

**Wake County Health and Human Services Board  
Meeting Minutes  
November 18<sup>th</sup>, 2021**

**Board Members Present:**

DaQuanta Copeland  
Deborah Lawson  
Tonya Minggia  
Dr. Jananne O'Connell  
Dr. John Perry  
Ann Rollins  
Dr. Anita Sawhney  
Dr. Kelcy Walker Pope  
Commissioner James West

**Guests Present:**

Willette Copeland  
Tanner Davis  
Christine Kushner

**Staff Members Present:**

Commissioner Vickie Adamson  
Nannette Bowler  
Eric Green  
C.J. Harper  
Richie Hayner  
Duane Holder  
Leah Holdren  
Brittany Hunt  
Dr. Rebecca Kaufman  
Heather Miranda  
Ken Murphy  
Dr. Nicole Mushonga  
Shanta Nowell  
Antonia Pedroza  
Paige Rosemond  
Elizabeth Scott  
Dr. Joseph Threadcraft

**Call to Order**

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

**Next Board Meeting** – December 16<sup>th</sup>, 2021

**Health and Human Services Board Officers Oath of Office**

(Presented by Mr. Ken Murphy)

Mr. Kenneth Murphy, Deputy County Attorney, swore in Ms. Ann Rollins (Board Chair), Ms. DaQuanta Copeland (Board Vice Chair), and Dr. Jananne O'Connell (Board Treasurer).

**Approval of Minutes**

Ms. Ann Rollins asked for a motion to approve the October 21<sup>st</sup> meeting minutes. There was a motion by Dr. DaQuanta Copeland and Commissioner James West seconded to accept the minutes. The minutes were unanimously approved.

**Environmental Services Director's Update**

(Presented by Dr. Joseph Threadcraft and Mr. Eric Green)

Dr. Joseph Threadcraft, Environmental Services Director, introduced Mr. Eric Green, Environmental Health Program Manager – Operations Analysis, to review the first phase of regulations governing wastewater treatment and dispersal systems in Wake County.

Mr. Green reviewed the reasons for the revisions, which included new technologies available, new data supporting the use of older technologies, and increasingly complex designs becoming more common as Wake County moves toward buildout. The regulations have also not been revised since 2011.

The proposed updates fall into two categories.

- Regulation Repeals
  - Outdated regulations
  - Supported usage of technology
- Regulation Revisions
  - Outdated regulations
  - Typographical errors
  - Increase design flexibility
  - Supported usage of technology

These changes were originally brought before the Health and Human Services Board at their August 26<sup>th</sup>, 2021 meeting where they were approved before being sent to the North Carolina Department of Health and Human Services (NC DHHS). The amendments were reviewed and approved by NC DHHS on October 21<sup>st</sup>. There was then a public comment period that ran from October 26<sup>th</sup> to November 12<sup>th</sup>. This public comment period was not required by law, but was requested by NCDHHS on top of the public notice that staff are required to do. There have been two comments to date from that period. First was in regards to Regulation II.D, which requires the owner of a system to provide a letter if there is a system reduction. The second was Appendix A and regarded a typographical error on a diagram for a pump tank.

In response to these comments, County staff worked with NC DHHS to create revisions to Regulation II.D. Unfortunately the way the regulation was written allows an unintended effect on a proposed amendment to the Panel Block system. Clarification was needed as historical enforcement of the regulation was only applied to “innovative systems.” These are mainly drain fill products composed of Styrofoam, but not gravel. The State agreed that the wording could be specified to only include innovative systems to completely omit the Panel Block. The amendment to Regulation II.D was approved by NC DHHS on November 10<sup>th</sup>. Unfortunately for the comment received on Appendix A, the proposed changes would be too extensive and require staff to completely go back through the process of writing, reviewing, and completing the amendments for further review. Due to this, staff are hoping to review Appendix A more thoroughly in the second phase of amendments.

