



The Public Health Authority of Cabarrus County Board  
Meeting Agenda  
Tuesday, March 15, 2022  
5:30 pm

- A. CALL TO ORDER AND INVOCATION ..... Lara J. Pons, MD, Chairperson
- B. ADOPTION OF THE AGENDA *Motion* ..... Chairperson Pons
- C. APPROVAL OF THE MINUTES (January 18, 2022) *Motion* ..... Chairperson Pons
- D. INFORMAL PUBLIC COMMENTS ..... Chairperson Pons
- E. NOMINATION AND APPROVAL OF NEW OFFICERS *Motion* ..... Chairperson Pons
- F. REPORTS
  - Financial Summary Report ..... Sue Yates
  - CHA Snapshot (as of 02/28/22) ..... Sue Yates
  - Variance Analysis Year-to-Date ..... Sue Yates
  - Healthy Cabarrus/Substance Use/Communications Scorecard ..... Marcella Beam
  - State of the County’s Health ..... Marcella Beam
  - Health Director’s Report ..... Dr. Bonnie Coyle
- G. CONSENT AGENDA *Motion* ..... Chairperson Pons
  - Budget Revisions ..... Sue Yates
- H. BUSINESS AGENDA
  - Finance Policies *Motion* ..... Chairperson Pons
  - COVID-19 Update, Recovery and Resiliency ..... Erin Shoe
- I. ANNOUNCEMENTS ..... Chairperson Pons
- J. MOTION TO ADJOURN *Motion* ..... Chairperson Pons

Next regular meeting date  
Tuesday, May 17, 2022 (3<sup>rd</sup> Tuesday)



Public Health Authority of Cabarrus County  
Board Meeting Minutes  
January 18, 2022

A regular meeting of The Public Health Authority Board was held on Tuesday, January 18, 2022.

All board members attended virtually via Microsoft TEAMS with the exception of Chairman James Mack and Vice-Chair Lara Pons, MD who attended at CHA. The meeting was live streamed on YouTube.

Members Present:

James T. Mack, Jr., Chairman  
Lara Pons, MD, Vice-Chair  
Mark Spitzer  
Kimberly Dehler, DDS  
Dan Hagler, MD  
Cecilia Plez  
Asha Rodriguez

*Members Absent:* Steve Morris, Daryle Adams

Staff Present: Dr. Bonnie Coyle, Erin Shoe, Sue Yates, Ryan McGhee, Tammy Alexander, Marcella Beam, Julia Patterson, Ryan McGhee, Elly Steel, Raquesha Franklin.

**CALL TO ORDER**

Chairman James Mack called the meeting to order at 5:35 pm, and offered the invocation.

**INSTALLATION OF NEW MEMBERS AND OFFICERS**

Chairman James Mack asked for a motion to install new Board member, Asha Rodriguez. She will be replacing Chris Bowe from Atrium Health-Cabarrus. Mark Spitzer made a motion to install. Dr. Kim Dehler made a second motion. Motion approved and carried unanimously.

**ADOPTION OF THE AGENDA**

Chairman James Mack stated that there is an amendment to the agenda. He advised COVID-19 updates will be moved to Business Agenda. Chairman James Mack asked for a motion to adopt the amended agenda. Cecilia Plez made a motion to approve the agenda. Dr. Lara Pons made a second motion. Motion approved and carried unanimously.

**APPROVAL OF THE MINUTES**

Chairman James Mack asked for a motion to approve the November 9, 2021 meeting minutes. Cecilia Plez made a motion to approve the meeting minutes. The second motion was made by Mark Spitzer. Motion and approval carried unanimously.

**INSTALLATION OF NEW MEMBERS AND OFFICERS**

Dr. Bonnie Coyle administered the Oath. The Oath was accepted by Asha Rodriguez. Chairman James Mack announced Raquesha Franklin as new Clerk to the Board.

Chairman James Mack asked for a motion for Dr. Lara Pons to assume the role of Chairman/Chairperson beginning Feb. 2022. Mark Spitzer motioned. Cecilia Plez second the motion. Motion and approval carried unanimously. Dr. Bonnie Coyle confirmed that Dr. Pons will finish the FY term and nominations will be held in June.

## **REPORTS**

**Financial Summary Reports-**, Financial Summary Report, CHA Snapshot, Variance Analysis Year-to-Date Sue Yates presented the CHA Financial Reports.

*Financial Summary Report:* The monthly financial summary report covers through December 31<sup>st</sup> 2022. Original budget started at \$24 million; additional funding brings budget to \$32 million. Sue Yates advised the year will end with amount around \$400,000. The estimated Medicaid cost settlement is anticipated to come in by December 2021, however, there has been a delay due to questions around how to code COVID clinics.

*CHA Snapshot:* The snapshot shows where the budget is through the end of December 2021 which includes all CHA departments. Sue Yates advised Dental Health has not been fully operational in the schools due to COVID-19. Clinical Services moved to Managed Care which caused a few billing issues. State and local health directors are working to fix issues.

*Variance Analysis Year-to-Date:* This Variance Analysis report compares the previous year to the current year. Sue Yates advised that CHA is cash basis; this report shows how much more CHA is spending and receiving this year compared to past years. Additional funding is increasing the budget more than previous years which causes the monthly variance to increase.

*Dental Scorecard:* The Dental Scorecard was presented by Dr. Elly Steel, Dental Director. Dr. Elly Steel advised that the scorecards show performance and population accountability. Under population accountability, the emergency room visits for dental related causes remain stable over the course of three years. The scorecards focused on two measures; Kindergarten Decay Screenings and Preventive Services. All eight schools that have been screened have an increase in decay rates. Performance measures are high for caries risk assessments completed and low for self-management goals completed by patients.

*Health Director's Report:* Dr. Bonnie Coyle briefly presented the Health Director's Report. She thanked the staff and all departments/programs for stepping up to a challenging year. Dr. Bonnie Coyle asked that everyone review the report and to reach out to her if there are any questions.

## **CONSENT AGENDA**

*Budget Revisions:* Sue Yates presented the budget. The revisions consists of COSSAP grant, Mecklenburg PrEP funding, budget agreement addendum funds, Rowan County – Harm Reduction funds, Provider Relief funds – Phase 4, NCCU Medicine Pilot funds, Contributions and Donations, Viral Hepatitis Prevention grant, CLC Opioid grant, funds for BCCCP, payer mix in Clinical Services, AMCHP award, COVID billing revenues, and creating a new department for Behavioral Health Services.

Chairman James Mack asked for a motion to accept the budget revisions. Dr. Kim Dehler motioned to accept. Mark Spitzer seconded the motion. Motion and approval carried unanimously.

## **BUSINESS AGENDA**

*Board Membership:* Dr. Lara Pons presented the updates regarding the board membership. She advised because Chairman James Mack is stepping down, he will be replaced with a community member on the board. Dr. Lara Pons states that Dr. Chip Buckwell has expressed interest and the nominating committee recommends the full board approves him as the community representative for the rest of Chairman James Mack's term.

Chairman James Mack asked for a motion to nominate Dr. Chip Buckwell. Dr. Kim Dehler motioned to nominate. Mark Spitzer seconded the motion. Motion and approval carried unanimously.

Chairman James Mack inquired if there will be a nominations for a Vice Chairman at the March 2022 meeting. Dr. Bonnie Coyle confirmed this to be true. Chairman James Mack asked if there were any questions. There were no questions.

*COVID Update:* Erin Shoe and Dr. Bonnie Coyle presented COVID-19 updates. Erin Shoe presented the Cabarrus Case Data; she advised new cases in the past seven days are three thousand plus; the number of deaths are four hundred plus. Erin Shoe states the percent positivity rate increased to 35% and hospitalizations have decreased. Erin Shoe presented the following graphs: Cases by Date, 0-18 age, COVID testing, Active Case, and Vaccine Tracking.

Dr. Bonnie Coyle asked board to think about what it means to be “fully” vaccinated”; info is being gathered. Dr. Bonnie Coyle states CDC includes booster. States the CHA policy may need to be modified to account for changes so that it is not constantly being updated. Dr. Bonnie Coyle presented what CHA has been working on with Cabarrus County Schools and the recommendations which include that all schools have a mask requirement and for tests to stay in a mask optional environment be paused while transmission rates are very high; masking metrics presented. The Resolution to Recommend COVID-19 Mitigation Strategies for Cabarrus County was presented to board to review on the screen. Dr. Bonnie Coyle asked if there are any questions regarding adoption.

Mark Spitzer inquired about the reason for the 728 cases and the 10% positivity rate. Dr. Bonnie Coyle advised that they are two different metrics that represent the total spread within the county. Dr. Kim Dehler asked if there was reference to the overload of resources in the community. Erin Shoe advised that there is no WHEREAS statement however, it can be added by the board. No other questions.

Chairman James Mack asked for a motion to accept the Resolution. Dr. Kim Dehler motioned to accept. Cecilia Plez seconded the motion. Motion and approval carried unanimously.

## **INFORMAL PUBLIC COMMENTS**

No comments. Floor closed.

## **ANNOUNCEMENTS**

*Award Presentation:* Dr. Bonnie Coyle presented Chairman James Mack with an award of appreciation.

**CLOSED SESSION**

Motion to Enter into Closed Session pursuant to NCGS 143-318.11 (a)(1) to prevent the Disclosure of information that is privileged or confidential pursuant to North Carolina Law was made by Dr. Lara Pons. Cecilia Plez seconded the motion. Motion and approval carried unanimously.

**ADJOURN**

No further business to come before the Board, Dr. Kim Dehler made a motion to adjourn the meeting, the motion was seconded by Celia Plez. Unanimously approved. The meeting was adjourned at 8:32pm.

\_\_\_\_\_  
Lara Pons, MD, Chair  
Public Health Authority Board of Commissioners

ATTEST

\_\_\_\_\_  
Bonnie Coyle, MD  
Public Health Director

\_\_\_\_\_  
Minutes Taken by Raquesha B. Franklin

**PUBLIC HEALTH AUTHORITY OF CABARRUS COUNTY**  
**FINANCIAL SUMMARY REPORT**  
**FY 2022**      **8 months ending**      **2/28/2022**

<b>GENERAL FUND</b>									
<b>REVENUES</b>	<b>ACTUAL</b>	<b>ACTUAL</b>	<b>ACTUAL</b>	<b>ACTUAL</b>	<b>FY 2022</b>	<b>FY 2022</b>	<b>ACTUAL</b>	<b>Y-T-D %</b>	
	<b>FY 2018</b>	<b>FY 2019</b>	<b>FY 2020</b>	<b>FY 2021</b>	<b>ORIGINAL BUDGET</b>	<b>BUDGET</b>	<b>02/28/22</b>	<b>COLLECTED</b>	
INTERGOVERNMENTAL REVENUES	\$ 21,490,440	\$ 21,168,562	\$ 19,287,274	\$ 22,120,317	\$ 21,454,795	\$ 29,426,255	\$ 15,047,743	51.14%	
PERMITS & FEES	\$ 246,785	\$ 203,853	\$ 216,482	\$ 285,057	188,117	254,360	\$ 172,475	67.81%	
SALES & SERVICES	\$ 1,491,663	\$ 1,785,752	\$ 1,618,074	\$ 1,708,630	1,458,877	1,672,194	\$ 1,014,970	60.70%	
INVESTMENT EARNINGS	\$ 95,743	\$ 180,096	\$ 104,186	\$ 4,223	5,000	5,000	\$ 2,403	48.06%	
MISCELLANEOUS	\$ 71,980	\$ 65,673	\$ 47,320	\$ 72,847	33,675	28,954	\$ 43,400	149.89%	
CONTRIBUTIONS & PRIVATE GRANTS	\$ 418,892	\$ 498,089	\$ 577,794	\$ 1,002,571	351,303	790,765	\$ 346,552	43.82%	
FUND BALANCE APPROPRIATED	\$ -	\$ -	\$ -	\$ -	880,206	922,930	\$ -	0.00%	
<b>TOTAL</b>	<b>\$ 23,815,503</b>	<b>\$ 23,902,025</b>	<b>\$ 21,851,130</b>	<b>\$ 25,193,646</b>	<b>\$ 24,371,973</b>	<b>\$ 33,100,458</b>	<b>\$ 16,627,543</b>	<b>50.23%</b>	
<b>EXPENDITURES</b>	<b>ACTUAL</b>	<b>ACTUAL</b>	<b>ACTUAL</b>	<b>ACTUAL</b>	<b>FY 2022</b>	<b>FY 2022</b>	<b>ACTUAL</b>	<b>Y-T-D %</b>	
	<b>FY 2018</b>	<b>FY 2019</b>	<b>FY 2020</b>	<b>6/30/2021</b>	<b>ORIGINAL BUDGET</b>	<b>BUDGET</b>	<b>02/28/22</b>	<b>SPENT</b>	
ENVIRONMENTAL HEALTH	\$ 1,023,662	\$ 940,537	\$ 942,173	\$ 1,124,681	1,196,025	1,274,268	828,740.36	65.04%	
INFORMATION TECHNOLOGY SYSTEMS	\$ 838,463	\$ 958,323	\$ 1,153,424	\$ 951,084	1,030,489	1,073,213	687,023.08	64.02%	
GENERAL ADMINISTRATION	\$ 7,112,525	\$ 6,881,284	\$ 4,055,399	\$ 2,779,340	2,856,567	3,267,215	1,885,493.24	57.71%	
FAMILY CARE COORDINATION	\$ 978,968	\$ 1,040,588	\$ 1,177,374	\$ 1,109,438	1,133,604	1,274,354	706,033.69	55.40%	
SCHOOL HEALTH	\$ 2,825,137	\$ 2,994,421	\$ 3,117,582	\$ 3,965,717	4,266,235	8,828,800	4,110,636.33	46.56%	
COMMUNITY IMPACT	\$ 2,124,811	\$ 2,268,964	\$ 1,948,057	\$ 1,260,913	1,352,507	3,198,316	1,345,646.10	42.07%	
DENTAL HEALTH	\$ 3,523,777	\$ 3,723,191	\$ 4,020,629	\$ 2,933,844	3,882,175	3,677,175	2,201,442.03	59.87%	
VITAL RECORDS	\$ 62,420	\$ 65,439	\$ 54,625	\$ 57,632	63,913	63,913	43,873.06	68.64%	
COMMUNICABLE DISEASE	\$ 1,081,174	\$ 1,159,678	\$ 2,191,236	\$ 4,657,174	4,277,798	5,420,352	2,505,078.36	46.22%	
CLINICAL SERVICES	\$ 3,373,731	\$ 3,147,325	\$ 3,129,082	\$ 3,220,341	3,516,633	3,567,590	2,416,876.99	67.75%	
BEHAVIORAL HEALTH	\$ -	\$ -	\$ -	\$ -	0	659,235	27,756.75	4.21%	
WIC	742,540	710,171	767,128	832,770	796,027	796,027	514,483.39	64.63%	
<b>TOTAL</b>	<b>\$ 23,687,208</b>	<b>\$ 23,889,921</b>	<b>\$ 22,556,709</b>	<b>\$ 22,892,933</b>	<b>\$ 24,371,973</b>	<b>\$ 33,100,458</b>	<b>\$ 17,273,083</b>	<b>52.18%</b>	
<b>Y-T-D FUND BALANCE INCREASE (DECREASE)</b>	<b>\$ 128,295</b>	<b>\$ 12,104</b>	<b>\$ (705,580)</b>	<b>\$ 2,300,712</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ (645,540)</b>		

**ESTIMATED NET Y-T-D BALANCE 2/28/2022**

**\$ (645,540)**

**\*\*PLUS 8 MOS MEDICAID SETTLEMENT - ( \$1,466,558)**

**\$ 977,705**

**\$ 332,165**

## Cabarrus Health Alliance Snapshot

**February 28, 2022      Target Percentage 67%**

Budget	Actual	YTD Percentage	Comments	
<b>Environmental Health</b>				
Revenue	1,274,268	881,750	69.20%	
Expense	1,274,268	828,740	65.04%	
<b>Information Technology</b>				
Revenue	1,073,213	482,353	44.94%	
Expense	1,073,213	687,023	64.02%	
<b>General Administration</b>				
Revenue	2,918,146	1,732,524	59.37%	
Expense	3,267,215	1,885,493	57.71%	
<b>Family Care Coordination</b>				
Revenue	1,274,354	906,404	71.13%	
Expense	1,274,354	706,034	55.40%	
<b>School Health</b>				
Revenue	8,828,800	3,145,280	35.63%	
Expense	8,828,800	4,110,636	46.56%	
<b>Community Impact</b>				
Revenue	3,188,316	1,377,429	43.20%	
Expense	3,198,316	1,345,646	42.07%	
<b>Dental Health</b>				
Revenue	4,172,013	2,599,001	62.30%	
Expense	3,677,175	2,201,442	59.87%	
<b>Vital Records</b>				
Revenue	63,913	42,608	66.67%	
Expense	63,913	43,873	68.64%	
<b>Communicable Disease</b>				
Revenue	5,420,352	2,826,423	52.14%	
Expense	5,420,352	2,505,078	46.22%	
<b>Clinical Services</b>				
Revenue	3,431,821	2,317,076	67.52%	
Expense	3,567,590	2,416,877	67.75%	
<b>Behavioral Health</b>				
Revenue	659,235	2,969	0.45%	
Expense	659,235	27,757	4.21%	
<b>WIC</b>				
Revenue	796,027	455,569	57.23%	
Expense	796,027	514,483	64.63%	

