to local health departments from the State on a quarterly basis. However, due to the pandemic, only three of the four reports were received in 2020. Thus, some deaths were likely not recorded as they would have been in the past.

TYPE	#
Suicide	3
Opiate Ingestion	2
Intentional Firearm Death	3
Pool or Beach Drowning	2
Unintentional Firearm Death	2
Death by Motor Vehicle	2

The tables below outline the North Carolina resident child and infant deaths.

North Carolina Resident Child Deaths Ages 0-17	
Region	2015-2019 Rate (Per 100,000)
North Carolina (Statewide)	56.8
Guilford (County)	67.9
Mecklenburg (County)	51.3
Wake (County)	41.5

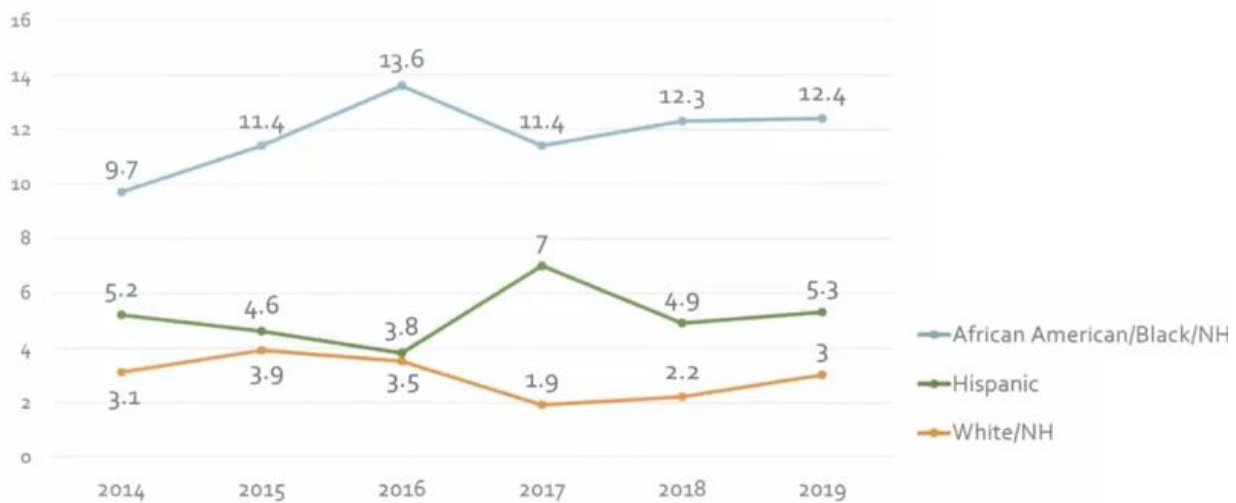
Total Infant Death Rate (Non-Hispanic African American)	
Region	2019 Rate (Per 1,000 live births)
North Carolina (Statewide)	6.8 (12.5)
Guilford (County)	9.3 (14.6)
Mecklenburg (County)	6.3 (9.8)
Wake (County)	5.8 (13.0)

Statistics provided by <https://schs.dph.ncdhhs.gov/data/vital/ims/2018/2018rpt.html>

While the child death rates for Wake County are better than that for the state or comparable counties, the infant death rate reveals racial disparities that continue impact the local community as well as the nation. This is further emphasized by the following table and graph.

Trends in Non-Hispanic African American Infant Mortality and Disparity Ratio

Year	NC	Wake
2015	2.35	3.05
2016	2.41	3.24
2017	2.40	3.58
2018	2.44	3.77
2019	2.47	4.13



