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**AGENDA**  
**CUMBERLAND COUNTY BOARD OF COMMISSIONERS**  
**REGULAR AGENDA SESSION**  
**JUDGE E. MAURICE BRASWELL**  
**CUMBERLAND COUNTY COURTHOUSE- ROOM 564**  
**FEBRUARY 13, 2025**  
**1:00 PM**

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INVOCATION- Vice Chairwoman Veronica Jones

PLEDGE OF ALLEGIANCE

1. APPROVAL OF AGENDA
2. PRESENTATIONS
  - A. USI Health Insurance Plan Update by Ed Boardman and Kevin Quinn
  - B. Community Health Needs Assessment Results
3. CONSIDERATION OF AGENDA ITEMS
  - A. 2025 (FY2026) Federal Legislative Agenda
  - B. Resolution in Support of State Legislative Agenda Items
  - C. Rejection of Bids for Sheriff's Training Indoor Firing Range Replacement Project
  - D. Cumberland County Detention Center Jail Health Plan
4. OTHER ITEMS
5. COMMITTEE REPORTS
6. MONTHLY REPORTS
  - A. Wellpath, LLC Quarterly Statistical Report on Inmate Health Care
  - B. Project Updates
7. CLOSED SESSION: If Needed

**ADJOURN**

**AGENDA SESSION MEETINGS:**

**March 13, 2025 (Thursday) 1:00 P.M.**

**April 10, 2025 (Thursday) 1:00 P.M.**

**WATCH THE MEETING LIVE**

**THIS MEETING WILL BE STREAMED LIVE THROUGH THE COUNTY'S WEBSITE, [www.cumberlandcountync.gov](http://www.cumberlandcountync.gov). LOOK FOR THE LINK AT THE TOP OF THE HOMEPAGE.**

**THE MEETING WILL ALSO BE BROADCAST LIVE ON CCNC-TV SPECTRUM CHANNEL 5**



## **RISK MANAGEMENT**

### **MEMORANDUM FOR THE AGENDA OF THE FEBRUARY 13, 2025 AGENDA SESSION**

**TO: BOARD OF COUNTY COMMISSIONERS**

**FROM: ROBIN M. KOONCE, FINANCE DIRECTOR/CFO**

**DATE: 2/4/2025**

**SUBJECT: USI HEALTH INSURANCE PLAN UPDATE BY ED BOARDMAN AND KEVIN QUINN**

**Requested by: CLARENCE GRIER, COUNTY MANAGER**

**Presenter(s): ED BOARDMAN AND KEVIN QUINN, USI BROKERS**

#### **BACKGROUND**

Kevin Quinn and Ed Boardman, brokers from USI, will present preliminary health insurance renewal options for the upcoming 2025-2026 plan year. This presentation is the second of three presentations the Board will receive from USI regarding the fiscal year 2026 renewal. The attached presentation focuses on fiscal year 2025 year-end projections and fiscal year 2026 renewal options. The Board of Commissioners is requested to provide feedback on the options being presented during and at the end of the presentation.

The brokers and County staff will incorporate the feedback into a recommendation for Plan changes (if any). The recommendation and projected budgetary impact will be presented during the March Agenda Session meeting, with a request for approval during the March 17, 2025, Board of Commissioners' meeting.

This timeline will allow for any Plan changes to be communicated to the carrier with sufficient time to implement effective July 1, 2025, without service interruption.

#### **RECOMMENDATION / PROPOSED ACTION**

The information being presented is informational and discussion and feedback are requested.

**ATTACHMENTS:**

Description

USI Update

Type

Backup Material



**COUNTY OF CUMBERLAND, NC**

**2025-2026 BENEFITS RENEWAL**

February 13th , 2025

THE USI ONE ADVANTAGE®  
[www.usi.com](http://www.usi.com)



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# Agenda

- Executive Summary
- Current Financial Update
- 2025-2026 Renewal  
Projection
- 2025-2026 Decision Points
- Renewal Timeline

## 2025 Healthcare Update



**County of Cumberland**



# Executive Summary

## Financial

- The total net cost is \$14,031,640 for the current plan year (07/01/2024-12/31/2024). This is 16.9% above the prior period in 2023.
- The total net cost at 98.7% is running in line with projected costs YTD.
- Gross pharmacy costs are 41.2% of total net claims. The industry norm is 25% on average.
- Average enrollment has increased by 4% from 1,850 in 2023 to 1,922 in 2024.
- Total pharmacy rebates received in 2024 were **\$3,059,888**. The rebates are not included in the claim experience.

## Clinical

- Large claims currently over \$100K represent 17.1% of total claims compared to 29.3% in the prior period 2023.
- The primary diagnosis of the above claimants are cancer, heart, and kidney disease claims in the current period 2024.
- GLP-1 medications account for 38% of the total pharmacy claim spend (21% for just weight loss).
- Pre-65 retirees represent 14% of the total enrollment and 39% of the large claims over \$100k.
- Top disease prevalence for Cumberland members includes Hypertension, Hyperlipidemia and Diabetes, which are above the overall norm for these conditions.



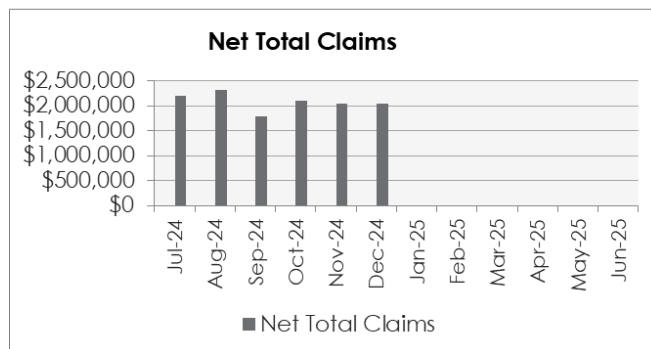
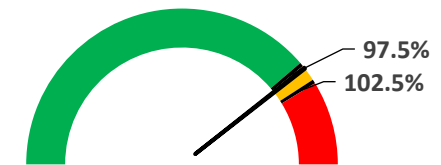
# Claims Dashboard- Experience Period Ending December 31, 2024

<u>Experience Summary</u>	<u>Prior Plan Year 7/1/2023 - 12/31/2023</u>	<u>Current Plan Year 07/2024 - 12/31/2024</u>	<u>Δ from Prior</u>
Net Paid Claims	\$10,709,904	\$12,486,546	16.6%
Actual Net Cost	\$12,003,675	\$14,031,640	16.9%
Fully Insured Equivalent (FIE)	\$12,095,873	\$14,216,640	17.5%
Actual Net Cost to Fully Insured Equivalent (FIE)	99.2%	98.7%	
Gross Rx Claims to Total Net Claims	37.4%	41.2%	
Net Claims Per Employee Per Year (PEPY)	\$11,587	\$12,991	12.1%
Average Employees	1,849	1,922	4.0%

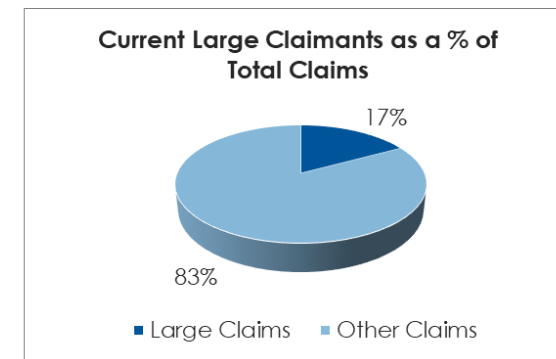
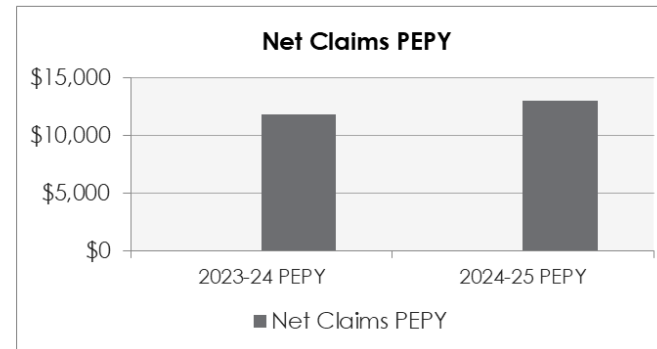
<u>Large Claimants</u>	<u>7/1/2023 - 12/31/2023</u>	<u>07/2024 - 12/31/2024</u>
Number of Large Claimants (>\$100,000)	11	14
Total Paid for Large Claimants (>\$100,000)	\$2,165,402	\$2,130,203
Claimants Over SSL (>\$200,000)	5	2
Total Paid Over SSL (>\$200,000)	(\$199,821)	\$0

**Note: \$200k aggregating specific deductible is included.**

**FIE to Actual Net Cost: 98.7%**

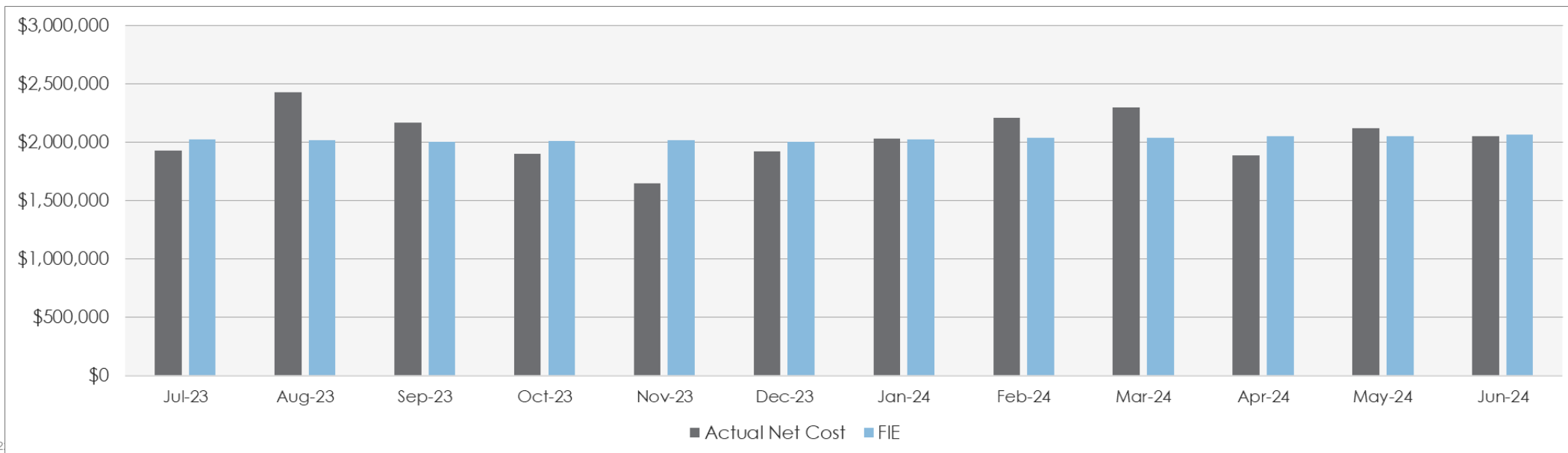
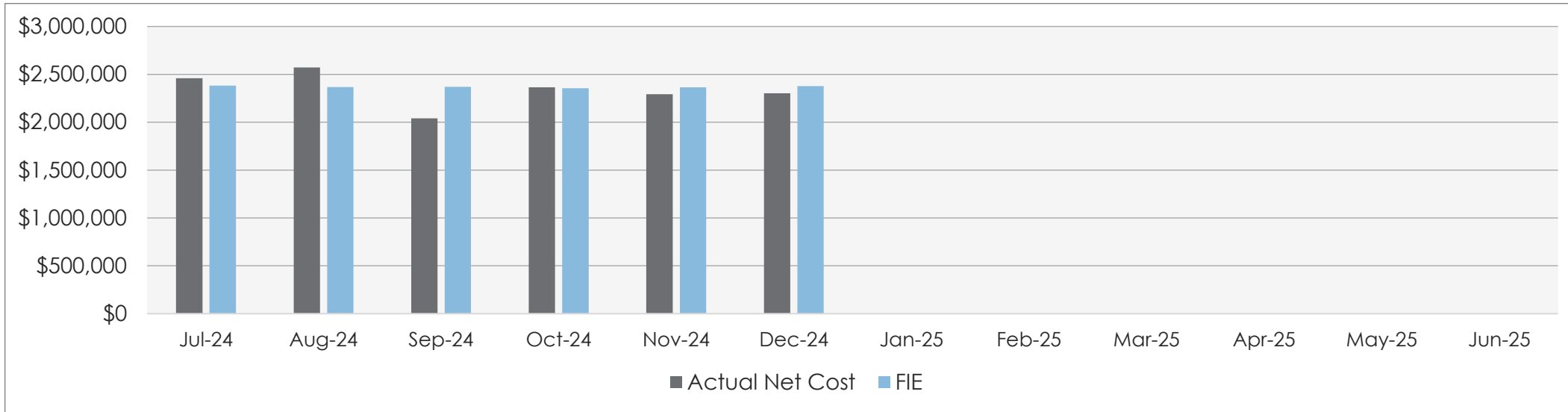


\*Pharmacy rebates are not included in the total costs.





# Current Year vs. Prior Year Cost Summary - July 1, 2023– December 31, 2024



# 2025-2026 Medical Plan Renewal Summary

Stop Loss Coverage	Enrollment	Current 2024-2025	USI Projected Renewal 2025-2026
TPA/ Network		BCBS of NC	BCBS of NC
Stop Loss Carrier		BCBS of NC	BCBS of NC
Specific Stop Loss		\$200,000	\$200,000
Agg. Specific Deductible		\$200,000	\$200,000
<b>Lasers Included</b>		2- \$1.175M	<b>2- \$1.175M</b>
<b>Fixed Costs</b>			
Administration	1929	\$33.00	\$33.66
<b>Annual Total</b>		<b>\$763,884</b>	<b>\$779,162</b>
% Change			2%
Specific Stop Loss Premium		\$100.96	\$110.32
<b>Annual Total</b>	1929	<b>\$2,337,022</b>	<b>\$2,553,687</b>
% Change			9.3%
<b>Annual Total Fixed Costs</b>		<b>\$3,100,906</b>	<b>\$3,332,849</b>
% Change			7.5%
<b>Claim Liability</b>			
Claim PEPY	1929	\$13,187	\$14,858
<b>Annual Claims total</b>		<b>\$25,437,251</b>	<b>\$28,660,653</b>
% Change			12.7%
Care Management Program Fees		\$242,891	\$242,891
<b>Total Costs</b>			
<b>Annual Projected Costs</b>	1929	<b>\$28,781,048</b>	<b>\$32,236,393</b>
\$ Change			\$3,355,345
% Change			12%

**Notes**

- The projection utilizes the following:
  - The most recent 24 months of data through December 2024 with a 70%/30% credibility split.
  - Historical Client trend.
  - 3% margin.
- The Stop Loss Fee illustrates actual current and preliminary renewal rates
- Projection includes 2 lasered claims additional liability of \$1.175M

# Post 65-Retiree- Projected 2026 Renewal

**January 1, 2026  
Benefit Outline**

	<b>2025 Current</b>	<b>Initial 2026 Projection</b>
Carrier	Amwins	Amwins
Plan Type, Name, Network	Medical Retirees	Medical Retirees
Deductible (Individual / Family)	\$240	\$240
Out-of-Pocket Maximum (Individual / Family)	\$2,000	\$2,000
Coinsurance (In / Out)	20%	20%
Wellness / Preventive Care	100%	100%
Primary Care Office Visit	\$30 copay	\$30 copay
Prescription Drug Deductible CY	\$150.00 (Tiers 3-5 only)	\$150.00 (Tiers 3-5 only)
Retail Prescription Drug Copays	\$0 / \$10 / \$55 / \$70	\$0 / \$10 / \$55 / \$70
Mail Order Prescription Drug Copays	\$25 copay subject to RX ded / \$137.5 copay / \$175 copay subject to RX ded	\$25 copay subject to RX ded / \$137.5 copay / \$175 copay subject to RX ded
Specialty Prescription Drugs	25% with a \$50 min and \$100 max	25% with a \$50 min and \$100 max

**Rates & Total Cost**

Employee	543	\$326.00	\$342.30
<b>Total Employees</b>	<b>543</b>		
<b>Annual Premium Total (w/out HSA/HRA)</b>		<b>\$2,124,216</b>	<b>\$2,230,427</b>
Change from Current			\$106,211
Percentage Change			5%

# Cumberland 2025-2026 Renewal Status

Plan/Coverage	Renewal Date	Status/Notes
BCBS Medical Plan (ASO)	7/1/2025	<ul style="list-style-type: none"> <li>Initial renewal projection 12%</li> </ul>
BCBS/Prime (PBM)	7/1/2026	<ul style="list-style-type: none"> <li>Conducting market check to improve contract terms and pricing for 7/1/2025</li> </ul>
BCBS Stop Loss	7/1/2025	<ul style="list-style-type: none"> <li>Conduct market study with third part stop loss carriers</li> </ul>
AmWins Post 65 Retirees	1/1/2026	<ul style="list-style-type: none"> <li>Initial renewal projection 5%</li> </ul>
Delta Dental	7/1/2026	<ul style="list-style-type: none"> <li>Rate guarantee through 7/1/2026</li> </ul>
Eye MED Vision	7/1/2025	<ul style="list-style-type: none"> <li>Renewal expected by March 1st</li> </ul>
Lincoln Financial Basic Life & AD&D	7/1/2027	<ul style="list-style-type: none"> <li>Renewed at 0% increase</li> </ul>
Lincoln Financial Vol Life, STD & LTD	7/1/2027	<ul style="list-style-type: none"> <li>Renewed at 0% increase</li> </ul>
Chubb AI, CI, & Life w/LTC	N/A	
Sentinel- FSA & COBRA	N/A	
B-Swift Benefit Administration	1/1/2027	<ul style="list-style-type: none"> <li>System fees are subsidized through Chubb. No additional cost to the County.</li> </ul>
iBTR- Open Enrollment Meeting Support	7/1/2025	<ul style="list-style-type: none"> <li>The annual cost is approx. \$20,000. Previously this was covered through Chubb.</li> </ul>

# 2025 Decision Points for Renewal

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# Onsite Clinic RFP Results

- The current three-year agreement with Proactive MD, who manages the Cumberland health center, is up for renewal on 7/1/2025. The USI Population Health Management practice is conducting an RFP to help improve costs and compare the different services provided.
- The initial RFPs were due on 1/6/25 and the following vendors submitted proposals, Care ATC, Crossover Health, Marathon Health, One to One Health, Proactive MD and Quad Med. Cape Fear Valley Health and Premise Health did not submit a proposal.
- A high-level summary of the initial results will be shared during the meeting on 2/13.

