

**Meeting Minutes
January 5, 2021**

**MECKLENBURG COUNTY, NORTH CAROLINA
BOARD OF COUNTY COMMISSIONERS**

Due to the State of North Carolina's Declaration of Emergency in response to the COVID-19 pandemic and per NCGS § 166A-19.24, the Mecklenburg County Board of Commissioners conducted a remote meeting using the WebEx application.

CALL TO ORDER

The Board of Commissioners of Mecklenburg County, North Carolina, met for a Formal Session on Tuesday, January 5, 2021 at 6:02 p.m. at the Charlotte-Mecklenburg Government Center, Room 267 with Chair George Dunlap presiding.

ATTENDANCE

Present: Chair George Dunlap (*attended in person*)
Commissioner Leigh Altman (*attended remotely*)
Commissioner Patricia "Pat" Cotham (*attended in person*)
Commissioner Mark Jerrell (*attended remotely*)
Commissioner Vilma D. Leake (*attended in person*)
Commissioner Laura J. Meier (*attended remotely*)
Commissioner Elaine Powell (*attended in person*)
Commissioner Susan Rodriguez- McDowell (*attended remotely*)

Absent Until Noted: Commissioner Ella B. Scarborough (*attended remotely*)

COMMENTS FROM CHAIRPERSON

Chair Dunlap said Happy New Year to Mecklenburg County citizens and stated the Board was looking forward to serving the community, even more aggressively than in the past year years. He acknowledged the passing of a beloved mother in the community, stating that Theresa Elder was the first, black nurse to work for Mecklenburg County. He said that she was someone who nearly everyone in the community knew and loved and that she would certainly be missed. He said they could pay recognition to her at the upcoming Commissioners' Meeting on January 20, 2021.

INVOCATION/PLEDGE OF ALLEGIANCE

Chair Dunlap led the invocation followed by the Pledge of Allegiance to the Flag.

AWARDS/RECOGNITION – NONE

REMOVAL OF ITEMS FROM CONSENT

The following agenda items were identified by Commissioners to be removed from the Consent agenda for clarity, comment, public awareness, and/or to be voted upon separately:

- 20-6556: Pulled by Commissioner Leake
- 21-6570: Pulled by Commissioners Jerrell and Leake
- 21-6573: Pulled by Commissioner Leake
- 21-6575: Pulled by Commissioner Leake
- 21-6578: Pulled by Commissioners Leake and Jerrell
- 21-6579: Pulled by Commissioners Jerrell, Leake, and Rodriguez-McDowell
- 21-6580: Pulled by Commissioner Leake and Powell
- 21-6588: Pulled by Commissioner Jerrell and Leake
- 21-6589: Pulled by Commissioner Jerrell and Leake

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CONSENT ITEMS

A motion was made by Commissioner Leake, seconded by Commissioner Cotham, and carried unanimously to approve items not pulled from the Consent Agenda.

21-6567: Grant Application - FEMA Hazard Mitigation Assistance (LUESA)

(A) Affirm application by the County Manager for FEMA Hazard Mitigation Assistance grant funding of up to \$700,000 to be used for flood mitigation on Briar Creek; (B) If awarded, recognize, receive and appropriate in the Storm Water grant fund (G705) federal and state funds up to the awarded amount plus any property owner matching funds available through completion of the project; and (C) Authorize the County Manager to execute contracts with the North Carolina Department of Public Safety, Division of Emergency Management.

21-6574: Tax Refunds

(A) Approve refunds in the amount of \$6,885.01 for registered motor vehicles as statutorily required to be paid as requested by the County Assessor and (B) Approve refunds in the amount of \$67,352.38 as statutorily required to be paid as requested by the County Assessor.

Note: This Board action is necessary to approve registered motor vehicle refunds resulting from clerical errors, value changes, and appeals processed in the new statewide vehicle tax system.

A list of the taxpayer recipients is on file with the Clerk to the Board.

21-6577: Capital Reserve Expenditure - Natural Area Capital Reserve Fund (Park and Recreation)

Appropriate \$40,000 in available funds from the Natural Area Capital Reserve Fund (9002) for management activities associated with natural community restoration including purchase of native seed and trees, herbicide, prescribed fire equipment, and contract labor.

COUNTY COMMISSIONERS REPORTS & REQUESTS

21-6564: Board Committees Affirmation

A motion was made by Commissioner Leake, seconded by Commissioner Cotham, and carried unanimously to (A) Re-affirm the following Board committees for calendar year 2021: 1. Economic Development Committee, 2. Health and Human Services Committee, 3. Intergovernmental Relations Committee, 4. Performance Review Committee, 5. Audit Review Committee and 6. Environmental Stewardship Committee; and to (B) receive as information, the Board Liaison Assignments as assigned by Chair Dunlap.

The list of assignments is on file with the Clerk to the Board.

Commissioner Scarborough joined the meeting at 6:13 p.m.

21-6592: Amend - Agenda Format Policy

A motion was made by Commissioner Rodriguez-McDowell and seconded by Commissioner Altman to amend the BOCC Agenda Format Policy to add a section allowing for up to five minutes at every second regular monthly meeting entitled "Public Art Moment."

Commissioner Cotham stated that while she loved public art, this never came up in the community surveys that this was a priority. She believed if the Board were to spend any time, it would be better spent on education, affordable housing, or homelessness than this. She offered substitute recommendations.

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Commissioner Leake stated she would hope the Committee would ask the Arts and Science Council to give the Board a report, as it had been previously recommended. She said she could not support a five-minute presentation due to other issues they were currently facing which was urgent.

