



The Public Health Authority of Cabarrus County
Board Meeting Agenda
Tuesday, August 11, 2020
5:30 pm

- A. CALL TO ORDER AND INVOCATION.....James T. Mack, Jr., Chairman
B. ADOPTION OF THE AGENDA Motion.....Chairman Mack
C. APPROVAL OF THE MINUTES MotionChairman Mack
June 9, 2020
June 11, 2020 Continued Meeting
D. REPORTS
Financial Summary Report (for period ended 6-30-20)..... Sue Yates
Employee Separations, 4th Quarter and EOY FY 20.....Erin Shoe
June 1, 2020 Customer Service Survey Report.....Erin Shoe
Annual Communicable Disease Update.....Suzanne Knight
E. CONSENT AGENDA Motion.....Chairman Mack
Budget Revisions and Amendments.....Sue Yates
F. BUSINESS AGENDA.....Chairman Mack
FY21 CHA Board Meetings Schedule.....Dr. Bonnie Coyle
Health Equity/Racism as a Public Health Emergency.....Dr. Bonnie Coyle
COVID-19 Update.....Dr. Bonnie Coyle & Erin Shoe
Finance/CHA Policy Review and Revisions Motion.....Sue Yates
N.C. Governor’s Highway Safety Program Local Government Resolution Motion.....Sue Yates
Strategic Priorities Motion.....Erin Shoe & Betty Foh
Community Needs Assessment Priorities.....Marcella Beam
Annual Review and Adoption of Board Governance Documents Motion.....Chairman Mack
Board Operating Procedures, By-laws, Corporate Resolution, Rule Making and Adjudication
Annual Election of Board Chairman and Vice-Chairman Motion.....Chairman Mack
G. ANNOUNCEMENTS..... Chairman Mack
H. MOTION TO ENTER INTO CLOSED SESSION Motion.....Chairman Mack
Motion to Enter into Closed Session pursuant to N.C.G.S. 143-318 (a)(6) for the purpose of
discussing personnel matters.....Board Vice-Chairman
I. MOTION TO ADJOURN Motion.....Chairman Mack



Public Health Authority of Cabarrus County
Board Meeting Minutes
June 9, 2020

A regular meeting of The Public Health Authority of Cabarrus County Board of Commissioners was held on Tuesday, June 9, 2020 at 5:30 p.m. in the Board Room at Cabarrus Health Alliance, 300 Mooresville Road, Kannapolis, NC.

In response to the State of Emergency declarations related to the spread of Coronavirus 2019 (COVID-19) and to limit physical interaction to slow the potential spread of COVID-19, The Public Health Authority of Cabarrus County meeting was held electronically via GoTo Meeting®

Members Present: James T. Mack, Jr., Chairman – physically present

Members Present: Tedra Claytor, Vice-Chair – via video conference
Chris Bowe – via video conference
Dr. Chip Buckwell – via video conference
Kimberly Dehler, DDS – via video conference
Lara Pons, MD – via video conference
Mark Spitzer – via video conference
Tom Kincaid – via video conference
Steve Morris – via video conference

Staff Present: Dianne Berry Dr. Bonnie Coyle
Erin Shoe Ryan McGhee
Sue Yates

CALL TO ORDER

Chairman Mack called the meeting to order at 5:40 pm, and offered the invocation. Ryan McGhee, Chief Technology Officer, confirmed with Chairman Mack that all CHA Board members were present and had the ability to communicate simultaneously. He noted that Dr. Claytor and Dr. Pons had logged in on the public side, so they had audio capability only.

ADOPTION OF THE AGENDA

Dr. Kim Dehler made a motion to approve the agenda. The motion was seconded by Mark Spitzer and approved by unanimous vote.

APPROVAL OF THE MINUTES

Tom Kincaid made the motion to approve the May 12, 2020 regular meeting minutes. The motion was seconded by Dr. Kim Dehler, and approved by unanimous vote.

REPORTS

Financial Summary Report

Sue Yates, Chief Financial Officer, presented the Financial Summary Report for period ending 5-31-20. She stated that she is doing her best to project what funds will be needed by end-of-year. She noted a \$300,000 loss from COVID-19 response, but stated FEMA funds will help our numbers.

CONSENT AGENDA

Budget Revisions

Sue Yates reviewed budget revisions with the Board, which is mainly aligning with funds. She noted that the changes are due to either an increase or decrease in a funding source, a new source of funding, or realignment of revenues and/or expenses. Dr. Kim Dehler made the motion to approve the Consent Agenda. The motion was seconded by Dr. Tedra Claytor, and approved by unanimous vote.

BUSINESS AGENDA

Results Based Accountability Performance Measures Update

Ryan McGhee, Chief Technology Officer, noted that the initial Results-Based Accountability Measures were presented on January 14, 2020 and revisited for approval at the February 11, 2020 Board meeting. Board members who shared concern about measures were contacted to ensure that CHA programs are capturing adequate performance measures to report to the Board. Ryan noted that with Dr. Kim Dehler's input in meeting on two different occasions as the team working on this looked at program and population indicators, these new revised measures for Dental were established. Board members offered ideas to how to measure data, including diagnosis codes, and number of kindergarteners with tooth decay during Kindergarten screenings. Erin Shoe stated that we could start with SY 2020-21 with kindergartners, but it would take the entire first quarter to get all screenings completed. Dr. Chip Buckwell made the motion to approve the revised Accountability Performance Measures for Dental. The motion was seconded by Chris Bowe, and approved by unanimous vote.

RULE MAKING AND ADJUDICATION FOR PUBLIC HEALTH AUTHORITY BOARD

Erin Shoe, Chief Operating Officer, stated that is an annual policy review. She reminded the Board that they are a rule-making Board. She noted that we already have a rule in force regarding prohibiting the use of tobacco products on Government grounds and parks. She noted that there are no changes to this policy, but an annual review and approval by the Board is required. Tom Kincaid made the motion to approve the Rule Making and Adjudication for Public Health Authority Board policy. The motion was seconded by Dr. Chip Buckwell and approved by unanimous vote.

FURLOUGH UPDATE AND 60-DAY PLAN

Erin Shoe provided an update to the Board on COVID-19 response efforts, and a snapshot of impact to the agency. She noted that we were encouraged teleworking wherever possible, and we have continued temperature checks and symptoms screens at both CHA – Kannapolis and Concord Dental/Dream Center. Face coverings have been required in meeting rooms along with adherence to social distancing rules. Masks are provided to those who don't have one. She noted that the Executive Management Team has created a policy, which will be e-mailed out on June 10, 2020. Erin noted that all CHA departments are seeing in impact. The CHA Dental Clinics are starting to ramp back up, and using the portable dental equipment that's normally used in the schools to add two additional 2nd floor Dental operatories and one additional Dental operator in WIC. Erin noted that we are excited about these new strategies for treatment.

- Erin also announced that Family Care Coordination staff are all set up to do everything from home, as
- COVID-19 staff are using their work spaces. She added that we are working on better technology for this Department to be able to continue to work from home.
- Vital Records continues to be drop-off only since March 20th. In July, we hope to resume in-person services, but that will be based on COVID-19 data at that time.
- Erin noted that the decision was made back on March 20th that the Syringe Exchange Program (SEP) needed to continue, so we temporarily moved the location. Increased utilization of this

program has increased significantly over the last few months. Other staff, including some School Health Nurses, assisted in the program during this time. The SEP was moved back to the Care Center the week of June 1, 2020.

- In Kannapolis Clinical Services, Pediatrics was scaled back. Triage from home, beyond the 8 am – 5 pm schedule. In June/July, we will be ramping back up. But still considered PPE. How much are we utilizing? Will we have enough?
- Women’s Health – scaled back non-emergency visits. One RN was reassigned for COVID-19 response. We will be ramping up Women’s Health appointments within the next week.
- Communicable Disease has continued. Erin noted that they have a great core team who has kept things rolling along. Elective procedures will start in June/July.
- Health Promotions (School Engagement/Healthy Cabarrus) has continued virtual meetings. Marcella Beam and Sandra Torres are working on meeting for < 10 people present.
- Erin stated that she hopes that in June/July, we will have a better sense of normalcy.
- She added that next, CHA will be meeting with the public schools for fall planning. Will we see a surge in COVID-19 cases this fall?
- Environmental Health stopped restaurant inspections back in March, but onsite (Septic Tanks, Wells, etc.) has seen no changes. Pool permits have continued. Staff is expecting an explosion of temporary food establishment permits in coming months.

Erin concluded that Dental has seen the largest impact. 15 Dental employees were furloughed and some under Emergency FMLA. TeleDentistry was adopted. Erin thanked Dental Director Janie Woodie and Dr. Elly Steel for being the catalysts to put this into place.

COVID-19 UPDATE

Dr. Coyle reviewed her COVID Re-Opening Update and plans from March – July in each CHA department. What’s next? Will we see a surge this fall? Are we in a surge right now? She also shared Cabarrus County data trends. She stated that from 6/3/20 – 6/9/20, Cabarrus County had 100 new cases. Last week was the greatest number in one week, to date. She reminded the Board that it takes two weeks for symptoms to show up, so it’s not a surprise. People are not practicing the 3 W’s. (Wear a cloth face covering; Wait 6 ft apart. Avoid close contact. Wash your hands often or use hand sanitizer). Dr. Coyle stated there had been 25 deaths, ages 21 to 103. Many younger people are getting infected. Hospitals are kicking up again. There are 8 hospitalized locally as of today. 406 have recovered. Active cases are increasing, and these are not long-term care patients. She stated that the upshift makes her nervous. Mark Spitzer asked if the data is not related to the # of tests. She added that World Health Organization (WHO) originally said patients are not spreading COVID-19, but now they think otherwise. Dr. Coyle stated that shelters are available for COVID-19 positive patients, but they have not been needed. Dr. Coyle stated that CHA will be conducting on-site COVID-19 testing ongoing. “We want to find them and test them. If we have too much spread, too fast, we will overwhelm the hospital. The max is 20. There are now 8. But the numbers are creeping up.” Tom Kincaid stated that in Long-Term Care, staff work in more than one facility. We need to know which long-term care facilities have COVID-19 to avoid cross-contamination. Is that possible?” Erin Shoe responded that there is a state report updated every Monday and Thursday. She said she would send out the link on Wednesday. Dr. Coyle stated that the state wants 100-120 tests done daily. CHA is hitting that target. She noted that Atrium, Novant, and Cabarrus-Rowan Community Health Centers are also testing. We are offering testing to reach minority populations, who are most likely to become infected and have no access to care.

Dr. Coyle stated that CHA School Health Nurses are helping. Some are working all summer with contact tracing. They have all finished up SY 20. It’s starting to stretch our staff’s capacity. She noted that PPE and N95 supplies are low, but we are keeping an eye on this.

Dr. Coyle concluded, “The Cabarrus County COVID-19 Score Card is tipping in the wrong direction. The next few weeks will be telling. But we have to have those difficult conversations.”

PUBLIC HEARING ON FY2021 BUDGET

ADOPTION OF THE FY 2021 BUDGET

Chairman Mack opening the floor for the public hearing on the FY2021 budget. He noted that the preliminary budget was presented to the Board at their May 12, 2020 meeting. He announced that in accordance with GS 166A-19.24 and the 24 hour requirement for public hearings held remotely, members of the public will have the opportunity to submit comments on the FY2021 CHA budget by calling (704) 920-1915 to leave a voicemail, or by emailing PublicComment@CabarrusHealth.org. The Board will then reconvene on Thursday, June 11, 2020 at 5:30 pm for the purpose of adopting the FY21 budget.

ADOPTION OF THE FY 2021 BUDGET

Sue Yates presented Highlights on the FY2021 Budget. She pointed out the following:

The Medicaid Settlement \$1,275,706 was budgeted. \$1,651,038 was received in FY20

- Merit increases budgeted at an average of 3% for 10.5 months; approximately cost \$224,738
- Health Insurance rate increase 4.5% to \$6,903 per full-time employee
- NC Local Governmental Retirement (employer contribution) rate increased to 10.2% from 8.99%

She reviewed new budget requests to Cabarrus County for FY21:

- One new elementary school opening fall 2020
- One new high school opening fall 2020
- Increase Mary Frances Wall School Nurse to full-time
- Increase part-time School Nurse to full-time
- County's 40% share of increase in School Nurse hours and benefits

Sue also reviewed a new budget request to Cabarrus County for FY21:

- CHA seeking funding for a full-time Preparedness Coordinator. Position now includes COVID-19 response along with multiple county collaborations. Previously, the County had funded 60% of this position, with the other 40% supported by a contract with Rowan County. (Rowan County is requesting a full-time position as well for FY21)

And Sue reviewed additional funding request to Cabarrus County for Preparedness for COVID-19 Response:

Total expenses March 2020- April 2020

- \$369,539.77
 - \$30,970.54 supplies
 - \$338,569.23 personnel

Total expenses anticipated May 2020 – December 2020

- \$625,536.23 personnel needs
 - Summer – 8 school nurses, 1 dental staff person, 1 epidemiologist, 20% of public relations/social media personnel
 - August thru December – 2 full-time nurses, 2 part-time nurses, 3 screeners, 1 processing assistant, 3 call center staff, 1 epidemiologist, 20% of public relations/social media personnel; a portion of the preparedness coordinator who is partially funded for next year

ANNOUNCEMENTS

Public Health Director Annual Performance Review (Timeline)

Chairman Mack stated that since Dr. Coyle just joined Cabarrus Health Alliance full-time on April 10, 2020, the plan would be different for her FY20 Performance Evaluation by the Board. In the interim period of June 9 and August 11, she will be reaching out to each individual Board member to hear their recommendations for FY21 goals. At the August 11, 2020 Board meeting, Dr. Coyle will present her goals for FY21 and review her work to date as the new Public Health Director, and identifying challenges she sees that need to be addressed in the coming year. At that time, the Board will review and approve her FY21 goals.

RECOGNITION OF DR. TEDRA CLAYTOR

Chairman Mack announced that this would be Dr. Tedra Claytor's last meeting as a member of The Public Health Authority Board. Her appointment term ends on June 30, 2020. He thanked Dr. Claytor for her service to the Board from June 16, 2014 – June 30, 2020, for serving as a Cabarrus Health Alliance Board member and as Board Vice-Chair. He stated that Dr. Claytor was send a token of appreciation from Cabarrus Health Alliance and the Public Health Authority Board. Other Board members echoed Chairman Mack's remarks:

- Mark Spitzer: "Sorry you are leaving. We enjoyed our time. You have contributed to this Board significantly."
- Steve Morris: "I echo that. We will miss your expertise. From both the Board of Health and Cabarrus County."
- Tom Kincaid: "I echo all those comments. You will be missed."
- Dr. Chip Buckwell: "6 years is a legacy. Thank you for your service."
- Erin Shoe: "Thank you Dr. Claytor. Communicable Disease appreciates you answering their calls. And we are excited to still be able to have that working relationship."
- Dr. Lara Pons: "I have enjoyed working with you. Thank you for all you are doing thru COVID-19. We will miss you a lot!"
- Dr. Kim Dehler: "I have always heard good things about you. Thank you very much."
- Chris Bowe: "I echo all counts. Sorry I didn't get to know you better."

Thank you, Dr. Claytor, for making a difference to Public Health and the citizens we serve. Dr. Claytor thanked the Board and CHA administrators for their comments.

MOTION TO CONTINUE MEETING

At 7:16 pm, Mark Spitzer made the motion to continue the meeting until Thursday, June 11, 2020 at 5:30 p.m. in order to comply with NC General Statue GS 166A-19.24 regarding public hearings and public comments 24-hour requirement for virtual meetings. The motion was seconded by Tom Kincaid and approved by unanimous vote.



James T. Mack, Jr., Chairman
Public Health Authority Board of Commissioners

ATTEST

Dianne P. Berry, CMC, NCCMC
Clerk to the Board



Public Health Authority of Cabarrus County
June 9, 2020 Continued Board Meeting Minutes
June 11, 2020

The Public Health Authority of Cabarrus County Board of Commissioners reconvened on Thursday, June 11, 2020 at 5:30 p.m. in the Board Room at Cabarrus Health Alliance, 300 Mooresville Road, Kannapolis, NC.

In response to the State of Emergency declarations related to the spread of Coronavirus 2019 (COVID-19) and to limit physical interaction to slow the potential spread of COVID-19, The Public Health Authority of Cabarrus County meeting was held electronically via GoTo Meeting®

Members Present: James T. Mack, Jr., Chairman – physically present

Members Present: Kimberly Dehler, DDS – via video conference
Lara Pons, MD – via video conference
Mark Spitzer – via video conference
Tom Kincaid – via video conference
Steve Morris – via video conference

Members Absent: Dr. Chip Buckwell
Chris Bowe
Dr. Tedra Claytor

Staff Present: Dr. Bonnie Coyle Dianne Berry
Sue Yates

CALL TO ORDER

Chairman Mack called the meeting to order at 5:30 pm, and offered the invocation. Ryan McGhee, Chief Technology Officer, confirmed with Chairman Mack that all CHA Board members who joined the meeting had the ability to communicate simultaneously. He noted that Dr. Pons had logged in on the public side, so she had audio capability only.

Chairman Mack reminded the Board that this was a continued meeting from June 9, 2020 in order to hear public comments regarding the FY2021 budget and to adopt the FY2021 budget. He added that during this 48 hour time period, the public had two options for submitting comments, which was by calling (704) 920-1915 or e-mailing PublicComment@CabarrusHealth.org.

He stated that he checked with both Ryan and Dianne prior to the meeting and no public comments were received. Therefore, since the 24-hour timeline for public hearings in virtual meetings has been satisfied, the Board could move forward. He asked if the Board had any additional questions about the FY 2021 budget.

Tom Kincaid made the motion to adopt the FY2021 Budget for The Public Health Authority of Cabarrus County. The motion was seconded by Dr. Lara Pons and approved by unanimous vote.

ANNOUNCEMENTS

Chairman Mack announced that the Board has a candidate for Dr. Tedra Claytor's seat on the Board which must be an individual with experience and expertise in the field of Infectious Disease. Dr. Dan Hagler, Vice-President and Chief Medical Officer, Atrium Health – Cabarrus, has graciously agreed to serve, and has already submitted his on-line application to the Cabarrus County Clerk. Chairman Mack noted that he, Dr. Lara Pons and Dr. Bonnie Coyle will be meeting with Dr. Hagler within the coming week for vetting him as a Board Member. Tom Kincaid asked if the Board could see his bio. Dianne Berry said she would e-mail it out immediately after the meeting. Mark Spitzer offered to join in as well, for this meeting with Dr. Hagler.

Mark Spitzer asked if there had been any communication with employees about the merit increase and what they can anticipate. Sue Yates responded that employee know what is in the budget. Executive Management Team discussed this just last week, and they are still discussing. Dr. Coyle added, "We just need to finalize the evaluation process for this year. Many staff members could not achieve the goals they had set due to COVID-19. We have to find a fair and equitable way, and to decide within the next two weeks." Mark Spitzer added, "We just want employees to know how much the Board values what they are doing'.

MOTION TO ADJOURN

There being no further business to come before the Board, at 6:45 p.m., Mark Spitzer made the motion to adjourn the meeting. The motion was seconded by Dr. Pons and approved by unanimous vote 6:0.

Chairman Mack reminded the Board that the next meeting will be held on Tuesday, August 11, 2020 at 5:30 p.m.



James T. Mack, Jr., Chairman
Public Health Authority Board of Commissioners

ATTEST

Dianne P. Berry, CMC, NCCMC
Clerk to the Board

PUBLIC HEALTH AUTHORITY OF CABARRUS COUNTY
FINANCIAL SUMMARY REPORT
FY 2020 **12 months ending** **6/30/2020**

GENERAL FUND							
	ACTUAL	ACTUAL	ACTUAL	ACTUAL	FY 2020	ACTUAL	Y-T-D %
REVENUES	FY 2016	FY 2017	FY 2018	FY 2019	BUDGET	06/30/20	COLLECTED
INTERGOVERNMENTAL REVENUES	\$ 18,810,921	\$ 21,610,099	\$ 21,490,440	\$ 21,168,562	\$ 19,555,102	\$ 19,264,479	98.51%
PERMITS & FEES	200,365	236,375	\$ 246,785	\$ 203,853	194,878	\$ 216,482	111.09%
SALES & SERVICES	1,350,205	1,461,455	\$ 1,491,663	\$ 1,785,752	1,519,481	\$ 1,612,371	106.11%
INVESTMENT EARNINGS	18,393	34,710	\$ 95,743	\$ 180,096	128,000	\$ 104,186	81.40%
MISCELLANEOUS	73,868	88,171	\$ 71,980	\$ 65,673	41,961	\$ 47,350	112.84%
CONTRIBUTIONS & PRIVATE GRANTS	109,097	417,283	\$ 418,892	\$ 498,089	608,878	\$ 581,407	95.49%
FUND BALANCE APPROPRIATED	-	-	\$ -	\$ -	1,783,322	\$ -	0.00%
TOTAL	\$ 20,562,849	\$ 23,848,092	\$ 23,815,503	\$ 23,902,025	\$ 23,831,622	\$ 21,826,275	91.59%
	ACTUAL	ACTUAL	ACTUAL	ACTUAL	FY 2020	ACTUAL	Y-T-D %
EXPENDITURES	FY 2016	FY 2017	FY 2018	FY 2019	BUDGET	06/30/20	SPENT
ENVIRONMENTAL HEALTH	\$ 863,211	\$ 1,016,611	\$ 1,023,662	\$ 940,537	1,035,793	942,173.49	90.96%
INFORMATION TECHNOLOGY SYSTEMS	686,960	713,288	\$ 838,463	\$ 958,323	1,163,431	1,153,423.79	99.14%
GENERAL ADMINISTRATION	4,989,222	6,245,407	\$ 7,112,525	\$ 6,881,284	4,229,882	4,055,399.42	95.88%
FAMILY CARE COORDINATION	982,591	936,255	\$ 978,968	\$ 1,040,588	1,190,817	1,177,374.02	98.87%
SCHOOL HEALTH	2,513,116	2,664,527	\$ 2,825,137	\$ 2,994,421	3,348,884	3,117,581.91	93.09%
HEALTH INITIATIVES	2,466,816	2,914,080	\$ 2,124,811	\$ 2,268,964	2,055,104	1,948,057.40	94.79%
DENTAL HEALTH	2,757,956	2,982,327	\$ 3,523,777	\$ 3,723,191	4,249,688	4,020,629.15	94.61%
VITAL RECORDS	50,755	51,579	\$ 62,420	\$ 65,439	56,478	54,625.37	96.72%
COMMUNICABLE DISEASE	1,091,130	1,109,753	\$ 1,081,174	\$ 1,159,678	2,321,789	2,191,235.57	94.38%
CLINICAL SERVICES	2,756,821	3,224,268	\$ 3,373,731	\$ 3,147,325	3,409,849	3,129,081.75	91.77%
WIC	838,991	846,997	742,540	710,171	769,907	767,127.60	99.64%
TOTAL	\$ 19,997,569	\$ 22,705,092	\$ 23,687,208	\$ 23,889,921	\$ 23,831,622	\$ 22,556,709	94.65%
Y-T-D FUND BALANCE INCREASE (DECREASE)	\$ 565,280	\$ 1,143,000	\$ 128,295	\$ 12,104	\$ -	\$ (730,435)	



Employee Separations Report

4th Quarter & End-Of-Year - FY 2020

April 2020				
Total # Positions	Total Separations	Status	Final #	% Rate
233	0		0	0%

May 2020				
Total # Positions	Total Separations	Status	Final #	% Rate
233	2	(1) 9101 Retiree (1) 9102	1	.4%

June 2020				
Total # Positions	Total Separations	Status	Final #	% Rate
233	6	(1) 9101 (1) 9101 Retiree (3) 9102 (1) Out-of-county move	4	1.7%

4th Quarter FY20 Totals				
Total # Positions	Total Separations	Status	Final #	% Rate
233	8	(1) 9101 (4) 9102 (1) Out-of-county move (2) 9101 Retirees	5	2.1%

FY20 Totals				
Total # Positions	Total Separations	Status	Final #	% Rate
233	33	(9) 9101 (11) 9102 (1) 9103 (4) Retirements (1) Out-of-county move (5) Summer Interns (2) Probationary	21	9%

Definitions				
Employee	All persons on the payroll who worked or received pay			
Separation Rate	All employees leaving the payroll (Excludes deaths, retirements, consultants, temporary employees, reductions in force, and out-of county or out-of state relocations)			
Positions	Budgeted positions, filled or vacant			
Status	9101 - Full-time	9102 – Part-time >1000 hours/year	9103 – Part-time < 1000 hours/year	9104 - Temporary

Cabarrus Health Alliance Customer Satisfaction Survey Report

Final Survey Report and FY 2020 Summary

In 2019, the Cabarrus County Public Health Authority Board approved changing the Cabarrus Health Alliance Customer Satisfaction Survey to a day-long survey conducted 4 times per year. A new survey format was also implemented which asks just four simple questions.

