Attendance 36

NCALHD ATTENDANCE ROSTER

November 18, 1999

(M) = 1999 Dues Paying Member
(E) = Executive Committee Member

	Initial	County/Health Director
1	TPG	Alamance/Tim Green (E) (M)
2	SRC	Alexander/Shelley Carraway (M)
3	JGR	Anson/James Roosen (M)
4	[illegible]	Appalachain Dist/Danny Staley (M)
5	JHW	Beaufort/Tamara Hower Williams (M)
6		Bertie/John Shaw (M)
7		Bladen/Myra Johnson (M)
8		Brunswick/Don Yousey (E) (M)
9	[illegible]	Buncombe/George Bond (E) (M)
10	DLR	Burke/Mr. David L. Rust (M)
11		Cabarrus/Dr. William Pilkington (M)
12		Caldwell/Douglas W. Urland (M)
13		Carteret/Dr. J. T. Garrett (M)
14		Caswell/Vacant (M)
15		Catawba/Barry A. Blick (M)
16	[illegible]	Chatham/Wayne Sherman (M)
17	[illegible]	Cherokee/Elaine Russell (M)
18	/	Clay/Janice Patterson (M)
19		Cleveland/Denese Stallings (M)
20		Columbus/Marian Duncan (M)
21	[illegible]	Craven/Wanda Sandele (M)
22		Cumberland/Jesse Williams, MD (M)
23		Currituck/John B. Sledge (M)
24		Dare/Anne B. Thomas (E) (M)
25		Davidson/Diane Crouse (M)
26	[illegible]	Davie/Barry Bass (E) (M)
27		Duplin/Dr. Harriette Duncan (M)
28		Durham/Brian Letourneau (M)
29	JB	Edgecombe/James Baluss (E) (M)
30	[illegible]	Forsyth/Sherman Kahn, MD (M)
31		Franklin/Keith Patton (M)
32	[illegible]	Gaston/Bruce Parsons (M) (E)
33		Graham/Marlene Orr (M)
34		Granville-VanceDist/W. Rodwell Drake, MD (M)
35	[illegible]	Greene/Douglas Harr, Ph.D. (M)
36	HDG	Guilford/Harold Gabel, MD (E) (M)
37	[illegible]	Halifax/Chris Szwagiel, PhD (M)
38	[illegible]	Harnett/Wayne Raynor (E) (M)
39	[illegible]	Haywood/Robert Wood (E) (M)
40	[illegible]	Henderson/Tom Bridges (E) (M)
41	[illegible]	Hertford-Gates Dist/Curtis Dickson (M)
42		Hoke/Donald Womble (M)
43		Hyde/Linda Mayo (M)
44	[illegible]	Iredell/Raymond Rabe (M)
45		Jackson/Randall Turpin (M)
46		Johnston/L.S. Woodall, MD (M)
47		Jones/Ruth Little (M)
48		Lee/Mike Hanes (E) (M)
49		Lenoir/Joel Huff (M)
50	[illegible]	Lincoln/Margaret Dollar (E) (M)
51		Macon/Ann Hyder (M)
52		Madison/Ken Ring (M)
53	[illegible]	Martin-Tyrrell-Washington Dist/Bill Burgess (M)
54	[illegible]	Mecklenburg/Peter Safir (M)
55		Montgomery/Vacant (M)
56		Moore/Robert Wittmann (M)
57		Nash/William Hill, Jr. (M)
58	[illegible]	New Hanover/David Rice(M)
59		Northampton/Sue Gay, Acting (M)
60	[illegible]	Onslow/George O'Daniel (M)
61		Orange/Dr. Rosemary Summers (M)
62	[illegible]	Pamlico/Jenny Lassiter (M)
63		PPCC Dist/Howard Campbell (M)
64		Pender/Jack Griffith, PhD (M)
65	MRK	Person/Marc Kolman (M)
66	JM	Pitt/John Morrow, MD (E) (M)
67	MMC	Randolph/Mimi Cooper (M)
68		Richmond/Tommy Jarrell (M)
69	WS	Robeson/Bill Smith (E) (M)
70		Rockingham/Glenn Martin (M)
71	[illegible]	Rowan/Leonard Wood (E) (M)
72		Rutherford-Polk-McDowell Dist/Joyce Sluder, Interim (M)
73		Sampson/John Rouse (M)
74	CEH	Scotland/Curtis Holloman (M)
75		Stanly/Jim Jones (M)
76	[illegible]	Stokes/Colleen Bridger (M)
77		Surry/Walter Linz, MD (M)
78		Swain/Emma Waldroup (M)
79		Toe River Dist/Tommy Singleton, Acting (M)
80		Transylvania/Terry Pierce (M)
81		Union/Lorey White, Jr.(M)
82	LR	Wake/Lou Brewer (M)
83		Wayne/Vacant (M)
84		Warren/Vacant (M)
85		Wilkes/Larry Kilby, M.D., Interim Director (M)
86	[illegible]	Wilson/Dr. Louis Latour (M)
87	[illegible]	Yadkin/Gayle Brown (M)

OTHER ATTENDEES/GUESTS

NAME	REPRESENTING
Anne Wolfe	DPH
Steve Cline	DPH - Epi
Carmine Rocco	ANCBH
Jill Moore	IOG
Dennis Harrington	DPH
Stephen R. Keener	Mecklenburg County
Jeff Spade	NCHA
Curtis C Clayton	Halifax CO. Health Dept
George F. Reed	DPH / LHS / OPHNPD
Bruce Devlin	Div of Public Health
[illegible] C. [illegible]	DEH
Rick Mumford	Chief of DHHS Dental Health

North Carolina Association of Local Health Directors

Treasurer's Report
November 18, 1999

	CHECKING	SAVINGS	MONEY MKT.	CD
Account Balance Brought Forward	$ 26,241.79	$ 33.42	$ 315.12	$40,000.00
Receipts:				
Interest Payments:				
Oct 1999 Statement	$ 63.58	$ 0.10	$ 1.12	$ -
Federal Back-up Withholding:				
Oct 1999 Statement	$ (17.25)	$ (0.03)	$ -	$ -
Maintenance/Service Fee:				
Oct 1999 Statement	$ (1.00)	$ -	$ -	$ -
Deposits:				
Transfer from Checking	$ -	$ -	$ -	$ -
Transfer from Money Market	$ -	$ -	$ -	$ -
Transfer to Checking (Interest from Cert.)	$ 178.36	$ -	$ -	$ -
Refund - NCPHA Regis	$ 50.00	$ -	$ -	$ -
Total	$ 26,515.48	$ 33.49	$ 316.24	$40,000.00
Expenses:				
# 0798 Weis Ace Hardware - Acct #110	9.53			
# 0799 The Friday Center - Acct # 114	1,067.50			
Total Expenses	$ 1,077.03			
Account Balance as of 11/15/99	**$ 25,438.45**	**$ 33.49**	**$ 316.24**	**$40,000.00**

Ed. & Awards

SCOTLAND COUNTY HEALTH DEPARTMENT

1405 West Boulevard • Post Office Box 69
Laurinburg, North Carolina 28353-0069
Phone (910) 277-2440 Fax (910) 277-2450

Administration 277-2485
Adult Health 277-2449
Animal Control 277-2490
Child Health 277-2452
Environmental 277-2492
Family Planning...... 277-2455
Health Education ... 277-2432
Immunizations 277-2482
Maternity 277-2467
TB/STD/AIDS 277-2463
Vital Records 277-2471
WIC/Nutrition 277-2458

Curtis E. Holloman
Health Director

Memorandum

To: Members of the NC Association of Local Health Directors

From: Curtis E. Holloman, Chairman CEH
Awards and Education Committee, NCALHD

Date: November 17, 1999

Subject: Ham Stevens Award

The Awards Committee of the NC Association of Local Health Directors is requesting nominations for the Ham Stevens Award which is to be presented at the January ~~1999~~ 2000 State Health Director's meeting. A copy of the guidelines and a nomination form are attached.

Please submit your nomination form to:

Curtis E. Holloman
Scotland County Health Department
Post Office Box 69
Laurinburg, NC 28353

Nominations must be received by December 31, 1999.

The Awards Committee appreciates your taking time to nominate any individual you may consider worthy of the award.

HAM STEVENS, M.D. AWARD

RECOMMENDATIONS OF AWARDS COMMITTEE

1. TYPE OF AWARD

The committee suggests the award should be similar to one given to Dr. Stevens at his recognition dinner in Wilmington prior to his death. It was in the shape of the State of North Carolina, with State Seal. Wording should be similar to Dr. Steven's award as appropriate.

2. CRITERIA FOR SELECTION

The committee tried to develop criteria for naming of recipients that would provide guidance but not be too restrictive. In the future, it might be most appropriate to give the award either for specific noteworthy actions or for long term accomplishments. It was the general feeling that specific numbered goals, which a nominee would be required to meet, would defeat the humanitarian philosophy of the award, as well as, the spirit in which it should be given.

In spite of these feelings, the committee does suggest guidelines to be followed in naming of recipients. Most of these guidelines dwell upon leadership, participation and/or achievements. They are as follows:

a. Nominee should be involved and participate in activities of community organization outside his/her chosen vocation. The organizations should be community spirited organized for the well-being of mankind.

b. Nominee should participate in organizations that are contributory to the official duties of vocation, i.e., APHA, N.C. Association of Local Health Directors (NCALHD).

c. Nominee should demonstrate leadership for causes that have a positive affect on public health at Local, Regional, State, and /or National levels.

d. Nominee must have visible accomplishments that merit consideration. What did nominee do? Why? Impact?

e. Nominee must have achievements while involved in, or associated with, local public health in North Carolina.

f. Nominee should not be restricted only to Local Health Directors. If other persons contribute significantly to the betterment of local public health, they should be considered for our most prestigious award.

Some of the above criteria could easily overlap if a nominee was being considered for a specific accomplishment. Also, it would not be necessary for all nominees to have long listings for each criteria.

3. FREQUENCY OF AWARD

a. Nominations for award would be accepted annually.

b. Nominations must be either submitted by, or endorsed by, a local health director. Any endorsement must be written.

c. Nominations should be submitted on forms prepared by the Association, and available from the Chairman of the Awards Committee.

d. An Awards Committee, appointed by the President, would meet annually to review nominations and determine if any are eligible for award.

e. A call for nominations will be made by the summer meeting of the NCALHD.

f. Award to be presented at time of State Health Directors meeting in January by President of Association.