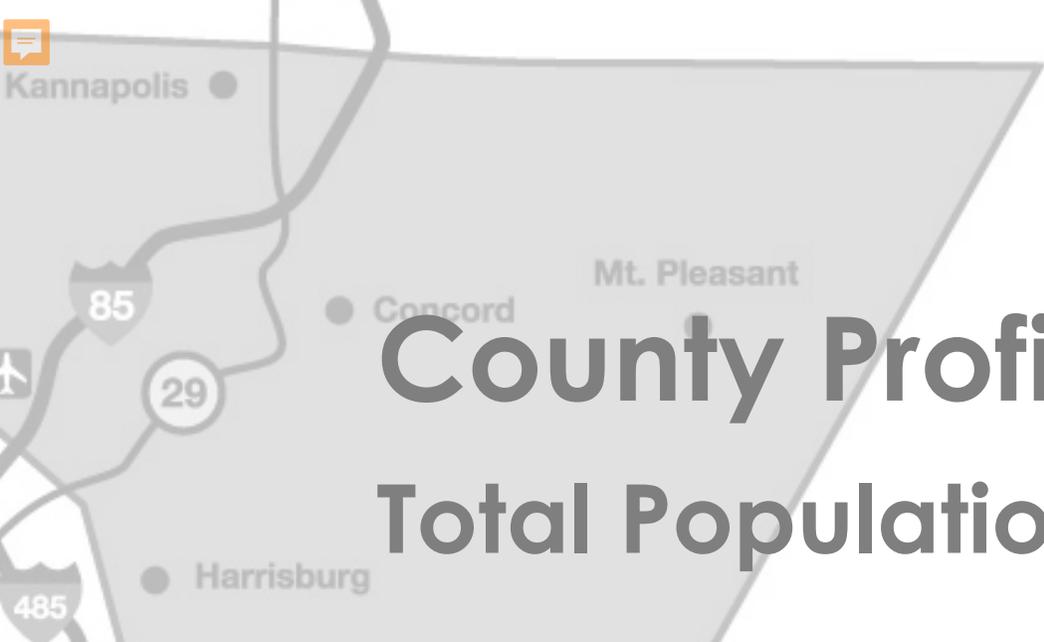
**Variance Analysis Year-to-Date**

	YTD					Comments
	VARIANCE ANALYSIS					
	2022 BUDGET	2022 ACTUAL	2021 ACTUAL	2022 BUD vs ACT	YOY ACTUAL	
<b>Revenue</b>						
Environmental Health	1,274,268	881,750	762,690	69.20%	119,060	
Information Technology Sy	1,073,213	482,353	470,132	44.94%	12,221	
General Administration	2,918,146	1,732,524	1,701,416	59.37%	31,109	
Family Care Coordination	1,274,354	906,404	726,582	71.13%	179,822	
School Health	8,828,800	3,145,280	2,095,479	35.63%	1,049,801	Large grant received for School Health additional staffing.
Community Impact	3,188,316	1,377,429	1,041,513	43.20%	335,916	
Dental Health	4,172,013	2,599,001	1,768,091	62.30%	830,910	Mobile Unit not in schools. Cost Study not included.
Vital Records	63,913	42,608	41,522	66.67%	1,086	
Communicable Disease	5,420,352	2,826,423	3,146,032	52.14%	(319,609)	Revenue is paid a month after expenses.
Clinical Services	3,431,821	2,317,076	2,076,925	67.52%	240,151	
Behavioral Health	659,235	2,969	-	0.45%	2,969	
WIC	796,027	455,569	522,919	57.23%	(67,350)	Revenue is paid a month after expenses.
<b>Total Revenue</b>	<b>33,100,458</b>	<b>16,769,386</b>	<b>14,353,301</b>	<b>50.66%</b>	<b>2,416,085</b>	
<b>Expense</b>						
Environmental Health	1,274,268	828,740	562,992	65.04%	265,749	Additional On-site staff in FY22.
Information Technology Sy	1,073,213	687,023	599,749	64.02%	87,274	
General Administration	3,267,215	1,885,493	1,872,050	57.71%	13,444	
Family Care Coordination	1,274,354	706,034	591,179	55.40%	114,854	
School Health	8,828,800	4,110,636	2,434,892	46.56%	1,675,744	Large grant received for School Health additional staffing.
Community Impact	3,198,316	1,345,646	732,156	42.07%	613,490	
Dental Health	3,677,175	2,201,442	1,864,730	59.87%	336,712	
Vital Records	63,913	43,873	34,950	68.64%	8,923	
Communicable Disease	5,420,352	2,505,078	2,747,519	46.22%	(242,441)	Additional staff time on large Vaccine clinics in FY21.
Clinical Services	3,567,590	2,416,877	2,013,818	67.75%	403,059	
Behavioral Health	659,235	27,757	-	4.21%	27,757	ARPA funding received for Behavioral Health.
WIC	796,027	514,483	534,280	64.63%	(19,797)	
<b>Total Expense</b>	<b>33,100,458</b>	<b>17,273,083</b>	<b>13,988,315</b>	<b>52.18%</b>	<b>3,284,768</b>	
<b>Discussion</b>						
Our Year to Date Percentage should be around 67% for February 2022.						



# Cabarrus 2021 State of the County Health Report





# County Profile

Total Population: 225,804



Educational Attainment <i>Persons 25 and older</i>	
No High School Diploma	5.6%
High School Graduate or Equivalent	26.2%
Some College, No Degree	20.6%
Associate's Degree	9.8%
Bachelor's Degree or Higher	22.6%



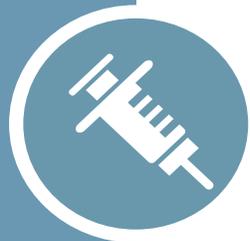
Persons in Poverty	
Cabarrus	8%
North Carolina	12.9%



Median Household Income	
Cabarrus	\$67,328
North Carolina	\$54,602



Unemployment Rate	
Cabarrus	2.9%
North Carolina	3.7%



# Priority Needs and Updates

# Homelessness and Housing



- Salvation Army - Cabarrus County expansion will take the night shelter from 28 to 62 beds, and from 1 to 7 family rooms
- Facility to offer congregate prepared meals and living space, monitored activities & programs, private sleeping space, shared shower and laundry.



- Formerly the Concord Family Enrichment Association (CFEA)
- Lincoln Street Town Homes Project – 26 Affordable Units
- Starting in 2020-2021 – City of Concord will allocate 1-cent of every tax dollar to affordable housing every year



- H2H – Homeless to Housing Project: designed to serve 50 households of families with children, senior adults and adults with disabilities experiencing homelessness or housing crisis
- Huddle Housing: 12-14 Carriage style homes to serve extremely low income



# Behavioral Health

①

Collaborative

②

Infrastructure

③

Service and Programmatic



# Early Childhood



**Cabarrus County Board of Commissioners**

**Early Childhood Advisory Board Task Force**

**Healthy Children  
and Babies**

1. Infant Mortality
2. Medicaid/Health Choice Well-Child Checks

**Basic Needs**

3. Food Security
4. Safe and Secure Housing

**Social, Emotional  
and Nurturing  
Relationships**

5. Nurturing Relationships
6. Permanent Families – Foster Care & Reunification
7. Emotional Health and Resilience

**Learning and  
Ready to Succeed**

8. High-Quality Early Learning
9. On Track for School Success
10. Reading at Grade Level



# Mortality and Morbidity



# Mortality and Morbidity

<b><i>Life Expectancy</i></b>	<b><i>2016</i></b>	<b><i>2017</i></b>	<b><i>2018</i></b>	<b><i>2019</i></b>
<b>North Carolina</b>	77.4	77	77.6	76.7
<b>Cabarrus</b>	78.5	78	78.4	78.5
Rowan	75.3	75.1	75.2	75.4
Stanly	76.3	75.8	75.9	75.5
Union	79.5	79.6	79.7	80.0
Iredell	77.6	77.3	77.5	77.9
Mecklenburg	80.2	80.3	80.4	80.6

\*Life expectancy data available is prior to 2020, the COVID-19 pandemic



# Mortality and Morbidity

<b>Leading Causes of Death</b> <i>*Unadjusted Death Rates per 100,000 Population, Ranking by Geographic Area</i>	<b>Cabarrus</b>		<b>North Carolina</b>	
Total Deaths – All Causes	774.2		901.7	
Diseases of the heart	157.1	1	184.1	2
Cancer – All Sites	154.3	2	190.9	1
Alzheimer’s disease	56.3	3	41.4	5
Chronic lower respiratory diseases	47	4	52.3	3
Other Unintentional Injuries	45.3	5	41.1	6
Cerebrovascular Disease (Stroke)	40.3	6	49.4	4
Pneumonia & Influenza	19.6	7	19.3	9
Nephritis, nephrotic syndrome & nephrosis (kidney disorder)	19.2	8	19.3	8
Diabetes mellitus	18.0	9	28.5	7
Suicide	11.4	10		-

## Leading Causes of Death by Age (2015-2019)

### Ages 0—19

- 1 Conditions Originating in Prenatal Period
- 2 Birth Defects
- 3 Motor Vehicle injuries

### Ages 20—39

- 1 Other Unintentional Injuries
- 2 Motor Vehicle Injuries
- 3 Suicide

### Ages 40—64

- 1 Cancer—All Sites
- 2 Diseases of the heart
- 3 Other Unintentional Injuries

### Ages 65—84

- 1 Cancer—All Sites
- 2 Disease of the heart
- 3 Chronic lower respiratory disease

### Ages 85+

- 1 Disease of the heart
- 2 Alzheimer’s disease
- 3 Cancer—All Sites



# Mortality and Morbidity

<b><i>Infant and Child Death Data</i></b>	<b>Cabarrus</b>		<b>North Carolina</b>	
Fetal Death Rate per 1,000 Deliveries	7.7	▲	6.7	▼
Neonatal (<28 days) Death Rate per 1,00 Live Births	4.1	▲	4.7	▼
Post-neonatal (28 days – 1 year) Death Rate per 1,000 Live Births	1.8	▼	2.4	=
Infant Mortality Disparity Ratio	1.66	▼	2.59	▲
Infant Death Rate per 1,000 Live Births	5.9	=	7.0	▼
Unadjusted Child (0-17) Death Rate per 100,000 population	42.8	▼	56.8	▲



# Mortality and Morbidity – Disparities

*2015-2019 NC Resident Race/Ethnicity and Sex-Specific Age-Adjusted Death Rates*

- African Americans, both males and females, have higher rates of death associated with Disease of the Heart and 2X higher rate for nephritis/nephrosis (kidney disease)
- African American females consistently have the highest rates of death caused for Breast Cancer and 3X rate for Diabetes
- Females, both African American and White, have a much higher rate of Alzheimer's disease than their male counterparts
- Suicide is highest among white males. All other races, sexes are too small a number to calculate rate

*\*Rates smaller than 20 cases indicate NA*

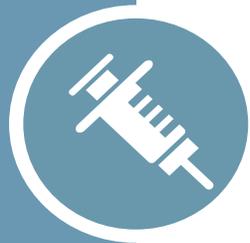
*\*Rates for Breast and Prostate Cancers have sex specific denominators*

# Mortality and Morbidity – RWJF

Category		Cabarrus County Data	North Carolina Data	Benchmark	Recent Data Source Year
<i>Length of Life</i>	Premature Death	6,800	7,600	5,400	2016-2018
<i>Quality of Life</i>	Poor or Fair Health	17%	18%	14%	2017
	Poor Physical Health Days	3.6	3.6	3.4	2017
	Poor Mental Health Days	4.3	4.1	3.8	2017
	Low Birthweight	9%	9%	6%	2012-2018
<i>Health Behaviors</i>	Adult Smoking	19%	18%	16%	2017
	Adult Obesity	34%	32%	26%	2016
	Food Environment Index	8	6.8	8.7	2015 & 2017
	Physical Inactivity	27%	23%	19%	2016
	Access to exercise opportunities	80%	74%	91%	2010 & 2019
	Excessive Drinking	18%	18%	15%	2017
	Alcohol-Impaired Driving Deaths	28%	28%	11%	2014-2018
	Sexually Transmitted Infections	546.7	647.8	161.2	2017
	Teen births	18	22	12	2012-2018

# Mortality and Morbidity – RWJF

Category	Cabarrus County Data	North Carolina Data	Benchmark	Recent Data Source Year	
<i>Clinical Care</i>	Uninsured	11%	13%	6%	2017
	Primary Care Physicians	1,170 : 1	1,400 : 1	1,030: 1	2017
	Dentists	2,160 : 1	1,720: 1	1,210: 1	2017
	Mental Health Providers	350 : 1	390 : 1	270:1	2019
	Preventable Hospital Stays	5,192	4,539	2,565	2017
	Mammography Screenings	46%	46%	51%	2017
	Flu Vaccinations	52%	52%	55%	2017
<i>Social and Economic Factors</i>	High School Graduation	90%	88%	94%	2017
	Some College	71%	67%	73%	2014-2018
	Unemployment	3.60%	3.90%	2.60%	2018
	Children in Poverty	11%	19%	10%	2018
	Income Inequality	4.2	4.7	3.7	2014-2018
	Children in Single-parent Households	22%	28%	14%	2014-2018
	Social Associations	10.5	11.5	18.2	2017
	Violent Crime	117	257	63	2014 & 2016
	Injury Deaths	70	77	59	2017
<i>Physical Environment</i>	Air Pollution	9.7	8.5	5.2	2014
	Severe Housing Problems	13%	15%	9%	2012-2016
	Driving Alone to Work	82%	81%	72%	2014-2018
	Long Commute – Driving Alone	43%	34%	16%	2014-2018



# Emerging Issues



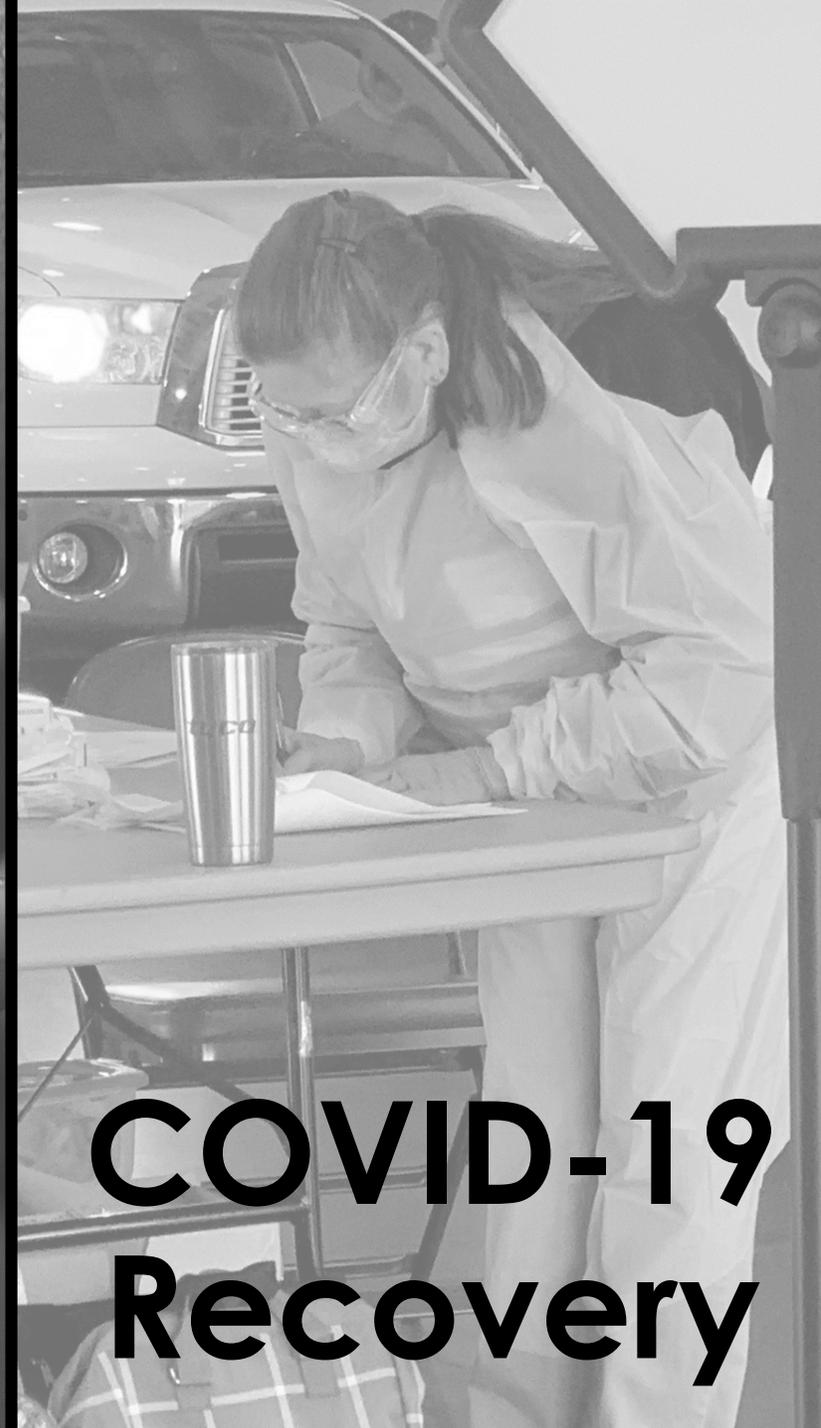
**Equity**



**Substance  
Use:  
Tobacco**



**COVID-19  
Recovery**





# Moving from Response to Resiliency

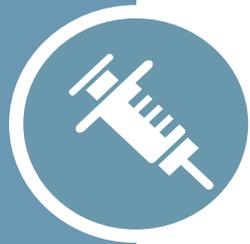


## Active Response

- Case Counts
- Percent Positive
- Testing
- Vaccinations
- Hospitalizations
- Mitigation Strategies