As the data above shows, non-Hispanic, African American infants born in Wake County in 2019 were four times as likely to die before their first birthday than white infants. These racial disparities have a long standing history in the county and have been brought repeatedly before the Wake County Board of Commissioners (BOC) and Wake County Health and Human Services (WCHHS) Board. In response to these shocking data points, former Commissioner Jessica Holmes convened an Infant Mortality Prevention Workgroup focused specifically on reducing infant mortality of non-Hispanic African American babies. The focus on the racial lens allowed six areas of recommendations for focus areas to develop. These included home visiting nurses, prenatal care, preconception care, safe sleep, involvement of fathers, and racial equity. The Workgroup met from 2019 to 2020 and both Dr. Flynn and Ms. Rosemond were active participants along with community stakeholders as well as mothers in the community who had experienced the tragic loss of an infant. These mothers were crucial in informing and guiding the work of the group. The Workgroup constructed a report that led to applications for grant funding to implement some of the recommendations made during discussions. So far, grant applications have been extremely successful with nearly one million dollars brought into the community to combat infant mortality. This work included Improving Community Outcomes for Maternal and Child Health (ICO4MCH) and Best Baby Zone (BBZ). Additional details of these efforts are provided below.

ICO4MCH

- Hosted a Community Advisory Team meeting
- Trained over 50 Sunnybrook Women's Health and Family Planning Clinics providers and staff through Upstream's Contraceptive Care training
- Currently in the process of hiring additional program staff

Best Baby Zone

- A place-based, multi-sector, community-driven effort. Currently has served over 200 families in Southeast Raleigh
- Implementing efforts within the six areas identified by the Infant Mortality Workgroup
- Established partnerships with community organizations

Implementation work formally began in July 2020, so it will take some time to see the benefit of these efforts.

Next, Dr. Flynn reviewed four causes for unintentional and intentional injury deaths that have persisted over the years that the CFPT/CCPT has reviewed the data – death by drowning, access to opioids, access to firearms, and death by suicide. The CFPT/CCPT has a subcommittee that reviews every death of every child born in Wake County. These reports, as mentioned above, are received quarterly from the state of North Carolina. Unfortunately, deaths of babies who did not leave the hospital are not reviewed as 80% of these deaths are due to severe prematurity or malformations that the team is not equipped to review. For the deaths that are reviewed, some are selected for review by larger groups with representatives from across the community in the Wake County Public School System (WCPSS), law enforcement, daycares, and mental health, to name a few. When reviewing cases, the team meets and learns all the details related to the child's life and the circumstances of their death. Discussions are held with the purpose of identifying systematic issues to address for a safer community. Dr. Flynn shared a few details of a handful of infant deaths to highlight the work done by the team.

One death was the result of a drowning at the beach which, upon further investigation, may have been largely impacted by the confusion created by two separate warning flag systems meant to notify the public about surfing conditions. These two systems can lead to misunderstandings and community members entering the water during unsafe conditions. A recommendation was made to the state to adopt one universal flag system. Another case reviewed the death of a young child in a swimming pool where multiple adults were present. The length of submersion – over ten minutes – had not been reported in the initial review to Child Welfare. In response to this and other details, it was resolved that all drowning deaths would be reviewed to assure negligence was not part of a tragic loss. This process is meant to promote a safe environment – both for other youth at the swimming areas, but also for any living children in the home of a victim.

With opioids, team members worked with the WCPSS to identify system protocol issues to adopt a single universal school system. This means that any child that seems intoxicated will be responded to with medical assistance first with any and all disciplinary and/or law enforcement action regarded secondarily. Immediate action is needed to ensure the health and well-being of the child. Another example of access to opioids involved the death of a toddler who had ingested medicine from a deceased family member who had received hospice care. Contact was made to community hospice providers and drug disposal bags were provided from Alliance Behavioral Health as well as efforts to put a procedure in place for when an individual passes in hospice care. This procedure would allow hospice workers to offer to remove any medications as a benefit to the bereaved family to ensure safety from unintentional ingestion.

