



The Public Health Authority of Cabarrus County Board
Meeting Agenda
Tuesday, August 16, 2022
5:30 pm

- A. CALL TO ORDER Mark Spitzer, Vice-Chair
B. ADOPTION OF THE AGENDA Motion Vice-Chair Mark Spitzer
C. APPROVAL OF THE MINUTES (June 14 & August 2, 2022) Motion Vice-Chair Mark Spitzer
D. INFORMAL PUBLIC COMMENTS Vice-Chair Mark Spitzer
E. REPORTS
Child Death Report Paula Yost, JD, LCMHC, Chair
Cabarrus County Child Protection & Fatality Team
Financial Summary Report (as of 06/30/22 & 7/31/22) Sue Yates
CHA Snapshot (as of 06/30/22 & 7/31/22) Sue Yates
Variance Analysis Year-to-Date (as of 06/30/22 & 7/31/22) Sue Yates
NALBOH Update Chairperson Lara Pons/Vice-Chair Mark Spitzer
Opioid Cost Settlement Marcella Beam/Kristin Klinglesmith
Health Director's Report Dr. Bonnie Coyle
Health Director's FY23 Strategic Plan Dr. Bonnie Coyle
F. CONSENT AGENDA Motion Vice-Chair Mark Spitzer
Budget Revisions Sue Yates
G. BUSINESS AGENDA
Finance Policies Motion Sue Yates
Cabarrus County Award Motion Dr. Bonnie Coyle
Resolutions: In-person Board meetings & committee structure Motion Vice-Chair Mark Spitzer
H. ANNOUNCEMENTS Vice-Chair Mark Spitzer
I. MOTION TO ENTER INTO 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
J. MOTION TO ADJOURN Motion Vice-Chair Mark Spitzer

Next regular meeting date
Tuesday, October 18, 2022 (3rd Tuesday)



Public Health Authority of Cabarrus County
Board Meeting Minutes
June 14, 2022

A regular meeting of The Public Health Authority Board was held on Tuesday, June 14, 2022.

Board members attended in-person at CHA and virtually via Microsoft TEAMS. The meeting was live streamed on YouTube.

Members Present:

Lara Pons, MD, Chair
Mark Spitzer, Vice-Chair
Dan Hagler, MD
Daryle Adams
Cecilia Plez
Steve Morris
Asha Rodriguez
Kimberly Dehler, DDS

Members Absent: Dr. Chip Buckwell

Staff Present: Dr. Bonnie Coyle, Erin Shoe, Sue Yates, Ryan McGhee, Raquesha Franklin, Keon Lewis, Steven Cathcart, Suzanne Knight,

Guests and Members of Public Present: Merle Green (Guest, Association of North Carolina Boards of Health (ANCBH)).

CALL TO ORDER

Chairperson Lara Pons called the meeting to order at 5:35 pm.

ADOPTION OF THE AGENDA

Chairperson Lara Pons requested a motion to approve the agenda. Cecilia Plez moved. Stephen Morris seconded. Motion and approval carried unanimously.

APPROVAL OF THE MINUTES

Chairperson Lara Pons asked for a motion to approve the May 17, 2022, meeting minutes. Stephen Morris moved to approve the minutes as corrected. Cecilia Plez seconded. Motion and approval carried unanimously.

INFORMAL PUBLIC COMMENTS

No public comments.

NOMINATION AND APPROVAL OF NEW OFFICERS

Mark Spitzer recommended a rollcall at the beginning of the meeting to establish a quorum.

Stephen Morris moved to nominate Dr. Lara Pons as Chair and Mark Spitzer as Vice-Chair.

Stephen Morris recommended that both members be elected by acclamation.

Cecilia Plez seconded. Motion and approval carried unanimously.

REPORTS

Merle Green, Executive Director of the Association of North Carolina Boards of Health (ANCBH) shared information around ANCBH being more engaged with local boards of health. She advised they are able to assist counties and districts statewide with grant writing, help companies write job descriptions, assist with designing ideas around supporting the public health staff, writing letters to the State regarding workforce development, and more. Merle Green advised they have started the Pharmacy Project where all health departments are required to provide access to a pharmacy for patients.

- Discussion: Improvements needed for Cabarrus County.
 - Stephen Morris added that Cabarrus County has received positive feedback and is providing services not available at other health departments. He proposed a question “What else could Cabarrus Co. be doing that we are not aware of?”
 - Mark Spitzer added that Cabarrus County does well due to the partnerships that have been established.

Merle Green recommended that Cabarrus County partner with the UNC School of Government to possibly offer a webinar or training about developing key partnerships in public health.

CHA Financial Reports

- **Financial Summary:** Sue Yates presented the Financial Summary Report as of the end of May 31st, 2022. Sue advised revenues exceed expenditures. The Medicaid Cost Settlement is \$3,097,000. Funding has not yet been received; the June ending financial reports will include those funds received in the month of June.
- **CHA Snapshot:** Sue Yates presented the budgets for all CHA departments. All areas are green; Clinical Services and Behavioral Health are labeled as light-green due to working through the Medicaid managed-care issues and staffing.
- **Variance Analysis Year-to-Date:** Sue Yates presented the Variance Analysis Report comparing May 2021 to May 2022. Sue states CHA has grown due to additional funding for the year.

Stephen Morris inquired about the grant received for School Health additional staffing. Sue Yates confirmed the funds originated at the State level with ARPA Dollars to hire an assistant to help with the workload.

Group discussion:

- Possibilities of hiring more support staff for the school nurses and what resources could be used.
- Updates should be presented to the School Board regarding the services that CHA provides along with the benefits.

CHA Workforce Development: Dr. Stephen Cathcart presented the CHA Workforce Development Plan. Dr. Cathcart shared the staff overview, Workforce Development Methodology, Types of Training, Leadership Development Matrix, and the Timeline – Highlights of Years 1-3 then 4, 5 and beyond. By years 4 and 5, Dr. Cathcart advised he would like to implement REC (Racial Equity Cabarrus) Training for all staff, a Board Training Plan, Expand DEI (Diversity Equity Inclusion) Training and Development Opportunities.

Equity Assessment: Keon Lewis presented updates for the Equity Assessment Report. Keon shared that the FY 21-22 Proclamation Progress has 67 total strategies and implementations. The Completed Equity Strategies & Implementations are AA 466 Grant and Internal/External Engagement. Keon shared the Equity Action Plan with a Proclamation Update, AA 466 Grant, and Next Steps: Equity Plan Template. He advised that the FY 22-23 Action Steps involve Data, Community Engagement, and Policy. Keon would like to create an Internal Equity Scorecard that Measures Proposals for Turnover Rate, Failure Rate, Salary Study Data, and Employee Engagement.

Environmental Health Scorecard: Chrystal Swinger presented the Environmental Health Scorecard updates. Chrystal shared that some of 2022 Accomplishments of Environmental Health were grants awarded for Food & Lodging Program, Vector Program, and Mentorship Program. She advised that the EH Scorecard Refresher measures the trends of both Population and Performance Accountability. The Food and Lodging Staffing FY23 includes 4 new positions within EH; 2 positions are for the Food & Lodging and 2 are for the Wastewater Program. Chrystal advised that Cabarrus County has exhausted all sewer tap connections for new builds.

Health Director's Report: Dr. Bonnie Coyle presented the Health Directors Report and advised members to review in the packet.

Dr. Coyle shared two awards received; Dr. Suda received the Karen Ponder Award and Erin Shoe received the Leadership Cabarrus Alumni Impact Award.

CONSENT AGENDA

Budget Revisions: Sue Yates presented the budget revisions. Sue advised Medicaid Cost Settlement funds are expected by June 30th.

Chairperson Lara Pons requested a motion to approve the Budget Revisions. Dan Hagler moved. Mark Spitzer seconded. Motion and approval carried unanimously.

BUSINESS AGENDA

FY 2023 Budget: Sue Yates presented the final Budget for FY 2023. Sue advised there is an increase of \$265,000 due to changes to a WIC Agreement Addenda and the carryover for CD increased. Sue advised that the Finance Committee first proposed a Merit increase of 3.25% in the Preliminary Budget. After a comparison between Cabarrus County, Kannapolis City, Rowan County, and Mecklenburg County and advised that the Finance Committee recommends a 3% COLA with a 2% Merit increase. If approved, a revision will be presented in August.

Budget Ordinance: Sue Yates shared that the Budget Ordinance is available in the budget packet for review and will be signed by Dr. Pons.

Public Hearing on FY23 Budget: No comments.

Chairperson Lara Pons requested a motion to adopt the FY23 Budget. Mark Spitzer moved. Dan Hagler seconded. Motion and approval carried unanimously.

Dr. Bonnie Coyle clarified that the budget currently recommends 3.25%. However, the approval is for presenting a modification in August to increase 3% COLA with a 2% Merit to stay in alignment with the surrounding counties.

Financial Policies: Sue Yates presented 3 finance policies. The following policies were reviewed and revised.

- Public Health, Primary Care Services Fee Policy – Will be charged but allowed to defer payments.

- Public Health, Primary Care Services Eligibility Policy – Minor changes.

- Contract & Procurement Policy – Policy updated and easier to read.

Chairperson Lara Pons requested a motion to approve Financial Policies.

Stephen Morris moved. Asha Rodriguez seconded. Motion and approval carried unanimously.

Personnel Policy: Dr. Stephen Cathcart presented the Personnel Policy Update. Dr. Cathcart advised there are no updates at this time.

Board Governing Document Review: Dr. Bonnie Coyle presented 2 Board Governing Documents.

- Corporate Resolution – Minor grammatical changes.

- Operating Procedures – Dr. Bonnie Coyle advised the change was to assure that the document reads with an up-to-date Board of Health meeting schedule.

Chairperson Lara Pons requested a motion to accept the Board Governing documents.

Cecilia Plez moved. Mark Spitzer seconded. Motion and approval carried unanimously.

Concord Leased Space: No motion needed. Dr. Bonnie Coyle presented information about Concord Leased Space. CHA has grown by 21% since January 2020, which required additional space for staff. The Creamery location was secured in April 2022 using ARPA Funds. Dr. Coyle shared that the Community Health Workers, Case Managers, community grant programs, Behavioral Health and Human Resources will be located at this space.

This will be a 3-year lease ending January 2025.

ANNOUNCEMENTS

Cecilia Plez advised that she recently utilized the services of CHA, and she had a great visit.

Mark Spitzer recommended events be posted on a calendar for the Cabarrus County/Kannapolis/Concord areas to keep the community abreast.

MOTION TO ADJOURN

No further business to come before the Board.

Chairperson Lara Pons requested a motion to adjourn the meeting. Cecilia Plez moved. Mark Spitzer seconded the motion. Motion and approval carried unanimously. The meeting was adjourned at 7:30pm.

The next meeting of the board will be August 16, 2022, at 5:30pm.

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
Special Board Meeting Minutes
August 2, 2022

A regular meeting of The Public Health Authority Board was held on Tuesday, August 2, 2022.

Board members attended virtually via Microsoft TEAMS. The meeting was live streamed on YouTube.

Members Present:

Lara Pons, MD, Chair
Mark Spitzer, Vice-Chair
Dan Hagler, MD
Daryle Adams
Cecilia Plez
Steve Morris
Asha Rodriguez
Kimberly Dehler, DDS
Dr. Chip Buckwell

Members Absent:

Staff Present: Dr. Bonnie Coyle, Erin Shoe, Ryan McGhee, Raquesha Franklin, Steven Cathcart, Tammy Alexander, Wendy Harsch, Kim Ragan, Sue Yates, Chrystal Swinger, Marcella Beam.

CALL TO ORDER

Chairperson Lara Pons called the meeting to order at 4:45 pm.

ADOPTION OF THE AGENDA

Chairperson Lara Pons requested a motion to approve the agenda.
Mark Spitzer moved. Dr. Kim Dehler seconded. Motion and approval carried unanimously.

Roll Call

Chairperson Lara Pons conducted a roll call. All Board members were present.

INFORMAL PUBLIC COMMENTS

No public comments.

BUSINESS AGENDA

Dr. Bonnie Coyle thanked everyone for being able to attend. Dr. Coyle opened the discussion for Recruitment and Retention of School Health Nurses.

Dr. Steve Cathcart presented Recruitment & Retention for School Nurses. Dr. Cathcart stated there are 10 vacant positions out of 49; 2 from Kannapolis City and 8 from Cabarrus County. Since posting the position there were 25 applicants and 15 interviews scheduled. Dr. Cathcart advised there were 11 offers out of 12 who interviewed and 3 accepted.

Dr. Cathcart advised there was a salary study done last year; CHA's salary for School Nurses has increased however, there is a higher education requirement. Dr. Cathcart shared the recruitment incentives for surrounding counties (Mecklenburg, Orange, and Wake).

The proposals are presented as follows.

- Phase 1 proposal is \$5000 for all school nurses. \$2500 after 90 days and another \$2500 at the end of the school year.
- Phase 2 offers an additional \$1500 for new hires by August 12, 2022 if there are 5 or more of the 10 positions remain vacant. The total incentive will be \$6500.

Dr. Bonnie Coyle advised that CHA is currently offering \$30-\$31 per hour for Nurses. Currently the main reason for declined offers is that the salary expectation is \$37 per hour to start.

Dan Hagler recommended to make the additional \$1500 incentive retroactive for the nurses before August 12th. Dr. Bonnie Coyle advised that is the intention of CHA.

Tammy Alexander advised the School Health Admin team has discussed "zone" coverage which allows each school at least 4 days with a nurse. Along with the School Nurses, coverage is provided by the School Nurse Supervisors (3), Assistant Directors (2) and the Director.

Mark Spitzer recommended the same retention bonus for the School Nurse Supervisors.

Dr. Bonnie Coyle advised the proposal for the overall bonus will be presented at the August 16th meeting and it will include the School Nurse Supervisors.

Mark Spitzer moved to accept both proposals. Dr. Chip Buckwell seconded. Motion and approval carried unanimously.

ANNOUNCEMENTS

Dr. Bonnie Coyle advised that Cabarrus County has had its first Monkey pox case. There will be more information presented at the August 16th meeting. CHA has begun testing and the vaccine has been ordered.

MOTION TO ADJOURN

No further business to come before the Board.

Chairperson Lara Pons requested a motion to adjourn the meeting.

Chip Buckwell moved. Dr. Kim Dehler seconded the motion. Motion and approval carried unanimously. The meeting was adjourned at 5:06pm.

The next meeting of the board will be August 16, 2022 at 5:30pm.

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

ATTEST

Bonnie Coyle, MD
Public Health Director

Minutes Taken by Raquesha B. Franklin



CABARRUS
HEALTH
ALLIANCE

Cabarrus Health Alliance Board Meeting Agenda Form

Meeting Date: 8/16/22

Name of Item: Child Death Report

Submitted by: Paula Yost

Expected Length of Presentation: 5-10 minutes

Brief Summary:
Child Death Report

Requested Action:
Information only.

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

Items reviewed by:
Dr. Bonnie Coyle

The State of our Children: A 2021 Report

Paula J. Yost, JD, LCMHC, Chair
Cabarrus County, Child Protection & Fatality Team

What is CPFT?

- CPFT = Child Protection & Fatality Team
- In Cabarrus County, it has made sense to combine both teams. Thus, we combined with the goal of becoming one of the top CPFTs in the state.
- A focus is on examining the deaths of children in the county during the previous calendar year.
- We discuss each case and ponder ways that the deaths could have been prevented and look at issues county wide that lead to better protection of our children.
- We are mandated by G.S. 7B 1407
- An interdisciplinary group of community representatives who meet regularly to promote a community-wide approach to the problem of child abuse and neglect.

LME/MCO Improvements

- Partners responds within 72 hours and no more than 4 days for a comprehensive clinical assessment and recommended treatment level authorized for foster children needing placement. This used to take a minimum of 14 days but ended up more like a month or longer. Results in reduced number of days child or adult may be stuck in the hospital emergency department. Lack of placements for adolescents and older youth with severe behavioral diagnosis is statewide, systemic issue.
- Immediate assignment to DHS of a Care Coordinator that will later be housed at DHS when safe/post pandemic.
- Medicaid In Lieu of Services (what disabled adults receive prior to going on the Innovations Waiver) – Cardinal had 10 available such as ACT, Family Centered Treatment, Rapid Care, etc. Partners matched these 10 and added 9 additional ILOS upon go live in Sept. 2021.
- Partners operates an open provider network that allows expansion of services with existing and new providers.
- Extensive and consistent offering of FREE training and webinars available to community agencies.
- Information sharing and feeding is excellent.

2021 DHS Numbers

- Investigations worked with 4,470 children an increase from 3,728 children from 2020.
- For Cabarrus County, we accepted 1038 cases and out of those 506 were forensic cases.
- Forensic cases involve physical or sexual abuse.
- Forensic cases makes up 49% of the cases that were accepted for Cabarrus in 2021.
- Forensics makes up 27.8% of the cases that were accepted for Cabarrus in 2020.
- This jump (almost double) is due to more complex domestic violence, substance abuse, and people already living in poverty.
- Out of the total amount of cases accepted 280 of them had substance abuse allegations and out of those 69 cases (25%) alleged opiate use.
- Cabarrus County has completed 423 assist requests from other counties and states. (Cabarrus County has completed 397 assist request from other counties and states.)
- DHS probably needs more social workers.

Child Abuse – DHS Numbers

- 43 families per month in in home services as opposed to last year's 54
- 161 (2021) children in foster care as opposed to last year's 152 (2020), 133 (in 2019)

DHS - PREVENTION

- The Prevention Unit has received a total of 505 referrals from January 2021 – December 2021
- The Prevention Unit has served 160 Families thus far from January 2021 – December 2021
- Between Two Homes has received a total of 44 referrals and have with the total class participants being 104 from January 2021 – December 2021.
- The Parenting Specialist has received a total of 39 referrals. 30 families participated in Parenting with the Parenting Specialist.
- The Prevention Team began outreach to 217 Cabarrus County churches in the month of November which resulted in 21 families receiving meals at Thanksgiving.
- In the Month of December 36 families were sponsored for Christmas with gifts/12 families received meals.
- This unit has a 12% rate of recidivism. Only 12% of families in prevention went on to have mandatory services/involvement with DHS for abuse, neglect, or dependency.

Jeff Gordon Children's Advocacy Center

2020	2021
New to the CAC: 193	265
Female: 132	180
Male: 61	85
0-6 Years: 72	84
7-12 Years: 59	104
13-17 Years: 62	77
Not every forensic case goes to the CAC	

Obesity

nearly one in three
children in the
community classified
as overweight or
obese

33% is the number of
Children Identified as
Overweight or Obese
in Cabarrus County

2020 Cabarrus County Child Fatalities

- **Illness-8**
- **Prematurity-5**
- **Accidental-2:** Struck by car (positive for marijuana at birth; long history of failure to supervise children), 1-Co-sleeping-1 month old (substance affected status unknown)
- **Accidental and Substance affected-3:** 1-Co-sleeping-3 months old , Marijuana, 1-Co-sleeping-5 months old, Subutex, tobacco, and benzodiazepines, 1-Co-sleeping-3 months old, Marijuana
- **Abuse-0**
- **DA's review/pending-0**

- **TOTAL = 18** (2015-23; 2016-22; 2017-21, 2018-24, 2019-23)

Prior years

- 2017 – 2 unsafe sleep deaths; one had a heart condition and one was positive for marijuana at birth
- 2018 – 3 unsafe sleep deaths; no known drug use
- 2019 – 4 unsafe sleep deaths; one positive for marijuana at birth
- 2020 – 4 unsafe sleep deaths; three positive for marijuana at birth
- Total fatality in this Classification over four years: 13 of those 5 were marijuana positive (38%)

Chief Death Investigator says . . .

- Lisa Mayhew, Chief Death Investigator sent an email to the State in December 2021, and said, “In the 10 years of Safe Sleep efforts, our numbers have not decreased.”
- Messaging has been a mix of not strong enough, and battling against contradictory information being provided to families.
- SIDS is natural and has been separated from unsafe sleep deaths for over 10 years. Messaging needs to reflect that. Co-sleeping is a risk factor FOR SIDS. While breast feeding reduces the likelihood of SIDS, breast feeding in bed lying down increases the risk of asphyxiation. Nursing moms NEED to understand this.
- There is NO such thing as safely co-sleeping
- We have successfully REDUCED DEATHS in several areas due to local efforts in the past. We can do it again.
- Local teams need to be proactive, work with community partners, outside of their typical circle, be creative, and get the message out to the families directly. Educating families properly and directly is the key. We can no longer sit by with brochures/pamphlets and hope they get the message. That has not worked.

SIDS (Sudden Infant Death Syndrome)

- Typically, a diagnosis of exclusion. Limited anatomical evidence at autopsy.
- Tox testing is limited or out of scope.
- Death certificate will most likely go “undetermined.”
- Could marijuana exposure play a role?
 1. Safe sleeping habits
 2. Sedation
 3. Parent attentiveness
 4. Overall environmental conditions

Toxicology

- Dr. Jason Hudson presented to our team last fall. He is the Chief State Toxicologist.
- Currently, there is no cannabinoid testing conducted at OCME toxicology for any case type or demographic.
- A variety of things contribute to that:
 - 1) Marijuana use is not commonly associated with cause and manner of death determinations
 - 2) Cannabinoid testing in blood is difficult.
 - 3) Population has a high positivity rate (leads to an increased number of confirmations).
 - 4) Testing scheme requires start up money and ongoing support. They OCME does not charge fees for testing.

Impact of Cannabinoids in Children

- Very limited studies on impact of marijuana exposure (in utero or post utero available)
- Some studies show smaller head circumference, reduction in motor skills, etc.
- Non-psychoactive cannabinoids having potential benefit for seizures
- Raises questions regarding the overall environment for the child

What are we doing about it?

- Atrium is trying to educate mothers.
- DHS has a special team who goes out to Atrium before a child leaves the unit.
- CMARC (Care Management for at Risk Children) referrals are occurring and babies are being followed.
- Overall education of county employees about the significant dangers which are present when a mother is smoking marijuana while pregnant.
- Educating our State representatives to be mindful of this. The toxicologist pointed out that this can also be impacting car accidents or automobile related fatality.
- The county Communication's Department is making four videos about safe sleep, shaken baby, and other topics in this realm. We are very thankful for this resource.
- Local law enforcement is having a training with the Chief Medical Examiner about death investigations and we need the community to support these.

Information for the public

- Do not smoke marijuana when you are pregnant because we do not know the impact it has on your newborn. (Women do it to alleviate pain and discomfort.)
- Often, not always, but often, smoking marijuana while pregnant is a sign of addiction which will impact your child when they are born.
- Using marijuana and breast feeding can pass THC to your newborn. This creates a recipe for danger when combined with unsafe sleep.
- Using marijuana and not breast feeding can still create a recipe for danger when combined with unsafe sleep.
- Some newborns can have natural holes in their immature hearts which could make this entire scenario more risky.

Other things to note

- The SUN Clinic – our tracking shows that thus far, not a single child who was born of a mother followed by the SUN Clinic has died.
- We have never had a child die in a safe sleep situation.

Questions?

