



Program Plan Reporting System

Full Program Plan Report Barbour County Health Department 2016 Reporting Year

Transmittal Information

<i>Health Department Name:</i>	Barbour County Health Department
<i>Mailing Street Address:</i>	109 Wabash Avenue
<i>Mailing City:</i>	Philippi
<i>Mailing County:</i>	Barbour
<i>Mailing Zip:</i>	26416
<i>Phone:</i>	(304) 457-1670
<i>Fax:</i>	(304) 457-1296
<i>Email Address:</i>	Annette.F.Santilli@wv.gov
<i>Website Address:</i>	www.barbourhealthwv.com

<i>Health Department Type:</i>	Single County
<i>Delivery Street Address:</i>	109 Wabash Avenue
<i>Delivery City:</i>	Philippi
<i>Delivery County:</i>	
<i>Delivery Zip:</i>	26416

Fiscal Year April 1, 2015 to July 31, 2015

Chairperson

Phone:	Fax:	Email:
Chairperson Signature: <u>Barbara Barkley</u>		Date: 5/21/2015

Health Officer

Health Officer Signature: <u>Dr. William SanPablo</u>	Date: 5/21/2015
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By signing the above, the Barbour County Health Department agrees to comply with all applicable state and federal rules, regulations, Department of Health and Human Resources policies and standards.

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Emergency Information

Answering Machine:	Yes	(304) 457-1670
Answering Service:	No	
Office of Emergency Services/911/Communications Center:	Yes	
On-call Pager or Cell	Yes	

Services

Adult Services	No
Behavioral Health	Yes
Breast/Cervical Cancer	Yes
Cancer Detection	Yes
Cardiac	No
Community Health Promotion	Yes
Dental	No
Diabetes	No
Disaster Response	No
Environmental Health	Yes
Epidemiology	Yes
Family Planning	Yes
Fluoride	No
General Health	Yes
Health Check	No
HIV/AIDS	Yes
Home Health	Yes
Hypertension	No
Immunization	Yes
Lab	Yes
Lead	Yes
Pediatric	Yes
Prenatal	Yes
Right from the start	Yes
School Health	No
Sexually Transmitted Disease	Yes

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Services

Threat Preparedness	Yes
Tobacco	Yes
Tuberculosis Services	Yes
WIC	Yes

Fees

Clinical Fee	Yes
Environmental Permit Fee	Yes
Environmental Service Fees	Yes

Mission Statement

The mission of the Barbour County Health Department is to encourage and provide sound physical, mental, and environmental health. The Barbour County Health Department is composed of professionals dedicated to serving the health and well being of the citizens of Barbour County; promoting public health through education, community awareness, health services; abating environmental hazards; and, implementing all public health laws and regulations.

Hours of Operations

Monday	8:00 AM - 4:00 PM
Tuesday	8:00 AM - 4:00 PM
Wednesday	8:00 AM - 8:00 PM
Thursday	8:00 AM - 4:00 PM
Friday	8:00 AM - 4:00 PM
Saturday	Closed
Sunday	Closed

Activities outside normal hours of operation

Saturday Clinics by Appointment

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Other Facilities

Location Name:	
Address:	
City:	
State:	
Zip:	
Contact Name:	
Hours:	

Combined Health Department

Health Department Name:	
Address:	
City:	
State:	
Zip:	
Phone:	
Fax:	
Monday:	
Tuesday:	
Wednesday:	
Thursday:	
Friday:	
Saturday:	
Sunday:	

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Location Information

Driving directions from Charleston: From Charleston, Take I-79 North (114 miles) to Exit 115 (Stonewood/Nutter Fort Exit) At the end of the Exit Ramp, turn right on WV Route 20 South toward Philippi (3.9 miles) Bear left on WV Route 57 East continuing toward Philippi (12 miles) When 57 ends, turn left on US Route 119 North (2.2 miles) Turn right on US 250 South (.7 mile) Turn left on Wabash Avenue BCHD is on the left.	
Number of miles from Charleston	153.00
Latitude	39.14689700
Longitude	80.03697400

Standards

Change in location	No
Change in health officer	No
Change in administrator	No
Change in local board of health structure	No

