

ORANGE COUNTY HEALTH DEPARTMENT
Board of Health Policy and Procedure Manual

Section I: Board Adopted Policies
Policy A: Requests for Environmental Services and Assessments
Reviewed By: Board of Health & Health Director & Environmental Health Division Director
Approved By: Board of Health

Policy I.A.

This policy covers processing and budgetary considerations regarding requests from citizens and communities for environmental services and assessments to determine whether environmental contaminants are present, environmental degradation has occurred or for the applicant's information for future reference.

Purpose:

The purpose of this policy is to determine when environmental services, surveys or assessments will be conducted and also to set forth the funding mechanisms for those actions. Also covered within the policy scope are the decision tree for when community assessments will be considered and the ensuing financial responsibilities for those expanded efforts. This policy is not intended to cover nor does it cover applications, inspections, approvals or other processes for regulatory programs generally administered in the Environmental Health Services Division.

Section I Policy Overview

1.0 Environmental Health routinely receives concerns and queries from Orange County residents regarding environmental investigations to determine whether an environmental exposure exists and also whether unusual disease prevalence is occurring. These requests may arise from an individual or from communities. This policy addresses general and specific practices for these requests and assigns responsibilities for their dispensation.

Section II Individual Requests

1.0 Individual residents may request services and environmental assessments for their property, whether owned outright, leased, rented, or otherwise legally occupied. These services include septic inspections, water samples, indoor air quality (IAQ) assessments, vector control inspections, single disease case investigations, or other services germane to current or future environmental health programs.

Section III Community or Collective Requests

1.0 The following types of community or collective studies and assessments will be considered and acted upon by staff with the appropriate approval(s) when environmental conditions are suspected as a causative factor:

1.1 Acute and Chronic Disease

- a. Airborne, vector-borne and waterborne diseases are environmentally related in their transmissions and may affect a community as a whole. Chronic diseases such as asthma and cancer can have causative factors related to environmental conditions and exposures. The investigation of acute and chronic diseases would be indicated with confirmed cases of

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those diseases in rates extraordinary to baseline rates for Orange County or statistically expected rates for that community. Investigations will be carried out in accordance with best epidemiological practices established by the EPI Team* in each community or collective request.

- b. OCHD will conduct community studies for acute and chronic diseases suspected of originating from environmental exposures and for wells and septic systems failures when data or reports indicate that study beyond the individual level is needed to confirm or deny multiple sources of contamination leading to acute and/or chronic disease under investigation.

1.2 Wastewater and Well Water Studies

- a. Community studies will be considered and acted on or deferred by OCHD based on several risk factors and other defined considerations. Those include the following:
 - 1. The study area consists of more than 5 households.
 - 2. Known disease-causing environmental contamination (chemical releases, improper biosolids applications, underground storage tanks, junkyards, etc.) that could adversely affect a natural resource (groundwater, stream, etc.) or negatively impact more than a single property in that community.
 - 3. Known geophysical conditions (e.g., underlying rock structure that might lead to high levels of natural radon release, severe disturbances of the underlying structure) with a scientifically documented negative environmental impact potential that could affect the intended use and sustainability of property in the community.
 - 4. More than 30% of the individual wells in a given geographical community were drilled prior to 1981 or more than 30% of the septic systems in the community are more than 20 years old.
 - 5. Protection of water supply resources (protected water supply watersheds, water quality critical areas, wellhead protection areas, etc.).
- b. Statistical Studies may be considered in order to gain important information about septic system failure rates or groundwater quality or quantity characteristics. Examples in this category might include:
 - 1. comparing septic system failure rates in mobile home parks with those of neighborhoods with stick built construction;
 - 2. examining the existing data for septic system repairs to identify common characteristics of failed systems;

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3. studying the effect of water softener systems on septic system failures;
4. exploring the relationship between well water quality and the age of the well, length of casing, landscape position, etc.
5. gathering baseline water quality data and tracking water quality over time in a defined geographical study area near a suspected environmental hazard (such as a biosolid application site)

Section IV Funding

- 1.0 Individual Requests: The cost recovery for individual testing and assessments will come from fees for service administered according to the Environmental Health Division's Fee and Application Policy and from the fee schedule approved by the Board of Health and the Board of County Commissioners. In the case of an individual disease investigation that is a direct follow-up to an outbreak, the individual charge is waived.
- 2.0 Community Surveys: The direct operational costs for materials needed for community related surveys, assessments and other studies will be paid for by Orange County as specified in Section V of this policy **if**:
 - a. surveillance data or other confirmed and documented medical or scientific reports indicate a potentially environmentally caused or transmitted disease prevalence at abnormal levels in that community, or
 - b. at least three of the five items in Section III. 1.2a are met.
- 3.0 Studies requested by other governmental agencies will be evaluated by the Health Director and County Manager as appropriate.

Section V Community Study Funding Approvals

- 1.0 When estimated operational costs are less than or equal to \$250, the Orange County Health Director will approve or deny the study and the study will be funded through the Environmental Health Services budget.
- 2.0 When estimated operational costs are greater than \$250 but less than or equal to \$2,500, the Orange County Health Director will approve or deny the study based on current availability of budgetary and staff resources and present it to the Orange County Board of Health for final decision. The Health Director will determine the specific funding source for an approved study.
- 3.0 When estimated operational costs are greater than \$2,500, or if the budgetary and staff resource needs are greater than available in the Health Department budget, the Orange County Health Director will recommend to approve or deny the study and present the recommendation to the Orange County Board of Health for consideration. The Board of Health's recommendation will be

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presented to the Orange County Board of County Commissioners for final decision and funding source identification if approved.

*The EPI Team is the interdisciplinary health department staff team that is responsible for all outbreak investigations.

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I. Purpose

- A. Public health services are increasingly costly to provide. The Health Department serves the public's interest best by assuring that all legally required public health services are furnished to all citizens. The department provides recommended and requested public health services based upon the priorities established by the Board of Health.
- B. Fees are a means to help provide services to the residents of Orange County. Fees help finance and extend public health services when government funding is not sufficient to support the full cost of providing all required and requested services.
- C. Fees for Orange County Health Department services are authorized under North Carolina G.S. 130A-39, provided that:
 - 1. They are in accordance with a plan recommended by the Health Director and approved by the Board of Health and the Orange County Board of Commissioners.
 - 2. They are not otherwise prohibited by law.
 - 3. They are deposited to the account of the local Health Department for public health purposes in accordance with the provisions of the Local Government Budget and Fiscal Control Act.
- D. Fees for services must also be in compliance with N.C. Administrative Code, Title X Regulations, and Women, Infant and Community Wellness Section, NC DHHS Program Rules.
- E. There will be no charge for Title X Services provided for individuals with income less than 100% of the Federal Poverty Level (FPL.)

II. Policy Implementation

The implementation of this policy is delegated to appropriate financial or support staff in each division of the health department.

III. Income Eligibility

A. Definitions

- 1. Definition: A family is defined as a group of individuals who are living together as one economic unit. Individuals are considered members of a single family or economic unit when their production of income and consumption of goods are related. A pregnant woman is counted as a family of two in determining family size.
- 2. Income eligibility requirements apply to: Dental Health, Family Planning, Child Health, Maternal Health, Adult Health, Nutrition Services, Family Home Visiting, and Primary Care Services.

