



The Public Health Authority of Cabarrus County
Board Meeting Agenda
Tuesday, January 19, 2021
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 Motion...Chairman Mack
November 10, 2020
D. REPORTS
Financial Summary Report (6 months ending 12/31/20)...Sue Yates
Variance Analysis Year-to-Date...Sue Yates
CHA Budget Snapshot – 12/31/20...Sue Yates
Employee Separations Report (2nd Qtr FY2021)...Dr. Steve Cathcart
2nd Quarter FY21 Customer Service Survey Report...Dr. Steve Cathcart
COVID Team Metrics Report and Strategic Plan...Tamara Staehler
Final Strategic Plan for 2020-2025...Betty Foh
Health Director’s Report...Dr. Bonnie Coyle
E. CONSENT AGENDA Motion...Chairman Mack
Budget Revisions...Sue Yates
F. BUSINESS AGENDA...Chairman Mack
Finance Policy Revisions Motion...Sue Yates
Cell Phone Stipend Policy Revisions
G. ANNOUNCEMENTS...Chairman Mack
H. MOTION TO ADJOURN Motion...Chairman Mack

Next regular meeting date
Tuesday, February 9, 2021



Public Health Authority of Cabarrus County
Board Meeting Minutes
November 10, 2020

A regular meeting of The Public Health Authority of Cabarrus County Board of Commissioners was held on Tuesday, November 10, 2020 at 5:30 p.m.

Chairman James T. Mack, Jr., conducted the meeting from the Board Room. Board members participated electronically via Microsoft TEAMS.

Members Present: James T. Mack, Jr., Chairman

Members Present: Chris Bowe
Dan Hagler, MD
Kimberly Dehler, DDS
Lara Pons, MD, Vice-Chair
Mark Spitzer
Steve Morris

Members Absent: Dr. Chip Buckwell
Tom Kincaid

Staff Present: Dianne Berry, Dr. Bonnie Coyle, Erin Shoe, Sue Yates
(TEAMS) Barbara Sheppard, Dr. Steve Cathcart, Erin Shoe, Jordan Karas, Kevin Shanus, Ryan McGhee, Sue Yates

CALL TO ORDER

Chairman Mack called the meeting to order at 5:40 pm, and offered the invocation.

ADOPTION OF THE AGENDA

Steve Morris made a motion to approve the agenda. The motion was seconded by Mark Spitzer.
Approved 7:0.

APPROVAL OF THE MINUTES

Mark Spitzer made the motion to approve the October 13, 2020 regular meeting minutes. The motion was seconded by Dr. Dan Hagler. Approved 7:0.

REPORTS

CHA Customer Service Report

Erin Shoe presented the summary report from the September 29, 2020 Customer Service survey date. She remarked that our customers had glowing comments about staff, who are doing an incredible job even during COVID-19. Erin stated that the only areas of improvement noted were with wait time, which is always our biggest challenge. She noted that School Health did not survey this quarter, but will when it's appropriate to do so. Overall, CHA customers rated CHA at 96.6%. Erin thanked Dianne Berry for pulling this report together.

IT Performance Measures and Departmental Strategic Plan

Dr. Coyle stated that this report is part of a series of reports coming to the Board from each department. Each month a department will share with the Board as we align our Strategic Plan. Ryan McGhee, Chief Technology Officer, discussed dashboards in Clear Impact and how CHA can share those with the community. The target for most systems is 99%. The presentation included Board approved measures and alternate measures for customer satisfaction and the IT ticketing process. Ryan then reviewed the IT Departmental Strategic Plan with four strategic priorities:

- 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

Ryan explained deeper the plans and processes developed to achieve these goals.

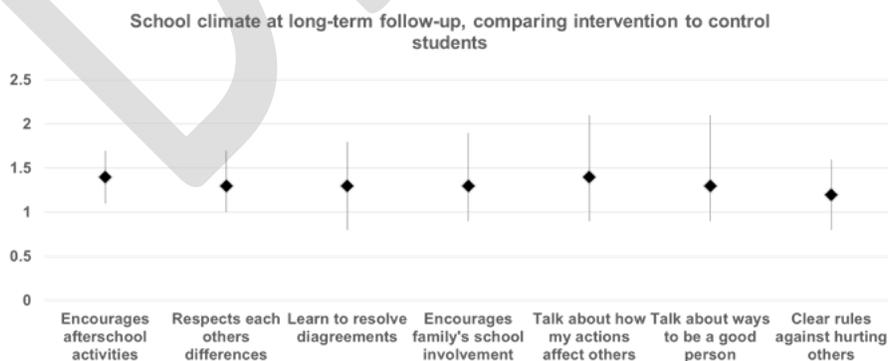
Mark Spitzer stated that these steps are transforming agency culture and practices.

Ryan responded that IT is moving as hard and fast as we can go.

Dr. Coyle thanked Ryan and Kevin Shanus for their work and for keeping us all on top of things. She noted that they respond quickly and are always smiling.

TRAIL Cohort 1 Findings

Jordan Karas thanked the Board for allowing her to share the findings from the TRAIL program and she also thanked Barbara Sheppard for all the work that has gone into the TRAIL program over the last five years. She explained that TRAIL (Taking Responsible Actions in Life) implemented pregnancy prevention strategies through the lens of the Multi-Tiered Systems of Support (MTSS) framework, representing a unique approach to teen pregnancy that combines public health research with educational theory. Utilizing these strategies, TRAIL created a school culture that promotes protective factors and developmental assets from numerous vantage points. Jordan explained that TRAIL involves 12 different interventions and our intervention sites, which include A. L. Brown, Cox Mill, Hickory Ridge and NorthWest Cabarrus High Schools. This report demonstrates the importance of communicating about sex and dating with parents and personal beliefs and perceptions of peers' beliefs. Jordan concluded, "While students might not value their parent's opinions, they think it is important to discuss sex and dating with them and perceive their peers think it is important too. Intervention kids reported that being more important. Students attending intervention schools were more likely to report the following things about their school's climate, compared to the students in control schools. This is indicating a positive impact from the interventions, though it only reached statistical significance for encouraging afterschool activities."



FY20 Comprehensive Annual Financial Report (CAFR)

Sue Yates, Chief Financial Officer, noted that the annual financial audit was conducted mid-September through October 2020, and has been submitted to the Local Government Association (LGA) for approval. Afterwards, on to Government Finance Officers Association (GFOA) for final wrap-up for the FY2020 CHA financial audit.

FY20 Audit Letter

Sue Yates shared with the Board the FY20 Audit letter from Potter & Company, stating that there were no audit findings as well as no internal control issues found and no disputes about financial management for FY 2020.

Financial Summary Report (ending 10/31/20) & Variance Analysis Year-to-Date

Sue Yates reviewed the financial summary report with the Board, for period ending October 31, 2020. She also shared the Variance Analysis Year-to-Date, explaining that this report compares this year to last year.

CHA Snapshot (as of 10/31/20)

Sue explained that the CHA Snapshot shows how CHA is doing compared to the budget. She noted that the only red dot is Dental, due to the fact that two Dentists recently I don't think that is correct – one resigned, and two were on medical leave – run that by Janie and six staff are currently on furlough, but one staff member will be returning back to work next week. Sue added that with increased staff and services, revenue will continue to increase.

Human Resources Strategic Plan

Dr. Steve Cathcart, Human Resources Director, shared his goals, which included:

- Creating a public facing data repository to inform the community and enhance decision making
- Transforming our workplace to be inclusive and equitable for employees from marginalized to underrepresented communities.
- Enhancing the existing workforce development plan and program

For each goal, Dr. Cathcart reviewed his objectives and action steps, metric/measures, the assigned champion for each effort and deadlines. He discuss his objective under Goal 1 to re-structure CHA hiring panels to ensure equitable hiring practices, and his plan to move the selection of hiring panels to Human Resources, who would also monitor how hiring choices are made. He stated that it would be much easier to ensure equity with fewer hands in the pot. He also plans to ensure that with hiring panels developed, 100% of staff are trained in interviewing best practices and adhere to the new guidelines. Chris Bowe stated that Atrium is having the same challenges, and we are always looking to make sure our teams represent our communities and to remove unconscious bias.

Dr. Cathcart also stated that compliance training will be offered on a regular basis regarding sexual harassment. He also noted that there are compensation issues, and work has already begun on a future salary and compensation study, with a kick-off on November 4th. Dr. Cathcart noted that he plans to bring the revised CHA Personnel Policy to the Board on January 12, 2021 for review and approval.

Mark Spitzer stated that as a former Human Resources professional, he was very pleased with the plan that Dr. Cathcart has put together. He further noted that he was impressed with the fact that even though no longer employed with RCCC, Dr. Cathcart completed the work that he had committed to finish up even after he had left employment.

Dr. Coyle thanked Dr. Cathcart, stating that she was really pleased with his solid knowledge about Human Resources issues. Chairman Mack concurred, adding that Dr. Cathcart had established some great and very aggressive goals, and the CHA Board looks forward to working with him.

Health Director's Report

Dr. Bonnie Coyle, Public Health Director, presented the Health Director's Report for November. She announced several awards and recognitions for CHA staff members in recent weeks, including Abraya Johnson, RN, G. W. Carver Elementary, receiving the 2020 School Health Nurse of the Year Award; Sonya Bohannon-Thacker being awarded the North Carolina Public Health Association's Outstanding Contributions to Social Work in Public Health Award; The Minority Diabetes Prevention Program being awarded the John Bowdish Community Award from the North Carolina Diabetes Advisory Council for improvements in overall health and wellness for minorities across CHA's 20-

county service area; and Great Stewart, CHA Public Health Educator, being invited to present a Wellness Session on Mindfulness and Stretching at the American Public Health Association's National Conference on October 26, 2020. Greg's session was streamed live for all virtual conference attendees and has been added to their video library for later viewing.

She also highlighted several departments including Human Resources, Finance/Grants, Clinical Services (Dental/Medical), School Health, COVID Response, Health Living Programs, Environmental Health, Healthy Cabarrus/Marketing, Performance/Quality Improvement and Accreditation, Board of Health Activities, and share National/State/Local Updates. Dr. Coyle thanked Clinical and Dental staff for the flexibility and sense of teamwork they have all demonstrated. She also acknowledged Erin Shoe's diligent efforts for her work to ensure a safe transition for back-to-school. She noted that the 2021 Goals and Objectives Review would be presented at the January 12, 2021 Board meeting. Dr. Coyle also thanked Chairman James T. Mack, Jr, for his October visit to CHA to meet and greet with employees, and also Mark Spitzer for visiting staff in November and stated that Dr. Chip Buckwell is scheduled to visit in December.

CONSENT AGENDA

Budget Revisions

Sue Yates reviewed budget revisions with the Board. Dr. Kim Dehler made the motion to approve the Consent Agenda. The motion was seconded by Mark Spitzer. Approved 7:0

BUSINESS AGENDA

Finance Policy Revisions

Sue Yates presented three finance policies to the Board for review and approval. She noted that these policies must be reviewed and updated annually, but none of the policies presented for approval tonight had any changes. The finance policies for approval included: Dental Clinical Eligibility, Donation Policy, and Donation Policy – Cabarrus Public Health Interest. Chris Bowe made the motion to approve the Finance policies are presented. The motion was seconded by Dr. Kim Dehler and approved 7:0.

ANNOUNCEMENTS

Chairman Mack called for announcements. There being none, he announced that there is no December 2020 meeting of the Cabarrus County Public Health Authority Board scheduled, and he looked forward to seeing everyone back on Tuesday, January 12, 2021. He did note that he felt the Board would like to have one additional COVID update before the end of 2020.

MOTION TO ADJOURN

There being no further business to come before the Board, Dr. Kim Dehler motioned to adjourn the meeting at 7:14 p.m. The motion was seconded by Chris Bowe and approved 8:0.

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 2021 **6 months ending** **12/31/2020**

GENERAL FUND									
	ACTUAL	ACTUAL	ACTUAL	ACTUAL	FY 2021	ACTUAL	Y-T-D %		
REVENUES	FY 2017	FY 2018	FY 2019	FY 2020	BUDGET	12/31/20	COLLECTED		
INTERGOVERNMENTAL REVENUES	\$ 21,610,099	\$ 21,490,440	\$ 21,168,562	\$ 19,287,274	\$ 19,409,080	\$ 8,858,075	45.64%		
PERMITS & FEES	236,375	\$ 246,785	\$ 203,853	\$ 216,482	176,117	\$ 106,800	60.64%		
SALES & SERVICES	1,461,455	\$ 1,491,663	\$ 1,785,752	\$ 1,618,074	1,668,162	\$ 533,901	32.01%		
INVESTMENT EARNINGS	34,710	\$ 95,743	\$ 180,096	\$ 104,186	10,000	\$ 1,983	19.83%		
MISCELLANEOUS	88,171	\$ 71,980	\$ 65,673	\$ 47,320	69,319	\$ 37,407	53.96%		
CONTRIBUTIONS & PRIVATE GRANTS	417,283	\$ 418,892	\$ 498,089	\$ 577,794	560,578	\$ 234,789	41.88%		
FUND BALANCE APPROPRIATED	-	\$ -	\$ -	\$ -	1,371,171	\$ -	0.00%		
TOTAL	\$ 23,848,092	\$ 23,815,503	\$ 23,902,025	\$ 21,851,130	\$ 23,264,427	\$ 9,772,956	42.01%		
EXPENDITURES	ACTUAL	ACTUAL	ACTUAL	ACTUAL	FY 2021	ACTUAL	Y-T-D %		
	FY 2017	FY 2018	FY 2019	FY 2020	BUDGET	12/31/20	SPENT		
ENVIRONMENTAL HEALTH	\$ 1,016,611	\$ 1,023,662	\$ 940,537	\$ 942,173	1,085,580	429,720.41	39.58%		
INFORMATION TECHNOLOGY SYSTEMS	713,288	\$ 838,463	\$ 958,323	\$ 1,153,424	1,127,543	492,397.08	43.67%		
GENERAL ADMINISTRATION	6,245,407	\$ 7,112,525	\$ 6,881,284	\$ 4,055,399	2,963,314	1,422,290.11	48.00%		
FAMILY CARE COORDINATION	936,255	\$ 978,968	\$ 1,040,588	\$ 1,177,374	1,133,446	454,596.98	40.11%		
SCHOOL HEALTH	2,664,527	\$ 2,825,137	\$ 2,994,421	\$ 3,117,582	4,022,821	1,800,366.88	44.75%		
HEALTH INITIATIVES	2,914,080	\$ 2,124,811	\$ 2,268,964	\$ 1,948,057	1,246,055	579,653.18	46.52%		
DENTAL HEALTH	2,982,327	\$ 3,523,777	\$ 3,723,191	\$ 4,020,629	3,992,553	1,360,746.61	34.08%		
VITAL RECORDS	51,579	\$ 62,420	\$ 65,439	\$ 54,625	62,288	25,784.72	41.40%		
COMMUNICABLE DISEASE	1,109,753	\$ 1,081,174	\$ 1,159,678	\$ 2,191,236	2,997,412	1,859,454.97	62.04%		
CLINICAL SERVICES	3,224,268	\$ 3,373,731	\$ 3,147,325	\$ 3,129,082	3,796,389	1,522,030.48	40.09%		
WIC	846,997	742,540	710,171	767,128	837,026	421,610.72	50.37%		
TOTAL	\$ 22,705,092	\$ 23,687,208	\$ 23,889,921	\$ 22,556,709	\$ 23,264,427	\$ 10,368,652	44.57%		
Y-T-D FUND BALANCE INCREASE (DECREASE)	\$ 1,143,000	\$ 128,295	\$ 12,104	\$ (705,580)	\$ -	\$ (595,696)			

