

NCALHD ATTENDANCE ROSTER

May 15, 2008

Health Director Initial by County

Bold = Dues Paid (updated 05/14/08)

~~DA~~ ~~Amance/Tim Green, Interim~~
Albemarle District/Jerry Parks (E)
Alexander/Leeanne Whisnant
Anson/Dr. Francis Kateh (E)
~~AP~~ Appalachian Dist/Danny Staley (E)
Beaufort/Roxanne Holloman
Bladen/Wayne Stewart
~~Dy~~ Brunswick/Don Yousey
Buncombe/ Sharon Kelly West, Interim
Burke/David Rust
Cabarrus/Phred Pilkington
Caldwell/Denise Michaud
Carteret/J.T. Garrett
~~PEM~~ Caswell/Fred Moore
~~D~~ Catawba/Doug Urand
~~HC~~ Chatham/Holly Coleman
Cherokee/Bob Wood, Interim
Clay/Janice Patterson
~~MS~~ Cleveland/Denese Stallings
~~KS~~ Columbus/Kimberly Smith
~~NS~~ Craven/Wanda Sandele (E)
~~WR~~ Cumberland/Wayne Raynor
Dare/Anne Thomas
~~JA~~ Davidson/Layton Long
Davie/Barry Bass (E)
~~RD~~ Duplin/Ila Davis
Durham/Brian Letourneau
Edgecombe/Karen Lachapelle
Forsyth/Tim Monroe
~~AP~~ Franklin/Eric Ireland
Gaston/Colleen Bridger
Graham/Alicia Parham, Interim
Granville-Vance/Dr. Roddy Drake
~~LS~~ Greene/Linda Sewall (E)
~~MC~~ Guilford/Merle Green (E)
~~LP~~ Halifax/Lynda Smith (E)
~~GN~~ Harnett/John Rouse (E)
~~CR~~ Haywood/Carmine Rocco (E)
~~JM~~ Henderson/Tom Bridges
Hertford/Curtis Dickson

Hoke/Cynthia Oxendine
Hyde/Randy Clayton, Interim
~~OM~~ Iredell/Donna Campbell
Jackson/Paula Carden
~~MP~~ Johnston/Marilyn Pearson
~~MS~~ Jones/Kristen Richmond-Hoover
~~MS~~ Lee/Mike Hanes
~~MS~~ Lenior/Joey Huff
~~MS~~ Lincoln/Maggie Dollar (E)
Macon/Jim Bruckner
Madison/Carolyn Moser
~~TD~~ MTW/Kathleen DeVore Jones
Mecklenburg/Earl Mabry
Montgomery/Tammie Bell
Moore/Robert Wittman
Nash/William Hill, Jr.
~~NR~~ New Hanover/David Rice
Northhampton/Sue Gay
~~NRD~~ Onslow/George O'Daniel
~~NRD~~ Orange/Rosemary Summers (E)
Pamlico/ Howard Ellis
Pender/Jack Griffith
~~JC~~ Person/Janet Clayton
~~JM~~ Pitt/Dr. John Morrow
~~MMK~~ Randolph/MiMi Cooper
~~TY~~ Richmond/Tommy Jarrell
~~WR~~ Robeson/Bill Smith (E)
~~WR~~ Rockingham/Glenn Martin
Rowan/Leonard Wood
~~WR~~ RPM Dist./Buck Wilson (E)
Sampson/Wanda Robinson
~~RD~~ Scotland/Ron Sapp
~~DR~~ Stanly/Dennis Joyner
Stokes/Jenny Kirksey Braswell
Surry/Samantha Berryman, Interim
Swain/Linda White
~~JB~~ Toe River Dist./Lynda Kinnane, Jesse
Interim Greene
~~JS~~ Transylvania/Steve Smith

PJT Union/Phillip Tarte
Wake/Gibbie Harris (E)

JJ Warren/ James Jones

JJR Wayne/Jim Roosen

W Wilkes/Beth Lovette

Wilson/Felix Meyer

MR Yadkin/Mike Reavis

L Lynette Tolson, Executive Director

W Leah Devlin, N.C. State Health Dir.

TP Terry Pierce, Environmental Hlth Dir.