Environmental Services staff were at the Health and Human Services Board meeting to request Board members to adopt these revisions to be enforced by Wake County. If adopted, the revisions would be effective as soon as the request was signed by the Board Chair.

Commissioner Vickie Adamson inquired about homebuilders having input into the process. Mr. Green explained that the revisions were thoroughly presented and discussed with a group of stakeholders that included the Homebuilders Association and builders, developers, installers, engineers, and scientists in the area. Staff worked diligently to include anyone who the revisions would impact. All of these stakeholders were in favor of the proposed regulation changes.

There was a question posed to clarify the language between “stormwater” and “wastewater.” Mr. Green stated that stormwater applied to any water that falls from the sky and then runs across properties. Wastewater is sewage that comes from a facility (which could be anything from a house to business to church).

Mr. Green thanked the Board for their consideration and projected that the second phase of the renovations would be presented summer 2022 at the earliest.

**There was a motion by Commissioner James West to adopt the proposed revisions. Dr. Jananne O'Connell seconded. The revisions were unanimously adopted.**

### **Treasurer's Report**

(Presented by Dr. Jananne O'Connell)

Treasurer Dr. Jananne O'Connell reported that there was a reduction of \$200.00 from the previous month. This money was approved as a donation to the Frank Eagles Memorial Fund. With a previous balance of \$4,880.92, this gives a current balance of \$4,680.92.

### **February 2022 Board Orientation Discussion**

(Presented by Ms. Ann Rollins)

Ms. Ann Rollins reminded Board members that February marks the annual Board orientation meeting, which will quickly be approaching for 2022. Due to the meeting being a mandatory orientation, it is longer than the typical two-hour Board meeting (lasting four hours and currently scheduled from 7:30 a.m. to 11:30 a.m. on February 24<sup>th</sup>, 2022). Usually members of the Public Health Committee and Social Services Committee, the two subcommittees of the Health and Human Services Board, are invited as well.

There was a discussion surrounding possibly holding the orientation in-person and/or in a hybrid form with both in-person and virtual attendance as options. Mr. Ken Murphy, Senior Deputy County Attorney, informed the Board that current legislation made this more complicated than it might appear. This legislation was passed at the beginning of the pandemic and authorized local government boards to meet virtually. As of now, if even one Board member were to opt to attend the meeting virtually, the whole meeting would have to be held virtually by law. There is, however, a lot of ongoing discussion surrounding this legislation as well as potential hybrid options.

It was noted that, if the Board were to meet in-person in February, it would be exactly two years since the last in-person meeting of the Board in February 2020.

### **Health and Human Services Director's Update**

(Presented by Dr. Nicole Mushonga)

Dr. Nicole Mushonga, Assistant Physician Director and Epidemiology Program Director, provided a brief COVID-19 update. Prior to last week, the County had seen evidence of transmission levels going down in severity from high to substantial. However, most recent data sees the County slipping into the high category once more (denoting 100 cases per 100,000 people). Staff are continuing to monitor this not only locally but nationwide. Percent positivity is still 3%, which is promising. Hospitalizations are also holding steady.

Vaccinations are also showing promise with 80% of Wake County residents aged 18 and up being fully vaccinated. Staff were pleased to be able to offer vaccines to those aged 5 to 11 as of November 4<sup>th</sup>. Since then, nineteen percent of Wake County's youth aged 5 to 11 have received one dose. Staff are also busy hosting a handful of vaccine events, including one at the Poe Center for Health Education and another scheduled for this weekend at a high school in Knightdale.

A question about boosters being available was posed and Dr. Mushonga explained that boosters have been approved to be administered. Initially only Pfizer had approval for a booster, though shortly after

Moderna and Johnson and Johnson began offering their own. There has been new evidence that indicates residents can “mix” brands from their initial COVID-19 dose(s). In other words, an individual could receive Pfizer for the two doses of the standard vaccine and then receive a Moderna booster shot. Earlier messaging had indicated that the same brand would need to be used from the original dosage to the booster shot.