ESTIMATED NET Y-T-D BALANCE 12/31/2020 **\$ (595,696)**

****PLUS 6 MOS MEDICAID SETTLEMENT - (\$1,275,706)** **\$ 637,853**

\$ 42,157

Variance Analysis Year-to-Date

	YTD					Comments
	VARIANCE ANALYSIS					
	2021		2020	2021		
BUDGET	ACTUAL	ACTUAL	BUD vs ACT	ACTUAL		
Revenue						
Environmental Health	1,085,580	574,578.00	539,060	52.93%	35,518	
Information Technology Sy	1,127,543	352,524.00	339,866	31.26%	12,658	
General Administration	2,845,755	1,350,622.60	2,505,627	47.46%	(1,155,004)	The NCTN project was sold last year
Family Care Coordination	1,133,446	531,076.78	436,513	46.86%	94,564	
School Health	4,022,821	1,477,593.93	1,280,837	36.73%	196,757	Percentage is low due to school starting in mid-August
Public Health Solutions	1,241,824	883,750.52	596,169	71.17%	287,581	Walmart & DFC Grants have paid prior to expenditures
Dental Health	4,488,113	1,381,669.76	2,082,174	30.79%	(700,504)	Due to COVID-19 Revenues are down
Vital Records	62,288	31,140.00	24,500	49.99%	6,640	
Communicable Disease	2,997,412	2,571,770.55	598,924	85.80%	1,972,847	Additional funding received for COVID-19
Clinical Services	3,422,619	1,597,615.58	1,232,516	46.68%	365,100	Community Care of Southern Piedmont funds received
WIC	837,026	421,798.89	375,017	50.39%	46,782	
Total Revenue	23,264,427	11,174,141	10,011,201	48.03%	1,162,940	
Expense						
Environmental Health	1,085,580	429,720	475,922	39.58%	(46,202)	
Information Technology Sy	1,127,543	492,397	494,703	43.67%	(2,306)	
General Administration	2,963,314	1,422,290	2,650,723	48.00%	(1,228,432)	The NCTN project was sold last year
Family Care Coordination	1,133,446	454,597	595,271	40.11%	(140,674)	
School Health	4,022,821	1,800,367	1,540,655	44.75%	259,712	Percentage is low due to school starting in mid-August
Public Health Solutions	1,246,055	579,653	932,549	46.52%	(352,896)	
Dental Health	3,992,553	1,360,747	2,125,759	34.08%	(765,013)	Due to COVID-19 we are not refilling positions
Vital Records	62,288	25,785	27,722	41.40%	(1,937)	
Communicable Disease	2,997,412	1,859,455	633,919	62.04%	1,225,536	Additional COVID-19 expenses
Clinical Services	3,796,389	1,522,030	1,512,326	40.09%	9,704	
WIC	837,026	421,611	374,011	50.37%	47,599	
Total Expense	23,264,427	10,368,652	11,363,562	44.57%	(994,910)	
Discussion						
Our Year to Date Percentage should be around 50% for December 2020.						
COVID-19 is affecting Dental and Communicable Disease the most. We are receiving funding for the response through December.						
Revenue is higher than the CHA Report due to Duke Endowment fund, Community Care of Southern Piedmont, and Walmart funds. These funds have been received but not yet earned. They are reduced in the CHA Financial Report, however, they are reported here as they are received.						

Cabarrus Health Alliance Snapshot

December 31,2020 Target Percentage 50%

	Budget	Actual	YTD Percentage		Comments
Environmental Health					
Revenue	(1,085,580)	(574,578)	52.93%		
Expense	1,085,580	429,720	39.58%		
Information Technology					
Revenue	(1,127,543)	(352,524)	31.26%		
Expense	1,127,543	492,397	43.67%		
General Administration					
Revenue	(2,845,755)	(1,350,623)	47.46%		
Expense	2,963,314	1,422,290	48.00%		
Family Care Coordination					
Revenue	(1,133,446)	(531,077)	46.86%		
Expense	1,133,446	454,597	40.11%		
School Health					
Revenue	(4,022,821)	(1,477,594)	36.73%		Due to schedule percent should be around 42.85%. Revenue is received one month after expenses.
Expense	4,022,821	1,800,367	44.75%		
Public Health Solutions					
Revenue	(1,241,824)	(883,751)	71.17%		
Expense	1,246,055	579,653	46.52%		
Dental Health					
Revenue	(4,488,113)	(1,381,670)	30.79%		Continuing to monitor budget and realign expenses with revenues.
Expense	3,992,553	1,360,747	34.08%		
Vital Records					
Revenue	(62,288)	(31,140)	49.99%		
Expense	62,288	25,785	41.40%		
Communicable Disease					
Revenue	(2,997,412)	(2,571,771)	85.80%		Response efforts are in Communicable Disease. We are monitoring budget closely.
Expense	2,997,412	1,859,455	62.04%		
Clinical Services					
Revenue	(3,422,619)	(1,597,616)	46.68%		
Expense	3,796,389	1,522,030	40.09%		
WIC					
Revenue	(837,026)	(421,799)	50.39%		WIC has funding that must be expended by September 30th.
Expense	837,026	421,611	50.37%		



Employee Separations Report

2nd Quarter FY2021

(October – December 2020)

October 2020				
Total # Positions	Total Separations	Status	Final #	% Rate
237	3	(1) 9101 (Retiree) (1) 9101 (1) 9102	2	.84%

November 2020				
Total # Positions	Total Separations	Status	Final #	% Rate
237	4	(1) 9101 (1) 9101 Probationary (1) 9102 Probationary (1) 9104 (Temp)	1	.42%

December 2020				
Total # Positions	Total Separations	Status	Final #	% Rate
237	1	(1) 9102 Probationary	0	0%

1st Quarter FY21 Totals				
Total # Positions	Total Separations	Status	Final #	% Rate
237	8	(2) 9101 (2) 9101 (3) 9102 (1) 9104	3	1.26%

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
Full-time	40 hours per week

Customer Service Survey Report

A one-day customer satisfaction survey was conducted on **Wednesday, December 16, 2020**. Clinical Services and Dental patients received survey forms (English/Spanish) during their visit to complete. Family Care Coordination surveyed for two weeks. Environmental Health, Vital Records, School Health, and WIC did not survey this quarter. The overall rating for this survey was based on one question:

Did We Treat You Well Today?

Overall Average for 2nd Quarter FY21 - 96.9%

Worst		Neutral		Best
0	0	1	2	94

Out of 97 surveys submitted, 94 were in the highest ratings categories

Overall Average for 1st Quarter FY21 - 96.6%

Worst		Neutral		Best
0	0	4	7	108

Out of 119 surveys submitted, 115 were in the highest ratings categories

Dental - Dream Center (Concord)

Did we treat you well today?

Worst		Neutral		Best
		1	1	32

Did we help you with your problems?

Worst		Neutral		Best
1		1		32

Why did you rate us this way?

Super nice staff. Quick & efficient. Extraction with little to no pain.

Excellent and personable care.

We have always had great service here. The staff help to ease all our anxiety at every visit.

They are friendly and nice, all the time

Very thorough and informative. Clear on understanding and follow-up.

Service was superb!

Because they are all so nice to my little children.

Great appointment with Dr. Lopez and Marissa

Always very nice and helpful

Excellent and personable care

Everyone was friendly

The lady I spoke with on the phone to make the appointment was very helpful.

Very kind and attentive staff 2

Great service!

My children had a great experience.

Because the children was very good and fast. Many thanks.
 The receptionists are very friendly and helpful.
 Because I kind of wanted to sleep cause it was relaxing. You did good!
 My appointment went well
 Had a very good visit 2
 The staff is friendly
 For being honest
 Awesome staff. Great with my children
 Was helpful, but didn't go beyond
 Marissa was awesome! She explained everything really well and made us more comfortable with the procedure. She was so nice and kind, and we appreciate her.
 Great customer service
 Dr. Lopez and Tina are the best!

What can we do better?

Improve waiting time 3
 You are already doing everything wonderfully.
 Nothing to suggest at this time.
 I really have no idea. Everything seemed fine.
 I have nothing to suggest
 Don't be so fearful of the virus but be more educated on it when you are at the Dentist. You will cough or sneeze. It's normal.
 Get more people like Marissa in your office!

Dental (Kannapolis)

Did we treat you well today?

Worst		Neutral		Best
				21

Did we help you with your problems?

Worst		Neutral		Best
				21

Why did you rate us this way?

The wait time wasn't bad. We were in and out.
 Nice and friendly
 Great service
 Everyone was very polite and treated me well.
 Everything was great
 Because Dr. Kumar and Cathy were great, and made me feel comfortable
 I have been coming here for 5 years now, and I have never had any problems. Everyone here is great and very professional. My children and I love coming here.
 Because they are excellent 2
 The staff is awesome
 Keep up the wonderful work. Thank you for being so kind!
 Excellent service. The staff are very friendly and nice.
 For the excellent service we have received since we first starting coming to this place. 4
 Because of the staff's treatment of patients. They are the best!
 Because I like their work

Staff is kind and service is rapid. Thank you!
 Very friendly
 They answer all my questions
 Because the lady who cleaned my teeth was awesome.
 For me, everything is perfect
 Monique is always great with my son. Don't ever let her leave. She is awesome with kids!
 Because we're better off here.
 Not much waiting
 Everyone was very informative and helpful

What can we do better?

N/A

Communicable Disease

Did we treat you well today?

Worst		Neutral		Best
				8

Did we help you with your problems?

Worst		Neutral		Best
				8

Why did you rate us this way?

For the wonderful service
 I like it because they are friendly and do their best as professionals.
 I rate Communicable Disease a 10 out of 10!
 Excellent, quick experience
 For the excellent service. Thank you.
 I was told by the School Nurse to come here. Outstanding customer service from the phone call all the way to the Nurse. Thanks so very much.

What can we do better?

Nothing. You do a good job, already.
 You don't need to do anything to improve. Just keep up the outstanding work.

Family Care Coordination Survey Dates: December 14 – 28, 2020

Did we treat you well today?

Worst		Neutral		Best
			1	16

Did we help you with your problems?

Worst		Neutral		Best
				17

Why did you rate us this way?

Regular follow-up
 Positive vibes
 Everything is good
 I was spoken to respectfully and kind. I was helped with everything I needed.
 Ya'll went beyond

Because that help was good
 Because you are nice and always check on us
 Answered my questions
 I can call you to help me
 Thank you for helping me
 Very satisfied with the interaction. I hope I get to work with you again.
 There were clear expectations, instructions and things were accomplished.

What can we do better?

I really need help financially with daycare
 Continue what you do
 Everything is good
 Nothing, it was great
 Nothing, everything is fine
 No suggestions at this time

Pediatrics

Did we treat you well today?

Worst		Neutral		Best
				9

Did we help you with your problems?

Worst		Neutral		Best
				9

Why did you rate us this way?

Because our visits are always excellent, Pediatrics staff is always very friendly and helpful. They all wonderful people.
 The service we received was perfect. Everyone was friendly.

What can we do better?

N/A

Women's Health

Did we treat you well today?

Worst		Neutral		Best
				8

Did we help you with your problems?

Worst		Neutral		Best
				8

Why did you rate us this way?

They always do great
 For me, everything is great. They provide excellent service.
 Sonja was nice. She asked me a couple of questions.
 Because I received the usual excellent treatment.
 Sonja is great. She is always helpful and friendly.
 You guys are always doing great!
 Dr. Suda has been helpful, as always.

You have always done the best. Would recommend CHA Women's Health to anyone.

Great staff

CHA has always been my 'go to' clinic ever since I was a little girl and I've always had a great visit and great service.

What can we do better?

Continue to offer help on parenting

So far, I've always gotten help with everything I needed. There's nothing I'd say is 'missing'.



Cabarrus Health Alliance Board Meeting Agenda Form

Meeting Date: January 12th, 2021

Name of Item: Strategic Goals

Submitted by: Betty Foh

Expected Length of Presentation: 20 mins

Brief Summary:

Betty Foh will be presenting the Final Strategic plan for 2020-2025. The Strategic Plan and individual department strategic plans have been completed agency wide. All staff were involved during the strategic planning process

Requested Action:

Revision of Strategic Plan and Approval in February 9th, 2021

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

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.

Board approved Strategic Priorities on August 11, 2020

Supervisors were invited to participate in a Strategic Planning Retreat to define strategic goals that align with Board-approved Strategic priorities. Once goals were agreed on by the Leadership team and supervisors, each department completed their department strategic plan. Betty Foh will be presenting Strategic Priority areas and goals to the board. These priorities and goals will be CHA's focus for the next five years.

Board approved Strategic Goals were approved on October 13, 2020

Items reviewed by:

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2020-2025 Cabarrus Health Alliance Strategic Plan



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Acknowledgements

We wish to express our gratitude to the Strategic Planning Core Team, Community members, CHA Staff, and the Public Health Authority Board of Commissioners for participating in the strategic planning process . The Cabarrus Health Alliance Strategic Planning process was spearheaded by a core team divided into four workgroups; Data, Industry Analysis, SWOT, and Report. The time, dedication, and information provided from each workgroup were critical in designing a strategic plan driven by the needs of our community that reflects the desire of CHA to have a positive impact on the health of Cabarrus County.

Thank you.

Data

Betty Foh

Kevin Shanus

Laurin Brown

Industry Analysis

Asma Warrich

Chrystal Swinger

Pady Doroodchi

SWOT

Alicia McDaniel

Megan Shuping

Tagny Diaz-Honeycutt

Report

Betty Foh

Erin Shoe

Kristin Boatright

Tammy Alexander



Executive Summary

As the first county health department in North Carolina to serve as an autonomous governmental entity, Cabarrus Health Alliance (CHA) has proven that a bold and innovative approach to public health can be an effective force in improving community health outcomes and in the provision of essential services. Like other health care providers, CHA faces many of the same challenges, including regulatory changes and restrictions, financial limitations, and increasing demand for services by the patients and clients we serve. In addition to these challenges, CHA must navigate a potentially volatile political climate, an increased burden of chronic diseases, and emerging public health trends that are drastically impacted by the social determinants of health (SDOH). The SDOH are conditions in the places where people live, learn, work, and play that affect a wide range of health and quality-of-life risks and outcomes¹.

CHA has created a strategic plan to assist with the continued and enhanced provision of top-quality public health services to Cabarrus County. Further, this strategic plan is designed to enhance CHA's ability to work efficiently and recognize the valuable contributions the agency can provide to others through capacity-building. This strategic plan focuses on four priority areas: (1) Use data to improve health, (2) Develop internal and external practices, programs, and policies that achieve equity, (3) Build and sustain collaborative systems that address social determinants of health, and (4) Transform agency capacity, culture, and practices to achieve excellence.

The implementation of this strategic plan will provide the agency direction and guidance, improve governance and workforce practices, build a stronger infrastructure, increase fiscal diversity, utilize technology effectively, and more efficiently utilize human resources.

We will continue our tradition of providing the highest quality services while evolving as the Chief Health Strategist for improving public health in the region we serve.



Cabarrus Health Alliance

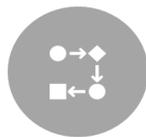
MISSION: To Achieve the Highest Level of Individual and Community Health through Collaborative Action.

VISION: Cabarrus Health Alliance is dedicated to enhancing the quality of life for the Cabarrus County Community.

Public Health 3.0 as Guiding Principles: To address new challenges, public health must take a collective effort to ensure the conditions in which everyone can be healthy. Public Health 3.0 recognizes the need to focus on the social determinants of health in order to create lasting improvements for the health of all in America.² Creating optimum health requires strategic collaboration across all sectors to build a complete infrastructure of healthy communities.