A vote was taken on the motion and carried as follows:

YES: Commissioners Altman, Dunlap, Jerrell, Meier, Powell, Rodriguez-McDowell, and Scarborough

NO: Commissioners Cotham and Leake

Policy recorded in full in Ordinance Book 49, Document #71

PUBLIC HEARINGS

20-6540: Budget Public Hearing - FY2021-2022

A motion was made by Commissioner Altman, seconded by Commissioner Powell, and carried unanimously to open the Budget Public Hearing to receive public input as part of the Fiscal Year 2021-2022 Budget Development.

The following speakers addressed the Board of County Commissioners:

1. Jennifer De La Jara – Public Education
2. Nancy Nicholson – Parks and Greenways
3. Ruth Ann Grissom – Parks and Greenways
4. Megan Dunn – Funding for Mecklenburg County DHHS/ Public Health
5. Peri Alletto – Curriculum Funding for Special Education Students
6. Justin Parmenter – Education
7. Darlene Heater – Budget Priorities – Libraries and Parks
8. Cathie Clarkson – University City Library Location
9. Kristen Idacavage – MECK Pre-K
10. Maria Moria – MECK Pre-K
11. Brittney Morales – MECK Pre-K
12. Mandy Petrillo – MECK Pre-K
13. Trinisha Dean – MECK Pre-K
14. Tobe Holmes – University City Library
15. Dr. Monty Witherspoon – CMS Funding for African American Educational Advancement
16. Rev. Hamni Fisher – CMS Funding for African American Educational Advancement
17. Rev. Jordan Boyd – CMS Funding for African American Educational Advancement
18. Dr. Dennis Williams – CMS Funding for African American Educational Advancement
19. Arthur Griffin – CMS Budget
20. Amanda Thompson – Budget Priorities and Education
21. Linda Levy – Cooperation between County Commissioner, City Council and Board of Education
22. Jessica Finkel – Environment/ Funding for Residents of Tent City/ Affordable Housing

A motion was made by Commissioner Leake, seconded by Commissioner Cotham, and carried unanimously to close the public hearing.

PUBLIC APPEARANCE

21-6571: Public Appearance

No speakers address the Board of Commissioners.

APPOINTMENTS – NONE

ADVISORY COMMITTEE REPORTS – NONE

DEPARTMENTAL DIRECTORS' MONTHLY REPORTS – NONE

STAFF REPORTS & REQUESTS – NONE

MANAGER'S REPORT

21-6569: Reducing Racial and Ethnic Disparities

Gibbie Harris, Health Director, MSPH, BSN, provided a presentation and recommendations to address racial and ethnic disparities.

Ms. Harris reviewed the role of public health in addressing racial and ethnic disparities:

- Community Health Assessment
 - Defining and prioritizing issues
 - Identifying all populations at risk
 - Planning, designing and funding interventions with Community input
- Facilitation and coordination of the community response
- Assuring implementation of best practices

Introduction of racial and ethnic health disparities:

- Good health is not equally within reach for all Mecklenburg County residents.
- Health disparities, particularly among African Americans, LatinX, and immigrant communities persist.
- Disparities in life expectancy are largely driven by disproportionate impact of chronic diseases, poorer maternal and child health outcomes and community violence.

The root causes of these disparities are inequities in social and economic determinants of health access to resources and opportunities where you live, learn, work, play and worship that make good health easy to achieve.

Community health priorities in Mecklenburg County

- From the 2019 Community Health Assessment, key community health priorities include:
 - Improving access to health and mental health care
 - Chronic disease prevention
 - Violence prevention
- Addressing gaps in health equity and social determinants of health is essential to each of these priorities.

Proposed Strategies for FY21

- Establish collective impact framework for community health worker initiatives to address access to health care and health resources
- Increase data and programs to address gaps in maternal and child health outcomes
- Expand Village HeartBEAT initiatives to promote chronic disease prevention and management in priority health areas.

Align Community Health Worker (CHWs) Initiatives

- CHWs are an essential, community-based component of the public health workforce. CHWs provide linkages and coordinate access to health care, behavioral health support, health resources, and other basic needs (e.g. housing, food assistance, transportation, etc.)

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- Public Health will serve as the backbone organization for a collective impact approach to CHW initiatives in Mecklenburg County.
- Public Health will hire a CHW Health Manager to convene and coordinate with health systems, community-based organizations, county departments and other stakeholders working with and/or employing CHWs.
- CHW Health Manager will provide systems integration technical assistance and training for organizations working with and employing CHWs.
- CHW Health Manager will provide support and coordination for launch of NCCARE 360 across CHW initiatives and county departments.

Improve maternal and child health data reporting

- Local maternal and child health data are very limited.
- Public Health will hire a MCH epidemiologist to increase capacity for focused analyses and reporting on maternal and perinatal health outcomes.
- Explore feasibility of launching Maternal Mortality and Morbidity Review committee.
- Explore feasibility of oversampling the NC Pregnancy Risk Assessment Monitoring System among Mecklenburg County mothers to allow for ongoing surveillance of risks, behaviors, challenges, and improvements experienced by mothers.

Increase capacity of maternal and child health programs

- Local maternal and child health data are very limited.
- Public Health will hire a MCH epidemiologist to increase capacity for focused analyses and reporting on maternal and perinatal health outcomes
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Increase capacity of maternal and child health programs

- Current programs and funding largely focused on services for first-time or teen mothers or are very limited in scope (e.g. clinical focus, single post-partum visit, prenatal only, etc.)
- Public Health will fund community-based/grassroots organization(s) to provide linkage, education and resources (e.g. transportation, cribs, etc.) to high-risk pregnant/post-partum women using CHW approach.)
- Launch culturally and linguistically appropriate safe sleep and breastfeeding educational campaign.