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3. The Health Department utilizes a sliding fee scale based on Federal Poverty Guidelines in accordance with the Fee Schedule approved annually during the County Budget process. NC DPH updates and issues the scale yearly. Specifically, the health department uses the 101% - 250% Federal Poverty Level sliding scale. Determination of Sliding Fee percentage is based on gross income and family size.
4. Verification of income is required at time of enrollment for services, at the annual financial interview, or if there is a change in the work status in the family unit for clients to be eligible for the sliding fee scale.
 - a. An annual gross income statement is preferred for evaluation.
 - i. Gross income is defined as the total of all cash income before deductions for income taxes, employee social security taxes, insurance premiums, bonds, etc. For self-employed applicants, net income after business expenses. Gross income does NOT include money earned by children for babysitting, lawn mowing and other tasks.
 - ii. In general gross income includes: salary, wages, commissions, fees, tips, overtime pay, unemployment compensation, public assistance money, alimony and child support payments, Social Security benefits, VA benefits, Supplemental Security Income (SSI) benefits, retirement & pension payments, worker's compensation, bonuses, prize winnings and other sources of cash income except those specifically excluded.
 - b. Family Planning Income Verification process is as follows:
 - i. Reasonable attempts to verify income include asking the client for proof of income at initial and subsequent family planning visits;
 - ii. Phone calls should not be made nor letters sent for the purpose of obtaining proof of income;
 - iii. Proof of income the client provided in another Health Department program may be used to complete the eligibility process. If financial status has changed since this initial verification, the client's verbally reported income must be used on the date of service;
 - iv. Patients must not be charged 100% if they do not have proof of income at the time of service;
 - v. The eligibility process should still be completed, and a sliding fee scale (SFS) discount of 0% to 100% should be applied based on client's verbal declaration of income.
 - vi. Document the conversation and outcome clearly and thoroughly in the medical record.

B. Sources

1. Sources of income verification may include, but are not limited to:
 - a. Current pay stub
 - b. Self-employment accounting records
 - c. Letter documenting current employment and wages from employer
 - d. Recent income tax return

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- e. Unemployment or workers compensation receipt
 - f. Public assistance letter
 - g. Prior income verification through enrollment in other Health Department programs
2. If an individual claims “no income” (except for minors consenting to specific services under G.S. 90-21.5), a signed “Verification of Income and/or Residency” form (Attachment A) indicating financial support from another party must be submitted.
 - a. Family Planning clients may make a verbal declaration of income without any supporting documentation.¹
 3. Failure to provide verification within 30 days or less of date of service will result in charges being assessed at 100% of sliding fee scale. The client will receive notification of required income verification at the time the initial appointment is made.
 - a. Family Planning clients cannot be charged 100% of sliding fee scale because they do not provide proof of income or verification of income.
 4. The client must read, sign and understand the “Determination of Eligibility Payment Plan for Clinical Services” and “Statement of Financial Responsibility Payment Plan” form (Attachment B) at their initial visit and annual financial reviews.

C. Environmental Health

Persons seeking Environmental Health services must obtain and properly complete an application for service and pay the corresponding fee for service (all applicants pay at the 100% pay status) before an appointment for a field visit will be scheduled. Sometimes additional fees may be necessary if during service delivery it is determined that the correct fees were not initially paid, or services requested are more than applied for. Wastewater Treatment Management Program (WTMP) and Mobile Home Park fees are the only Environmental Health services invoiced after the inspection. These inspections are not application based but occur on a regulated, recurring schedule.

IV. Residency Requirements

- A. Any individual, Orange County resident or non-resident, may be eligible for services provided by the Health Department. Exceptions include non-STD Communicable Disease cases, designated Family Home Visiting programs (Orange County residents only), and when prohibited by law or regulation.
- B. Proof of Residency may be determined by using the US Postal and/or Orange County GIS website and one of the following: Driver’s License, Government-issued identification, Pay Stub (Within the last 30 days), Utility bill (Within the last 45 days); Current rental or lease agreement; Personal or property tax bill; Student identification,

¹ 2021 Title X Rule Change

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and Matrícula Consular (Mexican ID Card²). Clients without one of the above identifying information sources but reportedly living within the county will be required to produce a written statement or letter from the head of household, verifying that the person resides in their home. Special cases will be referred to the Clinic Manager or Supervisor. Failure to provide proof of residency may result in referral to another resource.

- C. Proof of Orange County Residency is required for self-pay patients to be eligible for the sliding fee scale when requesting Maternal Health, Child Health, Primary Care, Nutrition Services, and Dental Health Services. All out-of-county Maternal Health, Child Health, and Family Planning patients must be placed on a sliding fee scale. Out-of-county Nutrition and Dental patients will be assessed at 100% of charges not covered by a third party payer source.

V. Service Limitation/Denial

- A. Services will not be denied based solely on the inability to pay, with the exception of those services that require a flat or minimum fee. Emergency dental services and urgent primary care services will be provided to clients regardless of any outstanding balance due.
- B. Otherwise, services may be denied if the department does not have the resources needed to provide a quality non-mandated service or the individual does not meet the residency or financial requirement.
- C. Family Planning, Maternal Health, and Child Health clients will never be refused service or be subject to variations in service due to an outstanding balance or inability to provide proof of income. Health Department clients are eligible to receive these services regardless of their participation in other programs. Family Planning, Maternal Health, and Child Health services are voluntary to all clients.
- D. Falsification of eligibility by the client may result in denial or limitation of services.
- E. The Health Department shall not deny a service due to religion, race, national origin, creed, sex, marital status, familial status, sexual orientation, sex characteristics, marital status, familial status, gender identity, number of pregnancies veteran status or age.
- F. The Health Department shall assure that no otherwise qualified handicapped individual, solely by reason of his/her handicap, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity covered by this agreement.

² The **Matrícula Consular de Alta Seguridad (MCAS) (Consular Identification Card)** is an identification card issued by the Government of Mexico through its consulate offices to Mexican nationals residing outside of Mexico. Retrieved from http://en.wikipedia.org/wiki/Matr%C3%ADcula_Consular on October 14, 2012.

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- G. The Health Director can override any decision to deny or limit services to a client in accordance with the existing fee waiver process.

VI. Fees for Services

- A. In order to facilitate early entry into prenatal care or family planning services, pregnancy test charges will be adjusted to 0% on the sliding fee unless they are required as part of another service.
- B. Fees are not charged to self-pay clients for diagnosis and treatment of sexually transmitted diseases, or investigation and control of communicable diseases. There is also no charge to clients for any State-provided vaccine.
- C. Fees are charged for health and dental services provided to individuals unless prohibited by law or regulation. Fees are established based upon cost analysis, Medicaid and Medicare rates, comparable provider rates and/or state or contractual agreements. The Health Director shall inform the Board of Health and the Orange County Board of Commissioners of these adjustments in a timely manner.
- D. Fees may be charged to clients for “non-program” specific services without being adjusted on a sliding fee scale (flat fees).
- E. Fees may be charged for education, community-based limited clinical services (such as influenza shots) and screening services provided to individuals or groups. The following applies to these services:
 - 1. They include orientation, field training, dental screening and education, and/or other health promotion activities such as infant and toddler car seats, bike helmets, or equipment rental.
 - 2. The Health Director will negotiate fees for services where fees have not been previously determined.
 - 3. Income eligibility requirements do not apply to these services.
- F. Per NC General Statute Chapter 7B, Subchapter 4, Article 35, and confidentiality regulations, emancipated minors and other individuals requesting confidential services will be considered a family of one for determination of charges. Private insurance will also not be billed for minors receiving services for which they can consent unless permission is received from the minor.
- G. Persons requesting any program services may be encouraged to apply for Medicaid, as applicable.
- H. The Personal Health Services Division clinical and nutrition services will use the appropriate sliding fee schedule for services when adjustable fees are allowed; all other fees will be charged at 100%.