Next, Ms. Nannette Bowler, Health and Human Services Director, reviewed the integration plan for Health and Human Services (hereafter HHS). Earlier in November, this vision was presented to the senior leadership team of HHS and Ms. Bowler wished to share the abbreviated version with both the Health and Human Services Board and the senior leadership team of Mr. David Ellis, Wake County Manager. Afterwards, it would be presented to the Wake County Board of Commissioners (BOC) Human Services Committee. Ms. Bowler spoke of staff and how everyone is significant and aids in moving customer service forward. This vision would also aim to improve staff satisfaction and, in turn, retention.

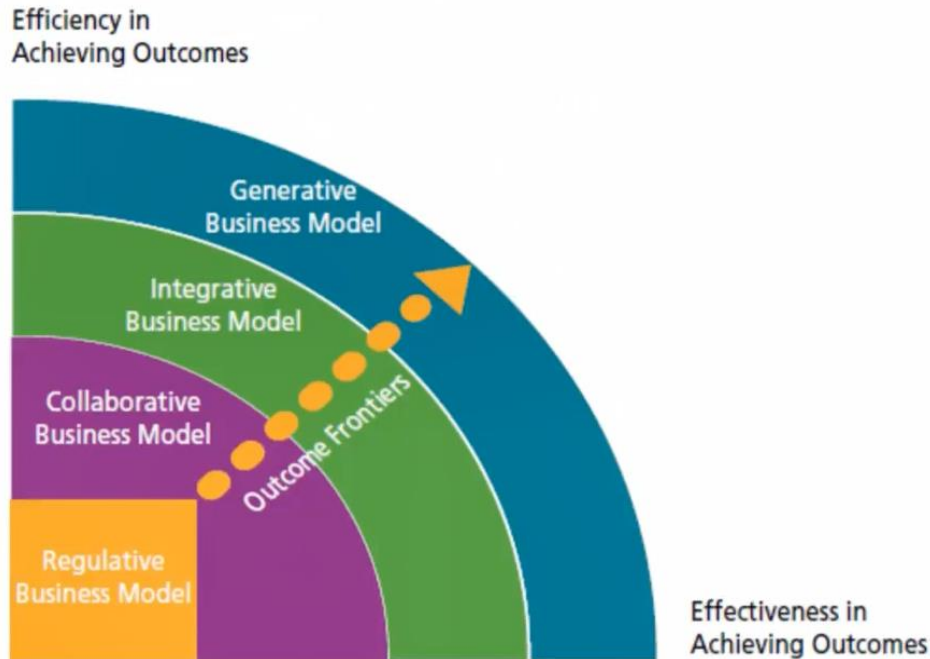
Ms. Bowler shared a quote by Peter Senge – “Deep changes – in how people think, what they believe, how they see the world – are difficult, if not impossible, to achieve through compliance.” This quote is incredibly pertinent to HHS in particular as services are often held under mandates, rules, statutes, policies, practices, and audits. However, if staff and work stays only at a compliance level, it is difficult to achieve true integration and to serve those who need assistance.

Trends in HHS were reviewed with a goal of focusing resources to build an infrastructure that integrates service delivery to improve the well-being of customers. These trends include the following.

- Non-traditional Partnerships
  - Build partnerships that have the ability and resources to focus on serving residents across the lifespan
- Predictive Analytics
  - Shift from descriptive to predictive analytics to increase program effectiveness
- Embrace Innovation
  - Challenge “insider thinking” and explore creative ways to best serve clients across departments
- Whole-person Services
  - Use a coordinated, person-centered service delivery that helps meet the social, economic, physical, and mental needs of the individual

Ms. Bowler clarified that with “predictive analytics” there is no way for the data to predict what will happen with absolute certainty. But it will be valuable to look at all the indicators together in order to form the best foresight of what is happening in communities, demographics, and individual geographical areas. By doing this, staff can be proactive in providing services. But currently staff look at the services to define the needs of people when the reverse – looking at the needs and making sure services meet those – is needed.