Expand efforts to prevent chronic disease

- Current VHB budget: \$337,872; current number of faith-based HUBs: 10
- Utilize existing prize dollars (\$294,587 one-time funding) to contract with VHB Inc. to:
 - Build VHB Inc.'s administrative capacity/infrastructure
 - Improve competition database monitoring
 - Subcontract with JCSU for leadership training and training for competition coaches and ambassadors
 - Expand ability to implement evidence-based approaches to address chronic disease prevention and management in the community.
 - Enhance faith-based Policy, Environment, Systems (PSE) Projects with Focus on Tobacco Policy, Nutrition, Physical Activity Expand Village HeartBEAT by supporting existing and new VHB Hubs to address health disparities through evidence-based chronic disease prevention and/or management programs in health priority areas.
- Expand current Village HeartBEAT Ambassador Program and align with CHW initiatives –hire additional Ambassadors to connect VHB participants, other church

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members and community residents to health care, health resources, and other basic needs (e.g. housing, food assistance, transportation, etc.)

- Grass roots Initiatives: The purpose of these micro-grants is to provide small programming and capacity-building grants to community - based organizations supporting efforts to begin addressing chronic diseases among communities experiencing health disparities.

Proposed Budget Allocation

1. Align Community Health Worker (CHWs) Initiatives	\$ 185,000
CHW Health Manager (1 FTE)	\$ 110,000
Systems Integration TA	\$ 75,000
2. Improve Maternal and Child Health Data and Programs	\$1,185,000
MCH Epidemiologist (1 FTE)	\$ 110,000
Community-Based Case Management/Supportive Services (Contract with Community-Based Organization(s))	\$1,000,000
Back to Sleep and Breastfeeding Campaign	\$ 75,000
3. Address Chronic Disease Prevention and Management	\$ 430,000
New Village HeartBEAT Hubs	\$ 150,000
Village HeartBEAT Ambassadors	\$ 100,000
Grassroot Initiatives	\$ 180,000

Ms. Harris answered Commissioners' questions and responded to comments.

Commissioner Jerrell asked what income they could expect from investment. He asked if they expected any challenges in hiring people for the positions. He asked if there was an opportunity for the County to leverage things with Village Heartbeat.

Ms. Harris responded they were in anticipation of moving ahead with some of it working on the contract deliverables for the RFPs that she had talked about, so there would be measurements and outcomes expected in those, which could be provided to him as finalized. She said that at this point in time, they were not looking at expanding within the Health Department but that they were looking to the community-based organizations to find the individuals in the community who knew the community and wanted to be education in providing support.

Commissioner Meier asked if the salaries in the presentation were in addition to what they were already paying or if it would be part of what they already had in place.

Ms. Harris responded that the mentioned programs were already funded and not through this particular effort. She said those were additional dollars that would help to increase the availability of the service.

Commissioner Rodriguez-McDowell asked about the origin and if there were other communities they could look at to see how it worked.

Ms. Harris responded that community health workers were a recognized model across the Country and had been implemented in any number of communities and was considered a best practice.

Commissioner Rodriguez-McDowell stated her concern was the hiring challenges.

Commissioner Altman asked if those were the most important priorities to address such a large problem as disparity outcomes in health care in the County and specifically in the context of COVID-19, where they were seeing such disproportionate impacts along race lines.

Ms. Harris responded that what she could tell her was the disparity health as well as other socioeconomic issues they were seeing in the community related to COVID-19 were not new; COVID-19 had just exacerbated them. She said they knew the issues existed and have for some time. She said \$2 million would not fix the issues but that it was a start, and what

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they wanted to do with the proposal was to begin to implement some things they knew had the ability to actually provide some tangible results.

Dena Diorio, County Manager, stated they were recurring dollars, not one-time dollars, so the \$2 million would be in the next year's budget as well, meaning there would be opportunities for them to continue to expand the programming around health disparities.

Chair Dunlap recommended that the community health workers were used to create meal plans so that they eat healthier and to help people to develop an exercise plan.

21-6576: 7th & Tryon Development - Affordable Housing Grants

Mark Hahn, AFM Director, highlighted background information for the new Commissioners. For the 7th & Tryon Development, parties to the MOU were Mecklenburg County; City of Charlotte; Charlotte Mecklenburg Library; Bank of America; and BP-Metropolitan.

Mr. Hahn reviewed the funding availability for affordable housing, stating there was \$18.7 million in affordable housing funds available with \$7.4million from the sale of County property; \$8.3 million from Bank of America property; and \$3.0 million affordable housing contribution from development team, for a total of \$18.7 million available to invest in affordable housing. He said that of that, \$6 million was for INLIVIAN Uptown and \$12.7 million was for offsite locations. He stated that the County was coordinating with Bank of America, as one of the other landowners, to select the off-site projects to be grant funded.

He said that to partially fund the projects, affordable housing developers could apply for low-income housing tax credits from the North Carolina Housing Finance agency and that as part of the process, the developers must include letters of intent from funding partners to induce the housing agency to award an allocation of tax credits.

Key Terms of LOI and Commitment Letter:

- Supports application for allocation of tax credits from the North Carolina Housing Finance Agency
- Benefitting Entity: a to-be formed entity controlled by Charlotte-Mecklenburg Housing Partnership, Inc. (CMHP)
- Grant funding contingent on sale of 7th& Tryon property and appropriation of grant funding by the Board
- Actual Grant Agreement to be considered at a later date

He reviewed the three offsite affordable housing projects, which were located in areas considered to be or to become high-opportunity areas.