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1. Clients, who require services provided on the sliding fee schedule, are expected to pay the appropriate fee in full based on sliding fee guidelines.
 2. This schedule will require assessment of the client's financial status on an annual basis or when a financial status change occurs, as specified in section III.
- I. Dental Health Services, Primary Care Services, and Nutrition Services will use a sliding fee schedule for all services, with a minimum charge to be established at the annual fee review during the budget preparation process.
1. The minimum charge for dental, primary care, and nutrition services will apply regardless of the determination of the client's financial status.
 2. If a client is determined to fall at the 0% pay level, the minimum charge will be the only charge levied and collected unless the client is deemed homeless.
 3. Minimum charge is due at time of service.
- J. Fee schedules will be reviewed annually during the budget process and adjusted as appropriate; a complete cost analysis for purposes of fee adjustments will be performed every five years. The process for this cost analysis includes a review of the following elements:
- a. Most recent vaccine and drug purchase costs
 - b. Most recent lab pricing lists
 - c. Most recent Medicaid Cost Settlement data for procedure costs
 - d. Environmental Health equipment, labor, and staff costs
 - e. Review of fee schedules of surrounding jurisdictions
 - f. Analysis of existing self-pay client base and how increased costs would affect their ability to get necessary care
- K. Based on G.S. 130A-41, the Health Director is authorized to enter into contracts, which may include negotiated reimbursement rates.
- L. The Health Director may not make exceptions to the Fee Policy except to accommodate specific situations through the fee waiver process (Attachment C).
- M. Any minimum administrative fee or flat fees shall be applied without discrimination to all patients.
- N. There will be no "schedule of donations", bills for donations, or any other implied coercion for donations from clients as a condition for being seen at the Health Department. Donations to the health department can be made through the Orange County Community Giving Fund. Fees for services will not be waived because of client donations.
- O. Orange County Health Department bills Medicaid the acquisition cost of medication or devices purchased through the 340B drug program. All 340B drugs and devices are identified with a UD modifier in the EPIC billing system. 340B drugs and devices are billed to Medicaid with an FP and UD modifier. The appropriate NDC code must also be included. Drugs and devices purchased

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through the 340B program are labeled as 340B and stored separately from other medications and supplies.

VII. Fee Collection

- A. Environmental Health service fees are paid before an appointment is scheduled. Field staff cannot accept fees in the field.
- B. Fees collected from Medicaid and Medicare and other third party insurance for a covered service, combined with payment of any applicable co-pays and co-insurance, constitutes full payment for that service.
- C. A co-payment, deductible, or balance of charge can be collected at the time of service from individuals covered by other third party insurance plans when OCHD is a member of their provider panel (exception family planning). For Family Planning clients, family income should be assessed before determining whether co-payments or additional fees are charged; if their family income is verified to be at or below 250% FPL, they should not pay more (in copayments or additional fees) than what they would otherwise pay when the schedule of discounts is applied. With regard to other insured clients, payments towards a deductible for clients whose family income is verified to be at or below 250% FPL should have the appropriate sliding fee schedule applied.
- D. If OCHD is not on the insurance provider panel, the client will be charged for the service(s) based on the Health Department's fee schedule. The client will be provided with documentation of services for submission of a claim to their insurance company.
- E. After charges are processed, the client will be given a statement showing the cost of services for that visit as well as their total account balance upon request.
- F. Payment is due at the time services are rendered.
- G. When the client is unable to pay in full at the time services are rendered, a payment plan is established, and the client must sign a "Payment Agreement Form" (Attachment D) except for minimum-fee or flat-fee charges. Client must then make a payment in any amount in order to activate the payment plan.
- H. Fees may be waived for individuals who, for good cause, are unable to pay. This process is outlined in Attachment C. Fee waivers are approved by the Health Director and each instance of fee waiver shall be documented on Attachment C in agency administrative records maintained by the Compliance Manager.
- I. When a client requests "no mail", discussion of payment of outstanding debt shall occur at the time the service is rendered. A remark regarding "no mail" is entered into the medical data system. No letters or other correspondence concerning insurance or past

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due accounts will be sent to any client that requests “no mail”. Reasonable efforts will be made to collect charges without jeopardizing client confidentiality.

- J. The Billing Cycle for the Health Department (by Division) is as follows:
If a debt is not paid, when the client attempts to make another appointment, the client will be told they have a previous balance, and they must have an active payment plan or make a payment at time of next service except for Family Planning clients.
1. Personal Health Division
 - a. Billing statements will be sent no more than three days after charges post to client ledger. Statements will be sent to clients for the next two consecutive months for balances due. After three consecutive months with a past due balance, accounts will be forwarded to the County Attorney Office and pursued through debt set-off in accordance with the county policy. Accounts with a balance of less than \$50 will remain delinquent until paid or written-off.
 2. Dental Health Divisions
 - a. Bill statements will be sent monthly by the tenth of the month for two months after services have been rendered indicating a statement of balance due. Every quarter, all accounts with a balance \$50 or more that are more than 60 days past due will be forwarded to the County Attorney Office and pursued through debt set-off in accordance with the county policy. Accounts with a balance of less than \$50 will remain delinquent until paid or written-off.
 3. Environmental Health Division
 - a. An initial invoice for additional or miscellaneous Wastewater Treatment Management Program (WTMP) charges is mailed with the inspection form.
 - b. If no payment is received within 90 days, a second notice is mailed.
 - c. If no payment is received after an additional 30 days and the debt is \$50 or greater, the account is forwarded to the County Attorney’s Office, which will pursue it through the county’s debt set-off procedure.
 - d. Debt owed by a corporation or non-individual is dissolved upon sale of property.
 - e. The county attorney’s office has deemed debt that becomes part of an estate will become dissolved.
 - f. If the client presents and voluntarily wishes to pay on the account, any amount the client offers will be accepted, documented in the client file, and a receipt will be provided.
 - g. Mobile Home Parks are billed annually on the calendar year. The procedure is the same as noted above.
- K. Insurance and Third Party Billing
1. Where a third party is responsible, bills are to be submitted to that party;
 2. Third parties authorized or legally obligated to pay for clients at or below 100% FPL are properly billed.

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3. Third party bills (including Medicaid) show total charges without any discounts unless there is a contracted reimbursement rate that must be billed per the third party agreement.
4. The health department will bill insurance and managed care organizations for which provider approval has been established. The patient will be responsible for all deductibles, coinsurance and non-covered charges.
5. Patient or parent/guardian signature is required to give authorization to file claims and provide necessary information to the insurance company (Attachment E).
6. Patients, or the accompanying parent/guardian of an un-emancipated minor with appropriate insurance benefits, who receive public health services will be given the opportunity to choose whether to have insurance filed in order to avoid breach of confidentiality or pay the associated fee according to where the patient falls on the sliding fee scale.