## Resiliency

- High risk populations
- Disproportionately impacted
- Long Term Care Facility
- Preparing for next crisis
- Rebuild and recover



# New Initiatives

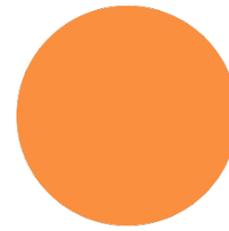


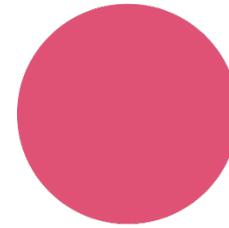
# Community Health Workers

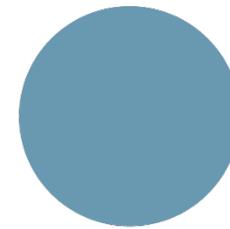


# Expanded Dental Services



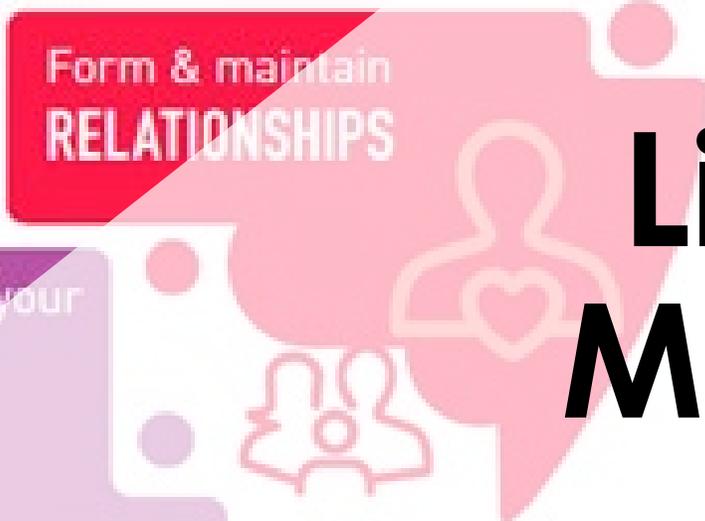
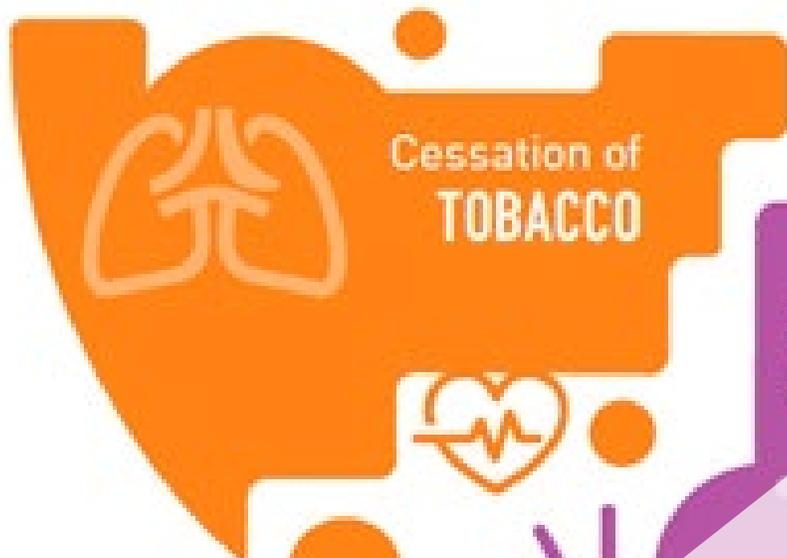
 **PUBLIC**

 **PRIVATE**

 **PARTNERSHIP**

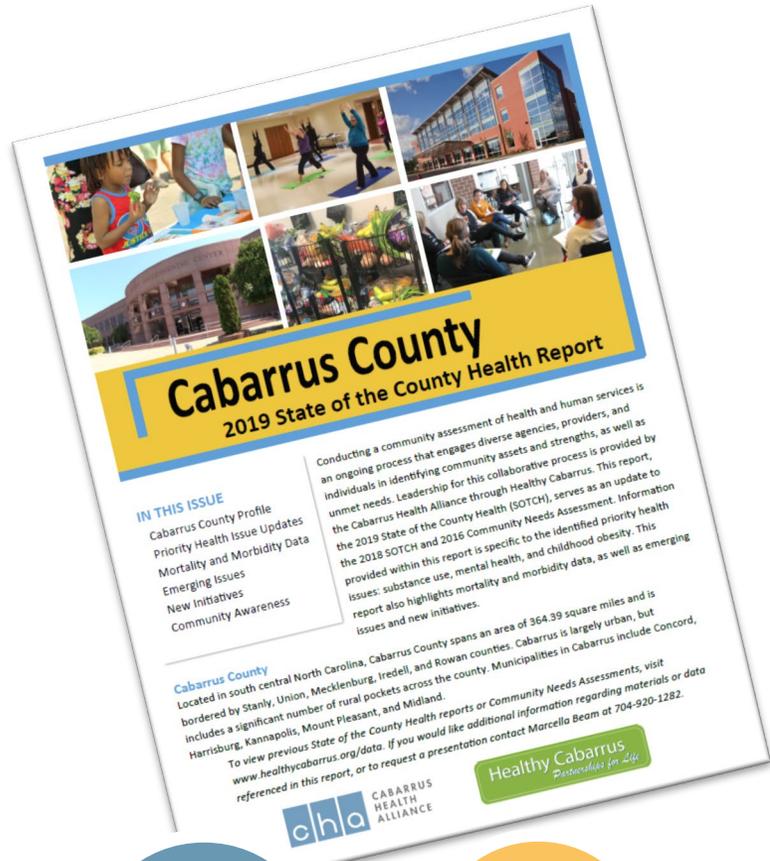


**LIFESTYLE MEDICINE FOCUSES ON 6 AREAS TO IMPROVE HEALTH**



# Lifestyle Medicine

# SOTCH Online



2021 Cabarrus County State of the County Health Report Pdf

**Overview**

**2021 Cabarrus County State of the County Health Report**

Conducting a community assessment of health and human services is an ongoing process that engages diverse agencies, providers, and individuals in identifying community assets and strengths, as well as unmet needs. Leadership for this collaborative process is provided by the Cabarrus Health Alliance (CHA) through Healthy Cabarrus. The following State of the County Health (SOTCH) Report, serves as an update and documented progress to date following the findings of the 2020 Community Needs Assessment. The 2021 Cabarrus County SOTCH was submitted to North Carolina Department of Human Services (NCDHHS) on March 7, 2022.

Information provided within this report is specific to the identified priority health issues: housing, behavioral health, and early childhood education and development. The report also provides the most updated data and information specific to Cabarrus County mortality and morbidity rates; COVID-19 response, resiliency, and recovery; emerging issues and new initiatives.

**Cabarrus County Profile**

Cabarrus County's population has seen consistent growth since 2000. Between 2010 and 2020, Cabarrus County's population increased by 26.8% percent or nearly 50,000 people. In comparison, North Carolina's population increased by only 9.5%. As documented in previous reports, extreme, rapid growth impacts how agencies and organizations provide services to residents, and often times vulnerable populations such as persons with disabilities, limited English proficiency, children under 5 and persons over 65 are disproportionately affected.

**Priority Health Issue Updates and Progress**

**Mortality and Morbidity Data**

Rates of morbidity, mortality, and emergency hospitalizations can be reduced if community members have adequate access to services such as health screenings, routine testing, and vaccinations. Prevention indicators can call attention to a lack of access or knowledge regarding one or more health issues and should inform program interventions.

The data within this section comes from the State Center for Health Statistics 2021 County Health Data Book. The data within the 2021 County Health Data Book spans 5 years, either 2014-2018 or 2015-2019 and is considered current for community health assessments and state of the county health reports due the March 2021. Source: [https://www.schs.gov/county-health-data-book-2021](#)

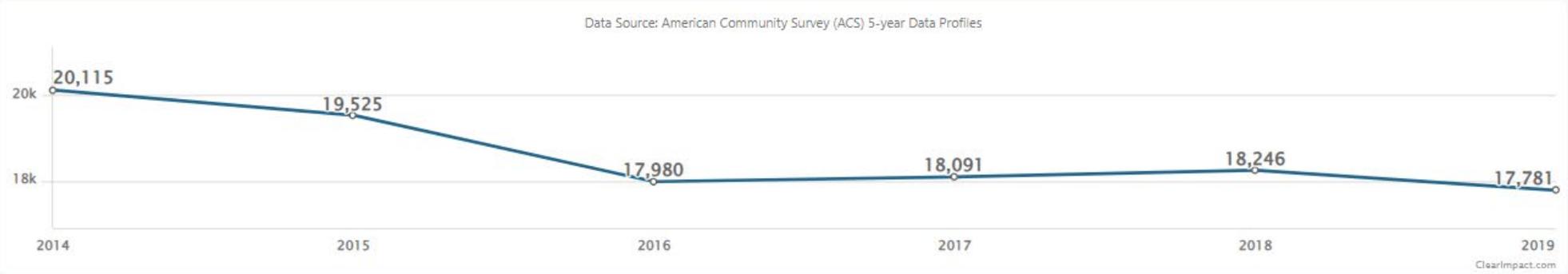


# Housing and Homelessness Scorecard

## Housing and Homelessness - Long Term CHIP

**R** All Cabarrus County families will have safe, stable, affordable, quality housing.

**I** Number of households (owner and renter) that are cost burdened.

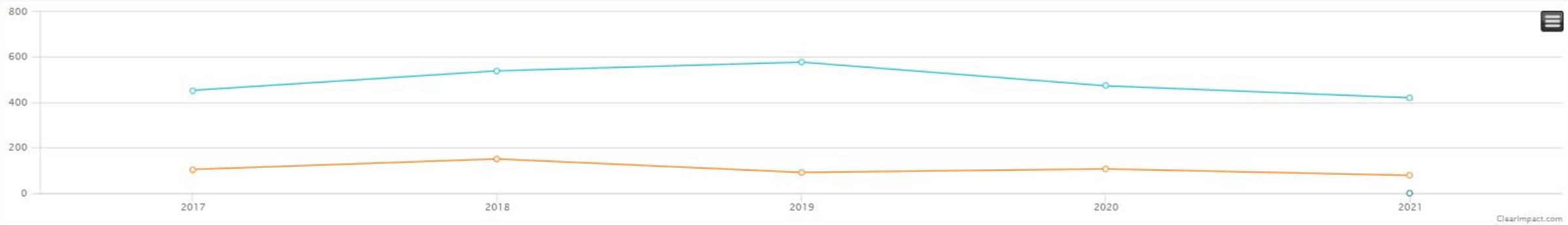


Year	Most Recent Period	Current Actual Value	Current Trend	Baseline % Change
2019		17,781	↓ 1	-12% ↓
2018		18,246	↑ 2	-9% ↓
2017		18,091	↑ 1	-10% ↓
2016		17,980	↓ 2	-11% ↓
2015		19,525	↓ 1	-3% ↓
2014		20,115	→ 0	0% →

Story Behind the Curve Partners What Works Action Plan

All Data Showing...

**I** Number of individuals identified as homeless.



2021 0 → 0 0% →

Story Behind the Curve Partners What Works Action Plan

All Data Showing...

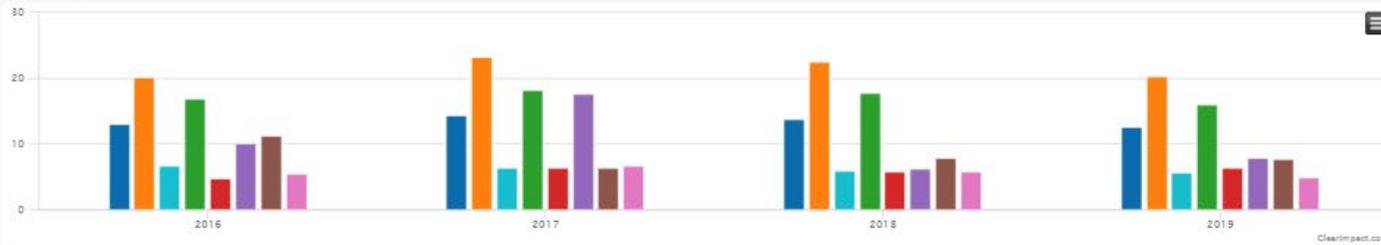
# Mental & Behavioral Health Scorecard

## Mental and Behavioral Health - Short Term CHIP

**R** All Cabarrus County residents are mentally well and have equitable access to care and social support.

**FHLI-NC HNC2030** Self-Harm Total

Related



Health Equity/Disparity Comparison Data

All Data Showing...

Year	Current Actual Value	Current Trend	Baseline % Change
2019	12.6	2 ↓	-3% ↓
2018	13.8	1 ↓	6% ↑
2017	14.4	1 ↑	11% ↑
2016	13.0	0 →	0% →

**CHA BH** Total # of Emergency Department Behavioral Health Patients

Related



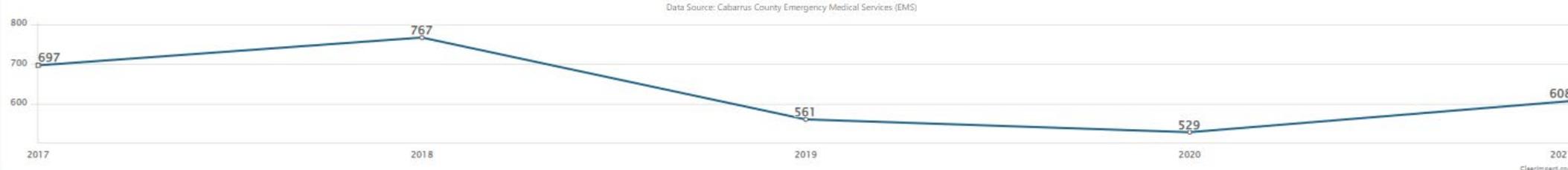
Story Behind the Curve Partners What Works Action Plan

All Data Showing...

Year	Current Actual Value	Current Trend	Baseline % Change
2020	1,988	1 ↓	26% ↑
2019	2,135	1 ↑	35% ↑
2018	1,771	1 ↓	12% ↑
2017	1,924	2 ↑	22% ↑
2016	1,824	1 ↑	16% ↑
2015	1,576	0 →	0% →

**CHA BH** # of EMS response calls for behavioral health/psychiatric episodes

Related



Population Indicator

All Data Showing...

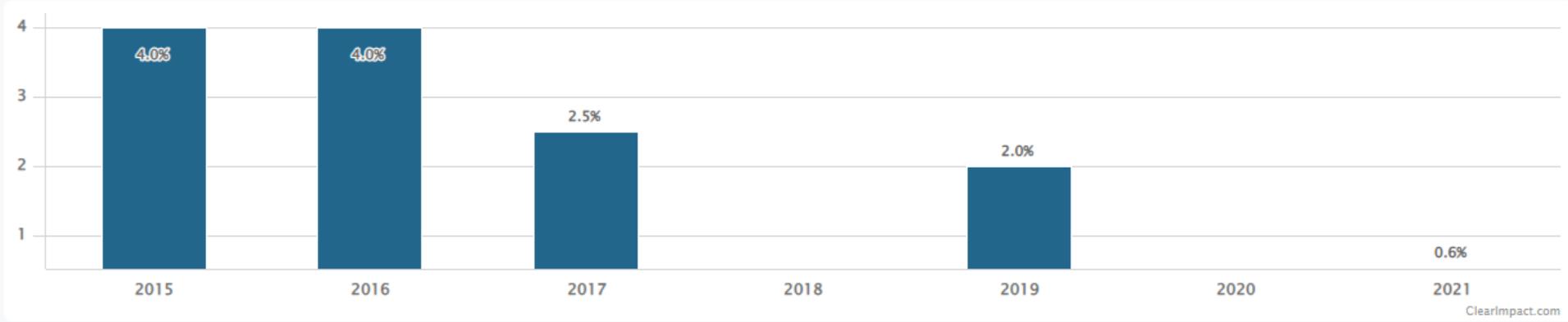
Year	Current Actual Value	Current Trend	Baseline % Change
2021	608	1 ↑	-13% ↓
2020	529	2 ↓	-24% ↓
2019	561	1 ↓	-20% ↓
2018	767	1 ↑	10% ↑
2017	697	0 →	0% →

# Substance Use Scorecard

## Prevention

PM % of students who report giving someone money to purchase alcohol for them

Related



2021	0.6%	3	-86%
2019	2.0%	2	-50%
2017	2.5%	1	-38%
2016	4.0%	1	0%
2015	4.0%	0	0%

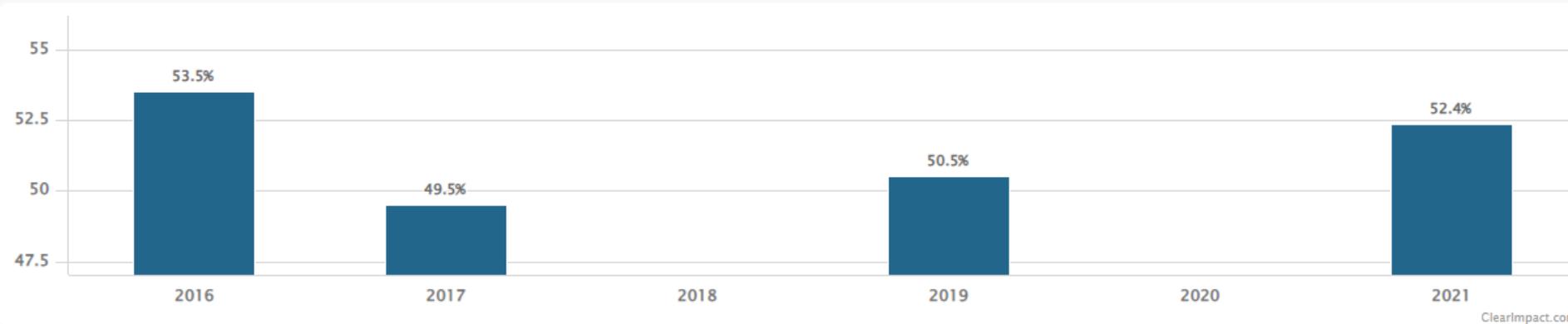
All Data Showing...