✓ Dennis Harrington, DPH Liaison

GUESTS AND LIASONS FROM OTHER ORGANIZATIONS

Denise Paulster DPH

Chris Rollins, NCPHA

Joanne Brassington, NCAPHA

Leah Devlin DPH

John Graham NCPHA

Robert Blackburn ANCBH

Jim Dillon, UNC SOG

Ynfonda McLean, RCHD

Division of Environmental Health Report

NCALHD Meeting

May 15, 2008

- Budget Question from April meeting
 - Budgetary Forms have been sent to LHD
- Private Well Programs
 - Spend the funds and send invoices ASAP
 - Guidance Document (Health Bulletin) from Aimee Wall will answer most questions
 - If going with State Rules for DW Wells, repeal or sunset Local Rules on June 30
 - Irrigation Well Rules can be adopted as local rules, Drinking Water Wells enforced under State Rules
 - Are permits issued under local rules valid after July 1? If so, how long are they valid?
 - Is testing required under local rules?
 - May need “State Policy” to clarify
- TFE Fees
 - Consolidated Contract revised will be sent to LHD this week
 - State fees being collected, no approval by Co Commissioners or Board of Health
- Lead Training and Funding
 - Covered in Env Cmte Report
- Legislation
 - Legislature convened Short Session on May 13, expected to be “fast and furious”
 - Raw Milk Bill-SB 948 : Small Dairy Sustainability – House Cmte on Agriculture
 - Lodging Changes- sponsored by Industry Association, trying to eliminate “weekly rentals”, associated with criminal activities
 - Drought Bill- drafted sponsored by DENR; restrictions on water use and allows reuse (bathwater) in certain Drought Conditions
- BETS Update
 - Virtual Machine has been loaded and working
 - Tweaking the laptop views and enhancements

Epidemiology Liaison Committee
NCALHD
May 13, 2008

Attendance:

The committee met via conference call.

Anne Thomas, Jim Roosen, Tim Monroe, Wanda Sandele, Denise Michaud, Merle Green, Roxanne Holloman, Bill Smith, Janelle Rhyne, Trish Blackburn, Vivian Mears, Abby Newton, Jennifer McCracken and John Morrow

State Staff: Jeff Engel, Jean-Marie Maillard, Del Williams, Evelyn Foust, Leslie Wolf.

HIV project:

Evelyn Foust informed the committee that the State is partnering with the NC Medical Society to help promote the new HIV rule changes and "Opt out" method to physicians across the State. There will be a webinar on June 2 from 9-10:30. This event is particularly targeted toward primary care providers, especially OB-GYNs. Continuing Medical Education credits will be offered. The conference will be broadcast from Chapel Hill and people are welcome to also attend there. Dr. Engel has sent out an email with more details on this event. Local Health directors need to invite their community doctors to participate.

Vector borne Disease Season:

Dr. Maillard informed us that the STARI study is underway in eastern NC. The 3 counties that have been selected include; Bertie, Craven, and Hertford. The project is under the direction of Dr. Phil Sloan at UNC. Physicians will be obtaining skin biopsies from adults with bull's eye rashes of at least 2" diameter and who have not been treated with antibiotics. They will be searching for non-human DNA in these skin biopsies in hopes to identify an organism that is responsible for these confusing illnesses that look like Lyme disease but are not.

Recreational Water Illnesses:

Dr. Engel alerted the group to an email press release from Laura Leonard with DENR about RWI's. There will also be an accompanying package of promotional materials. He also warned us about the risk of Cryptosporidium infections associated with "Splash Parks". Particularly older facilities may not have adequate filtration to prevent these organisms from surviving in the pools.

NCEDSS:

Del Williams updated the committee on the status of the premier of the NCEDSS program. Nash County just came onto the system and Wilson and New Hanover are scheduled later this week. The goal remains to get all counties onto the system by the end of this calendar year. A conference call is scheduled for 5/15 to look at training and implementation calendars. They would like to bring counties on ASAP to help simplify the whole system. Also getting laboratories on ASAP will help things run much

smoother. Tim Monroe brought up a question about the long-term expectations of these labs to report. Del responded that we are asking for cooperation at this point without requiring that they move to electronic reporting. If larger labs can be brought online, smaller ones will eventually follow suit. The CDC is forcing the State to require as of 5/15/08 that all STD reports include the lab report and the prescribed treatment. This is causing significant stress among LHD workers and in many cases is just not available. Del recommended that we do the best we can.

Blood Lead testing:

Dr. Wolf informed the committee that the State lab will not be charging local health departments for the testing containers for blood leads this year. Private physicians' offices will however need to pay for these. She also requested that we check our inventories since many more are being ordered than are coming back for testing.

Spraying of agricultural fields with Sludge:

Dr. Engel reported that there has been some recent concern by environmental groups in Wake and Alamance counties about the use of treated sludge which is permitted to be sprayed on agricultural fields as a fertilizer. Two major concerns from these groups perspective are odors and groundwater contamination. No significant public health risk has been clearly identified. Dr. Engel requested that if LHD's had experience with these types of operations that they please contact him.

There being no further business, the meeting adjourned.

Next meeting is scheduled for Tuesday, February 12th at 2:00 PM via conference call.

Respectfully submitted,

John H. Morrow, MD, MPH

Pitt County Health Director

**Association of North Carolina Boards of Health
ANCBH
Report to Health Directors, (NCALHD), May 15 , 2008**

Vision and Mission of ANCBH

Vision Excellence in public health in North Carolina.