CHIEF HEALTH STRATEGIST



STRUCTURED, CROSS-SECTOR PARTNERSHIPS



ACTIONABLE DATA/CLEAR METRICS



ACCREDITATION



SUSTAINABLE, INNOVATIVE FUNDING MODELS



Cabarrus Health Alliance

Accreditation

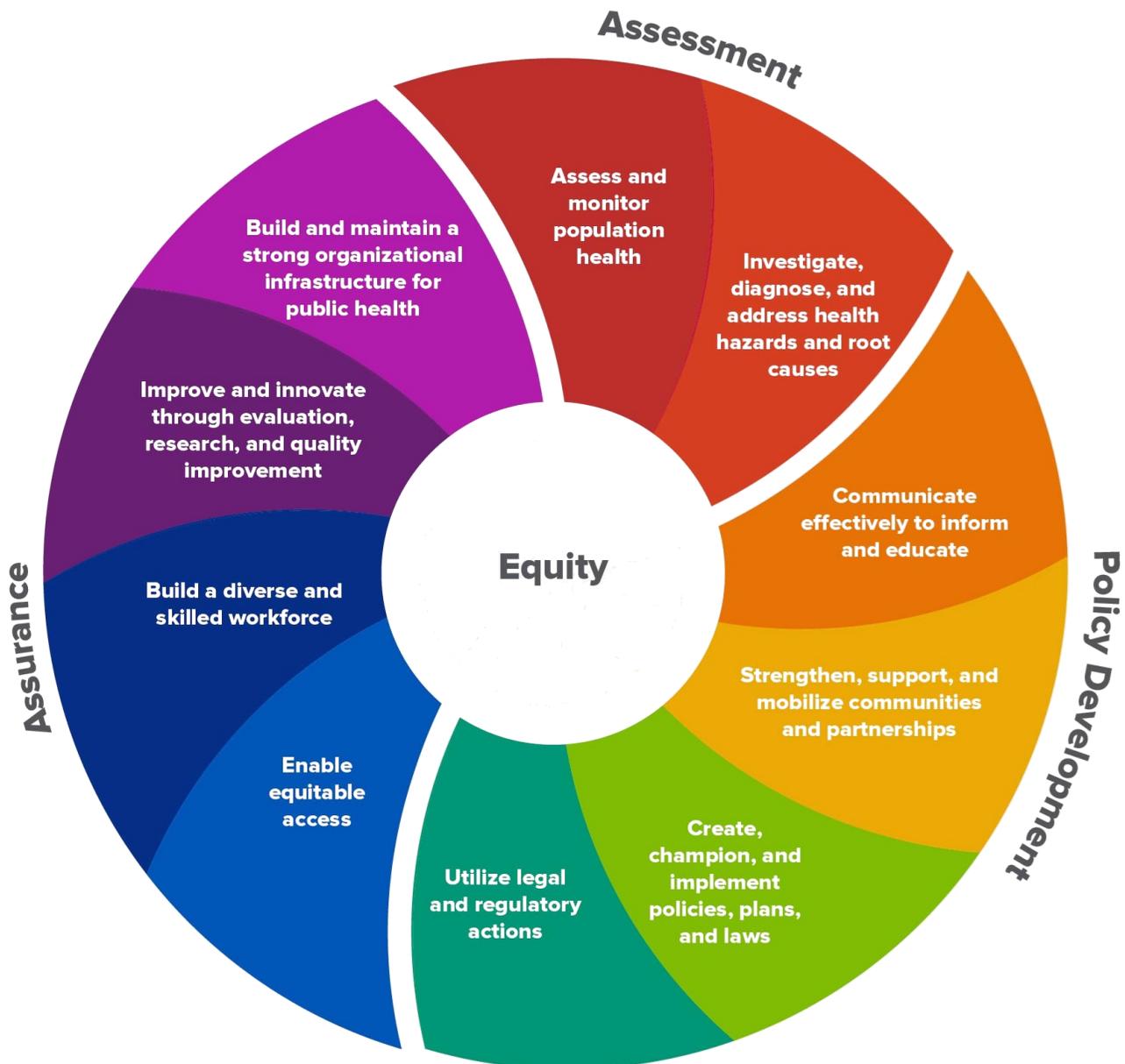
A strategic plan is fundamental to effective management and is one of three prerequisites for any local health department (LHD) seeking national, voluntary accreditation through the Public Health Accreditation Board (PHAB), the national accrediting body for Tribal, state, local, and territorial public health departments. According to PHAB a “strategic plan results from a deliberate decision-making process and defines where an organization is going³. The plan sets the direction for the organization and, through a common understanding of the mission, vision, goals, and objectives, provides a template for all employees and stakeholders to make decisions that move the organization forward.”⁴

Public Health Accreditation Board
5.3.1: Department strategic plan
<p>Provide the most recent version of the health department’s strategic plan. The plan must include:</p> <ul style="list-style-type: none">• Strategic priorities• Goals and objectives with measurable time-framed targets (SMART Goals)• Consideration of agency infrastructure and capacity required for efficiency and effectiveness; for example, information management, communication (including branding), workforce development, financial stability, etc.• The identification of changing or emerging trends that affect the effectiveness and/or strategies of the health department• A description of how the strategic plan links to the community health improvement plan.
North Carolina Local Health Department Accreditation
Benchmark 15: The local health department shall develop plans to guide its work
Activity 15.1: The local health department shall develop or update annually an agency strategic plan that:
<ul style="list-style-type: none">• Includes a review and analysis of factors influencing the health department’s ability to improve the community’s health• Uses local health status data and information to set goals and objectives• Uses community input where applicable• States desired outcomes for each element• Sets priorities, and uses community collaborations to implement activities

Cabarrus Health Alliance

Ten Essential Services

Cabarrus Health Alliance has long strived to provide services to the community based on need, strategic direction, and mandate. On September 9, 2020 a revised version of the 10 Essential Public Health Services (EPHS) was unveiled with the intention to reflect current and future public health practices. CHA uses the 10 EPHS to drive decision making, provide a working definition of public health, and establish a guiding framework for the responsibilities of local public health systems. The 10 EPHS acts as a guidepost to spur innovation by supporting practitioners to implement the tenets of innovation within each service and across the services, in order to best protect the public's health.⁵



Performance Management System

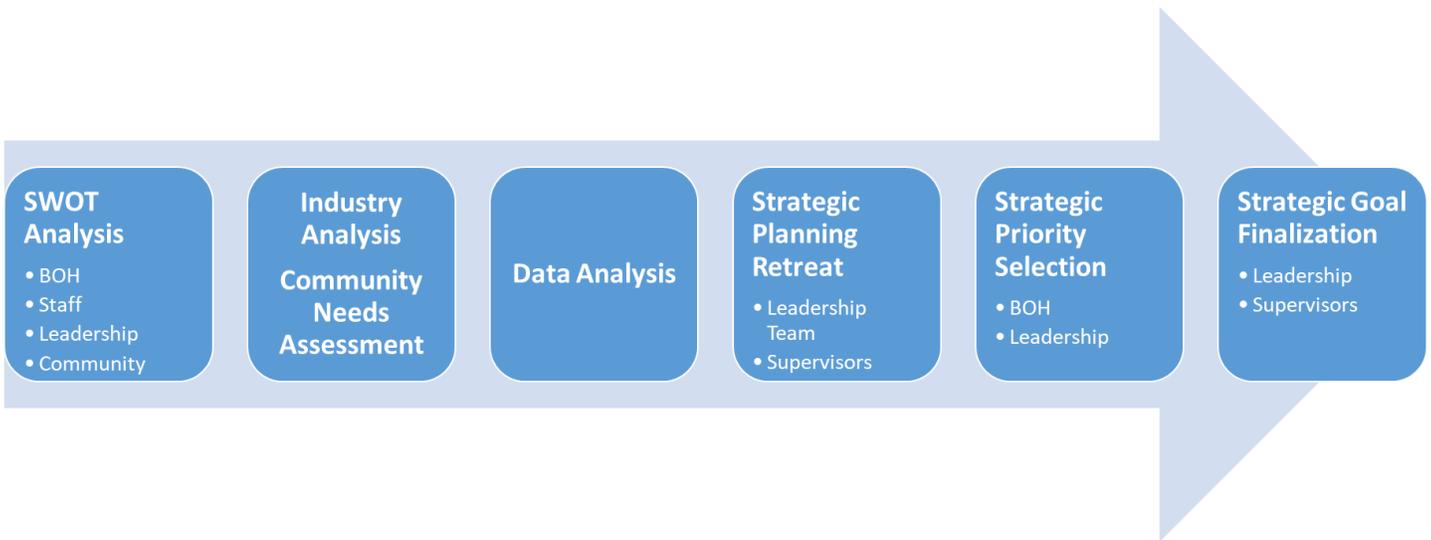
The strategic plan is fundamental to the Performance Management (PM) System. The strategic plan is one part of an overall performance management system with the plan at a 30,000-foot view describing where the agency is going and how it will get there.⁶ The Community Needs Assessment (CNA) informs the Community Health Improvement Plan (CHIP) and the strategic plan. CHA works with community partners to align with CHIP priorities when designing the agency strategic plan. To achieve the agency's mission and vision, (including environmental factors impacting agency performance) the PM System includes the Quality Improvement Plan, Annual Strategic Map and Workforce Development Plan. The PM system is a means of fulfilling the vision through planned actions and improvements at a mid-level overview at a 20,000 foot view. The Department/Program Action Plan from a 10,000-foot view identifies SMART goals and objectives which describes how the daily work will be accomplished. At sea level, CHA's plans integrate all the way down to individual employee contributions, roles, and performance related to the strategic plan.



Strategic Planning Process

CHA's strategic planning process for the fiscal year 2020 to 2025 began in January 2020. The strategic plan is specific to CHA and includes emerging and new initiatives that are informed by public health trends and the community needs assessment.

Staff were engaged at all levels with a shared responsibility to create and implement this strategic plan. Members of the Strategic Planning SWOT Analysis Committee coordinated and facilitated a series of focus groups with CHA staff, CHA leadership, community stakeholders, and Board of Health members. The strategic plan was well informed by conducting an industry analysis and several iterations of the SWOT (strengths, weaknesses, opportunities, and threats) analysis. This process includes goals and objectives that are timely with measurable targets for tracking.



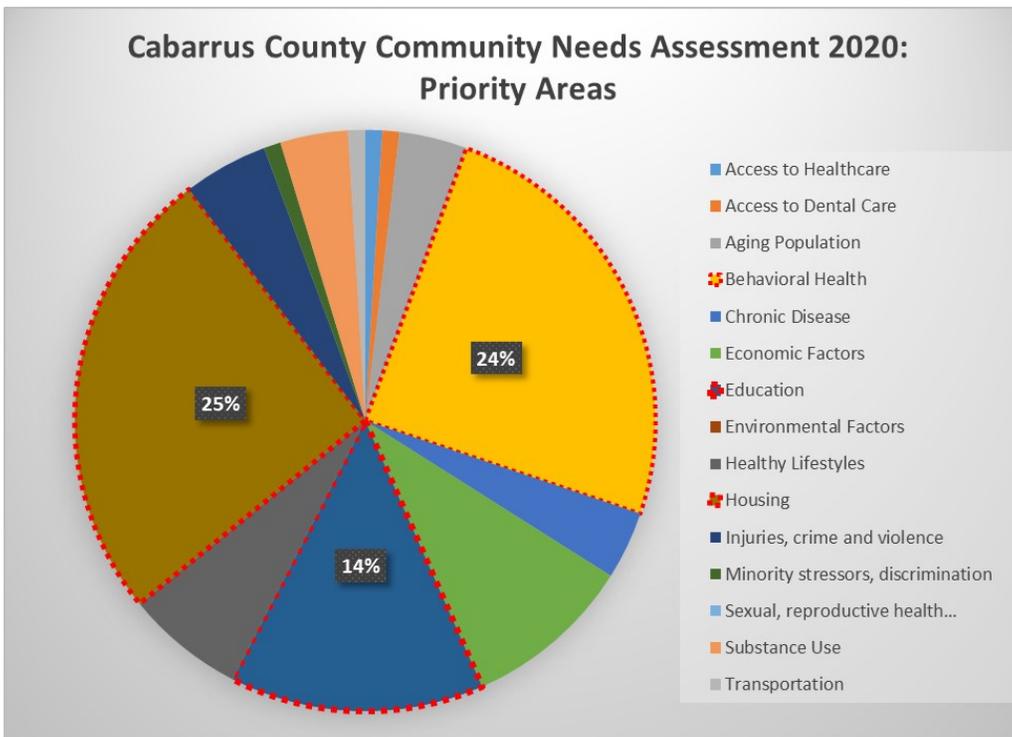
Community Needs Assessment

Cabarrus County, North Carolina

Cabarrus County, North Carolina

Based on 2019 census data, the population of Cabarrus County is 216,453, which is an increase of 19,691 individuals in a mere 5 years (2015). There are slightly more females (51.2%) than males and the majority of the population falls in the 5 – 17 years (26.1%) and 65+ years (13.4%) age brackets. Children under 5 years account for less than one tenth (6.4%) of the total population; adults (18 – 64 year olds) make up 55.0% of the population. The population includes a racial distribution that is 72.4% Caucasian, 19.6% African American, and <5% Asian/Native Hawaiian/Pacific Islander. Persons of Hispanic or Latino origin has steadily increased from 10.1% to 11.1% of the population since 2016. The American Indian and Alaska Native population of Cabarrus County is 0.7%.⁷

Although Cabarrus County was ranked the 9th healthiest county within the Health



Outcomes category in North Carolina according to the 2020 Robert Wood Johnson County Health Rankings Report, there continues to be areas of improvement in need of CHA's efforts.⁸ The Community Needs Assessment occurs every four years and is a comprehensive assessment of the health status of a

Top 3 priority areas identified by focus groups included Housing, Behavioral Health, and Education.

community's citizens and the environment. This report highlights the importance placed on a more comprehensive set of indicators that include the root causes of disease and the social determinants of health. The Healthy Cabarrus partnership completed the Community Needs Assessment process in 2020. The final report will be made available in 2021 and will include the following three issues as priority needs in the community: (1) Housing, (2) Behavioral health, and (3) Education (Early Childhood).

Strategic Planning SWOT Analysis

A SWOT analysis views all positive and negative factors inside and outside of an organization and its ability to drive its mission. SWOT is an acronym for Strengths, Weaknesses, Opportunities and Threats. By definition, Strengths (S) and Weaknesses (W) are considered to be internal factors over which the agency has some measure of control. Also, by definition, Opportunities (O) and Threats (T) are considered to be external factors over which the agency does not have a sense of control.

Members of the Strategic Planning SWOT Analysis Committee facilitated a series of focus groups with CHA staff, CHA leadership, community stakeholders, and Board of Health members. There were a total of 19 SWOT focus groups held, with 53 percent being facilitated in person. The remaining 47% were conducted virtually due to COVID-19 meeting restrictions. Attendees were provided an overview of the 2018-2019 Strategic Map, purpose of strategic planning, focus group engagement rules as well as definitions and examples for each SWOT category.

Overall, SWOT participation was significantly increased by at least 70% for all surveyed groups (117 total participants), whereas participant classifications were as follows: 76 CHA staff, 15 CHA leadership members, 20 community stakeholders, and 6 board members.



