

**North Carolina Association of Local Health Directors Meeting  
April 17, 2025 – 1:00 p.m.  
UNC SOG, 400 South Road, Chapel Hill – Room #2603**

Call to Order .....	Rod Jenkins
Approval of Minutes from March Meeting .....	Josh Swift
Treasurer’s/Financial Report .....	Josh Swift
President’s Report.....	Rod Jenkins
Executive Director’s Report .....	Patrick Brown
Interim NC DHHS Chief Medical Officer/State Health Director Report.....	Dr. Kelly Kimple
Accreditation Program Updates.....	Margaret Benson Nemitz

ACTION ITEMS AND UPDATES - from Work Groups

Partner Update .....	Patrick Brown
PH Funding and Investments.....	Jen Greene
Workforce Recruitment and Retention.....	Janet Clayton
PH Data and Performance Measures .....	Wes Gray
Communications .....	Lisa Harrison
Nominations and Bylaws.....	Quintana Stewart
Education and Awards.....	Helene Edwards

Region Reports & District Health Department Reports

Region I .....	Elaine Russell
Region II.....	David Jenkins
Region III.....	Rachel Willard
Region IV.....	Alyssa Harris
Region V.....	Tony LoGiudice
Region VI.....	Helene Edwards
Region VII.....	Cinnamon Narron
Region VIII.....	Krissy Hoover
Region IX.....	Ashley Stoop
Region X.....	Joy Brock
District Workgroup.....	Lisa Harrison

Partner Reports

NCAPHA.....	Janet Clayton
NCPHA.....	Amy Belflower Thomas
NACCHO .....	Lisa Harrison
NCIPH .....	Amy Joy Lanou
ANCBH .....	Merle Green
NC-SOG .....	Kirsten Leloudis
NC SOPHE.....	Michelle Partridge-Doerr

Adjourn

**Next Meeting:  
May 15, 2025 – 9:30 a.m.  
DPH, Cardinal Room, 5605 Six Forks Road, Raleigh**

**North Carolina Association of Local Health Directors  
Association Business Meeting  
March 12, 2025 – 1:30 pm  
201 Harrison Oaks Blvd., Cary NC**

**Meeting Called to Order – Dr. Rod Jenkins**

President Jenkins (Durham Co.) opened the meeting at 1:30pm and thanked everyone for attending the luncheon awards ceremony and the meeting. President Jenkins took a moment of personal privilege to recognize Women’s History Month and all the contributions of our health directors.

**Approval of Minutes – Wes Gray (for Joshua Swift)**

February minutes were distributed with the packet via email. President Jenkins asked for a motion for approval of the minutes.

**Motion:** Motion to approve was made by Dr. Marilyn Pearson (Johnston Co.) and seconded by Janet Clayton (Person Co.). No objections – minutes were approved by consensus.

**Treasurer’s Report – Wes Gray (for Joshua Swift)**

The February Treasurer’s Report was distributed with the packet via email. President Jenkins asked for a motion for approval of the Treasurer’s Report.

**Motion:** Motion to approve was made by Angel Callicutt (Montgomery Co.) and seconded by (*recently named Health Director of the Year*) Kim Smith (Columbus Co.). No objections – Treasurer’s Report was approved by consensus.

**President’s Report – Dr. Rod Jenkins**

President Jenkins asked if there were new health directors in the room. None. Any retiring or thinking about retiring? (Many seem to be *thinking* about it!)

Shout out to Region 6 Health Director’s group under the leadership of Helene Edwards (Hoke Co.). It was refreshing to be back in the region where my public health career was born. I continue to be grateful for the invitation. Region 9 and Region 2, I am coming to your cities! Thanks for the invitation. Next, I want to mention the NCPHA retreat in Blowing Rock. We have begun working on our strategic plan and Patrick will be speaking more on that. April 15th is Public Health Day at the General Assembly. It’s the day before the legal conference. We are above 50 now in registrations. Last but not least self-care. I want to remind you all to take care of yourselves. Remember you are in public health and take care of yourself. Exercise and get plenty of rest. I will pass it onto Patrick for his report.