Mission To provide leadership and support for local Boards of Health in their efforts to protect, promote and advocate for public health.

CONTACT US:

ANCBH phone #: ANCBH 704-466-8436 or 704-300-1365 (answering machine) New

Surface Mailing Address: ANCBH, 3420 Ridge Road Durham, NC 27705-5538

WEB PAGE: <http://www.ancbh.org/>

The ANCBH Board voted to be a co-sponsor with NCPHA and NCALHD of the 2008 Candidate Forum on September 25 in New Bern.

ANCBH continues to monitor activities of the Public Health Accreditation Board and public health accreditation. The new 20 member PHAB Board of Directors is now up and running. The Board met in Orlando, Florida on April 18 for a full day orientation session led by a non-profit governance consultant. Public health accreditation is much bigger than PHAB. I encourage you to visit the websites ASTHO, NACCHO (accreditation newsletter), NNPHI, PHF, CDC (National Public Health Performance Standards Program, Version 2.0) and the North.Carolina IPH, among others, to learn about various QI and accreditation preparation activities and research in areas such as the accreditation incentives work that has been done by North.Carolina IPH.

ANCBH is still working with ECU to complete our data base. We need your help: Report from East Carolina University-on those counties which have **not** completed the survey. (27 counties, 2 districts) May 13.

Alamance, Alexander, Anson, Bladen, Buncombe, Cabarrus, Caswell, Cherokee, Columbus, Davie, Franklin, Graham, Greene, Jackson, Lincoln, Madison, Mecklenburg, Nash, Onslow, Pamlico, Scotland, Stokes, Surry, Swain, Transylvania, Wake, Warren

Appalachian-(Alleghany-Ashe-Watauga)

Albemarle-(Bertie-Camden-Chowan-Currituck-Gates-Pasquotank-Perquimans)

Counties can fill out the survey online at:

http://www.surveymonkey.com/s.aspx?sm=VKJ1Shqb_2f_2bgN350G_2fPAUbw_3d_3d

Be sure to look for NC News in the next NALBOH Newsbrief.

“North Carolina’s Local Health Department Accreditation Program”—
presentation at the NALBOH/SALBOH Conference in Bowling Green, Ohio,
April 2008.

Policy and Planning Committee
5/14/2008

Local Public Health Performance Management

Committee:

- Consisted of DMT members and Local Health Directors: Don Yousey, Gibbie Harris, and John Rouse
- Reached consensus on the indicators
- See sample report

Uses for the report:

- Quality improvement tool, i.e., no funding consequences other than what is already stated in the AA
- Local agencies can use the data for strategic planning in conjunction with the CHA
- Identify agencies that may need additional TA
- Sharing of best practices
- Data can be used when requesting funding or policy changes

Report:

- Published on the website with county names and a narrative of how the data can and cannot be used (no press release will be made)
- Benchmarks for the WCHS indicators will be each individual county's negotiated benchmark
- Report will also include the state average and show whether the state is moving in the right direction

RECOMMENDATIONS

Chairs:

**Senator William Purcell, MD
Representative Bob England, MD**

RECOMMENDATION 1: PROVIDE LIABILITY PROTECTION FOR PRIVATE ENTITIES WHEN RESPONDING TO IN-STATE EMERGENCIES.

The Public Health Study Commission recommends that the General Assembly enact legislation to provide liability protection for private associations, private corporations and private non-profit entities and organizations that volunteer to aid in the response to in-State emergencies.

RECOMMENDATION 2: DIRECT THE NORTH CAROLINA GENERAL STATUTES COMMISSION TO STUDY THE UNIFORM EMERGENCY VOLUNTEER HEALTH PRACTITIONERS ACT AND MAKE RECOMMENDATIONS TO THE GENERAL ASSEMBLY.

The Public Health Study Commission recommends that the General Assembly enact legislation to direct the North Carolina General Statutes Commission to study the Uniform Emergency Volunteer Health Practitioners Act in consultation with interested parties and report to the 2009 General Assembly on the Commission's recommendations and legislative proposals.

RECOMMENDATION 3: CLARIFY CORPORAL PUNISHMENT POLICIES IN PUBLIC SCHOOLS.

The Public Health Study Commission recommends that the General Assembly enact legislation to clarify corporal punishment policies in public schools, to include defining what specific action constitutes corporal punishment, call for training in the administration of corporal punishment, and require annual reporting of corporal punishment administered to students.

RECOMMENDATION 4: APPROPRIATE FUNDS TO IMPLEMENT HIGH PRIORITY INITIATIVES WITHIN THE NORTH CAROLINA PUBLIC HEALTH IMPROVEMENT PLAN.