NOMINATION FOR THE HAM STEVENS, M.D. AWARD

N. C. ASSOCIATION OF LOCAL HEALTH DIRECTORS

The Ham Stevens Award is selected in part based on the documentation provided herein. Please complete this form as accurately as possible to assure every consideration for your nominee during the evaluation procedure. If there are any questions in your mind, you may wish to communicate with your nominee for clarification before your entry is submitted.

Name of Nominee ______________________________

Place of Birth ______________________________

Place of Residence ______________________________

Home Phone ____________________ Marital Status ____________

Children (Name and age) ______________________________

Occupation or Profession ______________________________

Position ______________________________

Place of Work ____________________ Phone ____________

Special Interests ______________________________

The following items are of great importance in our screening process to give us a clear picture of your nominee's involvement in our areas of concern. If additional space is needed, an attachment to this form will be acceptable.

1. Substantiated deeds or contributions in the area of public health:

____

____

____

____

____

____

____

____

2. Public welfare and community service:

3. Professional organizations. (Name and specify involvement)

4. Fraternal organizations. (Name)

5. Educational involvement. (Name and Explain)

6. Political involvement. (Explain)

7. Charitable organizations. (Explain)

8. Other civic and community activities. (Explain)

9. Explain how your nominee promotes public health and public service for all citizens.

Nominator's name____________________

Signature____________________

Address____________________

Phone____________________

Agency name, if any____________________

Technology

INTEROFFICE MEMORANDUM

To: Wayne Raynor
From: Marc Kolman, Health Director
Date: November 29, 1999
Re: **NCALHD Technology Committee Minutes**

Please find enclosed a copy of the minutes and attachments from the November Technology Committee meeting.

North Carolina Association of Local Health Directors
TECHNOLOGY COMMITTEE MINUTES
November 16, 1999

The Technology Committee of the Health Directors' Association met on Wednesday November 16, 1999, at 1330 St. Mary's Street, Raleigh, North Carolina. A list of attendees is attached for reference. Marc Kolman called the meeting to order at 1:15 p.m.

Marc Kolman made several announcements.

(1) The next meeting of the NCLAHD Technology Committee will be held on December 15 at 1:15 p.m. at the Albert Coates Building in Raleigh. Agenda items include discussion with Holt Anderson of NCHICA and review of a Memorandum of Understanding between DIRM, DPH and the NCALHD regarding automation services.

(2) Members of NCHICA will be visiting the community of Bamburg, SC in relation to their efforts to develop paperless medical records. NCHICA has requested that local public health representatives attend. Those interested can contact Ray Rabe or Marc Kolman.

Health Services Management System RFP Update:
Mr. Kolman announced the names of the ten respondents to the HSMS RFP. (See attached) Information regarding content is not yet available due to confidentiality requirements.

Jim Womack provided information regarding a meeting that was held yesterday regarding DIRM and DPH roles and responsibilities. Representatives of DIRM, DPH and NCALHD attended. An MOU will be drafted as a result of this meeting.

NC-Mail System: Jerry Kaiser
Jerry Kaiser, Project Manager, Office of Information Technology Services (ITS) provided an overview of the NC-Mail e-mail project. See attached brochure. NC-Mail is an e-mail solution that provides a single e-mail system for the State and is operated by ITS. It has a central address book function and a central message store. ITS responsibilities include implementation of the central message store, provision of support and assistance to agencies with data migration. Agency responsibilities include selecting a project manager, an agency e-mail administrator and an e-mail client server (IMAP or LDAP compatible). Mr. Kaiser also provided a brief tour of the system and a brief overview of the NC-Mail calendaring system.

Public Health List Services:
Mr. Kolman provided an overview and background of the two established list services in NC. The services are the LHD and EHS list serves; both administered by DENR. Danny Hite is the LAN administrator for DENR who also administers the lists.

Mr. Womack provided a brief presentation on the use of "list serves" versus "news groups". List serves are: cheap, supported by ITS, work like e-mail, involuntary (once an individual is subscribed, messages arrive on an involuntary basis). News groups are: cheap, DIRM may support, works through a web browser, voluntary (messages are downloaded on demand), membership can be controlled.

George Bond stated that there is not common knowledge within the public health community as to how to subscribe, unsubscribe and use the two existing list serves. Mr. Bond also stated that there are two new list serves developed by NACCHO for the city and county forums.

No action was taken.

NCALHD Web-Site Review:
Jim Womack presented several options in regards to the NCALHD web-site. He stated that ITS is able to host web-sites for a charge and it may possible that DIRM could host this site. Information about ITS' web-site development and hosting can be found at www.state.nc.us/sips/services/appdev/websvcs.htm.

Leonard Wood made a motion that the Technology Committee sends information to ITS regarding hosting the NCALHD web-site. The motion was seconded and passed unanimously.

Doug Harr made a motion that a similar request be made to Russell Jones regarding maintaining the NCALHD web-site. Second by Mr. Wood. The motion passed unanimously.

NC Immunization Registry: Mary Beth Lister
Mary Beth Lister of the DPH/Immunization Section provided a presentation of the NCIR. A copy of Ms. Lister's presentation is attached.

There being no further business, the meeting was adjourned at 4:30 p.m.

Respectfully submitted,

Marc Kolman, Chair

Attachments:
Attendee List
HSMS Proposal Respondents
NC-Mail brochure
NCIR Project Update

NCALHD Technology Committee
Sign-In Sheet
11/17/99
1330 St. Mary's St., Raleigh, NC

	Name	Organization/Address	Contact
1.	Douglas S. Harr	Greene County	dharr@eastlink.net
2.	John Sink	Guilford Co.	JSINK@CO.GUILFORD.NC.US
3.	Barbara Smith	"	bsmith@co.guilford.nc.us
4.	[illegible]	"	[illegible]
5.	Donna Weisenbaum Gulas	WAKE	dgulas@co.wake.nc.us
6.	Jim Womack	DHHS/DIRM	jwomack@ncmail.net
7.	Ray Rabe	Iredell County	rrabe@co.iredell.nc.us
8.	Bob Wood	Haywood County	rcwood@primeline.com
9.	Rita J Wright	Halifax	wrightr@halifaxnc.com
10.	Duane Gregory	DHHS/DIRM	duane.gregory@ncmail.net
11.	Chris Cowan	Wayne County	christopher.cowan@ncmail.net
12.	Karl Barney	The Wellspring Group, Inc.	kbarnwsp@aol.com
13.	Bill Cary	DHHS	
14.	Ann Nance	DHHS/DPH/LHS	ann.nance@ncmail.net
15.	Betsy M Clayton	DENR	Betsy.Clayton@ncmail.net
16.	Frances G. Taylor	Cabarrus Co.	fgtaylor@cabarrushealth.org
17.	CHRIS ABERNATHY	WELLSPRING GROUP	ABERNATHYC@AOL.COM
18.	Jenny Lassiter	Pamlico Co.	pchd@pamlico.net
19.	John Morrow	Pitt County	ncs0975@interpath.com
20.	Walter Kemper	Immunization Branch DHHS	walter.kemper@ncmail.net
21.	Lisa Wojnovich	Immunization Branch DHHS	lisa.wojnovich@ncmail.net
22.	MaryBeth Lister	Imm Branch, DHHS	marybeth.lister@ncmail.net
	GEORGE BOND	BUNCOMBE CHD	bondg@co.buncombe.nc.us
	Marc Kolman	Person County HD	mkolman.pchd@personco.com

HSMS Proposals Evaluation

Companies Submitting Proposals

	Company Name	Address
1	CMHC Systems, Inc.	570 Metro Place North Dublin, OH 43017
2	Data General / Meditech	Meditech Circle Westwood, MA 02090
3	EDS / SMS	5400 Legacy Drive Plano, TX 75024
4	KIPHs (Kansas Integrated Public Health System)	400 North Woodlawn, Suite 205 Wichita, KS 67208
5	Mitchell & McCormick, Inc.	1835 East Park Place Blvd., Suite 110 Stone Mountain, GA 30087
6	NovaTech Sciences Corporation	1500 Pinecroft Road Greensboro, NC 27407
7	QS Technologies, Inc.	Suite 1106 Bank of America Plaza Greenville, SC 29601
8	QuadraMed	12110 Sunset Hills Road, Suite 600 Reston, VA 20190
9	Scientific Technologies Corporation / Systems Software and Services	4400 East Broadway, Suite 705 Tuscon, AZ 85711
10	WebbStarr Technologies, Inc.	2805 Landington Way Duluth, GA 30096

CONNECT NOW

Where Do I Start?

Ready for the benefits of the NCMail system? Contact the NCMail Project Manager to assist you and your agency.

Jerry Kaiser, Project Manager
Office of Information Technology Services
(919) 850-2764
E-mail: *Jerry.Kaiser@NCMail.Net*

ITS Can Help

We can provide you with the level of assistance required to make the NCMail project work for your organization—from project management to assistance with workstation configuration.

We have an extensive network of internal staff and third–party providers who can facilitate your projects not only for e-mail but for whatever needs may arise.

N.C. Department of Commerce
Office of Information Technology Services

ITS Mission

Our mission is to provide technology leadership and infrastructure in support of the economic, social, and intellectual development of the citizens of North Carolina.

For More Information Contact:

Jerry Kaiser, Project Manager
Office of Information Technology Services
4104 Mail Service Center
Raleigh NC 27699-4140
(919) 850-2764
E-mail: *Jerry.Kaiser@NCMail.Net*

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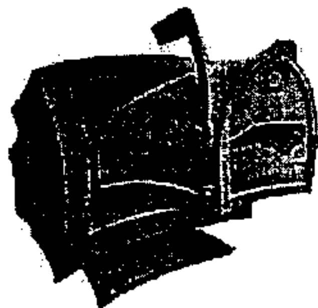
N.C. Department of Commerce
Office of Information Technology Services

NC Mail



NORTH CAROLINA'S
COMPREHENSIVE E–MAIL PROJECT

Introduction

Recognizing that electronic messaging (e-mail) is required, strategic, and mission-critical to the State of North Carolina, the NCMail Project aims to incorporate all state agencies, and County and local governments in a statewide e-mail system. The NCMail Project is vital to sustaining the long term growth of North Carolina and maintaining its status as a leader in technological innovation.