Strategic Planning SWOT Analysis

After initial collection of feedback, participants were asked to vote on their top three selections for each SWOT category. In person participants used a dot or check mark system to identify their selections, whereas those engaged virtually submitted their selections via email. The selections with the most votes were tagged and ranked. Once all focus groups were completed, the feedback was themed and summarized given the categories utilized in the 2016 SWOT analysis to allow for consistent comparison.

Themes	Theme Descriptions
Community Partnerships	Community collaboration and engagement with outside agencies and partners
Financial Resources & Service Structure	Funding streams, services, and programs offered as part of our mission and vision of the organization
Employee Relations	Staff satisfaction, communication, and culture among employees
Service Delivery & Customer Relations	Quantity and quality of the services that are offered
Facility and Equipment	Location and tangible equipment within or lacking from the agency
Workforce Development	Training, professional development, and continuing education
Political Climate, Local, and Global Concerns	Political, global health crises, and local community concerns
Quality Processes	Quality improvement, protocols, and accreditation
Employee Benefits	Tangible incentives, wellness, schedules, and health benefits
Talent Recruitment	Well-trained, subject matter expert employees

Strategic Planning SWOT Analysis

The themed data was later assessed for magnitude, feasibility, and seriousness for every focus group category.

Criteria	Measured by
Magnitude of the theme. How widespread is this theme among the agency? How much of a burden is this theme placing on the agency?	Numerator: # of comments on this theme Denominator: total # of comments of all themes
Seriousness of the consequences of the theme if left unaddressed. Would other issues be improved if this theme was addressed?	Numerator: sum # of weaknesses and # of opportunities within that theme Denominator: total # of comments within theme
Feasibility of correcting the theme. Consider the context. Can this issue be addressed with existing assets (technology, staff capacity, resources) within the agency? Is the agency ready for the strategy and will they support it?	Numerator: sum # of strengths and # of opportunities within that theme Denominator: total # of comments within that theme
Based on the Criteria	
Feasible strategies: The # of strengths and opportunities are greater than the # of weaknesses and threats with that theme	
Challenging strategies: The # of weaknesses and threats are great than the # of strengths and opportunities within that theme	

Strategic Planning SWOT Analysis

The chart below provides an outline of the magnitude of the themed responses from the 2016 and 2020 SWOT evaluations.

Themes	Magnitude of all comments (2016)	Magnitude of all comments (2020)
Community Partnerships	8.7%	12.26%
Financial Resources & Service Structure (Inclusive of the 2016 Grants Category)	11.7%	22.49%
Employee Relations	25.1%	12.47%
Service Delivery & Customer Relations	22.6%	17.27%
Facility and Equipment	7.1%	5.86%
Workforce Development	4.0%	4.58%
Political Climate, Local, and Global Concerns	6.4%	10.77%
Quality Processes	5.5%	3.41%
Employee Benefits	5.3%	6.18%
Talent Recruitment	3.4%	4.69%

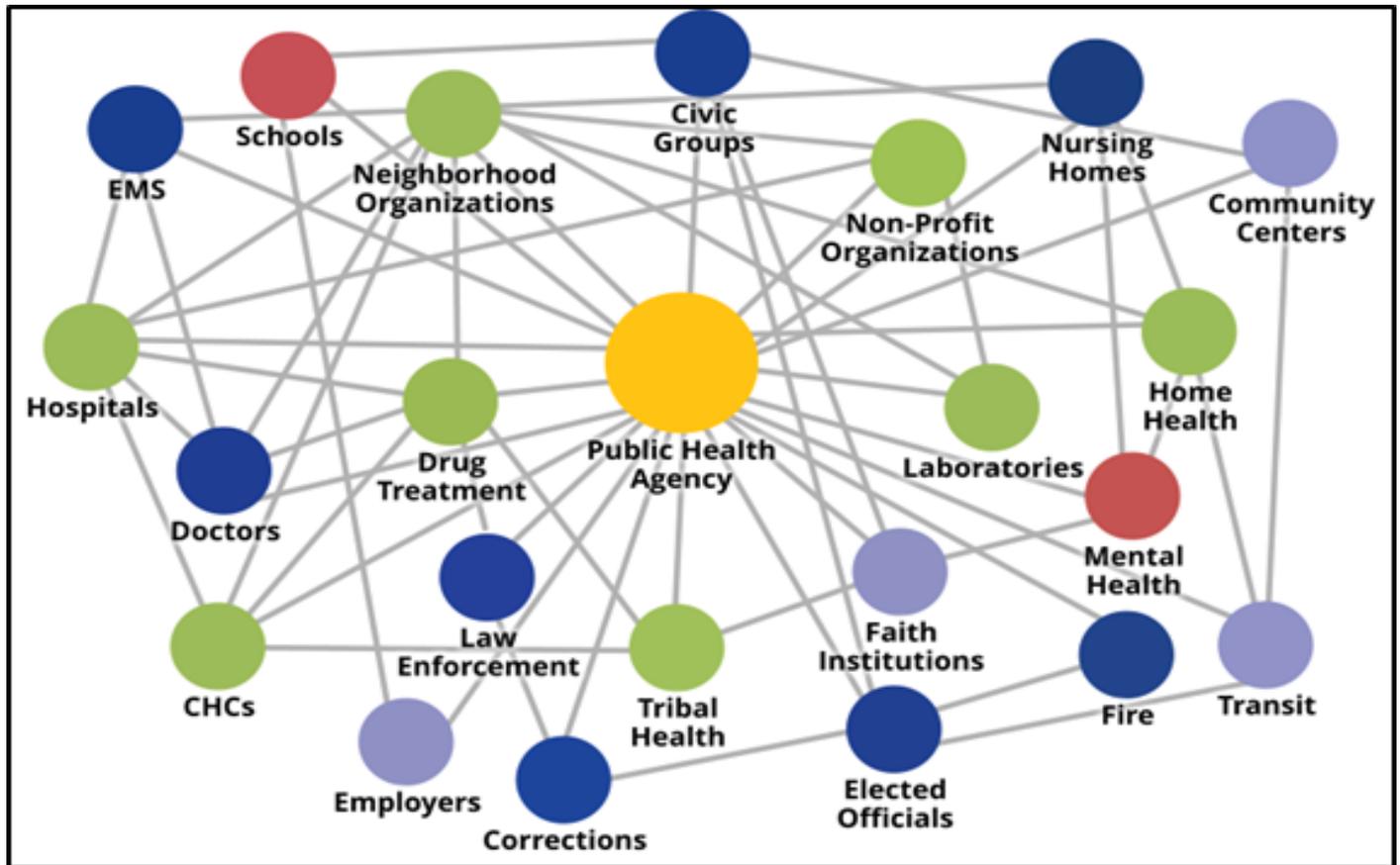
Strategic Planning SWOT Analysis

The chart below indicates the priority areas for each of the 2020 focus groups categories.

Themes	Staff	Leadership	Board Members	Community Members
Community Partnerships		X	X	X
Financial Resources & Service Structure (Inclusive of the 2016 Grants Category)	X	X	X	X
Employee Relations	X	X		
Service Delivery & Customer Relations	X		X	X
Facility and Equipment				
Workforce Development				
Political Climate, Local, and Global Concerns				X
Quality Processes				
Employee Benefits				
Talent Recruitment				

Industry Analysis

According to the Centers for Disease Control and Prevention (CDC), Public Health is defined as the science of protecting and improving the health of communities and populations by addressing health disparities and determinants of health.⁹ Large scale solutions include the promotion of healthier lifestyles, injury prevention, acknowledging health disparities and the detection, prevention and response to infectious diseases.



CDC mapping of the public health system

Several factors affect the availability and success of public health programming such as funding, politics, and partnerships. In order to best serve the community, CHA continues to create innovative avenues of funding in response to scarce public health resources and competition for limited dollars. Effective programming and funding is not possible without cross collaboration between community partners. The CDC encourages local health departments to collaborate with community entities in what is known as a ‘public health system.’ Public health systems are defined as “all public, private, and voluntary entities that contribute to the delivery of essential public health services within a jurisdiction.” This concept ensures that all entities’ contributions to the health and well-being of the community are recognized in assessing the provision of public health services.

Industry Analysis

Public Health Trends

In the last century, national leading causes of death have transitioned from infectious diseases such as tuberculosis, polio, and measles to largely chronic diseases (heart disease, cancer, stroke, etc.) and unintentional injuries (motor vehicle accidents, poisoning, etc.). Social factors (education, employment, and housing) and health behaviors (physical fitness, healthy eating, etc.) affecting and contributing to poor health are now being recognized as root cause of these chronic diseases. In addition, the link between race and health outcomes is now better understood and accepted.



- **National Trends**

1. Heart Disease
2. Cancer
3. Unintentional Injuries
4. Chronic Lower Respiratory Disease

- **North Carolina Trends:**

1. Cancer
2. Heart Disease
3. Unintentional Injuries
4. Chronic Lower Respiratory Disease

NC Healthy 2020 Goals

Areas that have improved:

- Overall life expectancy
- Tobacco use among adults
- Rate of new HIV infections
- Mortality rates for cardiovascular disease

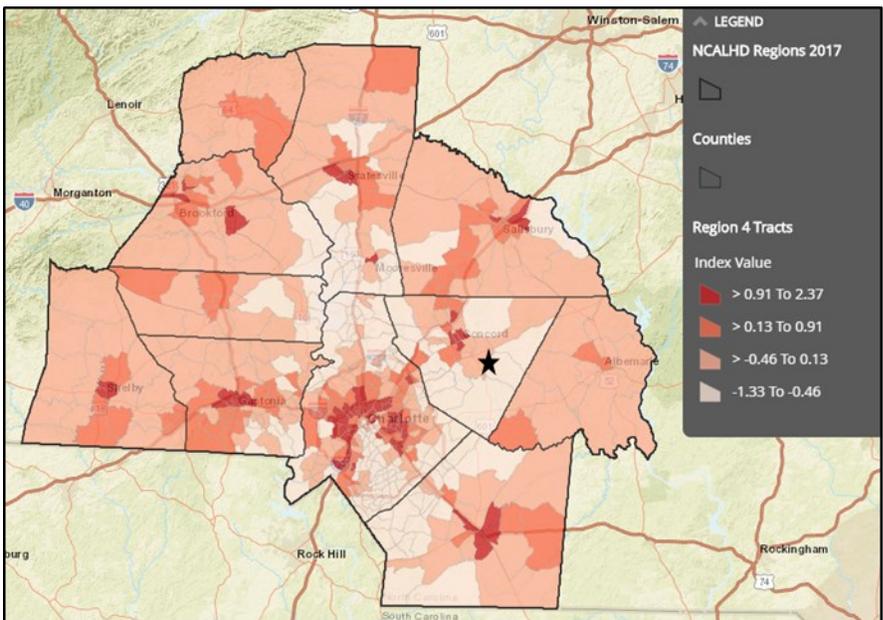
Areas that have worsened

- STD rates among youth
- Unintentional poisoning mortality (opioids)
- Affordable housing
- Tobacco use among youth
- Infant mortality disparities among Black and White mothers

Industry Analysis

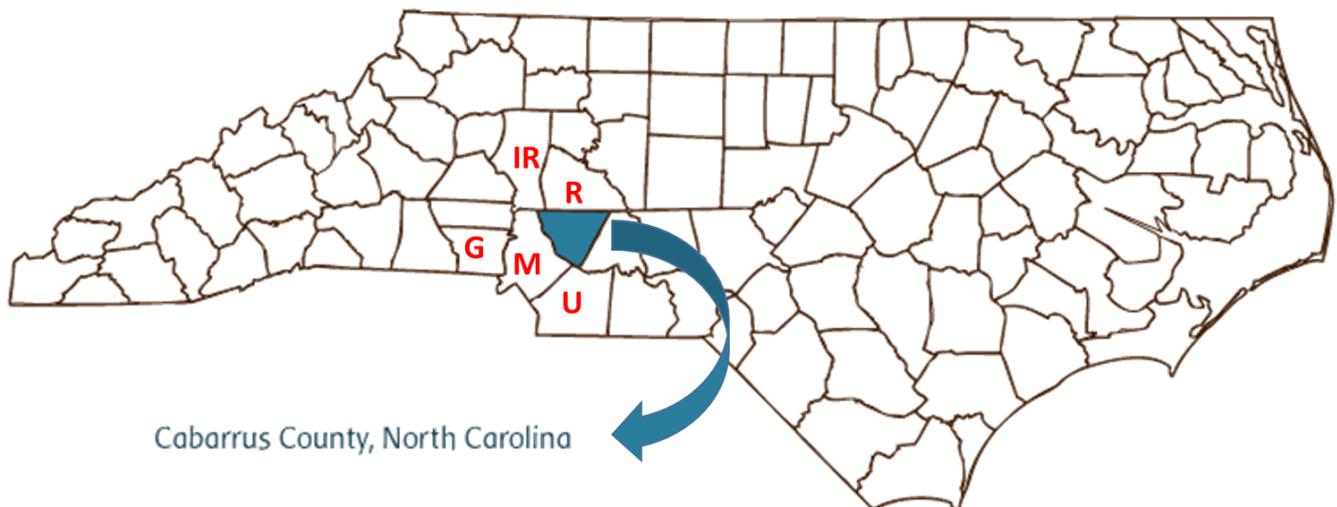
Public Health Trends

Among the health disparities that residents of North Carolina face, minorities and people of color are disproportionately affected. According to the 2018 North Carolina Health Equity Report, racial and ethnic minorities fared worse than their White counterparts in many categories including: income, education, employment, HIV and Chlamydia infection rates, and the ability to access a physician for many services including prenatal care.¹⁰



Overlay of the 12 social determinants of health maps for Region 4. Star indicates Cabarrus County. Created by the North Carolina Center for Health Statistics.

Cabarrus County is part of a group of counties in North Carolina known as Region 4. Higher index values indicate census tracts with the highest disparities among the social determinants of health.



Industry Analysis

Chief Health Strategist

As Chief Health Strategist, CHA will lead Cabarrus County's health promotion efforts in partnership with leaders in widely diverse sectors.¹¹ Our goal as a public health agency is to minimize duplication, and focus on collaboration. CHA is the only entity in the county that focuses exclusively on public health, although it is not a part of county government and does not receive the majority of its funding from the county.

To maximize resource utilization, as a Chief Health Strategist, CHA is a convener of partners. CHA "emphasizes catalyzing and taking actions that improve community well being thereby playing a vital role in promoting the reorientation of health system towards prevention and wellness".¹¹ Various organizations offer similar services; however, CHA focuses on residents in the community who have limited access to essential public health services that they may not receive otherwise. Though some CHA clients have private insurance, most are uninsured, underinsured, or have Medicaid.

Collaborators include: local healthcare organizations that accept Medicaid, non-profit organizations, and private testing companies.



Atrium Health Cabarrus - Formally known as Carolinas Healthcare System NorthEast located in Concord, North Carolina. The hospital has more than 400 beds and 1,100 physicians on site. Historically, an executive from Atrium Health Cabarrus has held a seat on the CHA Board of Commissioners. Atrium Health Cabarrus has comprehensive services that meet needs of Cabarrus County residents, some of which overlap with services that are currently available at CHA. In addition, since the Affordable Care Act was enacted and significant changes took effect in 2014, many primary care practices that have been purchased by Atrium Health Cabarrus are now accepting new patients with ACA or Medicaid.

Private Physician Practices - CHA collaborates with private dental and primary care practices that accept Medicaid for children and adults. Health providers who may operate under Atrium Health, Novant, or through private ownership often offer another option for the Medicaid/Health Choice population for primary care services, including pediatric services.

