



The Public Health Authority of Cabarrus County Board
Meeting Agenda
Tuesday, September 14, 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
August 10, 2021 Regular Meeting Minutes
August 10, 2021 Closed Session Meeting Minutes
D. REPORTS
CHA Snapshot (as of 8/31/21)...Sue Yates
CHA Variance Analysis Year-to-Date...Sue Yates
CHA Financial Summary Report...Sue Yates
Cost Settlement Update...Sue Yates
Report Cards and Metrics... Vital Stats/RWJ
Yearly Turnover...Dr. Steve Cathcart
COVID-19 Update...Erin Shoe
Health Director's Report...Dr. Bonnie Coyle
Goals Dashboard...Dr. Bonnie Coyle
E. CONSENT AGENDA Motion...Chairman Mack
Budget Revisions... Sue Yates
F. BUSINESS AGENDA ...Chairman Mack
BOH Committees...Dr. Bonnie Coyle
Vaccine Incentive Proposal...Erin Shoe
Mask Mandate Discussion... Dr. Bonnie Coyle
CY22 Board of Health Meeting Schedule... Dr. Bonnie Coyle
G. INFORMAL PUBLIC COMMENTS/SPEAKERS FROM THE FLOOR...Chairman Mack
H. ANNOUNCEMENTS...Chairman Mack
I. MOTION TO ADJOURN Motion...Chairman Mack

Next regular meeting date
Tuesday, October 12, 2021



Public Health Authority of Cabarrus County
Board Meeting Minutes
August 11, 2021

A regular meeting of The Public Health Authority Board was held on Tuesday, August 11, 2021.

All board members attended virtually via Microsoft TEAMS with the exception of Chairman James Mack who attended at CHA. The meeting was live streamed on YouTube.

Members Present on-site: James T. Mack, Jr., Chairman

Members Present via TEAMS: Lara Pons, MD, Vice-Chair
Mark Spitzer
Steve Morris
Kimberly Dehler, DDS
Dan Hagler, MD*
Daryl Adams
Cecilia Plez
Chris Bowe*

*Board Members arrived late

Staff Present: Dr. Bonnie Coyle (in person), Dr. Steve Cathcart (in person), Erin Shoe, Ryan Mcghee (moderating online streaming), Sue Yates, Chrystal Swinger, Rocio Arguijo, Kim Ragan, Tammy Alexander, Wendy Harsch, Marcella Beam

CALL TO ORDER

Chairman Mack called the meeting to order at 5:36 pm, and offered the invocation.

OATH OF OFFICE

Mr. Daryl Adams and Ms. Cecilia Plez were sworn into office by Dr. Bonnie Coyle. Mr. Mark Spitzer and Mr. James Mack were sworn into office for additional terms by Dr. Bonnie Coyle. Each member came to CHA in person earlier in the week for the swearing in process with the notary since the meeting was held virtually. Welcome all members!

ADOPTION OF THE AGENDA

Chairman James Mack shared that the agenda. Mr. Steve Morris moved to approve as amended. Mr. Mark Spitzer made the second motion. Motion passed unanimously. (7:0, Haglar and Bowe not yet present)

APPROVAL OF THE MINUTES

Mr. Mark Spitzer made the motion to approve the June 8, 2021 regular meeting minutes. The motion was seconded by Ms. Cecilia Plez. Motion passed unanimously. (7:0, Haglar and Bowe not yet present)

REPORTS

Sue Yates presented the CHA Financial Reports.

Snapshot: these reports cover the first month since of the CHA fiscal year which began July 1. Ms. Yates reviewed what the color indicators mean. Financial concerns would be in yellow. Major issues would be captured in red. All indicators are green for this report.

Variance analysis: This report captures the year-to-date information. It also compares year over year changes. Ms. Yates explained that a WalMart grant payment for the entire year represents the majority of the difference from July 2020 vs. July 2021.

Financial summary: Ms. Yates presented the financial summary which compares revenues and expenditures. These are in close alignment for the year thus far.

Year end: Ms. Yates shared that CHA is in the year-end process for closing fiscal year 2021 financial records. The finance team is preparing for the annual audit in two weeks. Overall, expenses were slightly over the revenues for fiscal year 2021 . The Medicaid Cost Settlement wire was received on Friday. The ending balance for fiscal year 2021, including Medicaid Cost Settlement, is \$2,300,712. Ms. Yates shared that this will allow us to replenish the fund balance amount that was used last year of \$700,000.

Mr. Mark Spitzer asked for additional information on Medicaid Cost Settlement. Ms. Yates provided education to the board including how we send costs associated with Medicaid services to the state to ensure we are being fully reimbursed for serviced rendered. Sue shared about the requirements of state stabilization. Final amounts that can be allocated to other services will be shared after the audit is complete. Mr. Adams asked about those specific amounts and Sue shared that it is 8% of expenses but CHA chooses to set that at 17%.

Community Needs Assessment Report – Marcella Beam

Marcella shared that the 2020 Cabarrus Community Health Needs Assessment report is complete. A printed copy is available if board members would like one. She gave a brief update on the status of action plans or Community Health Improvement Plans associated with the identified priority needs. She thanked the numerous people who assisted with the process and praised Board Member Steve Morris. Mr. Morris shared that the county uses this product to drive meaningful decisions at the county level.

Volunteer Presentation – Rocio Arguijo

Rocio shared slides with data about the volunteer efforts during the COVID vaccine clinics. Additionally, CHA held an appreciation event where volunteers received ‘thank you’ gifts. The event was well-received and volunteers are excited to continue with their volunteer efforts.

Environmental Health – Chrystal Swinger

Chrystal reviewed the Strategic Plan for Environmental Health. She highlighted the following goals:

School Health – Kim Ragan, Tanja Salary, Tammy Alexander, Wendy Harsch, Jennifer Brackett

The school health administrative team reviewed the Strategic Plan for School Health. They highlighted the following goals:

Bonnie thanked Chrystal and the school health admin team for their efforts on these plans!

Health Directors Update:

Bonnie shared her directors report noting highlights from HR, Dental, School Health, COVID will be discussed in the business agenda, Cabarrus Public Health Interest, Healthy Living Program, Environmental Health, Healthy Cabarrus, and BOH activities.

CONSENT AGENDA

The **Budget Revisions** were presented by Sue Yates. She noted there were 14 this month with many simply being moving line items within projects along with grants received and movement to support salary study adjustments. Mr. Chris Bowe made the motion to approve the budget revisions as presented, Dr. Dan Haglar seconded. Passed unanimously, 9:0.

BUSINESS AGENDA

Finance Policies

Ms. Yates presented finance policies. Most have not changed and are here for required annual review. The only major change is to allow for patients to consent manually in person vs. Requiring electronically. Dr. Kim Dehler made the motion to approve the finance policies as presented, Mr. Mark Spitzer seconded. Passed unanimously, 9:0.

Covid Update

Erin Shoe provided a brief update of the COVID-19 data for Cabarrus County. All metrics indicate an increase in cases and community spread including a higher percent positive, higher number of active cases, higher number of hospitalized individuals, and higher rate of new cases. CHA continues to host vaccine clinics; overall, uptake has been slow but the Delta variant seems to be encouraging some to get vaccinated. The overall vaccinate percentage for Cabarrus County is 45% of the population has received at least one dose of the vaccine. 53.4% of the eligible population (those 12 and up) have been vaccinated.

COVID Policy

Dr. Bonnie Coyle presented the COVID-19 Vaccine Policy Recommendations for Staff. She discussed recent studies that support vaccinations, current variants and how they are impacting the spread of COVID-19, NC organizations that are requiring vaccines for the staff, and organizations that are publicly endorsing vaccines. Current CHA data reports that 73.2% of staff have received their first dose of the vaccine. The recommended policy requires CHA staff to be fully vaccinated or have an approved exemption on file. This applies to all staff including remote staff, interns, temp staff, volunteers, and contractors. New hires will have 30 days from date of hire to receive the first dose. Medical exemptions should be written and signed by an MD or APP per state statute. If an employee is on FMLA, they will have two weeks after returning to regular duty to receive the first dose of vaccine. Staff who are not fully vaccinated will not be approved for work related travel, will be required to test every 7 days, be required to use vacation or sick time for COVID related absences, and wear a mask at all times when in CHA facilities and/or in the community conducting CHA business. Staff who are fully vaccinated will receive 5 days of paid time for any COVID related absence. Unvaccinated staff who do not have an approved exemption on file by November 1, 2021 will 1) meet with a CHA clinician to discuss their concern and 2) meet with HR to discuss continued employment. Dr. Coyle also explained that this policy applies to the flu vaccine being required. CHA is working with legal representatives on the exemption process and details. Those will be shared with staff in September.

INFORMAL COMMENTS/SPEAKERS FROM THE FOOR

Chairman Mack called for comments from the floor and online. There were none.

ANNOUNCEMENTS

James Mack reminded the group that the next meeting is September 14, 2021.

ENTER INTO CLOSED SESSION

ADJOURN

There being no further business to come before the Board, Cecelia Plez made a motion to adjourn the meeting. The motion was seconded by Dr. Kim Dehler. Approved 9:0. The meeting was adjourned at 8:20pm.

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

ATTEST

Bonnie Coyle, MD
Public Health Director

Minutes Taken by Erin Shoe, MPH

Cabarrus Health Alliance Snapshot

August 31,2021 Target Percentage 16.67%

	Budget	Actual	YTD Percentage		Comments
Environmental Health					
Revenue	1,261,692	228,615	18.12%		
Expense	1,261,692	161,155	12.77%		
Information Technology					
Revenue	1,030,489	120,635	11.71%		
Expense	1,030,489	155,967	15.14%		
General Administration					
Revenue	2,857,504	409,294	14.32%		
Expense	3,206,573	370,542	11.56%		
Family Care Coordination					
Revenue	1,273,604	151,279	11.88%		
Expense	1,273,604	134,878	10.59%		
School Health					
Revenue	4,266,235	86,471	2.03%		School nurses start back in August. School Health should be around 4%. Revenue received one month after expense.
Expense	4,266,235	153,913	3.61%		
Community Impact					
Revenue	2,548,408	255,483	10.03%		New grants have been awarded (Elevate). Working to get grants staffed and begin programming.
Expense	2,558,408	157,590	6.16%		
Dental Health					
Revenue	4,172,013	453,724	10.88%		
Expense	3,677,175	406,214	11.05%		
Vital Records					
Revenue	63,913	10,652	16.67%		
Expense	63,913	8,038	12.58%		
Communicable Disease					
Revenue	4,459,632	461,634	10.35%		Most of revenue is received one month after expense.
Expense	4,459,632	451,517	10.12%		
Clinical Services					
Revenue	3,420,873	580,861	16.98%		
Expense	3,556,642	427,724	12.03%		
WIC					
Revenue	796,027	42,978	5.40%		Revenue is received one month after expense.
Expense	796,027	98,765	12.41%		

Variance Analysis Year-to-Date

	YTD					Comments
	VARIANCE ANALYSIS					
	2022		2021	2022		
BUDGET	ACTUAL	ACTUAL	BUD vs ACT	ACTUAL		
Revenue						
Environmental Health	1,261,692	228,615	199,384	18.12%	29,231	
Information Technology Sy	1,030,489	120,635	117,508	11.71%	3,127	
General Administration	2,857,504	409,294	415,228	14.32%	(5,934)	
Family Care Coordination	1,273,604	151,279	143,899	11.88%	7,380	
School Health	4,266,235	86,471	22,593	2.03%	63,877	
Community Impact	2,548,408	255,483	494,615	10.03%	(239,133)	Walmart Foundation Grant (335,692) Paid in July for FY21.
Dental Health	4,172,013	453,724	331,086	10.88%	122,638	
Vital Records	63,913	10,652	10,380	16.67%	272	
Communicable Disease	4,459,632	461,634	550,621	10.35%	(88,986)	
Clinical Services	3,420,873	580,861	615,425	16.98%	(34,564)	FY21 Clinical services had grant that paid upfront.
WIC	796,027	42,978	101,373	5.40%	(58,395)	Revenue is paid a month after expenses.
Total Revenue	26,150,390	2,801,626	3,002,112	10.71%	(200,486)	
Expense						
Environmental Health	1,261,692	161,155	118,884	12.77%	42,271	Environmental Health is now fully staffed.
Information Technology Sy	1,030,489	155,967	190,492	15.14%	(34,525)	
General Administration	3,206,573	370,542	433,230	11.56%	(62,688)	
Family Care Coordination	1,273,604	134,878	130,746	10.59%	4,132	
School Health	4,266,235	153,913	252,079	3.61%	(98,166)	Summer COVID work by school nurses was greater in FY21.
Community Impact	2,558,408	157,590	171,367	6.16%	(13,776)	
Dental Health	3,677,175	406,214	373,854	11.05%	32,360	
Vital Records	63,913	8,038	4,690	12.58%	3,348	
Communicable Disease	4,459,632	451,517	399,037	10.12%	52,480	CD department has additional funding for staff - COVID.
Clinical Services	3,556,642	427,724	364,367	12.03%	63,357	
WIC	796,027	98,765	87,768	12.41%	10,998	
Total Expense	26,150,390	2,526,304	2,526,514	9.66%	(210)	
Discussion						
Our Year to Date Percentage should be around 16.67% for August 2021.						

