



The Public Health Authority of Cabarrus County
Board Meeting Agenda
Tuesday, February 9, 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
January 19, 2021
D. REPORTS
Financial Summary Report FY21 ending 1/31/21...Sue Yates
CHA Snapshot 1/31/21...Sue Yates
Variance Analysis Year-to-Date...Sue Yates
Health Director's Report...Dr. Bonnie Coyle
COVID Update...Dr. Bonnie Coyle
Clinical Services Strategic Plan and Scorecards...Suzanne Knight, Julia Patterson,
Marcus Misenheimer
Family Care Coordination Strategic Plan and Scorecards...Megan Shuping
E. CONSENT AGENDA Motion...Chairman Mack
Budget Revisions...Sue Yates
F. BUSINESS AGENDA...Chairman Mack
CHA Strategic Plan 2020-2025 Motion...Betty Foh
Personnel Policy Revisions Motion...Dr. Steve Cathcart
Policy Reviews/Revisions Motion...Dr. Steve Cathcart
Whistleblowers Policy & Reporting - Review only
Conflict of Interest Policy - Review only
FY22 Strategic Budgetary Items...Sue Yates & Dr. Coyle
G. ANNOUNCEMENTS...Chairman Mack
H. MOTION TO ADJOURN Motion...Chairman Mack

Next regular meeting date
Tuesday, March 9, 2021



Public Health Authority of Cabarrus County  
Board Meeting Minutes  
January 19, 2021

A regular meeting of The Public Health Authority Board was held on Tuesday, January 19, 2021.

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  
Tom Kincaid  
Lara Pons, MD, Vice-Chair  
Mark Spitzer  
Steve Morris

Members Absent: Dr. Chip Buckwell

Staff Present: Dianne Berry, Dr. Bonnie Coyle, Erin Shoe, Sue Yates  
Dr. Steve Cathcart, Betty Foh, Kevin Shanus, Tamara Staehler, Sarah Vingoe

#### **CALL TO ORDER**

Chairman Mack called the meeting to order at 5:34 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 8:0.

#### **APPROVAL OF THE MINUTES**

Tom Kincaid made the motion to approve the November 10, 2020 regular meeting minutes. The motion was seconded by Mark Spitzer and approved 8:0.

#### **REPORTS**

Financial Summary Report (6 months ending 12/31/20) was presented by Sue Yates

Variance Analysis Year-to-Date and CHA Budget Snapshot (12/31/20) presented by Sue Yates. She stated that CHA Dental is still in the red, but one Dentist just recently returned from maternity leave in January 2021 and one additional Dentist has been hired. Sue stated that more funding for COVID is coming to allow us to move forward.

Mark Spitzer asked budget numbers for the year. Sue stated that CHA is at 50%, noting that some programs cannot achieve their goals due to no in-person meetings. Some employees were directed to COVID.

Employee Separations Report (2<sup>nd</sup> Qtr FY 2021) was presented by Dr. Steve Cathcart. He stated that the average separation percent for 2<sup>nd</sup> Quarter was 1.26%, and of the employees who separated this quarter, one was probationary and one was a retiree. Mark Spitzer asked if Dr. Cathcart had any insight as to why these employees left before their probationary period ended. Dr. Cathcart stated that he felt these employees had unrealistic expectations of their job duties.

2<sup>nd</sup> Quarter FY21 Customer Service Survey Report was presented by Dr. Steve Cathcart. He noted that 1<sup>st</sup> Qtr FY 21 result was 96.6% overall satisfaction. 2<sup>nd</sup> Qtr FY 21 was 96.9%. He noted little change, but assured the Board that all metrics are being met and that CHA is maintaining its high level of Customer Satisfaction.

Final Cabarrus Health Alliance Strategic Plan for 2020-2025 was presented by Betty Foh. She reminded the Board that in August 2020, they approved CHA's Strategic priorities. She acknowledged the core team divided into four workgroups that help spearhead this process: Data, Industry Analysis, SWOT and Report. Betty shared with the Board how this report fits with Public Health Accreditation and how the Strategic plan is fundamental to the Performance Management (PM) System. She explained the 5-year process and timeline and the Strategic Planning SWOT Analysis process and Industry Analysis. Betty then highlighted the 2020-2015 Strategic Priorities which included 1) Using Data to Improve Health; 2) Developing Internal and External Practices, Program and Policies that Achieve Equity; (3) Building and Sustaining Collaborative Systems that Address Social Determinants of Health, and 4) Transforming Agency Capacity, Culture and Practices to Achieve Excellence. She discussed the goals for each priority area.

Dr. Hagler questioned the term competitors in the document, saying Atrium does not use that term., as CHA and Atrium Health do not compete. Dr. Coyle agreed and stated that the document was changed. She asked Betty to send the updated version for the final strategic plan for 2020-25.

COVID-19 Department Strategic Plan was presented by Tamara Staehler, Manager of the COVID-19 Department. She stated that she started on this project November 2020 and it's been a work in progress, a working, living document. She reviewed each of her goals with the Board. Use Data to Improve Health Goals were reviewed. Goal 1: Create a public facing data repository to inform the community and enhance decision making; Goal 2: Use an equity lens for data collection, analysis, use and dissemination. Tamara discussed further her ongoing efforts to develop internal and external practices, program and policies that achieve equity, and reviewed those goals, objectives and action steps, and the champion assigned to each.

Dr. Bonnie Coyle presented the Health Director's Report. She recognized employees who have recently received awards and recognitions including:

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.

Dr. Coyle also shared news and recent successes from Human Resources, Finance/Grants, Clinical Services, School Health, COVID Response (shared tonight), Cabarrus Public Health Interest, Healthy Living Programs (WIC, MDPP, Lifestyle Medicine), Environmental Health, Health Cabarrus/Marketing, Substance Use, Performance/Quality Improvement and Accreditation, Board of Health Activities, and on National/State/Local Updates.

Dr. Coyle presented the FY21 Goals Progress Report/Board of Health Engagement/PH 3.0 Model The outline included Policy Development, Healthy Living department Development, Sustainability – Diversified Funding Sources. Also discussed was Leadership Development (Steve Cathcart); Data Metrics (Betty Foh); Health Equity – Social Determinants of Health (Internal and External) (Steve Cathcart, Betty Foh); tasks completed to date, or whether on or off target.

Mark Spitzer remarked that this is not just a focus on immediate areas of response but on improvements. An already highly recognized public health department – improving. He stated that he is happy to be part of this, and to lend support. Mark stated to Dr. Coyle, “Bonnie, your leadership is extraordinary. This is truly amazing.” Dr. Coyle stated that CHA staff has worked 6-7 days per week for over a month already. But they keep going, even with constant changes, and they show up every day with a smile on their face. Chairman Mack thanked Dr. Coyle and all CHA Staff for their great job with COVID. Dr. Coyle responded, “I have shared some responses, calls, e-mails the public is so appreciative. They talk about our friendly and helpful staff. All of our staff are giving ‘5 Star’ services.”

#### **CONSENT AGENDA**

The Budget Revisions were presented by Sue Yates. She noted that 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, we well as adding additional funding for COVID response. Tom Kincaid made a motion to approve the Budget Revision Request. The motion was seconded by Dr. Pons. Approved 8:0.

#### **BUSINESS AGENDA**

Cell Phone Stipend Policy Revisions were presented by Sue Yates. She explained that policies are reviewed at least annually for accreditation purposes and revisions are made when necessary. The Cell Phone Stipend Policy revisions separated our IT procedures and safety requirements making this policy specific to stipend eligibility and procedures. She noted that the primary change is that CHA business must not be conducted via text, but if it is, it must be saved and not deleted. Dr. Kim Dehler motioned to approve the Cell Phone Stipend Policy Revisions as presented. The motion was seconded by Dr. Dan Hagler. Approved 8:0.

#### **ANNOUNCEMENTS**

Chairman Mack reminded Board Members that the next CHA Regular meeting is scheduled for Tuesday, February 9, 2021.

Dr. Coyle briefly updated the Board on COVID, noting that we are up to 14,000 cases, % positive rate 16.4% last week, but was up to 18% prior. We saw a downturn, but 16% is still a high positivity rate. She also noted that with higher rates, COVID hospitalizations have been a challenge. She discussed COVID cases in school-aged children, and local schools re-opening plans. Dr. Coyle noted that Kannapolis City Schools will stay on Plan C until February 15, 2021. Cabarrus County Schools plans to return students to in-school learning on January 19, 2021 on a hybrid model with 50% of the students in school at a time. She noted that CHA is partnering with the school systems for rapid antigen testing. Dr. Coyle discussed COVID 19 priorities with the Pfizer and Moderna vaccines. She stated that we continue to adjust our plans and strategize, and we have 5 groups for COVID vaccines. Dr. Coyle announced that CHA has administered 4294 COVID vaccinations to date, and an additional 2000 by our January 22 & 23 clinics. She also shared that CHA was initially provided lunches for each COVID vaccination clinic that started back on December 30, 2020, but it was putting a strain on our budget. So we started reaching out to our community partners and many have stepped forward. She noted that Dianne Berry had done a great job getting great food rates and negotiating with restaurants and caterers. Dr. Coyle stated that Kannapolis Rotary Club sponsored the lunch last Thursday, City of Kannapolis on January 18<sup>th</sup>, and then Community Free Clinic on January 19<sup>th</sup>. She shared with the Board, if you are willing to donate or you know of a business that will support a lunch, let us know. Dr. Coyle concluded that CHA has many volunteer opportunities at our COVID vaccination clinics, and we invite our Board of Health to come by at any time to show your support, and to show you our operations. Mark Spitzer praised CHA for moving to COVID appointments and how well this process has worked. Erin Shoe responded that we learned some lessons on January 6<sup>th</sup>, and appointments have been working very well.

#### **MOTION TO ADJOURN**

There being no further business to come before the Board, Mark Spitzer motioned to adjourn the meeting at 6:41 p.m. The motion was seconded by Dr. Lara Pons and approved 8:0.

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

ATTEST

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

**PUBLIC HEALTH AUTHORITY OF CABARRUS COUNTY**  
**FINANCIAL SUMMARY REPORT**  
**FY 2021**      **7 months ending**      **1/31/2021**

<b>GENERAL FUND</b>								
	<b>ACTUAL FY 2017</b>	<b>ACTUAL FY 2018</b>	<b>ACTUAL FY 2019</b>	<b>ACTUAL FY 2020</b>	<b>FY 2021 BUDGET</b>	<b>ACTUAL 01/31/21</b>	<b>Y-T-D % COLLECTED</b>	
<b>REVENUES</b>								
INTERGOVERNMENTAL REVENUES	\$ 21,610,099	\$ 21,490,440	\$ 21,168,562	\$ 19,287,274	\$ 19,597,355	\$ 10,143,478	51.76%	
PERMITS & FEES	236,375	\$ 246,785	\$ 203,853	\$ 216,482	176,117	\$ 127,875	72.61%	
SALES & SERVICES	1,461,455	\$ 1,491,663	\$ 1,785,752	\$ 1,618,074	1,633,669	\$ 624,636	38.24%	
INVESTMENT EARNINGS	34,710	\$ 95,743	\$ 180,096	\$ 104,186	6,000	\$ 2,339	38.98%	
MISCELLANEOUS	88,171	\$ 71,980	\$ 65,673	\$ 47,320	79,657	\$ 39,063	49.04%	
CONTRIBUTIONS & PRIVATE GRANTS	417,283	\$ 418,892	\$ 498,089	\$ 577,794	1,134,836	\$ 510,410	44.98%	
FUND BALANCE APPROPRIATED	-	\$ -	\$ -	\$ -	1,371,171	\$ -	0.00%	
<b>TOTAL</b>	<b>\$ 23,848,092</b>	<b>\$ 23,815,503</b>	<b>\$ 23,902,025</b>	<b>\$ 21,851,130</b>	<b>\$ 23,998,805</b>	<b>\$ 11,447,800</b>	<b>47.70%</b>	
	<b>ACTUAL FY 2017</b>	<b>ACTUAL FY 2018</b>	<b>ACTUAL FY 2019</b>	<b>ACTUAL FY 2020</b>	<b>FY 2021 BUDGET</b>	<b>ACTUAL 01/31/21</b>	<b>Y-T-D % SPENT</b>	
<b>EXPENDITURES</b>								
ENVIRONMENTAL HEALTH	\$ 1,016,611	\$ 1,023,662	\$ 940,537	\$ 942,173	1,085,580	493,764.06	45.48%	
INFORMATION TECHNOLOGY SYSTEMS	713,288	\$ 838,463	\$ 958,323	\$ 1,153,424	1,127,543	548,644.28	48.66%	
GENERAL ADMINISTRATION	6,245,407	\$ 7,112,525	\$ 6,881,284	\$ 4,055,399	2,941,997	1,644,001.35	55.88%	
FAMILY CARE COORDINATION	936,255	\$ 978,968	\$ 1,040,588	\$ 1,177,374	1,133,446	522,641.01	46.11%	
SCHOOL HEALTH	2,664,527	\$ 2,825,137	\$ 2,994,421	\$ 3,117,582	4,022,821	2,082,583.46	51.77%	
HEALTH INITIATIVES	2,914,080	\$ 2,124,811	\$ 2,268,964	\$ 1,948,057	1,270,800	671,114.50	52.81%	
DENTAL HEALTH	2,982,327	\$ 3,523,777	\$ 3,723,191	\$ 4,020,629	3,992,553	1,617,700.41	40.52%	
VITAL RECORDS	51,579	\$ 62,420	\$ 65,439	\$ 54,625	62,288	30,589.81	49.11%	
COMMUNICABLE DISEASE	1,109,753	\$ 1,081,174	\$ 1,159,678	\$ 2,191,236	3,727,862	2,266,501.90	60.80%	
CLINICAL SERVICES	3,224,268	\$ 3,373,731	\$ 3,147,325	\$ 3,129,082	3,796,889	1,766,338.47	46.52%	
WIC	846,997	742,540	710,171	767,128	837,026	476,066.65	56.88%	
<b>TOTAL</b>	<b>\$ 22,705,092</b>	<b>\$ 23,687,208</b>	<b>\$ 23,889,921</b>	<b>\$ 22,556,709</b>	<b>\$ 23,998,805</b>	<b>\$ 12,119,946</b>	<b>50.50%</b>	
<b>Y-T-D FUND BALANCE INCREASE (DECREASE)</b>	<b>\$ 1,143,000</b>	<b>\$ 128,295</b>	<b>\$ 12,104</b>	<b>\$ (705,580)</b>	<b>\$ -</b>	<b>\$ (672,146)</b>		

**ESTIMATED NET Y-T-D BALANCE 1/31/2020**      **\$ (672,146)**

**\*\*PLUS 7 MOS MEDICAID SETTLEMENT - ( \$1,275,706)**      **\$ 744,162**

**\$ 72,016**

## Cabarrus Health Alliance Snapshot

**January 31,2021      Target Percentage 58.33%**

	Budget	Actual	YTD Percentage		Comments
<b>Environmental Health</b>					
Revenue	1,085,580	669,669	61.69%		On-site activities are high. Environmental Health personnel are assisting in COVID response.
Expense	1,085,580	493,764	45.48%		
<b>Information Technology</b>					
Revenue	1,127,543	411,378	36.48%		
Expense	1,127,543	548,644	48.66%		
<b>General Administration</b>					
Revenue	2,824,438	1,524,435	53.97%		
Expense	2,941,997	1,644,001	55.88%		
<b>Family Care Coordination</b>					
Revenue	1,133,446	629,623	55.55%		
Expense	1,133,446	522,641	46.11%		
<b>School Health</b>					
Revenue	4,022,821	1,799,940	44.74%		Revenue is received one month after expenses.
Expense	4,022,821	2,082,583	51.77%		
<b>Public Health Solutions</b>					
Revenue	1,266,569	952,434	75.20%		
Expense	1,270,800	671,115	52.81%		
<b>Dental Health</b>					
Revenue	4,488,113	1,568,776	34.95%		Continuing to monitor budget and realign expenses with revenues.
Expense	3,992,553	1,617,700	40.52%		
<b>Vital Records</b>					
Revenue	62,288	36,331	58.33%		
Expense	62,288	30,590	49.11%		
<b>Communicable Disease</b>					
Revenue	3,727,862	2,968,757	79.64%		Response efforts are in Communicable Disease. We are monitoring budget closely.
Expense	3,727,862	2,266,502	60.80%		
<b>Clinical Services</b>					
Revenue	3,423,119	1,862,011	54.40%		
Expense	3,796,889	1,766,338	46.52%		
<b>WIC</b>					
Revenue	837,026	472,708	56.47%		
Expense	837,026	476,067	56.88%		

**Variance Analysis Year-to-Date**

	YTD					Comments
	2021		2020	VARIANCE ANALYSIS		
	BUDGET	ACTUAL	ACTUAL	2021 BUD vs ACT	YOY ACTUAL	
<b>Revenue</b>						
Environmental Health	1,085,580	669,669.00	625,368	61.69%	44,301	
Information Technology Sy	1,127,543	411,377.60	396,100	36.48%	15,278	Partially funded by Fund Balance so revenue will be lower
General Administration	2,824,438	1,524,435.35	2,636,685	53.97%	(1,112,249)	The NCTN project was sold last year
Family Care Coordination	1,133,446	629,622.50	522,026	55.55%	107,597	
School Health	4,022,821	1,799,940.07	1,587,104	44.74%	212,836	Revenue is paid a month after expenses.
Public Health Solutions	1,266,569	952,433.53	764,450	75.20%	187,984	The Walmart Grant paid prior to expenditures
Dental Health	4,488,113	1,568,776.13	2,416,855	34.95%	(848,079)	Due to COVID-19 Revenues are down
Vital Records	62,288	36,331.00	28,583	58.33%	7,748	
Communicable Disease	3,727,862	2,968,756.53	684,042	79.64%	2,284,714	Additional funding received for COVID-19
Clinical Services	3,423,119	1,862,011.06	1,462,873	54.40%	399,138	
WIC	837,026	472,707.67	420,147	56.47%	52,561	
<b>Total Revenue</b>	<b>23,998,805</b>	<b>12,896,060</b>	<b>11,544,232</b>	<b>53.74%</b>	<b>1,351,829</b>	
<b>Expense</b>						
Environmental Health	1,085,580	493,764	553,574	45.48%	(59,810)	Environmental Health has a vacant position
Information Technology Sy	1,127,543	548,644	714,225	48.66%	(165,581)	
General Administration	2,941,997	1,644,001	2,888,960	55.88%	(1,244,959)	The NCTN project was sold last year
Family Care Coordination	1,133,446	522,641	676,055	46.11%	(153,414)	FCC personnel have been working the COVID response
School Health	4,022,821	2,082,583	1,833,283	51.77%	249,300	
Public Health Solutions	1,270,800	671,115	1,050,836	52.81%	(379,722)	
Dental Health	3,992,553	1,617,700	2,508,138	40.52%	(890,438)	Dental hired a new dentist in January
Vital Records	62,288	30,590	32,194	49.11%	(1,604)	
Communicable Disease	3,727,862	2,266,502	738,914	60.80%	1,527,588	Additional COVID-19 expenses
Clinical Services	3,796,889	1,766,338	1,776,460	46.52%	(10,122)	Clinical personnel have been working COVID response
WIC	837,026	476,067	427,385	56.88%	48,681	
<b>Total Expense</b>	<b>23,998,805</b>	<b>12,119,946</b>	<b>13,200,025</b>	<b>50.50%</b>	<b>(1,080,079)</b>	
Discussion						
Our Year to Date Percentage should be around 58.33% for December 2020.						
COVID-19 is affecting Dental and Communicable Disease the most.						
Revenue is higher than the CHA Report due to CPHI funds, 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.						

# CHA Public Health Director's Report

## February 9, 2021

### Human Resources

- Interviews for Equity Coordinator start this week.
- Pilot for new hiring process starting.

### Finance/Grants

- CHA submitted grants valued at over \$201,000. Seven grants are in development, valued at \$954,000. No grant determinations made last month (no submitted grants were approved or declined).
- In February, we anticipate two federal solicitations to open from the CDC—one for Community Health Workers for COVID response, and the other for the Comprehensive Addiction and Recovery Act (CARA), to support our Drug Free Communities award. We are also waiting for the SNAP-Ed grant to open from USDA.

### IT

- Implemented simple, stand-alone vaccine scheduling solution using Microsoft Forms. First clinic on 12/30/2020.
- Implemented EHR-integrated vaccine scheduling solution using CureMD/Novel Health. First clinic on 1/26/2021.
- Worked with Clinic to build social determinants of health screening in EHR and create report to pull social determinant data about CHA patients who are screened. Completed 1/11/2021.
- Department continues to provide hardware and applications at a fast pace to meet the evolving needs of our COVID-19 response.

### Clinical Services

1. Nearly all staff from the Women's Health, Pediatric, and Communicable Disease clinics are part of the force at COVID vaccination PODs. Clinic appointment schedules have been shifted and spread out to other days to accommodate clinical staff working a vaccine POD on Tuesdays. A few staff stay behind for specific appointments and calls. The redirection of appointments has created capacity of staffing for PODS, and clinical staff have done an AMAZING job of maintaining the level of appointments in each clinic.
2. The SUN Clinic (Substance Use Network, within Maternal Health clinic) currently has **17** active patients. At least three clients were referred through the Peer Support Specialist in the Syringe Care Center, and took advantage of the opportunity to obtain care and seek treatment. A great tribute to programs working together for client success!

### Dental

1. Dental has received an extension with the Duke Endowment school based dental project due to the pandemic which limits accessing students via the school sites for oral health services. Project extension is through August 2021.
2. Value based care is progressing nicely with implementation of caries risk assessments and self-management goals. More information will be shared in the upcoming months.
3. Public Health dental programs across the state are experiencing similar challenges related to staffing shortages as some are choosing to leave the dental profession due to increased safety measures and

health concerns. A survey from the NC Local Health Directors Dental group will be shared when available.

### **School Health**

- School health in collaboration with the COVID department developed a streamlined process to ensure prompt reporting of positive cases in the school setting and to enhance contact tracing efforts.
- Select members of the school health admin team were asked to participate and contribute to the Cabarrus County School Board Task Force whose charge was to provide data and develop processes to assist board in making decisions regarding students returning to school. The CHA representatives served on the metrics and transitions work teams.
- Rapid antigen testing protocols and consents have been finalized for both KCS and CCS. Training for nurses has been completed and supplies delivered to the 6 pilot schools in CCS and 2 schools in KCS. CCS began their soft launch Wednesday, 1/27/21 and KCS on 2/3/21. To date we have administered 21 tests, 14 negative, and 7 positive demonstrating a 33% positive rate of cases identified with early detection.
- School nurses continued to provide services beyond the regular scope of work to support the COVID response by working at vaccine clinics, conducting clinical investigations, serving on strike teams and completing CVMS data entry.

### **COVID Response**

- COVID team continues case investigation, contact tracing, and managing hundreds of calls weekly through the call center.
- Vaccination clinic began in January and we continue vaccinating Groups 1 and 2.
- No additional funds have been received to support vaccine efforts so we are building volunteer pools and utilizing state staff for call center and data entry.

### **Cabarrus Public Health Interest**

- Setting up meetings in March, April, and May with several foundations to explore partnerships with Cabarrus Public Health Interest and key Cabarrus Health Alliance needs.
- Updating CPHI on national Guide Star database to ensure donors can find CPHI.
- Updated Swing for the Kids page; golf tournament is set for October 11, 2021 at Cabarrus Country Club!
- “Celebrate Cabarrus Health Alliance” Scavenger Hunt fundraiser plans underway – more to come! Will be at the end of Public Health Week in April.

### **Healthy Living Programs (WIC, MDPP, Lifestyle Medicine)**

1. 91 percent of Lifestyle Medicine participants are now successfully managing their A1c glucose levels with healthy eating, regular exercise, stress management, and social support.
2. Culinary Innovations has launched it's 2021 “Taste Your Way Around the World” virtual cooking classes series. Join Chef Mark Alison as he explores a new country each month.

### **Environmental Health**

- Have completed the scheduled interviews for the 2 FLI positions; looking to make a decision and hire by the end of February.
- EH has been heavily involved in the vaccine clinics.
- Budget request to the County for a new OSWW position has been completed and will be pursued as there is a great need in this department.

## Healthy Cabarrus/Marketing

- Mental Health Action Planning Retreat held on 1/28, meeting with Mike Downs and Steve Morris to discuss updates and next steps held on 2/4.
- Community Needs Assessment Report will be submitted to state by June 1. Marcella Beam will present information, findings and overview to the Board of Health.

## Substance Use

- Working with Cabarrus County Schools to administer the Cabarrus Youth Substance Use Survey the week after Spring Break.
- Reviewed proposed legislation: *Non-Opioids Prevent Addiction in the Nation (NOPAIN) Act (H.R. 5172)* with CHA providers to assess agency stance. This bipartisan, federal legislation seeks to address the opioid epidemic by increasing patient and provider access to non-opioid pain management therapies. The bill would address payment disincentives for practitioners to prescribe non-opioid treatment alternatives in surgical settings by requiring Centers for Medicare and Medicaid Service (CMS to) place non-opioid treatments on par with other separately paid drugs and devices in Medicare Part B.

## Performance/Quality Improvement and Accreditation:

- Six Data training series scheduled for staff during March.
- All Scorecards have been updated and have ongoing data updates.
- Live scorecards:
  - [Communicable Disease](#)
  - [Family Care Coordination](#)
  - [Family Planning](#)
  - [Women's and Maternal Health](#)
  - [Pediatrics](#)
  - [All Clinics](#)

## BOH Activities

- Several Board members have volunteered at our COVID Vaccine clinics. Thank you to Mr. and Mrs. Mack, Mr. Spitzer, and Dr. Pons for their service.
- Mr. Kincaid sponsored a lunch for the COVID Vaccine workers.

## National/State/Local Updates

- Governor Cooper and Dr. Cohen have strongly recommended that school districts return to in-person learning. The state has shared new research that supports the safety of students returning to school.
- NALBOH conference is Aug 1-3 in Grand Rapids, MI. As of now they are hopeful the conference will be held in-person.

## 2021 Goals and Objectives Review (April)



CABARRUS  
HEALTH  
ALLIANCE



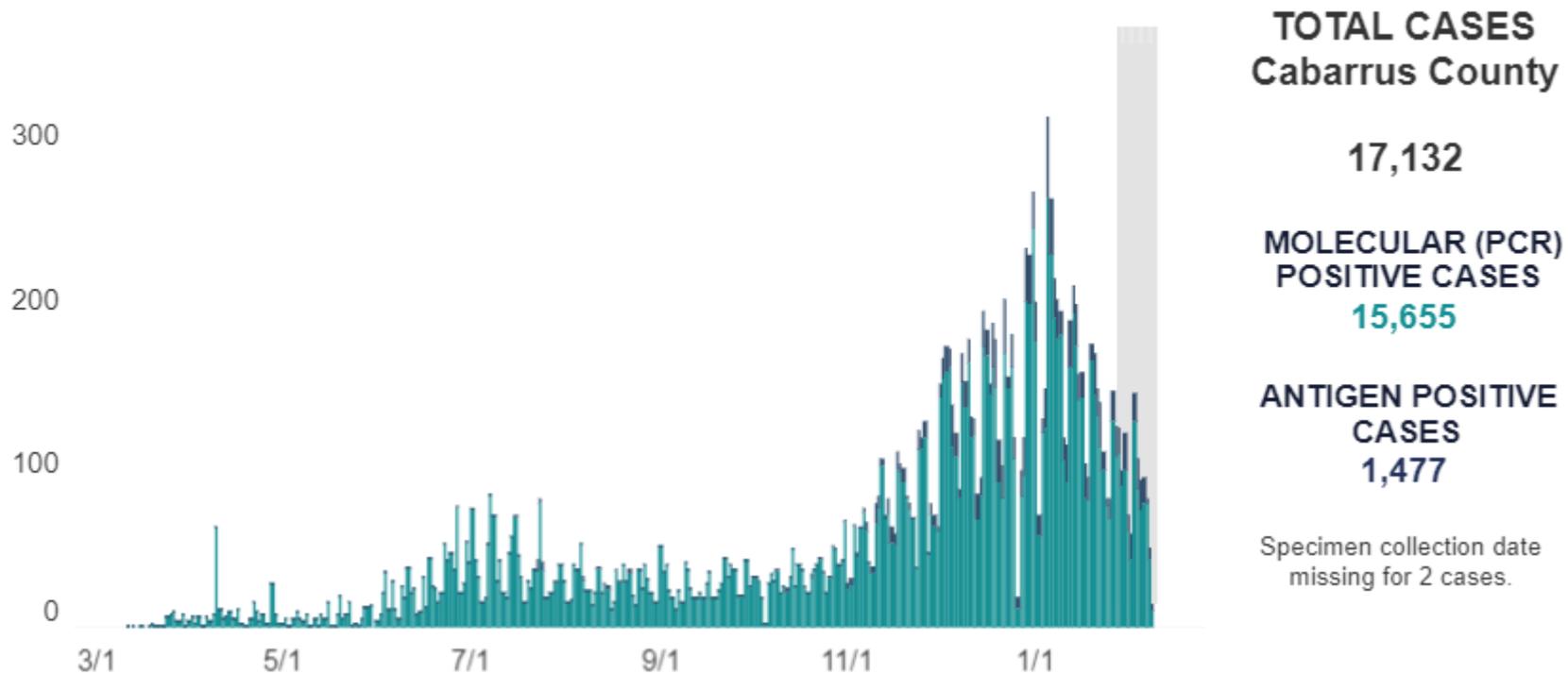
# Cabarrus Health Alliance

*The Public Health Authority of Cabarrus County*



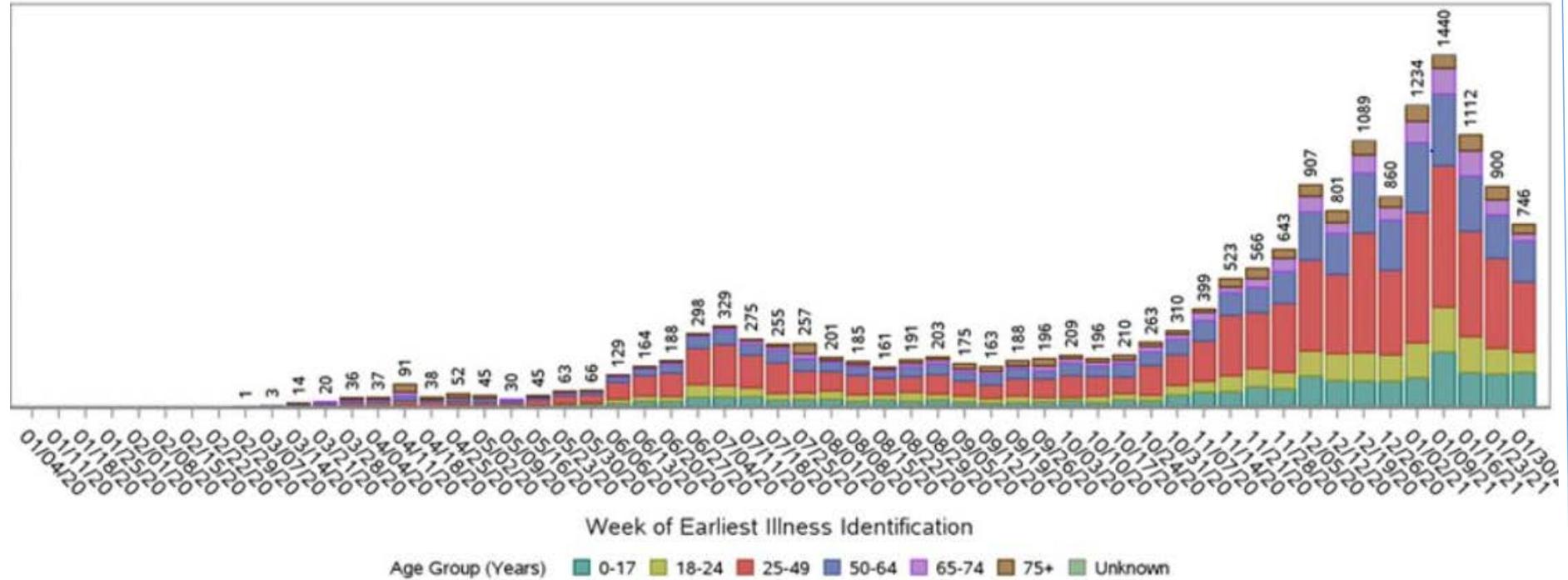
***COVID-19 Update - February 9, 2021***