# Pharmacy Marketing Results

## 3-Year Financial Totals

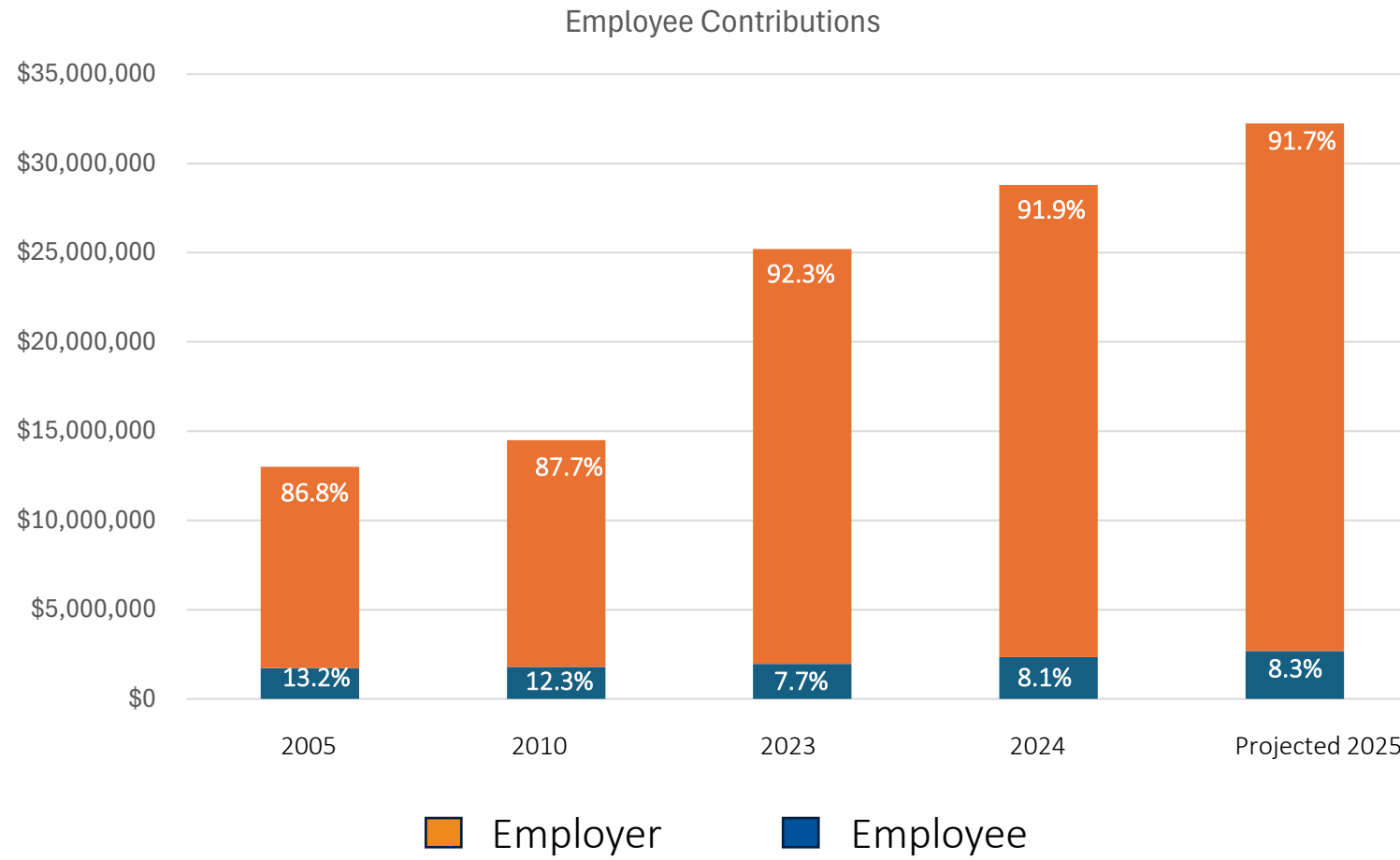
■ Baseline

■ Incumbent renewal offer

	Current contract	Blue Cross Blue Shield North Carolina Bid ID: 26291	SmithRx Bid ID: 26195	Health Action Council Optum* Bid ID: 26129	RxBenefits CVS Bid ID: 26023	Rightway Bid ID: 26156	RxBenefits ESI Bid ID: 26027
Ingredient cost	\$26,656,489	\$25,736,034	\$25,126,386	\$26,015,386	\$26,777,753	\$26,324,253	\$26,397,844
Dispensing fees	\$27,872	\$27,872	\$57,752	\$47,374	\$15,741	\$46,559	\$51,183
Drug spend	\$26,684,361	\$25,763,906	\$25,184,138	\$26,062,760	\$26,793,494	\$26,370,812	\$26,449,027
Admin fees	\$470,480	\$470,480	\$159,000	\$0	\$676,189	\$898,793	\$565,856
Rebates	(\$11,603,503)	(\$12,128,601)	(\$13,527,367)	(\$8,147,700)	(\$8,971,356)	(\$8,604,945)	(\$8,264,697)
Credits	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Other financial considerations	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Ingredient cost shift	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Rebate shift	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Projected total cost	\$15,551,338	\$14,105,784	\$11,815,771	\$17,915,060	\$18,498,327	\$18,664,660	\$18,750,186
Deal improvement \$		\$1,445,553	\$3,735,567	(\$2,363,722)	(\$2,946,990)	(\$3,113,322)	(\$3,198,848)
Deal improvement %		9.30%	24.02%	-15.20%	-18.95%	-20.02%	-20.57%

*Truvenis fees are included as an admin fee from [these vendors] and underwritten within the offers for [these vendors]*

# Employee Contributions vs. Total Plan Cost



# Medical Contributions- Base PPO w/Initial Increase

2024 Current		
PPO Non Wellness	Enrollment	
Employee	342	\$64.32
Employee + Spouse	26	\$303.92
Employee + Child	44	\$197.99
Employee + Child (ren)	33	\$320.30
Family	37	\$411.12
Monthly Total	482	\$64,392
Annual Total		\$772,707

2025 Proposed 12%			
PPO Non Wellness	Enrollment		Diff
Employee	342	\$72.04	\$7.72
Employee + Spouse	26	\$340.40	\$36.48
Employee + Child	44	\$221.75	\$23.76
Employee + Child (ren)	33	\$358.73	\$38.43
Family	37	\$460.45	\$49.33
Monthly Total	482	\$72,119	12.0%
Annual Total		\$865,428	

2024 Current		
PPO Wellness	Enrollment	
Employee	983	\$34.32
Employee + Spouse	89	\$273.92
Employee + Child	155	\$167.99
Employee + Child (ren)	83	\$290.30
Family	60	\$381.12
Monthly Total	1370	\$131,116
Annual Total		\$1,573,392

2025 Proposed \$30 Credit			
PPO Wellness	Enrollment		Diff
Employee	983	\$42.04	\$7.72
Employee + Spouse	89	\$310.40	\$36.48
Employee + Child	155	\$191.75	\$23.76
Employee + Child (ren)	83	\$328.73	\$38.43
Family	60	\$430.45	\$49.33
Monthly Total	1370	\$151,781	12%
Annual Total		\$1,821,373	

Total Annual Employee Contributions	1852	\$2,346,099
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Total Annual Employee Contributions	1852	\$2,686,801
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Difference \$340,702.18

# Medical Contributions- w/Increased \$50 Wellness Incentive

2024 Current		
PPO Non Wellness	Enrollment	
Employee	342	\$64.32
Employee + Spouse	26	\$303.92
Employee + Child	44	\$197.99
Employee + Child (ren)	33	\$320.30
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Family	60	\$381.12
Monthly Total	1370	\$131,116
Annual Total		\$1,573,392

2025 Proposed \$50 Credit			
PPO Wellness	Enrollment		Diff
Employee	983	\$22.04	-\$12.28
Employee + Spouse	89	\$290.40	\$16.48
Employee + Child	155	\$171.75	\$3.76
Employee + Child (ren)	83	\$308.73	\$18.43
Family	60	\$410.45	\$29.33
Monthly Total	1370	\$124,381	-5.1%
Annual Total		\$1,492,573	

Total Annual Employee Contributions	1852	\$2,346,099
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Total Annual Employee Contributions	1852	\$2,358,001
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Difference \$11,902.18

## Notes

Assumes a 12% increase in the current employee non-wellness contributions as an illustration.



# County of Cumberland, NC Wellness Strategy Today

To qualify for the \$30/month (\$360 annual) discount, employees must:

- Participate in the 2024 Wellness Fair/Biometrics event
- Meet three of the four moderate control categories. This applies to all employees regardless of their hire date.  
*(Note: risk ranges are no longer appropriate/current with national guidelines)*
- To qualify under the improvement comparison, employees must have participated in the previous year's fair.
- Employees are given reasonable alternatives for the wellness credit if they do not pass the biometrics, per regulations.
- New hires do not receive the discount until they have a chance to participate in the October Wellness Fair. If the criteria is met the premium reductions start the following February.

Risk Factor	Moderate Control
Waist Circumference	< 40" Male or < 35" Female Or improve by 10%
Blood Pressure	< 140/90 mmHg Or lose 10/5 mmHg
Cholesterol Ratio	≤ 5.5
Glucose	< 199 mg/dL

# 2025-26 Wellness Program Recommendations:

- Adjust the week-long wellness fair event and replace with a more effective program
- Revise incentivized activities to encourage PCP engagement and preventive care compliance; have a 3<sup>rd</sup> party track compliance and provide communications and reporting
- Eliminate biometric criteria for premium discount

## **Proposed 2025-2026 Program Requirements\***

1. Complete an Annual Physical and Biometric Screening with the employee clinic OR an in-network PCP
2. Complete one additional Preventive Care screening (from the list below).
  - mammogram
  - annual OB/GYN exam
  - colon cancer screening
  - prostate screening
  - dental preventive exam
  - vision preventive exam
  - flu shot
3. Submit proof of activities by 11/14/25
4. Qualify for premium incentive in February 2026

\* Service dates accepted between 11/1/24 - 10/31/25

# 2025-26 Wellness Program Considerations:

## **Wellness Activity Tracking**

Use a 3<sup>rd</sup> party (vendor partner Wellworks for You) to track activities and provide eligibility reporting and communications

- Cost is \$16 per participant per year (offset by elimination of biometric screenings)

## **Premium incentive**

Increase to \$50/month or \$600 annually (best practice)

- Pro: Incentivizes employees to engage in behaviors that improve health outcomes and ultimately reduce costs
- Pro: When preventive care increases, unnecessary ER typically decreases
- Con: Potential for an initial uptick in preventive care claims (not a negative in the long run)

## **Program eligibility**

Include pre-65 retirees in wellness credit program?

Expand incentives to include covered spouses??

# Proposed Utilization and Chronic Condition Program

## Vida is a virtual cardiometabolic clinic

Personalized care delivered through a human-led team, addressing the cardiometabolic spectrum

Obesity

Prediabetes

Cardiovascular  
Risk



- Founded in 2014
- Serving 3+ million lives
- 15+ peer-reviewed research publications across chronic conditions
- 10 years of proven behavior change



# Proposed Utilization and Chronic Condition Program

## Prime and Vida's utilization management integration (GLP-1 for weight management)

### Prescriber lock-in integration model

#### How it works

- Vida is configured as the sole prescriber of GLP-1s and related scripts **without** Prior Authorization (PA) hassles
- Members received personalized, clinically appropriate care
- Behavior change and pharmacotherapy is available to all members
- Out-of-network scripts are denied

#### Value

- 
- Ensures appropriate access to evidence-based care including GLP-1 scripts
  - Maximizes control over where members receive care
  - Provides access to a cardiometabolic center of excellence



# Vida Utilization Program- Follow Up Questions

1. How does the Vida program work for members currently using GLP-1s for weight loss? **Current members that have been prescribed a GLP-1 for weight loss, would continue to fill their prescriptions. Once the prescription expires, they would need to go through Vida to renew the prescription.**
2. Would Vida become the sole prescriber of GLP-1 prescriptions for weight loss medications? **Yes, PCPs would still work on GLP-1 diabetes drugs, but all weight loss GLP-1s would be prescribed through Vida.**
3. Do employees have a choice of using the Cumberland or retail pharmacies? **Yes, Vida would transfer the script to the pharmacy of the employees choosing.**
4. Is the Vida program voluntary? **Yes, any of the programs, including weight loss with GLP-1s are all voluntary, but if a member would like to continue to use or start using GLP-1s for weight loss, they would need to engage with Vida for qualification and filling a prescription.**
5. Are there any other programs using Vida for weight loss management, with out making GLP-1s mandatory through Vida? **There is a weight loss program that doesn't manage GLP-1s and a diabetes prevention program.**

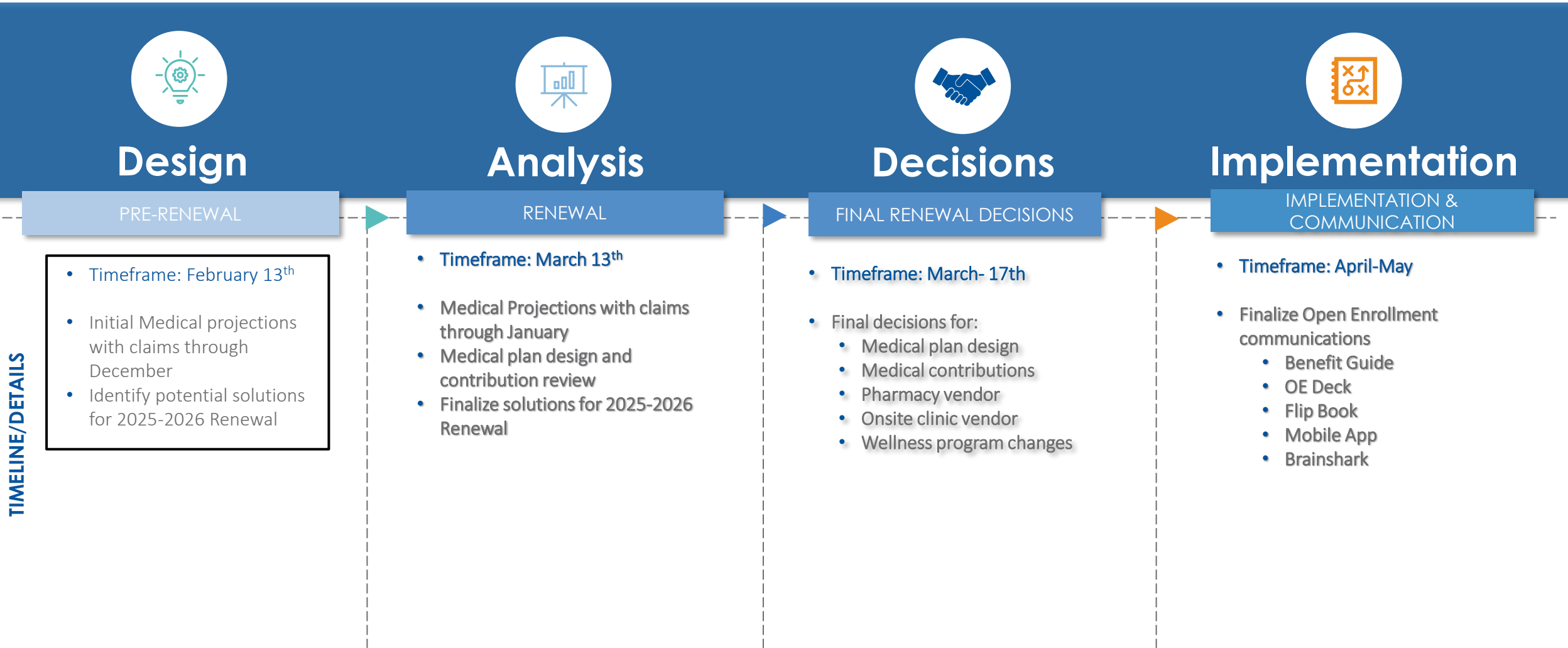
# 2025-2026 Medical Plan- Potential Options to reduce 12% increase.

Benefits	Current Blue Options PPO		Blue Options PPO Buy-Up		Alt. HDHP H.S.A. Option	
	In-Network	Out-Network	In-Network	Out-Network	In-Network	Out-Network
Annual Deductible: Single/Family	\$2,500 / \$7,500	\$3,000 / \$9,000	\$1,000 / \$3,000	\$3,000 / \$9,000	\$3,000 / \$9,000	\$6,000 / \$18,000
Out of Pocket Max: Single/Family	\$5,500 / \$13,000	\$6,000 / \$21,000	\$3,500 / \$7,000	\$6,000 / \$21,000	\$6,000 / \$15,000	\$12,000 / \$21,000
Coinsurance	80%	70%	80%	70%	70%	50%
Office Visits - Primary	\$30 Copay	Deductible, then 30%	\$25 Copay	Deductible, then 30%	Deductible, then 30%	Deductible, then 50%
Office Visits - Specialist	\$50 Copay	Deductible, then 30%	\$40 Copay	Deductible, then 30%	Deductible, then 30%	Deductible, then 50%
Preventive Care	100%	Deductible, then 30%	100%	Deductible, then 30%	Deductible, then 30%	Deductible, then 50%
Emergency	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%	Deductible, then 50%
Urgent Care	Deductible, then 20%	Deductible, then 30%	Deductible, then 20%	Deductible, then 30%	Deductible, then 30%	Deductible, then 50%
Inpatient Hospital	Deductible, then 20%	Deductible, then 30%	Deductible, then 20%	Deductible, then 30%	Deductible, then 30%	Deductible, then 50%
Outpatient Hospital	Deductible, then 20%	Deductible, then 30%	Deductible, then 20%	Deductible, then 30%	Deductible, then 30%	Deductible, then 50%
H.S.A./HRA Contribution	NA		NA		\$500/\$1000	
Pharmacy Deductible	\$150	NA	\$150	NA	Combined with Medical	NA
Pharmacy	\$10/10/55/70/25% after deductible	NA	\$10/10/55/70/25% after deductible	NA	\$10/10/55/70/25% after deductible	NA
In-house Pharmacy	\$0/0/\$25/\$40/NA	NA	\$0/0/\$25/\$40/NA	NA	\$0/0/\$25/\$40/NA after deductible	NA

# 2025-2026 Recommendations for Board Consideration

Coverage	Recommendation	Estimated Cost Impact	Comments
Population Health Program	Change the annual biometric and HRA completion from the annual health fair event and revise incentivized activities to include physician forms encouraging PCP engagement and preventive care compliance.	\$350,000	<ul style="list-style-type: none"> <li>• Increase wellness incentive to \$50 PEPM</li> <li>• Third party wellness vendor to track activities and provide eligibility reporting \$16 PEPY.</li> <li>• Consider adding retirees to wellness program</li> </ul>
Onsite Clinic RFP	Review ProActive MD renewal proposal and compare contract and pricing terms with other vendors.	TBD	
Medical- Plan Contributions	Increase current PPO contributions in line with overall health increase.	(\$341,000)	<ul style="list-style-type: none"> <li>▪ Assumes a 12% illustrative increase.</li> </ul>
Pharmacy Marketing	Review Prime Therapeutic's /BCBS renewal proposal and compare contract and pricing terms with other PBM vendors.	(\$1,500,000)	<ul style="list-style-type: none"> <li>▪ Improved discounts and rebate guarantees over a <b>3-year contract</b>.</li> </ul>
Weight loss GLP-1 Medication Coverage	Continue to review the population health data and overall impact to the plan costs.	(\$510,000)	<ul style="list-style-type: none"> <li>▪ Add Utilization management program to help control costs.</li> <li>▪ Cover these medications at select pharmacies outside the Cumberland onsite pharmacy.</li> </ul>
Plan Design Changes	Consider plan design changes to help reduce 12% renewal increases.	(\$250,000-\$500,000)	<ul style="list-style-type: none"> <li>▪ Compare current plan offerings with benchmark information in North Carolina.</li> </ul>
Stop Loss Carrier Marketing	Market the stop loss to compare current BCBS policy and consider alternative deductibles.	TBD	<ul style="list-style-type: none"> <li>▪ Benchmark stop loss and provide alternative options.</li> </ul>

# Next Steps:



TIMELINE/DETAILS

# Appendix

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# Cumberland- Benefits Historical Review

USI ONE®, is a **fundamentally different** approach to risk management, integrating **proprietary business analytics** with a **networked team of local and national experts** in a **consultative planning process** that generates targeted recommendations for improving employee benefit plans.