In response to these needs, Ms. Bowler presented the Human Services Value Curve (HSVC, below).



The HSVC was developed in a collaboration between Harvard University and the American Public Human Services Association. This is the guiding model of achieving true integration that Wake County HHS will be following. Before reviewing the HSVC, Ms. Bowler stated that no one “stage” was better than the other. All were needed at some level or another in order to meet the needs of the community and fully integrate services. This was a continuum to maximize the integration of services.

- **Regulative Business Model** – Focus on serving clients eligible for particular services. In this stage, staff are concerned with complying with categorical policies and regulation to maintain integrity. But if staff stay stuck here, the full delivery of services needed will not be made available or known to the client.
- **Collaborative Business Model** – Support clients in receiving all of the services that they’re eligible for by working across department and program boundaries. This is a holistic model that puts the client first.
- **Integrative Business Model** – Start looking at the root causes of the client’s needs and problems in order to coordinate and integrate services beyond the department. This stage is where social determinants come in. Staff must be cognizant of issues like transportation, education, and housing, among others.
- **Generative Business Model** – Generate healthy communities by cocreating solutions in a multidimensional way while acknowledging socioeconomic challenges and opportunities. Informally this stage has been called “Bigger Than Us.” It is going beyond the work staff are doing to engage with the appropriate partners and non-profits to work interactively together.

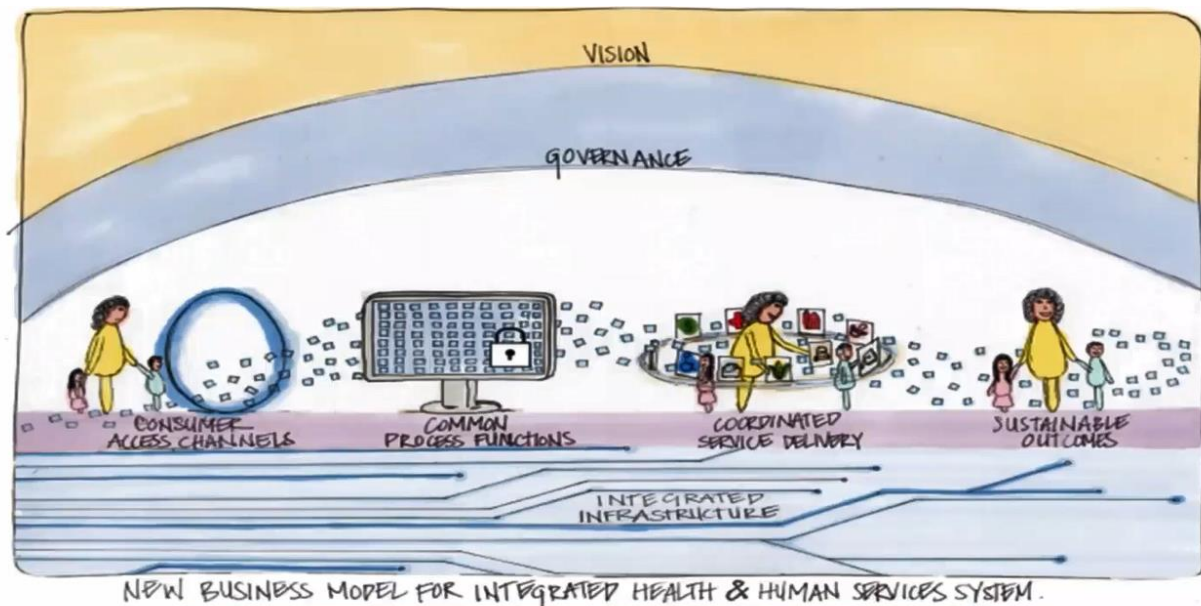
For the final stage – generative business model – Ms. Bowler shared an example. An elderly woman walks into a pharmacist to get her prescription filled. The pharmacist’s job is to make sure that medication is not only correct, but the right dosage. This is in line with compliance. However, the pharmacist notices the woman limping and struggling to walk. He asks what’s wrong to which the woman responds that her