The Public Health Study Commission recommends that the General Assembly enact legislation to appropriate funds from the General Fund to the Department of Health and Human Services, Division of Public Health, to implement high priority initiatives within the North Carolina Public Health Improvement Plan, Public Health Task Force 2008 Final Report. Funds appropriated should be used to supplement and not supplant existing State, federal, county, or other funds allocated for the following identified purposes: build local health department capacity to provide the 10 essential public health services, implement "Eat Smart and Move More" the State's obesity prevention plan, support the State's smoking cessation help line, hire additional school nurses, provide universal childhood vaccines to all children in the State, and to fund improvements and the

operations of the Office of the Chief Medical Examiner's regional medical examiner facilities.

RECOMMENDATION 5: ENDORSE FINDINGS AND RECOMMENDATIONS PRESENTED IN THE PUBLIC HEALTH TASK FORCE 2008 FINAL REPORT – "NORTH CAROLINA PUBLIC HEALTH IMPROVEMENT PLAN".

The Public Health Study Commission endorses the findings and recommendations presented in the "North Carolina Public Health Improvement Plan," the Final Report of the Public Health Task Force 2008. Recommendations contained in the report identify issues, programs, and policies to which attention must be paid to enable the State to continue to improve the health of all residents of the State.

RECOMMENDATION 6: ESTABLISH IN LAW THE NORTH CAROLINA PUBLIC HEALTH INCUBATOR PROGRAM WITHIN THE NORTH CAROLINA INSTITUTE FOR PUBLIC HEALTH.

The Public Health Study Commission endorses the continued operation of the North Carolina Public Health Incubator Program and confirms the establishment of the Program by recommending that the Program and its mission be set forth in law.

Smoking in Local Government Buildings

Status Update as of May 6, 2008*

Background:

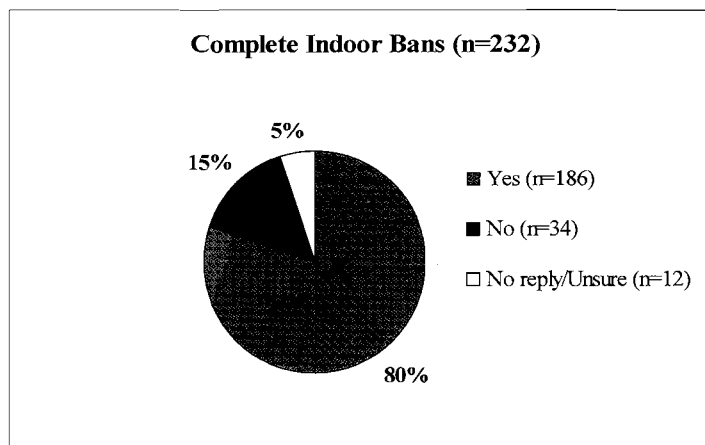
HB 24 (S.L. 2007-193), effective January 1, 2008, mandated that all state buildings be 100% smoke free, and restored *clear* local authority to local government entities to regulate tobacco use in their buildings and transportation systems.

The NC Tobacco Prevention and Control Branch (TPCB), has assessed:

- Status of current smoking regulations within local government buildings
- Knowledge of HB 24 and clear local authority to regulate smoking / tobacco use in their buildings
- Interest in strengthening or creating local regulations to restrict smoking / tobacco use
- **502** surveys completed for county and/or municipal governments within 93 counties

Major Findings:

- **232** counties or municipalities currently have a written regulation to restrict smoking or tobacco use. Of those with a written regulation, **186 prohibit smoking completely in ALL of their buildings. See maps* on pages 2 and 3.**
- Of those that do not already have a 100% smokefree policy, 34% of respondents indicate a **high or medium likelihood that they will adopt/strengthen policies in 2008.**
- Approximately **200** requests for more information on how to pass or strengthen their regulations, help tobacco users quit, or implementation.

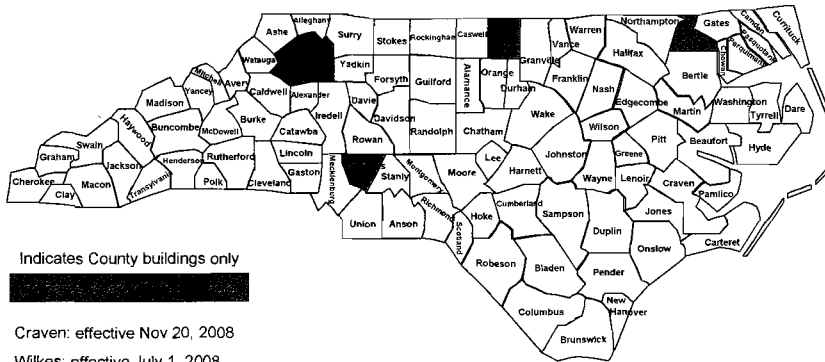


Next steps:

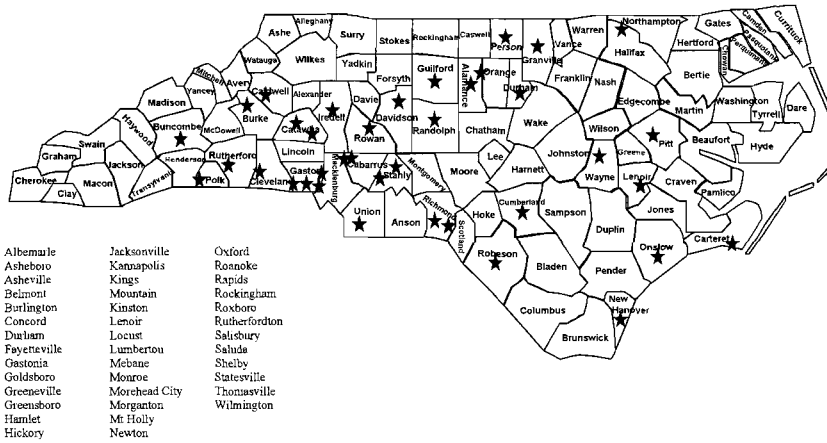
- Follow-up verification and updating of survey data
- All survey respondents and partners have received web-link to TPCB *Local Government Smoke-Free Implementation Toolkit*
- Planning 3 teleconferences (June 3rd, 5th and 10th) designed for local government participants to address strategies and resources for adopting and implementing a smoke-free air or tobacco-free regulation in local government

*Data continues to be collected and/or updates as counties and municipalities strengthen or adopt regulations. Updates to maps will be posted periodically at: <http://www.tobaccopreventionandcontrol.ncdhhs.gov/>

HB 24 DATA
 COUNTIES REPORTING WRITTEN REGULATION PROHIBITING
 SMOKING IN ALL COUNTY BUILDINGS

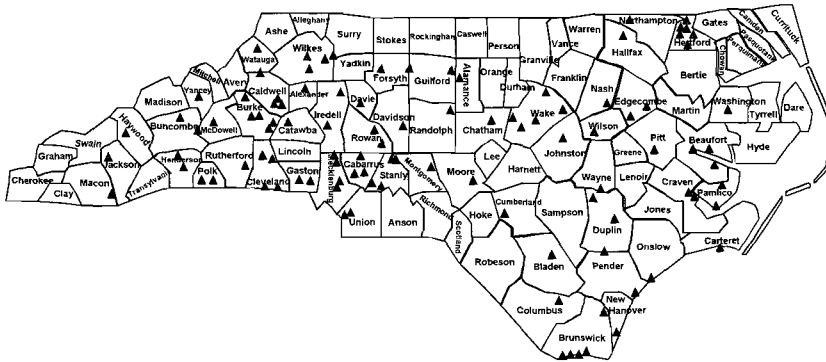


HB 24 DATA
 CITIES REPORTING WRITTEN REGULATION PROHIBITING
 SMOKING IN ALL BUILDINGS



*Data continues to be collected and/or updates as counties and municipalities strengthen or adopt regulations. Updates to maps will be posted periodically at: <http://www.tobaccoventionandcontrol.ncdhhs.gov/>

HB 24 DATA
TOWNS REPORTING WRITTEN REGULATION PROHIBITING
SMOKING IN ALL BUILDINGS



TOWNS REPORTING WRITTEN REGULATION PROHIBITING
SMOKING IN ALL BUILDINGS

- | | | | |
|------------------|----------------|---------------------|-----------------|
| Ahoskie | Earl | Lucama | Sawmills |
| Alliance | Elkin | Matthews | Sharpsburg |
| Aurora | Ellenboro | McAdenville | Siler City |
| Ayden | Elon | Midland | Stanfield |
| Badin | Emerald Isle | Minnesott Beach | Sunset Beach |
| Belville | Faison | Mint Hill | Surf City |
| Beulaville | Faith | Mocksville | Taylorsville |
| Biscoe | Fallston | Montreat | Troutman |
| Blowing Rock | Fletcher | Mount Olive | Tryon |
| Bolton | Garner | Mount Pleasant | Valdese |
| Burnsville | Gaston | Murfreesboro | Wake Forest |
| Calabash | Granite Falls | North Topsail Beach | Wallace |
| Carolina Beach | Granite Quarry | North Wilkesboro | Washington Park |
| Carolina Shores | Grover | Oakboro | Waynesville |
| Carteret | Halifax | Ocean Isle Beach | Weaverville |
| Carthage | Harmony | Old Fort | Weddington |
| Cary | Harrellsville | Oriental | White Lake |
| Chocowinity | Harrisburg | Pinetops | Wilkesboro |
| Cofield | Highlands | Pittsboro | Wilson's Mills |
| Columbus | Hildebran | Plymouth | Winton |
| Como | Holly Springs | Princeville | Zebulon |
| Connelly Springs | Hope Mills | Rhodiss | |
| Conover | Huntersville | Richfield | |
| Cramerton | Indian Trail | Ronda | |
| Davidson | Kingston | Rural Hall | |
| Denton | Laurel Park | Rutherford College | |
| Dillsboro | Liberty | River Bend | |