Firearms continue to be a cause for both intentional and unintentional deaths. Some deaths are caused by children picking up the firearm by accident. The age of the child, developmental delays, and lack of awareness to the severity of the firearm all contribute to these deaths. There is also the issue of continued lack of safe storage. In 2020, access to firearms in Wake County, North Carolina and nationwide increased sustainability. The Wake County Sheriff's Office partnered with Project Child Safe to provide free gun locks to residents. It is also worth mentioning that law enforcement has noticed a concerning habit of guns being stolen from unlocked vehicles. These guns can end up in the wrong hands – including

those of children. The goal is to amplify the message to always lock car doors no matter the circumstances.

Finally, youth suicide prevention is listed as one of the primary focus areas of the Wake County Behavioral Health plan. A tremendous amount of additional resources will be cultivated to create a system to reduce the risk of death by suicide. When reviewing deaths by suicide, the team discovered lapses in communications with a death related to the school system. Work to close those barriers will assist in the school system crisis response team that visits both living students as well as any siblings of the deceased.

Dr. Flynn recognized Ms. Paige Rosemond and noted that the CFPT/CCPT required a review panel for Child Welfare in order to focus on any outstanding needs of the county. Ms. Rosemond began her portion of the presentation by sharing organizations and teams that were impacted in 2020 by the review of racial inequities in infant mortality. In her role as the Child Welfare Division Director, Ms. Rosemond serves as Vice Chair of the State's Community Child Protection Team Advisory Board. This and the local team review common characteristics and trends as well as systemic concerns. This is done not only when there is a fatality, but also when there is a near fatality or other open involvement with Child Welfare. The goal is to find what to do differently to prevent any fatality and to improve overall practices to be proactive as opposed to reactive. Due to this, it is impossible to ignore the systemic racism that informs the team's racial equity efforts as it is central to the trauma experienced by families the County serves. In response, Child Welfare created the Racial Equity Change (REC) Team. The REC Team developed a five-year strategic plan with surveys conducted to establish baseline data. Next steps were defined and four subcommittees were created, including one to analyze the data collected. These analytics directly correlate with issues defined by Dr. Flynn earlier in the presentation. The greatest racial disparity in the local community for reports to Child Welfare is the overreporting of Black families and the underreporting of White families. This is, unfortunately, seen and recorded among all reporting types. While approximately 19% of the child population in Wake County is Black, the percentage reported to Child Welfare ranges from 27% to 47%. Medical and educational personnel report Black families 46% of the time. This data was presented to the Raleigh/Apex chapter of the National Association for the Advancement of Colored People (NAACP) as well as the Family First Community Network, including the Safe Child Resource Center and other community advocate groups.

In line with analyzing data, staff and community partners continue to work with WCPSS with their reporting practices. Child Welfare staff have identified the eight schools with the greatest disparities in reporting practices by disproportional reports of Black families. Staff also had the opportunity to present to WakeMed and UNC Health during their Pediatric Grand Rounds to emphasize ethical reporting practices for youth aged 0 to 17. This presentation focused largely on the reporting of substance impacted infants and the impact of subjective substance testing of new mothers. The hope is to educate community partners on this data and to hear about consumer experiences with Child Welfare. Staff became one step closer to this goal with the addition of a banner on the Wake Network of Care website that highlighted the work toward equity, equality, and inclusion.

Staff also employed a systemwide approach to responding to youth-on-youth violence, including the virtual community forum in July 2020. Staff are seeing more and more youth impacted by violence that has existed in their families from generation to generation and has been extended through multisystemic involvement. Many providers participated in the July forum and CCPT also heard from key stakeholders, including youth experiencing foster care and those who had been impacted by violence and racism. All of these efforts have allowed staff to identify the following opportunities.

- Prioritize timely access to mental health services and suicide prevention

- Support community-based youth violence prevention for families with multisystemic involvement
- Supporting legislation promoting firearm safe storage

Public Health Report: Injury Prevention [Accreditation Benchmark #2.4]

(Presented by Ms. Morgan Poole)

Ms. Morgan Poole, Epidemiology Program Manager, presented the Public Health Report: Injury Prevention to the Human Services Board. This report describes injuries and their impact on the health of those who live, work, play, and learn in Wake County. Areas of concerns include unintentional fall injuries leading to emergency department (ED) visits and hospitalizations, unintentional poisoning deaths, and fall death demographics. There is also an additional spotlight on the Wake County Drug Overdose Prevention Initiative. The image below outlines the “injury iceberg” that ranges from medical unattended injuries all the way to death.