PUBLIC HEALTH AUTHORITY OF CABARRUS COUNTY
FINANCIAL SUMMARY REPORT
FY 2022 **12 months ending** **6/30/2022**

GENERAL FUND								
REVENUES	ACTUAL	ACTUAL	ACTUAL	ACTUAL	FY 2022	FY 2022	ACTUAL	Y-T-D %
	FY 2018	FY 2019	FY 2020	FY 2021	ORIGINAL BUDGET	BUDGET	06/30/22	COLLECTED
INTERGOVERNMENTAL REVENUES	\$ 21,490,440	\$ 21,168,562	\$ 19,287,274	\$ 22,120,317	\$ 21,454,795	\$ 28,431,230	\$ 27,563,932	96.95%
PERMITS & FEES	\$ 246,785	\$ 203,853	\$ 216,482	\$ 285,057	188,117	332,404	\$ 340,160	102.33%
SALES & SERVICES	\$ 1,491,663	\$ 1,785,752	\$ 1,618,074	\$ 1,708,630	1,458,877	1,510,648	\$ 1,541,742	102.06%
INVESTMENT EARNINGS	\$ 95,743	\$ 180,096	\$ 104,186	\$ 4,223	5,000	5,900	\$ 15,223	258.01%
MISCELLANEOUS	\$ 71,980	\$ 65,673	\$ 47,320	\$ 72,847	33,675	62,700	\$ 67,453	107.58%
CONTRIBUTIONS & PRIVATE GRANTS	\$ 418,892	\$ 498,089	\$ 577,794	\$ 1,002,571	351,303	731,490	\$ 579,848	79.27%
FUND BALANCE APPROPRIATED	\$ -	\$ -	\$ -	\$ -	880,206	285,697	\$ -	0.00%
TOTAL	\$ 23,815,503	\$ 23,902,025	\$ 21,851,130	\$ 25,193,646	\$ 24,371,973	\$ 31,360,069	\$ 30,108,359	96.01%
EXPENDITURES	ACTUAL	ACTUAL	ACTUAL	ACTUAL	FY 2022	FY 2022	ACTUAL	Y-T-D %
	FY 2018	FY 2019	FY 2020	6/30/2021	ORIGINAL BUDGET	BUDGET	06/30/22	SPENT
ENVIRONMENTAL HEALTH	\$ 1,023,662	\$ 940,537	\$ 942,173	\$ 1,124,681	1,196,025	1,434,657	1,429,941	99.67%
INFORMATION TECHNOLOGY SYSTEMS	\$ 838,463	\$ 958,323	\$ 1,153,424	\$ 951,084	1,030,489	1,220,353	1,158,973	94.97%
GENERAL ADMINISTRATION	\$ 7,112,525	\$ 6,881,284	\$ 4,055,399	\$ 2,779,340	2,856,567	3,401,209	3,235,818	95.14%
FAMILY CARE COORDINATION	\$ 978,968	\$ 1,040,588	\$ 1,177,374	\$ 1,109,438	1,133,604	1,507,708	1,251,648	83.02%
SCHOOL HEALTH	\$ 2,825,137	\$ 2,994,421	\$ 3,117,582	\$ 3,965,717	4,266,235	6,981,185	6,979,729	99.98%
COMMUNITY IMPACT	\$ 2,124,811	\$ 2,268,964	\$ 1,948,057	\$ 1,260,913	1,352,507	3,146,611	2,502,914	79.54%
DENTAL HEALTH	\$ 3,523,777	\$ 3,723,191	\$ 4,020,629	\$ 2,933,844	3,882,175	3,884,828	3,708,063	95.45%
VITAL RECORDS	\$ 62,420	\$ 65,439	\$ 54,625	\$ 57,632	63,913	70,954	70,154	98.87%
COMMUNICABLE DISEASE	\$ 1,081,174	\$ 1,159,678	\$ 2,191,236	\$ 4,657,174	4,277,798	4,559,265	4,145,338	90.92%
CLINICAL SERVICES	\$ 3,373,731	\$ 3,147,325	\$ 3,129,082	\$ 3,220,341	3,516,633	4,088,871	3,816,726	93.34%
BEHAVIORAL HEALTH	\$ -	\$ -	\$ -	\$ -	0	238,000	147,966	62.17%
WIC	742,540	710,171	767,128	832,770	796,027	826,428	811,156	98.15%
TOTAL	\$ 23,687,208	\$ 23,889,921	\$ 22,556,709	\$ 22,892,933	\$ 24,371,973	\$ 31,360,069	\$ 29,258,426	93.30%
Y-T-D FUND BALANCE INCREASE (DECREASE)	\$ 128,295	\$ 12,104	\$ (705,580)	\$ 2,300,712	\$ -	\$ -	\$ 849,933	

NET Y-T-D BALANCE 6/30/2022 **\$ 849,933**

PUBLIC HEALTH AUTHORITY OF CABARRUS COUNTY
FINANCIAL SUMMARY REPORT
FY 2023 **1 months ending** **7/31/2022**

GENERAL FUND									
REVENUES	ACTUAL	ACTUAL	ACTUAL	ACTUAL	FY 2023	FY 2023	ACTUAL	Y-T-D %	
	FY 2019	FY 2020	FY 2021	FY 2022	ORIGINAL BUDGET	BUDGET	07/31/22	COLLECTED	
INTERGOVERNMENTAL REVENUES	\$ 21,168,562	\$ 19,287,274	\$ 22,120,317	\$ 27,563,932	\$ 32,530,746	\$ 32,530,746	\$ 705,464	2.17%	
PERMITS & FEES	\$ 203,853	\$ 216,482	\$ 285,057	\$ 340,160	254,360	254,360	\$ 17,215	6.77%	
SALES & SERVICES	\$ 1,785,752	\$ 1,618,074	\$ 1,708,630	\$ 1,541,742	1,519,993	1,519,993	\$ 80,549	5.30%	
INVESTMENT EARNINGS	\$ 180,096	\$ 104,186	\$ 4,223	\$ 15,223	4,000	4,000	\$ -	0.00%	
MISCELLANEOUS	\$ 65,673	\$ 47,320	\$ 72,847	\$ 67,453	767,366	767,366	\$ 31,165	4.06%	
CONTRIBUTIONS & PRIVATE GRANTS	\$ 498,089	\$ 577,794	\$ 1,002,571	\$ 579,848	1,099,264	1,099,264	\$ 14,825	1.35%	
FUND BALANCE APPROPRIATED	\$ -	\$ -	\$ -	\$ -	-	-	\$ -	#DIV/0!	
TOTAL	\$ 23,902,025	\$ 21,851,130	\$ 25,193,646	\$ 30,108,359	\$ 36,175,729	\$ 36,175,729	\$ 849,218	2.35%	
EXPENDITURES	ACTUAL	ACTUAL	ACTUAL	ACTUAL	FY 2023	FY 2023	ACTUAL	Y-T-D %	
	FY 2019	FY 2020	6/30/2021	7/31/2022	ORIGINAL BUDGET	BUDGET	07/31/22	SPENT	
ENVIRONMENTAL HEALTH	\$ 940,537	\$ 942,173	\$ 1,124,681	\$ 1,429,941	1,729,645	1,729,645	64,705	3.74%	
INFORMATION TECHNOLOGY SYSTEMS	\$ 958,323	\$ 1,153,424	\$ 951,084	\$ 1,158,973	1,292,696	1,292,696	62,846	4.86%	
GENERAL ADMINISTRATION	\$ 6,881,284	\$ 4,055,399	\$ 2,779,340	\$ 3,235,818	4,046,654	4,046,654	205,009	5.07%	
FAMILY CARE COORDINATION	\$ 1,040,588	\$ 1,177,374	\$ 1,109,438	\$ 1,251,648	1,619,631	1,619,631	41,801	2.58%	
SCHOOL HEALTH	\$ 2,994,421	\$ 3,117,582	\$ 3,965,717	\$ 6,979,729	6,751,584	6,751,584	105,845	1.57%	
COMMUNITY IMPACT	\$ 2,268,964	\$ 1,948,057	\$ 1,260,913	\$ 2,502,914	3,281,272	3,281,272	92,145	2.81%	
DENTAL HEALTH	\$ 3,723,191	\$ 4,020,629	\$ 2,933,844	\$ 3,708,063	4,596,355	4,596,355	158,998	3.46%	
VITAL RECORDS	\$ 65,439	\$ 54,625	\$ 57,632	\$ 70,154	72,743	72,743	2,712	3.73%	
COMMUNICABLE DISEASE	\$ 1,159,678	\$ 2,191,236	\$ 4,657,174	\$ 4,145,338	7,086,662	7,086,662	145,192	2.05%	
CLINICAL SERVICES	\$ 3,147,325	\$ 3,129,082	\$ 3,220,341	\$ 3,816,726	4,049,603	4,049,603	138,467	3.42%	
BEHAVIORAL HEALTH	\$ -	\$ -	\$ -	\$ 147,966	878,956	878,956	17,641	2.01%	
WIC	710,171	767,128	832,770	811,156	769,928	769,928	29,457	3.83%	
TOTAL	\$ 23,889,921	\$ 22,556,709	\$ 22,892,933	\$ 29,258,426	\$ 36,175,729	\$ 36,175,729	\$ 1,064,817	2.94%	
Y-T-D FUND BALANCE INCREASE (DECREASE)	\$ 12,104	\$ (705,580)	\$ 2,300,712	\$ 849,933	\$ -	\$ -	\$ (215,599)		

ESTIMATED NET Y-T-D BALANCE 7/31/2021	\$ (215,599)
**PLUS 1 MOS MEDICAID SETTLEMENT (including Managed Care Separate Direct Payments) - \$2,932,077	\$ 244,340
	\$ 28,740

Cabarrus Health Alliance Snapshot

June 30, 2022 Target Percentage 100%

Budget	Actual	YTD Percentage	Comments	
Environmental Health				
Revenue	1,434,657	1,414,052	98.56%	
Expense	1,434,657	1,429,941	99.67%	
Information Technology				
Revenue	1,156,653	808,966	69.94%	
Expense	1,220,353	1,158,973	94.97%	
General Administration				
Revenue	2,501,380	2,540,224	101.55%	
Expense	3,401,209	3,235,818	95.14%	
Family Care Coordination				
Revenue	1,507,708	1,504,400	99.78%	
Expense	1,507,708	1,251,648	83.02%	
School Health				
Revenue	6,981,185	6,995,847	100.21%	
Expense	6,981,185	6,979,729	99.98%	
Community Impact				
Revenue	3,136,611	2,519,024	80.31%	
Expense	3,146,611	2,502,914	79.54%	
Dental Health				
Revenue	4,746,429	4,818,910	101.53%	
Expense	3,884,828	3,708,063	95.45%	
Vital Records				
Revenue	70,954	63,913	90.08%	
Expense	70,954	70,154	98.87%	
Communicable Disease				
Revenue	4,624,268	4,477,640	96.83%	
Expense	4,559,265	4,145,338	90.92%	
Clinical Services				
Revenue	4,135,796	4,019,927	97.20%	
Expense	4,088,871	3,816,726	93.34%	
Behavioral Health				
Revenue	238,000	131,275	55.16%	 New department, grants, and initiatives started in January.
Expense	238,000	147,966	62.17%	
WIC				
Revenue	826,428	814,181	98.52%	
Expense	826,428	811,156	98.15%	

Cabarrus Health Alliance Snapshot				
July 31, 2022		Target Percentage 8.33%		
Budget	Actual	YTD Percentage		Comments
Environmental Health				
Revenue	1,729,645	155,501	8.99%	
Expense	1,729,645	64,705	3.74%	
Information Technology				
Revenue	933,758	62,147	6.66%	
Expense	1,292,696	62,846	4.86%	
General Administration				
Revenue	3,414,066	189,104	5.54%	
Expense	4,046,654	205,009	5.07%	
Family Care Coordination				
Revenue	1,619,631	78,929	4.87%	
Expense	1,619,631	41,801	2.58%	
School Health				
Revenue	6,751,584	-	0.00%	
Expense	6,751,584	105,845	1.57%	Revenues are reimbursed one month after expenses.
Community Impact				
Revenue	3,209,560	70,712	2.20%	
Expense	3,281,272	92,145	2.81%	
Dental Health				
Revenue	5,659,593	129,143	2.28%	
Expense	4,596,355	158,998	3.46%	
Vital Records				
Revenue	72,743	6,062	8.33%	
Expense	72,743	2,712	3.73%	
Communicable Disease				
Revenue	7,086,662	284,190	4.01%	
Expense	7,086,662	145,192	2.05%	
Clinical Services				
Revenue	4,049,603	282,832	6.98%	
Expense	4,049,603	138,467	3.42%	
Behavioral Health				
Revenue	878,956	150,015	17.07%	
Expense	878,956	17,641	2.01%	
WIC				
Revenue	769,928	-	0.00%	
Expense	769,928	29,457	3.83%	Revenues are reimbursed one month after expenses.

Variance Analysis Year-to-Date June 30, 2022

	YTD					Comments
	VARIANCE ANALYSIS					
	2022 BUDGET	2022 ACTUAL	2021 ACTUAL	2022 BUD vs ACT	YOY ACTUAL	
Revenue						
Environmental Health	1,434,657	1,414,052	1,238,187	98.56%	175,864	
Information Technology Sy	1,156,653	808,966	705,143	69.94%	103,824	
General Administration	2,501,380	2,540,224	2,457,797	101.55%	82,426	
Family Care Coordination	1,507,708	1,504,400	1,204,030	99.78%	300,371	
School Health	6,981,185	6,995,847	3,911,128	100.21%	3,084,719	Large grant received for School Health additional staffing.
Community Impact	3,136,611	2,519,024	1,259,936	80.31%	1,259,087	
Dental Health	4,746,429	4,818,910	4,841,003	101.53%	(22,094)	
Vital Records	70,954	63,913	58,314	90.08%	5,599	
Communicable Disease	4,624,268	4,477,640	5,180,366	96.83%	(702,726)	
Clinical Services	4,135,796	4,019,927	3,544,370	97.20%	475,556	
Behavioral Health	238,000	131,275		55.16%	131,275	
WIC	826,428	814,181	837,558	98.52%	(23,377)	
Total Revenue	31,360,069	30,108,359	25,237,834	96.01%	4,870,525	
Expense						
Environmental Health	1,434,657	1,429,941	1,124,681	99.67%	305,260	
Information Technology Sy	1,220,353	1,158,973	951,084	94.97%	207,889	
General Administration	3,401,209	3,235,818	2,779,340	95.14%	456,478	
Family Care Coordination	1,507,708	1,251,648	1,109,438	83.02%	142,209	
School Health	6,981,185	6,979,729	3,965,717	99.98%	3,014,013	Large grant received for School Health additional staffing.
Community Impact	3,146,611	2,502,914	1,260,913	79.54%	1,242,002	
Dental Health	3,884,828	3,708,063	2,939,644	95.45%	768,419	
Vital Records	70,954	70,154	57,632	98.87%	12,521	
Communicable Disease	4,559,265	4,145,338	4,657,174	90.92%	(511,836)	
Clinical Services	4,088,871	3,816,726	3,220,341	93.34%	596,385	
Behavioral Health	238,000	147,966	-	62.17%	147,966	
WIC	826,428	811,156	832,770	98.15%	(21,613)	
Total Expense	31,360,069	29,258,426	22,898,733	93.30%	6,359,693	
Discussion						
Our Year to Date Percentage should be around 100% for June 2022.						

Variance Analysis Year-to-Date July 31, 2022

	YTD					Comments
	VARIANCE ANALYSIS					
	2023 BUDGET	2023 ACTUAL	2022 ACTUAL	2023 BUD vs ACT	YOY ACTUAL	
Revenue						
Environmental Health	1,729,645	155,501	119,701	8.99%	35,800	
Information Technology Sy	933,758	62,147	60,276	6.66%	1,871	
General Administration	3,414,066	189,104	190,800	5.54%	(1,695)	
Family Care Coordination	1,619,631	78,929	45,245	4.87%	33,684	
School Health	6,751,584	-	11,125	0.00%	(11,125)	Revenue is paid a month after expenses.
Community Impact	3,209,560	70,712	193,915	2.20%	(123,203)	Hiring for new grant staffing
Dental Health	5,659,593	129,143	221,160	2.28%	(92,016)	
Vital Records	72,743	6,062	5,326	8.33%	736	
Communicable Disease	7,086,662	284,190	92,434	4.01%	191,756	Some of the Agreement Addendums came later in FY22.
Clinical Services	4,049,603	282,832	386,801	6.98%	(103,969)	
Behavioral Health	878,956	150,015	7,982	17.07%	142,033	
WIC	769,928	-	-	0.00%	-	Revenue is paid a month after expenses.
Total Revenue	36,175,729	1,408,635	1,334,764	3.89%	73,871	
Expense						
Environmental Health	1,729,645	64,705	58,539	3.74%	6,166	
Information Technology Sy	1,292,696	62,846	65,647	4.86%	(2,801)	
General Administration	4,046,654	205,009	140,602	5.07%	64,407	
Family Care Coordination	1,619,631	41,801	40,717	2.58%	1,083	
School Health	6,751,584	105,845	44,013	1.57%	61,832	
Community Impact	3,281,272	92,145	42,370	2.81%	49,775	
Dental Health	4,596,355	158,998	155,941	3.46%	3,057	
Vital Records	72,743	2,712	2,768	3.73%	(56)	
Communicable Disease	7,086,662	145,192	165,400	2.05%	(20,208)	
Clinical Services	4,049,603	138,467	137,348	3.42%	1,119	
Behavioral Health	878,956	17,641	-	2.01%	17,641	
WIC	769,928	29,457	32,665	3.83%	(3,208)	
Total Expense	36,175,729	1,064,817	886,010	2.94%	178,807	
Discussion						
Our Year to Date Percentage should be around 8.33% for July 2022.						



CABARRUS
HEALTH
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Cabarrus Health Alliance Board Meeting Agenda Form

Meeting Date: 8/16/22

Name of Item: NALBOH Update

Submitted by: Chairperson Lara Pons/Vice Chair Mark Spitzer

Expected Length of Presentation: 5-10 minutes

Brief Summary:
NALBOH Update

Requested Action:

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

Items reviewed by:

The Governance Functions

NALBOH is the national voice for the boards that govern health departments and shape public health policy. Since its inception, NALBOH has connected with board of health members and elected officials from across the country to inform, guide, and help them fulfill their public health responsibilities in their states and communities. Driven by a mission to strengthen and improve public health governance, NALBOH worked with CDC and other national partners to identify, review, and develop the following model of six functions of public health governance.

Policy development: Lead and contribute to the development of policies that protect, promote, and improve public health while ensuring that the agency and its components remain consistent with the laws and rules (local, state, and federal) to which it is subject. These may include, but are not limited to:

- Developing internal and external policies that support public health agency goals and utilize the best available evidence;
- Adopting and ensuring enforcement of regulations that protect the health of the community;
- Developing and regularly updating vision, mission, goals, measurable outcomes, and values statements;
- Setting short- and long-term priorities and strategic plans;
- Ensuring that necessary policies exist, new policies are proposed/implemented where needed, and existing policies reflect evidence-based public health practices; and
- Evaluating existing policies on a regular basis to ensure that they are based on the best available evidence for public health practice.

Resource stewardship: Assure the availability of adequate resources (legal, financial, human, technological, and material) to perform essential public health services. These may include, but are not limited to:

- Ensuring adequate facilities and legal resources;
- Developing agreements to streamline cross-jurisdictional sharing of resources with neighboring governing entities;
- Developing or approving a budget that is aligned with identified agency needs;
- Engaging in sound long-range fiscal planning as part of strategic planning efforts;
- Exercising fiduciary care of the funds entrusted to the agency for its use; and
- Advocating for necessary funding to sustain public health agency activities, when appropriate, from approving/appropriating authorities.

Legal authority: Exercise legal authority as applicable by law and understand the roles, responsibilities, obligations, and functions of the governing body, health officer, and agency staff. These may include, but are not limited to:

- Ensuring that the governing body and its agency act ethically within the laws and rules (local, state, and federal) to which it is subject;
- Providing or arranging for the provision of quality core services to the population as mandated by law, through the public health agency or other implementing body; and
- Engaging legal counsel when appropriate.

Partner engagement: Build and strengthen community partnerships through education and engagement to ensure the collaboration of all relevant stakeholders in promoting and protecting the community's health. These may include, but are not limited to:

- Representing a broad cross-section of the community;
- Leading and fully participating in open, constructive dialogue with a broad cross-section of members of the community regarding public health issues;
- Serving as a strong link between the public health agency, the community, and other stakeholder organizations; and
- Building linkages between the public and partners that can mitigate negative impacts and emphasize positive impacts of current health trends.

Continuous improvement: Routinely evaluate, monitor, and set measurable outcomes for improving community health status and the public health agency's/governing body's own ability to meet its responsibilities. These may include, but are not limited to:

- Assessing the health status of the community and achievement of the public health agency's mission, including setting targets for quality and performance improvement;
- Supporting a culture of quality improvement within the governing body and at the public health agency;
- Holding governing body members and the health director/health officer to high performance standards and evaluating their effectiveness;
- Examining structure, compensation, and core functions and roles of the governing body and the public health agency on a regular basis; and
- Providing orientation and ongoing professional development for governing body members.

Oversight: Assume ultimate responsibility for public health performance in the community by providing necessary leadership and guidance in order to support the public health agency in achieving measurable outcomes. These may include, but are not limited to:

- Assuming individual responsibility, as members of the governing body, for actively participating in governing entity activities to fulfill the core functions;
- Evaluating professional competencies and job descriptions of the health director/health officer to ensure that mandates are being met and quality services are being provided for fair compensation;
- Maintaining a good relationship with health director/health officer in a culture of mutual trust to ensure that public health rules are administered/enforced appropriately;
- Hiring and regularly evaluating the performance of the health director; and
- Acting as a go-between for the public health agency and elected officials when appropriate.

All public health governing entities are responsible for some aspects of each function. No one function is more important than another. For more information about the six governance functions, please visit www.nalboh.org.

Approved by the NALBOH Board of Directors – November 2012



National Association of Local Boards of Health

www.nalboh.org

NALBOH

National Association of Local Boards of Health

Check list for your Board of Health and the Six Functions of Board Governance

NALBOH is the national voice for the boards that govern health departments and shape public health policy. Since its inception, NALBOH has connected with board of health members and elected officials from across the country to inform, guide, and help them fulfill their public health responsibilities in their states and communities. Driven by a mission to strengthen and improve public health governance, NALBOH worked with CDC and other national partners to identify, review, and develop the following model of six functions of public health governance.

All public health governing entities are responsible for some aspects of each function. No one function is more important than another. For more information about the Six Governance Functions, please visit www.nalboh.org.

Approved by the NALBOH Board of Directors – November 2012

Using the information regarding the Six Functions of Board Governance, use this simple check list to give your board an opportunity to acknowledge your work as a board of health.

Policy Development: Lead and contribute to the development of policies that protect, promote, and improve public health while ensuring that the agency and its components remain consistent with the laws and rules (local, state, and federal) to which it is subject. These may include, but are not limited to:

- Developing internal and external policies that support public health agency goals and utilize the best available evidence;

No ___ Yes ___ example: _____

- Adopting and ensuring enforcement of regulations that protect the health of the community;

No ___ Yes ___ example: _____

- Developing and regularly updating vision, mission, goals, measurable outcomes, and values statements;

No ___ Yes ___ example: _____

- Setting short- and long-term priorities and strategic plans;

No ___ Yes ___ example: _____

- Ensuring that necessary policies exist, new policies are proposed/implemented where needed, and existing policies reflect evidence-based public health practices;

No ___ Yes ___ example: _____

- Evaluating existing policies on a regular basis to ensure that they are based on the best available evidence for public health practice.