*Data continues to be collected and/or updates as counties and municipalities strengthen or adopt regulations. Updates to maps will be posted periodically at: <http://www.tobaccopreventionandcontrol.ncdhhs.gov/>

Survey Methodology:

TPCB created a survey tool to assess local government policies, which was implemented primarily by local Tobacco Control and Health Promotion Coordinators in local health departments. Data and sample regulations were collected and analyzed February-April 2008. Preliminary data was delivered to the Justus-Warren Heart Disease and Stroke Prevention Task Force April 30, 2008. Data continues to be collected and/or updated as counties and municipalities strengthen or adopt regulations.

Additional data as of May 6, 2008:

- 502 surveys completed out of 622* possible (81%)
 - County level data 77
 - City level data 70
 - Town/village level data 355
- 93 Counties participated (93%) to provide county and/or municipal level data

(*100 counties and 522 municipalities)

Local Governments that currently prohibit smoking in ALL their buildings (among those completing survey):

- 45 of 77 counties (58%) smoke-free
- 39 of 70 cities (56%) smoke-free
- 102 of 355 towns/villages (29%) smoke-free

Note: The counties and municipalities that completely prohibited smoking in their buildings prior to the effective date of HB 24 (January 1, 2008) justified their decision based on previous state statute that vaguely allowed such a policy if determined “impracticable” to create designated smoking areas inside the buildings.

Other noteworthy data:

- 61% of respondents were familiar with HB 24 and “clear” local authority
- Likelihood of adopting/enhancing smokefree policy is greater for jurisdictions requesting follow up information
- Counties and cities are more likely to have already adopted a written smoke free regulation than are towns.

Acknowledgements:

- The Justus-Warren Heart Disease and Stroke Prevention Task Force
- NC Association of Local Health Directors
- Statewide Health Promotion staff of the Physical Activity and Nutrition (PAN) Branch
- Local Health Promotion Coordinators in county health departments
- Local CDC/ASSIST Coordinators
- Tobacco Prevention and Control staff

*Data continues to be collected and/or updates as counties and municipalities strengthen or adopt regulations. Updates to maps will be posted periodically at: <http://www.tobaccopreventionandcontrol.ncdhhs.gov/>

A

P & P

Sign In

Dr. Mill
DUE RICE

Amsett

Don Yousoey

New Hanover

La Davis

Brunswick

Jim Martin

Duplin

George O'Wamey
Beth Covette

TPCB / DPH

Onslow

Wilkes

~~Paul Pitt~~
Denise Pauline

App Dist.

DPH

Joy J. Reed

DPH

Dennis Hargraves

DPH

Wanda Smith

Craven

J. J. Amos
Bell Smith

Toe River

Robeson

Paul Buescher

SCHS / DPH

John Morrison

Pitt

Kevin Ryan

DPH

Maggie Dallar

Lincoln

May 12, 2008

Dr. Edward Baker, Director
The North Carolina Institute for Public Health
CB #8165
The University of North Carolina at Chapel Hill
Chapel Hill, NC 27599-8165

Dear Dr. Baker,

The North Carolina Association of Local Health Directors is pleased to support your proposed project, The North Carolina Public Health Preparedness Research Center, which you are submitting to the Centers for Disease Control and Prevention in response to funding opportunity number RFA-TP-08-001 (Preparedness and Emergency Response Research Centers: A public Health Systems Approach [PO1]).

A research focus on systems research to improve and sustain the public health preparedness system in North Carolina is very timely as local health departments face growing demands with shrinking resources. As public health leaders, we are most interested in investing resources in approaches that will improve preparedness in our local communities.

We understand that your research, if funded, will focus on the impact of accreditation on preparedness, as well as on the effectiveness of the North Carolina Disease Event Tracking and Epidemiologic Collection tool (NCDETECT), the North Carolina Electronic Disease Surveillance System (NCEDSS), the Public Health Regional Surveillance Team (PHRST) system, and the North Carolina Health Alert Network (NCHAN). Our preparedness subcommittee will be happy to work with you to discuss how the research can focus on outcomes that have practical implications for local public health practitioners.