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Financial Information

Projected Budget Information

Funding Source	Projected Revenue
State Revenue	\$175,294.00
Direct County Commission	\$0.00

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Financial Information

Projected Budget Information

Funding Source	Projected Revenue
County Levy	\$0.00
City Levy	\$0.00
Municipalities	\$0.00
Board of Education	\$0.00
Clinical Service Revenue	\$800,000.00
Environmental Fee Permits	\$20,000.00
Environmental Fee Services	\$5,000.00
Federal Revenue	\$43,110.00
Additional Revenue	\$7,500.00
Total:	\$1,050,904.00

Projected Expenditures

Expense	Amount
Classified Service Personnel	\$700,000.00
Current Operating Expenditures	\$350,904.00
Capital Outlay Expenditures	\$0.00
Total:	\$1,050,904.00

Additional Revenue Sources Information

Funding Source Description	Projected Revenue Amount
WIC Rent	\$3,900.00
AC Patient Navigator	\$3,600.00
Total:	\$7,500.00

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Projected Budget Information Continued

Actual Ending Balance:	\$330,721.48
Number of FTE's (Full-time Equivalent):	13.05
Current Investments:	\$436,850.00
Accounting Software Program:	QuickBooks
Other Accounting Software Program:	
Software Year:	2015

	Personnel	Facility	Utilities	Other	Total
County	\$0.00	\$0.00	\$0.00	\$500.00	\$500.00
Municipality	\$0.00	\$0.00	\$0.00	\$300.00	\$300.00
Board of Education	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00	\$1,000.00	\$1,000.00
Total	\$0.00	\$0.00	\$0.00	\$1,800.00	\$1,800.00

Statewide Chart of Accounts

Account Name	Projected Program Expenditures
Adult Services	\$0.00
Behavioral Health	\$350,000.00
Breast/Cervical Cancer	\$12,500.00
Cancer Detection	\$0.00
Cardiac	\$0.00
Community Health Promotion	\$7,000.00
Dental	\$0.00
Diabetes	\$0.00
Disaster Response	\$1,000.00
Environmental Health	\$47,000.00
Epidemiology	\$10,000.00
Family Planning	\$35,967.00
Fluoride	\$0.00
General Health	\$1,500.00
Health Check	\$0.00

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Statewide Chart of Accounts

Account Name	Projected Program Expenditures
HIV/AIDS	\$800.00
Home Health	\$310,000.00
Hypertension	\$0.00
Immunization	\$35,000.00
Lab	\$1,800.00
Lead	\$0.00
Office Management and Administration	\$75,000.00
Other	\$0.00
Pediatric	\$0.00
Prenatal	\$6,500.00
Right from the Start	\$110,000.00
School Health	\$0.00
Sexually Transmitted Diseases	\$6,800.00
Threat Preparedness	\$34,537.00
Tobacco	\$0.00
Tuberculosis Services	\$5,500.00
WIC	\$0.00
Total:	\$1,050,904.00

Statewide Chart of Accounts

Has your local health department completed and audit within the last fiscal year?	Yes
If no, please provide a detailed description of the steps your agency has taken to secure an audit in the box below.	
In your most recent audit were you required to submit a "Corrective Action Plan"? If yes, please submit documentation.	No
Does your health department expend \$500,000 or more in federal funding?	No

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Personnel Listing

Hire Date:	
Entered on Duty Date:	
Education Level:	
Year Earned:	
Custom Display Name:	
Email Address:	