**Executive Director’s Report - Patrick Brown**

Patrick discussed the filed HB 367 and concerns that many have with that bill. Patrick and staff and DPH are working on a response including points of information we have raised. It limits the expiration for

improvement permits. Please review and have your environmental health staff review. We may be reaching out to everyone for stories of local impact. Just know that we are tracking and that we will get you talking points soon.

HB 197 was filed with Rep. White and Potts sponsoring. The template was sent out earlier this week. If your Board Chair or County Commissioners or Manager could help, especially with the Senate. It was previously in the House in past years and it fell apart in the Senate so anything we can do there will help.

The other specific update that I will share is that the T 21 legislation will be filed next week. There is a press conference scheduled for next week and several health directors are planning to attend. It will run through some more law enforcement channels than the normal health channels. This is a top priority for NCPHA.

The last thing I will say is that on Public Health date at the legislature we will do more training for attendees. We will be hyper focusing on the funding bill and T 21.

Nina Oliver (Carteret Co.) had a question - When is the tobacco press conference? Answer: next Wednesday at 10.

Housekeeping items. In your inbox is an email around the community health grant. We need a little info from you all to tighten that up before we make a proposal to the office of rural health. We are asking if you have a CHG, have you had it in the past, and a few other questions around that to get ready for that priority.

The July health directors meeting is in conflict with NACCHO. I assume many officers along with myself will be at NACCHO. We are looking to move the health directors meeting back a week to July 24 and make it virtual. It's usually a light meeting anyway.

As Rod mentioned, NCPHA's board met last week. We focused on our newly approved strategic plan. A lot more info to come out around that. We want to do a similar retreat for the Health Directors Association probably later this summer in July, August, or early September. We want to make sure that the NCALHD and the workgroup structure and the meeting structure still work to make sure we are productive and moving forward. Stay tuned for more on that. Regarding the open seat on the Accreditation Board - Nina Oliver volunteered and we will be submitting that name to the Accreditation Board.

My last item is around our work on CMARC and CMHRP. I sent around 3 proposals for external consultants to help us with the transition plan. The Community Health Center Association, from Chess Health Management Associates, and from HMA Health Management Associates. The Care Management Committee reviewed and discussed and recommends moving forward with the proposal from Health Management Associates. Patrick listed out the three main reasons for the recommendation. As to funding, we think there is a lead on external funding that may be able to pay for this consultation.

Ashley Stoop (Albemarle Regional Health Services) made a point about some red flags at other companies that led to her recommending HMA. Lisa Macon Harrison (Granville Vance District) said that

she has worked with HMA in the past and they are a good partner. Ellis Matheson (Buncombe Co.) added that she uses them, and Erin Shoe as well.

**Motion:** Wes Gray (Pitt Co.) made the motion that we accept the bid from HMA management associates. Lisa Macon Harrison (Granville Vance) seconded. All in favor.

The PHPs have all committed to working with the health departments for the extension for the next year and change before the new RFP.

Wellcare and Carolina Complete Health intend to merge plan operations. I think the plan for rebid may get an extension into 2026 or 2027. This is a provider led structure that now covers statewide with the merger.

Patrick and Rod got to meet Secretary Sangvai and had a great meeting and outlined our priorities. We have extended an invite for the him to speak at the data summit and NCPHA this fall.

**Interim NC DHHS Chief Medical Officer / State Health Director Report – Dr. Kelly Kimple**

Just a few things from me, it's always great to spend time with you all. I am looking forward to the next few days and being able to spend time with you all. We are prepping and assessing any plans we need for a potential federal shutdown, which we should know more about by Friday. From the department perspective we are continuing to build the team. We are still working on filling the chief deputy position to replace Mark Benton. Mike lays, deputy secretary. Susan Osborne is also leaving in April. Mike Lays will be replacing her.

We look forward to welcoming Secretary Sangvai at the conference on Friday. He is going through his confirmation hearing which starts tomorrow.

We continue to monitor any potential funding reductions from the federal government and we will work closely with you to disseminate that information.

