



Program Plan Reporting System

Full Program Plan Report Brooke County Health Department 2016 Reporting Year

Transmittal Information

<i>Health Department Name:</i>	Brooke County Health Department
<i>Mailing Street Address:</i>	204 Courthouse Square
<i>Mailing City:</i>	Wellsburg
<i>Mailing County:</i>	Brooke
<i>Mailing Zip:</i>	26070
<i>Phone:</i>	(304) 737-3665
<i>Fax:</i>	(304) 737-3689
<i>Email Address:</i>	
<i>Website Address:</i>	http://www.brookecountyhealthdepartment.com/

<i>Health Department Type:</i>	Single County
<i>Delivery Street Address:</i>	204 Courthouse Square
<i>Delivery City:</i>	Wellsburg
<i>Delivery County:</i>	
<i>Delivery Zip:</i>	26070

Fiscal Year April 1, 2015 to July 31, 2015

Chairperson

<i>Chairperson Signature:</i> _____ Sylvia A Taylor	<i>Email:</i> <i>Date:</i> 5/18/2015
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Health Officer

<i>Health Officer Signature:</i> _____ Joseph DePetro	<i>Date:</i> 5/18/2015
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By signing the above, the Brooke 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) 737-3665
Answering Service:	No	
Office of Emergency Services/911/Communications Center:	Yes	
On-call Pager or Cell	Yes	

Services

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

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Services

Threat Preparedness	Yes
Tobacco	No
Tuberculosis Services	Yes
WIC	No

Fees

Clinical Fee	Yes
Environmental Permit Fee	Yes
Environmental Service Fees	Yes

Mission Statement

The mission of Brooke County Health Department is to enhance the health of area residents through providing effective public health services for the prevention and control of disease. This mission is accomplished through conducting community needs assessments and providing ongoing education, environmental and disease surveillance, and preparedness to manage public health threats.

Hours of Operations

Monday	8:30 AM - 4:30 PM
Tuesday	8:30 AM - 4:30 PM
Wednesday	8:30 AM - 4:30 PM
Thursday	8:30 AM - 4:30 PM
Friday	8:30 AM - 4:30 PM
Saturday	Closed
Sunday	Closed

Activities outside normal hours of operation

None

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Other Facilities

Location Name:	Robert C Byrd Health & Wellness
Address:	Bethany College
City:	Bethany
State:	WV
Zip:	26032
Contact Name:	Karen McClain
Hours:	- , 4 Days

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: * I-77 N toward Cambridge, Ohio * Exit 44A onto I-70 E toward Wheeling (46 miles) * Exit 1A Wheeling, at stop light angle to right * Second stop light turn left; third stop light turn left * Follow Rt 2 N to Weirton * Left off bridge at first light in Wellsburg onto Charles Street * Turn left at 8th Street * Turn left on Main Street * LHD is located in Courthouse	
Number of miles from Charleston	193.00
Latitude	40.27000000
Longitude	80.62277800

Standards

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

Financial Information

Projected Budget Information

Funding Source	Projected Revenue
State Revenue	\$212,929.00
Direct County Commission	\$0.00

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Financial Information

Projected Budget Information

Funding Source	Projected Revenue
County Levy	\$143,887.00
City Levy	\$0.00
Municipalities	\$0.00
Board of Education	\$3,650.00
Clinical Service Revenue	\$35,000.00
Environmental Fee Permits	\$70,000.00
Environmental Fee Services	\$11,000.00
Federal Revenue	\$90,933.00
Additional Revenue	\$12,800.00
Total:	\$580,199.00

Projected Expenditures

Expense	Amount
Classified Service Personnel	\$449,805.00
Current Operating Expenditures	\$130,394.00
Capital Outlay Expenditures	\$0.00
Total:	\$580,199.00

Additional Revenue Sources Information

Funding Source Description	Projected Revenue Amount
Interest	\$200.00
Bethany Contract	\$7,000.00
Donations	\$500.00
DEP Contract	\$100.00
p-card rebate, clean air initiatives, refunds, reimbursement for travel and training	\$5,000.00
Total:	\$12,800.00