Contacts by Position

Position	Name
Administrator	Mrs. Julia Zita Miller
Primary Nursing Contact	Mrs. Julia Zita Miller
Health Officer	Dr. Philip Galapon
Equipment and Information Technology Contact	Mr. Arthur Michael Vickers
Financial Management Contact	Mr. Arthur Michael Vickers
Environmental Health Contact	Ms. Phyllis L Lowe
Health Promotion Contact	Mrs. Julia Zita Miller
Epidemiology Contact 1	Mrs. Julia Zita Miller
Epidemiology Contact 2	Ms. Phyllis L Lowe
Rabies Contact	Ms. Phyllis L Lowe
Sexually Transmitted Disease Contact	Mrs. Julia Zita Miller
Human Immunodeficiency Virus Contact	Mrs. Julia Zita Miller
Tuberculosis Contact	Mrs. Julia Zita Miller
Vaccine Preventable Disease Contact	Mrs. Julia Zita Miller
Smallpox Contact	Mrs. Julia Zita Miller
West Virginia Electronic Disease Surveillance System Contact	Mrs. Julia Zita Miller
Threat Preparedness Coordinator	Mr. Arthur Michael Vickers
Threat Preparedness Back-up	Mrs. Julia Zita Miller
Strategic National Stockpile Coordinator	Mrs. Lisa Marie Holstein
Strategic National Stockpile Back-up	Mrs. Cathy Humphrey
Volunteer Coordinator	Mrs. Lisa Marie Holstein
Volunteer Coordinator Back-up	Mrs. Cathy Humphrey

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Contacts by Position

Position	Name
Vaccine Preventable Disease Contact	Ms. J. Rochelle Sutton
Smallpox Contact	Ms. J. Rochelle Sutton
West Virginia Electronic Disease Surveillance System Contact	Ms. J. Rochelle Sutton
Threat Preparedness Coordinator	Mr. William R. Bowers
Threat Preparedness Back-up	Mrs. Annette Fetty Santilli
Strategic National Stockpile Coordinator	Mr. Michael W. Holt
Strategic National Stockpile Back-up	Mr. William R. Bowers
Volunteer Coordinator	Mr. William R. Bowers
Volunteer Coordinator Back-up	Mr. Michael W. Holt
Risk Communication Coordinator	Mr. William R. Bowers
Risk Communication Coordinator Back-up	Mr. Michael W. Holt
Responder Health & Safety Coordinator	Mr. William R. Bowers
Responder Health & Safety Coordinator Back-up	Ms. J. Rochelle Sutton
Health Alert Network Coordinator	Mr. William R. Bowers
Health Alert Network Coordinator Back-up	Ms. J. Rochelle Sutton

Salary & FTE by Employee Listing

Name	Monthly Salary	Percent FTE
Ms. Judith Condon	\$0.00	0.00
Ms. Linda Moran	\$450.00	0.10
Mrs. Nancy Snider	\$800.00	0.25
Mrs. Jacqueline Powelson	\$300.00	0.05
-- Vacant --	\$0.00	0.00
Mrs. Annette Fetty Santilli	\$4,000.00	1.00
Ms. Kathleen Birmingham	\$4,281.44	0.80
Mrs. Cheryl A. Bowers	\$4,100.00	0.30
Mr. William R. Bowers	\$1,100.00	0.25
Ms. Mary M. Cather	\$2,318.52	1.00
Ms. Alisha A. Finley	\$200.00	0.10
Ms. Laura K. Finley	\$1,794.28	1.00
Dr. Toni B. Goodykoontz	\$3,012.00	0.02

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Mr. Michael W. Holt	\$200.00	0.02
Ms. Karen J. Lamb	\$1,749.00	1.00
Ms. Regina G. Norris	\$924.00	0.25
Dr. William A. SanPablo	\$389.50	0.01
Dr. Dawn M. Scheick	\$0.00	0.00
Ms. Donna L. Smith	\$0.00	0.00
Ms. Janette M. Snider	\$1,850.78	1.00
Ms. Kristy D. Stalnaker	\$0.00	0.00
Ms. J. Rochelle Sutton	\$4,000.00	1.00
Ms. Deborah A. Wilfong	\$150.00	0.05
Mr. T. Harry Willhoit	\$0.00	0.00
Ms. J. Ann Wright	\$1,585.00	1.00
Mrs. Laura M. Stackpole	\$2,289.00	1.00
Mrs. Margaret E. Falletta	\$0.00	0.00
Mrs. Talia Faber	\$500.00	0.30
Mrs. Ashley R. Ray	\$2,634.00	0.80
Ms. Helen Martin	\$0.00	0.00
Mrs. Julie Croston	\$400.00	0.20
Mrs. Hayley Dadisman	\$850.00	0.50
Mrs. Christine A. Kerns	\$3,700.00	1.00
Ms. DeNee LePage	\$175.00	0.05
Mrs. Leslie Maley	\$184.00	0.05
Mrs. Amy Rollins	\$0.00	0.00
Ms. Carrie Shupp	\$0.00	0.00
Total	\$43,936.52	13.10