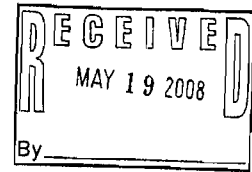
Thank you for your continued support of local public health in North Carolina. We look forward to our continued collaboration on this important issue.

Sincerely,

Rosemary Summers, DrPh
President
North Carolina Association of Local Health Directors



C
/



North Carolina Department of Health and Human Services
Division of Public Health • Local Technical Assistance and Training Branch
1916 Mail Service Center • Raleigh, North Carolina 27699-1916
Tel 919-707-5130 • Fax 919-870-4833

Michael F. Easley, Governor
Dempsey Benton, Secretary

Leah Devlin, DDS, MPH
State Health Director

MEMORANDUM

TO: Local Health Directors
FROM: Joy F. Reed, Branch Head *JFR*
Local Technical Assistance and Training
DATE: May 15, 2008
SUBJECT: Revisions to Consolidated Agreement for Fiscal Year 2008-2009

Enclosed you will find two copies of each of four pages, with revisions highlighted, from the Consolidated Agreement for the upcoming fiscal year. The four pages are:

- Page 4, which is being revised under item 11 Provision of Interpreter Services: we have just learned that our current language is inconsistent with Title VI requirements. Title VI does not allow an agency to charge for interpreter services if the *agency, not Program* receives any federal funding. Our current language is based on funding for a specific Program; the new language (highlighted) makes it clear that if the *agency* receives any federal funds, no Program or service offered by the agency may charge any client for interpreter services.
- Page 7, which adds language about budgeting the Temporary Food Establishment (TFE) fees collected by local health departments on behalf of the State.
- Page 8, which is being revised to: 1) reflect the correct dates for FY09; this is typo that did not get changed before the Consolidated Agreement was sent out and which has been changed and initialed by several local health departments prior to returning their signed copy of the Consolidated Agreement; and 2) reflect the reporting requirement for the expenditure of TFE fees.
- Page 13, which is being revised under H.2. to specify that local health departments must collect the TFE fees and that they may retain those funds without first sending them to the State.

One copy of each of the four pages should be initialed by the Health Director by each highlighted section and



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An Equal Opportunity Employer



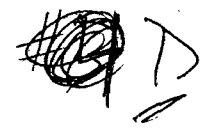
05/15/08

2

returned to the Contracts Office (1916 Mail Service Center, Raleigh, NC 27699-1916) by **June 6, 2008**. Your agency should keep the other copy of the revised pages and should insert them in your copy of the Consolidated Agreement. If you have questions or concerns, please contact me at 919-707-5131 or joy.reed@ncmail.net. Thanks for your continued hard work for public health in North Carolina!

cc: Leah Devlin Dennis Harrington
Chris Hoke Sharon Smith
Administrative Consultants PHMT

FY09 Cons AGreemt revisions.dot



Medicaid Targeted Case Management (TCM)

Federal Legislation: The Deficit Reduction Act of 2005 included language to redefine targeted case management. The intent was to reduce Medicaid expenditures for TCM. This stemmed from concerns that TCM was misused by some states to illegally shift costs from the state to the federal government.

CMS: Published an interim rule 12/4/2007 which became effective 3/3/2008.

Advocacy Activity: The new rule was strongly opposed by states and advocacy organizations as going beyond the statutory intent of DRA to limit all case management services in Medicaid not just TCM. States have been very vocal about the potential problems this presents to client's and the case management systems established to serve them. At least 5 states are suing CMS over the implementation of this rule.

DPH Programs Affected: MCC, CSC, MOW, HIV/AIDS, Early Intervention.

Potential Impacts Are:

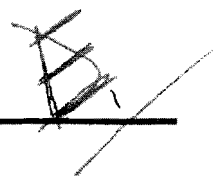
1. A reduction in funding from Medicaid for the provision of case management services.
2. A limitation in case management activities that could be provided to client's who are enrolled in Community Care (formerly Carolina Access).
3. Imposition of a new requirement that will limit the number of case manager's that may serve a client at one time. This would impact client's who are dually diagnosed with complex problems eg. pregnant women with severe behavioral health problems typically served by health departments and mental health case managers.

Actions Underway:

1. Congressional action through recently passed legislation in the house would place a moratorium on implementing this regulation until April 2009. Similar legislation is pending in the Senate. We are supporting this legislation.
2. DPH is continuing to work with staff at the Division of Medical Assistance to address our concerns about the potential negative impact of this rule on the public health system and Medicaid clients. We are providing our input on potential solutions that would help mitigate any negative impacts from this change.

Timeline: The Division of Medical Assistance must submit to their federal agency, CMS, by June 30, 2008, North Carolina's initial plan for handling implementation of new requirements. We expect to hear back from them shortly after that about any changes in policy or reimbursement that would affect our programs.

