

**BOARD OF HEALTH
STOKES COUNTY GOVERNMENT
DANBURY, NORTH CAROLINA
MONDAY NOVEMBER 19, 2018**

The Board of Health of the County of Stokes, State of North Carolina, met for a meeting at the Stokes County Health Department Conference Room located in Danbury, North Carolina on Monday, November 19, 2018 at 3:00 pm with the following members present:

Chairman Ronnie Mendenhall
Vice Chairman Jimmy Walker
Board Member James D. Booth
Board Member Ronda Jones
Board Member Ernest Lankford

County Personnel in Attendance:
Clerk to the Board/Acting County Manager Shannon Shaver
Interim Health Director Tammy Martin
Administrative Assistant Wanda East
Attorney Nick Overby

Chairman Mendenhall called the meeting to order and welcomed those in attendance.

INVOCATION

Chairman Mendenhall delivered the invocation.

PLEDGE OF ALLEGIANCE

Chairman Mendenhall invited those in attendance to join the Board in the Pledge of Allegiance.

APPROVAL OF AGENDA

Chairman Mendenhall entertained a motion to amend the November 19th Agenda.

Chairman Mendenhall asked that a Closed Session be added to today's meeting due to personnel.

Board Member Lankford moved to approve the amended November 19th Agenda with the addition of Closed Session.

Board Member Jones seconded the motion.

Chairman Mendenhall opened the floor for discussion.

With no further discussion, the amended November 19th Agenda was approved unanimously.

PUBLIC COMMENTS

Chairman Mendenhall noted there were no individuals signed up for public comments.

OLD BUSINESS / ACTION

1. Approval of the minutes from the Board of Health meeting on October 15, 2018.

Board Member Booth motioned to approve the minutes from the Board of Health meeting on October 15, 2018.

Commissioner Jones seconded.

Chairman Mendenhall opened the floor for discussion/questions/comments.

With no further discussion, the motion carried unanimously.

2. Plans and Policies

Interim Health Director Tammy Martin presented the following plans and policies at the October 15th meeting for the Board to review for approval at the next meeting.

Adjudication

Stokes County Health Department

Policy and Procedure

Manual: Administrative	
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Title: BOCC Adjudication Policy	
Chapter:	Revised date: Sept. 2015
Distributed to: BOCC	
Effective Date: January 2012	
Review Date: 1/13, 1/14, 1/15, 11/16, 8/17, 7/18	Health Director:

Purpose: BOCC Adjudication of public health legal matter

Policy:

The Stokes County Health Department Health Director has the power and duty to enforce public health laws and rules prescribed by and under the supervision of the Stokes County Board of County Commissioners and the NC Department (NCGS 130A-41). This enforcement may in some circumstances involve the institution of an administrative penalty in accordance with NCGS 130A-22.

Any appeal of the enforcement by the Health Director shall be in accordance with

NCGS 130A-24. The Stokes County Board of County Commissioners shall serve as the adjudication body for any appeals concerning local public health rules or concerning the imposition of administrative penalties by the Health Director. The Health Director will notify the Board Chair when a request to appeal a decision has been received.

The Board Chair will establish a date for the hearing and the Health Director and/or designee will notify the Board members, the appealing party and legal counsel of the date, time and location of the hearing.

The Board shall hold a quasi-judicial hearing and shall either confirm, modify or reverse the challenged action. A person who wishes to contest the Board's decision may appeal to the jurisdiction's district court in accordance with NCGS 130A-24(d).

Definitions: **BOCC** – Board of County Commissioners

NCGS – North Carolina General Statutes

Applicable Law, Rules, and References:

Reference: NC General Statutes 130A-24, 130A-22, 130A-41

Responsible Persons: BOCC

Board Member Booth motioned to approve the Adjudication Policy presented at the October 15, 2018 Board of Health Meeting.

Board Member Jones seconded.

Chairman Mendenhall opened the floor for any discussion/comments/questions.

With no further discussion, the motion carried unanimously.

Overall Operations Policy

Stokes County Health Department Policy and Procedure

Manual: Administrative	
Title: Overall Operations Policy	
Chapter:	Revised date: Sept. 2015
Distributed to: All Personnel	
Effective Date: 3/20/12	
Review Date: 1/13, 1/14, 1/15, 9/15, 11/16, 8/17, 7/18	Health Director:

Purpose: To state general policies that will guide the Board of County Commissioners in its delegation of duties.

Procedures: The mission of Stokes County Health Department is to promote healthy and safe living, prevent disease, care for the sick, protect the environment, and provide essential services to meet community needs.

Policies:

1. Delegation of authority to the Health Director:
 - a. The BOCC will employ a Health Director and delegate to him/her the authority and responsibility for the overall management of the affairs of the SCHD in accordance with written policies. In the absence of written policies, the Health Director is to be guided by an application of Board intent as established in other policies and counseled where appropriate by the officers of the Board.
 - b. The BOCC will ensure that a job description for the position of the Health Director includes appropriate qualifications of education, experience and skills according to the NC Office of State Human Resources. *See Attachment 1.*
 - c. The Health Director shall guide his/her activities by the content and requirements of the job description with duties and responsibilities outlined therein. *See Attachment 2.*
 - d. The BOCC strives to ensure that the Health Director administers the SCHD within conformance or a reasonable interpretation of North Carolina General Statutes and Related Laws.

- e. The Health Director keeps the BOCC updated on program events through the data and information obtained through quality improvement activities, program monitoring, internal and external (state and federal) audits and other means as available.
 - f. The County Manager will evaluate the job performance of the Health Director on an annual basis as set forth by Accreditation requirements. The BOCC will establish criteria upon which such an evaluation will be necessary for any annual salary increase recommendation beyond county cost-of-living. The job description should be reviewed and revised at the time of the annual review.
 - g. The BOCC will be responsible for the hiring, discipline, and termination of the Health Director, as guided by the Stokes County Personnel Policy, the County Manager and the policies of the NC Office of State Human Resources.
2. BOCC Training/Orientation:
 - a. Formal training for BOCC members will be provided through the recommendations of the Health Director or BOCC Chair and may be through the UNC School of Public Health - Institute of Public Health or through other opportunities available that meet the training needs identified. BOCC members will be provided general board member orientation by the Health Director or designee upon appointment.
 - b. BOCC members will receive a SCHD BOCC Manual and orientation material upon BOCC appointment.
 3. Legal Counsel: The BOCC may request legal counsel and authorizes the Health Director to request legal counsel (generally the County Attorney) through County protocol. Legal counsel may be requested for advice regarding the adoption, dissemination, evaluation, improvement and enforcement of laws, rules, regulations and policies related to SCHD public health services. Legal counsel will review Bylaws, changes and proposed rules for compliance with local, state and federal statutes and regulations. Legal counsel may also be requested by the BOCC or the Health Director for personnel or contractual matters. Legal counsel may also be sought through the North Carolina Institute for Government, the Division of Public Health or the Attorney General, especially relating to public health rules and policy.
 4. Local Rules:
 - a. The BOCC strives to assure the promotion and protection of health and the prevention of disease of the SCHD and Stokes County citizens through its adoption, dissemination, evaluation, improvement and enforcement of laws and regulations that govern the services provided.
 - b. Based on information presented, the BOCC will evaluate the necessity of additional rules, regulations or ordinances. The BOCC, SCHD Management Team, and legal counsel will collaborate to establish the best alternatives, and consider cost-effectiveness when making necessary additions to the rules, regulations, or ordinances.
 - c. The BOCC may adopt a more stringent rule in an area regulated by the NCCHS or the EMC where, in the opinion of the BOCC, a more stringent rule is required to protect the public health; otherwise, the rules of the CHS or the rules of the EMC shall prevail over local BOCC rules. As provided in N.C.G.S. 130A-39, the BOCC may not adopt a rule concerning the grading, operation, and permitting of food and lodging facilities as listed in Part 6 of Article 8 of Chapter 130A and as defined in N.C.G.S. 130A-335(c).
 - d. The BOCC shall follow the procedures for adopting rules outlined in N.C.G.S. 130A-39.

- e. Rules adopted by the BOCC shall apply to all municipalities within the BOCC's jurisdiction. When adopting, amending, or repealing any BOCC rule, the following process shall occur:
 - i. Not less than 10 days before the adoption, amendment or repeal of any BOCC rule, the proposed rule shall be made available at the Stokes County Clerk to the Board and a notice shall be published in a newspaper having general circulation within the area of the BOCC's jurisdiction.
 - ii. The notice shall contain a statement of the substance of the proposed rule or a description of the subjects and issues involved, the proposed effective date of the rule, and a statement that copies of the proposed rule are available at the SCHD.
 - iii. Board rules shall become effective upon adoption unless a later effective date is specified in the rule.
 - iv. Copies of all BOCC rules shall be filed with the secretary of the BOCC.
 - v. The BOCC may, in its rules, adopt by reference any code, standard, rule, or regulation which has been adopted by any agency of the state, another state, any agency of the United States or by a generally recognized association. Copies of any material adopted by reference shall be filed with the rules.
- 5. Appeals Process: The BOCC provides an appeals process for Stokes County citizens who wish to voice concerns regarding SCHD interpretation or enforcement of local rules and regulations. The process will consist of the following:
 - a. The appeals procedure shall be conducted as provided in N.C.G.S. 130A-24, as described below. The appeals procedure will reflect the most current version of the relevant statute.
 - b. The aggrieved person shall give written notice of appeal to the SCHD within 30 days of the challenged action. The notice shall contain the name and address of the aggrieved person, a description of the challenged action and a statement of the reasons why the challenged action is incorrect.
 - c. Within 5 working days upon filing of the notice, the Stokes County Health Director shall transmit the notice of appeal to the BOCC along with the papers and materials upon which the challenged action was taken.
 - d. Within 15 days of the receipt of the notice of appeal, the BOCC shall hold a hearing.
 - e. The aggrieved person shall be given not less than 10 days' notice of the date, time and place of the hearing.
 - f. On appeal, the BOCC shall have authority to affirm, modify or reverse the challenged action. The BOCC's decision shall be provided in writing based on the evidence presented at the hearing. The written decision shall contain a concise statement of the reasons for the decision.
 - g. A person who wishes to contest a decision of the BOCC under subsection (b) of N.C.G.S. 130A-24 shall have a right of appeal to the Stokes County District Court within 30 days after the date of the decision by the BOCC. The scope of review in district court shall be the same as in N.C.G.S. 150B-51.
- 6. Non-discrimination Guidance:
 - a. The BOCC strives to assure the SCHD is compliant as an equal opportunity employer. The SCHD will afford equal opportunity to all qualified employees and applicants for employment regardless of race, national origin, color, religion, age, sex, creed, physical handicap or political affiliation.

- b. The BOCC strives to assure that the SCHD accepts all clients who qualify for the services provided without regard to race, national origin, color, religion, age, sex, creed, physical handicap or political affiliation or any other legally protected basis, and treats all clients accepted for services without discriminating on the basis of these categories in providing its services.
7. BOCC Policy Development/Review/Approval:
- a. The BOCC will establish methods and guidelines to be followed in the formulation and implementation of policies. These policies will be implemented to ensure compliance of services. The BOCC will enact policies to support the development, implementation and evaluation of SCHD programs and services.
 - b. The BOCC enacts policies that promote public health collaborative activities, diagnosing, investigating and/or responding to public health threats and emergencies through community collaboration.
 - c. The BOCC requests the Health Director present all matters requiring policy guidance by the BOCC in written form. The primary responsibility for initiating policy actions rests with the BOCC members and the Health Director and the BOCC.
 - d. The following guidelines will be followed by the BOCC in carrying out its responsibility for policy and planning.
 - i. All potential issues, problems, concerns likely to require policy determination will be referred to the Health Director.
 - ii. The Health Director will make an initial determination of whether an applicable policy exists, whether current policy is ambiguous or whether current policy is incomplete or absent.
 - iii. The Health Director will follow the SCHD Policy on Policies.
 - e. Except in case of an emergency, the BOCC will follow these steps in approving BOCC policies and other SCHD policies requiring BOCC approval:
 - i. Draft policy presented in type-written format in advance to BOCC members for review, discussion and recommendations at BOCC meeting.
 - ii. Draft policy is presented as a discussion item under Discussion. And then moved to action item on the next agenda unless it is time sensitive.
 - iii. During the accreditation or monitoring process when the volume of policies to be reviewed significantly increases, the BOCC Chair may appoint a special committee to meet with the Health Director and/or the Nursing Supervisor to review the policies. Required policies will be presented as a recommendation from committee for approval. These committee members act as liaison between SCHD and the BOCC.
 - f. The Health Director is responsible for implementing the policies approved by the BOCC.
 - g. The BOCC shall review the BOCC policies, personnel policies and fiscal policies annually, and update each policy as needed.
8. Strategic Planning: The BOCC is encouraged to have input during the SCHD annual review of the Strategic Plan. The annual review ensures collaboration and input from various community organizations, stakeholders and the community-at-large in identifying the community's needs and establishing priorities. This effort evaluates the SCHD services; the BOCC's involvement in adhering to current rules and regulations; developing and establishing rules, regulations, or ordinances to protect the citizens of

Stokes County; and presenting them to elected officials in order to implement and enforce these activities.