Ms. Poole reviewed the definitions of “intentional” versus “unintentional” as they are commonly used throughout the report.

- Intentional: used to refer to injuries resulting from purposeful human action, whether directed at oneself or others
 - Includes self-inflicted and interpersonal acts of violence intended to cause harm
- Unintentional: used to refer to injuries that were unplanned and can be defined as events in which:
 - The injury occurs in a short period of time (seconds or minutes)
 - A harmful outcome was not sought
 - The outcome was the result of one of the forms of physical energy in the environment or normal body functions being blocked by external means (i.e., drowning)

Unintentional falls were the top cause of injury ED visits from 2016 to 2020. They were also the top cause of injury hospitalizations from 2016 to 2020. The table below details the top five causes of ED visits by injury of all ages in Wake County during the 2016 to 2020 time period.

Cause of Injury	2016			2017			2018			2019			2020		
	Cases	Rate	Rank	Cases	Rate	Rank	Cases	Rate	Rank	Cases	Rate	Rank	Cases	Rate	Rank
Fall - Unintentional	7,617	727.7	2	9,843	918.0	2	11,655	1,067.0	2	11,892	1,069.7	1	10,368	932.6	1
MVT - Unintentional	10,740	1,026.0	1	11,195	1,044.1	1	11,789	1,079.3	1	11,876	1,068.2	2	8,937	803.9	2
Natural/Environmental *- Unintentional	2,540	242.6	3	2,861	266.8	3	2,769	253.5	3	2,765	248.7	3	2,139	192.4	3
Other Specified*/Unintentional	1,596	152.5	4	1,911	178.2	4	1,847	169.1	5	1,788	160.8	5	1,670	150.2	4
Unspecified ** - Unintentional	-	-	-	-	-	-	1,858	170.1	4	1,912	172.0	4	1,209	108.7	5
Poisoning - Unintentional	1,166	111.4	5	1,242	115.8	5	-	-	-	-	-	-	-	-	-

The top three causes of injury death (detailed in full in the two charts below), were unintentional poisonings, unintentional falls, and unintentional motor vehicle traffic (MVT).