John Rouse



From: Denise Pavletic [Denise.Pavletic@ncmail.net]
Sent: Friday, May 02, 2008 3:55 PM
To: Denise Pavletic
Cc: Leah Devlin; Steve Cline; Paul Buescher; dennis Harrington; Joy Reed; John Rouse; Don Yousey; Gibbie Harris; kevin Ryan
Subject: Local PH Performance Measurement Committee
Attachments: 4.30.2008 P&P sample.xls

Good Afternoon Local PH Performance Measurement Committee (AKA Local Accountability),

I met with Leah and her DMT to present the pilot report as we discussed at our last meeting and we are moving forward with the project. Below is what I will present to Policy and Planning on May 14th:

Policy and Planning Committee

5/14/2008

Local Public Health Performance Management

Committee:

- Consisted of DMT members Don Yousey, Gibbie Harris, and John Rouse
- Reached consensus on the indicators
- See sample report

Uses for the report:

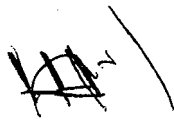
- Quality improvement tool, i.e., no funding consequences other than what is already stated in the AA
- Local agencies can use the data for strategic planning in conjunction with the CHA
- Identify agencies that may need additional TA
- Sharing of best practices
- Data can be used when requesting funding or policy changes

Report:

- Published on the DPH website with county names and a narrative of how the data can and cannot be used (no press release will be made)
- Benchmarks for the WCHS indicators will be each individual county's negotiated benchmark
- Report will also include the state average and show whether the state is moving in the right direction (this is something new Leah wanted to be added)

I am attaching the sample report that I will distribute so everyone has an idea of what data is included. Please let me know thoughts and feedback.

Enjoy this nice weather!



Local Public Health Performance Measurement
Report
5/14/2008

Pavletic County

DATA IS FOR ILLUSTRATION PURPOSES ONLY

	1998-2000				2001-2003				2004-2006					
	Benchmark #1	Performance	State Average	Met First Benchmark?	Benchmark #2	Performance	State Average	Met Second Benchmark?	Benchmark #3	Performance	State Average	Met Third Benchmark?	County moving in Right Direction?	State moving in the Right Direction?
Percentage of Medicaid Deliveries where MCC services were received*	69.8	69.8	50.4	Yes	69.8	54.4	44.7	No	69.8	40.6	32.7	No	No	No
Percentage of Medicaid Deliveries where Prenatal WIC was received*	75.7	82.6	75.7	Yes	75.7	69.3	72.7	No	75.7	74.5	70.0	No	No	No
Projected Family Planning Caseload In Ratio to Previous 3-year Avg	1.00	1.04	1.00	Yes	1.00	1.09	1.00	Yes	1.00	1.00	1.00	Yes	Yes	Yes
Adolescent Pregnancy Rate per 1,000 pop., Females 10-17	18.9	20.6	18.9	No	14.9	17.0	14.9	No	14.0	16.0	14.0	No	Yes	Yes
Percentage of Medicaid enrolled children 0-21 years receiving Health Check*	64.6	64.6	62.9	Yes	69.9	68.0	69.9	No	64.6	72.5	70.9	Yes	Yes	yes
Percentage of Medicaid enrolled children 1-2 years receiving Blood Lead Screening*	48.2	27.9	48.2	No	54.8	36.0	54.8	No	48.2	38.5	56.4	No	Yes	yes
Percentage of TB cases placed on direct observed therapy	90.0	33.3	80.0	No	90.0	70.0	80.0	No	90.0	80.0	80.0	No	Yes	yes
Close contacts who begin treatment for latent infection who complete treatment	90.0	n/a	n/a	n/a	90.0	61.9	80.0	No	90.0	80.0	85.0	No	Yes	yes
Percentage of 2 year olds receiving services at LHD with age-appropriate immunizations	90.0	37.6	50.0	No	90.0	54.8	55.0	No	90.0	55.0	55.0	No	Yes	yes
Local Health Dept has developed an All Hazards Plan & conducted two exercises annually	Yes	Yes	n/a	Yes	Yes	Yes	n/a	Yes	Yes	Yes	n/a	Yes	n/a	n/a
Percent of evidence-based environmental & policy changes for PAN & Tobacco achieved	n/a	n/a	n/a	n/a	90.0	66.7	65.0	No	90.0	70.1	66.0	No	Yes	Yes
Percent of BCCP age-specific targets achieved for mammograms	80.0	75.0	80.0	No	80.0	n/a	80.0	n/a	90.0	80.0	80.0	No	Yes	Yes
Percent compliance inspecting food & lodging institutions on schedule	100.0	100.0	75.0	Yes	100.0	99.7	75.0	No	100.0	100.0	80.0	Yes	Yes	Yes
				55%				17%				31%	83%	83%

*Benchmarks used are the negotiated benchmarks for each county