Many federal government agencies and private businesses have adopted the Central Message Store (CMS) approach. Furthermore, the State of North Carolina has enhanced this approach by using the Internet Message Access Protocol (IMAP) protocol for the CMS. This method allows each agency to choose the e-mail client software that best suits their individual business needs while still participating in the cost savings of a centralized message store.

The office of Information Technology Services (ITS) has implemented a CMS with an initial capacity for 50,000 users with expansion to 200,000 users or more. CMS uses open standards to enhance future development and value-added services.

ITS provides technical support for the CMS server infrastructure to maintain operations and backup, restore, and disaster recovery services for the CMS.

No hardware investment is required by participating agencies. Agencies select an e-mail software program that will communicate with the CMS via IMAP and that communicates with the address book (directory) via Lightweight Directory Access Protocol (LDAP). A list of compliant software is located at the NCMail Web site:

http://www.state.nc.us/CS

Benefits To You

- ✓ Hierarchical e-mail directory for entire state
- ✓ Expanded state directory services
- ✓ One source for backup and recovery
- ✓ 24x7 message transportation
- ✓ Central Directory integrated with Agency e-mail

From Confusion...

JDOE@MAIL.DHS.STATE.NC.US
JANE.DOE@MAIL.DHS.STATE.NC.US
JANEDOE@MAIL.DHS.STATE.NC.US
JANE.DOE@DHS.STATE.NC.US
JMDOE@DHS.STATE.NC.US
JANEDOE@DHS.STATE.NC.US
JANE.DOE@STATE.DHS.NC.US
JDOE@MAIL.STATE.DHS.NC.US

...To Clarity

JANE.DOE@NCMAIL.NET

- ✓ Easy to remember
- ✓ Standard @NCMAIL domain across the system
- ✓ Low Administration Costs
- ✓ No hardware needed to purchase
- ✓ Future web-based access to NCMail system
- ✓ Uses open standards

Service Offerings

NCMail Service — $1.50/mo per user

- An e-mail account with 15 MB of storage
- 24x7 customer support for CMS
- @NCMAIL.NET standard address
- Additional storage at $0.25 per 5 MB

Calendar Service — $24.93 per seat*

- Can bundle with NCMail Service
- Netscape Communicator Pro license
- Mission Control Desktop license
- First year subscription to Netscape Communicator Pro**
- Calendar Service at $1.50/mo per user

Netscape SuiteSpot — $24.93 per seat*

- SuiteSpot Pro Server License (including Enterprise, Directory, Compass, Certificate, Proxy, and Messaging servers).
- SuiteSpot Pro Server Subscription**

* one-time payment
** $4.50/year, per license thereafter

Online Calendaring

Integrated online calendaring allows users to schedule events, invite other users to scheduled events, reserve resources, and send e-mail from within the calendar program. Both Messenger and Calendar can be launched from within the Netscape browser.

Online calendaring streamlines event planning by allowing a single user to check for conflicts, and notify all attendees by e-mail through a single click of a mouse button. Using an online calendar also allows users to check planned attendance without sending out additional e-mails or making time consuming telephone calls.

Online calendaring increases user efficiency and productivity.

North Carolina Immunization Registry (NCIR) Project Update

Mary Beth Lister, Immunization Branch
November 17, 1999

Presentation Outline

- Progress towards a statewide immunization registry
- Core Team
- Impact on LHDs
- How can local health departments help

NCIR Progress 1998-1999

- Integration of NCIR with UCVDP
  - Decentralized Teams
  - Vaccines Administered Log (VAL)
- Pilot testing potential solutions
  - low-tech scan form pilot

NCIR Progress 1998-1999

- LHD Assessment Activities
  - NCIR used to measure age-appropriate immunization rate for each LHD
  - Amount of complete records
  - Data being utilized to assist MCOs and reduce burden on LHDs

NCIR Progress 1998-1999

- Needs Assessment
  - Surveyed over 250 private provider offices regarding registry interest and computer capacities
- Developed relationships with key stakeholders
  - MCO Forum

NCIR Progress 1998-1999

- NCHICA Partnership/PAiRS Project
  - demonstration project
  - secure access to immunization database through the Internet
  - combines public and private immunization data

Advent of Core Team

- Fall 1998 - Comprehensive assessment of system by Technical Project Manager
  - Decision not to expand HSIS component into private sector
- Core Team formed; goal is to identify, obtain, adapt and implement a new registry system for NC

Core Team

- Requirements for NC Immunization Information System Software & Services
- Vendor System Evaluations
- Michigan, Washington, Maine/NH

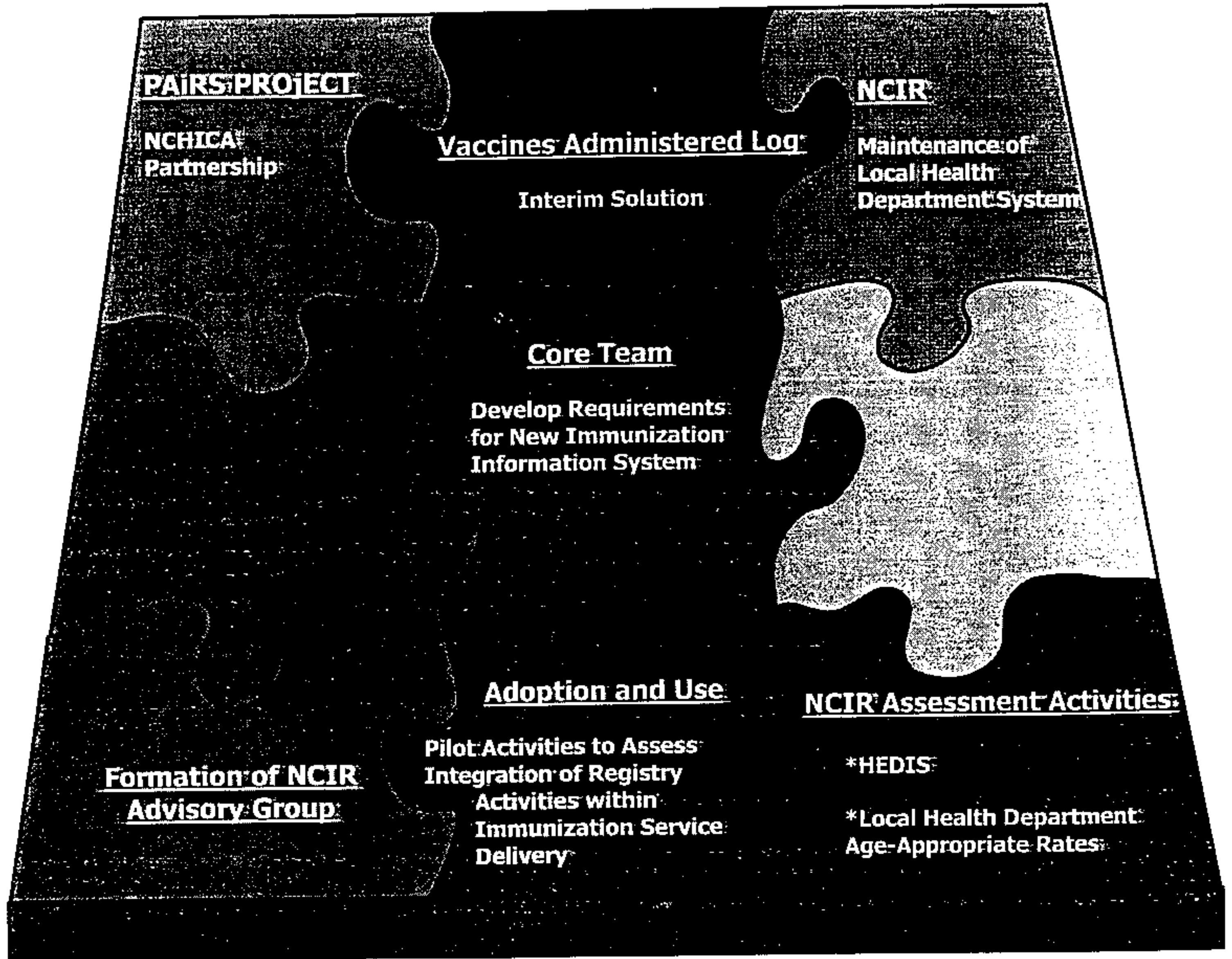
Impact on LHDs

- Choice between use of new registry through web browser interface versus batch transfer
- If using your own system, additional decisions to be made

Support of Local Health

- If you share this priority, please vocalize support to state public health senior management
- Assist with local private provider
- implementation

Putting the Pieces Together to Achieve a



Fully Implemented Immunization Information System

North Carolina Immunization Registry (NCIR) Update

- PAiRS PROjECT/NCHICA Partnership – The North Carolina Healthcare Information and Communications Alliance (NCHICA) is a private, nonprofit organization that actively promotes the advancement and integration of information technology in healthcare. In partnership with NCHICA members, PAiRS (Provider Access to Immunization Registry Securely) will be launched late this summer. PAiRS is a demonstration project that will provide secure access through the Internet to an immunization database which includes the NCIR data, and immunization data from several private providers.

- Vaccines Administered Log (VAL) - Our goal is to integrate the registry with vaccine accountability for every Universal Childhood Vaccine Distribution Program (UCVDP) participant. Beginning in September 1999, UCVDP will require participants to submit *child-specific* vaccine accountability information each month through a Vaccines Administered Log (VAL). This is an interim solution until a registry is fully implemented.

- NCIR - The North Carolina Immunization Registry (NCIR) is a component of the Health Services Information System (HSIS). The NCIR is the only part of HSIS that is "statewide," which means the local health departments can search a statewide database to locate a child's immunization record. All 100 local health departments submit data to the NCIR on immunizations they administer, as well as historical data on children seen for other services (including WIC).

- NCIR Advisory Group - In 1999, an NCIR Advisory Group will be convened to gather support and advice from key stakeholders.

- Adoption and Use – A variety of pilot activities are on going to assess how best to integrate registry activities within immunization service delivery.

- NCIR Assessment Activities - In 1998, the Immunization Branch first used the NCIR to measure the age-appropriate immunization rate for each local health department, replacing manual efforts by regional immunization staff to pull thousands of charts. Local health departments have begun to use NCIR data to monitor children's immunization status.

  Since June 1997, the Immunization Branch has fulfilled data requests to provide immunization data from the NCIR to Managed Care Organizations (MCOs) to fulfill HEDIS requirements. In 1999, we implemented a standardized process for MCOs to follow in submitting data requests, and for the first time proactively sought to provide data to MCOs.