9. Staff Training: The BOCC strives to ensure that the SCHD follows policies, procedures, guidelines, standing orders and statutes in providing all services. This process can only be accomplished with Licensed, credentialed and trained staff. Training will be provided upon initial hire and on-going training and continuing education opportunities throughout employment.
10. Quality Improvement: The SCHD follows the "Plan-Do-Study-Act" Model for improving organizational performance.
11. BOCC Responsibilities to the Community:
 - a. The BOCC reviews reports that identify the Community's health and needs. The State of the County Health Report or the Community Health Assessment will be reviewed to observe identified needs and to monitor the progress of direct services being provided by the SCHD in achieving positive outcomes.
 - b. The BOCC advocates for laws and regulations that better enhance and protect the health and safety of the citizens of Stokes County. The BOCC may lobby for laws and regulations that require changes.
 - c. The BOCC is actively involved in looking at the pros and cons of public health issues and potential changes, and balancing the most efficient and effective outcome.
 - d. The BOCC will also assist in ensuring that the community is given the opportunity to become aware of services, changes in services or regulations, and are given the opportunity to participate in and voice their concerns, whether positive or negative. The BOCC will strive to ensure that the SCHD addresses these issues prior to making a final decision and also interacts with the community to enhance partnerships and improve agency services.
 - e. SCHD staff may serve on community boards, committees, etc. as appropriate and with the approval of the Health Director. This is to be used as a means of developing collaboration between the SCHD and the community.
 - f. BOCC members will report to the BOCC any personal or business conflict of interest that might impact his/her decisions on public health issues.
12. Public Health Funding:
 - a. The BOCC will support the SCHD's efforts in applying for and receiving/securing grants, diversifying funding sources and approves an annual budget that facilitates implementation and maintenance of the SCHD's services. Not all services have fees associated; however, services that are chargeable are assigned a fee for service.
 - b. Review of SCHD cost of services provided, Medicaid rates and local market rates will be among criteria that may be reviewed by the BOCC in setting fees.
 - c. The BOCC will be an advocate for public health funding requirements with state and federal legislators.
13. Human Services Advisory Committee: According to the General Statutes (153A-77) the BOCC will appoint a Human Services Advisory Committee meeting all requirements of the N.C.G.S. 153A-77

Definitions: BOCC: Board of County Commissioners
SCHD: Stokes County Health Department
NCCHS: NC Commission for Health Services

ATTACHMENT 1

NC 09928
OSP 10/98

LOCAL HEALTH DIRECTOR

This is directive/managerial work in serving as the chief executive officer of a county health department, district health department or public health authority executing the powers and duties as defined in GS 130A-41 and GS 130A-45.5. Employees direct other managers/supervisors, professional, technical and support staff in the delivery of agency services to protect and promote public health. Work involves providing leadership and directing program development and implementation, establishing program standards and monitoring and evaluating quality of service delivery systems. Employees supervise budget activities and may maintain direct involvement in conflict/complaint resolution, staffing and personnel issues and serve as the principle spokesperson for the agency relative to public health issues. Work also involves representing the agency with government officials, medical/dental societies, health care providers, public/private schools and a variety of advocacy groups to influence the decision making process in order to insure adequate resources for program maintenance and expansion and the delivery of comprehensive services.

Employees are appointed by and report to a local board of health or public health authority board.

Employees in a public health authority serve at the pleasure of the public health authority board to whom they report.

RECRUITMENT STANDARDS:

Knowledges, Skills, and Abilities- General knowledge of management principles, techniques, and practices. Thorough knowledge of the principles and practices of public health. Working knowledge of applicable federal and state laws, rules, and regulations. Ability to exercise sound judgment in analyzing situations and making decisions; direct employees and programs in the various areas of responsibility; and, develop and maintain effective working relationships with the general public, and with federal, state, and local officials.

Minimum Education and Experience Requirements- A master's degree in public health administration and at least one year of employment experience in health programs or health services; or a master's degree in a public health discipline other than public health administration and at least three years of employment experience in health programs or health services; or a master's degree in public administration and at least two years' experience in

health programs or health services; or a master's degree in a field related to public health and at least three years of experience health programs or health services; or a bachelor's degree in public health administration or public administration and at least three years' experience in health programs or health services.

Note: Minimum training and experience requirements are in accordance with GS 130A-40 and GS 130A-45.5. For master's degree related to public health, the determination must be made by the State Health Director.

Special Note: This is a generalized representation of positions in this class and is not intended to identify essential functions per ADA. Examples of work are primarily essential functions of the majority of positions in this but may not be applicable to all positions.

ATTACHMENT 2

<p style="text-align: center;">STATE OF NORTH CAROLINA</p> <p style="text-align: center;">OFFICE OF STATE PERSONNEL</p> <p style="text-align: center;">POSITION DESCRIPTION FORM (PD-102R)</p>	<p>APPROVED CLASSIFICATION:</p> <hr/> <p>EFFECTIVE DATE: Updated 4/3/2018</p> <hr/> <p>ANALYST:</p> <hr/> <p style="text-align: center;">(This Space for Personnel Department Use Only)</p>	
<p>1. Present Classification Title of Position:</p> <p>Health Director</p>	<p>7 Present 15 Digit Position Number: 543-16-220</p>	<p>Proposed 15 Digit Position Number: N/A</p>
<p>2. Usual Working Title of Position:</p> <p>Health Director</p>	<p>8. Department, University, Commission, or Agency</p> <p>Stokes County Health Department</p>	
<p>3. Requested Classification of Position:</p>	<p>9. Institution & Division:</p> <p>N/A</p>	
<p>4. Name of Immediate Supervisor:</p>	<p>10. Section and Unit:</p> <p>Health</p>	

5. Supervisor's Position, Title & Position Number:	11. Street Address, City and County: 1009 North Main Street Danbury Stokes County
6. Name of Employee:	12. Location of Workplace, Building and Room Number: Danbury

I. A. Primary Purpose of Organizational Unit:

Stokes County Health Department strives to protect and preserve the health of our community. Our goal is to ensure that every person benefits from high quality public health service through promotion of health, prevention of disease, and care of the sick. We recognize that the health needs of the community are ever-changing, that early intervention is most effective, that the environment affects health, that health information is essential for making choices for healthy living, that SFHC must work to create a healthy community, and that individual health affects the community health and the community health affects individual health. We believe that providing services without discrimination of race, ethnicity, marital status, religion, gender, economic status, health status, lifestyle preferences or age, that individuals are valued and deserve courtesy and respect, that individuals have a responsibility for their own health, and that quality services are essential. The Health Center operates under the direction of the Health Director at the discretion of the Board of Health. There are basically seven divisions within the Health Department: Clinical and Outreach Nursing and Social Work Services, Education and Community Health Promotion, Management Support, Public Health Laboratory, WIC, Environmental Health, Emergency Planning and Administration.

B. Primary Purpose of Position:

This position serves as the chief executive officer of the Stokes County Health Department. The Local Health Director is responsible for the overall operation of the Agency. Along with the Board of Health, this position is responsible for promoting and protecting the public's health in Stokes County and for carrying out all applicable federal, state and county, and local Board of Health rules and regulations.

Work involves providing leadership and directing program development and implementation, establishing program standards and monitoring and evaluating the quality of service delivery systems. Program implementation includes delegating duties relative to Accreditation, the quality assurance program that allows the Health Department to recoup Medicaid funding.

The employee supervises budget activities and maintains direct involvement in conflict/complaint resolution, staffing and personnel issues and serves as the principle spokesperson for the agency relative to public health issues.

Work also involves representing the agency with government officials, medical/dental societies, health care providers, public/private schools and a variety of advocacy groups to influence the decision making process in order to insure adequate resources for program maintenance, expansion, and the delivery of comprehensive services.

C. Work Schedule

The normal work schedule for this position is Monday through Friday from 8:00 a.m. to 5:00 p.m. and 8:00 a.m. to 5:30 p.m. with every other Friday off. Due to the nature of this position, after hours work is sometimes necessary, especially in the areas of emergency response and attendance at public meetings.

D. Change in Responsibilities or Organizational Relationship:

There are constant changes in rules, regulations, laws, and minimal staffing and resources, increasing demands through expanded requirements and major additions to programs, higher expectations to do more with less by the public and elected officials. Program emphasis and new directions are subject to political, funding, and technology changes.

II. A. DESCRIPTION OF RESPONSIBILITIES AND DUTIES: Method Used:

Order of importance Sequential order

Management – 50%

The Health Director serves as chief executive officer of the health center with overall responsibilities for

agency planning, organizing, implementing, directing, and evaluating department services and programs. This position is responsible for overseeing and management of the department, approving all staff assignments, hiring staff, firing staff, approving promotions and increases, developing and/or approving all program plans and policies, negotiating and implementing contractual agreements, budget development and presentation to the Board of Health/ BOCC and the public, approval of expenditures, development of fee schedules, and mediation of problems and conflicts.

Planning – 20%

Responsibility for a local public health department under conditions of constant change in rules, regulations, and laws, and minimal staffing and resources, with ever increasing demands through expanded requirements and major program additions, coupled with higher expectations on the part of the public and elected officials to do more with less, requires a great deal of planning and study of health department operations. Program emphasis and new directions are subject to political change, funding changes, technology changes, and changing need. The Health Director has or ensures that agency staff has expertise and training to collect, manage, integrate, and display health-related data. Responsible for planning and initiating changes within the agency such as the development of the agency's adult health program, expansion of family care coordination services, reorganization of staff responsibilities and duties, medical records, expansion of health promotion services, development of a Community Care Network, health check coordinator program, expansion of language interpretation services, expansion of the Stokes County Healthy Carolinians Program, establishment of a HIPAA compliance program, development of the Department's Public Health Preparedness Plan, and compliance with Accreditation benchmarks.

Leading/Delegating – 10%

Effective management requires constant involvement in daily program activities. Contact with program supervisors and coordinators is maintained in order to provide support for the staff and guidance when an issue arises during the course of guideline implementation. Programmatic issues are generally delegated

to staff. Attention is given to ensure program policies and procedures are carried out. The Health Director is briefed routinely on program performance, levels of activity, and operational impediments. The Nursing Supervisor, Environmental Health Supervisor, CC4C/PCM Supervisor, Emergency Preparedness Coordinator as needed, Administrative Officer, WIC Director, and Home Health Nursing Supervisor report directly to the Health Director.

Enforcement and Program Administration – 10%

As a local health director, the N.C. General Statutes charge the director with the following duties: to administer programs as directed by the local board of health, to enforce the rules of the Board of Health, to investigate the causes of infectious, communicable, and other diseases, to exercise quarantine authority and isolation authority pursuant to G.S. 130A-145, to disseminate public health information and to promote the benefits of good health, to advise local officials concerning public health matters, to enforce State immunization requirements and laws, to examine and investigate cases of venereal disease pursuant to the State General Statutes, to examine and investigate cases of tuberculosis pursuant to the State General Statutes, to examine, investigate, and control rabies pursuant to State General Statutes, and to abate public health nuisances and imminent hazards pursuant to the State General Statutes. This position ensures that the necessary qualified staffs are available to carry out the above duties. Since the legislative responsibility rests with the local health director, this position must oversee the broad functioning of these duties.

Quarantine authority, isolation authority, and the declaration of public health nuisances and imminent hazards are powers and duties given only to the local health director and State health director. The Health Director is directly involved and responsible for these determinations and signing of such orders. In addition, in consultation with medical staff at the local and State level, this position makes the final decisions on community vaccination efforts to control communicable disease outbreaks in the community. Such decisions can result in thousands of exposed residents being vaccinated in the aftermath of a commun-

icable disease case. The county health director serves as the local registrar for the registration of births and deaths in Stokes County. These duties are performed by deputy registrars within the Department.

Public Relations/Governing Board Administration Functions – 10%

This position serves as chief spokesperson for the Department. With the support of the Public Health Epidemiologist, the health director deals with all media inquiries and interviews during times of crisis or public health activation. The Health Director is routinely contacted by the media on public health issues and problems. This position works closely with staff to establish the factual information on each issue/- inquiry and report back to the media. This role takes a great deal of skill in communicating the appropriate message to the media.

The Local Health Director serves on numerous boards and committees as County Health Director. These may include, but not limited to: the Northwest Partnership for Public Health, the Stokes County Partnership for Children, the N.C. Association of Local Health Directors; the Stokes County Child Fatality Prevention Team, Healthy Carolinians of Stokes County, Stokes County Child Protection Team, School Health Advisory Committee and Northwest Community Care Network. A major component of the job is representing the needs and services of the Department throughout the community through the various organizations and community partners.

This position reports to the Stokes County Board of Health/BOCC with guidance from the County Manager.

The Stokes County Health Director position requires a great deal of interaction with medical providers, Dental providers, state officials, community groups, human service agencies, contractor, vendors, Developers, real estate agents, attorneys, auditors, local churches, schools, child care providers,

governing board members, and staff. Conflict resolution and mediation is often necessary.

II. B. OTHER POSITION CHARACTERISTICS:

1. Accuracy Required in Work:

N/A

2. Consequence of Error: N/A

3. Instructions Provided to Employee:

Instructions are provided from the Stokes County BOH/Board of Commissioners by the County Manager through the personnel policy manual and by occasional directives. Health Director receives input and guidance from BOH/BOCC via formal contact at commissioner meetings as well as the Human Services Advisory Committee meeting.

4. Guides, Regulations, Policies and References Used by Employee:

North Carolina State and Local Government rules and regulations, personnel policies, both state and county, Stokes County Board of Health minutes, local county classification and pay grade scales, Department of Environment, Health and Natural Resources regulations, Standards for local health departments in North Carolina, Stokes County Health Department policies, Public Health and related laws in North Carolina, CDC manual, and MWR reports. Periodic communications from the various state health programs are also utilized.

5. Supervision Received by Employee:

Health Director works very independently receiving guidance from the Board of Health.

6. Variety and Purpose of Personal Contacts:

An "Open Door" policy is available to all employees and casual contact with them is daily. Formal contact is maintained with the management team members individually as needed and as a group at regular team meetings. Monthly general staff meetings provide regular staff contact. Also contact with the general public is regular as well as contact with state officials and other health department administrators. County and state officials are regularly contacted.

7. Physical Effort:

Physical effort is minimal.

8. Work Environment and Conditions:

Adequate, but aging facility.

9. Machines, Tools, Instruments, Equipment, and Materials Used:

Telephone, calculator, PDA, copier, computer, general office machines.

10. Visual Attention, Mental Concentration, and Manipulative Skills:

Closely monitor budget functions.

11. Safety for Others:

Safety for staff, clients and the general public is considered in OSHA/Bloodborne Pathogens training, personal protective equipment, facility safety, etc.

12. Dynamics of Work:

Work includes managing multiple and changing priorities.

As a Public Health First Responder, employee may be expected to work extended hours in the event of a major emergency, disaster and/or pandemic, including, but not limited to any natural disaster, bioterrorist event, and/or public health emergency such as H1N1, communicable disease outbreak, etc. or any other situation as deemed appropriate by the Health Director.

III. A. KNOWLEDGES, SKILLS, & ABILITIES:

General knowledge of management principles, techniques, and practices. Thorough knowledge of the principles and practices of public health. Working knowledge of applicable federal and state laws, rules, and regulations. Ability to exercise sound judgment in analyzing situations and making decisions; direct employees and programs in the various areas of responsibility; and develop and maintain effective working relationships with the general public, and with federal, state, and local officials.

B. 1. **Required Minimum Training:**

A master's degree in public health administration and at least one year of employment experience in health programs or health services; or a master's degree in a public health discipline other than public health administration and at least three years of employment experience in health programs or health services; or a master's degree in public administration and at least two years experience in health programs or health services; or a master's degree in a field related to public health and at least three years of experience in health programs or health services; or a bachelor's degree in public administration and at least three years experience in health programs or health services.