No ___ Yes ___ example: _____

NALBOH

National Association of Local Boards of Health

Resource Stewardship: Assure the availability of adequate resources (legal, financial, human, technological, and material) to perform essential public health services. These may include, but are not limited to:

- Ensuring adequate facilities and legal resources

No ___ Yes ___ example: _____

- Developing agreements to streamline cross-jurisdictional sharing of resources with neighboring governing entities

No ___ Yes ___ example: _____

- Developing or approving a budget that is aligned with identified agency needs

No ___ Yes ___ example: _____

- Engaging in sound long-range fiscal planning as part of strategic planning efforts

No ___ Yes ___ example: _____

- Exercising fiduciary care of the funds entrusted to the agency for its use

No ___ Yes ___ example: _____

- Advocating for necessary funding to sustain public health agency activities, when appropriate, from approving/appropriating authorities

No ___ Yes ___ example: _____

Legal Authority: Exercise legal authority as applicable by law and understand the roles, responsibilities, obligations, and functions of the governing body, health officer, and agency staff. These may include, but are not limited to:

- Ensuring that the governing body and its agency act ethically within the laws and rules (local, state, and federal) to which it is subject

No ___ Yes ___ example: _____

- Providing or arranging for the provision of quality core services to the population as mandated by law, through the public health agency or other implementing body

No ___ Yes ___ example: _____

- Engaging legal counsel when appropriate

No ___ Yes ___ example: _____

NALBOH

National Association of Local Boards of Health

Partner Engagement: Build and strengthen community partnerships through education and engagement to ensure the collaboration of all relevant stakeholders in promoting and protecting the community's health. These may include, but are not limited to:

- Representing a broad cross-section of the community

No ___ Yes ___ example: _____

- Leading and fully participating in open, constructive dialogue with a broad cross-section of members of the community regarding public health issues

No ___ Yes ___ example: _____

- Serving as a strong link between the public health agency, the community, and other stakeholder organizations

No ___ Yes ___ example: _____

- Building linkages between the public and partners that can mitigate negative impacts and emphasize positive impacts of current health trends

No ___ Yes ___ example: _____

Continuous Improvement: Routinely evaluate, monitor, and set measurable outcomes for improving community health status and the public health agency's/governing body's own ability to meet its responsibilities. These may include, but are not limited to:

- Assessing the health status of the community and achievement of the public health agency's mission, including setting targets for quality and performance improvement

No ___ Yes ___ example: _____

- Supporting a culture of quality improvement within the governing body and at the public health agency

No ___ Yes ___ example: _____

- Holding governing body members and the health director/health officer to high performance standards and evaluating their effectiveness

No ___ Yes ___ example: _____

- Examining structure, compensation, and core functions and roles of the governing body and the public health agency on a regular basis

No ___ Yes ___ example: _____

- Providing orientation and ongoing professional development for governing body members

No ___ Yes ___ example: _____

NALBOH

National Association of Local Boards of Health

Oversight: Assume ultimate responsibility for public health performance in the community by providing necessary leadership and guidance in order to support the public health agency in achieving measurable outcomes. These may include, but are not limited to:

- Assuming individual responsibility, as members of the governing body, for actively participating in governing entity activities to fulfill the core functions

No ___ Yes ___ example: _____

- Evaluating professional competencies and job descriptions of the health director/health officer to ensure that mandates are being met and quality services are being provided for fair compensation

No ___ Yes ___ example: _____

- Maintaining a good relationship with health director/health officer in a culture of mutual trust to ensure that public health rules are administered/enforced appropriately

No ___ Yes ___ example: _____

- Hiring and regularly evaluating the performance of the health director

No ___ Yes ___ example: _____

- Acting as a go-between for the public health agency and elected officials when appropriate

No ___ Yes ___ example: _____

How has the board been functioning? Indicate No and Yes

Policy Development: (5) No ___ Yes ___
Yes/ Example

Resource Stewardship: (6) No ___ Yes ___
Yes/ Example

Legal Authority: (3) No ___ Yes ___
Yes/ Example

Partner Engagement: (4) No ___ Yes ___
Yes/ Example

Continuous Improvement: (5) No ___ Yes ___
Yes/ Example

Oversight: (5) No ___ Yes ___
Yes/ Example

Board of Health Member Self-Evaluation and Enhancement Tool

Instructions: Please grade and provide improvement suggestions and comments for each indicator. All indicators should have a grade AND a comment focusing on what you and your board can do to improve.

Indicator	Grade (A+ to F)	What can we do better? How can we improve? Comments?
1 – The frequency & duration of our board of director meetings are appropriate to effectively carry out your roles & responsibilities.		
2 – I effectively represent the interests and concerns of board of health members across the nation during board discussions.		
3 – The expectations of what each board member should do, get, and give, are clearly defined.		
4 – As a board member, I feel valued, engaged, and properly utilized.		

Indicator	Grade (A+ to F)	What can we do better? How can we improve? Comments?
5 –Board member and staff roles are clearly defined, respected, and complement each other.		
6 – I am confident that my colleagues’ intentions are trustworthy and there is no reason to be protective or careful when interacting with the board.		
7 – Our board holds its members accountable. Poor performers sense pressure to improve and potentially problematic actions are identified quickly. Mediocrity is unacceptable.		
8 – I actively participate in identifying and sharing funding sources and partners to department leadership.		
9 – The current board structure and composition supports and advances our mission and strategic goals.		
10 – Board members are ready and willing to serve in		

committee and board leadership positions.		
Indicator	Grade (A+ to F)	What can we do better? How can we improve? Comments?
11 – Rate the overall effectiveness of the Board.		
12 – Serving on the board is productive and I am engaged and involved as a member on the board.		
13 – The current Board of Health committee structure and activities support and contribute to the board’s productivity to advance the health department’s mission and goals.		
14 – All committees have a well-defined purpose and a stated annual plan of work.		
15 – My participation on committees is productive and		

<p>I am engaged and involved in my committee work and responsibilities.</p>		
<p>16 – What is the one thing board members are doing now that you think we should CONTINUE doing?</p>		
<p>17 – What is the one thing board members are doing now that you think we should STOP doing?</p>		
<p>18 – What is the one thing board members are NOT doing that you think we should START doing?</p>		
<p>19 - Additional comments and suggestions</p>		

Based on NALBOH Board Member Self-Evaluation and Enhancement Tool



CABARRUS
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Cabarrus Health Alliance Board Meeting Agenda Form

Meeting Date: 8/16/22

Name of Item: Opioid Cost Settlement Update

Submitted by: Marcella Beam

Expected Length of Presentation: 8 minutes

Brief Summary:
Overview of the NC allocation of Opioid Cost Settlement Funds, funds expected to come to Cabarrus County/City of Concord over 18 years, and CHA's local involvement in planning efforts.

Requested Action:
NA

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

Items reviewed by:

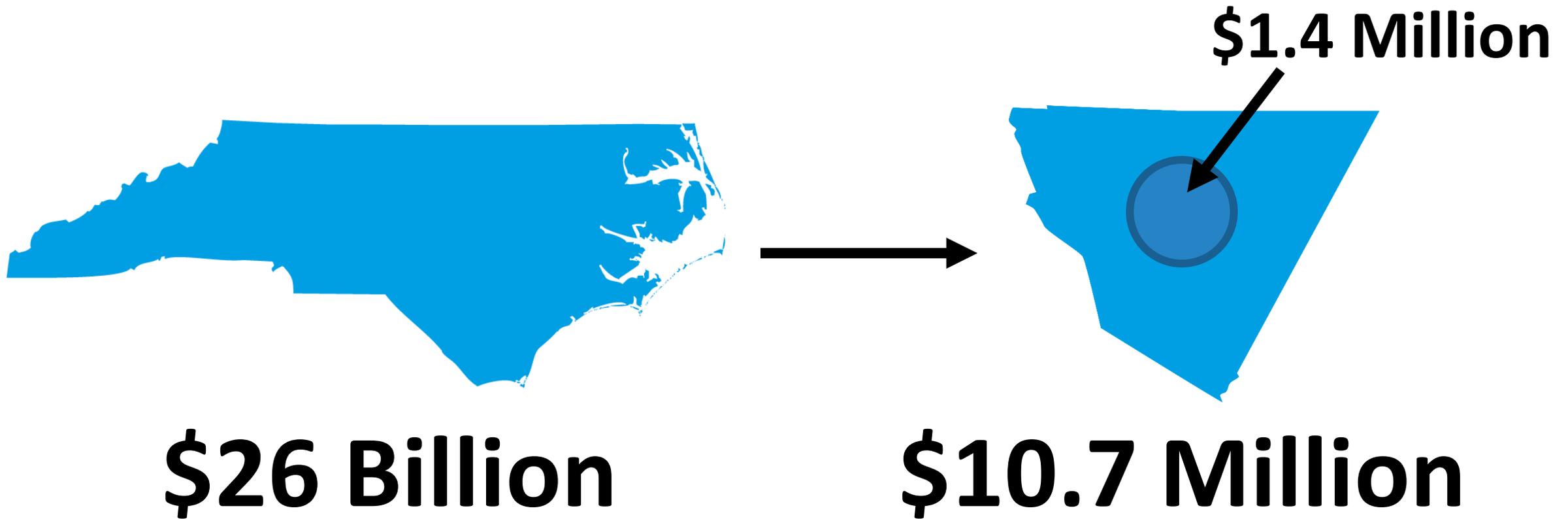
Opioid Cost Settlement

NC State and County Allocation

Opioid settlement funds received in North Carolina from the national settlement will be allocated as follows:

- **80% will go to Local Governments** listed in the MOA to address the opioid epidemic,
- **15% will go to the State of North Carolina,**
- **Remaining 5% will be used for a County Incentive Fund** for any county (and any municipality in that county slated to receive settlement funds) in which the county itself and every municipality of a certain size signs the NC MOA.

NC State and County/City Allocation



Option A

The Option A strategies include:

- evidence-based addiction treatment
- recovery support services
- recovery housing
- employment-related services
- early intervention programs
- reentry programs
- naloxone distribution
- post-overdose response teams
- syringe service programs
- criminal justice diversion programs
- addiction treatment for incarcerated persons

Potential Programs/Strategies

Prevention

Harm
Reduction

Treatment

Intervention

Recovery Supports

Drug Free
Communities

Substance
Use Coalition

Empowering
Youth and
Families
Program

Syringe
Service
Program

Medicated
Assisted
Treatment

In Patient
Facility

Co-Response
Model with
LEO/EMS and
Clinician

Police Assisted
Addiction and
Recovery
Initiative (PAARI)

Post
Overdose
Response

Peer
Support
Specialists

Housing,
Workforce

CHA

Cabarrus
County 4H

CHA

Atrium
CCSO/CCDC
CHA
CC EMS
Other Treatment
Faith Based

**PILOT: CCSO
and DHS**
Concord PD
Kannapolis PD

CCSO
Concord PD
Kannapolis PD

CC EMS –
Community
Paramedic

Cabarrus
Health
Alliance: EMS,
ED, SSP, DHS

**CHA
received
state
grant**

Current Status

- Cabarrus County has received first allocation of funds - \$413,000
- CHA is an active participant in discussions on planning
- Draft plan will be shared at the Cabarrus County Mental Health Advisory Board on August 23 to receive feedback from community partners

CHA Public Health Director's Report

August 16, 2022

Human Resources

- Successfully launched online performance evaluation system
- On demand diversity training (EJ4) added to our learning management system
- Currently there are 25 open positions; only 2 new applications for school health

Finance

- Finance is working on closing out FY22, and preparing for the final audit in August
- Finance has worked with program managers for multiple site visits from funders.

Grants

- One (1) initial grant from the Blue Cross Blue Shield NC Foundation was awarded for Community Oral Health Transformation. More funding to follow.
- Two (2) CDC-funded Public Health Associate Program (PHAP) positions were awarded, providing CHA with staff to support Policy and Climate Change
- Two (2) grants for a total value of \$875,000 are pending award determination
- Two (2) grants are in development for a total of \$395,230 to improve access to care for the Latino population and to refresh dental equipment/HVACs

IT

IT has started multiple cyber security related projects this month. As projects are completed, we will include them in the health director's report.

Clinical Services

- Cabarrus Youth Detention Center assumed medical services at Kirk Detention Center on July 1st in addition to the medical services that are already being provided
- Data/Metric collection for WH & Peds services has been completed to monitor the health of the clinics post COVID
- RISE program is underway in the Communicable Disease department, currently working with 3 partners from the SUN clinic
- Communicable Disease department received Monkey Pox vaccines on August 4th and began administering them on August 8th

Dental Health

- Community dental has hosted multiple mobile clinics through partnerships with CCM and El Puente, all sponsored by the ORH grant, currently in year 2. Dental was excited to host behavioral health for screenings, brief interventions and referral to treatment at each of the clinics in July and August.
- Community Oral Health Transformation grant funded through BCBS foundation was awarded (\$20,000 sponsorship) for a focus on value-based care and payment models. More funding will follow in January 2023 for innovation projects in this grant
- Dental received \$3500 from the City of Kannapolis to support dental services for uninsured patients seen on the mobile units.

School Health

- School Health is currently onboarding two new school nurses. We have 8 open positions in CCS and 2 open positions in KCS.
- Students returned to three CCS Early College High Schools this week. The three SN Supervisors will be providing nursing oversight on these campuses.
- We are finalizing program updates, planning workforce development opportunities, and preparing for the return of all school nurses the week of August 15th.

Behavioral Health (BH)

- BH department has hired a bilingual Spanish speaking therapist to increase and improve BH services to the Lantinx community. We are now fully staffed with therapists.
- We began integrating BH services at mobile dental clinics through screening, brief intervention and scheduling for services.
- Preparing re-certification for providing services through the Child Advocacy Center to child victims of abuse.

COVID Response

- Increase in cases leading to an increase in case investigation and NC COVID work. Still prioritizing kids 0-21 and persons involved in outbreaks/clusters.
- Increase in congregate living outbreaks—monitoring and surveillance increase. Hitting barriers with facilities reporting.
- Still awaiting some COVID vaccine AA but planning back-to-school vaccine clinics to include offering COVID to vaccines to children and adults with them.
- Conducting interviews for MA position with the COVID/CD-integration team. 2 offers have been extended.
- Starting a Community Surveillance Task Force with CHA employees, Atrium, EM and EMS

Community COVID Response

- Preparing for the 3rd meeting of the Cabarrus Community Coalition for Recovery & Resiliency; have used guidance from the group to identify focus groups to collect information and feedback as well as improve the data we share with the community. Focus groups convened thus far: youth, first responders/front line staff.
- Celebrated distributing 15,000+ home testing kits throughout our community and worked to become a Community Access Point for residents to pick up home test kits when needed.
- Continuing to support the COVID Call Center and parlaying the staff and resources developed over the last 2+ years to improve scheduling and communication systems across the agency.

Healthy Living Programs

- **Minority Diabetes Prevention Program (MDPP) gained CDC Full Plus Recognition through 7/31/2027** - This designation is reserved for programs that have effectively delivered a quality, evidence-based program that meets all of the standards for CDC recognition and additional retention thresholds. This achievement means that your organization has earned five years of CDC-recognition as opposed to the three years that organizations receive in FULL recognition
- Our CHA WIC team has been recognized by the Southeast Regional Office of the U.S. Department of Agriculture (USDA) Food and Nutrition Service (FNS) as a WIC Breastfeeding Award of Excellence Winner. This award was granted based on overall support of breastfeeding and effective response to the current infant formula shortage.
- Kids in the Kitchen Summer Camp program has served over 50 kids aged 8 to 15. The program exposed youth to the ease, practicality and health benefits of healthy eating and active living. Monthly classes for adults and youth begin this month.
- Our Walk Cabarrus September Walk 2 Win event has been revamped to a soft event as opposed to an organized race due to low participation in registration due to date and time. Families and individuals are being encouraged to go to any park on September 25, 2022 and walk and log their steps.

Environmental Health

- Filled one of two OSWW positions; the other openings have been accepted by a candidate
- FLI onboarding last position this month (she'll start Aug 12th)
- Scanning project of OSWW file began Aug 2nd
- Received notice that Climate Change PHAP was awarded to EH department
- FLI has begun implementation of restaurant assessments per the FDA grant received

Healthy Cabarrus

- Participated in the county interviews for the Cabarrus Housing Convenor to support continued development and implementation of the Cabarrus County Housing Collaborative Action Plan
- Assisted with interviews and recommendations for the Architecture/Engineering company for the construction of the county's two new behavioral health facilities. The Healthy Cabarrus Executive Director has also been asked to assist with review of the RFPs for providers of the Adult FBC – BHUC facility.
- Updated Housing Continuum Document to reflect 2022 Census data.

Equity

- The DEI Committee has been restructured into four committees that reflect the identified Strategic Equity Plan Pillars: Data, Policy, Community Engagement, and Training.
- A collaborative opportunity is currently in development with Sustain Charlotte to receive trainings on how to conduct walkability assessments.
- The first required ej4 training has successfully launched through our NeoGov Learning Management System.

Communications and Marketing

- CHA has contracted an interpreter service to assist in the translation of larger documents.
- Hep C Bridge grant has rolled out an 11-county awareness campaign to promote getting tested and seeking treatment
- CHA is in the process of giving the current website a facelift making the appearance cleaner and services easier to find.
- Released first case Monkeypox press release 7/29/2022
- Created Monkeypox page on CHA website, links directly to NC DHHS Monkeypox site

Substance Use

- CHA was awarded the Prevent Prescription Drug/Opioid Overdose-Related Deaths (PDO) grant by NCDHHS. CHA will receive \$50,000/year for 5 years to provide Naloxone and training to Kannapolis City School nurses, syringe service participants, medication assisted treatment participants. Naloxone will also be provided to Cannon, Moose and Truecare pharmacy for patients that are receiving an opioid medication. Prescriber training will be provided for Cabarrus Family Residents on Community Practice rotation. NC Lock Your Meds campaign will continue to be implemented to educate on the importance of storing, monitoring, locking up and disposing of medications properly.
- Kristin and Marcella met with the county to provide feedback, recommendations and needs associated with allocation of the opioid settlement dollars
- The substance use coalition helped facilitate the process of Cannon Pharmacy and Truecare Pharmacy receiving a permanent medication drop off box with funding from the Center for Prevention Services. Additionally, the pharmacies will receive medication lock boxes and medication disposal packets.

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

- The Social Determinants of Health Community Leadership Team wrapped up their yearlong planning. Their final report including action plans will be available at the beginning of September with recommendations focusing on Housing and Community Clinical Linkages to Care.
- The Community Health Workers have attended several outreach events including the City of Kannapolis Pride event, National Night Out, the Logan Community Back-to-School Shoe Distribution, and Back to School Bash in Mt. Pleasant.

Performance/Quality Improvement and Accreditation:

- CHA submitted the 3rd Annual Report for PHAB on July 27th, 2022 and received exemplary reviews on the work conducted this year.
- NCLHD Accreditation released the 90 Day Notification letter on August 1st, 2022. Evidence continues to be collected by staff with a due date of November 1st, 2022.
- The Epidemiologist is drafting a Data Literacy Pulse Survey to distribute to Supervisors. The survey will be released in the Fall to inform future data training for Supervisors for FY23.

BOH activities

- Dr. Pons and Mr. Spitzer both attended the NALBOH National Conference in Grand Rapids, MI earlier this month.
- Mr. Spitzer attended the Ribbon Cutting Ceremony for CHA's Blessing Box on August 10, sponsored by 1Can Inc. Sheryl Kluge, Executive Director of 1Can Inc. organized the event.

National/State/Local Updates

- Medicaid Expansion was not passed at the end of the short session but will be a focus for the new long session starting in January. Indications are the Medical Marijuana bill will also be considered.
- Several members of CHA's policy committee submitted letters to our national legislators advocating for additional support of public health programs.
- Congress passed the Inflation Reduction Act recently. Provisions in the Act which may be of public health significance include provision to limit costs of high-cost medications, funding for environmental and climate change initiatives, funding for air pollution control and grants for neighborhood access and equity.
- CDC updated COVID guidelines concerning testing, isolation and quarantine, and masking recommendations. Updates and impact for CHA will be discussed at the meeting.

FY23 Annual Strategic Priorities						Link to progress tracking documents			All leads should upload their implementation plan/progress tracking document to SharePoint and link in all cells below.		
Data											
A.	Goal	Lead	Anticipated Cost; FY23 Budget	Multi Year Initiative?	Applicable Departments	Goal Status			Action steps to be included in this goal		
						Met	On Schedule	Not Met			
1	Scorecards: Align external facing scorecards with population health themes ('subject areas' vs. department (Healthy People 2030))	Asma, Maddy	PMOJ staff member addition (salary/fringe: \$90,000ish)								
2	Scorecards: Develop internal facing scorecards to monitor performance measures aligned with AA's, industry standards (operations/monitoring metrics)	Asma & Leadership			All, with emphasis on clinical areas						
Equity											
B.	Goal	Lead	Anticipated Cost; FY23 Budget	Multi Year Initiative?	Applicable Departments	Goal Status			Action steps to be included in this goal		
						Met	On Schedule	Not Met			
3	Create and complete a process to assess all CHA programs to measure program design/development, program access and quality of service for all marginalized populations.	Keon Lewis, Sandra Torres		March 2023 - assessment pieces captured then report to Leadership in June 2023	all programs						1) Create and streamline organizational methods to track equity initiatives (Keon) 2) Evaluate communication practices to assess readability 6th grade reading level or below (Keon and Tracy Adams) https://www.ahrq.gov/health-literacy/research/tools/index.html
SDOH											
C.	Goal	Lead	Anticipated Cost; FY23 Budget	Multi Year Initiative?	Applicable Departments	Goal Status			Action steps to be included in this goal		
						Met	On Schedule	Not Met			
4	Provide referrals for 80% of patients with needs identified through SDOH screeners in Pediatrics, Women's Health, and Community Health Worker programs	Maddy/Asma	Need to be looking for funds to continue the CHW program past FY 24.	yes							1) Every program area (not listed above) should consider how they can adopt SDOH and referral principles; 2) Report top three (3) most common SDOH needs identified through SDOH screeners annually to Leadership Team and Healthy Cabarrus Advisory Board; 3) Population Health work groups will create action steps to address priority disparities identified by HNC 2030
5	Deploy SDOH Screener in WIC, CD, Dental, and Care Management	Maddy/Asma		yes							
6	Expand the Community Health Worker Program to Behavioral and Dental Health	Megan/Sonja/Ely	Funding for two new positions								Position already in dental budget; county ARPA \$\$ also has CHW money
Healthy Living											
D.	Goal	Lead	Anticipated Cost; FY23 Budget	Multi Year Initiative?	Applicable Departments	Goal Status			Action steps to be included in this goal		
						Met	On Schedule	Not Met			
7	Increase physical activity across Cabarrus County through multi-sectoral collaboration	Nina/Alicia									
8	Implement two Food as Medicine initiatives	Nina/Alicia	identify grant \$\$								
Behavioral Health											
E.	Goal	Lead	Anticipated Cost; FY23 Budget	Multi Year Initiative?	Applicable Departments	Goal Status			Action steps to be included in this goal		
						Met	On Schedule	Not Met			
9	Integrate Behavioral Health interventions within Dental, School Health, and Community Impact	Sonja, Ely, Tammy, Alicia									1) Trauma informed care training will be provided for applicable staff (Sonja and Rolanda); 2) Finalize BH Business Plan and begin operationalization steps
Organizational Function and Process Goals											
Access											
G.	Goal	Lead	Anticipated Cost; FY23 Budget	Multi Year Initiative?	Applicable Departments	Goal Status			Action steps to be included in this goal		
						Met	On Schedule	Not Met			
10	Implement an internal referral process to create a better patient experience (with the 5 year goal being a centralized call center)	Erin Babbitt	N/A - Need to consider and strategize about future funding for Call Center and informatics								1) Ensure CHW program is integrated into this (can they make appts or only referrals?)
11	Mobile unit: planning complete and on order by Dec 2022	Tamara S.									
12	Complete access assessment, identify and secure location for satellite service	Bonnie									1) Formal access assessment of each department and program (Surveying NON-Patients and patients, census track)
Academic Health Department											
I.	Goal	Lead	Anticipated Cost; FY23 Budget	Multi Year Initiative?	Applicable Departments	Goal Status			Action steps to be included in this goal		
						Met	On Schedule	Not Met			
13	Assure at least four new Public Health workforce pipeline efforts. (early college(s), internships)	Erin Shoe, Steve									Formalized partnerships with university and college entities on at least 2 new projects
14	Increase active volunteer engagement by 100% and double hours in FY 23 compared to FY22 (Formalize volunteer and intern on-boarding and experience - quantify) meaningful	Rocio Arguljo									Engagement and support for first generation bi-lingual students
J. Workforce Development, Engagement, & Well Being											
	Goal	Lead	Anticipated Cost; FY23 Budget	Multi Year Initiative?	Applicable Departments	Goal Status			Action steps to be included in this goal		
						Met	On Schedule	Not Met			
15	70% of CHA staff will complete a Health Risk Assessment (HRA)	Kelly/Nina			Funding for incentive						1) Re-engage employees through a communication plan and community philosophy; 2) Implement X strategies to improve Employee Engagement survey results; 3) Every team will host at least one team building event per year
16	Implement a Leadership development program in alignment with CHA Workforce Development Plan	Steve									Stress management, mental health for staff Expand educational opportunities around identified SDOH priority areas
Emerging Public Health Issues & Practices											
K.	Goal	Lead	Anticipated Cost; FY23 Budget	Multi Year Initiative?	Applicable Departments	Goal Status			Action steps to be included in this goal		
						Met	On Schedule	Not Met			
17	Establish a patient/client advisory board to improve and organize active community engagement.	Sandra, Sonja, Alicia									action item: Formal access assessment of each department and program (Surveying NON-Patients and patients, census track)
18	Complete two regional efforts in FY 23	Erin Shoe									Region IV waste water surveillance system infrastructure and dashboards
Policy											
L.	Goal	Lead	Anticipated Cost; FY23 Budget	Multi Year Initiative?	Applicable Departments	Goal Status			Action steps to be included in this goal		
						Met	On Schedule	Not Met			
19	Engage in policy activities to advocate successfully for the passing of two local or state policies that improve public health.	Policy Committee									Bi-annual engagement with local and state officials on critical public health issues

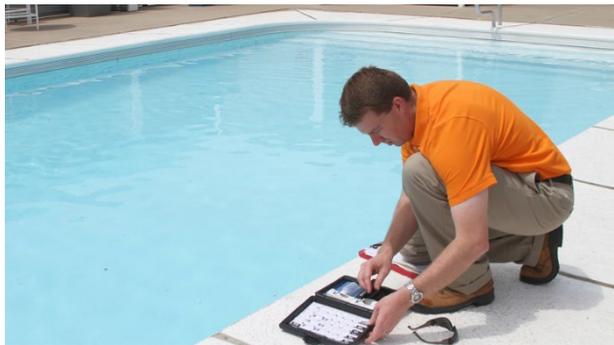
Parking Lots Items not captured in column J	
Secure business planning expertise on staff (or via contract)	



CABARRUS
HEALTH
ALLIANCE



Cabarrus Health Alliance Goals and Objectives: FY22 in Review and FY 23 Proposed



From general public health education to specialized, targeted services and the development of innovative approaches and identification of best practices.