PUBLIC HEALTH AUTHORITY OF CABARRUS COUNTY
FINANCIAL SUMMARY REPORT
FY 2022 **2 months ending** **8/31/2021**

GENERAL FUND								
	ACTUAL FY 2018	ACTUAL FY 2019	ACTUAL FY 2020	ACTUAL FY 2021	FY 2022 BUDGET	ACTUAL 08/31/21	Y-T-D % COLLECTED	
REVENUES								
INTERGOVERNMENTAL REVENUES	\$ 21,490,440	\$ 21,168,562	\$ 19,287,274	\$ 22,120,317	\$ 23,179,545	\$ 2,016,664	8.70%	
PERMITS & FEES	\$ 246,785	\$ 203,853	\$ 216,482	\$ 285,057	241,784	\$ 27,295	11.29%	
SALES & SERVICES	\$ 1,491,663	\$ 1,785,752	\$ 1,618,074	\$ 1,708,630	1,458,877	\$ 234,342	16.06%	
INVESTMENT EARNINGS	\$ 95,743	\$ 180,096	\$ 104,186	\$ 4,223	5,000	\$ 286	5.71%	
MISCELLANEOUS	\$ 71,980	\$ 65,673	\$ 47,320	\$ 72,847	33,675	\$ 11,781	34.98%	
CONTRIBUTIONS & PRIVATE GRANTS	\$ 418,892	\$ 498,089	\$ 577,794	\$ 1,002,571	351,303	\$ 162,961	46.39%	
FUND BALANCE APPROPRIATED	\$ -	\$ -	\$ -	\$ -	880,206	\$ -	0.00%	
TOTAL	\$ 23,815,503	\$ 23,902,025	\$ 21,851,130	\$ 25,193,646	\$ 26,150,390	\$ 2,453,327	9.38%	
	ACTUAL FY 2018	ACTUAL FY 2019	ACTUAL FY 2020	ACTUAL 6/30/2021	FY 2022 BUDGET	ACTUAL 08/31/21	Y-T-D % SPENT	
EXPENDITURES								
ENVIRONMENTAL HEALTH	\$ 1,023,662	\$ 940,537	\$ 942,173	\$ 1,124,681	1,261,692	161,155.10	12.77%	
INFORMATION TECHNOLOGY SYSTEMS	\$ 838,463	\$ 958,323	\$ 1,153,424	\$ 951,084	1,030,489	155,966.57	15.14%	
GENERAL ADMINISTRATION	\$ 7,112,525	\$ 6,881,284	\$ 4,055,399	\$ 2,779,340	3,206,573	370,533.24	11.56%	
FAMILY CARE COORDINATION	\$ 978,968	\$ 1,040,588	\$ 1,177,374	\$ 1,109,438	1,273,604	134,877.96	10.59%	
SCHOOL HEALTH	\$ 2,825,137	\$ 2,994,421	\$ 3,117,582	\$ 3,965,717	4,266,235	153,913.09	3.61%	
COMMUNITY IMPACT	\$ 2,124,811	\$ 2,268,964	\$ 1,948,057	\$ 1,260,913	2,558,408	157,590.11	6.16%	
DENTAL HEALTH	\$ 3,523,777	\$ 3,723,191	\$ 4,020,629	\$ 2,933,844	3,677,175	406,214.34	11.05%	
VITAL RECORDS	\$ 62,420	\$ 65,439	\$ 54,625	\$ 57,632	63,913	8,037.66	12.58%	
COMMUNICABLE DISEASE	\$ 1,081,174	\$ 1,159,678	\$ 2,191,236	\$ 4,657,174	4,459,632	451,517.31	10.12%	
CLINICAL SERVICES	\$ 3,373,731	\$ 3,147,325	\$ 3,129,082	\$ 3,220,341	3,556,642	427,724.00	12.03%	
WIC	742,540	710,171	767,128	832,770	796,027	98,765.33	12.41%	
TOTAL	\$ 23,687,208	\$ 23,889,921	\$ 22,556,709	\$ 22,892,933	\$ 26,150,390	\$ 2,526,295	9.66%	
Y-T-D FUND BALANCE INCREASE (DECREASE)	\$ 128,295	\$ 12,104	\$ (705,580)	\$ 2,300,712	\$ -	\$ (72,967)		

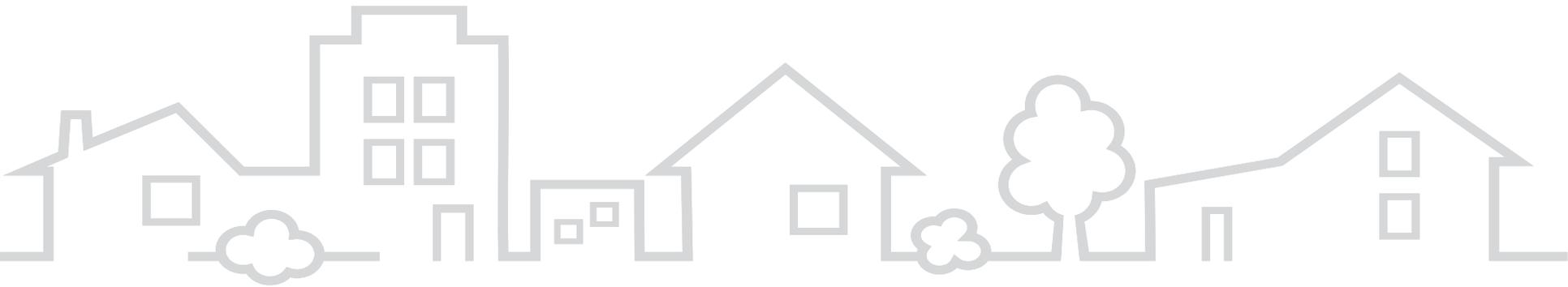
ESTIMATED NET Y-T-D BALANCE 8/31/2021

\$ (72,967)

****PLUS 2 MOS MEDICAID SETTLEMENT - (\$1,466,558)**

\$ 244,426

\$ 171,459



Medicaid Overview

Funding

- State Medicaid – paid once charge is billed
- Federal Medicaid – paid once cost settlement is prepared
 - Funds are intended to make up for the cost of serving Medicaid patients
 - Cost settlement is paid one year *after* services and payments are reconciled
- FY20 - our cost of providing clinical/dental services were much higher than Medicaid payments received



FY21 Impacts

Year in Review

- Dental Services:

- July 2020 – June 2021 – No community dental services provided
- July 2020 – Only emergency dental services provided
- July 2020 – Kannapolis closed for 10 days due to COVID quarantines
- Staffing:
 - Down 3 dentists – July thru December 2020
 - Down hygienists throughout the entire fiscal year

- COVID Vaccine Revenues:

- Jan – Mar 2021 \$38,014.08
- Apr 2021 \$92,005.28
- May – Jun 2021 \$566,686.25



Planning for FY22	
Total Cost Study Amount Received	2,392,774
Current FY21 Projection	2,339,100
FY20 Loss	(705,580)
	1,633,520
FY22 Fund Balance	
IT	(306,673)
GA	(295,542)
Clinical Services	(145,769)
SH	(132,222)
Total FY22 Fund Balance Appropriation	(880,206)
Rollover Projects from FY21	753,314
Clinic Wallcovering	(36,574)
Ultrasound	(73,572)
SH EMR	(40,400)
IT Generator	(45,774)
	556,994
Options - see below for examples - Leadership to discuss Sept 20	
Program start ups?	(336,994)
CHA capital requests? Space upfits? Vehicles?	(220,000)
example - expanded worksite wellness, lifestyle medicine, CHW	
example - negative pressure room upfit (25K to 30K)	
example - kitchen, dream center upfit, care center upfit, workout room update	
Available Amount	-

County Health Statistics

09.12.2021

RWJ Indicators where Cabarrus County is performing below the state and nation

Indicator to Improve	Current Value for CC	Benchmark (Top 10%)	SDOH Categories
Poor Mental Health Days	4.3 	3.8	All
Adult Obesity	34% 	26%	All
Physical Inactivity	27% 	19%	Education, Neighborhood and Built Environment, Social and Community Context
Access to Exercise Opportunities	80% 	91%	Neighborhood and Built Environment
Excessive Drinking	18% 	15%	All
Dentists	2,160:1 	1,210:1	Health Care Access and Quality
Preventable Hospital Stays*	5,192 	2,565	Economic Stability, Health Care Access and Quality
Social Associations	10.5 	18.2	Social and Community Context
Air Pollution	9.7 	5.2	Neighborhood and Built Environment
Driving Alone to Work*	82% 	72%	Social and Community Context, Neighborhood and Built Environment
Long Commute- Driving Alone	43% 	16%	Economic Stability, Neighborhood and Built Environment