Prior Plan Years	2022 Plan Year	2023 Plan Year	2024 Plan Year
<ul style="list-style-type: none"> <li>Conducted full <b>on-sight clinic RFP</b> to explore options replacing current provider, Novant.</li> <li>Implemented AmWins <b>Post 65 retiree program</b>, saving the County approx. <b>\$2M</b>.</li> <li>Market <b>voluntary programs</b> to provide <b>tech credits to offset cost</b> of ben. admin. system.</li> <li>Implemented <b>enhanced pharmacy benefit for post 65 Retirees</b>.</li> </ul>	<ul style="list-style-type: none"> <li><b>Implemented</b> new on-site health clinic partner with <b>ProActive MD</b>.</li> <li>Changed pharmacy rebate structure to 100% pass through. Projected savings to Cumberland over <b>\$1M/year</b>.</li> <li><b>Implemented \$200K agg/spec</b> to offset stop loss lasers of 2 claimants <b>\$1.2M</b>.</li> <li>Negotiated <b>0% multi-year renewal</b> with <b>Delta Dental</b></li> </ul>	<ul style="list-style-type: none"> <li><b>Marketed the medical plan</b> administration and <b>reviewed BCBS network discounts</b>.</li> <li>Plan design changes- <b>added \$50 specialist copay</b> and removed the \$1,000 HRA.</li> <li><b>Changed drug formulary</b> to exclude wasteful drugs. <b>\$304,610 savings</b></li> <li>Implemented a <b>Manufacturer Assistance Coupon Program</b> to help reduce high-cost specialty medications. <b>\$236,376 savings</b></li> <li><b>Implemented Diabetes solution</b> through <b>Livongo</b> to help manage chronic conditions.</li> </ul>	<ul style="list-style-type: none"> <li>Introduced more plan choice with adding a <b>Buy-Up PPO plan option</b>.</li> <li><b>Reviewed strategies to control GLP-1-weight loss/diabetes medication utilization</b>.</li> <li><b>Increased employee contributions</b> in line with overall medical plan projected increase <b>+13%</b>.</li> <li>The actual pharmacy rebates paid in 2024 were over <b>\$3M</b>.</li> <li><b>Presented enhanced incentivized physician engagement wellness strategy</b> to improve population health. Considered adding spouses and retirees.</li> <li><b>Reviewed Medicare Advantage options</b> to help reduce post 65 retiree costs.</li> <li><b>Reviewed benchmark data against other NC County and Municipal clients</b>.</li> </ul>

# 2024-2025 Current Medical Plans

Benefits	Current Blue Options PPO		Blue Options PPO Alt. Buy-Up	
	In-Network	Out-Network	In-Network	Out-Network
Annual Deductible: Single/Family	\$2,000 / \$6,000	\$3,000 / \$9,000	\$1,000 / \$3,000	\$3,000 / \$9,000
Out of Pocket Max: Single/Family	\$5,000 / \$12,000	\$6,000 / \$21,000	\$3,500 / \$7,000	\$6,000 / \$21,000
Coinsurance	80%	70%	80%	70%
Office Visits - Primary	\$30 Copay	Deductible, then 30%	\$25 Copay	Deductible, then 30%
Office Visits - Specialist	\$50 Copay	Deductible, then 30%	\$40 Copay	Deductible, then 30%
Preventive Care	100%	Deductible, then 30%	100%	Deductible, then 30%
Emergency	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%	Deductible, then 20%
Urgent Care	Deductible, then 20%	Deductible, then 30%	Deductible, then 20%	Deductible, then 30%
Inpatient Hospital	Deductible, then 20%	Deductible, then 30%	Deductible, then 20%	Deductible, then 30%
Outpatient Hospital	Deductible, then 20%	Deductible, then 30%	Deductible, then 20%	Deductible, then 30%
H.S.A./HRA Contribution	NA		NA	
Pharmacy Deductible	\$150	NA	\$150	NA
Pharmacy	\$10/10/55/70/25% after deductible	NA	\$10/10/55/70/25% after deductible	NA
In-house Pharmacy	\$0/0/\$25/\$40/NA	NA	\$0/0/\$25/\$40/NA	NA

# USI 2024 Benchmark Study - Traditional Plans

In Network Benefits	Cumberland Core PPO	Cumberland Buy-Up PPO	County Government	1000+ Employees	Midsouth
Deductible <i>(Single / Family)</i>	\$2,000 / \$6,000	\$1,000 / \$3,000	\$1,000 / \$2,000	\$1,000 / \$2,000	\$2,000 / \$5,000
Coinsurance	20%	20%	20%	20%	20%
OOP Maximum <i>(Single / Family)</i>	\$5,000 / \$12,000	\$5,000 / \$12,000	\$3,625 / \$8,000	\$4,000 / \$8,000	\$6,000 / \$12,000
Office Visit Copay PCP / Specialist	\$30 \$50	\$30 \$50	\$25 \$35	\$25 \$40	\$30 \$55
Emergency Room Copay Urgent Care Copay	Ded & Coins Ded & Coins	Ded & Coins Ded & Coins	\$200 \$35	\$200 \$50	\$300 \$60
Inpatient Hospital Outpatient Surgery	Ded & Coins Ded & Coins	Ded & Coins Ded & Coins	\$250 \$150	\$250 \$150	\$300 \$250
<b>Prescription Drugs</b>					
<b>Retail (30 days supply)</b>					
<i>Tier 1 Generics</i>	\$10	\$10	\$10	\$10	\$10
<i>Tier 2 Preferred</i>	\$10	\$10	\$30	\$35	\$35
<i>Tier 3 Brand Name</i>	\$55	\$55	\$50	\$60	\$70
<b>Actuarial Value</b>					
	76%	80%	84%	82%	76%

# 2024 Benchmark Study

## Monthly Premiums & Employee Contributions – Traditional Plans

Enrollment Tier	Cumberland Core PPO	Cumberland Buy-Up PPO	County Government	1000+ Employees	Midsouth
<b>Employee Contribution</b>					
Single	\$34	\$125	\$77	\$155	\$160
Family	\$381	\$511	\$441	\$650	\$927
<b>Employer Contribution %</b>					
Single	97%	90%	91%	79%	76%
Family	73%	69%	82%	70%	55%

# USI 2024 Benchmark Study - Traditional Plans

In Network Benefits	Cumberland Core PPO	Cumberland Buy-Up PPO	NC Government Client- A	NC Government-Client-A	NC Government-Client- B	NC Government-Client- B	NC Government Client- B	NC Government Client- C	NC Government Client- C
Deductible (Single / Family)	\$2,000 / \$6,000	\$1,000 / \$3,000	\$500 / \$1,000	\$1,000 / \$2,000	\$525 / \$1,050	\$750 / \$1,500	\$600 / \$1,200	\$1,750 / \$3,500	\$1,500 / \$3,000
Coinsurance	20%	20%	20%	20%	5%	30%	20%	20%	20%
OOP Maximum (Single / Family)	\$5,000 / \$12,000	\$5,000 / \$12,000	\$2,500 / \$5,000	\$3,500 / \$7,000	\$1,370 / \$2,740	\$2,250 / \$4,500	\$1,600 / \$ 3,200	\$6,600 / \$13,200	\$6,350 / \$12,700
Office Visit Copay PCP / Specialist	\$30 \$50	\$30 \$50	\$20 \$40	\$20 \$45	\$25 \$40	\$25 \$40	\$25 \$40	\$30 Ded & Coins	\$30 \$60
Emergency Room Copay Urgent Care Copay	Ded & Coins Ded & Coins	Ded & Coins Ded & Coins	\$200 \$40	\$240 \$45	\$150 \$40	\$150 \$40	\$150 \$40	Ded & Coins \$60	\$150 \$50
Inpatient Hospital Outpatient Surgery	Ded & Coins Ded & Coins	Ded & Coins Ded & Coins	Ded & Coins Ded & Coins	Ded & Coins Ded & Coins	Ded & Coins Ded & Coins	Ded & Coins Ded & Coins	Ded & Coins Ded & Coins	\$250 Ded & Coins	Ded & Coins Ded & Coins
<b>Prescription Drugs</b>									
<b>Retail (30 days supply)</b>									
Tier 1 Generics	\$10	\$10	\$10	10%	5%	30%	20%	\$10	\$10
Tier 2 Preferred	\$10	\$10	\$25	20%	\$40	\$40	\$40	\$35	\$35
Tier 3 Brand Name	\$55	\$55	\$50	30%	\$50	\$50	\$50	\$50	\$55
<b>Actuarial Value</b>									
	76%	80%	86%	83%	91%	83%	87%	82%	78%

# 2024 Benchmark Study

## Monthly Premiums & Employee Contributions – Traditional Plans

Enrollment Tier	Cumberland Core PPO	Cumberland Buy-Up PPO	NC Government Client- A	NC Government-Client-A	NC Government-Client- B	NC Government-Client- B	NC Government Client- B	NC Government Client- C	NC Government Client- C
<b>Employee Contribution</b>									
Single	\$34	\$125	\$50	\$0	\$58	\$46	\$81	\$0	\$93
Family	\$381	\$511	\$667	\$468	\$162	\$150	\$219	\$867	\$1,334
<b>Employer Contribution</b>									
Single	97%	90%	95%	100%	94%	95%	92%	100%	86%
Family	73%	69%	80%	74%	94%	94%	92%	59%	45%

# USI 2024 Benchmark Study - Traditional Plans

In Network Benefits	Cumberland Core PPO	Cumberland Buy-Up PPO	NC Government Client -D	NC Government Client- E	NC Government Client- E
Deductible <i>(Single / Family)</i>	\$2,000 / \$6,000	\$1,000 / \$3,000	\$2,500 / \$5,000	\$1,250 / \$2,500	\$750 / \$1,500
Coinsurance	20%	20%	0%	30%	30%
OOP Maximum <i>(Single / Family)</i>	\$5,000 / \$12,000	\$5,000 / \$12,000	\$3,500 / \$7,000	\$3,750 / \$7,150	\$3,000 / \$6,000
Office Visit Copay PCP / Specialist	\$30 \$50	\$30 \$50	\$20 \$40	Ded & Coins Ded & Coins	\$35 \$45
Emergency Room Copay Urgent Care Copay	Ded & Coins Ded & Coins	Ded & Coins Ded & Coins	\$150 \$40	Ded & Coins Ded & Coins	\$150 \$45
Inpatient Hospital Outpatient Surgery	Ded & Coins Ded & Coins	Ded & Coins Ded & Coins	Ded & Coins Ded & Coins	Ded & Coins Ded & Coins	Ded & Coins Ded & Coins
<b>Retail (30 days supply)</b>					
<i>Tier 1 Generics</i>	\$10	\$10	\$10	\$10	\$10
<i>Tier 2 Preferred</i>	\$10	\$10	\$30	\$35	\$30
<i>Tier 3 Brand Name</i>	\$55	\$55	\$50	\$50	\$55
<b>Actuarial Value</b>					
	76%	80%	82%	75%	82%



# 2024 Benchmark Study

## Monthly Premiums & Employee Contributions – Traditional Plans

Enrollment Tier	Cumberland Core PPO	Cumberland Buy-Up PPO	NC Government Client -D	NC Government Client- E	NC Government Client- E
<b>Employee Contribution</b>					
Single	\$34	\$125	\$0	\$20	\$99
Family	\$381	\$511	\$877	\$315	\$808
<b>Employer Contribution</b>					
Single	97%	90%	100%	98%	93%
Family	73%	69%	68%	89%	78%

# In-House Pharmacy Utilization – GLP-1 (2023-2024)

Rank*	Drug Name	Core Category	Plan Paid	Total Rx
1	WEGOVY INJ 2.4MG	WEIGHT MANAGEMENT	\$ 781,426.44	640
2	OZEMPIC INJ 4MG/3ML	DIABETES	\$ 230,152.60	252
3	OZEMPIC INJ 8MG/3ML	DIABETES	\$ 244,662.12	240
4	WEGOVY INJ 1.7MG	WEIGHT MANAGEMENT	\$ 174,132.45	141
5	MOUNJARO INJ 7.5/0.5	DIABETES	\$ 139,552.66	134
6	OZEMPIC INJ 2MG/3ML	DIABETES	\$ 117,650.68	128
7	WEGOVY INJ 0.25MG	WEIGHT MANAGEMENT	\$ 134,963.80	111
8	MOUNJARO INJ 10MG/0.5	DIABETES	\$ 111,044.99	108
9	WEGOVY INJ 0.5MG	WEIGHT MANAGEMENT	\$ 124,687.05	103
10	MOUNJARO INJ 5MG/0.5	DIABETES	\$ 99,346.72	100
11	WEGOVY INJ 1MG	WEIGHT MANAGEMENT	\$ 116,666.55	96
12	MOUNJARO INJ 12.5/0.5	DIABETES	\$ 68,914.26	68
13	SAXENDA INJ 18MG/3ML	WEIGHT MANAGEMENT	\$ 87,909.09	66
14	RYBELSUS TAB 14MG	DIABETES	\$ 86,360.52	60
15	MOUNJARO INJ 15MG/0.5	DIABETES	\$ 58,346.97	57
16	MOUNJARO INJ 2.5/0.5	DIABETES	\$ 53,343.93	56
17	TRULICITY INJ 1.5/0.5	DIABETES	\$ 65,398.71	49
18	TRULICITY INJ 3/0.5	DIABETES	\$ 43,128.90	41
19	ZEPBOUND INJ 5/0.5ML	WEIGHT MANAGEMENT	\$ 36,980.06	39
20	TRULICITY INJ 4.5/0.5	DIABETES	\$ 49,245.96	33
21	RYBELSUS TAB 7MG	DIABETES	\$ 46,317.44	28
22	ZEPBOUND INJ 2.5MG	WEIGHT MANAGEMENT	\$ 20,969.18	22
23	TRULICITY INJ 0.75/0.5	DIABETES	\$ 19,557.38	17
24	ZEPBOUND INJ 7.5MG	WEIGHT MANAGEMENT	\$ 15,163.04	16
25	ZEPBOUND INJ 10/0.5ML	WEIGHT MANAGEMENT	\$ 13,267.66	14
26	VICTOZA INJ 18MG/3ML	DIABETES	\$ 19,943.74	13
27	ZEPBOUND INJ 12.5MG	WEIGHT MANAGEMENT	\$ 11,492.28	12
28	ZEPBOUND INJ 15/0.5ML	WEIGHT MANAGEMENT	\$ 7,661.52	8
29	RYBELSUS TAB 3MG	DIABETES	\$ 5,934.80	7
30	SOLIQUA INJ 100/33	DIABETES	\$ 5,685.13	2
			<b>\$ 2,989,906.63</b>	

\*drugs ranked by Total Rx count

87% YOY increase  
in total claim cost.

# Retail Pharmacy Utilization – GLP-1 (2023-2024)

Rank*	Drug Name	Core Category	Plan Paid	Total Rx
1	WEGOVY INJ 2.4MG	WEIGHT MANAGEMENT	\$ 143,515.78	106
2	OZEMPIC INJ 8MG/3ML	DIABETES	\$ 57,432.92	50
3	OZEMPIC INJ 4MG/3ML	DIABETES	\$ 45,024.65	44
4	OZEMPIC INJ 2MG/3ML	DIABETES	\$ 37,110.39	38
5	MOUNJARO INJ 5MG/0.5	DIABETES	\$ 35,629.70	36
6	WEGOVY INJ 1.7MG	WEIGHT MANAGEMENT	\$ 32,109.07	27
7	MOUNJARO INJ 7.5/0.5	DIABETES	\$ 25,163.86	25
8	TRULICITY INJ 3/0.5	DIABETES	\$ 14,607.47	18
9	WEGOVY INJ 0.25MG	WEIGHT MANAGEMENT	\$ 17,646.94	16
10	TRULICITY INJ 0.75/0.5	DIABETES	\$ 13,057.37	15
10	MOUNJARO INJ 10MG/0.5	DIABETES	\$ 14,690.07	15
12	WEGOVY INJ 1MG	WEIGHT MANAGEMENT	\$ 14,546.01	13
13	WEGOVY INJ 0.5MG	WEIGHT MANAGEMENT	\$ 14,036.40	11
13	TRULICITY INJ 1.5/0.5	DIABETES	\$ 11,085.30	11
15	ZEPBOUND INJ 2.5MG	WEIGHT MANAGEMENT	\$ 8,789.82	10
16	ZEPBOUND INJ 5/0.5ML	WEIGHT MANAGEMENT	\$ 8,266.59	9
17	MOUNJARO INJ 2.5/0.5	DIABETES	\$ 6,892.27	8
18	MOUNJARO INJ 15MG/0.5	DIABETES	\$ 6,760.11	7
18	ZEPBOUND INJ 7.5MG	WEIGHT MANAGEMENT	\$ 6,210.22	7
20	MOUNJARO INJ 12.5/0.5	DIABETES	\$ 5,724.53	6
21	TRULICITY INJ 4.5/0.5	DIABETES	\$ 3,773.95	5
22	ZEPBOUND INJ 10/0.5ML	WEIGHT MANAGEMENT	\$ 3,793.05	4
23	RYBELSUS TAB 7MG	DIABETES	\$ 4,863.92	3
23	RYBELSUS TAB 14MG	DIABETES	\$ 7,391.19	3
23	VICTOZA INJ 18MG/3ML	DIABETES	\$ 3,111.48	3
26	SAXENDA INJ 18MG/3ML	WEIGHT MANAGEMENT	\$ 1,125.96	2
26	ZEPBOUND INJ 15/0.5ML	WEIGHT MANAGEMENT	\$ 1,587.63	2
28	SOLIQUA INJ 100/33	DIABETES	\$ 2,050.70	1
28	ZEPBOUND INJ 12.5MG	WEIGHT MANAGEMENT	\$ 938.57	1
			<b>\$ 546,935.92</b>	

\*drugs ranked by Total Rx count

**33% YOY  
increase in total  
claim cost.**



# Voluntary Benefits- Employees Want Choices

Increased medical costs and evolving risks have employee's wanting more options.



- In 2023, 70% of Employees say they are interested in customizable benefits. <sup>1</sup>
- 60% of employees say they are interested in a wider array of non-medical benefits. <sup>2</sup>
- 87% of employers offer voluntary benefits. <sup>3</sup>

Financial Wellness	Mental Health
Hospital Indemnity	Critical Illness
Long-Term Care	Accident
ID – Digital Theft	Youth Sports
Legal Insurance	Pet Insurance
Benefits for Part-Time Employees	
Student Loan Reimbursement	

<sup>1</sup>MetLife "MeLife's 21<sup>st</sup> Annual U.S. Employee Benefit Trends Study  
<sup>2</sup>MetLife "MeLife's 21<sup>st</sup> Annual U.S. Employee Benefit Trends Study  
<sup>3</sup>Mercer's National Survey of Employer-Sponsored Health Plans, 2022 (National 500+)

# Disclosures

CONFIDENTIAL AND PROPRIETARY: The information, including but not limited to, text, graphics, images and other material contained on this document is for informational purposes only. The purpose of this benchmarking report is to promote understanding and knowledge of the topics contained therein. It is not intended to be a substitute for professional risk management advice. USI does not accept any responsibility for the content of the information provided or for consequences of any actions taken on the basis of the information provided.



**DEPARTMENT OF PUBLIC HEALTH**

**MEMORANDUM FOR THE AGENDA OF THE FEBRUARY 13, 2025  
AGENDA SESSION**

**TO: BOARD OF COUNTY COMMISSIONERS**

**FROM: JENNIFER GREEN, HEALTH DIRECTOR**

**DATE: 2/13/2025**

**SUBJECT: COMMUNITY HEALTH NEEDS ASSESSMENT RESULTS**

**Requested by: CLARENCE GRIER, COUNTY MANAGER**

**Presenter(s): JENNIFER GREEN, HEALTH DIRECTOR AND TAMRA MORRIS,  
DEPUTY HEALTH DIRECTOR**

**BACKGROUND**

A Community Health Needs Assessment (CHNA) helps health leaders evaluate the health and wellness of the community they serve and identify gaps and challenges that should be addressed through new programs, services and policy changes. The CHNA is developed in compliance with North Carolina Local Health Department Accreditation standards, as well as Internal Revenue Service requirements for not-for-profit hospitals. Cumberland County Health Department and Cape Fear Valley Health System collaborated with Health ENC to complete the 2024 Community Health Needs Assessment. Primary data were collected through a survey (paper and web-based) for community members, and included feedback from 1,258 people. A total of four focus groups were conducted, either virtually or in person, with a variety of community members from different backgrounds, age groups and life experiences. Additionally, secondary data was identified and sourced from external data sources and examined to identify common themes and trends.