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Projected Budget Information Continued

Actual Ending Balance:	\$85,000.00
Number of FTE's (Full-time Equivalent):	7.73
Current Investments:	\$56,713.34
Accounting Software Program:	Peachtree
Other Accounting Software Program:	
Software Year:	2015

	Personnel	Facility	Utilities	Other	Total
County	\$0.00	\$9,200.00	\$3,500.00	\$14,000.00	\$26,700.00
Municipality	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Board of Education	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other	\$7,800.00	\$10,000.00	\$2,000.00	\$30,000.00	\$49,800.00
Total	\$7,800.00	\$19,200.00	\$5,500.00	\$44,000.00	\$76,500.00

Statewide Chart of Accounts

Account Name	Projected Program Expenditures
Adult Services	\$0.00
Behavioral Health	\$0.00
Breast/Cervical Cancer	\$15,000.00
Cancer Detection	\$0.00
Cardiac	\$0.00
Community Health Promotion	\$33,070.00
Dental	\$0.00
Diabetes	\$0.00
Disaster Response	\$0.00
Environmental Health	\$140,204.00
Epidemiology	\$63,363.00
Family Planning	\$22,040.00
Fluoride	\$0.00
General Health	\$0.00
Health Check	\$0.00

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Statewide Chart of Accounts

Account Name	Projected Program Expenditures
HIV/AIDS	\$4,300.00
Home Health	\$0.00
Hypertension	\$4,000.00
Immunization	\$27,119.00
Lab	\$0.00
Lead	\$0.00
Office Management and Administration	\$174,686.00
Other	\$28,860.00
Pediatric	\$0.00
Prenatal	\$0.00
Right from the Start	\$0.00
School Health	\$7,300.00
Sexually Transmitted Diseases	\$5,000.00
Threat Preparedness	\$51,257.00
Tobacco	\$0.00
Tuberculosis Services	\$4,000.00
WIC	\$0.00
Total:	\$580,199.00

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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Contacts by Position

Position	Name
Administrator	Michael S Bolen
Primary Nursing Contact	Sandy A Rogers
Health Officer	Joseph J DePetro
Equipment and Information Technology Contact	Jane A Rush
Financial Management Contact	Jane A Rush
Environmental Health Contact	Michael S Bolen

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Contacts by Position

Position	Name
Health Promotion Contact	Sandy A Rogers
Epidemiology Contact 1	Sandy A Rogers
Epidemiology Contact 2	Michael S Bolen
Rabies Contact	Michael S Bolen
Sexually Transmitted Disease Contact	Sandy A Rogers
Human Immunodeficiency Virus Contact	Sandy A Rogers
Tuberculosis Contact	Sandy A Rogers
Vaccine Preventable Disease Contact	Sandy A Rogers
Smallpox Contact	Karen A McClain
West Virginia Electronic Disease Surveillance System Contact	Michael S Bolen
Threat Preparedness Coordinator	Michael S Bolen
Threat Preparedness Back-up	Karen A McClain
Strategic National Stockpile Coordinator	Karen A McClain
Strategic National Stockpile Back-up	Sandy A Rogers
Volunteer Coordinator	Karen A McClain
Volunteer Coordinator Back-up	Michael S Bolen
Risk Communication Coordinator	Michael S Bolen
Risk Communication Coordinator Back-up	Karen A McClain
Responder Health & Safety Coordinator	Karen A McClain
Responder Health & Safety Coordinator Back-up	Michael S Bolen
Health Alert Network Coordinator	Michael S Bolen
Health Alert Network Coordinator Back-up	Sandy A Rogers

Salary & FTE by Employee Listing

Name	Monthly Salary	Percent FTE
-- Vacant --	\$0.00	0.00
Karen A McClain	\$4,574.00	1.00
Michael S Bolen	\$3,746.00	1.00
Howard L Bertram	\$5,112.00	1.00
Jane A Rush	\$2,896.00	1.00
Sandy A Rogers	\$3,215.00	1.00