What is our Overall Goal?

Mission/Vision of CHA:

Achieving the highest level of individual and community health through collaborative action.

How do we measure success?

Become one of the healthiest counties in the state and then nation

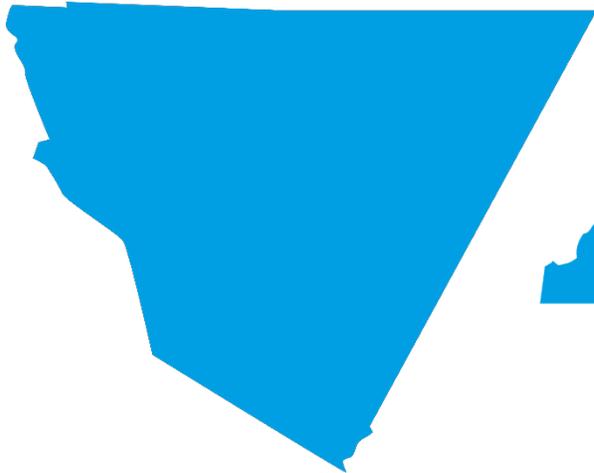


Ranking Cabarrus County's Health

RWJF County Health Rankings

Health Outcomes – **10**

Health Factors – **12**



2022

America's Health Rankings

Health Outcomes – **32**

All Determinants – **27**

Health Behaviors – **38**



2021

US News & World Report

Healthiest Communities Ranking

Wake County – **148**

Orange County – **234**



2022

Performance Management System



Cabarrus Health Alliance Strategic Plan



CABARRUS
HEALTH
ALLIANCE

	DATA	EQUITY	SDOH (includes Healthy Living and Behavioral Health)	ORGANIZATIONAL FUNCTION AND PROCESS
Strategic Priority	 Use Data to Improve Health	 Develop Internal and External Practices, Programs, and Policies that Achieve Equity	 Build and Sustain Collaborative Systems that Address Social Determinants of Health	 Transform Agency Capacity, Culture and Practices to Achieve Excellence

Robert Wood Johnson (RWJ)

Category		2021 Cabarrus County	2022 Cabarrus County	North Carolina Data	Benchmark
<i>Length of Life</i>	Premature Death	6,800	6,800	8,000	5,600
<i>Quality of Life</i>	Poor or Fair Health	17%	18%	18%	15%
	Poor Physical Health Days	3.6	3.6	3.7	3.4
	Poor Mental Health Days	4.3	4.2	4.4	4
	Low Birthweight	9%	9%	9%	6%
<i>Health Behaviors</i>	Adult Smoking	19%	17%	19%	15%
	Adult Obesity	34%	36%	34%	30%
	Food Environment Index	8.0	7.9	6.6	8.8
	Physical Inactivity	27%	25%	26%	23%
	Access to exercise opportunities	80%	68%	68%	86%
	Excessive Drinking	18%	18%	17%	15%
	Alcohol-Impaired Driving Deaths	28%	25%	26%	10%
	Sexually Transmitted Infections	546.7	542.8	669.9	161.8
	Teen births	18	17	21	11

Green: Better than NC and Benchmark

Yellow: Better than NC but not better than Benchmark

Red: Worse than NC and Benchmark

Robert Wood Johnson (RWJ)

Category		2021 Cabarrus County	2022 Cabarrus County	North Carolina Data	Benchmark
<i>Clinical Care</i>	Uninsured	11%	11%	13%	6%
	Primary Care Physicians	1,170 : 1	1,160 : 1	1,400 : 1	1,010 : 1
	Dentists	2,160 : 1	2,050 : 1	1,710 : 1	1,210 : 1
	Mental Health Providers	350 : 1	350 : 1	360 : 1	250 : 1
	Preventable Hospital Stays	5,192	4,989	4,096	2,233
	Mammography Screenings	46%	49%	48%	52%
	Flu Vaccinations	52%	52%	53%	55%
<i>Social and Economic Factors</i>	High School Graduation	90%	91%	89%	94%
	Some College	71%	70%	68%	74%
	Unemployment	3.6%	7.0%	7.3%	4.0%
	Children in Poverty	11%	11%	18%	9%
	Income Inequality	4.2	4.1	4.7	3.7
	Children in Single-parent Households	22%	21%	27%	14%
	Social Associations	10.5	10.4	11.3	18.1
	Violent Crime	117	117	351	63
	Injury Deaths	70	75	82	61
<i>Physical Environment</i>	Air Pollution	9.7	9.1	7.5	5.9
	Severe Housing Problems	13%	13%	15%	9%
	Driving Alone to Work	82%	80%	79%	72%
	Long Commute – Driving Alone	43%	45%	34%	16%

Healthy North Carolina 2030

HNC 2030				
	Health Indicator	Cabarrus County	North Carolina	HNC Goal
SOCIAL AND ECONOMIC FACTORS	Individuals below 200% of FPL	22.4% (2020)	31% (2020)	27%
	Unemployment Rate	5 (2020)	5.5 (2019)	Reduce the unemployment disparity ratio between white and other populations to 1.7 or lower.
	Short Term Suspension	Cabarrus County Schools- 1.5, Kannapolis City Schools- 2.76 (per 100 students) (2020-2021)	13.9 per 100 students (2017-2018)	8 per 100 students
	Incarceration Rate	137.7 per 100,000 (2021)	231 (2019)	150 per 100,000 people
	Adverse Childhood Experiences	Not available	15.3	18
	Third Grade Reading Proficiency	Cabarrus County Schools- 55.7%, Kannapolis City Schools- 43.6% (2018-2019)	56.8% (2018-2019)	80%
PHYSICAL ENVIRONMENT	Access to Exercise Opportunities	68% (2010 & 2019)	74% (2010 & 2019)	92%
	Improve Access to Healthy foods	8% (2019)	8% (2019)	5% (percent of people who are low-income that are not in close proximity to a grocery store)
	Improve Housing Quality	10% (2014-2018)	16% (2012-2016)	14% percent of Households with at least 1 of 4 housing problems)

Green: Better than NC and Benchmark

Yellow: Better than NC but not better than Benchmark

Red: Worse than NC and Benchmark

Healthy North Carolina 2030

HNC 2030

	Health Indicator	Cabarrus County	North Carolina	HNC Goal
HEALTH BEHAVIORS	Decrease Drug Overdose Deaths	31.9 per 100,000 (2021)	21.2 (2019)	18 per 100,000- Number of person who die as a result of drug poisoning per 100,000 population
	Decrease Tobacco Use - Youth	Not available	High School 27.3	9% (Cigarette, cigars, smokeless tobacco, pipes, and or hookah)
	Decrease Tobacco Use - Adult	17% (2020)	22.9% (2019)	15%
	Excessive Drinking	18% (2020)	15.6% (2019)	12% (% of adult with binge or heavy drinking)
	Sugar Sweetened Bev Consumption - Youth	Not available	30%	17%
	Sugar Sweetened Bev Consumption - Adult	36% (Region 4 Data- 2019)	35.4% (2019)	20%
	HIV Diagnosis Rate	6.6 per 100,000 (2020)	15.6 per 100,000 (2019)	6.0 per 100,000 people
	Teen Birth Rate	12.7 per 1000 (2020)	18.2 per 1000 (2019)	10.0 (No of births to girls aged 15-19 per 1000 population)
CLINICAL CARE	Uninsured Rate (all ages)	7.9% (2020)	11.3% (2019)	8% (Population under 65 without health insurance)
	Primary Care Workforce	1160 :1 ratio (2019)	62:1 ratio (2017)	1:1,500 (ratio of no of fulltime equivalent primary care clinicians to county populations)
	Early Prenatal Care Rate	70% (2019)	67.5% (2019)	80% (percent of women who received pregnancy related health care services during the first trimester of a pregnancy)
	Suicide Rate	8.8 per 100,000 (2019)	13.8 per 100,000 (2018)	11.1 (Age adjusted number of deaths attributable to self harm per 100,000 population)
HEALTH OUTCOMES	Infant Mortality Rate	3.9 per 1,000 (2020)	6.8 per 1,000 (2019)	6.0 (Rate of infant deaths per 1,000 live births)
	Life Expectancy	78.5 (2017-2019)	78.1 (2019)	82.0 (Average number of years of life remaining for person who have attained a given age)

Green: Better than NC and Benchmark

Yellow: Better than NC but not better than Benchmark

Red: Worse than NC and Benchmark

FY22 Goals and Objectives

Begin with the end in mind... FranklinCovey

Improved
Organizational
Structure in
support of PH3.0
work

While assessing:
Space Issues
Access/Outreach
Data/Disparities
Staff Training
Our role in BH
Financial Decisions

To focus on:
Data
SDOH/Healthy
Living
Equity
COVID Response

To achieve:
A healthier
Cabarrus
County

Agency Functions and Processes

Health Priorities

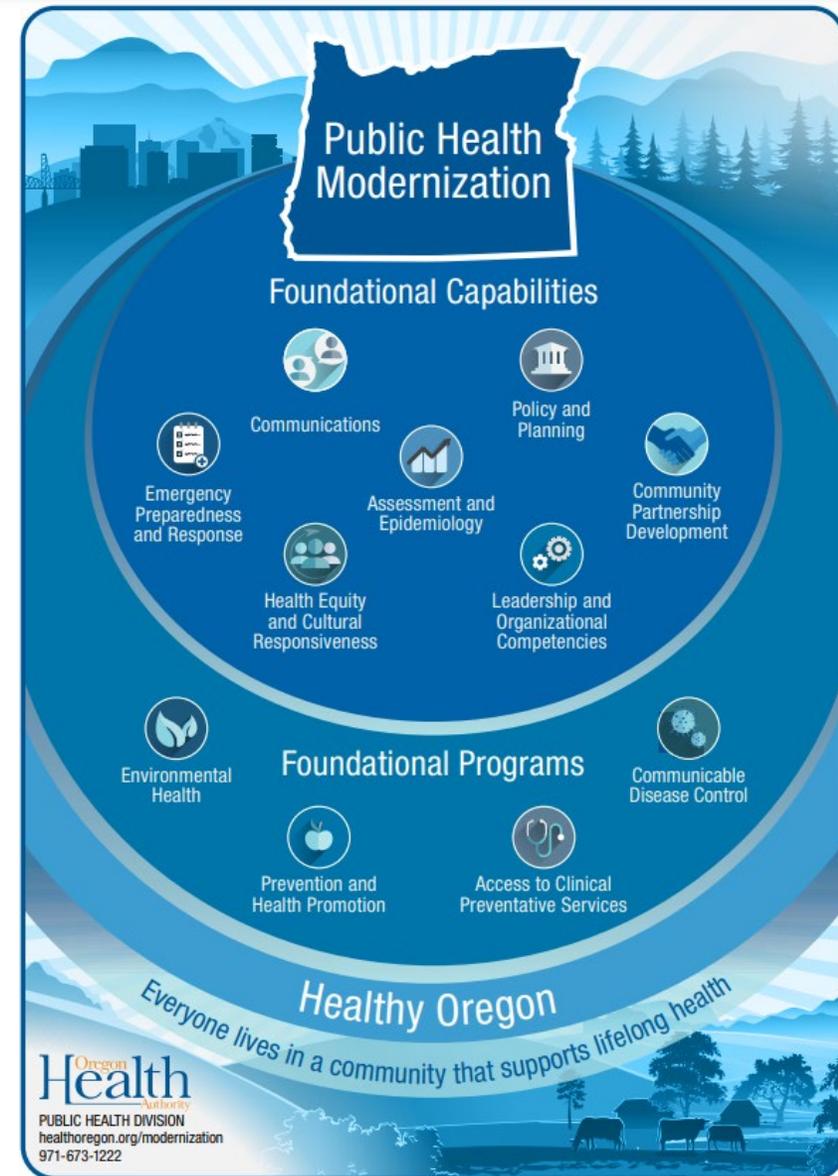


FY22 Annual Strategic Priorities				
Data				
	Goal	Goal Status		
		Met	On Schedule	Not Met
1	All scorecards (metrics) highlight disparities (continued) across different demographic groups.			
Equity				
	Goal	Goal Status		
		Met	On Schedule	Not Met
2	Complete organizational assessment and gain board approval of action plan.			
3	All program areas will have relevant metrics that identify disparities across different demographic groups.			
4	Departments will create action steps to address priority disparities.			
5	Proclamation Steps fully implemented.			
SDOH				
	Goal	Goal Status		
		Met	On Schedule	Not Met
6	Develop and implement a CHW Program to serve the agency and community			
7	Assure a SDOH screener is in place for all program areas.			
8	Identify priority SDOH categories for further action in FY23.			
9	CHA and HC fully adopt and advocate for full utilization by partners of the two referral platforms being used in CC.			
Healthy Living				
	Goal	Goal Status		
		Met	On Schedule	Not Met
10	Increased physical activity across programs			
11	CHA will implement a worksite wellness program with measurable metrics to track year over year.			
12	CHA will complete a business plan to expand the worksite wellness program in partnership with other small/medium size organizations.			
13	The Healthy Living Division will add at least two additional LM programs to existing structure.			

Behavioral Health				
	Goal	Goal Status		
		Met	On Schedule	Not Met
14	Support County transition to Partners			
15	Creation of a behavioral health facility.			
16	Complete a CHA organizational plan for our ongoing role in behavioral health field.			
Organizational Function and Process Goals				
	Goal	Goal Status		
		Met	On Schedule	Not Met
17	Implement new org structure to promote collaborative work, break down silos and modernize our PH efforts to meet PH3.0 Framework.			
18	Restructure Leadership Operations and Strategy Teams to support new org structure and leadership development.			
Financial Communication Plan				
	Goal	Goal Status		
		Met	On Schedule	Not Met
19	Assure decisions aligned with priority areas.			
Access/Outreach				
	Goal	Goal Status		
		Met	On Schedule	Not Met
20	Establish baseline for % staff who are in community/client facing positions.			
21	Assess current level of community member and partner engagement across all agency program areas.			
22	Complete a growth plan for more central location and better accessibility in continuum of care in the County.			
23	Expand volunteer program to include medical reserve corps and to support CHW program efforts.			
24	Build AHD model with at least two NCRC academic institutions.			
Leadership Development/Training				
	Goal	Goal Status		
		Met	On Schedule	Not Met
25	Board Engagement will focus on committee structure implementation with documented meetings and action steps.			
26	Policy committee will recommend local policies for adoption by board and lead advocacy efforts across agency.			
27	Leadership Development strategies will be formalized and implemented.			

FY 22 Goals – Org Structure and Function

- Implement new org structure to modernize our PH efforts to meet PH3.0 Framework.
 - Healthy Living, Behavioral Health and SDOH
 - Aligned Equity, Healthy Cabarrus, SDOH, Healthy Living and Data/Performance Metrics under Community Impact Division
- Restructure Leadership Operations and Strategy Teams to support new org structure and leadership development
 - Completed but still fine-tuning



FY 22 Goals – Org Structure and Function

Leadership Development Strategies

- Board – Committee Structure started
- Staff
 - LMS (NEOGov) implemented
 - Core Competencies (Great 8) introduced
 - Performance Evaluations available online
 - Restructured New Hire Orientation
 - Basic Hiring Practices Training for Supervisors

Policy Focus

- Committee formed/meetings monthly
- Trainings provided
- Webpage created
- Staff vaccine policy developed and approved by board
- Advocacy efforts underway
- PHAP Fellow secured

FY 22 Goals – Org Structure and Function

Financial Communication Plan

Budget Justification Process revamped

Budget review and training with Leadership

New funds identified for priority areas:

- COVID – \$3.3 million
- SDOH
 - CHW Program \$1 million
 - Behavioral Health \$1.8 million
 - Equity \$40,000
 - Healthy Living \$100,000

Access/Outreach Growth Plan

Central space in Concord secured

Funding for new fixed site location and mobile unit secured through County ARPA dollars

Nontraditional hours piloted in Peds and Dental clinics

Data Analysis for clinics and mobile unit completed

Assessment completed for community and partner engagement across agency departments

Academic Health Department

Academic Affiliations/Projects with:

- UNC Chapel Hill
- UNC Charlotte
- NCCU
- Eastern Carolina University
- Cabarrus College of Health Sciences
- Rowan Cabarrus CC
- Charlotte Mecklenberg CC
- Pfeiffer University
- Wingate University
- Northeastern University

Focus Areas:

AHD Health Priority Focus areas (Equity, Healthy Living/SDOH, Data):

- Research/Evaluation
- Education/Training
- Collaborative Service Projects

Regional ARPA efforts

- Epidemiology/data
- HR capacity, recruitment of PH nurses, EHS

Residency Ed partnerships

- Family Med rotation
- Dental rotations/residency program

Formal Internships

- Public Health
- Clinical

Volunteer/Experiential Opportunities

Volunteer Program

During FY 22 the Volunteer Program shifted away from solely being focused on Covid to integrating volunteers into CHA as a whole.

153

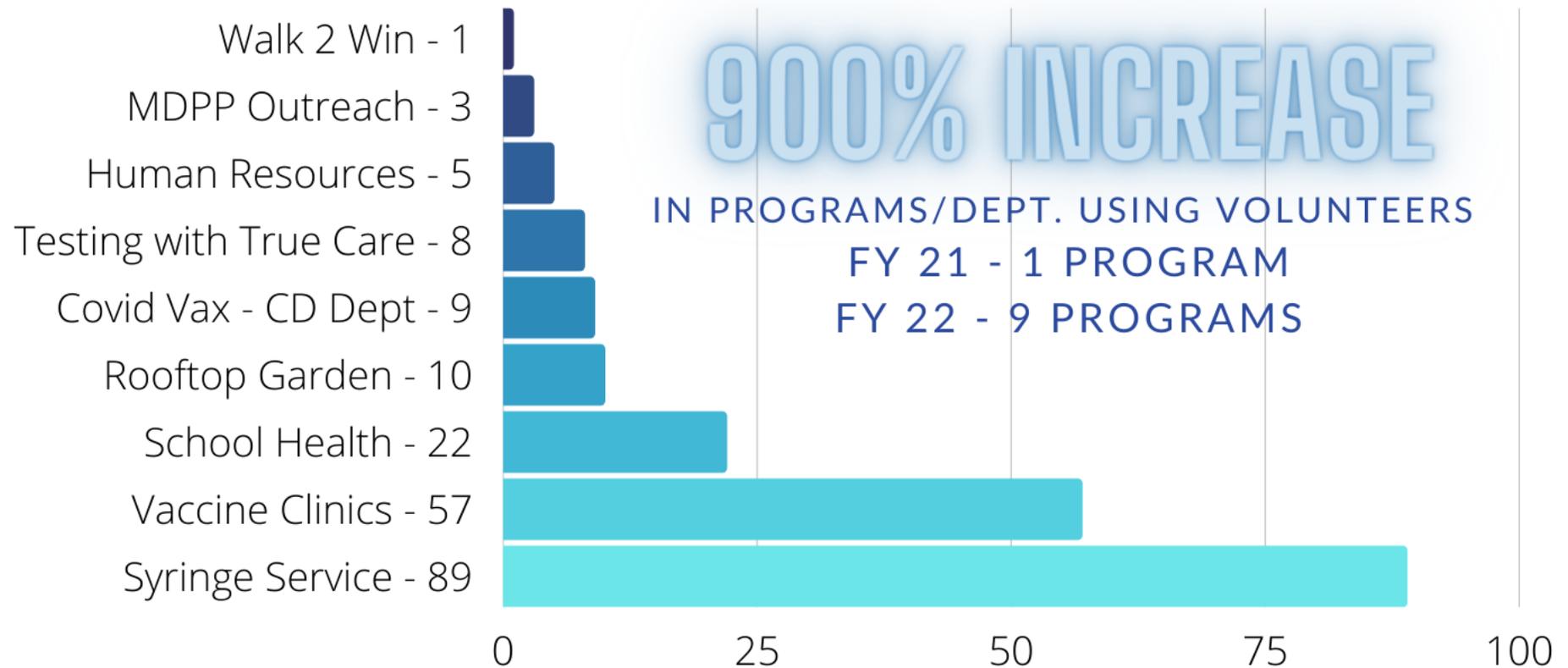
Volunteers

The Volunteer Policy, Program Operating Procedures, and Volunteer Handbook were written and implemented during this time. Research into the MRC was done and it was determined we would not pursue that line of action in favor of a similar system already developed in-house.