Industry Analysis

Federally Qualified Healthcare Centers (FQHC) - The Cabarrus Rowan Community Health Center (CRCHC) has two locations in Concord (Logan and McGill) and two locations in Rowan County (nearby China Grove and Northern Rowan). Community Health Centers are heavily supported by the federal government and must be located in an area of high need, provide services to all people regardless of their ability to pay, and provide comprehensive services including primary care, mental health, and oral health. Services are provided to children and adults with Medicaid, Health Choice, Medicare, private insurance, and those who are uninsured. Community Health Centers receive a higher Medicaid reimbursement. CRCHC collaborates with CHA for its Medicaid/Health Choice population. These services include physicals, sick care, and chronic disease management. For families who wish to have all of their medical care at the same facility, they may choose CRCHC for their medical needs.



Community Youth Services - There are several community youth services in Cabarrus County.



The Memorial YMCA has strengthened the families of Cabarrus County since its founding in 1908. With three locations in Kannapolis, West Cabarrus and Harrisburg, the Y focuses on youth development, healthy living and social responsibility. Many of the youth services create community development efforts including collaboration with schools, youth and teen programs, and healthy living programming.

KANNAPOLIS YMCA Many families who may have adequate financial resources may choose these options for their healthy living and youth programming needs.

Private Environmental Health Specialist and Testing Companies - 15A NCAC 18E now allows for individuals to become an Authorized On-site Wastewater Evaluator (AOWE) who is credentialed to perform soil evaluations and submit their findings and system designations to the LHD/CHA for acceptance.

Collaborating with Private companies ensure citizens are now provided the option of using county resources (non-profit/CHA) or a private business for testing purposes. The private AOWE is not licensed, so standards for delegation are not as rigorous; however, the private AOWE will not have the overall public health interest as their main priority.



2020-2025 Strategic Priorities



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



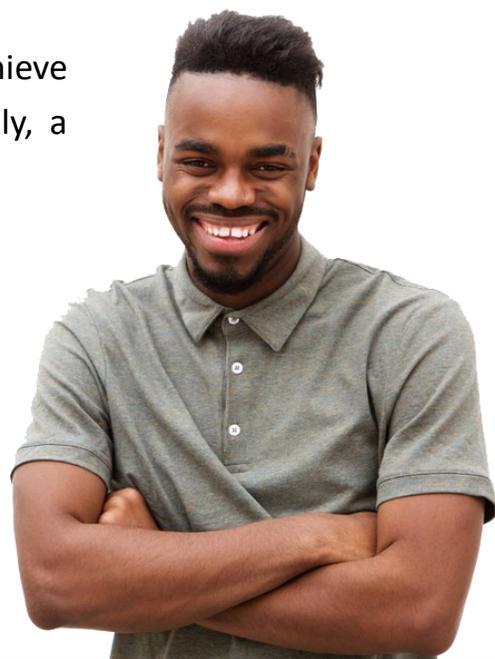
Transform Agency Capacity, Culture and Practices to Achieve Excellence



Use Data to Improve Health

The intent of this strategic priority is to use data to drive actions that lead to improved health outcomes. At Cabarrus Health Alliance we believe that an organization’s ability to generate value is dependent on how effectively it can unlock the power of data and generate insights by connecting, combining and securely sharing data with collaborative partners and regional counties.

Cabarrus Health Alliance is dedicated to using data to achieve better, more personalized health outcomes and ultimately, a shift towards prevention rather than treatment.



Goal 1	Goal 2	Goal 3
Create a public facing data repository to inform the community and enhance decision making	Use an equity lens for data collection, analysis, use and dissemination	Make strategic decisions and create work environments that foster the data integration, sharing, and analysis necessary to support better health outcomes

Develop Internal and External Practices, Programs, and Policies that Achieve Equity



Cabarrus Health Alliance is dedicated to creating a more equitable and inclusive environment. The U.S. Department of Health and Human Services defines health equity as attainment of the highest level of health for all people.¹⁰ To get a better understanding of how CHA can improve its ability to further embed principles of equity and inclusion we found that clear and consistent communication of the commitment to equity and inclusion and the ownership of these three goals by all employees is the first step. Our goals are not designed as a “one size fits all” equity and inclusion initiative; we understand that each department/program has its own distinct personality and culture. Therefore, each department/program will develop their own objectives for each goal.



Goal 1	Goal 2	Goal 3
Ensure equitable access to services, programs, opportunities, and information	Transform our workplace to be inclusive and equitable for employees from marginalized and underrepresented communities	Integrate diversity, equity, and inclusion within our work to continuously improve the health of our community



Build and Sustain Collaborative Systems that Address Social Determinants of Health

Cabarrus Health Alliance realizes that there must be a coordinated, cross-sector approach to address the social determinants of health and the advancement of health equity. The CDC has reported that social determinants of health- the social and economic factors that impact health- accounts for up to 75% of health outcomes. Various focus groups, the SWOT analysis and community input lead to the creation of these four goals. CHA will use community collaboration and engagement to achieve all four goals.



Goal 1	Goal 2	Goal 3	Goal 4
Lead the development of Community Health Improvement Plan (CHIP) based on the identified priority needs	Align programs, and services with the CHIP to ensure staff are engaged and actively involved in the plan development	Expand and maximize community partnerships to effectively address social determinants of health	Align and integrate public health programs to address social determinants of health

Transform Agency Capacity, Culture and Practices to Achieve Excellence



In order to operate and achieve excellence in a forever changing climate, Cabarrus Health Alliance recognizes that strategies and priorities need to be in place to cultivate cultural and organizational transformation. The five goals associated with this priority area ensure CHA’s dedication to create optimum wellbeing for our staff, patients, clients, and community.



Goal 1	Goal 2	Goal 3	Goal 4	Goal 5
Adopt Public Health 3.0 strategies as guiding principles to ensure CHA is prepared to respond to community needs this decade	Maintain a culture of quality improvement to advance departmental performance	Adapt and adopt staffing models and funding sources that reduce the number of positions and programs that are short-term and grant funded	Expand CHA capacity to include alternative service delivery and outreach models that improve access to care	Enhance the existing workforce development plan and program

Reference

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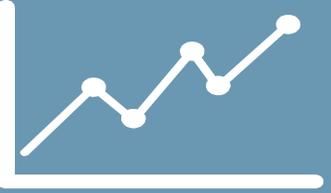


COVID-19 Department Strategic Plan

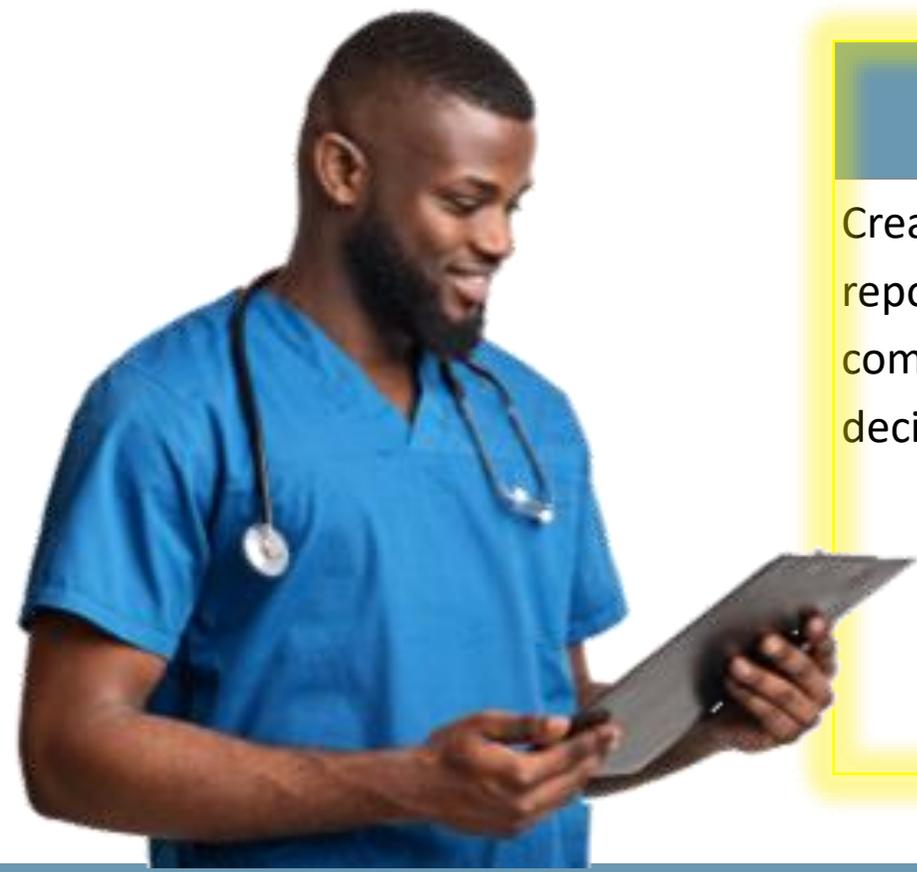
November 25, 2020



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Use Data to Improve Health



Goal 1	Goal 2	Goal 3
Create a public facing data repository to inform the community and enhance decision making	Use an equity lens for data collection, analysis, use and dissemination	Make strategic decisions and create work environments that foster the data integration, sharing, and analysis necessary to support better health outcomes



Use Data to Improve Health

Goal 1: Create a public facing data repository to inform the community and enhance decision making

Objectives	Action Steps	Metric/Measure	Champion	Deadline
COVID-19 data	<ul style="list-style-type: none"> •Continually assess what data is relevant for stakeholders (government officials, public, LTCF etc...) •Review data used at the national and state level and how that information can be used to at the local level 	Website updates	Tamara Staehler Erin Shoe Epidemiologist	Ongoing- weekly
Geographic Information System (GIS) Software	<ul style="list-style-type: none"> •Purchase •Utilize Software •Create Heat maps of COVID-19 cases 	Live Heat Map	Amy Potoczny Ryan McGhee Epidemiologist	FY 2021
Data Analysis and Presentaiton Software	<ul style="list-style-type: none"> •Purchase •Utilize Software •Analyze and publish COVID-19 data 	Published COVID data	Amy Potoczny Ryan McGhee Epidemiologist	FY 2021



Use Data to Improve Health

Goal 2: Use an equity lens for data collection, analysis, use and dissemination

Objectives	Action Steps	Metric/Measure	Champion	Deadline
CCTO- Contact Tracing Data collection of close contacts impacted by COVID-19 based on Demographics and hot spots	<ul style="list-style-type: none"> •Data collection of close contact •GIS Hotspot identification 	# of close contact cases based on demographics and geographics	Tagny Diaz-Honeycutt Epidemiologist	Ongoing Quarterly



Develop Internal and External Practices, Programs, and Policies that Achieve Equity



Goal 1	Goal 2	Goal 3
Ensure equitable access to services, programs, opportunities, and information	Transform our workplace to be inclusive and equitable for employees from marginalized and underrepresented communities.	Integrate diversity, equity, and inclusion within our work to continuously improve the health of our community



Develop Internal and External Practices, Programs, and Policies that Achieve Equity

Goal 1: Ensure equitable access to services, programs, opportunities, and information

Objectives	Action Steps	Metric/Measure	Champion	Deadline
Call Center- educating public regarding current trends and concerns	<ul style="list-style-type: none"> •Track call trends •Identify call center trends •Identify gaps in public health information. •Create broad/public education campaigns/programs to address gaps 	Currently assessing the best way to measure this objective	Erin Babbitt Marcella Beam	Ongoing Biweekly
Ensure testing is accessible remote and marginalized communities based on the GIS.	<ul style="list-style-type: none"> •Coordinate on-site testing •Complete NCCU testing events •Coordinate additional testing events as needed •Continuously monitor and restock PPE testing supplies and response inventory. •Collaborate with Atrium to identify community testing event locations 	# of testing events, number of tests completed at events	Amy Potoczny	FY 2021 NCCU- December 30, 2020



Build and Sustain Collaborative Systems that Address Social Determinants of Health



Goal 1	Goal 2	Goal 3	Goal 4
Lead the development of CHIP based on the identified priority needs	Align program and services with the Community Health Improvement Plans (CHIP) to ensure staff are engaged and actively involved in the plan development	Expand and maximize community partnerships to effectively address social determinants of health	Align and integrate public health programs to address social determinants of health



Transform Agency Capacity, Culture and Practices to Achieve Excellence



Goal 1	Goal 2	Goal 3	Goal 4	Goal 5
Adopt Public Health 3.0 strategies as guiding principles to ensure CHA is prepared to respond to community needs this decade	Maintain a culture of quality improvement to advance departmental performance	Adapt and adopt staffing models and funding sources that reduce the number of positions and programs that are short-term and grant funded	Expand CHA capacity to include alternative service delivery and outreach models that improve access to care	Enhance the existing workforce development plan and program



Transform Agency Capacity, Culture and Practices to Achieve Excellence

Goal 2: Maintain a culture of quality improvement to advance departmental performance

Objectives	Action Steps	Metric/Measure	Champion	Timeline
Train staff and provide them with resources to improve job performance.	<ul style="list-style-type: none">•Assess what skill sets are needed to perform job (focus group)•Determine skill sets for all staff to focus on (survey all staff)	COVID department bi-annual (2) trainings, determined by department needs assessment	Jordan Karas Tamara Staehler Sam Carroll Tagny Diaz-Honeycutt Erin Shoe Amy Potoczny	November FY2021



Transform Agency Capacity, Culture and Practices to Achieve Excellence

Goal 4: Expand CHA capacity to include alternative service delivery and outreach models that improve access to care

Objectives	Action Steps	Metric/Measure	Champion	Timeline
Community Education: Provide initial assessments and outreach to long term health care facilities and nursing homes in Region 4 (11 counties)	<ol style="list-style-type: none">1. Hire and onboard 1 PM, 1 PC, and 6 Regional Health Educator Specialist.2. Conduct initial outreach to facilities for formal introduction and program briefing.3. Conduct ICAR Assessment at facilities.4. Conduct infection prevention site visits/in-person trainings at facilities.5. Identify main point of contact(s) for each health department.	# of facilities reached in each county	Asma Warrich Regional Health Educators	Every Quarter



CHA Public Health Director's Report

January 19, 2021

Awards/Recognition:

- Dr. Russell Suda was awarded the **11th Annual Anne Laukaitis Champion for Children Award** in December. This award is in honor of Anne's distinguished Smart Start leadership and her long career dedicated to the service of young children and families in Cabarrus County. This award is given annually to an exceptional individual at the local level who is devoted to public service and whose leadership qualities have resulted in significant change for the betterment of young children, families, and communities.
- Marcus Misenheimer, BSN, RN, Nurse Manager of Communicable Disease Department and Danielle Cook, BSN, RN CD, currently working in COVID Response both completed the Physical Assessment of Adults course, administered through UNC Chapel Hill. This is a didactic course, which they completed virtually over the last four months. They will spend the next 6 months completing hands-on physical exams with their preceptors, with the intent of becoming STD Nurse Clinicians. All while battling COVID!
- Recently, three of WIC's Nutritionists (Monica Hernandez, Holli Rhinehart, and Anna Thadani) completed a 70 credit North Carolina Lactation Education Program. Their continued education will ensure CHA provides credentialed expertise and support to pregnant, postpartum and breastfeeding women, as well as infants and children up to age 5.

Human Resources

- Equity Coordinator position posted Monday 1/11.
- HR going live on the BOSS System Friday 1/13.
- New hiring process complete. We will pilot with positions we are hiring for over the next 2 weeks.