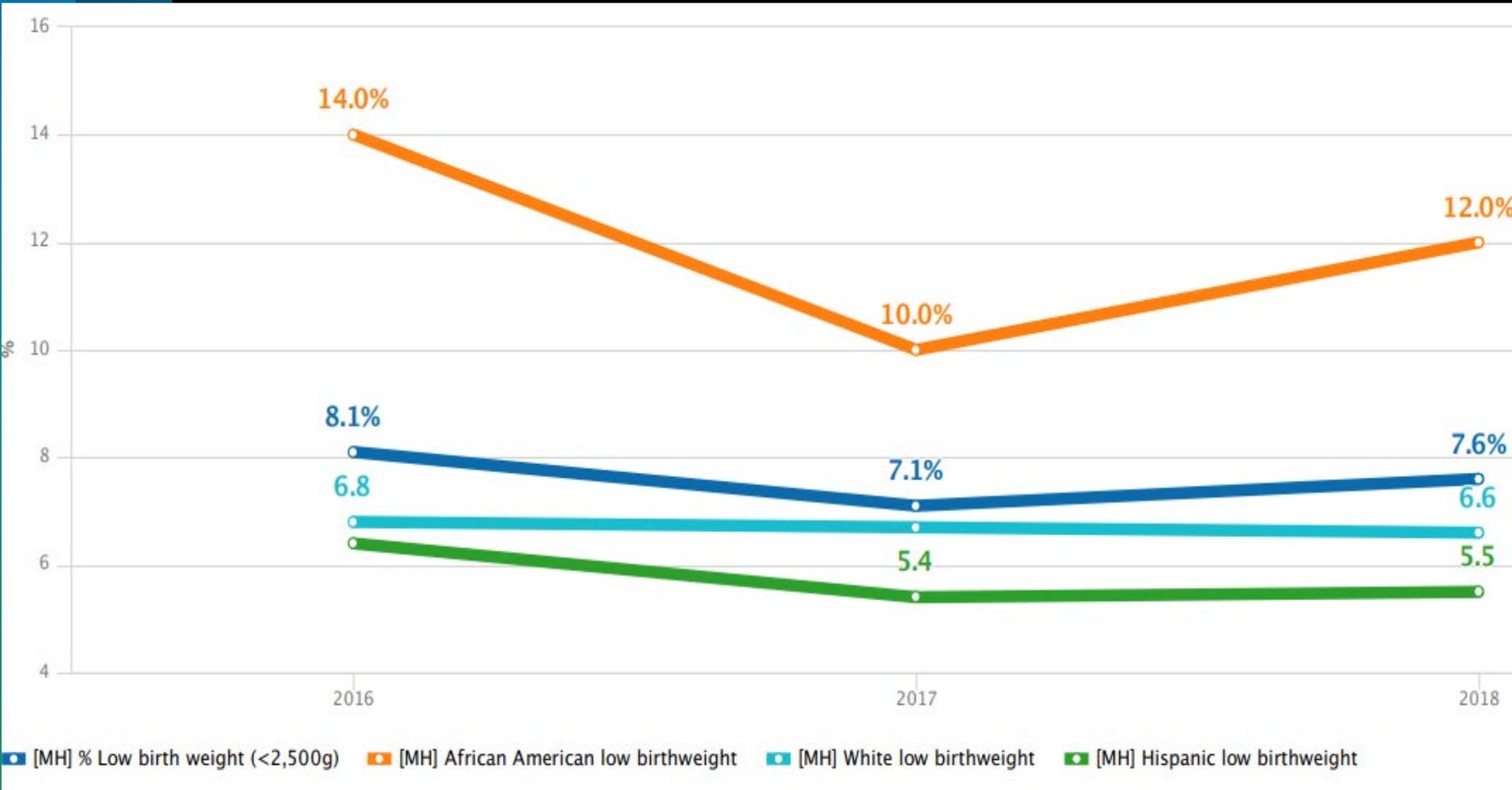


Vital Statistics

Low Birth Weight

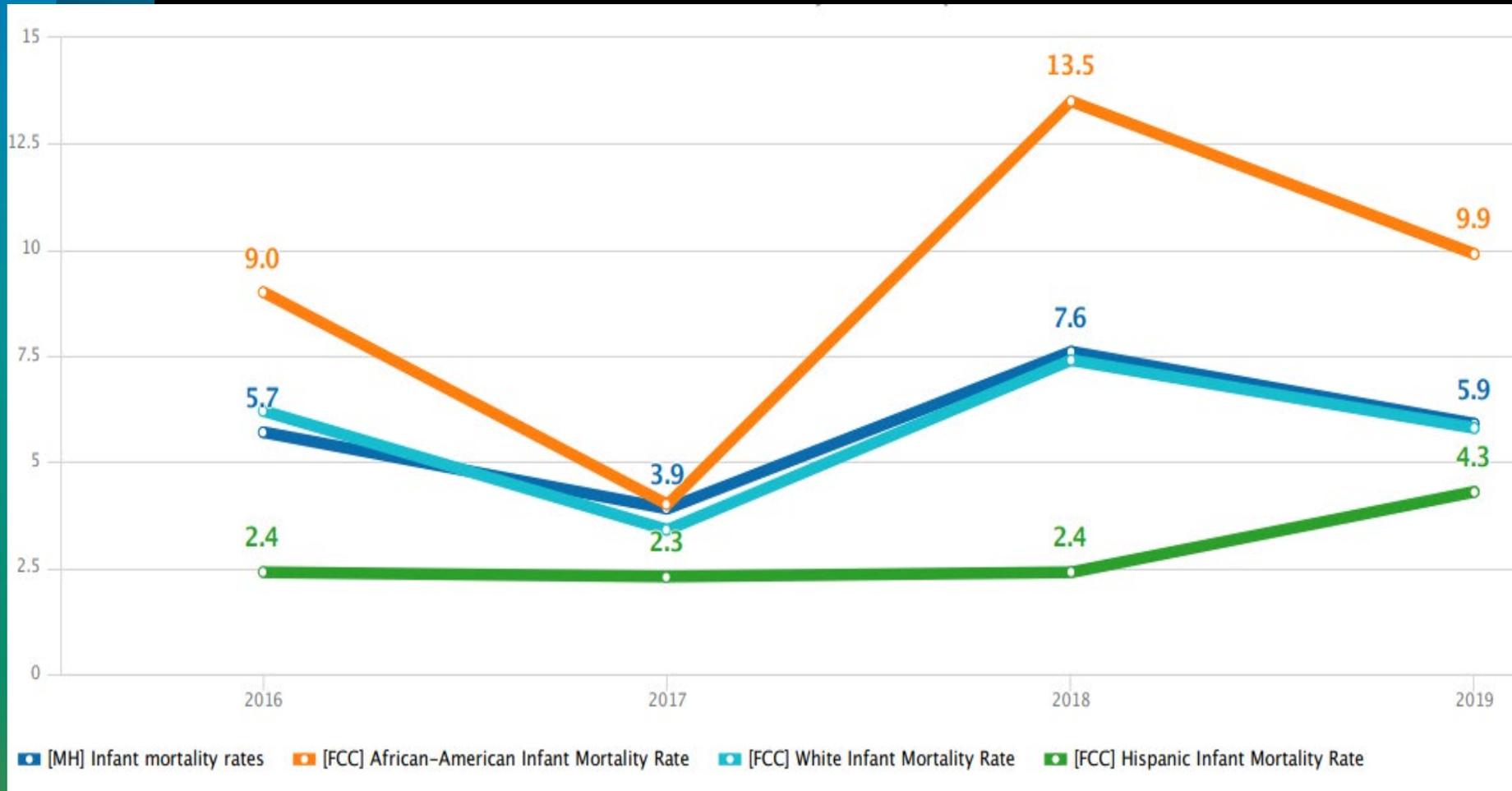
Disparity

- Low birth weight among African American women is 2x compared to Hispanic Women



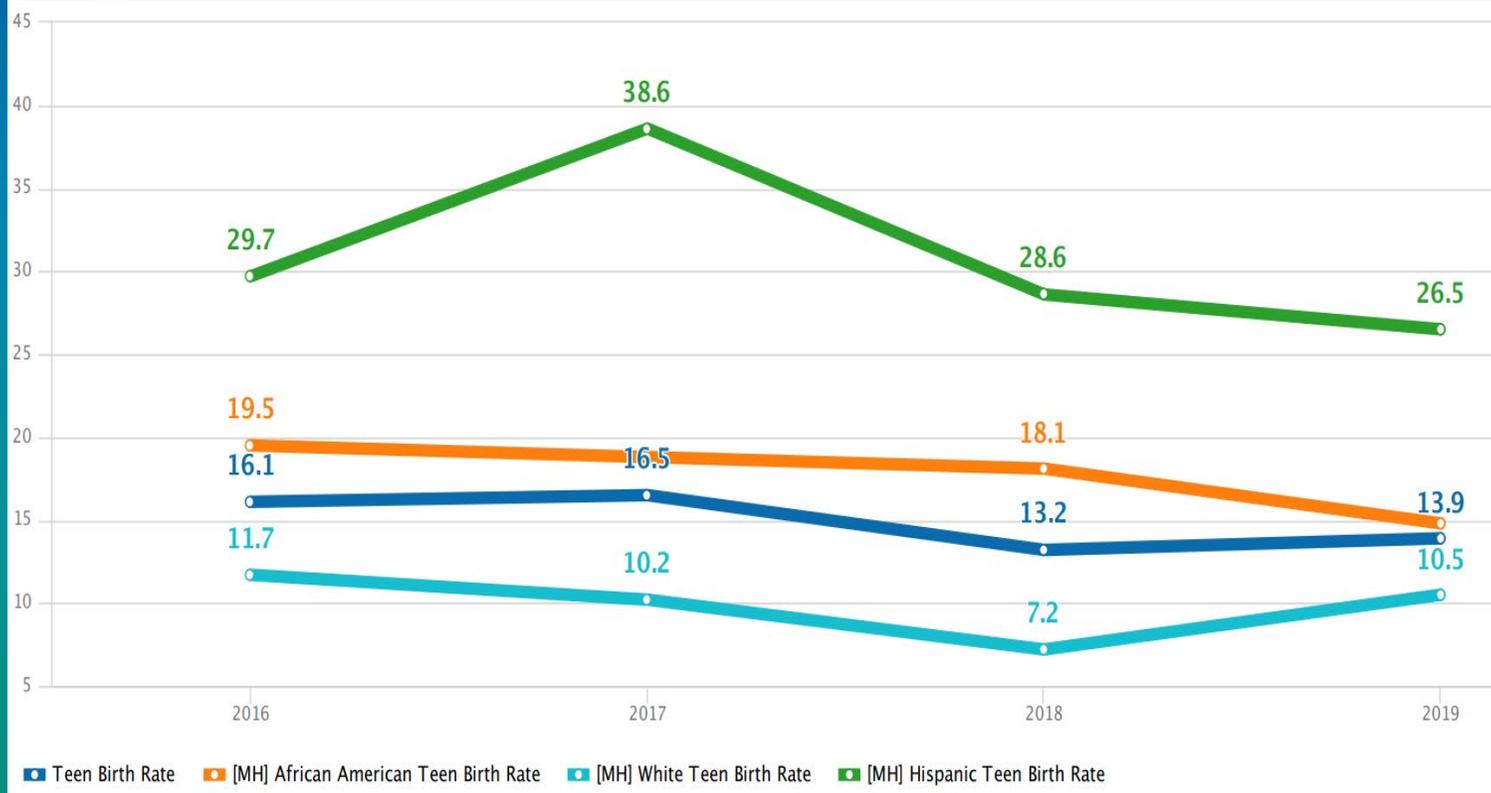
Infant Mortality

Disparity



- Infant mortality is the death of an infant before his or her first birthday. The infant mortality rate is the number of infant deaths for every 1,000 live births.
- There is a significant disparity in Infant Mortality Trends among African Americans.

Teen Birth Rate

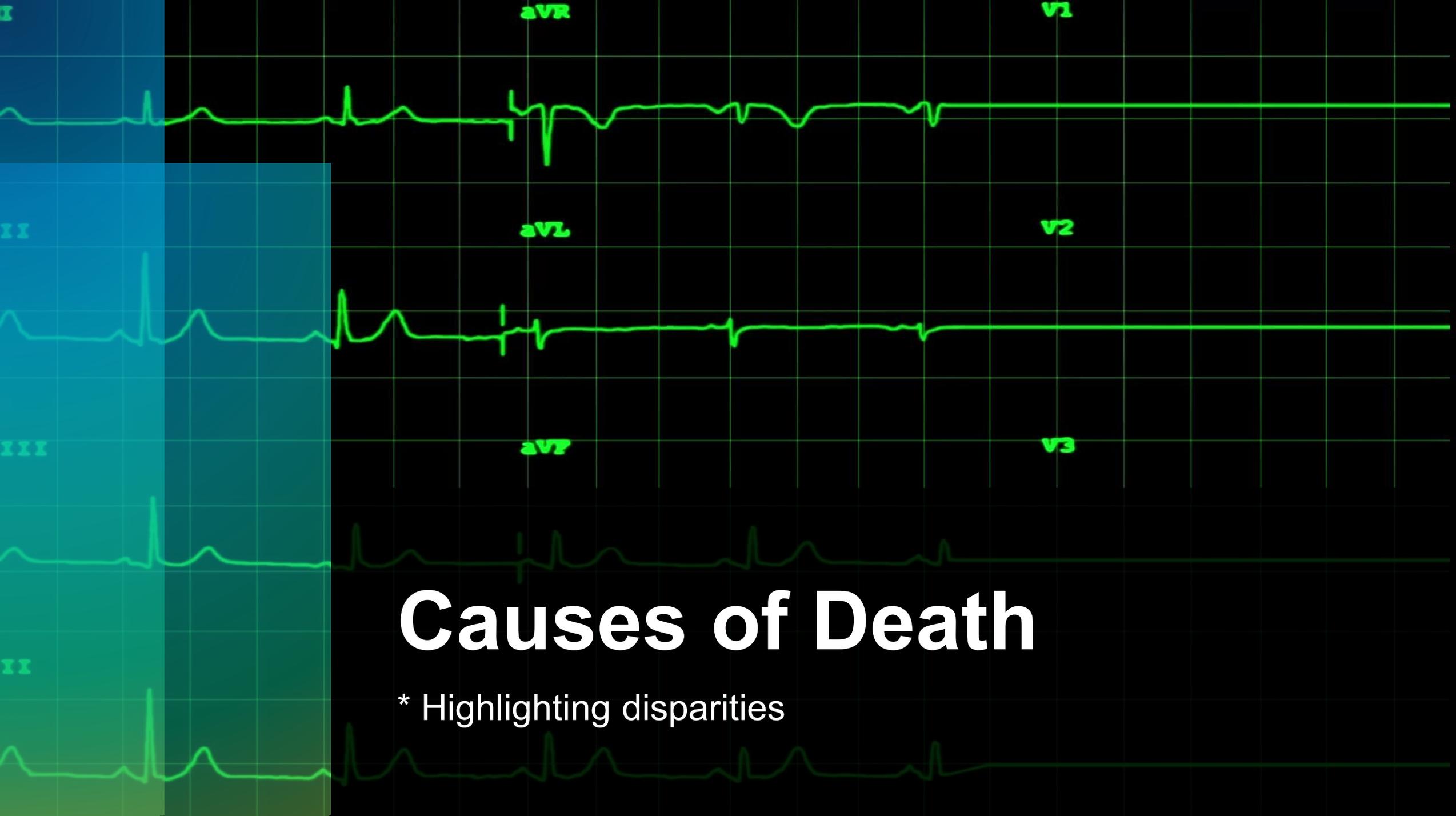


Disparity

- Significant increase for Hispanic teen birth rates
- Teen birth rate is almost 3 times higher amongst Hispanic teens compared to white teens

