

**Halifax County Board of Health (BOH)**

**Minutes**

**Regular Meeting**  **Special Meeting**

**January 26, 2026 at 6:00 pm**

**Halifax County Health Department  
19 North Dobbs Street, Halifax, NC 27839 & Zoom**

**I. Call to Order and Introductions**

Mr. Mann called the meeting to order at 6:00 pm.

<b>Members Present</b>	Mr. Louis V. “Pete” Mann III, At-Large Dr. Brian Crichlow, Ophthalmologist Ms. Verna High, At-Large Ms. Brenda Hudson, Nurse Dr. Eric Cunningham, At-Large Ms. Ruby Gerald, At-Large Mr. Sammy Webb, County Commissioner
<b>Members Absent</b>	Ms. Carolyn Johnson, At-Large Dr. Barbara Lawrence, Veterinarian Dr. Eric Nicholson, Dentist Dr. Carol Anne Rupe, Physician
<b>Staff Members Present</b>	Ms. Cheyenna James, Health Director Ms. Tina Davis, Administrative Assistant II Ms. Betty Reese, Assistant Health Director/Finance Officer Ms. Shea Briggs, Director of Nursing Ms. Laura Ellis, Health Education Supervisor Ms. Misty Rowland, Clinical Nursing Supervisor Ms. Tanschica Lynch, Account Specialist I
<b>Others Present</b>	Mr. Thomas Everett, Assistant County Manager Mr. Steven Garner, NCAPHA/Director of Cost Reporting & Financial Consulting Services Mr. Bruce Robistow, Public Mr. Gary Redding, County Commissioner Ms. Michelle Moseley, Halifax County Legal Dept.

**II. Invocation**

Mr. Mann gave the invocation.

**III. Approval of Meeting Agenda**

Ms. Gerald made a motion to approve the agenda. Dr. Crichlow seconded the motion. The motion carried.

**IV. Approval of Minutes**

Ms. Gerald made a motion to approve the November 24, 2025 minutes. Dr. Cunningham seconded the motion. The motion carried.

**V. Reports**

<p><b>A. Departmental Focal: Local Health Department Fund Balance Navigation</b></p>	<p>Ms. James introduced Mr. Steven Garner, Director of Cost Reporting and Financial Consulting Services/North Carolina Alliance of Public Health Agencies. He started with public health in 1992 when Medicaid and the Department of Public Health needed to develop a cost reporting method. The Health Department has worked very closely with Mr. Garner over the years, and he has worked through every phase of cost reporting and settlement since its development. This includes the auditing as well as the federal Medicaid approvals.</p> <p>Mr. Steven Garner presented on Medicaid cost reporting and settlement processes. He focused on the financial aspects of public health services, particularly the cost reporting and settlement process with Medicaid. Mr. Garner explained the history and methodology of cost reporting, emphasizing its purpose to ensure Medicaid costs do not exceed provider costs. He highlighted the importance of maintaining fund balances to cover budget deficits caused by delayed payments and to support public health activities. Things to consider were around ways to grow clinics which would include investing in Family Nurse Practitioners and other high-level professions, which will be your money maker on the settlement side while also assisting in addressing gaps and bring in the services to the community. “If you've ever in a situation where you're cutting providers or cutting services, then you have to re-examine what is the goal for your health department. What is it that you're trying to accomplish? Because that is the wrong direction as far as revenue streams are concerned.”</p> <p>The consolidated agreement references general statute 130A4.1, Section B, that states that all income earned by local health departments for maternal and child health programs supported in whole or in part from state or federal funds received, the NCDHHS shall be budgeted and expended by local health departments to further the objectives of the program that generated the income. Local health department fund balances are used to assist in ensuring those programs maintain those required revenues. Mr. Garner mentioned that after talking to several health directors and other health departments, most everybody carries fund balance. The situation that Halifax County's in is that on the settlement side, you have always received that settlement one time a year which is usually June. When NC Medicaid moved to directed payment, local health departments started receiving money a little quicker and agencies were getting it about once a quarter. As we stand right now, the quarterly payment is behind by a year distributing funds from the state on that direct payment. “You're still doing the work, but when you're in a situation where you don't have the funds to cover budget because the</p>
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revenue you're expected to receive is delayed being paid almost a year's amount, which could be \$400,000, who's going to cover that money?"