VIII. Review and Approval

- A. This Policy shall be reviewed annually by the leadership team. The leadership team consists of representatives from each division, and includes the Health Department's Finance and Administrative Services Director
- B. Any policy revisions must be approved by the Health Director and the Board of Health.

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Policy C: Community Assessment Policy
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Policy I.C.

This policy establishes that the Orange County Health Department will complete a Community Health Assessment (CHA) every four years that ensures community input and a State of the County Health (SOTCH) report in the interim years between assessments, according to guidelines published by the North Carolina Division of Public Health.

Purpose

The purpose of this policy is to provide guidelines for the development of the CHA and SOTCH report and to ensure that these are collaborative efforts that include input from community members, county agencies and organizations, the Board of Health, and other county stakeholders.

Delegation

The development and implementation of procedures for the CHA and SOTCH reports are delegated to the Division of Community Health Services through the Health Director.

Procedures

1. Community Health Assessment process procedures:
 - a. This process will be coordinated through the Community Health Services Division every four years.
 - b. Health education staff will recruit a diverse group of partners to form a CHA Leadership team. Partners that will be approached about serving on this team include representatives from but not limited to the following:
 - i. Various ethnic and cultural backgrounds (Hispanic, Native American, etc.)
 - ii. Economic development and industry
 - iii. Educational systems
 - iv. Human service agencies
 - v. Organizations that serve children through senior adults
 - vi. Law enforcement
 - vii. Community-based organizing groups
 - viii. And others as identified.
 - c. As funding is available, the Department will contract with an educational institution or consultant to facilitate the team in the collection, analysis, and reporting of the primary and secondary data.
 - d. The [*Community Health Assessment Guide Book*](#) available on the North Carolina Division of Public Health website will be used as a resource document or toolkit throughout the community health assessment process. This book will guide the

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team on the various components (i.e. demographics, economic factors, health needs, etc.) that need to be included in this process and the final document.

- e. Primary data will be collected from community members, clients receiving direct services from the health department, other county agencies, the Board of Health and other county stakeholders through their participation in written surveys, focus groups, or interviews.
- f. Secondary data will be obtained from the North Carolina State Center for Health Statistics (NC SCHS) and other resources identified and available to CHA team members.
- g. CHA team members, OCHD staff, and community volunteers will assist with the collection of primary and secondary data.
- h. Primary and secondary data collected should be disaggregated by race, ethnicity, gender, sexual identity, etc. when possible to account for racial and health disparities among marginalized groups.
- i. The CHA Leadership team will collaborate with county stakeholders to prioritize health concerns according to the primary and secondary data collected. The CHA Leadership team will reference the CHA Guidebook for guidance on reporting data findings and involving community members, the Board of Health and other county stakeholders in the process to establish health priorities for the county.
- j. Designated members of the CHA Leadership team will summarize the data and priority health topics to produce a document to report the community health assessment process and its findings.
- k. The CHA document will be submitted to the North Carolina Division of Public Health by first Monday in March following the year of assessment and will be disseminated to community and county stakeholders as specified in the North Carolina Local Health Department Accreditation Standards. This may include electronically via the department's website as well as presentations of findings and copies of reports to partner agencies and community organizations for public access.
- l. The CHA document will be used by the Orange County Health Department in the development of the department-wide strategic plan, grant writing, program planning and advocacy for funding. This document will be available as a resource for other individuals, agencies, and organizations.

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- m. Using the CHA, Health Promotion and Education staff and the CHA Leadership team will create Community Health Action Plans to describe plans for health activities to be carried out in the county. The [Community Health Improvement Plan](#) form is due the first Monday in September six months following submission of the CHA. The form is available through the NC Division of Public Health website.
2. State of the County Health (SOTCH) report process procedures:
 - a. The SOTCH report will primarily be produced by the Department's Health Promotion and Education staff in the interim years between community health assessments.
 - b. This report will include:
 - i. A review of major morbidity and mortality data for the county
 - ii. A review of health concerns selected as priorities
 - iii. Progress made in the last year on these priorities
 - iv. A review of any changes in the data that guided the selection of these priorities
 - v. Other changes in the county that affect health concerns (such as economic or political changes, new funds or grants available to address health problems, etc.)
 - vi. New and emerging issues that affect health status
 - vii. A review of disaggregated data by race, ethnicity, gender, sexual identity, etc. to account for health disparities in the county among marginalized groups.
 - viii. Methods of direct community involvement with ongoing efforts
 - c. The primary source of data for this report will be the NC SCHS website.
 - d. The SOTCH report will be submitted to the state by the first Monday in March during the years a CHA is not submitted and will be disseminated to the community and county stakeholders according to North Carolina Local Health Department Accreditation Standards.

References:

Community Health Assessment Guidebook online at:

<https://publichealth.nc.gov/lhd/docs/cha/Archived-CHA-Guidebook.pdf>

Community Health Improvement Plan online at:

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Policy C: Community Assessment Policy

Reviewed by: Board of Health

Approved by: Board of Health, Health Director

https://schs.dph.ncdhhs.gov/units/ldas/docs/CHIP_2020_Template.pdf

Community Health Assessment and SOTCH Related Information:

<https://schs.dph.ncdhhs.gov/units/ldas/cha.htm>

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Policy I.D.: Board Review of Reports and Documents
Reviewed by: Board of Health
Approved by: Board of Health, Health Director

Policy I.D.

It shall be the policy of the Orange County Board of Health to provide input and guidance on the work of the Health Department as it affects the health and well-being of county residents by review of key documents.

Purpose: The purpose of this policy is to ensure that the Board of Health provides guidance and input for community and departmental planning that affects the health and well-being of county residents and to meet the requirements for program review as specified by law or regulation.

Procedures:

1. The Board of Health will review the documents listed below and take appropriate action as described for each document.
2. A particular document or program may have differing review and adoption requirements. Annually, the Health Director and Division Directors will review program requirements and recommend changes to the reports or documents and actions required that are listed in this Section.
 - a. Community Health Assessment: Policy 1.C.: Community Assessment Policy
 - b. State of the County Health Report (SOTCH): Policy 1.C.: Community Assessment Policy
 - c. Health Department Budget: The Board annually reviews and approves for forwarding to the Board of County Commissioners, the proposed budget for the Health Department in accordance with the county adopted schedule for budget completion. The review and approval includes but is not limited to new position requests, capital requests, technology requests, fee schedules, and new program requests.
 - d. Board of Health Strategic Plan: The Board of Health develops and adopts a strategic plan every four years to define the Board's policy and programmatic goals. These goals are shaped by the Community Health Assessment, available primary and secondary data, and available department resources. The Board adopts the plan and provides updates to the Board of Commissioners at joint meetings of the Board of Commissioners and Board of Health.
 - e. Child Fatality Prevention Task Force Report: The Board of Health receives and forwards annually to the Board of County Commissioners a report and recommendations for improvement from the Orange County combined Child Fatality Prevention Task Force and the Child Protection Task Force as required by state law.
 - f. Fiscal Oversight: In order to exercise fiscal oversight, the Board receives quarterly financial summaries on revenues and expenditures by Division for the Health Department with two reports (August & January) given during scheduled Board meetings and two reports included in Board Packet but on

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the Consent Agenda. If a Board Member has questions, they may request that the financial reports be pulled from Consent Agenda and discussed during the scheduled Board meeting. At the discretion of the Health Director and Finance & Administrative Services Division Director, notable financial information such as variances out of the normal course of business may be presented to the Board outside of the prescribed schedule.