1. Did we help you with your problems?
2. Did we treat you well today?
3. Why did you rate us this way?
4. What can we do better?

Survey days were announced on the morning of the survey days, and dates were randomly selected in advance. The Board determined that this new process would continue as long as the customer satisfaction scores stayed above 95%. If, however, the score dropped below that threshold, the quarterly, week-long survey process, would be re-implemented.

Overall survey scores for FY 2019 -96.3%, FY 2018 - 97.5%, FY 2017 - 98.5%,

A one day survey was conducted by Cabarrus Health Alliance on Monday, June 1st.

Staff members provided clients simple instructions. Surveys were available in English and Spanish. The methods of distribution varied by department. Patients were surveyed for a one-day period, either by distributing a survey form upon registration or at the end of the service provided. Environmental Health staff distributed surveys to each client served on June 1st, and directed clients to mail them back to CHA Customer Service. Family Care Coordination surveyed for an entire week.

For fiscal year 2020 all clinical areas will use the same basic survey with the same rating scale.

In summary, for the last survey FY 2020, CHA customers surveyed rated the question:

How Would You Rate Today's Visit?

For the 3rd survey for FY 2020,

100% responded Excellent/Very Good

However, survey participant numbers were uncharacteristically low due to COVID-19.

FY 2020 Overall Customer Service Ratings % Average: 97.9%

Did We Treat You Well Today?

	Worst		Neutral		Best	Total
Communicable Disease					3	3
Dental- Concord					11	11
Dental - Kannapolis					7	7
Family Care Coordination					27	27
Pediatrics					10	10
Women's Health					10	10

Why did you rate us this way?

Communicable Disease

- Very polite, quick and very helpful
- Janie was a ray of sunshine. The nurse who took information was wonderful too.
- Informative, pleasant and made me feel very comfortable. Always clean

Family Care Coordination

- You helped me by giving me the phone number to register for breastfeeding classes. And you answered my questions which has made me feel better about breastfeeding.
- Have accomplished a lot since relocating here
- I appreciate being checked up on and having someone who can answer my questions
- Everything was fine
- You give good resources, I really appreciate it
- Answered all the questions and gave up information. Doing a good job.
- Every time you call me you help me with something
- I appreciate the phone calls to check up on me. I'm not having any problems right now.
- It was great service!
- You gave very helpful information. It has been very useful as we have recently relocated to the US and are not aware of all of the resources available to us here.
- Because you take the time out of the day to call me and check on me, and are nice.
- You were very kind.
- Answered questions, scheduled video conferencing
- Y'all have been there for me since my child was born.
- Always checking.
- The service I received
- Y'all are helpful. Called at beginning of pregnancy and checked on me after I delivered.
- Care Manager is awesome and they follow up with you.
- I am satisfied with everything.
- Amanda answered all the questions and offered assistance along the way
- Needs are met.
- No complaints with the service
- I have always been attended very well
- Amanda has helped me with anything needed.
- I appreciate you check on the girls.
- I have never been treated bad and everyone is helpful

Women's Health

- Dr. Suda- Best doctor I have ever come in contact with-seems to really care about his patients
- I have been coming here for 5 years now. Everyone is so awesome to me and my kids. I love it here.
- Great visit and questions answered
- I have been going here for a while now and I love how nice everyone is to me.
- The front desk is the best-very special or me and my baby and my baby is happy (Translated from Spanish)
- The nurses are very nice every time I come in. It was fast and they were still nice throughout
- Best nurses and doctors. Always nice and funny, makes me feel comfortable
- Very good (Translated from Spanish)
- They have a good staff (Translated from Spanish)
- Everything is good-the attention they give us while at the appointment is very nice to us. (Translated from Spanish)

Pediatrics

- Helped out fast and was seen quick-very nice staff
- Love everyone
- Because they are friendly and professional in their work- Congratulations (Translated from Spanish)
- Good service (Translated from Spanish)
- Because of the excellent time and fast (Translated from Spanish)
- Because I was cared for in the best way (Translated from Spanish)

Dental – Kannapolis

- Excellent service -2 (Translated from Spanish)
- Better
- Everyone is super friendly, Dentist is wonderful. Great experience
- Great Staff

Dental – Concord

- Because it helped me feel better
- Very accommodating and helpful since I was in pain and needed to see a dentist
- Because I had a dental emergency and I was able to be seen. Everyone was wonderful
- Because all my questions were answered
- 10+
- I was able to be seen in a timely manner. Staff was friendly and informative. A pleasant experience
- You are all very kind and sweet! Sharp on your toes!
- Everyone is super friendly- Dentist is wonderful. Great experience!

What can we do better?

Communicable Disease

- Nothing- Great staff and overall establishment
- Nothing- I felt comfortable and respected
- Did a great job

Family Care Coordination

- I can't think of anything. You've been very helpful.
- Nothing that I can think of
- No comments
- I don't have anything right now.
- Nothing , you have been great
- Everything was good. There is nothing that I think needs to be improved.
- Excellent
- Nothing at this time.
- Keep doing what you are doing!

Women's Health

- Never change
- Nothing
- Nothing in my opinion. I have been coming her for years, and have not had a complaint any time since. Great visit with the nurses and doctors.
- Just turn up the air a little
- Everything is fine to me
- Always treat people with kindness. We came to clinic nervous and were treated with patience
- Thank you for the time you dedicate to each patient. God Bless you to have patience with every patient
- Nothing at all

Pediatrics

- I will continue the clinic or all my visits- God Bless (Translated from Spanish)
- Nothing- Everything is very good-(Translated from Spanish)

Dental –Kannapolis

- Nothing
- Nothing-everything great

Dental- Concord

- Nothing -3
- Call waits are rather long, but it is understandable because of everything that is going on
- Keep doing what you are doing
- Just let me come back

Communicable Disease Summary

Cabarrus County
Calendar Year 2019

The following table reflects the communicable diseases reported to the North Carolina Communicable Disease Branch of the Department of Public Health (CD Branch-DPH) during the calendar year 2019. Consultants at the CD Branch are utilized frequently for their expertise in investigation follow up.

Selected *Confirmed* Reportable Diseases for Cabarrus County

Disease	2015	2016	2017	2018	2019
Campylobacter	8	7	9	17	6
Carbapenem-resistant Enterobacteriaceae (CRE)	n/a	n/a	0	0	3
Chlamydia	814	919	976	1134	1226
Cryptosporidiosis	3	3	0	1	1
E. Coli, Shiga Toxin	0	0	1	2	0
Gonorrhea	160	249	259	321	329
Hemophilus Influenza	4	4	3	1	2
Hepatitis A	0	0	0	3	3
Hepatitis B, acute	2	1	2	6	5
Hepatitis B, carrier	3	2	11	4	10
Hepatitis C, acute	0	2	0	1	2
Hepatitis C, chronic	n/a	n/a	n/a	124	107
HIV (newly diagnosed)	13	26	16	15	21
AIDS (newly diagnosed)	9	12	4	2	3
Influenza, adult death	2	0	4	7	8
Influenza, pediatric death	0	1	0	0	0
Legionellosis	1	0	3	3	0
Listeriosis	0	0	0	2	1
Lyme Disease	1	0	3	0	2
Malaria	0	1	1	2	1
NGU	11	8	16	9	18
Pneumococcal Meningitis	1	1	0	1	1
PID	0	0	0	1	0
Salmonellosis	34	45	42	52	37
Shigellosis	5	0	2	13	2
Streptococcal Infection Group A	4	8	8	9	8
Syphilis	26	15	20	40	51
Tuberculosis	0	3	10	2	3
Typhoid Fever	0	0	0	0	1

Vibrio	0	0	0	1	0
Whooping Cough (Pertussis)	0	0	1	0	2
Zika	n/a	2	0	1	0
Total Cases	1078	1301	1390	1774	1853

There are over 70 reportable diseases/conditions in North Carolina. Each reported disease is investigated at the local level, then determined to fit into one of four categories: does not meet criteria; suspect; probable; or, confirmed. The reports are then sent to DPH through North Carolina Electronic Disease Surveillance System (NCEDSS). This internet-based system allows for timelier reporting and follow-up. HIV is the only communicable disease which is not available in NCEDSS at the local level.

The Cabarrus Health Alliance Communicable Disease Department regularly works in collaboration with the other CHA departments, such as Environmental Health and School Health, in the investigation, follow-up, and treatment of reportable communicable diseases. Additionally, collaboration with the Child Care Health Consultants, employed by Atrium Healthcare, are indicated when a suspect case, or an outbreak, is known or suspected in a Cabarrus County child care center.

Invasive Group A Strep-

Cabarrus County had 8 cases of invasive Group A Strep. Group A Strep is a common bacteria found in the throat and mucus membranes. When the bacteria colonizes a wound or open sore, it can enter the blood stream and lead to serious complications for the patient. Three of the nine cases were associated with two outbreaks in long term care facilities. Hours of investigation, education and testing were done around trying to identify a source.

Hepatitis C-

Chronic Hepatitis C is a newly reportable disease for North Carolina, and Cabarrus County. The surveillance system currently in place does not distinguish when a person was diagnosed with chronic hepatitis C. "Baby Boomers" are being somewhat aggressively tested, based on CDC guidelines. In addition, DPH offers this test free of charge to high risk populations (i.e. IVDU's), and we have seen an increased uptake of testing, leading to case-finding.

Gonorrhea and Chlamydia-

Gonorrhea and Chlamydia continue to rise in Cabarrus County. Some of this could be attributed to the online lab testing and express lab clinics that offer testing with minimal medical follow up.

The population needing the greatest attention is African American teenagers, both in Cabarrus and Rowan Counties (Kannapolis). This population faced higher rates of both chlamydia and gonorrhea than the US rate, and disproportionately higher than their White counterparts. However, rates of STIs are increasing in the 13-19 age group in both races.



Cabarrus Health Alliance Board Agenda

Meeting Date: August 11, 2020

Name of Item: Budget Revision Request

Submitted by: Sue K Yates

Brief Summary: Budget revisions are being requested due changes in revenues and expenses. These changes are due to either an increase or decrease in a funding source, new source of funding, or realignment of revenues and/or expenses.

Requested Action: Approval of budget revisions

1. CHA received funds through a State Agreement Addendum for COVID-19 Activities - \$71,770
2. CHA received funds from the County for COVID-19 Activities - \$756,571
3. Additional funding needed in the other operation line items, for the Opioid Community Linkages Grant - \$3,040
4. Adjust CHA projected budget to actual Agreement Addendum funding for Health Promotion - \$352
5. Adjust the WIC project to additional funding received from the State Agreement Addendum funding - \$44,957
6. Move funding from the CDC object code to SAMHSA code as the funding source of the funds changed this fiscal year - \$125,000

Previous Action/Discussion on Item: Yes No

If yes, explain

Items Reviewed by:

Bonnie Coyle, MD, Health Director
Sue K. Yates, Chief Financial Officer

CABARRUS HEALTH ALLIANCE

Budget Revision/Amendment Request

#1

Date: 8/11/2020

Amount: \$ 71,770

Type of Adjustment:

Health Director: Dr. Bonnie Coyle

Internal Transfer Within Program

Purpose of Request: To budget for Agreement Addendum funds received for the COVID-19 CARES Activities.

Transfer Between Programs

Supplemental Request

Account	Account Name	Present Approved Budget	Increase	Decrease	Revised Budget Amount
00265865-6200-50539	CHA Grant-COVID-19 CARES	\$ -	\$ 71,770	\$ -	\$ 71,770
00295865-9101-50539	Salaries & Wages-C19CA	\$ -	\$ 52,192	\$ -	\$ 52,192
00295865-9201-50539	Social Security-C19CA	\$ -	\$ 3,236	\$ -	\$ 3,236
00295865-9202-50539	Medicare-C19CA	\$ -	\$ 757	\$ -	\$ 757
00295865-9205-50539	Group Hospital Ins-C19CA	\$ -	\$ 6,938	\$ -	\$ 6,938
00295865-9206-50539	HRA-C19CA	\$ -	\$ 1,320	\$ -	\$ 1,320
00295865-9210-50539	Retirement-C19CA	\$ -	\$ 5,324	\$ -	\$ 5,324
00295865-9211-50539	401K Match-C19CA	\$ -	\$ 1,044	\$ -	\$ 1,044
00295865-9230-50539	Workers' Comp-C19CA	\$ -	\$ 157	\$ -	\$ 157
00295865-9640-50539	Insurance & Bonds-C19CA	\$ -	\$ 652	\$ -	\$ 652
00295865-9659-50539	Unemployment Comp-C19CA	\$ -	\$ 150	\$ -	\$ 150

Finance Office Use Only

Finance Director _____ Health Director _____ Chairman of Cabarrus Health Alliance _____
 Approved/Denied Date _____ Approved/Denied Date _____ Approved/Denied Date _____

CABARRUS HEALTH ALLIANCE

Budget Revision/Amendment Request

#2

Date: 8/11/2020

Amount: \$ 756,571

Type of Adjustment:

Health Director: Dr. Bonnie Coyle

Internal Transfer Within Program

Purpose of Request: To budget for County funding received for COVID19 Response.

Transfer Between Programs

Supplemental Request

Account	Account Name	Present Approved Budget	Increase	Decrease	Revised Budget Amount
00265865-6904-45100	COVID Response County	\$ -	\$ 756,571	\$ -	\$ 756,571
00295865-9101-509	Salaries & Wages-CRC	\$ -	\$ 495,000	\$ -	\$ 495,000
00295865-9102-509	Part Time > 1000 Hrs-CRC	\$ -	\$ 57,751	\$ -	\$ 57,751
00295865-9103-509	Part Time < 1000 Hrs-CRC	\$ -	\$ 6,000	\$ -	\$ 6,000
00295865-9201-509	Social Security-CRC	\$ -	\$ 34,643	\$ -	\$ 34,643
00295865-9202-509	Medicare-CRC	\$ -	\$ 8,102	\$ -	\$ 8,102
00295865-9205-509	Group Hospital Ins-CRC	\$ -	\$ 65,017	\$ -	\$ 65,017
00295865-9206-509	HRA-CRC	\$ -	\$ 11,880	\$ -	\$ 11,880
00295865-9210-509	Retirement-CRC	\$ -	\$ 56,993	\$ -	\$ 56,993
00295865-9211-509	401K Match-CRC	\$ -	\$ 11,175	\$ -	\$ 11,175
00295865-9230-509	Worker's Comp-CRC	\$ -	\$ 1,676	\$ -	\$ 1,676
00295865-9640-509	Insurance & Bonds-CRC	\$ -	\$ 6,984	\$ -	\$ 6,984
00295865-9659-509	Unemployment Comp-CRC	\$ -	\$ 1,350	\$ -	\$ 1,350

Finance Office Use Only

Finance Director _____ Health Director _____ Chairman of Cabarrus Health Alliance _____
 Approved/Denied Date _____ Approved/Denied Date _____ Approved/Denied Date _____

CABARRUS HEALTH ALLIANCE

Budget Revision/Amendment Request

#3

Date: 8/11/2020

Amount: \$ 3,040

Type of Adjustment:

Health Director: Dr. Bonnie Coyle

Internal Transfer Within Program

Purpose of Request: To move funds to appropriate line items for the Opioid CLC Grant.

Transfer Between Programs

Supplemental Request

Account	Account Name	Present Approved Budget	Increase	Decrease	Revised Budget Amount
00295845-9355-50491	Other Oper Costs-Opioid CLC	\$ 11,555	\$ 3,040	\$ -	\$ 14,595
00295845-9301-50491	Office Supplies - Opioid CLC	\$ 355	\$ -	\$ 20	\$ 335
00295845-9109-50491	Salary Adjustments-Opioid CLC	\$ 1,253	\$ -	\$ 1,080	\$ 173
00295845-9205-50491	Group Hospital Ins-Opioid CLC	\$ 7,671	\$ -	\$ 1,940	\$ 5,731

Finance Office Use Only

Finance Director _____ Health Director _____ Chairman of Cabarrus Health Alliance _____
 Approved/Denied Date _____ Approved/Denied Date _____ Approved/Denied Date _____

CABARRUS HEALTH ALLIANCE

Budget Revision/Amendment Request

#4

Date: 8/11/2020

Amount: \$ 352

Type of Adjustment:

Health Director: Dr. Bonnie Coyle

Internal Transfer Within Program

Purpose of Request: To adjust budget to Agreement Addendum funding.

Transfer Between Programs

Supplemental Request

Account	Account Name	Present Approved Budget	Increase	Decrease	Revised Budget Amount
00265845-6200-55030	CHA Grant-Hlth Promo	\$ 34,706	-	\$ 352	\$ 34,354
00295845-9101-55030	Salaries & Wages - HP	\$ 21,361	-	\$ 352	\$ 21,009

Finance Office Use Only

Finance Director _____ Health Director _____ Chairman of Cabarrus Health Alliance _____
 Approved/Denied Date _____ Approved/Denied Date _____ Approved/Denied Date _____

CABARRUS HEALTH ALLIANCE

Budget Revision/Amendment Request

#5

Date: 8/11/2020

Amount: \$ 44,957

Type of Adjustment:

Health Director: Dr. Bonnie Coyle

Internal Transfer Within Program

Purpose of Request: To adjust WIC budget to Agreement Addendum funding.

Transfer Between Programs

Supplemental Request

Account	Account Name	Present Approved Budget	Increase	Decrease	Revised Budget Amount
00265880-6200-54030	CHA Grant - WICCS	\$ 369,811	\$ 38,267	\$ -	\$ 408,078
00295880-9101-54030	Salaries & Wages - WICCS	\$ 199,090	\$ 6,331	\$ -	\$ 205,421
00295880-9102-54030	Part Time > 1000 Hours - WICCS	\$ 49,825	\$ 4,000	\$ -	\$ 53,825
00295880-9104-54030	Temporary-PT & Full Time-WICCS	\$ 869	\$ 550	\$ -	\$ 1,419
00295880-9206-54030	HRA - WIC CS	\$ 7,128	\$ 636	\$ -	\$ 7,764
00295880-9301-54030	Office Supplies-WIC CS	\$ 13,600	\$ 25,881	\$ -	\$ 39,481
00295880-9325-54030	Postage/WIC CS	\$ 2,580	\$ 2,000	\$ -	\$ 4,580
00295880-9355-54030	OtherOper/WIC CS	\$ -	\$ 1,200	\$ -	\$ 1,200
00265880-6200-54150	CHA Grant-WICBFPC	\$ 26,730	\$ 6,690	\$ -	\$ 33,420
00295880-9101-54150	Salaries & Wages-WICBFPC	\$ 19,426	\$ 4,359	\$ -	\$ 23,785

Finance Office Use Only

Finance Director _____ Health Director _____ Chairman of Cabarrus Health Alliance _____
 Approved/Denied Date _____ Approved/Denied Date _____ Approved/Denied Date _____

CABARRUS HEALTH ALLIANCE

Budget Revision/Amendment Request

#6

Date: 8/11/2020

Amount: \$ 125,000

Type of Adjustment:

Health Director: Dr. Bonnie Coyle

Internal Transfer Within Program

Purpose of Request: To move DFC funding from CDC to SAMHSA.

Transfer Between Programs

Supplemental Request

Account	Account Name	Present Approved Budget	Increase	Decrease	Revised Budget Amount
00265845-6270-504	Sub Abuse&Mental Hlth Svcs-DFC	\$ 125,000	\$ -	\$ 125,000	\$ -
00265845-6283-504	DHHS-SAMHSA	\$ -	\$ 125,000	\$ -	\$ 125,000

Finance Office Use Only

Finance Director _____ Health Director _____ Chairman of Cabarrus Health Alliance _____
 Approved/Denied Date _____ Approved/Denied Date _____ Approved/Denied Date _____



Public Health Authority of Cabarrus County

Cabarrus County Public Health Authority Board Meetings Schedule FY 2021

Tuesday, August 11, 2020	<i>*Virtual</i>
Tuesday, September 8, 2020	<i>*Virtual Reschedule due to day after Labor Day Holiday?</i>
Tuesday, October 13, 2020	<i>*Virtual</i>
Tuesday, November 10, 2020	<i>*Virtual</i>
December 2020 - *No Board meeting* <i>CHA Board holiday social (tentative) - Date TBD</i> <i>CHA Holiday Luncheon - 12/11/20</i>	
Tuesday, January 12, 2021	
Tuesday, February 9, 2021	
Tuesday, March 9, 2021	
Tuesday, April 13, 2021	
Tuesday, May 11, 2021	<i>*Preliminary Review of FY22 Budget</i>
Tuesday, June 8, 2021	<i>*Public Hearing and Adoption of FY22 Budget</i>

Board meetings are held on the 2nd Tuesday of the month at 5:30 pm

Board Room
Cabarrus Health Alliance
300 Mooresville Road
Kannapolis, N.C. 28081

Log-in instructions for virtual meetings will be listed on the CHA Website
24 hours prior to the meeting date.

Dr. Bonnie Coyle
Public Health Director
704-920-1203 (work)
610-704-9093 (cell)

Bonnie.Coyle@cabarrushealth.org

Dianne Berry, CMC, NCCMC
Clerk to the Board
704-920-1297 (work)
704-699-4800 (cell)

Dianne.Berry@cabarrushealth.org



Cabarrus Health Alliance Board Meeting Agenda Form

Meeting Date: 8/11/20

Name of Item: Health Equity/Racism as a PH Emergency

Submitted by: Bonnie Coyle

Expected Length of Presentation: 15 min

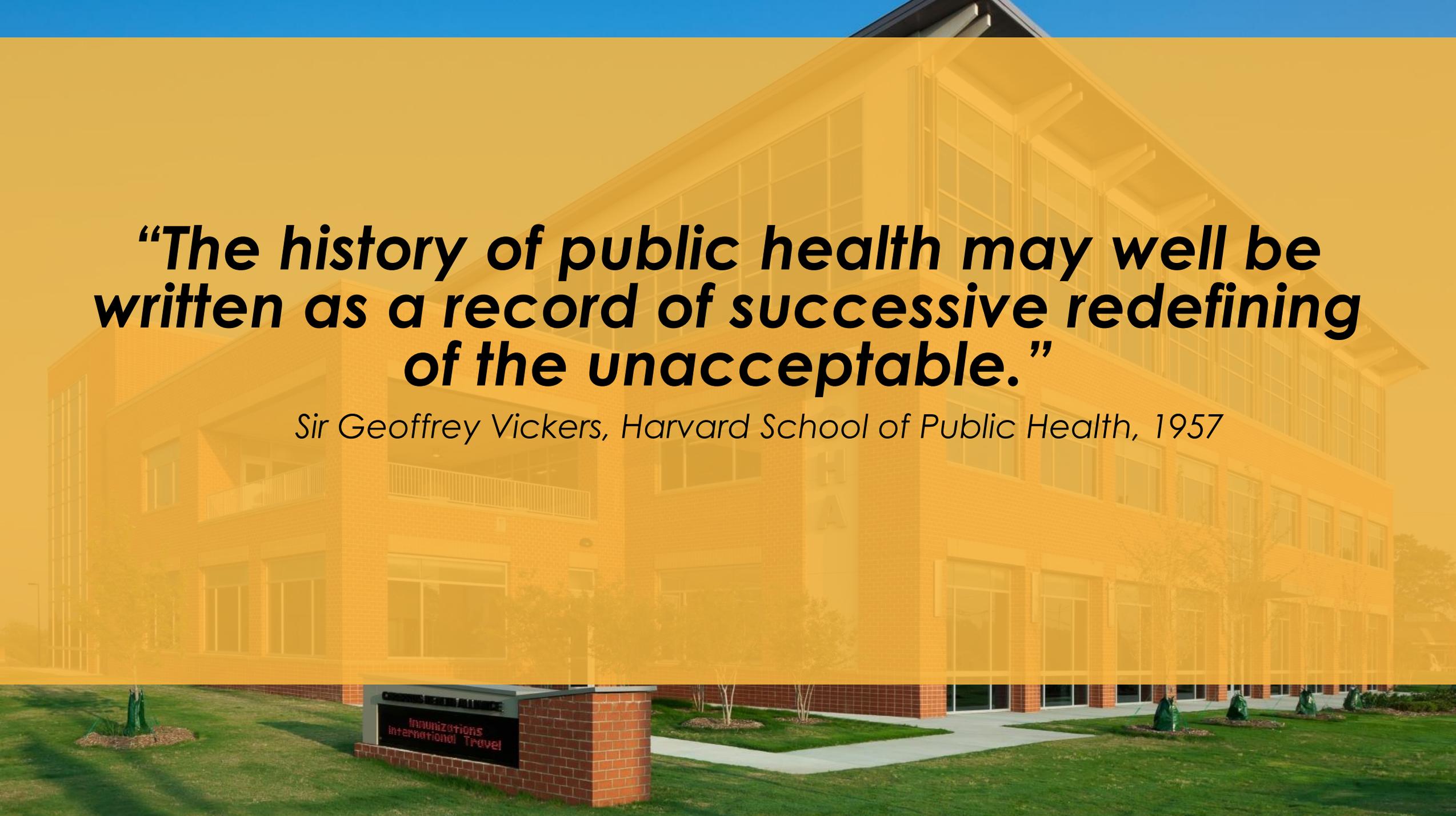
Brief Summary:
Health Equity is a key concept in public health, and recent national events have highlighted the impact racism has in our communities. Many other communities are taking action to declare Racism a public health emergency and to develop plans to address this priority public health issue. We would like to discuss with the Board our ideas and plans to declare racism as a public health emergency and refocus our efforts on achieving health equity in our communities.