## Cases by Date of Specimen Collection - Cabarrus County



Source: <https://covid19.ncdhhs.gov/>

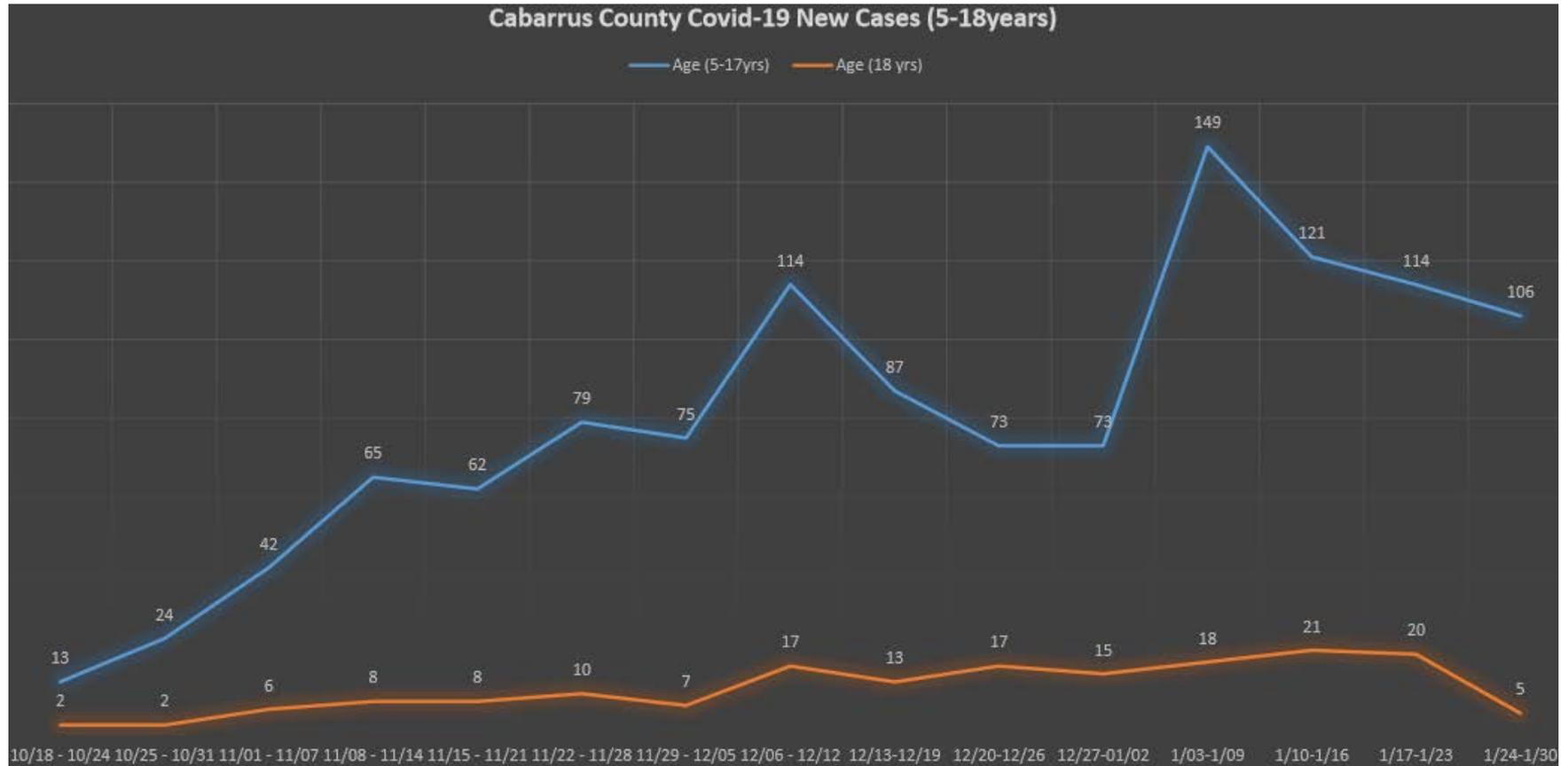
# Weekly Cases by Age as of January 23, 2021



Source: [www.cabarrushealth.org](http://www.cabarrushealth.org)

# Weekly Cases by Age as of January 23, 2021

## Differentiated by School-Age Cases



Source: [www.cabarrushealth.org](http://www.cabarrushealth.org)

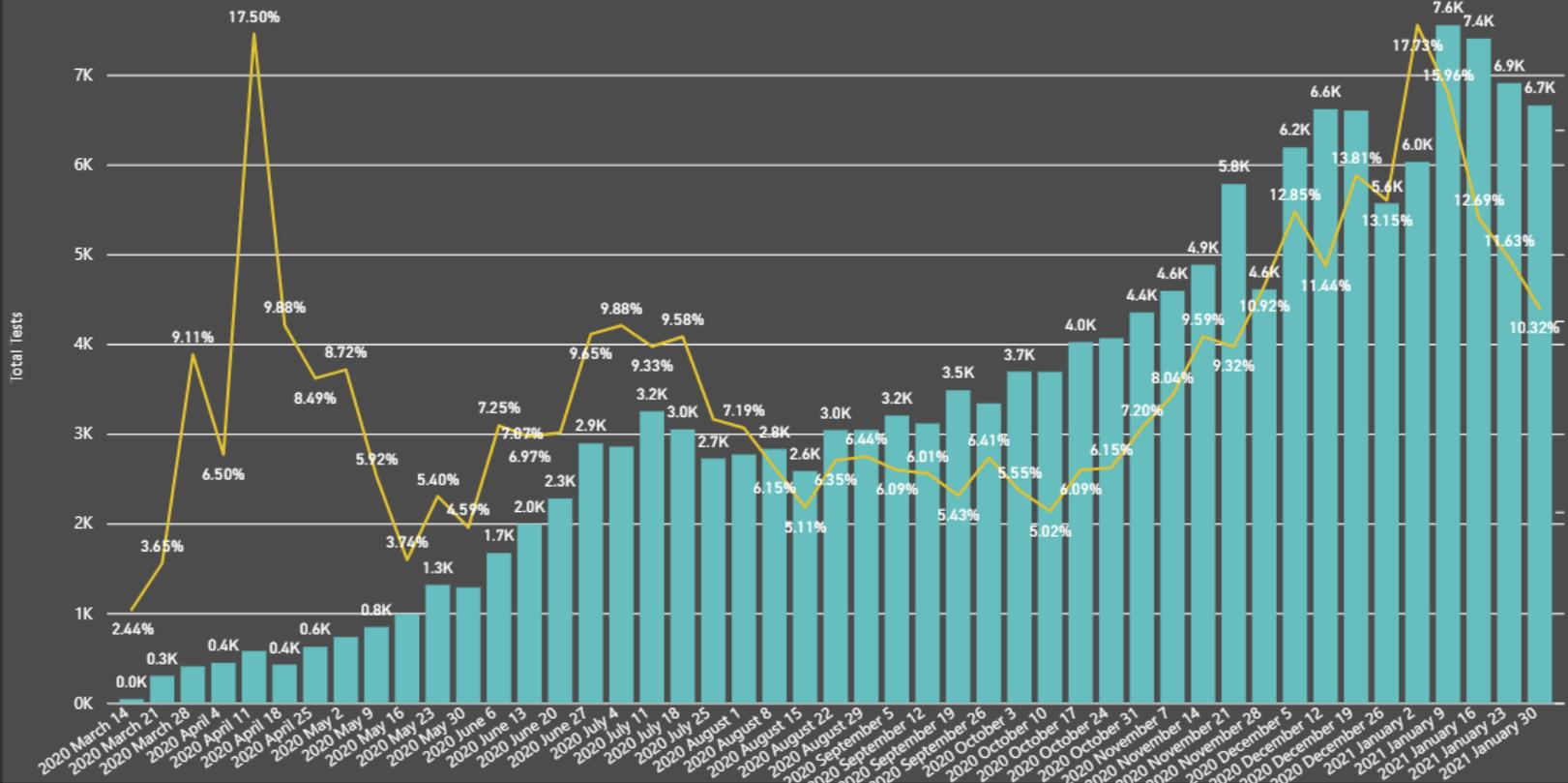
# Cabarrus County - % of Positive Tests

6657

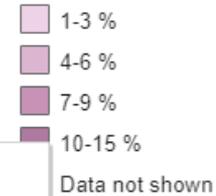
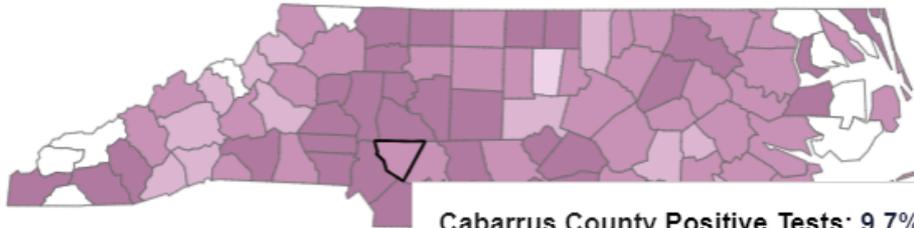
Most Recent Weekly Tests

10.3%

Most Recent % Positive



Source: [www.cabarrushealth.org](http://www.cabarrushealth.org)

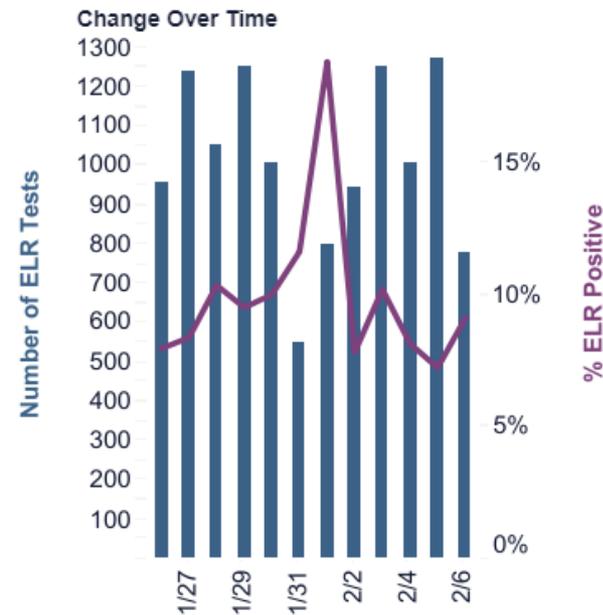


### Testing Turnaround Time

There are multiple stages that make up the time from when a specimen is collected to when results are available — the testing turnaround time. The first stage is the time between when the specimen is collected and when it is received by a laboratory. Several factors can impact this time, including the time of day and the distance to the laboratory. The second stage is the time between when the specimen is received and when the test is performed. The third stage is the time between when the test result is generated and when the laboratory electronically reports the result. The fourth stage is the time between when the result is reported and when the patient is notified of the result. This fourth stage happens between the time the result is reported and when the patient is notified of the result. A yellow line shows the 7-day rolling average of the percentage of ELR tests that are positive.

Please note that the graph shows the average testing turnaround time. Individual laboratories may have shorter or longer testing turnaround times. Antigen tests are excluded from testing turnaround time calculations as they are typically resulted within an hour or less. Including antigen tests would decrease testing turnaround times for molecular tests. Results received electronically for previous dates may cause slight variation in day-to-day reporting.

Cabarrus County Positive Tests: 9.7%

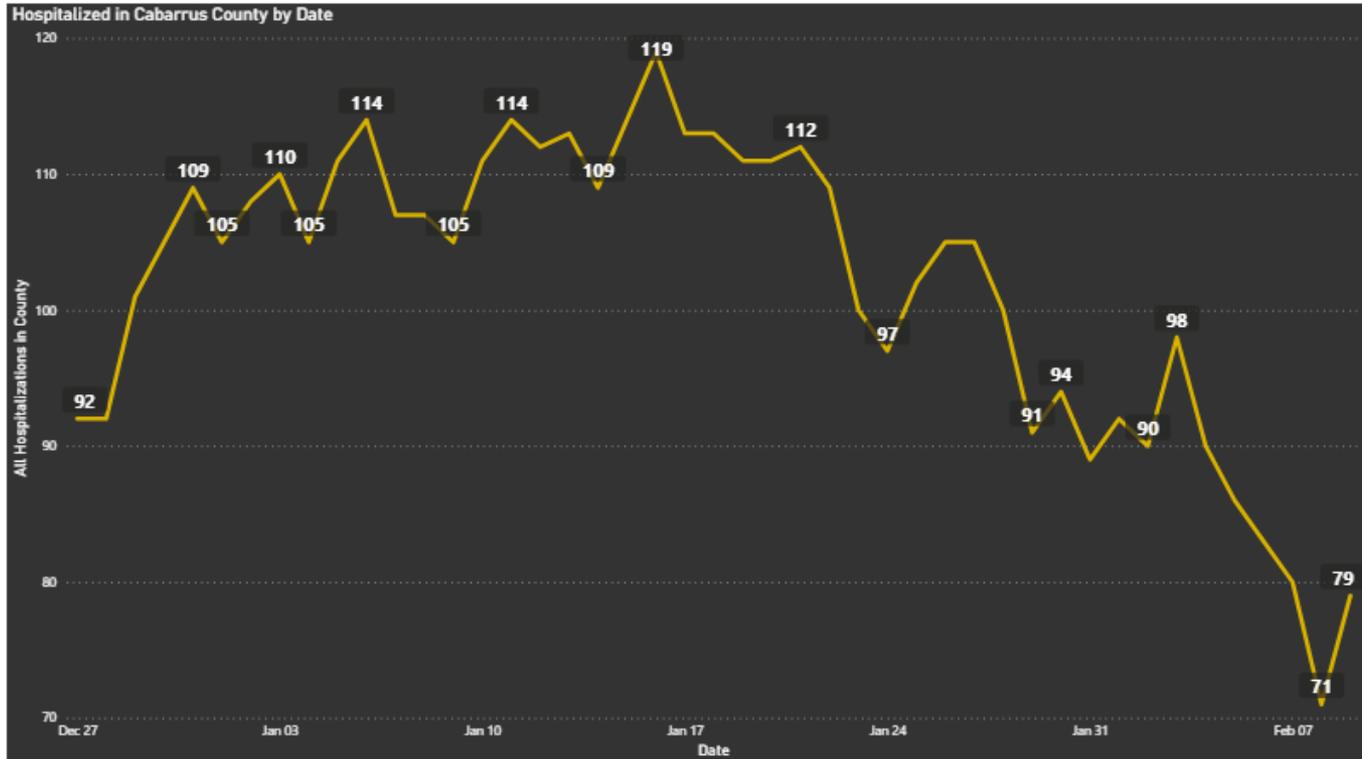


### Information

receives their specimen when it is received by the laboratory. The first and second stages determine a patient's testing turnaround time. The fourth stage, when a patient is notified of their result by NCDHHS, is the longest. The laboratory has a...

to NCDHHS. The turnaround time will vary. Antigen tests are typically resulted within an hour or less and are not included in the testing turnaround time calculation. Laboratory...

# Cabarrus County – Number of Daily Hospitalizations

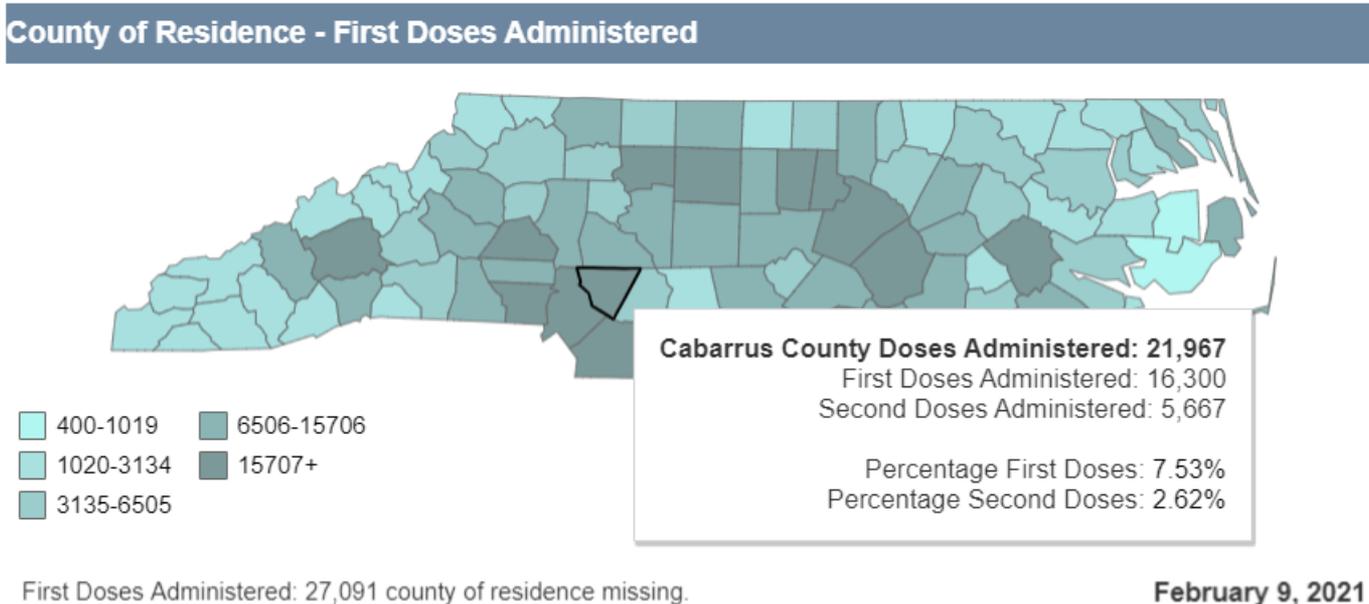


Date	1.7.20	1.14.20	1.21.21	1.28.21	2.9.21
Total	107	112	112	100	79
Cabarrus	46	61	52	50	62

Source: [www.cabarrushealth.org](http://www.cabarrushealth.org)

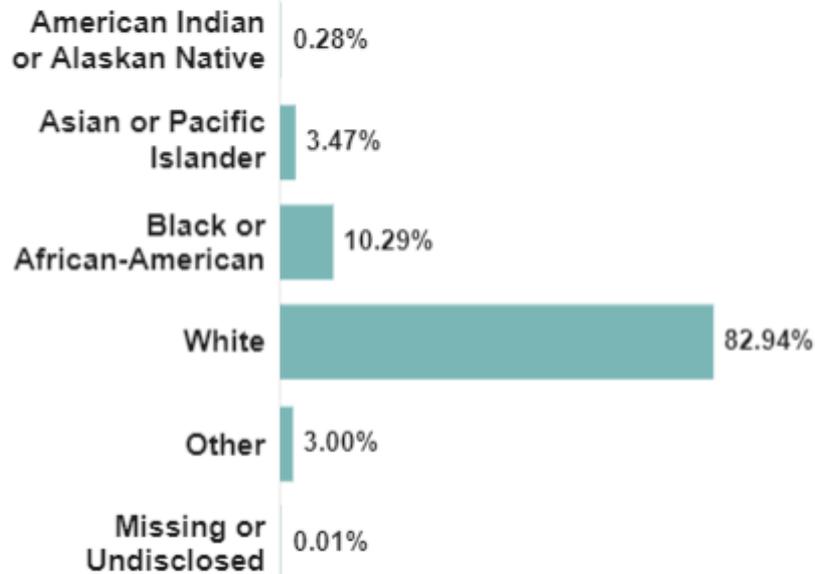
# Vaccine Tracking

You can track the number of Cabarrus County residents vaccinated by hovering over the county at this link:  
<https://covid19.ncdhhs.gov/dashboard/vaccinations>.

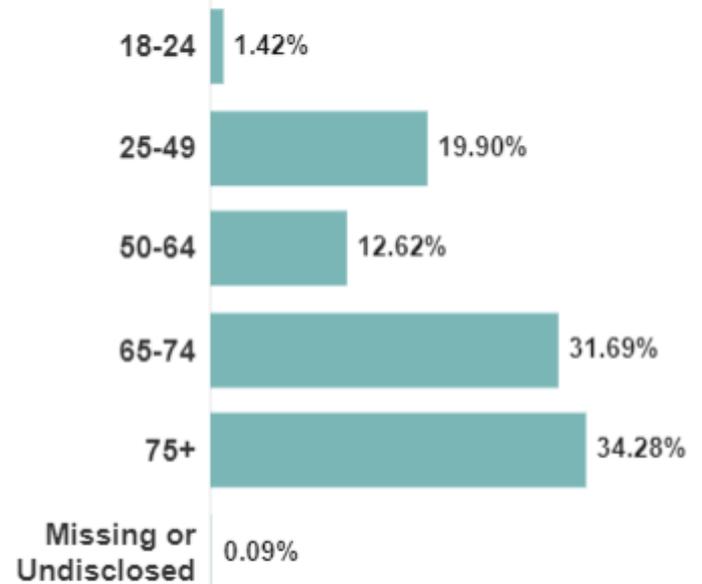


## First Doses Administered by Demographics

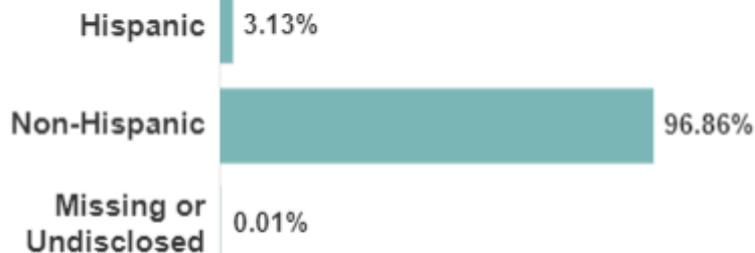
### By Race



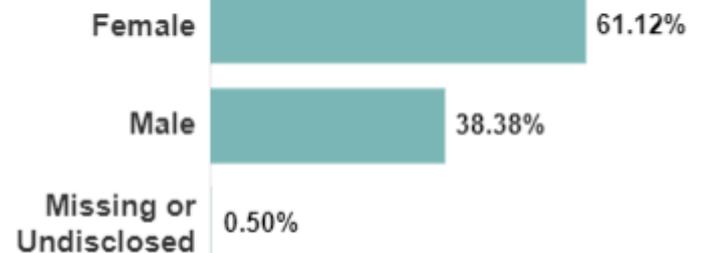
### By Age



### By Ethnicity



### By Gender



# COVID-19 Vaccinations Administered by Cabarrus Health Alliance

CABARRUS COUNTY COVID 19 VACCINE DISTRIBUTION					
Cabarrus Health Alliance			Cabarrus County		
Total # of Vacines given by Cabarrus Health Alliance as of 2/09/2021	12,441		Total # of Vacines given in Cabarrus County as of 2/08/2021	21,083	
Total number of Cabarrus County adults receiving 1st dose vaccines administered by CHA	9,027	5.6%	Total number of Cabarrus County adults receiving 1st dose of vaccine	16,140	10.0%
Total number of Cabarrus County adults fully vaccinated (2 doses) by CHA	3,414	2.1%	Total number of Cabarrus County Adults Fully Vaccinated (2 doses)	4,943	3.1%

# Vaccine Groups: <https://covid19.ncdhhs.gov/vaccines>

## Group 1: Health care workers & Long-Term Care staff and residents

- Health care workers with in-person patient contact
- Long-term care staff and residents—people in skilled nursing facilities, adult care homes and continuing care retirement communities

## Group 2: Older adults

Anyone 65 years or older, regardless of health status or living situation

## COVID-19 Vaccine Clinics

Online appointment scheduling is now available.

Please be patient as we transition appointment systems. Second Dose clinics will still only be available for scheduling weekdays 8:30am to 5:00pm.

Cabarrus Health Alliance is currently vaccinating individuals within Group 1 and Group 2.

[Schedule 1st Dose COVID-19 Vaccine Appointment](#)

[Schedule 2nd Dose COVID-19 Vaccine Appointment](#)

[Join the Vaccine Waitlist](#)

8. Patient's Workplace, if applicable

Enter your answer

9. Choose what describes you best: \*

- I am a healthcare worker
- Long Term Care Facility staff or resident
- Adult 65 years old or older
- Responsible for handling decedents with COVID-19
- Individual responsible for cleaning areas where COVID-19 patients are admitted
- Transportation staff member 50 years old or older
- Education staff member 50 years old or older (K-12)
- Education staff member 50 years old or older (Higher Education)
- Public Safety staff member (fire, police, corrections, security, DHS) 50 years old or older
- Food & Agriculture staff member (meat packing, food processing, farmworkers, migrant farmworkers, food distribution and supply, restaurant staff) 50 years old or older
- Essential Goods staff member (works in stores that sell groceries and medicine) 50 years old and older
- Critical Manufacturing staff member (manufactures medical supplies, personal protective equipment, products needed for food and agriculture supply chains) 50 years old and older
- Transportation staff member (public transit staff, DMV, maintenance staff for transportation systems) 50 years old and older
- None of these apply to me

## New Studies Reaffirming Data About Schools

CDC Centers for Disease Control and Prevention  
CDC 2020-2021 Morbidity and Mortality Weekly Report

Morbidity and Mortality Weekly Report (MMWR)

December 18, 2020

Factors Associated with Positive SARS-CoV-2 Test Results in Outpatient Health Facilities and Emergency Departments Among Children and Adolescents Aged <18 Years — Mississippi, September–November 2020

January 7, 2021

Eurosurveillance

Minimal transmission of SARS-CoV-2 from paediatric COVID-19 cases in primary schools, Norway, August to November 2020

# PEDIATRICS

OFFICIAL JOURNAL OF THE AMERICAN ACADEMY OF PEDIATRICS

January 8, 2021

Incidence and Secondary Transmission of SARS-CoV-2 Infections in Schools

VIEWPOINT

Data and Policy to Guide Opening Schools Safely to Limit the Spread of SARS-CoV-2 Infection

JAMA, January 26, 2021

CDC Centers for Disease Control and Prevention  
CDC 2020-2021 Morbidity and Mortality Weekly Report

Morbidity and Mortality Weekly Report (MMWR)

January 29, 2021

COVID-19 Cases and Transmission in 17 K–12 Schools — Wood County, Wisconsin, August 31–November 29, 2020

## Latest Research

With prevention measures in place, increasing evidence suggests low rates of COVID-19 transmission in primary and secondary school settings even with high rates of community transmission.

- Little evidence that schools have contributed to increase rates of community transmission
- Countries that have reopened their schools did not see large rises in infection at a population level.
- Limited disease transmission from child-to-child and very limited to no transmission from child-to-adult in the in-person school setting.
- North Carolina's ABC collaborative found rates of secondary transmission during in-person school instruction significantly less than the surrounding communities and no cases of student to staff transmission

Source: NC DHHS presentation to local health leaders, February 2, 2021

## Latest Research

Preventive measures are important to success of in-person learning

- School systems that had high rates of face covering and other preventive measures showed low rates of transmission
- Lower rates of transmission in schools than the community suggest schools can be a protective environment because of monitoring and adherence to prevention measures
- Higher rates of spread of virus have been seen in out of school social gatherings and sports
- Mask use and hand-hygiene remain critical prevention measures.
- CDC recommends 6 feet of social distancing as the most health-protective distancing, but where that is not possible, 3-feet or greater of social distancing may still reduce risk of spread.

Source: NC DHHS presentation  
to local health leaders,  
February 2, 2021

# What Is Moving in the Right Direction?

Metric	
New cases (per week)	1440 → 1112 → 900 → 746
14-day case rate per 100,000 population	1110.7 → 782.6
Percent Positive	9.9%
Hospitalizations/Hospital Capacity	Moderate/Medium Impact
Vaccinations	<p>7.46% Cabarrus County Residents Vaccinated (first doses based on full county population)</p> <p>10% Cabarrus County Residents Vaccinated (first doses based on eligible county population ages 16 and over)</p>

## Cabarrus Commitment to Control COVID-19:

### Cabarrus Health Alliance Recommendations for Municipalities, Business, and Schools; *Updated 2.08.2121*

Zone	Metric 1: Cases per 100,000	Metric 2: Percent Positive	Metric 3: Hospitalizations: Atrium Cabarrus	Municipalities & Business	Schools
<b>Green Zone: Containment</b>	<ul style="list-style-type: none"> <li>• 1-9 cases per day per 100,000 people tracked over previous 14-days</li> <li>• 20 or less cases per day in Cabarrus County</li> <li>• 280 or less new cases in 14-days</li> </ul>	5% and below	<b>IMPACT NEGLIGIBLE</b>	<p style="text-align: center;"><b>3W's Required</b></p> <p style="text-align: center;">Business as usual</p>	Plan A, B, or C
<b>Yellow Zone: Moderate Community Spread</b>	<ul style="list-style-type: none"> <li>• 10-18 cases per day per 100,000 people tracked over previous 14-day period</li> <li>• 21 to 39 cases per day in Cabarrus County</li> <li>• 281 to 546 new cases in 14-days</li> </ul>	>5% to <8%	<b>LOW IMPACT</b>	<p style="text-align: center;"><b>3W's Required</b></p> <p style="text-align: center;">Support and suggest tele-work and virtual meetings</p>	Plan A, B, or C
<b>Orange Zone: Accelerated Spread</b>	<ul style="list-style-type: none"> <li>• 19-24 cases per day per 100,000 people tracked over previous 14-day period</li> <li>• 40 to 52 cases per day in Cabarrus County</li> <li>• 547 to 728 new cases in 14-days</li> </ul>	8% to <10%	<b>MEDIUM IMPACT</b>	<p style="text-align: center;"><b>3W's Required</b></p> <p style="text-align: center;">Highly encourage tele-working and virtual meetings for non-essential staff</p> <p style="text-align: center;">Provide services virtually as much as possible</p>	Plan A with social distancing measures in place; Plan B or C based on local current trends
<b>Red Zone: Tipping Point</b>	<ul style="list-style-type: none"> <li>• 25+ cases per day per 100,000 people tracked over previous 14-day period</li> <li>• 53 cases and over per day in Cabarrus County</li> <li>• 729 or more new cases in 14-days</li> </ul>	10% and above	<b>HIGH IMPACT</b>	<p style="text-align: center;"><b>3W's Required</b></p> <p style="text-align: center;">Essential employees only in facilities; limited services on-site</p> <p style="text-align: center;">Limit indoor dining; recommend take-out/delivery only.</p>	Plan B or C based on local current trends

If the community meets two or more metrics in a specific zone, it is recommended that municipalities and businesses follow the recommendations provided. Cabarrus County Population: 216,453.

# Advocacy Efforts

- Advocating for:
  - Additional funding to support long-term vaccination planning and execution
  - Flexibility to vaccinate education staff now



# We love our community!

Thank you to these providers for volunteering countless hours at our vaccine clinics!