Stakeholders from Cumberland County worked together to identify the top three (3) priorities the county should focus on over the next three-years:

- 1) Behavioral Health – Mental Health & Substance Use;
- 2) Maternal and Infant Health;
- 3) Physical Health.

Findings will be used to collaborate with community organizations and local residents to develop effective health strategies, new implementation plans and interventions, and action plans to improve the communities they serve.

Results of the primary and secondary data collection will be shared along with the selected priorities.

**RECOMMENDATION / PROPOSED ACTION**

Informational only, No Action Needed.

**ATTACHMENTS:**

Description

Community Health Needs Assessment Powerpoint

Type

Presentation

# 2024 Community Health Needs Assessment Results

## Cumberland County Board of Commissioners

February 13, 2025



# Community Health Assessment Overview

Public health and Cape Fear Valley Health System collaborate to complete every 3-4 years

Complies with public health accreditation and IRS requirements



# Results



## County Overview: Demographics

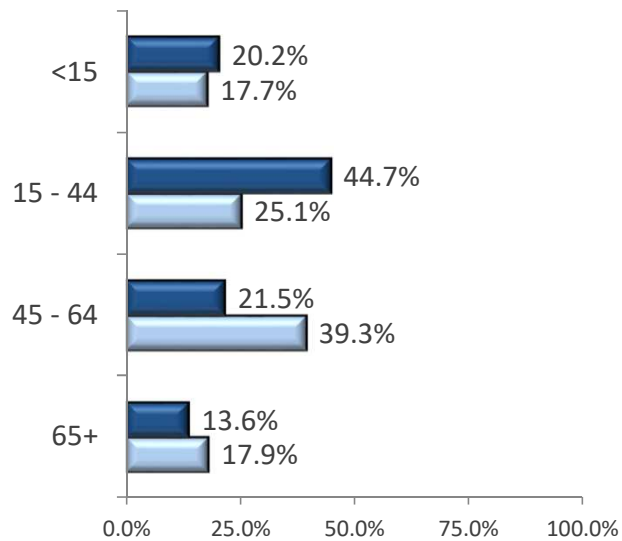
### Cumberland County:

**337,037** persons  
**19%** veterans  
Median age: **31.7** years

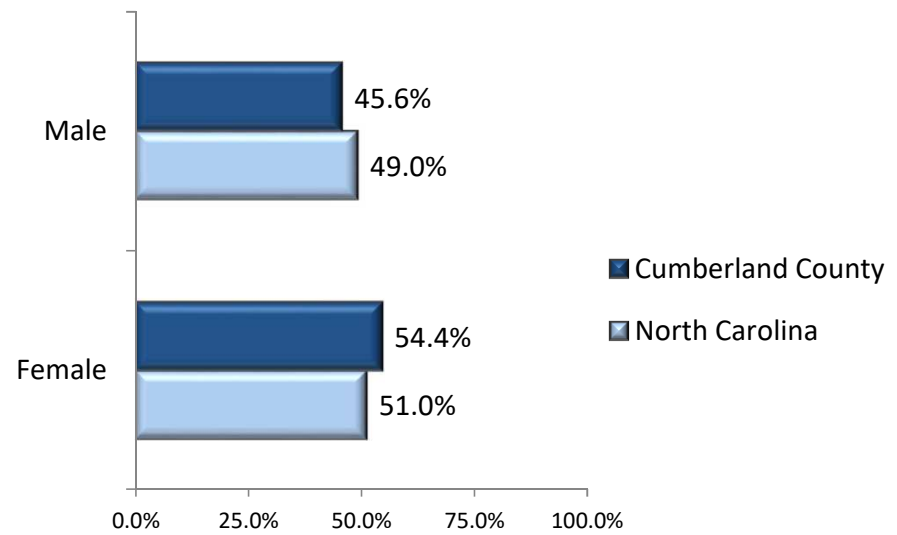
### North Carolina:

**10,765,678** persons  
**7.8%** veterans  
Median age: **39.2** years

#### Age Profile



#### Sex Profile





## County Overview: Diversity Profile

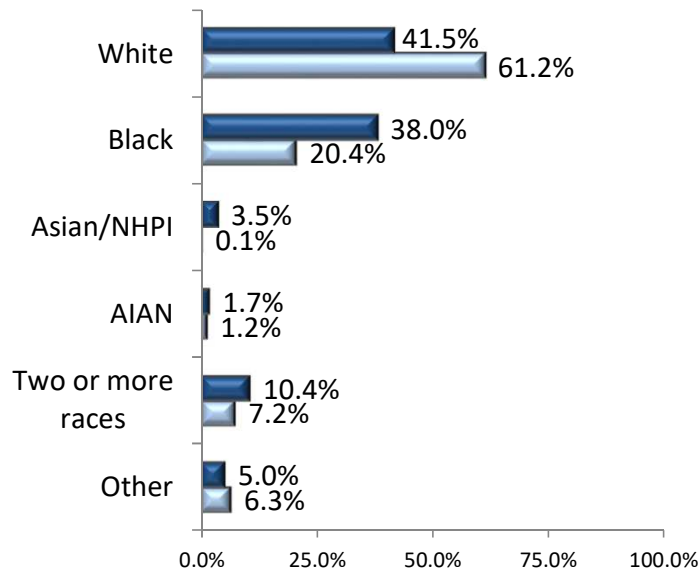
### Cumberland County:

**6.1%** foreign-born  
**12%** of households speak a language other than English at home  
**18%** of population with a disability

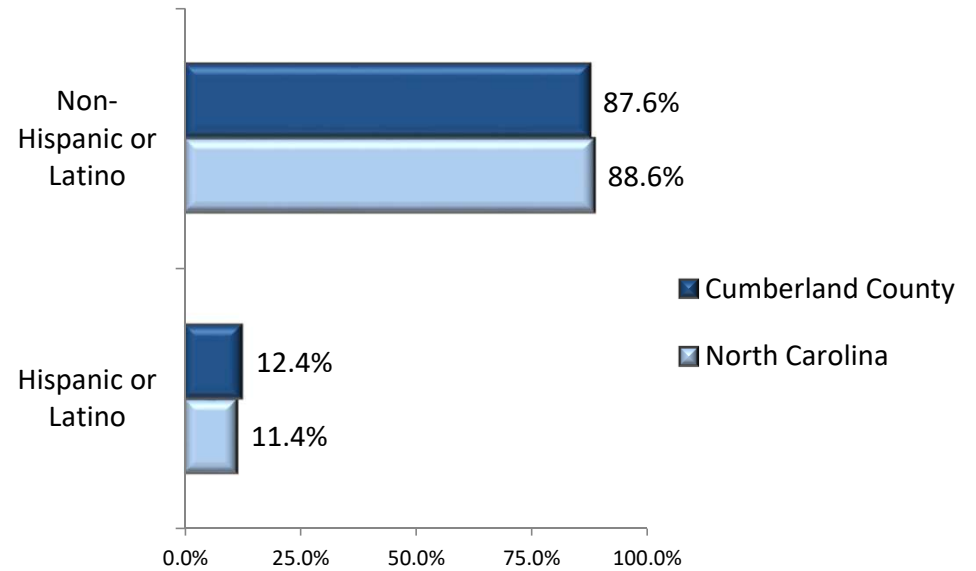
### North Carolina:

**9%** foreign-born  
**12%** of households speak a language other than English at home  
**13%** of population with a disability

#### Race Profile



#### Ethnicity Profile

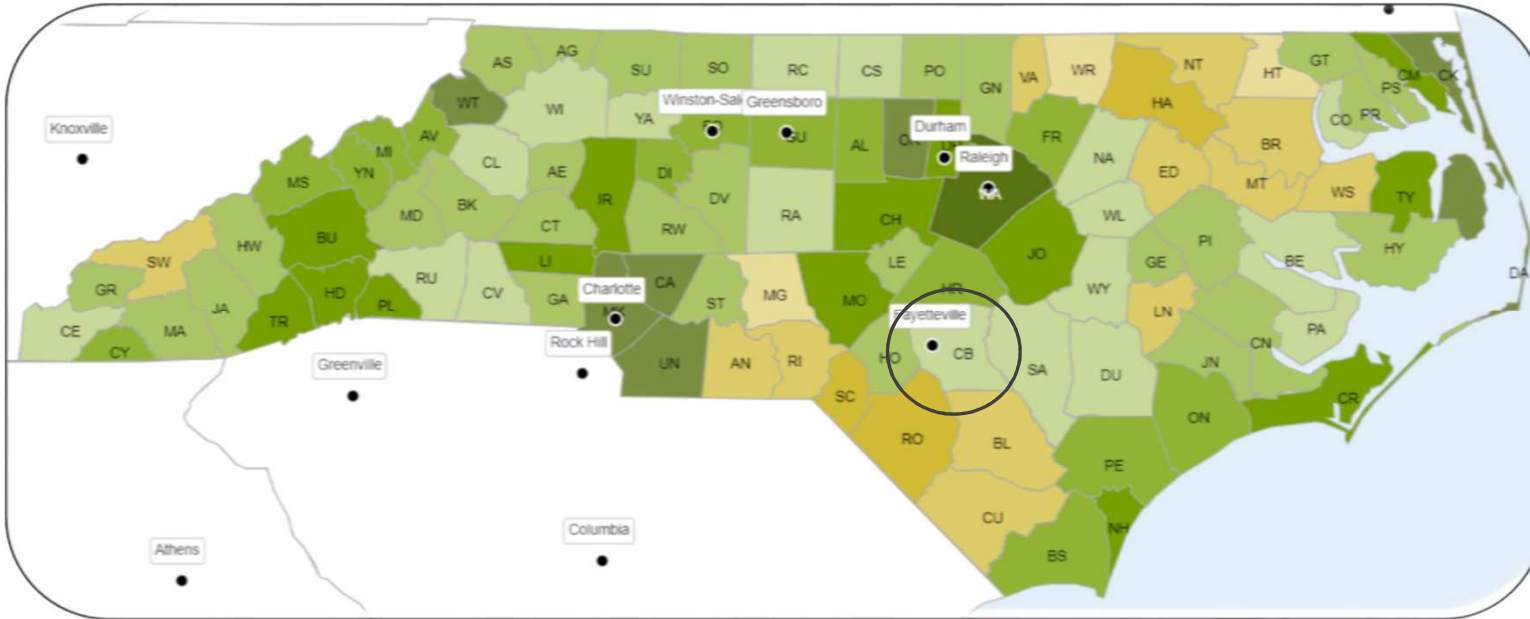


Source: ESRI, 2023

Note: Individuals identified as Hispanic or Latino may be of any race or ethnicity.

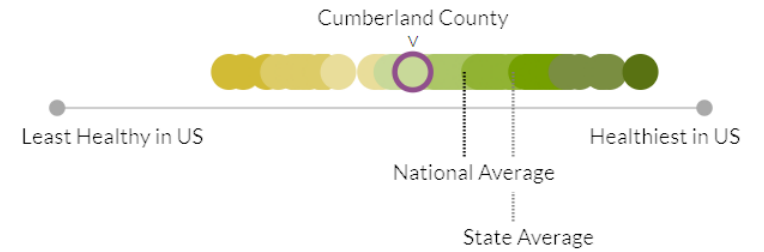


## County Overview: Health Outcomes Ratings



LEAST HEALTHY IN US [Color scale from yellow to dark green] HEALTHIEST IN US

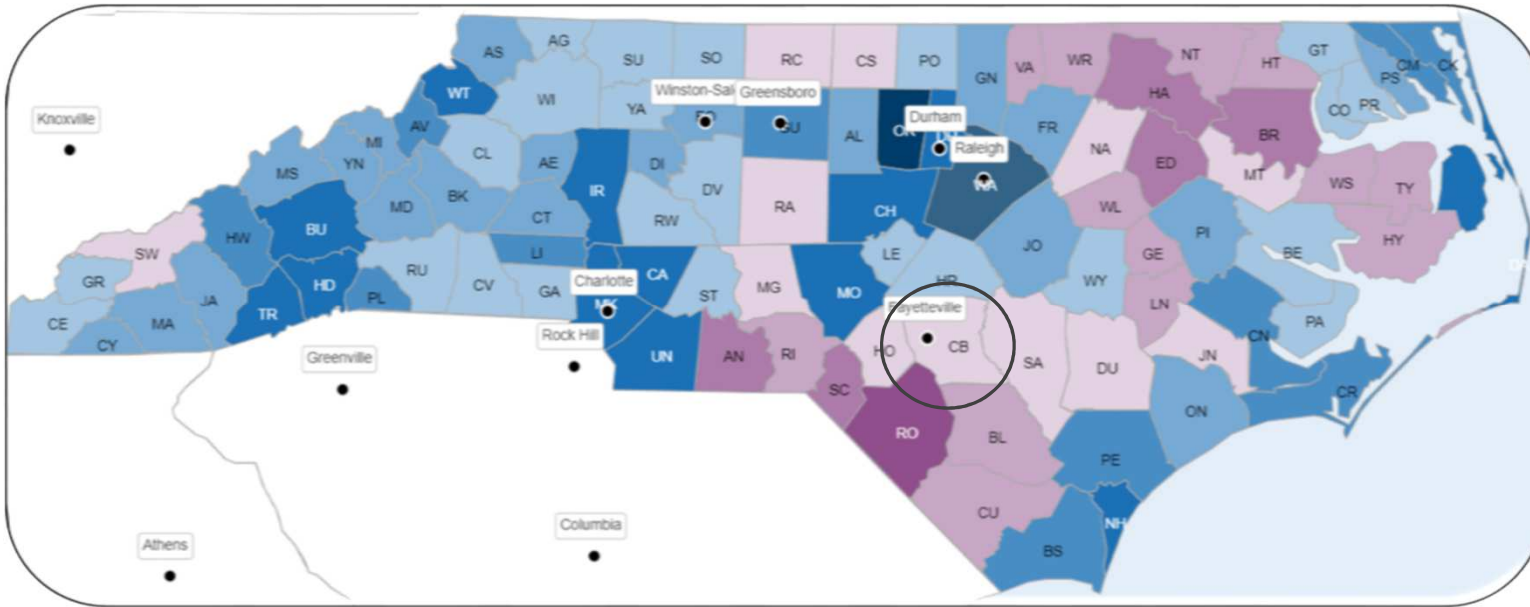
Cumberland County falls behind the national and state averages for health outcomes



Source: Robert Wood Johnson Foundation, County Health Rankings  
The "Health Outcomes" category includes data indicators related to Length of Life and Quality of Life (including Mental Health, Physical Health and Maternal/Infant Health).

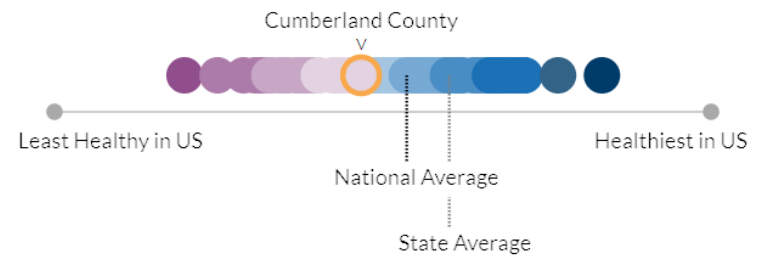


## County Overview: Health Factors Ratings



LEAST HEALTHY IN US [Purple to Blue Gradient] HEALTHIEST IN US

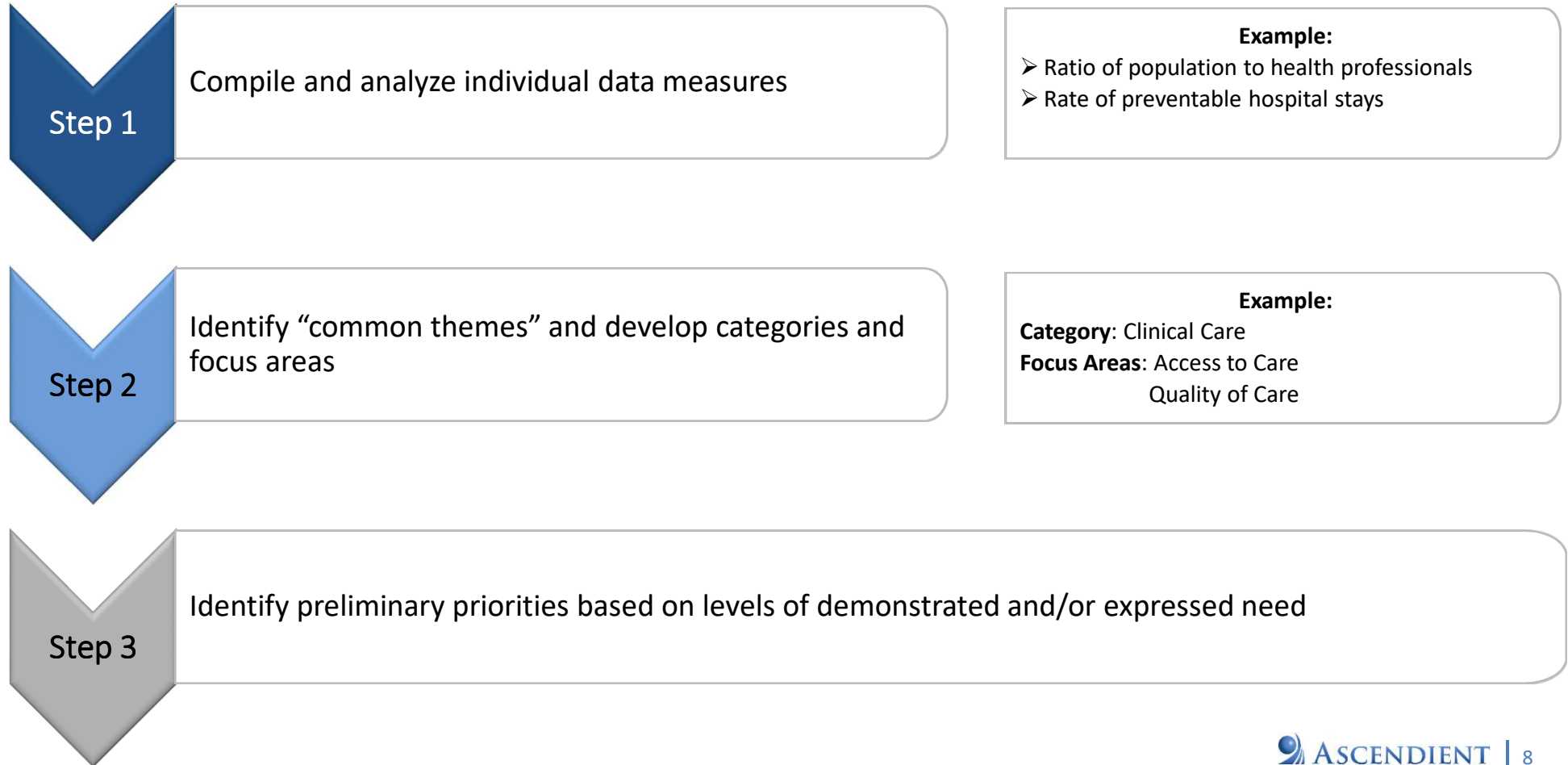
Cumberland County falls behind the national and state averages for health factors

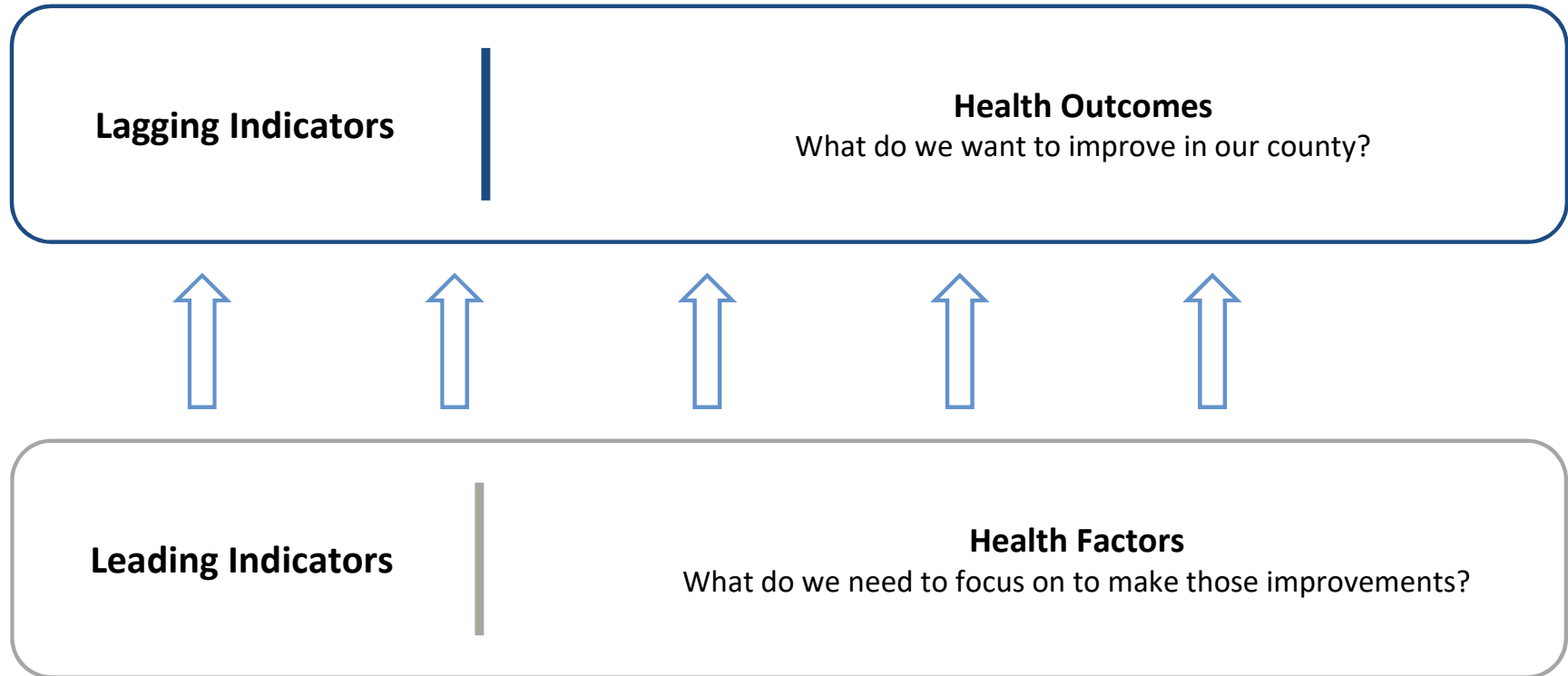


Source: Robert Wood Johnson Foundation, County Health Rankings  
The "Health Factors" category includes data indicators related to Health Behaviors (including Tobacco Use, Diet & Exercise, Alcohol & Drug Use and Sexual Activity), Clinical Care (including Access to Care and Quality of Care), Social and Economic Factors (including Education, Employment, Income, Family & Social Support and Community Safety) and Physical Environment (including Air & Water Quality and Housing & Transit).