**Deputy Director / Section Chief, Local and Community Support, DPH – Stacie Saunders**

Stacie went over a recent meeting on FY 25 year to date AA's and spends collectively and year to date. During that meeting you all wanted to know more about 546 and since we have this new ask, we wanted to see the spend rate by local health department. The email I will send you is 546 as of the beginning of March. It is modified and sorted by lowest spent, and highlighted for those with less than 60% spend. The idea is to share ideas from high spend health departs to low spend health departments.

If you were a western county that was impacted by Helene, you got a reminder from me about a survey we sent out about septic and well to the 39 affected counties. We have heard from 28 of the 39 so we are looking for those last 11 counties to report. We are always hearing from the legislature about local needs.

As Kelly was mentioning, we have been talking for a while now about funding. We are in the space where Covid funding is closing out and we are finding ourselves in a different federal fiscal landscape.

We have been working 2 years collaboratively to anticipate any changes to funding that may impact local health departments. We reach out to the exec team and then we bring it to the funding workgroup or the partner update based on the exec team recommendation. I want to give a heads up around 2 AA's. Not all 86 of you get these AAs but I wanted to mention them both. They are AA 534 and AA 825 (HIV programming). We have been made aware of potential funding impacts. Best scenario is level funding, if not less. There will likely be no additional funding. If you have one or both of these AAs you will be hearing from me about a meeting next week to discuss. We will get feedback from you all and incorporate it into our response moving forward. David Howard (Brunswick Co.) asked to also get the results in case there are some counties who may want to go for these AAs in the future who might not have them now.

We are moving forward with a QI initiative to get all our AAs on Smartsheet. You may hear soon from Ryan Jury or Will Broughton. We need volunteers to be on this initiative, with a meeting cadence of around twice a month. There was a discussion around meeting commitments and length of the process. Nina Oliver thanked Stacie for involving the locals in this. Jen Greene (App Health District) asked that we involved the input of the finance officers who can give good guidance on improving the process. Dr. Jennifer Greene (Cumberland Co.) asked if we needed to ask program managers who use Smartsheet or program managers who currently don't use Smartsheet. Stacie said that input from both would be great.

#### **DCFW Updates – Sharon Bell**

Sharon Bell - new Deputy Director at DCFW introduced herself. Yvonne couldn't be here but wanted me to pop in. I do have some WIC updaters. Maryanne said that total participation was up. Enrollment was 94.6%, slightly below the target for 97%. We want to remind everyone of the dependence on the continuing resolution this Friday. We have been working really hard the last few weeks to curtail our spending over at DCFW.

Want to also recognize Mike's new role replacing Susan Osborne. Hopefully that will aide in a smooth transition for us as Suzanne plans her retirement. Jen Greene (App Health District) thanked Sharon for her update and asked about a potential federal increase in WIC and Sharon said that she had read the same story but we have not firm details on that.

Lisa Macon Harrison talked about how much media she was doing in her region related to the importance of all that Medicaid supports in her community, including some radio and other media. We are always stressing all that Medicaid pays for and covers that helps people understand its importance. Scott Harrelson (Craven Co.) said that Medicaid is earned for work that is already done. Its fee for service and not for future projects. It's for real impact and work that is already done.

#### **Action Items and Updates – from Work Groups**

President Jenkins opened comments from any of the workgroups since there was not an official workgroup day due to the Public Health Leaders Conference.

#### ***PH Data and Performance Measures – Lillian Koontz***

Lillian Koontz (Davidson Co.) reiterated that the email on the financial report has gone out. We really want to get that high-level county data and get it to Patrick so she can get it to Ashley. Rod shouted out Dr. Amanda Blackwelder on recently graduating.

### **Region Reports**

No reports. Lisa Macon Harrison thanked President Jenkins for including the Districts as partners and they continue to meet to discuss District issues, especially in regards to finance and funding.

### **Partner Reports**

#### ***NCAPHA – Janet Clayton***

No report.