## Physicians

Amy Woolwine  
Kathleen Wolner  
Lara Pons  
Earl Myers  
John Ryan  
Charles Rhodes  
Mark Jasmine  
Kimmery Martin  
Paola Natale  
Alan Harsch  
Eric Burke  
George Monroe  
Hema Prakash  
Valerie Sakach

## Advanced Practitioners

Mary Jasmine  
Katie King



# We love our community!

## Lunch sponsors at COVID Vaccination

January 19, 2021	Community Free Clinic, Nancy Litton, Executive Director
January 22, 2021	Hilbish Ford (Tim Vaughn/Buddy Hilbish)
January 23, 2021 (Cabarrus County)	Modern Woodmen of America, Chapter 5311 (Cabarrus County)
January 26, 2021	Burchfield Insurance Group (Brian Burchfield)
January 29, 2021	Caremoor Retirement (Tom Kincaid)
January 30, 2021	Team Honeycutt (Diane Honeycutt)
February 2, 2021 (Blake Simpson)	Town of Mt. Pleasant / Mt. Pleasant Smokehouse
February 5, 2021	Town of Midland (Doug Paris, Town Manager)
February 6, 2021 Pediatric Dentistry (Dr. Kerry Dove & Dr. Ojas Parikh)	Turner Orthodontics (Dr. John Turner) Concord
February 9, 2021	Community Church of Mt. Pleasant
February 12, 2021	Town of Mt. Pleasant
February 13, 2021	ENoodles (Karren Kwong)
February 16, 2021	Team Honeycutt (Diane Honeycutt)
February 19, 2021 Emergency Management	Logan's Roadhouse (Ken Brown) / Cabarrus
February 20, 2021	Cabarrus Inn (Vimal Harded)
February 25, 2021	My Orthodontist Dr. Elizabeth Ottey / Dr. Larry Moray
February 26, 2021	Trinity United Methodist Church – Kannapolis



# We love our community!

## Donations to Date

Food Lion, S. Union Street 10 cases bottled water

Cookies for Caregivers Norma Lockey (2 drop offs)

Amy Potoczny & Family (cookies)

Kinetic by Windstream Bottled water & snacks

Turner Orthodontics – Doughnuts 1/30/21

Dr. Kathleen Wolner - 11 dozen doughnuts 2/6/21

Kindred at Home - 6 cases of bottled water 2/9 and 6 more cases 2/16

Residence Inn, Courtyard, Springhill Suites – bringing cases of bottled water and snacks to Arena 2/13/21

### **Donations for snacks or supplies:**

Cabarrus County Courthouse – Judges Christy Wilhelm, Marty McGhee, and Bill Baggs, Clerk of Court

Decision Path

Pinnacle Financial Partners





# Clinic Department Strategic Plan

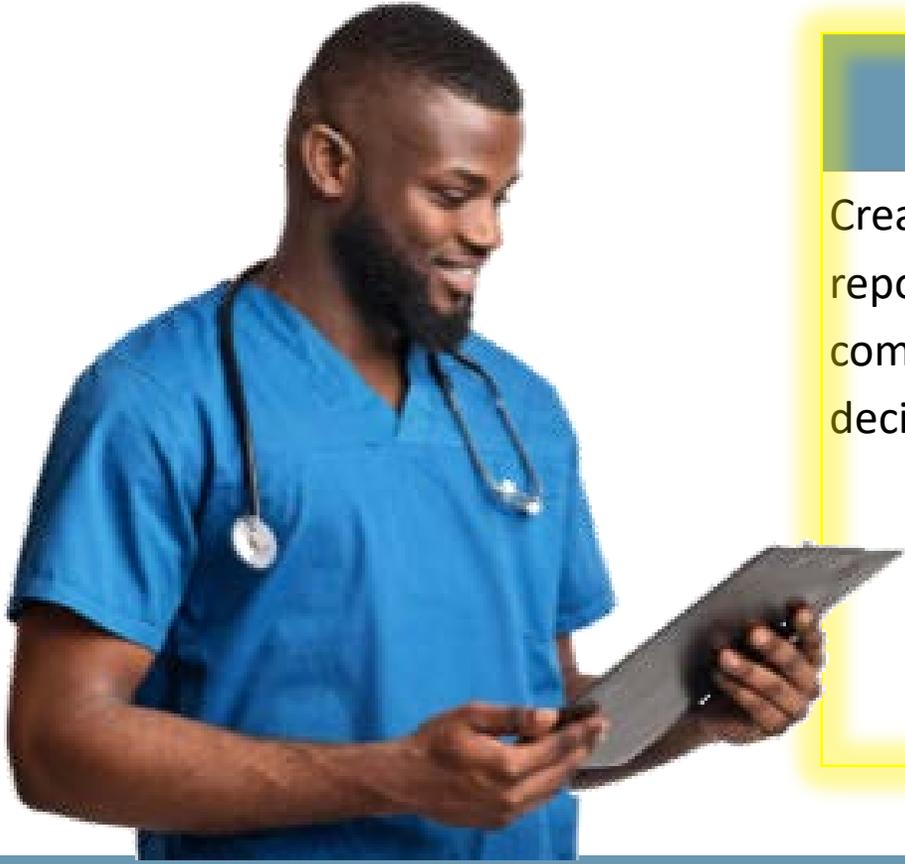
January 6, 2020



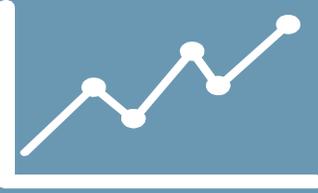
CABARRUS  
HEALTH  
ALLIANCE



# 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

<u>Objectives</u>	<u>Action Steps</u>	<u>Metric/Measure</u>	<u>Champion</u>	<u>Deadline</u>
By end of fiscal year 2021 completion of Clear Impact Scorecard- Pediatrics & Womens' Health	<ul style="list-style-type: none"> <li>•Complete data for Population Indicators &amp; Performance measures</li> <li>•Severe maternal morbidity scorecard</li> <li>•Training for Clear Impact scorecard (Julia Patterson &amp; Suzanne Knight)</li> </ul>	<ul style="list-style-type: none"> <li>• 75% of population indicators and performance measures will contain updated information.</li> </ul>	Medjie Kuyateh Dr. Suda Betty Foh	FY 2021
By end of fiscal year 2021 completion of Clear Impact Scorecard- Medical Records	<ul style="list-style-type: none"> <li>•Complete data for Performance measures # PHI HIPPA Incidents</li> </ul>	<ul style="list-style-type: none"> <li>• 75% of population indicators and performance measures will contain updated information.</li> </ul>	Anabelle Fransico-Sanchez Ryan McGhee Betty Foh	FY 2021
By end of fiscal year 2021 completion of Clear Impact Scorecard- Communicable Disease	<ul style="list-style-type: none"> <li>•Complete data for Population Indicators &amp; Performance measures</li> </ul>	<ul style="list-style-type: none"> <li>• 75% of population indicators and performance measures will contain updated information.</li> </ul>	Marcus Misenheimer Medjie Kuyateh	FY 2021



# Use Data to Improve Health

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

<u>Objectives</u>	<u>Action Steps</u>	<u>Metric/Measure</u>	<u>Champion</u>	<u>Deadline</u>
<p>BY fiscal year 2022 Medical Records will ensure 75% of patient charts will include demographic information</p>	<p>Collection and reports including the following identifiers:</p> <ul style="list-style-type: none"> <li>•Race</li> <li>•Gender</li> <li>•Ethnicity</li> <li>•Language</li> <li>•Payer source               <ul style="list-style-type: none"> <li>•% of pts with self-pay (sliding fee)</li> <li>•0%, 20%, 40%, 60%, 80%, 100%</li> <li>•% of Medicaid pts</li> <li>•% pts private insurance</li> </ul> </li> <li>•Not disclose option added to CureMD</li> </ul>	<ul style="list-style-type: none"> <li>• 75% of patients have complete demographic information recorded in charts</li> <li>• 60% of information included on clear impact scorecard</li> </ul>	<p>Melissa Blovsky Anabelle Franciso-Sanchez Betty Foh</p>	<p>FY 2022</p>



# 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

<u>Objectives</u>	<u>Action Steps</u>	<u>Metric/Measure</u>	<u>Champion</u>	<u>Deadline</u>
By fiscal year 2022 create an environment in Medical Records that ensures equitable access to care.	<ul style="list-style-type: none"><li>•Review staffing and communication model based on the data from 1.2</li><li>•Information/brochures/materials translated to appropriate language- (marketing)</li><li>•Hiring of staff (if feasible) to represent demographic served</li><li>•Signs in Spanish &amp; materials offered in the top languages CHA serves (such as Arabic)</li></ul>	<ul style="list-style-type: none"><li>• Letters to patients will be sent in top languages of Cabarrus County (English, Spanish and Arabic)</li><li>• 100% of public facing signage be translated in Spanish</li></ul>	Melissa Blovsky Tracy Adams Betty Foh HR Facilities	FY 2022



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

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

<u>Objectives</u>	<u>Action Steps</u>	<u>Metric/Measure</u>	<u>Champion</u>	<u>Deadline</u>
By fiscal year 2022 the Sun Clinic will continue to provide exceptional maternal health services for women who use substances (SUN Clinic)	<ul style="list-style-type: none"><li>•Integrate SUN clinic budget into Clinical Services departmental budget</li><li>•Develop mechanism for tracking costs/revenue specific to SUN clinic</li><li>•Maintain census of SUN clients</li></ul>	<ul style="list-style-type: none"><li>• Evaluate SUN Clinic program<ul style="list-style-type: none"><li>• Cost of personnel</li><li>• Number of term deliveries</li><li>• Number of women stable in recovery at delivery and at 3 months PP</li></ul></li></ul>	Dr. Suda Sonja Bohannon-Thacker Suzanne Knight	FY 2022



# 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



# Address Social Determinants of Health

## Goal 4: Align and integrate public health programs to address social determinants of health

<u>Objectives</u>	<u>Action Steps</u>	<u>Metric/Measure</u>	<u>Champion</u>	<u>Deadline</u>
By fiscal year 2021 an establishment of a standard social determinants of health (SDOH) screening to be administered by all front-line staff.	<ul style="list-style-type: none"><li>•Determine a tool that works in each clinic<ul style="list-style-type: none"><li>•Pediatric</li><li>•Women's Health</li><li>•Communicable Disease</li></ul></li><li>•Have clinical staff trained on SDOH tool</li><li>•Use SDOH screening tool to refer through NC Cares 360</li></ul>	<ul style="list-style-type: none"><li>• Number of unduplicated patients who receive the social determinants screenings</li><li>• % of patients who identify 1 or more risk from SDOH screening</li><li>• % of patient referrals completed</li></ul>	Julia Patterson Melissa Blovsky Ryan McGhee	FY 2021



# Build and Sustain Collaborative Systems that Address Social Determinants of Health

Goal 3: Expand and maximize community partnerships to effectively address social determinants of health				
<u>Objectives</u>	<u>Action Steps</u>	<u>Metric/Measure</u>	<u>Champion</u>	<u>Deadline</u>
By fiscal year 2022 clinical programs will increase NC Care 360 usage by 60%, to make referrals and track success	<ul style="list-style-type: none"> <li>•Assessment of time commitment to oversee referral process (patient navigator/Community Health Worker)</li> <li>•Identify a working model for patient referral and scheduling</li> <li>•Collaboration with Lifestyle Medicine</li> </ul>	<ul style="list-style-type: none"> <li>• % of patients referred through NC Care 360 platform</li> <li>• % of types of referrals</li> <li>• % of patients with completed referral</li> </ul>	Julia Patterson  Alicia McDaniel	FY 2022



# 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	<b>Maintain a culture of quality improvement to advance departmental performance</b>	Adapt and adopt staffing models and funding sources that reduce the number of positions and programs that are short-term and grant funded	<b>Expand CHA capacity to include alternative service delivery and outreach models that improve access to care</b>	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

<u>Objectives</u>	<u>Action Steps</u>	<u>Metric/Measure</u>	<u>Champion</u>	<u>Timeline</u>
By fiscal year 2021 family planning clinic will improve access by increasing the % of patients who receive same day choice of contraception	<ul style="list-style-type: none"><li>• Complete Upstream USA training</li><li>• Integrate Upstream USA methodology into CHA Family Planning clinic</li><li>• Facilitate CHA data to IMAT</li><li>• Ongoing Upstream USA coaching, operationalizing practices</li></ul>	<ul style="list-style-type: none"><li>• Number of patients asked pregnancy intention (PISQ)</li><li>• Number of patients who successfully leave with the goal they desire</li><li>• Number of patients who receive counseling and the method they desire</li><li>• % of patients who receive same day choice of contraception</li></ul>	Ashley Goodman Suzanne Knight	FY 2021 and ongoing



# 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

<u>Objectives</u>	<u>Action Steps</u>	<u>Metric/Measure</u>	<u>Champion</u>	<u>Timeline</u>
By fiscal year 2024 conclude preliminary research of underserved areas to be served by mobile access	<ul style="list-style-type: none"><li>•Determine how to run reports based on zip codes</li><li>•Determine most needed service(s) (well child, immunization, STI etc.)</li><li>•Utilize GIS heat map to assist in determining underserved areas of community, or those lacking access to care</li></ul>	<ul style="list-style-type: none"><li>• Complete proposal based on need of services</li><li>• Immunization rates on GIS map</li><li>• STI rates on GIS map</li><li>• Well child visits on GIS map</li></ul>	Medjie Kuyateh Ryan McGhee Melissa Blovsky Betty Foh	FY 2024
By fiscal year 2023 propose expansion of SUN clinic to provide additional relevant services moving into the postpartum period	<ul style="list-style-type: none"><li>•Research additional services provided by UNC Horizons</li><li>•Research best method to expand services in postpartum period</li></ul>	<ul style="list-style-type: none"><li>• Number of participants who continued in care into the postpartum period</li><li>• Number of new services/visits added for participants during postpartum period</li><li>• Number of referrals for services not offered at CHA</li></ul>	Dr. Suda Sonja Bohannon-Thacker	FY 2023



# 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

<u>Objectives</u>	<u>Action Steps</u>	<u>Metric/Measure</u>	<u>Champion</u>	<u>Timeline</u>
By fiscal year 2022 ensure a Community Health Worker (Disease Intervention Specialist) program	<ul style="list-style-type: none"> <li>• Research funding opportunities to ensure a sustained position.</li> <li>• Continue to collect STI Rates</li> <li>• Input rates in GIS software</li> <li>• Compare state statistics to inform outreach</li> </ul>	<ul style="list-style-type: none"> <li>• Subsequent STI rates</li> <li>• Number of public, client contacts</li> <li>• Number of outreach events</li> </ul>	Marcus Misenheimer Medjie Kuyateh	FY 2022
By fiscal year 2024 re-establish Centering Pregnancy program to improve disparity gap in Infant Mortality Rates (IMR) in Cabarrus County	<ul style="list-style-type: none"> <li>•Survey patient/client interest, explore, and</li> <li>•Program development</li> <li>• Explore training facilitator (non-clinical)</li> <li>•Integrate services Community Health Worker</li> <li>•Integrate FCC programs</li> <li>•Integrate Lifestyle Medicine</li> </ul>	<ul style="list-style-type: none"> <li>• Infant mortality rate for patients</li> <li>• Maternal morbidity for patients</li> <li>• Centering Program re-establishment</li> <li>• Cabarrus County IMR, with emphasis on black/white disparity</li> </ul>	Suzanne Knight Betty Foh Megan Shuping Alicia McDaniel	FY 2024



# FCC Department Strategic Plan

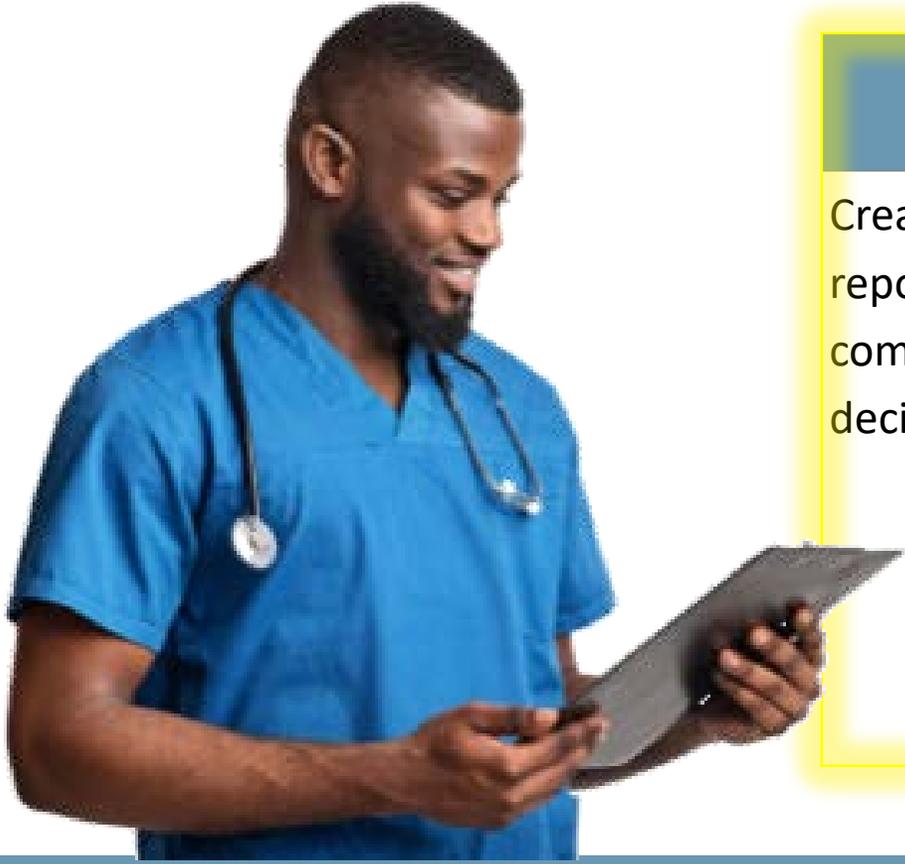
February 9, 2020



CABARRUS  
HEALTH  
ALLIANCE



# Use Data to Improve Health



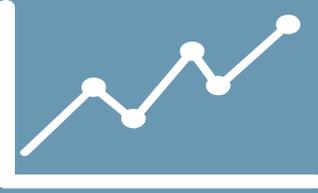
Goal 1	Goal 2	Goal 3
Create a public facing data repository to inform the community and enhance decision making	Use an equity lens for data collection, analysis, use and dissemination	Make strategic decisions and create work environments that foster the data integration, sharing, and analysis necessary 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
By January 2021, FCC Scorecard will be live on CHA website.	<ul style="list-style-type: none"><li>Population Accountability<ul style="list-style-type: none"><li>Work with partners and epidemiologist to find the % of Cabarrus County residents that are receiving FCC services in geographic locations to address access to care</li></ul></li><li>Performance Accountability and survey metrics will be explored for various programs</li><li>Story Behind the Curve will be completed</li></ul>	•90% of indicators and performance measures will be complete on the scorecard	Megan Shuping Maddy Turner Medjie Kuyateh Betty Foh	FY2021



# 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
By fiscal year 2023, FCC will develop real time demographic reporting for all active cases to ensure care management services are available and utilized throughout the county.	<ul style="list-style-type: none"> <li>•Develop demographic section of referral logs for both Pregnancy Care Management &amp; CMARC               <ul style="list-style-type: none"> <li>•Race</li> <li>•Ethnicity</li> <li>•Location/zip code</li> </ul> </li> <li>•Promote services to additional areas if service gaps are identified</li> <li>•Program specific analysis of demographic data</li> </ul>	<ul style="list-style-type: none"> <li>•75% of active cases will have demographic information recorded</li> </ul>	Megan Shuping	FY2023
By fiscal year 2023, Triple P data collected from individual practitioners will improve to 65% of practitioners using demographic tracking tool	<ul style="list-style-type: none"> <li>•Develop a systems level demographic collection process among practitioners</li> </ul>	<ul style="list-style-type: none"> <li>•Creation of demographic tracking tool</li> <li>•65% of practitioner using demographic tool</li> </ul>	Kelly Bryant	FY2023
By fiscal year 2023, 75% of Project MORE participants will report demographics to promote services to additional areas if service gaps are identified .	<ul style="list-style-type: none"> <li>•Collect demographic data from participants</li> <li>•Use data to ensure services are available throughout the county</li> <li>•Program specific analysis of demographic data</li> </ul>	<ul style="list-style-type: none"> <li>•Creation of demographic tracking tool</li> <li>•75 % of participants will report demographics</li> </ul>	Kelly Bryant Jenelle Felton	FY2023



# 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
By fiscal year 2022, 90% of materials for bilingual/bicultural clients are available	<ul style="list-style-type: none"> <li>•Resources translated to Spanish               <ul style="list-style-type: none"> <li>•Plan of Safe Care Documents</li> </ul> </li> <li>•CMARC/CMHRP program plans, flyers and patient letters</li> <li>•Find resources that are up to date with relevant information</li> <li>•Plan of Safe Care documents translated in Spanish</li> </ul>	<ul style="list-style-type: none"> <li>•80% of materials are translated to Spanish.</li> </ul>	Megan Shuping Lauren Hammill India Young Cristal Gonzalez Anahi Carmona	FY 2022
By fiscal year 2025 ensure, 90% of CMARC & CMHRP cases with immigration status issues receive wrap around services	<ul style="list-style-type: none"> <li>• Assessment of CMARC &amp; CMHRP cases with immigration status issues</li> <li>• Specialist services covered for those with immigration status issues</li> <li>• Resources translated and developed specifically including immigration information</li> <li>• Recruitment tools developed</li> <li>• Identification of grant funding to ensure children with immigration status issues receive services</li> </ul>	<ul style="list-style-type: none"> <li>•90% of CMARC &amp; CMHRP uninsured cases with immigration status issues</li> </ul>	Cristal Gonzalez Lauren Hammill Anahi Carmona India Young Megan Shuping	FY2025



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

## Goal 2: Transform our workplace to be inclusive and equitable for employees from marginalized and underrepresented communities

Objectives	Action Steps	Metric/Measure	Champion	Deadline
By fiscal year 2022, FCC will develop process for assignment of bilingual/bicultural staff to provide direct services based on needs of individual programs	<ul style="list-style-type: none"><li>• Hire bilingual/bicultural staff</li><li>• Maintain staff with bilingual/bicultural lens</li><li>• Documented implementation plan</li></ul>	<ul style="list-style-type: none"><li>• Complete CMARC and CMHRP referral process and implementation plan</li></ul>	Megan Shuping	FY2022





# 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	<b>Expand and maximize community partnerships to effectively address social determinants of health</b>	Align and integrate public health programs to address social determinants of health



# Build and Sustain Collaborative Systems that Address Social Determinants of Health

## Goal 3: Expand and maximize community partnerships to effectively address social determinants of health

Objectives	Action Steps	Metric/Measure	Champion	Deadline
By fiscal year 2025, FCC will fully utilize NC Care 360 to make referrals, track success and assess needed resources in Cabarrus County	<ul style="list-style-type: none"><li>•Complete online registration for programs to be included in the NC Care 360 platform<ul style="list-style-type: none"><li>• Pregnancy Care Management (CMHRP)</li><li>• Early Childhood Care Management (CMARC)</li><li>• Project MORE</li></ul></li><li>•Train staff to send and receive referrals</li><li>•Utilize NC Care 360 and conduct mid-year assessment</li></ul>	<ul style="list-style-type: none"><li>•Complete training for all staff</li><li>•% of referrals who received services from NC Care 360</li></ul>	Megan Shuping	Training completed by December 2020. Referrals ongoing through FY2025.



# 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	<b>Expand CHA capacity to include alternative service delivery and outreach models that improve access to care</b>	Enhance the existing workforce development plan and program



# 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
By fiscal year 2025, Project MORE will incorporate at least two supplemental grants to ensure funding and capacity for Hispanic/Latin-x population	<ul style="list-style-type: none"><li>•Collaboration with Pregnancy Care Management</li><li>•Increase in referrals</li><li>•Increase in parents' knowledge of their child's emerging developmental and age-appropriate child development</li></ul>	<ul style="list-style-type: none"><li>•Client Satisfaction Surveys/Participant Feedback Survey</li><li>•Adult Adolescent Parenting Inventory (AAPI) and the Keys to Interactive Parenting Scales (KIPS)</li></ul>	Kelly Bryant Jenelle Felton Anahi Carmona	FY2025



## Cabarrus Health Alliance Board Agenda

Meeting Date: February 9, 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 budget for the CDC COVID-19 Vaccination Program Agreement Addendum funds. - \$73,738
2. To budget for additional ELC Agreement Addendum for COVID-19 Response funds. - \$247,372
3. To adjust budget for funds received for the Syringe Exchange Program. - \$15,000
4. To align budget with actuals for the Innovative Approaches grant. - \$0
5. To adjust budget for funds received for the Breast Cervical Cancer Program. - \$425
6. To align budget with actuals for the HPRIL Grant. - \$0
7. To align budget with actuals for Environmental Health. - \$0
8. To adjust budget with actuals for Information Technology. - \$0
9. To align budget to actuals for the IPS grant. - \$0
10. To adjust budget to actuals for the Office of Rural Health Grant. - \$0
11. To align budget with actuals for General Administration. - \$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: 2/9/2021

Amount: \$ 73,738

Type of Adjustment:

Health Director: Dr. Bonnie Coyle

Internal Transfer Within Program

Purpose of Request: To budget for CDC COVID-19 Vaccination Program Agreement Addendum funds.

Transfer Between Programs

Supplemental Request

Account	Account Name	Present Approved Budget	Increase	Decrease	Revised Budget Amount
00265865-6200-50716	CHA Grant-CDCCVP	\$ -	\$ 73,738	\$ -	\$ 73,738
00295865-9355-50716	Other Operation Costs-CDCCVP	\$ -	\$ 50,000	\$ -	\$ 50,000
00295865-9360-50716	Medical Supplies-CDCCVP	\$ -	\$ 23,738	\$ -	\$ 23,738

**Finance Office Use Only**

Finance Director \_\_\_\_\_ Health Director \_\_\_\_\_ Chairman of Cabarrus Health Alliance \_\_\_\_\_  
 Approved/Denied Date \_\_\_\_\_ Approved/Denied Date \_\_\_\_\_ Approved/Denied Date \_\_\_\_\_

# CABARRUS HEALTH ALLIANCE

## Budget Revision/Amendment Request

#2

Date: 2/9/2021

Amount: \$ 247,372

Type of Adjustment:

Health Director: Dr. Bonnie Coyle

Internal Transfer Within Program

Purpose of Request: To budget for additional ELC Agreement Addendum for COVID-19 Response funds.

Transfer Between Programs

Supplemental Request

Account	Account Name	Present Approved Budget	Increase	Decrease	Revised Budget Amount
00265865-6200-50543	CHA Grant-ELC EnhDectAct	\$ 311,447	\$ 247,372	\$ -	\$ 558,819
00295865-9206-50543	HRA-ELC	\$ 4,390	\$ 1,000	\$ -	\$ 5,390
00295865-9205-50543	Group Hospital Ins-ELC	\$ 22,731	\$ 6,000	\$ -	\$ 28,731
00295865-9211-50543	401K Match-ELC	\$ 4,479	\$ 1,000	\$ -	\$ 5,479
00295865-9230-50543	Workers' Compensation-ELC	\$ 671	\$ 671	\$ -	\$ 1,342
00295865-9210-50543	Retirement-ELC	\$ 22,843	\$ 30,000	\$ -	\$ 52,843
00295865-9640-50543	Insurance & Bonds-ELC	\$ 2,799	\$ 5,000	\$ -	\$ 7,799
00295865-9202-50543	Medicare-ELC	\$ 3,247	\$ 5,000	\$ -	\$ 8,247
00295865-9201-50543	Social Security-ELC	\$ 13,885	\$ 15,000	\$ -	\$ 28,885
00295865-9101-50543	Salaries & Wages-ELC	\$ 222,991	\$ 96,701	\$ -	\$ 319,692
00295865-9420-50543	Telecommunications-ELC	\$ -	\$ 2,000	\$ -	\$ 2,000
00295865-9107-50543	Contracted Personal Serv-ELC	\$ 761	\$ 10,000	\$ -	\$ 10,761
00295865-9355-50543	Other Oper Costs-ELC	\$ 5,000	\$ 75,000	\$ -	\$ 80,000

**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

#3

Date: 2/9/2021

Amount: \$ 15,000

Type of Adjustment:

Health Director: Dr. Bonnie Coyle

Internal Transfer Within Program

Purpose of Request: To adjust budget for funds received for the Syringe Exchange Program.

Transfer Between Programs

Supplemental Request

Account	Account Name	Present Approved Budget	Increase	Decrease	Revised Budget Amount
00265845-6803-906	Miscellaneous Revenue-SEP	\$ 12,050	\$ 15,000	\$ -	\$ 27,050
00295845-9355-906	Other Operation Costs-SEP	\$ 24,050	\$ 15,000	\$ -	\$ 39,050

**Finance Office Use Only**

Finance Director \_\_\_\_\_ Health Director \_\_\_\_\_ Chairman of Cabarrus Health Alliance \_\_\_\_\_  
 Approved/Denied Date \_\_\_\_\_ Approved/Denied Date \_\_\_\_\_ Approved/Denied Date \_\_\_\_\_

# CABARRUS HEALTH ALLIANCE

## Budget Revision/Amendment Request

#4

Date: 2/9/2021

Amount: \$ \_\_\_\_\_ -

Type of Adjustment:

Health Director: Dr. Bonnie Coyle

Internal Transfer Within Program

Purpose of Request: To align budget with actuals for Innovative Approaches Grant.

Transfer Between Programs

Supplemental Request

Account	Account Name	Present Approved Budget	Increase	Decrease	Revised Budget Amount
00295832-9320-50846	Printing & Binding-InnovApproa	\$ 807	\$ 2,520	\$ -	\$ 3,327
00295832-9447-50846	ContractedSvcs-InnovApproach	\$ 44,074	\$ 240	\$ -	\$ 44,314
00295832-9611-50846	Mileage-InnovApproach	\$ 2,760	\$ -	\$ 2,760	\$ -

**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: 2/9/2021

Amount: \$ 425

Type of Adjustment:

Health Director: Dr. Bonnie Coyle

Internal Transfer Within Program

Purpose of Request: To adjust budget for funds received for the Breast Cervical Cancer Program.

Transfer Between Programs

Supplemental Request

Account	Account Name	Present Approved Budget	Increase	Decrease	Revised Budget Amount
00265875-6200-54520	CHA Grant - BCCCP Federal	\$ 56,550	\$ 425	\$ -	\$ 56,975
00295875-9447-5452C	Contr Svcs-BCCCP State \$	\$ 12,000	\$ 425	\$ -	\$ 12,425

**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: 2/9/2021

Amount: \$ \_\_\_\_\_ -

Type of Adjustment:

Health Director: Dr. Bonnie Coyle

Internal Transfer Within Program

Purpose of Request: To align budget with actuals for HPRIL Grant.

Transfer Between Programs

Supplemental Request

Account	Account Name	Present Approved Budget	Increase	Decrease	Revised Budget Amount
00295880-9101-508	Salaries & Wages-WICH	\$ 44,656	\$ 1,000	\$ -	\$ 45,656
00295880-9210-508	Retirement-WICH	\$ 4,555	\$ 415	\$ -	\$ 4,970
00295880-9301-508	Office Supplies-WICH	\$ 245	\$ -	\$ 245	\$ -
00295880-9611-508	Mileage-WICH	\$ 150	\$ -	\$ 100	\$ 50
00295880-9635-508	Training & Education-WICH	\$ 3,500	\$ -	\$ 1,070	\$ 2,430

**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: 2/9/2021

Amount: \$ \_\_\_\_\_ -

Type of Adjustment:

Health Director: Dr. Bonnie Coyle

Internal Transfer Within Program

Purpose of Request: To align budget with actuals for Environmental Health.

Transfer Between Programs

Supplemental Request

Account	Account Name	Present Approved Budget	Increase	Decrease	Revised Budget Amount
00295805-9345-47510	Automotive Supplies-Env Hlth	\$ 129	\$ 500	\$ -	\$ 629
00295805-9104-47520	Temporary - Part & Full Time	\$ 2,955	\$ 2,000	\$ -	\$ 4,955
00295805-9355-47520	Other Operation Costs-F&L	\$ 46	\$ 200	\$ -	\$ 246
00295805-9635-47510	Training & Ed-Env Hlth	\$ 8,507	\$ -	\$ 3,700	\$ 4,807
00265805-6510-47520	Temp Food Est Fees-F&L	\$ 6,000	\$ -	\$ 1,000	\$ 5,000

**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

#8

Date: 2/9/2021

Amount: \$ \_\_\_\_\_ -

Type of Adjustment:

Health Director: Dr. Bonnie Coyle

Internal Transfer Within Program

Purpose of Request: To align budget with actuals for Information Technology.

Transfer Between Programs

Supplemental Request

Account	Account Name	Present Approved Budget	Increase	Decrease	Revised Budget Amount
00295812-9301-130	Office Supplies-ITS	\$ 300	\$ 600	\$ -	\$ 900
00295812-9635-130	Training & Ed-ITS	\$ 16,000	\$ -	\$ 600	\$ 15,400

**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: 2/9/2021

Amount: \$ \_\_\_\_\_ -

Type of Adjustment:

Health Director: Dr. Bonnie Coyle

Internal Transfer Within Program

Purpose of Request: To align budget with actuals for IPS Grant.

Transfer Between Programs

Supplemental Request

Account	Account Name	Present Approved Budget	Increase	Decrease	Revised Budget Amount
00295865-9331-50115	Minor Office Equip & Furn-IPS	\$ 17,859	\$ 68,838	\$ -	\$ 86,697
00295865-9355-50115	Other Operation Costs-IPS	\$ 44,982	\$ 1,537	\$ -	\$ 46,519
00295865-9301-50115	Office Supplies-IPS	\$ -	\$ 2,221	\$ -	\$ 2,221
00295865-9320-50115	Printing & Binding-IPS	\$ -	\$ 174	\$ -	\$ 174
00295865-9325-50115	Postage-IPS	\$ -	\$ 1,690	\$ -	\$ 1,690
00295865-9447-50115	Contracted Services	\$ -	\$ 12,098	\$ -	\$ 12,098
00295865-9201-50115	Social Security-IPS	\$ 2,131	\$ 2,500	\$ -	\$ 4,631
00295865-9659-50115	Unemployment Comp-IPS	\$ 150	\$ -	\$ 27.00	\$ 123
00295865-9206-50115	HRA-IPS	\$ 1,320	\$ -	\$ 164.00	\$ 1,156
00295865-9101-50115	Salaries & Wages-IPS	\$ 146,968	\$ -	\$ 71,000.00	\$ 75,968
00295865-9640-50115	Insurance & Bonds-IPS	\$ 1,837	\$ -	\$ 709.00	\$ 1,128
00295865-9210-50115	Retirement-IPS	\$ 14,991	\$ -	\$ 7,058.00	\$ 7,933
00295865-9202-50115	Medicare-IPS	\$ 2,131	\$ -	\$ 750.00	\$ 1,381
00295865-9230-50115	Workers' Compensation-IPS	\$ 441	\$ -	\$ 150.00	\$ 291
00295865-9205-50115	Group Hospital Insurance-IPS	\$ 10,503	\$ -	\$ 5,000.00	\$ 5,503
00295865-9211-50115	401K Match-IPS	\$ 2,939	\$ -	\$ 2,200.00	\$ 739
00295865-9102-50115	Part Time > 1000 Hours-IPS	\$ 2,000	\$ -	\$ 2,000.00	\$ -

**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: 2/9/2021

Amount: \$ \_\_\_\_\_ -

Type of Adjustment:

Health Director: Dr. Bonnie Coyle

Internal Transfer Within Program

Purpose of Request: To align budget with actuals for the Office of Rural Health Grant.

Transfer Between Programs

Supplemental Request

Account	Account Name	Present Approved Budget	Increase	Decrease	Revised Budget Amount
00295875-9104-405	Temporary-Part & Full Time-RH	\$ -	\$ 7,000	\$ -	\$ 7,000
00295875-9355-405	Other Operation Costs-ORH	\$ -	\$ 1,500	\$ -	\$ 1,500
00295875-9101-405	Salaries & Wages - RH	\$ 100,632	\$ -	\$ 8,500	\$ 92,132

**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: 2/9/2021

Amount: \$ \_\_\_\_\_ -

Type of Adjustment:

Health Director: Dr. Bonnie Coyle

Internal Transfer Within Program

Purpose of Request: To align budget with actuals for the General Administration Budget.