- g. Research Project Requests and Reports: The Board receives information on all research project requests that are made to the Health Department and on final reports as a result of research approved by the Health Director. Projects that are conducted by health department staff members require a written or oral report to be submitted to the Board of Health.
- h. Annual Communicable Disease Report: The Board receives an annual report on communicable disease activity.
- i. Annual Immigrant and Refugee Report: The Board receives an annual report on activities from the Immigrant and Refugee Section.
- j. Alliance Health Report: The Board receives an annual report on the use of county funds to support Alliance Health Behavioral Health programming in Orange County.

Confidentiality & Conflict of Interest Statement For New Board of Health Member

Board Adopted Policy I Section E Appendix I.E.H

Confidentiality

In connection with my responsibilities as a member of the Orange County Board of Health, I agree to treat all information concerning health department clients, personnel, and financial matters in a confidential manner as required by state and federal statute and will not divulge this information to unauthorized personnel or the public. I understand that if I wrongfully and/or willfully disclose such information, I may be subject to removal from the Orange County Board of Health.

Conflict of Interest

1. Each board member, upon accepting a seat on the board, agrees in writing by signing below, to carefully guard against any conflict of interest that might develop between his or her personal or professional interest and that of the Orange County Health Department.
2. If an issue arises in which a member of the board has a conflict of interest, the member shall promptly disclose the conflict to the Chair of the Board prior to consideration of the issue by the board.
3. In matters involving a conflict of interest, a board member must state the reason for which they reasonably think a conflict exists and the board member shall not vote on such policies or transactions unless requested by the board.
4. The abstention and the reason for it shall be recorded in the minutes.
5. A board member may not directly or indirectly benefit except as provided for as members of the board of directors, from the county's disbursement of funds.
6. Violation of this policy shall be grounds for recommending dismissal of a board member. The Board of Health will forward recommendation for dismissal to the Board of County Commissioners for action.

I have read and understand the confidentiality and conflict of interest statements. I agree to abide by these policies.

Board Member Signature

Date

Board Member Name (Printed)
Date

Staff initials

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Policy I.E.: Operating Procedures

Reviewed by: Health Director

Approved by: Health Director, Board of Health

Policy I.E.

This policy covers the routine operations of the Board of Health. Operating procedures documents processes the board follows to ensure local and state standards are met.

Purpose

To outline operating procedures for the Board of Health in accordance with pertinent state, local and federal requirements for the operation of the Board.

I. Name and Office

The name of this organization is the Orange County Board of Health (hereinafter "Board"). The principal office of the Board is located at 300 West Tryon Street, Hillsborough, NC 27278.

II. Charge to the Board

The Board is the primary policy-making, rule-making, and adjudicatory body (NCGS 130A-35 – Appendix I.E.A 130A-35) for the health department and is charged to protect and promote the public health of Orange County (NCGS 130A-39 – Appendix I.E.B 130A-39).

- A. Policy-Making: All decisions related to changes in essential public health services or other changes in fundamental services and activities of the Department will be presented to the Board for final approval. Changes will be submitted by the Health Director. The Board delegates to the Health Director the responsibility for policies and procedures that relate to the operations of the Department.
- B. Rule-making: The Board shall exercise its authority when it sees fit to adopt public health rules. The Health Director and/or Department staff may from time to time propose rules and/or rule changes for the Board's consideration.
- C. Adjudication: The Board will hear appeals to the implementation or findings of public health rules adopted by the Board.

III. Composition

- A. The composition of the Board of Health is governed by NCGS 130A-35(b)-(d) (Appendix I.E.A) which states the composition of the board shall reasonably reflect the population and makeup of the county.
- B. The Board of County Commissioners will appoint the members of the Board of Health. The Board of Health is composed of eleven (11) members:
 - 1. A licensed physician
 - 2. A licensed dentist
 - 3. A licensed optometrist
 - 4. A licensed veterinarian
 - 5. A licensed pharmacist

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6. A registered nurse
 7. A professional engineer
 8. A county commissioner
 9. Three representatives of the general public
- C. For purposes of Board composition, diversity includes, but is not limited to, professional experience, cultural and educational background, geography, age, gender, race and ethnicity. When assessing Board composition or identifying suitable candidates for appointment/re-appointment, the Board will consider candidates on merit and statutory requirement with consideration to the benefits of diversity.
- D. The Orange County Board of Health is committed to ensuring diversity among members and values the benefits that diversity brings. Diversity promotes the inclusion of different perspectives and ideas, mitigates against group think and ensures that the Board has the opportunity to benefit from a variety of skills, backgrounds, and experiences.
- E. The Board's commitment to diversity shows internal and external stakeholders that the organization emphasizes diverse constituencies and does not discriminate against minorities, thereby enhancing the Board's reputation with county government and residents.

IV. New Board Member Tasks

- A. Each new Board of Health member must complete requirements prior to assuming their seat as an Orange County Board of Health member. These include completing a Confidentiality Agreement, Conflict of Interest statements, and the "Oath of Office"
- B. Each new Board of Health member must sign a Confidentiality Agreement and Conflict of Interest Statement (Appendix I.E.H) prior to attending their first meeting of the Board of Health.
 - a. Members of the Orange County Board of Health agree to treat all information concerning health department clients, personnel, and financial matters in a confidential manner as required by state and federal statute and will not divulge this information to unauthorized personnel or the public. BOH members may be subject to removal from the Orange County Board of Health if they wrongfully and/or willfully disclose such information.
 - b. Each board member agrees to carefully guard against any conflict of interest that might develop between his or her personal or professional interest and that of the Orange County Health Department.
 - c. If an issue arises in which a member of the board has a conflict of interest, the member shall promptly disclose the conflict to the Chair of the Board prior to consideration of the issue by the board.

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- d. In matters involving a conflict of interest, a board member must state the reason for which they reasonably think a conflict exists and the board member shall not vote on such policies or transactions unless requested by the board.
 - e. The abstention and the reason for it shall be recorded in the minutes.
 - f. A board member may not directly or indirectly benefit except as provided for as members of the board of directors, from the county's disbursement of funds.
 - g. Violation of this policy shall be grounds for recommending dismissal of a board member. The Board of Health will forward recommendation for dismissal to the Board of County Commissioners for action.
- C. The Oath of Office is administered to a new Board member by a notary public either at or before the first regular meeting of the Board of Health after the member's appointment by the Orange County Board of Commissioners. The oath may be administered with or without a Bible, Torah, Qu'ran, etc. The original of the signed and notarized oath is placed in the official health department file and a copy is provided to the Board member. The oath is as follows:
- a. " I, [name], do solemnly swear (or affirm) that I will support and maintain the Constitution and laws of the United States, and the Constitution and laws of North Carolina not inconsistent therewith, and that I will faithfully discharge the duties of my office as a member of the Orange County Board of Health, (so help me God). {NCGS 11-7.1}
"I [name], do swear (or affirm) that I will well and truly execute the duties of the office of member of the Orange County Board of Health according to the best of my skill and ability, according to law, (so help me God). {NCGS 11.11}

V. Training

- A. Board members shall complete New Board Member Orientation training with the Health Director within their first year of service. The Orientation training will provide an overview of the health department and highlight the authorities and responsibilities of the local board of health.
- B. In accordance with North Carolina Local Health Department Accreditation Standards, Board members shall also complete ongoing training related to the authorities and responsibilities of local boards of health. At a minimum training shall occur at least once in between Accreditation site visits.