#### ***NCPHA – Patrick Brown***

Patrick reminded everyone of the May 21 and 22 Data Summit in Asheville. Patrick also sat down with Anna Stein and she has been invited to give the Wood Lecture at NCPHA fall conference. Her three priorities - reducing behavioral health stigma, re-entry supports, and small-town tourism. We approved a plan to send one thousand dollar checks to 37 people as part of the relief fund. Patrick read several emails from recipients and thanked all the health directors for sending in dollars for this fund.

#### ***NACCHO – Lisa Macon Harrison***

NACCHO - Lisa deferred to the participants in Hill Week. Patrick and Dr. Raynard Washington (Mecklenburg Co.) were able to go to DC to speak with leaders there. We had productive meetings on the Senate side and stressed the importance of federal pass through and Medicaid. We stressed the local importance of a strong CDC and Medicaid program. Reynard said there was a fair amount of skepticism of Medicaid cuts so that was encouraging.

#### ***NCIPH – Amy Joy Lanou***

No report.

#### ***ANCBH – Merle Greene***

No report.

#### ***NC – SOG***

April 16th and 17 for the legal conference.

#### ***NC SOPHE – Ashley Rawlinson***

No report.

**Adjourn**

**Motion:** Krissy Hoover (Onslow Co.) made a motion to adjourn, second by Josh Kennedy (Polk Co.). No opposition. Meeting was adjourned at 2:41pm.

**North Carolina Association of Local Health Directors, Inc.**  
**Statement of Financial Position**  
**As of March 31, 2025**

**ASSETS**

**Bank Accounts**

CD-SECU *4185	40,000.00
Checking-SECU *6586	479.06
Checking-TB *1894	79,390.97
Insured Cash Sweep	242,693.60
Money Market-SECU *0321	7,403.08
Money Market-TB *7815	250,599.64
Savings-SECU *1387	44.15

<b>Total Bank Accounts</b>	<b>\$ 620,610.50</b>
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Investment in NCPHI	10,000.00
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<b>TOTAL ASSETS</b>	<b>\$ 630,610.50</b>
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**LIABILITIES AND EQUITY**

**Liabilities**

Accounts Payable	7,944.63
Deferred Revenue	82,654.71

<b>Total Liabilities</b>	<b>\$ 90,599.34</b>
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**Equity**

**Temporarily Restricted Funds**

Accreditation Fund	166,385.19
Legal Fund	59,886.40

<b>Total Temporarily Restricted Funds</b>	<b>\$ 226,271.59</b>
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Unrestricted Net Assets	191,700.38
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Change in Net Assets	122,039.19
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<b>Total Equity</b>	<b>\$ 540,011.16</b>
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<b>TOTAL LIABILITIES AND EQUITY</b>	<b>\$ 630,610.50</b>
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**North Carolina Association of Local Health Directors, Inc.**  
**Statement of Activities - Budget vs Actual**  
**July 2024 - March 2025**

	Actual	Budget	Amt over Budget	% of Budget
<b>Revenue</b>				
Accreditation Revenue	279,500.00	279,500.00	0.00	100.00%
Grant Revenue	40,030.00	0.00	40,030.00	
Interest/Dividend Income	11,511.90	9,000.00	2,511.90	127.91%
<b>Membership Revenue</b>				
NACCHO Rebate	0.00	3,000.00	(3,000.00)	0.00%
NCALHD Dues	136,656.90	136,657.00	(0.10)	100.00%
<b>Total Membership Revenue</b>	<b>\$ 136,656.90</b>	<b>\$ 139,657.00</b>	<b>\$ (3,000.10)</b>	<b>97.85%</b>
<b>Total Revenue</b>	<b>\$ 467,698.80</b>	<b>\$ 428,157.00</b>	<b>\$ 39,541.80</b>	<b>109.24%</b>
<b>Expenses</b>				
Accreditation Expense	221,078.36	279,500.00	(58,421.64)	79.10%
Admin Services	56,250.00	75,000.00	(18,750.00)	75.00%
Awards	633.99	700.00	(66.01)	90.57%
Bank Charges	9.00	12.00	(3.00)	75.00%
Donations	5,000.00	0.00	5,000.00	
Licenses	1,459.00	1,700.00	(241.00)	85.82%
Marketing/Sponsorships	31.50	500.00	(468.50)	6.30%
Meetings/Travel	9,765.62	7,500.00	2,265.62	130.21%
Miscellaneous	0.00	300.00	(300.00)	0.00%
Postage	57.45	0.00	57.45	
<b>Professional Services</b>				
Accounting Fees	1,800.00	1,750.00	50.00	102.86%
Consulting Fees	28,500.00	36,000.00	(7,500.00)	79.17%
Legal Fees	0.00	10,000.00	(10,000.00)	0.00%
Technology Fees	20,000.00	0.00	20,000.00	
<b>Services</b>	<b>\$ 50,300.00</b>	<b>\$ 47,750.00</b>	<b>\$ 2,550.00</b>	<b>105.34%</b>
Website & Technology	1,074.69	700.00	374.69	153.53%
<b>Total Expenses</b>	<b>\$ 345,659.61</b>	<b>\$ 413,662.00</b>	<b>\$ (14,638.20)</b>	<b>83.56%</b>
<b>Change in Net Assets</b>	<b>\$ 122,039.19</b>	<b>\$ 14,495.00</b>	<b>\$ 107,544.19</b>	<b>841.94%</b>