YWCA Central Carolinas – 3420 Park Road, Charlotte, NC 28209

- Total Units: 104
- Type: Multifamily & Townhome rental
- Unit Mix: Studio, 1, 2, & 3 Bedroom
- AMI Mix: 10 units at 30% AMI; 19 units at 5% AMI; 75 units at 60% AMI
- Average AMI: 55.3%
- Target Closing: November 2021
- Target Delivery: July 2023

Highland Creek Seniors – Dewitt Ln & Whitton St, Charlotte, NC 28270

- Total Units: 104
- Type: Multifamily & Townhome Rental
- Unit Mix: Studio, 1, 2, & 3 Bedroom
- AMI Mix:
- Average AMI:
- Target Closing:
- Target Delivery:

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South Village at Scaleybark – Dewitt Ln & Whitton St, Charlotte, NC 28270

- Total Units: 82
- Type: Multifamily rental
- Unit Mix: Studio, 1, 2, & 3 Bedroom
- AMI Mix: 10 units at 30% AMI; 7 units at 50% AMI; 48 units at 60% AMI; and 17 units at 80% AMI
- Average AMI: 59.6%
- Target Closing: 1st quarter 2021
- Target Delivery: August 2022

Next Steps:

- Execution of Letters of Intent and Commitment Letters
- Confirmation of other funding sources
- Sale of 7th & Tryon stakeholder land and appropriation of funds
- Consideration of Grant Agreements by the Board

Mr. Hahn answered Commissioners' questions and responded to comments.

A motion was made by Commissioner Leake and seconded by Commissioner Cotham, to authorize the County Manager to execute a Letter of Intent and Commitment to develop terms by which grants may be provided to the Charlotte-Mecklenburg Housing Partnership, Inc. for affordable housing projects as follows: YWCA (Park Road) housing: \$4,000,000; Highland Creek Senior housing: \$2,750,000; and, South Village at Scaleybark housing: \$1,155,000.

A vote was taken on the motion and carried as followed:

YES: Commissioner Altman, Cotham, Dunlap, Jerrell, Leake, Meier, Rodriguez-McDowell, and Scarborough

NO: Commissioner Powell

21-6583: COVID-19 Response Update

COVID-19 Response

Gibbie Harris, Health Director, MSPH, BSN, provided an update on COVID-19 data and response. Starla Tanner, Legislative Affairs Liaison, provided a legislative update on coronavirus relief. She said they were up to 66,907 cases cumulatively since March and had reached to the 600 marks with deaths. She said they had 57 long-term care facilities in outbreak status. She said their positivity rate was at 15.6%, average hospitalizations-per-day for the last 14 days was 473 and average number of cases for the last week had been 762 cases a day. She said their case rate was sitting at 480.6 per 100,000.

Ms. Harris said for the hospitalization-census data, the seven-day, moving average was at an all-time high, and they were hearing from the hospitals that they had their highest level of acute care bed and ICU bed usage. She said the other thing that was a bit of concern was the number of staff they had out with isolation or quarantine isolations. She said she was watching it very closely because of the potential impact they would see over the next week or two from the holiday season.

Ms. Harris said they had some significant increases in the amount of testing, especially right before Christmas and New Year. She said even with that increase, the positivity rate was still the highest seen so far. She stated they continued to have no-cost molecular PCR and rapid anagen testing widely available in Mecklenburg County. She said no-appointment, drive-through testing was available Monday through Friday from 10:00 a.m. to 4:00 p.m. at the Northwest Health Department as well as the parking lot of Bojangles Coliseum. She said testing demand continued to be up and the turn-around averages were about 2.6 days, which was an improvement from what was seen before Christmas.

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Ms. Harris gave a vaccine update, stating that they continued working closely with the hospitals' emergency management partners and other community providers. She said they were wanting to make sure they had a coordinated approach that was working well so far. She said for their currently available health department appointments that Phase 1a had began December 23, 2020 included healthcare workers at highest risk of exposure to COVID-19 who were not members of the hospital systems who vaccinated their own; state-certified EMTs and Paramedics; long-term care facility residents and staff who were not part of the federal program; and public health staff who were working at vaccination clinics. She said they were not finished with Phase 1a and were continuing to vaccinate individuals but that there were challenges over the holidays with the people being away, and now they were back and making appointments. She said they were continuing to balance Phase 1a and make sure they get those folks vaccinated as they move into Phase 1b. She said group 1 out of Phase 1b would start tomorrow. She said those were for 75-year olds and older, regardless of medical condition. She said many of the hospitals were beginning to get individuals in this age group vaccinated.

Ms. Harris said they moved the operation from Southeast Health Department to Bojangles Coliseum starting there on Monday. She said they were offering vaccine clinics Monday through Saturday 8:30 a.m. to 4:30 p.m. She said they were indoors and there would be a whole process for people to get through that. She said it was being done by appointment only due to limited access to vaccine. She said there was information on their website for how to schedule the appointment. She said there were some glitches, and they opened the flood gates to the many 75-year olds and up in the community, and there was a bit of a frenzy in the beginning and they were beginning to work through some of the issues, especially with the phone system. She said they got 5,186 individuals scheduled for appointments today. Those appointments would go through the end of January. She said they had stopped taking additional appointments at this point since they were continuing to work with the State to ensure they had sufficient vaccine to vaccinate those they had appointments for.

Ms. Harris said they had received 2,925 doses of vaccine as of yesterday and had administered over 2,000 doses. She said probably by early next week they would have caught up so that they would provide vaccine as soon as it arrived. She said they were being very careful with the vaccine and wanted to ensure they were able to give it out should it be taken out of the refrigerator. She said if they had people who did not show up for the appointment or had vacancies in the schedule that had not been filled that they had been able to fill them very quickly. She said they had vaccinated 90 individuals who fell in the 75 and up age range today, due to schedule vacancies. She said that most long-term, care facilities residents and staff were being vaccinated through the federal pharmacy partnership for long-term care program. She said there were some who did not enroll, and she said they were working with them to ensure they get vaccinated either in the clinics or on-site at their facilities. She said they had been vaccinating some staff from some of the facilities who did not register through the clinics and had a strike team go out to one of the facilities to vaccinate. She said they had several more of those set up over the next couple of days and into next week.