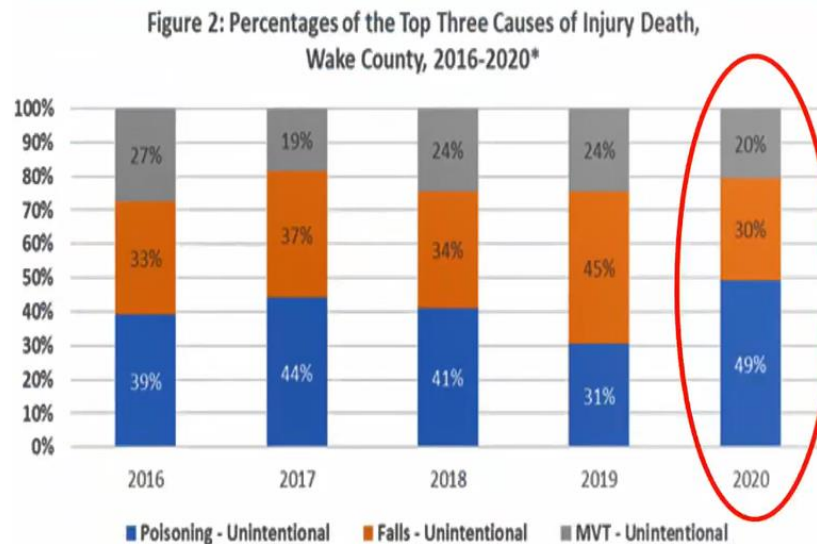
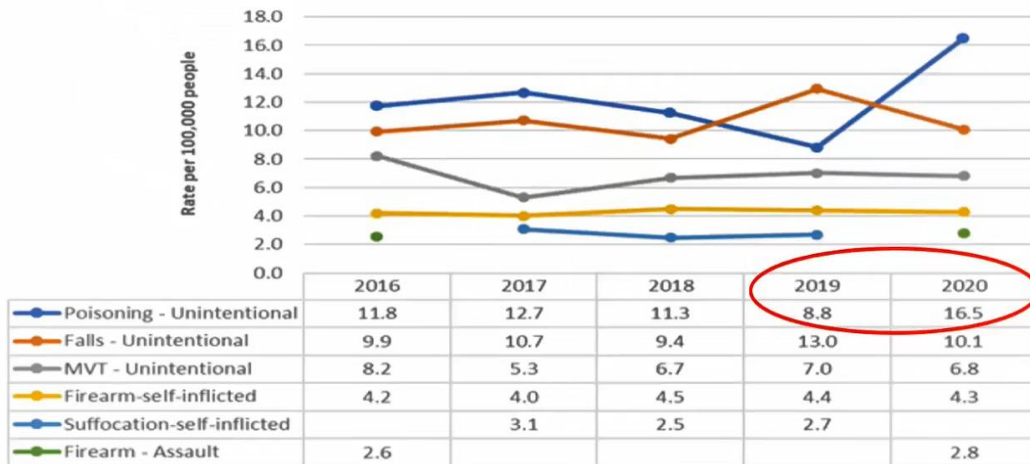


Figure 3: Death Rates, Top Five Causes of Injury Death, Wake County, 2016-2020*



There were 674 unintentional poisoning deaths in Wake County between 2016 and 2020. This was a 19.7% increase from 2015 to 2019. Non-Hispanic White males aged 25 to 54 had the highest percentage of poisoning deaths. The non-Hispanic African American poisoning death rate increased by 33.7% from 2015-2019 to 2016-2020. Cocaine overdose deaths increased by 28.6% from 2015-2019. During 2016-2020, non-Hispanic African Americans died from cocaine overdoses at almost twice the rate of White, non-Hispanics and more than three times the rate of Hispanics. Heroin overdose deaths increased by almost 15.6% from 2015-2019. Males are dying at much higher rates than females and White, non-Hispanics are dying at higher rates than other racial/ethnic groups.

Other synthetic narcotic overdose deaths (for example, fentanyl) increased by 42.6% from 2015-2019. There were notable increases amongst African American, non-Hispanic males between the ages of 25 and 44. For psychostimulant overdose deaths (for example, methamphetamine), there was a 60% increase from 2015-2019. White, non-Hispanic males represent the most psychostimulant deaths. Further details on unintentional overdose deaths are included in the two tables below.

	Number	Percent	Rate per 100,000
Sex			
Female	46	32.4	1.6
Male	96	67.6	4.6
Race/Ethnicity**			
White (NH)	116	81.7	3.5
Black (NH)	20	14.1	1.8
American Indian (NH)	0	0.0	0.0
Asian (NH)	***	***	***
Hispanic	***	***	***
Other (NH)/Unknown	***	***	***
Age Group			
0-14	***	0.7	***
15-24	15	10.6	2.1
25-34	41	28.9	5.1
35-44	33	23.2	4.1
45-54	33	23.2	4.2
55-64	17	12.0	2.7
65+	***	***	***
Total	142	100	2.6

	Number	Percent	Rate per 100,000
Sex			
Female	47	31.8	1.7
Male	101	68.2	4.8
Race/Ethnicity**			
White (NH)	130	87.8	3.9
Black (NH)	12	8.1	1.1
American Indian (NH)	0	0.0	0.0
Asian (NH)	***	1.4	***
Hispanic	***	2.7	***
Other (NH)/Unknown	0	0.0	0.0
Age Group			
0-14	0	0.0	0.0
15-24	27	18.2	3.8
25-34	50	33.8	6.2
35-44	32	21.6	3.9
45-54	23	15.5	3.0
55-64	14	9.5	2.3
65+	***	1.4	***
Total	148	100	2.7