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Communicable Disease

Immunization Services

1	Does your local health department report all immunizations administered to children 0-18 years of age every two weeks as required by 64C SR7?	Yes
2	Does your local health department document VFC eligibility (or lack thereof) in the immunization records entered into WVSIS, either through direct data entry into WVSIS or through the HealthStat 2000 system for export into WVSIS?	Yes
3	Does your local health department conduct case management activities related to infants born to HBsAg positive mothers and report findings to the Division of Immunization Services in a timely manner?	Yes
4	Does your local health department report vaccine doses administered and vaccine doses on-hand by the fifth business day of each month?	Yes
5	Does your local health department submit a completed temperature log by the fifth business day of each month?	Yes
6	Does your local health department submit a quarterly report documenting progress toward meeting the objectives outlined in the Immunization Action Plan within 15 days of the end of each quarterly reporting period?	Yes
7	Has your Local Board of Health been apprised of the BPH recommendation to adopt or expand a private vaccine purchasing and billing system which would require the LHD to bill third party payers and individuals (on sliding fee scale) for some out-of-pocket payment?	Yes
8	Has your Local Board of Health indicated any concern or unwillingness regarding the development or expansion of such a private vaccine immunization program?	Yes
9	If you answered No or NA to any question, please explain:	

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STD, HIV and Hepatitis

1	Does your local health department collaborate with Disease Intervention Specialists (DIS) in investigating and assuring treatment for all syphilis, gonorrhea and Chlamydia cases (including all clinical cases i.e., all positives, all symptomatic, and all contacts of a known positive case) according to 2010 CDC STD Treatment Guidelines.	Yes
2	Does your local health department complete and submit the HIV/AIDS Confidential Case Report on all newly diagnosed HIV/AIDS cases to the West Virginia Division of STD/HIV and Hepatitis in a confidential, postage-paid envelope.	Yes
3	Does your local health department routinely recommend syphilis and HIV testing to all individuals who have tested positive for an STD?	Yes
4	Does your local health department offer HIV/AIDS testing and counseling including posttest counseling and referral on all HIV/AIDS positive cases?	Yes
5	Does your local health department complete and submit VD 91 (confidential morbidity and treatment report) on all positive Chlamydia, gonorrhea and syphilis cases.	Yes
6	Does your local health department routinely schedule appointments for individuals to return for their test results?	Yes
7	Does your local health department identify and investigate hepatitis B cases, including partner management.	Yes
8	If you answered No or NA to any question, please explain:	

Tuberculosis Elimination

1	Does your local health department provide directly observed therapy to all active TB patients?	Yes
2	Does your local health department perform a TB risk assessment prior to testing on all individuals presenting for tuberculin screening/testing?	Yes
3	Does your local health department evaluate, treat and report to TB Elimination all immigrants and refugees designated as Class A, B1 or B2?	Yes

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4	Does your local health department perform HIV counseling and testing for all active and latent TB patients?	Yes
5	Does your local health department interview the patient (or their proxy) and start a contact investigation within 3 days of notification of a pulmonary/laryngeal case of TB?	Yes
6	Local health department personnel will participate in the Cohort Review Process for all active TB cases within their jurisdiction.	Yes
7	Does your local health department submit all required reports when they are due to the Division of TB Elimination? (All required reports may be found on WV-DTBE webpage @ www.dhhr.wv.gov/oeps/tuberculosis).	Yes
8	If you answered No or NA to any question, please explain:	

Infectious Disease Epidemiology

1	Does your local health department use WVEDSS to report all infectious diseases?	Yes
2	Does your local health department report all outbreaks to DIDE within one hour of notification?	Yes
3	Does your local health department report infectious diseases, complete the investigation, and submit for review within one month of notification?	Yes
4	Does your local health department actively participate in all outbreak investigations?	Yes
5	Does your local health department complete animal bite investigations within 30 days of report; and does your health department manage animal bites in accordance with standards in the current DC-4?	Yes
6	Does your local health department have an influenza sentinel provider that consistently reports throughout the season?	Yes
7	Does your local health department identify, investigate, and manage hepatitis B cases according to the BPH Hepatitis B protocol, including partner management?	Yes