Ms. Harris said for looking ahead, she could not say how long it would take to get to those who were in group Phase 1b and group two and group three. She said a lot depended on how many of the 75 and up registered for a vaccine. She said they also expected the initial second doses for vaccine next week, as Pfizer required two vaccines three-weeks apart. She said that next week they would get an allotment from the state for first doses and second doses for those who were vaccinated in the first week. She said they were working with some of their partners, including MEDIC and StarMed, to look at ways to make sure they keep them separated to not be confused about who gets what doses. She said they were trying to look creatively at ways to ensure they got as much vaccine out as possible.

Ms. Harris stated they did a lot of work through their planning group and partners to ensure they were making vaccine equitably available in the community, especially among the minority populations who had been hardest hit. She said appointments could be made both online and by phone. She said they had language assistance readily available and the vaccine was free of charge. She said they were working with DSS and others to ensure

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transportation would be available if necessary. She said they were currently focused on Bojangles Coliseum, and there were a lot of questions about getting the vaccine out to all of the parts of the County and to other groups. She said as long as they had limited vaccine, that would be hard to do. She said the other thing they had to be careful of was that they vaccine was very fragile. She said they wanted to ensure the vaccine was maintained in a way that it would be effective. She said they were still getting limited vaccine and wanted to make sure they were making it as available as they could.

Ms. Harris answered Commissioners' questions and responded to comments.

Commissioner Cotham requested information showing what each entity was handling. She asked if there was help for those 75 and older in getting into the Bojangles Coliseum. She asked if there were plans surrounding equity.

Ms. Harris reviewed the accessibility. She said in terms of equity that they were focused on communicating with those populations to ensure they were aware of the availability and they looked at how to carve out doses to be available to those who needed it the most. She said they were looking at a number of different options to address the populations most at risk.

Commissioner Jerrell stated that some people would be getting their second dose soon, and he heard that there was consideration of just giving people one dose. He asked where they were with those considerations. He asked if the County was doing anything proactively to let people know that may be an option.

Ms. Harris responded that they were continuing to pay close attention to the conversations happening at the federal level about it; the CDC has not made any determination yet about the possibility. She said there were a lot of discussions about offering the one dose and postponing the second dose. She said there was varying degrees of thought about how much protection that one dose would provide as appose to the two doses. She said they were letting people know they would be informed about their second dose, and if at some point they needed to tell them they were postponing a second dose or not even providing that, they would be getting that information out to individuals. She said they were all in the system and with a way to be provided information. The County was just waiting to hear.

Commissioner Jerrell asked why the hospitals were behind the County on delivery of vaccines.

Ms. Harris responded that they started by focusing on their team members, as instructed by the State.

Commissioner Jerrell asked if there was consideration to having appointments outside of business hours.

Ms. Harris responded that they were having that conversation.

Commissioner Leake congratulated Ms. Harris on her award of News Person of the Month through the Post. She asked if Ms. Harris was ensuring that an upcoming meeting in the community would be adhering to the rules.

Ms. Harris responded yes they were involved.

Commissioner Meier asked if general practitioners had vaccine access.

Ms. Harris responded that at this point of time, unless they were practitioners caring specifically for COVID-19-positive patients or were involved in testing or vaccinating, they were considered to be part of Phase 1b group 2 or 3. She said they were currently not eligible.

Commissioner Meier asked if people from out of state come in for a vaccine.

Ms. Harris responded that they were encouraging individuals to get vaccinated in their home community, because all of the counties were receiving vaccine. She said they did know they

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would occasionally have individuals who showed up whether they worked in Mecklenburg County, and they were not turning anyone away at this point; if they had an appointment, they would vaccinate them.

Ms. Harris made the distinction between long-term, care facilities; skilled nursing facilities; and independent living facilities per the request of the County Manager. She said the folks which were part of the federal program being vaccinated through Walgreens or CVS or the ones that Mecklenburg County was required by the State to vaccinate were long-term care facilities; skilled nursing facilities; some group homes; and some assisted care facilities. She stated that independent living facilities were not included that group but were eligible in group 1, which was part of Phase 1b, for those 75 years old and older. She said there were no accommodations for them to have vaccine brought to them by CVS or Walgreens, and the Health Department did not have enough to take them to the independent care facilities in the community. She said they were eligible to make appointments and come in just as any other 75-year old.

Commissioner Powell thought the community would need a lot more information on how effective the first shot was on whether or not the second shot would be mandatory and in what time frame. She asked what the County was saying to the residents in facilities which housed both residents who would and would not qualify.

Ms. Harris responded that what they were saying to them was that the long-term care facilities were the ones where they saw outbreaks and challenges with keeping them safe from staff, so that was the rationale, from a federal level, of focusing on those long-term care facilities and staff who work there. She said independent care facilities had not seen the same level of outbreak or issues with staff bringing COVID-19 into those facilities and therefore had not been included in those programs. She said those individuals 75 and older were eligible, but right now they were getting 1,950 doses. She could easily take that much out to one facility and could not afford to do that right now. She said they really had to make it available to the community at-large.

Commissioner Rodriguez-McDowell asked why Mecklenburg County was behind Wake County in getting vaccines out. She asked if there were any barriers to Mecklenburg County getting them out. She asked if they had a strategy around vaccine skeptics and what it would look like if there ended up not being a high level of people in the community who were willing to take the vaccine when there would be enough for everyone. She asked about hospital availability.