# Substance Use Scorecard

## Prevention

**PM** % of students who agree or strongly agree that peers misuse prescription medications to cope with problems at home

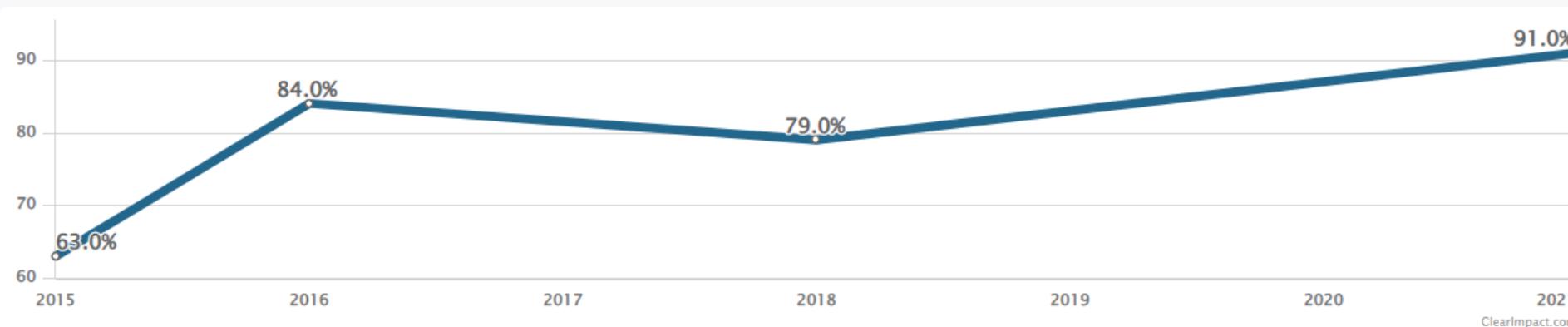
Related



2021	52.4%	↑ 2	-2%	↓
2019	50.5%	↑ 1	-6%	↓
2017	49.5%	↓ 1	-7%	↓
2016	53.5%	→ 0	0%	→

All Data Showing...

**PM** % of students age 13-18 with access to prescription medications stored in unlocked cabinet or drawers in their homes



2021	91.0%	↑ 1	44%	↑
2018	79.0%	↓ 1	25%	↑
2016	84.0%	↑ 1	33%	↑
2015	63.0%	→ 0	0%	→

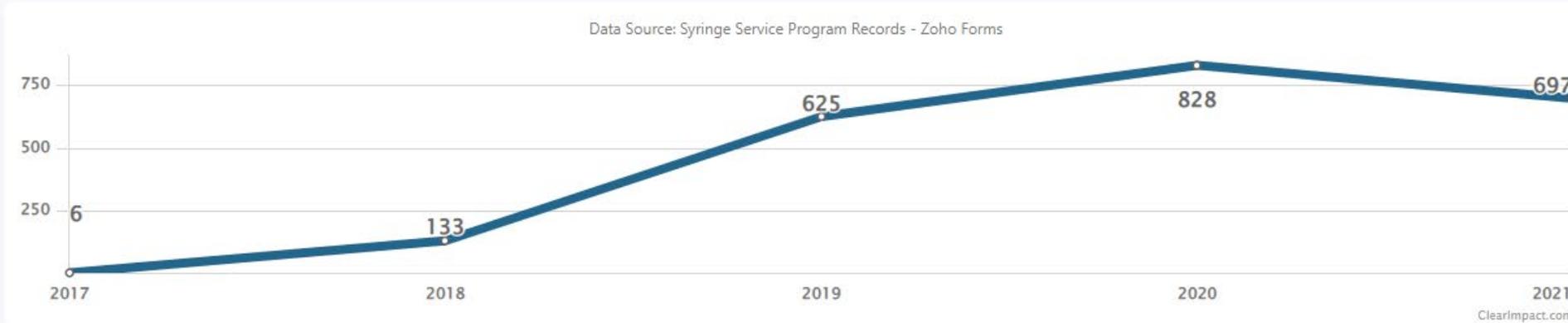
All Data Showing...

Story Behind the Curve Partners What Works Strategy

# Substance Use Scorecard

## Harm Reduction

PM Number of unique individuals served by the Syringe Service Program in the last year

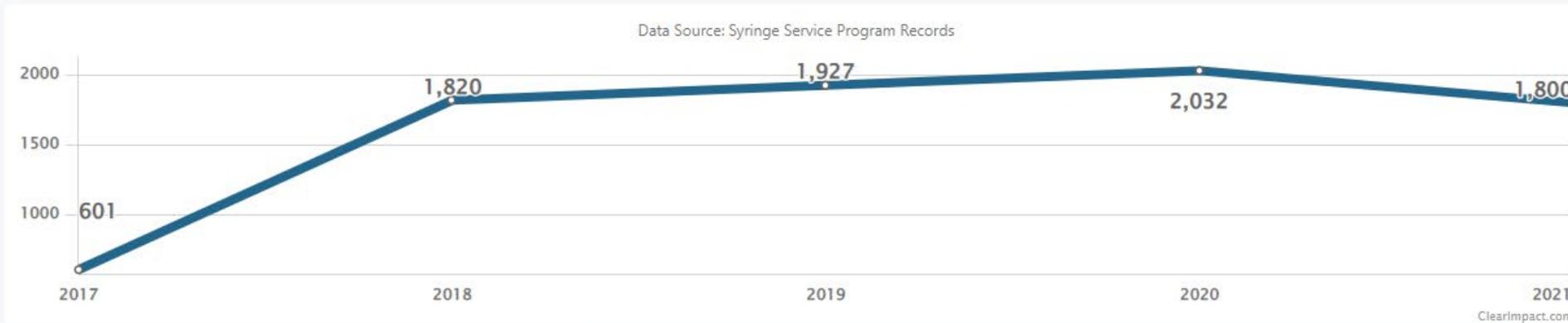


Story Behind the Curve Partners What Works Action Plan

All Data Showing...

Year	Value	Change	Percentage
2021	697	↓ 1	11517% ↑
2020	828	↑ 3	13700% ↑
2019	625	↑ 2	10317% ↑
2018	133	↑ 1	2117% ↑
2017	6	→ 0	0% →

PM Number of Naloxone kits distributed by the Syringe Services Program in the last year



Story Behind the Curve Partners What Works Action Plan

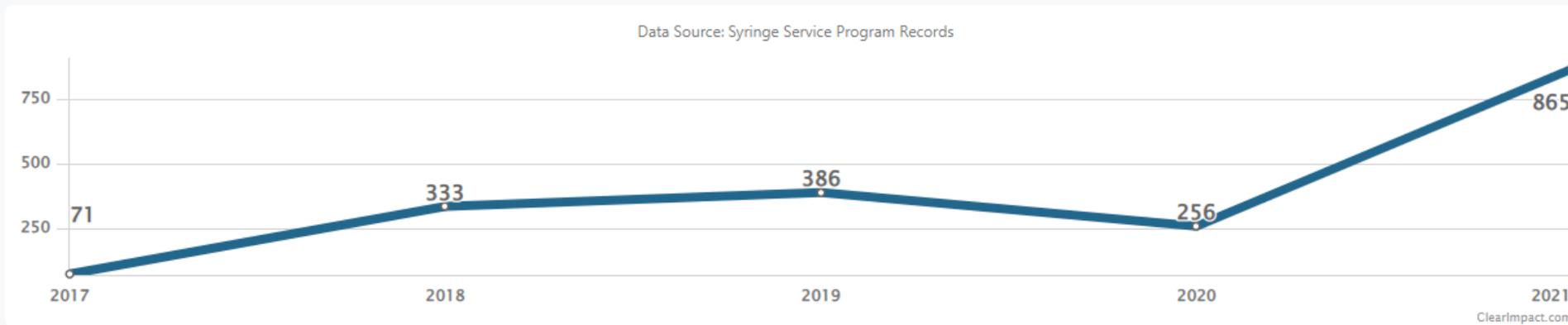
All Data Showing...

Year	Value	Change	Percentage
2021	1,800	↓ 1	200% ↑
2020	2,032	↑ 3	238% ↑
2019	1,927	↑ 2	221% ↑
2018	1,820	↑ 1	203% ↑
2017	601	→ 0	0% →

# Substance Use Scorecard

## Harm Reduction

PM Number of overdose reversals reported by Syringe Service Program participants in the last year



2021	865	↗ 1	1118%	↗
2020	256	↘ 1	261%	↕
2019	386	↗ 2	444%	↕
2018	333	↗ 1	369%	↕
2017	71	→ 0	0%	→

Story Behind the Curve Partners What Works Action Plan

All Data Showing...

# Marketing

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## Strategic Priority 4: Transform Agency Capacity, Culture, and Practices to Achieve Excellence

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

#### *Social Media Platforms:*

Many programs actively submit for Facebook and YouTube postings. Wellness submits a monthly calendar of special days to encourage healthy living. All programs are encouraged to submit content.

**In the last year, the main CHA Facebook page has had a reach of 580,111 people and has 7,582 followers. CHA's Spanish Facebook page has had a reach of 69,995 people and has 2,600 followers.**

#### *Google Review:*

The Cabarrus Health Alliance Google review is holding steady at 4.1 out of 5.

**Over the past year, CHA has had 20,800 clicks from google. The CHA website is continuously optimized for google searches.**

### Goal 5: Enhance the existing workforce development plan and program

#### *Marketing Training for internal process and procedures:*

The marketing training for new and current employees has been created. Now that Neogov training is active, a video will be made of the training for employees to take.

## On The Horizon

CHA Marketing is working on video content to promote programs and services.





## Cabarrus Health Alliance Board Agenda

Meeting Date: 3/15/2022

Name of Item: Cabarrus County 2032 State of the County Health Report

Submitted by: Marcella Beam

Brief Summary: The State of the County Health Report provides updates and information regarding the counties efforts to address the community priority areas: Housing, Mental Health and Early Childhood Education and Developemtn. The report includes data specific to these priorities, along with collaborative efforts and implemented strategies to address the needs of the community. The report is developed annually between the needs assessment process.

Requested Action: None

Previous Action/Discussion on Item:  Yes  No

If yes, explain

Items Reviewed by:

# 2021 Cabarrus County State of the County Health Report

## Overview

### State of the County Health Report 2021

Conducting a community health assessment is an ongoing process that engages diverse agencies, providers, and individuals in identifying community assets and strengths, as well as unmet needs. Leadership for this collaborative process is provided by the Cabarrus Health Alliance (CHA) through [Healthy Cabarrus](#). The following State of the County Health (SOTCH) Report, serves as an update and documented progress following the findings of the 2020 Community Needs Assessment (CNA). The 2021 Cabarrus County SOTCH was submitted to North Carolina Department of Human Services (NCDHHS) on March 7, 2022.

Information provided within this report is specific to the identified priority health issues: housing, behavioral health, and early childhood education and development. The report also provides updated data and information specific to Cabarrus County mortality and morbidity rates; COVID-19 response, resiliency, and recovery; emerging issues and new initiatives.

Communication with stakeholders and community members regarding the identified community health priorities and progress to-date is vital to community health improvement. Following review by the Cabarrus County Public Health Authority Board of Commissioners and Healthy Cabarrus Executive Committee, copies of the 2021 State of the County Health Report will be disseminated to the Healthy Cabarrus Advisory Board, as well as hard copies to target community locations. Targeted locations include local libraries, community centers, park and recreation departments, federally qualified health centers, in addition to other sites with high community member presence.

### Cabarrus County Profile

Cabarrus County's population has seen consistent growth since 2000. Between 2010 and 2020, Cabarrus County's population increased by 26.8% percent or nearly 50,000 people. In comparison, during that same time period, North Carolina's population only increased by 9.5%. As documented in previous reports, extreme, rapid growth impacts how agencies and organizations provide services to residents, and often times vulnerable populations such as persons with disabilities, limited English proficiency, children under 5 and persons over 65 are disproportionately affected.

### Total Cabarrus County Population: 225,804



Persons in Poverty	
Cabarrus	8%
North Carolina	12.9%



Educational Attainment Persons 25 and older	
No High School Diploma	5.6%
High School Graduate or Equivalent	26.2%
Some College, No Degree	20.6%
Associate's Degree	9.8%
Bachelor's Degree or Higher	22.6%



Unemployment Rate	
Cabarrus	2.9%
North Carolina	3.7%



Median Household Income	
Cabarrus	\$67,328
North Carolina	\$54,602

### Sources

Persons in Poverty, Median Household Income - U.S. Census 2015-2019

Educational Attainment - U.S. Census, American Community Survey 1 Year - 2019

Unemployment Rate - US Bureau of Labor Statistics - December 2021

## Progress on Community Health Improvement Plans

Following the 2020 Cabarrus County Community Needs Assessment, major strides and strategic decisions were made to impact and improve the wellbeing of Cabarrus County residents. With support from the Cabarrus County Commissioners, Cabarrus County distributed \$33.5 million in American Rescue Plan Recovery Funds to more than 50 agencies, with a priority placed on supporting sustainable initiatives that would address the county's greatest needs.

- Housing Programs: \$14,072,673
- Behavioral and Mental Health Programs: \$11,450,785
- Childcare and Afterschool/Summer Programs: \$1,781,002

For the full summary of the Cabarrus Recovery Grants allocation, [click here.](#)

### Housing and Homelessness

Healthy Cabarrus worked with local housing leaders to convene the Cabarrus Housing Collaborative. The newly formed collaborative, includes representation from across the public, private, and non-profit housing sectors, with the goal to create a cross-sector, multi-faceted plan to address housing challenges in Cabarrus County. The group plans to develop its mission, vision, and core values in early 2022, as a foundation for its future work to address needs faced by those experiencing housing crisis; seeking affordable housing; or actively seeking support for necessary critical repairs.

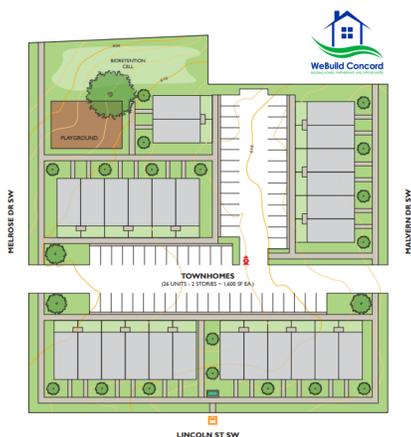
### Cooperative Christian Ministry

Cooperative Christian Ministry's long time mission has been 'to provide immediate assistance to members or our community who are experiencing crisis in the areas of food, housing, or finances while engaging them in a series of actions that will empower them to move beyond crisis.' The organization recently released its [2025 New Horizon Strategic Plan](#) which includes a rapid expansion of transitional and crisis housing solutions.

- Huddle Housing (HH) will be carriage housing units positioned (huddled) around a community building with shared facilities on a site in Kannapolis to provide housing for extremely low-income individuals earning \$9,500 to \$15,000/year. Often times this target population are people on disability, working minimum wage, and veterans. They can afford housing costs of about \$250 - \$375 per month (rent, utilities combine), and currently there is no housing solution in Cabarrus County for these individuals.
- Homeless to Housing (H2H) will be a multifamily campus that can serve 48 to 50 households of families, senior adults, and adults with disabilities who are currently homeless or in a housing crisis. Once at full capacity, the facility will serve about half of the current level of need for these populations. CCM is actively working on securing a location for this facility.



CONCEPT SITE PLAN - LINCOLN STREET TOWNHOMES



### WeBuild Concord

The City of Concord launched the Concord Family Enrichment Association, now WeBuild Concord in May of 2021. WeBuild Concord is a nonprofit established to develop equitable strategies for affordable housing and merge private, public and social resources for wealth creation and economic mobility for residents. Beginning with the 2020-2021 fiscal budget, the city gave 1 cent of the tax rate to affordable housing. This investment is set to recur each year, equaling \$2.8 million for affordable housing: \$1.4 million from the recurring tax rate and \$1.4 million from the city's return on investment the previous year.

Future housing projects scheduled for the beginning of 2022, will be developed with resources from WeBuild Concord, the City of Concord, and Cabarrus County. The Lincoln Street Townhomes Project, a 26-unit townhome development, will provide residents earning less than 80 percent of the area median income (AMI) an opportunity to own their homes. The Lincoln Street Project will be in the historic Logan Community. WeBuild Concord also announced a partnership with the City of Concord to provide several single-family homes during the same period.