Requested Action:
For discussion.

Previous Action/Discussion on this item? If yes, explain
No

Items reviewed by: Bonnie Coyle
--

Racism, a Public Health Crisis



“The history of public health may well be written as a record of successive redefining of the unacceptable.”

Sir Geoffrey Vickers, Harvard School of Public Health, 1957

Progress of Health Equity Work in Public Health

- 1980** No mention in first set of National Objectives
- 1986** Creation of Office of Minority Health
- 1990** Healthy People 2000 includes overarching goal – “to reduce health disparities”
- 2000** HP 2010 “to eliminate health disparities”
- 2010** HP 2020 “achieve health equity, eliminate health disparities, and improve the health of all groups”
- 2020** HP 2030



Conceptual Model: Structural Racism & Health Disparities



“Groundwater”

“Lake”

“Fish”

Racism is a Social Determinant of Health

Racism is a driving force of the social determinants of health and barrier to health equity.

Health Equity

“Racial equity is realized when race can no longer be used to predict life outcomes, and outcomes for all groups are improved”
 - Government Alliance on Racial Equity (GARE)

HEALTH EQUITY REPORT SUMMARY

Subject	Subcategory	African American	American Indian	Hispanic/Latinx	Other
Social and Economic Well-Being	Income	Red	Red	Red	Green
	Education	Red	Red	Red	Green
	Employment	Red	Red	Red	Red
Maternal/Child Health	Infant Death Rate	Red	Red	White	White
	Late or No Prenatal Care	Red	Red	Red	Red
Child and Adolescent Health	Death of Children	Red	Red	Green	Green
	Teen Pregnancy	Red	Red	Red	Green
	Children without Health Insurance	Red	White ♦	Red	Red
Risk Factors	Current Smokers	Red	Red	Green	Green
	Overweight	White	White ♦	White	White
Mortality Rates	Cancer	Red	Green	Green	Green
	Heart Disease	Red	Red	Green	Green
Communicable Diseases	HIV Infection	Red	Red	Red	Red
	Chlamydia	Red	Red	Red	Green
Violence and Injury	Homicide	Red	Red	White	White
	Suicide	Green	Green	Green	Green
Access to Health Care	No Health Insurance	Red	Red	Red	Red
	Could Not See a Doctor	Red	White ♦	Red	Red

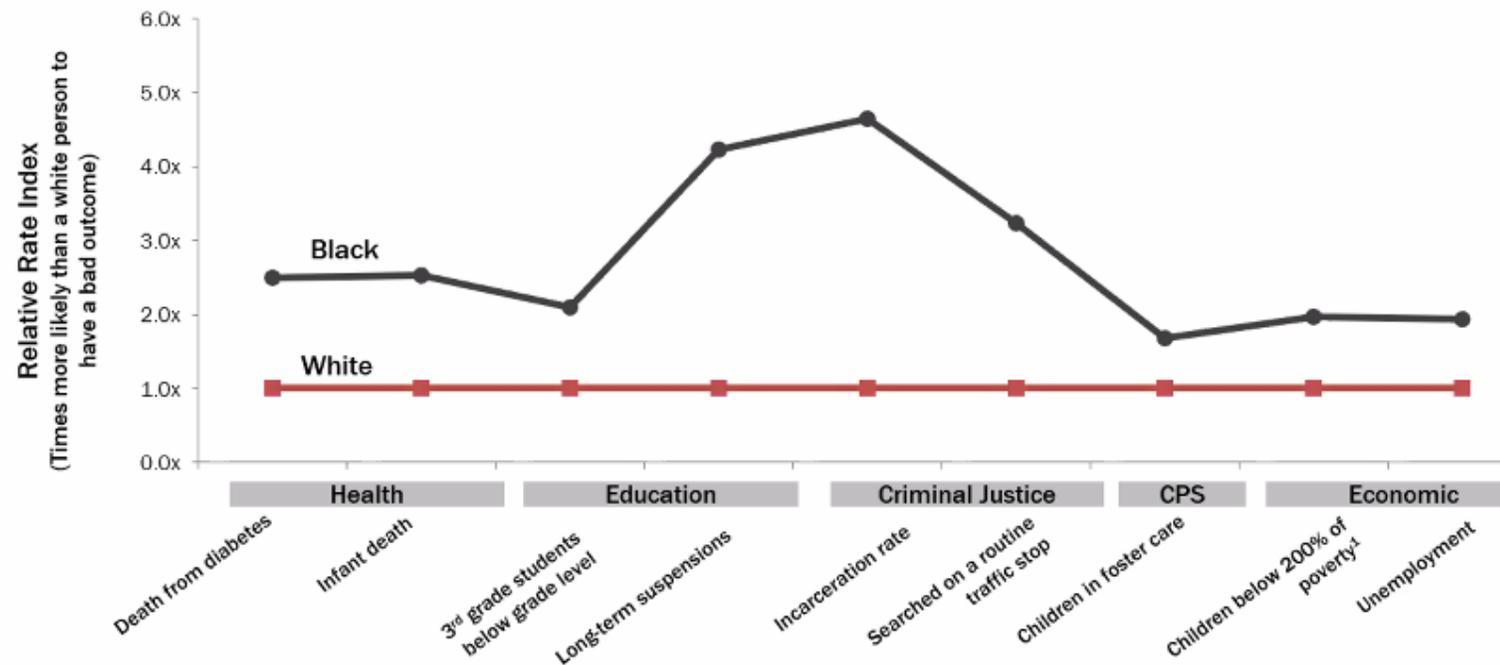
■ Green indicates a group is faring better than the referent group
■ Red indicates a group is faring worse than the referent group
 White indicates there is no significant difference between the referent and comparison group
◆ Symbol indicates reliable rates could not be calculated

NC System Statistics

- Health
- Education
- Criminal Justice
- CPS
- Economic

Blacks are two to five times more likely to have bad outcomes across systems in NC

Relative rate index for measures across child welfare, health, education, criminal justice, child welfare, and economic well-being in North Carolina



Source: REI Groundwater Training

National Accomplishments

Acknowledging that racism is beyond the action of an individual but embedded in the systems that exist, which create disproportional outcomes for people of color.

State and local governments that have either passed or are considering declarations that racism is a public health crisis:

Goleta, CA

San Bernardino County, CA

Denver

Indianapolis

Marion County, IN

Baltimore

Anne Arundel County, MD

Montgomery County, MD

Somerville, MA

Michigan

Ingham County, MI

Ohio

Akron, OH

Cleveland

Columbus, OH

Franklin County, OH

Summit County, OH

Kansas City, MO

Pittsburgh

Wisconsin

Appleton, WI

Milwaukee, WI

Milwaukee County, WI

Madison, WI

Source: *Stateline* research

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- Mecklenburg County Board of Commissioners declare racism a public health crisis.
- Charlotte Mayor Vi Lyles signs proclamation of racism as a public health crisis.



1 of 1

Mecklenburg County North Carolina

PROCLAMATION DECLARING RACISM A PUBLIC HEALTH CRISIS

WHEREAS, the Mecklenburg County Board of Commissioners has identified Reducing Racial Disparity as a critical priority and essential to an effective systemic response to delivering health and human services in Mecklenburg County; and

WHEREAS, racism unfairly disadvantages Black and Brown individuals and communities, while unfairly giving advantages to other individuals and communities, and Mecklenburg County's collective prosperity depends upon the equitable access to opportunity for every resident; and

WHEREAS, racism has produced and perpetuates poverty through intentional and unintentional policies that create barriers to economic mobility; and is a social system with multiple dimensions: individual racism that is internalized or interpersonal and systemic racism that is institutional or structural, and

WHEREAS, criminal justice practices have caused deep disparities, harm, and mistrust; African American residents of Mecklenburg County are eight times more likely to die of homicide; and 73% of homicide victims were African American in Mecklenburg County; and

WHEREAS, a growing body of literature shows that social determinants — otherwise known as the conditions in which an individual is born and in which he or she lives, works, or recreates — are key drivers of health inequities. For generations, communities of color have faced vast disparities in job opportunities, income, and inherited family wealth. They are less likely to have housing security, access to quality schools, healthy food, and green spaces. This involves systemic racism all of which can undermine mental and physical well-being; and

WHEREAS, in addition it is well-documented that racism itself has an adverse impact on health. Chronic stress caused by discrimination can trigger a cascade of adverse health outcomes, from high blood pressure, heart disease, diabetes, immunodeficiency, and accelerated aging, all of which are high in the African American community. There is also evidence suggesting that the racism endured by black mothers contributes to the high maternal and infant mortality rate; and

WHEREAS, in Mecklenburg County, the COVID-19 pandemic has made visible and intensified racial health disparities with African Americans comprising 57% of all COVID-19 cases, 34.5% of coronavirus deaths, twice as likely to not have health insurance, 3 times more likely to experience chronic diseases and 70% of new HIV infections; and

WHEREAS, in 2006, the Board of County Commissioners received a report and recommendations on a call to action to eliminate health disparities in Mecklenburg County, yet the rates of disparity have widened.

NOW THEREFORE. BE IT RESOLVED, that the Mecklenburg County Board of Commissioners believes that racism can form the basis for a public health crisis affecting our entire County and should be treated with the urgency and funding of a public health crisis. Looking at racism in this way offers legislators, health officials, and others an opportunity to analyze data and discuss how to dismantle or change problematic institutions. Mecklenburg County will seek to promote racial equity through policies approved by the Board of Commissioners and will encourage other local, state and national entities to recognize racism as a public health crisis as well.

This 16th day of June 2020.

George Dunlap
George Dunlap, Chair
Mecklenburg Board of County Commissioners



NC Juneteenth History

- **There are 46 states and the District of Columbia are marking the day as a state holiday or observance.**
- **The State of North Carolina recognized Juneteenth on August 23rd, 2007.**
- **The Wake County Board of Commissioners and Raleigh City Council voted unanimously to officially recognize June 19, better known as Juneteenth, as a paid holiday.**
- **On June 13th, 2019 Concord City Council Members proclaimed June 19 as Juneteenth Day for the city of Concord**

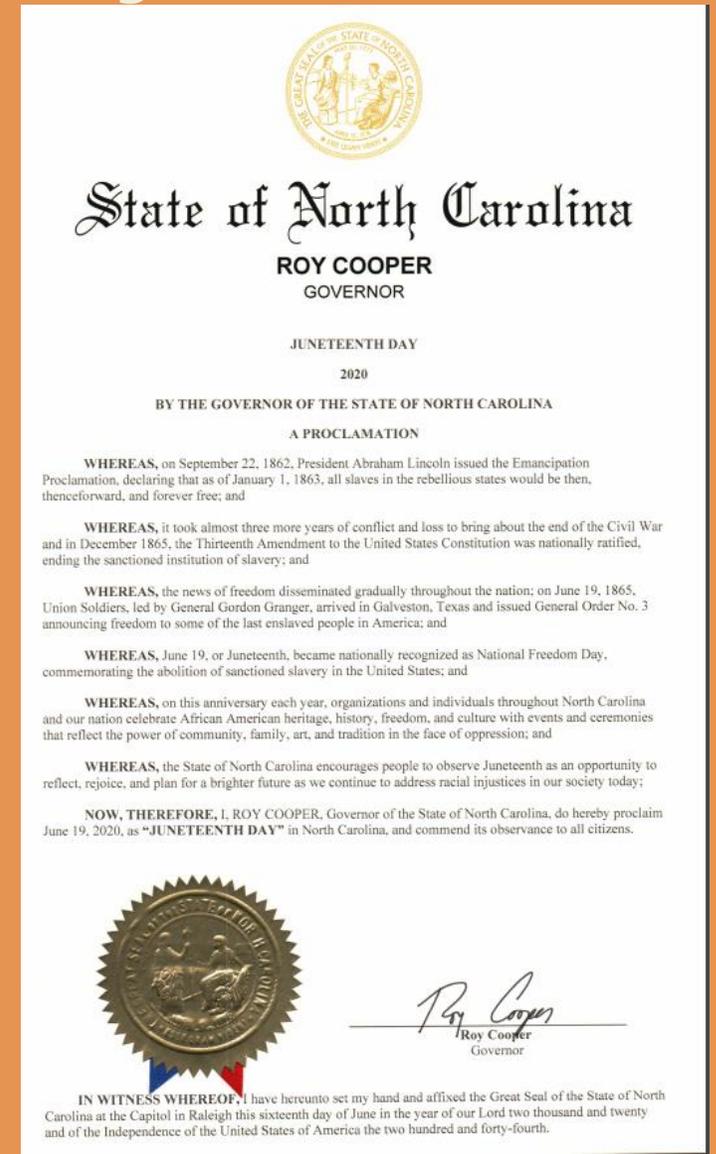


Source: National Juneteenth
Observance Foundation

NC Juneteenth History

“Juneteenth is a reminder that even 155 years after the last slaves were notified of their freedom, we must still fight together for change and champion racial equity. I am committed to making our education, economic, criminal justice, and healthcare systems equal and fair.”

- The Andrea Harris Social Economic Environmental Health Disparities Task Force
- The North Carolina Task Force for Racial Equity in Criminal Justice



What is CHA doing?

- **Hiring HR Director with significant background in DEI**
- **Creating an equity position**
- **Listening Sessions with REC**
- **Ongoing trainings with REI**
- **Reviewing data stratified by racial/ethnic disparities**

Discussion



Develop policy platforms which address systemic racism and injustices within Cabarrus County

Proclamation: Racism as a Public Health Crisis

Declaring Juneteenth a paid holiday for Cabarrus Health Alliance employees



Cabarrus Health Alliance Board Meeting Agenda Form

Meeting Date: 8/11/20

Name of Item: COVID Update

Submitted by: Bonnie Coyle / Erin Shoe

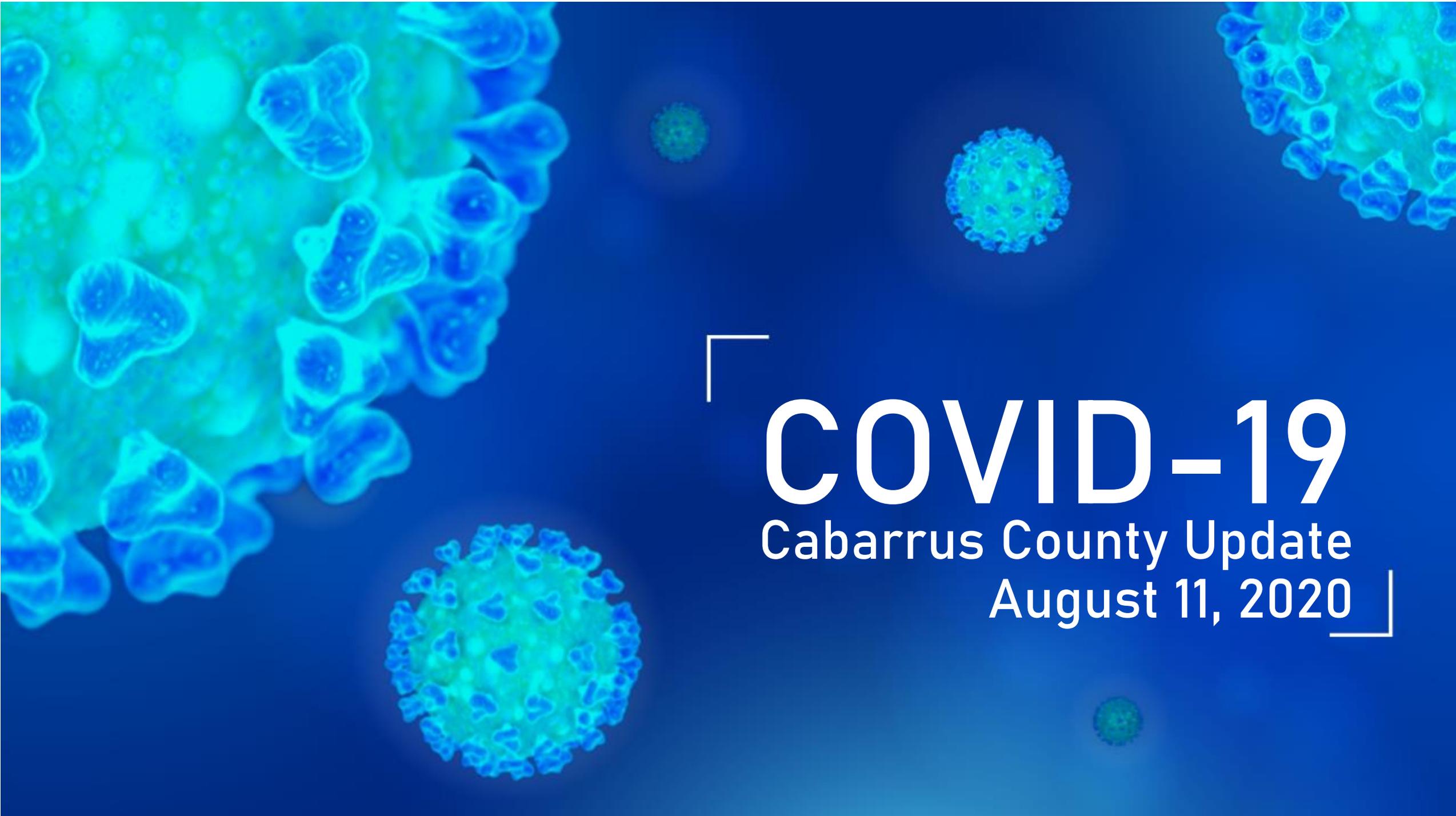
Expected Length of Presentation: 10-15 min

Brief Summary:
CEO and COO will provide an update of the COVID pandemic, with latest recommendations for our community.

Requested Action:
Informational.

Previous Action/Discussion on this item? If yes, explain
Monthly updates have been provided previously.

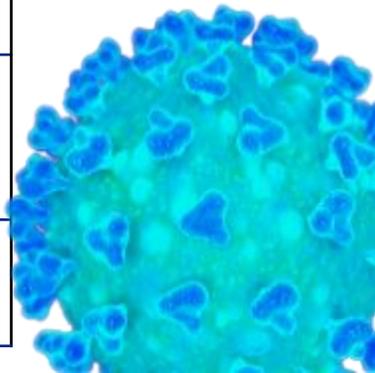
Items reviewed by:
Bonnie Coyle Erin Shoe



COVID-19
Cabarrus County Update
August 11, 2020

Cabarrus Case Data as of 08.11.2020

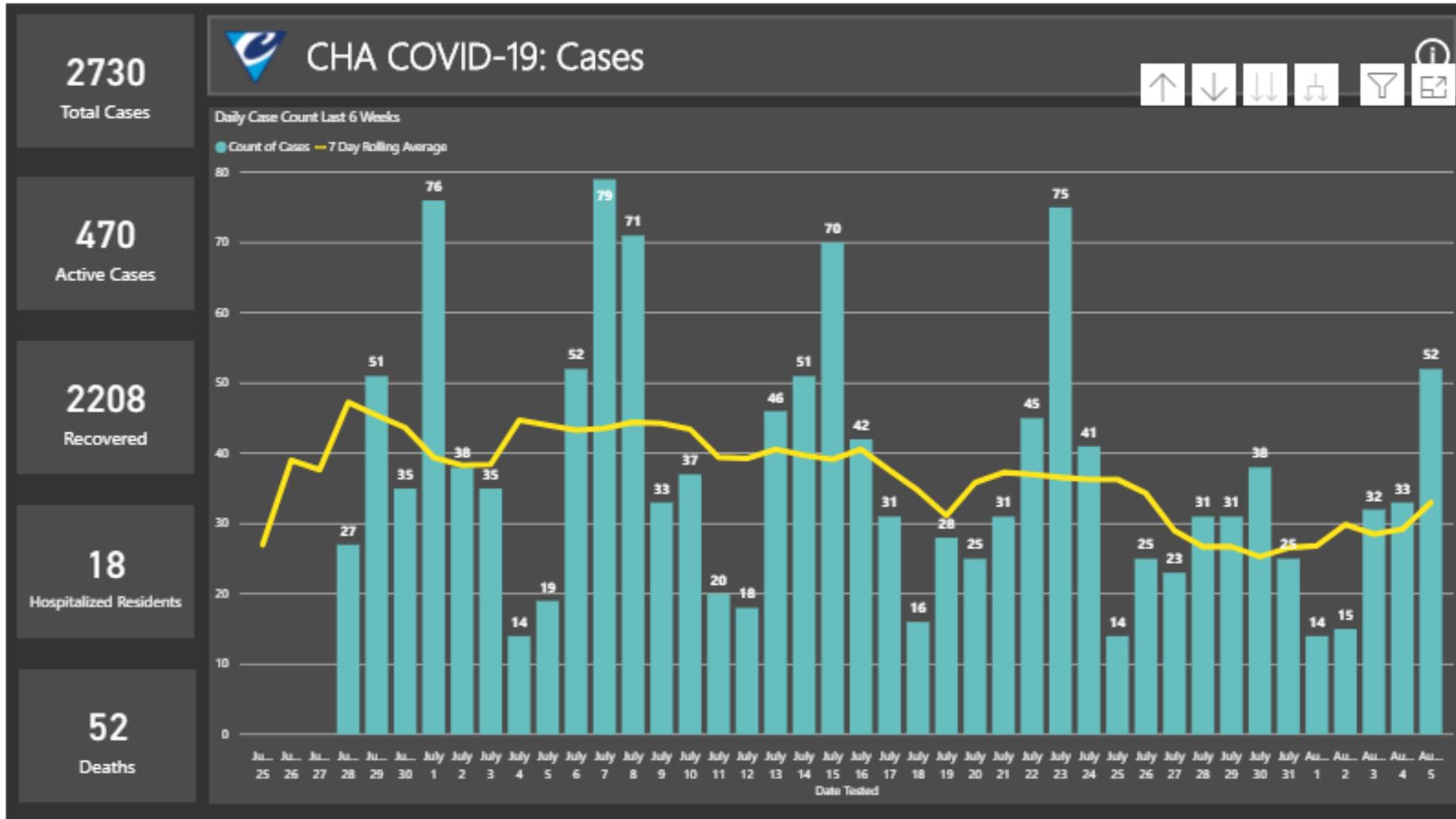
Total Confirmed Cases in Cabarrus County	2736
Deaths	52
Hospitalized (currently, not cumulative)	18
Recovered	2258
Active	426
Active, not related to Long-Term Care Facilities	360
Active, Long-Term Care Facilities	66
Individuals in county-provided shelter due to COVID	0