Ms. Harris responded that Wake County had received less vaccine this week than Mecklenburg County did, which implied to her that they were not getting it out as quickly. She said what she understood was that in the beginning they were vaccinating county staff with County EMS and the Health Department. She said they probably had more ready access to people like that. She said in terms of vaccine skeptics, that was an ongoing issue for them be it COVID-19 or flu or school vaccines or whatever it may happen to be. She said they continued looking for ways to communicate with good, solid communication going out. She said they were working with public information and both hospital systems with their public information people to ensure they had good information out. She said they were looking for community partners to help communicate that. She said she was concerned about what she was seeing in terms of hospitalizations and that both of Mecklenburg County's hospital systems were still under normal operations, even with those high numbers. She said they believed they were maintaining at the moment and that they just had to continue to watch that and work with them to try to make sure they had what they needed to take care of the people they needed.

Commissioner Altman reviewed current COVID-19 data for Mecklenburg County and said they all experience COVID-19 fatigue but that they had to understand they were currently experiencing the most dangerous phase they had ever been in. She said the virus was the same, but when you leave your house, your likelihood of getting it was so much greater now, because the background amount of the infection in the community was so high. She mentioned they were currently at 15.6% when they were earlier down a little under 5%. She said it was so much more dangerous now, which was why everyone needed to try better to stay home. She said she heard antidotally that the hospital systems were at zero capacity

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but with the capacity to surge. She said she heard antidotally that they may not have staff to cover a significant surge. She said she heard from a resident with a mother in congregate living setting that in that location, out of 128 residents, 90 just tested positive for COVID-19 plus 50 staff members, and it was probably a matter of days before they would end up testing positive also. She requested Ms. Harris to ask the hospital system leaders if in fact the County needed to be ringing the alarm that they needed the hospital system to tell the County that so the County could alert the community to hopefully get greater compliance. She said they had about 20,000 people who were 75 and older in the County, and the County was getting about 2,000 vaccinations a week, which implies a very long period to finish vaccinating all of the 75-year olds and older. She requested metrics for the total number delivered to, for example, Phase 1b, so Commissioners could know when they might be able to turn their attention to subsequent phases. She also requested that Ms. Harris address what their effort was to reach homeless individuals who were eligible to now receive the vaccine and what they would say to the very, medically fragile under 75 who were waiting.

Ms. Harris responded that they were making their selves available to support the hospitals anyway they could but that they were the ones who would have to let the County know if and when they needed help. She said in terms of the homeless, the County was working with those who work with the homeless to identify the 75 years and older and to try to get them in for vaccinations. She said they would have to continue to work within the phases the State provided but were working to make sure the shelter staff and others were included in Phase 1b, lower in groups 2 and 3. She said as they got into Phase 2, those individuals who were younger, who were fragile with other comorbid conditions, would be high on priority to be vaccinated. She said all of the data they had access to for anything other than what they were personally doing through the Health Department, went into the State system. She said that system currently was only providing state-specific data. She said she was hoping that would soon change so they could provide more county-level data.

Chair Dunlap asked if currently Mecklenburg County was getting all of the vaccine doses from Mecklenburg County, other than the ones going to the facilities that the State sent direct vaccines to.

Ms. Harris responded that Mecklenburg County Public Health was getting vaccine and both hospital systems were getting vaccine; the only others getting them were Walgreens and CVS, specifically for the long-term care facilities.

Chair Dunlap said the only place for the general public to get the vaccine was through the Health Department.

Ms. Harris responded that the hospital systems may provide for the general public as they moved forward, but they understood that a lot of their focus would be on the people they served, the 75 and older.

Chair Dunlap asked how those 75 and older who did not have transportation would receive the vaccination.

Ms. Harris responded that when appointments are made, staff asks if the person needs transportation or assistance with that, and the County had it if needed. She said they were working with DSS and others who provide transportation to seniors to ensure they could get to the center for vaccination.

Chair Dunlap asked if once all the appointments were taken, no more appointments were given until the County knew there would be additional vaccines available.

Ms. Harris responded that he was correct.

Chair Dunlap asked if it was correct that everyone who would get COVID-19 would not need to go to the hospital.

Ms. Harris responded that he was correct.

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Chair Dunlap said those with symptoms, such as difficulty breathing, and other ailments need to go to the hospital.

Ms. Harris responded that he was correct.

Legislative Update on Coronavirus Relief

Starla Tanner, Legislative Affairs Liaison stated she would review a recap of the enacted federal coronavirus relief bills passed by Congress and highlights the most recent legislation passed in December.

She reviewed the following timeline of information for the Coronavirus Relief Enacted Legislation:

- March 6th - Coronavirus Preparedness and Response Supplemental Appropriations Act
- March 18th - Families First Coronavirus Response Act
- March 27th - Coronavirus Aid, Relief, and Economic Security Act (CARES Act)
- April 24th - Paycheck Protection Program and Health Care Enhancement Act
- December 21st - Consolidated Appropriations Act of 2021

Bill #1: Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020

Provided \$8.3 billion emergency funding for federal agencies and provisions to support state and local efforts.

- \$2.2 billion to support preparedness and response efforts including \$1 billion for state and local health preparedness
- \$3 billion in funding for research and support for Community Health Centers
- \$3.1 billion to support the Public Health and Social Services Emergency Fund under DHHS

Bill #2: Families First Coronavirus Response Act

Multibillion-dollar emergency aid package that included five main provisions in response to the deepening economic crisis caused by the coronavirus outbreak.

- Free Coronavirus testing
- Food Assistance - over \$1 billion in additional funding
- Medicaid FMAP Rates - increased by 6.2%
- Unemployment Aid - \$1 billion for emergency grants to states
- Paid sick and medical leave - expansion of FMLA and creation of Emergency Paid Sick Leave Program

Bill #3: Coronavirus Aid, Relief, and Economic Security Act (CARES Act)

Provided \$2 trillion in federal spending and loans towards direct relief for American workers, families and businesses.