- Fully implementing an immunization registry – In October 1998, the Technical Project Manager conducted an analysis of the current NCIR system, and concluded that the existing system is not adequate to meet the needs of all NC immunization providers. His recommendation was to identify another existing registry system, purchase it, and adapt it for use in NC. A core team of people, including the technical project manager and a pediatrician from UNC-CH, are working to make that happen. The team is working on the first step in the process - defining requirements for a complete immunization registry system that will incorporate vaccine accountability with the other traditional functions of an immunization registry.

12 Key Elements of an Immunization Registry

Identified by the Centers for Disease Control and Prevention (CDC), National Immunization Program (NIP)

1. Consolidate all immunization records from multiple providers, using deduplication and edit checking procedures to optimize accuracy and completeness;

2. Electronically store data on all NVAC-approved core data elements;

3. Link electronically with birth data to automatically populate the registry in a timely fashion;

✓4. Permit providers to retrieve electronically information on all immunization records at the time of encounter;

5. Permit providers to submit electronically information on all immunization encounters on the same day as vaccine administration;

✓6. Protect confidential medical information;

✓7. Recover lost data;

8. Exchange immunization records using Health Level 7 (HL7) standards;

9. Automatically determine the immunization(s) needed when an individual presents for a vaccination, based on current ACIP recommendations;

10. Identify individuals late for immunization and produce recall notifications;

11. Automatically produce immunization coverage reports by providers and population subgroups; and

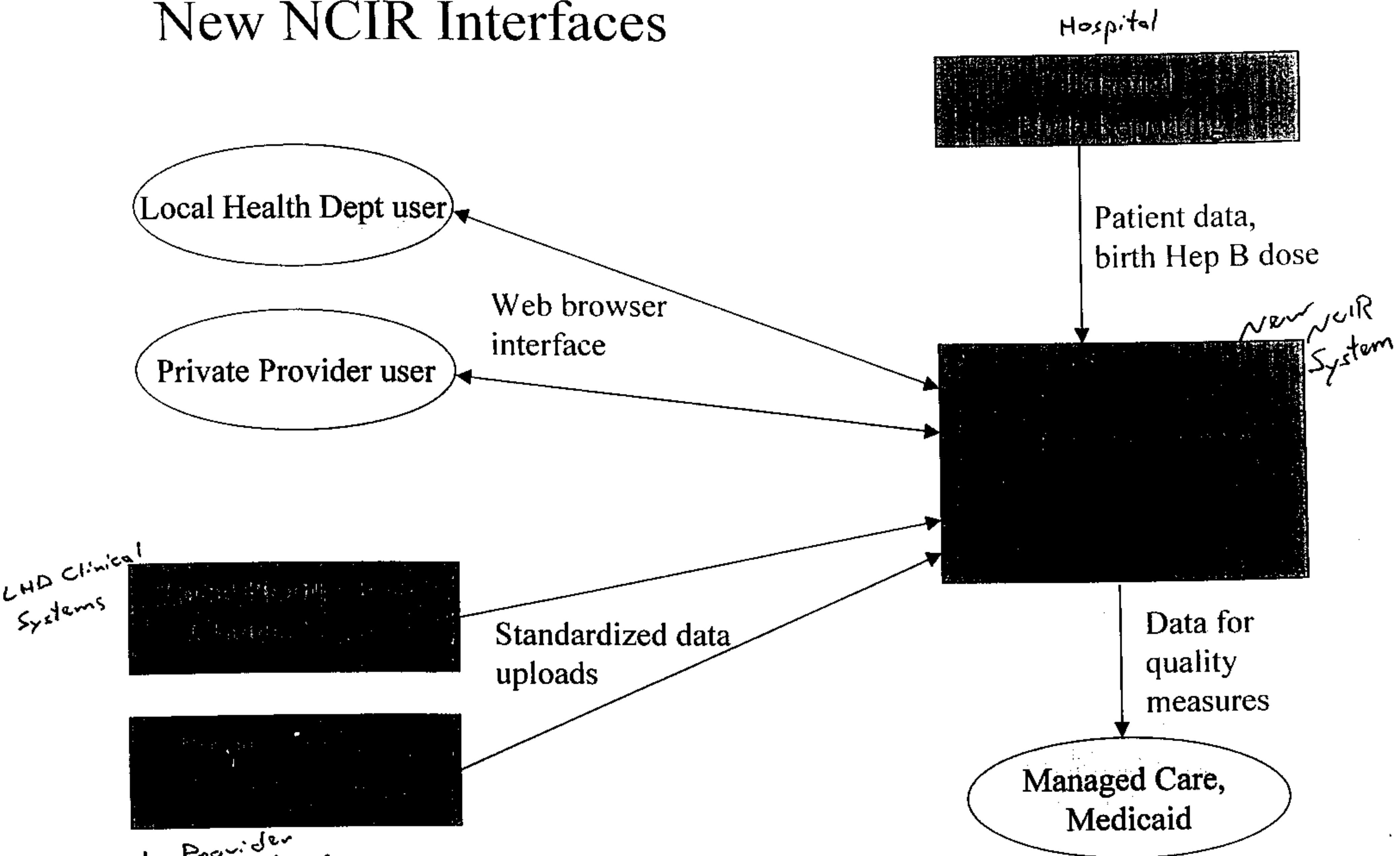
✓12. Produce authorized immunization records.

An ideal registry would have all of these 12 key functions, but also could be used to note vaccine contraindications, monitor/report adverse events following immunization, manage vaccine inventories, generate reports for the Vaccines for Children Program, and to integrate into a broader public health information system.

*Additional Key Element for the North Carolina Immunization Registry

13. Fulfill federal and state immunization reporting needs (including vaccine accountability reports).

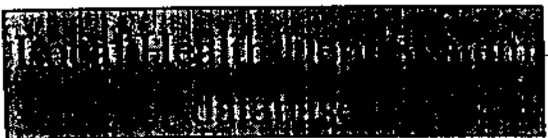
New NCIR Interfaces



New NCIR Effects on Local Health Depts that have own systems

Which system's immunization functions to use for:
- immunization status inquiry
- reminder/recall notices

Local Health Dept System database



Data upload →

New NCIR database

Local Health Dept System database	New NCIR database
Contains:	Contains:
• Patients treated by this LHD	• All children born in NC + Other patients given doses by any provider in NC
• Doses given by this LHD + Other doses recorded by this LHD	• Doses recorded by any provider in NC
Reminder/recall capability for this LHD:	Reminder/recall capability for LHD:
• Patients treated by this LHD, may not have all doses	• all patients resident in this LHD's county, with all doses

Technology

HSMS Proposals Evaluation

Companies Submitting Proposals

	Company Name	Address
1	CMHC Systems, Inc.	570 Metro Place North Dublin, OH 43017
2	Data General / Meditech	Meditech Circle Westwood, MA 02090
3	EDS / SMS	5400 Legacy Drive Plano, TX 75024
4	KIPHs (Kansas Integrated Public Health System)	400 North Woodlawn, Suite 205 Wichita, KS 67208
5	Mitchell & McCormick, Inc.	1835 East Park Place Blvd., Suite 110 Stone Mountain, GA 30087
6	NovaTech Sciences Corporation	1500 Pinecroft Road Greensboro, NC 27407
7	QS Technologies, Inc.	Suite 1106 Bank of America Plaza Greenville, SC 29601
8	QuadraMed	12110 Sunset Hills Road, Suite 600 Reston, VA 20190
9	Scientific Technologies Corporation / Systems Software and Services	4400 East Broadway, Suite 705 Tuscon, AZ 85711
10	WebbStarr Technologies, Inc.	2805 Landington Way Duluth, GA 30096

WCH

Women's and Children's Health Liaison Committee
NC Association of Local Health Directors

November 17, 1999

Present: Wanda Sandelé (Chair), Harold Gable (Guilford),Dorothy Cilenti (DPH), Rebecca Greenleaf Bailey (DPH), Kimberly S. Lovenduski (DPH), Doris Jefferson (NCALND), Shelly Carraway (Alexander), Kevin Ryan (DPH), Beth Rowe-West (DPH), Daniel Staley (App. Dist)

Resolution on Access for Minors
A resolution regarding access to preventive health care was reviewed. (Copy Attached) The recommendation of the committee to the Association will be to pass the resolution which urges legislators to retain statutes that guarantee access to preventive health care to minors.

Health Check/Health Choice
There are some proposals on the table in DMA to expand the Health Check coordinator program statewide. However, there seems to be uncertainty regarding a funding source given the freezes related to raising flood recovery funds.

Accountability
The accountability work group is closer to agreeing on a methodology for clustering counties into similar groups for performance measures. These are based more on demographics rather than geography.

Hepatitis B Vaccine
There is to be no funding for the $2 funding from the state for administering the third dose of Hepatitis B vaccine to 6th graders. Everyone must look to billing Medicaid for the administration fee for eligible children to help recoup the cost of going into the schools. Local departments will have to think about what they will do in future years. It will take five more years before the infants who received state mandated Hep B will be in the sixth grade.

Contract Addendum
Drafts of next year's contract addendum were distributed and the proposed changes reviewed briefly. The committee felt that there was not adequate time to review these and make a recommendation to the association at this meeting. Since the Association will meet in December, it was decided to delay discussion until next month, after more careful personal review and an opportunity for comments from other Health Directors. An opportunity will be provided via e-mail for others to contact committee members with comments.

Survey on Marketing
A brief and voluntary survey will be sent to Health Departments to determine interest in having a workshop on social marketing strategies for Women's Health Programs. Since the survey is optional, the committee did not feel that they had to make a recommendation to the Association.

Developmental Evaluation Centers
The DECs have been organizationally transferred to the Division of Educational Services. There should be no impact on interaction with Health Departments at the local level.

Child Service Coordination Billing
DMA is saying that the billing process will be changes so that a bill can be submitted only when contact is made with the family, rather than billing for each month in the quarter, as long as there is at least one actual contact in the three month period. Wanda Sandelé will coordinate this item with Jim Baluss, chair of Reimbursement.

The next meeting will be on December 15, 1999 at 2:30pm at St. Mary's Street.