ankle is hurting and causing her to have difficulty walking. Going beyond the regulative business model, the pharmacist decides to look in the pharmacy to try to locate a supportive bandage in order to alleviate the woman's pain. This is going beyond compliance to serve the woman's other needs. Now it should be considered that the woman comes to the pharmacy often and has developed a relationship with those that work there. So the pharmacist asks her exactly how she hurt her ankle. The elderly woman responds that she was unable to pay her electric bill and her landlord was demanding rent that she could not pay. As a result, her lights were shut off and she hurt herself getting up in the middle of the night. This is actually a real life example of a case that happened in New York where doctors went out and met with the landlords of patients to see what they could do to help with their situation. So, in this scenario, the pharmacist sees that there is a pattern in the community of clients in need – not just this one elderly woman. So he searches for the root cause and how to best present services to address those needs. The generative business model comes in when the pharmacist begins bringing community together and seeks others to do the same.

Currently, Ms. Bowler believes that Wake County is working at the collaborative business model stage. The key to moving to the integrative business model stage will be considering the place-based opportunity ecosystem social determinants of health (SDoH) for healthy, thriving communities. These are as follows:

- Education
- Employment and Income Stability
- Environmental Health
- Food and Nutrition
- Health and Well-being
- Housing Stability
- Safety
- Transportation

Ms. Bowler also introduced the image below to further display the HHS integration model.



This image was broken down further in order to outline the actualization of the model.

- Consumer Access Channels
  - Community-based
  - Person-centered
  - Greeting Process
  - Customer Gathering (Lines)
  - Check-in Process
  - Process for Simple Transactions
  - Walk-ins (Existing Cases)
  - On-site Childcare
  - Self-serve Area
- Common Process Functions
  - Coordinated Intake Process
  - Regulatory Requirements
  - Single Process for All Programs
  - Cross-service Coordination
  - Access to Partner Agencies
  - Referrals to Outside Agencies
  - Staff Security
- Coordinated Service Delivery
  - Community-based Service Delivery
  - Governance/Oversight
  - Confidentiality
  - Data Sharing
  - Collective Impact Strategies
    - Services Needed
    - Common Agenda
    - Data Collection
    - Customer Service Expectations
    - Staff Security
  - Specific Geographic Needs
- Sustainable Outcomes
  - Better jobs/increased income, assets, economic status and stability for families
  - Reduced dependence on public benefits and greater awareness of career opportunities/goals
  - Better physical, mental, and emotional health
  - Improved parenting skills, engagement, and modeling for the family
  - Improved child literacy, behavior, attendance, and grades, leading to reduction in grade repetition and high school/college graduation
  - Connected communities
  - Greater service coordination
  - Improved quality of life
  - Effective policy design
  - Efficient use of tax dollars

Ms. Bowler admitted that such a plan takes a great amount of intent. She had seen success in this model in a previous position and while the change may not happen overnight, it will occur with staff buy-in. Including staff at every level of the process and vision is imperative for success.

Finally, Ms. Bowler admitted that there was quite a lot of work ahead for the department. The following areas and questions will be key to fully realizing HHS integration.