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8	If you answered No or NA to any question, please explain:
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Feedback / Ideas

1	<p>We invite your ideas on how we could better support your local health department in performing your job. (For example, specific trainings, technical assistance, supplies, process changes, things you like and don't want changed, etc.):</p> <p>N/A</p>
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Health Promotion

Community Health Needs Assessment

1	Was a formal community health needs assessment completed in your county within the past 5 years?	True
2	If yes, enter the year the assessment was completed.	2013
3	If yes, when do you plan to start your next assessment?	12/1/2018
4	If no, within this fiscal year, when do you expect a community health needs assessment to be completed?	
5	If no, describe plans to complete the community health needs assessment and include a time line of these actions.	
6	<p>List one to five priority health areas from the community health needs assessment that you plan to address: (minimum of one required)</p> <p>Access to Care Behavioral Health Physical Activity & Nutrition Public Health Education Tobacco Use</p>	

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Community Health Implementation Plan

Priority Area:	Access to Care
Objective:	Make sure all who need care receive it
Activity	Participate in any out reach areas available to let people know that resources are available at the Barbour County Health Department. County residents may not have to travel our of the county ro receive the care they need. Use all resources available including Health Fairs, Social Media, Newspapers, Visits to Senior Centers, Schools, etc. Work with patients so that they are able to have transportation to the Health Department (including local public transit) and/or in-home care as provided by Home Health.

Priority Area:	Behavioral Health
Objective:	Make sure those who need Behavioral Health Services receive them
Activity	Participate in any outreach areas available to let people know that behavioral health services are available at the Barbour County Health Department. County residents may not have to travel out of county to receive the services they need. Use all resources available including Health Fairs, SOcial Media, Newspapers, Visits to Senior Centers, Schools, etc. Work with patients so that they are able to have transportation to the Health Departments (including local public transit).

Priority Area:	Physical Activity & Nutrition
Objective:	Reduce Obesity
Activity	Staff will participate in programs to help get in better shape, thus setting the example for the community.

Priority Area:	Physical Activity & Nutrition
Objective:	Reduce Obesity
Activity	Participate in any outreach activities avilable to let people know what reources are availabel at the Barbour County Health Department. Use all resources available including Health Fairs, Social Media, Newspapers, Visits to Senior Centers, Schools, etc.

Priority Area:	Public Health Education
Objective:	Increase public awareness of wellness
Activity	Keep educating the community by any means available - publicize all services available at the Health Department, obtain proclamations from the County Commission, involve children early so they grow up thinking about wellness, etc. Anytime, there is an opportunity to promote wellness, do it!

Priority Area:	Tobacco Use
Objective:	Decrease Tobacco Use in the County
Activity	Enforce Clean Indoor Air Regulations throughout the county.

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Community Health Implementation Plan

Priority Area:	Tobacco Use
Objective:	Decrease tobacco use in the County
Activity	Keep educating the public about tobacco use by any means possible.

Priority Area:	Tobacco Use
Objective:	Decrease Tobacco Use in the County
Activity	Keep educating the public about the hazards of tobacco use by any means possible.

Priority Area:	Tobacco Use
Objective:	Decrease Tobacco Use in the County
Activity	Offer tobacco cessation classes at the Barbour County Health Department

Training and Technical Assistance Needs

1	List Training and Technical Assistance Needs Training on better uses of social media to reach target audience.
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Environmental Health

Disaster / Disease

	Establishment or Discipline	Number	Inspections
1	Tattoo Studio:	1	1 every Year
2	Body Piercing Studio:	0	0 every Year

Food

Establishment or Discipline	Risk Based Inspections Conducted?	Number	Inspections

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1	Food Establishment:	No	73	146 every Year
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Establishment or Discipline		Number	Inspections
1	Milk Samples:	3	0
2	Vending Machines:	0	0 every Year
3	Temporary Food Facilities:	7	7