Note: Minimum training and experience requirements are in accordance with GS 130A-40 and GS 130-45.5. For master's degree related to public health, the determination must be made by the State Health Director.

Special Note: This is a generalized representation of positions in this class and is not intended to identify essential functions per ADA. Examples of work are primarily essential functions of the majority of positions in this class but may not be applicable to all positions.

2. Additional Training/Experience:

N/A

3. Equivalent Training and Experience:

As above.

IV. License or Certification Required by Statute or Regulation:

Valid Driver's License

ICS Trainings

V. Signatures indicate agreement with all information provided, including designation of essential functions.

Supervisor's Certification: I certify that (a) I am the immediate Supervisor of this position, that (b) I have provided a complete and accurate description of responsibilities and duties and (c) I have verified (and reconciled as needed) its accuracy and completeness with the employee.

Signature:_____ Title:_____ Date:_____

Employee's Certification: I certify that I have reviewed this position description, completed by the above named immediate supervisor, is complete and accurate.

Signature:_____ Title:_____ Date:_____

Section or Division Manager's Certification: I certify that this position description, completed by the above named immediate supervisor, is complete and accurate.

Signature: _____ Title: _____ Date: _____

Personnel Director's Certification: I certify that this is an authorized, official position description of the subject position.

Signature: _____ Title: _____ Date: _____

Board Member Jones motioned to approve the Overall Operations Policy presented at the October 15, 2018 Board of Health Meeting.

Board Member Booth seconded.

Chairman Mendenhall opened the floor for any discussion/comments/questions.

With no further discussion, the motion carried unanimously.

Follow Up – Discussion with Cardinal

Chairman Mendenhall turned the floor over to Interim Health Director Tammy Martin.

Interim Health Director Tammy Martin provided the following information to the Board:

- I have spoken with Ronda Outlaw.
- We are in the process of setting up a meeting.
- She was waiting until her replacement was named so that we could meet as well.
- Her replacement is Melissa Bunker.
- We will all be meeting soon.

New Provider - Update

Chairman Mendenhall turned the floor over to Interim Health Director Tammy Martin

Interim Health Director Tammy Martin provided the following information to the Board:

- Our new provider has been here since the end of October.
- She has finished her training.
- She has started seeing new patients.
- She started with sick patients and is now accepting new patients.
- She is seeing 4 in the morning and 4 in the afternoon.
- This number will increase.
- 16 is the average number for patients seen.
- She is also learning our system.

NEW BUSINESS

Bad Debt Write – Off

Chairman Mendenhall turned the floor over to Administrative Assistant Wanda East.

Administrative Assistant Wanda East provided the following information to the Board:

Date: November 19, 2018

To: Stokes County Board of Commissioners
Shannon Shaver, Interim County Manager

Subj: **Request for Bad Debt Write-off**

According to Stokes County Health Department's Fees Policy, an annual review of patient accounts will be made to check for bad debt. As of June 30, 2017, 436 patient records had no activity of a visit or payment during FY 15-16 and FY 16-17. In order to be in compliance with the State Consolidated Agreement, NC Accreditation Standards and our own policy, I respectfully request to write off bad debt in the amount of **\$11,091.66** (deemed as uncollectible) I am available if there are further questions.

Thank you for your consideration in this matter.

Respectfully,

Tammy Martin
Interim Health Director

Chairman Mendenhall opened the floor for discussion/questions/comments.

November 19, 2018

Board of Health

Administrative Assistant Wanda East commented:

- Just want to add that these are accounts that have not had any activity in over a year.
- They are all also under \$50.00.
- We cannot use the NC Debt set off for accounts under \$50.00.
- We have sent some in for collections that are over \$50.00, which I know you are familiar with in the Tax Office.
- This does have to be approved by the Board.
- We need the minutes as approval for accreditation.
- In talking with Shannon we would like to request the approval of this at today's meeting due to the fact that the Board will be different at the next meeting and will not have a chance to review.

Board Member Jones motioned to accept the Bad-Debt Write Off in the amount of \$11,091.66 for FY 15-16 and FY 16-17.

Commissioner Lankford seconded.

Chairman Mendenhall opened the floor for discussion/questions/comments.

Commissioner Lankford commented:

- Do you have data on why these are not being paid?

Administrative Assistant Wanda East responded:

- We do not have data on why they are not paid.
- However we make every effort to contact them.
- We call them and unfortunately many times their phone numbers have changed.
- We spend a lot in postage mailing out bills that many times come back to due to address changes.

With no further discussion, the motion carried unanimously.

TB Report with Discussion of an Additional County Vehicle

Interim Health Director asks to move this item to the next meeting due to the Nursing Supervisor being out today.

With full consensus of the Board, the TB Report with Discussion of an Additional County Vehicle was moved to the next meeting.

Fees Policy

Chairman Mendenhall turned the floor over to Interim Health Director Tammy Martin and Administrative Assistant Wanda East.

Interim Health Director Tammy Martin and Administrative Assistant Wanda East presented the Fees Policy to the Board.

Stokes County Health Department

Policy and Procedure

Manual: Administrative	
Title: Fees, Accounts Receivable and Controls Policy	
Distributed to: All Clinical & Administrative Staff	Revised date: 2/13, 6/13, 6/15, 3/16, 6/16, 8/17, 11/18
Effective Date: 7/01/2009	
Review Date: 2/13, 6/13, 5/14, 6/15, 2/16, 8/17, 11/18	Health Director:

PURPOSE:

To establish standard procedures and guidelines regarding fees, sliding fee scale applicability, proof of residency, proof of income/economic unit, confidential services, service denials/restrictions, collection efforts, bad debt write-offs, insufficient funds, statements, client contracts, third party billing, methods of payment and accounts receivable internal controls.

Public health services are increasingly costly to provide. The Health Department serves the public interest best by assuring that all legally required public health services are furnished for all citizens and then providing as many recommended and public health services as it can for those citizens with greatest need.

POLICY:

Stokes County Health Department provides public health services to both residents and non-residents of Stokes County. Clients will not be denied services or be subjected to any variation in quality of services because of the inability to pay. All client services are strictly confidential and every effort will be made to ensure maximum client privacy. **Medicaid clients will not be denied services.**

Stokes County Health Department shall utilize two methods for fee charges:

1. Fees charged will be an established Board of County Commissioners and/or County Commissioners approved flat rate for certain clinical or public services, including Environmental Health, General Clinic, Adult/Pediatric Primary Care, laboratory tests, pregnancy tests (excluding family planning), private pay vaccines, and contractual business and wellness programs.
2. Charges will be determined by applying a sliding fee scale received from the state utilized for the public health programs supported by state or federal dollars. Assessment of family size and income according to eligibility guidelines will be applied to determine charges.

Payment- Payment is expected at the time service is rendered. An itemized receipt will be provided to individuals at time of payment; an itemized bill will be provided to individuals who do not complete payment upon receiving services. Verification of Medicaid enrollment constitutes full payment for any program service at Stokes County Health Department other Adult Health Immunizations which require a co-pay per Medicaid. All other third party payment plans will be billed. All chargeable fees are the responsibility of the client. Any co-pay amounts should be paid at the time of service.

Eligibility-When a client has been assessed according to eligibility guidelines for program services, the following NC Administrative Code requirements will be followed:

- No one will be denied services based solely on the inability to pay.
- Clients requesting services are NOT required to apply for Medicaid.
- Client charges must be assessed upon family size and income (use of a sliding fee scale), if state/federal dollars are budgeted to support the program.

1. No fee can be imposed on persons or their families whose income falls below the program Sliding Fee Scale. **Exception: Patients seen for primary care clinic services can only slide to 20% on the SFS.** Lab tests not covered by program, will be the patient's responsibility and WILL NOT slide.
2. Clients will sign and date Financial Eligibility Application Form yearly or whenever changes to financial status occurs. Signed forms will be maintained in the client's electronic medical record.

Clinic Services-

- **Primary Care** – Adult clients seen for primary care will **require proof of residency** in Stokes County (see Procedure section for Proof of Residency) when client presents for first clinic visit. If a client lives outside the boundaries of Stokes County they may be seen at 100% pay. For out of county residents with insurance, they will be responsible for any balance not paid by insurance. Clients will be placed on a sliding fee scale of 20%, 40%, 60%, 80%, or 100% based on income and family size as applied to Public Health's current eligibility scale. Labs will be charged at a flat rate that must be paid prior to the labs being obtained. Labs may be denied if payment is not collected prior to the lab being obtained. Clients who choose not to provide information regarding income must sign a release stating that they are choosing not to participate in the SFS and agree that they will be charged full fee for services if verification is not provided within 30 days. Clients must be informed that failure to provide proof of income, where available, may result in full fees being applied.
- **Other Clinical Services**- Clients will be placed on a sliding fee scale of 20%, 40%, 60%, 80%, or 100% based on income and family size as applied to Public Health's current eligibility scale. Eligibility scale is based on 250% of federal poverty level for Child Health, Adolescent Health, Maternal Health, Women's Preventive Health Services, Breast and Cervical Cancer Prevention services. For those persons whose income and family size place them at or below 100% of the Federal Poverty Level no fee will be imposed for services when State and/or Federal dollars are budgeted to support the program. These scales are adjusted annually based upon the *Department of Health and Human Services (DHHS) Federal Poverty Levels*. Clinical eligibility is reassessed on an annual basis, or when a financial status change occurs. Services not required by Title X will be provided through other services, Primary Care, or referred off site. Title X funds will be used for required services only. An administration fee will be charged for state supplied vaccine to persons who are underinsured or noninsured at the current public health rate. It is allowable.
- **340b guidelines**
Patients will not be billed for birth control pills or Nuva rings purchased through the 340b program. Contract pharmacies will be dispensing birth control pills and Nuva rings according to the pharmacy policy and will charge a dispensing fee of \$3.00 to be covered by the health department. The patient will pay **NO dispensing fee or any other charge** for birth control pills or Nuva Ring dispensed through the contract pharmacies. Depo Provera, IUD's, and Nexplanons purchased through the 340b program will be billed according to Medicaid. FP modifiers and UD modifiers will both be applied when billing Medicaid to ensure proper reimbursement. Patients who are private pay will be charged according to the family planning

sliding fee scale for Depo Provera, IUD's, and Nexplanons purchased through the 340b program. STD and TB medications purchased through the 340B program will be administered at the health department with no charge to the patient. STD and TB drugs that must be dispensed will be taken to Hicks Pharmacy for dispensing and there will be no charge to the patient. Stokes County Health Department will be charged \$3.00 by contract pharmacy for each prescription that is filled. (see pharmacy contract).

Environmental Health Services- An allowable and approved fee for an Environmental Health service must be assessed and paid prior to the provision of that service, the issuance of any permits resulting from that service, and/or the release of any other related documents. Environmental Health service fees are approved by the Board of County Commissioners.

Title XIX, Medicaid- Stokes County Health Department complies with the *Consolidated Agreement*.

This agreement between the North Carolina Department of Health and Human Services and the local health department describes the relationship and responsibilities of local health departments and requires that a Provider Participation Agreement with the Division of Medical Assistance be executed if the health department is participating in Medicaid Reimbursement.

The Stokes County Health Department complies with the *North Carolina Division of Medical Assistance Medicaid Participation Agreement*. It contains conditions that are identical to what private providers must comply with as well as conditions that are specific to health departments, delineates the responsibilities assumed by providers when they bill Medicaid and defines the requirements for continuing as a Medicaid provider.

Private and Public Insurance- Federal regulations governing the utilization of Title X, Title XIX, and Women's and Children's Health Block Grant Funds require that liable third parties be identified and billed for covered services. Due to confidentiality regulations, private insurance will not be billed for confidential clients unless permission is received from the client. Private insurance will automatically be billed in other circumstances. Clients will be responsible for the balance not paid by insurance and may receive a discount based on eligibility. Clients are also responsible for the payment of deductibles or co-pays in full. Clients will be expected to sign the *acknowledgment of privacy services*, which provides client consent for treatment, allows the release of client information for billing, authorizes assignment of benefits, and outlines the client's responsibility for payment.

Private/Self Pay Fees- According to the North Carolina Administrative Code, Title 10A, Chapter 43, (10 NCAC 43A.0206), funding of selected programs requires that client fees be charged. Clients may not be charged for services where charges are prohibited by law (G.S. 130A-39 (g)).

- Stokes County Health Department will charge fees for services provided to clients who have no third party source of coverage or when payment is denied or services are not covered by third party sources, private insurance, Medicaid, or Medicare.
 - *All fees will be calculated at 100% of cost based upon federal, state or local policies. Service costs will be based upon the actual cost of providing the service. Clients eligible for discounted fees will be expected to pay the appropriate amount in full. Clients not eligible for discounted fees will be expected to pay 100% of the fee.*
 - Payment made by check will be subject to the *Stokes County Check Acceptance Policy*.
 - Each client with an account balance will be notified at each visit and monthly by mail. Statements showing total charges less sliding fee scale discounts will be mailed to the address given by the client provided that client confidentiality is not jeopardized.
 - Clients may not be denied service solely because of their inability to pay, however, if a client exceeds the eligibility scale and has made no effort to pay on their account they may be asked to seek service with another provider. The Health Director or designee will make a determination on a case-by-case basis.
1. **Contributions/Donations-** Contributions or donations may be accepted from any person regardless of income status, as long as they are truly voluntary. There shall be no schedule of donations, bills for donations, or implied or overt coercion.

Grants- Some grants are designed to pay for specific fees, such as medical and dental fees. When clients meet the criteria of the grant, funding may be transferred from the grant.

PROCEDURE:

Billing and collection procedures are as follows:

Fees/Charges- Charges are based on a cost analysis of all services provided by Stokes County Health Department. Cost analyses are given to Stokes County Health Department once a year from the state to determine how much it costs us to provide the service for each CPT code. We review this report and look at how much it's costing our facility to provide the service. Fees are established or adjusted based on current LHD Medicaid rate table and/or what is "usual and customary" for the local area. Charges are approved by the Human Services Advisory Committee and the Board of County Commissioners.

- At the time of service, clients who are responsible for paying any fee for their services will be given bills directly.
- If a third party payer is responsible, bills will be submitted to that party.