- Vision and Promise
  - What is the vision for the organization?
  - What promise is being made to the public?
  - What promise is being made to staff?
  - What is the scope of the operation? Service Centers only and HHS-wide?
  - How will the culture of the new organization be developed?
  - What are the customer service expectations?
- Governance
  - What is the internal leadership structure? Who's in charge?
  - What is the external leadership structure? MOU's? Contracts? Who's in charge?
  - How will it be determined with whom to partner?
  - How is the effort to be funded?
  - Are there to be common process functions? Consistent baseline of services with flexibility based on location?
- Workflow
  - How will customers be referred in the center?
  - How will customers be referred outside the center?
  - What are the policy implications?
  - How will confidentiality be maintained?
  - What are the data requirements?
  - How will complaints be facilitated?
  - Will there be customer lines?
  - Are there acceptable wait times?
  - How will you create efficient time usage?
  - How will customer satisfaction be assessed?
- Technology
  - What system will be used to facilitate services?
  - What will communication with customers look like?
  - What will communication with internal staff look like?
  - What will communication with external staff look like?
  - How will information be shared across services or with external partners?
  - What are the customer service expectations?
  - How will NC FAST play into this process?
  - Will safety technology be employed?
  - How will data be shared between organizations?



- Other Considerations
  - Staffing
  - Policy
  - Community Engagement
  - Facility and Space
  - Change Management
  - Program Assessment
  - Logistics and Move
  - Project Team
  - Continuous Improvement
  - Requests for New Service

Ms. Ann Rollins thanked Ms. Bowler for the presentation and stated that the Health and Human Services Board would commit to supporting staff and the community. The question was posed of how the Board would fit into this integration plan and Ms. Bowler indicated that more concrete examples would be brought to the Board with time. Through harnessing data around customer satisfaction, staff would begin to better understand outputs and outcomes and where they can make a difference. It may be a repetitive process in order to promote understanding, but the hope is to create a uniform language and understanding amongst staff.

Commissioner Vickie Adamson shared her excitement and spoke of promoting the programs that the County currently has. A brochure Commissioner Adamson had drafted by the Communications Office contained contact information for many programs and departments and was extremely successful in the community. A communication such as this for HHS might be helpful and be crafted as a tool to guide clients through the services that they can apply for to gain assistance. Ms. Bowler assured that the integration model would not be eliminating any programs but instead of creating fragmented referrals not connected to the other needs of the clients, there would be a “walk in and warm hand off.” In other words, the collective needs would be met so that the client is holistically assisted and is not repeating their story and needs over and over to different staff.

Ms. DaQuanta Copeland appreciated the “warm hand off” language and noted that accountability does rely on a client being able to retrieve the information. In this case, with so many resources in the County, how were staff attempting to educate the community? If residents are simply unaware the resources are there, they may not know to ask for them. Ms. Bowler responded that the goal was to bolster the usage of the Regional Centers which are positioned throughout the County and in the communities. By enhancing what they are already doing and further educating the community, staff hope to make more and more residents aware of the resources available to them.

There was discussion of what a cognitive shift this would be for staff and how critical staff buy-in was for success. Commissioner Adamson shared a hope of getting “ahead of the curve” in response to poverty in Wake County. Gentrification is occurring at an alarming rate and it is up to staff to work to go into neighborhoods starting to face gentrification and educate the people about services as well as changes in the housing market. By watching where displaced residents are moving, staff could also begin to more effectively address their needs. Commissioner Adamson spoke of the January Wake County Board of Commissioners (BOC) planning retreat where goals will be set for the year and where she has requested County Manager David Ellis to present heat maps of poverty migration. There are some heat maps that were made available from Triangle Family Services as they have been tracking where their clients come from and Commissioner Adamson spoke of the stark changes to the County in the last five to ten years alone.

## Committee Chairs Update

(Presented by Ms. Ann Rollins, Dr. Jananne O'Connell, and Mr. Richie Hayner)

Ms. Ann Rollins shared that the Public Health Committee would actually be meeting the following day for their November meeting. At the October meeting, the Committee heard from Dr. Theresa Flynn and Ms. Paige Rosemond as they presented the Child Fatality Prevention Team/Community Child Protection Team (CFPT/CCPT). As Ms. Rollins steps into the role as Health and Human Services Board Chair, Dr. Mary Faye Whisler will be taking over the role of Public Health Committee Chair beginning December 2021.