VI. Terms of Office

- A. By NCGS 130A-35(c) (Appendix I.E.A), members shall serve three year terms and no member may serve more than three consecutive three-year terms unless the members is the only person residing in the county who represents one of the professions designated in the Composition section above.

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- B. It is the policy of the Orange County Board of Health that members may serve three, consecutive three-year terms. Members appointed to fill unexpired terms are eligible to subsequently be appointed to three additional terms.

VI. Resignation of Board Member from Current Term of Office

- A. In the event that a Board member resigns prior to the official end of his/her term of office, the Board member shall send a letter to the Secretary (Health Director) or the Board Chair with the date of his/her resignation. The Secretary will transmit the letter to the County Commissioners Clerk's Office and ask that recruitment for the slot be activated. The Board shall be informed at the next regularly scheduled meeting of the Board.

VII. Removal from the Board

- A. By majority vote of a quorum present at a regular or duly called meeting, the Board of Health may recommend to the Board of County Commissioners that a member be removed for cause. Before recommending removal, the Board shall, by written notice, inform the member of the reasons for recommending removal with copies of this correspondence sent to all members. If the member desires a hearing on the recommendation for removal, then the member must submit a request for such a hearing in writing within ten days after receipt of the notice of recommendation for removal. The hearing shall be set within 30 days following receipt of the request for hearing.
- B. Causes for removal from the Board shall include but not be limited to:
 - 1. Commission of a felony or other crime involving moral turpitude.
 - 2. Conflict of interest violation of state law or of written "conflict of interest" policies adopted by the Board of Health.
 - 3. Violation of a written policy adopted by the county board of commissioners.
 - 4. Conduct that tends to bring the office into disrepute
 - 5. Failure to maintain qualifications for appointment required under GS 130A-35(g6) (Appendix I.E.A).
 - 6. Unexcused non-attendance at three consecutive board meetings. The Board deems it essential to its ability to effectively and efficiently discharge its responsibilities that meetings are attended regularly. Quorum problems harm the ability to conduct public business and irregular and/or infrequent attendance results in inefficiency and uninformed voting.

VIII. Compensation

Members shall receive a per diem reimbursement for subsistence and travel as established by the Board of County Commissioners for each properly called and scheduled meeting of the Board of Health for attendance at official meetings and conferences.

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IX. Officers and Committees

A. Chair and Vice-Chair

The Board members shall select a Chair and Vice-Chair by majority vote each year at the last meeting of the calendar year.

B. Secretary

The Orange County Health Director shall serve as Secretary to the Board, but the Director is not a member of the Board. The Health Director may delegate the duties of the secretary that are set forth in these operating procedures to an appropriate local health department employee.

C. Committees

The Board shall review the existing committee structure annually and make decisions regarding the number and types of standing committees. Board members are appointed to committees annually. Only Board members may serve as committee members of standing Board committees and the number of Board members on any single committee must be at least two members and may not exceed five members. All standing committees are subject to the North Carolina open meetings laws and shall comply with the provisions of those laws.

The Board shall have the following standing committees:

1. Executive Committee

To provide the structure for the work of the Board of Health and act as an advisor to the health director and senior management staff as needed. Chair, Vice-Chair and Immediate Past Chair are committee members.

2. Nominating and Operating Procedures Committee

To develop and present an annual slate of officers for Board consideration, to oversee the board recruitment process, and to recommend operating procedure changes as needed. Members are appointed by the Chair on an ad hoc basis.

- i. The Nominating and Operating Procedures Committee of the Board of Health is delegated to carry out recruitment for vacant slots on the Board of Health. In order to meet a timely transition the process should begin four months prior to expiration of term. The procedure is as follows:

For representatives of professional slots:

- a. Recommendations for replacements may be solicited from the “retiring” Board member. Applicants must apply through the County Commissioner’s Clerk’s Office.

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- b. If there are no suitable applicants in the current database, mailing list/labels from appropriate licensing board or association may be obtained.
- c. If a list is used to solicit suitable applicants, a recruitment letter is prepared by the Health Director for Committee approval. Recruitment letter is signed by current board chair and current board member occupying the slot or nominating committee chair.
- d. Applicants send applications to Clerk's Office. Application period open until filled. Committee reviews applications no sooner than 15 working days after mailing of letter.
- e. Nominating Committee may add current professional representative, related division director, and health director to review applications, apply criteria, and may choose to interview top two or three applicants. At a minimum, committee interviews top candidate to solicit interest, commitment, and understanding of expectations of service on the Board. Committee makes recommendation to Board of Health.
- f. Board of Health receives roster of all applicants and applications from top selections. Board makes recommendation to Board of County Commissioners.

For at-large representative slots:

- a. Recommendations for replacements may be solicited from the "retiring" Board member. Applicants must apply through the County Commissioner's Clerk's Office.
- b. If there are no suitable candidates in the current database, the Committee meets with all three at-large representatives and the Health Director to determine community groups from which to recruit and mailing labels/list are obtained from those community groups.
- c. If a list is used to solicit suitable applicants, a recruitment letter is prepared by the Health Director for Committee approval. The letter is signed by the current board chair and current at-large representative occupying the slot or by nominating committee chair.
- d. Applicants send applications to Clerk's Office or apply on-line through the county website. Application period open until filled. Committee will look at applicants no sooner than 15 working days after letters were mailed.

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- e. Nominating Committee reviews applications, applies criteria, and may choose to interview top two or three applicants. At a minimum, committee interviews top candidate to solicit interest, commitment, and understanding of expectations of service on the Board. Committee makes recommendation to Board of Health.
- f. Board of Health receives roster of all applicants and applications from top selections. Board makes recommendation to Board of County Commissioners.

Criteria for Board of Health applicant review. The following criteria are meant to be guidelines for assessing applicants and are not meant to be exclusive.

- a. Full-time resident of Orange County, with commitment to stay in the county for at least nine years (3 terms)
- b. Must hold required degree for service if in a professional slot: RN, MD/DO, DVM, OD, BS Pharm, PE, DDS
- c. Public health training or experience preferred for professional slots
- d. For professional slots, actively employed in their profession (e.g., as a pharmacist or in a pharmacy administrative role). Priority given to practicing professionals (non-researchers).
- e. Prior experience with community work (e.g., Red Cross, mission work, school health, equity work)
- f. Willingness to engage as an active member of the Board, serve in a leadership position, and/or serve as an active member on a committee
- g. Currently serving on not more than one other Board or committee that requires significant amounts of time
- h. Geographic representation of the county (balance on the current board)
- i. Gender and culturally diverse representation on the current board
- j. No former employees of the health department
- k. No employees of other county departments

Reappointment of Existing Board of Health Members

- a. A Board of Health member is appointed to a three-year term beginning the month of their appointment, unless serving in an unexpired term slot. Generally, members are eligible for reappointment for second and third terms. As members become eligible for reappointment, the Nominating Committee

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reviews the attendance records of members who are eligible for reappointment, contacts each member to assess willingness to continue and makes a recommendation to the Board of Health. The Board Secretary (Health Director) sends a letter to the Clerk of the Commissioners indicating the Board of Health's review and endorsement for reappointment.