A detailed analysis of the department's fund balance and revenue streams was presented, emphasizing the need for a robust fund balance to cover costs and support various programs. "In 2025, you had \$620,000 of county allocations, \$127,000 of Fees that came in for a total of \$747,000 in revenue, but those expenditures were \$1.1 million. So that means there was a \$377,000 deficit from those programs that the county did not make up, a 51% discrepancy. Where did the money come from? Without county allocation and fund balance, who's going to cover the cost? How are you going to make sure that you're meeting your performance standards that you're expecting to meet when it comes to serving your population?" If the county's mindset is that they're going to reduce county appropriations to this level, then where's the money going to come from to continue supporting these non-clinical-type activities?

Sample Year	County Allocation		Revenue	AC, EH	Overage	% Available County Fees for	
	After Adjustments	AC, EH Fees				Clinic	Billed Clinical Fees
2014	1,786,533	69,803	1,856,336	685,215	1,171,121	63%	2,712,537
2017	1,125,120	86,956	1,212,076	710,885	501,191	41%	3,213,376
2023	821,629	92,581	914,210	846,349	67,861	7%	3,799,052
2025	620,726	127,084	747,810	1,125,610	-377,800	-51%	3,622,165

Mr. Webb questioned the meaning of fund balance. Mr. Garner noted the state calls it an escrow account, but the difference is that an escrow account is usually held by a third party. A fund balance is used by issuing a purchase order at the end of the year to move money to the revenue line for the next year. Basically, pushing that money forward into a revenue account for the next year. It's a public health revenue source. Some health departments have savings to use for a new health department and have an agreement in place with the county to save those funds to support expansion and long-term goals based on the needs identified to improve public health. He also expressed that returning allocated funds in large lump sum is not a normal part of the budget process when asked by Mr. Mann regarding recent county reductions.

Mr. Mann asked what building a fund balance should entail. Mr. Garner responded that the first question to address would be whether county appropriations will be cut where health departments are having to cover more than what their fees can generate for both clinical and non-clinical services. The amount would be determined by the health team. He reported that from the year 17-18, the cost of settlement was in the \$400,000 range, and today it is \$27,000. Settlement over 5 years revealed a ratio of cost of charges at 6.97. A few examples of fund balance use from other health departments are to build new buildings, new clinics, high-level providers that remain with the organization, and purchase new equipment as their plan of action. Overall, his recommendation to ensure clinical programs are covered financially was to ensure at least \$500,000 is maintained in fund balance to cover lapse in payment through the

settlement process.

Ms. James discussed the consolidated agreement and the county's proposed reduction in county allocations, highlighting the importance of maintaining, and expanding, services and using earned revenue for public health purposes. The consolidated agreement is between the local health department and the state, with the specific items related to earned revenue and appropriate use:

- i. The local health department shall budget and expend all earned income by local health departments for maternal and child health programs.
- ii. All earned income by the health department for the two programs supported in whole, or in part by state and federal funds received to further the objectives of the program that generated those incomes, pursuant to the general statute.
- iii. The Health Department shall not use personal health program funds to support environmental health or use environmental health program funds to support personal health programs.

It was also noted that the county attorney mentioned the county does have the ability within the last two months of the fiscal year to manage the end of the year budget closeout. The most recent entry was \$2.5 million, and it went before the Board of County Commissioners in February. This made it impossible to determine the financial position of the health department and whether it had excess funds. A discussion was also held on the need for a clear plan to use the identified funds to ensure they are retained by the health department for expansion purposes.