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Norma F Provenzano	\$3,183.00	0.30
Britney L Farris	\$2,765.00	1.00
Joseph J DePetro	\$0.00	0.00
Billie D Kins	\$2,226.00	0.47
Beverly L Shaw	\$1,697.00	0.47
April Eltrinigham	\$1,820.00	0.47
Total	\$31,234.00	7.71

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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 WVSIIIS, either through direct data entry into WVSIIIS or through the HealthStat 2000 system for export into WVSIIIS?	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?	No
9	<p>If you answered No or NA to any question, please explain:</p> <p>BOH supports expansion of private immunization program and has implemented billing private insurance</p>	

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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>It would be extremely helpful if a system of notification through wv.gov email from WVEDSS when a case is entered into the system. It would also be helpful to allow HIV and STD cases (just a number) for each county to be included in data extracted from WVEDSS. This would help counties to assess the situation regarding these health risks in their counties. As it is now, LHD only know of cases identified by the health department.</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.	2014
3	If yes, when do you plan to start your next assessment?	1/1/2020
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	List one to five priority health areas from the community health needs assessment that you plan to address: (minimum of one required) Obesity/Overweight COPD Cancer	

Community Health Implementation Plan

Priority Area:	Obesity/Overweight
Objective:	Apply interventions to decrease the number of residents reporting being overweight by 5%.
Activity	Implement WV Healthier Communities Program components of which include healthy grocery isles & chronic disease self-management programs

Priority Area:	COPD/Lung disease
Objective:	Apply interventions designed to reduce environmental and natural pollutants exposure in the community
Activity	enact 100% smoke free public places

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Community Health Implementation Plan

Priority Area:	Cancer
Objective:	Reduce mortality/morbidity rates among area citizens by 2020
Activity	Implement awareness campaigns regarding the risks and strategies for prevention

Training and Technical Assistance Needs

1	<p>List Training and Technical Assistance Needs</p> <p>Funding to host public health forum to share plan and identify other partners to achieve health improvement outcomes</p>
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Environmental Health

Disaster / Disease

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

Food

Establishment or Discipline		Risk Based Inspections Conducted?	Number	Inspections
1	Food Establishment:	No	208	416 every Year

Establishment or Discipline		Number	Inspections
1	Milk Samples:	32	0

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2	Vending Machines:	15	15 every Year
3	Temporary Food Facilities:	91	91

Housing / Institutions

	Establishment or Discipline	Number	Inspections
1	Bed and Breakfast	1	1 every Year
2	Child Care Facilities	9	18 every Year
3	Home Loan Evaluations	13	13
4	Institutions	0	0 every Year
5	Labor Camps	0	0 every Year
6	Manufactured Home Communities	17	17 every Year
7	Motel/Hotel/Lodging	6	6 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	5	5 per Season
2	Fairs/Festivals/Mass Gatherings	5	5 per Event
3	Recreational Water Facilities	11	22 per Season
4	Organized Camps	2	2 per Year
5	Parks/Forests	7	7 per Year

Sewage

Establishment or Discipline		Number
1	Alternative System	0
2	Home Aeration Unit	3
3	Standard Individual Systems	20
4	Sewage Tank Cleaners	7

Water

Establishment or Discipline		Number
1	Individual Supply	4

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	\$50.00
4	Care Facilities Fee	\$50.00
5	School (Physical) Fee	\$50.00
6	Mobile Food Unit Fee	\$100.00
7	Organized Camp Fee	\$75.00
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	\$20.00
16	Vending Machine Permits Fee	\$50.00
17	Water Well Permits Fee	\$100.00
18	Campground Permits (1-10 Sites) Fee	\$50.00
19	Campground Permits (11-14 Sites) Fee	\$70.00
20	Campground Permits (15 Sites) Fee	\$75.00
21	Campground Permits (20 Sites) Fee	\$100.00
22	Campground Permits (25 Sites) Fee	\$125.00
23	Campground Permits (30 Sites) Fee	\$150.00
24	Campground Permits (35 Sites) Fee	\$175.00
25	Campground Permits (40 Sites) Fee	\$200.00
26	Campground Permits (45 Sites) Fee	\$225.00
27	Campground Permits (50 Sites) Fee	\$250.00