- Clients whose financial records indicate that income is at or below 100% of the Federal poverty level will not be charged in the state mandated programs (exception Environmental Health).
- The Primary Care Program is not a state mandated program and clients will be charged a minimum of 20% of total charges per visit. Labs will be charged at a flat rate that must be paid prior to the labs being obtained. Labs may be denied if payment is not collected prior to the lab being obtained.
- The Stokes County Health Department will bill all third parties authorized or legally obligated to pay for services.
- Clients presenting for sexually transmitted diseases, communicable disease, tuberculosis services, and for state mandated immunizations will not be charged for related program services, but may be charged for non-related program services. Medicaid will be and 3rd Party Insurance may be billed if client agrees. However, the client will not be billed if insurance denies payment.
- An up-to-date fee list will be maintained and available to clients upon request. Stokes County Health Department shall have policies in place and evidence that substantiates that insured Family Planning clients are not being charged more in co-payments, deductibles, or other fees, than what they should pay according to the schedule of discounts.
- Adult immunizations for patients with Medicaid will be charged the co-pay as designated by Medicaid.

Minimum Fee- There will be a minimum charge of 20% per visit applied for primary care visits.

Health Director may choose to waive fees in extenuating circumstances.

Non-Program Specific Services- Fees will be charged to clients for “non” program specific services without being adjusted on a sliding fee scale, i.e., prescriptions, over-the-counter medications, and in-house or contract labs. ***(NO 340 B drugs should be utilized unless patient is seen in the Family planning, STD, or TB programs)***

Medical Supplies- No sliding fee scale will be used to determine charges for medical supplies. Client will be charged the Medicaid rate of reimbursement for cost of supplies.

Sliding Fee Scale- The model sliding fee scale issued annually by DHHS will be implemented so that the inability to pay is never a barrier to service.

- The Stokes County Health Department uses the WPHU 101% to 250% of poverty level sliding fee scale across the board.

- The sliding fee scale is reviewed and/or updated yearly or whenever state revisions occur.
- The “inability to pay,” based upon a consideration of family size and income, should not be confused with “unwillingness to pay,” when sufficient financial resources exist and are available to the service recipient or responsible party.

Proof of Residence- Clients presenting for Primary Care services must at the initial clinic

visit show proof of the physical address where the client routinely lives or spends the night. The physical address must be a Stokes County residence. Length of residency is not a requirement. **Post office addresses are not allowed as proof of residency. Exception:** When a client only has items listing a post office, staff may document directions to the residence in the clients record/file.

Proof must be provided by the client or by the parent/caretaker if the client is an infant/child. Proof can be provided from files or records maintained by the agency such as copies of driver’s license or Medicaid card. A photocopy of proof used to confirm residency will be kept on file in the case of the “third party confirmation letter.”

Acceptable proof of residency is limited to the following items. The form of proof provided may be in another family member’s name or another member of the household other than the client, the proof can represent each client in the family.

1. For All Clients: *(must have current address or service address)*
 - Driver’s License
 - Medicaid Card/Presumptive Eligibility Form
 - Division of Motor Vehicle ID Card
 - Paycheck stub w/person’s address (less than 60 days old)
 - Utility Bill (electric, gas, phone, water, cable) – less than 60 days old
 - Mortgage/Rental Agreement
 - Bank Statement
 - School Record
 - GIS Mapping Report w/address
 - Property Tax Bill
2. For a client who may be living in a shelter/facility or who is a migrant worker a written statement from the shelter/facility or migrant services is acceptable.
3. For clients who may be living in high risk situations such as battered women and/ or children or undocumented aliens, a written statement from the shelter/facility or protective services is acceptable.

Individuals who do not bring required **proof of residency** will be allowed 30 days from the date of service to provide proof of residence. If no documentation is provided recipient will be allowed to reschedule and will be billed at 100% for services rendered in the primary care clinic.

Proof of Income/Economic Unit- Information on the service recipient's income and family size will be obtained by proof of income documentation and will be entered in the individual's financial record to support eligibility for sliding scale discounts on services received. Individuals who do not bring required **proof of income** documentation will be shown at 100% pay status. Individuals will be allowed 30 working days from date of service to provide proof of income. Clients who choose not to provide information regarding income must sign a release stating that they are choosing not to participate and agree that they will be charged full fee (100%) for services if verification is not provided within 30 business days. Clients who report employment but are unwilling to provide income verification will be charged full fee. Clients must be informed that failure to provide proof of income, where available, may result in full fees being applied. Services will not be denied on day of appointment for failure to provide verification of income. Clients who report they have no income are not required to provide absence of income, but may be asked about how they pay for living expenses. Incomes from persons who support the client financially may be verified. Income determination for minors and all others who request confidential family planning services shall be considered a family of one and have their income calculated solely on the individual's income. "Confidential Patient" shall be documented on the financial eligibility forms of clients requesting confidential FP services. Eligibility staff will use the Employment Security Commission's data base to double check client's income information. Any discrepancies will be discussed with the client. Income and family size will be evaluated at least annually or whenever changes to financial status occur. Types of income **not taken** into consideration are child support (FP only), income that children may earn baby-sitting, lawn mowing, or other miscellaneous tasks; military housing benefits; payments under the Low Income Energy Assistance Act; and assistance to child or families for Free Lunch Program and Food Stamps.

Health Department Programs – *The following will apply to all programs with the exception of Adult Health/Primary Care or other exceptions as listed separately below:*

- **Income information must be obtained from every client, documented, and updated annually.**
- Clients must be informed of need to bring in verification of income information at time of appointment.
- Income information may include but is not limited to paystubs, tax records.
- Clients who report employment but are unwilling to provide income verification may be charged full fee.
- Clients who report they have no income are not required to provide absence of income, but may be asked about how they pay for living expenses. **Incomes from persons who support the client financially may be verified.**
- Clients whose documented income is at or below 100% of the Federal poverty must not be charged, although projects must bill all third parties authorized or legally obligated to pay for services.
- Clients must be given bills that show total charges less any allowable discounts at time of visit.
- Services will not be denied on day of appointment for failure to provide verification of income.

- Verification of income based on client's reported income and family size. Other valid means of income verification include documented income from client's participation in another program.
- Individual eligibility for a discount must be documented in the client's financial record and should be re-evaluated at least annually.
- Bills to third parties, such as Medicaid, must show total charges without applying any discount.
- Financial Eligibility will be completed for privately insured clients, and they will not pay more in co-payments and deductibles than they would have been responsible for based on the sliding fee scale.

Breast & Cervical Cancer Control Program (BCCCP)

- Clients **must** provide the requested proof of income in order to qualify for the program.

Family Planning

- Income determination for minors who request confidential family planning services shall be calculated solely on the minor's income.
- Family Planning clients will NOT be charged more in copayments, deductibles, or other fees, than they should pay according to the sliding fee scale.

Prenatal Program

- Clients who choose not to provide information regarding income must sign a release stating that they are choosing not to participate and agree that they will be charged full fee for services if verification is not provided within 30 days.
- Income reported through other programs offered in said agency may be used rather than recertification of income in the maternal health program.
- SCHD as all other health departments are exempt from requirements for collecting a Medicaid co-payment.

Confidential Services- Clients specifically requesting confidential status will not be sent any correspondence. For the purpose of Family Planning, minors and others requesting confidential services, will have fees assessed based on their income and treated as a "family of one".

Third Party Billing- Bills to third parties, such as Medicaid and/or insurance, will show total charges without applying any discount. If Stokes County Health Department has established a contracted relationship with the insurance company, the Accounts Receivable staff will collect co-payments due from the client and bill the remaining balance to the insurance company. If the insurance company does not pay anything toward the claim submitted, the client will be responsible for the remaining balance after applicable sliding fee scale is applied. Clients with insurance without a contracted relationship are responsible for payment on the date that service is provided.

Statements- Will be mailed to clients monthly unless directed otherwise by the Health Director. If after **three months** client has made no attempt to pay on outstanding account, a letter can be sent to the client outlining that failure to pay can result in limited/restricted services. The Stokes County Health Department Accounts Receivable staff will make reasonable efforts to collect outstanding charges without jeopardizing client confidentiality.

Bad Debt Write-off- Account balances without any activity for one year may be considered for write-off. Write-off protocol is as follows: A complete list of outstanding accounts to include client's name, social security number, write-off amount and Health Director's signature block will be submitted by the Management Support Supervisor to the Health Director for review on an annual basis. The Health Director will present the write-off list to the Board of County Commissioners for approval with all PHI redacted or just a total amount. Once approved by the Board of County Commissioners and Health Director, the list of approved write-offs will be given to the Lead Billing Specialist who will authorize staff to proceed with write-off. The approved write-off list will be maintained on file in the Management Support Supervisor Office for future reference. Future requests for services reestablish the debt.

NC Debt Setoff - Account balances of \$50 or more which have had no payment activity within the last 180 days may be turned over to the NC Debt Setoff clearing house for collection. A Notification Letter will be mailed to the client's last known address which outlines the Debt Setoff process and their right to contest this action. The letter will be sent to the client indicating the amount past due referencing "Take Notice" Stokes County intends to submit debt listed to the North Carolina Department of Revenue for collection, and is handled through Stokes County Tax Office. The letter also notifies the client that they have the right to contest the action. Clients will be given 30 days from date of Notification Letter to contact the Health Department regarding payment or to request a hearing date to appear before the Debt Setoff Coordinator for Stokes County. Failure to request a hearing or make a payment within the 30-day time limit will result in the setoff of the debt and the addition of a \$20.00 collection assistance fee (\$15 for the Clearinghouse and \$5 for the Department of Revenue). NOTE: Per Regional Title X Family Planning Officer, April 2008, NC Health Department Family Planning Programs may utilize the Debt Set-Off Policy as described by the NC Association of Local Health Directors. It was determined that the program would not cause any breach of confidentiality and was fully HIPAA compliant. The method by no means creates a barrier to care because no one is refused service if the debt remains unpaid and many clients submitted to Debt Set-Off return for service.

Payment Contracts- Clients entering into a payment agreement will be asked to make some type of payment on a monthly basis. See Page 13 of this Policy for Payment Agreement Form.

Denial of Services- Communicable disease, Child Health, Immunizations, Maternal Health, Family Planning, Emergency Family Planning services and Medicaid clients **will not be denied** services. At the discretion of the Health Director or designated representative, clients using Primary Care services who **make no effort to pay** on their outstanding balance can be denied future services. Accounts Receivable personnel will discuss this situation with the Health Director or designated representative. These clients will be given the opportunity to clear their balances by setting up a payment plan or by paying their entire bill. Clients who breach the agreed upon payment contract will be informed that future services will be denied until the outstanding account balance is liquidated

Methods of Payment- Acceptable methods of payment are Medicaid, insurance, cash, personal checks, money orders, debit cards, credit cards (MasterCard/Visa) and business account checks for contracted services.

Bad Checks- If a check is returned by the bank for “insufficient funds or account closed”, the amount of the check will be added back to the client’s account balance plus a \$25.00 service charge. Clients will be contacted regarding any adjusted balance. Clients will be required to retrieve the check in exchange for cash payment. Clients are required to liquidate any insufficient funds transactions prior to receiving additional services at Stokes County Health Department.

Internal Controls-

Accounts Receivable:

- The Management Support Supervisor, Processing Assistant V Billing Specialist, or other clerical designee will clear the cash drawer of all but \$30.00 at the end of each working day. All money collected over and above \$250.00 will be reconciled to the EHR A/R report and deposited to the County Finance Office. The \$250.00 is kept as a “cash on hand” in the safe to make change when clients pay with large bills of money. Thirty (\$30.00) dollars is kept in the front office cash drawer as “cash on hand” also for small change and security purposes.
- The Management Support Supervisor, Processing Assistant V in Accounts Receivable, or other clerical designee shall be responsible for balancing and making the daily deposit. An Accounts Receivable Report from the EHR vendor will be used to balance. The individual staff member responsible for collecting money during business hours will not routinely balance the cash drawer or make the deposit.
- If the cash register does not balance, the Management Support Supervisor and other clerical designee will make every effort to reconcile the cash drawer with the Escrow/Cash Deposit Report and encounters/payments entered for the day. The Management Support Supervisor and other clerical designee must be able to explain any discrepancies in the cash drawer.

- Refund protocol: the Management Support Supervisor or Processing Assistant V will prepare refund claim forms and submit through the Administrative Officer to the Health Director for approval/signature. Once signed by the Health Director, the claim forms will be forwarded to the County Finance Office for processing.

Environmental Health:

- Accountability of funds is verified by the Processing Assistant who is responsible for completing the EH Month End Report which balances deposits made to receipt book.
- The Processing Assistant will make a daily deposit regardless of the amount of funds collected.
- If the cash drawer does not balance, the Processing Assistant will make every effort to reconcile the cash drawer. The Processing Assistant must be able to explain any discrepancies in the cash drawer. The Processing Assistant will inform the Environmental Health Supervisor or Health Director of any unresolved discrepancies. Supervisor(s) or the Health Director will work with Processing Assistant to resolve discrepancies.
- Refund protocol: If Environmental Health has performed a site visit, \$50.00 will be retained and the client would be refunded the difference of the total fee. Refunds must be requested in writing, and must include the applicant's name, address, amount and date originally paid, receipt number, and the reason for the request. The Processing Assistant will prepare the refund request when he/she has received the above information from the applicant. The request will be forwarded to the Environmental Health Supervisor for approval and then submitted to the Health Director for approval and signature. Once signed by the Health Director, the claim form will be forwarded to the County Finance Office for processing.

Definitions- Income is defined as: All salaries and wages; overtime pay; earnings from self-employment (recent income tax return); investment income, stocks, bonds, saving account interest, rental and all other investment income; public assistance money; unemployment compensation; alimony and child support payments; military allotments; social security benefits; veteran's administration benefits; retirement and pension payments; worker's compensation; regular contributions from individuals not living in the household (notarized statement); supplementary Security Income (SSI) benefits; and prize winnings.

Established client is defined as: Any client who has been seen at Stokes County Health Department within the past three years.

APPLICABLE LAW, RULES AND REFERENCES:

North Carolina General Statute (G.S.) 130A-39 (g) states "A local Board of County Commissioners may impose a fee for services to be rendered by a local health department, except where the imposition of a fee is prohibited by statute or where an employee of the local health department is performing the services as an agent of the State. Notwithstanding any other provisions of law, a local Board of County Commissioners may impose cost-related fees for services performed pursuant to *Article 11 of this Chapter, "Wastewater Systems"*, for services performed pursuant to *Part 10, Article 8 of this Chapter, "Public Swimming Pools,"* and for services performed Pursuant to *Part 11, Article 8 of this Chapter, "Tattooing"*, and for services performed pursuant to G.S. 87-97, Permitting, inspection, and testing of private drinking water wells.