Births vs. Deaths

Year	Births	Deaths
2017	2593	1665
2018	2509	1565
2019	2537	1636
2020 (Q1, Q2)	1228	861

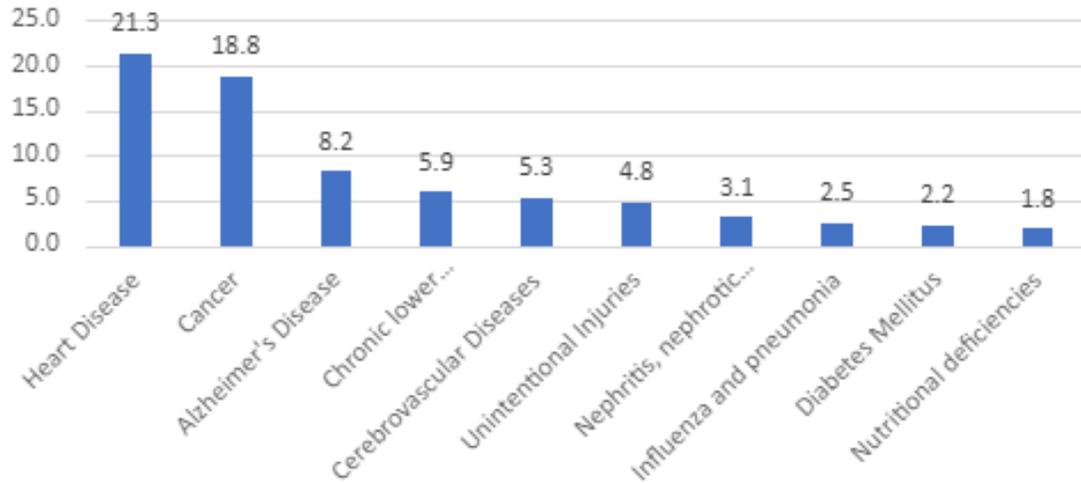


Causes of Death

* Highlighting disparities

% of Cabarrus County Leading Cause of Death

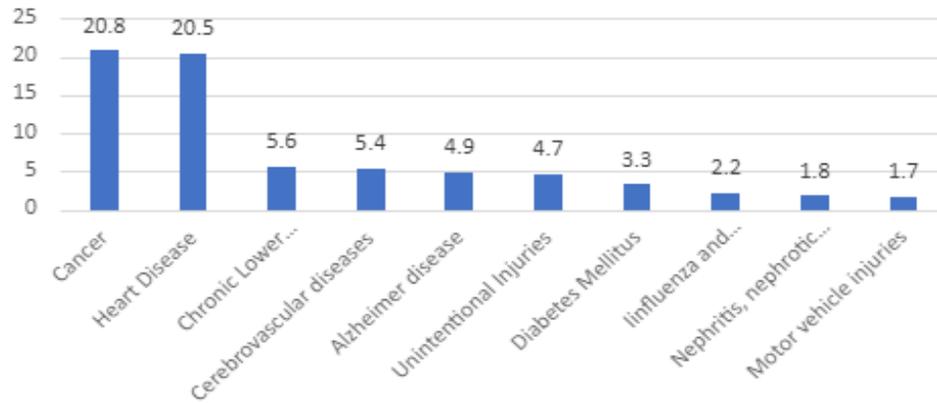
Cabarrus County 2019



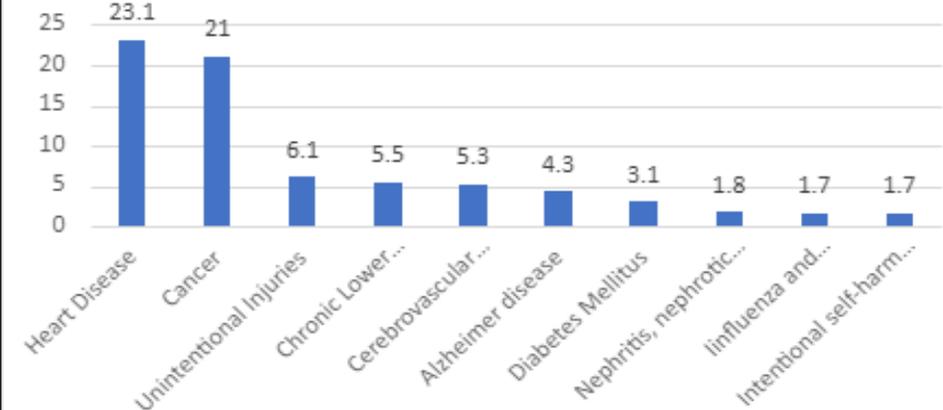
Cabarrus Top 5

1. Heart Disease
2. Cancer
3. Alzheimer's Disease
4. Lung Disease
5. Stroke

North Carolina 2019



U.S 2019



3-4-50 Framework

3 lifestyle behaviors (including lack of physical activity, poor diet, and tobacco use), lead to 4 chronic diseases (including Cancer, Heart Disease, Lung Disease, and Diabetes) that cause approximately 50% of deaths in Cabarrus County each year.

3 Behaviors

- Tobacco Use
- Poor Diet
- Sedentary Lifestyle

4 Conditions

- Cancer
- Heart Disease
- Lung Disease
- Diabetes

50% of Deaths

- Causes approximately 50% of deaths in Cabarrus County

Region 4- 50% of deaths

2021 RWJ Ranking	County	causes 50% of deaths
51	Gaston	49.1%
3	Union	49.5%
4	Mecklenburg	47.3%
13	Cabarrus	48.2%
15	Iredell	51.0%
25	Lincoln	50.2%
29	Catawba	50.1%
47	Alexander	50.1%
60	Rowan	51.2%
68	Stanly	51.6%
81	Cleveland	50.2%

3 Behaviors

Tobacco Use

RWJ 2021 Rank	County	% of adult smoking
3	Union	17%
4	Mecklenburg	15%
13	Cabarrus	19%
15	Iredell	19%
25	Lincoln	22%
29	Catawba	20%
47	Alexander	24%
51	Gaston	22%
60	Rowan	21%
68	Stanly	22%
81	Cleveland	24%

Poor Diet

RWJ 2021 Rank	County	Food Environment Index
3	Union	8.6
4	Mecklenburg	8.0
13	Cabarrus	8.0
15	Iredell	8.0
68	Stanly	8.0
25	Lincoln	7.9
47	Alexander	7.8
29	Catawba	7.6
60	Rowan	7.1
51	Gaston	7.0
81	Cleveland	7.0

Sedentary Lifestyle

RWJ 2021 Rank	County	% of physical inactivity
3	Union	17%
4	Mecklenburg	18%
25	Lincoln	22%
15	Iredell	23%
60	Rowan	24%
13	Cabarrus	27%
29	Catawba	27%
47	Alexander	28%
51	Gaston	28%
68	Stanly	29%
81	Cleveland	29%

Summary

MCH Racial Disparities

- Infant Mortality Rate
 - African Americans
- Low Birthweight Rate
 - African American
- Teen Birth Rate
 - Hispanic

Cause of Death Disparities

1. Heart Disease
2. Cancer
3. Alzheimer's Disease
4. Lung Disease
5. Stroke

AA have higher rates of preventable hospital stays, premature death, and HIV Mortality.

BOH Scorecard Presentation Schedule

2021

Date	Department
September 14	Vital Statistics
October 12	HR, IT, Finance, Communicable Disease
November 9	COVID

2022

Date	Department
January	Clinical Services
February	Dental
March	Healthy Living
April	Community Partnership/ Healthy Cabarrus
May	Environmental Health
June	School Health

FY2020 Turnover

April 2021				
Total # Employees	Total Separations	Status	Final #	Rate
247	5	(5) 9101 () 9102 () 9103 () 9104	4	1.6%

May 2021				
Total # Employees	Total Separations	Status	Final #	Rate
243	5	(3) 9101 (2) 9102 () 9103 () 9104	4	1.6%

June 2021				
Total # Employees	Total Separations	Status	Final #	Rate
246	4	() 9101 () 9102 (1) 9103 (3) 9104	1	0%

4th Quarter FY 20				
Avg # Employees	Total Separations	Status	Final #	Rate
245	14	(8) 9101 (2) 9102 (1) 9103 (3) 9104	9	3.7%

1st Quarter FY20	2nd Quarter FY20	3rd Quarter FY20	4th Quarter FY20	Total T.O. Separations	Rate
7%	3%	4%	3.7%	44/245	17.7%

FY2020 Turnover

Definitions	
Employee	All persons on payroll who worked or received pay
Separation Rate	All employees leaving the payroll (excludes deaths, retirements, temporary employees, reductions in force, out of county re-locations)

CHA Public Health Director's Report

September 2021

Human Resources

- Salary Study Phase 2A - Initial salary adjustments for higher paid employees approved
- Salary Study Phase 2B - Job classification and job grade restructure kick off meeting held August 30th
- NeoGOV Learning Management System end user testing began September 7th.

Finance

- In August, CHA/CPHI applied for three (3) grants totaling \$2,182,263.66. CHA was awarded one (1) grant from the CDC for Community Health Workers, valued at \$2,139,239 (total) for three years. CHA was also awarded all four (4) PHAP. This is approximately \$508,000 of value-added staffing over the next two (2) years. They will work in the following areas: Medicaid Expansion, COVID Response and Recovery, Breast Health Equity, and Employee Wellness.

IT

- Working to procure and provision laptops and complete onboarding for all of the urgently added positions.
- Upgraded phone system, ticketing system, and Kannapolis facility security cameras.

Clinical Services

- Collaborating with Volunteer Coordinator who has scheduled medical volunteers (Dispensers) and non-medical volunteers (Check-in/Runners) on **Tuesdays and Thursdays** at CHA for COVID vaccines. The CHA staff nurses have been overwhelmed with sharply increased demand for "normal" immunizations for school-age kids, as well as travelers.
- Received \$14,000 from Mecklenburg County Public Health specifically to provide care to uninsured folks seeking PrEP services

Dental Health

- Dental services returning to Cabarrus County and Kannapolis City Schools by end of September. Oral health screenings to be completed on Kindergarten students by our Public Health Hygienist. All students K-12 will be provided an opportunity to sign up for on-site dental services (preventive and restorative).

School Health

Day to day operational:

- School nurses have been extremely busy since students returned to school on August 23rd. They have been inundated with COVID related work while also juggling the normal demands of beginning of school year. School nurses are prioritizing the health and safety of children by ensuring that they review all orders received, complete care manager training, develop care plans for students with known chronic health conditions, and attend to acute illnesses and injuries. In addition, during first 30 days, nurses must also review student health information submitted by parents as well as immunization records and health assessments for all new enrollees and for those grade levels that have specific immunization requirements.
- Supervisory duties have been COVID focused supporting and educating new nurses and first year nurses. Since August 23, 2021 on average, supervisors are reporting 20-35 calls, emails or texts per day from nurses, principals, and parents regarding COVID related questions. Areas of content are presumptive cases, home positive test results, contact tracing, volume of symptomatic cases seen in the health room.
- School nurse support staff oriented this week, 12 new team members onboarding with prioritizing high schools and high needs schools.
- Nurses have completed 183 rapid tests since students returned on August 23rd. We currently have a 15% positivity rate.
- Due to high testing need a special clinic was offered at Mt. Pleasant High and Middle schools. A total of 74 rapid tests were completed. 10 additional positives were identified during that clinic.