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Housing / Institutions

Establishment or Discipline		Number	Inspections
1	Bed and Breakfast	1	1 every Year
2	Child Care Facilities	10	20 every Year
3	Home Loan Evaluations	6	6
4	Institutions	0	0 every Year
5	Labor Camps	1	1 every Year
6	Manufactured Home Communities	6	6 every Year
7	Motel/Hotel/Lodging	2	2 every Year
8	Other Care Facilities	0	0 every Year
9	Schools	10	10 every 2 Years

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Recreation

Establishment or Discipline		Number	Inspections
1	Campground	2	2 per Season
2	Fairs/Festivals/Mass Gatherings	5	5 per Event
3	Recreational Water Facilities	4	8 per Season
4	Organized Camps	5	5 per Year
5	Parks/Forests	5	5 per Year

Sewage

Establishment or Discipline		Number
1	Alternative System	6
2	Home Aeration Unit	6
3	Standard Individual Systems	43
4	Sewage Tank Cleaners	1

Water

Establishment or Discipline		Number
1	Individual Supply	7

Permit Fees

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Permit Fees

Permit		Fee for Permit as of July 1
1	Permit Late Fee Charged	True
2	Bed And Breakfast Fee	\$50.00
3	Mass Gathering (includes fairs, festivals, concerts) Fee	\$25.00
4	Care Facilities Fee	\$0.00
5	School (Physical) Fee	\$50.00
6	Mobile Food Unit Fee	\$100.00
7	Organized Camp Fee	\$0.00
8	Recreational Water Facility Fee	\$100.00
9	Retail Food Store (1 Checkout) Fee	\$50.00
10	Retail Food Store (2 Checkouts) Fee	\$100.00
11	Retail Food Store (3 Checkouts) Fee	\$150.00
12	Retail Food Store (4 Checkouts) Fee	\$200.00
13	Retail Food Store (5 Checkouts) Fee	\$250.00

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Permit Fees

14	Retail Food Store (6 or More Checkouts) Fee	\$300.00
15	Temporary Food Service Establishment Fee	\$50.00
16	Vending Machine Permits Fee	\$0.00
17	Water Well Permits Fee	\$100.00
18	Campground Permits (1-10 Sites) Fee	\$50.00
19	Campground Permits (11-14 Sites) Fee	\$50.00
20	Campground Permits (15 Sites) Fee	\$75.00
21	Campground Permits (20 Sites) Fee	\$75.00
22	Campground Permits (25 Sites) Fee	\$75.00
23	Campground Permits (30 Sites) Fee	\$75.00
24	Campground Permits (35 Sites) Fee	\$75.00
25	Campground Permits (40 Sites) Fee	\$150.00
26	Campground Permits (45 Sites) Fee	\$150.00
27	Campground Permits (50 Sites) Fee	\$150.00

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Permit Fees

28	Campground Permits (55 Sites) Fee	\$150.00
29	Campground Permits (60 Sites) Fee	\$150.00
30	Campground Permits (65 Sites) Fee	\$150.00
31	Campground Permits (70 Sites) Fee	\$150.00
32	Campground Permits (75 Sites) Fee	\$150.00
33	Campground Permits (80 Sites) Fee	\$200.00
34	Family Day Care (7-12 Children) Fee	\$50.00
35	Day Care Centers (13-25 Children) Fee	\$100.00
36	Day Care Centers (>25 Children) Fee	\$150.00
37	Food Service Establishment (Seating 0-20) Fee	\$100.00
38	Food Service Establishment (Seating 21-50) (old 21-35) Fee	\$200.00
39	Food Service Establishment (Seating 21-50) (old 36-50) Fee	\$200.00
40	Food Service Establishment (Seating 51-80) (old 51-75) Fee	\$300.00
41	Food Service Establishment (Seating 51-80) (old 76-80) Fee	\$300.00