Dr. Jananne O'Connell was announced as the Social Services Committee Chair. After sharing that the Committee had met the previous Friday, Dr. O'Connell recognized previous Co-Chair Ms. Fiorella Horna and all of her work for the County and, in particular, for the Social Services Committee.

Eight different departments with RC walk through - Richie connected to Nannette report. Frank sorely missed.

Mr. Richie Hayner, Director of the Southern Regional Center, provided a brief update on the Regional Networks Committee. Mr. Hayner recognized the presentation by Ms. Nannette Bowler and noted how the Regional Centers often highlighted up to eight different departments within the same building. Work is being done to expand models and provide the residents of Wake County with the best possible care. He also recognized Mr. Frank Eagles, who provided these updates prior to his passing, and his love for the Regional Centers and Regional Networks Committee.

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

- Millbrook/Departure Health and Human Services Center: No report.
- Crosby Garfield/Social and Economic Vitality (SEV): The Racial Equity and Social Justice Action Team hosted an Eviction Clinic on October 30<sup>th</sup> which focused on assisting residents with completing House Wake! Applications and receiving essential legal counsel to prevent eviction. One hundred and twenty-five residents attended the clinic which received media coverage on WRAL (<https://www.wral.com/coronavirus/eviction-relief-clinic-held-for-wake-county-residents-in-need/19952812/>) and CBS 17 (<https://www.cbs17.com/news/local-news/wake-county-news/dozens-receive-help-at-wake-county-rental-assistance-clinic-as-covid-pandemic-still-impacts-housing/>). A second clinic will be planned within the next two months. Crosby Garfield/SEV staff and colleagues are engaged in professional development to become Board Certified Coaches. The 120 hours of training will strengthen the Mindset Life Coaching Program. More information about this training is located here: <https://www.aspenfwc.com/gateway-training-center>. SEV continues to host monthly Eastern Wake Entrepreneurial Hub meetings for the purpose of expanding the entrepreneurial ecosystem in the eastern part of the county. The group consists of municipal representatives from Knightdale, Wendell, Zebulon, and Rolesville along with Wake Tech Launch Program and the Eastern Regional Center. Each municipality rotates sharing information from their Economic Development Strategy Plans. In addition, guest speakers provide information to assist the group with collective dreaming in preparation for the development of a co-hub in the eastern region. SEV continues to have robust participation in the Crosby Advocacy Group (CAG) with 46 and 36 residents, partners, and staff participating in the September and October meetings respectively.
- 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

continues the emergency distribution of 1,520 produce boxes once per month, serving 1,515 families. The Advocacy Team of the Western Regional CAC Affordable Housing Action Group coordinated support for the Town of Cary's Housing Plan. Members of this action team coordinated a collective approach by recruiting a diverse representation of the region to offer public comment at the upcoming Cary Town Council meeting. The Town of Apex has established an Affordable Housing Community Steering Committee and members of this action group have been selected to serve on this committee. This action group is convening faith leaders to establish a collective impact approach to develop affordable housing on their property. Currently, six faith-based organizations have expressed interest in developing affordable housing. Support from the towns and county is being sought to increase affordable housing units in the western region. The Western Regional CAC Seniors' Support Action Group was developed to coordinate 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 Western Regional CAC Executive Committee and the Regional Director met with Wake County General Services Administration (GSA) Facility Design team to kick-off advance planning of the new Western Regional Center. As the advance planning process prioritizes community engagement, the Western Regional CAC's vision of a network of care is being considered as part of an integrative regional services system delivered through the new center and other community based-based human services centers. The WHHSC remains closed to the public.