### Salvation Army

In August 2021, the [Salvation Army](#) broke ground on a new 16,000 square foot 'Center of Hope Emergency Shelter'. The new facility will help to address the community's emergency housing needs for homeless residents and increase local capacity to serve families with nowhere else to turn. The new facility will increase the crisis beds available from 28-bed to 64-bed, including the addition of six living units for families with additional beds for women and men. Families are some of the fastest growing homeless populations in Cabarrus and neighboring counties.

- The new Center of Hope will offer six 2-bedroom family living units that include a family room and private bathroom.
- Seclusion of the family unit allows two-parent families to stay intact and allows teenage young men to stay with their families rather than being separated into the men's dorm.



- Privacy and security is increased for families, including a private playground for children, separate dining from individual men and women, and secure access to the family floor.
- Programs and partnerships that help meet the immediate and long-term needs of shelter residents to help them identify and overcome barriers to stable housing.



Additional services and programs that Salvation Army residents will have access to:

- Medical and mental health care;
- Finance and budgeting classes;
- GED and vocational classes;
- Life skills classes;
- Intensive case management.

### **Behavioral Health**

Cabarrus County is a designated Health Professional Shortage Area in mental healthcare. For the last nine years, access to mental healthcare has been identified as a priority need in the Cabarrus County CNA. In 2017, the Cabarrus County Commissioners established the Cabarrus County Mental Health Advisory Board, a formal county board, to oversee efforts and advocate for improved access to mental health services.

After years of work and advocacy to improve the mental healthcare system for residents, commissioners made the decision to vote to disengage from Cardinal Innovations Healthcare, the County’s Managed Care Organization (MCO). The disengagement process required approval from the North Carolina Department of Health and Human Services (NC DHHS), and in September 2021, Cabarrus and Union counties were notified that, NC DHHS Secretary Mandy Cohen approved both requests for realignment with Partners Health Management . The realignment was effective September 1, 2021.

To reevaluate efforts due to continued changes within the behavioral health system, Healthy Cabarrus hosted a virtual action planning meeting in January 2021, nearly 4 years after the first retreat in April 2017. The meeting focused on assessing previous efforts of the Mental Health Task Force; identifying current gaps and new challenges; as well as educating partners on Results Based Accountability. The action planning retreat, helped to realign task forces to respond to emerging needs and narrow focus to priority populations.

*New focus areas for the Mental Health Task Forces: Trauma Informed Communities, Persons who are Justice Involved, Data and Assessments*

### **Cabarrus County Behavioral Health Facility Expansion**

The 2021 North Carolina State Budget allocated \$30-million to Cabarrus County for the development and building of a regional behavioral health crisis service center. Leaders from Cabarrus County, Atrium Health, Cabarrus Health Alliance and Partners Behavioral Health have started working to identify best practices to maximize service delivery, and are scheduled to visit Guilford County’s new mental health facilities in early 2022. Tentatively the behavioral health crisis center will include separate adult and child/youth facilities, as well as a behavioral health urgent care (BHUC).

### **CHA Expand Behavioral Health Services**

Prior to 2021, CHA employed two Licensed Clinical Social Workers (LCSWs) for our pediatric and maternal health patients. Grant funds through the Cabarrus Recovery Grants, increased the number of LCSWs to a total of 5 to provide evidence-based treatment and support services. Through this services expansion, individuals eligible to receive services through these grant funds will be limited to Cabarrus County residents who are uninsured, underinsured, or low-to-moderate income. Short-term expected outcomes include:

1. Expanded capacity in Cabarrus County to provide mental health treatment services and support for vulnerable residents;
2. Decreased impact of COVID-19 on the mental wellness of vulnerable Cabarrus County residents; and,
3. Decreased health disparities for Spanish-speaking Cabarrus County residents.

The long-term vision for CHA’s new Behavioral Health Department includes engagement in policy practice at the state and local level, as well as efforts to continue to develop and expand community based behavioral health education.

### **Early Childhood Education**



Cabarrus County Government hired Early Childhood Education Coordinator, Carla Brown, to lead and coordinate efforts to improve the County's early childhood systems. Ms. Brown works closely with the 15-member Early Childhood Task Force Advisory Board (ECTFAB), which was established to advise the Board of County Commissioners on matters related to the primary development of children in Cabarrus County.

The ECTFAB, expanded to include four primary work groups: Healthy; Basic Needs; Social, Emotional and Nurturing Relationships; Learning and Ready to Succeed. The Task Force and Work Group members are responsible for developing action plans and identifying necessary strategies to impact the [NC Early Childhood Action Plan](#) benchmarks, ensuring shared community partner responsibility to improve the lives of the County's youngest residents.



Early Childhood Advisory Board Task Force



1. Infant Mortality
2. Medicaid/Health Choice Well-Child Checks
3. Food Security
4. Safe and Secure Housing
5. Nurturing Relationships
6. Permanent Families – Foster Care & Reunification
7. Emotional Health and Resilience
8. High-Quality Early Learning
9. On Track for School Success
10. Reading at Grade Level

**Lockhart Child Development Center**

[The Lockhart Child Development Center](#) opened in early 2021, after extensive collaboration and planning. The Cabarrus County Early Childhood Task Force Advisory Board initially recommended this collaborative approach to Cabarrus County Commissioners as a way to meet State education benchmarks and support the educational needs of area families. Local partners supported the initiative with resources that took the idea from concept to reality.

Partners in the project include:

- All Saints' Episcopal Church provides the facility and administration of the education center
- Rowan-Cabarrus Community College uses the site to train Rowan-Cabarrus Community College students who wish to pursue a career in early childhood development
- Cabarrus County Government assisted with the initial startup costs and provides tuition assistance to County employees who enroll their children in one of 40 spots dedicated to children of County employees
- The County plans to use the site to inform businesses about the importance and value of helping employees with childcare expenses.



*Click to play video above.*

Community Health Improvement Plans for housing and behavioral health are [available here](#). Indicator and performance measure data is updated quarterly and annual based on the source.

Mortality and Morbidity Changes

**Mortality**

Rates of morbidity, mortality, and emergency hospitalizations can be reduced if community members have adequate access to services such as health screenings, routine testing, and vaccinations. Prevention indicators can call attention to a lack of access or knowledge regarding one or more health issues and should inform program interventions.

The data within this section comes from the State Center for Health Statistics 2021 County Health Data Book and the Robert Wood Johnson Foundation – County Health Rankings. The data within the 2021 County Health Data Book spans 5 years, either 2014-2018 or 2015-2019 and is considered current for community health assessments and state of the county health reports due in March 2022.

Infant and Child Death Data	Cabarrus		North Carolina	
Fetal Death Rate per 1,000 Deliveries	7.7	▲	6.7	▼
Neonatal (<28 days) Death Rate per 1,00 Live Births	4.1	▲	4.7	▼

*The red arrow indicates the data is worse than the previous reporting period. The green arrow indicates health improvements since the previous reporting period.*

Post-neonatal (28 days – 1 year) Death Rate per 1,000 Live Births	1.8	▼	2.4	=
Infant Mortality Disparity Ratio	1.66	▼	2.59	▲
Infant Death Rate per 1,000 Live Births	5.9	=	7.0	▼
Unadjusted Child (0-17) Death Rate per 100,000 population	42.8	▼	56.8	▲

Disparity ratios are calculated by dividing the rate for a population by the best rate for a selected health indicator to determine how much more likely a particular event is to occur in a population compared to another population. In the table to the left, infant mortality disparity for both the state and

Cabarrus County compares the death rates of white and African American babies. In Cabarrus County, African American babies are 1.66 times more likely to die before 1 year of age when compared to white babies.

The data available for leading cause of death shows that diseases of the heart has surpassed cancer – all sites, as the number one leading causes of death among Cabarrus County residents. Although state and county data are not yet available for leading causes of death for 2020 and 2021, the Centers for Disease Control and Prevention reports COVID-19 as the third leading causes of death in 2020, proceeding heart disease and cancer. Diabetes dropped from the 8th leading cause of death to the 9th.

### 2015-2019 NC Resident Race/Ethnicity and Sex-Specific Age-Adjusted Death Rate Disparities

- African Americans, both males and females, have higher rates of death associated with Disease of the Heart and two-times higher rate for nephritis/nephrosis (kidney disease)
- African American females consistently have the highest rates of death caused for Breast Cancer and three-times higher rate for Diabetes
- Females, both African American and White, have a much higher rate of Alzheimer’s disease than their male counterparts
- Suicide is highest among white males. All other races, sexes are too small a number to calculate a county-wide rate

<b>Leading Causes of Death</b> <i>*Unadjusted Death Rates per 100,000 Population, Ranking by Geographic Area</i>	<b>Cabarrus</b>		<b>North Carolina</b>	
Total Deaths – All Causes	774.2		901.7	
Diseases of the heart	157.1	1	184.1	2
Cancer – All Sites	154.3	2	190.9	1
Alzheimer’s disease	56.3	3	41.4	5
Chronic lower respiratory diseases	47	4	52.3	3
Other Unintentional Injuries	45.3	5	41.1	6
Cerebrovascular Disease (Stroke)	40.3	6	49.4	4
Pneumonia & Influenza	19.6	7	19.3	9
Nephritis, nephrotic syndrome & nephrosis (kidney disorder)	19.2	8	19.3	8
Diabetes mellitus	18.0	9	28.5	7
Suicide	11.4	10		-

<b>Leading Causes of Death by Age (2015-2019)</b>
<b>Ages 0—19</b>
1 Conditions Originating in Prenatal Period
2 Birth Defects
3 Motor Vehicle injuries
<b>Ages 20—39</b>
1 Other Unintentional Injuries
2 Motor Vehicle Injuries

2 Motor Vehicle Injuries 3 Suicide
<b>Ages 40—64</b> 1 Cancer—All Sites 2 Diseases of the heart 3 Other Unintentional Injuries
<b>Ages 65—84</b> 1 Cancer—All Sites 2 Disease of the heart 3 Chronic lower respiratory disease
<b>Ages 85+</b> 1 Disease of the heart 2 Alzheimer’s disease 3 Cancer—All Sites

It is important to point out that like the leading cause of death data, the life expectancy data available is prior to the COVID-19 pandemic. According to the [Proceedings of the National Academy of Sciences \(PNAS\) COVID-19](#) has generated a huge mortality toll in the United States, with a disproportionate number of deaths occurring among the Black and Latino populations. Experts anticipate that COVID-19 will reduce US life expectancy by 1.13 years, with estimated reductions for the Black and Latino populations being 3 to 4 times that for Whites. Disparities in life expectancy between race and ethnicities existed prior to the pandemic. In 2019, data showed a two year life expectancy difference

between white and African American Cabarrus residents, 78.9 and 76.9 respectively.

### Morbidity

Morbidity is another term for illness or medical condition, and often times refers to having a disease or a symptom of disease, or the assessment of the amount of disease within a population. Some examples of common morbidities are heart disease, diabetes, and obesity, but morbidities can range from Alzheimer’s disease to cancer to traumatic brain injury. When a person has more than one morbidity at a time, it is referred to as co-morbidity. Morbidities are NOT deaths. Prevalence is also used as a measure to determine the level of morbidity in a population.

<i>Life Expectancy</i>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>
<b>North Carolina</b>	77.4	77	77.6	76.7
<b>Cabarrus</b>	78.5	78	78.4	78.5
Rowan	75.3	75.1	75.2	75.4
Stanly	76.3	75.8	75.9	75.5
Union	79.5	79.6	79.7	80.0
Iredell	77.6	77.3	77.5	77.9
Mecklenburg	80.2	80.3	80.4	80.6

### 2021 Robert Wood Johnson County Health Rankings: Quality of Life, Health Behaviors and Clinic Care Measures

Category		Cabarrus County Data	North Carolina Data	Top Performers (US)	Data Source Year
Quality of Life	Poor or Fair Health	17%	18%	14%	2017
	Poor Physical Health Days	3.6	3.6	3.4	2017
	Poor Mental Health Days	4.3	4.1	3.8	2017
	Low Birthweight	9%	9%	6%	2012-2018
Health Behaviors	Adult Smoking	19%	18%	16%	2017
	Adult Obesity	34%	32%	26%	2016
	Food Environment Index	8	6.8	8.7	2015 & 2017
	Physical Inactivity	27%	23%	19%	2016
	Access to exercise opportunities	80%	74%	91%	2010 & 2019
	Excessive Drinking	18%	18%	15%	2017
	Alcohol-impaired Driving Deaths	28%	28%	11%	2014-2018
	Sexually Transmitted Infections	546.7	647.8	161.2	2017
	Teen births	18	22	12	2012-2018
Clinic Care Measures	Uninsured	11%	13%	6%	2017
	Primary Care Physicians	1,170 : 1	1,400 : 1	1,030 : 1	2017

\*Items shaded in **yellow** indicate that Cabarrus County is doing better than or the same as the state of North Carolina, but not has good as Benchmark Counties or Top Performers in the U.S.

\*Items shaded in **red** indicated that Cabarrus County is doing worse than the state of North Carolina and Top Performers

To learn more about the County Health Rankings or to see how other counties across North Carolina are performing, [click here](#).

**Sources**  
NC State Center for Health Statistics  
Robert Wood Johnson Foundation - County Health Rankings

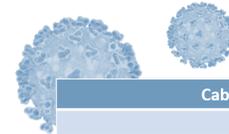
Clinical Care	Dentists	2,160 : 1	1,720 : 1	1,210 : 1	2017
	Mental Health Providers	350 : 1	390 : 1	270:1	2019
	Preventable Hospital Stays	5,192	4,539	2,565	2017
	Mammography Screenings	46%	46%	51%	2017
	Flu Vaccinations	52%	52%	55%	2017

## Emerging Issues

### COVID-19

The COVID-19 pandemic remains an emerging and on-going issue as variants cause rapid increases in case counts and deaths. Cabarrus County experienced the first COVID-19 related death in North Carolina in early March 2020, placing the county in a state of emergency. The Public Health Authority of Cabarrus County d.b.a Cabarrus Health Alliance (CHA) has been responsible for supporting the multi-sector and cross jurisdictional response to COVID-19. As the local health department, CHA, is responsible for overseeing contact tracing, contact investigation, and public education on mitigation strategies.

On January 6, 2021, CHA began administering the COVID-19 Pfizer vaccine at the Cabarrus Arena and Events Center. More than 1,000 people were vaccinated the first day and tens of thousands more were vaccinated through similar large scale drive-thru clinics operated by the health alliance. Understanding capacity issues and the challenges of rapid mobilization, CHA partnered with school systems, nonprofits and private sector companies to meet testing and vaccine demands as public requests increased. CHA continues to monitor and make local and state [COVID-19 data](#) easily accessible to the public. County health officials are preparing to move from response to recovery and plan to engage individuals from across the county, including traditional and non-traditional leaders, in hopes of creating a Recovery Coalition, which will make recommendations for how to move forward from pandemic to endemic.



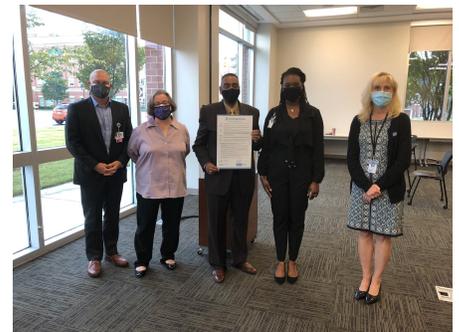
Cabarrus County	December 28, 2021
<b>Total Cases</b>	<b>37,009</b>
<b>Recovered Cases</b>	<b>35,071</b>
<b>Deaths</b>	<b>374</b>
<b>Active Cases</b>	<b>1,564</b>
<b>Percent Positive - Testing</b>	<b>10.1%</b>
<b>Number of People Hospitalized in Cabarrus County</b>	<b>84</b>
<b>Number of Cabarrus County Residents Hospitalized</b>	<b>32</b>
<b>Active Cases in Long Term Care Residents</b>	<b>16</b>
<b>Administered First Doses of Vaccine</b> <small>Vaccine Data Dec. 14, 2020 – December 28, 2021 (all programs)</small>	<b>121,322</b>

As of 3:49 PM  
Tuesday, December 28, 2021



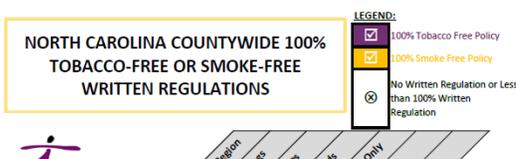
### Racism declared a Public Health Crisis

In late 2020, the Cabarrus County Public Health Authority Board of Commissioners, the governing body of the Cabarrus Health Alliance, joined a growing number of U.S. cities, counties and public health departments in declaring racism a Public Health Crisis. Throughout 2021, CHA staff, departments and leadership worked diligently to implement efforts and advocate for systems and policy changes, to accomplish the 13 items outlined within the proclamation. Racism has created a health divide negatively impacting black and brown residents. Minorities in Cabarrus County have lower life expectancies when compared to their white counterparts, meaning they are more likely to die before age 75. Data also shows that black residents are more likely to die from heart disease and diabetes, than white residents. To view the entire proclamation, as well as the internal and external strategies outlined, [click here](#).



### Smoking and Tobacco use

The NC Tobacco Prevention and Control Branch (NC TPCB) reports that tobacco use is the leading cause of preventable disease and death in North Carolina and the United States. In Cabarrus County, the highest rate of death due to cancer, is caused by cancer of the trachea, bronchus and lung. Studies have shown that smoke-free laws can not only protect people from secondhand smoke, but can motivate and help tobacco users quit and even prevent or reduce initiation of use among youth. Cabarrus County has adopted four of the six recommended North Carolina Countywide 100% Tobacco Free Policies outlined by the NC TPCB. An opportunity remains to advocate and educate on the positive health impacts for residents and employees with the adoption of tobacco free government grounds and public places.