Ms. Poole reviewed the spotlight on the Wake County Drug Overdose Prevention Initiative. Between August and December of 2020, thirty-three individuals completed training on a credentialed peer support recovery-focused curriculum. Since the inception of the Initiative (July 2017), twenty-four youth have been trained as youth ambassadors to provide community education on substance use and tobacco prevention. In 2020, the Rapid Response Team (RRT) at Healing Transitions created a process to stratify clients in accordance with their support requirements and assign them to the appropriate level of care. The RRT saw 1,084 new clients from July 2019 to June 2021. Client demand increased by 63% from July 2019 to June 2021. Since the start of the RRT program, over three hundred clients are in recovery after becoming engaged with the RRT.

Finally, Ms. Poole shared the table of unintentional fall deaths (see below).

Table 3: Unintentional Fall Deaths, Wake County, 2016-2020*			
	Number	Percent	Rate per 100,000
Sex			
Female	311	53.7	11.1
Male	268	46.3	12.7
Race/Ethnicity			
White (NH**)	499	86.2	15.1
Black (NH)	54	9.3	4.8
American Indian (NH)	0	0.0	0.0
Asian (NH)	5	0.9	1.2
Hispanic	20	3.5	3.6
Other (NH)/Unknown	1	0.2	***
Age Group			
0-14	0	0.0	0.0
15-24	3	0.5	***
25-34	6	1.0	0.7
35-44	11	1.9	1.4
45-54	21	3.6	2.7
55-64	36	6.2	5.8
65+	502	86.7	80.1
Total	579	100	10.7

There was a motion by Dr. Kelcy Walker Pope to approve the presented Public Health Report: Injury Prevention. Dr. Mary Faye Whisler seconded. The report was unanimously approved.

Review of Wake County Human Services Board Rules of Appeal Board Procedure 300 2.6 [Accreditation Benchmark #35.1]

(Presented by Dr. John Perry)

Board Chair Dr. John Perry noted that the changes made to the Board Rules of Appeal were in line with the continued attempts to align with the requirements of the new policy/procedure management system PowerDMS as well as formally change the Board's name to the Health and Human Services Board.

There was a motion by Dr. Mary Faye Whisler to approve the Board Rules of Appeal. Dr. Kelcy Walker Pope seconded. The updated Board Rules of Appeal were unanimously approved.

Review of Wake County Human Services Board Policy on Consumer and Community Input Board Policy 300 2.4 [Accreditation Benchmark #37.2 and 38.3]

Board Chair Dr. John Perry noted that the changes made to the Board Policy on Consumer and Community Input were in line with the continued attempts to align with the requirements of the new policy/procedure management system PowerDMS as well as formally change the Board's name to the Health and Human Services Board.

There was a motion by Dr. Mary Faye Whisler to approve the Board Policy on Consumer and Community Input. Commissioner James West seconded. The updated Board Policy on Consumer and Community Input was unanimously approved.

Environmental Services Director's Update

(Presented by Dr. Joseph Threadcraft)

Dr. Joseph Threadcraft, Environmental Services Director, provided a brief update on the State Fair. The North Carolina State Fair began on October 14th, 2021 and will run through October 24th. Environmental Health and Safety works to inspect all temporary food establishments, including with the food vendors at the State Fair. In Water Quality, staff check water and sewage connection. So far, everything is proceeding without any significant events.