999

Volunteer
Events/Shifts

VOLUNTEER EVENTS/SHIFTS PER DEPARTMENT/PROGRAM



2,060

Hours

\$58,792

Financial Valuation

SDOH Achievements

- CHA was funded a multi-year CDC grant award (\$2,139,239), which launched CHA's CHW program
 - The program staffs a supervisor, evaluator, and 6 CHWs.
 - Kenjuan Watkins (CHW) presented at the National Association of Community Health Workers (NACHW) Unity Conference on "Spilling the Tea on HIV: Using Conversations to Reduce Stigma in Our Communities"
 - In FY23, CHWs will be deployed in the Dental and Behavioral Health departments
- CHA adopted the NC State SDOH Screener
 - Reports are generated by Cure MD and updated quarterly in Clear Impact
 - Six departments identified an implementation plan and champion to ensure the SDOH screener is utilized

Kenjuan Watkins

Community Health Worker
Cabarrus Health Alliance

UNC Charlotte BSW Graduate

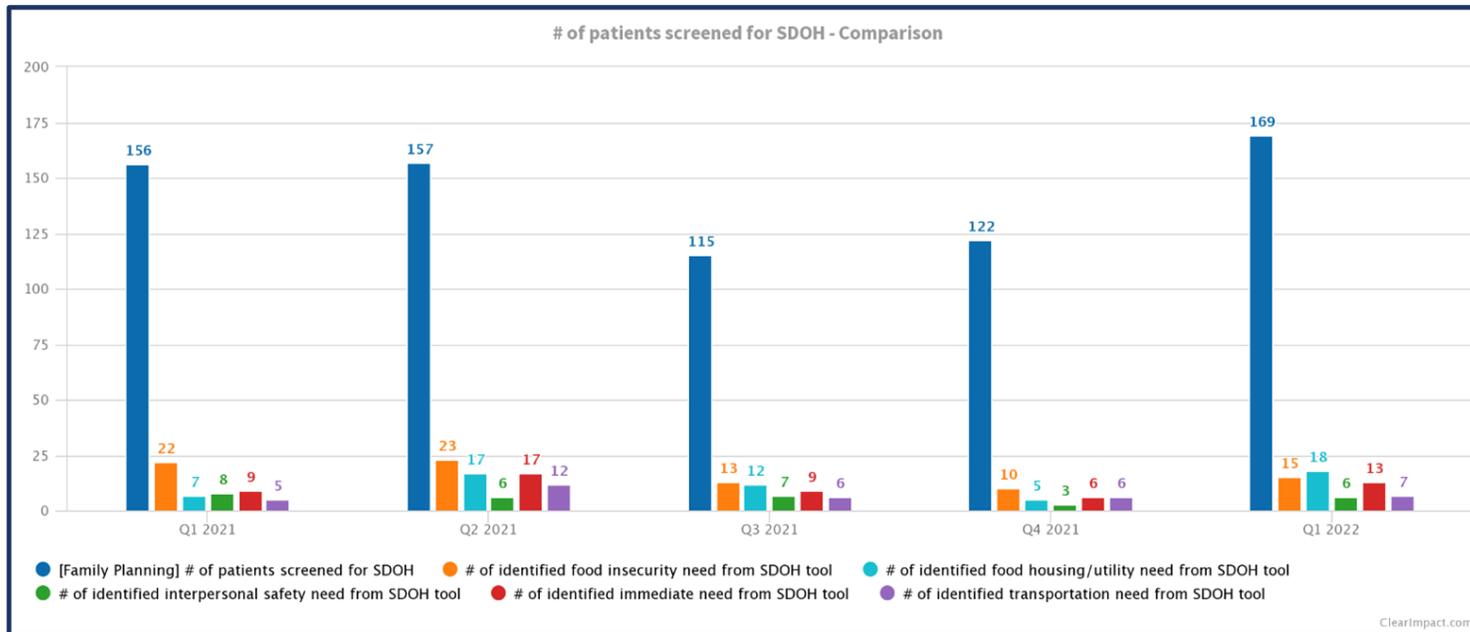
My goal as a Community Health Worker:
To exceed excellence in all community interactions with every referral and every case.

Valuable characteristics:
Patience
Empathy
Integrity



	yes	no
Food		
1. Within the past 12 months, did you worry that your food would run out before you got money to buy more?		
2. Within the past 12 months, did the food you bought just not last and you didn't have money to get more?		
Housing/ Utilities		
3. Within the past 12 months, have you ever stayed: outside, in a car, in a tent, in an overnight shelter, or temporarily in someone else's home (i.e. couch-surfing)?		
4. Are you worried about losing your housing?		
5. Within the past 12 months, have you been unable to get utilities (heat, electricity) when it was really needed?		
Transportation		
6. Within the past 12 months, has a lack of transportation kept you from medical appointments or from doing things needed for daily living?		
Interpersonal Safety		
7. Do you feel physically or emotionally unsafe where you currently live?		
8. Within the past 12 months, have you been hit, slapped, kicked or otherwise physically hurt by anyone?		
9. Within the past 12 months, have you been humiliated or emotionally abused by anyone?		
Optional: Immediate Need		
10. Are any of your needs urgent? For example, you don't have food for tonight, you don't have a place to sleep tonight, you are afraid you will get hurt if you go home today.		
11. Would you like help with any of the needs that you have identified?		

SDOH Achievements



- Food Insecurity and Housing/Utility were identified as the most prevalent SDOH needs in the Family Planning and Pediatrics clinics
- NC Care360 and Find Help (formerly Aunt Bertha, Community Resource Hub) are now recognized as CHA's primary source for patient/client referrals
 - Currently, finalizing BAAs for patient protection

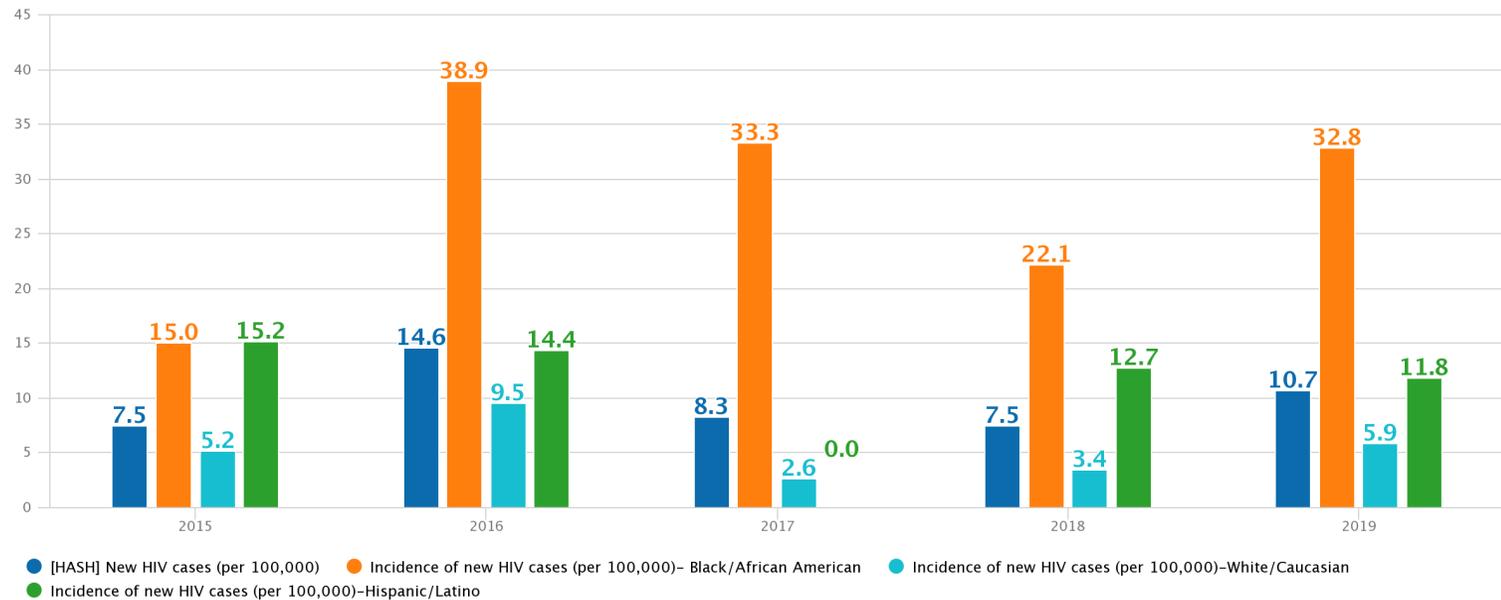
Equity Achievements

- CHA staff completed the APHA Organizational Equity Assessment and developed an Organizational Equity Action Plan
 - The action plan will be submitted to the board in Oct 2022
- All AA 466 Advancing Equity Grant deliverables were completed
- Launched an Equity Advisory Council
- Piloted a new organizational DEI training tool for implementation (ej4)
- Aligned Proclamation with 4 pillars – Data,

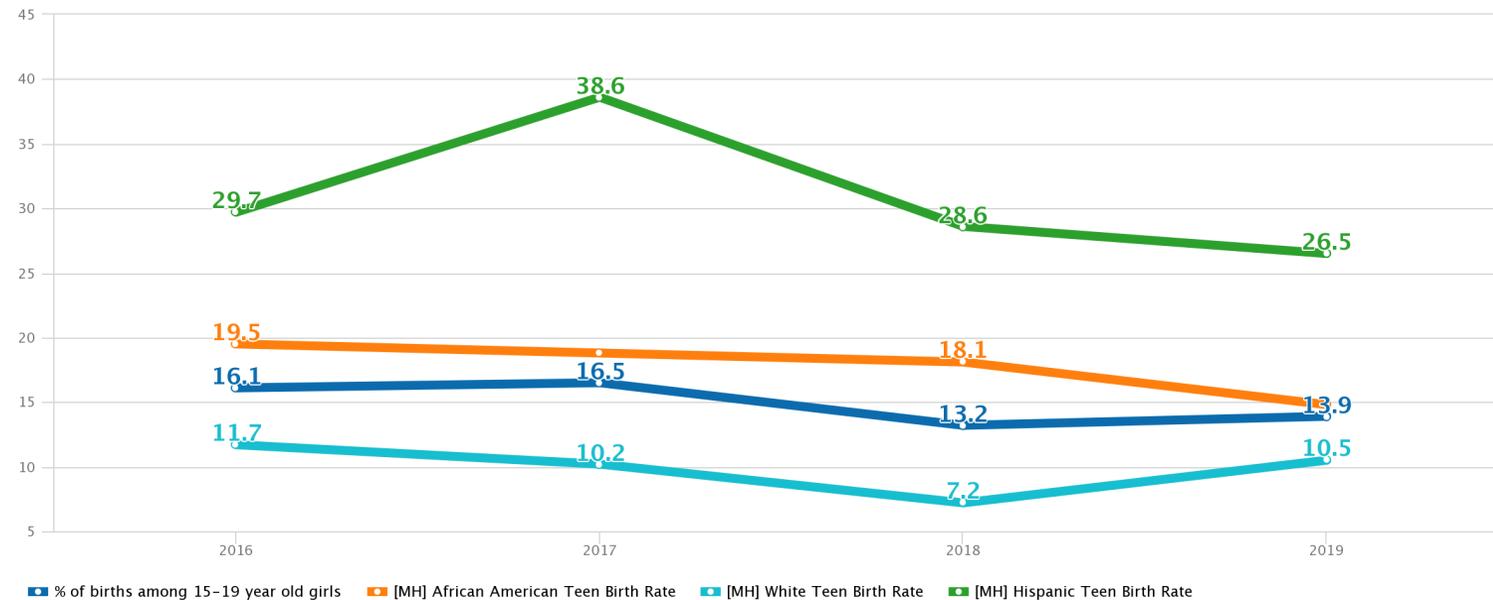


Data/Equity Achievements

- 100% of current scorecards have at least one measure that includes disaggregated data.
 - Scorecards were disaggregated using the REALL Framework (Race, Ethnicity, Age, Language, Location) and identified disparities in several areas.
- The Hispanic population in Cabarrus County is disproportionately affected in pediatric BMI >85 percentile, Birth Rate, and % of births among 15-19 year olds.
- The African American population is disproportionately affected by infant mortality rate, % of low birth weight, pre-term birth rate, and several STD rates (HIV, Gonorrhea, Chlamydia).



ClearImpact.com



ClearImpact.com

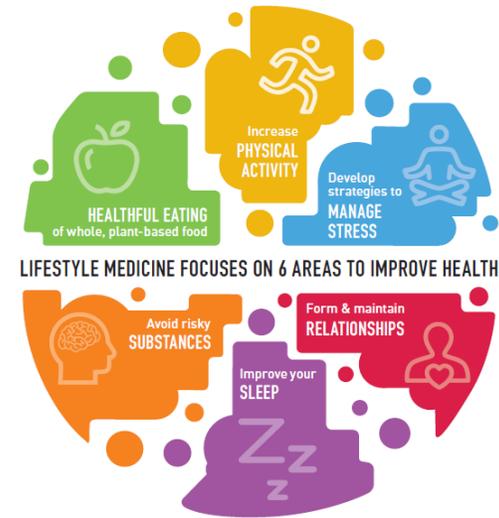
Healthy Living Achievements

- CHA funded Walk Cabarrus for 2022, and secured \$10,000 from Atrium Invests to support the county-wide walking initiative in 2023
 - Walk 2 Win on June 11 attracted a total of 209 registered walkers (ages 1 to 75)
 - Estimated Number of Steps = 8,882,816
- As a QI project, all CHA departments implemented at least one physical activity initiative as a team or in collaboration with another program/external partner
 - Efforts ranged from increased engagement with Worksite Wellness, development of a KCS Student Wellness Proposal, to hosting a Healthy Together 5210 staff training



Healthy Living Achievements

- CHA funded its first full time Worksite Wellness Coordinator and onboarded a CDC PHAP
 - Developed a feasibility plan and rebranded external services and marketing materials
 - In April, launched an annual Health Risk Assessment for all staff
- CHA was awarded two Lifestyle Medicine awards in FY22
 - North Carolina Central University (1 year) - \$32,000
 - Office of Rural Health (3 years) - \$150,000 annually
- Lifestyle Medicine Projects were established in four CHA departments
- CHA helped advance the Lifestyle Medicine @ Home project developed by Dr. Andrew Nance
 - "Hi Dr. Nance, (We) had the opportunity to meet Greg yesterday and Greg was a breath of fresh air. He was Spiritual, Professional, Knowledgeable and fun all at the same time. We were educated on the right and wrong foods that we consume and how they affect our everyday living, but most of all, he helped us develop a plan on how we can take action. We are so impressed with the lifestyle medicine at home team. We are both grateful and so blessed that we can't wait for our next meeting to experience a lifestyle of change. Thank you for all of your help and we look forward to the journey."



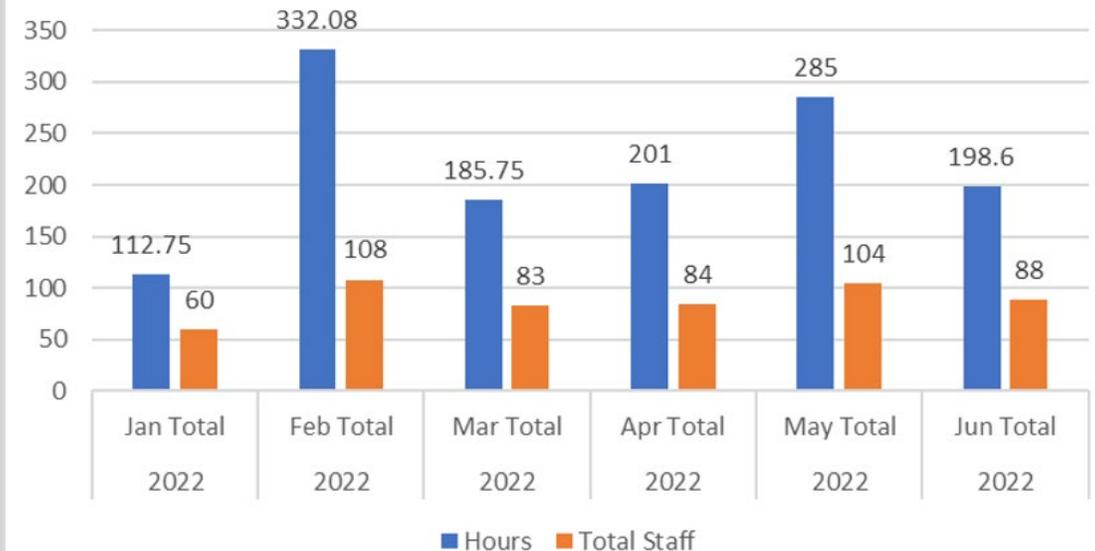
Rethink Your Drink

Drinking soda and other sugar sweetened beverages increases risk of tooth decay and chronic diseases such as diabetes (CDC, 2022).

- Drink at least _____ cups (8 oz.) of water per day.
- Cut down to _____ sugary drinks per day.
- Eat _____ servings of fruits and vegetables everyday.
- Brush twice a day with fluoride toothpaste and floss once a day.



Wellness Total Hours and Unduplicated Staff



Vision/Plan for Behavioral Health Department

- Provide direct behavioral health services
- Expand departmental behavioral health capacity and merge with Substance Use programs within the agency
- Develop community education campaign through partnership with MHA
- Develop partnerships to ensure all Cabarrus County residents can access appropriate Behavioral Health services
- Engage in policy practice and the state and local level

Behavioral Health Accomplishments

- Supported transition to Partners
- Worked with County on plan for Behavioral Health Facility
- \$900,000 (3years) from The Department of Justice supported the establishment of the RISE clinic to provide Comprehensive Opioid Treatment.
- \$1.5 million (5years)ARPA funding through the county supported the LiVe Well Counseling Center at the Old Creamery Building in Concord, with 3 full-time therapists.
- **SUN clinic** hosted Attorney General Josh Stein and other legislators for a tour to highlight CHA's work to address the Opioid Epidemic
- The SUN clinic continues to provide comprehensive behavioral health treatment integrated with maternity care for women across Cabarrus and surrounding counties
- \$1.2 million in new funding for FY23 secured



FY 23 Priority Goals

Data

- Scorecards: Align external facing scorecards with population health themes
- Scorecards: Develop internal facing scorecards to monitor performance measures aligned with AA's, industry standards (operations/monitoring metrics)

Equity

- Create and complete process to assess all CHA programs to measure program design/development, program access and quality of service for all marginalized populations

SDOH

- Provide referrals for 80% of patients with needs identified through SDOH screeners in Pediatrics, Women's Health, and CHW programs
- Deploy SDOH Screener in WIC, CD, Dental, and Care Management
- Expand the CHW Program to Behavioral and Dental Health



FY 23 Priority Goals

Healthy Living

- Increase physical activity across Cabarrus County through multi-sectoral collaboration
- Implement two Food as Medicine Initiatives
- Worksite Wellness: 70% of CHA staff will complete a Health Risk Assessment (HRA)

Behavioral Health

- Integrate Behavioral Health interventions within Dental, School Health, and Community Impact



CABARRUS
HEALTH
ALLIANCE

FY 23 Priority Goals – Organizational Function and Process

Access

- Implement an internal referral process to create a better patient experience (with the 5 year goal being a centralized call center)
- Mobile unit: planning complete and on order by Dec 2022
- Complete access assessment, identify and secure location for satellite service

Academic Health Department

- Assure at least four new Public Health workforce pipeline efforts
- Increase active volunteer engagement by 100% and double hours in FY 23 compared to FY22 (Formalize volunteer and intern on-boarding and experience - quantify) meaningful

Workforce Development, Engagement and Wellbeing

- Implement a Leadership development program in alignment with CHA Workforce Development Plan



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ALLIANCE

FY 23 Priority Goals – Organizational Function and Process

Emerging Public Health Issues

- Establish a patient/client advisory board to improve and organize active community engagement
- PH Regionalization: Complete two regional efforts in Region 4 in FY 23

Policy Development

- Engage in policy activities to advocate successfully for the passing of two local or state policies that improve public health





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Questions/Comments?



From general public health education to specialized, targeted services and the development of innovative approaches and identification of best practices.



CABARRUS
HEALTH
ALLIANCE

Cabarrus Health Alliance Board Meeting Agenda Form

Meeting Date: August 16, 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 adjust funds to actual carryover amount and budget for mileage for the ELC AA. - \$(111,036)
2. To adjust funds to actual carryover amount for the PH Regional Workforce AA. - \$98,506
3. To adjust funds to actual amount for the CD Pandemic Recovery AA. - \$275,620
4. To budget for the NC DHHS Recovery Supportive Housing Grant. - \$400,000
5. To budget for the City of Kannapolis Block Grant received, the Oral Health Equity Award received, and the NCOHC/BCBS Foundation sponsorship to participate in the Cohort Grant. - \$26,000
6. To budget for the NCDHHS Prescription Drug Overdose Grant. - \$50,000
7. To adjust funds to actual carryover amount for the SH Team Workforce AA. - \$8,760
8. To adjust funds to actual carryover amount for the HRSA Provider Relief Funds. - \$62,200
9. To adjust funds to be received from Cabarrus County ARPA funds. - \$0

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: 8/16/22

Amount: \$ (111,036)

Type of Adjustment:

Health Director: Dr. Bonnie Coyle

Internal Transfer Within Program

Purpose of Request: To adjust funds to actual carryover amount and budget for mileage for the ELC AA.

Transfer Between Programs

Supplemental Request

Account	Account Name	Present Approved Budget	Increase	Decrease	Revised Budget Amount
00265865-6200-50543	CHA Grant-ELC EnhDectAct	\$ 877,246	\$ -	\$ 111,036	\$ 766,210
00295865-9101-50543	Salaries & Wages-ELC	\$ 444,132	\$ -	\$ 112,036	\$ 332,096
00295865-9355-50543	Other Oper Costs-ELC	\$ 133,758	\$ -	\$ 11,272	\$ 122,486
00295865-9611-50543	Mileage - ELC	\$ -	\$ 1,000	\$ -	\$ 1,000
00295865-9860-50543	Equipment & Furniture	\$ 64,476	\$ 11,272	\$ -	\$ 75,748

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CABARRUS HEALTH ALLIANCE

Budget Revision/Amendment Request

#2

Date: 8/16/22

Amount: \$ 98,506

Type of Adjustment:

Health Director: Dr. Bonnie Coyle

Internal Transfer Within Program

Purpose of Request: To adjust funds to actual carryover amount for the PH Regional Workforce AA.

Transfer Between Programs

Supplemental Request

Account	Account Name	Present Approved Budget	Increase	Decrease	Revised Budget Amount
00265865-6200-50621	CHA Grant - PH Reg WF	\$ 3,056,343	\$ 98,506	\$ -	\$ 3,154,849
00295865-9101-50621	Salaries & Wages-PH Reg WF	\$ 845,327	\$ -	\$ 12,000	\$ 833,327
00295865-9104-50621	Temp - Part&Full Time - PH Reg	\$ -	\$ 12,000	\$ -	\$ 12,000
00295865-9301-50621	Office Supplies-PH Reg WF	\$ 3,170	\$ 3,000	\$ -	\$ 6,170
00295865-9355-50621	Other Oper Costs-PH Reg WF	\$ 45,000	\$ 50,000	\$ -	\$ 95,000
00295865-9447-50621	Outsourced Services-PH Reg WF	\$ 1,030,586	\$ 5,506	\$ -	\$ 1,036,092
00295865-9611-50621	Mileage-PH Reg WF	\$ 10,750	\$ 5,000	\$ -	\$ 15,750
00295865-9635-50621	Training & Education	\$ 480,402	\$ 35,000	\$ -	\$ 515,402

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CABARRUS HEALTH ALLIANCE

Budget Revision/Amendment Request

#3

Date: 8/16/22

Amount: \$ 275,620

Type of Adjustment:

Health Director: Dr. Bonnie Coyle

Internal Transfer Within Program

Purpose of Request: To adjust funds to actual amount for the CD Pandemic Recovery AA.