NORTH CAROLINA ASSOCIATION OF LOCAL HEALTH DIRECTORS

RESOLUTION
ACCESS TO PREVENTIVE HEALTH CARE FOR MINORS

WHEREAS minors in the state of North Carolina have had the legal right to seek preventive health care services without parental consent since the passage of GS 90-21.5 in 1971, and this right appears to have contributed significantly to improvements in the health status of young people-- particularly in the reduction of North Carolina's teen pregnancy rates; and

WHEREAS the North Carolina Association of Local Health Directors urges its members who serve minors to counsel minors to involve their parents in decisions about their health care rather than requiring such involvement.

WHEREAS many minors do not have either the support or advice of their parents on seeking preventive services and are thus at high-risk of poor health outcomes including pregnancy and sexually transmitted diseases; and

WHEREAS statistics on teen sexual behavior indicate that teens typically are sexually active for approximately one year before seeking reproductive health care thus disproving the assumption that providing such care encourages teens to become sexually active; and

WHEREAS statistics also indicate that the recent reductions in teen pregnancy rates are largely the result of teens utilizing effective contraceptive methods which are available only with prescriptions thus requiring a clinical visit; and

WHEREAS teen pregnancies often result in economic and health problems both for the young parents and the babies involved; and

WHEREAS denying minors the right to seek preventive services without parental consent may result in the loss of approximately $5 million annually in Federal Title X funding for family planning--thus severely limiting access to family planning to low-income adults as well as to minors; now therefore be it

RESOLVED that the North Carolina Association of Local Health Directors urge the North Carolina General Assembly to maintain legislation which protects the ability of minors to seek preventive health care; and be it further.

Margaret B. Dollar
President

PUBLIC HEALTH NURSE II

This is intermediate level professional nursing work in providing primary, preventive and rehabilitative care to individuals and families in a public health program. Employees independently demonstrate and implement techniques of nursing care and counsel for promotion of health and prevention of disease through visits in homes, schools, and clinics within an assigned area. Employees at this level will perform the same duties as the Public Health Nurse I and will spend a minimum of 25% of their time in one or more of the following roles:

1. Plan, supervise, and manage a clinic(s) in a specific program area, including establishing clinic goals, policies, procedures, and guidelines with the supervisor. Work requires specialized knowledge in the area of work. Employees may independently mange nurse screening clinics held outside of the health department, requiring strong patient assessment skills.
2. Coordinate the work assignments and quality of services delivered in a geographical or program area by a small team of lower-level nurses and subprofessionals. Employees have limited administrative and personnel responsibilities; unusual situations and problems are discussed with and/or referred to a higher level supervisor.
3. Serve as liaison with physicians, local hospital(s), group homes, residential facilities, and/or other community *health and human service* programs. ~~To prepare the client and a nursing care plan for self and other home health nurses.~~ Employees take a lead role in *initiating and* coordinating all plans *of care* and resources for these clients.
4. Serve as ~~school coordinator,~~ inservice or record and audit committee chairperson, or leader ~~in a program~~*/coordinator managing the health of a population, including developing and/or revising policies to promote or protect their health.*
5. Spend the majority of the time providing advanced and independent nursing services to patients in ~~home health~~ *community* programs with multi-systemic diagnoses ~~and patients in need of critical care~~ *and/or other medically fragile children and adults.*

Employees may work in a similar capacity in a Social Services Department providing nursing care to children in custody of Social Services and living in foster homes. Employees will be a lead worker or coordinate a team of professionals and subprofessionals.

I. DIFFICULTY OF WORK:

Variety and Scope – Employees work in the same role as the Public Health Nurse I and in addition assume varying assignments in team leading, clinic management, lead worker roles, *managing the health of a population,* and for advanced care in ~~home health~~ *the community.* Employees will typically have some supervisory duties and responsibilities, *except when managing the health of a population or providing advanced care.*

Intricacy – Work involves developing patient care plans for assigned clients, and planning and reviewing the work and patient care plans of other nurses. *The work* ~~This~~ requires more independent judgment and application of professional knowledges, skills, and abilities than the Public Health Nurse I. The nurse ~~in home health~~ provides critical and/or complex monitoring, assessment and observation, some adjustments in treatment, and/or instruction due to frequent changes in the patients condition.

Consequence of Decisions – Employees work and decision-making could have a substantial impact on the client population served, especially since this nurse ~~is~~ *may be* supervising the work of others *or developing policies to guide the actions of others* and may be the only health professional to come in contact with clients in the field. ~~When providing advanced nursing services.~~

II. INTERPERSONAL COMMUNICATIONS:

Scope of Contacts – Employees have contact with a client population in an assigned area which may not be familiar with public health standards and programs, and with other disciplines and community leaders, *many of which are self-initiated.*

Nature and Purpose – Work requires that employees influence, motivate, and persuade clients to cooperate with the agency, physician's order, and nursing care plans. Work involves teaching, supportive counseling, and supervision of others *or developing policies and procedures to guide actions of others in promoting health.*

The Jail Medical Plan:
Statutory and Regulatory Requirements
Summary, November 1999

Jill Moore
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A. Legal Duty to Have a Jail Medical Plan; Development and Adoption of the Plan

1. Every city or county that operates a jail must develop a plan for providing medical care for inmates. The city or county must develop the plan in consultation with appropriate local officials, including the sheriff, the county physician, the local health director, and the local medical society. G.S. 153A-225(a).

2. The local health director must approve the plan, if it is adequate to protect the health and welfare of the inmates. The health director must consult with the local mental health, developmental disabilities, and substance abuse authority before approving the plan. G.S. 153A-225(a).

3. The medical plan must be reviewed annually. 10 N.C.A.C. 3J.3201(e).

B. Contents of the Plan

1. The plan must:
   a. be designed to protect the health and welfare of the prisoners and to avoid the spread of contagious disease,
   b. provide for medical supervision and emergency medical care for prisoners, and
   c. provide for the detection, examination, and treatment of prisoners who are infected with tuberculosis or venereal diseases.

   G.S. 153A-225(a).

2. The plan must include policies and procedures addressing each of the following areas:
   a. health screening of inmates upon admission;
   b. handling of routine medical care;
   c. handling of inmates with chronic illnesses or known communicable diseases and conditions;
   d. administration, dispensing, and control of prescription and non-prescription medications;

e. handling emergency medical problems, including emergencies related to dental care, chemical dependency, pregnancy, and mental health;
f. maintenance and confidentiality of medical records; and
g. privacy during medical examinations and conferences with medical personnel.

10 N.C.A.C. 3J.3201(b).

C. Policies and Procedures for Managing Health Screening and Complaints

1. An officer must complete a health screening form on each inmate admitted. 10 N.C.A.C. 3J.3202.

2. Inmates must have an opportunity to communicate their health complaints daily. The complaints may be received by a health professional or an officer. 10 N.C.A.C. 3J.3201(c).

3. The jail must maintain written records of requests for medical care and actions taken. 10 N.C.A.C. 3J.3201(c).

4. Qualified medical personnel must be available to evaluate inmates' medical needs. 10 N.C.A.C. 3J.3201(c).

D. Policies and Procedures for Managing Medical Emergencies

1. The plan should indicate who provides 24-hour emergency care. If the care occurs outside the jail, the plan should set forth policies for transporting inmates in need of care.

2. Ideally, a health professional would assess the inmate's condition and determine whether it is an emergency. Since this is not always possible, however, the plan should account for the fact that jailers will often make these decisions by providing that certain problems will always be treated as emergencies.
   a. The jail health rules define "emergency medical problem" as "a serious medical need, including severe bleeding, unconsciousness, serious breathing difficulties, head injury, severe pain, suicidal behavior or severe burns, that requires immediate medical attention and that cannot be deferred until the next scheduled sick call or clinic." 10 N.C.A.C. 3J.2301(14).

3. When an emergency is identified, custodial personnel are responsible for securing emergency medical care in accordance with the plan. If the physician designated in the plan to provide emergency care is not available, officers must secure care from any licensed physician who is available. G.S. 153A-224(b).

E. Policies and Procedures for Managing Communicable Diseases

1. The plan must provide for detection, examination, and treatment of inmates with tuberculosis or venereal diseases. G.S. 153A-225.

2. The plan must also include provisions for educating jail staff and prisoners about HIV, how it is transmitted, and how to avoid transmitting or acquiring it. 15A N.C.A.C. 19A.0202(8).

3. Additional issues that should be addressed in the plan:
   a. Keeping information confidential—Under North Carolina law, information or records identifying a person who has or may have AIDS, HIV, or any other reportable communicable disease or condition must be kept strictly confidential and may only be released or made public in certain circumstances. G.S. 130A-143.
   b. Medical isolation—Inmates who require medical isolation from other inmates must be housed in a separate area or transferred to another facility. 10 N.C.A.C. 3J.3203.
   c. Ensuring that inmates diagnosed with communicable diseases receive instruction in communicable disease control measures.

F. Other Important State Requirements

1. Inmates must not perform any medical functions. 10 N.C.A.C. 3J.3201(d).

2. Any inmate confined more than 14 consecutive days must be provided opportunities for physical exercise. The opportunities must be documented. 10 N.C.A.C. 3J.3204.

§ 153A-224. Supervision of local confinement facilities.

(a) No person may be confined in a local confinement facility unless custodial personnel are present and available to provide continuous supervision in order that custody will be secure and that, in event of emergency, such as fire, illness, assaults by other prisoners, or otherwise, the prisoners can be protected. These personnel shall supervise prisoners closely enough to maintain safe custody and control and to be at all times informed of the prisoners' general health and emergency medical needs.

(b) In a medical emergency, the custodial personnel shall secure emergency medical care from a licensed physician according to the unit's plan for medical care. If a physician designated in the plan is not available, the personnel shall secure medical services from any licensed physician who is available. The unit operating the facility shall pay the cost of emergency medical services unless the inmate has third-party insurance, in which case the third-party insurer shall be the initial payor and the medical provider shall bill the third-party insurer. The county shall only be liable for costs not reimbursed by the third-party insurer, in which event the county may recover from the inmate the cost of the non-reimbursed medical services.

(c) If a person violates any provision of this section, he is guilty of a Class 1 misdemeanor. (1967, c. 581, s. 2; 1973, c. 822, s. 1; 1993, c. 510, s. 1; c. 539, s. 1061; 1994, Ex. Sess., c. 24, s. 14(c).)

Cross References. — As to liability of county for emergency medical services for prisoners working pursuant to § 162-58, see § 162-61.