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Permit Fees

28	Campground Permits (55 Sites) Fee	\$275.00
29	Campground Permits (60 Sites) Fee	\$300.00
30	Campground Permits (65 Sites) Fee	\$325.00
31	Campground Permits (70 Sites) Fee	\$350.00
32	Campground Permits (75 Sites) Fee	\$375.00
33	Campground Permits (80 Sites) Fee	\$400.00
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	\$400.00
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	\$300.00
52	Manufactured Home Communities (Up to 20 Sites) Fee	\$100.00
53	Manufactured Home Communities (25 Sites) Fee	\$125.00
54	Manufactured Home Communities (30 Sites) Fee	\$150.00
55	Manufactured Home Communities (35 Sites) Fee	\$175.00

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Permit Fees

56	Manufactured Home Communities (40 Sites) Fee	\$200.00
57	Manufactured Home Communities (45 Sites) Fee	\$225.00
58	Manufactured Home Communities (50 Sites) Fee	\$250.00
59	Manufactured Home Communities (55 Sites) Fee	\$275.00
60	Manufactured Home Communities (60 Sites) Fee	\$300.00
61	Manufactured Home Communities (65 Sites) Fee	\$325.00
62	Manufactured Home Communities (70 Sites) Fee	\$350.00
63	Manufactured Home Communities (75 Sites) Fee	\$375.00
64	Manufactured Home Communities (80 Sites) Fee	\$400.00
65	Subdivisions (1-5 Lots) Fee	\$100.00
66	Subdivisions (6-10 Lots) Fee	\$100.00
67	Subdivisions (11 Lots) Fee	\$110.00
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	\$240.00
75	Subdivisions (25 Lots) Fee	\$250.00
76	Subdivisions (26 Lots) Fee	\$260.00
77	Subdivisions (27 Lots) Fee	\$270.00
78	Subdivisions (28 Lots) Fee	\$280.00
79	Subdivisions (29 Lots) Fee	\$290.00
80	Subdivisions (30 Lots) Fee	\$300.00
81	Tattoo Studios Fee	\$200.00
82	Body Piercing Studio Fee	\$200.00
83	Sewage Cleaning Trucks Fee	\$16.00

Service Fees

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Service Fees

Service		Fee for Service as of July 1
1	Duplicate Foodhandler's Card Fee	\$0.00
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	\$25.00
5	Child Care Center Re-Inspection Fee	\$25.00
6	Food Establishment Re-Inspection Fee	\$25.00
7	Hotel/Motel/ Lodging Re- Inspection Fee	\$25.00
8	Manufactured Home Community Re-Inspection Fee	\$25.00
9	Recreational Water Facilities Re-Inspection Fee	\$25.00
10	School Re-Inspection Fee (physical plant only) Fee	\$25.00
11	Sewage Re-Inspection Fee	\$25.00
12	Tattoo Studio/ Body Piercing Studio Re-Inspection Fee	\$25.00
13	Food Establishment Plan Review Fee (0-35 Seating Capacity) Fee	\$25.00

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Service Fees

14	Food Establishment Plan Review Fee (36-75 Seating Capacity) Fee	\$25.00
15	Food Establishment Plan Review Fee (76 and Over Seating Capacity) Fee	\$25.00
16	Other Facilities Plan Review Fee Fee	\$25.00
17	Home Loan Evaluations-Individual Water Wells Fee	\$50.00
18	Home Loan Evaluations-Sewage Only Fee	\$100.00
19	Home Loan Evaluation -Water & Sewage Fee	\$150.00
20	Home Loan Evaluation -New Installation Fee	\$100.00
21	Home Loan Evaluations-Additional Visits Fee	\$50.00
22	Home Loan Evaluations-Sanitarian Fee Fee	\$0.00
23	Individual Water Samples Fee	\$10.00
24	Individual Water Sample Follow-up/Re-sample Fee	\$10.00
25	Subdivision Site Inspection Fee	\$25.00
26	Subdivision Consultation (No Charge if accompanied with a permit) Fee	\$0.00
27	Homeowner Installer's Test Fee	\$0.00