LHD Name:

Care Management Programs provided (check all that apply): \_\_\_ Care Management for At-Risk Children \_\_\_\_ Care Management for High-Risk Pregnancies

Care Management counties served (include all CMARC, CMHRP served by your LHD):

\_\_\_\_\_

Current CMARC Staff: \_\_\_\_\_

Current CMHRP Staff: \_\_\_\_\_

\_\_\_\_\_ [LHD Name] agrees to participate in the North Carolina Association of Local Health Directors project to support LHDs with the upcoming transition to the Care Management for At-Risk Children and Care Management for High-Risk Pregnancies Programs. Until now, the PHPs have been required to contract with the LHDs for these services, but beginning July 1, 2026, LHDs will have to negotiate direct contracts with the PHPs. NCALHD will provide four key deliverables to participating LHDs, including:

- Assessing the technology needs for LHDs to continue to provide these services
- Identifying possible vendors that LHDs could consider for care management platform, including determining if systems already available to LHDs would meet the needs for these programs
- Providing guidance on appropriate contracting terms between LHDs and PHPs for these programs
- Advising on performance and quality strategies that LHDs should consider in a direct contract

\$ \_\_\_\_\_ Amount Due upon receipt



# NCLHDA Strategic Updates

*April 2025 update for the North Carolina Association of Local Health Directors*

## Updating Administrative Rules 10A NCAC 48

- NCLHDA plans to present the proposed 10A NCAC 48 rule language to the Commission for Public Health during their meeting on May 7, 2025, as approved during the March 28 NCLHDA Board meeting. The fiscal note is currently under NC OSBM review.
- Proposed 10A NCAC 48C (replacing 48A) clarifies definitions, updates timelines related to agency self-assessments and board actions and expands the eligibility of site visitors to include health education expertise.
- Proposed 10A NCAC 48D (replacing 48B) reduces the number of accreditation activities from 147 to 45 and aligns activities with the Foundational Capabilities.
- Input from the Standards Workgroup, Health Director's Accreditation Working Group, Agency Accreditation Coordinator feedback, and two rounds of public comment informed the new activities.

## Aligning Reporting Requirements

- NCLHDA has drafted crosswalks comparing current NCLHDA requirements to Consolidated Agreement and Agreement Addenda requirements and the national Public Health Accreditation Board.
- NCIPH is holding Aligning Reporting Requirement TA sessions to inform tools to help both NCLHDA and health departments align reporting requirements.
- These tools will be used to reduce duplication and intentionally align reporting requirements as NCLHDA drafts documentation for the new 45 activities with input from the NC FC Accountability and Performance Management Group.
- NCLHDA and DPH are working together to pilot using a shared Smartsheet between DPH, LHDs, and NCLDHA site visitors in Fall 2025 to help reduce LHD burden of resubmitting DPH materials during NCLHDA site visits.