Fees shall be based upon a plan recommended by the local health director and approved by the local Board of County Commissioners and the appropriate county board or boards of commissioners. The fees collected under the authority of this subsection are to be deposited to the account of the local health department so that they may be expended for public health purposes in accordance with the provisions of the *Local Government Budget and Fiscal Control Act.*"

North Carolina Administrative Code (NCAC) Subchapter 1K, (10A NCAC 01B.0201) Minimum Administrative Standards for Local Human Service Programs, consolidates all applicable state and federal laws, regulations, and policies and provides guidance for the administrative operations of local departments, including but not limited to fiscal systems, internal control, and first and third party reimbursable services. Any local grantee or provider agency that received funds from the Department of Health and Human Resources may be audited by that agency under the procedures adopted in *10 NCAC 01A.1001-Auditing Procedures*. The scope of an audit may include financial compliance and operational activities.

Title X regulations (January, 2001) Section 6.3 concerning financial management and the OPA Instruction Series 08-01.

Title X regulations (January, 2001) Section 6.3 concerning the financial management system that addresses charges, billing and collections.

DMA Guidelines for Medicaid and Family Planning Waiver Clients

NC State Statutes: 42 CFR 59 Grants for Family Planning Services

REFERENCE PLANS AND POLICIES:

Stokes County Check Acceptance Policy

RESPONSIBLE PERSONS: All Clinical, Management Support Staff and Environmental Health Staff

THIRD-PARTY CONFIRMATION LETTER

To Whom It May Concern:

We are trying to determine the eligibility of _____ for client admission to health department services.

INCOME: _____ reports that he/she and his/her family have no income. Before we can determine eligibility, we need a 3rd Party to confirm this. By signing this letter, you are confirming that, to the best of your knowledge, this individual/family has no income.

RESIDENCY: _____ reports that he/she and his/her family live at the address listed below or the address at which you complete below. Before we can determine eligibility, we need a 3rd Party to confirm this. By signing this letter, you are confirming that, to the best of your knowledge, this individual/family lives at this address.

Address of Applicant(s)/Participant(s):

Thank you for helping us determine whether we can serve this individual/family through Stokes County Health Department. If you have any questions, please call.

Staff Signature/Title

Date

November 19, 2018

Board of Health

PLEASE COMPLETE THE FOLLOWING:

3rd Party Signature

Date

Print 3rd Party Name – Individual/Agency/Organization

3rd Party Address: _____

3rd Party Phone Number: _____

PAYMENT AGREEMENT FORM

In accordance with the policy of Stokes County Health Department payment is due when service is rendered. However, we realize that there are times when an individual does not have the total amount of money owed to the clinic, therefore, this written agreement is established as a method of adopting a payment plan for those Clients who have an outstanding balance.

Name _____ Date of Birth _____

SSN _____

Address _____

I, _____, agree to establish a payment plan for my account and to the stipulations herein stated:

As of ____/____/____ my account balance is \$_____.

I will pay the amount of \$_____ on my bill:

_____ Monthly _____ Weekly _____ Bi-weekly

_____ I understand that SCHD cannot operate efficiently without my adhering to the agreement as stated above. I further state that my options were explained to me and I fully understand.

_____ I understand that I am responsible for any balance left owing if my insurance company should not pay the bill in full and that it will be based on my sliding fee scale status.

This is a binding agreement by signatures of both parties. The agreement will be filed in the Client's record as a permanent document until bill is paid.

Failure to comply with this agreement will greatly affect the overall services of the Health Department operation.

Signature of Client _____ Date _____

Signature of Witness _____ Date _____

Stokes County Health Department
Income Verification Release

Clients who choose **NOT** to provide information regarding income must sign a release stating that they are choosing **NOT** to participate and agree that they will be charged full fee for services if verification is not provided within 30 days. I understand that my employer may be asked to verify information concerning my income. I also understand that if I do not provide proof of income within 30 days from the date of service, I will be billed at 100% of the visit. I also understand that if the bill is not paid within 60 days, Stokes County Health Department can send my account to NC Debt Setoff and my tax refund may be garnished.

I _____ understand that I have **30 days** from _____ to bring in proof of income provided by myself or someone else that supports me. Failure to provide the verification of income within **30 days** will result in a billable charge for the **FULL** amount of the services provided today in the clinic.

Client Signature

Date

Staff Signature

Date

Chairman Mendenhall opened the floor for discussion/comments/questions.

Commissioner Booth commented:

- Are we charging the correct rates?
- Are we at the maximum?
- I asked these questions before but never got any feedback.
- It seems we do not charge the same rate as a doctor's office.
- I understand we are not here to make profit from the health department but we often lose money on keeping the health department open.

Administrative Assistant Wanda East responded:

- We can only charge the Medicaid rate plus 5%.
- We are a safety net for the community.
- We are not in it to make money.
- We do need approval on this fees policy as well.
- We would like to request this fees schedule to be approved at this meeting.

Board Member Jones motioned to accept the Fees Policy presented.

Board Member Booth seconded.

Chairman Mendenhall opened the floor for discussion/questions/comments.

With no further discussion, the motion carried unanimously.

Annual Report FY 17-18

Chairman Mendenhall turned the floor over to Interim Health Director Tammy Martin and Administrative Assistant Wanda East.

The Stokes County Annual Report was presented for the review of the Board with a request for approval at the next meeting.

STOKES COUNTY HEALTH DEPARTMENT ANNUAL REPORT FOR FISCAL YEAR 2017/2018

Table of Contents

Health Directors Message	1
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Stokes County Human Service Advisory Board	3
Stokes County 2018 Demographics	4
Stokes County Public Health Priorities	7
2017/2018 in Review	8
Primary Care	8
Patients seen by month	9
Woman Infant Children (WIC)	10
Community Health Education/Promotion	12
Public Health Preparedness	13
Breast Cervical Cancer Control Program (BCCCP)	14
CC4C	15
Pregnancy Care Management/Pregnancy Medical Home	16
Women's Health	17
Immunizations.	18
Communicable Diseases	18
Environmental Health	19
Goals for Fiscal Year 2018/2019	21
Appendix A	25
Appendix B	

Message from the Stokes County Health Department

As the Interim Stokes County Health Director, as a lifetime citizens of Stokes County I plan to work hard to improve the health services that our citizens receive from Stokes County Health Department. I am fortunate to have worked under Scott Lenhart (previous Health Director) who worked to create a solid foundation on which to build an excellent department. Although I have only been in this position for three months only there have been changes here in staffing with the addition of another provider.

The health department continues to be one of the best small health departments in NC, providing a safety net for many of the Stokes County citizens who would struggle to find care otherwise. The health department had many challenges this year, but experienced many successes as well. Our prenatal program remains steady and serves as a great resource for patients who are unable to travel to larger cities or are on Medicaid. We maintain a great working relationship with Wake Forest Baptist Physician Assistant program, where our health department continues to be a training site for students to learn more about public health and rural health issues.

As we move into the 2018/2019 fiscal year, Stokes County Health Department faces a few challenges as it did in the 2017/2018 fiscal year. Some of these challenges are:

- Aging populations and our inability to treat the population on Medicare
- The change of how we practice medicine to more of a preventive medicine model and performance based model
- Lack of affordable dental care for many of the citizens in Stokes County, especially for individuals on Medicaid
- The uprising of an opioid epidemic coupled with limited access to mental health services
- Working to make mental health services easier to access and navigate

With cuts in revenue from grants and at the state level, Stokes County Health Department must learn to work harder and leaner with fewer resources, while still providing quality services. As we did last year, Stokes County Health Department will continue to focus on growing our services and presence in the community by offering more public and educational programs relating to healthy lifestyles and choices. In addition, the Stokes County Health Department will continue to focus on the Ten Essential Public Health core competencies which are;

1. Monitor health status to identify and solve community health problems.
2. Diagnose and investigate health problems and health hazards in the community.
3. Inform, educate, and empower people about health issues.
4. Mobilize community partnerships and action to identify and solve health problems.
5. Develop policies and plans that support individual and community health efforts.
6. Enforce laws and regulations that protect health and ensure safety.
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
8. Assure competent public and personal health care workforce.
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
10. Research for new insights and innovative solutions to health problems.

I would like to thank my staff here at the Health Department for the excellent work they do on a daily basis. The staff is outstanding and really cares about public health and our citizens. They are hardworking and dedicated to providing excellent care and improving the public health of Stokes County. Our citizens need and deserve convenient, quality, affordable care and I am pleased we are able to provide that here at the Health Department.

As always, please remember that good public health is the result of a community and its stakeholders working together to better it. With local and statewide partnerships with Cardinal Innovations, DayMark, Stokes County Healthy Carolinians, Stokes County Schools, Stokes County Department of Social Services, Stokes County Community Partners and other agencies, we have the ability to impact the health and well-being of an entire county. I am proud of the hard work of our public health department and expect great things in our future!

Best,

Tammy Martin, BSHP, MSHE
Stokes County Health Department

Stokes County Human Services Board

In June, 2013 the Stokes County Board of County Commissioners voted on a new resolution to dissolve the Local Board of Health and DSS Board under Session law 2012-126 or HB 438. The resolution called for the formation of a new Human Service Advisory Board. The Board of County Commissioners has taken on the responsibilities of the Board of Health and DSS Boards.

The Human Services Advisory Board has the same professional requirements as did the Board of Health. In addition, the three at-large-positions will be filled by individuals that represent the former DSS Board.

POSITION	NAME	<i>E-mail Address</i>
Commissioner	James Booth	n/a
Licensed Dentist	Gaye Wood	gayewood93@gmail.com
Licensed Engineer	Buster Robertson	wroberbu@aol.com
Licensed Optometrist	Keith R. Lawson	gourmetforu3@aol.com
Licensed Pharmacist	Kim Lewis	kimlewis@centurylink.net
Licensed Physician	Thomas Delany Santoro, M.D	
Registered Nurse	Jane Humphries	waffaking44@yahoo.com

Licensed Veterinarian	Pam Tillman	ptillman@lifebrirestokes.com
General Public	Jan Spencer	jin Spencer@yahoo.com
General Public	Rachel White	rachelwhite3593@yahoo.com
General Public	Jane Cole	colejf1368@icloud.com
County Manager	Jake Oakley	joakley@co.stokes.nc.us
Interim Health Director	Tammy Martin	tmartin@co.stokes.nc.us
DSS Director	Stacey Elmes	selmes@co.stokes.nc.us
Recording Sec	Wanda East	weast@co.stokes.nc.us

***Note: member filling a vacancy unable to be filled by the prescribed profession in accordance with G.S. 130A-35**

Stokes Demographics

Population estimates, July 1, 2017, (V2017)

45,717

PEOPLE

Population

Population estimates, July 1, 2017, (V2017)	45,717
Population estimates base, April 1, 2010, (V2017)	47,417
Population, percent change - April 1, 2010 (estimates base) to July 1, 2017, (V2017)	-3.6%
Population, Census, April 1, 2010	47,401

Age and Sex

Persons under 5 years, percent	4.5%
Persons under 18 years, percent	19.0%
Persons 65 years and over, percent	20.6%
Female persons, percent	51.0%

Race and Hispanic Origin

White alone, percent	93.7%
Black or African American alone, percent	4.1%

American Indian and Alaska Native alone, percent	0.5%
Asian alone, percent	0.4%
Native Hawaiian and Other Pacific Islander alone, percent	
Two or More Races, percent	1.2%
Hispanic or Latino, percent	3.0%
White alone, not Hispanic or Latino, percent	91.2%

Population Characteristics

Veterans, 2012-2016	3,313
Foreign born persons, percent, 2012-2016	1.7%

Housing

Housing units, July 1, 2017, (V2017)	22,269
Owner-occupied housing unit rate, 2012-2016	77.2%
Median value of owner-occupied housing units, 2012-2016	\$120,900
Median selected monthly owner costs -with a mortgage, 2012-2016	\$1,057
Median selected monthly owner costs -without a mortgage, 2012-2016	\$298
Median gross rent, 2012-2016	\$615
Building permits, 2017	69

Families & Living Arrangements

Households, 2012-2016	19,190
Persons per household, 2012-2016	2.39
Living in same house 1 year ago, percent of persons age 1 year+, 2012-2016	93.1%
Language other than English spoken at home, percent of persons age 5 years+, 2012-2016	2.6%

Education

High school graduate or higher, percent of persons age 25 years+, 2012-2016	82.2%
Bachelor's degree or higher, percent of persons age 25 years+, 2012-2016	14.3%

Health

With a disability, under age 65 years, percent, 2012-2016	10.6%
Persons without health insurance, under age 65 years, percent	11.7%

Economy

In civilian labor force, total, percent of population age 16 years+, 2012-2016	57.5%
In civilian labor force, female, percent of population age 16 years+, 2012-2016	51.4%

Total accommodation and food services sales, 2012 (\$1,000)	35,129
Total health care and social assistance receipts/revenue, 2012 (\$1,000)	107,123
Total manufacturer's shipments, 2012 (\$1,000)	489,711
Total merchant wholesaler sales, 2012 (\$1,000)	12,796
Total retail sales, 2012 (\$1,000)	222,118
Total retail sales per capita, 2012	\$4,748
Transportation	
Mean travel time to work (minutes), workers age 16 years+, 2012-2016	28.5
Income & Poverty	
Median household income (in 2016 dollars), 2012-2016	\$42,489
Per capita income in past 12 months (in 2016 dollars), 2012-2016	\$22,013
Persons in poverty, percent	12.4%

BUSINESSES

Businesses

Total employer establishments, 2016	620
Total employment, 2016	5,602
Total annual payroll, 2016 (\$1,000)	168,154
Total employment, percent change, 2015-2016	1.2%
Total non-employer establishments, 2016	2,837
All firms, 2012	2,843
Men-owned firms, 2012	1,615
Women-owned firms, 2012	984
Minority-owned firms, 2012	158
Nonminority-owned firms, 2012	2,611
Veteran-owned firms, 2012	323
Nonveteran-owned firms, 2012	2,439

GEOGRAPHY

Geography

Population per square mile, 2010	105.6
Land area in square miles, 2010	448.86
FIPS Code	

Public Health Priorities

In the 2016 Stokes County Health Department Community Health Assessment several concerns were noted concerning health care in Stokes County. These issue still remains the same, however some improvements have taken place, while some issues are ongoing and will take longer to see some improvements. The major issues that were identified during the community health assessment and focus groups were; substance abuse, mental health, and chronic disease. Chronic disease is the leading cause of death in Stokes County and in North Carolina as a whole. Mental health issues are prevalent in Stokes County, as evidenced by the top 10 ranking of Suicide for age groups 0-19, 20-39, and 40-64. Substance abuse has risen dramatically and there has been a statistically significant increase in drug overdose death rates between 2014-2016. See App. C.