		Local Health Dept. A.	Government Buildings	Government Vehicle	Government Grounds	Govt-Owned Parks	Recreation Areas	Public Places
GASTON	4	☑	☑	☑	☑	☑	☑	☑
ALEXANDER	4	☑	☑	☑	☑	☑	☑	☑
CATAWBA	4	☑	☑	☑	☑	☑	☑	☑
CABARRUS	4	☑	☑	☑	☑	☑	☑	☑
ROWAN	4	☑	☑	☑	☑	☑	☑	☑
IREDELL	4	☑	☑	☑	☑	☑	☑	☑
MECKLENBURG	4	☑	☑	☑	☑	☑	☑	☑
STANLY	4	☑	☑	☑	☑	☑	☑	☑
LINCOLN	4	☑	☑	☑	☑	☑	☑	☑
CLEVELAND	4	☑	☑	☑	☑	☑	☑	☑
UNION	4	☑	☑	☑	☑	☑	☑	☑
<b>TOTAL # OF PLACES STATEWIDE</b>		84	64	25	33	36	4	

Every day, about 1,600 young people under 18 try their first cigarette, and nearly 200 become daily cigarette smokers (CDC). For many years in Cabarrus County smoking and tobacco use data showed decreases in reported use by youth. In recent years, smokeless tobacco products and electronic vaping have been the primary products of tobacco use for middle and high school students. According to the 2021 Cabarrus Youth Substance Use Survey, only 2% of middle and high school students reported current cigarette use, while 6% reporting current vape use (10.6% High School, 2.1% Middle School). Cabarrus County students also reported highest perceived risk associated with cigarette use, even when compared to prescription drugs, alcohol and marijuana use.

[The Rescue Agency](#), shined a light on some shifts in tobacco trends associated with teen vaping behavior data due to the COVID-19 pandemic. Data showed decreased

vaping use by experimenting teens due fewer peer interactions and less access, while regular users reported increasing their vape use due to boredom and coping with stress from being home. The Healthy Cabarrus Substance Use Coalition and community partners are working to identify strategies to change youth perception and decrease the number of youth who report first time tobacco use, either through use of cigarettes or electronic vaping devices.

## New, Paused or Discontinued Initiatives

### Office of Rural Health - Dental Grant Service Expansion

With funding from the Office of Rural Health, Cabarrus Health Alliance (CHA) will increase access to evidence-based dental care that prevents and reduces the incidence of oral disease through targeted recruitment, patient education, and comprehensive treatment; reaching at least 1,000 low-income, underinsured, or uninsured residents patients annually. Care will be provided at CHA's two dental offices, and by leveraging existing infrastructure, staff, and community relationships to institute a systems-change that brings pop-up dental services to vulnerable residents at trusted locations that already serve them.

Through these funds, the dental program will provide each patient will be afforded up to \$500 of free dental services. If completing their treatment plan extends beyond that value, the patient will be automatically enrolled in a 60% discount using our sliding fee scale. Partner pop-up locations:

- Cooperative Christian Ministry
- El Puente Hispano
- Local churches – through Atrium Health's Faith Community Health Ministry

### Community Health Workers

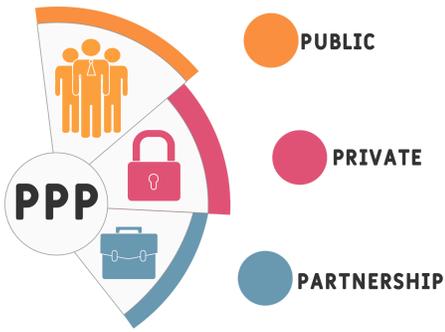
The American Public Health Association defines a Community Health Worker (CHW) as "a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served. This trusting relationships enables the worker to serve as a liaison and link between health and social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery." In 2021, both Cabarrus Health Alliance and Atrium Health launched CHW programs with the goal of supporting community members in reducing health-related risk behaviors. CHW's also work to identify social determinants of health (SDOH) gaps for priority populations, so recommendations can be made based on knowledge and experience for systems level change to improve opportunities for a healthy life for community members.



### Cabarrus Health Alliance Community Health Worker

CHA has hired and began training six (6) racially and linguistically diverse CHWs who come from the culture and community they intend to serve. CHW's will be deployed to the following agencies/locations:

- El Puente Hispano
- Cooperative Christian Ministry
- Cabarrus County Department of Health and Human Services
- Community Free Clinic
- Cabarrus Health Alliance – Communicable Disease Department
- Cabarrus Health Alliance – Women's Health Clinic



### Public Private Partnership

Public-private partnerships (PPPs) have been placed at the forefront of many conversations, as they have become a popular way to get major infrastructure projects built and develop a shared responsibility for improving resident/employee well-being. Compared with traditional solutions, which can strain government and non-profit resources, these public-private arrangements are intended to boost efficiency and effectiveness.

The involvement of large employers during workforce housing discussions has been a focus of the Cabarrus Housing Collaborative. When companies like Amazon launch a \$2 billion Housing Equity Fund to preserve and create over 20,000 affordable homes across the country, it is imperative that they have a seat at the local table to strategize future housing growth and development.

The public and non-profit sectors are encouraged and challenged to engage the private sector with education and advocacy of how for-profit companies are a vital part of the community. From large corporations to small businesses, these entities should have the opportunity to contribute far beyond just jobs, salaries, and wages. They are members of the community and should have a space to share their concerns and be active in supporting solutions.

# CHA Public Health Director's Report

March 15, 2022

## Human Resources

- Phase II of the Salary Study (Job classes and grades realignment) to begin Mid-March.
- Equity Organizational Assessment Complete
  - Next steps: review of the results and creation of an action plan

## Finance

- Worked with the Behavioral Health and IT teams on a new EMR for Behavioral Health.
- FY 23 Budget documents sent to Department Leads for planning.
- Reviewed FY 22 budget with program managers to ensure targets are being met for this fiscal year and begin projections for FY 23 carryover funds.
- Worked with various teams to get the additional Concord site under contract and ready for staff to move in.

## Grants

- February, CHA submitted six (6) grants for a total of \$633,833.
  - Two (2) applications to CDC for PHAPs;
  - One (1) for mental health treatment support.
  - Two (2) Atrium [one (1) for Syringe Services and one (1) for Walk Cabarrus]; and one (1) in collaboration with Duke University to research the intersection of ACES and SUD.
- Environmental Health won three (3) grants from the FDA to advance conformance with the Voluntary National Retail Food Regularity Program Standards for a total of \$114,213.

CPHI completed a multi-year Directed Grant application to NCDHHS for \$150,000 to support the Behavioral Health Director position.

## IT

- Deployed new software phone technology for school health support for use in school locations.
- Improved the resiliency of the phone system and successfully tested disaster recovery for several scenarios.
- Reconfigured software licensing and onboarding procedures to save approximately \$20,000 per year.

## Clinical Services

- Rachel Koontz, MPH, DNP, joined the CD staff. Rachel will be working primarily in the STD clinic, helping ensure increased access for PrEP encounters, as well as working with the COSSAP grant, which will provide MAT to partners and families of our SUN clinic patients, SSC participants, and ER referrals
- We have recently begun receiving beneficial data from CCPN after Medicaid Transformation occurred last July. This has enabled clinical staff to reach out to pediatric families who were previously out of touch and re-engage them for care, many times resulting in establishment of new siblings
- Cabarrus Youth Development Center has assumed responsibility for approximately thirty long-term detention youth who are now residing in the McWhorter Building. These youth are not yet adjudicated to the YDC, yet still receive services from CHA nurses
- Members of the COVID Core Functions Team are integrating into Communicable Disease Department to most efficiently align the internal vaccine needs, and case investigation and disease follow-up at this current time.

### **Dental Health**

- Dr. Brittany Stofford, a Concord native and ECU graduate, joined our team as a Public Health Dentist on March 4<sup>th</sup>.
- Kindergarten screenings were completed throughout the county in February and beginning of March. Preliminary data shows an increase in children with untreated decay from 13% in 2019 to closer to 24% in 2022. Finalized data will be available via Dental Scorecards by the end of March.
- Mobile units returned for comprehensive services at schools on March 2<sup>nd</sup>. Due to time and COVID restraints, not every Elementary School will be able to be served in the 2021-2022 school year. Plans are in place to have Kindergarten screenings completed in September 2022 with treatment starting immediately following.

### **School Health**

- School Health welcomed and completed orientation for 4 nurses.
- Nurses have begun to utilize the new EMR (SNAP) to complete encounters for minor illnesses and injuries.
- On March 8<sup>th</sup>, CHA Leadership and the School Health Admin Team hosted nurses for a day of professional development and celebration of their dedication and committed response to the COVID pandemic.
- Dr. Fran Koster, a CHA volunteer, has begun to research score cards and metrics presented by other school health departments across the nation.

## **COVID Response**

Presentation on the business agenda

## **Healthy Living Programs**

- Healthy Living is now responsible for the Cabarrus Wellness Coalition. The group has expanded its focus beyond a child focus to include the entire family.
- February 26, 2022 was reserved as Soda Free Day, which was a successful collaborative initiative between CHA Dental, Healthy Living, and the Cabarrus Wellness Coalition.
- CHA's Worksite Wellness program hosted their first external event with Forest Park Elementary on February 14, 2022. This event will serve as the pilot for Worksite Wellness being integrated in schools district wide.

## **Environmental Health**

- Received FDA grant for over \$100,000 over three years for Standardization of the Food & Lodging program. This is by far the largest and most comprehensive grant that EH has received
- Only one more trainee left to be authorized which will conclude a 10-month training portion for this program
- A \$4000 vector grant was awarded to help purchase new supplies and other costs.

## **Healthy Cabarrus**

- Completed 2021 State of the County Health Report and will begin to present to local leaders.
- Organized site visit to Guilford County Behavioral Health Facilities for Cabarrus County, Atrium, Partner BH, and CHA leaders – March 7, 2022
- Hosted 3<sup>rd</sup> Cabarrus Housing Collaborative Meeting – Developed Mission, Vision, Values and began to establish collaborative Action Plan

## **Equity**

- Forty-eight community leaders and other stakeholders participated in the NC Behavioral Health Cultural Awareness/Humility and the Latino Community workshops. This initiative was created, so local organizations and agencies are more aware of the specific challenges that Latino families encounter and the richness of the culture.
- Hosted five parent-child communication-building skills sessions to provide Latino parents with the tools to be better communicate with their children as a strategy to keep them away from substance use.

## **Marketing**

- Launched 'I ♥ Public Health' Month social media campaign in February – Highlighting staff across the agency and why they love public health.
- Assisted new signage for the Creamery Site
- Developed Live Well Counseling (Community BH Services) and Healthy Living department logos
- Began work to coordinate departmental promotional videos, to create a more personal/human connection to CHA and our services

### **Substance Use**

- 402 currently enrolled in the SSP. All these people have visited since August. In August we implemented a new data tracking system and all participants had to reenroll.
- Wellness Wednesdays started the first Wednesday in February. Community paramedics come in once a month and CD staff fills in the other Wednesdays to provide HIV/Hep C testing, Hep A vaccines and basic wound care.
- AA584 HCV Regional Bridge Counselor has been hired and will begin working March 4<sup>th</sup>. The Hepatitis C Bridge Counselor will support viral hepatitis activities related to prevention messages, screening and testing for (HCV) infections, and facilitating linkage to care for people who are infected with HCV to clinical providers for treatment. The HCV Bridge Counselor will also be responsible for providing disease specific patient education and tracking the patient at specific milestones through the treatment cascade.
- The Cabarrus Youth Substance Use Survey was implemented in the schools at the beginning of the school year. We will have the results in the next couple of weeks. The results will guide our future DFC application and coalition action plan. The sample size was over 1200.

### **Community Health/Social Determinants of Health (Family Care Coordination)**

- The Community Health Workers (CHW) will be certified upon the completion of their program on April 4<sup>th</sup>, 2022. They are currently participating in a program through Edgecombe Community College receiving education on topics including, but not limited to, community outreach, coaching, chronic disease, home visiting safety and COVID.
- Care Management is making progress with Medicaid Transformation and working with the Prepaid Health Plans to on data requirements and patient referral processes.
- Innovative Approaches is currently recruiting a Program Coordinator and plans to begin interviewing soon.

### **Performance/Quality Improvement and Accreditation:**

- The Performance Management team is actively designing trainings and workgroups for CHA staff including the FY22 Data Series Trainings, Population Health workgroups, technical assistance sessions for performance scorecards in Clear Impact, and SDOH Screener Orientation sessions.
- After an in-depth look at SDOH screeners, the state SDOH screener has been selected with the option to include program specific questions. FindHelp is the referral platform that will be utilized and champions for identified departments along with orientation sessions will be held.

- The Epidemiologist and Data Analyst are in the final stages of creating the Covid and Housing Dashboard for Cabarrus County.

### **BOH activities**

- NALBOH is hosting a virtual spring symposium April 28 from 2-5 pm. We are registering to participate and view the sessions in the Board room and interested Board members are invited to join.
- Merle Greene, ED of ANCBH, spoke at the NCALHD meetings in February, requesting to link the statewide association more closely with local BOH. They proposed several recommendations including monthly meetings with local BOH Chairs, and occasionally joining local BOH meetings.

### **National/State/Local Updates**

- Kristin Klinglesmith and Bonnie Coyle joined other statewide community members and SUD experts on a virtual meeting with Rep Kristin Baker on March 2 to educate her about important issues related to SUD and discuss the value of supporting evidence-based initiatives to effectively address the opioid pandemic.
- CHA staff participated in a forum at NCRC on Feb 23 with state legislators and community leaders to highlight the many community collaborations underway with NCRC researchers to address social determinants of health and lifestyle medicine.
- NC DHHS is setting a priority to address PH Workforce Development and Recruitment, specifically regarding PH nurses and Environmental Health Specialists. This aligns with our Region 4 efforts to also address this important workforce shortage.



## Cabarrus Health Alliance Board Meeting Agenda Form

Meeting Date: March 15, 2022

Name of Item: Budget Revision Request

Submitted by: Sue K Yates

Expected Length of Presentation: 5 minutes

### 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 School Health funding from Cabarrus County Schools, Cabarrus County, and Kannapolis City Schools. - \$161,000
2. To budget for Mosquito and Tick Suppression Agreement Addendum. - \$4,000
3. To budget for the FDA DHHS AFDO Grant for Environmental Health. - \$18,341
4. To budget for the sale of assets and revenue from employee health billing and managed care interest reimbursement. - \$15,650
5. To budget Information Technology County ARPA funds to purchase laptops, VPN software licenses and secure data storage appliance for archival backups.- \$147,140
6. To budget for the School Health Team Workforce Agreement Addendum. - \$78,045
7. To reduce the budget for the School Health - ELC Agreement Addendum. - \$(2,000,000)

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

No

**Items reviewed by:**

Bonnie Coyle, MD, Health Director

Sue K Yates, Chief Financial Officer

# CABARRUS HEALTH ALLIANCE

## Budget Revision/Amendment Request

#1

Date: 3/15/22

Amount:       \$ 161,000

Type of Adjustment:

Health Director: Dr. Bonnie Coyle

Internal Transfer Within Program

Purpose of Request: To budget for School Health funding from Cabarrus County Schools,

Transfer Between Programs

Cabarrus County, and Kannapolis City Schools.

Supplemental Request

Account	Account Name	Present Approved Budget	Increase	Decrease	Revised Budget Amount
00265840-6676-102	Kannapolis City School System	\$ 2,448	\$ 15,000	\$ -	\$ 17,448
00265840-6675-102	Cabarrus County School System	\$ 15,561	\$ 40,000	\$ -	\$ 55,561
00265840-6904-102	Contribution from Cabarrus Cty	\$ 4,047,853	\$ 106,000	\$ -	\$ 4,153,853
00295840-9570-102	Service Contracts	\$ -	\$ 300	\$ -	\$ 300
00295840-9630-102	Dues & Subscrip-SH	\$ 65	\$ 300	\$ -	\$ 365
00295840-9360-102	Medical Supplies - Sch Hlth	\$ 2,819	\$ 5,000	\$ -	\$ 7,819
00295840-9102-102	PT>1000 Hrs School Health	\$ 2,324,604	\$ 12,293	\$ -	\$ 2,336,897
00295840-9104-102	Temp PT & Full School Health	\$ 14,071	\$ 20,000	\$ -	\$ 34,071
00295840-9860-102	Equipment & Furniture - SH	\$ -	\$ 51,407	\$ -	\$ 51,407
00295840-9101-202	Salaries & Wages-SH Misc	\$ 129	\$ 3,000	\$ -	\$ 3,129
00295840-9102-202	PT > 1000 hours - SH Misc	\$ 12,354	\$ 50,000	\$ -	\$ 62,354
00295840-9104-202	Temp PT & FT - SH Misc	\$ 49	\$ 1,600	\$ -	\$ 1,649
00295840-9201-202	Social Security - SH Misc	\$ 754	\$ 2,500	\$ -	\$ 3,254
00295840-9202-202	Medicare - SH Misc	\$ 176	\$ 800	\$ -	\$ 976
00295840-9205-202	Group Hosp Ins - SH Misc	\$ 457	\$ 400	\$ -	\$ 857
00295840-9206-202	HRA - SH Misc	\$ 131	\$ 3,500	\$ -	\$ 3,631
00295840-9210-202	Retirement - SH Misc	\$ 949	\$ 7,000	\$ -	\$ 7,949
00295840-9211-202	401K Match	\$ 33	\$ 1,200	\$ -	\$ 1,233
00295840-9230-202	Workers' Comp - SH Misc	\$ 49	\$ 500	\$ -	\$ 549
00295840-9640-202	Insurance & Bonds - SH Misc	\$ 157	\$ 900	\$ -	\$ 1,057
00295840-9659-202	UnemployComp - SH Misc	\$ 75	\$ 300	\$ -	\$ 375

**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: 3/15/22

Amount:       \$           4,000

Type of Adjustment:

Health Director: Dr. Bonnie Coyle

Internal Transfer Within Program

Purpose of Request: To budget for Mosquito and Tick Suppression Agreement Addendum.