Transfer Between Programs

Supplemental Request

Account	Account Name	Present Approved Budget	Increase	Decrease	Revised Budget Amount
00295815-9102-908	Part Time>1000Hrs-ChildrenWin	\$ -	\$ 1,800	\$ -	\$ 1,800
00295815-9320-908	Printing & Binding	\$ -	\$ 5	\$ -	\$ 5
00295815-9101-908	Salaries & Wages-ChildrenWin	\$ 28,826	\$ -	\$ 1,805	\$ 27,021
00295815-9447-307	Contracted Serv-Dream Center	\$ 5,400	\$ 8,000	\$ -	\$ 13,400
00295815-9101-307	Salaries & Wages-Dream Center	\$ 7,867	\$ -	\$ 1,824	\$ 6,043
00295815-9401-307	Building & Equipment Rental	\$ 18,000	\$ -	\$ 2,876	\$ 15,124
00295815-9445-307	Purchased Services-DreamCenter	\$ 3,300	\$ -	\$ 3,300	\$ -
00295815-9699-41100	Recruitment	\$ 982	\$ 350	\$ -	\$ 1,332
00295815-9306-41100	Employee Recognition-Admin Aid	\$ 6,000	\$ 790	\$ -	\$ 6,790
00295815-9356-315	Special Prgm Sup-Safety	\$ 5,640	\$ -	\$ 790	\$ 4,850
00295815-9356-320	Special ProgSup-Diversity	\$ 2,600	\$ -	\$ 350	\$ 2,250
00295815-9355-41100	Other Oper Costs-Administratio	\$ 55,000	\$ -	\$ 12,000	\$ 43,000
00265815-6701-41100	Interest on Investments	\$ 6,000	\$ -	\$ 1,000	\$ 5,000
00295815-9301-41100	Office Supplies-Admin Aid	\$ 12,000	\$ 1,500	\$ -	\$ 13,500
00295815-9331-41100	Minor Office Equip&Furn-Admin	\$ 7,000	\$ 9,500	\$ -	\$ 16,500

**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 Board Meeting Agenda Form

Meeting Date: February 9<sup>th</sup>, 2021

Name of Item: Strategic Goals

Submitted by: Betty Foh

Expected Length of Presentation: 5 minutes

**Brief Summary:**

Betty Foh will be requesting approval for 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 9<sup>th</sup>, 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:**

--



CABARRUS  
HEALTH  
ALLIANCE



# 2020-2025 Cabarrus Health Alliance Strategic Plan



300 Mooresville Road  
Kannapolis, NC 28081

280 Concord Pkwy N #110A  
Concord, NC 28027

[www.cabarrushealth.org](http://www.cabarrushealth.org)

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# Acknowledgements

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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 outcomes<sup>1</sup>.

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

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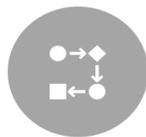
**MISSION:** To Achieve the Highest Level of Individual and Community Health through Collaborative Action.

**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.<sup>2</sup> 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

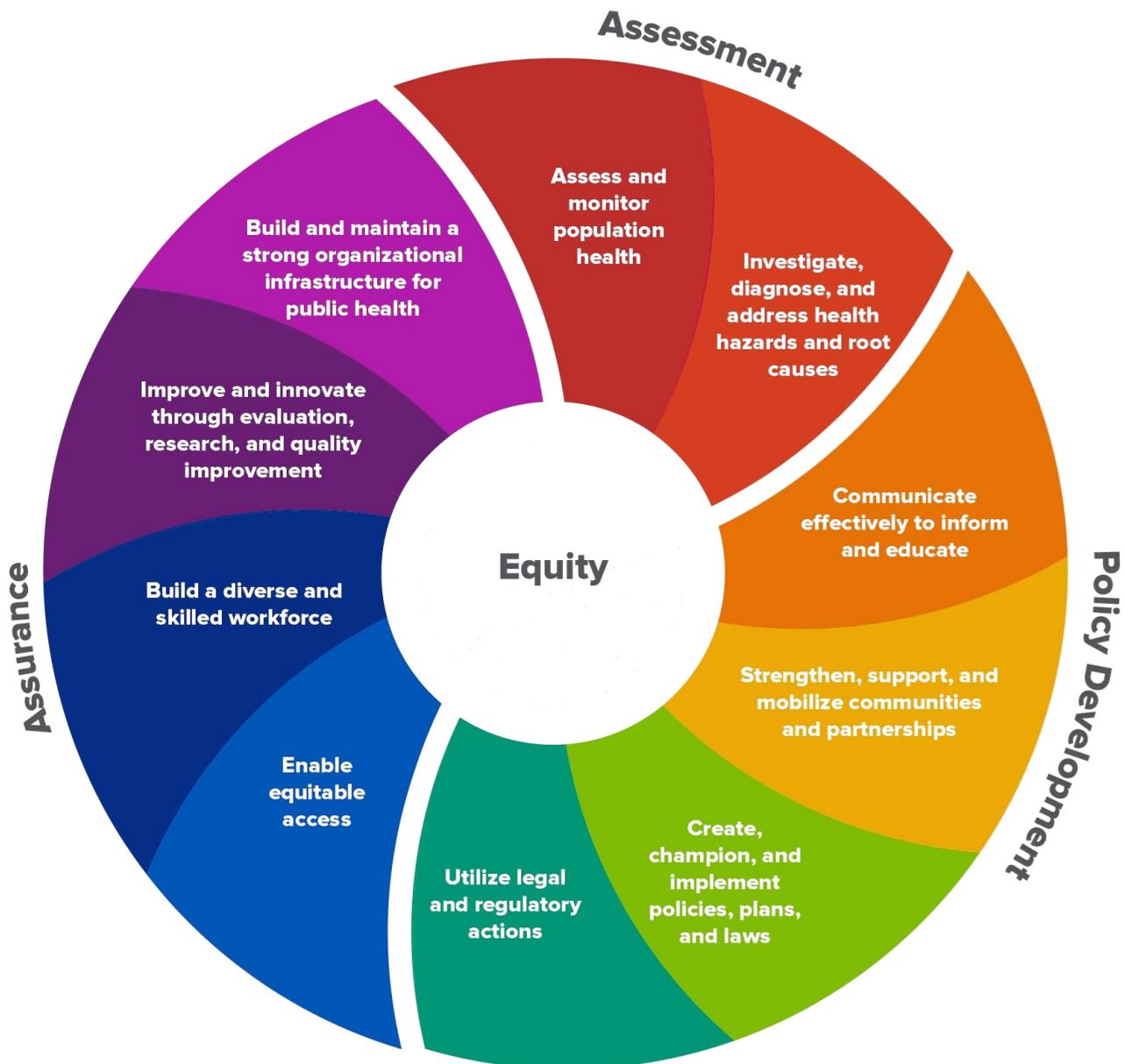
A strategic plan is fundamental to effective management and is one of three prerequisites for any local health department (LHD) seeking national, voluntary accreditation through the Public Health Accreditation Board (PHAB), the national accrediting body for Tribal, state, local, and territorial public health departments. According to PHAB a “strategic plan results from a deliberate decision-making process and defines where an organization is going<sup>3</sup>. 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.”<sup>4</sup>

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

# 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.<sup>5</sup>



# 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.<sup>6</sup> 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.

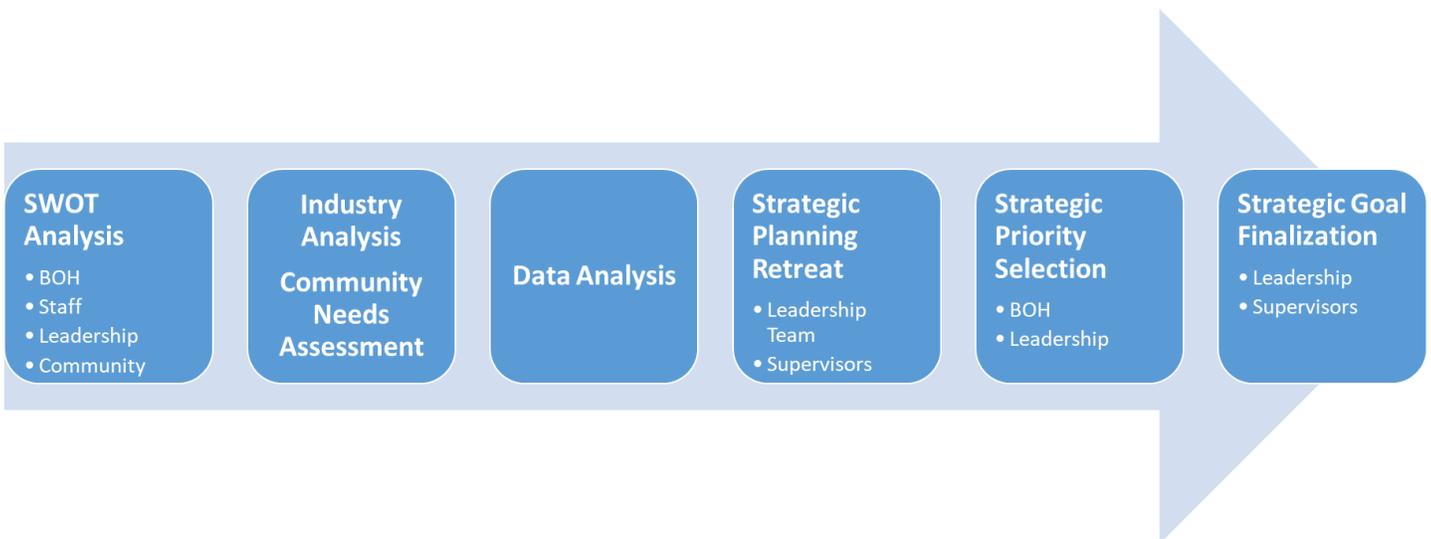


# Strategic Planning Process

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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.



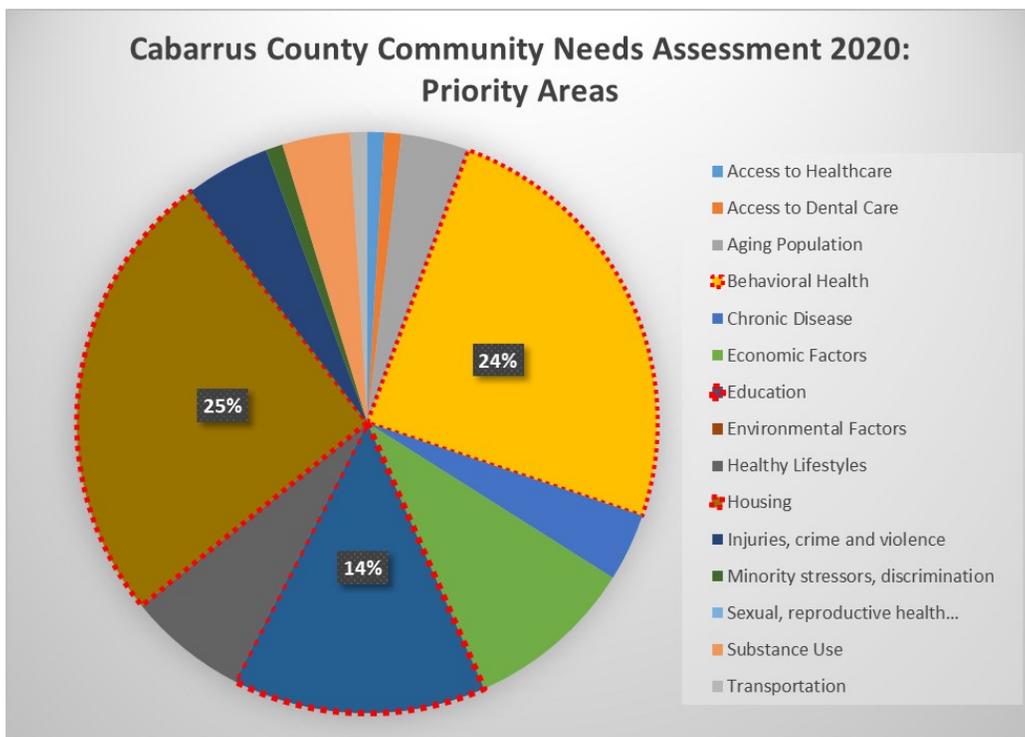
# Community Needs Assessment

## 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%.<sup>7</sup>

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.<sup>8</sup> 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
<b>Magnitude</b> of the theme. How widespread is this theme among the agency? How much of a burden is this theme placing on the agency?	<b>Numerator:</b> # of comments on this theme <b>Denominator:</b> total # of comments of all themes
<b>Seriousness</b> of the consequences of the theme if left unaddressed. Would other issues be improved if this theme was addressed?	<b>Numerator:</b> sum # of weaknesses and # of opportunities within that theme <b>Denominator:</b> total # of comments within theme
<b>Feasibility</b> 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?	<b>Numerator:</b> sum # of strengths and # of opportunities within that theme <b>Denominator:</b> total # of comments within that theme
<b>Based on the Criteria</b>	
<b>Feasible strategies:</b> The # of strengths and opportunities are greater than the # of weaknesses and threats with that theme	
<b>Challenging strategies:</b> 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%

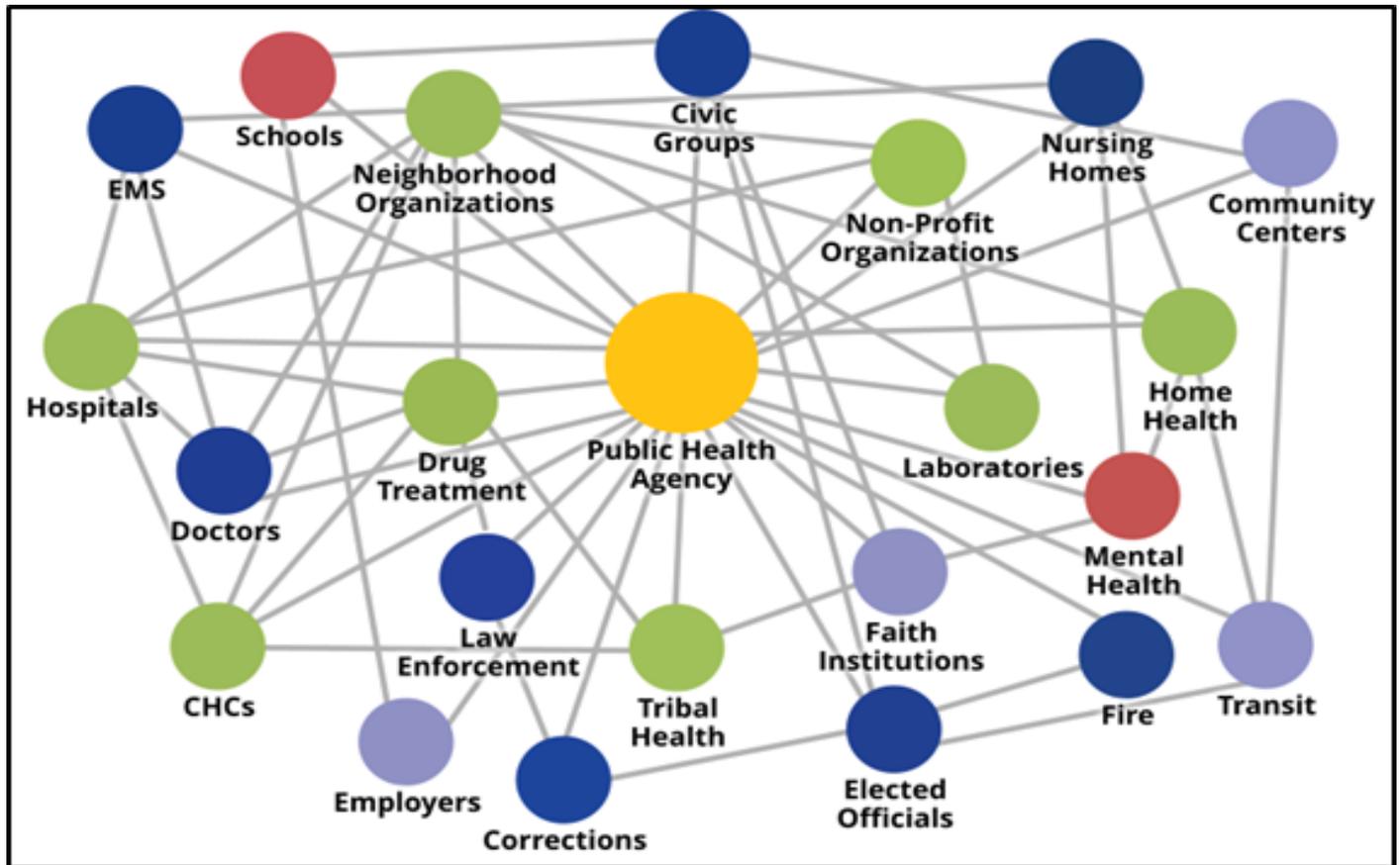
# Strategic Planning SWOT Analysis

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.<sup>9</sup> 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

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## 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

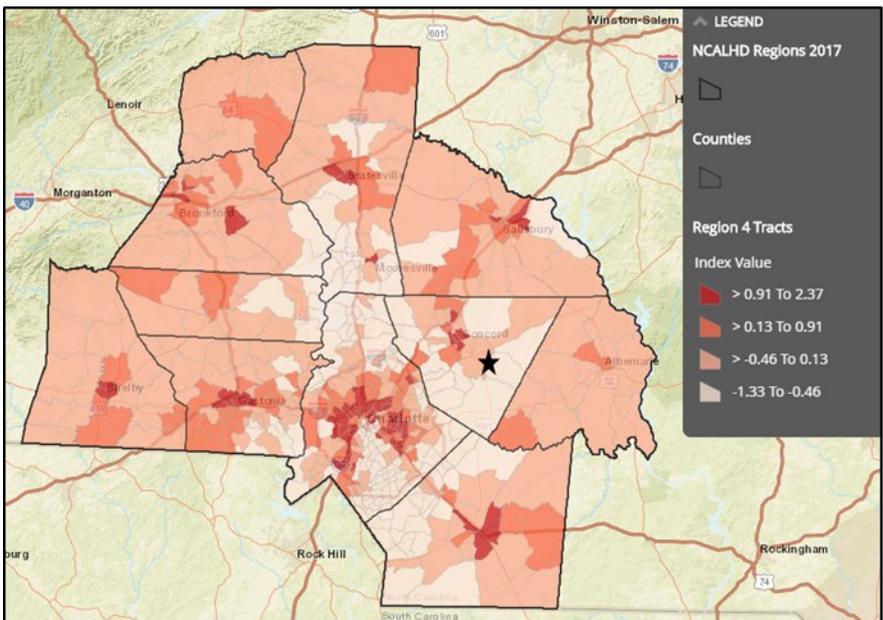
### Areas that have worsened

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

# Industry Analysis

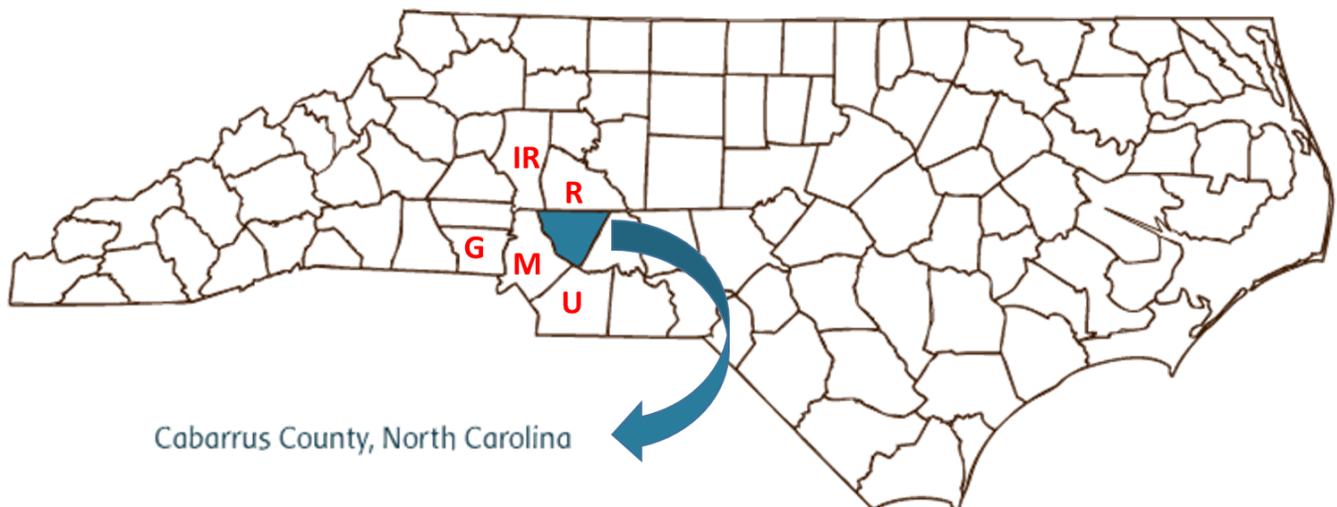
## Public Health Trends

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.<sup>10</sup>



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

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## Chief Health Strategist

As Chief Health Strategist, CHA will lead Cabarrus County's health promotion efforts in partnership with leaders in widely diverse sectors.<sup>11</sup> 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".<sup>11</sup> 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

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**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

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**Use Data to Improve Health**



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



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**Build and Sustain Collaborative Systems that Address Social Determinants of Health**



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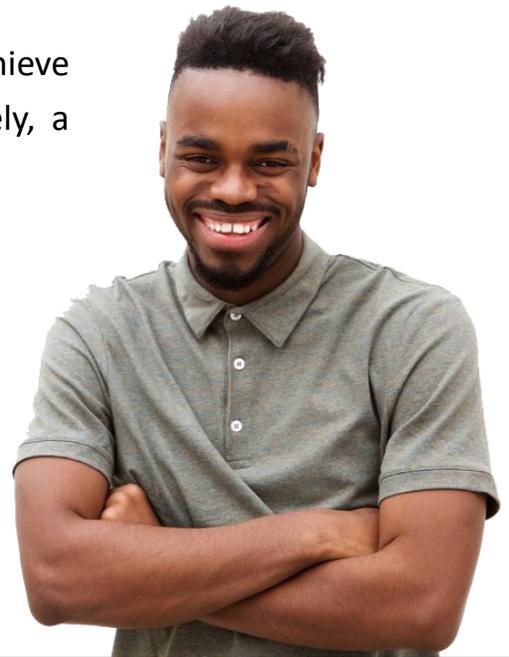
**Transform Agency Capacity, Culture and Practices to Achieve Excellence**



# 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.<sup>10</sup> 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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1. Social Determinants of Health. (2020, August 19). Retrieved November 30, 2020, from <https://www.cdc.gov/socialdeterminants/index.htm>
2. DeSalvo KB, Wang YC, Harris A, Auerbach J, Koo D, O'Carroll P. Public Health 3.0: A Call to Action for Public Health to Meet the Challenges of the 21st Century. *Prev Chronic Dis* 2017;14:170017. DOI: <http://dx.doi.org/10.5888/pcd14.170017external icon>
3. <https://www.phaboard.org/wp-content/uploads/PHAB-Acronyms-and-Glossary-of-Terms-Version-1.0.pdf>
4. Swayne, L. E., Duncan, W. J., & Ginter, P. M. (n.d.). Strategic Management of Health Care Organizations. Retrieved November 09, 2020, from [https://www.academia.edu/40491240/Strategic\\_Management\\_of\\_Health\\_Care\\_Organizations](https://www.academia.edu/40491240/Strategic_Management_of_Health_Care_Organizations)
5. CDC - 10 Essential Public Health Services - CSTLTS. (2020, September 22). Retrieved November 09, 2020, from <https://www.cdc.gov/publichealthgateway/publichealthservices/essentialhealthservices.html>
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# Personnel Policy Change Major Highlights

02-2021

# Rationales



- Support equity
- Promote a sense of caring for employees
- Help boost employee morale
- Streamline processes/procedures

# Gender Neutral Language



- Use of more gender neutral language, pronouns, and un-biased used throughout
- The policy will continue to be updated for gender neutral and un-biased language as needed

# Paid Parental Leave



- Replaces the Bring Your Child to Work Policy
- Mirror FMLA eligibility
- For eligible employees for qualifying events of becoming a parent by birth, adoption, foster care or other legal placement of a child
- Eligible CHA employees will receive 3 weeks of paid leave to run concurrent with FMLA

# Progressive Discipline



- Removed pre-disciplinary conference
- Streamlined, 4 –step process
  - Verbal warning
  - Written Warning
  - Probation
  - Termination

# Bereavement Policy



- Currently can only use sick time for death of a family member
- Employees shall have 5 days of paid bereavement for the death in the employee's immediate family
- Immediate family shall be deemed to include: spouse, mother, father, guardian, children, sister, brother, grandparents, grandchildren, plus the various combinations of half, step, in-law, and adoptive relationships that can be derived from those named
- Vacation or sick time may be used for non-immediate family members



CABARRUS  
HEALTH  
ALLIANCE

# Personnel Policy Manual

# Personnel Policy for the Cabarrus Health Alliance

## Mission Statement

“Achieving the Highest Level of Individual  
and Community Health Through  
Collaborative Action”

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## **INTRODUCTION: UNDERSTANDING THIS PERSONNEL POLICY**

This Personnel Policy contains information about the employment policies and practices of the Cabarrus Health Alliance (“the Alliance”). We expect each employee to read this Personnel Policy carefully as it is a valuable reference for understanding your job. During your initial orientation, you will be given an opportunity to sit down and carefully review this Personnel Policy.

This Personnel Policy supersedes all previously issued Personnel Policies and inconsistent verbal or written policy statements. Except for the policy of at-will employment, which can only be changed by the Alliance’s Chief Executive Officer in writing, the Alliance reserves the right to revise, delete, and add to the provisions of this Personnel Policy. All such revisions, deletions, or additions must be in writing. No oral statements or representations can change the provisions of this Personnel Policy.

Nothing contained in this Personnel Policy shall be construed as constituting a contract or as creating any contractual obligations on the part of the Alliance or any employee. None of the Alliance’s personnel documents and benefit plans, including this Personnel Policy, constitutes, or is intended to constitute, an express or implied contract guaranteeing continued employment for any employee. No manager/department head has any authority to enter into a contract of employment--express or implied--that changes or alters the at-will employment relationship. Only the Alliance’s Chief Executive Officer has the authority to enter into an employment agreement that alters the at-will employment relationship and any such agreement must be in writing.

This Personnel Policy is the property of the Alliance. All rights are reserved. No part of this Personnel Policy may be reproduced in any form or by any electronic or mechanical means, including information storage and retrieval systems, except in connection with employment with the Alliance.

If you have any questions or concerns about this Employee Handbook or any other policy or procedure, please ask your manager, Human Resources, or the Chief Executive Officer.

Revised: 09-30-2012  
Adopted: 11-13-2012

Reviewed: 02-11-2014  
Revised: 06-02-2017  
Reviewed: 02-13-2018  
Reviewed: 10-01-2019

## **ARTICLE I. ORGANIZATION OF PERSONNEL SYSTEM**

### **Section 1. Purpose**

The purpose of this Policy is to establish a personnel system which will recruit, select, develop and maintain an effective and responsible work force for the Public Health Authority of Cabarrus County operating under the business name of the Cabarrus Health Alliance. This ordinance is established under the authority of Chapter 153A – Article 5 and Chapter 126 of the General Statutes of North Carolina.

### **Section 2. Coverage**

All employees in the Alliance’s service shall be subject to this Policy, except as provided in this section.

- (a) The following are exempt:
  - 1. Board Members of the Cabarrus Public Health Authority;
  - 2. Chief Executive Officer;
  - 3. Attorney for the Cabarrus Public Health Authority; and
  - 4. Members of advisory and special boards or commissions.
- (b) Temporary employees designated by the Cabarrus County Public Health Authority Board (“Authority Board”). The Authority Board shall be subject to all Articles except Article III, Sections 12-13; Article IV, Sections 10-12; Article VI, Sections 2-11, 23-28 and 30; Article VII, Sections 1-5 and 7; and Article IX, Section 1, 4, and 6.
- (c) Employees with employment agreements may be exempt from certain articles based on the provisions of their contract.

### **Section 3. Employee Definitions**

- (a) Adverse Action. A demotion, suspension, dismissal, reduction in pay or benefits, involuntary transfer or lay-off, or failure to promote.
- (b) Anniversary Date. An employee’s original date of hire in a position. This may be adjusted to an artificial date if there is split service.
- (c) Appointing Authority. Position with the authority to make hiring decisions. (The Chief Executive Officer)
- (d) Class. A position or group of positions having similar duties and responsibilities requiring similar qualifications, which can properly be designated by one title indicative of the nature of work performed and which carries the same salary range.
- (e) Classification Plan. An approved plan by the Authority Board which assigns positions with similar kinds of duties into classes for similar treatment in selection, compensation and other employment processes.
- (f) Completed Month. Any month in which an employee works at least one-half the workdays.
- (g) Completed Year. A period of twelve (12) calendar months in which the employee is in active pay status or is receiving Worker’s Compensation payments while on leave without pay.
- (h) Demotion. The reassignment of an employee to an existing position having a lower salary grade than the position from which the reassignment is made.
- (i) Dependent. The spouse (husband or wife) or child(ren), stepchild(ren) of an employee.
- (j) Effective Date. Normally the date of an employee’s last significant personnel action related to their position – such as hire or promotion date. Determines when an employee is eligible for a performance evaluation and any related salary increase.

- (k) Full-time Employee. An employee, either regular or temporary, who is scheduled to work the number of hours per workweek designated by the Authority Board as full-time.
- (l) Grievance. A claim or complaint based upon an event or condition which affects the circumstances under which an employee works, allegedly caused by misinterpretation, unfair application, lack of established policy pertaining to employment conditions, or any other inequity relating to conditions of employment.
- (m) Part-time Employee. An employee, either regular or temporary, who is scheduled to work less than the number of hours per workweek designated by the Authority Board as full-time.
- (n) Pay Plan. A listing by grade and step of all approved hiring, intermediate and maximum rates of pay authorized by the Authority Board for various position classifications.
- (o) Pay Plan Adjustment. The raising or lowering of the salary grade for one or more classes or positions within the classification plan.
- (p) Position. A group of current duties and responsibilities, assigned by a competent authority, requiring the full or part-time employment of one person. The existence of a position or its identity does not depend upon its being occupied by an employee.
- (q) Probationary Employee. A person appointed to a regular position who has not yet completed the probationary period.
- (r) Probationary Period. The required period of time an employee serves upon entering service before obtaining regular status.
- (s) Promotion. The reassignment of an employee to an existing vacant position having a higher salary grade than the position from which the reassignment is made.
- (t) Public Health Authority of Cabarrus County Board of Commissioners. The appointed board is responsible for hiring the Chief Executive Officer, approving personnel policy, and budget for operations of the Public Health Authority.
- (u) Reclassification. The reassignment of an existing position from one class to another, based on changes in job content such as duty, difficulty, required skill and responsibility of the work performed.
- (v) Regular Employee. An employee who has satisfactorily completed their probationary period and has been approved for continued employment by their department head and the Human Resources.
- (w) Regular Position. A position approved by the Authority Board in which the duties and responsibilities are required on a continuous and annually recurring basis, requiring either the full-time or part-time employment of an individual.
- (x) Salary Guide. The range of pay to which all sufficiently comparable positions are assigned.
- (y) Salary Range. The hiring, intermediate, and maximum salary for a given classification.
- (z) Salary Schedule. A schedule of hiring, intermediate, and maximum rates of pay for each class of positions.
- (z) Temporary Employee. A person appointed to serve in a position for a definite duration, usually not to exceed one year.
- (aa) Transfer. The reassignment of an employee from one position or department to another.

**Section 4. Merit Principle**

All appointments and promotions hereunder shall be made solely on the basis of merit, and qualifications for the position. All positions requiring the performance of the same duties and the fulfillment of the same responsibilities shall be assigned to the same class and the same salary range. No applicant for employment or employee shall be deprived of employment opportunities or otherwise adversely affected as an employee because of such an individual's age, sex, race, gender, sexual orientation, religion, color, national origin, political affiliation, physical or mental disability, veteran status, genetic information, or any other status protected by federal, state or local laws.

**Section 5. Responsibility of Public Health Authority of Cabarrus County Board of Commissioners**

The Authority Board shall establish personnel policies and rules, including the classification and pay plan, and shall appoint the Chief Executive Officer for the Cabarrus Health Alliance.

**Section 6. Responsibility of Chief Executive Officer**

The Chief Executive Officer shall be responsible to the Authority Board for the administration of the personnel program. The Chief Executive Officer shall appoint, suspend, and remove all Alliance employees in accordance with 153A-82 of the General Statutes of the State of North Carolina and Articles IV, VII, and VIII of this Personnel Policy.

The Chief Executive Officer may appoint or contract for assistance in the preparation and maintenance of the position classification plan and the pay plan, and performance of such other duties in connection with a personnel program as Chief Executive Officer shall require, such as:

- (a) Apply, interpret, and carry out this Policy, as directed by the Chief Executive Officer;
- (b) Establish and maintain records of all persons in service of the Alliance, setting forth each officer and employee, class title of position, pay or status history and other relevant employment data;
- (c) Develop and administer such recruiting programs as may be necessary to obtain an adequate supply of competent applicants to meet the needs of the Alliance;
- (d) Encourage and exercise leadership in the development of effective personnel administration within the various Alliance departments, and to make available the facilities of the personnel office to this end;
- (e) Investigate, from time to time, the operation and effect of this Policy and the policies made there under, and report such findings and recommendations to the Chief Executive Officer;
- (f) Make recommendations to the Chief Executive Officer regarding the personnel functions, as well as revisions to the personnel system, as may be appropriate;
- (g) Issue and publish any necessary administrative directives, supplements, interpretations, and necessary prescribed forms and reports for any personnel matters for the proper functioning, maintenance, and documentation of the procedures established by and in accordance with this Policy.