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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	\$25.00
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	\$25.00
34	Nuisance Complaint Investigation Fee	\$25.00
35	Animal Specimen/Rabies Testing (including head removal) Fee	\$0.00
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	\$30.00
41	Septic tank perc test inspection Fee	\$25.00

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Service Fees

42	Septic tank final inspection Fee	\$25.00
43	Field visit 2 hours (currently food handler class on-site) Fee	\$50.00
44	DEP Sewage Tank Registration-that portion returned to LHD Fee	\$0.00

Threat Preparedness

Primary Location:

Bethany College
Main Street

Bethany, WV 26032
(304) 829-7567

Additional Location:

Brooke High School
Cross Creek Road

Follansbee, WV 26037
(304) 737-3481

Feedback / Ideas

Threat Preparedness activities are able to be sustained at a minimal level due to funding. Plans are updated annually along with holding required exercises. Due to funding issues, not much additional time or equipment can be appropriated to threat preparedness. The surveys as mid and end of the year reports are a time efficient way of entering data.

Promising Practices

Promising Practice #1

Topic Area

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

Specific Issue Addressed

Full Program Plan Report

Brooke County Health Department

2016 Reporting Year

Electronic Medical Record patient management system to bring health department into HIPPA compliance r/t confidential patient information.

Brief Description of Activity/Project

a comprehensive health care improvement program developed for rural communities via an electronic health record - based disease management program. The program was established by Brooke HD in 2009. The original program was sponsored by Wheeling Jesuit Unv and enabled this small agency meet the required HIPPA compliance related to patient information and permit clinics to be paperless. The system also enabled a program for patient education, tracking, and all data is secure and housed by the system. This practice is now supported by OfficeAlly EMR program. Program is bidirectional and exchanges health info with WWHIN and WVSIS. Program also integrates electronic billing for more efficient service.

Impact/Outcome

Improved patient care and health management/maintenance as well as improved medical record keeping. Although the original program was discontinued, the collaborative set the ground work to transition the EMR program to another cost effective system. The experience also prepared this agency to be able to meet the requirements r/t healthcare reform and electronic billing and patient management.

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 checked="" type="checkbox"/> Other |
| <input type="checkbox"/> Environmental Health Protection | |

Specific Issue Addressed

Access to affordable training locally for health and human service workers (nurses, social workers, counselors) to ensure a competent workforce

Brief Description of Activity/Project

Brooke HD collaborates with collegiate (Bethany college, West Liberty Unv, WV Communitiy College) and human resource agencies (FRN, DHHR) to host two large scale conferences (100 attendees) to educate the workforce that provides health care for individuals and families in our communities. The education provided are based upon current trends in community health based upon our community needs assessment and other know health issues from state and national reports.

Impact/Outcome

Full Program Plan Report

Brooke County Health Department

2016 Reporting Year

The events focus on the physical and behavioral issues in the community in order to enhance the competencies of the workforce (RN, social workers, counselors) that take care of individuals in our community. Brooke HD and Bethany Social work Department sponsor CEs for attendees to help them meet their demonstration of competencies for their licenses.

Promising Practice #3

Topic Area

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

Specific Issue Addressed

Maintaining an Emergency Preparedness Program & prepared responders in times of reduced funding

Brief Description of Activity/Project

Brooke collaborates to share regional resources through the five health departments, EMAs & LEPCs to provide an annual workshop for volunteers (MRC) and response staff to ensure they receive the training necessary to be considered competent in emergency response to public health threats.

Impact/Outcome

Brooke HD is one of counties that receives the least TP funding and has over the last 3 years. Through collaborations as described, this agency has been able to reduce major costs of an emergency response program and meet all the activities described in the SOW to be compliant with state and federal requirements.