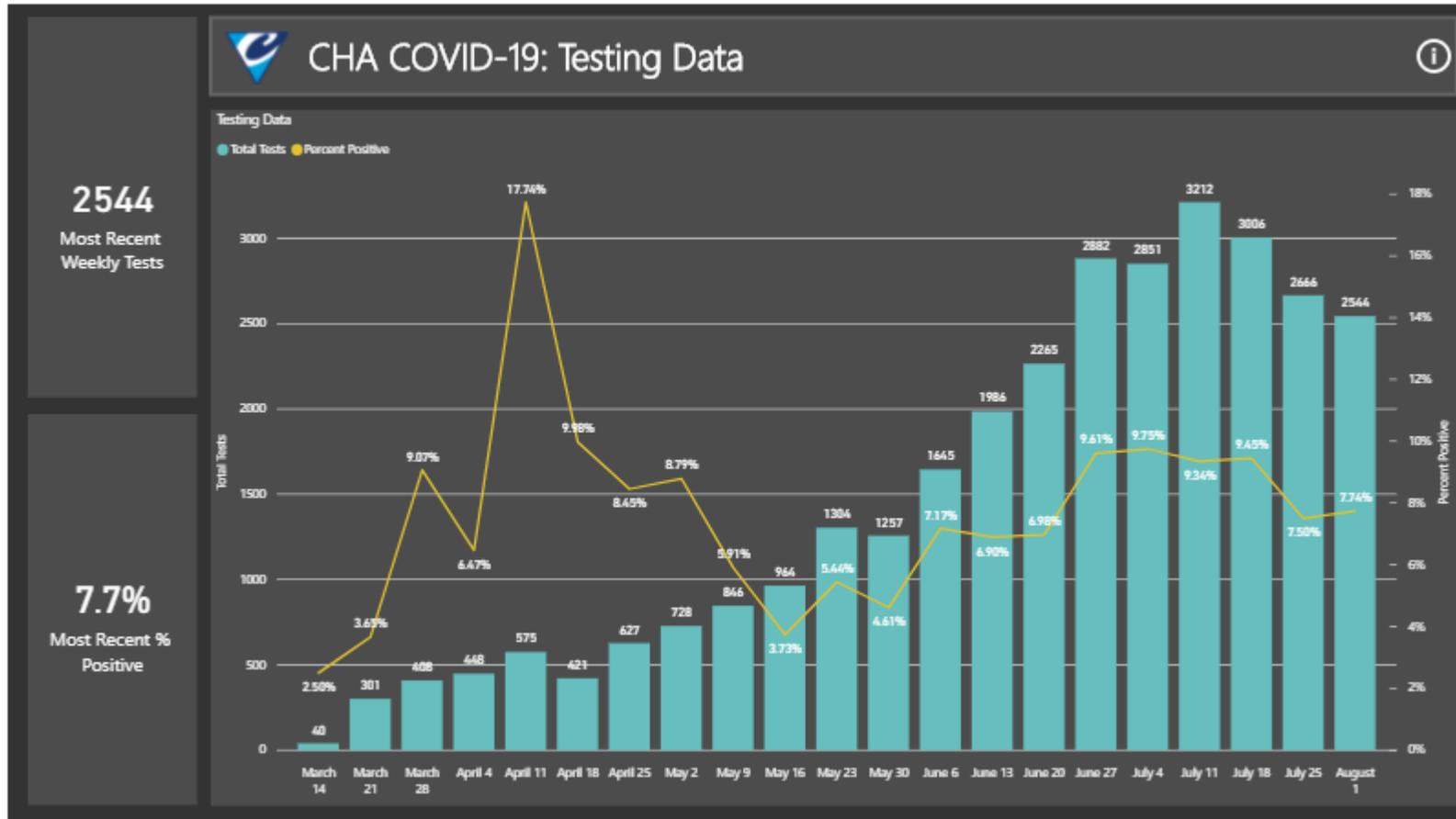
Cabarrus Case Data

As of	March 31	April 27	May 28	June 29	July 30	August 11	August 12
Total Confirmed Cases in Cabarrus County	52	264	463	1115	2355	2751	2785
Deaths	0	9	23	32	42	52	52
Cabarrus Residents Hospitalized: Hospitalizations in Cabarrus Co. (including non-Cabarrus residents)	- -	13 -	6 14	7 39	22 55	17 46	15 48
Recovered	-	141	320	746	1771	2261	2263
Active (all)	-	114	120	337	542	438	472
Active, Non Long Term Care	-	-	72	-	-	372	406
Active, Long Term Care	-	-	48	<10	>10	66	66
Individuals in county-provided shelter due to COVID	-	6	1	1	1	0	0

Lab-confirmed cases over 14 days



Positive tests as a percentage of total tests over 14 days

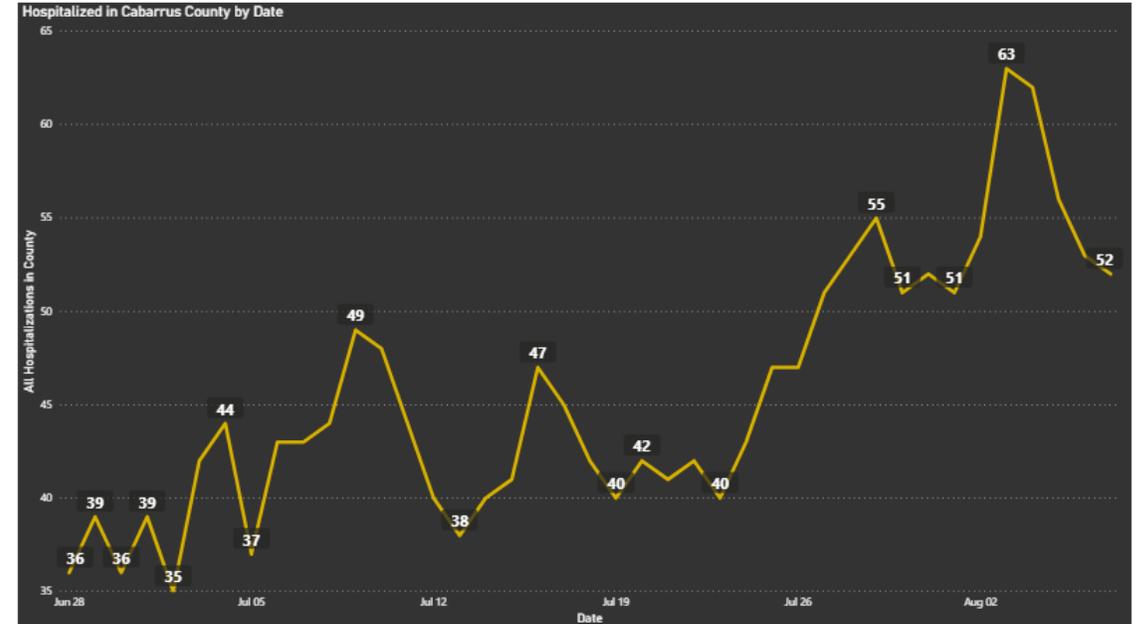


Goal: less than 10%

Cabarrus Residents: Hospitalizations

Peak	20 residents hospitalized
Today, August 11, 2020	18

Cabarrus Hospitalizations including non-Cabarrus Residents



Testing Availability

- CHA by appointment on Tuesday and Thursday
- Atrium by appointment at pop-up site at the speedway
- Atrium roving mobile unit
- Cabarrus Rowan Community Health Center
- CVS
- Walgreen
- Wolfe Data
- Community sites coordinated by NC DHHS

Contact Tracing: have sufficient staff to conduct contact tracing

- CHA is partnering with Community Care of North Carolina for contract tracers to focus on Cabarrus County.

Personal Protective Equipment

Equipment Name	Status
Gloves (Bxs)	Stable
Face Shields	Stable
Hand Sanitizer	Stable
Isolation Gowns	Stable
N-95 Masks	Low
Surgical Masks	Stable

Confirmed COVID Cases, Cabarrus County

Age Breakdown by Month, 0-19 Years Old

Age Range	March	April	May	June	July	Total
0-4	0	2	5	13	27	47
5-9	0	1	4	21	40	66
10-14	1	1	7	38	56	103
15-19	2	3	9	53	89	156

CHA Staffing Update

- No furloughs currently
- Dental: resumed full restorative dental care with COVID precautions July 20th
- Dental: resumed hygiene appointments July 31st
- Four dental staff remain part of the COVID response; will transition to Dental September 1st
- School Nurses have transitioned back to School Nurse roles
- Staff are required to wear a mask in the building when they are not at their desk
- Staff who can are encouraged to tele-work

CHA Staffing Update

- Emergency Paid Sick Leave (EPSL): up to 10 days of paid leave for qualifying reasons including isolation, quarantine, dependent care
- Expanded FMLA (EFMLA): up to 5 days for childcare hardships



Cabarrus Health Alliance Board Agenda

Meeting Date: August 11, 2020

Name of Item: Finance/CHA Policy Review & Revisions

Submitted by: Sue Yates, CFO

Brief Summary: Policies are reviewed at least annually for accreditation purposes and revisions are made when necessary.

Requested Action: To approve the following reviewed/revised policies:

- Credit Card Processing Policy
- Public Health & Primary Care Services Fee Policy
- Public Health, Primary Care & Dental Services Billing Policy
- Public Health, Primary Care & Dental Services False Claims and Fraud Prevention Policy

Previous Action/Discussion on Item: Yes No

If yes, explain: The reviewed/revised policies were approved at a prior Board Meeting(s).

Items Reviewed by:

Sue K Yates, Chief Finance Officer

SUBJECT: CREDIT CARD PROCESSING POLICY

EFFECTIVE DATE: June 12, 2018

REVISION DATE: June 11, 2019

DATE OF LAST REVIEW: May 25, 2018; June 11, 2019, July 30, 2020

POLICY STATEMENT: Merchant credit or debit card transactions are monetary transactions and are subject to the same control and reconciliation policies as cash transactions. Improper protection of merchant card data, whether in electronic or paper form, could lead to a security breach that may result in customer ill-will, fines, legal fees and response-related costs. All technology implementation associated with the credit card processing must be in accordance with the Payment Card Industry (PCI) Data Security Standard. The goal of the PCI Data Security Standard is to protect cardholder data and sensitive authentication data wherever it is processed, stored or transmitted. Violations of this policy and these procedures may result in disciplinary action, termination of employment or legal action.

DEFINITION: We currently use credit card terminals connected to a phone line for processing in our clinical and environmental health locations. Current process does not use a computer or any device connected to our network. We currently use credit card terminals connected to our data network for our dental locations. Current process is that no data is stored on the network. It uses point 2 point encryption. Once the card is swiped or inserted the numbers are encrypted as they traverse our network and internet till they're decrypted and processed in AxiaMed's network. We use the PCI Data Security Standard SAQ B (Self-Assessment Questionnaire) and Attestation of Compliance for our connection via phone lines. We use the PCI Data Security Standard SAQ P2PE for our connection via the network. Employees will be trained on how to process credit cards safely and securely, and on the importance of cardholder data security.

PROCEDURES TO BE FOLLOWED:**1. PERMITTED PROCESSES:**

- 1.1. Entering credit card number or swiping credit card while customer is present.
- 1.2. Entering credit card number while customer is on the phone.
- 1.3. Writing down a credit card number on a sheet of paper to type into credit card terminal. This sheet of paper must be secured until the credit card has been processed and then placed in a Shred-It bin. Under no circumstances should this information be stored.
- 1.4. Only the last four digits of a credit card number is displayed on printed receipts.
- 1.5. Only employees authorized by management are handling and processing customer's credit cards, and using the credit card machines.
- 1.6. Cardholder data received via an unintended channel should be immediately removed. An example of this would be receiving an email from a customer with cardholder data. If this happens, do not "reply" using the same email that contains the cardholder data. Contact

the customer via an alternate communication to complete the transaction or remove sensitive data from the email response before replying.

- 1.7. When necessary communicate with clients on the risks of sending cardholder data through unsecure channels and ensure customers are aware of our secure methods for submitting payment information.
- 1.8. Report to your supervisor if you aware of any tampering or substitution of devices.
- 1.9. A daily accounting of receipts from our patient software systems should be balanced against merchant card transactions via daily batch settlement reports. The actual funds for the merchant card transactions are electronically deposited into the agency's bank account automatically and reconciled by the Finance Department.

2. PROHIBITED PROCESSES:

- 2.1. Storing CHD (cardholder data) on paper following the completion of a transaction as it must be disposed of immediately in a Shred-IT bin.
- 2.2. Receiving credit card numbers and storing credit card numbers in any digital format. This includes Excel, Word, PDF files, in Email, in instant chat and also in any database.
- 2.3. Scanning in any paperwork which contains credit card numbers.
- 2.4. Employees making any changes to the credit card terminals without authorization.
- 2.5. No employee may disclose or acquire any information concerning a cardholder's account without the cardholder's consent. Employees shall not sell, purchase, provide, disclose or exchange card account information or any other transaction information to any third person other than Cabarrus Health Alliance (CHA) Staff for assistance, to merchant card processor, to any Card Association as applicable, or as may be required by applicable law or regulation.
- 2.6. Accepting payment cards for cash advances.

Cabarrus Health Alliance Board Chairman

Date

**SUBJECT: PUBLIC HEALTH & PRIMARY CARE SERVICES
FEE POLICY****EFFECTIVE DATE:** July, 1999**REVISION DATE(S):** June, 2000; September 2002; January 2004; August 2006;
November 13, 2007; June 17, 2008; July 26, 2010; December 20,
2011; September 27, 2013; September 26, 2014; May 9, 2017;
October 26, 2017; August 1, 2018**DATE OF LAST REVIEW:** June, 2000; September 2002; January 2004; August 2006;
November 13, 2007; June 17, 2008; July 30, 2009; July 26, 2010;
December 20, 2011; January 14, 2013; September 27, 2013;
September 26, 2014; December 30, 2015; December 30, 2016;
May 9, 2017; October 26, 2017; August 1, 2018; August 1, 2019;
July 30, 2020**POLICY STATEMENT:** This policy is being written to define and implement charges for public health and primary care services rendered by the Public Health Authority of Cabarrus County dba Cabarrus Health Alliance (CHA). This policy does not include dental services. This policy may be revised at any time if necessary and will be reviewed at least annually.

Fees for the CHA services are authorized in accordance with a plan recommended by the CHA Board of Directors when they are not otherwise prohibited by law.

FEES

A master list of charges for all services rendered will be updated as needed and no less than annually. The Board can request to review these charges at any time according to board policy. (1)

Fees will be determined by studying the cost of providing the service and also a Geographic Adjustment Factor (GAF) and/or Customized Fee Analyzer may be used to determine charges.

SLIDING FEE SCALES

Sliding fee scales received from the state will be utilized for the public health programs supported by state/federal dollars. Assessment of family size and income (according to guidelines from the CHA Eligibility Policy) will be applied to determine individual's charges. Primary care services not covered by state and/or federal grant funds will have fees and copays assessed.

PRIMARY CARE

For non-mandated services, flat rate fees will be established.

PROGRAM SERVICES

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

- a. No one will be denied services based solely on the **inability** to pay. (2)

(1) See CHA Corporate Resolution, Section No. Admin. 015, Subject: Fee Policy, change approved by CHA Board 05/16/00.

(2) The inability to pay is defined as a 0% assessed eligible client with no third party payer.

6. Inappropriate resolution of overpayments.
7. Incorrectly or improperly recording receivables.
8. Failure to maintain the confidentiality of information/records.
9. Alteration of documentation.
10. Destroying records/documentation without proper authority.

CLAIM AND DEVELOPMENT AND SUBMISSION PROCESS

1. Provide a mechanism for the billing or reimbursement staff to communicate effectively and accurately with the clinical and dental staff.
2. Provide proper and timely documentation of all physician, dental and other professional services prior to billing to ensure that only accurate and properly documented services are billed.
3. Emphasize that claims will be submitted only when appropriate documentation supports the claims and only when such documentation is maintained appropriately, organized in legible form, and available for audit and review.
4. Ensure that the diagnosis and procedures reported on the reimbursement claim are based on the medical record and other documentation.
5. Ensure all billings to government and private insurance payers reflect true and accurate information and conform to all pertinent federal and state laws and regulations.

REPORTING COMPLIANCE CONCERNS

Each employee has a duty to report possible wrongdoing or suspected violations of applicable federal and state laws and regulations. CHA has an open door policy available to all employees acting in good faith to encourage communication, dialogue, and the reporting of incidents of potential wrongdoing or suspected violations. CHA will not retaliate or discriminate against any employee who makes a good faith report of a suspected violation regarding the observed conduct or actions by another person by reason of such a report being made. Also see the CHA Whistleblowers Policy and Reporting Policy.

In the event you discover a compliance error that could lead to a violation of the FCA, you should bring it to the attention of your immediate supervisor or program manager.

TRAINING AND EDUCATION

Training and education is an essential component of an effective compliance policy. The amount of training provided to employees will be directly related to how much their job requires them to be involved with the provision of services, or in the coding and billing of services.

AUDITING AND MONITORING

Ongoing auditing and monitoring is an essential part of any effective compliance policy. Auditing and monitoring activities shall be conducted on an ongoing basis. These auditing and monitoring activities will be designed to address compliance with laws governing CPT, HCPCS, and ICD-10 coding, claim development and submission and reimbursement.

RESPONSE AND PREVENTION

Violations of the compliance policy threaten our status as a reliable, honest and trustworthy provider and may result in our being excluded from participating in federal healthcare programs.

For this reason, supervisors will promptly respond to any and all reports of non-compliance. All violations will be assessed to determine whether a violation of the compliance policy actually exists. If warranted, appropriate corrective action measures shall be determined on a case-by-case basis. Disciplinary action, if required will be managed in accordance with the CHA disciplinary policies.

Cabarrus Health Alliance Board Chairman

Date

SUBJECT: PUBLIC HEALTH, PRIMARY CARE AND DENTAL SERVICES BILLING POLICY

EFFECTIVE DATE: November 14, 2017

REVISION DATE(S): October 31, 2017; August 1, 2018

DATE OF LAST REVIEW: October 31, 2017; August 1, 2018, August 1, 2019; July 30, 2020

POLICY STATEMENT: This policy provides guidelines to be followed when billing charges for public health, primary care services and dental rendered by the Public Health Authority of Cabarrus County dba Cabarrus Health Alliance (CHA). We are committed to preventing fraud and abuse in billing and are responsible to submit only charges that are truthful and accurate, that reflect medically necessary or appropriate services, and that are fully supported by health care record documentation. Attention is given to submitting a correct claim for payment the first time. This policy may be revised at any time if necessary and will be reviewed at least annually.

BILLING MEDICAID AND THIRD PARTY INSURANCE

Clients presenting with third party health insurance coverage where copayments are required shall be subject to collection of the required copayment at the time of service. For Family Planning (Title X) clients, the copay may not exceed the amount they would have paid for services based on sliding fee scale (SFS).

Patients will electronically sign a consent allowing CHA to file insurance and a copy of the insurance card will be scanned at that time into the patient's medical record.

Third party is billed the total amount of the service provided they will not receive the benefit of the SFS. The charge and any remaining balance (minus copayments) is billed to the client based on the SFS.

Claims are filed electronically using our patient management systems or a claims clearinghouse for both clinical and dental claims.

Payments are posted electronically/manually to patient accounts. If applicable, secondary insurance is filed.

Denials are researched using the Remittance Advice (RA) for Medicaid and Medicare and EOB's (explanation of benefits) for private insurance. Any denials deemed incorrect are resubmitted as quickly as possible. Any remittance or final denial is posted to the patient's account. Remaining balance for Medicaid or Medicare clients are adjusted off unless it was for a non-covered service that the client was made aware of prior to the service being rendered.

If a patient has any form of third-party reimbursement, the payer should be billed (required if the agency is "in network," otherwise optional), unless confidentiality is a barrier. Filing an insurance claim will result in an EOB being sent to the subscriber which would violate

confidentiality if requested. Patients requesting confidentiality will sign a form that states how they will allow us to contact them and how they wish to handle payments/billing. Patients that receive STD services sign an electronic statement on the STD consent for treatment form stating whether they want services billed to their insurance. Medicaid will be billed as the payer of last resort. Patients should be made aware that they will be responsible for any balance remaining after the insurance claim has been processed. This may include coinsurance, deductibles and non-allowed charges (applied to the SFS). Family Planning clients will pay the lesser of the copay or where they fall on SFS as required by Title X.

Cabarrus Health Alliance Board Chairman

Date

**SUBJECT: PUBLIC HEALTH, PRIMARY CARE AND DENTAL
FALSE CLAIMS AND FRAUD PREVENTION POLICY**

EFFECTIVE DATE: November 14, 2017

REVISION DATE(S): October 31, 2017; August 1, 2018

DATE OF LAST REVIEW: October 31, 2017; August 1, 2018; August 1, 2019; July 30, 2020

POLICY STATEMENT: The purpose of this policy is to inform employees of the key provisions of laws relating the prevention of fraud, abuse, and waste of Federal and State Programs and to comply with the requirements of Section 1396(a)(68) of the Social Security Act and other related laws. In addition, this policy provides guidance regarding efforts to combat fraud, waste, and abuse within the Public Health Authority of Cabarrus County dba Cabarrus Health Alliance (CHA). The benefits of this policy include, but are not limited to demonstrating our commitment to honest and responsible conduct, decreasing the likelihood of unlawful and unethical behavior at an early stage, and encouraging employees to report potential problems to allow for appropriate internal inquiry and corrective action. This policy may be revised at any time if necessary and will be reviewed at least annually.

DEFINITIONS

1. *Fraud:* An intentional deception or misrepresentation to achieve an unauthorized benefit.
2. *Knowing and Knowingly:* Generally means that a person with respect to information:
 1. Has actual knowledge of the information,
 2. Acts in deliberate ignorance of the trust or falsity of the information, or
 3. Acts in reckless disregard of the truth or falsity of the information, and no proof of specific intent to defraud is required.
3. *Claim:* Includes any billing to Medicare, Medicaid, or other State or Federal programs.

OVERVIEW OF RELEVANT LAWS:

- *Federal Deficit Reduction Act (DRA) of 2005: Section 6032 of the DRA of 2005.* The DRA was signed into law in February 2006 and contains many provisions that reform Medicare and Medicaid. This law also provides provisions for reducing Medicaid fraud and requires an entity that receives or makes annual payments under the State Medicaid Plan of at least \$5,000,000 to establish written policies for all employees of the entity, and of any contractor or agent of the entity, that provide detailed information about the False Claims Act, administrative remedies for false claims and statements, as well as whistleblower protections for reporting waste, fraud, and abuse.
- *The False Claims Act (FCA): 31 U.S.C. Sections 3729 through 3733.* This law is one of several that have been implemented to assist in the detection and prevention of fraud, abuse, and waste in federal programs. The FCA provides that anyone who “knowingly” presents, or causes to be presented, a “false or

fraudulent claim” is liable for damages. The FCA prohibits retaliation against any party that reports any actual or potential violation of the False Claims Act.

- *North Carolina State False Claims Laws: Medicaid Fraud Statute, § 108A-70.10 et seq.* The North Carolina Medicaid fraud statute makes it unlawful for any provider to:
 - Knowingly present, or cause to be presented to the Medical Assistance, a false or fraudulent claim for payment or approval; or
 - Knowingly make, use or cause to be made or used a false record or statement to get a false or fraudulent claim paid or approved by the Medical Assistance Program
 - Knowingly means that a provider with respect to the information:
 1. Has actual knowledge of the information;
 2. Acts in deliberate ignorance of the truth or falsity of the information; or
 3. Acts in reckless disregard of the truth and falsity of the information. No proof of specific intent to defraud is required.
 - Upon finding that such person has intentionally violated the Medicaid Fraud Statute, the court shall assess against any provider of medical assistance under the Medical Assistance Program a civil penalty of not less than \$5,000 and not more than \$10,000 plus three times the amount of damages which the Medicaid Program sustained because of the act of the provider.
- *Program Fraud Civil Remedies Act of 1986 (DFCRA)*. DFCRA authorizes Federal agencies such as the Dept. of Health and Human Services (DHHS) to investigate and assess penalties for the submission of false claims to the agency.