Ms. James reminded the board of the following:

- I. In July of last year, she presented the findings of \$6 million that had been removed from the Health Department's fund balance.
- II. After taking a closer look for the past 20 years, over \$12 million was identified earned Medicaid.
- III. Each budget season, Halifax County Health Directors have asked County Management for additional allocation, due to the fact that they were under the impression of not earning money. Ms. James identified ideas and ways to start generating extra revenue and potential opportunities for additional allocation to support the agency's finances. This was the first time the agency had been informed that the revenues were greater than expenses. The argument was made that fund balance funds were truly county dollars and not earned Medicaid revenue.
- IV. It was reported to the state (via WIRM- aide-to-county) that the Health Department had reported those funds spent that were taken back and the Halifax County Finance Officer approved the WIRM that stated the county funds were used. For the remaining years, the department was left in a deficit. Ms. Gerald questioned whether false statements were being sent to the state. Ms. Reese answered that, if flagged, this could affect the department's state funds for clinical programs in the future.
- V. Ms. James reached out to County Management for clarification of the



f. Shelter Staff	<p>departments moving forward to ensure the continuity of these programs.</p> <p>Ms. James thanked the shelter staff and Dr. Cunningham for opening up the county facilities. The nursing staff went out for two evenings.</p>
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**VI. New Business**

**A. Board of Health Operating Procedures (*benchmark 34.1, 34.2*)**

Ms. James explained that the BOH Operating Procedures are due for annual review. There were no changes made. Mr. Mann made a motion to approve the BOH Operating Procedures as presented. Ms. Gerald seconded the motion. The motion carried.

**B. BOH Policy Review**

Ms. James explained that on an annual basis, the BOH is required to review policies addressing adjudications, delegation to the health director, governance, and rules development plan. There have been no changes made since the last review.

- a. Adjudications/Appeals (*benchmark 35.1*)
- b. Delegation to the Director (*benchmark 37.2*)
- c. Governance (*benchmarks 34.1, 34.4, 34.5, 38.3, 41.1*)
- d. Rules Development Plan (*benchmark 34.3*)

Ms. Gerald made a motion to approve the BOH policies (Adjudications/Appeals, Delegation to the Director, Governance, and Rules Development Plan) as presented. Mr. Webb seconded the motion. The motion carried.

**C. 2026 Staff Development Plan (*Benchmark 37.6*)**

Ms. James explained that accreditation requires the BOH to review plans for, but not limited to, workforce recruitment, development, and retention for agency staff. The 2026 Staff Development Plan, including our policy surrounding staff development, 2026 trainings, and an example of our individual training plan, was reviewed by the BOH.

Ms. Gerald made a motion to approve the 2026 Staff Development Plan as presented. Dr. Cunningham seconded the motion. The motion carried.

**D. Selection of the Budget Review Committee**

Ms. James asked for volunteers to serve on the Budget Committee. She explained that the committee would be responsible for reviewing the 2026-2027 FY Budget Proposal and making a recommendation to the BOH. Mr. Mann and Ms. Gerald volunteered for the committee.

**E. Review of Health Director Job Description**

Mr. Mann reminded the board of two meetings held to discuss the Health Director Job Description and whether any further discussion was needed. No further discussion was needed.

Ms. Gerald made a motion to approve the Health Director Job Description. Dr. Crichlow seconded the motion. The motion carried

**VII. Comments**

A. Board of Health

B. County Management

C. Public (*benchmark 41.1*)

Mr. Robistow, the former Health Director, expressed concerns about the county's minimalistic approach to public health and emphasized the need for the return of \$6 million in funds to improve public health services.

Mr. Redding, County Commissioner/HCC Instructor, complimented the agency on the solution-oriented approach. The young people are suffering the most as they are identifying their desire to be physicians, medical staff and administrators. He added that the young generation are striving for such positions, but it is not showing in the future as the staff are seen in the medical facilities. The graduates of local schools or military are not being represented in these areas. He also noted the young people are not going to the dentist or doctors offices while practicing unhealthy choices. Adults and professionals must model what a leader should be.

**VIII. Next Meeting**

February 23, 2026, at 6:00 pm, Halifax County Health Department, Halifax, NC 27839, and via Zoom.

**IX. Adjournment**

Ms. Gerald made a motion to adjourn. Dr. Crichlow seconded the motion. The meeting was adjourned.

Respectfully Submitted,



Tina L. Davis  
Recording Secretary

Approved:



Cheyenna James, MPH  
Health Director



Date