All matters dealing with personnel shall be forwarded to the appointed person, who shall maintain a complete system of personnel files and records.

Adopted: 07-01-1997  
Revised: 07-01-2001  
Revised: 11-09-2004

Reviewed: 02-11-2014  
Revised: 06-02-2017  
Reviewed: 02-13-2018  
Revised: 10-01-2019

## **ARTICLE II. CLASSIFICATION PLAN**

### **Section 1. Adoption**

The job classification schedule, as set forth in Appendix A – B, is hereby adopted as the position classification plan for the Cabarrus Health Alliance.

### **Section 2. Allocation of Positions**

The Chief Executive Officer shall allocate each position covered by the classification plan to its appropriate class in the plan.

### **Section 3. Administration of the Position Classification Plan**

The Chief Executive Officer or person(s) designated by the Chief Executive Officer shall be responsible for the administration and maintenance of the position classification plan so that it will accurately reflect the duties performed by employees in the classes to which their positions are allocated. Program Directors shall be responsible for bringing to the attention of the Chief Executive Officer (1) the need for new positions and (2) material changes in the nature of duties, responsibilities, working conditions, or other factors affecting the classification of any existing positions.

The Chief Executive Officer may establish new positions when funding is available. The Chief Executive Officer shall either (1) allocate the new position to the appropriate class within the existing classification plan or (2) amend the position classification plan to establish a new class to which the new position may be allocated. This is done in conjunction with Human Resources and the Chief Executive Officer.

When the Chief Executive Officer finds that a substantial change has occurred in the nature or level of duties and responsibilities of an existing position, the Chief Executive Officer shall (1) direct that the existing class specification be revised, (2) reallocate the position to the appropriate class within the existing classification plan, and/or (3) amend the position classification plan to establish a new class to which the position may be allocated.

### **Section 4. Amendment of Position Classification Plan**

Classes of positions shall be added to and deleted from the position classification plan based on the recommendation of the Chief Executive Officer and Human Resources.

Adopted: 07-01-1997  
Revised: 07-01-2001  
Reviewed: 02-11-2014  
Reviewed: 02-13-2018  
Revised: 10-01-2019

## **ARTICLE III. THE PAY PLAN**

### **Section 1. Adoption**

The job classification schedule, reflecting salary grade and class titles, as set forth in Appendix A-B, is hereby adopted as the pay plan for the Cabarrus Health Alliance.

### **Section 2. Administration of Pay Plan**

The Chief Executive Officer shall be responsible for the administration and maintenance of the pay plan. The pay plan is intended to provide appropriate compensation for all positions reflecting the differences in duties and responsibilities, the comparable rates of pay for positions in private and public employment in the area, the financial conditions of the Alliance, and other factors. To this end, the Chief Executive Officer shall, from time to time, make comparative studies of all factors affecting the level of salary ranges and shall recommend to the Authority Board such changes in salary ranges as appear to be warranted.

The pay plan of the Cabarrus Health Alliance shall be administered in a fair and systematic manner in accordance with work performed. The pay plan shall be externally competitive, shall maintain proper internal relationships among positions, and shall recognize job performance and employee conduct as factors in the consideration of pay increases, if any, within the established salary range.

### **Section 3. Use of Salary and Job Classification Schedule**

The Job Classification Schedule is maintained on the Human Resources page of the intranet, accessible to all staff. The job classification schedule defines the grade in which each position is classified.

Salary Adjustments. Increases may be made to an employee's salary base if justified by an unusual or inequitable situation and approved by the Chief Executive Officer.

### **Section 4. Salary of a Trainee**

An applicant hired or an employee promoted to a position who does not meet all the established requirements of the position may be appointed at a rate in the pay plan below the minimum rate established for that position. The established trainee rate for any given position shall be the hiring rate for the salary grade below the one of that position. An employee at the trainee level shall be evaluated every six months. The supervisor may certify that the trainee is qualified to assume the full responsibilities of the position at the conclusion of any six-month evaluation period. At this point the employee will be paid the entry salary for the position. The employee becomes eligible for salary increases as outlined in Article III Section 13.

No employee shall remain in a trainee status (pay below lowest amount for salary grade assigned to his or her job classification) for more than twelve (12) months.

### **Section 6. Pay Rates in Promotion, Demotion, Transfer, and Reclassification**

(a) When an employee is promoted or reclassified to a position in a higher pay range, then the employee shall receive an increase to the job classification of the new position. The rate shall be determined by the Human Resources director and is subject to approval by the CEO.

(b) When an employee is demoted for non-disciplinary reasons or has a job status change which results in a lower pay range being assigned to the employee's job, the employee's the maximum of the new range. The employee's salary may be reduced to any amount in the lower salary range, as long as the reduced salary does not fall below the minimum salary rate of that range.

(c) When an employee is demoted for disciplinary reasons which results in a lower pay range being assigned to the employee's job, the employee's pay will be placed at the job classification of the lower pay

range or have their salary reduced by a minimum of 10%, upon the recommendations of the Human Resources Director with the approval of the Chief Executive Officer.

(d) When an employee is transferred to a position in the same pay range, then he or she will normally retain the same salary in the pay range. Adjustments to the salary can be made for special situations, if justified, upon recommendation by the supervisor and approval of the Human Resources or the Chief Executive Officer.

#### **Section 7. Pay Rates in Pay Plan Adjustments**

When the Authority Board approves a change in salary range for a class of positions, the salaries of the employees whose positions are allocated to that class shall be affected as follows:

(a) ~~When a class of positions is assigned to a higher salary range, employees in those positions shall receive a 5% or an increase to the minimum of the new salary grade, whichever is greater.~~

(b) ~~When a class of positions is assigned to a lower salary range, employees will move to the new salary grade and will retain their current rate of pay, not to exceed the maximum rate of pay of the salary grade. Until general schedule adjustments or range revisions bring it back within the lower range.~~

#### **Section 8. Pay Rates for Interim Job Assignments**

Occasionally a position vacancy or the long-term absence of the person in the position requires the temporary assignment of all or part of such a position's duties to another employee. A temporary increase would be implemented in the salary of an employee accepting such an assignment with the approval of the Human Resources ~~Director and~~Director and the Chief Executive Officer.

The exact size of the temporary increase will be based in part upon the size of the department, the significance of duties assumed, and the level of responsibility for persons, property, and operations and is at the discretion of the Chief Executive Officer

Increases will not be given for additional duties that are routine or similar to those of an employee's regular job assignment.

#### **Section 9. Pay for Part-Time Work**

The pay plan established by this policy is for full-time service. An employee appointed for less than full-time service will be paid a prorated amount determined by converting the established salary to an hourly rate.

#### **Section 10. Overtime**

Overtime work shall be administered in accordance with federal and state law as set forth in the Wage and Hour Policy as contained in Appendix B.

#### **Section 11. Call Back Pay**

An employee eligible to receive overtime compensation or compensatory time as defined in the Wage and Hour Policy contained in Appendix B shall be guaranteed a minimum of two hours for being called back to work outside of normal working hours.

## **Section 12. Payroll Deductions**

Only payroll deductions specifically mandated or authorized by Federal or State act, authorized in writing by the employee or authorized by the Authority Board, may be deducted from each employee's pay at each pay period.

## **Section 13. Employee Merit Increase**

Employees in class 9101, 9102, and 9103 are eligible for a salary increase based on performance as documented in the performance evaluation outlined in Appendix D. The amount of the salary increase is related to the score received on the performance evaluation. The performance evaluation period is July 1 – June 30 of each year.

The salary increase is added to the employee's base salary up to the maximum of the pay grade. A lump sum award will be paid to the employee at the maximum pay level for the grade. The amount of the lump sum paid is based on performance as documented on the performance evaluation.

Employees hired between July 1<sup>st</sup> and March 30<sup>th</sup> will participate in the full performance evaluation process and are eligible for a merit increase. Employees hired between April 1<sup>st</sup> and June 30<sup>th</sup> should complete their probationary review, but will not be eligible for a merit increase until the following year.

## **Section 14. Organizational Performance Award**

Employees in class 9101, 9102, 9103, and 9104([the lump sum award for 9104 will be based on hours worked](#)) are eligible for a lump sum award based on achieving the performance goals established by the Authority Board for each fiscal year, as outlined in Appendix D.

Adopted: 07-01-1997  
Revised: 08-21-2001  
Reviewed: 02-11-2014  
Revised: 06-02-2017  
Reviewed: 02-13-2018  
Revised: 10-01-2019

## **ARTICLE IV. RECRUITMENT AND EMPLOYMENT**

### **Section 1. At Will Employment**

Employment at the Alliance may be terminated for any reason, with or without cause or notice, at any time by the employee or the Alliance. Nothing in this Personnel Policy or in any oral or written statement shall limit the right to terminate employment at will. No manager/department head or employee of the Alliance shall have any authority to enter into an employment agreement--express or implied--with any employee providing for employment other than at-will.

This policy of at-will employment is the sole and entire agreement between you and the Alliance as to the duration of employment and the circumstances under which employment may be terminated.

With the exception of employment at will, terms and conditions of employment with the Alliance may be modified at the sole discretion of the Alliance with or without cause or notice at any time. No implied contract concerning any employment-related decision or term or condition of employment can be established by any other statement, conduct, policy, or practice.

### **Section 2. Statement of Equal Employment Opportunity and Non-Discrimination Policy**

It is the policy of the Alliance to maintain a systematic, consistent recruitment program, to promote equal employment opportunity, and to identify and attract the most qualified applicants for all present and future vacancies. This intent is achieved through consistency in announcing all positions and evaluating all applicants on the same criteria.

The Alliance shall select employees on the basis of applicants' qualifications and without regard age, sex, race, gender [or gender identification](#), sexual orientation, religion, color, national origin, political affiliation, physical or mental disability, veteran status, genetic information, or any other status protected by federal, state or local laws, except where specific age, sex, or physical requirements constitute a bona fide occupational qualification necessary for job performance. The Alliance is dedicated to the fulfillment of this policy in regard to all aspects of the employment relationship, including but not limited to recruiting, hiring, placement, transfer, training, promotion, rates of pay and other compensation, and all other terms, conditions and privileges of employment. It is the Alliance's intent to maintain a work environment which is free from discrimination because of one's protected class status. The Alliance will conduct a prompt and thorough investigation of all allegations of discrimination or any violation of this policy and take appropriate corrective action, if and where warranted.

Individuals who believe they have been subjected to discrimination shall be entitled to any and all existing grievance procedures without fear of coercion or reprisal.

### **Section 3. Implementation and Enforcement of EEO Policy**

All personnel responsible for recruitment and employment shall implement this policy through procedures that will assure equal employment opportunity based on reasonable performance-related job requirements. Notices with regard to equal employment matters shall be posted conspicuously on Cabarrus Health Alliance premises in places where notices are customarily posted, including but not limited to the Alliance intranet. The Alliance will conduct a prompt and thorough investigation of all allegations of discrimination or any violation of this Equal Employment Opportunity Policy and will take appropriate corrective action, if and where warranted. The Alliance prohibits retaliation against any employee who provides information about, complains, or assists in the investigation of any complaint of discrimination or violation of the Alliance's Equal Employment Opportunity and Non-Discrimination Policy.

#### **Section 4. Disability Accommodation**

~~CHA adheres to all federal guidelines as outlined in the American's With Disabilities Act (ADA). Qualified applicants or employees who inform the Alliance that they have a physical or mental disability, which requires accommodation in order for them to perform the essential functions of their jobs should inform Human Resources of this so that we can together discuss what accommodations are available and appropriate.~~  
Procedure for Reasonable Accommodation Requests:

- Employee advises Human Resources of the need for accommodation. Employee completes a Request for Accommodation form and gives it to their supervisor.
- The accommodation request will be discussed with the employee and the employee's manager(s).
- The employee may be required to provide documentation supporting a disability.
- If a reasonable ~~appropriate~~ accommodation is ~~readily~~ available, the request ~~will~~ may be approved and the accommodation implemented.
- ~~If an accommodation is not readily ascertainable, the matter will be pursued further with assistance from appropriate external resources.~~

#### **Section 5. Recruitment Sources**

When positions are to be filled within the Alliance, supervisors shall get approval from their Department Head. ~~Department Heads will seek approval from~~ the Chief Executive Officer concerning the number and classification of positions which are to be filled. Human ~~Resources shall~~ Resources shall publicize these opportunities for employment, including the applicable hiring rates and employment qualifications. Positions will be posted for internal applicants for four business days. Temporary employees working at CHA through staffing agencies at the time of an internal posting, may apply through the internal application process. CHA employees will be given priority. Information on job openings and hiring practices shall be provided to recruitment sources, including organizations and news media available to minority applicants. In addition, notice of vacancies shall be posted for a minimum of seven days. Candidates shall be recruited from a variety of diverse sources in order to foster an inclusive environment that attracts a well-qualified pool of applicants.

#### **Section 6. Applications for Employment**

~~Applications for employment will be accepted only if and when a position vacancy has materialized. All applications shall indicate the specific position vacancy for which the application is filed.~~

All applications must be filed per the Alliance Human Resources process.

#### **Section 7. Qualification Standards**

- (a) Employees shall meet the minimum employment standards established by the position classification plan ~~and such other reasonable minimum standards of character, aptitude, ability to interact with members of the public in a professional and courteous manner~~, and such other requirements as may be established by the Chief Executive Officer with the advice and recommendations of Human Resources. ~~the supervisor.~~
- (b) Qualifications shall be reviewed periodically to assure that requirements conform to the actual job performance requirements.
- ~~(c) The Alliance may employ in a trainee capacity an applicant who does not meet all minimum qualifications for a particular job if the deficiencies can be eliminated through orientation and on-the-job training in a twelve month period.~~

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~~(d)~~ ~~(c)~~ When qualified applicants are available and there are no trainee provisions for the vacant classification, an appointment may be made below the level of the regular classification in a work against situation for the purpose of allowing the employee opportunity to gain the qualifications needed for the full class, through on the job experience. The appointee must meet the minimum education and experience standard of the class to which initially appointed. A work against appointment may not be made when applicants are available who meet the education and experience requirements for the full class of the position in question.

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#### **Section 8. Employment Tests**

All employment tests administered by the Alliance or by persons or agencies for the Alliance shall be valid measures of job performance.

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#### **Section 9. Selection Process**

~~Human Resources Supervisors~~ shall make such investigations and conduct such examinations as deemed appropriate to assess ~~the required fairly the aptitude, education and experience, knowledge and skills, character, and other~~ qualifications required for positions in the service of the Alliance.

#### **Section 10. Appointments**

Before any commitment is made to an applicant, ~~the~~ Human Resources ~~Director~~ or shall seek approval from the Chief Executive Officer, ~~who shall~~ ~~hall~~ review the applicant's qualifications and shall approve proceeding with an offer.

#### **Section 11. Probationary Period of Employment**

~~An employee appointed or promoted to a regular position shall serve a probationary period of three (3) months. New hires shall serve a 90 day probation.~~ During this probationary period, employees will become familiar with the Alliance, job responsibilities and the like. At the same time, the Alliance will have the opportunity to monitor the quality and value of the employee's performance and make any necessary adjustments in the job description or responsibilities. An employee serving a probationary period following initial appointment may be dismissed at any time during the probationary period for failure in the performance of duties or failure in personal conduct. Prior to the dismissal, depending on the nature and severity of the failure(s), the employee should be considered for counseling and/or training related to the unsatisfactory performance/conduct and, if appropriate, given an opportunity to improve in the deficient area(s). However, the Alliance reserves the right to dispense with any such counseling or training in lieu of immediate termination if deemed appropriate in the sole discretion of the Alliance. A regular employee serving a probationary period following a promotion shall be disciplined as provided in Article VII of this policy if unable to perform assigned duties of the new job satisfactorily.

Before completion of the probationary period, all supervisors shall indicate in writing to the Chief Executive Officer:

(a) that the employee's supervisor has conducted a performance evaluation in which the employee's progress (accomplishments, strengths, and weakness) was discussed;

(b) whether or not the employee is performing satisfactory work;

~~(c)~~(d) whether or not the probationary period should be extended (not to exceed three additional months); and

~~(f)(e)~~ whether or not the employee should be retained in the present position or should be released, transferred, or demoted.

At the end of the initial ~~90 day three-month~~ probationary period, the probationary period may be extended for up to another ~~90 days, three (3) months~~. No employee shall remain on probation for more than six (6) months.

Successful completion of the probationary period shall not imply guaranteed or continued employment and under no circumstances shall such completion affect the employee's status as an employee-at-will.

### **Section 12. Promotion**

(a) Candidates for promotion shall be chosen on the basis of their qualifications, job performance, conduct, education, knowledge, experience and skills required for the available position, ~~without regard to their protected class status (See "Equal Employment Opportunity" policy), if applicable. Performance appraisals and work records for all personnel shall be carefully examined when openings for positions in higher classifications occur.~~

(b) ~~Qualified internal applicants shall be granted interviews for vacant positions. Vacancies in positions shall be filled as far as practicable by the promotion of employees in the service of the Alliance subject to the limitations of Article IV, Section 7.~~

(c) If a current Alliance employee is chosen for promotion, ~~the CEO or Human Resources Director shall make final seek approval from the Chief Executive Officer,~~ prior to making an offer to the employee.

### **Section 13. Demotion**

Any employee may be demoted, for failure to satisfactorily perform in their current role. Representative causes for demotion because of failure in work performance or failure in personal conduct are listed in Article VII, Section 2. This policy does not in any manner restrict or limit the Alliance's options in implementing any disciplinary action it deems appropriate under the circumstances and the Alliance specifically reserves its rights to discharge an employee when the circumstances so warrant.

### **Section 14. Transfer & Appointment**

~~If a vacancy occurs and an employee is eligible for a transfer and is selected through the internal application and selection process, the supervisor where the vacancy exists shall request the approval through Human Resources.~~

The Alliance may also transfer, by way of appointment, employees from one position to another as required by business necessity ~~subject to the approval of the CEO or HR Director~~. Any employee transferred ~~without having without having~~ requested it may appeal the action in accordance with the grievance procedure outlined in Article VIII.

### **Section 15. Emergency Appointment**

An emergency appointment may be made when an emergency situation exists requiring the services of an employee before it is possible to identify a qualified applicant through the regular selection process. When it is determined by the Chief Executive Officer that an emergency appointment is necessary, all other requirements for appointment will be waived.

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An emergency appointment may be made for a period of up to sixty work days (consecutive or ~~nonconsecutive~~~~non consecutive~~) then must be reviewed by the CEO or HR Director before continuing. ~~Any one individual may not receive successive emergency appointments with the same department or agency. At least three calendar months must elapse before that department or agency can give the same individual another emergency appointment.~~

Adopted: 07-01-1997  
Revised: 07-01-2001  
Revised: 06-21-2005  
Reviewed: 02-11-2014  
Revised: 05-12-2015  
Revised: 06-02-2017  
Reviewed: 02-13-2018  
Revised: 10-01-2019

## **ARTICLE V. CONDITIONS OF EMPLOYMENT**

### **Section 1. Workweek**

Alliance employees are subject to a Friday through Thursday workweek and to the overtime and/or compensatory time provisions set forth in Appendix B. Employees are expected to work the hours for which they are scheduled and as necessary to maintain services.

### **Section 2. Hours of Work**

Chief Executive Officer or designee reserves the right to alter, adjust or change work schedules and shifts at any time based on business necessity. All employees may be required to work varied hours, overtime, holidays and/or weekends in order to meet staffing requirements or in the event of a public health emergency. Failure to report as requested may result in disciplinary action up to and including termination from employment.

### **Section 3. Work Schedules and Attendance**

To maintain a safe and productive work environment, the organization expects employees to be reliable and to be punctual in reporting for scheduled work. Absenteeism and tardiness place a burden on other employees and on the organization. In the rare instances when employees cannot avoid being late to work or are unable to work as scheduled, they should notify their supervisor as soon as possible in advance of the anticipated tardiness or absence. Employees may be required to provide documentation of any medical or other excuse for being absent ~~more than 3 days. or tardy.~~

An unscheduled absence is any period for which an employee is absent from their work assignment without their supervisor's prior knowledge and approval. ~~Prior knowledge is before 5:00 p.m. on the preceding business day.~~

Effective November 11, 2013, Cabarrus Health Alliance eliminated the 12 month threshold for absences and tardies. The policy will simply take into account a three month period of time. This three month period gives supervisors and Human Resources a sufficient time period in which to identify patterns.

**Policy:** ~~Identified patterns of Any combination of~~ unsheduled absences or ~~patterns of~~ tardiness ~~may totaling more than five (5) in any consecutive three (3) months will~~ lead to disciplinary action up to and including termination. An unsheduled absence is any period of time an employee is absent from their normal work schedule (regardless of the time of day or partial day worked) without supervisor approval.

~~All Cabarrus Health Alliance employees are required to sign off on the CHA Work Schedule and Attendance Policy Acknowledgement.~~

#### **Section 4. Gifts and Favors**

- (a) No official or employee of the Alliance shall directly or indirectly, intentionally or unintentionally, accept or solicit any personal gift, benefit or item of value, whether in the form of service, loan, item or promise from any person where the employee has influence over any decision involving such person.
- (b) No official or employee shall directly or indirectly accept or solicit any personal gift, favor or thing that may tend to influence that employee in the discharge of duties.
- (c) No official or employee shall grant in the discharge of duties any improper favor, service or item of value.
- (d) No official or employee shall use their association with the Alliance to advance personal interests or private gain.

#### **Section 5. Political Activity Restricted**

~~Each employee has a civic responsibility to support good government by every available means and in every appropriate manner. Each employee may join or affiliate with civic organizations of a partisan or political nature and may attend political organizations in accordance with the Constitution and laws of the State of North Carolina and in accordance with the Constitution and laws of the UnitesUnited States of America. However, no~~ No employee shall (1) engage in any political or partisan activity while on duty; (2) use official authority or influence for the purpose of interfering with or affecting the result of an election or a nomination for office; (3) be required as a duty of employment or as a condition of employment, promotion, or tenure in office to contribute funds for political or partisan purposes; (4) coerce or compel contributions for political or partisan purposes by another employee of the Alliance; or (5) use any supplies or equipment of the Alliance for political or partisan purposes.

Alliance employees in certain federally aided programs are subject to the Hatch Act as amended in 1975. This federal act, in addition to prohibiting (2), (3), and (4) above, also prohibits candidacy for elective office in a partisan election. Any violation of this section shall be considered a failure in personal conduct pursuant to Article VII, Section 2 and shall subject each employee to dismissal or other disciplinary action.

#### **Section 6. Outside Employment and Conflicts of Interest**

The work of the Alliance will take precedence over other occupational interests of employees. No Alliance employee shall engage in or accept outside employment or render service for a private interest when this behavior is incompatible with the proper discharge of their official duties for the Alliance, which creates an actual or potential conflict of interest, or which would reasonably impair their independence of judgment or performance of duties (unless otherwise permitted by law and disclosed as required by this policy). ~~All outside employment for salaries, wages, or commission and all self-employment must be reported to Human Resources using the form located on the CHA Intranet, who in turn will report potentially conflicting employment to the~~

~~Chief Executive Office. The Chief Executive Officer will review such employment for possible conflict of interest. Conflicting outside employment will be grounds for disciplinary action up to and including dismissal.~~

### **Section 7. Limitation of Employment of Relatives**

- (a) Members of an immediate family may not be employed at the same time. This applies to all employee and individual contractors in full-time and, part-time, ~~and internship~~ positions.
- (b) ~~This policy shall not be retroactive, and no action will be taken concerning those members of the same family employed in conflict with (a) above prior to the adoption of this policy.~~
- (c) Immediate family is defined for the purpose of this section as spouse, mother, father, guardian, children, sister, brother, grandparents, grandchildren plus the various combinations of half, step, in-law, and adopted relationships that can be derived from those named.
- (d) It is the obligation of the employee to notify the Alliance of any such potential conflict so it can determine how best to respond to the particular situation.

### **Section 8. Harassment Policy**

#### **Policy Against Workplace Harassment**

The Alliance has a strict policy against all types of workplace harassment, including sexual harassment and other forms of workplace harassment based upon an individual's age, sex, race, gender and gender identity, sexual orientation, religion, color, national origin, political affiliation, physical or mental disability, veteran status, genetic information, or any other status protected by federal, state or local laws. All forms of harassment of, or by, employees, vendors, visitors, customers and clients are strictly prohibited and will not be tolerated. This policy applies to all Alliance sponsored events.

#### **Harassment may include, but is not limited to:**

- Offensive or derogatory jokes, comments, slurs, or written or photographic materials;
- Threatening, intimidating, or unwelcome touching of another person
- Sexual objectification, meaning favorably or negatively commenting on attractiveness or desirability.

#### **Sexual Harassment includes:**

Sexual harassment is defined as unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature constitutes sexual harassment when (1) submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment (2) submission to or rejection of such conduct by an individual is used as the basis for employment decisions affecting such individual or (3) such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile or offensive work environment.

While it is not possible to identify each and every act that constitutes or may constitute sexual harassment, the following are some examples of sexual harassment are provided below: (a) unwelcome requests for sexual favors; (b) lewd or derogatory comments or jokes; (c) comments regarding sexual behavior or the body of another employee; (d) sexual innuendo and other vocal activity such as catcalls or whistles; (e) obscene letters, notes, invitations, photographs, cartoons, articles, or other written or pictorial materials of a sexual nature; (f) continuing to express sexual interest after being informed that interest is unwelcome; (g) retaliating against an employee for refusing a sexual advance or reporting an incident of possible sexual harassment to the Alliance or any government agency; (h) offering or providing favors or employment benefits such as promotions, favorable evaluations, favorable assigned duties or shifts, etc., in exchange for sexual favors; and (i) any unwanted physical touching or assaults, or blocking or impeding movements.

#### **Other Workplace Harassment**

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Other workplace harassment is verbal or physical conduct that insults or shows hostility or aversion towards an individual because of the individual's age, sex, race, gender, sexual orientation, religion, color, national origin, political affiliation, physical or mental disability, veteran status, genetic information, or any other status protected by federal, state or local laws, and that: (1) contributes to or has the effect of creating an intimidating, hostile, or offensive working environment; (2) unreasonably interferes with an individual's work performance; or (3) otherwise adversely affects an individual's employment opportunities.

Again, while it is not possible to list all the circumstances that constitute other forms of workplace harassment, the following are some examples of conduct that may constitute workplace harassment: (a) the use of disparaging or abusive words or phrases, slurs, negative stereotyping, or threatening, intimidating or hostile acts that relate to the above protracted categories; (b) written or graphic material that insults, stereotypes or shows aversion or hostility towards an individual or group because of one of the above protected categories and that is placed on walls, bulletin boards, email, voicemail or elsewhere on the Alliance's premises, or circulated in the workplace; and (c) a display of symbols, slogans or items that are associated with hate or intolerance towards any select group.

**WE WILL NOT TOLERATE ANY FORM OF DISCRIMINATION OR HARASSMENT!** Any employee who feels that he or she has witnessed, or been subject to, any form of discrimination or harassment **is required to immediately** report it to a supervisor, Human Resources, or any other member of management, up to and including the Chief Executive Officer. Any supervisor or manager who becomes aware of possible harassment of any kind must immediately report it to Human Resources or to any member of management.

~~If the employee or witness feels insufficient action is taken, they should make a report to an Authority Board member. Contact information for board members can be found on the Alliance website.~~

The Alliance prohibits retaliation against any employee who provides information about, reports, or assists in the investigation of any claim of harassment or discrimination.

We will promptly and thoroughly investigate any claim and take appropriate action where we find a claim has merit. Discipline for violation of this policy may include, but is not limited to reprimand, suspension, demotion, transfer and discharge. If the Alliance determines that harassment or discrimination occurred, corrective action will be taken to effectively end the harassment. As necessary, the Alliance may monitor any incident of harassment or discrimination to assure the inappropriate behavior has stopped. In all cases, the Alliance will follow up as necessary to ensure no retaliation for making a complaint or cooperating with an investigation.

Individuals who believe they have been subjected to harassment shall be entitled to any and all existing grievance procedures without fear of coercion or ~~reprisal.~~~~reprisal.~~ If the employee or witness feels insufficient action is taken, they should make a report to an Authority Board member. Contact information for board members can be found on the Alliance website.

Adopted: 07-01-1997  
Reviewed: 07-01-2001  
Revised: 09-13-2005  
Revised: 06-13-2006  
Revised: 10-09-2007  
Revised: 06-14-2011  
Revised: 09-13-2011

Revised: 12-09-2013  
Revised: 02-11-2014  
Reviewed: 02-13-2018  
Revised: 10-01-2019

### **Section 9. Telephones**

While at work, employees are expected to perform their job duties and responsibilities. Personal calls, both incoming and ~~outgoing~~ outgoing must not interfere with employees' duties and responsibilities. Employees should not use Alliance phones for personal, long-distance calls. In the event it is necessary to make a personal long-distance call, employees will be asked to reimburse the Alliance for the cost of such calls.

Violations of these policies may result in discipline, up to and including termination.

The Alliance prohibits employees' use of cameras in the workplace (other than cameras that are issued by the Alliance for business-related uses), including camera phones. Employees may not use any cameras (including camera phones), or take any photographs, videos, or audio of any kind in the workplace, using a device of any kind, without prior written approval of the Chief Executive Officer. While the Alliance does not wish to unreasonably constrain the use of such devices, the more fundamental responsibilities which prevail are ensuring that such devices are used in an appropriate manner and ensuring the integrity of proprietary information and the privacy of other individuals. Employees should, at all times, exhibit good judgment and professionalism as it relates to the use of personal cell phones, and should not engage in personal phone calls, including text conversations, in the presence of customers.

Employees must adhere to all federal, state or local laws, regulations or ordinances regarding the use of cell phones while driving. Accordingly, employees must not use cell phones if such conduct is prohibited by law, regulation or ordinance.

The Alliance prohibits employee use of personal cellular phones, either hands on or hands free, or similar devices, for business purposes related in any way to the Alliance, while driving. Should an employee need to make a business call while driving, the employee should locate a safe, lawfully designated area to park and make the call.

### **Section 10. Voicemail, Email and Internet Policy**

#### **GENERAL PROVISIONS**

- The Voicemail/E-mail/Internet system, and all data transmitted or received through the system, are the exclusive property of the Alliance. No individual should have any expectation of privacy in any communication over this system. The system is to be used solely for Alliance-related business, and is not to be used for personal business or pleasure.
- Any individual permitted to have access to the Alliance's system will be given a Voicemail, E-mail and/or Internet address and/or access code, and will have use of the system, consistent with this policy. The Alliance reserves the right to monitor, intercept and/or review all data transmitted, received or downloaded over the system. Any individual who is given access to the system is hereby given notice that the Alliance will exercise this right periodically, without prior notice and without the prior consent of the employee. The Alliance's interests in monitoring and intercepting data include, but are not limited to: protection of Alliance proprietary and classified data; managing the use of the Alliance's computer system; preventing the transmission or receipt of inappropriate materials by employees; and/or assisting the employee in the management of electronic data during periods of absence. No individual should interpret the use of password

protection as creating a right or expectation of privacy. In order to protect everyone involved, no one can have a right or expectation of privacy with regards to the receipt, transmission or storage of data on the Alliance Voicemail/E-mail/Internet system.

Any employee who abuses the privilege of access to the Alliance’s Voicemail, E-mail or the Internet system will be subject to corrective action, up to and including termination. If necessary, the Alliance will advise law enforcement officials of any illegal conduct.

**Section 11. Non-Solicitation Policy**

Employees may conduct solicitations during the work day as long as it does not interfere with their ~~job~~ ~~duties~~ ~~job duties~~ or the job duties of their co-workers. Employees are not allowed to ~~solicit~~ ~~solicit~~ an employee who requests not to be solicited.

**ARTICLE VI. LEAVES OF ABSENCE**

**Section 1. Holidays**

The following days are designated as holidays with pay for employees and officers of the Alliance working in a 9101 class position. Employees working in a 9102 class position receive a pro-rated payment based on the position FTE.

New Year’s Day	Veterans Day
Dr. Martin Luther King, Jr. Birthday	Thanksgiving
Good Friday	Day After Thanksgiving
Memorial Day	Christmas (2) Days
Juneteenth	When Christmas falls on Friday, Saturday, or Monday, the Alliance will observe Christmas Eve and Christmas Day.
Independence Day	When Christmas falls on Tuesday, Wednesday, or Thursday, the Alliance will observe the State Christmas schedule.
Labor Day	

When a holiday other than Christmas Day falls on a Saturday or Sunday, the Alliance shall observe the same day as the State of North Carolina observes for the holiday in question.

If a holiday as designated by this policy falls on a day other than Monday and is designated nationally to be observed on Monday, then the policy is amended to observe that holiday on a Monday.

Employees may request annual leave for religious observances. Annual leave should be denied only when it would create an emergency condition which cannot be prevented in any other manner.

Employees must work or use leave accruals for their full scheduled shift before and after a holiday to be eligible for holiday pay. Part time (9102) employees may ~~need~~ use accruals in order to reach their full FTE for the week. ~~Alternatively, it may be possible to plan ahead and~~ work extra hours for the week in order to avoid using accruals to cover the holiday (this is based on department need and supervisor discretion), or take leave without pay.

**Section 2. Effect of Work on Holidays or Unscheduled Workdays on Other Types of Paid Leave**

Regular holidays or unscheduled work days which occur during an annual, sick or other paid leave period of any ~~officer or~~ employee of the Alliance shall not be charged as annual, compensatory, or sick.