Finance/Grants

- In November and December 2020, CHA and CPHI together submitted eight (8) grants for a total value of \$1,044,021. During that same period, CHA was awarded \$820,659 in grants for the Minority Diabetes Prevention Program, COVID-19 Response Team, and Environment Health (training, equipment, and Technical Assistance). One grant application was not for a \$ amount, but rather, a COVID-19 pilot opportunity for rapid antigen testing in schools in which our partnership (with CCS, KCS, and Cabarrus Charter K-12) was one of only 17 counties in the state to be awarded.
- Currently two (2) applications are pending (submitted, with no response yet) for Emergency Dental for Infants and Children up to 5 Years Old and Mental Health Treatment for Victims of Crime. Three (3) applications are in development for Bilingual Peer Breastfeeding Support for

WIC Mothers, Access to Primary and Preventative Dental Care Services for Adults, and Research on Impacts of Lifestyle Medicine (in collaboration with NCCU and the Free Clinic). We are also developing four PHAP applications for Medicaid Transformation, COVID response, Employee Wellness, and Breast Health: Achieving Health Equity for African-American Women.

Clinical Services

- As of 1/4/2021 Dental has 5 dentists which includes 1 who returned from medical leave and 1 new employee.
- No employees currently remain on furlough.
- Additional clinical rooms being utilized in the WIC department with portable dental equipment.

School Health

- With the goal of having all students fully vaccinated, the school nurse team worked diligently to track student vaccination records and health assessments that are required for school attendance up until the state deadline of Dec 30, 2020, to avoid exclusion from classes. Final compliance numbers will be collected next month as part of the NC State Report and will be communicated to the board at that time. As of December 1st, Kannapolis City Schools had a total of 60 students and Cabarrus County Schools 627 students who were still out of compliance for either needed vaccinations or health assessment forms.
- Our public health school nurses have pivoted in their job duties to take on additional roles assisting in our county's COVID response during the schools' holiday break by participating in antigen testing, COVID vaccine clinics, and various other duties.
- Now as schools return to remote learning during plan C this week, the nurses will balance their time between meeting the needs of the students and the needs of our public health emergency response team.

COVID Response (See tonight's presentation)

Cabarrus Public Health Interest

- The Public Health Interest participated in the Kannapolis Cannonballers Christmas Tree fundraiser for non-profits. We are awaiting to hear about the proceeds from this event.
- The Executive Director is working with the CHA grant writer to develop a strategic plan in order to build relationships with local foundations

Healthy Living Programs (WIC, MDPP, Lifestyle Medicine):

- MDPP (Minority Diabetes Prevention Program) has established a partnership with One Charlotte Health Alliance's Mobile Food Pharmacy to conduct screenings at their locations. The MDPP program is seeking providers, agencies, and local community groups that are interested in assisting with participant recruitment and referrals within any of the listed Region IV counties:

Cabarrus, Mecklenburg, Union, Alexander, Catawba, Gaston, Lincoln, Rowan, Stanly, and Cleveland.

Environmental Health

- Open positions still unfilled; working with HR for more aggressive use of recruiting tools.
- OSWW is only 2 weeks out on appointments. This is due to overtime work on weekends by several staff.
- Like other programs, there are strains on work flow due to quarantine and isolation by staff.

Healthy Cabarrus/Marketing

Healthy Cabarrus

- Action Planning Retreats for three new priorities (Mental Health, Housing and Early Education) are scheduled and invites have gone out for the January 28th Mental Health meeting.
- Marcella has applied to join the County's Early Education task force to support the work of that existing group.

Substance Use

- Community donor has increased contributions to \$24,000 a year.
- **Medication Safety Partnerships:**
 - Partnering with EMS Community Paramedics and Cannon Pharmacy social workers to provide **locking** pill boxes to patients. Also included will be at-home medication disposal packs and other helpful prevention resources (pilot round).
 - Partnering with Cabarrus County Schools to send out quarterly newsletters specifically about substance use prevention to parents.

Walmart HFA

- As of 1/8, all three participating daycare centers began recruiting parents to participate in the research study. Parent interviews and surveys are currently being conducted.
- Program partners (CHA, UNCC, and MOW) are in the planning stages of creating a website/app to allow parents to place meal orders, make payments, and leave feedback for the caterer.

Marketing

- A marketing strategy is being consistently developed to best promote COVID-19 safety, testing, and now vaccinations. Marcella and Tracy are developing a spreadsheet to identify potential communication channels to promote the vaccine clinics that roll out with each phase.

Performance/Quality Improvement and Accreditation:

Quality Improvement/Data

- Clear Impact training: We currently have 15 users. The users can access their respective department data and will be responsible for monitoring their data.
- All Scorecards have been updated and have ongoing data updates
- Scorecards will go live (on CHA website) monthly

PHAB Accreditation

- Final report accepted by PHAB on November 9th, 2020

Strategic Plan

- Agency Strategic plan completed along with department plans.

Epidemiology

- COVID-19 Data analysis
 - School-aged children
 - Zip code,
 - COVID-19 vaccination

Internships

- Committee formed to formalize intern process. Six interns on board for this Spring to work on several strategic projects:
 - Academic Health Department
 - PH 3.0
 - SDOH
 - Racism as a Public Health Crisis
 - Behavioral Health and Tobacco Use

BOH activities

- 3 Monthly staff visits have occurred and are very well received. Additional volunteers for 2021 needed.
- Thank you to Dr. Lara Pons for volunteering at CHA COVID clinics. Her assistance has been welcomed and greatly appreciated by staff.

National/State/Local Updates

- **NALBOH sessions:**
 - **1/21/2021** - NALBOH Town Hall - COVID-19 - Core Competencies for Public Health Professionals
 - **3/24/2021** - NALBOH 2021 Spring Symposium

- County Budget Presentation scheduled for April 15. Mr. Mack will be joining CHA staff for that presentation.

20201 Goals and Objectives Review (See attached)

FY21 Goals Progress Report – Jan 2021

Board of Health Engagement/PH 3.0 Model

Lead: Bonnie Coyle

Committee Members: Erin Shoe, Sue Yates, Marcella Beam, Suzanne Knight

Policy Development	Deadline	Completed	On Target	Off Target
Proclaim Racism as a PH Crisis with measurable action steps identified	September 2020	X		
Recognize/Declare Juneteenth as a CHA holiday		X		
Continuous Improvement and Metrics	Deadline	Completed	On Target	Off Target
Monthly monitoring of data beginning September 2020	September 2021		X	
Recommend policies and program changes based on metrics			X	
Resources Stewardship	Deadline	Completed	On Target	Off Target
Diversified funding plan	March 2021		X	
Two new funding partners and relationships	June 2021		X	

Healthy Living Department Development	Deadline	Completed	On Target	Off Target
Create Healthy Living and Chronic Disease at CHA Director level oversight	December 2020	X		
Adopt innovative models related to Lifestyle Medicine	Ongoing		X	
Complete a business plan for Employee Wellness program	March 2021			X
Identify new funding source for programs	June 2021			X

Sustainability – Diversified Funding Sources	Deadline	Completed	On Target	Off Target
Diversified funding plan developed	March 2021		X	
Potential new fee/revenue sources identified	June 2021		X	
340B pharmacy exploration	June 2021		X	

Leadership Development

Lead: Steve Cathcart

Committee Members: Erin Shoe, Janie Woodie, Sue Yates, Chrystal Swinger Rolanda Patrick

Staff Leadership Development	Deadline	Completed	On Target	Off Target
Educate managers, supervisors and staff about Public Health 3.0 model	December 2020			X
New leadership program for all managers and/or supervisors	January 2021			X

Data Metrics

Lead: Betty Foh

Committee Members: Marcella Beam, Ryan McGhee, Janie Woodie, Chrystal Swinger

Data and Metrics - Results Based Accountability	Deadline	Completed	On Target	Off Target
Hire Epi position to assist with metrics	December 2020	X		
Report cards/data – county-wide and program specific. Monitored regularly.	July 2021		X	
Clear Impact Live- for all score cards	July 2021		X	

Health Equity – Social Determinants of Health (Internal and External)

Lead: Steve Cathcart, Betty Foh

Committee Members: Suzanne Knight, Sandra Torres, Rolanda Patrick

Agency equity and SDOH (Internal)	Deadline	Completed	On Target	Off Target
Hire new Human Resources Director	September 2020	X		
Hire new Equity Position	January 2021		X	
Conduct agency assessments based on national guidelines and recommendations	June 2021		X	
Conduct salary/equity analysis and develop action plan	June 2021		X	
Provide basic equity education to all staff and review plan	June 2021		X	
All report cards (metrics) highlight disparities	June 2021		X	
Community equity and SDOH (External)	Deadline	Completed	On Target	Off Target
Educate partners/community about greatest health disparities	March 2021			X
Move away from individual interventions to health disparities/SDOH	Ongoing		x	
Incorporate health disparities/SDOH goals in all program areas	June 2021		X	
Secure new funding streams for health equity/SDOH of work	June 2021			X



Cabarrus Health Alliance Board Agenda

Meeting Date: January 12, 2021

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. To adjust budget to actuals for the TRAIL grant. - \$(1,000)
2. To align budget with actuals for the Wake Forest – NCBHEI grant. - \$0
3. To align budget with actuals for the Drug Free Communities grant. - \$0
4. To align budget with actuals for the Cabarrus County Schools COVID grant. - \$0
5. To record grant funds received through CPHI from Cabarrus County for COVID response. - \$573,758
6. To budget for funds received for ED Regional Prevention Support Teams. - \$206,692
7. To align budget with actuals for Healthy Cabarrus. - \$10,000
8. To adjust budget with actuals for the Opioid CLC grant. - \$0
9. To align budget to actuals for the MDPP grant. - \$0
10. To adjust budget to actuals for School Health. - \$0
11. To align budget with actuals for General Administration and budget for funds received for cooking classes. - \$100
12. To budget for Sister’s in Partnership funds. - \$500
13. To budget for additional funding received from the Community Free Clinic. - \$15,745
14. To reduce budget for RCCC contract. Other funds were used to pay for RCCC staffing. - \$(50,000)
15. To align budget with actuals for Immunization Action Plan funding. - \$0
16. To align budget with actuals for Dental Services. - \$0
17. To align budget with actuals for the Dream Center. - \$0

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: 1/12/2021

Amount: \$ (1,000)

Type of Adjustment:

Health Director: Dr. Bonnie Coyle

Internal Transfer Within Program

Purpose of Request: To adjust budget to actuals for the TRAIL Grant.

Transfer Between Programs

Supplemental Request

Account	Account Name	Present Approved Budget	Increase	Decrease	Revised Budget Amount
0265845-6294-161	DHHS/OAH - TRAIL	\$ 52,725	\$ -	\$ 1,000	\$ 51,725
0295845-9635-161	Training & Ed/TRAIL	\$ 2,000	\$ -	\$ 1,000	\$ 1,000

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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: 1/12/2021

Amount: \$ _____ -

Type of Adjustment:

Health Director: Dr. Bonnie Coyle

Internal Transfer Within Program

Purpose of Request: To align budget with actuals for the Wake Forest - NCBHEI grant.

Transfer Between Programs

Supplemental Request

Account	Account Name	Present Approved Budget	Increase	Decrease	Revised Budget Amount
0295845-9201-223	Social Security-NCBHEI	\$ 612	\$ 200	\$ -	\$ 812
0295845-9210-223	Retirement-NCBHEI	\$ 903	\$ 260	\$ -	\$ 1,163
0295845-9635-223	Training & Education-NCBHEI	\$ -	\$ 412	\$ -	\$ 412
0295845-9102-223	Part Time > 1000 Hrs-NCBHEI	\$ 7,743	\$ 1,540	\$ -	\$ 9,283
0295845-9355-223	Other Operation Costs	\$ 8,060	\$ -	\$ 2,412	\$ 5,648

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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: 1/12/2021

Amount: \$ _____ -

Type of Adjustment:

Health Director: Dr. Bonnie Coyle

Internal Transfer Within Program

Purpose of Request: To align budget with actuals for the Drug Free Communities grant.

Transfer Between Programs

Supplemental Request

Account	Account Name	Present Approved Budget	Increase	Decrease	Revised Budget Amount
0295845-9355-504	Other Operation Costs - DFC	\$ 612	\$ 3,549	\$ -	\$ 4,161
0295845-9301-504	Office Supplies - DFC	\$ -	\$ -	\$ 197	\$ (197)
0295845-9320-504	Printing & Binding - DFC	\$ 7,743	\$ -	\$ 280	\$ 7,463
0295845-9611-504	Mileage - DFC	\$ -	\$ -	\$ 253	\$ (253)
0295845-9635-504	Training & Education - DFC	\$ 8,060	\$ -	\$ 2,819	\$ 5,241

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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: 1/12/2021

Amount: \$ _____ -

Type of Adjustment:

Health Director: Dr. Bonnie Coyle

Internal Transfer Within Program

Purpose of Request: To align budget with actuals for the Cabarrus County Schools COVID grant.

Transfer Between Programs

Supplemental Request

Account	Account Name	Present Approved Budget	Increase	Decrease	Revised Budget Amount
0295840-9447-510	Contracted Services-C19CS	\$ 81,040	\$ 67,610	\$ -	\$ 148,650
0295840-9104-510	Temp - Part & Full Time-C19CS	\$ -	\$ 9,000	\$ -	\$ 9,000
0295840-9201-510	Social Security	\$ -	\$ 2,900	\$ -	\$ 2,900
0295840-9101-510	Salaries & Wages-C19CS	\$ 31,310	\$ -	\$ 8,888	\$ 22,422
0295840-9102-510	Part Time>1000 Hrs-C19CS	\$ 46,000	\$ -	\$ 26,000	\$ 20,000
0295840-9202-510	Medicare-C19CS	\$ 5,113	\$ -	\$ 3,500	\$ 1,613
0295840-9205-510	Group Hospital Ins-C19CS	\$ 34,826	\$ -	\$ 31,100	\$ 3,726
0295840-9206-510	HRA-C19CS	\$ 6,000	\$ -	\$ 5,362	\$ 638
0295840-9210-510	Retirement-C19CS	\$ 8,412	\$ -	\$ 3,560	\$ 4,852
0295840-9211-510	401K Match-C19CS	\$ 1,649	\$ -	\$ 1,100	\$ 549

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: 1/12/2021

Amount: \$ 573,758

Type of Adjustment:

Health Director: Dr. Bonnie Coyle

Internal Transfer Within Program

Purpose of Request: To record grant funds received through CPHI from Cabarrus County for COVID response.

Transfer Between Programs

Supplemental Request

Account	Account Name	Present Approved Budget	Increase	Decrease	Revised Budget Amount
00265815-6854-515	Cabarrus PH Interest_CCRC	\$ -	\$ 573,758	\$ -	\$ 573,758
00295865-9101-515	Salaries & Wages-CCRC	\$ -	\$ 200,000	\$ -	\$ 200,000
00295865-9102-515	Part Time > 1000 Hours-CCRC	\$ -	\$ 100,000	\$ -	\$ 100,000
00295865-9103-515	Part Time < 1000 Hours-CCRC	\$ -	\$ 50,000	\$ -	\$ 50,000
00295865-9104-515	Temp - Part & Full Time-CCRC	\$ -	\$ 3,000	\$ -	\$ 3,000
00295865-9201-515	Social Security-CCRC	\$ -	\$ 21,886	\$ -	\$ 21,886
00295865-9202-515	Medicare-CCRC	\$ -	\$ 5,119	\$ -	\$ 5,119
00295865-9205-515	Group Hospital Ins-CCRC	\$ -	\$ 115,560	\$ -	\$ 115,560
00295865-9206-515	HRA-CCRC	\$ -	\$ 31,762	\$ -	\$ 31,762
00295865-9210-515	Retirement-CCRC	\$ -	\$ 30,600	\$ -	\$ 30,600
00295865-9211-515	401K Match-CCRC	\$ -	\$ 6,000	\$ -	\$ 6,000
00295865-9230-515	Workers' Compensation-CCRC	\$ -	\$ 1,518	\$ -	\$ 1,518
00295865-9640-515	Insurance & Bonds-CCRC	\$ -	\$ 4,413	\$ -	\$ 4,413
00295865-9659-515	Unemployment Comp-CCRC	\$ -	\$ 3,900	\$ -	\$ 3,900

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: 1/12/2021

Amount: \$ 206,692

Type of Adjustment:

Health Director: Dr. Bonnie Coyle

Internal Transfer Within Program

Purpose of Request: To budget for funding received for ED Regional Prevention Support Teams.