Progress towards strategic plan:

- During the first two weeks of August, the School Health Admin team completed orientation with six new school nurses utilizing the updated orientation format which received positive feedback from the trainees.
- Our full team of nurses returned to work on August 13th with a back to school meeting that focused on important updates, team building, and creating a positive work culture.
- Shared governance information was shared by Alisha Palmer and Maren Lewallen with all school nurses at the back to school meeting. A group of nurses signed up for this committee and have met to discuss how this team can be a conduit for effective communication between the entire group of nurses and the school health admin team.
- New eMR purchase approved and planning for implementation has been initiated.
- A formal communication proposal completed and ready for discussion that includes strategic planning communication and guidelines. Template was used for the last two admin huddles.

COVID Response

- Continue to manage over 100 new cases a day; prioritizing case investigation due to volume
- Planning for booster shots in early October

Cabarrus Public Health Interest

- Beginning process of recruitment for staff in this role again and unsuccessfully identifying a candidate last round
- Successfully secured large grant for mental health services at CHA

Healthy Living Programs

- CHA's 4 week family cooking class in partnership with El Puente has filled the available 12 openings and has a growing waiting list.
- Kelly Bryant was selected as CHA's first full-time Employee Wellness Coordinator and will start on September 24th. She will be supported by a CDC PHAP Brett Niermeier, who will begin in October 2021.

Environmental Health

- On average, restaurant scores are lower throughout the county. This is due to the decrease in workers at these restaurants to do the work needed.
- Food and Lodging are pursuing two more grants through FDA
- Discussions have begun to digitize our septic files. This is a long-term project that may take 1-2 years to become functional

Family Care Coordination

- CHA received a three-year grant through NC DSS to provide Triple P Level 4 parenting services. For first time, our agency will be implementing intensive parenting support both individually and, in a group, to the entire county in both English and Spanish.
- Care Management continues to work with the Medicaid Prepaid Health Plans (PHPs) to ensure services are provided in a timely manner and address any barriers since Go Live. Caseloads have seen a significant increase due to the PHPs identifying priority members upon the completion of a health risk assessment.

Healthy Cabarrus/Marketing

- Community Health Improvement Plans (Action Plans) for identified community priorities are posted on CHA website: <https://embed.resultsscorecard.com/Scorecard/Embed/74183> - These scorecards are a work in progress and will be completed by Oct 1, 2021. Many community partners and agencies contributed to the identified strategies and efforts outlined.
- Healthy Cabarrus hosted the Cabarrus Housing Collaboration meeting and completed a needs, gaps, and current services assessment.
- CHA Marketing and Substance Use Prevention Programs have been working with Cabarrus County Schools to oversee a \$40,000 youth substance use prevention marketing campaign.

- CHA Marketing is also supporting the WIC and COVID departments with targeted paid advertising with Lee Enterprises. The company can use geo fencing and target locations to ensure we reach the appropriate populations with necessary messages.

Performance/Quality Improvement and Accreditation:

- PHAB Accreditation Annual Report submitted
- Quality improvement initiatives reviewed by QI council for FY 22
- NC Accreditation evidence collection scheduled for August- December

Epidemiology/Population Health

- Leading cause of death in Cabarrus County analysis conducted
- SDOH-Equity Challenge is focused on chronic disease during September

BOH activities

- Committee Structure for Discussion

National/State/Local Updates

- NCIOM Future of Public Health Task Force Created to propose new model for public health in the future CHA Public Health Director was appointed to Task Force

2022 Goals and Objectives Review

- Dashboard attached.

Priority Health Focus Area Goals for CHA FY 22				
SDOH				
Goal	Lead	Goal Status		
		Met	On Schedule	Not Met
Develop and implement a CHW Program to serve the agency and community				
Assure a SDOH screener is in place for all program areas.				
Identify priority SDOH categories for further action in FY23.				
CHA and HC fully adopt and advocate for full utilization by partners of the two referral platforms being used in CC.				
Equity				
Goal	Lead	Goal Status		
		Met	On Schedule	Not Met
Complete organizational assessment and gain board approval of action plan.				
All program areas will have relevant metrics that identify disparities across different demographic groups				
Departments will begin to identify action steps to address priority disparities.				
Proclamation Steps fully implemented.				
Healthy Living				
Goal	Lead	Goal Status		
		Met	On Schedule	Not Met
All program areas will implement new measurable interventions to promote increased physical activity and/or fruit/vegetable consumption across programs and in support of population effect.				
CHA will implement a worksite wellness program with measurable metrics to track year over year				
CHA will complete a business plan to expand the worksite wellness program in partnership with other small/medium size organizations.				
The Healthy Living Division will add at least two additional LM programs to existing structure.				
Organizational Function and Process Goals				
Goal	Lead	Goal Status		
		Met	On Schedule	Not Met
Implement new org structure to promote collaborative work, break down silos and modernize our PH efforts to meet PH3.0 Framework.				
Restructure Leadership Operations and Strategy Teams to support new org structure and leadership development.				
Access/Outreach				
Goal	Lead	Goal Status		
		Met	On Schedule	Not Met
Establish baseline for % staff who are in community/client facing positions.				
Improve Community outreach efforts across all program areas				
Complete a growth plan for more central location and better accessibility in continuum of care in the County				
<ul style="list-style-type: none"> Location Hours Partnerships 				
Expand volunteer program to include medical reserve corps and to support CHW program efforts.				
Build AHD model with at least two NCRC academic institutions.				
Behavioral Health				
Goal	Lead	Goal Status		
		Met	On Schedule	Not Met
HC goal?				
Support County transition to Partners and creation of a behavioral health facility.				
Complete a CHA organizational plan for our ongoing role in behavioral health field.				
Financial Communication Plan				
Goal	Lead	Goal Status		
		Met	On Schedule	Not Met
Assure decisions aligned with priority areas.				
<ul style="list-style-type: none"> Is it best for the organization? Is it best for the community? Does it support/advance the priority areas – SDOH, Equity, LM Create process to align financial decisions with mission/priority areas. 				
Leadership Development/Training				
Goal	Lead	Goal Status		
		Met	On Schedule	Not Met
Board Engagement will focus on committee structure implementation with documented meetings and action steps.				
Policy committee will recommend local policies for adoption by board and lead advocacy efforts across agency.				
Leadership Development strategies will be formalized and implemented.				



Cabarrus Health Alliance Board Agenda

Meeting Date: September 14, 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 align budget with actuals for the Public Health Preparedness Agreement Addendum. - \$0
2. To align budget with actuals for the CDC Vaccine Agreement Addendum. - \$0
3. To align budget with actuals for the ELC Agreement Addendum. - \$0
4. To align budget with actuals for the DFC Grant. - \$0
5. To align budget with actuals for the Cabarrus Youth Development Program. - \$0
6. To align budget with actuals for Managed Care billing. - \$0
7. To align budget with actuals for the Innovative Approaches Grant. - \$0
8. To budget for Marketing separate from General Administration. - \$0
9. To align budget with actuals and budget for additional funds for the ED Regional Support Team Agreement Addendum. - \$39,288
10. To budget for the School Health Liaison Agreement Addendum. - \$115,000
11. To budget for funds received for the ELC School Health Agreement Addendum. - \$4,451,440
12. To adjust budget for the Elevate Grant; the non-federal share was originally included. - \$(332,915)
13. To budget for Community Health Workers CDC Grant received. - \$703,477
14. To budget for Advancing Equity Agreement Addendum. - \$39,900

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: 9/14/2021

Amount: \$ _____ -

Type of Adjustment:

Health Director: Dr. Bonnie Coyle

Internal Transfer Within Program

Purpose of Request: To align budget with actuals for the Public Health Preparedness Agreement Addendum.

Transfer Between Programs

Supplemental Request

Account	Account Name	Present Approved Budget	Increase	Decrease	Revised Budget Amount
00295865-9101-50543	Salaries & Wages-ELC	\$ 907,066	\$ -	\$ 29,230	\$ 877,836
00295865-9102-50543	Part Time>1000 Hours-ELC	\$ 1,750	\$ 29,230	\$ -	\$ 30,980

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: 9/14/2021

Amount: \$ _____ -

Type of Adjustment:

Health Director: Dr. Bonnie Coyle

Internal Transfer Within Program

Purpose of Request: To align budget with actuals for the CDC Vaccine Agreement Addendum.

Transfer Between Programs

Supplemental Request

Account	Account Name	Present Approved Budget	Increase	Decrease	Revised Budget Amount
00295865-9230-50716	Workers' Comp-CDCVP	\$ 133	\$ 342	\$ -	\$ 475
00295865-9331-50716	Minor Office Equipment	\$ -	\$ 5,000	\$ -	\$ 5,000
00295865-9320-50716	Printing & Binding-CCVP	\$ 500	\$ 1,160	\$ -	\$ 1,660
00295865-9355-50716	Other Operation Costs-CDCCVP	\$ 43,781	\$ 6,219	\$ -	\$ 50,000
00295865-9360-50716	Medical Supplies-CDCCVP	\$ 3,000	\$ 95,873	\$ -	\$ 98,873
00295865-9611-50716	Mileage-CDCVP	\$ 1,200	\$ 300	\$ -	\$ 1,500
00295865-9635-50716	Training & Education	\$ -	\$ 6,000	\$ -	\$ 6,000
00295865-9101-50716	Salaries & Wages-CDCVacProgram	\$ 209,299	\$ -	\$ 73,757	\$ 135,542
00295865-9103-50716	Part Time < 1000 Hours-CDCVP	\$ 33,332	\$ -	\$ 12,000	\$ 21,332
00295865-9201-50716	Social Security-CDCVP	\$ 17,163	\$ -	\$ 7,344	\$ 9,819
00295865-9202-50716	Medicare-CDCVP	\$ 4,014	\$ -	\$ 1,718	\$ 2,296
00295865-9205-50716	Group Hospital Ins-CDCVP	\$ 33,314	\$ -	\$ 5,558	\$ 27,756
00295865-9206-50716	HRA-CDCVP	\$ 6,600	\$ -	\$ 1,320	\$ 5,280
00295865-9210-50716	Retirement-CDCVP	\$ 27,637	\$ -	\$ 9,614	\$ 18,023
00295865-9211-50716	401K Match-CDCVP	\$ 4,870	\$ -	\$ 1,703	\$ 3,167
00295865-9640-50716	Insurance & Bonds-CDCVP	\$ 3,460	\$ -	\$ 1,480	\$ 1,980
00295865-9659-50716	Unemployment Comp-50716	\$ 1,000	\$ -	\$ 400	\$ 600

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: 9/14/2021

Amount: \$ _____ -

Type of Adjustment:

Health Director: Dr. Bonnie Coyle

Internal Transfer Within Program

Purpose of Request: To align budget with actuals for the ELC Agreement Addendum.