Transfer Between Programs

Supplemental Request

Account	Account Name	Present Approved Budget	Increase	Decrease	Revised Budget Amount
00265865-6200-50546	CHA Grant-CD Pandemic Recovery	\$ 275,620	\$ 275,620	\$ -	\$ 551,240
00295865-9101-50546	Salaries & Wages-CDPandemicRec	\$ 175,410	\$ 73,918	\$ -	\$ 249,328
00295865-9201-50546	Social Security-CD PandemicRec	\$ 10,875	\$ 4,583	\$ -	\$ 15,458
00295865-9202-50546	Medicare-CD PandemicRec	\$ 2,543	\$ 1,072	\$ -	\$ 3,615
00295865-9205-50546	Group Hospital Ins-CDPR	\$ 22,060	\$ 7,243	\$ -	\$ 29,303
00295865-9206-50546	HRA-CD PandemicRecovery	\$ 3,960	\$ 1,387	\$ -	\$ 5,347
00295865-9210-50546	Retirement-CD Pandemic Recover	\$ 21,225	\$ 8,966	\$ -	\$ 30,191
00295865-9211-50546	401K Match-CD Pandemic Recover	\$ 3,508	\$ 1,478	\$ -	\$ 4,986
00295865-9230-50546	Workers' Comp-CD PandemicRec	\$ 1,052	\$ 443	\$ -	\$ 1,495
00295865-9640-50546	Insurance & Bonds-CDPR	\$ 2,193	\$ 924	\$ -	\$ 3,117
00295865-9659-50546	Unemployment Compen-CDPR	\$ 300	\$ 100	\$ -	\$ 400
00295865-9301-50546	Office Supplies-CDPR	\$ 5,000	\$ 15,000	\$ -	\$ 20,000
00295865-9320-50546	Printing & Binding-CDPR	\$ 750	\$ 2,250	\$ -	\$ 3,000
00295865-9331-50546	Minor Office Equipment & Furn	\$ 2,000	\$ 18,000	\$ -	\$ 20,000
00295865-9355-50546	Other Operation Costs-CDPR	\$ 14,744	\$ 35,256	\$ -	\$ 50,000
00295865-9635-50546	Training & Education-CDPR	\$ 10,000	\$ 50,000	\$ -	\$ 60,000
00295865-9860-50546	Equipment & Furniture	\$ -	\$ 50,000	\$ -	\$ 50,000
00295865-9630-50546	Dues and Subscriptions	\$ -	\$ 5,000	\$ -	\$ 5,000

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

CABARRUS HEALTH ALLIANCE

Budget Revision/Amendment Request

#4

Date: 8/16/22

Amount: \$ 400,000

Type of Adjustment:

Health Director: Dr. Bonnie Coyle

Internal Transfer Within Program

Purpose of Request: To budget for the NC DHHS Recovery Supportive Housing Grant.

Transfer Between Programs

Supplemental Request

Account	Account Name	Present Approved Budget	Increase	Decrease	Revised Budget Amount
00265845-6281-406	NC DHHS DMH/DD/SAS-RSH	\$ -	\$ 400,000	\$ -	\$ 400,000
00295845-9101-406	Salaries & Wages-RSH	\$ -	\$ 103,423	\$ -	\$ 103,423
00295845-9201-406	Social Security-RSH	\$ -	\$ 6,412	\$ -	\$ 6,412
00295845-9202-406	Medicare-RSH	\$ -	\$ 1,500	\$ -	\$ 1,500
00295845-9205-406	Group Hospital Insurance-RSH	\$ -	\$ 9,243	\$ -	\$ 9,243
00295845-9206-406	HRA-RSH	\$ -	\$ 2,387	\$ -	\$ 2,387
00295845-9210-406	Retirement-RSH	\$ -	\$ 13,506	\$ -	\$ 13,506
00295845-9211-406	401K Match-RSH	\$ -	\$ 2,318	\$ -	\$ 2,318
00295845-9230-406	Workers' Compensation-RSH	\$ -	\$ 871	\$ -	\$ 871
00295845-9640-406	Insurance & Bonds-RSH	\$ -	\$ 1,543	\$ -	\$ 1,543
00295845-9659-406	Unemployment Comp-RSH	\$ -	\$ 100	\$ -	\$ 100
00295845-9301-406	Office Supplies-RSH	\$ -	\$ 1,100	\$ -	\$ 1,100
00295845-9320-406	Printing-RSH	\$ -	\$ 420	\$ -	\$ 420
00295845-9331-406	Minor Office Equipment-RSH	\$ -	\$ 7,420	\$ -	\$ 7,420
00295845-9335-406	Food - RSH	\$ -	\$ 2,200	\$ -	\$ 2,200
00295845-9355-406	Other Operation Costs-RSH	\$ -	\$ 66,000	\$ -	\$ 66,000
00295845-9447-406	Outsourced Services-RSH	\$ -	\$ 139,360	\$ -	\$ 139,360
00295845-9611-406	Mileage-RSH	\$ -	\$ 1,456	\$ -	\$ 1,456
00295845-9635-406	Training & Education-RSH	\$ -	\$ 13,617	\$ -	\$ 13,617
00295845-9356-406A	Special Program Supplies-RSH	\$ -	\$ 27,124	\$ -	\$ 27,124

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

CABARRUS HEALTH ALLIANCE

Budget Revision/Amendment Request

#5

Date: 8/16/22

Amount: \$ 26,000

Type of Adjustment:

Health Director: Dr. Bonnie Coyle

Internal Transfer Within Program

Purpose of Request: To budget for the City of Kannapolis Block Grant received, the Oral Health Equity

Transfer Between Programs

Award received, and the NCOHC/BCBS Foundation sponsorship to participate in the CoHRT Grant.

Supplemental Request

Account	Account Name	Present Approved Budget	Increase	Decrease	Revised Budget Amount
00265855-6446-162	Contrib-CityofKann-DentalMob	\$ -	\$ 3,500	\$ -	\$ 3,500
00295855-9447-162	ContractedSvcs-DentalMobile	\$ -	\$ 3,500	\$ -	\$ 3,500
00265855-6803-41400	Miscellaneous Revenue	\$ -	\$ 22,500	\$ -	\$ 22,500
00295855-9447-41400	Contracted Services	\$ -	\$ 22,500	\$ -	\$ 22,500

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 Approved/Denied Date _____ Approved/Denied Date _____ Approved/Denied Date _____

CABARRUS HEALTH ALLIANCE

Budget Revision/Amendment Request

#6

Date: 8/16/22

Amount: \$ 50,000

Type of Adjustment:

Health Director: Dr. Bonnie Coyle

Internal Transfer Within Program

Purpose of Request: To budget for the NCDHHS Prescription Drug Overdose Grant.

Transfer Between Programs

Supplemental Request

Account	Account Name	Present Approved Budget	Increase	Decrease	Revised Budget Amount
00265845-6200-50472	CHA Grant-PrescriptionDrupOD	\$ -	\$ 50,000	\$ -	\$ 50,000
00295845-9101-50472	Salaries & Wages	\$ -	\$ 11,855	\$ -	\$ 11,855
00295845-9201-50472	Social Security-PDO	\$ -	\$ 744	\$ -	\$ 744
00295845-9202-50472	Medicare-PDO	\$ -	\$ 174	\$ -	\$ 174
00295845-9205-50472	Group Hospital Ins-PDO	\$ -	\$ 2,000	\$ -	\$ 2,000
00295845-9206-50472	HRA - PDO	\$ -	\$ 287	\$ -	\$ 287
00295845-9210-50472	Retirement-PDO	\$ -	\$ 1,456	\$ -	\$ 1,456
00295845-9211-50472	401K Match-PDO	\$ -	\$ 200	\$ -	\$ 200
00295845-9230-50472	Workers' Compensation-PDO	\$ -	\$ 720	\$ -	\$ 720
00295845-9640-50472	Insurance & Bonds-PDO	\$ -	\$ 150	\$ -	\$ 150
00295845-9659-50472	Unemployment Comp-PDO	\$ -	\$ 50	\$ -	\$ 50
00295845-9301-50472	Office Supplies - PDO	\$ -	\$ 420	\$ -	\$ 420
00295845-9320-50472	Printing & Binding - PDO	\$ -	\$ 420	\$ -	\$ 420
00295845-9360-50472	Medical Supplies-PDO	\$ -	\$ 20,000	\$ -	\$ 20,000
00295845-9355-50472	Other Operation Costs-PDO	\$ -	\$ 4,608	\$ -	\$ 4,608
00295845-9447-50472	Contracted Services - PDO	\$ -	\$ 2,000	\$ -	\$ 2,000
00295845-9611-50472	Mileage - PDO	\$ -	\$ 371	\$ -	\$ 371
00295845-9356-5047A	SpecialProgSupples-PDO-Indirect	\$ -	\$ 4,545	\$ -	\$ 4,545

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: 8/16/22

Amount: \$ 8,760

Type of Adjustment:

Health Director: Dr. Bonnie Coyle

Internal Transfer Within Program

Purpose of Request: To adjust funds to actual carryover amount for the SH Team Workforce AA.

Transfer Between Programs

Supplemental Request

Account	Account Name	Present Approved Budget	Increase	Decrease	Revised Budget Amount
00265840-6200-50620	CHA Grant - SH Team WF	\$ 267,838	\$ 8,760	\$ -	\$ 276,598
00295840-9101-50620	Salaries & Wages-SHTWF	\$ 150,403	\$ 7,000	\$ -	\$ 157,403
00295840-9104-50620	Temp - Part & Full Time-SHTWF	\$ -	\$ 1,760	\$ -	\$ 1,760

Finance Office Use Only

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

CABARRUS HEALTH ALLIANCE

Budget Revision/Amendment Request

#8

Date: 8/16/22

Amount: \$ 62,200

Type of Adjustment:

Health Director: Dr. Bonnie Coyle

Internal Transfer Within Program

Purpose of Request: To adjust funds to actual carryover amount for the HRSA Provider Relief Funds.

Transfer Between Programs

Supplemental Request

Account	Account Name	Present Approved Budget	Increase	Decrease	Revised Budget Amount
00265865-6247-516	US DHHS - PRF4	\$ 181,402	\$ 62,200	\$ -	\$ 243,602
00295865-9401-516	Building & Equip Leases-PRF4	\$ 99,300	\$ 18,241	\$ -	\$ 117,541
00295865-9447-516	Outsourced Services-PRF4	\$ 1,000	\$ 16,719	\$ -	\$ 17,719
00295865-9331-516	Minor Office Equip & Furn-PRF4	\$ 2,000	\$ 13,305	\$ -	\$ 15,305
00295865-9820-516	Building Improvements	\$ -	\$ 4,800	\$ -	\$ 4,800
00295865-9412-516	Lights & Power	\$ -	\$ 4,200	\$ -	\$ 4,200
00295865-9107-516	Contracted Personnel	\$ -	\$ 3,000	\$ -	\$ 3,000
00295865-9420-516	Telecommunications	\$ -	\$ 1,935	\$ -	\$ 1,935

Finance Office Use Only

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

CABARRUS HEALTH ALLIANCE

Budget Revision/Amendment Request

#9

Date: 8/16/22

Amount: \$ _____ -

Type of Adjustment:

Health Director: Dr. Bonnie Coyle

Internal Transfer Within Program

Purpose of Request: To adjust funds to be received from Cabarrus County ARPA funds.

Transfer Between Programs

Supplemental Request

Account	Account Name	Present Approved Budget	Increase	Decrease	Revised Budget Amount
00265877-6903-399	Cabarrus County ARP Funding-BH	\$ 423,956	\$ 5,000	\$ -	\$ 428,956
00265877-6417-399	Medicaid Managed Care-BH	\$ 2,500	\$ -	\$ 2,500	\$ -
00265877-6637-399	Private Insurance-BH	\$ 2,500	\$ -	\$ 2,500	\$ -
00295877-9101-399	Salaries & Wages-BH	\$ 271,900	\$ -	\$ 8,358	\$ 263,542
00295877-9447-399	Outsourced Services-BH	\$ 13,000	\$ -	\$ 2,533	\$ 10,467
00295877-9301-399	Office Supplies-BH	\$ -	\$ 1,108	\$ -	\$ 1,108
00295877-9331-399	Minor Office Equip-BHB	\$ -	\$ 4,250	\$ -	\$ 4,250
00295877-9360-399	Medical Supplies-BH	\$ -	\$ 2,000	\$ -	\$ 2,000
00295877-9570-399	Service Contracts-BH	\$ 13,590	\$ 3,533	\$ -	\$ 17,123

Finance Office Use Only

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



Capital Asset Policy

Public Health Authority *of* Cabarrus County
dba Cabarrus Health Alliance

SUBJECT: CAPITAL ASSET POLICY

EFFECTIVE DATE: August 16, 2022

REVISION DATE(S): N/A

DATE OF LAST REVIEW: August 16, 2022

1. CAPITAL ASSETS

To define the criteria for determining capital assets for CHA. A capital asset is tangible in nature and has a useful life longer than one (1) year. A capital asset is classified as land, land improvements, buildings, furniture and equipment, vehicles, and motorized equipment. It is CHA's policy that items of insignificant value or value less than \$5,000.00 are normally expensed instead of being considered a capital asset.

Local governments and public authorities are required by NC General Statute 159-26(b) (8) to maintain "a ledger or group of accounts in which to record the details relating to the general fixed assets of the unit or public authority."

1.1. Classification of Capital Assets

Capital assets owned by CHA should be recorded in the accounting records. Accounting classifications of capital assets are as follows:

- 1.1.1. **Land:** A capital asset account that reflects the value of land and the rights to land owned by the governmental unit. It includes all land held in fee simple and all rights to land that has no termination date.
- 1.1.2. **Buildings and Building Improvements:** A capital asset account that reflects the acquisition value of permanent structures owned by CHA used to house persons and property. Permanently installed fixtures to or within these structures are considered parts of the structures. The costs of major improvements to structures are included in this account.
- 1.1.3. **Land Improvements:** A capital asset account that reflects the acquisition value of permanent improvements (other than buildings) that add value to the land or improve the use of the land. Examples of such improvements are: fences, retaining walls, draining systems, sidewalks, parking lots and driveways (Note that when used with capital assets, the terms "improvement" and "betterment" have different meanings. "Improvements" are capital assets permanently attached to the land. "Betterments" are additions to or changes in existing depreciable assets intended to increase their efficiency or prolong their useful lives.)
- 1.1.4. **Equipment, Vehicles and Furniture:** A capital asset account that reflects the value of tangible property not permanently affixed to real property, used in carrying out the operations of the governmental unit. Examples of equipment are machinery, furniture and vehicles.
- 1.1.5. **Construction in Progress:** A capital asset account that reflects amounts expended on an incomplete building or other capital construction project. When the project is

complete, the cumulative costs are transferred to another appropriate capital asset account.

1.2. Valuation of Capital Assets

Capital assets should be accounted for at cost or if the cost is not practicably determinable, at estimated historical cost. Donated capital assets should be recorded at their estimated fair market value when received. Valuations considerations by category of capital assets include:

- 1.2.1. **Land:** If the land is purchased, the valuation includes such costs as purchase price, legal fees, filling and excavation, and other costs directly related to the acquisition of the land and its preparation for use. Rights-of-way and easements are recorded at purchase cost plus legal costs. If land is acquired as a gift (donation), the valuation recorded should be the appraised value at the time of acquisition. Proceeds from the salvaging of any assets removed from the land reduce the land's value.
- 1.2.2. **Buildings and Building Improvements:** If purchased or constructed, the valuation of buildings includes such costs as the purchase price, acquisition legal fees, and other professional fees (related to design or construction). If acquired as a gift (donation), the valuation recorded should be the appraised value at the time of acquisition.
- 1.2.3. **Land Improvements:** The basis for valuation is the same as for buildings and building improvements.
- 1.2.4. **Equipment, Vehicles and Furniture:** The basis for valuation of purchased equipment includes the net contract price, transportation charges, and the cost of installing special devices or other preparations required to ready the asset for its intended use. The basis for valuation of donated equipment is the appraised value at the date acquired.

1.3. Accounting for Capital Assets

- 1.3.1. Capital assets transactions arrive primarily from acquisitions and disposals of capital assets. These transactions appear first in the expenditure ledger as purchases. It is important that capital assets' records be maintained once they have been established.

1.4. Capital Assets' Inventory

- 1.4.1. The existence and condition of all capital assets should be verified at least annually by each department. Any discrepancies discovered should be brought to the attention of the Purchasing Agent for correction.

1.5. Recording Capital Assets

CHA may acquire capital assets by several methods. Possible acquisition methods include the following: purchase, lease-purchase, installment purchase, construction, eminent domain, tax foreclosures, and gifts donations). Listed below are the categories in which we record assets at

CHA

- 1.5.1. **Land:** All land and permanent rights to land (e.g., easements) should be recorded without regard to value.
- 1.5.2. **Buildings and Building Improvements:** All buildings should be recorded at acquisition cost without regard to significant value. Additions costing \$5,000.00 or more should be recorded as capital assets.
- 1.5.3. **Land Improvements:** Improvements other than buildings that cost \$5,000.00 or more should be recorded as capital assets (e.g., parking lots, sidewalks, and fences).
- 1.5.4. **Equipment, Vehicles and Furniture:** Equipment (aggregate and used together as one) costing \$5,000.00 or more should be recorded as capital assets.
- 1.5.5. **Construction in Progress:** All costs incurred in the construction of buildings or other capital construction projects which have not been completed by the end of the fiscal year should be capitalized.

When CHA decides to increase the dollar value for capitalization, all old assets not meeting the new requirement should be removed from the capital assets records.

1.6. Controlling Capital Assets

- 1.6.1. Each month Capital Assets will be updated by the CFO or designee. Any department with changes in their Capital Assets listing will receive a report which indicates the changes made. For any addition (excluding transferred items which will already be tagged) made to a department, a tag will also be sent that should be attached to the asset.
- 1.6.2. At least annually, a current Capital Asset report will be submitted to each department, listing all assets maintained by the respective department. The report should be reviewed upon receipt. Each Department Head should assign a person to assume responsibility for that department's capital assets. This person should physically identify the capital asset in the appropriate place. This person should also be responsible for informing the Purchasing Agent of any transfers, to another department or to surplus for disposal/auction or if any item is no longer utilized and might be useful in another department.
- 1.6.3. Any time a department wishes to transfer a capital asset to another department, or to surplus, an e-mail must be sent to the Purchasing Agent. The basic information needed for each asset is the original department location, description, serial number, tag number, destination department/surplus and date of transfer.

1.7. Replacement Plan for Capital Assets

- 1.7.1. Department Heads and/or their designee will evaluate the capital assets for their respective departments, at least annually, to determine if and when the assets will need to be replaced. Replacement items will be requested on the annual budget Capital Outlay Justification form for approval. However, if an asset breaks, becomes hazardous, and/or not useable at any time, the process to "Purchase Capital Outlay Not Included in the Budget", (Section 25), will be followed.
- 1.7.2. The Facility Manager will monitor agency fleet to determine when replacement is necessary. The 100,000-mile odometer reading is the target for replacement.

However, if there is a vehicle that is not repairable, hazardous, or not cost-efficient to repair will be replaced according to the “Purchase Capital Outlay Not Included in the Budget”, (Section 25).

1.8. Disposal of Capital Assets

- 1.8.1. Capital Assets will be disposed of in accordance with NC General Statute 160A-Article 12: Sale and Disposition of Property

2. PURCHASE OF CAPITAL OUTLAY NOT INCLUDED IN BUDGET

To establish budget authorization to make a capital outlay purchase that was not part of the adopted or amended budget. Authorization must be obtained by the CEO and/or CFO before the purchase is authorized.

- 2.1.1. Submit request to CEO and/or CFO.
2.1.2. Upon approval, submit a budget revision for approval.
2.1.3. If approved, follow the purchasing procedures required based on the amount/type of purchase.

Cabarrus Health Alliance Board Chairman

Date



CHA Subaward Policy

SUBJECT: **SUBAWARD POLICY**

EFFECTIVE DATE: *PENDING GOVERNING BOARD APPROVAL*

REVISION DATE(S): N/A

DATE OF LAST REVIEW: August 01, 2022

WHEREAS the Public Health Authority of Cabarrus County *d.b.a.* Cabarrus Health Alliance (hereinafter referred to as “CHA”), has received an allocation of funds; and

WHEREAS the funds are subject to the provisions of the federal Uniform Grant Guidance, 2 CFR Part 200 (UG), as provided in [eCFR](#); and

WHEREAS the funding source authorizes CHA to enter subaward agreements with subrecipients to assist CHA to carry out the terms of the funding initiative(s); and

WHEREAS if CHA enters into a subaward as a subrecipient, it acts as a pass-through entity, as described in 2 CFR 200.1; and

WHEREAS the 2 CFR Part 200 (UG), as provided in [eCFR](#) provides, in relevant part:

Subrecipient Monitoring. Recipients that are pass-through entities as described under 2 CFR 200.1 are required to manage and monitor their subrecipients to ensure compliance with requirements of the award pursuant to 2 CFR 200.332 regarding requirements for pass-through entities.

First, CHA must clearly identify to the subrecipient: (1) that the award is a subaward of funds; (2) any and all compliance requirements for use of the funds; and (3) any and all reporting requirements for expenditures of the funds.

Next, CHA will need to evaluate each subrecipient’s risk of noncompliance based on a set of common factors. These risk assessments may include factors such as prior experience in managing federal funds, previous audits, personnel, and policies or procedures for award execution and oversight. Ongoing monitoring of any given subrecipient should reflect its assessed risk and include monitoring, identification of deficiencies, and follow-up to ensure appropriate remediation.

Accordingly, CHA should develop written policies and procedures for subrecipient monitoring and risk assessment and maintain records of all award agreements identifying or otherwise documenting subrecipients’ compliance obligations.

Recipients should also note that subrecipients do not include individuals and organizations that received the funds as end users. Such individuals and organizations are beneficiaries and not subject to audit pursuant to the Single Audit Act and 2 C.F.R. Part 200, Subpart F.

Separately or in addition, many recipients may choose to provide a subaward (e.g., via contract or grant) to other entities to provide services to other end users. For example, a recipient may provide a grant to a nonprofit to provide homeless services to individuals experiencing homelessness. In this case, the subaward to a nonprofit is based on the services that the Recipient intends to provide, assistance to households experiencing homelessness, and the nonprofit is serving as the subrecipient, providing services on behalf of the recipient. Subrecipients are subject to audit pursuant to the Single Audit Act and 2 CFR part 200, subpart F regarding audit requirements; and

WHEREAS Subpart D of the UG dictates subrecipient and award requirements for expenditure of the funds; and

WHEREAS 2 CFR 200.332 states that:

All pass-through entities must:

- (a) Ensure that every subaward is clearly identified to the subrecipient as a subaward and includes the [required] information at the time of the subaward . . . When some of [the required information] is not available, the pass-through entity must provide the best information available to describe the federal award and subaward.
- (b) Evaluate each subrecipient's risk of noncompliance with federal statutes, regulations, and the terms and conditions of the subaward for purposes of determining the appropriate subrecipient monitoring.
- (c) Consider imposing specific subaward conditions upon a subrecipient if appropriate as described by 2 CFR 200.208.
- (d) Monitor the activities of the subrecipient as necessary to ensure that the subaward is used for authorized purposes, in compliance with federal statutes, regulations, and the terms and conditions of the subaward; and that subaward performance goals are achieved.
- (e) Depending upon the pass-through entity's assessment of risk posed by the subrecipient, [specific] monitoring tools may be useful for the pass-through entity to ensure proper accountability and compliance with program requirements an achievement of performance goals.
- (f) Verify that every subrecipient is audited as required by [2 CFR 200, Subpart F] when it is expected that the subrecipient's federal awards expended during the respective fiscal year equaled or exceeded the threshold set forth in 2 CFR 200.501.
- (g) Consider whether the results of the subrecipient's audits, on-site reviews, or other monitoring indicate conditions that necessitate adjustments to the pass-through entity's own records.
- (h) Consider taking enforcement action against noncompliant subrecipients as described in 2 CFR 200.339 and in program regulations.