- \$150 billion for direct allocations for areas with over 500K residents
- \$100 billion to address medical surge capacity for hospitals
- \$4.3 billion to support federal, state and local public health agencies
- \$45 billion for FEMA Disaster Relief Fund
- \$6.5 billion for CDBG and economic development administration
- \$7 billion for affordable housing and homelessness assistance
- \$850 million to support local police departments and jails
- Extended the Temporary Assistance for Needy Families (TANF) Program.

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Bill #4: Paycheck Protection Program and Health Care Enhancement Act

\$484 billion package that renewed the loan program to small businesses and offered additional funding to support hospitals and enhanced COVID-19 testing.

- \$320 billion to replenish the Paycheck Protection Program (PPP)
- \$75 billion to support local hospitals and health care providers by providing reimbursements for COVID-19 related expenses
- \$25 billion to research, develop, validate, manufacture, purchase, administer and expand capacity for COVID–19 tests

Bill #5: Consolidated Appropriations Act of 2021

\$900 billion package to support individuals, families and businesses impacted by the coronavirus pandemic.

- Extended deadline for CARES Act expenditures until Dec. 31, 2021
- No additional flexibility for CARES Act funds such as revenue replacement
- Provided direct rental assistance funds but lacked substantial direct aid to local governments

Consolidated Appropriations Act of 2021 Highlights

1. New money for testing, vaccine distribution and healthcare
2. Extends the eviction moratorium until January 31, 2020 and funds rental
3. and utility assistance
4. Extends supplemental unemployment benefits for 11 weeks
5. Continues the paycheck protection program
6. Establishes grant program for live venues and cultural institutions
7. Funds 15% increase in SNAP benefits and emergency funding for Older
8. American Act nutrition programs
9. Designates more resources for mental health & substance abuse
10. Funds broadband resources for low-income families and rural areas
11. Provides new funds for education stabilization
12. Provides additional funding for Community Development Block Grants and Child Development Block Grants

Ms. Tanner answered Commissioners' questions and responded to comments.

The presentation is on file with the Clerk to the Board.

ITEMS PULLED FROM THE CONSENT AGENDA

20-6556: Budget Amendment - Community Support Services - Revenue Increase (CSS)

A motion was made by Commissioner Leake, seconded by Commissioner Cotham, and carried unanimously to recognize, receive and appropriate up to \$137,938 from the City of Charlotte, as part of the U.S. Department of Housing and Urban Development's (HUD) FY19 Continuum of Care (CoC) Planning Grant, to the General Grants Fund (G001) for the duration of the grant for individuals experiencing homelessness while facilitating equal access to resources and promoting equitable outcomes across races within Community Support Services.

21-6570: Grant Application - North Carolina Department of Transportation (NCDOT) Bicycle Helmet Initiative

A motion was made by Commissioner Leake, seconded by Commissioner Cotham, and carried unanimously to (A) approve the submittal to apply for 100 donated helmets from the North Carolina Department of Transportation (NCDOT) and (B) if awarded, recognize and receive a donation of the awarded helmets.

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21-6573: Grant - Charlotte Host Committee Economic Development Challenge Grants - Office of Economic Development

A motion was made by Commissioner Leake, seconded by Commissioner Cotham, and carried unanimously to recognize, receive, and appropriate additional \$50,000 to the General Grants Fund (G001) for the duration of the Charlotte Host Committee Economic Development Challenge grant.

21-6575: Temporary Access License Agreement - Target Corporation

A motion was made by Commissioner Leake, seconded by Commissioner Powell, and carried unanimously to authorize the County Manager to negotiate and execute a Temporary Access License Agreement with Target Corporation on a portion of Tax Parcel 025-291-26 (+/- 0.629 acres) to provide the County a temporary construction access for the County's Long Creek Greenway project.

21-6578: Capital Reserve Request for Revolution Park Synthetic Turf Field - Replacement (Park and Recreation)

A motion was made by Commissioner Leake, seconded by Commissioner Jerrell, and carried unanimously to appropriate \$493,355 in available funds from the Synthetic Turf Capital Reserve Fund (9002) to replace synthetic turf athletic field at Revolution Park.

Commissioner Powell stated that this was hard for her to vote yes for because the turf was only two and a half years old. She hoped when they receive replacement turf that they look into getting turf not damaged by floods.

21-6579: Construction Contract - Medical Examiner's Office Expansion and Renovation

A motion was made by Commissioner Leake, seconded by Commissioner Powell, and carried unanimously to award a construction contract to Hostetter & Son Construction Inc. in the amount of \$935,900 for the Expansion and Renovation of the Medical Examiner's Office.

21-6580: County and City Land Ledger Transactions (Corrected)

Chair Dunlap read for the record that there was a small typo on this item - it should read Tax Parcel 123-014-10 instead of 123-014-01.

A motion was made by Commissioner Leake and seconded by Commissioner Cotham to (A) recognize and receive the transfer of \$1,618,080 from the City of Charlotte for the fair market value of the building improvements and deferred rent from February 2017 to present for the Powerhouse Building located at 1507 Camden Road (Tax Parcel 123-041-10), based on the Governmental Real Estate Transfer Ledger System Agreement between the County and the City; (B) authorize the transfer of \$13,311 from the County to the City on the Governmental Real Estate Transfer Ledger and receive from the City of Charlotte the release of use deed restrictions placed on the Tax Parcel 067-061-06 adjacent to the Dowd House; and, (C) authorize the transfer of \$870,000 from the County to the City on the Governmental Real Estate Transfer Ledger and receive fee simple ownership from the City of Charlotte of the plaza located adjacent to the Main Library (Tax Parcel 080-023-06) known as "Arequipa Park."