Human Services Director's Update

(Presented by Dr. Nicole Mushonga)

Dr. Nicole Mushonga, Assistant Physician Director and Epidemiology Program Director, provided a brief update on the metrics of COVID-19. The percent positivity rate has gone down by 20% in the last two weeks. Currently, Wake County is at 4.3% positivity rate. Hospitalizations have also decreased by about 28%. Despite this good news, there are still high levels of transmission overall. The County is seeing 140 cases per 100,000 people. While this is a decrease from the 200s that the County was previously in, the ideal transmission level would be below 50 per 100,000. This would indicate a good trend with cases. Vaccinations continue to increase with 80% of Wake County residents aged 12 and older having at least one dose of the vaccine. For this same age group, a total of 77% are fully vaccinated. Staff continue to see individuals beginning their vaccination series and booster doses are now available at Wake County Health and Human Services clinics. The United States Food and Drug Administration (FDA) met just the day before to discuss the booster doses for Moderna and Johnson and Johnson. A unanimous vote allowed representatives to move forward with a reduced Moderna dose as a booster. Further meetings will likely be held to discuss the implications of this decision moving forward. The COVID-19 response team is also preparing for the approval of vaccinations for children aged 5 to 11, which is likely to occur before the end of the month. Staff are working diligently to ensure that they are prepared for this launch.

Commissioner James West asked about the efficacy of the vaccine when mixing doses (i.e., receiving the main series of Pfizer and then a booster from Moderna). Dr. Mushonga noted that the booster was only available for individuals who had completed the primary series of any vaccination brand. Though data will still need to be analyzed, preliminary results show that the addition of Johnson and Johnson to one of the MRNA (Pfizer or Moderna) has showed increased protection and efficacy. There will be a town hall to address the communication surrounding the booster as well as the likelihood of the vaccination being opened to those aged 5 to 11.

Ms. DaQuanta Copeland noted that COVID-19 testing may be slightly higher than normal due to the common request of places of work that employees either be vaccinated or test for COVID-19 weekly/bi-weekly. Because of this, these figures may be slightly impacted.

Committee Chairs Update

(Presented by Ms. Annemarie Maiorano)

The Regional Networks Committee provided updates center by center. These are provided below.

- Millbrook/Departure Health and Human Services Center: The Prenatal Clinic continues to offer services two days per week (Tuesdays and Fridays). In the month of September, the clinic served 60 patients and received 13 referrals for Mental Health Services. Members of the North Central Community Advocacy Committee (CAC) of Departure Drive continued supporting the work of the Wake County COVID-19 Vaccination Team Census tracts areas. These Census tracts have increased since this targeted approach. The infection rates are increasing with the Delta variant, but more people have been vaccinated. CAC members have engaged the community in the strategies being implemented by the local vaccination team.
- Crosby Garfield/Social and Economic Vitality (SEV): No report.
- Western Health and Human Services Center (WHHSC): The “new” Western Regional Community Advocacy Committee (CAC) Workforce Development Action Group has been established to collectively approach workforce development to transform conditions that perpetuate poverty. This action group will be co-chaired by staff representing Apex, Cary, and Morrisville. With over 30 partners, the Western Regional CAC Food Security Action Group completed the Summer Food hot meal service in August and continues the emergency distribution of 1,595 produce boxes once a month. The Advocacy Team of the Western Regional CAC Affordable Housing Action Group met the “new” Town of Apex Housing staff for an update on the town’s housing plan. The Town of Apex is establishing an Affordable Housing Community Steering Committee. Members of this action group have applied to serve on this committee. This action group is convening faith organizations to explore opportunities to establish a collective impact approach to pursuing development of affordable housing on their property. The Town of Cary has established a monthly community engagement forum where this action group actively participates to consult with the Town of Cary housing and planning staff and to track affordable housing efforts. The Western Regional CAC Seniors’ Support Action Group was developed to coordinate the Town’s services through senior centers across the region and to ensure access to services for marginalized seniors. This action group has mapped senior services in the region and is in the process of recruiting those organizations as members on this action group. The opening of a new senior center in the Town of Apex was delayed due to the pandemic. The Western Regional CAC Executive Committee began Asset Mapping of regional services as they strategically plan for the development of the Western Regional Network of Care and the design of the new Western Regional Center. The UNC Nursing School Mobile Unit now provides services at the White Oak Foundation three days a week (Mondays, Tuesdays, and Thursdays). In partnership with local pharmacies and two local churches, the WHHSC hosted and promoted vaccination and testing sites in September. The WHHSC remains closed to the public.
- Northern Regional Center (NRC): In partnership with the Town of Wake Forest and Cooperative Extension, the NRC is pursuing funding to install “edible landscaping” in visible and/or high foot traffic areas of the property. This would include by the bus stop. Edible landscaping (also referred to as “foodscaping”) is a simple concept in which fruit and vegetables are planted in lieu of ornamental shrubs. It can offer the same aesthetics but serves a dual purpose in that it can offer access to fresh fruits and vegetables to food insecure individuals. The Northern Region Community Advocacy Committee (CAC) Continued their monthly Northern Living In Good Health Together (L.I.G.H.Ts) series on Facebook and YouTube. In September, the spotlight was on health disparities and inequities among historically marginalized populations. Guests included Dr. Peter Morris, Executive Director of Urban Ministries, and Dr. Rasheeda Monroe, Wake Medical and founding member of the Sister Circle. Over 150 individuals watched the episode. The NRC remains in a partial opening status.
- Southern Regional Center (SRC): In August 2021, the Register of Deeds took steps to expand the role of Regional Centers within the program. While Regional Centers have issued birth certificates since their inception, the SRC Operations staff were trained to issue death certificates and marriage certificates as well. Upon successful piloting of this expansion, the plan is to