It is essential that each employee be aware of compliance to existing standards for activities performed on the job. Areas include but are not limited to, medical record documentation, coding, billing, accounts receivable and compliance with state/federal regulatory requirements.

STANDARDS OF CONDUCT FOR PERSONNEL

1. No employee shall make false, or use any false, fictitious, or fraudulent statements or documents in connection with the delivery of, or payment for, health care benefits, items, or services.
2. No employee shall falsify, conceal, or cover up a material fact in the performance of their duties.
3. Each employee will be responsible for reporting any violations of this policy to their immediate supervisor.

POTENTIAL RISK AREAS

1. Billing for procedures, items or services that were not provided.
2. Billing for procedures, items or services that are not documented.
3. Submitting duplicate claims:
 - a. More than one claim for the same service.
 - b. Claim is submitted to more than one primary payer at the same time.
4. Up-coding; using a billing code that provides a higher payment rate than the billing code that accurately reflects the service furnished to the patient.
5. Inappropriate balance billing.

6. Inappropriate resolution of overpayments.
7. Incorrectly or improperly recording receivables.
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Cabarrus Health Alliance Board Chairman

Date

North Carolina Governor's Highway Safety Program LOCAL GOVERNMENTAL RESOLUTION

WHEREAS, the Public Health Authority of Cabarrus County (herein called the "Agency")

(The Applicant Agency)

has completed an application contract for traffic safety funding; and that the Board of Health

(The Governing Body of the Agency)

_____ (herein called the "Governing Body") has thoroughly considered the problem identified and has reviewed the project as described in the contract;

THEREFORE, NOW BE IT RESOLVED BY THE the Board of Health IN OPEN

(Governing Body)

MEETING ASSEMBLED IN THE CITY OF Kannapolis, NORTH CAROLINA,

THIS 11th DAY OF August, 20____, AS FOLLOWS:

1. That the project referenced above is in the best interest of the Governing Body and the general public; and
2. That Sue Yates, Chief Financial Officer is authorized to file, on behalf of the Governing Body, an application contract in the form prescribed by the Governor's Highway Safety Program for federal funding in the amount of \$ 153,278 to be made to the Governing Body to assist in defraying the cost of the project described in the contract application; and

(Name and Title of Representative)

(Federal Dollar Request)

3. That the Governing Body has formally appropriated the cash contribution of \$ 0 as required by the project contract; and

(Local Cash Appropriation)

4. That the Project Director designated in the application contract shall furnish or make arrangement for other appropriate persons to furnish such information, data, documents and reports as required by the contract, if approved, or as may be required by the Governor's Highway Safety Program; and
5. That certified copies of this resolution be included as part of the contract referenced above; and
6. That this resolution shall take effect immediately upon its adoption.

DONE AND ORDERED in open meeting by _____
(Chairperson/Mayor)

ATTESTED BY _____
(Clerk)

SEAL

DATE _____



CABARRUS
HEALTH
ALLIANCE

Cabarrus Health Alliance Board Meeting Agenda Form

Meeting Date: July 30th, 2020

Name of Item: Strategic Priorities

Submitted by: Erin Shoe & Betty Foh

Expected Length of Presentation: 20 mins

Brief Summary:
The Leadership team participated in a four hour Strategic Planning Retreat to define strategic priorities based on the community needs assessment, Strength Weakness, Opportunities and Threats (SWOT), data and industry analysis. The Leadership team will be presenting their top Strategic Priority areas to the board. These priorities will be CHA's focus for the next five years.

Requested Action:
Approval of Strategic Priorities for CHA

Previous Action/Discussion on this item? If yes, explain

Items reviewed by:



Fiscal Year 2019 Strategic Map Report

August 13, 2019



CABARRUS
HEALTH
ALLIANCE

Cabarrus Health Alliance Strategic Map 2018-2019

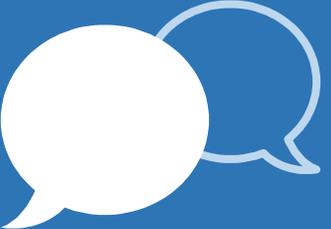


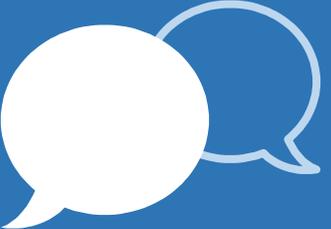
VISION: Cabarrus Health Alliance is dedicated to enhancing the quality of life for the Cabarrus County community.
MISSION: To Achieve the Highest Level of Individual and Community Health through Collaborative Action.

OUR GOALS	 Empower the Community	 Promote Sustainable Health Services	 Improve Health Equity	 Operate with Excellence
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By June 30, 2019, CHA will demonstrate the ability to:

OUR OBJECTIVES	<ol style="list-style-type: none"> Empower the community in health promotion activities that improve health outcomes, particularly concentrating on PHAB Population Health Outcomes, Mental Health Taskforce, reducing obesity and substance use rates. Disseminate information to the public on important public health issues and increase the marketing of our services by using multiple media platforms and with cultural competence. Identify, develop, and share evidence-based and innovative models, resources, and tools that measurably improve health outcomes. Strengthen clinical-community linkages and streamline care coordination, particularly access to mental health services and Pediatric Behavioral Health. 	<ol style="list-style-type: none"> Empower staff in the development of products and services that contribute to sustainability of evidence-based practices within our community. Maintain and implement a workforce development plan. Recognize and utilize competencies to achieve workforce and productivity standards, and determine future needs. Develop and implement policies for the continuation of grant programs with positive outcomes and or promising practices. 	<ol style="list-style-type: none"> Support a culture of continuous quality improvement processes to improve the experience of those we serve. Utilize Community Needs Assessment, Action Plans, and State of the County Health reports to guide decision making and allocate resources. Expand agency's technological capacity to improve access to services and expand operations geographically. Address regional health planning needs by exploring cross-jurisdictional sharing and other collaborative arrangements. 	<ol style="list-style-type: none"> Implement plans, policies and procedures to ensure continued operations of agency functions during Medicaid Transformation including the sustainability of services, analysis of financial implications, and staff education. Pursue re-accreditation through the Public Health Accreditation Board and maintain the North Carolina Local Health Department Accreditation. Pursue sufficient funding that aligns with the strategic plan and supports priority health issues, and the Ten Essential Services by expanding diversified financial base. Attract and retain a highly effective and diverse board, leadership, and empowered staff.
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	Priority	Plan	Results
 <p>Empower the Community</p>	<p>Disseminate information to the public on important public health issues and increase the marketing of our services by using multiple media platforms and with cultural competence.</p>	<p>Marketing Department will run 12 ads per fiscal year (one monthly) of public health issues and CHA services on twitter, Facebook and in the Independent Tribune. Will focus on revenue generating services and programs funded by caseloads (WIC and FCC). CHA staff will attend 60 community events in FY 2019.</p>	<p>CHA disseminated 469 media pieces in FY19. This included 238 educational pieces and 231 promotional (recruitment of patients, participants, employees).</p>
Promote Sustainable Health Services			
Improve Health Equity			
Operate with Excellence			

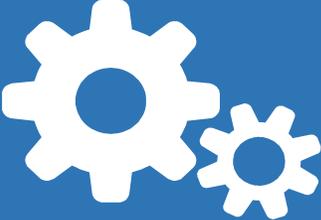
	Priority	Plan	Results
 <p>Empower the Community</p>	<p>Strengthen clinical-community linkages and streamline care coordination, particularly access to mental health services and Pediatric Behavioral Health.</p>	<p>A: CHA's CCHO and COO will attend 12 monthly Cabarrus HUBB Initiative meetings with community partners to strengthen clinical- community linkages per fiscal year.</p> <p>B: Train CHA staff in QPR (mental health)</p>	<p>A: CHA was represented at all HUBB meetings and Cabarrus Safety Net meetings. CHA's COO now co-chairs the Safety Net committee.</p> <p>B: 210 staff completed QPR training; one CHA staff is a trained facilitator</p>
Promote Sustainable Health Services			
Improve Health Equity			
Operate with Excellence			

	Priority	Plan	Results
Empower the Community			
 <p>Promote Sustainable Health Services</p>	<p>Maintain and implement a workforce development plan. Recognize and utilize competencies to achieve workforce and productivity standards, and determine future needs.</p>	<p>A: All staff will complete 2 competency assessments to provide information of knowledge of public health standards and competencies. A comprehensive report of assessments completed annually.</p> <p>B: Implementation of the CHA Leadership Development Program.</p>	<p>A: All staff completed two assessments this year. First, the overall Public Health Council on Linkages. Secondly, a department/role specific assessment. Supervisors have identified areas of focus for FY 2020 based on these results. The competency assessments are also being used to assist with on-boarding efforts.</p> <p>B: Year one of the Leadership Develop program complete. Twenty-six participants. Two staff entered MPH programs, one staff finished MPH program, two staff working towards doctoral degrees.</p>

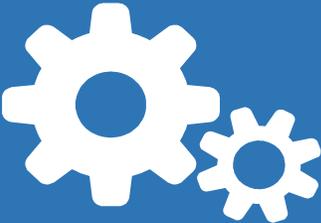
	Priority	Plan	Results
Empower the Community			
Promote Sustainable Health Services			
 <p>Improve Health Equity</p>	<p>Expand agency's technological capacity to improve access to services and expand operations geographically.</p>	<p>Implementation of the following technology projects:</p> <ul style="list-style-type: none"> • ProLiant HR • Exploration of IT Infrastructure and Cloud Service • Finance Software • Environmental Health GIS/GPS • Performance Management System • Intranet Referral System 	<ul style="list-style-type: none"> • ProLiant HR was adopted but ultimately was not a solution for CHA; failed back to MUNIS system and CHA timesheet; exploring other options • Cost analysis for cloud based services presented to EMT in October 2018 along with storage plan in December 2019; optional enhancements being explored for RFP to be released in 2020

Continued

	Priority	Plan	Results
Empower the Community			
Promote Sustainable Health Services			
 Improve Health Equity	Expand agency's technological capacity to improve access to services and expand operations geographically.	Implementation of the following technology projects: <ul style="list-style-type: none">• ProLiant HR• Exploration of IT Infrastructure and Cloud Service• Finance Software• Environmental Health GIS/GPS• Performance Management System• Intranet Referral System	<ul style="list-style-type: none">• Tyler content manager implemented; increased efficiency to store and retrieve documents electronically• Transition from hand drawn sketches of properties to GIS data collection; equipment and training received; piloting implementation with continued learning on best application• Clear Impact software implemented to build departmental scorecards based on metrics; Results Based Accountability framework being applied at CHA.

	Priority	Plan	Results
Improve Health Equity			
 <p>Operate with Excellence</p>	<p>Implement plans, policies and procedures to ensure continued operations of agency functions during Medicaid Transformation including the sustainability of services, analysis of financial implications, and staff education.</p>	<ul style="list-style-type: none"> • Medicaid Transformation: be education, be ready • LabCorp • Design and implement FY2019 information security plan • Provide financial analysis to EMT and Board • Staff education so all are of their impact on the bottom line 	<ul style="list-style-type: none"> • Contracts with Prepaid Health Plan in place, CHA is part of a Clinically Integrated Network (CIN), five project teams at CHA to drive implementation of Medicaid Transformation (budget, education, Tier 3, contracting, and care management) • Successfully transitioned to LabCorp providing all lab services at CHA (embedded) • Security plan implemented with focus on phishing, multi-factor authentication, firewall upgrade, inventory and control of hardware assets, and inventory and control of software assets

Continued

	Priority	Plan	Results
Empower the Community			
Promote Sustainable Health Services			
Improve Health Equity			
 Operate with Excellence	Implement plans, policies and procedures to ensure continued operations of agency functions during Medicaid Transformation including the sustainability of services, analysis of financial implications, and staff education.	<ul style="list-style-type: none">• Medicaid Transformation: be education, be ready• LabCorp• Design and implement FY2019 information security plan• Provide financial analysis to EMT and Board• Staff education so all are of their impact on the bottom line	<ul style="list-style-type: none">• Enhanced financial reporting to EMT and board including annual budget report with more detail to the board• Enhanced supervisory oversight of budgets to assure sufficient funding



Cabarrus County Identified Priorities

2020 Community Needs Assessment







Final Results

Rank	Category
1	Housing
2	Behavioral Health (mental health)
3	Education (early childhood)

Housing and Homelessness



in Poverty: 8,310

Cabarrus County

EVICCTIONS

100 PER MONTH

FORECLOSURES

35 PER MONTH

% Increase YOY Rent

Concord	+ 6%
Kannapolis	+ 8%
Charlotte	+ 4 %
Raleigh	+ 5 %
 Mooresville	+ 6 %
National Average	+ 3%



**310 unique individuals
served in 2019**

Housing and Homelessness

CCS and KCS Homeless Children
2017-2020 School Years **500+** students
identified as homeless



Alternative Housing Solutions

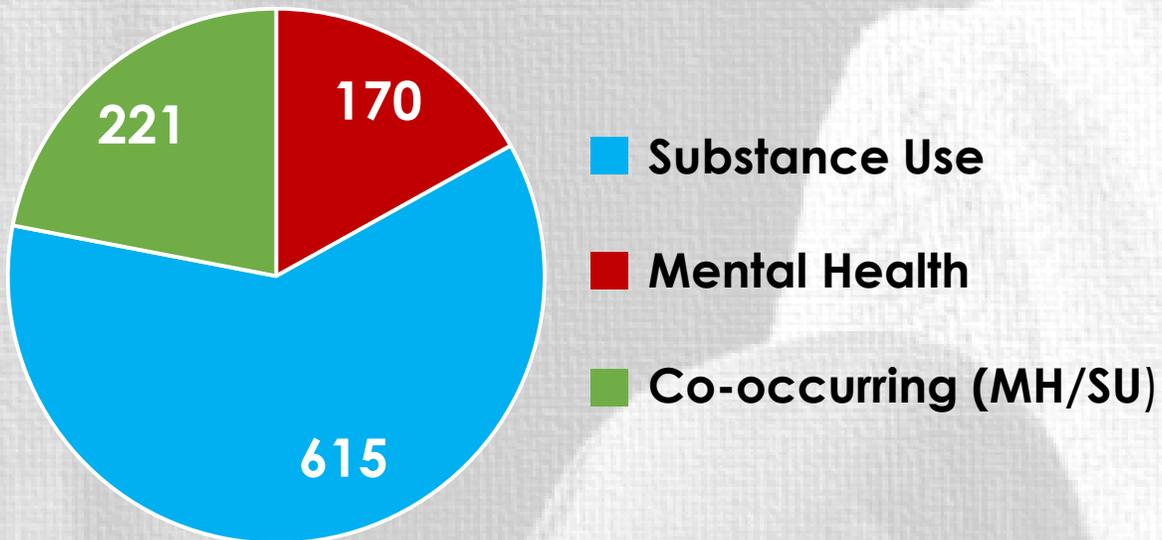
Public Housing	174 units
Section 8	541 vouchers
Apartments	1,957 units
Other Sub.	893 units
Other Affordable	1,064 units
Total Housing Support	4,629

Behavioral Health

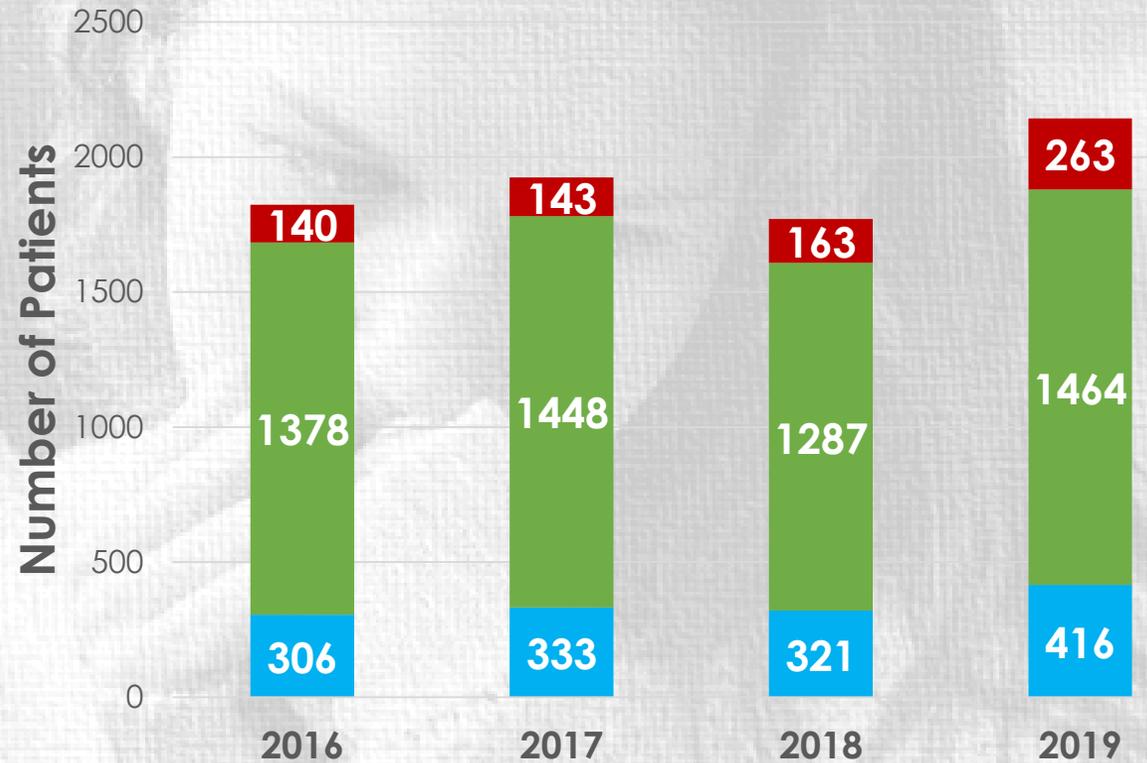
Mental Health Providers

1.7 providers per 10,000 population

Stepping Up Initiative

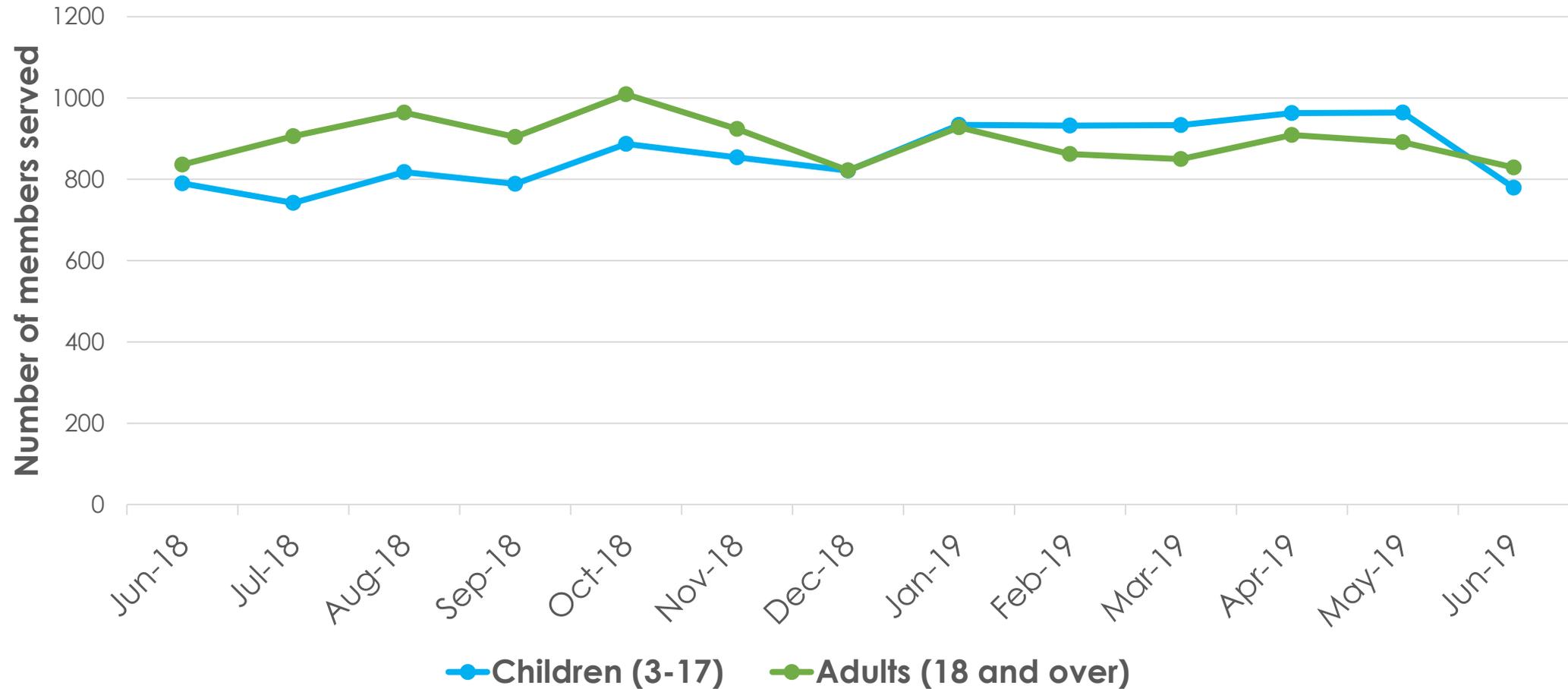


Atrium Health Cabarrus ED Admissions



- Total Geriatric Psych (66+)
- Total Adult Psych (18-65)
- Total Peds Psych (0-17)

Cardinal Innovations Healthcare: *Number of Members Served*



Education – Early Childhood

63% of children under age 6 live in households in which all parents present to work