**Section 3. Holiday – When Work Required**

Exempt employees who are required to perform work on regularly scheduled holidays ~~shall~~ ~~may~~ be granted straight time pay ~~at the discretion of the Chief Executive Officer.~~

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Non-exempt employees who are required to perform work on regularly scheduled holidays shall be paid in accordance with the Fair Labor and Standards Act or elect another day off.

**Section 4. Annual Leave**

All regular and probationary employees who work at least 1,000 hours during the calendar year shall receive annual leave in accordance with this policy. Annual leave may be used at the employee’s discretion with the approval of the employee’s supervisor.

**Section 5. Annual Leave – Probationary Employees**

Employees serving a probationary period following initial appointment may accumulate annual leave and shall be permitted to take such leave only with the prior approval of the supervisor.

**Section 6. Annual Leave – Manner of Accumulation**

The anniversary date of employment shall be used for determining earned annual leave. Any employee working the basic work week shall earn annual leave at the following rates:

**SCHEDULE A**

<b>Years of Aggregate Service</b>	<b>Accrual Rate Per Hour</b> (no accruals earned for hours worked over FTE)	<b>Leave Earned Yearly</b> (accrual total at 40 hours per week)
Less than 5 year	.0385	80 hrs. (10 days)
5 but less than 10 years	.05	104 hrs. (13 days)
10 but less than 15 years	.0577	120 hrs. (15 days)
15 years but less than 20 years	.0654	136 hrs. (17 days)
20 years plus	.0769	159.9 hrs. (20 days)

Schedule A is for all persons hired or rehired on July 1, 1997, or thereafter; and those in full-time Cabarrus County employment immediately prior to that date who voluntarily, as Cabarrus Health Alliance employees, chose to change from Schedule B effective July 1, 1997.

Employees hired since January 2000, who contributed to the Local Government Retirement System or Teachers and State Retirement System at their previous employer, within one year of being hired at the

Alliance, may have their years of service credited from that employer. The credited years of service will be counted toward calculating the employee's annual leave accrual rate, after the required documentation is provided to Human Resources. This only applies to governmental entities that were the employee's place of employment immediately prior to their employment with the Cabarrus Health Alliance.

Employees hired since January 2000, who contributed to a Local Government Retirement System or Teachers and State Retirement System in any state or at a federal agency, including the Centers for Disease Control (CDC), may have their years of service credited from that employer. The credited years of service will be counted toward calculating the employee's annual leave accrual rate, after the required documentation is provided to Human Resources.

**SCHEDULE B**

<b>Years of Aggregate Service</b>	<b>Accrual Rate Per Hour</b> (no accruals earned for hours worked over FTE)	<b>Leave Earned Yearly</b> (accrual total at 40 hours per week)
Less than 2 years	.0385	80 hrs. (10 days)
2 but less than 5 years	.0462	96 hrs. (12 days)
5 but less than 10 years	.0577	120 hrs. (15 days)
10 but less than 15 years	.0692	143.9 hrs. (18 days)
15 years but less than 20 years	.0808	168 hrs. (21 days)
20 years plus	.0923	192 hrs. (24 days)

Schedule B is for all persons employed full-time with Cabarrus County on June 30, 1997, that earned annual leave on this schedule and chose voluntarily, as Cabarrus Health Alliance employees, to remain on this schedule after that date in lieu of receiving paid health and life insurance coverage at retirement.

Anyone earning annual leave under this schedule on July 1, 1997 who is separated from employment and rehired at a later date will earn leave as listed in Schedule A.

**Section 7. Annual Leave – Maximum Accumulation**

Annual leave may be accumulated without any applicable maximum until December 31<sup>st</sup> of each calendar year. However, if an employee separates from service, payment for accumulated annual leave shall not exceed 240 hours. At the end of each calendar year on December 31<sup>st</sup>, any Alliance employee with accrued annual vacation leave in excess of 240 hours shall have this leave converted to sick leave. This converted sick leave shall be used in the same manner as accrued sick leave and may be used for authorized sick leave purposes. And, like regular sick leave, any unused converted sick leave may be counted toward creditable service at retirement up to a maximum of 12 total sick days per year of service.

Employees are cautioned not to retain excess accumulation of annual leave until late in the calendar year. Due to the necessity of keeping all Alliance functions in operation, large numbers of employees cannot be granted annual leave at any one time. If an employee has excess leave accumulation during the latter part of the year and is unable to take such leave because of staffing demands, the employee shall receive no special consideration either in having annual leave scheduled or in receiving any exception to the maximum accumulation.

**Section 8. Annual Leave – Approval/Manner of Taking Leave**

Annual leave earned by an employee shall be taken only upon prior approval of the immediate supervisor.

**Section 9. Annual Leave – Terminal Pay and Repayment of Annual Leave**

An employee who is separated shall be paid for annual leave accumulated to the date of separation, not to exceed a maximum of 240 hours.

**Section 10. Annual Leave - Payment for Accumulated Annual Leave Upon Death**

The estate of an employee who dies while employed by the Alliance shall be entitled to payment for all of the accumulated annual leave credited to the employee’s account, not to exceed a maximum of 240 hours. The date of death shall be used as the date of separation for purposes of determining such payment.

**Section 11. Bereavement**

Employees shall have 5 days of paid bereavement for the death in the employee’s immediate family. Immediate family shall be deemed to include spouse, mother, father, guardian, children, sister, brother, grandparents, grandchildren, plus the various combinations of half, step, in-law, and adoptive relationships that can be derived from those named.

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Vacation or sick time may be used for non-immediate family members. It is the Alliance’s policy to try to accommodate employees during times of grief. Supervisors are encouraged to be as flexible as possible when working with employees that have experienced a death in their families.

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**Section 12. Sick Leave**

All regular and probationary employees who work at least 1,000 hours during the calendar year shall receive sick leave in accordance with this policy. ~~Sick leave with pay is not a right which an employee may demand but a privilege granted by the Authority Board for the benefit of an employee when sick.~~

Sick leave shall be granted to an employee absent from work for any of the following reasons: sickness, bodily injury, mental health, mental wellbeing, required physical or dental examinations and treatment, or exposure to a contagious disease when continuing work might jeopardize the health of others.

Sick leave may also be used when illness, injury, or a medical appointment (including physical health and mental health) of a member of the employee’s immediate family (that lives in the same household as the employee, and/or for whom the employee has legal responsibility) requires the presence of the employee.

**Section 13. Sick Leave Manner of Accumulation**

Each regular and probationary employee scheduled to work at least 1,000 hours during the calendar year shall be credited sick leave at the rate of .0462 per hour worked up to their FTE, for a total of 96 hours per year for full time (40 hour per week) employees.

**Section 14. Sick Leave – Maximum Accumulation**

Sick leave will be cumulative for an indefinite period.

### ~~Section 15. Sick Leave – Medical Certificate~~

~~Human Resources may request a certificate from a licensed healthcare professional working within their scope of the license stating the nature of the illness and the employees physical capacity to resume duties. A certificate may be requested for each occasion on which the employee uses sick leave to ensure that there is no abuse of sick leave privileges.~~

### **Section 156. Sick Leave – Retirement Credit for Accumulated Sick Leave**

One (1) month of retirement credit is allowed for each twenty (20) days and part thereof accrued in an employee's sick leave account at the time of retirement to employees who are members of the North Carolina Local Governmental Employees Retirement System.

### **Section 1647. Sick Leave – Credit for Accumulation From Previous Employment**

New employees who were previously employed by a governmental entity in North Carolina will receive credit with the Alliance for all sick leave accumulated at that entity provided that verification of that accumulated sick leave is received from the entity and that the employee was not reimbursed for these days. This only applies to governmental entities that were the employee's place of employment immediately prior to their employment with the Cabarrus Health Alliance.

### **Section 1748. Family Medical Leave Act**

Federal legislation made the Family and Medical Leave Act (FMLA) effective on August 5, 1993. A copy of a Department of Labor publication summarizing the employee rights under the Act is attached as Appendix F.

In compliance with the FMLA, the Cabarrus Health Alliance provides up to 12 weeks of job-protected leave (unpaid if accrued paid leave is not available) to employees if they have worked for the Alliance for at least one year and for 1,250 hours over the previous 12 months.

(a) Eligible employees may request FMLA leave for the following events or conditions:

- For the birth of a son or daughter or to care for the child after birth;
- For placement of a son or daughter for adoption or foster care or to care for the child after placement;
- To care for the employee's spouse, son, daughter or parent (but not a parent "in-law") with a serious health condition;
- Because of a serious health condition that makes the employees unable to perform the functions of the job, including pregnancy related complications;
- For a qualifying exigency arising out of the fact that the employee's spouse, son, daughter, or parent is a covered military member (of any branch of the armed forces) on active duty or has been notified of an impending call or order to active duty.

The twelve (12) month period for determining leave entitlement will be a rolling 12-month period. The 12 months immediately preceding the current leave request will determine the entitlement. Eligible employees are entitled to twelve (12) weeks of unpaid FMLA leave less any leave used for a qualifying FMLA purpose during the preceding twelve (12) months. Employees may not take more than twelve weeks unpaid/paid leave for a qualifying FMLA purpose in any 12 month period, unless the employee has accrued paid leave in excess of that amount and has management approval to use it or leave without pay.

In addition to the leave described above, eligible employees may take up to 26 weeks of unpaid "military caregiver" leave in any single 12 month period. Military caregiver leave is available to the spouse, son, daughter, parent, or next of kin of a covered service member who has a serious injury or illness incurred in the

line of duty. This military caregiver leave entitlement is applied on a per-covered service member, pre-injury basis, so that an eligible employee may be entitled to more than one military caregiver leave in a single 12 month period. Any other FMLA leave taken in the same 12 month period must be counted in calculating this 26 week entitlement (for example, 10 weeks of FMLA leave previously taken for a newborn child would mean the employee is entitled to an additional 16 weeks of military caregiver leave in that 12 month period).

(b) The use of paid leave for a purpose defined in the FMLA will qualify toward the time the Alliance is required to make available to an employee eligible for leave under the Act. As in any leave situation, Alliance employees will use all available paid leave time before being allowed to use unpaid leave. Employees are entitled to use all accrued available paid leave benefits according to policy, even if it exceeds the 12-week maximum under the FMLA. If the accrued paid leave is not sufficient to cover the leave requested for a FMLA purpose, maximum 12 weeks in any 12-month period, the remaining leave is unpaid leave.

(c) The employee will be required to provide leave notice and medical certification; the taking of leave may be denied if these requirements are not met:

- The employee should provide 30 days advance notice when leave is “foreseeable.” Otherwise, notice should be given as soon as possible.
- The Alliance requires medical certification to support a request for FMLA leave because of a serious health condition and may require second or third opinions (at the Alliance’s expense).
- Employees must provide sufficient information for the employer to determine if the leave may qualify for FMLA protection and the anticipated timing and duration of the leave. Sufficient information may include that the employee is unable to perform job functions, the family member is unable to perform daily activities, the need for hospitalization or continuing treatment by a health care provider, or circumstances supporting the need for military family leave. Employees also must inform the employer if the requested leave is for a reason for which FMLA leave was previously taken or certified. Employees also may be required to provide a certification and periodic recertification supporting the need for leave.
- For “military exigency” leave, the Alliance will require the certification pursuant to FMLA regulations, section 29 C.F.R. 825.309, which will include but not be limited to, a copy of the covered military member’s active duty orders.
- For “military caregiver” leave, the Alliance may require the employee to obtain a certification, pursuant to FMLA regulations, section 29 C.F.R. 825.310, from the covered service member’s health care provider. The Alliance may also require confirmation of the covered family member’s relationship with the service member.
- While on FMLA leave, the Alliance may require the employee to periodically recertify the ongoing medical need for the leave.
- An employee is required to give advance notice before returning to work and medical certification as to ~~his or her~~ fitness to return to ~~their~~~~his or her~~ former position or work schedule.

(d) The Family and Medical Leave Act requires that employers must continue to provide group health insurance benefits to an employee during any periods of leave permitted by the Act on the same basis as if the employee had continued in active employment during the leave. Employees will be required to pay their portion of the group insurance, the same as if they continued to work, to keep the benefit.

- If Family and Medical Leave Act leave is substituted paid leave, the employee’s share of premiums must be paid by the method normally used during any paid leave – by payroll deduction.
- If Family and Medical Leave Act leave is unpaid, the employee’s share of premiums must be made in payments to the Alliance by the 25<sup>th</sup> day of the month prior to the month for which coverage is needed.

- In the event an employee elects not to return to work upon completion of Family and Medical Leave of absence, the Alliance may recover from the employee the cost of any payments it made on behalf of the employee to maintain any employee benefit while the employee was on leave (unless failure to return to work was for reasons beyond the employee's control or due to the continuation, recurrence, or onset of a serious health condition of the employee or the employee's family member).

### **Section 18. Leave Without Pay – Policy**

When it is necessary for an employee to be absent from work for an extended period of time, the Alliance may, in its discretion, grant employees a leave of absence for a limited period of time, under the terms and conditions specified herein. Leaves under this policy will be granted only when supported by a valid reason requiring an extended absence. Valid reasons for using this leave may include, but not be limited to, personal disability after available sick leave and/or annual leave have been exhausted, maternity or paternity related leave, continuation of education, special work that will permit the Alliance to benefit by the experience gained or the work performed, or for other reasons deemed justified by the Chief Executive Officer. If granted, such leaves will be without pay once applicable paid accrued leave (i.e. sick pay, vacation) has been exhausted. Employees will be required to exhaust all applicable paid accrued leave prior to utilizing unpaid leave under this policy (education leave cannot utilize sick time, etc.).

Requests for a leave of absence must be made in writing to supervisor and Human Resources at least thirty (30) days prior to the leave commencement date or as soon as the need for leave becomes known to the employee. The employee's written request must contain an explanation of the reasons for the leave as well as the anticipated length of absence, including the dates upon which the leave will begin and end.

The factors to be considered in determining whether a request for leave should be granted under this policy include, but are not limited to: (1) the purpose for which the leave is requested; (2) the length of time the employee will be away from work; (3) the effect the leave will have on the ability of the Alliance to carry out its ordinary functions; (4) previous leaves of absences requested or taken; and (5) the employee's performance history. The employee will be notified in writing whether the request for leave is granted or denied. Leaves of absence under this policy will not be granted for periods greater than 12 weeks. The Chief Executive Officer will grant final approval of the request.

If leave is granted, the employee must comply with the terms and conditions of the leave, including keeping in touch with the supervisor during leave, and giving prompt notice if there is any change in the return date. Not less than two (2) weeks prior to the employee's scheduled return date, the employee shall notify the supervisor and Human Resources in writing concerning their availability to return to work. Failure to follow this policy (e.g. failure to notify the supervisor or to return to work as scheduled) may result in disciplinary action up to and including termination.

An employee must not accept other employment or apply for unemployment benefits while on a leave of absence. Acceptance of other employment while on leave will be treated as a voluntary resignation from employment at the Alliance.

The Alliance may suspend or proceed with any counseling, performance review, or disciplinary action, including discharge, that was contemplated prior to any employee's request for or receipt of a leave of absence or that has come to the Alliance's attention during the leave. If any action is suspended during the leave of absence, the Alliance reserves the right to proceed with the action upon the employee's return. Requesting or receiving a leave of absence in no way relieves employees of their obligation while on the job to perform their job responsibilities capably and up to the Alliance's expectations and to observe all the Alliance's policies, rules, and procedures.

Employees taking leave under this policy may not be entitled to reinstatement to their former position, an equivalent position or any other position with the Alliance. The opportunity for reinstatement will depend upon the facts and circumstances of each employee's leave and will be determined at the Alliance's discretion.

### **Section 19. Leave Without Pay – Retention and Continuation of Benefits**

Benefits, such as vacation time, sick time, and holidays, will not accrue during a leave without pay. A regular employee shall retain all unused sick leave while on leave without pay, if leave of absence is not medically related. Sick leave will be used for FMLA and medically related circumstances. Sick leave and vacation leave are both to be exhausted before an employee uses leave without pay while on FMLA. An employee ceases to earn leave credits on the date leave without pay begins. The employee may continue to be eligible for benefits under the Alliance's group insurance plans, subject to the Family Medical Leave Act and any regulations adopted by the Authority Board and the current insurance carrier.

### **Section 20. Workers' Compensation Leave**

An employee absent from duty because of sickness or disability covered by the North Carolina Workers' Compensation Act may receive workers' compensation benefits and elect to use accumulated annual and sick leave as a supplemental payment for the difference between ~~their his or her~~ regular salary and the payments received under the Workers' Compensation Act. Such an employee may have credited back to the leave ~~used or the he or she elected to use, his or her~~ hourly equivalent, as the checks are received from workers' compensation. Upon reinstatement, an employee's salary will be computed on the basis of the last salary earned plus any increment or other salary increase to which the employee would have been entitled during the disability covered by workers' compensation.

Employees on workers' compensation leave who elect not to use accumulated sick and annual leave as a supplemental payment shall retain and continue to earn all leave credits during the period of disability. In addition, the Alliance shall continue its contribution to the employee's health insurance. Temporary employees on workers' compensation leave will be placed in a leave without pay status and will receive all benefits for which they may be adjudged eligible under the Workers' Compensation Act.

### **Section 21. Military Leave**

The Alliance complies with applicable federal and state law regarding military leave and reemployment rights. Unpaid military leave of absence will be granted to members of the uniformed services in accordance with the Uniformed Services Employment and Reemployment Rights Act of 1994 ("USERRA") and all amendments thereto and all applicable state law. According to the Alliance's policy, employees who are members of the uniformed services will be allowed 10 workdays per year military training leave with pay. If during this period of paid military leave, the compensation received while on military leave is less than the salary that would have been earned during the same period as an Alliance employee, the employee shall receive partial compensation equal to the difference in the base salary earned as a reservist or guardsman and the salary that would have been earned during this same period as an Alliance employee. The effect will be to maintain the employee's salary at the normal level during this period.

If such military duty is required beyond this 10 workday period, the employee shall be eligible to take accumulated annual leave or unpaid leave. Reservists called to active duty, with no training period preceding the active duty, shall be allowed to charge up to 10 days per year of active duty as military training and receive pay for these days. While taking military leave with partial pay or without pay, the employee's leave credits and other non-monetary benefits shall continue to accrue as if the employee physically remained with the Alliance during this period. Regular employees who are guardsmen and reservists have all job rights specified in the Veterans Readjustment Assistance Act.

Appropriate documentation is required to be turned in to Human Resources prior to the necessary leave unless military necessity makes this impossible. Anyone who completes a military leave of absence will be reinstated to the employee's previous or similar job in accordance with state and federal law. You must notify your manager of your intent to return to employment based on requirements of the law. For more information

regarding status, compensation, benefits and reinstatement upon return from military leave, please contact Human Resources.

#### **Section 22. Civil Leave**

A regular Alliance employee called for jury duty or as a court witness for the Federal or State governments or a subdivision thereof shall receive leave with pay for such duty during the required absence without charge to accumulated annual or sick leave.

An employee may keep fees and travel allowances received for jury or witness duty in addition to regular compensation, except that employees must turn over to the Alliance any witness fees or travel allowances awarded by the court for court appearances in connection with official duties. While on civil leave, benefits and leave shall accrue as though on regular duty.

#### **Section 23. Educational Leave**

An educational leave of absence, with or without pay, may be granted to an employee who has been with Cabarrus Health Alliance for at least six months, which will better equip the employee to perform job related duties. The employee must be in good performance standing with no performance improvement plans in place at the time of the request. Each request must be approved by the department head and the Chief Executive Officer. Leave will be granted to only attend institutions accredited by the Southern Association of Colleges and Schools or the equivalent. An employee granted educational leave with pay shall agree in writing to return to their regular work schedule with the Cabarrus Health Alliance upon completion of training and to remain in the employ of the Cabarrus Health Alliance for a period of twice the educational leave received, or to reimburse the Cabarrus Health Alliance for all compensation received while on educational leave and tuition costs reimbursed to the employee for the course.

An employee on educational leave with full pay shall continue to earn leave credits and any other benefits to which Cabarrus Health Alliance employees are entitled. An employee on educational leave with partial pay shall earn proportional leave credits and benefits.

#### **24. Reimbursement for Tuition ~~-discuss with Sue and Bonnie about increase- No more exceptions~~**

An employee may receive reimbursement for approved courses of study (including those taken outside of working hours) which will better equip the employee to perform assigned duties, subject to the approval of the Chief Executive Officer. The Cabarrus Health Alliance shall reimburse the employee for tuition costs (up to ~~\$1000~~ 400 per semester for up to three semesters per year), provided the employee submits a receipt of tuition expenses and a notice of successful completion (passing grade or better) of the course from an institution accredited by the Southern Association of Colleges and Schools or the equivalent. Requests for reimbursements should be approved by the supervisor and Human Resources prior to enrollment in the course. Employees may submit up to three requests for reimbursement per year for three separate semesters. Employees must have been employed with the Alliance for at least six months to qualify for tuition reimbursement.

The Education Leave and Reimbursement for Tuition forms are located on the CHA Intranet.

**Section 25. Adverse Weather Conditions**

The public’s need for the availability of the Alliance’s services dictates that offices should attempt to remain open during all normally scheduled hours. While severe weather may impact the ability to fully staff each function; every function should attempt to provide at least a base level of response.

To avoid inconvenience to the public, Alliance employees should attempt to report for their normal job at scheduled times. It is realized that severe weather conditions may restrict some employees from reporting on time or at all.

Adverse weather affects everyone’s personal situation differently, so each employee must evaluate the severity of the circumstances and use their best judgment. Alliance employees are not expected to put themselves or their property unnecessarily at risk. Available compensatory time and/or appropriate leave will be taken in order to leave work early, to delay arrival at work or in the case where an employee does not report to the job because of inclement weather.

**Section 26. Volunteer Service Leave - Discuss with Bonnie/Leadership**

All Alliance employees who are members of emergency volunteer service organizations shall receive leave with pay for such required absence under emergency circumstances without charge to accumulated leave, with approval of the Chief Executive Officer.

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Adopted: 07-01-1997  
 Revised: 07-01-2001  
 Revised: 02-11-2014  
 Revised: 05-12-2015  
 Revised: 01-12-2016  
 Revised: 11-14-2017  
 Reviewed: 02-13-2018  
 Revised: 10-01-2018  
 Revised: 10-01-2019

**ARTICLE VII. SEPARATION, DISCIPLINARY ACTION AND REINSTATEMENT**

**Section 1. Separation from Employment**

Separation occurs when an employee leaves the payroll for reasons indicated below. Employees who have acquired regular employment status will not be subject to involuntary separation or suspension except for cause or reduction-in-force.

- (a) Resignation or Retirement. An employee may terminate his services with the Alliance by submitting a written resignation or request for retirement to the supervisor (or in the case of supervisors to the Chief Executive Officer). It is expected that an employee will give at least two weeks (four weeks for supervisors) notice prior to their last day of work. The Alliance reserves the right to accept your resignation immediately without requiring any further service and pay you the amount of straight time compensation you would have earned in lieu of any further performance of your job duties.
- (b) Dismissal. Dismissal is involuntary separation for cause and shall be made in accordance with the provisions of Section 5. Pre-discipline Conference.

(c) Reduction-in-Force. For reasons of curtailment of work, reorganization, or lack of funds, the appointing authority may separate employees. Retention of employees in classes affected shall be based on systematic consideration of type of appointment, length of service and relative performance. No regular employee shall be separated while there are emergency, intermittent, temporary, probationary, or trainee employees in their first six months of the trainee progression serving in the same or related class, unless the regular employee is not willing to transfer to the position held by the non-regular employee, or the regular employee does not have the knowledge and skills required to perform the work of the alternate position within a reasonable period of orientation and training given any new employee.

If the agency has position vacancies at the time of the Reduction in Force, employees impacted may apply for these positions through the internal application process and will be interviewed in a competitive manner. Employees may not be transferred into the vacancy. Successful candidates will be selected based on qualifications such as skill set, education, and experience in order to provide the best fit for the position.

~~(e)~~(d) Voluntary Resignation Without Notice.

An employee voluntarily terminates employment by failing to report to work without giving written or verbal notice of an acceptable reason for their absence to the employing department. Such a failure shall be deemed to be a voluntary resignation from employment without notice when the employee is absent without approved leave for a period of at least three (3) consecutive, scheduled workdays. Termination pursuant to this policy should not occur until the employing department has undertaken reasonable efforts to establish that the employee was able to give, or have someone else give notice during the period of days in question. This provision also applies when the employee is absent for at least three (3) consecutive, scheduled workdays, has been instructed verbally or in writing of a specific manner of reporting by management, and does not report to the appropriate supervisory personnel on a regular basis satisfactory to the employing agency.

Such terminations as described above are voluntary resignations from employment and create no right of grievance or appeal pursuant to Article VIII of this policy.

(e) Separation Due to Unavailability When Leave is Exhausted. An employee may be separated on the basis of unavailability when the employee becomes or remains unavailable for work after all applicable leave has been exhausted and department management does not grant a leave without pay for reasons deemed sufficient by the department. Such reasons include, but are not limited to, lack of suitable temporary assistance, criticality of the position, budgetary constraints, etc. Such a separation is an involuntary separation, not a disciplinary dismissal and may be grieved or appealed.

(f) Disability. An employee may be separated for disability when the employee is unable to perform the essential functions of the job because of physical or mental disability and no reasonable accommodation is available. Action may be initiated by the employee or the Alliance and should be supported by medical evidence certified by a licensed physician. The Alliance may require an examination at its expense and performed by a physician of its choice. Before an employee is separated for disability, a reasonable effort shall be made to accommodate the employee ~~in his or her current position and/or locate including~~ alternate positions within the Alliance's service for which the employee may be suited.

(g) Death. The date of death shall be recorded as the employment separation date for the deceased employee. All compensation due in accordance with this ordinance will be paid to the estate of the deceased employee. This includes earned but unpaid salary and payment for accumulated annual leave up to the designated maximum.

**Section 2. Disciplinary Actions**

While it is expected that all employees strive to achieve the highest level of success in their jobs, it is the responsibility of each employee to maintain at least an acceptable level of job performance and conduct.

**When employee performance and/or conduct falls below the acceptable standard, supervisors, using counseling and coaching techniques, should identify deficiencies at the time they are observed.** Disciplinary action may occur when the unacceptable performance/conduct is at a level of severity or frequency to be deemed inappropriate to the best interest of the Alliance. The Alliance does have a formal progressive discipline. However, each case is considered on its own facts and it may be determined that an ~~employees~~~~employee's~~ actions are egregious and warrants immediate dismissal.

The following categories provide guidance on how the wide range of unacceptable behaviors should be addressed. Behaviors listed are representative of those considered to be adequate cause for official reprimand, disciplinary suspension with or without pay, reassignment, demotion, or dismissal but should not be considered all inclusive.

While the disciplinary procedures outlined are to be followed whenever possible, they are not to be construed as a limitation on the Alliance's right to take any form of disciplinary action, including dismissal, when deemed appropriate, and the Alliance expressly reserves the right to immediately dismiss employees with or without cause or notice, subject to the grievance procedures set forth herein.

#### Representative Behaviors:

1. Excessive absenteeism and/or tardiness.
2. Safety violations.
3. No call no show.
4. Inadvertent or knowing violation of any Cabarrus Health Alliance privacy policy or requirement of the HIPAA privacy rule.
5. Failure to demonstrate a reasonable competence on the job or to perform work in a satisfactory manner following normal job orientations and training.
6. Insubordination.
7. Careless, negligent or intentional improper use of Alliance property or equipment.
8. Failure of a supervisory employee to take the necessary or appropriate steps to properly supervise or discipline a subordinate employee when such actions are required.
9. Misappropriation of Alliance funds or property.
10. Willful violation of known and/or written work rules.
11. Failure to maintain current valid credentials required in the performance of job duties, including driver's license.
12. Reporting to work under the influence of intoxicants, ~~non-prescription~~~~non-prescription~~ or illegal drugs, or partaking of such while on duty or on public property, or the possession, distribution, sale or transfer of intoxicants ~~non-prescription~~~~nonprescription~~ or illegal drugs on Alliance property except that prescribed medication may be taken within the limits set by a physician so long as medically necessary.
13. Fighting, communicating threats or engaging in acts of workplace violence.
14. Possession of firearms or any other lethal weapon in any Alliance facility or at any official Alliance activity.
15. Unlawful harassment, discrimination or retaliation.

#### Progressive Disciplinary Process:

It is expected that supervisors are communicating with employees and that employees are aware of any deficiencies in performance. Conversations should be documented and in most cases the employee should have

had at least one conversation with their supervisor and given time to correct the deficiency prior to the first written warning. Human Resources should be consulted before any formal disciplinary action is taken.

1. Verbal Warning (must be documented)  
~~First written warning~~
2. ~~First~~ Second written ~~warning~~ Any warning Any additional unacceptable behavior may subject the employee to disciplinary action up to and including termination of employment.
3. Second Written Warning/Probation ~~Probation~~ – If unacceptable behavior continues after the two written warnings, the employee may be placed on probation and/or terminated without any further notice.
4. Termination - with the appropriate documentation.

### **Section 3. Disciplinary Suspension**

A regular employee who is suspended for disciplinary reasons shall be relieved temporarily of all duties and responsibilities and will ~~receive~~ receive ~~no compensation~~, including pay for accumulated annual leave, for the period of suspension. Such disciplinary suspension shall be for no less than one full work week but no more than ~~2~~ four full work weeks. All suspensions must be reviewed by the Human Resources Director prior to the start of the suspension and approved by the Chief Executive Officer. Human Resources ~~The supervisor or department head taking such action~~ must furnish the employee a written statement setting forth the ~~specific acts or omissions that are the~~ reasons for the suspension and the employee's appeal rights; one copy shall be given to the employee, and one copy shall be placed in the employee's personnel file.

Such a suspension ~~by the department head~~ may occur without notice in order to avoid undue disruption of work, to protect the safety of persons or property, or for other serious reasons. ~~When a department head suspends an employee, he shall tell the employee to leave Alliance property at once and remain away for the specified time. The department head shall notify the Chief Executive Officer immediately. Additional disciplinary action(s) may be taken in such cases if deemed appropriate.~~

### **Section 4. Non-Disciplinary Suspension for Investigatory Purposes**

Investigatory suspension may be used to provide time to investigate, establish facts and reach a decision concerning a regular employee's status in those cases where it is determined the employee should not continue to work pending a decision. ~~Investigatory suspension may be appropriately used to provide time to schedule and hold a pre-discipline conference.~~ Also, management may elect to use investigatory suspension in order to avoid undue disruption of work or to protect the safety of persons or property. ~~An employee suspended for non-disciplinary or investigatory reasons shall be notified in writing of the reasons for the suspension, and the appeal rights available to the employee; one copy shall be given to the employee, and one copy shall be placed in the employee's personnel file.~~

An investigatory suspension ~~usually~~ should not exceed 10 business days, forty five (45) calendar days. However, an agency may, in the exercise of its discretion, extend the period of investigatory suspension without pay beyond the forty five (45) day limit. ~~The employee must be informed in writing of the extension, the length of the extension and the specific reasons for the extension. A copy of the above communication shall be sent to the Chief Executive Officer. If no action has been taken by management by the end of forty five (45) calendar days and no extension has been made, one of the following must occur: (1) reinstatement of the employee with full back pay and benefits, or (2) appropriate disciplinary action based on the results of the investigation and a pre-discipline conference. Investigatory suspension of an employee shall not be used for the purpose of delaying an administrative decision on an employee's work status pending the resolution of a civil or criminal court matter involving the employee.~~

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An investigatory suspension will be ~~with pay~~without pay, (unless reinstated at the end of the investigation); but the employee can use accumulated compensatory time and/or annual leave to receive compensation during this period.

**Section 5. Pre-discipline Conference**

Before a regular employee may be subjected to any disciplinary action (official reprimand, disciplinary suspension without pay, reassignment, demotion or dismissal), other than as noted in Section 3 (when there is immediate suspension for cause related to personal conduct in order to avoid undue disruption of work, to protect the persons or property or for other serious reasons), the following shall occur:

(a) — The supervisor recommending action should discuss the recommendation with and receive the approval of the Chief Executive Officer to schedule a conference.

(b) — A pre-discipline conference shall be held between management representatives and the employee. No attorneys or other such representatives for either party need be present at this conference; a witness or security personnel may be present if management deems necessary. The management representative shall present the employee with a written notice containing the specific reasons for the proposed action and a brief summary of the information management believe support the proposed action. The employee shall have a right to respond to that written notice of proposed action in the conference.

(c) — After the end of the conference, the management representative responsible for the final decision on the proposed action should review and reflect on the information provided in the conference and render a decision no sooner than the next day and no later than five (5) working days. If the management representative determines that a disciplinary action is justified, he/she shall present the employee with a letter notifying the employee of the action. However, the management representative may elect to defer the action, reconsider the entire issue, or initiate a disciplinary action less severe than recommended. If, following deferral or reconsideration, the decision is to take the proposed action, then no further conference is required.

(d) — The employee must be given written notice of any disciplinary action. The written notice must include specific reasons for the action and the employee's right of appeal.

**Section 66. Employee Appeal**

Any employee wishing to appeal a disciplinary action may present the matter in accordance with the provisions of the grievance procedure described in Article VIII of this ordinance.