3. Health Equity

To oversee the action steps and deliverables outlined in the Health Equity section of the Board of Health Strategic Plan.

4. Access to Care

To oversee the action steps and deliverables outlined in the Access to Care section of the Board of Health Strategic Plan.

5. Substance Use Disorders

To oversee the action steps and deliverables outlined in the Social Determinants of Health section of the Board of Health Strategic Plan.

6. Temporary Committees

The Board may establish and appoint members for temporary committees as needed to carry out the Board's work. Temporary committees must limit their work to the specific charge outlined by Board motion and may include members that are not serving on the Board of Health. All temporary committees are subject to the North Carolina open meetings laws and shall comply with the provisions of those laws.

X. Meetings

A. Regular Meetings

The Board shall hold regular meetings no less than quarterly. As a general rule, the Board will meet monthly. A calendar of regular meetings and location of each meeting will be established at the last regular meeting of the calendar year for the next calendar year. The dates may be adjusted annually based on Commissioner meeting dates for the year to enable the Commissioner member of the Board to attend. The requirements of the open meetings law shall apply to all regular board, regular or ad hoc committee or task for meetings. Notification of the public will be in compliance with open meeting law notification.

B. Special Meetings

The Chairperson or any three members may call special meetings. The Secretary to the Board is to be informed of the special meeting and shall give proper notice of the meeting at least 48 hours before the special meeting is to occur. A special meeting may also be called or scheduled by vote of the board in open session during another duly called meeting. The motion or resolution calling or scheduling the special meeting shall specify its time, place, and purpose. Notification procedures remain the same. Only those items of business specified

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in the notice may be discussed or transacted at a special meeting, unless (1) all members are present and (2) the board determines in good faith at the meeting that it is essential to discuss or act on the item immediately.

C. Agenda

The Secretary to the Board shall prepare an agenda for each meeting. Any board member who wishes to place an item of business on the agenda shall submit a request to the Secretary at least five working days before the meeting. For regular meetings, the Board may add items to the agenda or subtract items from the agenda by a majority vote. The agenda for a special or emergency meeting may be altered only if permitted by and in accordance with the North Carolina open meetings laws.

D. Presiding Officer

The Chair of the Board shall preside at Board meetings if present. If the Chair is absent, the Vice-Chair shall preside. If the Chair and Vice-Chair are both absent, another member designated by a majority vote of members present at the meeting shall preside.

E. Quorum

A majority of the actual membership of the Board, excluding vacant seats, shall constitute a quorum. A member who has withdrawn from a meeting without being excused by a majority vote of the remaining members shall be counted as present for purposes of determining whether or not a quorum is present.

F. Voting

Each Board member shall be permitted to abstain from voting, by so indicating when the vote is taken. A member must abstain from voting in cases involving conflicts of interest as defined by North Carolina law. If a member has withdrawn from a meeting without being excused by a majority vote of the remaining members, the member's vote shall be recorded as an abstention.

G. Minutes

The Secretary shall prepare minutes of each Board meeting. Copies of the minutes shall be made available to each Board member before the next regular Board meeting. At each regular meeting, the Board shall review the minutes of the previous regular meeting as well as any special or emergency meetings that have occurred since the previous regular meeting, make any necessary revisions, and approve the minutes as originally drafted or as revised. The public may obtain copies of Board meeting minutes at the Board of Health website <http://server3.co.orange.nc.us:8088/WebLink/Browse.aspx?dbid=0&startid=48114&row=1&cr=1>.

H. Closed Session

The Board may hold a closed session only upon a motion adopted in open session when a quorum is present. The motion must state the general purpose of the closed session and the matter to be considered must be one or more of the subjects

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listed in NCGS 143-318.11 (see Appendix I.E.C). Furthermore, if the motion to go into closed session is to prevent the disclosure of information privileged or confidential pursuant to the law of this State or of the United States, or not considered public record within the meaning of Chapter 132 of the General Statutes (Appendix I.E.D), the Board shall also state the name or citation of the law that renders the information to be discussed privileged or confidential.

XI. Contract Negotiations

The Health Director is authorized to enter into a contract with any governmental or private agency or with any person, for the provision or receipt of public health services. The Board of County Commissioners or its designee must approve contracts requiring payment for services rendered to the Health Department. The Health Director will discuss with the Board contracts that represent significant deviation from current Board of Health policy prior to authorizing that contract.

XII. Amendments to Operating Procedures

These operating procedures may be amended at any regular meeting or at any properly called special meeting that includes amendment of the operating procedures as one of the stated purposes of the meeting. A quorum must be present at the meeting at which amendments are discussed and approved, and any amendments must be approved by a majority of the members present at the meeting.

XIII. Other Procedural Matters

The Board shall refer to Bell, II, A. Fleming. Suggested Rules of Procedure for Small Local Government Boards, Second Edition, Institute of Government, The University of North Carolina at Chapel Hill, 1998 to answer procedural questions not addressed in this document, so long as the procedures prescribed in *Suggested Rules of Procedure for Small Local Government Boards* do not conflict with North Carolina law.

A. Parliamentary Procedures

The Board shall refer to the current edition of *Robert's Rules of Order Newly Revised (RONR)* to answer procedural questions not addressed in this document, so long as the procedures prescribed in *RONR* do not conflict with North Carolina law.

B. Public Comment

1. The BOH will ensure that policies and services of the Orange County Board of Health and Orange County Health Department have considered the health and environmental safety needs of the general population and any at-risk populations of Orange County. The BOH will accomplish this by ensuring that reasonable mechanisms for community/public input are available

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2. The Board of Health will reserve a public comment period on each regularly scheduled Board meeting. Each individual will be given a maximum of three minutes for comments, and the public comment period will be limited to 15 minutes each meeting.
3. Annually the Board of Health will receive from the staff of the Health Department the results of patient and client input on services received, including any corrective actions deemed necessary to improve services.

C. Procedure for Complaints

The Orange County Board of Health and Orange County Health Department will have reasonable means in place to ensure that timely appeals can be heard from clients, patients, or members of the public. The Department will follow all provisions and requirements outlined by North Carolina General Statutes governing Health Departments, including but not limited to GS 130A. If any provision of the following procedures is in conflict with General Statutes, the current Statute will govern. Complaint procedures can be found in the following locations:

1. Orange County Health Department Administrative Policy and Procedure Manual
 - a. Section X, Policy 13.0 Nondiscrimination and Complaint Process
 - b. Section X, Policy 14.0 General Complaint Response Process
 - c. Section X, Policy 15.0 HIPAA Breach Policy
 - i. Attachment 9 OCHD HIPAA Complaint Form
2. Environmental Health Services Policy and Procedure Manual
 - a. Policy 2.0 Environmental Health Complaint Response Procedures

XIV. Policy-Making Procedures

The Orange County Board of Health authorizes and delegates the implementation of all programs and services as defined by North Carolina General Statute 130A (Appendix I.E.F), the related NC Administrative Code, and other programs approved by the Board to the staff of the Orange County Health Department under the direction of the Health Director. The Orange County Board of Health will provide guidance for programs and policies that affect the entire Health Department.