## Secondary Data Methodology: Process Overview

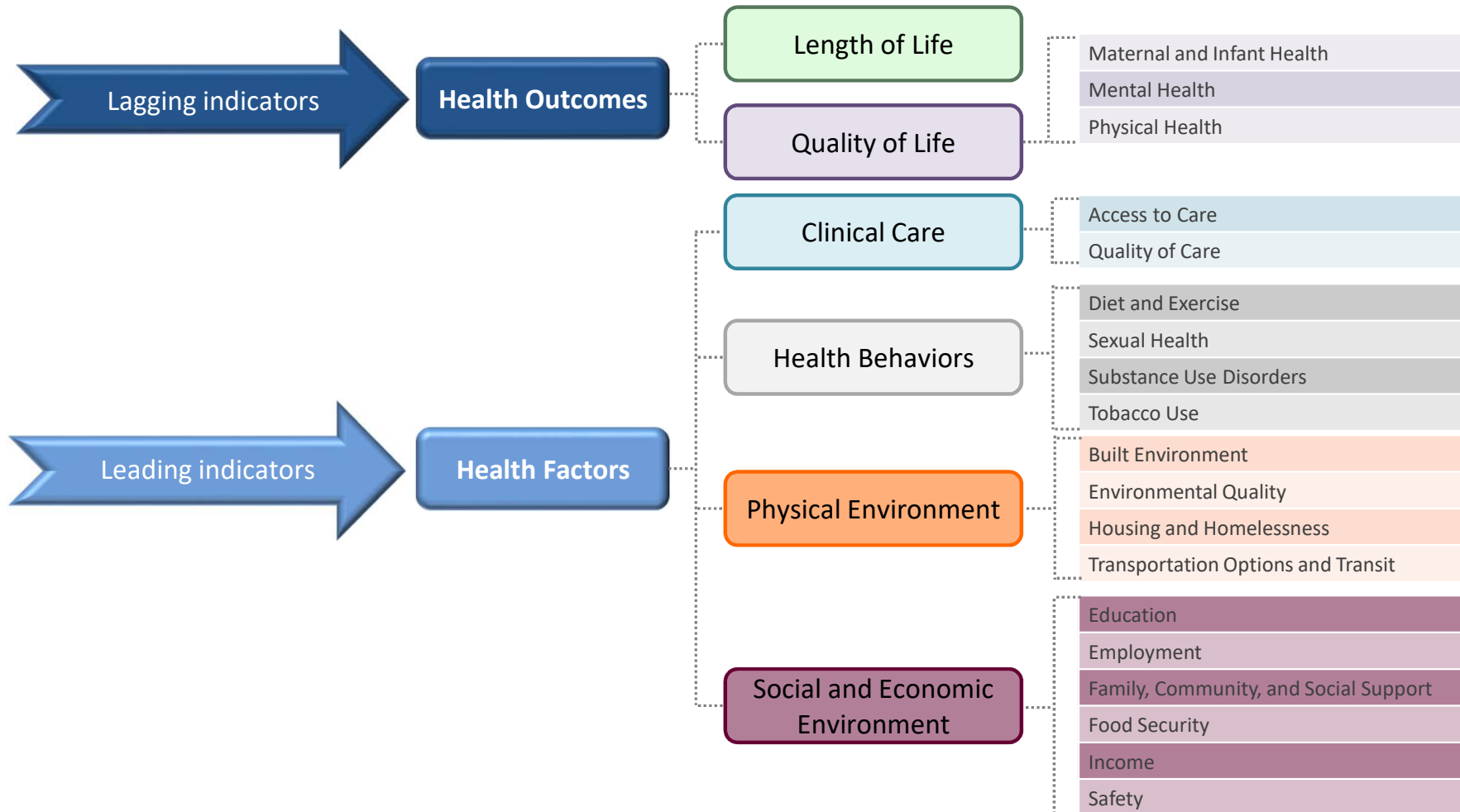


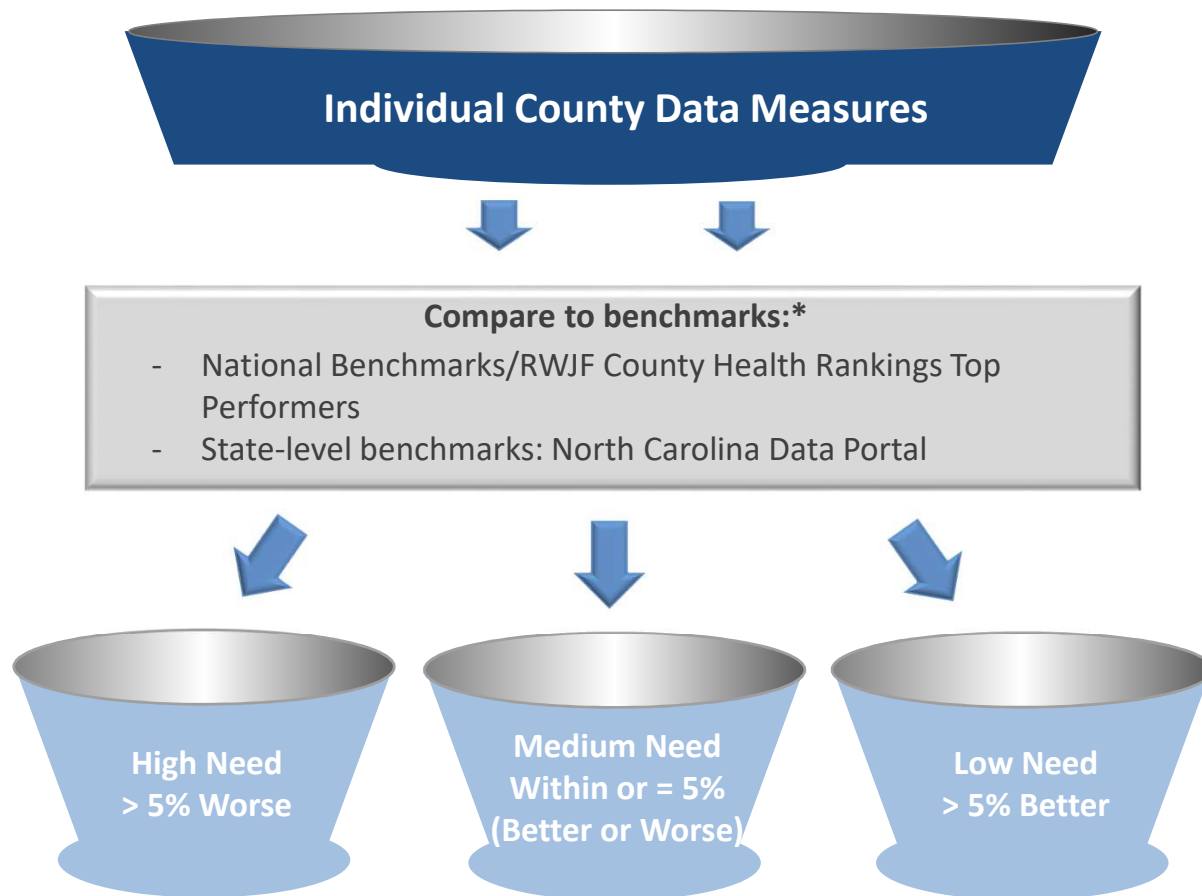






## Secondary Data Methodology: Population Health Model





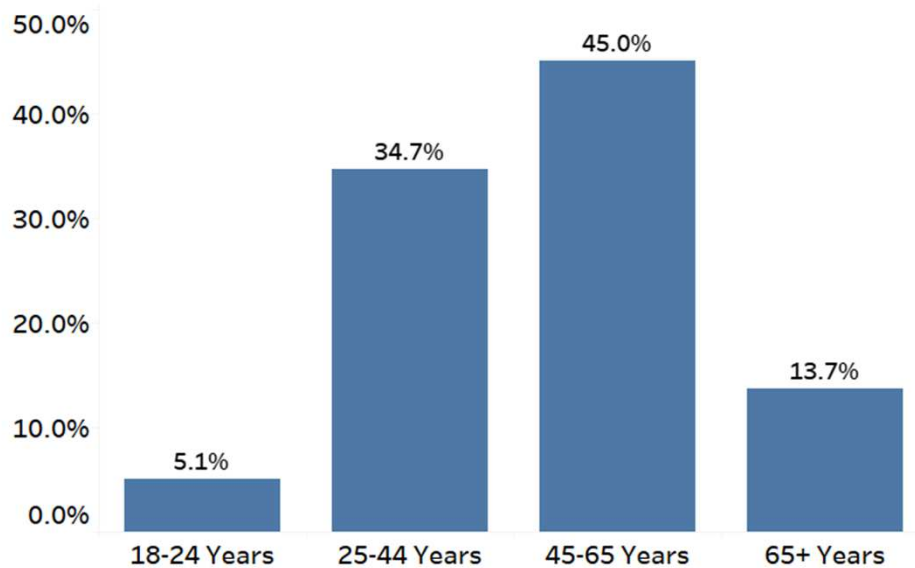
\*When available, individual County data measures were compared to State-level data measures, otherwise compared to National-level data measures



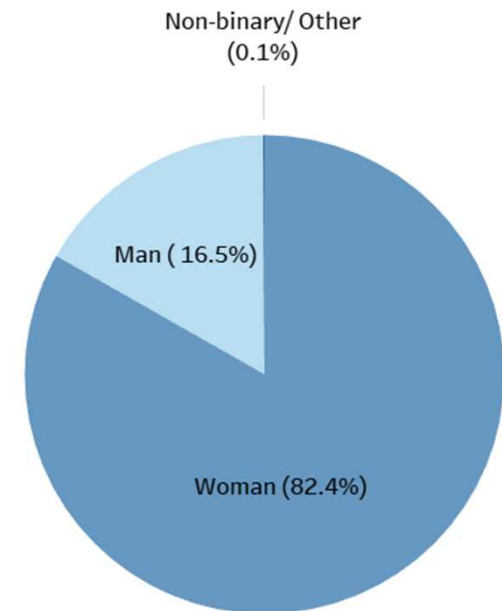
## Community Survey: Respondent Demographics Overview

A total of **1,255** Cumberland residents responded to the web-based survey that was distributed as part of this primary data collection process. Almost four out of five respondents identified as women, and the largest age group represented was 45-65 years old.

### Age



### Gender Identity



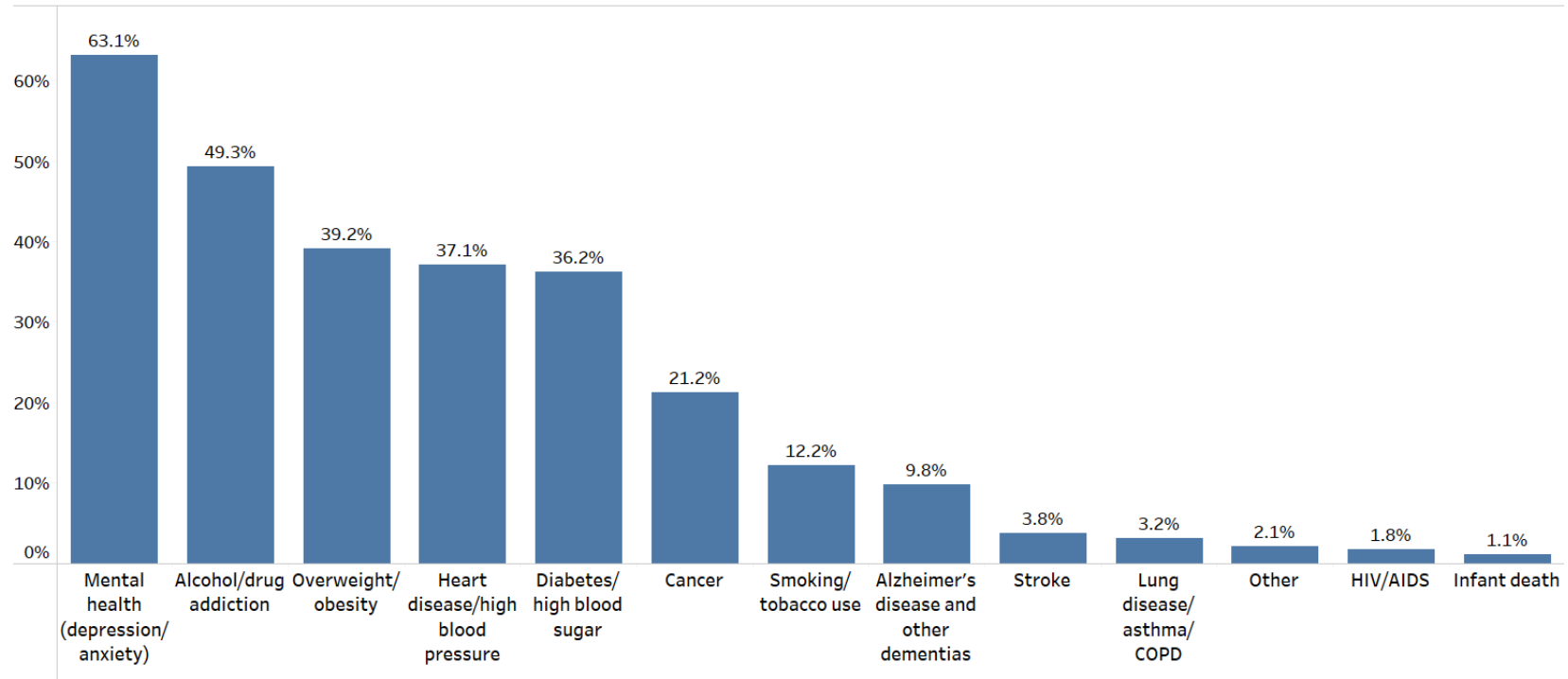
Percentage totals may not equal 100% due to the exclusion of missing or "prefer to not to answer" responses from participants



## Community Web Survey Results: Community Health Needs

Mental health (e.g., depression and anxiety), alcohol/drug addiction, and weight/obesity were identified as the top 3 health problems affecting the community. About one third of respondents also identified heart disease/high blood pressure and diabetes/high blood sugar as important health problems.

Most Important Health Problems that Affect the Health of Your Community

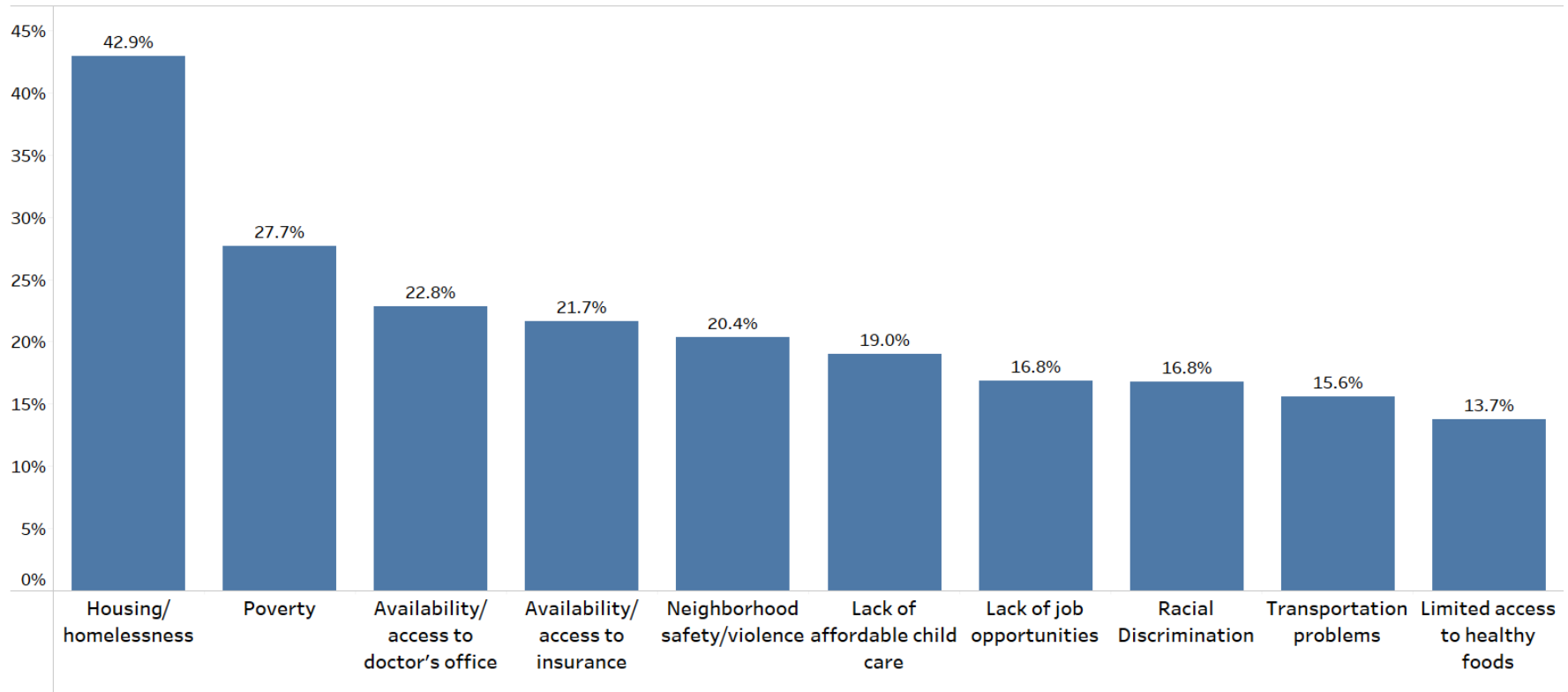




## Community Web Survey Results: Community Social/Environmental Needs

Housing, poverty, and availability and access to doctor's offices were identified as the top three most important social or environmental problems that affect the health of the community. Insurance, neighborhood safety, and affordable child care were also identified by almost one in four respondents.