Revised: 01-19-1999  
Reviewed: 07-01-2001  
Revised: 04-13-2010  
Revised: 02-11-2014  
Reviewed: 02-13-2018  
Reviewed: 10-01-2019

**ARTICLE VIII. COMPLAINTS AND GRIEVANCES PROCEDURE, DISCRIMINATION AND ADVERSE ACTION APPEAL**

**Section 1. Complaints and Grievances Procedure and Adverse Action Appeal — Policy**

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In order to maintain a harmonious and cooperative ~~working environment leadership between the Alliance and its employees~~, it is the policy of the Alliance to provide for settlement of problems and differences through an orderly ~~complaints and grievances~~ procedure. Every ~~temporary, probationary, and~~ regular employee shall have the right to present ~~complaints and his complaints problems, grievances, or adverse action appeal~~ in accordance with the established policy free from interference, coercion, restraint, discrimination, or reprisal.

It is the responsibility of supervisors at all levels ~~to take, consistent with authority delegated to them, to consider and take~~ appropriate action promptly, ~~equitably and consistently with fairly on a in all complaints and grievances, or adverse action appeal of any employee.~~

In adopting this policy, the Alliance sets forth the following objectives ~~to be attained in this program:~~

- Assure employees ~~of a way in which they~~ can get their problems or complaints considered ~~equitably rapidly, fairly,~~ and without fear of reprisal.
- Encourage the employee to express ~~himself about~~ how the conditions of work affect ~~them asthemhim as an employees.~~
- ~~Get better employee understanding of policies, practices, and procedures which affect them.~~
- Provide employees with assurance that actions are taken in accordance with policies.
- Provide a check on how policies are carried out by supervisors.
- ~~Give supervisors a greater sense of responsibility in their dealings with employees.~~

## **Section 2. Grievance and Complaint Adverse Action – Definitions**

(a) ~~Grievance:~~ A claim ~~or complaint~~ based upon ~~an~~ events or conditions ~~that affect employees in an adverse manner, which affects the circumstances under which an employee works, allegedly caused by misinterpretation, unfair application, or lack of established policy pertaining to employment conditions. A grievance typically involves adverse actions of employment such as a reduction in salary, loss of benefits, harassment, retaliation, suspension, and demotion.~~

(b) ~~Complaint:~~ Any expression of displeasure with the Alliance. Examples of complaints are ~~A grievance might involve are~~ alleged safety or health hazards, unsatisfactory physical facilities, ~~surroundings, inequitable or abusive treatment by a supervisor or other employee, materials or equipment, unfair or discriminatory supervisor or disciplinary practices, or unreasonable unjust treatment by fellow workers, unreasonable work quotas, or any other grievance relating to conditions of employment.~~

(b) ~~Adverse Action:~~ A suspension, demotion, dismissal, or reduction in pay.

## **Section 3. Complaints Policy Grievance and Adverse Action Appeal Procedure – Non-Discrimination**

Any Alliance employee having a problem or grievance arising out of or due to his employment and who does not allege discrimination because of his age, sex, race, gender, sexual orientation, religion, color, national origin, political affiliation, physical or mental disability, veteran status, genetic information, or any other status protected by federal, state or local laws, shall first discuss his or her problem or grievance with his or her

supervisor. If the issue is not resolved, he or she should then follow the grievance and adverse action appeal procedure by the Alliance.

The number of steps in this procedure will vary from a minimum of one to a maximum of three, depending upon:

- How many supervisor levels are in the employee's department.

*Example:* In a department where the only supervisor is the department head, the procedure would start at Step Two.

- At what supervisory level was the decision made/action taken that the employee is grieving.

*Example:* If the department head has made the decision that is being grieved, then the procedure should be initiated at Step Two and move upward.

- Where the employee is in the department's supervisory chain.

*Examples:*

1. If the employee reports directly to the department head, the procedure would begin at Step Two.

2. If the department head is the grieving party, he or she would start (and end) at Step Three.

If an employee has any question as to which step of the procedure they should initiate their grievance or [Complaint](#) [adverse action appeal](#), he or she should contact Human Resources for direction.

### **Procedure:**

**Step One** ~~Employees~~ The employee with a [complaint](#) [grievance](#) or [adverse action appeal](#) shall ~~shall~~ present the matter in writing to ~~their~~ ~~his~~ immediate supervisor within fifteen (15) calendar days of its occurrence or within fifteen (15) calendar days of the time the employee learns of its occurrence, with the objective of resolving the matter informally. ~~In the case of a sexual harassment grievance involving the employee's supervisor, the employee may skip step one of this grievance procedure. Supervisors are~~ The supervisor should be and is encouraged to consult with any employee or officer deemed necessary to reach a correct, impartial, and equitable determination and shall give the employee an answer ~~in writing~~ as soon as possible but within ten (10) calendar days.

**Step Two** If the decision is not satisfactory to the employee in Step 1, or if he or she fails to receive an answer within the designated period provided in Step 1, ~~the employee may then speak to the department head. The department head will have 5 calendar days should an employee may file the grievance or adverse action appeal in writing within ten (10) calendar days with the department head, who shall hear the grievance or adverse action appeal and~~ render a decision ~~and respond to the employee and supervisor, in writing within a maximum of (10) calendar days.~~

**Step Three** If the decision is not satisfactory to an employee in Step 2 ~~the employee should then contact Human Resources for help resolving the complaint.~~, or if he or she fails to receive an answer within the designated period provided in Step 1, an employee may file the grievance or adverse action appeal with the

~~Chief Executive Officer. The appeal must be made in writing within ten (10) calendar days following the decision reached in Step 2. The Chief Executive Officer shall hear the grievance or adverse action appeal and render a decision in writing within ten (10) calendar days. The Chief Executive Officer's decision shall be final regarding the grievance or adverse action appeal.~~

**Section 4. Grievance Policy and Adverse Action Appeal Procedure – Discrimination**

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~~Any applicant for employment, employee or former employee who has reason to believe that they have been subjected to adverse actions of employment such as a reduction in salary, loss of benefits, harassment, retaliation, suspension, or demotion, employment, promotion, training or transfer was denied him or that demotion, lay off or termination of employment was forced upon him or her because of his or her protected class status (See Equal Employment Opportunity and Non-Discrimination Policy), except where specific age, sex or physical requirements constitutes a bona fide occupational qualification necessary to proper and efficient administration, shall have the right to appeal directly to Human Resources within 10 business days of the alleged adverse action. Human resources will acknowledge receipt of the grievance within 2 business days. Human Resources will investigate and render a decision in 30 business days. If Human Resources does not reach a decision that is satisfactory to the employee, the Chief Executive Officer shall hear the grievance appeal and render a decision in writing within ten (10) calendar days. The Chief Executive Officer's decision shall be final regarding the grievance.~~

~~the Chief Executive Officer, or the employee has the right to appeal using the grievance procedure outlined in Section 3 of this Article if he or she so desires. An employee or applicant must appeal an alleged act of discrimination within thirty calendar days after (1) becoming aware of the alleged act or (2) the date he or she should have become aware of it.~~

**Section 5. Protection of Complaints, Employees, Witnesses, and Representatives from Interference, Harassment, Intimidation and Reprisal.**

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~~All employees shall be free from any and all restraint, interference, coercion, or retaliation reprisal on the part of any the Alliance employees or employee representative and/or other persons, when making any complaint or grievance appeal, or acting as a witness to any actions surrounding the complaint or grievance process. # serving as representative of an appellant, in appearing as witnesses, or in seeking information in accordance with these procedures. The above principles apply with equal force after a complaint or grievance has been resolved. Any violation of this policy will result in immediate disciplinary action up to and including termination of employment.~~

Adopted: 07-01-1997

Reviewed: 07-01-2001  
Reviewed: 02-11-2014  
Reviewed: 02-13-2018  
Reviewed: 10-01-2019

## **ARTICLE IX. EMPLOYEE BENEFITS**

### **Section 1. Retirement Benefits**

All employees scheduled to work 1,000 or more hours of service per year will participate in the NC Local Governmental Employees' Retirement System. Employee contributions to the NCLGERS will begin with the first paycheck of the first month following thirty (30) days of employment (aligning with the start of benefit premium payments). The employer elected Death Benefit through the Retirement System provides a single

lump-sum payment for your beneficiary if you die while still in active service after one year as a contributing member.

### **Section 2. Social Security Benefits**

The Alliance complies with the provisions of the Social Security Act.

### **Section 3. Unemployment Insurance**

In accordance with North Carolina General Statutes, local governments are covered by unemployment insurance. Alliance employees who are laid off or released from the Alliance service may apply for unemployment compensation through the Division of Employment Security (DES), who will determine the employee's eligibility for this benefit.

### **Section 4. Insurance Benefits**

The Alliance offers basic group health and life insurance benefits for:

- a. Current full-time employees (9101) – with coverage beginning the first day of the month after thirty (30) days of employment.
- b. Current part-time (9102) employees working an average of 30 or more hours per week – with coverage beginning the first day of the month after thirty (30) days of employment.
- c. Current part time (9102) employees working an average of less than 30 hours, but equal to or greater than 20 hours, per week are covered by the group life insurance benefit, but not eligible for group health insurance or flexible spending.
- d. Dependent coverage can be purchased for group health insurance for eligible dependents. Eligible dependents include child(ren) and spouse.
  1. A spouse (opposite sex or same sex) can be covered as long as the employee can provide proof that the couple was married in a jurisdiction with legal authority to authorize the marriage.
  2. Children covered under an employee's health insurance can include natural children, legally adopted children, and step children under the age of 26 without regard to financial dependence, residency with the employee, student status, or employment.

Optional dental and life insurance programs, in addition to other cafeteria options are available through payroll deduction for full-time and part-time (9102) employees working 20 or more hours per week.

### **Section 5. Benefit Termination**

When an employee leaves employment, all benefits terminate on the last day of the month of separation. Employees are responsible for their portion of the full premium for the month of separation, regardless of the date of separation. Some benefits qualify for COBRA coverage. A third party administrator manages COBRA coverage on behalf of The Alliance and will contact the employee directly to offer COBRA coverage on applicable benefits.

### **Section 6. Workers' Compensation**

The Alliance abides by all federal, state, and local Workers' Compensation regulations. Workers' Compensation goes into effect immediately from the first day of employment.

### **Section 7. Supplemental Retirement Income Plan of North Carolina 401(K)**

Supplemental Retirement Income Plan of North Carolina is optional for all regular employees participating in the North Carolina Local Governmental Employee's Retirement System. Effective August of 2018, The Alliance will match employee 401(k) contributions up to 1%.

**Section 8. Retiree**

The Alliance will provide paid health and life insurance coverage to eligible employees as outlined in Appendix E. – Retirement Benefit Administration.

Adopted: 07-01-1997  
Revised: 07-01-2001  
Revised: 06-13-2006  
Revised: 08-26-2013  
Revised: 02-11-2014  
Revised: 05-12-2015  
Revised: 01-12-2016  
Revised: 03-14-2017  
Revised: 11-14-2017  
Reviewed: 02-13-2018  
Reviewed: 10-01-2019  
Reviewed: 10-01-2019

***ARTICLE X. PERSONNEL RECORDS AND REPORTS***

**Section 1. Personnel Records Maintenance**

Such personnel records as are necessary for the proper administration of the personnel system will be maintained by the Alliance. The Alliance shall maintain in personnel records only information that is relevant to accomplishing personnel administration purposes.

The following information on each Alliance employee shall be maintained.

- (a) name;
- (b) age;
- (c) date of original employment or appointment to Alliance service;
- (d) terms of any contract by which the employee is employed whether written or oral, past and current
- (e) current position;
- (f) title;
- (g) current salary;
- (h) date and amount of most recent change in salary;
- (i) date of most recent promotion, demotion, transfer, suspension, separation, or other change in position classification;
- (j) date and general description of the reasons for each promotion;
- (k) date and type of each dismissal, suspension, or demotion for disciplinary reasons, and if the disciplinary action was a dismissal, a copy of the written notice of the final decision of the county setting forth the specific acts or omissions that are the basis of the dismissal;
- (l) office to which the employee is currently assigned

**Section 2. Access to Personnel Records**

As required by G.S. 153A-98, any person may have access to the information listed in Section 1 of this Article for the purpose of inspection, examination, and copying during the regular business hours, subject only to such rules and regulations for the safekeeping of public records as the Authority may adopt. Access to such information shall be governed by the following provisions:

- (a) Upon request, records of disclosure shall be made available to the employee to whom it pertains.
- (b) An individual examining a personnel record may copy the information, and available photocopying facilities may be provided, and the cost may be assessed to the individual.
- (c) Any person denied access to any record shall have a right to compel compliance with these provisions by application to a court for a writ of mandamus or appropriate relief.

### **Section 3. Confidential Information**

All information contained in an Alliance employee's personnel file, other than the information listed in Section 1 of this Article, will be maintained as confidential in accordance with the requirement of G.S. 153A-98 and shall be open to public inspection only in the following instances:

- (a) The employee or their duly authorized agent may examine all portions of their personnel file except (1) letters of reference solicited prior to employment and (2) information concerning a medical disability, mental or physical, that a prudent physician would not divulge to a patient.
- (b) A licensed physician designated in writing by the employee may examine the employee's medical record.
- (c) An Alliance employee having supervisory authority over the employee may examine all material in the employee's personnel file.
- (d) The Alliance Human Resources and Attorney may examine all portions of an employee's personnel file.
- (e) By order of a court of competent jurisdiction, any person may examine all material in the employee's personnel file.

~~(g)~~ An official of an agency of the State or Federal government or any political subdivision of the State may inspect any portion of a personnel file when such information is deemed by the Chief Executive Officer to be necessary and essential to the pursuance of a proper function of the inspecting agency, but no information shall be divulged for the purpose of assisting in a criminal prosecution of the employee or for the purpose of assisting in an investigation of the employee's tax liability.

~~(h)~~ An employee may sign a written release, to be placed with ~~their his or her~~ personnel file, that permits the person with custody of the file to provide, either in person, by telephone or by mail, information specified in the release to prospective employers, educational institutions, or other persons specified in the release.

~~(i)~~ Information regarding the employment or non-employment, promotion, demotion, suspension or other disciplinary action, reinstatement, transfer, or termination of an Alliance employee and the reasons for that personnel action may be released by the Public Health Director or Board of Public Health if the release of such information is essential to maintaining public confidence in the administration of the Alliance's services.

- (i) Each individual requesting access to confidential information will be required to submit satisfactory proof of identify.

### **Section 4. Records of Former Employees**

The provisions for access to records apply to former employees as they apply to present employees.

### **Section 5. Remedies of Employees Objecting to Material in File**

An employee who objects to material in his or her file may place in their file a statement relating to the material he considers to be inaccurate or misleading. The employee may seek the removal of such material in accordance with established grievance procedures.

### **Section 6. Penalty for Permitting Access to Confidential File by Unauthorized Person**

G.S. 153A-98 provides that any public official or employee who knowingly and willfully permits any person to have access to any confidential information contained in an employee personnel file, except as expressly authorized by the designated custodian, is guilty of a misdemeanor and upon conviction shall be fined in an amount not to exceed five hundred dollars (\$500.00).

### **Section 7. Penalty for Examining and/or Copying Confidential Material Without Authorization**

G.S. 153A-98 provides that any person not specifically authorized to have access to a personnel file designated as confidential, who shall knowingly and willfully examine in its official filing place, and remove or copy any portion of a confidential personnel file shall be guilty of a misdemeanor and upon conviction, shall be fined in the discretion of the court but not in excess of five hundred dollars (\$500.00).

### **Section 8. Destruction of Records Regulated**

No public official may destroy, sell, loan, or otherwise dispose of any public record, except in accordance with G.S. 121-5, without the consent of the State Department of Cultural Resources. Whoever unlawfully removes a public record from the office where it is usually kept, or whoever alters, defaces, mutilates, or destroys it will be guilty of a misdemeanor and, upon conviction will be fined not less than ten dollars (\$10.00) nor more than five hundred dollars (\$500.00) as provided in G.S. 132-3.

Adopted: 07-01-1997  
Reviewed: 07-01-2001  
Reviewed: 02-11-2014  
Reviewed: 11-14-2017  
Reviewed: 02-13-2018  
Reviewed: 10-01-2019

## **Article XI. IMPLEMENTATION OF POLICY**

### **Section 1. Conflicting Policies**

All policies, ordinances, or resolutions that conflict with the provisions of this policy are hereby repealed.

### **Section 2. Separability**

If any provision of this policy or any rule, regulation or order there under of the application of such provision to any person or circumstances is held invalid, the remainder of this policy and the application of such remaining provisions of this policy of such rules, regulations, or orders to persons or circumstances other than those held invalid will not be affected thereby.

### **Section 3. Violations of Policy Provisions**

An employee violating any of the provisions of this policy shall be subject to suspension and/or dismissal, in addition to any civil or criminal penalty, which may be imposed for the violation of the same.

### **Section 4. Effective Date**

This Policy shall become effective as of July 1, 1997. This policy was revised and adopted by the Authority Board on November 13, 2012.

Adopted: 07-01-1997  
Reviewed: 07-01-2001  
Reviewed: 02-11-2014  
Reviewed: 02-13-2018  
Reviewed: 10-01-2019

## **ARTICLE XII. APPENDICES**

### **APPENDIX A**

#### **JOB CLASSIFICATION SCHEDULE**

(See CHA Intranet for up to date version of the Job Classification Schedule)

### **APPENDIX B WAGE AND HOUR POLICY *Talk to lawyer***

The following Wage and Hour Policy has been developed in an effort to comply with the provisions of the Federal Fair Labor Standards Act (FLSA). The FLSA contains requirements for minimum wages, overtime pay and record keeping in addition to restrictions on child labor. The provisions of the Act apply to all Cabarrus Health Alliance employees, except those employees excluded from the FLSA definition of the term "employee," and those employees who qualify for exemptions based on the FLSA requirements. Even though

the majority of the policy has been developed to insure compliance with the FLSA, other major wage and hour issues over which the Act has no jurisdiction are also addressed.

### Section 1. Exemptions

Any bona fide executive, administrative, professional, or elected official, as these terms are defined in the regulations by the Secretary of Labor, is exempt from both the minimum wage and overtime pay requirements of the FLSA under section 13 (a)(1).

To qualify for the exemption, an employee must meet all of the pertinent tests relating to duties, responsibilities and salary as given in sections 541.1 – 541.3 of the FLSA.

#### EXECUTIVE

To qualify for the executive employee exemption, all of the following tests must be met:

- a) The employee must be compensated on a salary basis (as defined in the regulations) at a rate not less than \$455 per week;
- b) The employee's primary duty must be managing the enterprise or managing a customarily recognized department or subdivision of the enterprise;
- c) The employee must customarily and regularly direct the work of at least two or more other full-time employees or their equivalent; and
- d) The employee must have either the authority to hire or fire other employees, or the employee's suggestions and recommendations as to the hiring, firing, advancement, promotion or any other change of status of other employees must be given particular weight.

#### ADMINISTRATIVE

To qualify for the administrative employee exemption, all of the following tests must be met:

- a) The employee must be compensated on a salary or fee basis (as defined in the regulations) at a rate not less than \$455 per week;
- b) The employee's primary duty must be the performance of office or non-manual work directly related to the management or general business operations of the employer or the employer's customers; and
- c) The employee's primary duty includes the exercise of discretion and independent judgment with respect to matters of significance.

#### PROFESSIONAL

To qualify for the **learned professional** employee exemption, all of the following tests must be met:

- a) The employee must be compensated on a salary or fee basis (as defined in the regulations) at a rate not less than \$455 per week;
- b) The employee's primary duty must be the performance of work requiring advanced knowledge, defined as work which is predominantly intellectual in character and which includes work requiring the consistent exercise of discretion and judgment;
- c) The advanced knowledge must be in a field of science or learning; and
- d) The advanced knowledge must be customarily acquired by a prolonged course of specialized intellectual instruction.

To qualify for the **creative professional** employee exemption, all of the following tests must be met:

a) The employee must be compensated on a salary or fee basis (as defined in the regulations) at a rate not less than \$455 per week;

b) The employee's primary duty must be the performance of work requiring invention, imagination, originality or talent in a recognized field of artistic or creative endeavor.

#### COMPUTER EMPLOYEE

To qualify for the computer employee exemption, the following tests must be met:

a) The employee must be compensated *either* on a salary or fee basis at a rate not less than \$455 per week *or*, if compensated on an hourly basis, at a rate not less than \$27.63 an hour;

b) The employee must be employed as a computer systems analyst, computer programmer, software engineer, or other similarly skilled worker in the computer field performing the duties described below;

The employee's primary duty must consist of:

- 1) The application of systems analysis techniques and procedures, including consulting with users, to determine hardware, software, or system functional specifications;
- 2) The design, development, documentation, analysis, creation, testing or modification of computer systems or programs, including prototypes, based on and related to user or system design specifications;
- 3) The design, documentation, testing, creation, or modification of computer programs related to machine operating systems; or
- 4) A combination of the aforementioned duties, the performance of which requires the same level of skills.

The computer employee exemption does not include employees engaged in the manufacture or repair of computer hardware and related equipment. Employees whose work is highly dependent upon or facilitated by the use of computers and computer software programs (e.g., engineers, drafters and others skilled in computer-aided design software) but who are not primarily engaged in computer systems analysis and programming or other similarly skilled computer-related occupations identified in the primary duties test described above, are also not exempt under the computer employee exemption.

#### HIGHLY COMPENSATED EMPLOYEES

Highly compensated employees performing office or non-manual work and paid total annual compensation of \$100,000 or more (which must include at least \$455 per week paid on a salary or fee basis) are exempt from the FLSA if they customarily and regularly perform at least one of the duties of an exempt executive, administrative or professional employee identified above.

#### Section 2. Hours Worked

Hours worked include any time an employee is required to be on duty, on an employer's premises, at a designated work place for the employer and all times where the employee is suffered or permitted to work for the employer. Hours worked also include any work done on or away from the working premise, if the employer has reason to believe or knows that work is being done. Furthermore, no employer may unjustly benefit from work performed without their knowledge.

#### HOLIDAYS, ANNUAL LEAVE AND SICK LEAVE

Holidays, annual leave and sick leave are not counted as hours worked for the purpose of computing overtime, even though they are paid hours.

### TRAINING TIME

Required attendance at training sessions, workshops, and other meetings, whether before, during or after the employee's regular work period, is work time. Voluntary attendance at training sessions, workshops, and other meetings is not work time.

Training time is voluntary if the following conditions are met:

- (a) attendance is outside the employee's regular working hours,
- (b) attendance is in fact voluntary,
- (c) the course, lecture or event is not directly related to the employee's job, and
- (d) the employee does not perform any productive work during such attendance.

### TIMEKEEPING

### GRIEVANCE TIME

The time an employee spends during their regular work period adjusting a grievance under the Alliance's Grievance Procedure, Discriminatory and Adverse Action Appeal Policy is work time. Time spent outside the employee's regular work period is work time if the employee's attendance is required by the agency or local unit.

### ON CALL

The time an employee spends "waiting to be engaged," where an employee is free to their own pursuits with the understanding that word will be left where he/she can be reached, is not considered to be hours worked. When an employee is called out on a job assignment, only the time actually spent on the assignment is counted as hours worked.

In cases where calls are so frequent or the waiting conditions so restrictive that the employee is not really free to use the intervening periods effectively for their own purposes, then the employee is considered to be "engaged to wait" and the hours spent as such are counted as hours worked.

An employee who is on call and required to remain at home and who is also uninterrupted for long periods of time will determine with their employer a reasonable number of hours worked. The number determined should reflect both the time spent in answering calls and the restriction on the employee's freedom to engage in personal activities resulting from the calls.

### MEALS AND REST PERIODS

A bona fide meal period is not counted as hours worked or as time paid. Such a period consists of at least 30 consecutive minutes during which the employee is completely relieved of their duties. When meal periods are frequently interrupted, the employee is not considered to be relieved of all duties, and the meal periods are counted as hours worked.

Rest periods or breaks of short duration, from 5 to 20 minutes, must be counted as hours worked.

### DUTY OF 24 HOURS OR MORE

An employee on duty for 24 hours or longer may agree with ~~their~~<sup>their</sup> employer to subtract bona fide meal and sleep time from the hours worked. If the sleep or mealtime is interrupted, the length of the interruption is counted as hours worked. The employee must get at least 5 hours sleep. The sleep does not have to be continuous but must be reasonable periods in length. A minimum of 5 and maximum of 8 hours sleep time, plus meal time, may be subtracted from hours worked in any 24-hour period. This is true if the employee chooses to take time off during the 24-hour tour of duty.

### **Section 3. Travel Time**

Whether travel time is considered as hours worked depends on the circumstances:

#### **(a) HOME-TO-WORK**

An employee who travels from home before the regular workday and returns home at the end of the workday is engaged in ordinary home to work travel which is a normal incident of employment. This is true whether he/she works at a fixed location or at different job sites. Normal travel from home-to-work is not work time.

#### **(b) HOME TO WORK ON SPECIAL ONE-DAY ASSIGNMENTS IN ANOTHER CITY**

When an employee who regularly works at a fixed location in one city is given a special one-day assignment in another city, such travel cannot be regarded as home-to-work travel. It is performed for the Alliance's benefit and at the Alliance's request to meet the needs of a particular assignment. All time involved, however, does not have to be counted as work time. Since, except for the special assignment, the employee would have to have had to report to their regular job, the usual time required to travel to and from work may be deducted, as well as the usual meal time, when computing the number of hours worked in that work day. Further, when the employee's special one-day assignment extends above and beyond the normal working hours; those hours are counted as hours worked. This is true whether the employee drives himself/herself or is a passenger in the travel.

#### **(c) TRAVEL THAT IS ALL IN THE DAY'S WORK**

Time spent by an employee in travel as part of their principal activity such as travel from job site to job site during the workday must be counted as hours worked. When an employee is required to report at the employer's premises or at a meeting place to receive instructions or to perform other work there, the travel time from this designated place to the work place is part of the day's work and must be counted as hours worked. For example, if an employee normally finished work at a particular job site at 5:00 p.m., but is required to go to another job which is finished at 8:00 p.m., and then is required to return to the employer's premises arriving at 9:00 p.m., all of the time is working time. However, if the employee goes home instead of returning to the employer's premises, the travel after 8:00 p.m. is home-to-work and is not counted as hours worked.

#### **(d) OVERNIGHT TRAVEL**

Travel that keeps an employee away from home overnight is travel away from home. All time spent in transit, e.g. on an airplane, in an airport, in a car, on a train, etc. while traveling away from home is counted as hours worked. Regular meal period time is not counted.

### **Section 4. Minimum Wage**

All non-exempt employees of a local governmental unit may not be paid less than the current minimum wage.

### **Section 5. Overtime**

#### **WORKWEEK**

The official work period for all Alliance employees is 40 hours over a 7 day, 168 hour consecutive work period. The official work period for all Alliance employees begins on Friday and ends on Thursday. The workweek, once established, may not be changed unless the change is intended to be permanent.

#### REGULAR RATE

The regular rate is the equivalent hourly rate at which an employee is actually paid for normal, non-overtime hours. The regular rate includes base pay, merit pay, career incentives pay, longevity pay and all other pay actually received. The regular rate does not include gifts, pay for annual leave or sick leave, certain discretionary bonuses, employer contributions to fringe benefits or, as stipulated in the employment contract, extra compensation for working overtime, for working Saturdays and Sundays and holidays, and for working hours outside the normal workweek or workday if at least one and one-half times the normal rate is paid.

When pay in addition to the base salary is paid to an employee for a weekly period, the bonus is added to the employee's other earnings before the regular rate is determined. Where the additional pay is paid for a longer period of time, the employer may temporarily disregard the bonus and just pay overtime pay at one and one-half times the regular rate. When the additional pay can be ascertained, it is apportioned back over the workweeks of the period during which the additional pay was earned by the employee. The employee then receives additional overtime for each workweek in which he/she worked overtime during that period.

#### EMPLOYEE OVERTIME – GENERAL POLICY

All non-exempt employees must be paid at least one and one-half times their regular rate of pay for all hours worked over 40 in a workweek. Any overtime incurred by an employee must be approved in advance by the supervisor in the department in which the overtime takes place.

FLSA requires that the minimum wage for any overtime due an employee be determined on the basis of the hours worked in each workweek and that the compensation earned by an employee in a particular workweek be paid on a regular payday for the pay period in which the workweek ends. An employer cannot average the hours of work by an employee over two or more workweeks, even if the employee is paid every two or more weeks.

#### *Section 6. Compensatory Time*

##### Exempt

In the event of a public health emergency, the Authority Board has authorized the CEO to utilize existing exempt staff and to compensate employees in lieu of compensatory time. Payment will be at a regular rate of pay.

Adopted: 07-01-1997

Revised: 07-01-2001

Revised: 09-13-2005

Revised: 12-08-2009

Revised: 02-11-2014

Revised: 01-12-2016

Revised: 02-13-2018

Reviewed: 10-01-2019

**APPENDIX C**  
**CABARRUS HEALTH ALLIANCE**  
**DRUG-FREE WORKPLACE POLICY**

General Statement of Policy

Prohibited Acts

Duties

Authority to Test Employees

Testing Standards

Penalties for Non-Compliance

Drug Free Awareness Program

I. General Statement of Policy

A. It is the policy of Cabarrus Health Alliance that the workplace shall be free of the presence of alcoholic beverages and unlawful controlled substances and that employees shall perform their job assignments safely, efficiently, and without the adverse influence of alcohol or controlled substances. This policy shall govern each employee (1) during work hours, (2) while on any property owned or leased by Cabarrus Health Alliance, (3) at any time during which the employee is acting in the course and scope of ~~their~~his or her employment with Cabarrus Health Alliance, and/or (4) at any time that the employee's violation of this policy has a direct and adverse effect on job performance. ~~upon the performance of his or her job.~~

B. All employees shall be aware of the harmful effects and dangers of the use and abuse of alcohol and controlled substances in the workplace. Employees working under the influence of alcohol or controlled substances:

1. May create unsafe conditions for themselves and others;
2. May perform unsatisfactorily and adversely affect the performance of others; and
3. May discredit Cabarrus Health Alliance and cause disrespect for the employee, Cabarrus Health Alliance, and other citizens whom we serve.

II. Prohibited Acts

A. Cabarrus Health Alliance prohibits the unlawful manufacture, distribution, dispensation, possession, or use of any alcoholic beverage or any narcotic drug, hallucinogenic drug, amphetamine, barbiturate, marijuana, or any other controlled substance as defined in schedules I through V or Section 202 of the United States Controlled Substances Act, at 21 U.S.C. § 812, and as further defined in federal regulations at 21 C.F.R. §§ 1308.11 through 1308.15 and in North Carolina Controlled Substances Act, N.C. Gen. Stat. §90-86 et seq.

B. Cabarrus Health Alliance prohibits the use of alcoholic beverages by any employee (1) during work hours including lunch time and breaks, (2) while on any property owned or leased by Cabarrus County or Cabarrus Health Alliance, (3) at any time during which the employee is acting in the course and scope of their employment with Cabarrus Health Alliance, except while attending business/social and other functions held

off Cabarrus Health Alliance property and/or (4) at any other time that the employee's use of alcoholic beverages has a direct and adverse effect ~~on job performance, upon the performance of his or her job.~~ The business/social situations would most often occur after normal work hours and the employee would not be expecting to return to ~~work, his/ her normal work site.~~ This also would not preclude an employee's return to work on an emergency need basis as long as the testing standards stated within this policy are met.

Cabarrus Health Alliance prohibits the use of prescription or lawful non-prescription medications to the extent that such has a direct and adverse effect upon the operation of a vehicle or the performance of the employee's job duties. Employees in safety-sensitive positions may only take prescription medications which are prescribed by a physician who understands the employees' safety-sensitive job.

### III. Employee Responsibilities

A. As a condition of initial and continuing employment, all employees shall:

1. Comply with the terms of this Policy and any rules or procedures and
2. Notify their supervisor in writing of any conviction pursuant to any criminal drug or alcohol statute no later than five (5) days after such conviction.

B. Within ten (10) days of receiving actual notice of an employee's conviction of any criminal drug statute for a violation occurring in the workplace or within the course and scope of employment, Cabarrus Health Alliance shall notify such conviction to any federal granting agency from which the Cabarrus Health Alliance receives a grant (as required by law) and report to professional licensing boards.

C. Any employee who has cause to suspect that the Policy has been or is being violated by another employee shall report such information to their supervisor or an administrator. In the event the person suspected of violating the Policy is the CEO, the employee shall report such information to the Chairperson of the Cabarrus Health Alliance Board. Any employee who makes a report pursuant to this Policy, cooperates with the Board of Cabarrus Health Alliance in any ensuing inquiry or investigation, testifies in any Cabarrus Health Alliance Board proceeding resulting from the report, or otherwise participates in the enforcement of this Policy is immune from any disciplinary action that might otherwise be incurred or imposed for such action provided that the employee was acting in good faith.

D. A supervisor shall report to law enforcement officials any circumstance or event that gives him or her reason to believe that an employee has violated a criminal drug or alcohol statute. Further, the Cabarrus Health Alliance shall cooperate in any investigations or prosecutions of its employees conducted by State, Federal, or local law enforcement officials pursuant to a criminal drug or alcohol statute.

### IV. Authority to Test Employees

A. The CEO shall establish, by administrative regulations, rules and procedures for the implementation of this Policy. Included in such rules and procedures shall be specific procedures for requiring and conducting any tests for the presence of alcohol and/or controlled substances authorized by this Policy. These procedures shall be designated so as to protect the privacy of the employee being required to undergo testing and shall require that all tests for the presence of alcohol and/or controlled substances be conducted pursuant to and in full compliance with the Controlled Substance Examinations found in Chapter 95, Article 20 of the North Carolina General Statutes.