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Permit Fees

42	Food Service Establishment (Seating Over 80) Fee	\$300.00
43	Food Service Establishment w/ Liquor add Fee	\$100.00
44	Hotel/Motel (0-20 Rooms) Fee	\$100.00
45	Hotel/Motel (21-50 Rooms) (old 21-35) Fee	\$200.00
46	Hotel/Motel (21-50 Rooms) (old 36-50) Fee	\$200.00
47	Hotel/Motel (51-80 Rooms) (old 51-75) Fee	\$300.00
48	Hotel/Motel (51-80 Rooms) (old 76-80) Fee	\$300.00
49	Hotel/Motel (Over 80 Rooms) Fee	\$400.00
50	Individual, Innovative & Alternative Sewage Systems - Conventional Single Family Dwelling Fee	\$150.00
51	Individual, Innovative & Alternative Sewage Systems--All other types Fee	\$175.00
52	Manufactured Home Communities (Up to 20 Sites) Fee	\$100.00
53	Manufactured Home Communities (25 Sites) Fee	\$100.00
54	Manufactured Home Communities (30 Sites) Fee	\$100.00
55	Manufactured Home Communities (35 Sites) Fee	\$100.00

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Permit Fees

56	Manufactured Home Communities (40 Sites) Fee	\$200.00
57	Manufactured Home Communities (45 Sites) Fee	\$200.00
58	Manufactured Home Communities (50 Sites) Fee	\$200.00
59	Manufactured Home Communities (55 Sites) Fee	\$200.00
60	Manufactured Home Communities (60 Sites) Fee	\$200.00
61	Manufactured Home Communities (65 Sites) Fee	\$200.00
62	Manufactured Home Communities (70 Sites) Fee	\$200.00
63	Manufactured Home Communities (75 Sites) Fee	\$200.00
64	Manufactured Home Communities (80 Sites) Fee	\$300.00
65	Subdivisions (1-5 Lots) Fee	\$100.00
66	Subdivisions (6-10 Lots) Fee	\$100.00
67	Subdivisions (11 Lots) Fee	\$100.00
68	Subdivisions (12 Lots) Fee	\$120.00
69	Subdivisions (13 Lots) Fee	\$130.00

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Permit Fees

70	Subdivisions (14 Lots) Fee	\$140.00
71	Subdivisions (15 Lots) Fee	\$150.00
72	Subdivisions (16-18 Lots) Fee	\$180.00
73	Subdivisions (19-23 Lots) Fee	\$230.00
74	Subdivisions (24 Lots) Fee	\$230.00
75	Subdivisions (25 Lots) Fee	\$230.00
76	Subdivisions (26 Lots) Fee	\$230.00
77	Subdivisions (27 Lots) Fee	\$230.00
78	Subdivisions (28 Lots) Fee	\$230.00
79	Subdivisions (29 Lots) Fee	\$230.00
80	Subdivisions (30 Lots) Fee	\$230.00
81	Tattoo Studios Fee	\$200.00
82	Body Piercing Studio Fee	\$200.00
83	Sewage Cleaning Trucks Fee	\$16.00

Service Fees

Full Program Plan Report

Barbour County Health Department

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Service Fees

Service		Fee for Service as of July 1
1	Duplicate Foodhandler's Card Fee	\$5.00
2	Food Worker Training-food handler's card- Volunteer/non-profit Fee	\$10.00
3	Food Worker Training--food handler's cards Fee	\$10.00
4	Campground Re-Inspection Fee	\$50.00
5	Child Care Center Re-Inspection Fee	\$50.00
6	Food Establishment Re-Inspection Fee	\$50.00
7	Hotel/Motel/ Lodging Re- Inspection Fee	\$50.00
8	Manufactured Home Community Re-Inspection Fee	\$50.00
9	Recreational Water Facilities Re-Inspection Fee	\$50.00
10	School Re-Inspection Fee (physical plant only) Fee	\$50.00
11	Sewage Re-Inspection Fee	\$50.00
12	Tattoo Studio/ Body Piercing Studio Re-Inspection Fee	\$50.00
13	Food Establishment Plan Review Fee (0-35 Seating Capacity) Fee	\$50.00

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Service Fees

14	Food Establishment Plan Review Fee (36-75 Seating Capacity) Fee	\$50.00
15	Food Establishment Plan Review Fee (76 and Over Seating Capacity) Fee	\$50.00
16	Other Facilities Plan Review Fee Fee	\$0.00
17	Home Loan Evaluations-Individual Water Wells Fee	\$75.00
18	Home Loan Evaluations-Sewage Only Fee	\$80.00
19	Home Loan Evaluation -Water & Sewage Fee	\$200.00
20	Home Loan Evaluation -New Installation Fee	\$0.00
21	Home Loan Evaluations-Additional Visits Fee	\$0.00
22	Home Loan Evaluations-Sanitarian Fee Fee	\$0.00
23	Individual Water Samples Fee	\$75.00
24	Individual Water Sample Follow-up/Re-sample Fee	\$75.00
25	Subdivision Site Inspection Fee	\$0.00
26	Subdivision Consultation (No Charge if accompanied with a permit) Fee	\$0.00
27	Homeowner Installer's Test Fee	\$25.00