A vote was taken on the motion and carried as follows:

YES: Commissioners Altman, Cotham, Dunlap, Jerrell, Leake, Meier, Rodriguez-McDowell, and Scarborough

NO: Commissioner Powell

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21-6588: Budget Amendment - Community Support Services - Revenue Increase (CSS) - Built for Zero

A motion was made by Commissioner Leake, seconded by Commissioner Cotham, and carried unanimously to recognize, receive, and appropriate \$70,000 from Community Solutions as part of the Built for Zero initiative to the General Grants Fund (G001) which will be used to remove financial barriers for veteran households within Community Support Services.

21-6589: Grant Application - North Carolina Department of Health and Human Services Emergency Solution Grant

A motion was made by Commissioner Leake, seconded by Commissioner Cotham, and carried unanimously to (A) Approve the submission of a grant application in the amount of up to \$208,000 to the Charlotte-Mecklenburg Continuum of Care (CoC) for funding from the North Carolina Department of Health and Human Services (NC DHHS) for Emergency Solution Grant (ESG Coronavirus funds, Round 2) (B) If awarded, recognize, receive and appropriate to the General Grant Fund (G001) within Community Support Services for the duration for the grant (C) If awarded, authorize two additional grant-funded positions in the Community Support Services Department, Homeless Services Division: 1 Full-time Prevention Navigator (annual market rate is \$51,450) to work with clients who call 211 who are at-risk of losing their housing and 1 Full-Time Homeless to Housing Navigator (annual market rate is \$51,450) help clients with completing housing applications, obtaining documentation needed to go into a housing program, housing search, or help them identify other housing options outside of the homeless services system.

COMMISSIONERS REPORTS

21-6584: Commissioner Reports

Commissioner Cotham gave a shoutout to those who had made donations to help struggling neighbors. She mentioned Whole Foods giving a lot of food to her, which she had delivered to some families in east and west Charlotte. She stated she also received many beautiful coats and jackets. She said it meant so much when people shared what they had with others. She spoke of the appreciation of the families.

Commissioner Jerrell spoke about those suffering in silence not only from a health perspective but economically as well. He spoke of his gratefulness for the programs Mecklenburg County had and mentioned his appreciation of staff for taking into consideration people who were homebound. He said folks had an opportunity to get assistance as it related to heating. He directed folks to call or go to the website for more information.

Commissioner Leake thanked the work that the staff provided over the past year. She said this community was one of the best communities she knew of as people made sure others had something.

Commissioner Meier spoke on how impressed she was with the staff in the month that she had been with the County, stating she had never met a more dedicated group of people who had loved their jobs, were patient, and were passionate about their jobs. She also thanked the Board for answering questions she had. She said to the two speakers who spoke about parks and greenways who stated they were 95 out of 97 that it was reprehensible, and that the County could do better, and it was a priority for her in the 2022 budget.

Commissioner Powell recommended the use of Tide trucks, the portable washing machines for the homeless population, as many of them throw their clothes away when they get dirty, since they are unable to wash them. She said that the idea of nutritional education in the recreation centers was a great idea, but that Park and Rec did not have funding for a nutritionist, so additional funding through the public health department would be needed. She said she still has not hearing enthusiasm for the proposed plan in relation to Charlotte

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Moves, and she hoped it was being looked at and tweaked to become better and a county-wide plan as opposed to a city-wide plan.

Commissioner Rodriguez-McDowell thanked her colleagues for passing a motion about the Public Art Moment. She recognized Commissioner Altman and Chair Dunlap for cosponsoring. She said the arts have a power to reach us in another powerful way. She felt this would be a way that they could demonstrate how the public dollars were being spent with just five minutes a month.

Commissioner Altman reemphasized what an emotional burden of trying to get through COVID-19 was for everyone, as it was taking a toll on everyone's health. She said she had not seen her mother since March and to not be able to congregate among friends or come together in small circles was really hard. She told a story of a man gathering with his family for Christmas and that now seven members of his family had COVID-19, including a 98-year old grandmother. She knew everyone would like to cut corners, because it was hard and burdensome, but they were currently looking at a wall straight up and did not know if the amount of vaccine they were getting in the community if it would get in fast enough to deal with the acuteness of the spread of the virus in the next four, six, or eight weeks, which meant everyone had to stay home. She said if they wanted to continue to have capacity in the hospitals and protect the most fragile and did not want to personally be responsible for transmitting this to someone, you just had to stay home.

Chair Dunlap said in 2014 the community did an upward mobility study, and there were still people in the community who used the statement of being 50 out of 50 in order to make some position they wanted to take look as if it just happened. He stated he requested the County Manager to work with the Budget Department to see what was committed to in 2014 and 2015 to see how much the County had accomplished in order to report back to the community. He questioned if they were still 50 out of 50 and said even if they were, a ton of work had been done in result of it. He stated how misleading some people were by still using the report which said they were 97 out of 100 with park and recreation across the Country. He said for those who knew, there were thousands of recreation departments across the United States, and the 97 out of 100 referred to the 100 counties which participated in a survey, but no one ever talks about the 3,000 or 4,000 park and recreation departments. He said he believed everyone needed to be careful how they listened to what people say and to get more information about it. He thanked Commissioner Rodriguez-McDowell for putting in the idea to community partners who lit up the sky on New Year's Eve in recognition of those who had passed on due to COVID-19. He believed it was a great moment for Mecklenburg County. He said the townhall on homelessness would take first January 21, 2020 and said it would be an opportunity to talk to panelist, listen to presentation on what was being done, and give the community an opportunity to weigh in on things they believed the County should be doing but weren't doing, as well as address issues such as warming stations and issues relative to homelessness that take place during the winter.

ADJOURNMENT

A motion was made by Commissioner Cotham, seconded by Commissioner Altman, and carried unanimously to adjourn the meeting.

The meeting was adjourned at 10:38 p.m.


Emily A. Kunze, Clerk


George Dunlap, Chair