Most Important Social or Environmental Problems that Affect the Health of Your Community



N= 1,253  
The top 10 responses are illustrated on this slide. Additional responses are included in report



## Findings Review: Identified Needs by Data Source

Priority Area	Secondary Data	Community Survey	Focus Group 1	Focus Group 2	Focus Group 3	Focus Group 4
Behavioral Health: Mental Health	✓	✓	✓		✓	
Behavioral Health: Substance Use		✓				
Built Environment					✓	
Community Safety	✓		✓			
Diet & Exercise	✓					
Education			✓		✓	
Employment & Income	✓	✓	✓		✓	✓
Environmental Quality				✓		✓
Family, Community & Social Support	✓			✓		
Food Access & Security	✓					
Healthcare: Access & Quality	✓	✓	✓	✓	✓	✓
Health Equity & Literacy						✓
Housing & Homelessness		✓			✓	
Length of Life	✓					
Maternal & Infant Health	✓					
Physical Health (Chronic Diseases, Cancer, Obesity)	✓	✓		✓	✓	✓
Sexual Health	✓		✓			
Tobacco Use	✓			✓		
Transportation & Transit	✓		✓			✓

Analysis on additional topics of interest for Cumberland County (Income, Mental Health, Safety and Substance Use Disorders) is currently in progress. Survey results captured here reflect major findings from the Community Health Opinion Survey questions. Red boxes indicates categories identified as high need across 4 or more data sources.

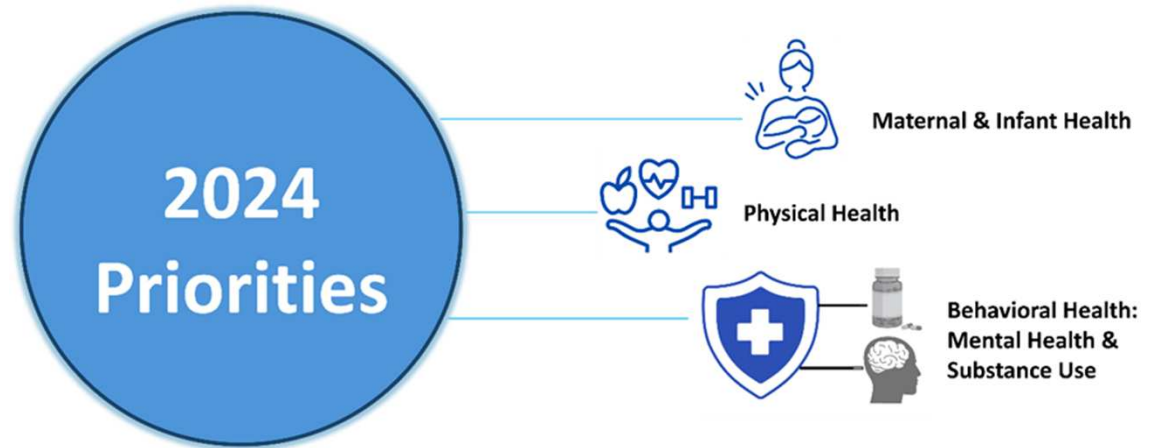


## Prioritization

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# Results of Key Stakeholder Meeting

- Key stakeholders convened on 9/5/2024 to review data and prioritize results
- 3 Priorities selected





# Next Steps

- Final Report is expected to be finalized early Spring 2025
- Report will be available at [cumberlandcountync.gov/health](https://cumberlandcountync.gov/health)
- Collaborate with community partners to develop strategies and action plans to address each priority area



**CUMBERLAND**  
**COUNTY**

NORTH CAROLINA

Department of Public Health



**ASSISTANT COUNTY MANAGER STRATEGIC MANAGEMENT/ GOVERNMENTAL AFFAIRS**

**MEMORANDUM FOR THE AGENDA OF THE FEBRUARY 13, 2025  
AGENDA SESSION**

**TO: BOARD OF COUNTY COMMISSIONERS**

**FROM: SALLY SHUTT, ASSISTANT COUNTY MANAGER**

**DATE: 2/7/2025**

**SUBJECT: 2025 (FY2026) FEDERAL LEGISLATIVE AGENDA**

**Requested by: CLARENCE GRIER, COUNTY MANAGER**

**Presenter(s): SALLY SHUTT AND RON HAMM**

**BACKGROUND**

The Board of Commissioners adopts a Federal Legislative Agenda annually that sets priorities for the County's federal advocacy each year. Cumberland County contracts with The Hamm Consulting Group for federal legislative lobbying services.

The attached DRAFT 2025 (FY2026) Federal Legislative Agenda is presented for the Board's consideration.

**RECOMMENDATION / PROPOSED ACTION**

Consider the attached 2025 (FY2026) Federal Legislative Agenda and approve placing the item on the Consent Agenda for the February 17, 2025, Regular Meeting of the Board of Commissioners.

**ATTACHMENTS:**

Description	Type
2025 (FY2026) DRAFT Federal Legislative Agenda	Backup Material



# Cumberland County 2025 (FY2026) Federal Legislative Agenda

## **TOP PRIORITY**

- Secure funding to bring safe, regulated drinking water to contaminated areas

## **MENTAL HEALTH, DEVELOPMENTAL DISABILITIES & SUBSTANCE ABUSE SERVICES**

- Secure additional funding, supportive services, and opportunities for job placement and workforce development for individuals with mental health and substance abuse challenges

## **LANDFILL**

- Seek funding for infrastructure to address capacity issues, PFAS removal, and organic waste processing

## **PUBLIC SAFETY/SHERIFF'S OFFICE**

- Prioritize funding for mandated and specialized training, operational improvements within detention facilities, and the acquisition of modern technology to advance public safety initiatives

## **PUBLIC HEALTH - WIC Program Enhancement**

- Secure sustainable funding to maintain comprehensive service for all eligible participants
- Establish permanent virtual service options for certification and appointments before the September 2026 expiration
- Expand the Breastfeeding Peer Counselor program
- Support USDA modernization efforts, particularly online shopping implementation

## **SOCIAL SERVICES**

### *Child Welfare Initiatives*

- Advance the America's Children and Families Act (H.R. 9076) to strengthen county-level services
- Direct technology assistance funding to county-level case management training and resources
- Reform the Family First Prevention Services Act to expand QRT programs and reimbursable prevention services

### *Program Protection*

- Preserve current funding structures for Medicaid
- Maintain SNAP/NC Food & Nutrition Program integrity and accessibility
- Protect Child Care and Development Fund (CCDF) childcare subsidy affordability standards
- Safeguard Temporary Assistance for Needy Families (TANF) contingency funding

### *Healthcare and Aging Services*

- Strengthen aging services infrastructure to effectively support NC's growing senior population
- Support the Older Americans Act and Elder Justice Act initiatives

**AGRICULTURE** - Reform USDA Farm Service Agency payment triggers to include input costs

**WORKFORCE** - Expand childcare tax credits and provider support

**TRANSPORTATION** - Support I-685/I-295 Cumberland County connection project

**VETERANS** – Secure additional funding to provide critical resources to County Veterans Services Offices



**ASSISTANT COUNTY MANAGER STRATEGIC MANAGEMENT/ GOVERNMENTAL  
AFFAIRS**

**MEMORANDUM FOR THE AGENDA OF THE FEBRUARY 13, 2025  
AGENDA SESSION**

**TO: BOARD OF COUNTY COMMISSIONERS**

**FROM: SALLY SHUTT, ASSISTANT COUNTY MANAGER**

**DATE: 2/7/2025**

**SUBJECT: RESOLUTION IN SUPPORT OF STATE LEGISLATIVE AGENDA ITEMS**

**Requested by: KIRK DEVIERE, CHAIRMAN**

**Presenter(s): KIRK DEVIERE, CHAIRMAN**

**BACKGROUND**

The Board of Commissioners will hold a joint special meeting on February 10, 2025, with the Cumberland County state delegation.

Based on feedback from that meeting, a resolution supporting State Legislative Agenda Items will be provided to the Board of Commissioners during the Agenda Session for consideration with the recommendation that the resolution be moved to the February 17, 2025, regular meeting.

**RECOMMENDATION / PROPOSED ACTION**

Approve the resolution supporting State Legislative Agenda items presented during the Agenda Session and move to the February 17, 2025, regular meeting.



**ENGINEERING AND INFRASTRUCTURE DEPARTMENT**

**MEMORANDUM FOR THE AGENDA OF THE FEBRUARY 13, 2025  
AGENDA SESSION**

**TO: BOARD OF COUNTY COMMISSIONERS**

**FROM: JERMAINE WALKER, DIRECTOR OF ENGINEERING AND  
INFRASTRUCTURE**

**DATE: 2/13/2025**

**SUBJECT: REJECTION OF BIDS FOR SHERIFF'S TRAINING INDOOR FIRING  
RANGE REPLACEMENT PROJECT**

**Requested by: CLARENCE GRIER, COUNTY MANAGER**

**Presenter(s): JERMAINE WALKER, DIRECTOR OF ENGINEERING AND  
INFRASTRUCTURE**

**BACKGROUND**

On November 18, 2024, the Board of Commissioners approved the selection of Range Systems as the lowest responsive, responsible bidder for the Earl Butler Sheriff's Training Indoor Firing Range Replacement Project. During the contract review process, it was determined that guidance related to the requirement for vendors to provide bid bonds was unclear, which could have had an impact on the bids received.

After review, the Purchasing Division recommended the rejection of all bids and that the project be resolicited. This resolicitation would fall within the County's informal bid requirements.

**RECOMMENDATION / PROPOSED ACTION**

Staff requests the Board approve the rejection of all bids for the Earl Butler Sheriff's Training Indoor Firing Range Replacement Project to allow the project to be resolicited and that this item be moved to the Consent Agenda of the Board's Feb. 17, 2025 regular meeting.

**ATTACHMENTS:**

**Description**

Project Solicitation

Addendum 1

Addendum 2

Bid Tab

**Type**

Backup Material

Backup Material

Backup Material

Backup Material



## CUMBERLAND COUNTY NORTH CAROLINA

### ENGINEERING & INFRASTRUCTURE DEPARTMENT

You are invited to attend the pre-bid conference for the **EARL BUTLER SHERIFF'S TRAINING INDOOR FIRING RANGE REPLACEMENT PROJECT**. Specifications are listed below.

A **MANDATORY** pre-bid conference will be held at **10:00 AM** on **September 9, 2024**, at the project site- Sheriff's Training Cen, 4710 Corporation Drive, Fayetteville, North Carolina.

Pursuant to Section 143-131 of the General Statutes of North Carolina, formal bids are solicited and will be received in the office of the Cumberland County Engineering & Infrastructure Department, Room 214, in the Historic Courthouse located at 130 Gillespie Street, Fayetteville, North Carolina at any time before **4:00 PM** on **September 30, 2024**, and then publicly opened in the office of the Cumberland County Engineering & Infrastructure Department in the Historic Courthouse and read for construction of the proposed:

#### **EARL BUTLER SHERIFF'S TRAINING INDOOR FIRING RANGE REPLACEMENT**

Proposals must be enclosed in a sealed envelope addressed to Mr. Jermaine Walker, Engineering and Infrastructure Director, 130 Gillespie Street, Room 214, Fayetteville, NC 28301. The outside of the envelope must be marked "**PROPOSAL FOR SHERIFF'S TRAINING INDOOR FIRING RANGE REPLACEMENT PROJECT**" and shall indicate the name, address, telephone number and state license number of the bidder. Proposals must be submitted on the printed form, or exact copies thereof, contained in the Contract Documents.

#### **FACILITY SHOULD CONTAIN:**

##### 2 Bay Range - Complete Package

- Fourteen (14) total lanes
- Both bays each 34' wide
- Rifle rated (5.56mm rated)
- Fixed position shooting

##### **Target Retrievers**

- Fourteen (14) retrievers
- 360-degree target turning
- Target lights (LED White & Police Strobe)
- LCD local touch screen control in each booth
- No drive cable downrange



- Target viewing camera mounted to trolley
- Hidden Target Clamp
- Master Control Screen w/ wireless tablet controls

### **Ballistic Ceiling Baffle System**

- Fixed position baffle coverage
- 3/8" AR500 steel on all rows for pistol and rifle use
- Flat safety ceiling above firing line
- Angled rows with fascia
- Angled rows without fascia above trap
- Fascia includes fire rated plywood covering with acoustical tiles
- Uni-strut on back of baffle for light mounting

### **Shooting Stalls**

- Class 2 ballistic rating (rifle rated)
- Ballistic Solid stall dividers
- Ballistic glass upper portion of stalls
- Non-ballistic Solid stall ends
- Swing up tables on all lanes
- Brass deflectors & muzzle blast barriers
- Sound Absorbing Wall Panels
- 2" thick PEPP sound absorption panels
- 8' high x 20' long on each side wall; 8' high along entire up range wall
- 2x4 furring strips with attachment hardware

### **Installation & Shipping**

- Includes Full Action Target Installation
- Includes Shipping to destination

### **Bidder Requirements**

Each proposal shall be accompanied by a cash deposit or certified check drawn on some bank or trust company insured by Federal Deposit Insurance Corporation, of an amount equal to not less than 5 percent of the proposal. In lieu thereof, a bidder may offer a bid bond of 5 percent of the bid executed by a surety company licensed under the laws of North Carolina to execute the contract in accordance with the bid bond and upon failure to forthwith make payment, the surety shall pay the obligee an amount equal to the amount of said bond. Said deposit shall be retained by the Owner as liquidated damages in event of failure of the successful bidder to execute the contract within ten days after the award or given to satisfactory surety as required by law.

Performance and Payment Bonds are required in the amount of 100% of the contract amount and shall be furnished by the Contractor.

All Contractors are notified that North Carolina Statutory provisions as to licensing of Contractors will be observed in receiving, reading, and awarding of contracts. All contractors are hereby notified that they must have proper license as required under the state laws governing their respective trades.

**Note:** The Bidder shall identify on its Bid Proposal the minority business participation it will use on the project (Identification of Minority Business Participation) form and shall include either Affidavit A or Affidavit B as applicable. Forms and instructions are included within the Proposal Form in the bid documents. Failure to complete these forms is grounds for rejection of the bid. (GS143-128.2c Effective 1/1/2002.)

General Contractors are notified that Chapter 87, Article 1, General Statutes of North Carolina, will be observed in receiving and awarding general contracts. General Contractors submitting bids on this project must have license classification for Public Utilities (H) or Unclassified Contractor with Limited as required by the NC General Contractors Licensing Board under G.S. 87-1.

**Note:** Under GS 87-1, a contractor that superintends or manages construction of any building, highway, public utility, grading, structure or improvement shall be deemed a "general contractor" and shall be so licensed. Therefore, a single prime project that involves other trades will require the single prime contractor to hold a proper General Contractors license.

All Contractors are notified that North Carolina Documents are open to public inspection at the Cumberland County Engineering & Infrastructure Department's Office, 130 Gillespie Street, Fayetteville, North Carolina. Contract Documents are available on request from Cumberland County Engineering & Infrastructure Department.

The County of Cumberland reserves the right to reject any or all proposals. The bidder to whom the contract may be awarded must comply fully with the requirements of G.S. Section 143-129, as amended.

No bids may be written after the scheduled closing time for the receipt of proposals for a period of sixty (60) days.

CUMBERLAND COUNTY, NORTH CAROLINA

Jermaine Walker  
Engineering & Infrastructure Director



## CUMBERLAND COUNTY NORTH CAROLINA

### ENGINEERING & INFRASTRUCTURE DEPARTMENT

#### **Addendum #1**

You are invited to attend the pre-bid conference for the **EARL BUTLER SHERIFF'S TRAINING INDOOR FIRING RANGE REPLACEMENT PROJECT**. Specifications are listed below.

A **MANDATORY** pre-bid conference will be held at **10:00 AM** on **September 9, 2024**, at the project site- Sheriff's Training Cen, 4710 Corporation Drive, Fayetteville, North Carolina.

**Questions are due by 5:00 PM on Friday, September 13, 2024. Responses will be issued NLT Tuesday, September 17, 2024, via Addendum #2.**

Pursuant to Section 143-131 of the General Statutes of North Carolina, formal bids are solicited and will be received in the office of the Cumberland County Engineering & Infrastructure Department, Room 214, in the Historic Courthouse located at 130 Gillespie Street, Fayetteville, North Carolina at any time before **4:00 PM** on **September 30, 2024**, and then publicly opened in the office of the Cumberland County Engineering & Infrastructure Department in the Historic Courthouse and read for construction of the proposed:

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- 2 Bay Range - Complete Package
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#### **Target Retrievers**

- Fourteen (14) retrievers

- 360-degree target turning
- Target lights (LED White & Police Strobe)
- LCD local touch screen control in each booth
- No drive cable downrange
- Target viewing camera mounted to trolley
- Hidden Target Clamp
- Master Control Screen w/ wireless tablet controls

### **Ballistic Ceiling Baffle System Five Rows of 2-foot Light Baffles**

- ~~- Fixed position baffle coverage~~
- ~~- Flat safety ceiling above firing line~~
- ~~- Angled rows with fascia~~
- ~~- Angled rows without fascia above trap~~
- ~~- Fascia includes fire rated plywood covering with acoustical tiles~~
- ~~- Uni-strut on back of baffle for light mounting~~
- 3/8" AR500 steel on all rows for pistol and rifle use
- Safety Ceiling to Remain
- Replace Sound Abatement on Safety Ceiling
- Install 2-inch PEPP/Durapanel/Wood Fiber Cementous Board

### **Shooting Stalls**

- Class 2 ballistic rating (rifle rated)
- Ballistic Solid stall dividers
- Ballistic half-glass in stalls
- Non-ballistic Solid stall ends
- Swing up tables on all lanes
- Brass deflectors & muzzle blast barriers
- Sound Absorbing Wall Panels
- 2" thick PEPP sound absorption panels
- 8' high x 20' long on each side wall; 8' high along entire up range wall
- 2x4 furring strips with attachment hardware **if needed**
- Shooting barricades

### **Installation & Shipping**

- Includes full installation and training
- Includes Shipping to destination

### **Demolition**

- Includes demolition of current indoor range system.
- County will provide onsite dumpster
- County will provide interior painting

### **Bidder Requirements**

Each proposal shall be accompanied by a cash deposit or certified check drawn on some bank or trust company insured by Federal Deposit Insurance Corporation, of an amount equal to not less than 5 percent of the proposal. In lieu thereof, a bidder may offer a bid bond of 5 percent of the bid executed by a surety company licensed under the laws of North Carolina to execute the contract in accordance with the bid bond and upon failure to forthwith make payment, the surety shall pay the obligee an amount equal to the amount of said bond. Said deposit shall be retained by the Owner as liquidated damages in event of failure of the successful bidder to execute the contract within ten days after the award or given to satisfactory surety as required by law.

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The County of Cumberland reserves the right to reject any or all proposals. The bidder to whom the contract may be awarded must comply fully with the requirements of G.S. Section 143-129, as amended.