Transfer Between Programs

Supplemental Request

Account	Account Name	Present Approved Budget	Increase	Decrease	Revised Budget Amount
00265805-6200-50908	CHA Grant-Mos&Tick Suppression	\$ -	\$ 4,000	\$ -	\$ 4,000
00295805-9101-50908	Salaries & Wages-MTS	\$ -	\$ 1,549	\$ -	\$ 1,549
00295805-9201-50908	Social Security-MTS	\$ -	\$ 96	\$ -	\$ 96
00295805-9202-50908	Medicare-MTS	\$ -	\$ 22	\$ -	\$ 22
00295805-9205-50908	Group Hospital Insurance-MTS	\$ -	\$ 147	\$ -	\$ 147
00295805-9206-50908	HRA-MTS	\$ -	\$ 26	\$ -	\$ 26
00295805-9210-50908	Retirement-MTS	\$ -	\$ 187	\$ -	\$ 187
00295805-9211-50908	401K Match-MTS	\$ -	\$ 31	\$ -	\$ 31
00295805-9230-50908	Workers' Compensation-MTS	\$ -	\$ 9	\$ -	\$ 9
00295805-9640-50908	Insurance & Bonds-MTS	\$ -	\$ 19	\$ -	\$ 19
00295805-9330-50908	Tools & Minor Equipment-MTS	\$ -	\$ 1,914	\$ -	\$ 1,914

**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: 3/15/22

Amount:       \$ 18,341

Type of Adjustment:

Health Director: Dr. Bonnie Coyle

Internal Transfer Within Program

Purpose of Request: To budget for the FDA DHHS AFDO Grant for Environmental Health.

Transfer Between Programs

Supplemental Request

Account	Account Name	Present Approved Budget	Increase	Decrease	Revised Budget Amount
00265805-6345-47520	Assoc of Food and Drug Official	\$ -	\$ 18,341	\$ -	\$ 18,341
00295805-9320-47510	Printing & Binding	\$ 500	\$ 100	\$ -	\$ 600
00295805-9447-47520	Outsourced Services	\$ 250	\$ 100	\$ -	\$ 350
00295805-9210-156	Retirement-West Nile Virus	\$ 349	\$ 193	\$ -	\$ 542
00295805-9346-156	Fuel-West Nile Virus	\$ 267	\$ 200	\$ -	\$ 467
00295805-9301-47510	Office Supplies-Env Hlth	\$ 853	\$ 307	\$ -	\$ 1,160
00295805-9355-47520	Other Operation Costs-F&L	\$ 69	\$ 600	\$ -	\$ 669
00295805-9520-47510	Auto & Trck Mntnce-Env Hlth	\$ 3,832	\$ 1,000	\$ -	\$ 4,832
00295805-9230-47520	Workers'Comp F&L	\$ 10,644	\$ 2,000	\$ -	\$ 12,644
00295805-9331-47520	Minor Office Equipment & Furn	\$ 13,167	\$ 2,000	\$ -	\$ 15,167
00295805-9101-156	Salaries & Wages-West Nile Vir	\$ 4,342	\$ 656	\$ -	\$ 4,998
00295805-9346-47510	Fuel-Env Hlth	\$ 5,069	\$ 3,000	\$ -	\$ 8,069
00295805-9102-47510	Part Time > 1000 Hours Env Hlt	\$ 11,213	\$ 8,185	\$ -	\$ 19,398

**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: 3/15/22

Amount: \$ 15,650

Type of Adjustment:

Health Director: Dr. Bonnie Coyle

Internal Transfer Within Program

Purpose of Request: To budget for the sale of assets and revenue from employee health billing and managed care interest reimbursement.

Transfer Between Programs

Supplemental Request

Account	Account Name	Present Approved Budget	Increase	Decrease	Revised Budget Amount
00265815-6803-41100	Miscellaneous Revenue	\$ 2,043	\$ 12,000	\$ -	\$ 14,043
00265815-6806-41100	Sale of Assets-Gen Ad	\$ 2,350	\$ 3,650	\$ -	\$ 6,000
00295815-9360-41100	Medical Supplies	\$ 50	\$ 1,500	\$ -	\$ 1,550
00295815-9447-41100	Contracted Svcs-Admin	\$ 14,673	\$ 750	\$ -	\$ 15,423
00295815-9501-41100	Building & Ground Maintenance	\$ 1,415	\$ 700	\$ -	\$ 2,115
00295815-9611-41100	Mileage-Administration	\$ 100	\$ 600	\$ -	\$ 700
00295815-9699-41100	Recruitment	\$ 535	\$ 620	\$ -	\$ 1,155
00295815-9320-41100	Printing & Binding-Admin	\$ 325	\$ 600	\$ -	\$ 925
00295815-9445-41100	Purchased Svcs-Admin	\$ 691	\$ 800	\$ -	\$ 1,491
00295815-9356-315	Special Prgm Sup-Safety	\$ 374	\$ 300	\$ -	\$ 674
00295815-9447-16	Outsourced Services-Facilities	\$ 99,000	\$ 9,780	\$ -	\$ 108,780

### 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: 3/15/22

Amount: \$ 147,140

Type of Adjustment:

Health Director: Dr. Bonnie Coyle

Internal Transfer Within Program

Purpose of Request: To budget Information Technology County ARPA funds to purchase laptops, VPN software licenses and secure data storage appliance for archival backups.

Transfer Between Programs

Supplemental Request

Account	Account Name	Present Approved Budget	Increase	Decrease	Revised Budget Amount
00265812-6903-915	Cabarrus County ARP Funding	\$ -	\$ 147,140	\$ -	\$ 147,140
00295812-9351-915	Hardware-CARPA	\$ -	\$ 84,000	\$ -	\$ 84,000
00295812-9352-915	Software-CARPA	\$ -	\$ 8,140	\$ -	\$ 8,140
00295812-9860-915	Equipment & Furniture-CARPA	\$ -	\$ 55,000	\$ -	\$ 55,000

**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

#6

Date: 3/15/22

Amount: \$ 78,045

Type of Adjustment:

Health Director: Dr. Bonnie Coyle

Internal Transfer Within Program

Purpose of Request: To budget for the School Health Team Workforce Agreement Addendum.

Transfer Between Programs

Supplemental Request

Account	Account Name	Present Approved Budget	Increase	Decrease	Revised Budget Amount
00265840-6200-50620	CHA Grant - SH Team WF	\$ -	\$ 78,045	\$ -	\$ 78,045
00295840-9101-50620	Salaries & Wages-SHTWF	\$ -	\$ 6,000	\$ -	\$ 6,000
00295840-9102-50620	Part Time > 1000 Hours-SHTWF	\$ -	\$ 52,000	\$ -	\$ 52,000
00295840-9103-50620	Part Time < 1000 Hours-SHTWF	\$ -	\$ 1,000	\$ -	\$ 1,000
00295840-9104-50620	Temp - Part & Full Time-SHTWF	\$ -	\$ 2,000	\$ -	\$ 2,000
00295840-9201-50620	Social Security-SHTWF	\$ -	\$ 3,782	\$ -	\$ 3,782
00295840-9202-50620	Medicare-SHTWF	\$ -	\$ 855	\$ -	\$ 855
00295840-9205-50620	Group Hospital Ins-SHTWF	\$ -	\$ 3,000	\$ -	\$ 3,000
00295840-9206-50620	HRA-SHTWF	\$ -	\$ 300	\$ -	\$ 300
00295840-9210-50620	Retirement-SHTWF	\$ -	\$ 6,942	\$ -	\$ 6,942
00295840-9211-50620	401K Match-SHTWF	\$ -	\$ 1,220	\$ -	\$ 1,220
00295840-9230-50620	Workers' Compen-SHTWF	\$ -	\$ 183	\$ -	\$ 183
00295840-9640-50620	Insurance & Bonds-SHTWF	\$ -	\$ 763	\$ -	\$ 763

**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: 3/15/22

Amount: \$ (2,000,000)

Type of Adjustment:

Health Director: Dr. Bonnie Coyle

Internal Transfer Within Program

Purpose of Request: To reduce the budget for the School Health - ELC 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	\$ -	\$ 2,000,000	\$ 2,451,440
00295840-9107-50362	Contracted Personnel-ELC-SH	\$ 2,655,000	\$ -	\$ 1,200,000	\$ 1,455,000
00295840-9101-50362	Salaries & Wages-ELC-SH	\$ 723,781	\$ -	\$ 530,252	\$ 193,529
00295840-9355-50362	Other Operation Costs-ELC-SH	\$ 325,000	\$ -	\$ 300,000	\$ 25,000
00295840-9635-50362	Training & Education-ELC SH	\$ 50,000	\$ -	\$ 50,000	\$ -
00295840-9611-50362	Mileage-ELC-SH	\$ 55,000	\$ -	\$ 44,000	\$ 11,000
00295840-9447-50362	Outsourced Services	\$ -	\$ 6,487	\$ -	\$ 6,487
00295840-9102-50362	Part Time>1000 Hours-ELC-SH	\$ 25,000	\$ 25,000	\$ -	\$ 50,000
00295840-9331-50362	MinorOfficeEquip & Furn-ELC-SH	\$ 250,000	\$ 92,765	\$ -	\$ 342,765

### 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

## Cabarrus Health Alliance Board Meeting Agenda Form

Meeting Date: March 15, 2022

Name of Item: Annual Finance Policy Review

Submitted by: Sue Yates

Expected Length of Presentation: 5 minutes

### **Brief Summary:**

Policies are reviewed at least annually for accreditation purposes and revisions are made when necessary. Also adding a new policy regarding eligibility for our behavioral health program.

### **Requested Action:**

To approve the following reviewed and revised policies:

- Reserve Policy (reviewed; no changes)
- Dental Clinic Fee Policy (reviewed; no changes)
- Dental Clinic Debt Management Policy (reviewed; no changes)
- NEW Community Based Behavioral Health Eligibility Policy & Fee Waiver form

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

Yes - The reviewed/revised policies were approved at a prior Board Meeting(s).

### **Items reviewed by:**

Sue Yates, Chief Finance Officer  
Dr. Elly Steel, Dental Clinical Director

**SUBJECT:** RESERVE POLICY

**EFFECTIVE DATE:** August 12, 2008

**REVISION DATE(S):** July 26, 2010; December 31, 2012

**DATE OF LAST REVIEW:** July 22, 2009; July 26, 2010; December 8, 2011;  
December 31, 2012; February 28, 2014; April 24, 2015;  
May 2, 2016; May 9, 2017; April 25, 2018; March 14, 2019;  
April 28, 2020; March 24, 2021; February 25, 2022

**POLICY STATEMENT:** The Public Health Authority of Cabarrus County dba Cabarrus Health Alliance shall maintain an appropriate reserve in the fund balance to meet state statutes and sustain operations during unanticipated emergencies and disasters.

### **General**

In accordance with state statute, appropriated fund balance in any fund will not exceed the sum of cash and investments minus the sum of liabilities, encumbrances, and deferred revenues arising from cash receipts.

Cabarrus Health Alliance will maintain an undesignated fund balance that exceeds eight percent (8%) of general fund expenditures in accordance with the North Carolina Local Government Commission's (LGC) recommendation. Based on historical cash flow analysis, Cabarrus Health Alliance shall maintain a target goal of fifteen percent (15%) of general fund expenditures. These funds will be used to avoid cash-flow interruptions, generate interest income, sustain operations during unanticipated emergencies and disasters and/or initiate new programs.

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Cabarrus Health Alliance Board Chairman

Date

**SUBJECT:** DENTAL CLINIC FEE POLICY

**EFFECTIVE DATE:** July 1999

**REVISION DATE(S):** June 2000; September 2002; January 2004; November 2006; November 13, 2007; June 17, 2008; July 26, 2010; December 20, 2011; February 28, 2014; May 9, 2017; May 25, 2018; April 25, 2019; April 30, 2020

**DATE OF LAST REVIEW:** June 2000; September 2002; January 2004; November 2006; November 13, 2007; June 17, 2008; July 30, 2009; July 26, 2010; December 20, 2011; January 14, 2013; February 28, 2014; September 29, 2014; December 30, 2015; December 30, 2016; May 9, 2017; April 18, 2018; May 25, 2018; April 25, 2019; April 30, 2020; March 24, 2021; February 25, 2022

**POLICY STATEMENT:** This policy is being written to define and implement charges for dental services rendered by the Public Health Authority of Cabarrus County dba Cabarrus Health Alliance (CHA). This dental policy applies to dental services only. This policy may be revised at any time if necessary and will be reviewed at least annually.

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

## 1. FEES

- 1.1. A master list of charges for all services rendered will be updated as needed and no less than annually. The Board can request to review these charges at any time according to board policy. (1)
- 1.2. Fees will be determined by studying the cost of providing the service and also a Geographic Adjustment Factor (GAF) and/or Customized Fee Analyzer may be used to determine charges.

## 2. SLIDING FEE SCALES

- 2.1. Sliding fee scales received from the state will be utilized for the public health programs supported by state/federal dollars. Assessment of family size and income (according to guidelines from the Cabarrus Health Alliance Dental eligibility policy) will be applied to determine individual's charges.

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

2.2. Patients will be placed on the Sliding Fee Schedule from 40% to 100%. The following patients will automatically be considered for 40% on the sliding fee scale:

- Patients with a current CCP card
- Participants of the Cabarrus County Lunch+ Clubs with proof of participation
- Participants of the Kannapolis YMCA Senior Program with proof of participation

2.3. **The mobile dental unit will provide services at a 40% fee to patients at sites that have been identified as high risk for poor oral health through the dental outreach program.** Metrics include:

- Majority of group at site is a minority
- Located in food desert
- Districted to Title I school
- Last time to a dentist for preventive dental services
- Last time to a dentist for emergency dental services
- Has primary care physician
- Has moved x amount of times in last year (residential mobility)
- (Un)employment in adults in household
- Number of dependents in household
- Number of single parent families
- Number of English speaking adults in household
- Physical issues (pain, swelling, pregnant, comorbidities, tobacco use)

### 3. PROGRAM SERVICES

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

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

3.1.2. Patient charges must be assessed upon family size and income (use of a sliding fee scale), if state/federal dollars are budgeted to support the program.

3.1.3. No fee can be imposed on persons or their families whose income falls below the 100% federal poverty level if state/federal dollars are budgeted to support the program.

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

- 3.1.4. There shall be no minimum fee requirement or surcharge that is indiscriminately applied to all patients.
- 3.1.5. Donations can be accepted from any patient regardless of income status as long as they are voluntary. There cannot be any “schedule of donations”, bills for donations, or implied or overt coercion. Approved policy billing requirements are not waived because of client donations.
- 3.1.6. CHA must continue to use an acceptable accounts receivable system which reflects total charge, adjustment, balance, and amount collected. The system of choice must balance.
- 3.1.7. Encounter forms will be completed by providers at the time of a visit. This is an estimation for the services received for that day. In the event a procedure was omitted that was performed, the appropriate party will be billed.

Account collections and bad debt write-off activities are addressed in the CHA Debt Management Policy.

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Cabarrus Health Alliance Board Chairman

Date

**SUBJECT:** **DENTAL CLINIC DEBT MANAGEMENT POLICY**

**EFFECTIVE DATE:** January 2004

**REVISION DATE(S):** August 2006; January 14, 2004; November 13, 2007; June 17, 2008; June 17, 2008; July 30, 2009; July 26, 2010; January 30, 2013; February 28, 2014; September 29, 2014; December 30, 2016; December 30, 2017; May 18, 2018; April 25, 2019

**DATE OF LAST REVIEW:** August 2006; January 14, 2004; November 13, 2007; June 17, 2008; June 17, 2008; July 30, 2009; July 26, 2010; December 20, 2011; January 30, 2013; February 28, 2014; September 29, 2014; December 30, 2015; December 30, 2016; December 30, 2017; May 18, 2018; April 25, 2019; April 30, 2020; March 24, 2021; February 25, 2022

**POLICY STATEMENT:** To implement policies and procedures ensuring collection of debts by providing necessary follow-up actions on delinquent debts resulting from billings initiated by the Public Health Authority of Cabarrus County dba Cabarrus Health Alliance (CHA). This policy covers dental health services only.

Debt management follows a logical path or series of events, beginning from the time the service is provided to the point when it is determined that a debt is uncollectible and should be written off.

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

**1. FEE COLLECTION**

- 1.1. At the time services are received, the patient will be informed of the cost of the service for that visit and of the balance of their account. Payment is due and expected at the time services are rendered. Fees may be paid by cash, check, money order, and credit card, or debit card. An itemized receipt will be provided to individuals at time of payment showing charges less any allowable discounts. Medicaid and third party payment plans will be billed showing total charges without applying any discount. However, all chargeable fees are the responsibility of the patient. Any visit co-pay amounts must be paid at the time of service and is not subject to the sliding eligibility scale. Clients will be expected to pay any applicable deductibles or co-payments. Failure to pay a charge for services when rendered constitutes a debt for collection and we will endeavor to collect the unpaid balance.
- 1.2. Any payment received at the time of visit shall be applied to current day's charges and any overage to oldest unpaid charges. Any payment received via mail shall be posted to the oldest unpaid charge unless otherwise specified by client.