Childcare Centers

87 licensed centers

58 serve 0 to 5

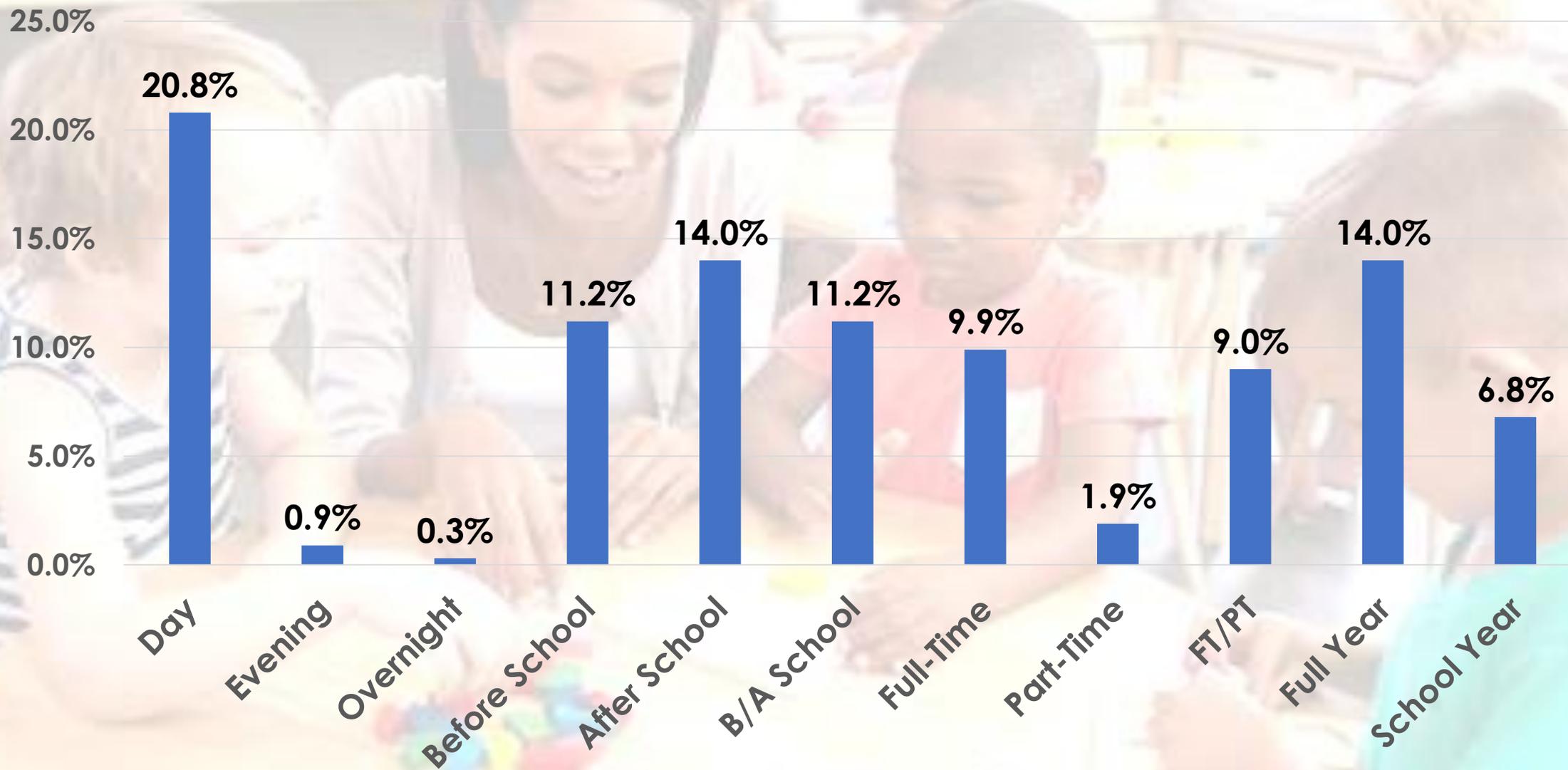
23.5% of children in GS-110 program



Average Annual Fees

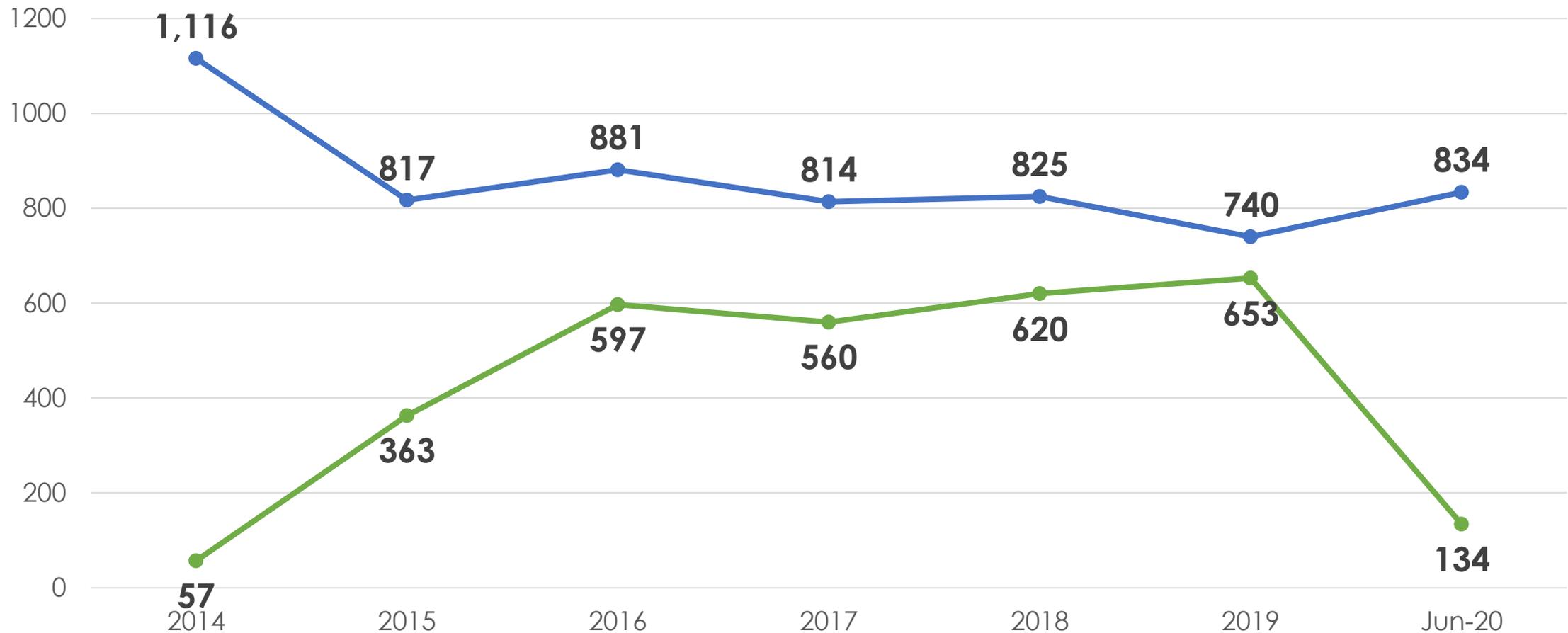
Childcare Center 0-5	\$9,412
Family Childcare 0-5	\$7,374
Childcare Center School Aged	\$5,408
Family Childcare School Aged	\$4,312

Childcare Center Schedule Options



Subsidized Child Care

- Receiving Subsidized Childcare
- DHS Wait List



Steps Following Needs Assessment



1. Develop Action Plans
2. Choose Effective Policies and Programs
3. Act on what is important and implement strategies
4. Evaluate Actions

Strategic Planning Process

Meeting Dates	CHA Strategic Planning Process
January 2020	Core CHA Strategic Planning Team Identified and Divided into work groups
February- May, 2020	SWOT Focus Groups: 22 in total including the Board and Community (6)
July 2020	Leadership Team Strategic Planning Retreat
August 2020	Leadership Team strategic priority selection and board approval
September 8, 2020	Full Strategic Plan report to the Board; Board Adoption
October 2020	Action Planning Retreat; all CHA Supervisors and Program Managers
June 2020	Year One Update report to the Board

Resources Referenced to Determine Priority Areas

- Industry Analysis
 - Utilized to facilitate a CHA's understanding of its' position relative to others that provide similar services, such as clinical, dental etc.
 - Public Health Trends
 - Public Health 3.0
- Cabarrus County Identified Priorities
 - 2020 Community Needs Assessment
 - Community Survey
 - Focus Group Rankings
- 2020 SWOT Results & Summary
 - Focus Group Themes
- Data Analysis
 - Primary data from the Community Needs Assessment
 - Secondary data
 - Robert Wood Johnson, Healthy Carolinians 2030
 - Racial and Ethnic Health Disparities in North Carolina Health Equity Report 2018

Strategic Plan Design



Cabarrus Health Alliance Strategic Plan Example



MISSION: To Achieve the Highest Level of Individual and Community Health through Collaborative Action.
VISION: Cabarrus Health Alliance is dedicated to enhancing the quality of life for the Cabarrus County community.

Strategic Priority	 Use Data to Improve Health	 Develop Internal and External Practices, Programs, and Policies that Achieve Equity	 Build and Sustain Collaborative Systems that Address Social Determinants of Health	 Transform Agency Capacity, Culture and Practices to Achieve Excellence
Example Goals	<p>Goal 1: By June 30, 2021, CHA will create a public facing data repository to support community knowledge and decision making.</p> <p>Goal 2: By June 30, 2021, CHA will use an equity lens for data collection, analysis, use and dissemination.</p> <p>Goal 3: By June 30, 2022, CHA will make strategic decisions and create work environments that foster the data integration, sharing, and analysis necessary to support better health outcomes.</p>	<p>Goal 1: By June 30, 2021, CHA will ensure equitable access to services, programs, opportunities, and information</p> <p>Goal 2: By June 30, 2024 CHA will transform our workplace to be inclusive of employees from marginalized and underrepresented communities.</p> <p>Goal 3: By June 30, 2023, CHA will integrate diversity, equity, and inclusion within our work to continuously improve the health of our community.</p>	<p>Goal 1: By September 30, 2021, CHA will lead the development of CHIP based on the identified priority needs</p> <p>Goal 2: By June 30, 2021 CHA will integrate the Community Health Improvement Plans (CHIP) into programs to ensure staff are engaged and actively involved in the plan development</p> <p>Goal 3: By June 30, 2021, CHA will expand and maximize community partnerships to effectively address social determinants of health.</p> <p>Goal 4: By June 30, 2023, CHA will align and integrate public health programs to address social determinants of health.</p>	<p>Goal 1: By October 1, 2020, adopt Public Health 3.0 strategies to ensure CHA is prepared to respond to community needs this decade</p> <p>Goal 2: By June 30, 2021, CHA will advance departmental performance to create and maintain a culture of quality improvement.</p> <p>Goal 3: By June 30, 2023, CHA will find, adapt and adopt staffing models and funding sources that reduce the number of positions that are short-term and grant funded.</p>



Cabarrus Health Alliance Board Meeting Agenda Form

Meeting Date: August 11, 2020

Name of Item: Annual Review and Adoption of Board Governance Policies

Submitted by: Dianne Berry, Secretary/Clerk to the Board

Brief Summary:

At the annual meeting of the Public Health Authority Board of Commissioners the Board shall review and adopt the four board governance documents:

By-Laws of the Public Health Authority – Original adoption date 2/18/1997

The governing rules by which the Public Health Authority Board operates.

Corporate Resolution – Original adoption date 7/1/1997

A written document created by the Board, detailing binding corporate actions.

Operating Procedures – Original adoption date 4/8/2008

A summary of how the Public Health Authority Board operates; rules and responsibilities

Rule Making and Adjudication – Original adoption date 3/12/2013

Authorizes the Public Health Authority Board to adopt rules necessary for protecting and promoting the public health. The rules established by the Public Health Authority Board apply to all municipalities within Cabarrus County.

Requested Action:

Adoption of the Board Governance Policies for FY 2020-21

Previous Action/Discussion on this item? If yes, explain

Items reviewed by:

Dr. Bonnie Coyle

Erin Shoe

Dianne Berry

CABARRUS HEALTH ALLIANCE

SUBJECT: **Cabarrus County Public Health Authority Board of Commissioners Operating Procedures**

EFFECTIVE DATE: April 8, 2008

DATE OF LAST REVIEW: February 14, 2012; January 8, 2013, February 11, 2014, May 12, 2015, May 10, 2016, August 8, 2017, August 14, 2018, February 11, 2020, August 11, 2020

REVISIONS: February 14, 2012; January 8, 2013

Name and Office

The name of this organization is the Cabarrus County Public Health Authority and the governing body is the Cabarrus County Public Health Authority Board of Commissioners (hereinafter 'Board'). The principal office of the Board is located at 300 Mooresville Road, Kannapolis, North Carolina 28081.

Officers

- a. Chair**
- b. Vice-Chair**

The Board members shall elect a Chair and Vice-Chair by majority vote each year at the June meeting.

Secretary

The Clerk to the Board shall serve as Secretary to the Board. The local health director may delegate the duties of the Secretary that are set forth in these operating procedures.

Meetings

c. Regular Meetings

The Board shall hold a regular meeting on the second Tuesday of the month. The Board will meet at least once per quarter. The meeting shall be held in the Board Room of Cabarrus Health Alliance, 300 Mooresville Road, Kannapolis, North Carolina, and shall begin at 5:30 p.m.

d. Agenda

The Clerk to the Board shall prepare an agenda for each meeting. Any board member who wishes to place an item of business on the agenda shall submit a request to the Clerk at least ten working days before the meeting. For regular meetings, the Board may add items to the agenda or subtract items from the agenda by a majority vote. The agenda for a special or emergency meeting may be altered only if permitted by and in accordance with the North Carolina open meetings laws.

Any person may request that an item be placed on the Board agenda by submitting a written request to the Clerk at least ten working days before the meeting.

e. Presiding Officer

The Chairman of the Board shall preside at Board meetings if he or she is present. If the chair is absent, the vice-chair shall preside.

Quorum

A majority of the actual membership of the Board, excluding vacant seats, shall constitute a quorum. A member who has withdrawn from a meeting without being excused by a majority vote of the remaining members shall be counted as present for purposes of determining whether or not a quorum is present.

f. Voting

Each Board member shall be permitted to abstain from voting, by so indicating when the vote is taken. A member must abstain from voting in cases involving conflicts of interest as defined by North Carolina law. If a member has withdrawn from a meeting without being excused by a majority vote of the remaining members, the member’s vote shall be recorded as an abstention.

g. Minutes

The Clerk to the Board shall prepare minutes of each Board meeting. Copies of the minutes shall be made available to each Board member before the next regular Board meeting. At each regular meeting, the Board shall review the minutes of the previous regular meeting as well as any special or emergency meetings that have occurred since the previous regular meeting, make any necessary revisions, and approve the minutes as originally drafted or as revised. The public may obtain copies of Cabarrus County Public Health Authority Board of Commissioners meeting minutes from the Board Clerk at 300 Mooresville Road, Kannapolis North Carolina, once they are approved by the Board.

Amendments to Operating Procedures

These operating procedures may be amended at any regular meeting or at any properly called special meeting that includes amendment of the operating procedures as one of the stated purposes of the meeting. A quorum must be present at the meeting at which amendments are discussed and approved, and any amendments must be approved by a majority of the members present at the meeting.

1. Other Procedural Matters

The Board shall refer to the current edition of *Robert’s Rules of Order Newly Revised* to answer procedural questions not addressed in this document, so long as the procedures prescribed in *Robert’s Rules of Order Newly Revised* do not conflict with North Carolina law.

2. Compliance with North Carolina Law

In conducting its business, the Board shall comply with all applicable North Carolina laws, including but not limited to open meetings laws, public records laws, and the laws setting forth the powers and duties of local boards of health. To assist the Board in compliance, the local health director shall maintain a current copy of relevant North Carolina General Statutes and make them available to Board members on request.

Adopted by the Cabarrus County Public Health Authority Board on April 8, 2008, and reviewed and adopted by the Board on August 11, 2020.

James, T. Mack, Jr., Chairman
Cabarrus County Public Health Authority
Board of Commissioners

Dianne P. Berry, Secretary
Cabarrus County Public Health Authority
Board of Commissioners

BYLAWS OF THE PUBLIC HEALTH AUTHORITY OF CABARRUS COUNTY

ARTICLE I

Name, Seal and Offices

1. Name. The name of the Public Health Authority of Cabarrus County (the “Authority” or “Public Health Authority of Cabarrus County”) is set forth in the Articles of Incorporation of the Authority as the “Public Health Authority of Cabarrus County.” The Authority may also be referred to generally as “Cabarrus Health Alliance” and the Authority is authorized to file such assumed name certificates in that name in Cabarrus and Rowan Counties as may be advisable or required by law.
2. Seal. The corporate or official seal of the Authority shall consist of a circle inside of which is inscribed the name of the Authority and in the center of which shall be the established date of 1997 and the words “official seal”.
3. Offices. The principal office of the Authority shall be 300 Mooresville Road, Kannapolis, North Carolina 28081, or at such other place as the Commissioners of the Authority may from time to time provide.

ARTICLE II

Appointment, Tenure, Resignation and Replacement of Members or Directors

1. Membership.
 - (a) The members of the Authority shall be appointed as provided by the North Carolina Hospital Authorities Act, i.e. Part B of Article 2 of Chapter 131E of the General Statutes of North Carolina, as amended (the “Act”), the Articles of Incorporation of the Authority, and these Bylaws.
 - (b) There shall be nine (9) members of the Commission of the Authority (the “Commissioners”) and each member of the Authority shall be called a Commissioner of the Authority (a “Commissioner”).
 - (c) Commissioners shall be appointed and removed as follows:
 - i All appointments shall be for three-year terms. Vacancies from resignation or removal from office shall be filled for the unexpired portion of the term. No Commissioner shall serve more than two (2) consecutive full or partial terms without at least a one (1) year respite between the dates of leaving the Commission and taking office for another term. The Commission may waive the term limit and/or the one (1) year respite for a particular Commissioner and allow him or her to serve one or more additional terms upon the recommendation of the Board Nominating Committee and for good and specific cause shown and reflected in the minutes of the Commission. These term limits shall not apply to the individuals serving on behalf of the Board of County Commissioners and Atrium Health-Cabarrus, who may (but are not required to) remain as Commissioners for so long as they serve in such capacities.

- ii Commissioners may be removed, in accordance with Section 131E-22 of the Act, by the Chairman of the Board of Commissioners of Cabarrus County with the advice of the Commission as well as of the Board of Commissioners of Cabarrus County.
- iii The Commission shall appoint a Nominating Committee to recommend individuals suitable for consideration by the Commission for future appointment to the Commission. The Nominating Committee shall be made up of the Clerk to the Commission, at least one Commission member, and at least one other person who need not be a Commissioner. The Nominating Committee shall research and recommend at least three (3) candidates in writing for each seat on the Commission which is vacant or may be coming vacant in the near future. Such candidates shall be considered by the Commission, along with any other individuals who may be suggested by the Commission, with a list of candidates then approved by the Commission and provided to the Chairman of the County Commission for appointment as provided in subparagraph 3 below.
- iv Candidates for membership on the Commission shall be chosen as follows:
 - 1 Candidates shall have significant knowledge, expertise or professional experience in the fields or businesses generally engaged in by the Authority. Due consideration shall be paid to appointing a Commission which is diverse in this regard. For example, if the member appointed by the hospital system as provided below is an infectious disease specialist, then appointing another infectious disease specialist should be avoided if possible in favor of a person with experience in, for example, mental health, or some other field in which the Authority engages which may not be otherwise then currently represented on the Commission. Multiple appointees from the same organization or affiliation should be avoided to the extent reasonably possible.
 - 2 Due consideration shall be given to appointing a Commission which is diverse in its overall makeup with regard to gender, ethnicity, and geographic location of residence within the areas the Authority serves.
 - 3 The Commission has historically and in accordance with its Articles of Incorporation been made up of members representing certain fields or organizations. Due to the passage of time and changes in such organizations, many of these organizations no longer exist. The matters engaged in by the Authority have also changed over time. Therefore, in consideration of these factors, the Commission shall now consist of members representing the following fields or organizations:
 - a One member who is a practicing dentist whose primary practice is located in Cabarrus County.
 - b One member with significant knowledge, expertise and professional experience in the field of infectious diseases.
 - c One member who is a practicing physician in the field of family medicine, internal medicine or community health whose primary practice is located in Cabarrus County.

- d One representative of the Cabarrus County School System or Kannapolis City School System, which shall alternate no less often than every two (2) terms.
 - e One member of the Cabarrus County Board of Commissioners.
 - f One member appointed by the local governing or advisory board of the main hospital located in Concord, currently known as Atrium Health-Cabarrus.
 - g Three (3) public members with significant interest, knowledge, expertise or professional experience in the fields or businesses generally engaged in by the Authority, and especially the fields of community health, mental health, and/or other areas of community concern as identified by the periodic community needs assessment conducted by the Authority along with its community partners.
- (d) Commissioners who have served at least ten (10) years may request emeritus status. This status would be granted by the existing Board. After leaving the Board as an active Commissioner, emeritus status shall allow the former Commissioner to sit at the Board table during meetings, to participate in discussions, to represent the Board as directed, but not to vote. Emeritus status shall not preclude subsequent appointment to future terms as an active, voting Commissioner, but the one (1) year respite period set forth in subparagraph (c)(i) above shall apply between any emeritus term and any subsequent active voting appointment.
2. Resignation. Any Commissioner may resign from membership of the Authority at any time by giving written notice of such resignation to the Authority and to the Chairman of the Board of Commissioners of Cabarrus County. Notwithstanding any resignation, a Commissioner shall continue to hold office until his or her successor has been appointed, qualified and taken office, unless the Commission takes action to make a resignation effective as of a different date.
 3. Vacancies. Any vacancy in the membership of the Authority shall be filled for the unexpired term by the Chairman of the Board of Commissioners of Cabarrus County, with the advice of the Board of Commissioners of Cabarrus County, from a list of nominees supplied by the Commission as set forth in subparagraph 1(c) above. Every effort shall be made to fill any vacant or resigned seat within ninety (90) days of the vacancy or the resignation giving rise to the vacancy.
 4. Oath of Office. Each Commissioner, before entering upon his or her duties as a member of the Authority, shall take and subscribe an oath of affirmation to support the Constitution of the United State and of the State of North Carolina and to discharge faithfully the duties of his or her office as Commissioner, and a record of each oath or affirmation shall be filed with the Secretary of the Authority and kept among its official documents.

ARTICLE III.

Meetings

1. Annual Meetings. Annual meetings of the Commissioners shall be held in August of each year at the time and place designated in the notice of the respective annual meeting. Written notice of the time and place of each annual meeting shall be given by the Secretary or Administrator of

the Authority by mailing such notice to each Commissioner at his or her regular address not less than (10) days prior to the date of such annual meeting.

2. Regular Meetings. The Commissioners may establish a schedule of regular meetings to be held on a monthly basis. Meetings will be held at least once per quarter. No notice of the purpose or purposes of a regular meeting shall be required to be given to the Commissioners, and all business of the Authority may be transacted at such meeting, provided a quorum is in attendance.
3. Special Meetings and Emergency Meetings. Special meetings and emergency meetings of the Commissioners may be called by the Chairman or Vice-Chairman of the Authority. At special meetings, only action reasonably related to the matters described in the notice of the special meeting may be taken.
4. Notice of Meetings. Notice of each meeting shall be given in accordance with the requirements of Section 143-318.12 of the General Statutes of North Carolina, as amended, as well as the requirements of this Article set forth above.
5. Quorum. A majority of the membership of the Commissioners shall constitute a quorum, including any vacant seats, and the affirmative vote of a majority of all present and constituting a quorum shall constitute official action taken by the Authority.

If at any meeting there is less than a quorum present, a majority of the Commissioners present may adjourn the meeting to a later date and time no less than one (1) day nor more than ten (10) days from the date of the original meeting, with reasonable notice of the rescheduled meeting provided to any absent Commissioner, with no further official notice of any kind being necessary except as may otherwise be required by law.

6. Meetings to be Open to the Public.

Subject only to lawfully recognized exceptions, all official meetings of the Commissioners, including committee meetings, shall be conducted openly and otherwise in compliance with Article 33C of Chapter 159 of the General Statutes of North Carolina, as amended.

At each meeting of the Commissioners, the presiding officer shall devote an agenda item to hearing petitions and requests to the Commissioners from the public. When this agenda item is reached, the presiding officer shall determine whether any member of the public wishes to petition or make any request of the Commissioners, and the Commissioners may hear petitions and requests for such period as they deem appropriate. Reasonable time limitations may be placed upon such speakers by the presiding officer.

The Commissioners encourage public attendance at all of their meetings. Only such discussion or participation by visiting persons as is invited by consent of the Commissioners shall be permitted at times other than when petitions and requests are being heard.

7. Duty to Vote. No Commissioner shall be excused from voting, except on matters involving consideration of his or her own official conduct or whether his or her financial or personal interests are involved.

ARTICLE IV.

Officers

1. Designation. The officers of the Authority shall be a Chairman, a Vice-Chairman, and a Secretary. Only the Chairman and Vice-Chairman are required to be Commissioners of the Authority.
2. Election and Terms. The officers provided for in Section 1 of this Article shall be elected at each annual meeting of the Commissioners and shall hold office until the next annual meeting or until their successors are elected, qualified and take office.
3. Officer Succeeding Self. Any officer may be elected by the Commissioners to succeed himself or herself in office, provided that the requirement that the Chairman and Vice-Chairman be members or Commissioners of the Authority be observed.
4. Chairman. The Chairman shall preside at all meetings of the Commissioners and shall have and exercise such authority and perform such duties as shall be determined by the Commissioners.
5. Vice-Chairman. At the request of the Chairman, or in the event of the absence or disability of the Chairman, the Vice-Chairman shall perform the duties and possess and exercise the authority of the Chairman; and the Vice-Chairman shall have such other powers and exercise such other authority and perform such other duties as shall be determined by the Commissioners.
6. Secretary. The Secretary, or appointed designee, which may be the Clerk to the Commission, shall have charge of such books, documents and papers as the Commissioners may determine and shall have the custody of the corporate or official seal. The Secretary, or appointed designee, shall attend and keep the minutes of all the meetings of the Commissions. The Secretary shall keep a record of the names of all persons who are Commissioners, the dates of their appointments and dates of expiration of their terms, and their places of residence, and such record shall be open for inspection as prescribed by law. The Secretary, or Clerk to the Commission, shall notify in writing the Chairman of the Commission at least ninety (90) days prior to the expiration of the term for which a Commissioner was appointed so that the Commission may have time to propose the reappointment of such person or to undertake the nomination process as set forth in Article II hereof. The Secretary shall, in general, perform all duties incident to the office of Secretary, subject to the control and direction of the Commissioners, and shall perform such other duties as may be determined by the Commissioners.
7. Removal from Office.
 - (a) Grounds. Any officer provided for in Section 1 of this Article who is also a member or Commissioner of the Authority may be removed from his or her office (but not from membership or as a Commissioner of the Authority) by the Commissioners:

- (i) For mental or physical incapacity to perform properly and adequately the duties and functions of the respective office;
 - (ii) For repeated absence from meetings of the Commissioners or from the offices of the Authority or meetings of committees of the Commissioners to the extent that such absences constitute gross neglect in the performance of the duties of such office to the inconvenience, damage or disadvantage of the Authority in carrying on its functions and purposes;
 - (iii) For any act of dishonesty;
 - (iv) For any act or series of acts or omissions which are contrary to the best interests of the Authority and tend to impede or obstruct the carrying on of its functions and purposes in an orderly manner, or
 - (v) For any other cause which is deemed less than reasonably satisfactory performance of the duties and function so such office.
- (b) Procedure. In the event, the Commissioners for any reason request the resignation of an officer to which subsection (a) above applies and such request is declined, the Commissioners may by resolution state the grounds upon which they claim such officer should be removed from office, and such statement shall be served upon such officer at least ten (10) days prior to a meeting at which action is to be taken thereon. Such officer is entitled to be present at such hearing and be heard if he or she so desires and is also entitled to offer such evidence as he or she may deem appropriate in response to the statement served upon such officer. The decision of the majority of the Commissioners in such matter shall be final.