Access to Care

With the limited number of health care providers in the county and with the majority of the population (approximately 75% being in rural areas) access to care to medical facilities is hard. According to the 2016 Stokes County Community Health Assessment, Access to Care is a priority within the county. Stokes County has a very limited public transportation system using YVEDDI, but there are drawbacks to this system including pickup times/ ride duration/ coordinating travel.

The Health Department continues to partner with the Mobile Mammogram Unit one day per quarter to provide mammograms. The Mobile Mammography Unit serves about 20-25 women each time it visits the Health Department.

Mental Health

Mental health continues to be a concern for the citizens of Stokes County. Substance abuse and mental health are once again in the top five health issues identified in the 2016 community health assessment.

Mental health has seen many changes take place as North Carolina revamps the mental health system. Cardinal Innovations is currently the agency many individuals must access for care, especially those without insurance. At times, individuals have similar problems accessing this system of care as other individuals have in receiving medical care. Lack of qualified providers along with the distance to receive care and access to care problems make it difficult for individuals to get the appropriate care in a timely manner.

During FY 2014/2015 Stokes County Health Department in conjunction with Cardinal Innovations organized the Stokes County Suicide Prevention Task Force focusing on public awareness and prevention of suicides in Stokes County. In addition, several programs such as mental health first aid, crisis intervention team have taken place to assist law enforcement, and the school district on how to deal with mental health emergency. Our county suicide rate now ranks 11th in the state. Four years ago Stokes County ranked as one of the highest ranked number 3 and at one point Stokes County was number one in the state.

Mental health services are being provided within the health department twice a month by DayMark, every other Tuesday from 10:00-1:00 for scheduled appointments and walk-ins. This service was started to help screen individuals to determine if further mental health services are needed. The Daymark counselor can also assist people in finding resources like jobs, food, and housing. Daymark also offers Mobile Crisis Management, an intervention service that is

operational 24/7/365. The service consists of immediate telephone response, face-to-face assessments and treatment, and follow up for mental health and substance abuse situations.

Dental Health

Dental health has the same issues as mental health. Lack of general dental providers in Stokes County that will take Medicaid patients or new patients make it hard for individuals to receive proper and timely medical care resulting in a delay in treatment, which will be costlier when these individuals get the needed care. This is an ongoing issue which will take some time to resolve. Due to our geographical location and our social economic status of many individuals, dental care will remain an issue for many citizens within Stokes County. In January 2017 Stokes County Health Department was selected by the NC Public Health Dental Division as a Pilot program to assist our prenatal patients to locate affordable dental care. About 80% of our prenatal patients utilized the I-MOM Program. One of the goals of the Health Department is to increase access to dental care for citizens that are low/no cost through groups like the NC Dental Society NCMOM (NC Missions of Mercy) and Baptists on Mission. The Health Department currently takes part in the Into the Mouth of Babes Program, which provides dental varnish to children under the age of 3.

2017/2018 Year in Review

Primary Care

During FY 2017/2018 our family health center was staffed with one physician extender (Family Nurse Practitioner or Physician Assistant). Stokes County has been recruiting for a qualified provider for over two years without any success. As of August 2018 we now have two full-time providers.

The primary clinic sees a variety of medical conditions that are similar to what a family physician or urgent care clinic will see. Many citizens in Stokes County use Stokes County Health Department as their primary care provider.

Due to the rural location, and lack of medical providers, individuals have come to depend on this service. Stokes County is considered a safety net for many individuals that cannot afford medical care.

With many changes in the health care system throughout the nation, more health departments are starting to offer primary care within their health departments. Over the last several years many North Carolina Public Health Departments offer some type of primary care services ranging to a full primary care practice or limited to several days a week and the types of patients seen.

Stokes County still has a large number of individuals without insurance or underinsured. Stokes County Health Department continues to be a safety net for the community. We hope to continue our growth with new partnerships as they become available and that meets our county needs.

Stokes County Health Department accepts; checks, credit cards, Medicaid, most insurances and for individuals that qualify we do have a sliding scale fee for services. In addition, some public

health programs are offered free of charge as required by the NC General Statutes. Payment is based on the number of individuals and family income compared to the federal poverty level percentages as determined by the federal government.

Stokes County Health Department Annual Report for Fiscal Year 2017/2018 Executive Summary

Public Health Clinic

- Number of patients seen 3,672 patient visits. This is a 1% increase from FY 16/17.

FY 2018/2019 is showing an upward trend, as the following changes were made:

- A Family Nurse Practitioner (FNP) has been added to our staff. This position has been vacant for over five years.
- Policy changes have streamlined service to be more efficient
- Investigating other potential sources of student loan repayment – are eligible for state funding.

<u>Month FY 17/18</u>	<u>Nur. Visits</u>	<u>Provider Visits Clinic/Prenatal</u>	<u>Monthly Totals (seen vs. schedule0</u>	<u>(-)/(+) Pts Seen FY 17/18</u>
July 2017	68	175/18	261/337	+12%
August 2017	111	235/35	381/473	+15%
September 2017	86	188/21	295/384	-9%
*October 2017	210	212/34	456/518	+9%
November 2017	109	174/24	332/397	-3%
December 2017	76	164/19	259/330	-7%
January 2018	88	186/30	304/382	+14%
February 2018	83	199/27	309/366	+14%
March 2018	49	156/34	255/320	-19%
April 2018	53	179/34	266/331	+15%

May 2018	62	171/26	259/344	-16%
June 2018	72	171/31	295/405	+15%
Total	1,067	2,210/333	3,672/4,587	+1%

Women, Infant, Children (WIC)

WIC stands for Women, Infants and Children. It is the Special Supplemental Nutrition Program for Women, Infants, and Children funded by the United States Department of Agriculture, commonly referred to as the WIC Program.

Who is WIC for?

- Children up to five years of age
- Infants
- Pregnant women
- Breastfeeding women who have had a baby in the last 12 months
- Women who have had a baby in the last six months

What does WIC provide?

- Healthy foods
- Health care referrals
- Breastfeeding support
- Eating tips for you and your child

To be eligible, you or your child must:

- Live in North Carolina
- Live in a household with income at or below WIC guidelines
- Have a health risk factor based on:
 - Height and weight
 - Blood test for low iron
 - Health history
 - Diet history
- WIC clients seen 9,935. This is a decrease of 302 clients.
- Fully staffed with a full time director and two nutritionist position allows the WIC department to increase their client totals. Stokes County had a 91% caseload for FY 17/18 just under the state goal of 92%.
- WIC department is now open three days a week in King and with the changes of hours to the clinic and one additional day in King WIC has 11 additional hours per week to see more patients.
- **Slight decrease in participation, but anticipated to increase with the start of e-WIC electronic benefits in April 2018**

WIC Active Participation

Month	FY 2017/18
July	837
August	841
September	850
October	852
November	858
December	823
January	815
February	806
March	785
April	829
May	818
June	821
Totals	9,935

Health Education/Promotions

- Stokes County Health Department Diaper Bank continues to provide diapers, wipes, and clothing for children in need in the county.
- Conducted puberty education for 5th graders in the county.
- Participated in community health fairs and events such as the county fair, and Stokes Stomp
- Completed the 2017 SOTCH (State Of The County Health Report)
- Active members of the following community committees
 - Child Passenger Safety Technician
 - Safe Kids NW Piedmont
 - Stokes Partnership for Children- **Board of Directors**
 - 211 Committee
 - SHAC Committee
 - Surry County Safe Kids
 - Healthy Carolinians
 - STOP Coalition
 - King Rotary
 - Allocation Committee Stokes Partnership for Children- **Chair of Committee**
 - Stokes County Stakeholders
 - Stokes County Suicide Prevention Taskforce
 - Health Service Advisory Committee

- YVEDDI Head Start/Migrant Head Start
- BBQ for Books Planning Committee
- Little Folks Festival
- Child Fatality Committee

Emergency Preparedness

- SCHD Public Health Emergency Operations Plan (EOP) was developed and uses an all-hazards approach.
- Closed point of dispensing sites database to serve over 10,000 persons.
- Collaboration with surrounding central region counties in CDC Medical Countermeasure Operation Readiness.
- Stokes County Health Department Emergency Preparedness and Response Program continues to improve and score high on operational readiness, meeting CDC implementation goals, compared to state, central regions, and similar population quartiles figures.
- **Committee Participation:**
 - Local Emergency Planning Committee
 - State, Regional, and Local Work Groups
 - Safety Committee
 - Triad Healthcare Preparedness Coalition
 - Virginian and North Caroling Regional Committee

Monthly Activities

- GETS (Government Emergency Telecommunication Service) testing and radio testing
- Generator testing
- Building OSHA (Occupational Safety and Health Administration) safety inspections
- Regional Emergency Preparedness Coordinator meetings
- Regional Work Group Meetings (west central region)
- Review and update plans as necessary

Quarterly Activities

- LEPC (Local Emergency Planning Committee) meeting attendance and other surrounding county committee attendance
- Call downs with Corrective Action Plans

Annual

- Medical Countermeasures Distribution and Dispensing (MCMDD) Plan Review
- Fire/tornado drills
- State Emergency Preparedness Symposium
- 2 Exercises with After Action Report/Corrective Action Plans

- Respiratory Protection Plan Fit Testing
- Review all plans/policies and make necessary changes Annual Work

Plans

- SCHD Public Health Emergency Operations Plan (EOP) – located within the EOP:
 - Continuity of Operations Plan
 - Telecommunications Plan
 - Activation and Notification Plan
 - Public Information and Communications Plan
 - Worker Protection and Safety Plan
 - Isolation and Quarantine Plan
 - Communicable Disease Plan (Ebola, Pandemic Influenza, and Bioterrorism)
 - Medical Countermeasures Distribution and Dispensing Plan
 - Medical Emergency Shelter Plan
 - Mass Vaccination Plan
 - Mass Fatalities Plan

Stokes County Medical Countermeasure (MCM) Operational Readiness

The Capabilities Reporting Tool found in the NCDETECT Portal is a combination of the CDC Performance Measurements and the NC Public Health Preparedness Rubric that is used to assess the capacity and capability of our public health preparedness programs across the state. Each Capability and sub-capability category is assigned one of the following values based on how prepared we are; those categories are (from least prepared to most prepared): “Early”, “Established”, “Intermediate”, or “Advanced”.

NC Breast Cervical Cancer Control Program (NC BCCCP)

The North Carolina Breast and Cervical Cancer Control Program (NC BCCCP) provides free or low-cost breast and cervical cancer screenings and follow-up to eligible women in North Carolina. Each year, NC BCCCP strives to provide services to over 12,000 women.

NC BCCCP services are offered at most local health departments as well as some community health centers, hospitals and private physicians’ offices across the state. Approximately 102 local health agencies work in cooperation with physicians, hospitals, and other health care facilities to provide services to eligible North Carolina women.

NC BCCCP provides services to North Carolina women who:

- are uninsured or underinsured;
- are without Medicare Part B or Medicaid;
- are between ages 40 - 64 for breast screening services and 18 - 64 for cervical screening services; and
- have a household income at or below 250% of the federal poverty level.

Services offered:

- Clinical breast exams
- Screening mammograms
- Pap tests
- Diagnostic procedures, as indicated (diagnostic mammograms, ultrasounds, colposcopies, breast and cervical biopsies)
- Medical consultations

Breast and Cervical Cancer Medicaid (BCCM) provides funding for treatment to NC BCCCP enrolled clients who are diagnosed with breast or cervical cancer and who meet additional requirements. BCCM eligible women must be enrolled in NC BCCCP prior to a cancer diagnosis.

Compared to other groups, there are significant differences in the rates of minority women who are diagnosed with breast and cervical cancers and who die from these diseases. NC BCCCP has focused increased recruitment and education strategies to prompt more African American, Hispanic, and American Indian women to get breast and cervical cancer screenings.

Stokes County BCCCP Program FY 2017/2018

Program Type	Pt Seen FY 16/17	Pt Seen FY 17/18
Federal BCCCP	46	23
State BCCCP	14	15
Breast Cancer BCCCP Medicaid	1	
Insurance (Screening)	36	43
Medicaid (Screening)	8	7
Medicare (Screening)	21	22
Total Patients	126	110

Care Coordination for Children (CC4C)

CC4C is a free and voluntary program that helps families like yours find and use community services. The program goals are:

- to connect your family with services for children and families
- to support your children in reaching their developmental potential
- to help ensure that children are raised in healthy, safe, and nurturing environments.

CC4C care managers can help with finding medical care, transportation, childcare and /or financial aid. They can also provide you with information about a wide variety of family oriented resources. The CC4C care manager will:

- discuss family strengths and concerns through home visits, telephone calls and other personal contacts
- identify programs, services, and resources that meet your family's needs
- serve as a link between you and your child's doctor or nurse
- identify ways you can strengthen parent-child relationships
- introduce you to parent support programs when available
- offer encouragement and support.

Who is Eligible?

Children birth to age three who are at risk for developmental delay or disability, long term illness and/or social, emotional disorders and children ages birth to five who have been diagnosed with developmental delay or disability, long term illness and/or social, emotional disorder may be eligible for the program. For Fiscal Year 2016/2017 the average monthly case load for the CC4C program was 70. Program goal is 50 clients per month.

PCM/PMH (Pregnancy Care Management/Pregnancy Medical Home)

DMA is working in partnership with Community Care of North Carolina (CCNC) and other community stakeholders including providers, local health departments, and the Division of Public Health create a program that provides pregnant Medicaid recipients with a pregnancy medical home (PMH). The goal is to improve the quality of perinatal care given to Medicaid recipients, thereby improving birth outcomes and reducing Medicaid spending. This will be done by modeling the PMH after the enhanced primary care case management (PCCM) program developed by CCNC.

Case Management

If a pregnant Medicaid recipient's aid program category covers pregnancy services, she is eligible to participate in this program. This program is NOT just for recipients of Medicaid for Pregnant Women (MPW). Pregnant Medicaid patients will receive care management (population management). High-risk pregnant women in a PMH will receive case management services. The level of service provided will be in proportion to the individual's identified needs. Case managers are expected to closely monitor the pregnancy through regular contact with the physician and patient to promote a healthy birth outcome. On average Stokes County averages 36 patients per month in the PCM Program.