Editor's Note. — Session Laws 1993, c. 539, s. 1061, which amended this section, in s. 1359, as amended by Session Laws 1994, Extra Session, c. 24, s. 14(c), provides: "This act becomes effective October 1, 1994, and applies to offenses occurring on or after that date. Prosecutions for offenses committed before the effective date of this act are not abated or affected by this act, and the statutes that would be applicable but for this act remain applicable to those prosecutions."

CASE NOTES

Payment of Expenses Under Insurance Policy. — Since medical payments made by county were mandated by statute, paying jail inmate's medical expenses was not voluntary, and therefore, payment under insurance policy was not barred for this reason. County of Guilford v. National Union Fire Ins. Co., 108 N.C. App. 1, 422 S.E.2d 360 (1992).

County's Claim Not Barred by Policy Exclusion. — Although insurance company argued that since county had a contract with hospital to provide medical care for prison inmates, policy exclusion barred coverage of payments made under that contract, since the county's liability for inmate's medical expenses was due not to its contract with the hospital, but rather to the statutory requirement that county prisons implement a plan for providing medical care to inmates, the county's claim was not barred by this policy exclusion. County of Guilford v. National Union Fire Ins. Co., 108 N.C. App. 1, 422 S.E.2d 360 (1992).

Cited in Slade v. Vernon, 110 N.C. App. 422, 429 S.E.2d 744 (1993).

§ 153A-225. Medical care of prisoners.

(a) Each unit that operates a local confinement facility shall develop a plan for providing medical care for prisoners in the facility. The plan

(1) Shall be designed to protect the health and welfare of the prisoners and to avoid the spread of contagious disease;
(2) Shall provide for medical supervision of prisoners and emergency medical care for prisoners to the extent necessary for their health and welfare;
(3) Shall provide for the detection, examination and treatment of prisoners who are infected with tuberculosis or venereal diseases.

The unit shall develop the plan in consultation with appropriate local officials and organizations, including the sheriff, the county physician, the local or district health director, and the local medical society. The plan must be approved by the local or district health director after consultation with the area mental health, developmental disabilities, and substance abuse authority, if it is adequate to protect the health and welfare of the prisoners. Upon a determination that the plan is adequate to protect the health and welfare of the prisoners, the plan must be adopted by the governing body.

As a part of its plan, each unit may establish fees of not more than ten dollars ($10.00) per incident for the provision of nonemergency medical care to prisoners. In establishing fees pursuant to this section, each unit shall establish a procedure for waiving fees for indigent prisoners.

(b) If a prisoner in a local confinement facility dies, the medical examiner and the coroner shall be notified immediately. Within five days after the day of the death, the administrator of the facility shall make a written report to the local or district health director and to the Secretary of Health and Human Services. The report shall be made on forms developed and distributed by the Department of Health and Human Services.

(c) If a person violates any provision of this section (including the requirements regarding G.S. 130-97 and 130-121), he is guilty of a Class 1 misdemeanor. (1967, c. 581, s. 2; 1973, c. 476, ss. 128, 138; c. 822, s. 1; 1973, c. 1140, s. 3; 1989, c. 727, s. 204; 1991, c. 237, s. 2; 1993, c. 539, s. 1062; 1994, Ex. Sess., c. 24, s. 14(c); 1995, c. 385, s. 1; 1997-443, s. 11A.112.)

Editor's Note. —

Session Laws 1993, c. 539, s. 1062, which amended this section, in s. 1359, as amended by Session Laws 1994, Extra Session, c. 24, s. 14(c), provides: "This act becomes effective October 1, 1994, and applies to offenses occurring on or after that date. Prosecutions for offenses committed before the effective date of this act are not abated or affected by this act, and the statutes that would be applicable but for this act remain applicable to those prosecutions."

Session Laws 1997-443, s. 1.1, provides: "This act shall be known as 'The Current Operations and Capital Improvements Appropriations Act of 1997'".

Session Laws 1997-443, s. 35.4, is a severability clause.

Effect of Amendments. — The 1997 amendment, effective August 28, 1997, substituted "Environment and Natural Resources" for "Environment, Health, and Natural Resources" in subsection (b).

CASE NOTES

Payment of Expenses Under Insurance Policy. — Since medical payments made by county were mandated by statute, paying jail inmate's medical expenses was not voluntary, and therefore, payment under insurance policy was not barred for this reason. County of Guilford v. National Union Fire Ins. Co., 108 N.C. App. 1, 422 S.E.2d 360 (1992).

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.2016 MATERIAL TESTS [REPEALED]

.2017 PROTECTION EQUIPMENT FOR ELECTRIC LIGHTS [REPEALED]

.2018 DOOR PULLS [REPEALED]

.2019 WIRE WINDOW GUARDS [REPEALED]

.2020 SECURITY SCREENS [REPEALED]

.2021 INSECT SCREENS AND DOORS [REPEALED]

.2022 KEY CABINET [REPEALED]

.2023 PLUMBING [REPEALED]

.2024 PLUMBING FIXTURES [REPEALED]

.2025 FLOOR DRAINS [REPEALED]

.2026 GENERAL PROVISIONS REGARDING EQUIPMENT INSTALLATION [REPEALED]

History Note

Statutory Authority G.S. 153A-220; 153A-221;
Eff. February 1, 1976;
Readopted Eff. February 1, 1978;
Repealed Eff. June 1, 1990.

SECTION .2100. REPORTS

.2101 MONTHLY REPORT OF LOCAL CONFINEMENT FACILITIES [REPEALED]

.2102 MUNICIPAL CONFINEMENT FACILITY MONTHLY REPORT [REPEALED]

History Note

Statutory Authority G.S. 153A-220; 153A-221;
Eff. February 1, 1976;
Readopted Eff. February 1, 1978;
Amended Eff. November 1, 1989;
Repealed Eff. June 1, 1990.

SECTION .2200. SPECIAL REQUIREMENTS FOR HOLDOVER FACILITIES

.2201 HOLDOVER FACILITY [REPEALED]

History Note

Statutory Authority G.S. 153A-221; 153A-221.1;
Eff. April 26, 1976;
Readopted Eff. February 1, 1978;
Repealed Eff. June 1, 1990.

.2202 PLACEMENT OF JUVENILES [REPEALED]

.2203 SUPERVISION AND CONTACT [REPEALED]

.2204 DETENTION AUTHORIZATION [REPEALED]

.2205 MATERIALS TO BE PROVIDED [REPEALED]

.2206 CONSTRUCTION [REPEALED]

History Note

Statutory Authority G.S. 153A-221;
Eff. April 25, 1976;
Readopted Eff. February 1, 1978;
Repealed Eff. June 1, 1990.

SECTION .2300. DEFINITIONS AND APPLICABILITY FOR JAILS

.2301 DEFINITIONS

The following definitions shall apply in 10 NCAC 3J .2301 through .3500:

(1) "Addition" is an extension or increase in floor area or height of a building or structure.

(2) "Alteration" is any change or modification in construction or use.

(3) "Booking area" is a secure area where a person is admitted to a jail and procedures such as searching, fingerprinting, photographing, health screening, and collecting personal history data occur.

(4) "Branch" is the Jail and Detention Branch of the Division of Facility Services, Department of Human Resources.

(5) "Cell" is any confinement unit except a dormitory.

(6) "Cellblock" is a separate and identifiable grouping of cells.

(7) "Communicable disease or condition" is an illness or condition as defined in G.S. 130A-133 which is hereby adopted by reference pursuant to G.S. 150B-14(c).

(8) "Confinement unit" is a single segregation cell, a single cell, a multiple occupancy cell or a dormitory.

(9) "Contraband" is any item that a person is not authorized to possess in the jail because it is a violation of law or a violation of rules.

(10) "Dayroom" is an area accessible to a single cell or a multiple occupancy cell, with con-

trolled access from the cell and to which inmates may be admitted for activities such as dining, showers, physical exercise and recreation.

(11) "Department", unless otherwise specified, is the North Carolina Department of Human Resources.

(12) "Division", unless otherwise specified, is the Division of Facility Services of the North Carolina Department of Human Resources.

(13) "Dormitory" is an area designed to house up to 40 inmates and that combines dayroom space with sleeping space.

(14) "Emergency medical problem" is a serious medical need, including severe bleeding, unconsciousness, serious breathing difficulties, head injury, severe pain, suicidal behavior or severe burns, that requires immediate medical attention and that cannot be deferred until the next scheduled sick call or clinic.

(15) "Footcandle" is the amount of light thrown on a surface one foot away from the light source. It is a unit for measuring the intensity of illumination.

(16) "Governing body" refers to the governing body of a county or the policy-making body for a district confinement facility.

(17) "Health screening" is a procedure for each newly-admitted inmate that combines visual observation with an interview to obtain relevant information about the inmate's physical and mental health.

(18) "Holding area" is a place where inmates are temporarily held while awaiting processing, booking, court appearance, discharge, or transfer to a regular confinement unit.

(19) "Holdover facility" is a facility as defined in G.S. 7A-517(16) which is hereby adopted by reference pursuant to G.S. 150B-14(c).

(20) "Inmate" is any person, whether pretrial, unsentenced, or sentenced, who is confined in a jail or a county satellite jail/work release unit.

(21) "Inmate processing area" is a secure area through which inmates enter and exit, and it may be combined with the booking area.

(22) "Institutional-Restrained" is a Building Code occupancy classification used for buildings in which persons are restrained under lock and key or other security measures which render them incapable of self-preservation due to the security measures not being under their direct control.

(23) "Jail" is a building or part of a building operated by a county or group of counties for the confinement of inmates, including county jails, district confinement facilities and jail annexes. It shall not include a county satellite jail/work release unit governed by Part 3 of Article 10 of Chapter 153A of the General Statutes.

(24) "Jail annex" is a building or a designated portion of a building designed, staffed and used primarily to house inmates who do not present reasonably identifiable security risks.

(25) "Medical record" is a record of medical problems, examinations, diagnoses and treatments.

(26) "Multiple occupancy cell" is a cell designed to house up to four inmates.

(27) "Officer" is a person, whether sworn or unsworn, who is involved in the supervision, control, or custody of inmates.

(28) "Operations manual" is a set of written policies and procedures for the operation of a jail in compliance with state and federal law and the minimum standards for the operation of jails.