BE IT RESOLVED that the governing board of CHA hereby adopts and enacts the following Subaward and Monitoring Policy for the expenditure of the funds.

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SUBAWARD & MONITORING POLICY FOR EXPENDITURE OF FEDERAL FUNDS

I. POLICY OVERVIEW

II. [Title 2 U.S. Code of Federal Regulations Part 200](#), (2 CFR 200) Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, commonly called Uniform Guidance (UG), specifically Subpart D, defines requirements of pass-through entities initiating subaward agreements. CHA shall adhere to all applicable subaward and monitoring requirements governing the use of funds. This policy establishes procedures for classifying, making an award to, and monitoring a subrecipient consistent with grant award terms and all applicable federal regulations in the UG.

DEFINITIONS

The definitions in 2 CFR 200.1 apply to this policy, including the following:

- ★ **Contract:** for the purpose of federal financial assistance, a legal instrument by which a recipient or subrecipient purchases property or services needed to carry out the project or program under a federal award. For additional information on subrecipient and contractor determinations, see [§ 200.331](#). See also the definition of *subaward* in this section.
- ★ **Contractor:** an entity that receives a contract as defined in this section.
- ★ **Pass-through Entity:** a non-federal entity that provides a subaward to a subrecipient to carry out part of a federal program (*CHA is the pass-through entity if it awards a subaward to a subrecipient*).
- ★ **Recipient:** an entity, usually but not limited to non-federal entities that receives a federal award directly from a federal awarding agency. The term recipient does not include subrecipients or individuals that are beneficiaries of the award.
- ★ **Subaward:** an award provided by a pass-through entity to a subrecipient for the subrecipient to carry out part of a federal award received by the pass-through entity. It does not include payments to a contractor or payments to an individual that is a beneficiary of a federal program. A subaward may be provided through any form of legal agreement, including an agreement that the pass-through entity considers a contract.
- ★ **Subrecipient:** an entity, usually but not limited to non-federal entities, that receives a subaward from a pass-through entity to carry out part of a federal award; but does not include an individual that is a beneficiary of such award. A subrecipient may also be a recipient of other federal awards directly from a federal awarding agency.
- ★ **UG or Federal UG:** Uniform Guidance or Federal Uniform Guidance – a set of authoritative rules and regulations for the use of federal grant funding from the Office of Management and Budget (OMB).
- ★ **Federal Audit Clearinghouse (FAC):** operates on behalf of the Office of Management and Budget (OMB). Its primary purposes are to: Distribute single audit reporting packages to federal agencies. Support OMB oversight and assessment of federal award audit requirements.
- ★ **POP:** Period of Performance of the grant/award.

III. SUBRECIPIENT CLASSIFICATION

CHA must make a case-by-case determination whether an agreement with another government entity or private entity, that is not a beneficiary, casts the party receiving the funds in the role of a subrecipient or contractor. 2 CFR 200.331.

A subaward is for the purpose of carrying out a portion of a federal award and creates a federal assistance relationship with the subrecipient. Characteristics which support the classification of the non-federal entity as a subrecipient include when the non-federal entity:

- (1) Determines who is eligible to receive what federal assistance;
- (2) Has its performance measured in relation to whether objectives of a federal program were met;
- (3) Has responsibility for programmatic decision-making;
- (4) Is responsible for adherence to applicable federal program requirements specified in the federal award, including eligibility of subaward¹; and
- (5) In accordance with its agreement, uses the federal funds to carry out a program for a public purpose specified in authorizing statute, as opposed to providing goods or services for the benefit of the pass-through entity.

A contract is for the purpose of obtaining goods and services for the non-federal entity's own use and creates a procurement relationship with the contractor. Characteristics indicative of a procurement relationship between the non-federal entity and a contractor are when the contractor:

- (1) Provides the goods and services within normal business operations;
- (2) Provides similar goods or services to many different purchasers;
- (3) Normally operates in a competitive environment;
- (4) Provides goods or services that are ancillary to the operation of the federal program; and,
- (5) Is not subject to compliance requirements of the federal program as a result of the agreement, though similar requirements may apply for other reasons.

In determining whether an agreement between a pass-through entity and another non-federal entity casts the latter as a subrecipient or a contractor, the substance of the relationship is more important than the form of the agreement. All of the characteristics listed above may not be present in all cases, and the pass-through entity must use judgment in classifying each agreement as a subaward or a procurement contract.

The Grant Writer/Development Officer will use the above criteria to make an initial determination, using the Subrecipient or Contractor Classification Checklist in Appendix 1 ([Appendix 1: Subrecipient or Contractor Classification Checklist](#)), on if an agreement involving the expenditure of the funds are a contract or subaward. CHA's Finance Director shall approve the determination. After grant award, the Project Budget Manager shall seek approval for the determination with the funder's Program Officer. The Project Budget Manager shall then file/store the determination properly according to the Record Retention Policy in the appropriate folder.

If the agreement involves a subrecipient relationship, CHA must proceed to Sections IV. through VII. below.

IV. ASSESSMENT OF RISK

Before engaging in a subaward, CHA must evaluate a subrecipient's risk of noncompliance with Federal statutes, regulations, and the terms and conditions of the subaward to determine whether to award the subaward and the appropriate subrecipient monitoring.

CHA's Finance Director or designee will conduct the risk assessment, which will include consideration of the following factors:

- (1) The subrecipient's prior experience with the same or similar subawards;
- (2) The results of previous audits including whether or not the subrecipient receives a Single Audit in accordance with 2 CFR 200 Subpart F and the extent to which the same or similar subaward has been audited as a major program;
- (3) Whether the subrecipient has new personnel or new or substantially changed systems; and
- (4) The extent and results of Federal awarding agency monitoring (*e.g.*, if the subrecipient also receives Federal awards directly from a Federal awarding agency). 2 CFR 200.332(b).

 The results of the risk assessment must be documented in the Subrecipient Assessment of Risk form in Appendix 2 and will be used to dictate the types and degree of subrecipient monitoring. ([Appendix 2: Subrecipient Assessment of Risk](#)) CHA will assign an overall risk level to the subrecipient indicating the following:

Low Risk	Moderate Risk	High Risk
There is a low risk that the subrecipient will fail to meet project or programmatic objectives or incur significant deficiencies in financial, regulatory, reporting, or other compliance requirements.	There is moderate risk that the subrecipient will fail to meet project or programmatic objectives or incur significant deficiencies in financial, regulatory, reporting, or other compliance requirements.	There is high risk that the subrecipient will fail to meet project or programmatic objectives or incur significant deficiencies in financial, regulatory, reporting, or other compliance requirements.

If a proposed subrecipient is deemed high risk, CHA's Finance Director or designee must provide written justification to proceed with the subaward. The justification must be approved by CHA's authorized attorney.

V. SUBRECIPIENT MONITORING

In collaboration with CHA's Finance Department, the Program or Project Manager will develop and implement a subrecipient monitoring plan for the particular subaward based on the findings of the Subrecipient Assessment of Risk. According to 2 CFR 200.332(d), the monitoring plan must involve:

- (1) Reviewing financial and performance reports required by the pass-through entity.



- (2) Following-up and ensuring that the subrecipient takes timely and appropriate action on all deficiencies pertaining to the federal award provided to the subrecipient from the pass-through entity detected through audits, on-site reviews, and written confirmation from the subrecipient, highlighting the status of actions planned or taken to address Single Audit findings related to the particular subaward.
- (3) Issuing a management decision for applicable audit findings pertaining only to the federal award provided to the subrecipient from the pass-through entity as required by 2 CFR [200.521](#).
- (4) The pass-through entity is responsible for resolving audit findings specifically related to the subaward and not responsible for resolving crosscutting findings. If a subrecipient has a current Single Audit report posted in the Federal Audit Clearinghouse and has not otherwise been excluded from receipt of federal funding (e.g., has been debarred or suspended), the pass-through entity may rely on the subrecipient's cognizant audit agency or cognizant oversight agency to perform audit follow-up and make management decisions related to cross-cutting findings in accordance with Section 2 CFR [200.513\(a\)\(3\)\(vii\)](#). Such reliance does not eliminate the responsibility of the pass-through entity to issue subawards that conform to agency and award-specific requirements, to manage risk through ongoing subaward monitoring, and to monitor the status of the findings that are specifically related to the subaward.

CHA's monitoring plan will vary based on the overall subrecipient risk assessment as low risk, medium risk, or high risk, detailed as follows:

Subrecipient Deemed Low Risk	Subrecipient Deemed Medium Risk	Subrecipient Deemed High Risk
<ul style="list-style-type: none"> • Payment validations (monthly) • Report reviews (quarterly) • Desk reviews (at least once per year and more frequently if requested by [County/City/Town/Village] or subrecipient) • Onsite reviews (upon request of [County/City/Town/Village] or subrecipient) • Audit review (yearly) 	<ul style="list-style-type: none"> • More detailed financial reporting • Payment validations (monthly) • Report reviews (bi-monthly) • Desk reviews (within 6 months of project start and every six months thereafter) • Onsite reviews (within 12 months of project start and annually thereafter, or more frequently as requested by [County/City/Town/Village] or subrecipient) • Audit review (yearly) • Procedures engagement (if subrecipient not subject to Single Audit Act; yearly) 	<ul style="list-style-type: none"> • More detailed financial reporting • Compliance training (one-time) • Prior approvals for certain expenditures • Payment validations (monthly) • Report reviews (monthly) • Desk reviews (within 3 months of project start and at least quarterly thereafter) • Onsite reviews (within 6 months of project start and bi-annually thereafter, or more frequently as requested by [County/City/Town/Village] or subrecipient) • Audit review (yearly)

		<ul style="list-style-type: none"> • Procedures engagement (if subrecipient not subject to Single Audit Act; yearly)
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- A) Payment validation:** All subrecipient documentation for project expenditures must be reviewed by the Project Budget Manager for compliance with subaward requirements. Any non-compliant expenditures will be denied and the subrecipient will be provided a reasonable description of the reason for denial and an opportunity to cure the deficiency. For a subrecipient on a reimbursement-based payment structure, the validation will occur before a reimbursement payment is approved. For a subrecipient that received an up-front payment, any funds found to have been expended in violation of the subaward requirements must be repaid to CHA.
- B) Report review:** A subrecipient must submit quarterly financial and performance reports, based on the schedule set forth in the subaward. The nature and scope of the reports will depend on the project and be spelled out in the subaward. The reports will be reviewed by the Project Manager. Any deficiencies or other performance concerns will be addressed with the subrecipient in a timely manner and could trigger additional monitoring requirements or other interventions, as specified in the subaward.
- C) Audit review:** CHA must verify that every subrecipient is audited as required by [2 CFR 200 Subpart F](#) (Single Audit) when it is expected that the subrecipient's federal awards expended during the respective fiscal year equaled or exceeded the threshold set forth in 2 CFR [200.501](#). CHA must obtain a copy of the subrecipient's Single Audit from the Federal Audit Clearinghouse (FAC). Within six months of the acceptance of the audit report by the FAC, CHA will issue a management decision for any audit findings related to the subaward. The decision will clearly state whether or not the audit finding is sustained, the reasons for the decision, and the expected auditee action to repay disallowed costs, make financial adjustments, or take other action. (The decision will include reference numbers the auditor assigned to each finding.) The decision will provide a timetable for responsive actions by the subrecipient. Prior to issuing the management decision, CHA may request additional information or documentation from the auditee, including a request for auditor assurance related to the documentation, as a way of mitigating disallowed costs.
- D) Procedures engagement:** Applicable only to subrecipients who are not subject to the Single Audit Act. An auditor will perform specific procedures and report on findings. The scope must be limited to the following compliance requirements: activities allowed or unallowed; allowable costs/cost principles; eligibility; and reporting. The review will be arranged and paid for by CHA. CHA will verify completion of the procedures engagement. Within six months of the acceptance of the procedures engagement report, CHA will issue a management decision for any findings related to the subaward. The decision will provide a timetable for responsive actions by the subrecipient. Prior to issuing the management decision, CHA may request additional information or documentation from the subrecipient, including a request for auditor assurance related to the documentation, as a way of mitigating disallowed costs.

The specific monitoring plan for each subrecipient, including the type and frequency of reviews, will be detailed in the subaward agreement. For all requirements beyond those listed under the Low-Risk category above, CHA will notify the subrecipient of the following in the subaward:

- (1) The nature of the additional requirements;
- (2) The reason why the additional requirements are being imposed;
- (3) The nature of the action needed to remove the additional requirement, if applicable;
- (4) The time allowed for completing the actions if applicable; and,
- (5) The method for requesting reconsideration of the additional requirements imposed.

To implement the monitoring plan, the Project Budget Manager must perform periodic reviews and document findings in the Subrecipient Monitoring Form ([Appendix 3: Subrecipient Monitoring Form](#)).

VI. SUBRECIPIENT INTERVENTIONS

CHA may adjust specific subaward conditions as needed, in accordance with 2 CFR 200.208 and 2 CFR 200.339. If CHA determines that the subrecipient is not in compliance with the subaward, CHA may institute an intervention. The degree of the subrecipient's performance or compliance deficiency will determine the degree of intervention. All possible interventions must be indicated in the subaward agreement.

CHA must provide written notice to the subrecipient of any intervention within thirty days of the completion of a report review, desk review, onsite review, audit review, or procedures engagement review or as soon as possible after CHA otherwise learns of a subaward compliance or performance deficiency.

Pursuant to 2 CFR 200.208, the written notice must notify the subrecipient of the following related to the intervention:

- (1) The nature of the additional requirements;
- (2) The reason why the additional requirements are being imposed;
- (3) The nature of the action needed to remove the additional requirement, if applicable;
- (4) The time allowed for completing the actions if applicable; and
- (5) The method for requesting reconsideration of the additional requirements imposed.

The following interventions may be imposed on a subrecipient, based on the level of the compliance or performance deficiency:

A) Level 1 Interventions. These interventions may be required for minor compliance or performance issues.

- (1) Subrecipient addresses specific internal control, documentation, financial management, compliance, or performance issues within a specified time period
- (2) More frequent or more thorough reporting by the subrecipient
- (3) More frequent monitoring by CHA
- (4) Required subrecipient technical assistance or training

B) Level 2 Interventions. These interventions may be required, in addition to Level 1 interventions, for more serious compliance or performance issues.

- (1) Restrictions on funding payment requests by subrecipient

- (2) Disallowing payments to subrecipient
 - (3) Requiring repayment for disallowed cost items
 - (4) Imposing probationary status on subrecipient
- C) Level 3 Interventions.** These interventions may be required, in addition to Level 1 and 2 interventions, for significant and/or persistent compliance or performance issues.
- (1) Temporary or indefinite funding suspension to subrecipient
 - (2) Nonrenewal of funding to subrecipient in subsequent year
 - (3) Terminate funding to subrecipient in the current year
 - (4) Initiate legal action against subrecipient

Further Action for High Risk Subrecipients:

- ★ **Desk review:** Should a subrecipient be deemed *High Risk*, CHA's Finance Director or designee will conduct a meeting to review the subrecipient's award administration capacity and financial management. The meeting may be held virtually or in person. Topics covered will depend on project scope and subrecipient risk assessment and may include governance, budgeting, accounting, internal controls, conflict of interest, personnel, procurement, inventory, and record keeping. CHA will produce a report which summarizes the results and any corrective actions if deemed necessary. The report will be shared in a timely manner with the subrecipient.
- ★ **Onsite review:** Should a subrecipient be deemed *High Risk*, CHA's Finance Director or designee will conduct an on-site meeting at the subrecipient's location to review the subrecipient's project performance and compliance. Topics covered will depend on project scope and subrecipient risk assessment and may include project procurement, data systems, activity and performance tracking, project reporting, inventory, and software systems. CHA's Finance Director or designee will produce a report which summarizes the results and any corrective actions deemed necessary. The report will be shared in a timely manner with the subrecipient.

VII. SUBAWARD AGREEMENT & EXECUTION

The subaward agreement will be drafted by the Contract Administrator using the Subaward Agreement Template. Contract terms and conditions may vary based on several factors, including subrecipient risk assessment findings, as documented in the Subrecipient Assessment of Risk. After review by CHA's Finance Director or designee, the Finance Director may fully execute the subaward agreement, subject to any required budget amendments by CHA's governing board, preaudit requirements, and any other contract execution prerequisites set by CHA and/or the funding agency.

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APPENDIX 1: Subrecipient or Contractor Classification Checklist

If the CHA wishes to contract with another government entity or a private entity and use federal funds to pay for that contract, CHA must determine if the relationship with the outside entity is a contractor or subrecipient. To make this determination CHA must review the project proposal, budget classification, and other related proposal documents, as well as engage in discussions with key personnel about the nature of the proposed agreement. The determination of whether a proposed agreement involves a contractor or subrecipient relationship must be recorded on this form and maintained in the project file for the duration of the records retention period for federal funding records.

Instructions: Complete sections one through three (1-3). The section with the greatest number of marked characteristics indicates the likely type of relationship. The substance of the relationship should be given greater consideration than the form of agreement between CHA and the outside entity. In borderline cases, CHA may either provide a written justification for its determination in Section 3 or, if appropriate, restructure the agreement to more clearly define it as either a contractor or subrecipient relationship.

Name of Outside Entity: _____

Section 1 -- Brief Description of Nature of Proposed Agreement:

Section 1 -- Subrecipient. A subaward is for the purpose of carrying out a portion of a federal award and creates a federal assistance relationship between the recipient and the subrecipient. Subrecipients may have one or more of the following characteristics:

- Is an eligible recipient of the federal funds.
All subrecipients of federal funds must be able to meet the same eligibility criteria as the primary recipient (pass-through entity) for the federal award.
- May determine who may be eligible to receive federal assistance under the program guidelines.
For example: A subrecipient that identifies mentors and mentees under a mentoring program.
- Has its performance measured in relation to whether objectives of a federal program were met? *The recipient will rely upon the subrecipient's data to submit its own performance data to the federal entity.*
- Has responsibility for programmatic decision making. *For example: If the recipient funds a subrecipient to develop (or improve) a particular program and the subrecipient will use its own judgment, discretion, and expertise to develop all or part of the program.*

- In accordance with its subaward agreement (which may be in the legal form of a contract), the subrecipient uses the federal funds to carry out a program for a public purpose specified in authorizing statutes, as opposed to providing goods or services for the benefit of the recipient. *For example: To provide crime- or criminal-justice-related services (and, in the case of crime victims, compensation) to individual members of the public, such as victims of crime, or at-risk youth.*
- The subrecipient will not earn a profit under the agreement.
- The subrecipient is required to contribute cash or in-kind match in support of the subaward.

Section 2 -- Contractor. A contract is for the purpose of obtaining goods and services for the recipient's own use and creates a procurement relationship between the recipient and the contractor. *Entities that include these characteristics are not subject to compliance requirements of the federal program because of the agreement, though similar requirements may apply for other reasons.* A contractor relationship may have one or more of the following characteristics:

- Provides goods and services within normal business operations.
- Provides similar goods or services to many different purchasers.
- Normally operates in a competitive environment.
- Provides goods or services that are ancillary to the operation of the Federal program. *Examples include but are not limited to: Office equipment, supplies, software licenses, reference books, chemical reagents, cell phones, body-worn cameras, body armor, internet services, cell phone service, website hosting, copying/printing, lodging.*
- The entity may earn a profit under the contract.

FINAL DETERMINATION:

- Subrecipient**
- Contractor**

Section 3 – Justification. In determining whether an agreement between a recipient and another non-federal entity reflects a subrecipient or a contractor relationship, the substance of the relationship is more important than the form of the agreement. Considering the characteristics checked above, provide a written justification for the final determination of either a subrecipient or contractor relationship.

Explanation of Justification Determination:

Section 4 – Post-Award. Post-award, the Program Director or designee must seek written approval of this determination from the funding agency and CHA’s Finance Director before proceeding with any contract or project under the subaward.

Signature: _____ **Date:** _____

Print Name and Title: _____

This has been reviewed and approved by CHA’s Finance Director, as indicated by the signature below.

_____ **Date:** _____
Sue K. Yates | CFO Cabarrus Health Alliance

*This section has been intentionally left blank.
Appendix 2 begins on the following page.*

APPENDIX 2: Subrecipient Risk Assessment

Please note that CHA may request copies of actual documents as part of the review process.

Identifying Information	
Legal Name of the Entity:	Other Entity Names or Acronyms Used:
Unique Entity Identifier (UEI) Number:	EIN:
Contact Information	
Name of Person Completing the Assessment:	Address:
Title:	City, State, Zip Code:
Email:	
Principal Investigator:	Grants Manager:
Email:	Email:

CERTIFICATION OF APPLICANT'S AUTHORIZED REPRESENTATIVE (REQUIRED)

I certify that the statements I have made on this form and all attachments thereto are true, accurate, and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under the applicable law.

Name of Authorized Representative

Prefix: _____ First Name: _____ Middle Name: (Optional): _____

Last Name: _____ Suffix: _____

Title of Authorizing Official: _____

SIGNATURE: _____

Date submitted (mm/dd/yyyy): _____

Self-Assessment Questions	Enter Yes, No, or N/A	Attachments/Comments
Financial Management		
1. Are information systems and accounting systems in place and designed to meet all program requirements, including reporting requirements?		
2. Does your accounting and financial management system follow Generally Accepted Accounting Principles?		
3. Does your entity produce annual financial statements?		
4. Is your accounting system maintained on the accrual or cash basis?		
A – Accrual Basis		
B – Cash Basis		
5. Does an effective system of internal controls exist to provide reasonable assurance that reports submitted to the grantor agency include all activity of the reporting period, are supported by underlying accounting or performance records, and are fairly presented in accordance with program requirements?		
6. Does your financial management system allow you to segregate indirect costs, and define and manage existing or planned indirect cost rates?		
7. Does your entity use grant funds to pay indirect costs? If yes, please provide the current approved negotiated indirect cost rate agreement with its Federal cognizant agency. If no, please provide document to support the calculation of requested indirect cost rate in your entity's application and attach your entity's functional expense statement.		
8. Does your financial management system allow you to compare actual expenditures or outlays to budgeted amounts for each grant?		