- a. The Orange County Board of Health, upon recommendation of the Health Director, shall review and approve policies or programs that commit the Health Department to utilize significant additional or new resources outside of the scope of the approved annual budget.
- b. The Board of Health authorizes continuation of program activities through the annual approval of a Health Department budget.
- c. The Board of Health delegates the approval of all administrative policies and procedures for the general functioning of the Health Department to the Health Director.

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- d. The Board of Health reviews and approves policies as requested or in response to a Board of County Commissioner initiative and forwards recommendations to the Board of County Commissioners on relevant changes. The Board of Health delegates the implementation of these policies to the appropriate division staff through the Health Director.
- e. The Orange County Board of Health shall review at least annually all policies adopted by the Board of Health.

XV. Rules Development Procedure

The board shall evaluate the need for adoption of rules to protect and promote the public health. In addition, existing rules should be evaluated periodically for the need for revisions to respond to new risks, advances in technology, or changes in statutes or state regulations.

A. The Board will follow the procedures outlined in NCGS 130A-39 (Appendix I.E.B).

- i. Not less than 10 days before the adoption, amendment or repeal of any local board of health rule, the proposed rule shall be made available at the office of the county clerk, and a notice shall be published in a newspaper having general circulation within Orange County. The notice shall contain:
 - a. A statement of the substance of the proposed rule or a description of the subjects and issues involved.
 - b. The proposed effective date of the rule, and
 - c. A statement that copies of the proposed rule are available at the local health department.

A local board of health rule shall become effective upon adoption unless a later effective date is specified in the rule.

- ii. Copies of all rules shall be filed with the secretary of the local board of health and will be made available to all Board of Health members.
- iii. A local board of health may, in its rules, adopt by reference any code, standard, rule or regulation, which has been adopted by any agency of this State, another state, any agency of the United States or by a generally recognized association. Copies of any material adopted by reference shall be filed with the rules.

XVI. Adjudication Procedures

A. The Board will follow all procedures as specified in NCGS 130A-24 (Appendix I.E.E). In the case where a member of the public is appealing a decision on the application of an Orange County Board of Health adopted rule or concerning the imposition of administrative penalties by a local health director, the process will include the following steps:

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- i. The aggrieved party shall provide written notice of appeal to the Health Director within 30 days of the challenged action. The notice shall contain the name and address of the aggrieved person, a description of the challenged action and a statement of the reasons why the challenged action is incorrect.
- ii. The Health Director shall notify the Board within five working days of receipt of the appeal and transmit all documents upon which the challenged action was taken.
- iii. The Board of Health shall hold a hearing within 15 days of the receipt of the notice of appeal from the health director to the Board. The Board will give the person not less than 10 days notice of the date, time and place of the hearing. The local board of health shall issue a written decision based on the evidence presented at the hearing. The decision shall contain a concise statement of the reasons for the decision. The hearing must meet the requirements of procedural due process.
 - a. No contact outside the hearing with parties involved or between board members.
 - b. Board members with any bias must not participate.
 - c. Board must allow the appellant's attorney to attend and advise his/her client.
 - d. Board must take sworn and relevant testimony.
 - e. Board must provide for cross-examination of witnesses.
 - f. Board must keep detailed or verbatim minutes.
- iv. The proceedings shall be recorded and a transcript of the hearing shall be prepared and be available to the appellant and/or the Board upon request.
- v. At the next regularly scheduled Board meeting following the hearing, the Board must issue a written decision based on the evidence presented at the hearing. The decision shall contain a concise statement of the reasons for the decision and the Secretary will transmit the final written decision of the Board to the person appealing via certified US mail.
- vi. A person who wishes to contest a decision of the Board of Health shall have a right of appeal to the district court having jurisdiction within 30 days after the date of the decision.

XVII. Annual Review of the Health Director

The Board of Health will use the following guidelines to accomplish the required annual review of the health director's performance in accordance with the statutory requirement GS 130A-41 (Appendix I.E.G)

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Guidelines:

- A. Orange County Personnel Policies are followed in conducting this review. Steps in the standard process are:
- a. Preparation of an annual work plan by the employee and supervisor.
 - b. Preparation of performance notes at the end of the plan year that relate to the objectives contained in the work plan.
 - c. A conference between the employee and the supervisor regarding the employee's performance for the year.
 - d. Supervisor prepares a Work Planning and Performance Summary after the conference which outlines the findings of the discussion and makes the final recommendation as to performance.
 - e. Supervisor forwards all paperwork to Human Resource Director.
- B. In the case of the Health Director, the "supervisor" of the Director is the entire Board. The Chair assumes the responsibility of managing the information flow and input into the performance evaluation. This may include the formation of an ad-hoc committee to assist in the completion of the performance evaluation.
- a. The Health Director prepares performance notes relevant to the year and emails them to all Board members.
 - b. The Chair schedules a meeting with the County Manager to obtain input on the Health Director's performance.
 - c. The Chair may or may not solicit additional feedback, including from senior management staff and direct reports at the Health Department through electronic or in-person methods each year. A 360 degree evaluation should be conducted at least every five years.
 - d. The Chair presents these findings to the full Board at a closed session of the Board and a general discussion of performance is then held. The Board reaches agreement on a recommendation and then the health director is called into the room and the Chair guides the discussion by Board members.
 - e. The Board is required to keep minutes during the closed session, including any motions made and actions resulting from such motions and transmit them to the Secretary (Health Director) for the permanent record.
 - f. Board members indicate changes they would like to see included in the following year's work plan and those areas are discussed with the Health Director in the meeting.

Following the meeting, the Chair writes the performance summary, finalizes the paperwork, obtains the Health Director's signature and sends it to the Human Resources Director for the County. The Human Resources Director processes the

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remaining paperwork. The goal should be to have the annual performance review complete by October 1st to be in alignment with the County's Focal Review Process.

XVIII. Compliance with North Carolina Law

- A. In conducting its business, the Board shall comply with all applicable North Carolina laws, including but not limited to open meetings laws, public records laws, and the laws setting forth the responsibilities and duties of local boards of health. To assist the Board in compliance, the local health director shall maintain a current copy of relevant North Carolina General Statutes and make them available to Board members on request.
- B. The Board of Health must consult legal counsel such as the Orange County attorney, the NC Attorney General or the UNC School of Government whenever legal assistance is indicated to interpret laws and rules.
- C. The NCGS 130A (Appendix I.E.F) and related statutes on public health law and administrative codes shall be maintained in the Health Director's Office and in a Board of Health Manual.

APPENDIX

NC General Statute (NCGS) References

- [Appendix I.E.A – 130A-35](#)
- [Appendix I.E.B – 130A-39](#)
- [Appendix I.E.C – 143-318.11](#)
- [Appendix I.E.D – 132](#)
- [Appendix I.E.E – 130A-24](#)
- [Appendix I.E.F – 130A](#)
- [Appendix I.E.G – 130A-41](#)

Appendix I.E.H – Statement of Confidentiality and Conflict of Interest

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