Program Participation

The PMH project will be modeled after the enhanced primary care case management program developed by CCNC. To qualify for participation as a PMH, the provider must agree to the following:

- Ensuring that no elective deliveries are performed before 39 weeks of gestation by agreement with all professional providers
- Engaging fully in the 17P project in each pregnancy medical home
- Decreasing the cesarean section rate among nulliparous women
- Completing a high-risk screening on each pregnant Medicaid recipient in the program and integrating the plan of care with local care/case management

- Open chart audits

In exchange for meeting the program expectations described above, the PMH will receive the following incentives:

- Exemption from prior approval on ultrasounds
- \$50 for completing a high risk screening tool at initial visit
- \$150 incentive for the postpartum visit per Medicaid recipient
- Increased rate for a vaginal delivery

Any provider who bills global, package or individual pregnancy procedures is eligible to participate in this program as long as he/she agrees to the program requirements. It is not just for obstetric providers.

Women's Health Program

The Stokes County Women's Health Program develops and promotes programs and services that protect the health and well-being of infants and of women during their child-bearing years. The goal is to improve the overall health of women, reduce infant sickness and death, and strengthen families and communities.

The Women's Health Branch also offers guidance, consultation and training for professionals who provide women's health services.

Local health departments and other community agencies serving each of the 100 counties in North Carolina provide a variety of these women's health services, including family planning, prenatal care, flu shots and other women's immunizations, and pregnancy care management.

One program offered through this program at the Stokes County Health Department is the Screening for Cervical Cancer. This service is offered during the routine physicals or the annual woman's exam. Total number of women served during FY 2017/2018:

Prenatal Program

- Number of patients enrolled July 2017 - June 2018 - 39
 - Number of deliveries - 23
 - Currently in program - 12
 - Patients transferred/incomplete pregnancies (miscarriage, relocation, high risk pregnancy) - 24
 - Positive pregnancy tests given – 105
 - Total Paps performed – 126
 - Abnormal Paps – 26
 - Paps referred out – 14

Immunizations

- Stokes County Health Department is one of the primary locations in Stokes County that offers routine immunizations. During this fiscal year the following achievement occurred with our program:
 - Gave 861 immunizations to 479 clients/patients

Communicable Diseases

A Dictionary of Epidemiology defines communicable disease as "illness due to a specific infectious agent or its toxic products that arises through transmission of that agent or its products from an infected person, animal, or reservoir to a susceptible host, either directly or indirectly through an intermediate plant or animal host, vector, or the inanimate environment." Communicable disease pathogens include bacteria, viruses, fungi, parasites and prions. Because communicable diseases can have so much impact on the population, the surveillance and control of such diseases is an important part of protecting the public's health.

In FY 2017/2018 Stokes County Health Department had no major disease outbreak or food borne illness to investigate this fiscal year. Below is the summary of communicable disease investigated and treated through Stokes County Health Department.

Stokes County Reported Communicable Disease Totals for FY 2016/2017

Disease Classification	Total confirmed cases
Haemophilus Influenza	1
Pertussis	1
Hepatitis B (Chronic)	2
Hepatitis B (Acute)	1
Hepatitis C (Acute)	2
Rocky Mountain Spotted Fever	8
Shigellosis	1
Lyme Disease	1
Streptococcal Group A (invasive)	3
Legionellosis	3
Cryptosporidiosis	1

Pertussis	3
Salmonellosis	14
Campylobacter Infection	8
Listeriosis	1
E Coli	3
Chlamydia	104 (104 in 16/17)
Gonorrhea	43 (18 in 16/17)
Influenza, adult death	1

Environmental Health

Stokes County Environmental Health Department enforces state laws and rules pertaining to food sanitation, waste water disposal, private drinking water wells and other health and sanitation issues. The number of inspections include food service establishments, tattoo artists, day care centers, school cafeterias, schools, public swimming pools, etc. The number of new permits issued includes food service establishments, tattoo artists, public swimming pools, etc.

ENVIRONMENTAL HEALTH YEARLY REPORT JULY 2017- JUNE 2018

	<i>ON-SITE WASTEWATER ACTIVITY</i>	FY17/18	FY 16/17
	Site Visits (includes all OSWW field activities not included below)	326	331
	Sites Evaluated (includes sites evaluated or re-evaluated for any purpose)	228	274
	Improvement Permits Issued- New Or Revision w/Site Plan (valid 60 months.)	108	114
	Improvement Permit Issued - Expansion of Existing System (valid 60 months)	12	13
	Improvement Permits Denied (Documented)	9	11
	Construction Authorizations - New, revision, or Relocation	72	198
	Construction Authorizations – Expansion	10	12

	Construction Authorizations - Repair/Replacement of Malfunctioning System	51	51
	Authorizations - Mobile Home Parks	3	1
	Authorizations - Existing System Reuse Other than in MHP	44	44
	Authorizations for System reuse – Denied	9	8
	Table V Inspection w/Reports prepared	8	22
	Migrant Housing Inspections w/reports prepared	13	13
	Notices of Violation Issued	15	9
	Legal Remedies - Injunctions, criminal misdemeanor, administrative penalties	0	1
	Permit Revoked (notice)	6	5
	Operations Permit Issued	129	151
	Sewage Complaints Investigated	39	24
	On-Site Consultative Contacts	10	5

<i>Well Activities</i>	FY 17/18	FY 16/17
Well Site Evaluated	126	123
Grouting Inspection	102	99
Well Head Inspected	108	109
Well Head Approved	80	74
Well Head Disapproved	28	35
Well Construction Permit Issued - New	43	59
Well Construction Permit Issued - Repair	12	38
Well Certificate of Completion Issued - New	83	43
Well Certificate of Completion Denied - New	28	35
Well Certificate of Completion issue - Repair	0	16
Bacteriological Sample Collected	152	162
Other Sample Collected	193	160
Well Camera or Geophysical Inspection	0	0
Legal Remedies Taken	0	0

<i>Food Handling Activity</i>	FY 17/18	FY 16/17
Inspections	298	265
Visits	310	189

<i>General Sanitations' Activity</i>	FY 17/18
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Permits issued	55	44
Complaint Investigations	1	5
Complaint investigations Follow-up	20	18

Other Training/Education (hours)	71
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Goals for FY 2018/2019

The Stokes County Health Department is anticipating that they will see an increase in patients due to the fact that we are fully staffed. This is due to the fact that as of September 2018 we currently have two providers.

Continue to monitor how Medicaid Transformation will alter healthcare. With Medicaid moving toward managed care in 2019, now is the time to get involved at the state level to influence what MCOs (Managed Care Organizations) will be chosen. It is important to choose MCOs that respect our mission in Public Health, which is “To promote healthy and safe living, prevent disease, care for the sick, protect the environment, and provide essential services to meet community needs”.

Goals for FY 2017/2018 are:

- Be an active partner in the opioid crisis
- Continue to expand our Prenatal Clinic with Wake Forest Baptist Hospital
- Increase and build our Child Health Program
- Continue to search for opportunities for patients to receive local low/no cost dental treatment.
- Explore funding opportunities through grants and other partnerships
- Stay current and involved in Medicaid Transformation (201



**North Carolina
Public Health Preparedness and Response
2017-2018 Annual Program Review**

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Position Brief Description:

Develop public health disease surveillance infrastructure by maintaining and updating adequate plans and to ensure that Stokes County Health Department (SCHD) is prepared to respond to acts of bioterrorism, disasters, or infectious disease outbreaks, within the community while participating in local emergency preparedness planning efforts and coordinating response activities with local entities.

CDC funds North Carolina PHP&R which awards Local Health Departments, to provide Public Health Preparedness & Response activities, through an Agreement Addendum. Funds are conditional on required Agreement Addendum #514 deliverables:

- Implementation of CDC's National Standards for Public Health Preparedness Capabilities
- Monthly, quarterly, and annual deliverables, required work plans, training, and performance database entry and other duties assigned within health department.
- Ensure Incident Management System (ICS)/ National Incident Management System (NIMS) compliance for each health department staff member.
- Medical Countermeasures (MCM) plan
 - Meeting particular benchmarks based on the MCM Operational Readiness Review (MCM ORR) tool
 - Work towards an all hazards approach and being in full operational status
- Emergency Communications Operations
 - Maintain 24/7 contact databases for employees, hospitals, adult care, providers, points of dispensing
 - Perform call down drills/system checks
- 2 exercises and required After Action Reports/ Corrective Action Plans per Homeland Security Exercise and Evaluation Plan guidance
- Complete Training and Exercise Planning Workshop and Multi-Year Training and Exercise Plan
- Responsible for OSHA Respiratory Protection Program compliance.

AA#514 Deliverable: Monthly, Quarterly, and Annual Deliverables

Monthly Activities

GETS (Government Emergency Telecommunication Service) testing
 Radio testing
 Generator testing
 Building OSHA (Occupational Safety and Health Administration) safety inspections
 Regional Emergency Preparedness Coordinator meetings
 Review and update plans as necessary
 Develop and implement activities to complete gaps in Capability Assessment

Quarterly Activities

LEPC (Local Emergency Planning Committee) meeting attendance
 Surrounding County Committee attendance
 Call downs with Corrective Action Plans
 Update employee ICS and emergency contact information

Annual

Medical Countermeasures Distribution and Dispensing (MCMDD) Plan Review
 Fire/tornado drills
 State Emergency Preparedness Conference
 2 Exercises with After Action Report/Corrective Action Plans
 Respiratory Protection Plan Fit Testing
 Review all plans/policies and make necessary changes
 Annual Work Plan and Multi-Year Training and Exercise Plan

MCMDD Plan
 Health Department Emergency Operations
 Plan Pandemic Influenza Plan
 Sheltering And Mass Care
 Mass Fatalities Response

~Plans~

Isolation and Quarantine Plan
 Update PH OSHA Safety Manual Sections
 PlanFlu COOP
 Smallpox and Mass Vaccination Plan

Ebola Virus Disease Response Plan
 Infectious Disease Response Plan
 Bioterrorism Response Plan
 Crisis Communications Plan
 PH Responder Health & Safety Plan

AA#514 Deliverable: Staff Trainings/Exercises/Projects

Prior Training Opportunities

Epidemiology Training- UNC Public Health
 Ebola Virus Disease Training
 Serving People with Functional/Access Needs in Shelters
 Isolation and Quarantine Training
 Mass Fatalities Planning and Response Training
 Respiratory Protection Plan Fit Testing
 Zika Sessions
 PEART Orientation
 PH Law Webinar
 Food Safety Effort to Protect PH
 NC Hurricane Evacuation Study
 PODS for Those with Access and Functional Needs
 Training and Exercise Workshop
 Multi-Year Training and Exercise Plan Training
 Supporting Communication Access for Individuals with HDD
 Evaluating HazMat Risk in NC
 Emergency Planning with Pharmacies
 HIPAA in Emergencies
 Overnight Shelters
 Mental Health First Aid Training
 Upgrade workforce development training
 Duke Infectious Disease Response Training
 General Mass Shelter Training

Annual Training:

Communication Equipment
 Medical Countermeasures Public Info
 MCMDD Security Training
 MCMDD Local Receiving Site Training
 MCMDD LRS Distribution Manager
 MCMDD Core Management
 OSHA training

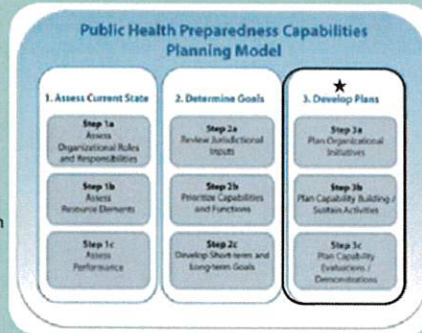
Ongoing Local Level Projects

CodeRED scripts and IPAW configuration
 Obtain MOU and training for Closed PODs: large business, adult care, schools, etc
 LRS Inventory database
 Public Health Emergency Operations Plan
 Enhance Mass Care Medical Sheltering Plan
 Redefine crisis and emergency communications plan Database/Assessment/Task Force
 Reassign staff to SNS positions

AA#514 Deliverable: CDC's National Standards for Public Health Preparedness Work Plan

The 15 capability sections are intended to serve as national standards that state and local public health departments can use to advance their preparedness planning.

1. Community Preparedness
2. Community Recovery
3. Emergency Operations Coordination
4. Emergency Public Information and Warning
5. Fatality Management
6. Information Sharing
7. Mass Care
8. Medical Countermeasure Dispensing
9. Medical Materiel Management and Distribution
10. Medical Surge
11. Non-Pharmaceutical Interventions
12. Public Health Laboratory Testing
13. Public Health Surveillance and Epidemiological Invest.
14. Responder Safety and Health
15. Volunteer Management



AA#514 Deliverable: CDC's National Standards for Public Health Preparedness Work Plan

NC PH Preparedness System Capabilities Assessment Gaps and Strategies Document was an 8-month long assessment process which identify gaps at Local Health Department focusing on CDC capabilities most applicable. The assessment was intended to advance preparedness planning focus on CDC's National Capability Standards. Once assessment was complete, the gaps and strategies for corrective actions were then aggregated by preparedness work plans regions for the next 4 years. Local Health Departments create and prioritize completion of identified localized strategies in the below work plans for the top 3 priority gaps.



Introduction

The Centers for Disease Control and Prevention (CDC) medical countermeasure (MCM) operational readiness review (ORR) process is designed to be a rigorous, evidence-based assessment of a jurisdiction's ability to plan and successfully execute a large-scale response requiring MCM distribution and dispensing. Information in this report is the result of a Preparedness Capabilities report in February 2017.

Background Information

In 2011, CDC published the *"Public Health Preparedness Capabilities: National Standards for State and Local Planning."* This document contains 15 capabilities that serve as national public health preparedness standards, designed to assist state and local health departments in their strategic planning. The MCM-ORR tool, introduced by CDC in 2014, assesses a local jurisdiction's preparedness level in eight of CDC's 15 public health preparedness capabilities, specifically as they pertain to a MCM mission. The eight capabilities addressed by the MCM-ORR tool are:

Capability 1: Community Preparedness
Capability 3: Emergency Operations Coordination
Capability 4: Emergency Public Information and
Warning
Capability 6: Information Sharing
Capability 8: Medical Countermeasure Dispensing
Capability 9: Medical Material Management and
Distribution
Capability 14: Responder Safety and
Health
Capability 15: Volunteer Management

It is important to note that in North Carolina, some of these capabilities, as well as others, not addressed by the MCM-ORR tool, are also evaluated by the North Carolina Public Health Preparedness Capabilities Rubric.