Transfer Between Programs

Supplemental Request

Account	Account Name	Present Approved Budget	Increase	Decrease	Revised Budget Amount
00265865-6200-50545	CHA Grant-EDRegSupportTeam	\$ -	\$ 206,692	\$ -	\$ 206,692
00265865-9101-50545	Salaries & Wages-EDRegSuppTeam	\$ -	\$ 150,428	\$ -	\$ 150,428
00265865-9102-50545	PartTime>1000Hrs-EDRegSupTeam	\$ -	\$ 6,000	\$ -	\$ 6,000
00265865-9103-50545	PartTime<1000Hrs-EDRegSupTeam	\$ -	\$ 3,000	\$ -	\$ 3,000
00265865-9104-50545	Temp-Part&FullTime-EDRegSupT	\$ -	\$ 500	\$ -	\$ 500
00265865-9201-50545	Social Security-EDRegSuppTeams	\$ -	\$ 8,500	\$ -	\$ 8,500
00265865-9202-50545	Medicare-EDRegSuppTeams	\$ -	\$ 1,500	\$ -	\$ 1,500
00265865-9205-50545	Group Hospital Ins-EDRegSuppT	\$ -	\$ 8,340	\$ -	\$ 8,340
00265865-9206-50545	HRA-EDRegSupportTeams	\$ -	\$ 1,500	\$ -	\$ 1,500
00265865-9210-50545	Retirement-EDRegSuppTeams	\$ -	\$ 9,650	\$ -	\$ 9,650
00265865-9211-50545	401K Match-EDRegSuppTeams	\$ -	\$ 700	\$ -	\$ 700
00265865-9230-50545	Workers' Comp-EDRegSuppTeams	\$ -	\$ 330	\$ -	\$ 330
00265865-9301-50545	Office Supplies-EDRegSuppTeams	\$ -	\$ 3,000	\$ -	\$ 3,000
00265865-9320-50545	Printing & Binding-EDRegSuppT	\$ -	\$ 1,075	\$ -	\$ 1,075
00265865-9355-50545	Other Operation Costs-EDRegSup	\$ -	\$ 2,449	\$ -	\$ 2,449
00265865-9611-50545	Mileage-EDRegSupportTeams	\$ -	\$ 7,500	\$ -	\$ 7,500
00265865-9635-50545	Training & Education-EDRegSupp	\$ -	\$ 500	\$ -	\$ 500
00265865-9640-50545	Insurance & Bonds-EDRegSuppT	\$ -	\$ 1,470	\$ -	\$ 1,470
00265865-9659-50545	Unemployment Comp-EDRegSuppT	\$ -	\$ 250	\$ -	\$ 250

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

#7

Date: 1/12/2021

Amount: \$ 10,000

Type of Adjustment:

Health Director: Dr. Bonnie Coyle

Internal Transfer Within Program

Purpose of Request: To align budget with actuals for Healthy Cabarrus.

Transfer Between Programs

Supplemental Request

Account	Account Name	Present Approved Budget	Increase	Decrease	Revised Budget Amount
0265845-6803-122	Miscellaneous Revenue - HC	\$ -	\$ 10,000	\$ -	\$ 10,000
0295845-9101-122	Salaries & Wages-Healthy Cab	\$ 43,982	\$ 6,500	\$ -	\$ 50,482
0295845-9102-122	Part Time>1000 Hrs Healthy Cab	\$ 26,596	\$ 5,400	\$ -	\$ 31,996
0295845-9201-122	Social Security-Healthy Cab	\$ 7,367	\$ 1,000	\$ -	\$ 8,367
0295845-9202-122	Medicare-Healthy Cab	\$ 1,723	\$ 1,000	\$ -	\$ 2,723
0295845-9205-122	Group Hospital Ins Healthy Cab	\$ 11,449	\$ 1,000	\$ -	\$ 12,449
0295845-9206-122	HRA - Healthy Cabarrus	\$ 2,640	\$ 484	\$ -	\$ 3,124
0295845-9210-122	Retirement - Healthy Cab	\$ 12,120	\$ 1,000	\$ -	\$ 13,120
0295845-9230-122	Workers' Comp Healthy Cab	\$ 436	\$ 50	\$ -	\$ 486
0295845-9640-122	Insurance & Bonds-HC	\$ 1,485	\$ 50	\$ -	\$ 1,535
0295845-9659-122	UnempComp-HlthyCabarrus	\$ 225	\$ 100	\$ -	\$ 325
0295845-9301-122	Office Supplies-Hlthy Cab	\$ 200	\$ -	\$ 50	\$ 150
0295845-9320-122	Printing & Binding-HC	\$ 400	\$ -	\$ 200	\$ 200
0295845-9355-122	Other Operation Costs-HC	\$ 18,434	\$ -	\$ 5,434	\$ 13,000
0295845-9611-122	Mileage-Hlthy Cab	\$ 300	\$ -	\$ 200	\$ 100
0295845-9635-122	Trng & Ed-Hlthy Cab	\$ 1,200	\$ -	\$ 700	\$ 500

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

#8

Date: 1/12/2021

Amount: \$ _____ -

Type of Adjustment:

Health Director: Dr. Bonnie Coyle

Internal Transfer Within Program

Purpose of Request: To align budget with actuals for the Opioid CLC grant.

Transfer Between Programs

Supplemental Request

Account	Account Name	Present Approved Budget	Increase	Decrease	Revised Budget Amount
0295845-9101-50491	Salaries & Wages-Opioid CLC	\$ 49,633	\$ 28	\$ -	\$ 49,661
0295845-9205-50491	Group Hospital Ins-Opioid CLC	\$ 5,731	\$ 839	\$ -	\$ 6,570
0295845-9206-50491	HRA - Opioid CLC	\$ 1,452	\$ 500	\$ -	\$ 1,952
0295845-9301-50491	Office Supplies - Opioid CLC	\$ 335	\$ 42	\$ -	\$ 377
0295845-9355-50491	Other Oper Costs-Opioid CLC	\$ 14,595	\$ 533	\$ -	\$ 15,128
0295845-9320-50491	Printing & Binding-Opioid CLC	\$ 600	\$ -	\$ 200	\$ 400
0295845-9420-50491	Telecommunications	\$ 613	\$ -	\$ 118	\$ 495
0295845-9447-50491	Contracted Services-Opioid CLC	\$ 4,535	\$ -	\$ 69	\$ 4,466
0295845-9611-50491	Mileage-Opioid CLC	\$ 870	\$ -	\$ 840	\$ 30
0295845-9635-50491	Training & Ed - Opioid CLC	\$ 1,253	\$ -	\$ 715	\$ 538

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

#9

Date: 1/12/2021

Amount: \$ _____ -

Type of Adjustment:

Health Director: Dr. Bonnie Coyle

Internal Transfer Within Program

Purpose of Request: To align budget with actuals for the MDPP grant.

Transfer Between Programs

Supplemental Request

Account	Account Name	Present Approved Budget	Increase	Decrease	Revised Budget Amount
0295845-9635-50473	Training & Education - MDPP	\$ 199	\$ 2,600	\$ -	\$ 2,799
0295845-9447-50473	Contracted Services - MDPP	\$ 2,900	\$ 3,400	\$ -	\$ 6,300
00295845-9325-50473	Postage - MDPP	\$ -	\$ 200	\$ -	\$ 200
00295845-9331-50473	Minor Office Equip - MDPP	\$ -	\$ 3,000	\$ -	\$ 3,000
0295845-9420-50473	Telecommunications - MDPP	\$ 913	\$ 400	\$ -	\$ 1,313
0295845-9205-50473	Group Hospital Ins - MDPP	\$ 13,983	\$ -	\$ 2,000	\$ 11,983
0295845-9210-50473	Retirement - MDPP	\$ 14,886	\$ -	\$ 2,000	\$ 12,886
0295845-9611-50473	Mileage - MDPP	\$ 3,917	\$ -	\$ 2,000	\$ 1,917
0295845-9101-50473	Salaries & Wages-MDPP	\$ 120,320	\$ -	\$ 3,600	\$ 116,720

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

#10

Date: 1/12/2021

Amount: \$ _____ -

Type of Adjustment:

Health Director: Dr. Bonnie Coyle

Internal Transfer Within Program

Purpose of Request: To align budget with actuals for the School Health Program.

Transfer Between Programs

Supplemental Request

Account	Account Name	Present Approved Budget	Increase	Decrease	Revised Budget Amount
0295840-9630-102	Dues & Subscrip-SH	\$ -	\$ 300	\$ -	\$ 300
0295840-9560-102	Minor Equipment Maintenance	\$ 55	\$ 1,000	\$ -	\$ 1,055
0295840-9659-102	UnempComp-SchoolHlth	\$ 4,125	\$ 1,000	\$ -	\$ 5,125
0295840-9360-102	Medical Supplies - Sch Hlth	\$ 3,716	\$ 1,500	\$ -	\$ 5,216
0295840-9104-102	Temp PT & Full School Health	\$ -	\$ 15,000	\$ -	\$ 15,000
0295840-9101-102	Salaries & Wages-School Health	\$ 360,027	\$ 20,000	\$ -	\$ 380,027
0295840-9109-102	Salary Adjustments-SH	\$ 69,635	\$ -	\$ 38,800	\$ 30,835

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

#11

Date: 1/12/2021

Amount: \$ 100

Type of Adjustment:

Health Director: Dr. Bonnie Coyle

Internal Transfer Within Program

Purpose of Request: To align budget with actuals for General Administration and budget for funds received for cooking classes.

Transfer Between Programs

Supplemental Request

Account	Account Name	Present Approved Budget	Increase	Decrease	Revised Budget Amount
0265815-6701-41100	Interest on Investments	\$ 10,000	\$ -	\$ 4,000	\$ 6,000
0295815-9630-41100	Dues & Subscript-Admin	\$ 9,539	\$ 6,100	\$ -	\$ 15,639
0295815-9611-41100	Mileage-Administration	\$ 50	\$ 500	\$ -	\$ 550
0295815-9330-41100	Tools & Minor Equip-GenAd	\$ 250	\$ 250	\$ -	\$ 500
0295815-9699-41100	Recruitment	\$ 782	\$ 200	\$ -	\$ 982
0295815-9355-41100	Other Oper Costs-Administration	\$ 60,000	\$ -	\$ 5,000	\$ 55,000
0295815-9635-41100	Training & Ed-Admin	\$ 88,272	\$ -	\$ 6,050	\$ 82,222
0265815-6803-311	Miscellaneous Revenue	\$ -	\$ 100	\$ -	\$ 100
0295815-9447-311	Contracted Svcs-CookingClass	\$ -	\$ 100	\$ -	\$ 100
0295815-9101-41100	Salaries & Wages - Admin Aid	\$ 1,118,919	\$ 27,000	\$ -	\$ 1,145,919
0295815-9102-41100	Part Time > 1000 Hours - Adm A	\$ 75,860	\$ -	\$ 12,000	\$ 63,860
0295815-9101-312	Salaries & Wages-Culinary	\$ 91,612	\$ -	\$ 15,000	\$ 76,612

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

#12

Date: 1/12/2021

Amount: \$ 500

Type of Adjustment:

Health Director: Dr. Bonnie Coyle

Internal Transfer Within Program

Purpose of Request: To budget for Sister's in Partnership funds.

Transfer Between Programs

Supplemental Request

Account	Account Name	Present Approved Budget	Increase	Decrease	Revised Budget Amount
0265875-6805-123	Contri & Pvt Donations-SIP	\$ -	\$ 500	\$ -	\$ 500
0295875-9356-123	Special Program Supplies - SIP	\$ -	\$ 500	\$ -	\$ 500

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

#13

Date: 1/12/2021

Amount: \$ 15,745

Type of Adjustment:

Health Director: Dr. Bonnie Coyle

Internal Transfer Within Program

Purpose of Request: To budget for additional funding received from the Community Free Clinic.

Transfer Between Programs

Supplemental Request

Account	Account Name	Present Approved Budget	Increase	Decrease	Revised Budget Amount
0265845-6679-349	Community Free Clinic-CHG	\$ 32,210	\$ 15,745	\$ -	\$ 47,955
0295845-9101-349	Salaries & Wages-CHG	\$ 17,040	\$ 4,713	\$ -	\$ 21,753
0295845-9102-349	Part Time > 1000 Hours-CHG	\$ 7,902	\$ 4,713	\$ -	\$ 12,615
0295845-9355-349	Other Operation Costs-CHG	\$ -	\$ 5,000	\$ -	\$ 5,000
0295845-9635-349	Training & Education	\$ -	\$ 1,319	\$ -	\$ 1,319

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

#14

Date: 1/12/2021

Amount: \$ (50,000)

Type of Adjustment:

Health Director: Dr. Bonnie Coyle

Internal Transfer Within Program

Purpose of Request: To reduce budget for RCCC contract. Other funds were used to pay for RCCC staffing.

Transfer Between Programs

Supplemental Request

Account	Account Name	Present Approved Budget	Increase	Decrease	Revised Budget Amount
0265865-6674-50619	RowanCabarrusCommunityCollege	\$ 50,000	\$ -	\$ 50,000	\$ -
0295865-9570-50619	Service Contracts-COVID	\$ 50,000	\$ -	\$ 50,000	\$ -

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

#15

Date: 1/12/2021

Amount: \$ -

Type of Adjustment:

Health Director: Dr. Bonnie Coyle

Internal Transfer Within Program

Purpose of Request: To align budget with actuals for Immunization Action Plan funding.

Transfer Between Programs

Supplemental Request

Account	Account Name	Present Approved Budget	Increase	Decrease	Revised Budget Amount
0295865-9356-57150	Spec Prog Supplies-IAP	\$ -	\$ 12,198	\$ -	\$ 12,198
0295865-9365-57150	Pharmacy-IAP	\$ 130,666	\$ -	\$ 9,000	\$ 121,666
0295865-9109-57150	Salary Adjustments-IAP	\$ 3,198	\$ -	\$ 3,198	\$ -

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

#16

Date: 1/12/2021

Amount: \$ -

Type of Adjustment:

Health Director: Dr. Bonnie Coyle

Internal Transfer Within Program

Purpose of Request: To align budget with actuals for Dental Services.