## Additional Improvement Opportunities

- In updating standards and activities, NCLHDA is exploring opportunities to improve the usability of related accreditation documents and tools such as the HDSA Interpretation Document, the online evidence submission dashboard, and the Program Operational Guidelines.
- NCLHDA has been discussing improvement opportunities with both the AAC Advisory Council and Monthly Office Hour attendees to prioritize improvements.



# Online Evidence Submission Upgrade Opportunity

*As approved during the March 2025 NCLHDA Board Meeting for discussion with NCALHD and other Accreditation Partners*

## Context

- Since 2019, NCLHDA has maintained software subscriptions for all LHDs to access an online evidence submission and performance management platform for \$51,600/year.
- The use of an online evidence submission platform has been well received across the state, as evidenced by site visit evaluation and annual survey data.
- With the anticipated changes to the NCLHDA standards and activities, updates will need to be made to this online evidence submission platform to show the new requirements once approved. This presents an opportunity to reconsider our software.
- The current software has presented some challenges meeting NCLHDA's needs and responding to customer feedback, particularly around the user friendliness of the platform, presenting an opportunity to consider what best meets NC's current and future needs.

## Potential New Vendor

NCIPH was approached by an NC LHD to consider using a NEOGOV platform called PowerDMS for NCLHDA, specifically using their **PowerStandards** and **PowerAccred** tools. We have had preliminary discussions with the company to explore this option. A handful of NC LHDs are using NEOGOV HR and/or policy tools already.

The **annual subscription fee would be the same as our current annual subscription fee**; however, in order for NCLHDA to continue exploring this option, the program will need to secure \$50,000 in startup funds to cover the setup costs to incorporate NCLHDA standards and activities into PowerStandards. Updating software is also subject to review by UNC purchasing.

## Exploring LHD Interest & Funding Availability

NCLHDA is discussing this idea with AACs and sharing demonstration materials to assess interest in the new tool. View a [10-minute demonstration](#) video for more details on PowerStandards.

NCALHD will send out a survey to Health Directors to assess interest in providing a one-time financial contribution to cover the startup costs of a new dashboard.

If LHDs are not interested in upgrading the dashboard, NCLHDA can continue to contract with our current vendor, VMSG, who will be able to update the existing dashboard with the new standards and activities.



# Proposed NCLHDA FY26 Annual Fee Structure

*As approved during the March 2025 NCLHDA Board Meeting for discussion with NCALHD*

## Context

- Since 2019, each Local Health Director has paid a flat fee of \$3,250 per year to cover accreditation costs, totaling \$279,500 based on 86 health departments.
- The last fee increase in 2019 (from \$2,700 to \$3,250) was implemented to help cover the expense of the online evidence submission dashboard that health departments and site visitors use (current dashboard invoice: \$51,600/year).
- NCLHDA has worked to build efficiencies where possible to maintain an affordable program to LHDs, while also working to respond to feedback and improve program value.

## Proposed LHD Annual Fees

The NCLHDA Board is requesting a 15% increase in LHD annual fees from the current amount of \$3,250 to \$3,750 for FY26. This increase is reflective of the current costs to conduct site visits and cover core operations of the program, as described in more detail below.

## Proposed Budget Structure for FY 26

The number of site visits the program conducts each fiscal year ranges from 18 to 28, and the current budget structure does not account for the number of site visits within the year. NCIPH would like to start contracting with NCALHD based on the number of anticipated site visits within a given fiscal year.

	Details	Cost
Base Operating Budget	Covers LHD and SV training expenses, online evidence submission subscriptions for all counties, program communications, data, & evaluation	\$232,200 total
Per Site Visit Expense	Includes site visitor honorariums, site visitor travel expenses for 2 site visitors, and site visit staff administration time	\$4,200 per site visit

**Current Cost of Site Visits:** Based on 2024 data, each individual site visit is estimated to cost **\$4,200** for a partially remote site visit and **\$4,700** for a fully in-person site visit on average.

The proposed LHD annual fees will contribute \$2,700 towards the base operating budget and \$1,050 towards the cost of that LHD's site visit, to be conducted once every four years.