B. No sample obtained for the purpose of conducting tests for the presence of alcohol and/or controlled substances pursuant to this Policy shall be used to perform any diagnostic examination that would detect any hidden or latent physical or mental infirmity, disease, condition, or genetic information. Rather, the analysis of such sample shall be confined to such procedures as are devised to detect the presence of alcohol and/or controlled substances.

C. All information obtained in the course of testing, examining, counseling, rehabilitating, and treating employees pursuant to this Policy and any rules or procedures promulgated there under shall be protected as confidential medical information. Documents or data concerning this information shall not be open to inspection by persons other than the affected employee and shall be disseminated only on a need-to-know basis and at the express direction of the CEO.

D. Pursuant to this Policy and any rules or procedures the CEO or their designee(s) shall require the following persons to submit to testing for the presence of alcohol and/or controlled substances:

1. Any employee operating a vehicle owned/leased by Cabarrus Health Alliance or a personal vehicle which is used as a major part of their work who has a traffic accident or moving violation while performing their duties as an employee.

2. All employees involved in an incident/occurrence where there are life threatening injuries or death while performing their duties as an employee.

3. Any employee when there is reasonable suspicion to believe that he/she violated the Policy by observed actions or physical evidence while performing their duties as an employee.

Examples: Staggering, glassy eyes, disoriented.

#### V. Testing Standards

The Cabarrus Health Alliance will consider an employee with a blood alcohol level of .06% or higher to be intoxicated and in violation of this Policy. Employees testing at .04% to 0.05% are deemed unfit to perform their duties and will be sent home for the rest of the day without pay subject to disciplinary action. A positive test result for controlled substances would be unacceptable and subject to disciplinary action.

#### VI. Penalties for Non-Compliance

Any employee who violates this Policy shall be subject to penalties described in the Cabarrus Health Alliance Personnel Ordinance (Effective July 1, 1997), Article VII, Separation, Disciplinary Actions, Suspensions and Reinstatement; Section 2 (c) Disciplinary Actions, Category Three.

#### VII. Drug-Free Awareness Program

A. The CEO or their designee shall establish a Drug-Free Awareness Program to inform all employees of the following:

1. The dangers of drug abuse in the workplace;
2. The Cabarrus Health Alliance Policy of maintaining a drug-free workplace;
3. Any available alcohol or drug counseling, rehabilitation, and employee assistance programs; and
4. The Penalties that may be imposed upon employees for violations of this Policy.

5. Employee Assistance Program (for substance abuse):  
McLaughlin Young Group: 704-529-1428 or 800-633-3353  
You may contact Human Resources for more information.

B. All supervisory employees shall receive information on (1) how to detect the use and abuse of alcohol and controlled substances among employees and (2) how to implement this Policy and any rules or procedures promulgated there under.

C. Any employee who voluntarily seeks assistance required for a problem regarding alcohol or drug abuse shall be required to participate in an alcohol or substance abuse treatment or rehabilitation program. Once a person has been selected for random testing or tested for a cause, it is too late to seek assistance without being subject to penalties described in the Cabarrus Health Alliance Personnel Ordinance (Effective July 1, 1997), Article VII, Separation, Disciplinary Actions, Suspension and Reinstatement; Section 2 (c) Disciplinary Action, Category Three.

D. The CEO or their designee shall give a copy of this Policy to each employee and to each finalist for a position named in III (A) above.

Adopted: 09-20-1999  
Effective: 01-01-2000  
Revised: 06-08-2004  
Revised: 08-05-2013  
Revised: 12-09-2013  
Reviewed: 02-11-2014  
Reviewed: 02-13-2018

Reviewed: 10-01-2019

**APPENDIX D**  
**SALARY ADMINISTRATION PLAN GUIDE**

**(1) Organizational Performance Award**

An employee (9101, 9102, 9103, 9104) on the payroll at the fiscal year end (June 30), and when the award is processed, shall be eligible for a lump sum award based on the Cabarrus Health Alliance meeting the performance goal(s) established for each fiscal year.

Employees with unsatisfactory performance, as documented on the most recent performance appraisal, are not eligible for an award.

**Formula for Payment:**

- Full-time, Class 9101 employees who have worked 12 months, ending June 30, and are on the payroll when awards are processed shall receive the full award amount.
- Full-time, Class 9101 employees who have worked less than 12 months, ending June 30 and are on the payroll when awards are processed shall receive a prorated amount 1/12th for each month of service.
- Part-time, Class 9102 and 9103 employees as of June 30, and are on the payroll when awards are processed shall receive a prorated amount based on full time equivalency (FTE).
- Part-time, Class 104 employees as of June 30, and are on the payroll when awards are processed shall receive a prorated amount based on hours worked during the fiscal year.

Approved: 04-21-1998  
Effective: 07-01-1987  
Revised: 10-19-1998

Reviewed: 02-11-2014  
Revised: 01-12-2016

Revised: 11-17-2017  
Revised: 02-13-2018  
Reviewed: 10-01-2019

**(2) EMPLOYEE MERIT INCREASE**

An employee is eligible for an award based on performance as documented in the performance evaluation. The salary increase is added to the employee's base salary up to the maximum of the pay grade. A lump sum award will be paid to the employee at the maximum pay for the grade. The amount of the salary award/lump sum is related to the score received on the performance evaluation. The performance evaluation period is July 1 – June 30 of each year.

**All salary awards and the amount of the award are granted on availability of funds and market conditions.**

Approved: 04-21-1998  
Effective: 07-01-1998  
Revised: 03-21-2000  
Revised: 08-21-2001  
Reviewed: 02-11-2014  
Reviewed: 02-13-2018  
Reviewed: 10-01-2019

**APPENDIX E**  
**BENEFITS ADMINISTRATION FOR RETIREES**

The Cabarrus Health Alliance provides paid health and life insurance coverage to eligible employees qualifying for retirement as a member of the North Carolina Local Governmental Employer Retirement System and meeting the criteria set forth below.

1. Full-time employees of Cabarrus Health Alliance/ on July 1, 1997, that voluntarily did not elect the new vacation accrual schedule are not eligible for paid health and life insurance coverage at retirement.

2. Full-time employees hired or rehired on or before July 1, 1997, and that voluntarily chose to change to Schedule A vacation accrual effective July 1, 1997, are eligible as follows:

- Paid health and life insurance coverage will be provided to employees qualifying for retirement as a member of the North Carolina Local Governmental Employee's Retirement Systems with at least ten (10) of their creditable years being in the service of Cabarrus County/Cabarrus Health Alliance. These benefits will be paid at the same level as for active employees and will be provided to retired employees until they become eligible for Medicare.

- Employees qualifying for retirement in the North Carolina Local Governmental Employees' Retirement System but with less than ten (10) years service with Cabarrus County/Cabarrus Health Alliance shall receive one-half the benefit provided to retiring employees with at least ten (10) years of service.

- Employees must be actively enrolled in the health insurance plan to qualify for the benefit at time of retirement.

- Employees who reach their 65th birthday or become Medicare eligible before retiring will change to vacation accrual schedule B at the payroll following their birthdate.

3. Full-time employees hired between July 1, 2001 and June 30, 2004 with ten (10) years of service with the Alliance and who qualify for retirement as a member of the North Carolina Local Governmental Employees' Retirement System are eligible as follows:

- Paid health and life insurance coverage, paid at the same level as for active employees, will be provided to retired employees until they become eligible for Medicare.

4. Retiree health and life insurance benefits are not available for employees hired effective July 1, 2004.

5. Eligibility for dependent health and life insurance cease upon retirement.

6. To comply with the Affordable Care Act, CHA classifies employees working 30 or more hours per week as full-time, and therefore offers health insurance to employees. A small number of employees qualify for retiree health insurance under this new provision, whereas before they were not eligible because they were not 40 hour-per-week employees. On June 12, 2018, the Cabarrus County Public Health Authority Board unanimously approved adding a statement to read: Employees who were hired prior to July 2004 but not enrolled in CHA health insurance as of April 1, 2019 are not eligible for retiree health insurance benefits.

Adopted: 07-01-1997  
Revised: 07-01-2001

Revised: 05-11-2004  
Reviewed: 02-11-2014  
Revised: 01-12-2016

Revised: 11-14-2017  
Reviewed: 02-13-2018  
Revised: 06-12-2018  
Reviewed: 10-01-2019

## **APPENDIX F**

### **EMPLOYEE RIGHTS AND RESPONSIBILITIES UNDER THE FAMILY AND MEDICAL LEAVE ACT**

#### **Basic Leave Entitlement**

FMLA requires covered employers to provide up to 12 weeks of unpaid, job-protected leave to eligible employees for the following reasons:

- For incapacity due to pregnancy, prenatal medical care or child birth;
- To care for the employee's child after birth, or placement for adoption or foster care;
- To care for the employee's spouse, son or daughter, or parent, who has a serious health condition; or
- For a serious health condition that makes the employee unable to perform the employee's job.

#### **Military Family Leave Entitlements**

Eligible employees with a spouse, son, daughter, or parent on active duty or call to active duty status in the National Guard or Reserves in support of a contingency operation may use their 12-week leave entitlement to address certain qualifying exigencies. Qualifying exigencies may include attending certain military events, arranging for alternative childcare, addressing certain financial and legal arrangements, attending certain counseling sessions, and attending post-deployment reintegration briefings.

FMLA also includes a special leave entitlement that permits eligible employees to take up to 26 weeks of leave to care for a covered service member during a single 12-month period. A covered service member is a current member of the Armed Forces, including a member of the National Guard or Reserves, who has a serious injury or illness incurred in the line of duty on active duty that may render the service member medically unfit to perform his or her duties for which the service member is undergoing medical treatment, recuperation, or therapy; or is in outpatient status; or is on the temporary disability retired list.

#### **Benefits and Protections**

During FMLA leave, the employer must maintain the employee's health coverage under any "group health plan" on the same terms as if the employee had continued to work. Upon return from FMLA leave, most employees must be restored to their original or equivalent positions with equivalent pay, benefits, and other employment terms. Use of FMLA leave cannot result in the loss of any employment benefit that accrued prior to the start of an employee's leave.

#### **Eligibility Requirements**

Employees are eligible if they have worked for a covered employer for at least one year, for 1,250 hours over the previous 12 months, and if at least 50 employees are employed by the employer within 75 miles.

#### **Definition of Serious Health Condition**

A serious health condition is an illness, injury, impairment, or physical or mental condition that involves either an overnight stay in a medical care facility, or continuing treatment by a health care provider for a condition that either prevents the employee from performing the functions of the employee's job, or prevents the qualified family member from participating in school or other daily activities.

Subject to certain conditions, the continuing treatment requirement may be met by a period of incapacity of more than 3 consecutive calendar days combined with at least two visits to a health care provider or one visit and a regimen of continuing treatment, or incapacity due to pregnancy, or incapacity due to a chronic condition. Other conditions may meet the definition of continuing treatment.

#### **Use of Leave**

An employee does not need to use this leave entitlement in one block. Leave can be taken intermittently or on a reduced leave schedule when medically necessary. Employees must make reasonable efforts to schedule leave for planned medical treatment so as not to unduly disrupt the employer's

operations. Leave due to qualifying exigencies may also be taken on an intermittent basis.

**Substitution of Paid Leave for Unpaid Leave**

Employees may choose or employers may require use of accrued paid leave while taking FMLA leave. In order to use paid leave for FMLA leave, employees must comply with the employer's normal paid leave policies.

**Employee Responsibilities**

Employees must provide 30 days advance notice of the need to take FMLA leave when the need is foreseeable. When 30 days notice is not possible, the employee must provide notice as soon as practicable and generally must comply with an employer's normal call-in procedures.

Employees must provide sufficient information for the employer to determine if the leave may qualify for FMLA protection and the anticipated timing and duration of the leave. Sufficient information may include that the employee is unable to perform job functions, the family member is unable to perform daily activities, the need for hospitalization or continuing treatment by a health care provider, or circumstances supporting the need for military family leave. Employees also must inform the employer if the requested leave is for a reason for which FMLA leave was previously taken or certified. Employees also may be required to provide a certification and periodic recertification supporting the need for leave.

**Employer Responsibilities**

Covered employers must inform employees requesting leave whether they are eligible under FMLA. If they are, the notice

must specify any additional information required as well as the employees' rights and responsibilities. If they are not eligible, the employer must provide a reason for the ineligibility.

Covered employers must inform employees if leave will be designated as FMLA-protected and the amount of leave counted against the employee's leave entitlement. If the employer determines that the leave is not FMLA-protected, the employer must notify the employee.

**Unlawful Acts by Employers**

FMLA makes it unlawful for any employer to:

- Interfere with, restrain, or deny the exercise of any right provided under FMLA;
- Discharge or discriminate against any person for opposing any practice made unlawful by FMLA or for involvement in any proceeding under or relating to FMLA.

**Enforcement**

An employee may file a complaint with the U.S. Department of Labor or may bring a private lawsuit against an employer. FMLA does not affect any Federal or State law prohibiting discrimination, or supersede any State or local law or collective bargaining agreement which provides greater family or medical leave rights.

**FMLA section 109 (29 U.S.C. § 2619) requires FMLA covered employers to post the text of this notice. Regulations 29 C.F.R. § 825.300(a) may require additional disclosures.**

For additional information: 1-866-4US-WAGE (1-866-487-9243) TTY: 1-877-889-5627

[WWW.WAGEHOUR.DOL.GOV](http://WWW.WAGEHOUR.DOL.GOV)

U.S. Department of Labor | Employment Standards Administration | Wage and Hour Division WHD Publication 1420 Revised January 2009



**APPENDIX G**

## **CODE OF CONDUCT**

In keeping with the mission of the Cabarrus Health Alliance and to establish clearly defined acceptable patterns of behavior - the following rules are offered to ensure a positive, creative and respectful work environment:

### **I. INTERPERSONAL SKILLS**

Be respectful of yourself and others, offer and accept constructive feedback in a positive manner, share information, embrace teamwork, handle problems and disagreements privately. Avoid allowing personal problems to impact your work.

### **II. CUSTOMER RELATIONS**

Anticipate customer needs and be proactive in resolving customer problems/complaints. Maintain a courteous and helpful demeanor with customers. Document customer complaints and follow up accordingly. Don't be afraid to express concern and regret. Confidentiality must be maintained at all times.

### **III. PROFESSIONAL IMAGE**

Wear a CHA name badge when representing the Cabarrus Health Alliance. Project a positive and professional image at all times. Adhere to appropriate attire. Maintain a positive attitude and eliminate personal conversations in the presence of customers. Avoid addressing co-workers or customers in terms of endearment (honey, baby, *etc.*).

Maintain confidentiality and a sense of self-pride, adhere to an ethical code, and avoid joking to eliminate offending someone who perceives your "fun" as offensive or poor taste. Assist customers and co-workers willingly, practice punctuality and be aware of "body language."

Take responsibility for your personal actions, behavior and performance.

### **IV. COMMUNICATION**

Be aware of non-verbal communication such as posture and facial expression. Use assertive communication techniques to request and resolve problems. Seek clarification when you must and resolve problems through appropriate channels. Communicate in a manner your audience can understand. Avoid gossip, praise others when it is deserved, and take the time to prepare your response before speaking.

Always be positive in any and all forms of communication regarding the Cabarrus Health Alliance employees and board members. All communication, whether in the scope of doing your work or personal conversations, must remain professional and non-derogatory towards the organization, other employees, and those we serve.

### **V. PERFORMANCE**

Take ownership of the job and act accordingly; be self-motivated; seek to improve yourself and your performance. Strive to do more than simply meet the minimum job requirements and participate in training opportunities. Seek clarification and guidance from your supervisor if you have problems.

### **VI. RELATIONSHIPS – EMPLOYEE TO EMPLOYEE**

Maintain a professional and cordial relationship with co-workers. Address co-workers by first or last name, avoid use of nicknames. Romantic relationships between employees are discouraged.

**VII. RELATIONSHIP – EMPLOYEE TO SUPERVISOR**

Maintain a professional relationship. Use the chain of command; keep the supervisor informed and involved. Use the supervisor as a resource for guidance, clarification and problem solving. Maintain professional integrity and a mutual level of respect.

**VIII. RELATIONSHIP – SUPERVISOR TO EMPLOYEE**

Consider yourself a role model for the employee to emulate. Respect the privacy of your communications and be consistent. Provide guidance and direction; give honest feedback respectfully, be responsive and listen to your employees.

Maintain open and honest communications and maintain impartiality of treatment.

**IX. MANNERS**

Use appropriate social conventions which include but not limited to appropriate eye contact, common courtesy, helpfulness, common respect in the form of “thanks,” “excuse me,” and “you’re welcome.” Be respectful and tactful in your contact with other employees as well as customers.

**X. COMMITMENT**

Develop, nurture, encourage, and applaud a sense of ownership. Publicly demonstrate support of the agency and seek volunteer opportunities. Promote an environment of “teamwork” by ignoring self interests and actively participating in those functions that resolve a problem and/or impact your role within CHA.

**XI. HONESTY AND INTEGRITY**

Use the department’s resources appropriately. Be sensitive in how your personal comments and actions reflect on Cabarrus Health Alliance, and on your co-workers. Maintain confidentiality and act with a sense of morality. Be honest and truthful without compromise.

**XII. FLEXIBILITY**

Be willing to accept different responsibilities and changes without resistance or negativity. Acknowledge change as a constant. Be open to new ideas and listen before forming uninformed opinions. Be a role model for creativity and an agent of change.

**XIII. SAFETY AND COMPLIANCE WITH RULES**

Know and follow the accepted standards of safety. Attend safety education classes. Recognize and report risks and violations as a proactive measure of prevention and document accordingly. Take personal responsibility for the safety of yourself, co-workers, and customers.

Reviewed: 07-01-2001  
Revised: 07-01-2010

Adopted: 07-01-1997

Reviewed: 02-11-2014  
Revised: 11-14-2017  
Reviewed: 02-13-2018  
Reviewed: 10-01-2019

**APPENDIX H  
EMPLOYMENT BACKGROUND SCREENS**

Cabarrus Health Alliance is committed to providing a safe and secure working environment for its employees, vendors and customers. To ensure a safe and secure working environment for employees and clients, the Cabarrus Health Alliance will implement a comprehensive background check on all potential employees.

All employees hired on or after July 1, 2011 are subject to a comprehensive background check prior to employment. All applicable state, federal and local laws governing employment and background screening will be followed.

Screens will include:

- Social security number validation
- Address history
- North Carolina statewide criminal
- Comprehensive criminal
- National sex offenders
- Health Care Provider Search (all licensed, certified personnel)
- Education verification (highest degree)
- Employment verification
- Motor vehicle report (if position requires a valid driver's license)

Additionally, all employees are subject to ongoing monitoring of arrest and conviction records.

- Ongoing monitoring of all employees for DMV convictions and arrests

Adopted: 06-14-2011  
Reviewed: 02-11-2014  
Reviewed: 02-13-2018  
Reviewed: 10-01-2019

**SUBJECT: WHISTLEBLOWERS POLICY AND REPORTING**

**EFFECTIVE DATE:** March 14, 2017

**REVISION DATE(S):** February 13, 2018

**DATE OF LAST REVIEW:** February 13, 2018; January 9, 2019; December 20, 2019,  
February 9, 2021

**POLICY STATEMENT:** The Public Health Authority of Cabarrus County dba Cabarrus Health Alliance (CHA) requires that all employees observe high standards of business and personal ethics in the conduct of their duties and responsibilities.

**PROCEDURES TO BE FOLLOWED:**

It is the policy of CHA that employees shall be encouraged to report verbally or in writing to their supervisor, department head, Human Resources Director, or any other appropriate authority, evidence of activity by an employee constituting:

1. A violation of State or Federal law, rule or regulation
2. Fraud
3. Theft
4. Substantial and specific danger to the public health and safety; or
5. Gross mismanagement, gross waste of monies, or gross abuse of authority.

Further, it is the policy of CHA that employees should be free of intimidation or harassment when reporting to public bodies about matters of public concern, including offering testimony to or testifying before appropriate legislative panels. This policy is intended to encourage and enable employees and others to raise serious concerns within the organization prior to seeking resolution outside the organization.

**1. General Protection from Retaliation**

CHA prohibits and will not tolerate any form of reprisal, retaliation or otherwise discriminate against an employee regarding the employee's compensation, terms, conditions, location, or privileges of employment because the employee who, in good faith, has made or intends to make a report of a violation of federal, state, or local law, regulation, or board policy due to a practice, policy, act or omission of the board of commissioners, of an employee, or of an entity/person with whom the Alliance has a business relationship.

No employee exercising supervisory authority shall discharge, threaten, or otherwise discriminate against an employee regarding the employee's compensation, terms, conditions, location or privileges of employment because the employee, in good faith, or a person acting on behalf of the employee, reports or is about to report, verbally or in writing, any violation of federal, state, or local law, regulation or board policy.

No employee exercising supervisory authority shall discharge, threaten, or otherwise discriminate against an employee regarding the employee's compensation, terms, conditions, location or privileges of employment because the employee has refused to carry out a directive which in fact constitutes a violation of federal, state, or local law, regulation or board policy, or poses a substantial and specific danger to the public health and safety.

This policy supports all protections offered by North Carolina Statute G.S. 126-84-88.

**2. Reporting Violations**

CHA supports an open door policy and suggests that employees share their questions, concerns, suggestions, or complaints with someone who can address them properly. In most cases, an employee's immediate supervisor is in the best position to address an area of concern.

Formal complaints should be made in writing and filed with the Human Resources Director. Once the complaint is filed, the Human Resources Director will conduct a prompt and thorough investigation of the complaint.

All reports are held in strict confidence, and are taken seriously. If necessary, the Health Director may specify reasonable steps to protect the complaining employee from retaliation.

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Cabarrus Health Alliance Board Chairman

Date

**SUBJECT:** **CONFLICT OF INTEREST POLICY**

**EFFECTIVE DATE:** January 1, 2018

**REVISION DATE(S):** January 1, 2018

**DATE OF LAST REVIEW:** January 1, 2018; January 1, 2019; December 20, 2019,  
February 9, 2021

**POLICY STATEMENT:** The Public Health Authority of Cabarrus County dba Cabarrus Health Alliance (CHA) requires its Board members, executive management staff, and employees to observe high standards of business and personal ethics in the conduct of their duties and responsibilities. CHA depends on the active involvement and leadership of its members to accomplish its mission and it is essential that the public have confidence in the integrity of its local public health authority to maintain its credibility as a valued resource. It is expected that employees of CHA and Board members will not use their position(s) for their own personal benefit, whether direct or indirect, in any manner, and shall avoid conflicts of interest and any conduct which may create or even suggests conflict.

All shall scrupulously avoid any conflict between their own respective personal, professional, or business interests and the interest of CHA, in any and all actions taken by them in their respective capacities on behalf of CHA. CHA strives to avoid conflicts of interest to ensure that it preserves the highest standards of integrity and ethical principles. When in a leadership position, CHA requires that leaders conduct themselves with honesty and integrity. The Board of CHA, recognizing that it is entrusted with resources devoted to public health, has adopted this Conflict of Interest Policy. The purpose of this policy is to protect the interests and perception of CHA when entering into a transaction or arrangement that might benefit the private interest of one of its Board members, executive management staff, or employees. CHA staff and Board members must also adhere to Section No. Admn. 006 of the CHA Corporate Resolution regarding Conflict of Interest. This policy is intended to supplement, but in no way replace, any applicable federal and state laws governing conflicts of interest.

In the course of performing their duties, a Board member or CHA employee's participation may be conflicted, biased, or illegal when one promotes or advocates decisions that are based on expected personal gain or benefits other than the best interest of CHA. For this purpose, the term "conflict of interest" means any financial interest or potential for gain that (1) could impair the individual's objectivity; or, (2) could create an unfair competitive advantage.

**PROCEDURES TO BE FOLLOWED:**

**1. CONTRACT FOR PERSONAL BENEFIT**

- 1.1. CHA employees and Board members should ensure that contracting, purchasing, and other decisions are made in a neutral, objective way based on what is in CHA's interest and not in consideration of actual or potential benefit to the decision maker.

- 1.2. G.S. 14-234, prohibits a public employee from deriving a direct benefit from any contract, including purchase contracts, in which he or she is involved on behalf of the public agency he or she serves. Even if CHA employee or Board member is not involved in making a contract from which he or she will derive a direct benefit, the employee or Board member is prohibited from influencing or attempting to influence anyone in the agency who is involved in making the contract/decision/purchase.
- 1.3. A person “derives a direct benefit” from a contract/purchase if the person or his or her spouse:
  - 1.3.1. Has more than a 10% interest in the company that is a party to the contract/purchase,
  - 1.3.2. Derives any income or commission directly from the contract/purchase, or
  - 1.3.3. Acquires property under the contract.
- 1.4. Although the statutory definition does not extend to other family members, friends, or to unmarried partners, Board members and employees should still consider the public perception of such transactions/decisions.
- 1.5. Board members and employees who are involved in the disposal of surplus property are prohibited from purchasing said property from CHA unless the property is purchased via publicly advertised and publically available sale, such as sales made through GovDeals.
- 1.6. A person is assumed to be involved in the “making or administering” of the contract if they:
  - 1.6.1. Participate in the development of specifications or contract terms,
  - 1.6.2. Participate in the preparation or award of the contract,
  - 1.6.3. Have the authority to make decisions about or interpret the contract.
- 1.7. A Board member is considered to be involved in making the contract when the Board takes action on the contract, even if said Board member does not participate unless an exception applies. Being excused from voting on the contract does not absolve a Board member with a conflict of interest from potential criminal liability.
- 1.8. Board members or CHA employees may legally benefit from a contract with CHA as long as they are not involved in making or administering it.
- 1.9. All Board members and CHA employees are prohibited from soliciting or receiving any gift, reward, or promise of reward, including a promise of future employment, in exchange for recommending, influencing, or attempting to influence the award of a contract, even if they do not derive a direct benefit under the contract.

## **2. GIFTS AND FAVORS**

- 2.1. G.S. 133-32 prevents the use of gifts and favors to influence the award and administration of public contracts. Violation of this statute is a Class 1 misdemeanor.
- 2.2. G.S. 133-32 prohibits a current contractor, a contractor who has performed under a contract with CHA within the past year, or a person who anticipates bidding on a contract

in the future to give any gift or favor to CHA employees who have responsibility for preparing, awarding, or overseeing contracts.

- 2.3. A gift or favor is defined as anything of value acquired or received without fair compensation, unless it is covered by a statutory exception. Exceptions include:
  - 2.3.1. Advertising items or souvenirs of nominal value including inexpensive pens, mugs, and calendars bearing the name of the donor firm, etc.
  - 2.3.2. Honoraria for participating in meetings, and meals at banquets.
- 2.4. Although meals at banquets are allowed, free meals offered by contractors under other circumstances, such as lunch, should be refused.
- 2.5. Any gift that is allowed under local law must still be refused if it violates state law.
- 2.6. CHA employees and Board members may accept customary gifts or favors from friends and relatives as long as the existing relationship, rather than the desire to do business with CHA, is the motivation for the gift.
- 2.7. A contractor/vendor may donate goods and services for use by CHA, but not to an individual employee or Board member for their personal use.

### **3. OUTSIDE EMPLOYMENT**

- 3.1. CHA staff must adhere to Section 6 of the CHA Personnel Policy regarding outside employment.
  - 3.1.1. The work of CHA will take precedence over other occupational interests of employees.
  - 3.1.2. No CHA employee shall engage in or accept outside employment or render service for a private interest when this behavior is incompatible with the proper discharge of their official duties for CHA, which creates an actual or potential conflict of interest, or which would reasonably impair their independence of judgment or performance of duties (unless otherwise permitted by law and disclosed as required by this policy).
  - 3.1.3. All outside employment for salaries, wages, or commission and all self-employment must be reported to the employee's supervisor in writing via the Outside Employment Form located on the internet.
  - 3.1.4. Potentially conflicting employment will be reported to the CEO to review such employment for possible conflict of interest.
  - 3.1.5. Conflicting outside employment will be grounds for disciplinary action up to and including dismissal.

### **4. MISUSE OF CONFIDENTIAL INFORMATION**

- 4.1. G.S. 14-2341 makes it a Class 1 misdemeanor for any CHA employee to use confidential information for personal gain, to acquire a pecuniary benefit in anticipation of his or her own official action, or to help another person acquire a pecuniary benefit from such actions.

- 4.2. "Confidential information" is defined as any non-public information that the Board

member or CHA employee has learned in the course of performing his or her duties.

## **5. PROCEDURES TO DISCLOSE AND RESOLVE CONFLICTS**

- 5.1. *Duty to Self-Disclose* – The primary obligation of any person subject to this Policy who may be involved in a conflict of interest situation is to bring it promptly to the attention of those designated under the disclosure procedures so that the potential conflict can be evaluated and addressed.
- 5.2. *Duty of Loyalty* – The duty of loyalty requires that Board members and management staff, and others in leadership positions act in the best interest of CHA despite potential conflicting interests.
- 5.3. *Disclosure of Conflicts of Others* – If a Board Member or CHA employee becomes aware of a situation in which an individual is potentially taking advantage of his/her position and acting for his or her own interest, they should inform the individual of the basis of such a belief and afford the person an opportunity to explain the alleged failure to disclose.
- 5.4. *Recusal of Self* – Any Board member or CHA employee may recuse himself or herself at any time from involvement in any decision or discussion in which the individual believes he or she has or may have a conflict of interest, without going through the process for determining whether a conflict of interest exists, as long as they are not involved in the making of the contract as per clause 1.7 of this Policy.
- 5.5. *Evaluation of Potential Conflict* – After disclosure of all material facts and any follow-up discussion with the Board member or CHA employee with a potential conflict of interest, a determination must be made about whether a material financial interest, self-dealing transaction or other kind of actual conflict exists.
  - 5.5.1. If the potential conflict is first disclosed during a Board meeting at which the Board member or CHA employee with the potential conflict is in attendance, that person shall leave the meeting while the determination of whether a conflict of interest exists is discussed and voted upon. The Board Chairman will evaluate the disclosures by the Board member or CHA employee, and will determine on a case-by-case basis whether the disclosed activities constitute an actual conflict of interest. The Board Chairman should consider the proximity of the Board member or CHA employee to the decision-making authority of the other entity involved in the transaction, and the degree to which the Board member or CHA employee might benefit personally if a particular transaction were approved when determining whether an actual conflict exists.
  - 5.5.2. If the disclosure is made outside of the context of a Board meeting, then the determination of whether a conflict exists will be directed to the Chief Executive Officer (CEO) for discussion, decision and action. The CEO may, as needed, consult with the Board's Chairman or legal team.
  - 5.5.3. Where it is determined that an actual conflict of interest exists, the Board Chairman or CEO will recommend an appropriate course of action to protect the interests of CHA. All disclosures and the outcome of the deliberation about whether a conflict

of interest exists will be recorded in the meeting minutes.

**6. RECORDS OF PROCEEDINGS**

6.1. The minutes of the Board meeting or other meeting shall contain:

6.1.1. The name(s) of the Board member or CHA employee who disclosed or who otherwise were found to have a financial or other interest in connection with an actual or possible conflict of interest, the nature of the financial or other interest, any action taken to determine whether a conflict of interest was present, and the Board’s decision as to whether a conflict of interest in fact existed.

6.1.2. The name(s) of the persons who were present for discussions and votes relating to the transaction or arrangement, the content of the discussion, including any alternatives to the proposed transaction or arrangement, and a record of any votes taken in connection with the proceedings.

**7. ANNUAL STATEMENTS**

7.1. Persons who shall be asked to annually sign a statement on the Conflict Of Interest Acknowledgement form or such other form as the Board adopts include all Board members, executive management, and any other CHA employee in a leadership position or deemed necessary. This activity, at a minimum, affirms that such a person:

7.1.1. has received a copy of the Policy,

7.1.2. has read and understands the Policy,

7.1.3. has agreed to comply with the Policy,

7.1.4. and discloses personal financial interests and family relationships that could give rise to conflicts of interest.

7.2. Record of Potential or Actual Conflict of Interest forms will be submitted when appropriate, at or prior to action on relevant business transactions.

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Cabarrus Health Alliance Board Chairman

Date

**RECORD OF POTENTIAL OR ACTUAL CONFLICT OF INTEREST**

As a CHA Board member, executive management staff, or employee, the following is a record of my disclosure of a potential or actual conflict of interest as per clause 6.2 of the Conflict of Interest Policy.

**CONFLICT**

\_\_\_\_\_  
Name: \_\_\_\_\_

Title: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# ***New Budget Requests FY 2022***

- **Environmental Health – On-Site Position**
  - Request from the County, will need to request vehicle as well
    - \$75,000 for Salary and Fringe; \$22,000 for vehicle
- **Human Resources – Learning Management System**
  - Funding will come from other CHA revenues - \$22,000
- **Syringe Service Program – Supplies for program not approved with grant or state dollars.**
  - Funding will come of other CHA revenues - \$10,000
- **School Health Director – Director to oversee the School Health Program**
  - Request funds from the County - \$165,000 salary and fringe
- **School Health – New electronic medical records system**
  - Request from the County - \$84,400
- **Population Health – Epidemiologist – Communicable Disease**
  - Request from the County - \$98,145 salary and fringe