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CUMBERLAND COUNTY, NORTH CAROLINA

Jermaine Walker  
Engineering & Infrastructure Director



**CUMBERLAND**  
★ **COUNTY** ★  
NORTH CAROLINA

**ENGINEERING & INFRASTRUCTURE DEPARTMENT**

**Addendum #2**

1. Cumberland County MWBE goals are 15%
2. Are the range manufacturers bidding directly or bidding through a General Contractor? (if you want painting, electrical work, or demo work, you may want to go through a GC and have us bid to them, or just have 2 contracts, one for GC and one for range manufacturers)  
  
-There will not be a need to bid through a General Contractor. The County will contract the painting and additional electrical through a General Contractor.
3. How will the above question affect the bonds required for the project?  
  
-Performance bonds will be required.
4. We are removing the current 5 rows of light guards and replacing them with rifle rated guards (Each manufacturer has different designs that will work)  
  
-Each manufacturer should submit their design and requisite pricing if the basic requirements are addressed.
5. The current safety ceiling and police lighting will stay in place.  
  
-Yes, see Addendum #1
6. Will the County utilize a General Contractor for demolition?  
  
- The County is requesting the vendor perform the demolition to ensure that nothing is removed that will be required to have a complete and useable system upon installation.
7. This is a request to have cable driven target systems.  
  
-Please bid for belt-driven target system.
8. Are (2) separate Master Controls required for the target systems? One master for each bay (like it is set up now)?  
  
-Yes, maintain separate Master Controls for each bay.

9. Please define where you would like new noise abatement materials?

-New noise abatement materials are to be installed on the walls on the sides and rear of the target firing points

CUMBERLAND COUNTY, NORTH CAROLINA

Jermaine Walker  
Engineering & Infrastructure Director



EARL BUTLER SHERIFF'S TRAINING INDOOR FIRING  
 RANGE REPLACEMENT PROJECT Bid Date and Time:  
 Monday, September 30, 2024, at 4:00 p.m.



Contractor	Addendum # 1	Addendum # 2	Total Bid	Remarks
Inveris	✓	✓	\$401,630	
Theissen	✓	✓	\$420,378	DID NOT ATTEND PRE-BID
Range Systems	✓	✓	\$398,411	
Action Target	✓	✓	\$528,660	

This is to certify that the bids tabulated herein were opened on the 30th day of September 2024, at the Cumberland County Engineering & Infrastructure Department, Room 214, 130 Gillespie Street, Fayetteville, NC 28301

A handwritten signature in blue ink, appearing to read "J. Walker".

Jermaine M. Walker, Director Engineering and Infrastructure



**ASSISTANT COUNTY MANAGER COMMUNITY SUPPORT SERVICES**

**MEMORANDUM FOR THE AGENDA OF THE FEBRUARY 13, 2025  
AGENDA SESSION**

**TO: BOARD OF COUNTY COMMISSIONERS**

**FROM: HEATHER SKEENS, ASSISTANT COUNTY MANAGER**

**DATE: 2/13/2025**

**SUBJECT: CUMBERLAND COUNTY DETENTION CENTER JAIL HEALTH PLAN**

**Requested by: CLARENCE GRIER, COUNTY MANAGER**

**Presenter(s): HEATHER SKEENS, ASSISTANT COUNTY MANAGER**

**BACKGROUND**

The Cumberland County Jail Health Plan has been developed in accordance with N.C.G.S. 153A-225 and 10A NCAC 14J .1001 which requires a medical plan to include a description of the health services available to inmates and to be available for reference by jail personnel.

This plan provides the policies and procedures that address:

- 1) screening of inmates upon admission to the facility;
- 2) handling routine medical care;
- 3) handling routine care related to mental health, developmental or intellectual disability and substance use disorder;
- 4) the handling of inmates with chronic illnesses or communicable diseases or conditions;
- 5) administration, dispensing, and control of prescription and non-prescription medications;
- 6) handling emergency medical needs, including dental care and pregnancy
- 7) maintenance, preservation, and confidentiality of medical records;
- 8) privacy during medical examinations and conferences with medical/mental health professionals.

This plan has been developed in consultation with the appropriate local officials and organizations, including the Sheriff, the Public Health Medical Director, the Local Health Director, and the local medical society, The

plan meets the approval of each representative. The NC General Statute requires that the plan be presented to the Board of Commissioners and that the Board determine, by signature of the chairman, that the plan is adequate to protect the health and welfare of the prisoners.

**RECOMMENDATION / PROPOSED ACTION**

Staff recommend approval of this item to be added to the Board of Commissioners consent agenda for February 17, 2025 to adopt the Jail Health Plan and allow the Chairman to sign the Certificate of Approval and Adoption.

**ATTACHMENTS:**

Description

Type

Cumberland County Jail Health Plan

Backup Material

# **Cumberland County Detention Center Jail Health Plan**

The compliance with this Jail Health Plan is the joint responsibility of the **Cumberland County Health Department**, the **Cumberland County Sheriff**, and **Wellpath, Inc.**, the contracted provider of care to the inmates of the **Cumberland County Detention Center**, hereinafter referred to as **Wellpath**).

It is understood **Wellpath, Inc.** has specific Policies and Procedures for inmate health services on-site within the medical unit. These policies and procedures can be reviewed by the **Cumberland County Health Department Director** and the **Cumberland County Sheriff** at any time.

## **Receiving Screening**

Upon the arrival of each inmate at the **Cumberland County Detention Center**, a preliminary health assessment (Receiving Screening) will be performed by correctional officers.

At a minimum, the assessment will include the following:

1. Documentation of current illnesses and health problems including medications taken and special health requirements.
2. Documentation of mental health problems, dental problems and allergies.
3. Behavior observation, including state of consciousness, mental status, appearance, conduct, tremors, sweating,
4. Inquiry into use of alcohol and other drugs, including types, methods, date/time last taken and problems arising out of use.
5. Notation of body deformities and ease of movement.
6. Observation of persistent cough or lethargy as well as an inquiry to unintentional weight loss, night sweats and known exposure to TB.
7. Inquiry as to known communicable diseases including Sexually transmitted disease.
8. Condition of skin including, trauma markings, bruises, lesions, jaundice, rashes and infestations and needle marks or other indications of drug abuse.
9. Status classification to succinctly identify the inmate's health status.
10. Referral of the inmate for emergency health services or additional health services, as may be necessary.

If as a result of the receiving screening it is apparent that an inmate requires medical attention, then the inmate will immediately be referred for treatment. The appropriate level of treatment (i.e., treatment in-house by a member of the professional health services staff or referral to a hospital or other community-based health service) should be made after a thorough evaluation of the inmate's condition.

Health care standards require that information regarding access to health care services be communicated orally and in writing to inmates upon their arrival at the correctional facility. To meet these standards, Wellpath will use notices, printed in both English and Spanish. These will be posted in the Intake area advising them of how to access the health care delivery system, in addition to the verbal and written/documented notification which is provided at booking.

### **Daily Triage of Complaints**

In order to ensure that inmate health problems and requests are addressed promptly, appropriately and efficiently, we use a structured triage procedure, proven effective in other correctional settings.

Our Medical Director (Physician and/or Physician Assistant or Nurse Practitioner under supervision by a Physician) always oversees the triage system that is followed by all health care personnel. This ensures that the inmates receive the appropriate level of care and that their complaints are properly processed and resolved.

Inmates have the ability to access the triage system by submitting a health care request form. These requests are received and processed daily by the health care staff, and as a first step in the triage system the inmate is then seen by a member of the professional nursing staff and appropriate treatment is administered within the scope of the Nurse Practice Act. Those inmates requiring a higher level of service will be referred to the physician, physician assistant, or other appropriate professional practitioner in a timely manner.

If the Physician or other practitioner determines that the inmate's medical needs are more extensive or specialized than can be addressed within the facility's health care program, an appropriate referral to outside medical services will be provided.

Provider clinic must be conducted on-site by a physician, nurse practitioner or a physician assistant under the direction of a physician. The majority of inmates to be seen by the physician will have been screened by a healthcare professional as part of the formal triage system. However, this will not preclude an inmate who had not been triaged or who has a sudden or acute problem, from seeing the physician during the time the physician is on-site at the facility.

Appropriate documentation will be recorded and maintained for all inmates seen at sick call. This information will be incorporated into the inmate's medical record as appropriate. An inmate's medical record will contain appropriate entries completely documenting each sick call encounter (i.e., an inmate's specific health request, the assessment of the health care professional who saw the inmate, the prescribed treatment plan, and any follow-up encounters). This will ensure that all inmates' health requests are promptly, and properly handled, documented, and followed through to a satisfactory resolution.

### **Special Medical Program**

We will provide all special health care services required including, but not limited to, care for inmates who are chronically or terminally ill, physically handicapped, developmentally disabled or inmates with special mental health needs or convalescing inmates. Individual treatment plans will be developed for all chronically ill, terminally ill and convalescing inmates. Examples of chronic illness include diabetes, hypertension, asthma and epilepsy. Convalescing inmates include those recovering from fractures, inpatient surgical procedures, and hepatitis and other communicable diseases. The type of treatment will be determined by the needs of the individual inmate, but may include such things as medications, special diets, physical therapy, laboratory tests or dressing changes. Each treatment plan will be initiated by the physician and will be detailed in the individual's medical record.

We will keep a list of inmates with special needs and maintain schedules for medical treatment in accordance with our established protocols for each illness. For example, daily blood sugars are obtained on all diabetics receiving insulin, Dilantin levels are monitored monthly on epileptic inmates, and blood pressure evaluations are performed as clinically indicated on inmates receiving anti-hypertensive drugs.

Medical determination of a tendency towards suicide or a history of seizures will result in the inmate being assigned to quarters that have close supervision.

We realize that communicable diseases, such as tuberculosis (TB), HIV and hepatitis require special attention in inmate populations. We have developed an Infection Control Program that incorporates education, diagnosis and treatment of inmates. Screening for TB and/or HIV occurs at time of intake, if conditions indicate that such testing is necessary.

Neither North Carolina nor Federal laws specifically require HIV testing upon request; however, we feel that the most prudent course to take would be to make testing available but limit it by leaving the decision to the medical staff.

Data supports that our inmate population has a higher than usual incidence of Sexually transmitted disease. This is addressed in the medical intake screening and then in more depth upon the History & Physical. If at the time of intake, the H&P or any time complaints of that nature is offered, we will then initiate testing and or treatment.

Our Infection Control Program includes, but is not limited to:

1. Surveillance procedures to detect inmates with infectious and communicable diseases, appropriate immunizations to prevent these diseases and proper treatment and care for inmates with these diseases.
2. The decontamination of medical equipment and proper disposal of sharps and medical bio-hazardous waste used by the medical staff or determined by the medical staff to be considered bio-hazardous waste.
3. Strict adherence to universal precautions by health care workers to prevent exposure to blood-borne pathogens.
4. Notifying the Local County health department of suspected/confirmed cases of all STD, TB, HIV, Hepatitis, Listeria, E-coli, MRSA, as well as other disease reportable according to the NC Administrative Code 10A NCAC 41A.0101 and .0102 criteria.

We will also dispose of all medically related infectious and hazardous waste in accordance with all state and federal regulations. We follow and assure compliance with Occupational Health and Safety Administration (OSHA) guidelines for infection control procedures.

### **Pharmaceuticals and Medical Supplies**

An agreement has been set in place to order all prescribed medications from a contracted pharmacy vendor. Any STAT medications may be ordered from a local pharmacy provider. STAT medications are classified as medications which need to be started immediately and a supply of such medications is not currently on-site within the medical unit. The pharmacy vendor will supply the Wellpath formulary and ordering

sheets to the facility for the placement of orders. All orders received before 3:00 p.m. EST, will be shipped out for next day delivery.

Wellpath shall comply with all applicable state and federal regulations regarding the prescribing, dispensing, administering, and procuring of pharmaceuticals. All employees must review the ordering procedures for pharmaceuticals. No medications will be ordered without a physician's order. All re-orders must be approved through the physician also. Medications are prescribed only when clinically indicated, not for disciplinary purposes.

All pharmaceuticals must be stored appropriately, in accordance with their storage instructions (i.e. refrigeration, etc.). Security storage (under lock and key) must be maintained for all prescribed medications. Only the nurse and health services staff will have access to the medications. If applicable, a key may be given to security in case of emergencies. All narcotics are to be kept under separate lock and key from other medications.

Application I for the registration to comply with the North Carolina Controlled Substance Act will be submitted. The N.C. Department of Health and Human Services (NC DHHS) then schedules an onsite inspection and evaluation. NC DHHS will notify the Jail of the requirements that they must implement to be granted permission.

The nurse and Medical Director as needed should perform a periodic review of all pharmacy orders. A narcotic count must be performed on a regular basis and the nurse and/or physician should review all reports. Copies of all count sheets are to be kept on file for review and/or audit.

All expired pharmaceuticals must be destroyed accordingly. The pharmacy vendor will perform this service on a quarterly basis, or sooner if needed. The nurse must call the pharmacy directly to schedule this service when needed. Also, a Sharps Count log must be kept by all nursing staff. All count sheet logs must be kept on-file for review and/or audit.

Diabetic inmates may be allowed to draw and administer their own insulin under the supervision of a health care staff member, and/or under security's approval.

All pharmaceuticals will be maintained in designated medical space. Medication carts will be secured under a double-lock system and all controlled medications will be secured separately in specified lock boxes. Controlled and/or narcotic medications will be logged upon receipt and administration by healthcare staff. These logs will be monitored each shift via count and signature. The medication room and only personnel authorized to give medications will have access to this area. The medication room area will be locked at all times and only authorized personnel will have keys.

The pharmacist will be responsible to select all generic equivalent drug products used in the correctional facility. All drug products utilized will be those of certified Food and Drug Administration approved manufacturers. In addition, the pharmacy vendor will conform to all federal laws, State statutes, and the state Board of Pharmacy regulations concerning drug products.

All drug recalls will be the responsibility of the pharmacist. Collection and return of recalled drugs will be the pharmacists' responsibility at the dispensing level and the nurse's responsibility, upon notification, at the drug administrator level.

All outdated, unused, deteriorated drugs will be the responsibility of the pharmacist to return and destroy during their quarterly inspections. Control substances returned or otherwise destroyed will be in compliance with federal and state regulations.

The pharmacy vendor according to the State Pharmacy Law shall label all prescriptions. Each prescription will contain the following information:

1. Name and address of the dispensing pharmacy;
2. Serial number of the prescription;
3. Date of the prescription;
4. Name of the prescriber;
5. Name of patient;
6. Name and strength of the drug;
7. The generic name of the drug, even if the generic drug is unavailable to dispense or even if the substitution of a generic drug is not authorized;
8. Directions for use;
9. Appropriate cautionary statements;
10. 'Filled by' or 'Dispensed by' with the name of the dispensing pharmacist, which must include at a minimum, the first initial and full last name of the dispensing pharmacist;
11. If the dispensed drug is a 'tranquilizer or sedative' it should bear the warning 'The consumption of alcoholic beverages while on this medication can be harmful to your Health' if the prescriber so directs on the prescription;
12. If the prescription is dispensed in a container other than the manufacturer's original container, a discard date, which shall be the earlier of one year from the date dispensed or the manufacturer's date, whichever is earlier,
13. If the prescription is dispensed in the manufacturer's original container, the label must not obscure the expiration date and storage statement.

All floor stock shall be reviewed and authorized by the Medical Director. Floor stock will be issued as non-prescription floor stock, prescription floor stock, and emergency floor stock drugs. Only persons authorized to prescribe within the state where the facility is located may order floor stock to be kept within the medical unit.

#### **Emergency Medical, Dental, and Mental Health**

##### Emergency Medical

Certain members of the professional health care staff, including the physician, will have twenty-four (24) hour on-call responsibility for any emergency that may arise. In the event of an emergency or in response to any urgent medical need, the on-site medical staff will utilize clinical skill and sound nursing judgement to properly and efficiently treat all inmates. Wellpath NOW should be utilized between the hours of 22:01-05:59 for all urgent healthcare concerns. The Health Services Administrator will be contacted via phone/text and notified of all ER transports, Narcan administrations, and/or CPR efforts. Other appropriate medical personnel will be notified if necessary. The inmate will be transferred to a hospital emergency room for further treatment if clinically indicated and agreed to by the Wellpath on-call medical authority.

When emergency transportation is required, medical personnel will decide whether an ambulance or security van is required and coordinate appropriate transportation with the corrections administration and security.

However in the event where the correctional officer feels that the services of EMS is required, and the medical staff is not present to address the situation then the correctional officer should make provisions for emergency transport without the hesitation of notifying the medical staff.

##### Dental Care

Dental treatment shall be provided according to an established treatment plan/order, and based on



established priorities. Consultation with the dentist and/or dental specialist will be available. Dental treatment will be scheduled on an as needed basis, for the earliest appointment time available. Medical staff should notify the dentist of requested treatment in advance of services being performed.

The Medical Director will review all prescriptions for approval. Any substitutions for prescribed narcotics/medications should be confirmed with the Dentist, but *may* be changed by the Medical Director to conform to the Jail policy (limits on narcotics, etc.).

#### Mental health and chemical dependency withdrawal

Inmates reporting the use of alcohol, opiates, stimulants, sedatives, hypnotic drugs, or other substances will be evaluated for their degree of reliance upon and potential for withdrawal from these substances and possible intoxication or overdose. Upon completion of the screening process, patients indicating such uses must be immediately referred to the medical staff for further evaluation and treatment.

Detoxification will be carried out only under medical supervision and initiated by the medical staff with physician overview on an individual care basis. All detainees found to be demonstrating signs and symptoms of drug/alcohol withdrawal will be evaluated by a medical professional and the patient will be placed on the appropriate withdrawal protocol. Inmates experiencing severe, life threatening intoxication or withdrawal must be seen by the Medical Director and upon his orders *may* be transferred to a licensed acute care facility, or the local emergency room for treatment. The Jail Administrator must receive authorization for this transfer.

Detox inmates must be monitored on a consistent basis and all findings documented in his/her medical record. Documentation of the patient's status during detoxification is very important and must be reviewed by all medical staff members in order to maintain patient care while incarcerated.

Detox inmates may be referred to the designated mental health provider or a local program for assessment regarding dependency issues.

Pregnant females who have drug/alcohol dependency will promptly be referred to the Medical Director for appropriate treatment methods. The Medical Director may have established treatment protocols.

Inmates who are on Methadone will be referred to the Medical Director to determine appropriate withdrawal treatment plans to be used.

Medical staff will verify a patient's history and medication prior to inception of services. The physician will review the information and make referrals as appropriate.

Treatment services may include on-site and/or off-site crisis intervention. Not all treatments include the prescribing of psychotropic medications. Crisis intervention is to be initiated if patient is a threat to them self and/or others.

#### Pregnant Inmates

All verified and confirmed pregnant inmates will be referred to the designated prenatal clinician who can

provide obstetric services including regular prenatal care, medical exams, activity level advice, safety precautions, nutrition guidance and counseling. The inmate will be prescribed prenatal vitamins while incarcerated and applicable laboratory and diagnostic testing will be performed.

The Jail Administrator must be notified of the inmate's pregnancy and on-going treatment. Corrections Officers should be alerted to the inmate's due date as it approaches, and she should be under close observation around that time.

Medical staff will document the inmate's previous health history and other births. Outside specialty clinic visits will also be documented and noted in the patient's chart, along with services rendered noted in the file. Medical staff must utilize the Pregnancy Flow Sheet to monitor the pregnancy. The Medical Director should review the flow sheet on a consistent basis, maybe at the established chronic clinics reviews.

Pregnant inmates needing obstetric services will be referred to offsite Medical Provider. The Health Department's contracted providers determine if they will accept inmate for services. Also, contract providers may discharge a client from care with documented cause and notification.

The designated mental health provider may be asked to participate in the treatment plan regarding the patient. Issues which may be discussed are any psychotropic medications needs and/or depression the patient may experience due to separation from the baby after the birth.

### **Medical Records**

All medical records will be kept in the medical unit or, if inactive, in a secure place accessible to medical personnel for a period of seven years. The Jail Administrator should be consulted as to the space needed for the storage of inactive files.