- Northern Regional Center (NRC): The NRC was approved to administer the Pfizer vaccine in addition to Moderna. This is significant as Pfizer is currently the only COVID-19 vaccine approved for children over the age of 12 and for boosters to those aged 65 and older and the immunocompromised. The ongoing Wake County Public School System (WCPSS) Program Lunches has served 451 lunches while the Northern Region Community Advocacy Committee (CAC)'s food security network delivered 594 food boxes (274 fresh produce and 320 shelf stable). The Northern Region CAC continued the monthly live Northern Living In Good Health Together (LIGHTs) series on Facebook and YouTube. In October, the spotlight was on educational disparities and inequities among historically marginalized populations. Five shows have been completed resulting in an impressive list of guests and a collection of resources for the community. With the unfortunate passing of Mr. Frank Eagles on October 14<sup>th</sup>, the Rolesville members of the Northern Regional CAC led an effort to proclaim October 14<sup>th</sup> as a "Day of Service" moving forward. Mr. Eagles was instrumental in food security initiatives, had a passion for community-based health services, was recognized locally for his deep involvement in public education, and dedicated to promoting regional services. A passionate, caring, and staunch advocate for vulnerable populations, Mr. Eagles had a well-deserved reputation for pushing us all to be better and for getting results. He will be sorely missed. The NRC remains in a partial opening status.
- Southern Regional Center (SRC): The SRC continued its COVID-19 vaccination clinic five days per week (Tuesday through Saturday) in October 2021. October represented the first full month in which both the Pfizer and Moderna vaccines were available to the public at this site. In total, the SRC vaccine clinic administered 1,839 vaccines in October. This represents a volume of 325% of the previous month. The SRC processed 17,422 tests during the month of October, which represented 64% of the previous month's volume. Advance Community Health (ACH) resumed clinical services at SRC each Thursday with a ribbon cutting ceremony and a soft opening on October 14<sup>th</sup>. On their first two days of service, they were able to serve 24 patients. The SRC remains in a partial opening status.
- Eastern Regional Center (ERC): The ERC will kick off the Eastern Regional Food Security Coalition on November 17<sup>th</sup>. Community partners will meet virtually with the Wake County Food Security Team to discuss challenges and opportunities to address food insecurity in the east. The

ERC clinic served 198 patients as well as 628 residents assisted via the distribution of resources. The ERC remains in a partial opening status.

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

| <b>Region</b>   | <b>COVID Tests Administered</b> | <b>COVID Vaccines Administered</b> |
|-----------------|---------------------------------|------------------------------------|
| Departure Drive | NA                              | NA                                 |
| Eastern Region  | 8,586                           | 817                                |
| Northern Region | 23,802                          | 1,382                              |
| Southern Region | 17,422                          | 1,839                              |
| <b>TOTAL</b>    | <b>49,810</b>                   | <b>4,038</b>                       |

In October 2021, the ERC, NRC, and SRC collected a combined 348 tax payments representing \$312,665.24 in tax revenue. They also issued a combined 269 birth certificates.

| <b>Location</b> | <b>Payments Received</b> | <b>Revenue Collections</b> | <b>Birth Certificates Issued</b> | <b>Marriage Certificates Issued</b> | <b>Death Certificates Issued</b> |
|-----------------|--------------------------|----------------------------|----------------------------------|-------------------------------------|----------------------------------|
| Eastern Region  | 123                      | \$ 45,801.01               | 88                               | NA                                  | NA                               |
| Northern Region | 61                       | 143,185.25                 | 70                               | NA                                  | NA                               |
| Southern Region | 164                      | 123,678.98                 | 111                              | 1                                   | 121                              |
| <b>TOTAL</b>    | <b>348</b>               | <b>\$312,665.24</b>        | <b>269</b>                       | <b>1</b>                            | <b>121</b>                       |

#### **Public Comments**

- None

#### **Adjournment**

The meeting was adjourned at 9:05 A.M.

**Board Chair's Signature:** Ann Rolino **Date:** 12/16/2021

Respectfully submitted by Ms. Brittany Hunt