Transfer Between Programs

Supplemental Request

Account	Account Name	Present Approved Budget	Increase	Decrease	Revised Budget Amount
00295865-9356-45140	Special Program Sup-Bioterror	\$ 1,391	\$ 3,540	\$ -	\$ 4,931
00295865-9320-45140	Printing & Binding	\$ -	\$ 400	\$ -	\$ 400
00295865-9102-45140	PartTime>1000 Hrs-Bioterrorism	\$ 30,868	\$ -	\$ 3,940	\$ 26,928

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: 9/14/2021

Amount: \$ _____ -

Type of Adjustment:

Health Director: Dr. Bonnie Coyle

Internal Transfer Within Program

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

Transfer Between Programs

Supplemental Request

Account	Account Name	Present Approved Budget	Increase	Decrease	Revised Budget Amount
00295845-9210-504	Retirement - HRA	\$ 1,339	\$ 3,669	\$ -	\$ 5,008
00295845-9301-504	Office Supplies - DFC	\$ 200	\$ 160	\$ -	\$ 360
00295845-9320-504	Printing & Binding - DFC	\$ 300	\$ 180	\$ -	\$ 480
00295845-9611-504	Mileage - DFC	\$ 112	\$ 166	\$ -	\$ 278
00295845-9635-504	Training & Education - DFC	\$ 1,150	\$ 2,594	\$ -	\$ 3,744
00295845-9101-504	Salaries & Wages - DFC	\$ 64,490	\$ -	\$ 2,415	\$ 62,075
00295845-9355-504	Other Operation Costs - DFC	\$ 16,048	\$ -	\$ 518	\$ 15,530
00295845-9447-504	Contracted Services - DFC	\$ 13,200	\$ -	\$ 2,700	\$ 10,500
00295845-9356-504A	Special Prog Supplies - DFCID	\$ 12,500	\$ -	\$ 1,136	\$ 11,364

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: 9/14/2021

Amount: \$ _____ -

Type of Adjustment:

Health Director: Dr. Bonnie Coyle

Internal Transfer Within Program

Purpose of Request: To align budget with actuals for the Cabarrus Youth Development Center Program.

Transfer Between Programs

Supplemental Request

Account	Account Name	Present Approved Budget	Increase	Decrease	Revised Budget Amount
00295875-9102-245	Part Time > 1000 Hrs - CabYDC	\$ -	\$ 23,996	\$ -	\$ 23,996
00295875-9635-245	Training & Education-CabYDC	\$ 1,500	\$ 500	\$ -	\$ 2,000
00295875-9101-245	Salaries & Wages-CabYDC	\$ 292,880	\$ -	\$ 24,496	\$ 268,384

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: 9/14/2021

Amount: \$ _____ -

Type of Adjustment:

Health Director: Dr. Bonnie Coyle

Internal Transfer Within Program

Purpose of Request: To align budget with actuals for Managed Care billing.

Transfer Between Programs

Supplemental Request

Account	Account Name	Present Approved Budget	Increase	Decrease	Revised Budget Amount
00265875-6415-200	Medicaid-PedPC	\$ 305,757	\$ -	\$ 266,007	\$ 39,750
00265875-6417-200	Medicaid Managed Care-PPC	\$ -	\$ 266,007	\$ -	\$ 266,007
00265875-6415-275	Medicaid-Adult Primary Ca	\$ 24,000	\$ -	\$ 18,473	\$ 5,527
00265875-6417-275	Medicaid Managed Care-APC	\$ -	\$ 18,473	\$ -	\$ 18,473
00265875-6415-285	Medicaid-PregnancyMedHome	\$ 14,000	\$ -	\$ 6,282	\$ 7,718
00265875-6417-285	Medicaid Managed Care-PMH	\$ -	\$ 6,282	\$ -	\$ 6,282
00265875-6415-430	Medicaid Reimb - Ped BH	\$ 10,841	\$ -	\$ 5,215	\$ 5,626
00265875-6417-430	Medicaid Managed Care-PBH	\$ -	\$ 5,215	\$ -	\$ 5,215
00265875-6415-51010	Medicaid - Maternal Hlth	\$ 147,025	\$ -	\$ 76,090	\$ 70,935
00265875-6417-51010	Medicaid Managed Care-MH	\$ -	\$ 30,620	\$ -	\$ 30,620
00265875-6415-5101A	Medicaid - HRMC	\$ 7,000	\$ 22,735	\$ -	\$ 29,735
00265875-6417-5101A	Medicaid Managed Care-HRMC	\$ -	\$ 22,735	\$ -	\$ 22,735
00265875-6415-5151A	Medicaid - Family Plan	\$ 75,000	\$ -	\$ 31,754	\$ 43,246
00265875-6417-5151A	Medicaid Managed Care-FP	\$ -	\$ 31,754	\$ -	\$ 31,754
00265875-6415-5351A	Medicaid - Child Health	\$ 416,577	\$ -	\$ 143,091	\$ 273,486
00265875-6417-5351A	Medicaid Managed Care-CH	\$ -	\$ 143,091	\$ -	\$ 143,091

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: 9/14/2021

Amount: \$ _____ -

Type of Adjustment:

Health Director: Dr. Bonnie Coyle

Internal Transfer Within Program

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

Transfer Between Programs

Supplemental Request

Account	Account Name	Present Approved Budget	Increase	Decrease	Revised Budget Amount
00295832-9356-50846	SpProgSup-InnovApproach	\$ 4,060	\$ -	\$ 620	\$ 3,440
00295832-9635-50846	Trng&Ed-InnovApproach	\$ 10,000	\$ -	\$ 10,000	\$ -
00295832-9447-50846	ContractedSvcs-InnovApproach	\$ 43,854	\$ 10,320	\$ -	\$ 54,174
00295832-9630-50846	Dues & Subscriptions-InnovApproach	\$ -	\$ 300	\$ -	\$ 300

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: 9/14/2021

Amount: \$ _____ -

Type of Adjustment:

Health Director: Dr. Bonnie Coyle

Internal Transfer Within Program

Purpose of Request: To move budget for Marketing from General Administration.

Transfer Between Programs

Supplemental Request

Account	Account Name	Present Approved Budget	Increase	Decrease	Revised Budget Amount
00295815-9101-15	Salaries & Wages-Marketing	\$ -	\$ 53,280	\$ -	\$ 53,280
00295815-9201-15	Social Security-Marketing	\$ -	\$ 3,303	\$ -	\$ 3,303
00295815-9202-15	Medicare-Marketing	\$ -	\$ 773	\$ -	\$ 773
00295815-9205-15	Group Hospital Insurance-Marketing	\$ -	\$ 6,939	\$ -	\$ 6,939
00295815-9206-15	HRA-Marketing	\$ -	\$ 1,320	\$ -	\$ 1,320
00295815-9210-15	Retirement-Marketing	\$ -	\$ 6,047	\$ -	\$ 6,047
00295815-9230-15	Workers' Comp-Marketing	\$ -	\$ 260	\$ -	\$ 260
00295815-9640-15	Insurance & Bonds-Marketing	\$ -	\$ 665	\$ -	\$ 665
00295815-9659-15	Unemployment Comp-Marketing	\$ -	\$ 150	\$ -	\$ 150
00295815-9692-15	Public Relations	\$ -	\$ 15,000	\$ -	\$ 15,000
00295815-9692-41100	Public Relations-Gen Admin	\$ 15,000	\$ -	\$ 15,000	\$ -
00295815-9101-41100	Salaries & Wages - Admin Aid	\$ 455,492	\$ -	\$ 53,280	\$ 402,212
00295815-9201-41100	Social Security - Admin Aid	\$ 38,228	\$ -	\$ 3,303	\$ 34,925
00295815-9202-41100	Medicare - Admin Aid	\$ 8,941	\$ -	\$ 773	\$ 8,168
00295815-9205-41100	Group Hospital Ins Admin Aid	\$ 33,167	\$ -	\$ 6,939	\$ 26,228
00295815-9206-41100	HRA-Gen Admin	\$ 6,310	\$ -	\$ 1,320	\$ 4,990
00295815-9210-41100	Retirement - Admin Aid	\$ 66,198	\$ -	\$ 6,047	\$ 60,151
00295815-9230-41100	Workers' Comp - Admin Aid	\$ 2,212	\$ -	\$ 260	\$ 1,952
00295815-9640-41100	Insurance & Bonds-Admin	\$ 8,804	\$ -	\$ 665	\$ 8,139
00295815-9659-41100	Unemployment Compensation	\$ 1,192	\$ -	\$ 150	\$ 1,042

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: 9/14/2021

Amount: \$ 39,288

Type of Adjustment:

Health Director: Dr. Bonnie Coyle

Internal Transfer Within Program

Purpose of Request: To align budget with actuals and budget for additional funds for the ED Regional Support Team Agreement Addendum.

Transfer Between Programs

Supplemental Request

Account	Account Name	Present Approved Budget	Increase	Decrease	Revised Budget Amount
00265865-6200-50545	CHA Grant-EDRegSupportTeam	\$ 556,770	\$ 39,288	\$ -	\$ 596,058
00295865-9101-50545	Salaries & Wages-EDRegSupTeam	\$ 379,704	\$ 29,240	\$ -	\$ 408,944
00295865-9201-50545	Social Security-EDRST	\$ 23,542	\$ 382	\$ -	\$ 23,924
00295865-9202-50545	Medicare-EDRST	\$ 5,506	\$ 89	\$ -	\$ 5,595
00295865-9205-50545	Group Hospital Ins-EDRST	\$ 48,573	\$ 5,558	\$ -	\$ 54,131
00295865-9206-50545	HRA-EDRST	\$ 9,240	\$ 1,320	\$ -	\$ 10,560
00295865-9210-50545	Retirement-EDRST	\$ 43,096	\$ 815	\$ -	\$ 43,911
00295865-9211-50545	401K Match-EDRST	\$ 7,594	\$ 123	\$ -	\$ 7,717
00295865-9230-50545	Workers' Compensation-EDRST	\$ 1,139	\$ 19	\$ -	\$ 1,158
00295865-9640-50545	Insurance & Bonds-EDRST	\$ 4,746	\$ 77	\$ -	\$ 4,823
00295865-9659-50545	Unemployment Comp-EDRST	\$ 1,050	\$ 75	\$ -	\$ 1,125
00295865-9301-50545	Office Supplies-EDRST	\$ 3,600	\$ 900	\$ -	\$ 4,500
00295865-9355-50545	Other Operation Costs-EDRST	\$ -	\$ 3,000	\$ -	\$ 3,000
00295865-9635-50545	Training&Educaton-EDRST	\$ -	\$ 10,000	\$ -	\$ 10,000
00295865-9611-50545	Mileage-EDRST	\$ 28,080	\$ -	\$ 12,310	\$ 15,770

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: 9/14/2021

Amount: \$ 115,000

Type of Adjustment:

Health Director: Dr. Bonnie Coyle

Internal Transfer Within Program

Purpose of Request: To budget funds received for the School Health Liaison Agreement Addendum.

Transfer Between Programs

Supplemental Request

Account	Account Name	Present Approved Budget	Increase	Decrease	Revised Budget Amount
00265840-6200-50361	CHA Grant-ELCRSSHL	\$ -	\$ 115,000	\$ -	\$ 115,000
00295840-9101-50361	Salaries & Wages-ELSRSSHL	\$ -	\$ 12,184	\$ -	\$ 12,184
00295840-9102-50361	PT> 1000 Hours-ELCRSSHL	\$ -	\$ 69,999	\$ -	\$ 69,999
00295840-9201-50361	Social Security-ELCRSSHL	\$ -	\$ 5,095	\$ -	\$ 5,095
00295840-9202-50361	Medicare-ELCRSSHL	\$ -	\$ 1,192	\$ -	\$ 1,192
00295840-9205-50361	Group Hospital Ins-ELCRSSHL	\$ -	\$ 6,939	\$ -	\$ 6,939
00295840-9206-50361	HRA-ELCRSSHL	\$ -	\$ 1,320	\$ -	\$ 1,320
00295840-9210-50361	Retirement-ELCRSSHL	\$ -	\$ 9,353	\$ -	\$ 9,353
00295840-9211-50361	401K Match-ELCRSSHL	\$ -	\$ 1,644	\$ -	\$ 1,644
00295840-9230-50361	Workers' Comp-ELCRSSHL	\$ -	\$ 247	\$ -	\$ 247
00295840-9640-50361	Insurance & Bonds-ELCRSSHL	\$ -	\$ 1,027	\$ -	\$ 1,027
00295840-9659-50361	Unemployment Comp-ELCRSSHL	\$ -	\$ 150	\$ -	\$ 150
00295840-9301-50361	Office Supplies-ELCRSSHL	\$ -	\$ 750	\$ -	\$ 750
00295840-9320-50361	Printing & Binding-ELCRSSHL	\$ -	\$ 1,200	\$ -	\$ 1,200
00295840-9331-50361	MinorOfficeEquip&Furn-ELCRSSHL	\$ -	\$ 2,500	\$ -	\$ 2,500
00295840-9420-50361	Telecommunications-ELCRSSHL	\$ -	\$ 300	\$ -	\$ 300
00295840-9611-50361	Mileage-ELCRSSHL	\$ -	\$ 1,100	\$ -	\$ 1,100

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: 9/14/2021

Amount: \$ 4,451,440

Type of Adjustment:

Health Director: Dr. Bonnie Coyle

Internal Transfer Within Program

Purpose of Request: To budget funds received for the ELC School Health Agreement Addendum.