incorporate the other Regional Centers. The Health Clinic space at the SRC was renovated across the past couple of months. The renovations, which primarily comprised of stripping wallpaper and painting wall surfaces, were completed. Advance Community Health is poised to resume clinical service on October 14th, 2021. The Wake County Health Clinic will resume services in 2022. The SRC remains in a partial opening status.

- Eastern Regional Center (ERC): The ERC is working with Wake County Food Security and Health Promotions staff toward the creation of an Eastern Region Food Security Coalition. The purpose of this community-driven group would be to more collaboratively assess and address food security needs in the East. This initiative is part of both the Wake County Food Security Comprehensive Plan and a goal of the ERC Community Advocacy Committee (CAC) Action Plan. The ERC Clinic served 211 patients in August 2021. Six hundred and sixty-eight residents were assisted via the distribution of resources. The Eastern Wake Entrepreneurial Hub Committee continues to meet monthly. The Committee includes the ERC Director, Social and Economic Vitality (SEV) staff, various municipal leaders in the East, and representatives from Wake Technical Community College. Discussions revolve around potential development of an Entrepreneurship Hub in the East. The ERC remains in a partial opening status.

The Regional Network continues to be an active participant in the response to COVID-19, including offering COVID-19 testing and vaccinations on-site. Vaccinations and testing are currently offered throughout the week, including weekends. Drive-thru testing experienced a drastic increase throughout August that continued into September. COVID-19 testing was held Monday through Saturday from 7:00 a.m. to 7:00 p.m. The Southern Regional Center had a 65% increase over the previous month.

In August 2021, the Eastern Regional Center, Northern Regional Center, and Southern Regional Center collected a combined tax payment, representing \$327,594.48 in tax revenue. A total of 246 birth certificates were issued.

Location	Revenue Collections	Birth Certificates Issued	Marriage Certificates Issued	Death Certificates Issued
Eastern Region	\$ 49,980.31	73	NA	NA
Northern Region	117,676.37	84	NA	NA
Southern Region	159,937.80	89	2	2
TOTAL	\$327,594.48	246	2	2

Public Comments

- None

Adjournment

The meeting was adjourned at 9:25 A.M.

Board Chair's Signature:



Date: 11/18/2021

Respectfully submitted by Ms. Brittany Hunt