The MCM-ORR contains 89 total elements, pertinent to all local jurisdictions, distributed throughout the eight capabilities listed above. These elements are divided into two categories; planning and operational. The 54 planning elements are designed to assess whether specific details, deemed necessary by CDC for an effective MCM response, have been incorporated into jurisdictional response plans. The 35 operational elements assess whether these specific planning items have been evaluated through either real world incidents or planned exercises and drills.

Previous MCM evaluation tools provided by CDC generated a numeric score to measure a jurisdiction's level of medical countermeasure preparedness. The MCM-ORR tool moves away from this practice by asking each jurisdiction to assess their readiness level of each individual element using a continuum of implementation levels. These implementation levels are defined as:

Early - Jurisdiction demonstrates some of the planning/operational criteria

Intermediate - Jurisdiction demonstrates many of the planning/operational criteria **Established** - Jurisdiction demonstrates most of the planning/operational criteria **Advanced** - Jurisdiction demonstrates all of the planning/operational criteria

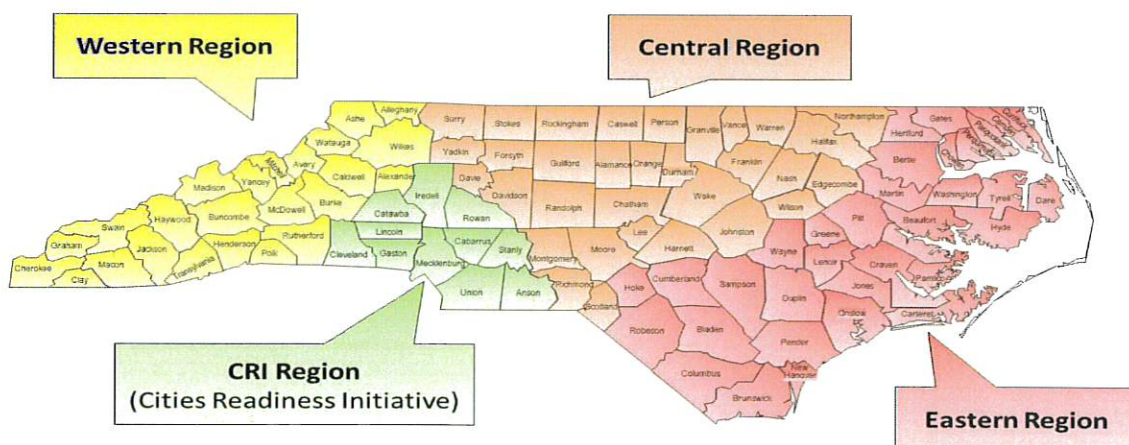
MCM-ORR Implementation and Goals

MCM reviews will be conducted by the CDC and/or the NC PHP&R MCM team using the MCM-ORR tool on a biennial basis from 2015 thru 2022. It is expected that over this time period local jurisdictions will demonstrate progress in implementing their response plans. It is understood that there will be factors that may limit some jurisdictions from achieving an advanced implementation level for certain elements. However, local jurisdictions should use continuous quality improvement processes, to consistently identify gaps, that lead to the improvement of planning and overall operations.

The overall goal established by CDC, is for all jurisdictions to achieve and maintain an established or better level of implementation for all 89 elements within the MCM-ORR tool by the end of the next 5-year budget cycle in 2022.

North Carolina Public Health Preparedness Regions

North Carolina's public health system is best described as a decentralized system. Among North Carolina's 100 counties, there are 85 local health departments/districts as well as the Eastern Band of Cherokee Indians. All 86 of these public health organizations operate independently from the State Division of Public Health.



Throughout this report the local jurisdiction will be compared to statewide averages along with their respective preparedness region average. Local health departments/districts have been grouped into preparedness regions by NC PHP&R since 2010. These regions are geographical in nature and take into account historical planning partnerships, as well as, CDC's metropolitan statistical area information. The NC PHP&R preparedness regions are represented on the map below

North Carolina Public Health Population Quartiles

For the purposes of this report, local health departments and districts have also been grouped into population based quartiles. To determine these quartiles, the jurisdictions were sorted from largest to smallest using 2015 county population estimates from the U.S. Census Bureau. Each quartile represents approximately 25% of the estimated state population of 10,042,802. The first quartile contains the largest jurisdictions while the fourth quartile contains the smallest jurisdictions. The groupings for the population quartiles are listed below. Within each quartile the jurisdictions are listed in order from largest to smallest.

First Quartile

Mecklenburg County
Wake County
Guilford County

Second Quartile

Forsyth County
Cumberland County
Durham County
Buncombe County
Union County

New Hanover County
Gaston County
Cabarrus County

Third Quartile

Pitt County
Iredell County
Davidson County
Alamance County

Catawba Health Alliance
Randolph County
Orange County

Rowan County
Albemarle Regional
Health Services
Robeson County
Rutherford-Polk-
McDowell District
Harnett County
Wayne County
Brunswick County
Henderson County
Craven County

Granville-Vance District
Cleveland County
Moore County

Fourth Quartile

Nash County
Rockingham County
Appalachian District
Burke County
Wilson County
Caldwell County
Lincoln County
Surry County
Chatham County
Carteret County
Wilkes County
Sampson County
Franklin County
Stanly County
Haywood County
Lee County

Duplin County
Lenoir County
Pender County
Columbus County
Edgecombe County
Hoke County
Halifax County

Toe River District
Beaufort County
Stokes County
Richmond County
Davie County

Jackson County
Martin-Tyrrell-
Washington District
Person County
Yadkin County
Alexander County
Dare County
Scotland County
Bladen County
Macon County
Transylvania County
Montgomery County
Cherokee County
Anson County
Hertford County
Caswell County
Madison County
Greene County
Northampton County
Warren County
Swain County

Eastern Band of Cherokee
Indians

Pamlico County
Clay County
Jones County
Graham County
Hyde County

The purpose of these population based quartiles is to allow local jurisdictions to compare themselves to other jurisdictions throughout the state that are of similar size. In theory, jurisdictions within the same quartile should have similar resources and expectations for mounting a medical countermeasure response.

Conclusion

The MCM-ORR is a rigorous, evidence based assessment of a jurisdiction's ability to plan and execute a large-scale medical countermeasure response. This report does not grade, score or rank the jurisdiction's performance on the MCM-ORR. Rather, this report quantifies the information collected from the local jurisdiction during their BP4 MCM-ORR assessment in an attempt to easily identify gaps and weaknesses, while also highlighting areas of strength. Information gathered from this report will be used by NC PHP&R to prioritize elements and drive strategy development for future budget periods in order to support local jurisdictions in reaching CDC's "established or better" goal by 2022. North Carolina PHP&R does not intend to share this information with anyone outside of CDC and the local jurisdiction. However, it is recommended that the local jurisdiction share this report with pertinent MCM planning partners. Together, jurisdictions and their partners should use this report to develop action plans that strategically focus planning efforts in areas of need to further progress towards attaining CDC's goal and work towards an overall better prepared community.

Resources

For more information regarding public health preparedness and medical

countermeasures, please visit: [North Carolina Public Health Preparedness](#)

[and Response Homepage](#)

[CDC's Office of Public Health Preparedness and Response](#)

[CDC: Public Health Preparedness Capabilities: National Standards](#)

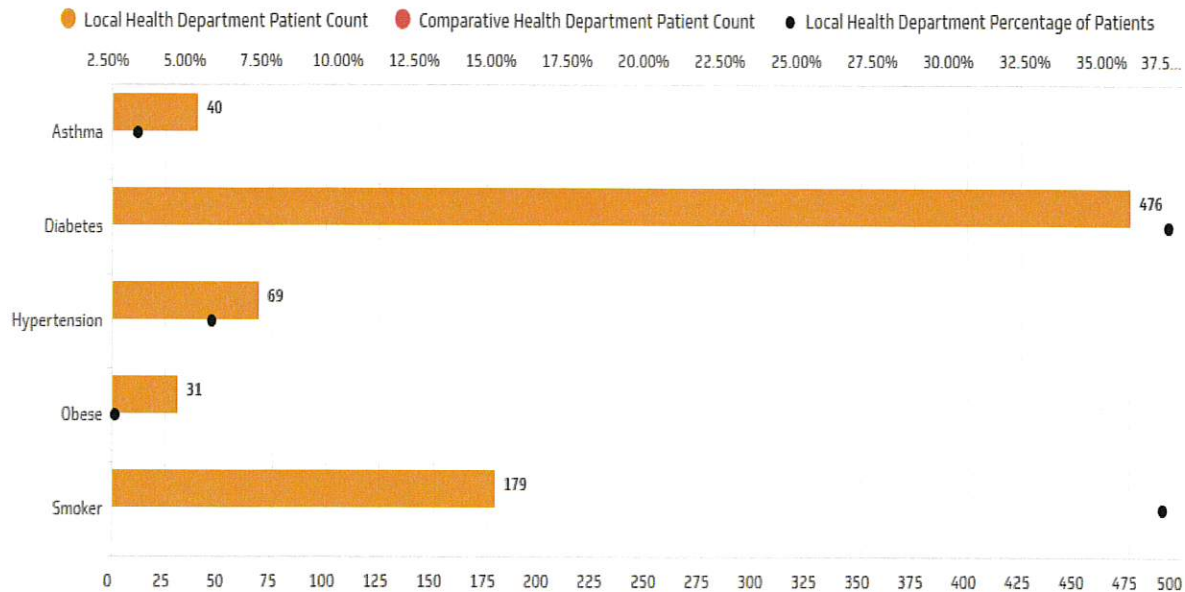
[for State and Local Planning CDC: Cities Readiness Initiative \(CRI\)](#)

[CDC: Strategic National Stockpile](#)

[U.S. Department of Health and Human Services Medical Countermeasures Homepage](#)

Appendix C: Chronic Conditions of Stokes County

Stokes County HD Chronic Condition Comparison for FY 2017



Stokes County HD Chronic Condition Statistics for FY 2017

Chronic Condition	Number of Patients with...	Percentage of Patients ...
Diabetes	40	3.32%
Obese	476	37.04%
Hypertension	69	5.72%
Asthma	31	2.57%
Smoker	179	36.83%

Chairman Mendenhall opened the floor for discussion/comments/questions.

Interim Health Director Tammy Martin noted that this item would need approval at the next meeting.

With full consensus from the Board, the Chairman directs the Clerk to place this item on the next meetings Action Agenda.

Comments from the Board

Vice Chairman Walker commented:

- Would it be possible to put these meetings in the traditional format that we are used to dealing with?
- For instance can we have Discussion, Information, and Action?

Administrative Assistant Wanda East responded:

- We can change it to that.
- I am not sure about that format.

Chairman Mendenhall responded:

- If you get with Shannon she can help you with that.

Vice Chairman Walker commented:

- I would like to know if we are still working on the opioid crisis as much as we were.
- Are we using all of the resources such as the liaison?

Interim Health Director Tammy Martin responded:

- We have not been using Wanda.
- I did not realize until I heard them speaking about that position at the meeting on the 13th that she was not just a DSS employee and that anyone could utilize her expertise.
- I will be contacting her.

Chairman Mendenhall commented:

- When I recently attended the Opioid Discussion Forum at the Pine Hall Campus led by Senator Berger, Ronda Outlaw made a point to tell me how much work we have done concerning the opioid crisis.
- She said she considers us a leader in fighting this epidemic.

Board Member Booth commented:

- We have been told by many groups that we are ahead of the curve.
- That is why it is even more important for you all to utilize all of the services offered.
- This includes Cardinal, Youth Haven, the liaison Wanda Pearman, and Youth Haven.

Vice Chairman Walker commented:

- I am afraid that when people are being put into jail we are missing an opportunity to treat them for addiction.

Chairman Mendenhall responded:

- At the Opioid Discussion this same topic was brought up.
- Stokes County Detective Joey Lemons talked about a program they are working on for the jail.

Board Member Jones commented:

- I totally agree that we are ahead of the curve with the opioid epidemic.

Chairman Mendenhall noted that if there were no more comments that the next meeting of the Board of Health would be December 17th at 3:00 pm.

Closed Session

Chairman Mendenhall entertained a motion to enter Closed Session for the following:

To consider the initial employment or appointment of an individual to any office or position, other than a vacancy in the Board of County Commissioners or any other public body, or to consider the qualifications, competence, performance, character, and fitness of any public officer or employee, other than a member of the Board of Commissioners or of some other public body pursuant to G.S. 143-318.11(a) (6)

Board Member Lankford moved to enter Closed Session for the following:

To consider the initial employment or appointment of an individual to any office or position, other than a vacancy in the Board of County Commissioners or any other public body, or to consider the qualifications, competence, performance, character, and fitness of any public officer or employee, other than a member of the Board of Commissioners or of some other public body pursuant to G.S. 143-318.11(a) (6)

Board Member Jones seconded.

Chairman Mendenhall opened the floor for any discussion/comments/questions.

With no further discussion, the Board entered into closed session.

The Board re-entered the open session of the November 19, 2018 Board of Health Meeting.

Chairman Mendenhall opened the floor for any additional business in open session.

Health Director

Commissioner Jones made a motion to hire Tammy Martin as the Stokes County Health Director starting immediately at salary grade 84 4B.

Commissioner Lankford seconded.

Chairman Mendenhall opened the floor for any discussion/comments/questions.

With no further discussion, the motion carried unanimously with a 5-0 vote.

Commissioner Booth commented:

- I want to say congratulations to Tammy.
- I think this is the right choice.
- I believe we have a team here now.
- I know you will do your best.
- I feel like the Health Department is going to grow and increase their patients now that you have the new provider.
- We have been waiting a long time for the second provider.
- The Health Department is going to operate like a well-oiled machine now.

Chairman Mendenhall commented:

- Congratulation Tammy.
- I believe you will do a job.
- Appreciate all of your hard work.

Board Member Lankford commented:

- I believe the Health Department is just going to get better and better.
- Congratulations.

Board Member Jones commented:

- Good things are happening here.
- Congratulations.

Vice Chairman Walker commented:

- Congratulations Tammy.
- You have done a great job as Interim.
- I know you will have the full support of the staff here.
- You will have the support of this Board.
- I am not a fan of the Commissioners being the Health Board.
- You are going to have to keep us informed and let us know if you need us.

Board Member Booth commented:

- I believe the way we are handling this now is working well.
- We have the Human Services Advisory Board still intact.
- We need to stay involved and be in the know on what is going on.

Adjournment

There being no further business to come before the Board, Chairman Mendenhall entertained a motion to adjourn the meeting.

Board Member Jones moved to adjourn the meeting.

Board Member Booth seconded and the motion carried unanimously.

Shannon Shaver

Clerk to the Board

Ronnie Mendenhall

Chairman