All medical encounters will be entered into the medical record using a narrative, pathways, or S.O.A.P. format. The medical record will contain the following elements and all laboratory reports, consult reports, discharge summaries, and diagnostic studies will be reviewed and initialed by the physician before placement in the medical record:

1. Master Problem List (if a chronic condition patient).
2. Receiving Screening form.
3. Admission Data/History and Physical Assessment form.
4. Physicians' Orders form.
5. Progress Notes.
6. Laboratory studies; Diagnostic studies; Dental records.
7. Psychiatric and psychological reports.
8. Consultant's reports; x-ray reports.
9. Medication Administration Records.
10. Consent forms; Discharges summaries.
11. Release of Responsibility and Authorization for Release of Information Forms.
12. Sick Call Request forms.
13. Specialized treatments plans.

14. All other relevant and medically related materials.
15. Transfer forms

When an inmate is re-incarcerated, the prior record, if one exists, will be reactivated and reviewed by the medical staff. The inmate will have one (1) medical record that contains a record of all medical services that are rendered.

All forms must be signed and dated appropriately.

#### Confidentiality of Health Records

HIPAA regulations apply to any protected health information such as information that concerns a person's social security number, date of birth, physical or mental health, healthcare, or payment information that could be used to identify an individual. Disclosure of such information is prohibited. While individuals are in a correctional institution, Wellpath can use or disclose an inmate's protected health information to the medical unit of another correctional institution for the following reasons:

1. Health and safety of the inmate or other inmates;
2. Health and safety of the correctional institution's personnel;
3. Health and safety of those personnel responsible for transporting or transferring of inmates;
4. Law enforcement on the institution's premises;
5. The administration and maintenance of the safety, security, and good order of the institution.

N.C.G.S 130A-143 contains strict confidentiality language about reportable communicable diseases. The public health regulations allow a local health department director to notify the sheriff if a detention inmate has certain communicable diseases. This regulation excludes HIV infection and AIDS. The disease must represent a significant threat to the public health. Per N.C.G.S. 130A-145, all information and records that identify person who has the AIDS virus infection or who has or may have a disease or condition required to be reported pursuant to the provisions of this Article shall be strictly confidential and shall not be released or made public except under the circumstances listed in the Article.

Further, if an inmate has escaped from custody, HIPAA does not restrict the use or disclosure of an inmate's medication information. In such situations, the correctional institution may use or disclose the inmate's personal medical information as long as that use or disclosure is consistent with applicable laws and standards of ethics.

The inmate's medical record is considered confidential and may not be shared with unauthorized individuals or agencies without the inmate's written consent. Training will be extended to all staff during orientation about the importance of maintaining medical confidentiality.

#### Confidentiality Specific to HIV infection and AIDS

1. Any information and records, especially medical records that might identify an inmate as HIV infected, will be kept strictly confidential. This confidentiality reflects North Carolina's Law. Federal courts have recognized that inmates retain the right to privacy that protects against the disclosure of sensitive medical information.
2. Jail medical staff only under the following circumstances may release the inmates HIV status:

- a. Release is made to health care personnel who are providing care to this inmate.
- b. Release is made with the inmate's written consent or the written consent of the inmate's guardian.
- c. Release is made pursuant to a subpoena or court order.
- d. Release is made to the Physician of a person exposed to the inmate's potentially infectious body fluid, upon receipt of proper consent under law.

Note: If an exposed officer learns from the Jail physician or private physician that an inmate is HIV infected, he or she must keep that information strictly confidential. The reason for telling the officer is to permit effective treatment and counseling. It is a misdemeanor if the officer discloses this information to another officer.

The only exception to the confidentiality law is N.C.G.S. 53A-222 which allows inspectors with the Jail and detention branch to see an inmate's medical record unless the inmate objects in writing. Before inspectors may review the inmate's record, the inmate must be informed in writing of his right to object.

### **Privacy**

All medical evaluations and services are to be performed in as much privacy, with respect to security issues, as possible. The discretion is with the Medical Director, physician, or nurse providing the service.

Security personnel may be present if the patient poses a probable risk to the safety of the medical staff or others. Instruction on maintaining confidentiality is given to security staff that observes or hears health encounters. When cell side triage is required, medical staff must take extra precautions to promote private communication with the inmate.

### **Handling of Intoxicated Inmates**

Upon completion of the screening process, patients indicating use of intoxicating substances must be immediately referred to the medical staff for further evaluation and treatment.

Detoxification will be carried out only under medical supervision and initiated by the medical staff with physician overview on an individual care basis. All detainees found to be demonstrating the signs and symptoms of drug/alcohol withdrawal will be seen by the Medical Director and his treatment plan will be followed. Inmates experiencing severe, life threatening detoxification or withdrawal must be seen by the Medical Director and upon his orders may be transferred to a licensed acute care facility, or the local emergency room for treatment. The Jail Administrator must receive authorization for this transfer.

Pregnant females who have drug/alcohol dependency will promptly be referred to the Medical Director for appropriate treatment methods. The Medical Director may have established treatment protocols.

Inmates who are on Methadone will be referred to the Medical Director for appropriate withdrawal treatment plans to be used.

### **Training for Officers**

Training programs should be provided by a Jail training coordinator or through programs funded by the county

or state (depending upon the facility resources). All training programs provided by Wellpath must be documented and the Jail training coordinator will keep attendance rosters.

Upon request by the Jail Administrator, Wellpath in a joint effort along with the local health department (if available) and other available entities will provide the following training:

1. FirstAid;
2. Suicide Prevention;
3. CPR;
4. Screening Techniques;
5. Health Referrals;
6. Medication Administration;
7. Recognizing chronic conditions/illnesses;
8. Signs and Symptoms of Mental Illness;
9. Universal Precautions;
10. Confidentiality (HIPAA);
11. Infectious Diseases -AIDS, MRSA, TB

The nurse should participate in the on-going training program currently set-up through the facility, whenever available to do so.

### **Transporting inmates to outside sources for medical care**

The transportation officer will be notified by medical personnel when an inmate is scheduled for an appointment outside the Jail. Security staff will plan the transportation. Medical staff will not inform the inmate of the date or time of the appointment. When emergency transportation is required, medical personnel will decide whether an ambulance or security van is required and coordinate appropriate transportation with the corrections administration and security.

### **Medical Co-Pay**

The medical staff is not to benefit in any way from the co-pay system. The nurse who is triaging or treating the inmate is to only complete the forms necessary to provide information for an inmate's account to be charged.

### **Continuity of Care**

Upon an inmate's admission into the Jail, every effort must be made to obtain information concerning previous and/or current treatment plans. Record request forms may be sent to the inmate's treating physician for inclusion into inmate's current medical file at the Jail. The Medical Director must be made aware of the medical records upon arrival, for his/her review as well.

All medications must be verified before their continuance. All verifications (or inability to verify) must be noted within the patient's chart. Once medications have been verified, the Medical Director may give a verbal order (if not on-site) to continue the medications until the next scheduled physician sick call, based upon the inmate's compliance prior to incarceration and present condition. Identified long-term and/or serious chronic conditions must be referred to the Physician for referrals or follow-up clinic visits as needed.

All pregnant inmates will be placed on pre-natal services for referral to a local OB/GYN clinic or the local County health department. Those pregnant inmates exhibiting serious conditions may be referred to the hospital for assessment.

All ordered tests and/or consults are completed in a timely manner. The Medical Director must sign all outpatient service discharge summaries as evidence of review. If changes in treatment are necessary, the changes must be noted and clinical justification for an alternative treatment plan is noted.

#### Health Assessment

All history and physical data will be obtained by medical staff and recorded on an Admission Data History and Physical Exam form. The medical staff will review the Receiving Screening form and confirm all information, as well as ask for any additional medical history information that may not have been noted upon admission. The medical staff must verify previous history, and document such verification and/or non-verification.

Within 14 calendar days of arrival into the Jail, the inmate will receive a full health assessment by Wellpath medical staff. A recording of inmate's current weight, height, blood pressure reading, and temperature and pulse rate will be noted on the Assessment form. All female inmates of childbearing age will be given a pregnancy test during time of initial medical intake, within 14 days of incarceration, or upon patient and/or provider request.

The medical staff will use the H&P Assessment form to document the findings of the client's physical exam. Inmates with a chronic condition will be screened and questioned specifically about their condition. Chronic care inmates will be referred to the physician's chronic care clinic for an initial assessment and treatment plan as well.

Other lab and/or diagnostic testing may be required based on information received from the inmate and documented on the Receiving Screening or Assessment form. Physician's orders must be obtained for the testing.

An inmate, who has been re-admitted into the Jail and had a documented health assessment within the previous 12 months, need not be re-examined unless changes in inmate's health have been noted upon admission.

An inmate has the right to refuse a health assessment. Please refer to the policy Right to Refuse Treatment. If an inmate refuses a TB test, the inmate must be placed in isolation for precautionary measures, as TB is an infectious disease. Medical staff should monitor inmate until the TB testing is completed. Depending upon the reasons for the inmate's refusal, the Medical Director and/or mental health staff may be advised to speak with the inmate about his/her concerns.

All history and physical exam records must be referred to the Medical Director for review and sign-off.

#### **Grievance Procedure**

Upon receipt of an inmate's grievance, the nurse will review the information presented and speak with the

inmate about the problem and possible resolution. All information about the conversation should be documented on the grievance form and returned to the Jail Administrator as to response. A copy should be filed in a file labeled 'Inmate Grievance Reports' in the medical office. All responses to inmate grievances must be timely and based on principles of adequate and prudent medical care.

Correctional officers will provide grievance forms to inmates upon their request. The inmate will give the completed form to a correctional officer who then gives the form to the medical staff for resolution.

An incident report may accompany a copy of the grievance if submitted to the Wellpath corporate office. If the corporate office needs to be involved in the resolution of the problem, communication with the nurse, as well as a review of the applicable records and/or other information will begin. The nurse should notify the corporate office of the need for involvement.

After the grievance has been resolved, the Jail Administrator should be notified as to the resolution.

If the inmate does not agree with the resolution, an appeal may be filed citing additional information. The nurse and Jail Administrator will once again review this appeal grievance, with a copy forwarded to the corporate office for resolution. All appeals must be sent to the corporate office for review.

#### Collection of DNA

In keeping in compliance with the Session law 2003-376 House Bill 79, the nurse or member of the Jail health team will provide the phlebotomy service for the collection of the DNA samples that are specific to meeting the requirements mandated by the state of North Carolina. The House Bill does not address the issue of obtaining DNA for the use of forensic investigation, for which no member of the Jail medical team is to participate. The Jail medical team is only to provide the services of phlebotomy and under no circumstances should be involved with the record keeping, finger printing and transport of the specimen. The location and time of the phlebotomy service will be established in agreement with both the duty officers and the medical team member. The phlebotomy procedure is never to interfere with the health care provider's responsibility to deliver healthcare services to the inmates of the facility.

This Jail Health Plan is hereby adopted as of \_\_\_\_\_, 2024, by the Cumberland County Health Director and by the Cumberland County Sheriff Office.

\_\_\_\_\_ Date: \_\_\_\_\_  
Cumberland County Sheriff

\_\_\_\_\_ Date: \_\_\_\_\_  
Cumberland County Health Director

 10/29/24



**ASSISTANT COUNTY MANAGER COMMUNITY SUPPORT SERVICES**

**MEMORANDUM FOR THE AGENDA OF THE FEBRUARY 13, 2025  
AGENDA SESSION**

**TO: BOARD OF COUNTY COMMISSIONERS**

**FROM: HEATHER SKEENS, ASSISTANT COUNTY MANAGER**

**DATE: 2/13/2025**

**SUBJECT: WELLPATH, LLC QUARTERLY STATISTICAL REPORT ON INMATE  
HEALTH CARE**

**Requested by: CLARENCE GRIER, COUNTY MANAGER**

**Presenter(s): HEATHER SKEENS, ASSISTANT COUNTY MANAGER**

**BACKGROUND**

Through a contract with the Board of County Commissioners, Wellpath, LLC, has been providing services to the inmates at the Cumberland County Detention center since December, 2023.

The most recently updated quarterly statistical report of inmate healthcare is provided in the attachment.

**RECOMMENDATION / PROPOSED ACTION**

Information only. No action needed

**ATTACHMENTS:**

Description	Type
Wellpath, LLC Quarterly Statistical Report on Inmate Health	Backup Material



**Cumberland County Public Health - Quarterly Statistics Report on Inmate Health Care**

**July 1, 2023 - December 31, 2024**

Provided for the Cumberland County Board of Commissioners

Data Set	Description	Fiscal Year 2024				Fiscal Year 2025				Fiscal Year 2026				Fiscal Year 2027				Average over all Quarters
		1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	
1	ER	15	37	48	34	61	39											46
2	Outside Medical Appointments	0	6	8	33	34	21											24
3	In House-X Ray Services	1	56	90	73	112	60											84
4	On-site Mental Health	491	2171	452	1064	1150	538											801
5	Physician/Provider Visits	54	1157	1635	995	1452	1881											1491
6	Dental Visits Onsite and Offsite	0	144	129	184	146	156											154
7	Receiving Screens-Medical Staff	0	740	1597	2131	2099	1670											1874
8	Sick Call-Medical Staff	162	2060	6988	967	1533	997											2621
9	RPR (STDS)	0	31	8	11	13	13											11
10	STDS Treated	504	893	88	45	37	33											51
11	Medical Refusals	272	607	268	434	579	564											461
12	Glucose Checks	961	2880	2553	3256	2554	2485											2712
13	BP Checks	796	3611	2287	2665	2213	2865											2508
14	TB Screens/PPD Tests	0	40	327	156	660	383											382
15	TB Positive	0	1	13	2	0	0											4
16	Staph/MRSA Patients	N/A	0	1	5	2	0											2
17	Pregnant Females	0	16	19	11	15	7											13
18	HIV Patients	N/A	15	65	84	42	48											60
19	HIV Patients Receiving Treatment	N/A	14	52	74	32	34											48
20	Inmates on Suicide Watch	23	107	111	88	96	51											87
21	Inmate Deaths	0	0	0	0	1	0											0
22	Inmates on Detox Protocol	677	1273	353	349	356	241											325
23	Diabetic Patients	0	1016	176	178	193	119											167
24	Asthma Patients	0	26373	249	287	277	202											254
25	Medication Administered	0	26040	83169	83856	107032	77533											87898
26	Health Assessments Completed	N/A	9	15	131	102	410											165
27	Mental Health Admissions/Substance Abuse	N/A	127	437	479	623	522											515
28	Number of Diagnosed MH/Substance Use Disorder	N/A	213	930	854	1179	932											974
29	Number Started on MAT	N/A	7	41	23	15	36											29
30	Number who Initiated MAT-Induction	N/A	0	17	0	0	0											4
31	Number Referred for MAT-Post Discharge	N/A	0	3	43	12	12											18
32	Individuals on MAT Previously Incarcerated	N/A	0	71	133	13	34											63
33	Positive for COVID	361	390	14	1	47	7											17
34	Positive for Reportable Communicable Diseases	N/A	11	95	115	106	39											89
35	Serviced Veterans	N/A	24	163	122	163	178											157

**ADDITIONAL INFORMATION ON OUTLIERS AS COMPARED TO AVERAGES:**

**Please note: HIPAA laws do not allow cause of death information to be released within the quarterly reports.**

1st Quarter FY 2024 data only reflects data from September 2023 as the HD did not record data for July and August 2023.
2nd Quarter FY 2024 data only reflects data from October and November 2023 as the provider switched to WellPath effective December 1, 2023. <a href="#">Blue</a> highlighted column designates the first full quarter of WellPath services in the Detention Center. "Average over all Quarters" only includes data from FY2024 3Q and on.
Top reasons for hospital admissions from December 2023 through June 2024 were Diabetes, Suicide Attempt and Cellulitis. The top reason for hospital admissions from July 2024 through current were Hypertension, Fractures, Cutaneous Abscesses, Epilepsy/Seizures, Withdrawal and Chest Pain.



**ENGINEERING AND INFRASTRUCTURE DEPARTMENT**

**MEMORANDUM FOR THE AGENDA OF THE FEBRUARY 13, 2025  
AGENDA SESSION**

**TO: BOARD OF COUNTY COMMISSIONERS**

**FROM: JERMAINE WALKER, DIRECTOR OF ENGINEERING AND  
INFRASTRUCTURE**

**DATE: 2/13/2025**

**SUBJECT: PROJECT UPDATES**

**Requested by: CLARENCE GRIER, COUNTY MANAGER**

**Presenter(s): JERMAINE WALKER, DIRECTOR OF ENGINEERING AND  
INFRASTRUCTURE**

**BACKGROUND**

Please find attached the monthly project report update for your review.

**RECOMMENDATION / PROPOSED ACTION**

No action is necessary. This is for information only.

**ATTACHMENTS:**

Description

Project Updates

Type

Backup Material

## ENGINEERING PROJECTS MONTHLY PROGRESS REPORT

Project Description	Contract/Project Amount	Project Status	Contract Start Date	Contract Duration	Estimated Completion Date
Crown Event Center	\$144.5M	Building permit application submitted to State Fire Marshall and currently under review. FM approval required prior to submittal to City. Received conditional approval for infrastructure permit, allowing for storm structures to be ordered. Driveway permit has been submitted and awaiting comment from NCDOT. GMP-3 Amendment with CMAR presented to Crown Event Center Committee on Jan. 29, 2025.	4/4/2022	N/A	Spring 2027
Unhoused Support Center	\$17.4M	Phase 1 contracts approved with Architect and Construction Manager-at-Risk. Currently evaluating use of adjacent preexisting school facility in program.	5/21/2024	N/A	TBD
Government Services Center Parking Deck	\$33M	Phase 1 Design-Build Contract approved. Currently in programming. Preparing draft program and conceptual design to present to Board for direction. Conducted Subsurface Utility Engineering underground utility locating Jan. 31, 2025.	9/17/2024	N/A	Late 2026
Recovery Shelter Generators	\$3M	Contracts approved and generator procurement in progress. Legal drafting required interlocal agreements with Schools and City of Fayetteville for access and maintenance of generators. Westover generator expected to arrive in April 2025 with Automatic Transfer Switch arriving in August. Remaining generators anticipated to arrive in April 2025 with their Automatic Transfer Switches arriving in late Fall 2025.	8/10/2023	365 days	Spring 2026
Crown Coliseum Parking Lot Repairs - Areas 1 and 2	\$1.15M	Project is now complete.	1/3/2023	180 days	Complete
Crown Hospitality – Lobby Renovation	\$1.5M	Bid award approved on June 17, 2024. Contract under review.	10/25/2022	N/A	August 2025
Crown Elevator Modernization	\$750K	Elevator 1 complete. Elevator 2 completed NCDOL inspection on Jan. 21, 2025. Project is now complete, pending payment of final invoice.	1/3/2024	270 days	Complete
Animal Services Isolation Building	\$1.1M	Finalizing site plan. Geotechnical analysis completed on Jan. 24, 2025. Awaiting report prior to solicitation of project.	TBD	TBD	TBD
Sheriff's Indoor Training Range Upgrade	\$850K	Project needs to be resolicited. Requesting rejection of bids from Board on Feb. 13, 2025 Agenda Session.	TBD	TBD	TBD

## MONTHLY PROGRESS REPORT

Project Description	Contract/Project Amount	Project Status	Contract Start Date	Contract Duration	Estimated Completion Date
Public Health UPS Replacement	\$300K	Awarded to Insight Public Sector, Inc for \$145,777.28. Contract under review.	TBD	TBD	TBD
500 Executive Place - Cumberland County Emergency Services Center	\$16.8M	Project complete. Final two invoices currently being processed for payment.	3/8/2021	360 days	Complete.
Historic Courthouse Switchgear Replacement	\$350K	Switchgear arrived Jan. 29, 2025. Coordinating installation in mid-March 2025.	6/6/2022	180 days	March 2025
LEC Bathroom and Locker Room Upgrade	\$450K	Bid from Dec. 5 to Dec. 19, 2024. Lowest responsive responsible bid was from JMK General Contracting at \$311,242.08. Contract under review.	TBD	TBD	TBD