- 1.3. Payment for services provided are due on the day of service; however, when the patient is unable to pay in full at the time services are rendered, a receipt will be issued for partial payment. A patient may discuss, establish, and sign a payment agreement with agency personnel. Client is reminded at every visit of their account balance and their responsibility for the balance.
- 1.4. If the debtor doesn't pay on the service date or has a balance over \$200.00 per patient or \$400 per family, a legally enforceable written payment agreement may be obtained from and signed by the debtor that specifies all of the terms of the installment arrangement and contains a provision accelerating the debt payment in the event the debtor defaults. The size and frequency of the installment payments should bear a reasonable relationship to the size of the debt and the debtor's ability to pay. If possible, the installment payments should be sufficient in size and frequency to liquidate the debt in no more than one year. In the event the client fails to pay their debts as set forth in their payment agreement, the CHA has the ability to restrict or deny any future services until he/she pays the delinquent debt unless they are below 100% of federal poverty level and we cannot refuse to provide services if they are unable to pay.
- 1.5. Clients will have 45 days to make payment of any monies received from any source that is sent directly to them as payment for dental services received from CHA and also a copy of the benefits summary received from the payment source.

## **2. DISCOUNTS**

- 2.1. A prompt pay discount of 10% may be given if patient asks or at the discretion of the Chief Finance Officer (CFO), Accounts Receivable Supervisor or designee to reduce collection costs. Prompt pay discounts should not be applied to balances due after insurance payments, deductibles, or co-pays. Payments must be made within thirty (30) days of the patient's being informed of the discount offer.
- 2.2. Employee discounts will be given on CHA dental services. This also includes family members of the employee that are immediate family members living in the same household. Employees/Family will receive either a 20% discount or the sliding fee scale discount whichever is more beneficial to the employee but not both discounts. Discount will be applied after any insurance payments are made.

## **3. SERVICE DENIALS OR APPOINTMENT RESTRICTIONS**

- 3.1. Service denials or appointment restrictions will be applied to patients who do not make a "good faith effort" (1) to pay unless restricted by State or Federal regulations. (2) Emergency services can never be denied. Patients will be encouraged to pay their balance at the time of service. Patient payment plans will be established upon need or request and monitored by the CHA financial services

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(1) Good Faith Effort – payment of 10% of total bill per month or adherence to established patient payment plan.

(2) See CHA policy for protocol regarding dismissing client from services.

department. Services will not be denied until after a clinic visit during which the purpose and details of the fee system are explained. Patients with active Medicaid will not be denied or have appointment restrictions if they have outstanding balances or in debt setoff. The Dental Director or designee makes the final decision regarding service limitations/denials or appointment restrictions.

#### **4. RETURN CHECK FEE**

4.1. A service charge fee will be applied to a patient's ledger for a returned check. The client will be notified and the fee and check must be paid in full before the client receives a future appointment unless restricted by State or Federal regulations. Only the Dental Director or designee can determine exemption from paying these charges prior to having an appointment scheduled if the patient's health or situation warrants otherwise.

#### **5. PATIENT STATEMENTS**

5.1. A patient statement will be sent monthly from the date of service reminding patient of their account balance.

#### **6. COLLECTION OF UNPAID DEBTS**

6.1. Collection attempt will be made by the CHA Finance Department on accounts that have no activity after three months. If there is no response after this attempt, outstanding accounts may either be submitted to the North Carolina Debt Setoff Collection Clearinghouse, pursuant to which qualifying debts may be automatically deducted from any State tax refund or lottery winnings that is owed or turned over to a collection agency unless restricted by State or Federal regulations or debt write offs.

#### **7. DEBT WRITE-OFFS**

7.1. When it is determined that the debt is basically uncollectible and no activity has been reported during the preceding 12 months or if a notification of client bankruptcy or deceased status is received the account will be considered uncollectible. An itemized list of uncollectible outstanding patient balances will be prepared at least annually for the Health Director/Chief Executive Officer (CEO) and CFO's review and approval.

7.2. Staff members may take request to have fee waived to the Dental Director or designee, CFO or Financial Services Supervisor or designee for patients unable to pay and do not qualify for the schedule of discounts (SFS). Fees of individuals may be waived once determination is made and if good cause is found. Documentation of waived fees must be made in the patient management system along with name of authorizing person.

7.3. The patient should never be informed that a debt has been written off.

7.4. When a patient requests to return to the Alliance within 60 months (5 years) after a bad debt has been determined uncollectible and written off, the entire balance must be reinstated and paid in full before an appointment can be made. Only the

Dental Director or designee, CFO or Financial Services Supervisor can determine exemption from payment in full. If an exemption is made the bad debt write-off will be reactivated as a prior balance and the billing process actively resumed according to the CHA Fee Policy.

- 7.5. The Accounts Receivable system shall indicate the recording of the bill as uncollectible and evidence shall be on file to document required billings. The system will also apply a consistent method of “aging” accounts.
- 7.6. Any balances less than \$1.00 will be written off when accounts are reviewed for collection letters or when bad debt write-offs are done.
- 7.7. Any balances written off for minors will not be reinstated if they return for services as an adult.

## **8. BANKRUPTCY**

- 8.1. A legal notification must be received from the Bankruptcy Court. Once received, the patient’s account will be flagged to indicate that bankruptcy has been filed and the patient is no longer obligated for his/her outstanding debt. No further attempts will be made to collect the outstanding account. The account may be written off as an uncollectible debt. If the patient returns for services, the patient will not be responsible for any debt prior to filing bankruptcy.

## **9. REFUNDS**

- 9.1. Refunds on patients’ accounts will be processed for amounts exceeding \$1.00 by the Finance Department unless otherwise requested by patient or third party payer. Any credits found on accounts will be used when possible before refunding. Credits can be used on any account patient has responsibility for, including any previous bad debt write offs. Only credit amount will be added back to account.

## **10. FOSTER PARENT OBLIGATION**

- 10.1. Foster parents are not responsible for any debts incurred before child was placed in their care. Any previous debts are the responsibility of parent or guardian at that time.
- 10.2. The Debt Management Policy may be revised at any time if necessary and will be reviewed at least annually. This dental policy applies to dental services only.

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Cabarrus Health Alliance Board Chairman

Date

**SUBJECT: COMMUNITY BASED BEHAVIORAL HEALTH  
ELIGIBILITY POLICY**

**EFFECTIVE DATE:** February 1, 2022

**REVISION DATE(S):**

**DATE OF LAST REVIEW:**

**POLICY STATEMENT:** The purpose of this policy is to determine the financial and residency requirements for patients requesting services from the Public Health Authority of Cabarrus County dba Cabarrus Health Alliance (CHA). This policy covers Community Based Behavioral Health Services only and excludes Integrated Behavioral Health services provided through clinical services. The guidelines for the NC Department of Health & Human Services Purchase of Medical Care Services Payment Programs are not part of this policy. Those guidelines can be found online at <https://publichealth.nc.gov/lhd/pomcs.htm>.

CHA shall assure that no person, on the grounds of race, color, age, ethnicity, language, culture, religion, sex, sexual orientation, gender identity or expression, socioeconomic status, marital status, immigration status, national origin, physical or mental disability, handicapping conditions or otherwise qualified handicapped individual, (unless otherwise medically indicated), be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity.

**1. FINANCIAL REQUIREMENTS:**

Community based Behavioral Health Services, not covered by state and/or federal grant funds, will have fees and fees assessed. CHA will see Cabarrus County patients for Community Based Behavioral Health Services regardless of income status.

**Income Guidelines:**

The income scales for Community Based Behavioral Health services will be updated according to state guidelines (usually annually) per program, and patients will be placed on the sliding scale according to their income and family size. CHA's Community based behavioral health Services Program utilizes the 101-200% sliding fee scale.

**2. RESIDENCY REQUIREMENTS:**

Community based behavioral Health services will be available for Cabarrus County residents. The Clinic Director or designee must approve any exceptions for out of county clients requesting services Community based behavioral health program.

Verbal declaration of residency will be accepted at time of the eligibility process.

### **3. ASSESSMENT OF FAMILY SIZE & INCOME:**

#### **Determining family size (economic unit):**

To use the Poverty Income Guidelines, the family size must be calculated. A family is defined as a group of related or non-related individuals who are living together as one economic unit. Individuals are considered members of a single family or economic unit when their production of income and consumption of goods are related.

A key rule to apply to all participants, including minors, is that an economic unit must have its own source of income. For example, a pregnant teenager with no income must be considered part of a larger economic unit that provides her support. Also, groups of individuals living in the same house with other individuals may be considered a separate economic unit. For example, two sisters and their respective children who live in the same house are separate economic units if each sister supports herself and her children.

If an unemancipated minor, (1) requesting Community based behavioral health services, does not request confidential contact, the parents' income and insurance information should be taken if a parent is available to provide this information. If a parent is not available, the patient is considered a family of one and only their income is assessed.

Any participant requesting confidential services should be treated as a "family of one" and considered on the basis of the patient's resources alone.

#### **Other examples of economic units are:**

- a foster child assigned by DSS is a family of one with income considered to be that paid to the foster parent for support of the child. A foster child cannot confer adjunct income eligibility on family members.
- a student maintaining a separate residence and receiving most of her/his support from her/his parents or guardians may be counted as a dependent of the family or be considered a family of one according to the income of the student.
- an individual or family in an institution is considered a separate economic unit. For example, if a mother and her children were staying in a shelter for battered women, the income of the other residents is not included.

#### **Determining Income:**

In determining income, it is important to remember that a person's income must be counted if he/she is counted as a family member.

We reserve the right to verify by telephone any information needed to help in determining eligibility such as employment, verification of household members and income information without compromising confidentiality for those that seek confidential services. Medical release and assignment of benefits form will be given to patients to sign when presenting for services.

#### **Documentation and Verification of Income:**

Verbal declaration of income will be accepted. The income verbally provided will be documented in the patient's electronic health record.

Gross income shall be used in fee determinations and shall be defined as the combined cash income received by the economic unit (all members in household contributing to the family unit) from the following sources listed in this section.

An Income Statement should be completed at the time the eligibility is completed and then annually, or whenever a change has occurred in the income status of the family/household unit. This statement also includes an authorization giving CHA the right to verify this information. The eligibility screening will be good for one year unless there has been a change in the income status and confirmation will be required at each visit.

Any applicant not wanting to disclose income information will be placed on the sliding scale at full fee. Private insurance and/or Medicaid will be billed if applicable.

**Sources of Income:**

Income from the following sources should be counted:

- Salaries, wages, overtime pay, commissions, fees, and tips
- Earnings from self-employment
- Interest earned on investments
- Periodic trust fund payments
- Public assistance money
- Unemployment compensation
- Alimony payments
- Child support payments
- Military allotments
- Social Security benefits
- Veteran's Administration benefits
- Retirement and pension payments
- Worker's Compensation
- Educational stipends in excess of the cost of tuition and books
- Income tax refunds (annual - not quarterly)
- Allowances paid for basic living expenses
- Regular contributions from individuals not living in the household
- All other sources of cash income except those specifically excluded
- Supplementary Security Income (SSI) benefits
- Prize winnings
- Bank statements (only use for SSI benefits)
- Cash earnings, contributions received
- Disability
- Dividends
- Irregular income that a child earns from babysitting, lawn mowing, or other tasks
- Proceeds from the sale of an asset
- Withdrawals from a bank account
- Gifts
- Inheritances

Income from the following sources should be counted (continued):

- Life insurance proceeds or one time settlements
- Military housing benefits (on base or off)
- Payments under the Low Income Energy Assistance Act
- Assistance to child or families for Free Lunch and Food Stamps
- Payments received under the Job Training Partnership Act
- Payments to volunteers under Title I (VISTA) and Title II (RSVP, foster grandparents and others) of the Domestic Volunteer Service Act of 1973

**TIME FRAME:**

To determine gross income, agency staff should consider the income of the family for the past 12 months, the family's current income or the family's income from the past six months; whichever best reflects the family's status. Current income is defined as the income received by the household during the month (4.3 weeks) prior to application. The six month formula must be used to determine eligibility of unemployed persons. Income will be determined six months back and six months forward to total 12 months. There may be other sources of income to consider from the prior months (e.g., unemployment compensation, and child support) in determining income.

Following are some examples in which annual income must be used rather than the six month formula:

- self-employed persons, including any business or seasonally employed persons whose income fluctuates throughout the year.
- patients that provide services or goods for cash would be considered self-employed and would need to provide verbal declaration of this income.
- a family member on temporary leave of absence (maternal, paternal, family leave, or extended vacation).
- teachers paid on a 10-month basis, who are temporarily on leave during the summer months.

**COMPUTING INCOME:**

To determine annual or monthly income when you have hourly wages, weekly wages, or bi-weekly wages, use the following approach.

(hourly wage) X	(hours <b>worked/weekly</b> )	X	(52)	=	(Annual Income)
(hourly wage) X	(hours <b>worked/biweekly</b> )	X	(26)	=	(Annual Income)
(hourly wage) X	(hours <b>worked/bimonthly</b> )	X	(24)	=	(Annual Income)
(hourly wage) X	(hours <b>worked/weekly</b> )	X	(4.3)	=	(Average Monthly Income)
(hourly wage) X	(hours <b>worked/biweekly</b> )	X	(2.15)	=	(Average Monthly Income)
(hourly wage) X	(hours <b>worked/bimonthly</b> )	X	(2)	=	(Average Monthly Income)

To convert net income to gross income multiply by 1.25. Multiply gross income by .25 and deduct amount to obtain net income.

When computing income, amounts will not be rounded until data is entered in the computer system.

**SLIDING SCALE FEES:**

The sliding scale fee uses 101 to 200% of federal poverty level scale. Based on the patient's income and family size, the patient will be responsible for a fee that reflects their ability to pay. The patients fees are set starting at \$5 and increasing in increments of \$5 per income level with a max fee of \$30.

Often therapy session require frequent appointments until a patient is stabilized. Clients requiring more than one encounter visit per week, shall not have fees exceed total charge of \$30. Example: if a patient is certified at \$20 fee, but is seen for three visits in one week, the patient will only pay \$30 dollars total for all three visits.

**INSURANCE:**

The patient management system should include the following information about the patient's health insurance coverage:

- Insurance company name, address and telephone number
- Policy number
- Whether or not the patient is covered by the policy
- Whether or not the coverage is an HMO or prepaid plan
- Any known waiting period requirements or benefits exclusions
- Whether or not there are any out-of-network benefits with their HMO plan

The accompanying parent/guardian of an unemancipated minor or a patient requesting confidential services with appropriate insurance benefits for requested Community based behavioral health services would be given the opportunity to choose whether or not to have the insurance filed. This is to avoid breaching the patient's confidentiality in the home via notification from insurance company (EOB) of services received at CHA. The insured party may not be aware of the patient's request for services.

Patients who receive community based behavioral health services, will be certified and placed on the sliding scale fee and charged accordingly for services not covered by their insurance with the exception of any applicable fees. Fees are the patients' responsibility, but will not exceed \$30, which is the highest fee on the sliding scale for this program.

Patients with high deductibles will be charged their sliding scale fee while insurance is being billed. Once they reach their deductible, the patient will then pay their co-insurance and / or Insurance fees but not to exceed a \$30 charge.

Since program services are based upon current federal poverty income guidelines anyone found giving false information will be recertified for services and changes noted on eligibility worksheet. If the eligibility is completed electronically, then the patient will sign the income statement at the time eligibility is completed or at their first appointment. If the eligibility is completed in person, then the income statement will be signed at the time of the eligibility appointment. This will be signed by the interviewer as well. The Income Statement will become part of the patient record in our patient management system

**ZERO INCOME/FEE WAIVER:**

If the applicant reports zero or very little income, the applicant will be asked to provide a verbal explanation of what the family is actually living on. In most cases, a statement of zero income will be accepted when the applicant lives on income from sources not counted (see Source of Income List).

Applicants either reporting zero income or express hardship in paying a fee will be provided the **Fee Waiver** form to review. For any applicants that meets the criteria on the waiver form, their fees will be waived.

**The following below are acceptable hardships for fee waiver:**

1. I am homeless at this time.
2. I am currently staying with a friend/family temporarily and have no source of income.
3. I am living in a shelter.
4. I have been determined, based on my income, to pay a fee at my appointments for this program. However, due to financial barriers, having to pay a fee for my visits would cause me to not be able to keep my appointments.
5. I am a minor seeking mental health services and request confidentiality, therefore, no insurance can be filed. I have no ability to pay

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Cabarrus Health Alliance Board Chairman

Date

## Community Based Behavioral Health Fee Waiver

Please read the statements below and let our staff know if any of these apply to you.

1. I am homeless at this time.
2. I am currently staying with a friend/family temporarily and have no source of income.
3. I am living in a shelter.
4. I have been determined, based on my income, to pay a fee at my appointments for this program. However, due to financial barriers, having to pay a fee for my visits would cause me to not be able to keep my appointments.
5. I am a minor seeking mental health services and request confidentiality, therefore, no insurance can be filed. I have no ability to pay.

Please sign below if **any** of the above applied to you:

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Signature of patient or legal guardian if patient is a minor

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Date