ARTICLE V.

Personnel

1. General. The Commission may employ such personnel as may be necessary or convenient in carrying out the objectives and purposes for which the Authority was created, define their duties and functions and set their terms of employment, such as compensation, fringe benefits, separation from service arrangements, and other pertinent details.
2. CEO. The Commissioners shall employ a CEO, Chief Executive Officer, who shall also serve at the Public Health Director. The CEO shall be responsible for the efficient administration of the operations of the Authority and shall carry out the policies and directives of the Commissioners and is authorized to sign these documents as may from time to time be approved by the Commission. The CEO or her designee shall attend all official meetings of the Commissioners and, when requested, all committee meetings of the Commissioners, shall be entitled to notice of all meetings, and shall be entitled to take part in discussions of matters before the Commissioners

but shall have no vote. The CEO shall be responsible for obtaining and furnishing to the Commissioners financial and other reports as may be required by the Commissioners, and he or she shall recommend to the Commissioners from time to time such measures as he or she shall deem necessary or advisable. The CEO shall be responsible for the preparation and submission to the Commissioners the proposed annual budget, shall keep the Commissioners informed as to the financial needs and condition of the Authority and shall perform such other duties as may be determined by the Commissioners.

3. Professional Assistants. The Commissioners may employ such accountants, engineers, legal counsel and other professional experts or assistants as they may determine to be necessary or advisable and fix the terms of such employment.

ARTICLE VI.

Compensation/Expenses

1. Compensation of Commissioners. For their services as Commissioners, the Commissioners shall receive no compensation. Due to the frequent, ongoing requests of the Board Chairman to travel to the Authority's office in order to execute required documents to ensure timely processing and state requirements, the Board Chairman shall receive a monthly stipend of \$100/month to cover time and travel (effective May 10, 2016).
2. Expenses. Commissioners shall be entitled to reimbursement for the amount of actual necessary expenses including travel expense incurred by them in the discharge of their duties, and the Commissioners may make policies concerning such reimbursement.
- 3 Compensation of Persons Other Than Commissioners. Any officer, agent or employee of the Commissioners or the Authority, other than a Commissioner, and any professional expert or assistant retained by the Commissioners shall receive such compensation and be reimbursed for such expenses as the Commissioners may approve by resolution or otherwise.

ARTICLE VII.

1. Annual Report. At each annual meeting, the Commissioners shall receive from any person who has been charged with such responsibility a full and accurate report of the operations of the Authority during the preceding fiscal year, the assets and liability of the Authority as of the end of such fiscal year, the financial condition of the Authority as of the end of such fiscal year and any and all other information which may have a significant bearing upon the condition and operation of the Authority. Such report shall include such matters as may be directed by the Commissioners and shall be filed with the minutes of such meeting and be open to inspection by the public.
2. Other Reports. The Commissioners may require the filing of reports other than annual reports on a monthly, quarterly or other basis containing such information in such detail as they may deem appropriate.

ARTICLE VIII.

Contracts

The Commissioners may, except as herein or by law otherwise provided, authorize any officer or other person to enter into any contract or execute and deliver any written instrument in the name of an on behalf of the Authority, and such authority may be general or confined to a specific instance; and unless so authorized by the Commissioners no officer or other person shall have any power or authority to bind the Authority by any contract or engagement or to render it liable pecuniarily for any purpose or in any manner.

ARTICLE IX.

Advisory Committees

The Commissioners may from time to time appoint from among the Commissioners or such other persons as the Commissioners may deem fit one or more advisory committees for recommendatory purposes only. The members of such committees shall serve at the pleasure of the Commissioners and be disbanded at such time as the Commissioners may elect. None of the authority or responsibility vested in the Commissioners may be delegated or surrendered to any such committee.

ARTICLE X.

Fiscal Year

The fiscal year of the Authority shall begin on July 1 and end on the following June 30.

ARTICLE XI.

Amendments

The Commissioners may amend and repeal these bylaws provided that such action shall be taken only at an annual, regular or special meeting of the Commissioners.

Before any amendment or repeal of any bylaw may be made, written notice thereof and of the text of the proposed amendment or repeal shall be given to the Commissioners at least seven (7) days prior to the date of the meeting at which official action with respect thereto is to be taken.

This and the foregoing seven (8) pages contain the amended bylaws adopted by the Commissioners of the Public Health Authority of Cabarrus County on this 11th day of August, 2020.

Chairman of the Public Health Authority Board

Printed name: _____

Date signed: _____

ATTEST:

Dianne P. Berry, CMC, NCCMC
Secretary to the Commission

Established February 18, 1997

Amended August 14, 2012

Reviewed January 8, 2013

Reviewed February 11, 2014

Reviewed May 12, 2015

Revised May 10, 2016

Revised May 14, 2019

Reviewed and Adopted by the Cabarrus County Board of Commissioners June 17, 2019

Revised July 31, 2020

CORPORATE RESOLUTION

Public Health Authority of Cabarrus County

Subject: **Policy Development**

Section No. Admn. 001

Page 1 of 1

Effective Date: July 1, 1997
Revised: June 17, 2008
Reviewed: May 12, 2009
Reviewed: June 1, 2010
Reviewed: June 14, 2011
Reviewed: February 11, 2014
Reviewed: May 12, 2015
Reviewed: May 10, 2016
Reviewed: August 8, 2017
Reviewed: August 14, 2018
Reviewed: August 13, 2019
Reviewed: August 3, 2020

Approved: _____, Chairman

Signed: August 11, 2020

Purpose:	To establish methods and guidelines to be followed by the Board and staff in the formulation and establishment of Authority Board policies.
Policy:	It is the policy of the Board to require the Chief Executive Officer to present all matters requiring policy guidance by the Board in written form. The primary responsibility for initiating policy actions rests with the Board members and the Chief Executive Officer. The guidelines identified in this policy will be followed by the Board and staff in the development of Authority Board policy.
Policy Guidelines:	<p>The following procedures will be followed by the Board in carrying out its responsibility for policy planning:</p> <ol style="list-style-type: none">1. All potential issues, problems, concerns (whatever the source) likely to require policy determination will be referred to the Chief Executive Officer.2. The Chief Executive Officer will make an initial determination of whatever applicable policy exists; whether current policy is ambiguous; whether current policy is incomplete or absent.3. The Chief Executive Officer will consider whether the issue, problem, or concern warrants policy determination at the present time.4. The Board may request policy guidance and refer to the Chief Executive Officer to develop draft policy alternatives as well as his recommended policy.5. Except in a case of an emergency the Board will follow the following steps in approving policy:<ol style="list-style-type: none">a. Draft policy presented in written format as a consideration item at a Board meeting.b. At the next scheduled Board meeting the draft policy is presented as an action item for the Board.6. The Chief Executive Officer is responsible for implementing the policies of the Board.7. The Board shall review and update each administrative policy at least every four (4) years.8. The Board has final responsibility for the establishment of Authority Policy.

CORPORATE RESOLUTION

Public Health Authority of Cabarrus County

Subject: **Chief Executive Officer**

Section No. Admn. 002

Effective Date: July 1, 1997

Page 1 of 2

Issue Date: July 1, 1997

Reviewed: May 12, 2009

Reviewed: February 9, 2010

Revised: June 1, 2010

Reviewed: June 14, 2011

Reviewed: January 8, 2013

Reviewed: February 11, 2014

Reviewed: May 12, 2015

Reviewed: May 10, 2016

Reviewed: August 8, 2017

Reviewed: August 14, 2018

Reviewed: August 13, 2019

Reviewed: August 3, 2020

Approved: _____, Chairman

Signed: August 11, 2020

Purpose:	To state general policies which will guide the Authority in its use of a Chief Executive Officer.
Policy:	<p>It is the Board's policy:</p> <ol style="list-style-type: none">1. To employ a Chief Executive Officer and delegate to him/her the authority and responsibility for the overall management of the affairs of the Authority in accordance with written Board policies. In the absence of written policies, the Chief Executive Officer is guided by an application of Board intent as established in other policies and counseled where appropriate by the officers of the Board.2. To establish a job description for the position of Chief Executive Officer, including appropriate qualifications of education, experience, personal factors, and skills. The Chief Executive Officer shall guide his/her activities by the content and spirit of the job description.3. That the Chief Executive Officer must administer the Authority within conformance of a reasonable interpretation of North Carolina General Statutes.4. That any agreement involving commitment or implicit intent of commitment of credit and good faith beyond a fiscal year is subject to specific prior approval of the Board.5. That the responsibilities of the Chief Executive officer include:<ol style="list-style-type: none">a. The implementation of programs, policies, fiscal plans.b. Performance of management functions which will assure that program services will be available, accessible, acceptable, coordinated to promote continuity of care and meeting appropriate standards.c. Delegation of authority and accountability for program functions to Authority staff who are assigned managerial responsibilities.d. Coordination of information with other governmental and private groups concerned with the planning and delivery of health and social services for which clients of the area are eligible.e. Performance of administrative functions which will provide accountability for funds received and expended and assure that all regulations and requirements

	<p>are satisfied. Performance of these duties may be delegated to Finance Director.</p> <ul style="list-style-type: none"> f. Management of Authority staff addressing such functions as recruitment, staff development, job descriptions, evaluation, termination, grievance procedures, pension and related employee benefits. g. Use of statistical and other relevant information for determining needs, planning services, monitoring staff and program activity, and evaluating the attainment of objectives. h. To present to the Board issues which may require Board policy statements. i. To approve contracts for services for amounts approved by the Board in the budget ordinance or revision. j. To approve the purchase of capital equipment approved by the Board in the budget ordinance or revision. k. To develop the organizational structure for the Authority, prepare current organizational charts, and establish lines of communication. <p>6. To evaluate the Chief Executive Officer on an annual basis. Such evaluation should be done by a committee appointed by the Chairman and this report may be added in Executive Session, if needed. The Board will establish criteria upon which such an evaluation will be necessary for a merit raise consideration.</p>
<p>Responsibility:</p>	<p>It is the responsibility of the Board to hire and terminate, if necessary, the Chief Executive Officer. It is the responsibility of the Board to at least every three years review and approve a job description for the Chief Executive Officer.</p>

CORPORATE RESOLUTION

Public Health Authority of Cabarrus County

Subject: **Annual Fiscal Year**

Section No. Admn. 003

Effective Date: July 1, 1997

Page 1 of 2

Issue Date: July 1, 1997

Revised: June 21, 2005

July 17, 2008

Reviewed: May 12, 2009

Reviewed: June 1, 2010

Reviewed: July 14, 2011

Reviewed: January 8, 2013

Reviewed: February 11, 2014

Reviewed: May 10, 2016

Reviewed: August 8, 2017

Reviewed: August 14, 2018

Reviewed: August 13, 2019

Reviewed: August 3, 2020

Approved: _____, Chairman

Signed: August 11, 2020

Background:	The Local Government Budget and Fiscal Control Act requires that the Board approve a budget ordinance prior to the start of a new fiscal year (July 1).
Purpose:	To establish methods and guidelines to be followed by the Board and Chief Executive Officer in the formulation, approval and execution for the annual fiscal plan.
Policy:	<p>It is the policy of the Authority Board that:</p> <ol style="list-style-type: none"> 1. The Chief Executive Officer shall submit to the Authority Board a proposed annual fiscal plan no later than May preceding the start of the fiscal year. The proposed plan shall delineate the types of services contracted, the vendors of service, the amount of service contracted for and the amount of funds allocated to each contract. The Board shall review and approve any contracts as outlined in the approved budget ordinance. 2. In preparing the fiscal plan the Chief Executive Officer shall ensure: <ol style="list-style-type: none"> a. expenses do not exceed revenues; b. revenue projections are conservative; c. any fund balance budgeted is clearly explained; d. any new services proposed shall correspond to the Board priorities; 3. A public hearing on the annual fiscal plan will be held prior to the plan's adoption at the June Board meeting. 4. The Authority Board will adopt a budget ordinance for the annual fiscal plan at the June Board meeting preceding the start of the fiscal year. This budget adoption shall be in conformance with the Local Governmental Budget and Fiscal Control Act. <p>Implementing the Annual Fiscal Plan</p> <ol style="list-style-type: none"> 1. Following the adoption of the annual fiscal plan by the Authority Board, the Chief Executive Officer is authorized to execute contracts with vendors approved in the fiscal plan. 2. The Chief Executive Office shall ensure that there is a positive cash flow during the fiscal year.

3. The Chief Executive Officer may expend 2% of the budget for capital equipment before needing Board approval.
4. The Chief Executive Officer shall make every effort to ensure the annual fiscal plan is administered to end with a surplus.

Revising the Fiscal Plan

1. The Authority Board delegates authority to the Chief Executive Officer to make budget revisions as needed during the year.
2. The Board may consider any other revision to the fiscal plan at any Board meeting.

Monitoring

The Board shall engage the service of a CPA auditing firm to conduct an annual fiscal and compliance audit. Such auditor shall be chosen from a bid process every three years, with an option to extend the term of award without bid process if desired.

CORPORATE RESOLUTION

Public Health Authority of Cabarrus County

Subject: **Fiscal Management**

Section No. Admn. 004

Effective Date: July 1, 1997

Page 1 of 2

Issue Date: July 1, 1997

Revised: June 17, 2008

Reviewed: May 12, 2009

Revised: June 1, 2010

Reviewed: June 14, 2011

Reviewed: January 8, 2013

Reviewed: February 11, 2014

Reviewed: May 12, 2015

Reviewed: May 10, 2016

Reviewed: August 8, 2017

Reviewed: August 14, 2018

Reviewed: August 13, 2019

Reviewed: August 3, 2020

Approved: _____, Chairman

Signed: August 20, 2020

Purpose:	To assure the development of a financial management system and to delegate authority and responsibility for the Authority's fiscal management systems.
Policy:	<p>It is the Authority's policy that a financial management system be established and that it shall be based on sound fiscal procedures. The Authority's financial management system shall incorporate:</p> <p><u>Accounting System:</u></p> <ol style="list-style-type: none"> 1. An accounting system which provides for reporting all revenue and expenditures by fund. 2. A system of maintaining financial records to allow for the determination of costs by program and service. 3. A system of providing adequate accounting reports to allow for the preparation of the Authority's financial reports. 4. A system to ensure proper administration and accounting controls over the Authority's cash disbursements. The opening of bank accounts shall be authorized by resolution of the Authority and checks shall always require two signatures by persons approved by the Authority. The Board Chairman, Board Vice-Chairman, Chief Executive Officer, and Fiscal Officer are all authorized to sign checks for the Authority. Authority checks must be counter-signed by at least two (2) of the above officials. <p><u>Audit:</u></p> <p>The Authority shall contract with a certified public accountant for an annual fiscal and compliance audit.</p> <p><u>Regulations:</u></p> <p>Staff must conform with all accounting rules and regulations promulgated by the Division of Health Services, the OMB Common Rule, General Accepted Accounting</p>

Principles (GAAP) and the Local Government Budget and Fiscal Control Act.

Capital Assets:

1. The Authority shall establish or be covered by a perpetual basis detailed inventory record system for capital equipment as defined.
2. The Authority shall take a physical inventory of equipment, as defined, on or before June 30 of each fiscal year, or, in the case of a project, grant with other than a June 30 ending date, on or before the last day of a project/grant. The results of the physical count shall be compared to the perpetual records.
3. It shall also be the policy of the Authority to investigate any loss, damage or theft of property.
4. Adequate preventive maintenance procedures shall be performed and related records documenting such maintenance shall be maintained. Any major repairs will also be documented noting mileage/utility factors at the time of repair, cost of repair, and detailed description of the repair.

Purchasing:

It shall be the Authority's policy to place all purchase orders on the basis of the Authority Purchasing Policy.

Record Retention

It is the Authority's policy that a record retention schedule be established in compliance with the OMB Common Rule, General Statutes and Division Regulations.

Responsibilities:

Authority: The Authority shall be responsible for engaging a certified public accountant to annually review the Authority's financial management system and reporting such a review to the Authority.

Director: The Chief Executive Officer shall assure the implementation of the Authority's financial management system including its compliance with all applicable laws, rules, and regulations. The Chief Executive Officer shall ensure that the capital asset and purchasing policy is adhered to.

Program Managers: It shall be the responsibility of the supervisor of the program producing the records/documents to ensure that the retention schedule is adhered to.

CORPORATE RESOLUTION

Public Health Authority of Cabarrus County

Subject: **Public Relations and Information**

Section No. Admn. 005

Effective Date: July 1, 1997

Page 1 of 1

Issue Date: July 1, 1997

Reviewed: May 12, 2009

Revised: June 1, 2010

Reviewed: June 14, 2011

Reviewed: January 8, 2013

Reviewed: February 11, 2014

Reviewed: May 10, 2016

Reviewed: August 8, 2017

Reviewed: August 14, 2018

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Reviewed: August 3, 2020

Approved: _____, Chairman

Signed: August 11, 2020

Purpose:	To establish guidelines for informing the public of the functions and activities of the Authority and to enhance public understanding of the Authority.
Policy:	<p>It is the Board's policy</p> <ol style="list-style-type: none"> 1. To keep residents and individuals employed in the service area regularly and thoroughly informed about the Authority through all possible channels of communication. Information about Authority services and how to acquire them and about regular and special activities of the Board will be provided to local and county-wide media both directly and through cooperation with the Health Alliance Board of Commissioners. 2. To protect information gathered from Authority clients to the maximum extent provided for under the law. 3. To prohibit representatives of the news media to photograph clients unless the client or guardian gives written consent. 4. In instances when there is some type of emergency, <i>i.e.</i> client injury or death, damage to property, etc., only the Chairman of the Board or Chief Executive Officer is the official spokesman of the Authority.
Responsibilities:	<p><u>Board:</u></p> <p>The Board shall be responsible for the following:</p> <ol style="list-style-type: none"> 1. Providing leadership for and support to all efforts to provide information to the community. 2. Delegating responsibility to the Chief Executive Officer for assuring adequate information flow to the community. <p><u>Chief Executive Officer:</u></p> <p>The Chief Executive Officer shall be responsible for providing information to the community under the direction of this policy.</p>

CORPORATE RESOLUTION

Public Health Authority of Cabarrus County

Subject: **NOTIFICATION OF PUBLIC HEALTH AUTHORITY BOARD OF COMMISSIONERS IN THE EVENT OF A PUBLIC HEALTH EMERGENCY** Section No. Admn. 005a
Page 1 of 1

Effective Date: July 1, 2009
Issue Date: June 9, 2009
Reviewed: June 1, 2010
Reviewed: June 14, 2011
Reviewed: January 8, 2013
Reviewed: February 11, 2014
Reviewed: May 12, 2015
Reviewed: May 10, 2016
Reviewed: August 8, 2017
Reviewed: August 14, 2018
Reviewed: August 13, 2019
Reviewed: August 3, 2020

Approved: _____, Chairman

Signed: August 20, 2020

Purpose:	The Cabarrus Health Alliance plays a major role in all aspects of communication involving a public health emergency through its Health Alert Network, Risk Communication, and other public health information dissemination mechanisms. Communication to the members of the Cabarrus Health Alliance Board regarding public health emergency is another vital element of the communication plan.
Procedure:	<p>The CEO/Public Health Director of the Cabarrus Health Alliance or his designee will speak with the Board Chair to determine what and when information needs to go out to the Board members and how best to communicate that information depending on the event/situation.</p> <p>The CEO/Public Health Director or designee may communicate with Cabarrus County Public Health Authority Board of Commissioners members by phone or e-mail, as appropriate to the situation.</p> <p>The Cabarrus County Public Health Authority Board of Commissioners group e-mail will be utilized to keep Board members notified/updated during events. These updates will be short, concise bulleted points as to the situation and what Cabarrus Health Alliance is doing in response.</p> <p>The Cabarrus County Public Health Authority Board of Commissioners will receive press releases in the event of a public health emergency prior to, or at the time they are released to the public.</p>
Responsibilities:	<p>Cabarrus County Public Health Authority Board of Commissioners members are free to speak to media, as long as they make it known they are not speaking as an official representative of Cabarrus Health Alliance, but as a public citizen.</p> <p>The exception would be if a Cabarrus Health Alliance Board member is officially delegated to speak on behalf of Cabarrus Health Alliance by the CEO/Public Health Director.</p>

CORPORATE RESOLUTION

Public Health Authority of Cabarrus County

Subject: **Conflict of Interest**

Section No. Admn. 006

Effective Date: July 1, 1997

Page 1 of 1

Issue Date: July 1, 1997

Reviewed: May 12, 2009

Revised: June 1, 2010

Reviewed: June 14, 2011

Reviewed: September 13, 2011

Reviewed: January 8, 2013

Reviewed: February 11, 2014

Reviewed: May 12, 2015

Reviewed: May 10, 2016

Reviewed: August 8, 2017

Reviewed: August 14, 2018

Reviewed: August 13, 2019

Reviewed: August 3, 2020

Approved: _____, Chairman

Signed: August 20, 2020

Purpose:	To delineate instances where staff and/or Cabarrus County Public Health Authority Board of Commissioners members may have a conflict of interest.
Policy:	<p>It is the policy of the Board:</p> <ol style="list-style-type: none">1. No paid staff members of the Cabarrus Health Alliance shall serve as a member of the Cabarrus County Public Health Authority Board of Commissioners.2. No paid staff member of the Board shall be on the Board of any incorporated affiliate agency*.3. No paid staff member of any affiliate agency may serve on the Board of another affiliate agency without prior approval of the Board.4. Any Board member who is on the Board of an affiliate agency must abstain from any voting on any funding allocation to the particular affiliate agency.5. No paid staff member of the Board may place Board business with a financial entity in which the staff member has a financial interest.6. No member of the Board shall violate the provision of North Carolina General Statute 14-234** or any other law or regulation prohibiting conflict of interest. <p>*Affiliate Agency – An Organization/agency that is related to another organization/agency through some type of control or ownership or structural relationship with each other.</p> <p>**NC General Statute in Policy #6 should reference 131E-21 which applies to a hospital authority, in addition to NCGS 14-234.</p>

CORPORATE RESOLUTION

Public Health Authority of Cabarrus County

Subject: **Fund Management**

Section No. Admn. 007

Effective Date: July 1, 1997

Page 1 of 1

Issue Date: July 1, 1997

Revised: June 17, 2008

Reviewed: May 12, 2009

Reviewed: June 1, 2010

Reviewed: June 14, 2011

Reviewed: January 8, 2013

Revised: February 11, 2014

Reviewed: May 12, 2015

Reviewed: May 10, 2016

Reviewed: August 8, 2017

Reviewed: August 14, 2018

Reviewed: August 13, 2019

Reviewed: August 3, 2020

Approved _____, Chairman

Signed: August 20, 2020

Purpose:	To assume the development of a fund management system and to delegate authority for the Authority's financial management system.
Policy:	<p>It is the Authority's policy that a fund management system be established and that it shall be based on sound fund management procedures. The Authority's financial management system shall incorporate:</p> <p>A. All surplus funds (funds in excess of current operating expenses) shall be deposited in the North Carolina Capital Management Trust. This is a money market mutual fund offered exclusively to local governmental units in North Carolina. This trust has been certified by the North Carolina Local Government Commission as a legal investment for temporarily available cash.</p> <p>B. Current operating funds (those expected to be utilized in 90 days or less) may be deposited in short term collateralized Certificate of Deposit accounts (which are approved by the Local Government Commission) and in commercial paper graded at least A1P1.</p>
Responsibility	The Chief Executive Officer shall be responsible for insuring compliance with the fund management policy of the Authority.