Transfer Between Programs

Supplemental Request

Account	Account Name	Present Approved Budget	Increase	Decrease	Revised Budget Amount
00265840-6200-50362	CHA Grant-ELC-SH	\$ -	\$ 4,451,440	\$ -	\$ 4,451,440
00295840-9101-50362	Salaries & Wages-ELC-SH	\$ -	\$ 723,781	\$ -	\$ 723,781
00295840-9102-50362	Part Time>1000 Hours-ELC-SH	\$ -	\$ 25,000	\$ -	\$ 25,000
00295840-9103-50362	Part Time<1000 Hours-ELC-SH	\$ -	\$ 5,000	\$ -	\$ 5,000
00295840-9104-50362	Temp-Part & Full Time-ELC-SH	\$ -	\$ 2,000	\$ -	\$ 2,000
00295840-9201-50362	Social Security-ELC-SH	\$ -	\$ 47,621	\$ -	\$ 47,621
00295840-9202-50362	Medicare-ELC-SH	\$ -	\$ 10,959	\$ -	\$ 10,959
00295840-9205-50362	Group Hospital Ins-ELC-SH	\$ -	\$ 67,660	\$ -	\$ 67,660
00295840-9206-50362	HRA-ELC-SH	\$ -	\$ 11,880	\$ -	\$ 11,880
00295840-9210-50362	Retirement-ELC-SH	\$ -	\$ 86,008	\$ -	\$ 86,008
00295840-9211-50362	401K Match-ELC-SH	\$ -	\$ 15,116	\$ -	\$ 15,116
00295840-9230-50362	Workers' Comp-ELC-SH	\$ -	\$ 2,267	\$ -	\$ 2,267
00295840-9640-50362	Insurance & Bonds-ELC-SH	\$ -	\$ 9,448	\$ -	\$ 9,448
00295840-9659-50362	Unemployment Comp-ELC-SH	\$ -	\$ 1,200	\$ -	\$ 1,200
00295840-9107-50362	Contracted Personnel-ELC-SH	\$ -	\$ 2,655,000	\$ -	\$ 2,655,000
00295840-9320-50362	Printing & Binding-ELC-SH	\$ -	\$ 27,500	\$ -	\$ 27,500
00295840-9331-50362	MinorOfficeEquip & Furn-ELC-SH	\$ -	\$ 250,000	\$ -	\$ 250,000
00295840-9355-50362	Other Operation Costs-ELC-SH	\$ -	\$ 325,000	\$ -	\$ 325,000
00295840-9611-50362	Mileage-ELC-SH	\$ -	\$ 55,000	\$ -	\$ 55,000
00295840-9635-50362	Training & Education-ELC-SH	\$ -	\$ 50,000	\$ -	\$ 50,000
00295840-9420-50362	Telecommunications-ELC-SH	\$ -	\$ 11,000	\$ -	\$ 11,000
00295840-9301-50362	Office Supplies-ELC-SH	\$ -	\$ 70,000	\$ -	\$ 70,000

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

#12

Date: 8/10/2021

Amount: \$ (332,915)

Type of Adjustment:

Health Director: Dr. Bonnie Coyle

Internal Transfer Within Program

Purpose of Request: To adjust budget for the Elevate Grant; the non-federal share was originally included.

Transfer Between Programs

Supplemental Request

Account	Account Name	Present Approved Budget	Increase	Decrease	Revised Budget Amount
00265845-6289-184	DHHS/OPA-Elevate	\$ 1,195,901	\$ -	\$ 332,915	\$ 862,986
00295845-9101-184	Salaries & Wages-Elevate	\$ 407,185	\$ -	\$ 86,450	\$ 320,735
00295845-9102-184	Part Time>1000 Hrs-Elevate	\$ 45,000	\$ -	\$ 45,000	\$ -
00295845-9201-184	Social Security-Elevate	\$ 22,010	\$ -	\$ 2,125	\$ 19,885
00295845-9202-184	Medicare-Elevate	\$ 5,142	\$ -	\$ 492	\$ 4,650
00295845-9205-184	Group Hospital Ins-Elevate	\$ 36,239	\$ -	\$ 1,544	\$ 34,695
00295845-9206-184	HRA-Elevate	\$ 7,920	\$ -	\$ 1,320	\$ 6,600
00295845-9210-184	Retirement-Elevate	\$ 35,399	\$ -	\$ 11,033	\$ 24,366
00295845-9211-184	401K Match-Elevate	\$ 7,100	\$ -	\$ 686	\$ 6,414
00295845-9301-184	Office Supplies-Elevate	\$ 27,095	\$ -	\$ 2,500	\$ 24,595
00295845-9355-184	Other Operation Costs-Elevate	\$ 225,945	\$ -	\$ 133,100	\$ 92,845
00295845-9447-184	Contracted Services-Elevate	\$ 256,090	\$ -	\$ 18,400	\$ 237,690
00295845-9356-184A	Special Program Supp-Elevate	\$ 97,682	\$ -	\$ 30,265	\$ 67,417

Finance Office Use Only

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

CABARRUS HEALTH ALLIANCE

Budget Revision/Amendment Request

#13

Date: 8/10/2021

Amount: \$ 703,477

Type of Adjustment:

Health Director: Dr. Bonnie Coyle

Internal Transfer Within Program

Purpose of Request: To budget for Community Health Worker CDC Grant received.

Transfer Between Programs

Supplemental Request

Account	Account Name	Present Approved Budget	Increase	Decrease	Revised Budget Amount
00265845-6293-371	HHS/CenterDiseaseControl-CHW	\$ -	\$ 703,477	\$ -	\$ 703,477
00295845-9101-371	Salaries & Wages-CHW	\$ -	\$ 100,001	\$ -	\$ 100,001
00295845-9102-371	Part Time > 1000 Hours-CHW	\$ -	\$ 277,524	\$ -	\$ 277,524
00295845-9201-371	Social Security-CHW	\$ -	\$ 23,406	\$ -	\$ 23,406
00295845-9202-371	Medicare-CHW	\$ -	\$ 5,474	\$ -	\$ 5,474
00295845-9205-371	Group Hospital Insurance-CHW	\$ -	\$ 60,522	\$ -	\$ 60,522
00295845-9206-371	HRA-CHW	\$ -	\$ 10,560	\$ -	\$ 10,560
00295845-9210-371	Retirement-CHW	\$ -	\$ 47,972	\$ -	\$ 47,972
00295845-9211-371	401K Match-CHW	\$ -	\$ 7,550	\$ -	\$ 7,550
00295845-9230-371	Workers' Compensation-CHW	\$ -	\$ 1,133	\$ -	\$ 1,133
00295845-9640-371	Insurance & Bonds-CHW	\$ -	\$ 4,719	\$ -	\$ 4,719
00295845-9659-371	Unemployment Comp-CHW	\$ -	\$ 1,200	\$ -	\$ 1,200
00295845-9301-371	Supplies - CHW	\$ -	\$ 35,791	\$ -	\$ 35,791
00295845-9331-371	Minor Office Equip & Furn-CHW	\$ -	\$ 3,000	\$ -	\$ 3,000
00295845-9355-371	Other Operation Costs-CHW	\$ -	\$ 13,330	\$ -	\$ 13,330
00295845-9420-371	Telecommunications-CHW	\$ -	\$ 1,000	\$ -	\$ 1,000
00295845-9447-371	Outsourced Services-CHW	\$ -	\$ 39,730	\$ -	\$ 39,730
00295845-9611-371	Mileage-CHW	\$ -	\$ 1,115	\$ -	\$ 1,115
00295845-9635-371	Training & Education-CHW	\$ -	\$ 6,000	\$ -	\$ 6,000
00295845-9356-371A	SpecialProgSuppliesIndirect - CHW	\$ -	\$ 63,450	\$ -	\$ 63,450

Finance Office Use Only

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

CABARRUS HEALTH ALLIANCE

Budget Revision/Amendment Request

#14

Date: 8/10/2021

Amount: \$ 39,900

Type of Adjustment:

Health Director: Dr. Bonnie Coyle

Internal Transfer Within Program

Purpose of Request: To budget for Advancing Equity Agreement Addendum.

Transfer Between Programs

Supplemental Request

Account	Account Name	Present Approved Budget	Increase	Decrease	Revised Budget Amount
00265815-6200-50466	CHA Grant-Advancing Equity	\$ -	\$ 39,900	\$ -	\$ 39,900
00295815-9101-50466	Salaries & Wages-AdvEquity	\$ -	\$ 28,461	\$ -	\$ 28,461
00295815-9201-50466	Social Security-AdvEquity	\$ -	\$ 1,765	\$ -	\$ 1,765
00295815-9202-50466	Medicare-AdvEquity	\$ -	\$ 413	\$ -	\$ 413
00295815-9205-50466	Group Hospital Ins-AdvEquity	\$ -	\$ 3,018	\$ -	\$ 3,018
00295815-9206-50466	HRA-AdvEquity	\$ -	\$ 920	\$ -	\$ 920
00295815-9210-50466	Retirement-AdvEquity	\$ -	\$ 3,239	\$ -	\$ 3,239
00295815-9211-50466	401K Match-AdvEquity	\$ -	\$ 569	\$ -	\$ 569
00295815-9230-50466	Workers' Comp-AdvEquity	\$ -	\$ 85	\$ -	\$ 85
00295815-9640-50466	Insurance & Bonds-AdvEquity	\$ -	\$ 356	\$ -	\$ 356
00295815-9659-50466	Unemployment Comp-AdvEquity	\$ -	\$ 74	\$ -	\$ 74
00295815-9320-50466	Printing & Binding-AdvEquity	\$ -	\$ 500	\$ -	\$ 500
00295815-9611-50466	Mileage-AdvEquity	\$ -	\$ 250	\$ -	\$ 250
00295815-9635-50466	Training & Education-AdvEquity	\$ -	\$ 250	\$ -	\$ 250

Finance Office Use Only

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

Board Engagement – Committee Structure

Board Committees

Executive Committee

Chairman and Chair of Each Committee

Equity/Policy Committee

Christopher Bowe, FACHE
Cecilia Plez
Daryle Adams

Strategy/Data/Outcomes Committee

Dan Hagler, MD
Lara Pons, MD
Kimberly Dehler, DDS, MPH

Finance/Sustainability Committee

Mark Spitzer
James Mack, Chairman
Stephen Morris



Employee Thank You & Retention Proposal

September 14, 2021

What Others are Doing



Entity	Incentive
City of Washington	\$250 bonus and 16 hours of paid leave
City of Reidsville	\$600 bonus
Town of Wake Forest	\$500 for full-time staff; \$250 for part-time staff
Town of Chapel Hill	\$400 bonus
City of Salisbury	\$250 bonus for those vaccinated, plus \$250 once they reach 65% of workforce vaccinated, plus \$250 once they reach 75% of workforce vaccinated
City of Charlotte	\$250 bonus, plus \$250 once 75% of workforce is vaccinated
City of Durham	\$250 bonus
Wake County Government	\$250 bonus and 16 hours of paid leave
CHA Proposal Options	Next slide

CHA Considerations



1. Instead of an incentive, provide a "Retention and Thank You" Award
2. The CHA vaccine requirement deadline is October 31, 2021
3. Recommend providing the award at the end of November
4. If board supports, the Leadership Team will work with finance to develop a proposal to bring to the board for a vote in October
5. Considerations:
 - Amount
 - Will it be pro-rated for part time?
 - Will it be pro-rated based on dates of hire/dates worked?

We appreciate your input!

Sample Board of Health/Consolidated Human Services Board Rule¹

PUBLIC HEALTH RULE: INDIVIDUALS REQUIRED TO WEAR FACE COVERINGS IN INDOOR PUBLIC PLACES

Section 1. Authority and Scope

[Instructions: Select the statement that is appropriate for your board type.]