(29) "Qualified medical personnel" are persons who provide medical services to inmates and who are licensed, certified, registered, or approved, in accordance with state law. It includes persons who provide limited medical services under supervision as permitted by law.

(30) "Registered dietitian" is a specialist in the field of nutrition, dietetics and food system management who maintains current registration with the Commission on Dietetic Registration of the American Dietetic Association.

(31) "Repair" is reconstruction or renewal of any part of an existing building for the purpose of its maintenance.

(32) "Residential" is a Building Code occupancy classification used for buildings which provide sleeping accommodations for the occupants and in which the egress doors are unlocked at all times thereby providing free movement to the building exterior from occupied areas.

(33) "Sally port" is an enclosed entry and exit area used either for vehicular or pedestrian traffic with gates or doors at both ends, only one of which opens at a time.

(34) "Satellite jail/work release unit" is a unit as defined in G.S. 153A-230.1.

(35) "Secretary", unless otherwise specified, is the Secretary of the Department of Human Resources.

(36) "Security perimeter" is the outer portion of a jail that provides for the secure confinement of inmates and that prevents the entry of unauthorized persons or contraband.

(37) "Security vestibule" is a defined space that provides security by using two or more doors, with each door able to operate independently, and that permits an officer to observe those who pass through the space.

(38) "Single cell" is a cell designed to house one inmate.

(39) "Single segregation cell" is a cell designed to house one inmate who has been removed from the general inmate population for administrative segregation, disciplinary segregation, or protective custody.

(40) "Tamper resistant" means designed to prevent damage, destruction or interference by inmates.

(41) "View panel" is a transparent panel.

(42) "Visitation area" is a designated area where inmates are permitted to receive visitors according to the policies and procedures that govern visitation.

(43) "Work release" refers to the release of a convicted inmate for employment in the community, returning to custody during nonworking hours.

History Note

Statutory Authority G.S. 143B-153; 153A-221;
Eff. June 1, 1990.

.2302 APPLICABILITY—OPERATIONS AND ENFORCEMENT

The operations and enforcement standards established in Section .2300 through .3300 and Section .3500 shall apply to all jails.

History Note

Statutory Authority G.S. 143B-153; 153A-221;
Eff. June 1, 1990.

.2303 APPLICABILITY—CONSTRUCTION

(a) North Carolina State Building Code—Jails must meet the requirements of the North Carolina State Building Code in effect at the time of construction, additions, alterations or repairs.

(b) New Jails—The construction standards established in Section .3400 shall apply to all jail construction for which the final working drawings are approved by the Branch after the effective date of this Rule.

(c) Existing Jails—Existing jails shall continue to be governed by the existing construction standards which are now in Section .3700, and the same standards shall apply to new jails which have had final working drawings approved by the Branch prior to the effective date of this Rule. Existing jails or new jails which have had final working drawings approved by the Branch prior to the effective date of this Rule may choose to comply with any of the new construction standards in Section .3400 as a substitute for existing standards on the same subject in Section .3700.

(d) Additions—The construction standards established in Section .3400 shall apply to any construction that adds square footage to the building and for which the final working drawings are approved after the effective date of this Rule.

(e) Alterations or Repairs—When alterations or repairs are made to an existing jail building which affect its structural strength, exits, fire hazards, electrical systems, mechanical systems, or sanitary conditions, such alterations or repairs shall comply with the standards for new construction established in Section .3400. Unaltered portions of the building shall only be required to comply with the new construction standards indicated in Section .3400 under the circumstances specified in Paragraphs (f)-(h) of this Rule.

(f) Extensive Annual Alterations or Repairs—If, within any 12 month period, alterations or repairs costing in excess of 50 percent of the then physical value of the building are made to an existing jail, the entire jail shall conform to the construction standards for new jails established in Section .3400.

(g) Reconstruction After Damage—If an existing jail is damaged by fire or otherwise in excess of 50 percent of the then physical value of the building at the time of damage, the jail shall be reconstructed in conformance with the construction standards for new jails established in Section .3400.

(h) Physical Value—For the purpose of this Rule, the physical value of the jail building shall be determined by the local building inspection department.

History Note

Statutory Authority G.S. 143B-153; 153A-221;
Eff. June 1, 1990.

rity considerations, and condiments shall be provided.

(c) While food is being transported, either from inside or outside the jail it shall be covered to prevent contamination. Food must be maintained at appropriate serving temperatures as specified in Commission for Health Services Rule 15 NCAC 18A .1522.

(d) Food shall never be used as a reward or punishment.

(e) Each jail shall keep a daily record of the number of meals served.

History Note

Statutory Authority G.S. 143B-153; 153A-221;
Eff. June 1, 1990;
Amended Eff. December 1, 1991.

.3103 FOOD AND NUTRIENT REQUIREMENTS

(a) The average nutrient content of weekly menus shall meet the Recommended Dietary Allowances of the National Academy of Sciences which are hereby adopted by reference pursuant to G.S. 150B-14(c).

(b) Daily menus shall include the following:

(1) Milk Group: Two servings;

(2) Fruit Group: Two servings, one of which shall be citrus;

(3) Vegetable Group: Three servings;

(4) Meat or Protein Group: Two servings;

(5) Cereal or Bread Group: Four servings of whole grain or enriched products; and

(6) Calories: 2,100—2,500.

(c) For all pregnant women and inmates under age 18, the milk group shall include four servings per day.

History Note

Statutory Authority G.S. 143B-153; 153A-221;
Eff. June 1, 1990.

.3104 MENUS

(a) Menus shall be prepared in consultation with a registered dietitian.

(b) Menus shall be written and portion sizes shall be specified.

(c) Menus shall be dated and posted one week in advance.

(d) Menus shall be served as written to inmates in the jail. Any necessary substitutions shall be of comparable nutritional value, and a written record of substitutions shall be kept.

(e) The same menu shall not be served at lunch and dinner on the same day.

(f) Dated menus and records of any substitutions shall be retained for three years.

History Note

Statutory Authority G.S. 143B-153; 153A-221;
Eff. June 1, 1990.

.3105 MODIFIED DIETS

(a) Modified diets shall be provided if prescribed by appropriate medical or dental personnel.

(b) Modified diets shall be provided when reasonably possible to accommodate the sincerely held religious beliefs of an inmate.

(c) Written menus for modified diets shall be prepared in consultation with a registered dietitian.

(d) Modified diets shall be served as written. Any necessary substitutions shall be of comparable nutritional value, and a written record of substitutions shall be kept. Dated menus of modified diets and records of any substitutions shall be retained for three years.

(e) Each jail shall maintain a current list of inmates requiring modified diets, and it shall be posted for use by staff.

(f) Each jail shall record the number of modified diets served at each meal, along with the name of each inmate and the type of modified diet that he or she received.

History Note

Statutory Authority G.S. 143B-153; 153A-221;
Eff. June 1, 1990.

SECTION .3200. HEALTH CARE OF INMATES AND EXERCISE

.3201 MEDICAL PLAN

(a) A written medical plan shall be developed in compliance with G.S. 153A-225 and it shall be available for ready reference by jail personnel. The medical plan shall include a description of the health services available to inmates.

(b) The written plan shall include policies and procedures that address the following areas:

(1) Health screening of inmates upon admission;

(2) Handling routine medical care;

(3) The handling of inmates with chronic illnesses or known communicable diseases or conditions;

(4) Administration, dispensing and control of prescription and non-prescription medications;

(5) Handling emergency medical problems, including but not limited to emergencies involving dental care, chemical dependency, pregnancy and mental health;

(6) Maintenance and confidentiality of medical records; and

(7) Privacy during medical examinations and conferences with qualified medical personnel.

(c) Inmates must be provided an opportunity each day to communicate their health complaints to a health professional or to an officer. Qualified medical personnel shall be available to evaluate the medical needs of inmates. A written record shall be maintained of the request for medical care and the action taken.

(d) Inmates shall not perform any medical functions in the jail.

(e) The medical plan shall be reviewed annually.

History Note

Statutory Authority G.S. 143B-153; 153A-221;
Eff. June 1, 1990;
Amended Eff. December 1, 1991.

.3202 HEALTH SCREENING FORM

The health screening form completed upon admission by an officer shall be available to jail officers, and a copy of the form shall be kept in any medical file that is maintained for inmates. The form shall be reviewed for the presence of confidential information which can not be made available to jail officers.

History Note

Statutory Authority G.S. 143B-153; 153A-221;
Eff. June 1, 1990;
Amended Eff. December 1, 1991.

.3203 MEDICAL ISOLATION

Each jail shall separate inmates who require medical isolation from other inmates, either by housing them in a separate area of the jail or by transferring them to another facility.

History Note

Statutory Authority G.S. 143B-153; 153A-221;
Eff. June 1, 1990.

.3204 EXERCISE

After the fourteenth consecutive day of confinement, each inmate shall be provided opportunities for physical exercise at least three days weekly for a period of one hour each of the days. Physical exercise shall take place either in the confinement unit if it provides adequate space or in a separate area of the jail that provides adequate space. The opportunity for physical exercise shall be documented.

History Note

Statutory Authority G.S. 143B-153; 153A-221;
Eff. June 1, 1990;
Amended Eff. December 1, 1991.

SECTION .3300. REPORTS

.3301 MONTHLY REPORT FOR JAILS

The sheriff or the administrator of a regional jail shall complete a monthly report on Form DHR-JDS-1 and send it to the Branch no later than the tenth day of the following month.

History Note

Statutory Authority G.S. 143B-153; 153A-221;
Eff. June 1, 1990.

.3302 REPORT OF DEATH

The report of an inmate death required by G.S. 153A-225 shall be submitted to the Branch within five days.

History Note

Statutory Authority G.S. 153A-221;
Eff. June 1, 1990;
Amended Eff. June 1, 1993.

SECTION .3400. STANDARDS FOR NEW JAIL DESIGN AND CONSTRUCTION

.3401 APPLICABILITY—CONSTRUCTION

(a) North Carolina State Building Code—Jails must meet the requirements of the North Carolina State Building Code in effect at the time of construction, additions, alterations or repairs.

(b) New Jails—The construction standards established in Section .3400 shall apply to all jail construction for which the final working drawings have been approved by the Branch after the effective date of this Rule. The operational standards in Sections .2300 through .3200 of this Subchapter will affect design options and shall be reviewed prior to submittal of working drawings.