Self-Assessment Questions	Enter Yes, No, or N/A	Attachments/Comments
<p>9. Does your entity have a policy addressing who is authorized to request payment from the grantor, what procedures are used to ensure that requests are accurate, and when drawdown of funds will occur? If yes, please provide the title of the document.</p>		
<p>10. Does your financial management system support procedures for determining the reasonableness of costs allocated in accordance with 2 CFR 200 Subpart E-Cost Principles?</p>		
<p>11. Does your financial management system provide for effective control over and accountability for all funds, property and other assets, including ensuring that all such assets are used solely for authorized purposes and activities that are allowable in accordance with the applicable cost principles and are only used during the authorized period of availability?</p>		
<p>12. Does your entity have a SAM verification policy to intercept and obstruct terrorism?</p>		
<p>13. Does your entity have a formalized internal control and compliance program, and a risk assessment methodology for assessing, managing and monitoring organizational, operational and financial risks, especially those associated with regulatory compliance?</p>		
<p>Audit Information</p>		
<p>14. Have audits been performed on your financial statements for the past two years? If yes, please provide a copy of the most recent audit report. If no, please provide the reason why in the comments section.</p>		
<p>15. If your entity has expended more than \$750,000 in federal grant funds within a fiscal year, and an OMB Uniform Guidance audit has not been performed, please provide the reason why in the comments section.</p>		



Self-Assessment Questions	Enter Yes, No, or N/A	Attachments/Comments
16. Are your entity's grant fund operations regularly assessed by an internal auditor or Inspector General?		
17. Does your entity formally respond to all audit findings in writing and make timely remedial actions/corrections? If there were audit findings as a result of the most recently completed audit of federal funds, please provide the organization's formal response to all audit findings.		
Operations and General Management		
18. Has your entity had new awards management personnel or new or substantially changed systems during the fiscal year? If yes, please explain.		
19. Are policies, procedures and processes regularly reviewed, updated and created to ensure that the organization effectively carries out its programs and activities, including updates that may be needed for grant funds?		
20. Does management periodically review all reports, deliverables, expenditures, and other requirements related to grant programs to ensure that guidelines and requirements are being met?		
21. Do key personnel assigned to this grant have experience in managing grants and an understanding of the relevant regulations?		
22. Does your entity maintain a written code of conduct governing the performance of your employees, and specifically those employees engaged in the award and administration of contracts?		
23. Does the code of conduct encompass conflicts of interest? If no, what document addresses conflicts of interest?		
24. Does your entity maintain some personnel system which has the capability to create monthly reports of the activities and time of each employee whose compensation is charged to each		

Self-Assessment Questions	Enter Yes, No, or N/A	Attachments/Comments
project that the employee works on including all grant programs?		
25. Is training and supervisory oversight provided to all employees to ensure that the organization effectively carries out its programs and activities, including employees working on grant programs?		
26. Have any key personnel listed in the application ever been debarred or suspended from participation in Federal Assistance programs? If yes, please attach a list indicating who, when and for what reasons.		
27. Does the entity have procedures in place to address breaches of ethics policy and/or instances of fraud or other criminal activity?		
(a) If yes, do these procedures include required procedures and/or remedial actions to prevent future violations?		
(b) Does this process include a means to notify the appropriate agency in cases of confirmed fraud related to grant funds?		
28. Are there formal policies and procedures in place for employees to confidentially report suspected violations of policies and or suspected instances of fraud or other criminal activity, including specifically those related to grant programs (e.g. a Whistleblower Policy)?		
29. Do information systems policies and procedures exist for the safeguarding of data, including personally identifiable information (PII), authorization and addition of system users, termination of user rights, information back-up and recovery, and retention and destruction of data?		



Self-Assessment Questions	Enter Yes, No, or N/A	Attachments/Comments
Procurement		
30. Does your entity maintain written procurement procedures which provide reasonable assurance that procurement of goods and services are made in compliance with the provisions of 2 CFR Part 200 and that covered transactions (as defined in the suspension and debarment common rule (2 CFR Part 180)) are not made with a debarred or suspended party?		
31. Does your procurement system provide for the conduct and documentation of cost or price analysis for each procurement action?		
Subrecipient Management and Monitoring		
35. Does an effective system of internal controls exist to provide reasonable assurance that only eligible individuals and organizations receive assistance under federal award programs and that subawards are made only to eligible subrecipients?		
36. Does an effective system of internal controls exist and has your entity established policies and procedures that provide reasonable assurance that:		
(a) Federal award information and compliance requirements (2 CFR 200.331-332) are identified to subrecipients?		
(b) The impact of any sub-recipient noncompliance on the pass-through entity is evaluated and action taken?		
37. Does your entity maintain written policies regarding subrecipient monitoring?		
38. If yes, how does your entity monitor subrecipients and how frequently are any of the following activities performed? (for each activity used, enter the frequency)		
e-1. Desk reviews		
e-2. Site visits		
e-3. Financial report reviews		



Self-Assessment Questions	Enter Yes, No, or N/A	Attachments/Comments
e-4. Performance report reviews		
e-5. Other (please describe)		
39. Does your entity perform procedures that provide reasonable assurance that subrecipients obtain required audits and take appropriate corrective action on audit findings?		
40. Does your entity maintain written procedures outlining subrecipient responsibilities that include any clauses required by federal statute or Executive Orders and their implementing regulations, and that contain a provision for compliance with 2CFR Part 200 in the subrecipient agreement?		
41. Does your entity have a formalized risk assessment process in place specifically for federal grant programs to assess subrecipient eligibility and monitoring of performance? If yes, does the process include the use of standard forms and checklists?		

Reviewed by: _____

Signature: _____

Role: _____

Date Reviewed: _____

Sue K. Yates | CFO Cabarrus Health Alliance

APPENDIX 3: Subrecipient Monitoring Form

This report reflects CHA's substantive assessment of the subrecipient's project implementation and subaward compliance. CHA's grant budget manager must complete this report for each payment validation, report review, desk review, site review, and audit or procedures engagement review during the subaward term (and, as appropriate, after the expiration or termination of the subaward). Upon completion, and following review by CHA's Finance Director or designee, the original will be filed in the subaward file. Any required subrecipient corrective actions will be detailed in writing and provided to the subrecipient within thirty days of the completion of this report.

I. Subaward Overview (complete this section for all reviews)

A) STAFF INFORMATION

Reviewed conducted by:		Date:
Type (programmatic, financial, or both)		Date:
Review confirmed by:		Date:

B) SUBRECIPIENT INFORMATION

Subrecipient Name:	
Subrecipient Program Personnel (who participated in the review):	
Subrecipient Contact Phone Number:	
Subrecipient Fiscal/Audit Personnel (who participated in the review):	
Subrecipient Fiscal Contact Phone Number:	

C) GRANT REVIEW INFORMATION

Grant	Project #	Award \$	POP Begin	POP End	Review Period	
					Beginning Date	Ending Date

D) TYPE OF MONITORING

	Type of Monitoring	Date Completed	Comments
<input type="checkbox"/>	Payment Validation (Complete this column, but not the rest of the form.)		
<input type="checkbox"/>	Report Review (Complete this column, but not the rest of the form.)		
<input type="checkbox"/>	Audit or Procedures Engagement Review (Complete this column, but not the rest of the form.)		

<input type="checkbox"/>	Desk Review (If desk review, complete the rest of the form.)		
<input type="checkbox"/>	Onsite Review (If onsite review, complete the rest of the form.)		

II. Desk and Onsite Reviews (complete this section for desk and onsite reviews only)

A) PRE-MEETING NOTES

List any issues, concerns, or other specialty items for follow-up during review.

- 1.
- 2.

B) SUMMARY OF PROGRESS

Subrecipient must submit a written summary of the major workplan milestones during the review period at least one week prior to the review. The summary must address 1) number of clients served as compared with projections; 2) staffing; 3) activities undertaken; and 4) significant accomplishments. A copy of that summary will be appended to this written review report.

C) MONITORING OVERVIEW

PROGRAM IMPLEMENTATION

Indicate milestones met this quarter and identify milestones as scheduled to occur in the following quarter.

ACTIVITIES/PRODUCTS

Identify any reports or products that were submitted during the quarter and identify those due the following quarter.

CORRECTIVE ACTIONS FROM PRIOR REVIEWS

Indicate actions taken in response to prior review issues.

ASSESSMENT OF QUALITY OF IMPLEMENTATION

Is the project being implemented on schedule? Are the activities impacting the goals and objectives as outlined in approved application?

ISSUES/PROBLEMS

Discuss significant new issues/problems with respect to projected milestones, audits, staffing, client flow, departures from approved goals, late reports, etc.

D) MONITORING SPECIFICS (Complete all fields that are applicable to the subaward.)

Activity Goals	<input type="checkbox"/> N/A	Yes	No	N/A
Scope of Service, Number of People to be Served, and any Special Terms stated within the Subaward Agreement.				
1. Has there been a change in the activity goals, scope of service, number of people to be served or other special terms as indicated in the Agreement between the Subrecipient and the Recipient?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(a) If yes, was the Recipient informed of the change?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Did the activity conform to any additional or special terms as reflected in the Subaward Agreement?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



3. Is the subrecipient providing the full scope of services as stated in the application and Subaward Agreement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Are the actual accomplishments at the time of this review the same as the planned accomplishments? Is the activity achieving the expected quantifiable levels of performance (number of persons served, achieving goals set for clients, etc.) reaching the intended client group?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Is the overall activity performance schedule being met in a timely manner (i.e. goal for number of clients served, expenditure of funds in timely manner, reporting requirements)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Did the activity operate within the approved budget as detailed in the Subaward Agreement? (i.e., budgetary line items both accurate and realistic for activity expenses; source and use of match funds accurate)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Did the activity funding source change?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Was there a change in make-up or responsibility of staff for the activity?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Were invoices for reimbursement payments submitted with support documentation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Were reports outlined in the Subaward Agreement submitted on time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General Comments			

General Compliance	Yes	No	N/A
Request a copy of all applicable policies and procedures required by the ARP/CSLFRF award terms and Uniform Guidance.			
11. Does the subrecipient have written policies and procedures to adequately administer the ARP/CSLFRF subaward?			
12. Does the subrecipient have a written conflict of interest policy for their employees?			
13. Are there sufficient internal controls in place to protect against waste, fraud and abuse of Federal funds (segregation of duties, etc.)?			
14. If program income will be generated by the subrecipient, have provisions been made to ensure that it is used in accordance with ARP/CSLFRF and Uniform Guidance requirements?			
What procedures does the subrecipient use to identify and account for federal property purchased with subaward funds?			
Does the subrecipient have adequate safeguards for preventing loss, damage, or theft of property held (inventory control, etc.)?			
Describe any technical assistance/training provided to subrecipient during the project period.			
General Comments			

Employee Reimbursement	Yes	No	N/A
Request a copy of the employee reimbursement policy, and/or have the subrecipient describe the procedure for approving and documenting expenses that are reimbursed.			
15. Are detailed receipts (i.e., receipts that do not merely show a total, but the detail of what was purchased) provided for reimbursement?			
16. Are reimbursements reviewed and approved by a supervisor or project manager prior to being submitted to the Fiscal Officer/Accounting Staff for payment?			

17. Does the subrecipient have a Reimbursement Policy?			
Examine two or more reimbursements that were paid out of the grant being monitored.			
18. Were the detailed receipts provided to support the amounts requested?			
19. Were the expenses in compliance with grant requirements/guidelines and UG?			
20. If reimbursed for training or conference expenses, was a certificate of attendance or completion, or agenda and brochure provided to support request for reimbursement?			
General Comments			

Equipment	<input type="checkbox"/> N/A	Yes	No	N/A
What is the purchasing procedure for equipment purchased with grant funds? Attach copies of relevant policies and of any purchasing documentation during the review period.				
How is equipment inventoried, insured, and managed? Attach copies of relevant policies and current inventory information.				
What is the procedure for transferring equipment purchased with grant funds to another entity? Attach copies of relevant policies and documentation for any transfers during review period.				
Request an inventory list, physical locate selected items, and examine items to ensure compliance.				
1. Were all transactions conducted in a manner providing full and open competition, and quotations obtained from an adequate number of sources?				
2. Has all equipment indicated as purchased actually been purchased?				
3. Was equipment purchased in accordance with required procurement rules/policies?				
4. Were additions and deletions to the equipment budget made and approved prior to the purchase/procurement dates?				
5. Does a detailed expenditure list indicate any equipment purchased that is not accounted for in the subaward budget?				
6. Is equipment purchased with subaward funds in prior years still in inventory and still being used for subaward purposes?				
7. Has the inventory been updated, and did it account for all items transferred to other entities?				
8. For equipment that was transferred, aside from normal office equipment, was the transferee properly trained on the equipment, and is there a record of that training?				
9. For equipment transferred to other entities; have they added it to their inventory records and is it maintained/used for intended purposes?				
General Comments				

Financial Management	<input type="checkbox"/> N/A	Yes	No	N/A
What is the Accounting System for each grant program?				
1. Is there a separate accounting for all financial transactions for the subaward?				
2. Is a process in place to prevent co-mingling of funds?				
3. Does the accounting system prevent obligation or expenditure of funds outside the subaward's period of availability?				
4. Are accounting records supported by source documentation?				
5. Were any illegal transfers or unusual activities noted during a review of the subrecipient's fund activity reports?				
6. Does the system provide for prompt and timely recording and reporting of all financial transactions?				



7. Is proper Fiscal record retention being followed (through Dec. 31, 2031)?			
What is the process for approval and payment of expenditures and posting to the General Ledger?			
8. Are subaward costs identified as eligible prior to encumbering funds and placing an order?			
9. Were the applicable State/Federal suspension and debarment listings consulted prior to doing business with a vendor and/or contractor?			
10. Are all invoices reviewed by the project director for eligibility and marked 'okay to pay' prior to being submitted to the fiscal office or accounting staff for payment?			
11. Are disbursements fully support by invoices, requisitions, purchase orders, or similar documents?			
12. Are cancelled checks or warrants available for review?			
13. Were all subaward funds that were received disabused within the allowable timeframe?			
What is the reconciliation process, and how are errors or adjustments handled?			
14. Does the subrecipient perform routine reconciliations of its records against the General Ledger? By whom and how often?			
15. Does the subrecipient have sufficient internal controls related to reconciliations?			
16. Were actions taken to promptly correct any errors and/or resolve issues?			
General Comments			

Other Direct Costs	<input type="checkbox"/> N/A	Yes	No	N/A
How are rent, utilities, and other items allocated for the program?				
1. Are rent payments documented by a copy of the lease agreement, and canceled checks or receipts?				
2. Are receipts, bills, and invoices properly maintained?				
3. Is the actual rate and method being charged to the grant consistent with the rate and method approved in the budget?				
4. Are costs shared with other programs or funding sources? If yes, how are costs allocated?				
General Comments				

Personnel/Direct Labor	<input type="checkbox"/> N/A	Yes	No	N/A
Describe the payroll process and who is paid by the subaward.				
1. Are personnel files maintained for each employee that include current job descriptions, performance and evaluations, and changes in pay rates?				
2. Are time sheets, activity reports, or payroll files available for review? These documents should clearly show the effort toward the subaward charged.				
3. Are individual employee time sheets and attendance records:				
• Prepared and signed by each employee for each pay period?				
• Reviewed and signed by each employee's supervisor?				
• Reconciled to the payroll master ledger?				
4. Are all authorized staff positions filled for the approved budget?				
5. Are staff salaries consistent with the approved budget?				
6. Are fringe benefits the same as what is listed in the approved budget?				



General Comments

Reporting Requirements	<input type="checkbox"/> N/A	Yes	No	N/A
Subrecipients are required to report on progress toward implementing plans described in their application/proposal.				
1. Progress reports must be submitted based on approved work plan. Have all of the reports been submitted for this reporting period?				
2. Are there any outstanding data elements that must be tracked and reported by the subrecipient? If so, detail the plan for the subrecipient to comply with this requirement.				
Comments				

Supplies & Materials	<input type="checkbox"/> N/A	Yes	No	N/A
Explain the process of allocating supply costs to the subaward.				
1. Are purchases of supplies approved and well documented by quotes, invoices, or receipts?				
2. Are expenditures for supplies consistent with the approved budget?				
3. Is there a substantial supply inventory remaining at the project termination date?				
4. Were all transactions conducted in a manner providing full and open competition, and quotations obtained from an adequate number of sources?				
General Comments				

Travel/Vehicle Mileage	<input type="checkbox"/> N/A	Yes	No	N/A
Request a copy of the subrecipient's travel policy or have them describe the procedure for approving and documenting travel expenses.				
1. Is employee travel approved in advance by a supervisor or project manager?				
2. Are travel expenditures documented with expenses reports and/or detailed receipts (i.e., receipts do not merely show total but detail of what was purchased)?				
3. Are travel expenditures appropriately supported within subaward guidelines and in the approved budget?				
4. Are mileage reimbursements supported by a mileage log or similar documentation?				
General Comments				

Single Audit Review	<input type="checkbox"/> N/A	Yes	No	N/A
Obtain a copy of the subrecipient's most recent audit from FAC. Attach it to this review form.				
1. Was the Major Programs' Compliance Opinion in the Summary of Auditor's Results in the Schedule of Findings qualified?				
2. Were there any findings and/or questioned costs for federal awards in the Schedule of Findings? Were any other operational issues such as the handling of assets, lack of policies and procedures, contract non-compliance, etc., which would impact Federal dollars received?				

3. Were past audit findings and/or questioned costs for federal awards satisfactorily resolved?			
4. Was any control issue identified which would impact the processing of Federal grant dollars (i.e., control weaknesses)?			
General Comments <i>(If yes response to questions 1, 2, and/or 4, then comment on the issues noted from the audit and how this was addressed during the onsite review).</i>			

E) RECOMMENDED CHANGES AND/OR NEW MONITORING INTERVENTIONS

Please document any recommendations for financial, programmatic, or other changes. Indicate if further monitoring interventions are warranted.

F) FFATA REPORTING REQUIREMENTS

In accordance with 2 CFR Chapter 1, Part 170 *Reporting Sub-Award and Executive Compensation Information*, Prime Awardees awarded a federal grant are required to file a FFATA sub-award report by the end of the month following the month in which the prime awardee awards any sub-grant equal to or greater than \$30,000. The reporting requirements are as follows:

This requirement is for both mandatory and discretionary grants awarded on or after October 1, 2010.

- ★ All sub-award information must be reported by the prime awardee. For those new Federal grants as of October 1, 2010, if the initial award is equal to or over \$30,000, reporting of sub-award and executive compensation data is required.
- ★ If the initial award is below \$30,000 but subsequent grant modifications result in a total award equal to or over \$30,000, the award will be subject to the reporting requirements, as of the date the award exceeds \$30,000.
- ★ If the initial award equals or exceeds \$30,000 but funding is subsequently de-obligated such that the total award amount falls below \$30,000, the award continues to be subject to the reporting requirements of the Transparency Act and this Guidance.

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Mobile Phone Stipend

Public Health Authority *of* Cabarrus County
dba Cabarrus Health Alliance

SUBJECT: **MOBILE PHONE STIPEND POLICY**

EFFECTIVE DATE: July 1, 2009

REVISION DATE(S): August 11, 2009; July 26, 2010; February 28, 2014; September 29, 2014; December 30, 2017; October 31, 2019; October 28, 2020; September 13, 2021; August 16, 2022

DATE OF LAST REVIEW: August 11, 2009; July 26, 2010; December 8, 2011; December 31, 2012; February 28, 2014; September 29, 2014; December 30, 2015; December 30, 2016; December 30, 2017; December 30, 2018; October 31, 2019; October 28, 2020; September 13, 2021; August 16, 2022

POLICY STATEMENT: The purpose of this policy is to establish guidance for determining eligibility and a process for receiving a mobile phone stipend for employees conducting CHA business on a personal device.

Mobile phone technology is a valuable communication tool and is integral to the operations of CHA. The voice functionality of mobile phones combined with other mobile phone features, such as email, messaging and access to numerous online resources, establishes the mobile phone as a necessary and effective tool for certain employees of CHA.

Due to the possibility of protected health information (PHI) being stored on a personal mobile communications device, employees must review and adhere to the IT Policy IT-113 Mobile Devices for CHA Business Purposes regarding proper usage and security.

APPLICABILITY

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

STIPENDS FOR EMPLOYEE-OWNED MOBILE PHONES

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

- Employees are paid a taxable stipend in each paycheck. Levels of stipends are described below and are dependent on the required level of accessibility/availability:
 - \$20.00 – Part time employees who are expected to answer calls, teams and emails during work hours.
 - \$30.00 – Full time employees who are expected to answer calls, teams and emails during work hours.

- \$40.00 – Full time employees who are expected to answer calls, teams and emails during work hours and within a reasonable time period outside of work hours.
- Employees should **not** use personal cell phones for CHA business and are not expected to answer text messages. Employees are expected to reply to such text messages on a CHA approved method – Teams message, email, or phone call.
- Employees purchase a phone and plan of their choice as long as it meets minimum criteria identified by the supervisor necessary for the specific job of the recipient.
- Employees agree to allow CHA to publish their number internally for business purposes and to accept business calls and/or messages while receiving a stipend.
- Employee and carrier are responsible for technical support of the phone, plan, and functionality.
 - The IT Department may be consulted to help setup the interface to CHA email and other CHA systems and to assist with occasional questions.
- Employee must retain an active mobile phone contract as long as a mobile phone stipend is in place. A copy of the invoice may be requested yearly to verify the plan is active.
- Employee will be responsible for all costs related to the phone including replacement, accessories, insurances, etc.
- If for any reason CHA should terminate an employee’s mobile phone stipend, CHA shall not be responsible for any costs or fees associated with ongoing service costs or contract termination fees.
- Stipend rates will be reviewed at least annually by the CFO to determine if stipend amounts are appropriate.
- Stipends can be discontinued or paid at a lower rate if phone calls and emails are not answered during the agreed upon hours as determined by the supervisor.
- Stipends can be prorated based on hours worked. For instance, a full-time employee may receive half the stipend amount if they worked only 40 hours before terminating employment or before going out on FMLA leave.
- If mobile phone stipends are discontinued for budgetary reasons, a 90-day notice of such termination will be given by CHA to stipend recipients.

PROCEDURES TO BE FOLLOWED:

When an employee is required to purchase and carry a mobile phone as part of their position responsibilities, the employee will complete a Mobile Phone Stipend Form (Exhibit I) on the CHA intranet with the required information. As explained, the Form should be forwarded to their supervisor for approval/signature and then to Finance for review and processing. The form must include the mobile phone number assigned to the phone and the name of the carrier supplying the service. The IT Department will be available to help setup Smartphones to interface to the CHA network.

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

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

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

STANDARD CHA OWNED PHONE

CHA may purchase mobile phones in situations where the phone is assigned for functions where more than one employee shares a phone. CHA may purchase mobile phones for employees. Mobile phones will be purchased for certain functions, e.g. mobile units, on-call referrals, etc. where deemed necessary.

- **Personal** calls are prohibited.
- Emergency personal calls (and/or other charges) will be reviewed and employee may be required to reimburse CHA for additional charges.
- Employees will be held primarily responsible for complying with the Mobile Phone Policy. (Department managers with shared phones will develop their own internal mobile phone review process). Department managers with CHA owned mobile phones will review the mobile phone bills each month before forwarding to Finance for payment. All reconciliations will be noted and reimbursements will be forwarded to Finance with the bill.
- Phone bills are also audited regularly by Financial Services for compliance.

DEFINITIONS

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

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

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

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

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

Cabarrus Health Alliance Board Chairman

Date



CABARRUS
HEALTH
ALLIANCE

Cabarrus Health Alliance Board Meeting Agenda Form

Meeting Date: 8/16/22

Name of Item: Cabarrus County Award

Submitted by: Dr. Bonnie Coyle/Erin Shoe

Expected Length of Presentation: 5-10 minutes

Brief Summary:
Cabarrus County Award

Requested Action:

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

Items reviewed by:
Erin Shoe.



CHA Staff Bonus Proposal

August 16, 2022



CABARRUS
HEALTH
ALLIANCE

Cabarrus County Government Criteria

Full Time	Bonus Amount
Hired before March 30, 2020	\$5,000
Hired between March 30, 2020 and March 30, 2021	\$2,000
Hired after March 30, 2021 but by February 28, 2022	\$1,000

Part Time	Bonus Amount
Hired before March 30, 2020	\$1,000
Hired between March 30, 2020 and March 30, 2021	\$500
Hired after March 30, 2021 but by February 28, 2022	\$250

Proposal

Any staff (full or part time) that receives less in total than what the CHA bonus (paid on 12.10.21) plus the CHA performance award (typically \$1,000 paid near 9.2022) would have paid them, will be made whole using CHA funds.

*****Must be a current employee on the payout date to receive this award.***

Funding Sources

	Cabarrus County Government	Cabarrus Health Alliance
September 2022	\$652,000	\$16,500
December 2021		\$192,000