[OPTION A - County or district board of health] This local public health rule (the “Rule”) is authorized by North Carolina General Statute (hereafter G.S.) 130A-39. The Rule applies throughout the [county/counties] of _____, including within municipal limits, pursuant to G.S. 130A-39(c).

[OPTION B - Consolidated human services board] This local public health rule (the “Rule”) is authorized by North Carolina General Statutes (hereafter G.S.) 153A-77(c); 130A-43(b); and 130A-39. The rule applies throughout the county of _____, including within municipal limits, pursuant to G.S. 130A-39(c).

Section 2. Findings

The [insert board name]² finds:

- A. Since it was first identified in late 2019, the SARS-CoV-2 virus that causes COVID-19 has spread across the globe. Since March 2020, North Carolina has experienced over 1 million cases of COVID-19 and over 14,000 deaths from COVID-19.
- B. On January 31, 2020, former U.S. Secretary of Health and Human Services Alex Azar declared a national public health emergency due to COVID-19. Subsequently, President Donald J. Trump declared a national state of emergency due to the COVID-19 outbreak, which persists to this day. On March 10, 2020, Governor Roy Cooper declared a state of emergency in North Carolina due to COVID-19 (Executive Order No. 116). North Carolina has remained in a state of emergency since that date. **[Optional: Add information about local declaration(s) of a state of emergency due to COVID-19.]**
- C. The Centers for Disease Control and Prevention (“CDC”) first recommended face coverings as a method to reduce transmission of COVID-19 in April 2020. On June 24, 2020, Governor Roy Cooper issued statewide face covering requirements in North Carolina (Executive Order No. 147, amending Executive Order No. 141).

¹ The board should provide at least ten days’ notice prior to the adoption of the rule, per G.S. § 130A-39(d).

² If the county commissioners have assumed the powers and duties of the board of health or consolidated human services board, the name of the board may be stated as “The ___ County Board of Commissioners, exercising the powers and duties of a [board of health or consolidated human services board] that it has assumed pursuant to G.S. 153A-77(a).” Consider also citing the local resolution in which the commissioners assumed the powers and duties.

- D. In May 2021, the CDC revised its face covering recommendations, recommending that unvaccinated persons continue to wear face coverings in indoor public places, but lifting its prior recommendation that fully vaccinated persons do likewise. Subsequently, a national surge in COVID-19 cases, fueled by the Delta variant of the SARS-CoV-2 virus, prompted the CDC to release updated guidance on July 27, 2021 recommending the use of face coverings by vaccinated and unvaccinated persons in indoor public places in counties that are experiencing substantial or high transmission of COVID-19.³
- E. North Carolina’s statewide face covering requirements expired on July 30, 2021 (Executive Order No. 220). The state has since experienced a surge in COVID-19 cases. Governor Roy Cooper has re-imposed face covering requirements for certain state agencies and has strongly encouraged local governments to re-impose face covering requirements in their jurisdictions (Executive Order No. 224, extended by Executive Order No. 229).
- F. According to CDC guidance, while vaccinated persons are less likely than unvaccinated persons to contract COVID-19, the Delta variant of SARS-CoV-2 has caused post-vaccination infections in some vaccinated persons, who can then transmit the virus to others. Some individuals, such as children under 12, are not currently eligible for vaccination. *[Add county-specific information about vaccination rates.]*
- G. *[Add county-specific information about COVID-19, such as: cumulative cases, hospitalizations, and deaths; test positivity rate; changes in metrics since July 2021; status as a county with high or substantial transmission and how long that status has persisted; and if applicable, information about effect on local hospitals, such as ICU bed availability.]*
- H. *[Optional: Add other information that may make the local area uniquely vulnerable, such as the presence of a college/university, tourist destination, high proportion of historically marginalized populations who have suffered disproportionately from COVID-19, etc.]*
- I. COVID-19 is transmitted predominately by inhalation of respiratory droplets generated when people cough, sneeze, sing, talk, or breathe. According to the CDC, multiple studies have shown face coverings to be effective at preventing the transmission of COVID-19. The CDC and the North Carolina Department of Health and Human Services continue to recommend the use of face coverings as an important method for preventing transmission of COVID-19.
- J. The *[name of board]* is responsible for protecting and promoting the public health in *[County/the counties of _____]*, and has the authority to adopt rules necessary to that purpose. The board accordingly adopts this Rule.

³ The definitions of “substantial” and “high” transmission were included in the CDC’s Morbidity and Mortality Weekly Report published on July 27, 2021, titled “Guidance for Implementing COVID-19 Prevention Strategies in the Context of Varying Community Transmission Levels and Vaccination Coverage” and available at <https://www.cdc.gov/mmwr/volumes/70/wr/mm7030e2.htm>. County transmission levels can be viewed at <https://covid.cdc.gov/covid-data-tracker/#county-view>.

Section 3. Definitions

“Face Covering” means a covering of the nose and mouth that is secured to the head with ties, straps, or loops over the ears and fits snugly against the sides of a person's face. For purposes of this Rule, a Face Covering may be made of natural or synthetic materials, and may be factory-made, sewn by hand, or improvised from household items such as scarves, bandanas, t-shirts, or towels. A face shield, alone, does not satisfy this definition.

“Indoor public place” means any enclosed area to which the public is invited or in which the public is permitted. The term does not include private rooms in lodging establishments (any establishment that provides lodging for pay to the public), private vehicles (any privately owned vehicle that is not used for commercial or employment purposes), or private residences (any private dwelling that is not a child care facility, as defined in G.S. 110-86(3), and not a long-term care facility, as defined in G.S. 131E-114.3(a)(1)).

Section 4. Face Coverings Required in Indoor Public Places; Exceptions; Accommodations

A. Requirements.

1. All persons present in [_____ County/the counties of _____] must wear a Face Covering in all indoor public places, unless an exception set forth in this Rule applies.
2. All persons or entities that own, operate, or otherwise have control of an indoor public place in [_____ County/the counties of _____] must require that Face Coverings be worn by all persons inside such indoor public place, unless an exception set forth in this Rule applies.

B. Exceptions.

1. The following persons are not required to wear Face Coverings in indoor public places:
 - i. A person with a medical or behavioral condition or disability, intellectual or developmental disability, or other mental health condition that prevents the individual from wearing a Face Covering (including, but not limited to, any individual who has difficulty breathing).
 - ii. A child under two years of age.
2. A person is not required to wear a Face Covering in an indoor public place in the following circumstances:
 - i. The person is a child under five years of age whose parent, guardian, or responsible person has been unable to place or maintain a face covering safely on the child's face.
 - ii. The person is actively eating or drinking.
 - iii. The person is seeking to communicate with someone who is hearing-impaired in a way that requires the person's mouth to be visible.

- iv. The person is giving a speech or performance for a broadcast or to an audience where the person maintains a distance of at least twenty feet from the audience.
 - v. The person is alone in an enclosed individual office or other work setting (however, such person(s) shall apply a face covering when in common areas such as breakrooms, hallways, restrooms, or other indoor public places where other persons may be encountered).
 - vi. The person is operating equipment or a vehicle and has determined that the face covering impedes visibility.
 - vii. The person would be at risk from wearing a Face Covering while at work, as determined by local, state, or federal regulations or guidance.
 - viii. The person is temporarily removing their Face Covering for identification purposes.
- C. Accommodations. A person who declines to wear a Face Covering because of an exception provided in Section 4.B.1 of this Rule is not required to provide documentation or other proof of qualification for the exception. A business, establishment, or other indoor public place offering goods or services may accommodate a person who declines to wear a Face Covering by offering outdoor service, curbside service, home delivery, or some other reasonable measure to provide the goods and services.

Section 5. Enforcement

[Select the option below that is appropriate for your board type.]

[OPTION A - Appointed county board of health, district board of health, or consolidated human services board] The Board establishes the following penalties for violation of this Rule. All remedies are cumulative and nonexclusive.

- A. A violation of this Rule is a class 1 misdemeanor, pursuant to G.S. 130A-25.
- B. In addition or in the alternative to the remedy set forth in Section 5.A of this Rule, a local health director may seek an injunction in Superior Court against a person or entity that violates this Rule, pursuant to G.S. 130A-18.

[OPTION B - Board of County Commissioners that has assumed powers/duties of BOH or CHSA that includes public health] The Board, exercising the powers and duties of a **[local board of health/consolidated human services board]**, establishes the following penalties for violation of this Rule pursuant to G.S. 130A-2, G.S. 130A-18, and G.S. 153A-77(a) **[if BOCC is acting as a CHSA board, add a reference to G.S. § 130A-43]**. All remedies are cumulative and nonexclusive.

- A. A violation of this Rule is a class 1 misdemeanor, pursuant to G.S. 130A-25.

B. In addition or in the alternative to the remedy set forth in Section 5.A of this Rule, a local health director may seek an injunction in Superior Court against a person or entity that violates this Rule (a “Responsible Party”), pursuant to G.S. 130A-18.

C. **[OPTION]**: In addition or in the alternative to the remedies set forth in Section 5.A and/or Section 5.B of this Rule, a Responsible Party will be subject to the civil penalties set forth below, pursuant to G.S. 153A-77(a).⁴

1. A violation of this Rule is subject to a civil penalty of:

- i. \$___ per instance of a first violation that occurs after an initial warning.
- ii. \$___ per violation for a second violation by the same Responsible Party.
- iii. \$___ per each additional violation by the same Responsible Party.

2. A civil penalty under this Rule may be recovered by [_____] County] in a civil action in the nature of debt if the Responsible Party does not timely pay the penalty. Each citation issued regarding a violation of this Rule shall be in writing, signed by an Enforcing Party (as defined below in Section 5.C.3), and shall be delivered or mailed to the Responsible Party. The civil penalty will become effective and due immediately upon issuance of the citation. The Responsible Party has thirty (30) days from the date of service of the citation to pay the penalty in the absence of a timely submitted request for hearing to appeal the citation. Any recurrence of any violation of this ordinance, after cited, will constitute a separate and distinct violation.

3. “Enforcing Party” means the following officers or employees:

- i. The [_____] County] local health director or their designee;
- ii. The [_____] County] and designated deputies; and
- iii. The [_____] County] Attorney and associated staff.

D. The Office of the [_____] County] Attorney is authorized to file a civil action on behalf of the county to enjoin any violation of this Rule on behalf of the local health director and/or to obtain other appropriate relief needed to remedy the violation[, including civil penalties]. No further Board authority or permission to initiate litigation is required to enforce violations of this Rule.

Section 6. Effective Dates

This Rule is effective at [time] on [date]. The Rule expires at [time] on [date 60 days after effective date⁵]. This Rule may be revised, amended, and/or extended based upon the impact of the COVID-19

⁴ If the Board of County Commissioners elects to include civil penalties as an option for enforcement, this section should be revised to align with the county’s specific language and framework for imposing civil penalties. This section (C), including subparts 1-4, may be omitted if the Board of County Commissioners does not intend to include civil penalties as an option for enforcement.

⁵ The proposed 60-day period is based on current projections of when the current COVID-19 surge in North Carolina is likely to subside, according to the Institute for Health Metrics and Evaluation, which predicts infections will be trending downward by the end of October regardless of masking (much sooner with masks). See

pandemic on [County/the counties of _____], updated data, and/or recommendations by Federal, State, and local public health officials.

Section 6. Appeals

Any action to enforce this Rule may be appealed pursuant to the procedure set forth in G.S. 130A-24.

Section 7. Severability

If any section or provision of this Rule is held to be unconstitutional or otherwise void or invalid by a court of competent jurisdiction, such decision shall not affect the validity of this Rule as a whole or any part thereof other than the section or provision declared to be unconstitutional, invalid, or void.

Adopted this the _____ day of __, 2021.

[Name of Board]

[Name of Board Chair], [Board Name] Board Chair

Attested:

[Name of Board Secretary], [Board Name] Secretary to the Board

Proposed Calendar Year 2022 Schedule for Monthly Board of Health Meetings

Tuesday, January 18, 2022

Tuesday, February 15, 2022

Tuesday, March 15, 2022

Tuesday, April 19, 2022

Tuesday, May 17, 2022

Tuesday, June 21, 2022

Tuesday, July 19, 2022

Tuesday, August 16, 2022

Tuesday, September 20, 2022

Tuesday, October 18, 2022

Tuesday, November 15, 2022