Governor's Summit to Prevent Teen Tobacco Use

COOL

TOO COOL TO SMOKE OR SPIT

Message from the Governor

I would like to personally invite you to a two-day Summit on preventing teen tobacco use. This summit will serve as the kickoff to strengthen state and local efforts on this important health issue.

North Carolina has made significant efforts in preventing tobacco sales to minors. Stores are now denying sales to minors 75 percent of the time, up from 55 percent a few years ago.

But we've got to do more. Despite our work on the state level, and that of our partners on the local level, and in nonprofit organizations, the Centers for Disease Control and Prevention report that underage use of tobacco is on the rise, nationally and in North Carolina. I want to reverse this trend, and I need your help.

To be successful, we must involve youth, schools, health officials, parents, and community leaders in partnership with government, nonprofits, and businesses. The summit will help us connect these groups, help us start creating new initiatives to prevent teen smoking and to help young people quit. Together, we can make a difference for North Carolina's youth.

James B. Hunt Jr.

You are invited to be a part of a special delegation of high school and other community representatives to plan effective solutions to reduce teen tobacco use in North Carolina

January 7-8, 2000
Charlotte Convention Center
Charlotte, North Carolina

Preliminary Sponsoring Agencies:

Office of the Governor

North Carolina Department of Health and Human Services
Division of Public Health
- Project ASSIST
- Office of Minority Health
- Cardiovascular Health Program
- Women's and Children's Health Section

Division of Mental Health, Developmental Disabilities and Substance Abuse Services
- Substance Abuse Services Section
- Governor's Next Step for Youth Initiative

Division of Education Services

North Carolina Advisory Committee on Cancer Control and Coordination

North Carolina Department of Public Instruction
- Arts Education and Healthful Living Section
- Alternative Education/Safe Schools Section

Healthy Schools Initiative DPI/DHHS

North Carolina Department of Administration
- Youth Advocacy and Involvement Office
- North Carolina Commission of Indian Affairs

North Carolina Department of Crime Control and Public Safety
- Division of Alcohol Law Enforcement
- Governor's Crime Commission

American Cancer Society, Southeast Division

American Lung Association of North Carolina

North Carolina High School Athletic Association

The North Carolina Institute for Public Health The University of North Carolina at Chapel Hill

For conference updates visit *www.sph.unc.edu/oce*

Governor's Summit to Prevent Teen Tobacco Use

Purpose

The Summit will address underage tobacco use by educating and building the skills of leaders among youth, adults, communities, and businesses to develop action plans to:

- Eliminate tobacco use from all North Carolina school grounds and school events.
- Reduce tobacco sales to minors.
- Institute a tobacco education program as an alternative to suspension for students who violate the school tobacco policy.
- Conduct programs and activities that help young people quit using tobacco products.
- Organize school and community activities to support a norm of tobacco-free kids.
- Help schools and community youth groups develop and provide effective tobacco prevention education.
- Reduce young people's exposure to secondhand smoke.

Media strategies and issues for working with diverse groups will be discussed as part of each topic.

Highlights

- Teen "town meeting" with Gov. James B. Hunt Jr.
- Opportunity to hear from diverse teens on the challenges and pressures they and their peers face regarding tobacco use.
- Fun social activities.

All meals and breaks will be provided. There is no registration fee. Overnight accommodations will be provided for all teens, plus **one hotel room** per school district for adult chaperones. A limited number of rooms will be provided for chaperones of other youth organizations.

Please RSVP by November 24, 1999

This two-day exciting summit will bring together youth and adult leaders from schools, government, health, media, nonprofit agencies, and law enforcement to provide a means for North Carolina schools and communities to develop plans and coordinate effective tobacco use prevention efforts. **Please send in your registration form by November 24, 1999, to ensure your place in the summit.**

Accommodations for students and chaperones
A block of rooms has been reserved at the downtown Charlotte Hilton and Towers. These rooms will be provided for student participants, **one room** per school district for chaperones, and a limited number for chaperones of youth organizations. **Do not call the hotel to make a reservation.** Based on school district/chaperone recommendations, each student will be assigned a student roommate by the conference organizing committee once the registration forms are received and processed.

Accommodations for other conference participants
All other conference participants must pay their own hotel costs. Please make your own reservation by contacting one of the following hotels:

Omni Charlotte Hotel
704-377-0400
101 South Tryon Street
Charlotte, NC 28280
$89 per night plus 12.5 percent tax
Parking is $6 per day

Adam's Mark Charlotte Hotel
707-372-4100
555 S. McDowell Street
Charlotte, NC 28204
$53 per night (government rate), $99 (non-government rate) plus 12.5 percent tax
Parking is $4 per day

To ensure a space, reservations must be made by December 3, 1999.

Governor's Summit to Prevent Teen Tobacco Use

Registration form for non-high school delegation members

REGISTRATION FORM (HCE67900)
January 7-8, 2000
Conference Registration Fee: $None

Please check any of the following boxes that apply:

☐ This confirms my fax or telephone registration.
☐ I am a student, staff employee, or faculty member at UNC-Chapel Hill.
☐ I am an alumnus of the UNC-CH School of Public Health.

CHOOSE ONE OF FIVE WAYS TO REGISTER:
- Fax your registration form to 919-966-5692
- Register by phone by calling 919-966-4032
- E-mail all registration information to oce@unc.edu
- Visit our Web site at www.sph.unc.edu/oce
- Mail your completed registration form to:

REGISTRAR, Office of Continuing Education
UNC-CH School of Public Health
CB#8165, Tate-Turner-Kuralt Building
Chapel Hill, NC 27599-8165 (State Courier Code 17-61-04)

Name ______________________ Social Security # ______________
Agency ______________________ Email ______________
Business Address ______________________
City, State, ZIP ______________________
Courier Code ______________ County of Residence (if NC) ______________
Day Phone ____________ Evening Phone ____________ Fax ____________
Job Title/Position ______________ Occupation ______________

We ask that you voluntarily provide your Social Security Number with the understanding that it will be used only as an identification number for internal record keeping and data processing operations at the University of North Carolina at Chapel Hill. Admission to School of Public Health programs is without regard to race, sex, national origin, color, religion, handicap, age or veteran's status.

If you require any of the auxiliary aids or services identified in the Americans with Disabilities Act in order to participate in this conference, please contact the Office of Continuing Education at 919-966-4032.

Conference Agenda Overview

Friday, January 7, 2000

9:00 - 11:30 a.m.	**Conference Registration**
11:30	**Governor's Teen Town Meeting/Lunch** • Welcome • Tobacco Facts and Myths: Video Presentations by Teens
2:00 p.m.	**Transition to Workshops/Break**
2:30	**Workshops** • School Solutions; Media, Policy, and Programs; Youth Cessation; Tobacco on the Web; African-Americans and Tobacco; Legal Issues; Settlement 101; The Next Generation; Smoking and Teens; Spit Tobacco and Stoagies; Tobacco Use and Athletics; Parenting and Tobacco; Poster Contests; Peer Education Programs; Achieving a Smoke-free Campus
5:30	**Break/Hotel Check In**
6:45	**Dinner and Program on Media Literacy**
8:30	**Organized Social Activity Sessions**
11:00	**Adjourn for the Evening**

Saturday, January 8, 2000

7:30 a.m.	**Breakfast** Youth Activist /Advocacy Speakers
9:15	**Transition to Workshop**
9:30	**Showcase Sessions for Model Tobacco Use Prevention Programs**
10:45	**Break and Transition to District Teams by Region**
11:00	**Debriefing among District Teams/ Planning Sessions** • What Have We Learned? • What Will We Do When We Get Back Home?
12:30 p.m.	**Motivational Commitment Lunch/ Sendoff**
2:30	**Adjourn**

A detailed agenda will be available during the conference.

Office of Continuing Education
School of Public Health
CB# 8165, Tate-Turner-Kuralt Building
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Chapel Hill, NC 27599-8165

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Governor's Summit to Prevent Teen Tobacco Use

11/18/99

I hereby give my proxy for the Region 10 NCALHD meeting today in Raleigh to Wanda Sandele.

John Morrow

Wayne

Subject: Bill Johnson Memorial Scholarship Fund
Date: Mon, 24 May 1999 16:27:12 -0400
From: Colleen Bridger <ncs0795@interpath.com>
Organization: Stokes County Health Dept.
To: "Local Health Directors" <lhd@deh.enr.state.nc.us>

Hello everybody,

Bill Johnson was the Stokes County Health Director for 21 years prior to his retirement in December 1997. Several months after his retirement, Bill developed a large cyst on his back which (due to his limited sense of touch) became infected and led to sepsis, which caused him to be hospitalized. He battled with this ailment going in and out of the hospital for 3 months. His insurance finally put a stop to his stays in the hospital and placed him in a long-term care facility. He was released at his request to the care of his sister and shortly after his release (less than a week), Bill committed suicide by shooting himself in the head. His note said simply that he loved his family and friends very much but didn't want to spend his resources paying for a way of life he didn't enjoy. Instead, he donated his "resources" to several worthy causes including the Boy Scouts, Habitat for Humanity and the Arts Council.

The friends and family and community who loved Bill so very much would like to establish an endowment called the William H. Johnson Memorial Scholarship Fund in honor of Bill's 20 + years of service to public health. If funded at $20,000 it will provide a $1,000 scholarship each year for a student majoring in human services or the arts--two of Bill's dearest loves.

At the Health Director's Association Executive Committee meeting last week, they voted to match up to $400 of individual Health Director's contributions to the Bill Johnson Memorial Scholarship Fund. That added to the $100 contribution they voted on earlier means a potential contribution of $1,000 (or more if individual Health Directors contribute more than $500) from the Health Director community. Many of you had the pleasure of serving as Health Directors with Bill and have asked me how you can honor his memory. Please contribute to this scholarship. I think Bill would feel very honored to be remembered in such a fullfilling way.

Wayne Raynor has graciously agreed to receive your donations so that he can determine the appropriate match from the Association. So, please send your donations no later than August 31st directly to the Health Director's Association with a note indicating the Bill Johnson Scholarship endowment. If you have any questions about the Scholarship fund, please call me at (336) 593-2400.

Thank you all so much for the support and prayers you have showered on me and the staff. I'll keep you posted on our progress in raising the $20,000.

Warmly,

Colleen Bridger
Stokes County Health Director
Danbury, NC

Check #0802 written to:
"Stokes County Arts Council"
for $1,000.00 on 11/23/99

Wayne Raynor
Sect./Treas. 1999