CORPORATE RESOLUTION

Public Health Authority of Cabarrus County

Subject: **Compensation for Board Members**
Effective Date: July 1, 1997
Issue Date: July 1, 1997
Reviewed: May 12, 2009
Reviewed: June 1, 2010
Reviewed: June 14, 2011
Reviewed: January 8, 2013
Reviewed: February 11, 2014
Reviewed: May 12, 2015
Reviewed: May 10, 2016
Reviewed: August 8, 2017
Reviewed: August 14, 2018
Reviewed: August 13, 2019

Section No. Admn. 008
Page 1 of 1

Approved: _____, Chairman
Signed: August 11, 2020

Background:	<ol style="list-style-type: none">1. Board members may receive as compensation for their services per diem and subsistence allowance for each day during which they engaged in the official business of the Board and they shall not exceed those rates authorized for Authority employees.2. Board members may be reimbursed for all necessary travel expenses and registration fees in amounts set by the Board.
Policy:	<ol style="list-style-type: none">1. Due to the frequent, ongoing requests of the Board Chairman to travel to Cabarrus Health Alliance in order to execute required documents to ensure timely processing and state requirements for deadlines, the Board Chairman shall receive a monthly stipend of \$100/month to cover time and travel. *Effective May 10, 2016

CORPORATE RESOLUTION

Public Health Authority of Cabarrus County

Subject: **Board Attorney**

Section No. Admn. 009

Effective Date: July 1, 1997

Page 1 of 1

Issue Date: July 1, 1997

Reviewed: May 12, 2009

Revised: June 1, 2010

Reviewed: June 14, 2011

Reviewed: January 8, 2013

Reviewed: February 11, 2014

Reviewed: May 12, 2015

Reviewed: May 10, 2016

Reviewed: August 8, 2017

Reviewed: August 14, 2018

Reviewed: August 13, 2019

Reviewed: August 3, 2020

Approved: _____, Chairman

Signed: August 11, 2020

Purpose:	To establish the Board's guidelines for the use of an attorney and the management of legal issues.
Policy:	<p>It is the policy of the Board to retain the services of an attorney to provide advice and services to both Board and staff.</p> <p>The following are the responsibilities of the Board attorney:</p> <ol style="list-style-type: none">1. Advise the Board on all legal issues presented to the Board.2. Initiate any legal action authorized by the Board.3. Review and approve all prototype* contracts used by the Authority to contract for services and provide advice regarding the execution of each contract when needed.4. Review and approve contracts relating to insurance, fringe benefits, preferred provider status and any other major business contracts of the Authority.5. Advise staff on legal issues surrounding client care.6. Other duties as required by the Board. <p>*prototype contracts are purchase of service and total cost contracts that are used with multiple affiliate agencies.</p>

CORPORATE RESOLUTION

Public Health Authority of Cabarrus County

Subject: **Board Governance Philosophy**

Section No. Admn. 010

Effective Date: July 1, 1997

Page 1 of 1

Issue Date: July 1, 1997

Reviewed: May 12, 2009

Reviewed: June 1, 2010

Reviewed: June 14, 2011

Reviewed: January 8, 2013

Reviewed: February 11, 2014

Reviewed: May 12, 2015

Reviewed: May 10, 2016

Reviewed: August 8, 2017

Reviewed: August 13, 2019

Reviewed: August 3, 2020

Approved: _____, Chairman

Signed: August 11, 2020

Board Policy on Governance Philosophy

The Authority fully realizes that it is responsible for how it governs the organization. The Board is responsible for meeting attendance, the agenda, and the capability to envision the future.

This Board will approach its task of governing the organization in a manner which emphasizes strategic leadership more than administrative details, clear distinction of Board and staff roles, future rather than past or present, and productivity rather than reactivity. In this spirit, the Board will:

1. Keep its major focus and involvement on the long term impact of the organization, not with the administrative or programmatic means of attaining these impacts.
2. Direct, control, and inspire the organization through the careful deliberation and establishment of policies. Policies will be statements of values or approaches which address:
 - a) the services to be offered;
 - b) administrative constraints on staff;
 - c) Board roles and responsibilities;
 - d) the Board/staff relationship
3. Enhance upon itself whatever discipline is needed to govern with excellence. Discipline will apply to attendance, policy making, respect of clarified roles, speaking with one voice, and self policing of Board tendencies to stray from rigorous governance.
4. Be accountable to the general public and the County Commissioners for competent, conscientious, and effective accomplishment of its obligations as a body. It will allow no officer, individual, or Committee to usurp the role of the Board.
5. Be an initiator of policy and responsible for its own performance.
6. Evaluate the performance of the Chief Executive Officer on an annual basis.
7. Monitor its approved policies.
8. Issues presented to the Board should be discussed in the following content:
 - a) what policies are represented here?
 - b) how do these proposed actions relate to previous policies adopted by the Board?

CORPORATE RESOLUTION

Public Health Authority of Cabarrus County

Subject: **Payroll Administration**

Section No. Admn. 011

Effective Date: July 1, 1997

Page 1 of 1

Issue Date: July 1, 1997

Reviewed: May 12, 2009

Reviewed: June 1, 2010

Reviewed: June 14, 2011

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Reviewed: May 12, 2015

Reviewed: May 10, 2016

Reviewed: August 8, 2017

Reviewed: August 14, 2018

Reviewed: August 13, 2019

Reviewed: August 3, 2020

Approved: _____, Chairman

Signed: August 11, 2020

Purpose:	To establish a policy to be followed in the administration of the payroll system.
Policy:	It is the policy of the Authority to pay all employee payroll checks through direct deposit.
Policy Guidelines:	The following procedures will be followed in carrying out the payroll policy. <ol style="list-style-type: none">1. All employees will be paid every two weeks.2. All employees will be paid by direct deposit through the bank of their choice.

CORPORATE RESOLUTION

Public Health Authority of Cabarrus County

Subject: **Solicitation Policy**

Section No. Admn. 012

Effective Date: July 1, 1997

Page 1 of 1

Issue Date: July 1, 1997

Reviewed: May 12, 2009

Revised: June 1, 2010

Revised: January 8, 2013

Reviewed: June 14, 2011

Reviewed: January 8, 2013

Reviewed: February 11, 2014

Reviewed: May 12, 2015

Reviewed: May 10, 2016

Reviewed: August 8, 2017

Reviewed: August 14, 2018

Reviewed: August 13, 2019

Revised: August 13, 2019

Revised: August 3, 2020

Approved: _____, Chairman

Signed: August 11, 2020

Purpose:	To establish a policy to be followed regarding solicitation
Policy:	Soliciting to sell, actual sales or requests for donations, is prohibited on Cabarrus Health Alliance property unless otherwise approved by the Chief Executive Officer.
Policy Guidelines:	<p>The Cabarrus Health Alliance does recognize the importance of voluntary support of charitable non-profit organizations within the community and will consider approving their fund-raising activities as exemptions to this general policy. This includes:</p> <ol style="list-style-type: none">1. Individual employee solicitations such as school fundraisers and club/organizational fundraisers may be exempt. In these cases, employees cannot solicit, distribute, be solicited or receive goods during normal working hours. Such approved activities may be conducted in non-public areas after normal working hours or during authorized meal and break periods. A designated non-public area within the Alliance office may be used to display/post announcements for employees.2. The Chief Executive Officer may approve such exemptions under the above guidelines. A list of currently exempted organizations, activities, and funds will be maintained within the Administrative Office.3. Sale flyers, restaurant menus and other like sales materials may be posted in the designated non-public area within the Alliance office (see #2 above).4. There will be no posting of commercial advertisements on Cabarrus Health Alliance property. Exemptions may be approved by the Chief Executive Office (see #4 above).

CORPORATE RESOLUTION

Public Health Authority of Cabarrus County

Subject: **Incurred But Not Reported (IBNR) Expenses**

Section No. Admn. 013

Effective Date: July 1, 1997

Page 1 of 1

Issue Date: July 1, 1997

Reviewed: May 12, 2009

Reviewed: June 1, 2010

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Reviewed: May 12, 2015

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Reviewed: August 8, 2017

Reviewed: August 14, 2018

Reviewed: August 13, 2019

Reviewed: August 3, 2020

Approved: _____, Chairman

Signed: August 11, 2020

Purpose:	To establish a policy to be followed to allow for reimbursement for incurred but not reported expenses.
Policy:	The Alliance recognizes and appreciates the fact that staff sometimes uses their own cash resources to pay for expenses on behalf of the Alliance. In the spirit of integrity and honesty it is the Alliance policy to reimburse these expenses as soon as possible.
Policy Guidelines:	<p>To insure that funds will be available to reimburse these expenses as part of the ongoing budget process it is <u>required</u> that employees request reimbursement no later than 30 days after incurring an expense, with proper documentation. Failure to adhere to this policy may result in a decision to deny reimbursement.</p> <p>Responsibility for implementation:</p> <ol style="list-style-type: none">1. Staff person2. Supervisor3. Chief Financial Officer

CORPORATE RESOLUTION

Public Health Authority of Cabarrus County

Subject: **Fleet Policy**

Section No. Admn. 014

Effective Date: July 1, 1997

Page 1 of 4

Issue Date: July 1, 1997

Revised: June 17, 2008

Reviewed: May 12, 2009

Revised: June 1, 2010

Reviewed: June 14, 2011

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Reviewed: May 10, 2016

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Revised: August 13, 2019

Revised: August 3, 2020

Approved: _____, Chairman

Signed: August 11, 2020

Purpose:	To establish a policy to clearly define standard operating procedures for use, care, and maintenance of Health Alliance owned vehicles.
Policy Guidelines:	<p>The following guidelines are established to regulate the use of Health Alliance vehicles in the performance of their duties.</p> <p><u>Use of Alliance Owned Vehicles</u></p> <p>A. Permitted Uses</p> <ol style="list-style-type: none">1. Only Alliance employees or drivers authorized by departments may drive or operate Alliance vehicles and equipment.2. Alliance owned vehicles shall be used for official Health Alliance business only.3. No passengers will be permitted unless they are on official Health Alliance business. <p>B. Driver Requirements</p> <ol style="list-style-type: none">1. Each driver of any Alliance owned vehicle must have a valid North Carolina operator's license. Alliance employees who are drivers of vehicles weighing more than 26,000 pounds or a vehicle carrying sixteen or more passengers, must have a valid Commercial Class B license with a passenger endorsement.2. Employees will be responsible for any vehicle or equipment assigned to them.3. Employees driving Alliance vehicles are required to obey all traffic laws including wearing seat belts in compliance with seat belt laws.4. Cabarrus Health Alliance will not pay traffic tickets or parking fines of employees driving Alliance owned vehicles, nor will the Alliance pay if the employee is authorized to use their personal vehicle on Alliance business. Employees found guilty of a moving violation may be subject to disciplinary action by their supervisor.5. Employee driving record must meet the safe driver requirements of the Cabarrus Health Alliance auto liability carrier.

C. Vehicle Assignment

1. Alliance vehicles are normally assigned to an individual at the start of their work period and are the employee's responsibility until the completion of the assigned work period.
2. An Alliance vehicle may be assigned to an individual employee who regularly requires vehicular transportation in the performance of his assigned duties and responsibilities and requires the use of the vehicle during off duty time. The assignment may be of a permanent nature or for a specified time period, such as a week of on-call duty.
3. During vacation periods or leaves of absences, an employee who is assigned a vehicle on a permanent basis, will turn the vehicle into their department or Fleet Manager.

D. Personal Use of Alliance Vehicles

1. No employee may use the vehicle assigned to him or her for personal business.
2. When the vehicle is not being used for Alliance business purposes, it is to be kept on the premises of Cabarrus Health Alliance except as specifically exempted by the Chief Executive Officer.
3. No Alliance vehicle will be allowed to be driven to an employee's home unless the employee is subject to frequent and emergency duty after normal working hours. Exceptions to this policy will be made with the approval of the Chief Executive Officer.
4. An employee's title or position will not be regarded as justification for taking a Alliance vehicle home; rather, justification is to be based on the above criteria without regard to official capacity.

Accident Policy

Regardless of the situation, the following procedures must be followed in the event of an accident:

1. Immediate notification of proper law enforcement agency for accident investigation and report.
2. Notification of Fleet Manager within same business day.
3. Immediate notification of the Chief Executive Officer and/or delegate of the Alliance and immediate supervisor.
4. It is necessary to prepare a Cabarrus Health Alliance Accident Report. The Alliance Accident Report Forms are located in the glove box of each vehicle. This report must be completed legibly or the information called into the Human Resources Department. This report along with one copy of the law enforcement agency report, should be submitted to Human Resources.
5. Complete an Occurrence Report, if there were any personal injuries, and submit to Human Resources.
6. The above forms are required to be filed within 3 business days of an accident. Failure to file the proper reports can result in loss of vehicle driving privileges, suspension, demotion or dismissal.
7. The Fleet Manager will secure damage repairs estimates and submit to Human Resources within 72 hours of the accident.

Operation and Care of Health Alliance Vehicles

A. Cleaning of Vehicles

1. Vehicles must be kept clean at all times. It is the assigned driver's obligation and responsibility to maintain the vehicle in clean condition.
2. Car washes and other appearance conditions are the responsibility of the driver assigned a car on a permanent basis. Fleet Manager will be responsible for periodic washes of cars assigned to fleet pool.

B. Maintenance of Vehicles

1. A vehicle number will be assigned by the Fleet Manager and affixed to the left rear window.
2. Each employee assigned an Alliance owned vehicle is responsible for making an appointment and insuring periodic maintenance of the vehicle. The driver is obligated to schedule the appointment when the vehicle mileage is within 500 miles of the next service, which is indicated on the red bordered sticker on the inside of the driver's door.
3. Repairs other than scheduled maintenance which are non-safety or non-essential must be submitted on a maintenance request form and require approval of Environmental Health Director or Fleet Manager.
4. Emergency repairs during normal working hours will be completed by an approved garage /service center.
5. For after hours repairs, call Fleet Manager.
6. Necessary action will be taken (wrecker called, etc.) as Fleet Manager requests.
7. Gas cards for fuel sites are issued to each vehicle by Fleet Manager. Gas cards are to stay with the vehicle, not with the driver.
8. Special equipment installed on the vehicle, such as fire extinguisher, flashlights, gas cards, and first aid kits, must stay within that vehicle at all times. Drivers are responsible for security of these items.
9. Fleet Manager will arrange the installation of snow tires and chains, as needed or required, by request of CEO.
10. The following items are the responsibility of the driver, if permanently assigned a car, to be replaced or repaired by outside services, unless otherwise specified by the Fleet Manager. Dealers which offer the State Contract price for tires will be used, if applicable.
 - a. Replacement tires
11. The Fleet Manager will schedule other outside work unless specified otherwise (*i.e.* suspension alignment, upholstery repair, warranty work, exhaust system repair, etc). It is the driver's responsibility, if permanently assigned a car, to have the vehicle at the contracted service at the designated time and to also pick up the vehicle when finished.
12. The Cabarrus Health Alliance is not responsible for personal items which are lost or stolen when the vehicle is serviced.
13. Warranty booklet, tag registration cards, state inspection certificate and owner's manuals must remain in the vehicle's glove compartment at all times.
14. No employee is authorized to alter any equipment installed in a vehicle.

C. Vehicle Replacement

1. Vehicles may be replaced at 100,000 miles, or at Fleet Manager's request.
2. Mileage for trucks will not be used, only vehicle mechanical condition will warrant replacement, or as Fleet Manager requests.

During the annual budget process, the Fleet Manager will determine if a vehicle is to be removed from service. The Fleet Manager will send a written recommendation to the Chief Operating Officer with a copy to the Chief Financial Officer when it is determined to remove vehicles from service.

CORPORATE RESOLUTION

Public Health Authority of Cabarrus County

Subject: **Fee Policy**

Section No. Admn. 015

Effective Date: July 1, 1997

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Issue Date: July 1, 1997

Revised: May 16, 2000

June 17, 2008

Reviewed: May 12, 2009

Revised: June 1, 2010

Reviewed: June 14, 2011

Reviewed: January 8, 2013

Reviewed: February 11, 2014

Reviewed: May 12, 2015

Reviewed: May 10, 2016

Reviewed: August 8, 2017

Reviewed: August 14, 2018

Reviewed: August 13, 2019

Reviewed: August 3, 2020

Approved: _____, Chairman

Signed: August 11, 2020

Background:	Certain fees have not increased since June, 1993, and current system of fee setting and fee approval needs to be streamlined.
Purpose:	To establish a methodology to be followed by the Alliance Board and the Chief Executive Officer in the formulation, approval, and execution of establishing new fees for new services, and the establishment of new fees for existing services.
Policy Guidelines:	<ol style="list-style-type: none">1. New fees for new or existing services can be set at any time. The fees will be determined by studying the cost of providing the service current UCR (usual, customary, reasonable) rates, Medicare and Medicaid rates, market rates, and insurance carrier reimbursement rates. The fees will be effective the date the service is provided. The Alliance Board does not have to review new fees; however, the Alliance Board can review all fees at any given time and also a Geographic Adjustment Factor (GAF) and/or Customized Fee Analyzer may be used to determine charges.2. Fee increases/decreases are to be in place by October 1 of any given year.3. The Chief Executive Officer, as delegated to the Chief Financial Officer, has the authority to deviate from this standard. Should this occur, a cost analysis of the given fee(s) in question must be available4. The Alliance Board may review and change this policy from time to time. The Board of Commissioners does not have to approve Alliance fees.
Responsibility:	Responsibility for this policy is given to the Chief Executive Officer who may delegate it to the Chief Financial Officer.

CORPORATE RESOLUTION

Public Health Authority of Cabarrus County

Subject: **Provision of Agency Vehicles**

Section No. Admn. 016

Effective Date: March 1, 2000

Page 1 of 1

Issue Date: March 1, 2000

Revised: June 17, 2008

Reviewed: May 12, 2009

Revised: June 1, 2010

Reviewed: June 14, 2011

Reviewed: January 8, 2013

Reviewed: January 8, 2013

Reviewed: February 11, 2014

Reviewed: May 12, 2015

Reviewed: May 10, 2016

Reviewed: August 8, 2017

Reviewed: August 14, 2018

Reviewed: August 13, 2019

Reviewed: August 3, 2020

Approved: _____, Chairman

Signed: August 11, 2020

Purpose:	To establish guidelines for the purchase and provision of agency vehicles.
Policy:	<p>To establish guidelines for the purchase and provision of agency vehicles.</p> <p>It is the policy of this board to provide a mid-sized vehicle (or the equivalent dollar amount in a monthly car allowance for the Chief Executive Officer, and other employees, who travel more than 1,000 miles per month or require an agency vehicle for official business.</p> <p>The Chief Executive Officer must follow these principles in implementing this policy:</p> <ol style="list-style-type: none">1. Vehicle must be no larger than a mid-sized vehicle as defined by the State of North Carolina purchasing contracts.2. If the Chief Executive Officer or other appointment employee elects a monthly travel allowance, the allowance must be based on an annual cost of a mid-sized vehicle. The real cost is to be determined by the Chief Financial Officer.3. Purchased vehicles may be considered for trade or provided as motor pool vehicles after 100,000 miles.4. The Chief Executive Officer shall report to the Board every June under this policy if provided a vehicle.

Cabarrus Health Alliance

**SUBJECT: RULE MAKING AND ADJUDICATION FOR PUBLIC HEALTH
AUTHORITY BOARD OF COMMISSIONERS**

EFFECTIVE DATE: March 12, 2013

REVISION(S):

DATES OF REVIEW: February 11, 2014, May 12, 2016, August 2, 2016, August 8, 2017, August 14, 2018, August 13, 2019, August 11, 2020

POLICY:

The Public Health Authority of Cabarrus County Board of Commissioners has the responsibility to protect and promote the public health and has the authority to adopt rules necessary for that purpose. The rules of Board apply to all municipalities within Cabarrus County. The Board follows the procedures outlined in the NC General Statutes 130A-39. In the advent that anyone appeals the enforcement of any rules adopted by the Board, the adjudication process described in the NC General Statutes 130A-24 is followed.

PROCEDURES:

I. Rule Making

- A. The Board can make a rule whenever the Board considers it necessary or when an issue is brought to them by the CEO/Public Health Director or other CHA staff.
- B. At least ten (10) days prior to adopting, amending, or repealing a rule, the Board must make the proposed rule available to the office of the Cabarrus County Clerk.
- C. A notice of the proposed rule must be published in a newspaper having general circulation in Cabarrus County at least ten (10) days prior to the adoption of the rule.
The notice will contain:
 1. A statement of the substance of the proposed rule or a description of the subjects and issues involved
 2. The proposed effective date of the rule
 3. A statement that a copy of the proposed rule is available at the Cabarrus Health Alliance or the website www.CabarrusHealth.org.
- D. The Board rule will become effective upon adoption unless a later effective date is specified in the rule.
- E. Copies of all rules are filed with the Secretary of the Board.

II. Appeals Process

- A. Any person appealing the enforcement and/or the imposition of administrative penalties needs to give written notice of the appeal to the CEO/Public Health Director within thirty (30) days of the challenged action. The notice should contain:

1. Name and address of the aggrieved person
 2. A description of the challenged action
 3. A statement of the reasons why the challenged action is incorrect.
- B. The CEO/Public Health Director will, within five working days, transmit to the Board the notice of the appeal and any papers or materials upon which the challenged action was taken.
- C. The Board will hold a hearing within fifteen (15) days of the receipt of the notice of appeal, giving the aggrieved person at least ten (10) days' notice of the date, time and place of the hearing.
- D. On appeal, the Board had the authority to affirm, modify, or reverse the challenged action.
- E. The Board will issue a written decision based on the evidence presented at the hearing. The decision will contain a concise statement of the reasons for the decision.
- F. If the person wishes to contest the decision of the Board, he has the right of appeal to the district court within thirty (30) days after the date of the decision by the Board. The scope of the review in district court is the same as in the NC General Statutes 150B-51.

August 11, 2020

Date

James T. Mack, Jr.

Chairman, Public Health Authority Board of Commissioners

August 11, 2020

Date

Dianne P Berry, Secretary

Public Health Authority Board of Commissioners



Cabarrus Health Alliance Board Meeting Agenda Form

Meeting Date: August 11, 2020

Name of Item: Annual Election of Board Chairman and Vice-Chairman

Submitted by: Dianne Berry, Secretary/Clerk to the Board

Brief Summary:

The annual meeting of the Public Health Authority Board of Commissioners will be held in August of each year. The officers of the Authority shall be a **Chairman**, a **Vice-Chairman** and a **Secretary**. Only the Chairman and Vice-Chairman are required to be Commissioners of the Authority.

The officers shall be elected at each annual meeting and shall hold office until the next annual meeting or until their successors are elected and take office.

Any officer may be elected to succeed himself or herself in office, provided that the requirement that the Chairman and Vice-Chairman be members or Commissioners of the Authority.

Chairman: The Chairman shall preside at all meetings and shall have and exercise such authority and perform such duties as shall be determined by the Commissioners.

Vice-Chairman: At the request of the Chairman, or in the event of the absence or disability of the Chairman, the Vice-Chairman shall perform the duties and possess and exercise the authority of the Chairman. The Vice-Chairman shall have such other powers and exercise such other authority and perform such other duties as shall be determined by the Commissioners.

Requested Action:

Election of Board Chairman and Board Vice-Chairman to serve for a one year term (August 2020 – August 2021)

Previous Action/Discussion on this item? If yes, explain

Items reviewed by:

Dr. Bonnie Coyle
Erin Shoe
Dianne Berry