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Service Fees

28	Community Water Consultation (No Charge if accompanied with a permit) Fee	\$0.00
29	Health Education Fee	\$0.00
30	Consultative Services (normally done in the field) Fee	\$50.00
31	School Lunch Inspections Fee	\$0.00
32	School Physical Inspections Fee	\$0.00
33	Indoor Air Quality Evaluation (excluding cost of sample collection and/or analysis) Fee	\$0.00
34	Nuisance Complaint Investigation Fee	\$0.00
35	Animal Specimen/Rabies Testing (including head removal) Fee	\$55.00
36	Animal Bite Inspections Fee	\$0.00
37	Duplicate Permit Fee	\$0.00
38	Change of Installer Fee	\$0.00
39	Permit Re-Issue Fee	\$0.00
40	Food handlers card 3-year profit or non-profit Fee	\$0.00
41	Septic tank perc test inspection Fee	\$0.00

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Service Fees

42	Septic tank final inspection Fee	\$0.00
43	Field visit 2 hours (currently food handler class on-site) Fee	\$0.00
44	DEP Sewage Tank Registration-that portion returned to LHD Fee	\$15.00

Threat Preparedness

Primary Location:

Barbour County Health Department
109 Wabash Avenue

Philippi, WV 26416
(304) 457-1670

Additional Location:

Barbour County Vocational Center
Route 250 South

Philippi, WV 26416
(304) 457-4807

Feedback / Ideas

We would appreciate additional Continuity of Operations Training

Promising Practices

Promising Practice #1

Topic Area

- | | |
|---|---|
| <input type="checkbox"/> Community Health Assessment/Surveillance | <input type="checkbox"/> Administrative |
| <input type="checkbox"/> Communicable Disease Prevention/Control | <input type="checkbox"/> Emergency Preparedness |
| <input type="checkbox"/> Chronic Disease Prevention | <input checked="" type="checkbox"/> Other |
| <input type="checkbox"/> Environmental Health Protection | |

Specific Issue Addressed

Full Program Plan Report

Barbour County Health Department

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It addresses the need for getting the word out about available programs at the Barbour County Health Department.

Brief Description of Activity/Project

Our most promising practice has been the use of social media - particularly Facebook. We promote any upcoming events, such as Food Service Workers classes, and also helps with Community Health Promotions. He take pictures of our staff and post them during specific months. For example, in February, we have a picture taken of everyone wearing red and we post that picture up in commemoration of Heart Month. We post health-related tips, etc.

Impact/Outcome

People seem to respond to Social Media. It seems to be working to let more people know about activities of our Health Department.

Promising Practice #2

Topic Area

- | | |
|---|---|
| <input type="checkbox"/> Community Health Assessment/Surveillance | <input type="checkbox"/> Administrative |
| <input type="checkbox"/> Communicable Disease Prevention/Control | <input type="checkbox"/> Emergency Preparedness |
| <input type="checkbox"/> Chronic Disease Prevention | <input type="checkbox"/> Other |
| <input type="checkbox"/> Environmental Health Protection | |

Specific Issue Addressed

Brief Description of Activity/Project

Impact/Outcome

Promising Practice #3

Topic Area

- | | |
|---|---|
| <input type="checkbox"/> Community Health Assessment/Surveillance | <input type="checkbox"/> Administrative |
| <input type="checkbox"/> Communicable Disease Prevention/Control | <input type="checkbox"/> Emergency Preparedness |
| <input type="checkbox"/> Chronic Disease Prevention | <input type="checkbox"/> Other |
| <input type="checkbox"/> Environmental Health Protection | |

Specific Issue Addressed

Full Program Plan Report

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2016 Reporting Year

Brief Description of Activity/Project

Impact/Outcome