Transfer Between Programs

Supplemental Request

Account	Account Name	Present Approved Budget	Increase	Decrease	Revised Budget Amount
0265855-6803-41400	Miscellaneous Revenue	\$ 168	\$ 238	\$ -	\$ 406
0265855-6637-41400	Private Insurance	\$ 383,741	\$ -	\$ 238	\$ 383,503
0295855-9102-41400	PT > 1000 Hrs Dental	\$ 29,890	\$ 9,000	\$ -	\$ 38,890
0295855-9107-41400	Contract Person Svcs-Dental	\$ -	\$ 1,400	\$ -	\$ 1,400
0295855-9570-41400	Service Contracts-Dental	\$ 3,948	\$ 4,300	\$ -	\$ 8,248
0295855-9103-41400	PT < 1000 Hrs Dental	\$ 11,974	\$ -	\$ 10,400	\$ 1,574
0295855-9635-41400	Training & Education-Dental	\$ 6,800	\$ -	\$ 4,300	\$ 2,500
0295855-9570-4140A	Service Contracts-KannDental	\$ 3,743	\$ 3,000	\$ -	\$ 6,743
0295855-9635-4140A	Trng & Ed - KDent	\$ 4,800	\$ -	\$ 3,000	\$ 1,800

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

#17

Date: 1/12/2021

Amount: \$ -

Type of Adjustment:

Health Director: Dr. Bonnie Coyle

Internal Transfer Within Program

Purpose of Request: To align budget with actuals for the Dream Center.

Transfer Between Programs

Supplemental Request

Account	Account Name	Present Approved Budget	Increase	Decrease	Revised Budget Amount
0265815-6692-307	Admin Fees-Dream Center	\$ 21,707	\$ -	\$ 21,707	\$ -
0265815-6250-307	DHHS-NC Div of SS-DreamCtr	\$ 26,695	\$ 2,234	\$ -	\$ 28,929
0265815-6693-307	Dental Payments-Dream Center	\$ 10,000	\$ 2,056	\$ -	\$ 12,056
0295815-9447-307	Contracted Serv-Dream Center	\$ 4,400	\$ 1,000	\$ -	\$ 5,400
0295815-9201-307	Social Security-Dream Center	\$ 1,108	\$ -	\$ 500	\$ 608
0295815-9210-307	Retirement-Dream Center	\$ 1,607	\$ -	\$ 500	\$ 1,107
0295815-9501-307	Building & Ground Maint-DreamC	\$ 2,400	\$ -	\$ 1,000	\$ 1,400
0295815-9355-307	Other Oper Costs-DreamCenter	\$ 3,700	\$ -	\$ 3,000	\$ 700
0295815-9205-307	Group Hospital Ins-DreamCenter	\$ 6,625	\$ -	\$ 3,417	\$ 3,208
0295815-9101-307	Salaries & Wages-Dream Center	\$ 17,867	\$ -	\$ 10,000	\$ 7,867
					\$ -

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 Board Agenda

Meeting Date: January 12, 2021

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:

- Cell Phone Stipend Policy (changes made; separated our IT procedures and safety requirements making this policy specific to stipend eligibility and procedures; IT-113 included as reference).

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: MOBILE DEVICES FOR CHA BUSINESS PURPOSES

EFFECTIVE DATE: July 31, 2013

REVISION DATES: June 5, 2014; December 30, 2020

DATES OF REVIEW: June 5, 2014; May 21, 2015; May 9, 2016; May 31, 2017; June 19, 2018; July 19, 2019; December 30, 2020

POLICY NUMBER: IT-113

POLICY STATEMENT:

1. PURPOSE

To define acceptable and required use of Mobile Devices by Cabarrus Health Alliance Employees.

2. DEFINITIONS

Mobile Devices are phones, tablets, and other portable electronic devices. Most will run iOS or Android operating systems.

Two Factor Authentication adds an additional layer of security to the authentication process by making it harder for attackers to gain access to a person's devices or online accounts because knowing the victim's password alone is not enough to pass the authentication check. Two-factor authentication methods rely on a user providing a password, as well as a second factor. In our case an app on your mobile device.

3. POLICY

Staff of Cabarrus Health Alliance have the ability to access Office 365 functions such as email, messaging, calendar and contacts via their mobile device. The technology being used is Microsoft Outlook for iOS and Android. Due to the possibility of protected health information (PHI) being stored on a personal mobile communications device, employees must agree to the procedures listed below in item 4.

In order to utilize electronic systems and functions from a mobile device or other technology, employees are required to use two factor authentication. For enhanced security, this requires another form of authentication in addition to a username and password. The recommended method of second authentication is an app that can be downloaded on any mobile device used in conducting CHA business. Utilizing a personal device to conduct CHA business does not guarantee eligibility for a monetary cell phone stipend. See the Finance Cell Phone Stipend Policy for additional information.

Additionally, CHA wants to ensure that there is a consistent approach for preserving business records generated on these devices, including emails and text messages. Because CHA is a public agency, correspondence is subject to the North Carolina Public Records Law (G.S. 132), is subject to public inspection and may be disclosed to third parties by an authorized official. Any correspondence that is subject to CHA's record retention policy must be preserved. This includes public records and some non-public records, for example those containing protected health information. All emails subject to the record retention policy must be saved. All text messages that are subject to the record retention policy must be saved on the mobile device or archived to a CHA server.

4. PROCEDURE:

Staff that will use Microsoft Outlook for iOS and Android to access their email, calendar, and contacts on their mobile device must be aware of and adhere to the following:

1. You must have a password to access your device that is at least 4 characters. Your device must be encrypted and should lock after at least 5 minutes of inactivity. If you have 8 sign-in failures with your password, the Outlook app will reset and all Outlook email, calendar, contacts, and file data will be removed.

2. In the event that your device is lost or stolen you are required to alert the Information Technology department immediately. They will issue a remote wipe and all Outlook email, calendar, contacts, and file data will be removed.
3. Upon termination of employment, a remote wipe of the Outlook app will be performed.

Staff that will use text messaging or instant messaging on their mobile device must be aware of and adhere to the following:

1. Ensure that all devices on which you conduct CHA business are not set to auto delete. Message History for texts and instant messages should, until further notice, be set to “keep messages – forever.” Keep in mind that just because a text message is on your personal phone does not mean it is private. If it involves CHA business, it is the property of CHA and may also be subject to public record law including inspection.
2. It is best practice to avoid conducting CHA business via text or instant messaging. The Microsoft Teams mobile app is the recommended alternative for instant messages, including texts. The Microsoft Outlook mobile app can be used to send and receive email. Teams and Outlook messages run through CHA’s servers.
3. Data Security
 - a. All mobile devices that are used for CHA business or used to discuss topics related to CHA business should have a passcode or PIN lock (which are changed regularly).
 - b. Mobile Devices containing CHA information should not be left unattended or lent to others.
 - c. Avoid logging into your work email (or any other password-protected website containing sensitive information) when using public Wi-Fi. If you must use a public Wi-Fi hotspot, also use a virtual private network (VPN) to secure your connection.

DATE/SIGNATURE(S): _____

SUBJECT: CELL PHONE STIPEND POLICY & ~~ACTIVESYNC POLICY~~

EFFECTIVE DATE: July 1, 2009

REVISION DATE(S): August 11, 2009; July 26, 2010; February 28, 2014; September 29, 2014; December 30, 2017; October 31, 2019; October 28, 2020

DATE OF LAST REVIEW: August 11, 2009; July 26, 2010; December 8, 2011; December 31, 2012; February 28, 2014; September 29, 2014; December 30, 2015; December 30, 2016; December 30, 2017; December 30, 2018; October 31, 2019; October 28, 2020

POLICY STATEMENT: The purpose of this policy is to establish a program guidance for determining eligibility and a process for receiving a cell phone stipend for employees conducting CHA business on a personal device. ~~managing cell phone use by employees of the Public Health Authority of Cabarrus County dba Cabarrus Health Alliance (CHA).~~ Cellular phone technology is a valuable communication tool and is integral to the operations of ~~the~~ CHA. The voice functionality of cellular phones combined with other cellular features, such as email, messaging and access to numerous online resources, establishes the cell phone as a necessary and effective tool for certain employees of ~~the~~ CHA.

~~Additionally, designated staff of CHA have the ability to access email, calendar and contacts, with supervisor approval on their mobile device. The technology being used is ActiveSync by Microsoft which currently does not support Blackberry devices. Due to the possibility of protected health information (PHI) being stored on a personal mobile communications device, employees must agree to the policy and procedures listed below, review and adhere to the IT Policy IT-113 Mobile Devices for CHA Business Purposes regarding proper usage and security.~~

APPLICABILITY

All CHA employees required to purchase and carry a cell phone as part of their job duties are subject to this policy. This policy is effective July 1, 2009 and supersedes all previous cell phone policies. The CEO and/or designee, and the Chief Finance Officer (CFO) have the authority to make exceptions to this policy for employees (within IRS regulations).

STIPENDS FOR EMPLOYEE OWNED CELL PHONES

~~The~~ CHA will determine positions required to purchase and carry cell phones to fulfill their current job requirements. Managers must establish the need for cell phone and/or Smartphone functionality for each employee. The Information Technology (IT) Department may be consulted by the manager to assist in decision making. All requests for cellular service or benefits must be approved by the agency CEO and/or designee.

- Employee is paid a taxable stipend in each paycheck. Levels of stipends are described below and are dependent on required level of accessibility/availability:
 - \$25.00 – Part time employees who are expected to answer calls and emails during work hours ~~or any employees who do not own a smartphone, however, they are expected to answer phone calls.~~
 - \$40.00 – Full time employees who are expected to answer calls and emails during work hours.
 - \$80.00 – Full time employees who are expected to answer calls and emails 24 hours a day, 7 days a week.
- Employee purchases a phone and plan of their choice as long as it meets minimum criteria identified by the supervisor necessary for the specific job of the recipient.
 - ~~Smartphones must be chosen from a list of compatible networks and software.~~
 - ~~The IT Department must be consulted before choosing a Smartphone.~~
- Employee agrees to allow ~~the~~ CHA to publish their number internally for business purposes and to accept business calls and/or messages on the phone while receiving a stipend.
- Employee and carrier are responsible for technical support of the phone, plan, and functionality.
 - The IT Department may be consulted to help setup the interface to ~~the~~ CHA email and calendaring system and to assist with occasional questions.
- Employee must retain an active cell phone contract as long as a cell phone stipend is in place. A copy of the invoice may be requested yearly to verify the plan is active.
- Employee will be responsible for all costs related to the phone including replacement, accessories, insurances, etc.
- If for any reason ~~the~~ CHA should terminate an employee's cell phone stipend, ~~the~~ CHA shall not be responsible for any costs or fees associated with ongoing service costs or contract termination fees.
- Stipend rates will be reviewed at least quarterly by the CFO to determine if increases or decreases need to be made.
- Stipends can be discontinued or paid at a lower rate if phone calls and emails are not answered during the agreed upon hours as determined by the supervisor.
- Stipends can be prorated based on hours worked. For instance, a full time employee may receive half the stipend amount if they worked only 40 hours before terminating employment or before going out on FMLA leave.
- If cell phone stipends are discontinued for budgetary reasons, a 90 day notice of such termination will be given by ~~the~~ CHA to stipend recipients.

PROCEDURES TO BE FOLLOWED:

When an employee is required to purchase and carry a cell phone as part of their position responsibilities, the employee will complete a Cell Phone Stipend Information & ActiveSync Agreement Form (Exhibit I) on the CHA intranet with the required information. As explained, the Form should be forwarded to their supervisor for

approval/signature and then to ~~the IT Department~~Finance for review and processing. The form must include the cell phone number assigned to the phone and the name of the carrier supplying the service. ~~Once the Information Form has been approved, the IT Department will forward the form to the Finance Department for processing.~~ The IT Department will ~~then~~ be available to help setup Smartphones to interface to the CHA network.

Employees that will have the ability to access their email, calendar, and contacts on their mobile device must be aware, review and adhere to the IT Policy IT-113 Mobile Devices for CHA Business Purposes regarding proper usage and security. ~~of the following:~~

- ~~1. ActiveSync will force you to create a password on your personal device.~~
- ~~2. In the event that your device is lost or stolen you will be required to immediately alert the Information Technology department. They will deactivate the ActiveSync account and perform a remote wipe of the device. All messages, contacts, calendar and personal information on the device will be deleted and the device will be reset to the factory default image.~~
- ~~3. Upon termination of employment the employee will be required to bring the device to the IT department to have the ActiveSync account and CHA data removed. If the device is not presented to the IT department at the time of separation a remote wipe of the device will be performed.~~
- ~~4. Staff that participate in the use ActiveSync on any mobile device will complete the attached Cell Phone Information & Activesync Agreement form at the time the device is activated with ActiveSync.~~

If an employee is out of work for more than 30 days, their phone privileges must be suspended. The employee's stipend would be suspended. Human Resources will notify the responsible parties when these situations arise.

All employees who wish to receive cell phone privileges from the CHA under this policy must agree to abide by all of the provisions of this policy. Any employee found to be out of compliance with the provisions of this policy may have their cell phone privileges revoked and be subject to other disciplinary measures.

STANDARD CHA OWNED PHONE

~~The~~CHA will purchase cell phones in situations where the phone is assigned for functions where more than one employee shares a phone. ~~The~~CHA will not purchase cell phones for employees. Cell phones will be purchased for certain functions, e.g. mobile units, on-call referrals, etc. where deemed necessary.

- Personal calls are prohibited.
- Emergency personal calls (and/or other charges) will be reviewed and employee may be required to reimburse CHA for additional charges.

- Employees will be held primarily responsible for complying with the Cell Phone Policy. (Department managers with shared phones will develop their own internal cell phone review process). Department managers with CHA owned cell phones will review the cell phone bills each month before forwarding to Finance for payment. All reconciliations will be noted and reimbursements will be forwarded to Finance with the bill.
- Phone bills are also audited regularly by Financial Services for compliance.

DEFINITIONS

Standard Phone: A cell phone with the standard features to allow voice calling.

Stipend: A taxable sum of money paid on a regular basis included in an employee's paycheck.

Smartphone: A mobile phone offering advanced capabilities beyond a typical cell phone, often with PC-like functionality. These advanced capabilities usually include email and Internet functionality and normally require a data package to be purchased with the service provider's plan. At a minimum the Smartphone must be capable of sending and receiving messages through ~~the~~ CHA's email server.

Personal Call: A call made by a CHA employee that is personal in nature and not related to CHA business. The term personal call also includes personal text messages or email.

Emergency Personal Call: An infrequent personal call that is of an urgent nature where using a CHA owned cell phone is the best option available.

Cabarrus Health Alliance Board Chairman

Date



Cell Phone Stipend Form

Directions: You need to complete this form in its entirety if your position requires you to purchase and carry a cell phone as part of your job responsibilities. The form should be completed and signed by the employee. It should be give to their supervisor for review and approval. It should then go to Finance for review and processing.

If approved, your stipend will be effective the first day of a pay period. The bi-weekly amount will be in your paycheck for the effective pay period. If the paycheck has already been processed, the next paycheck will include the additional amount to "catch up" amount due to you. Amounts will NOT be prorated.

Employee Name: _____

Device Type: _____ Regular Cell Phone _____ Smart Cell Phone
_____ iPad/iPod/Tablet

Cell Phone Number: _____

Phone Model & Carrier: _____

I have read the Cell Phone Stipend Policy and the IT-113 Mobile Devices for CHA Business and agree with all terms, conditions and procedures. I acknowledge the responsibilities of using my personal mobile communications device to access CHA exchange services. I understand violation of this agreement is subject to disciplinary action.

Employee Signature: _____ Date: _____

Budget Code Stipend to Paid From: _____

Requested bi-weekly stipend amount (choose one): _____ \$25 per pay period
_____ \$40 per pay period
_____ \$80 per pay period

Supervisor Name: _____ Date: _____

Supervisor Signature: _____ Date: _____

This section to be completed by Finance:
Finance Review/Signature: _____ Date _____
This instrument has been preaudited in the manner required by the Local Government Budget and Fiscal Control Act.
Finance Processed Date: _____
Date of 1st Paycheck with Stipend: _____
Employee #: _____ Approved bi-wkly stipend amt: _____