



Program Plan Reporting System

Full Program Plan Report Greenbrier County Health Department 2016 Reporting Year

Transmittal Information

<i>Health Department Name:</i>	Greenbrier County Health Department
<i>Mailing Street Address:</i>	9207 Seneca Trail South
<i>Mailing City:</i>	Ronceverte
<i>Mailing County:</i>	Greenbrier
<i>Mailing Zip:</i>	24970
<i>Phone:</i>	(304) 645-1787
<i>Fax:</i>	(304) 645-3630
<i>Email Address:</i>	GreenbrierLHD@wv.gov
<i>Website Address:</i>	http://www.greenbrierhealthdept.org/

<i>Health Department Type:</i>	Single County
<i>Delivery Street Address:</i>	9207 Seneca Trail South
<i>Delivery City:</i>	Ronceverte
<i>Delivery County:</i>	
<i>Delivery Zip:</i>	24970

Fiscal Year April 1, 2015 to July 31, 2015

Chairperson

Phone:	Fax:	Email: &
Chairperson Signature: _____ Arnold Hassen, Ph.D.		Date: 5/19/2015

Health Officer

Health Officer Signature: _____ Zainab Shamma-Othman, MD	Date: 5/19/2015
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By signing the above, the Greenbrier 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) 645-1787
Answering Service:	No	
Office of Emergency Services/911/Communications Center:	Yes	1
On-call Pager or Cell	Yes	

Services

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

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Services

Threat Preparedness	Yes
Tobacco	Yes
Tuberculosis Services	Yes
WIC	No

Fees

Clinical Fee	Yes
Environmental Permit Fee	Yes
Environmental Service Fees	Yes

Mission Statement

To improve the health and safety of the citizens of Greenbrier County

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

During closed hours we often participate in Health Fairs, host walking events, conduct grant activities, conduct inspections to businesses closed during our normal operating hours or for special events, ect.

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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: *Take I-64 East/I-77 South from Charleston to Beckley [59 miles] *Keep Left at I-64 East/I-77 South Split toward Lewisburg [50 miles] *Take I-64 Exit 169 for US-219 toward Lewisburg/Ronceverte *Turn Right onto US-219 South [5 miles] *Turn Left onto Maplewood Avenue (at hospital) *Turn Left onto US-219 North (at McDonald's) *Follow Left Lane [.5 miles] *Health Department on Left (beside Pizza Hut)	
Number of miles from Charleston	115.00
Latitude	37.77458300
Longitude	80.46169400

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	\$297,020.73
Direct County Commission	\$75,000.00

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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	\$115,950.00
Environmental Fee Permits	\$120,000.00
Environmental Fee Services	\$20,000.00
Federal Revenue	\$66,643.00
Additional Revenue	\$1,500.00
Total:	\$696,113.73

Projected Expenditures

Expense	Amount
Classified Service Personnel	\$512,294.98
Current Operating Expenditures	\$183,818.75
Capital Outlay Expenditures	\$0.00
Total:	\$696,113.73

Additional Revenue Sources Information

Funding Source Description	Projected Revenue Amount
Interest, Rebates, Return Check Charges	\$1,500.00
Total:	\$1,500.00

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Projected Budget Information Continued

Actual Ending Balance:	\$271,815.05
Number of FTE's (Full-time Equivalent):	10.80
Current Investments:	\$155,531.49
Accounting Software Program:	QuickBooks
Other Accounting Software Program:	
Software Year:	2014

	Personnel	Facility	Utilities	Other	Total
County	\$0.00	\$1,400,000.00	\$0.00	\$0.00	\$1,400,000.00
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	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$1,400,000.00	\$0.00	\$0.00	\$1,400,000.00

Statewide Chart of Accounts

Account Name	Projected Program Expenditures
Adult Services	\$0.00
Behavioral Health	\$0.00
Breast/Cervical Cancer	\$7,500.00
Cancer Detection	\$0.00
Cardiac	\$0.00
Community Health Promotion	\$2,000.00
Dental	\$0.00
Diabetes	\$0.00
Disaster Response	\$0.00
Environmental Health	\$100,000.00
Epidemiology	\$0.00
Family Planning	\$19,630.00
Fluoride	\$0.00
General Health	\$55,000.00
Health Check	\$0.00

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Statewide Chart of Accounts

Account Name	Projected Program Expenditures
HIV/AIDS	\$5,000.00
Home Health	\$0.00
Hypertension	\$0.00
Immunization	\$60,000.00
Lab	\$0.00
Lead	\$0.00
Office Management and Administration	\$375,666.73
Other	\$0.00
Pediatric	\$0.00
Prenatal	\$0.00
Right from the Start	\$0.00
School Health	\$0.00
Sexually Transmitted Diseases	\$0.00
Threat Preparedness	\$56,317.00
Tobacco	\$5,000.00
Tuberculosis Services	\$10,000.00
WIC	\$0.00
Total:	\$696,113.73

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	Mrs. Ashley L. Butler
Primary Nursing Contact	Mrs. Mary N. Dolan
Health Officer	Dr. Zainab Shamma-Othman
Equipment and Information Technology Contact	Mrs. Cheryl L. Coulter
Financial Management Contact	Mrs. Ashley L. Butler

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Contacts by Position

Position	Name
Environmental Health Contact	Ms. Amanda B. McMichael
Health Promotion Contact	Mrs. Mary N. Dolan
Epidemiology Contact 1	Mrs. Mary N. Dolan
Epidemiology Contact 2	Ms. Debra J. Matheny
Rabies Contact	Ms. Amanda B. McMichael
Sexually Transmitted Disease Contact	Ms. Debra J. Matheny
Human Immunodeficiency Virus Contact	Ms. Debra J. Matheny
Tuberculosis Contact	Mrs. Mary N. Dolan
Vaccine Preventable Disease Contact	Mrs. Mary N. Dolan
Smallpox Contact	Mrs. Mary N. Dolan
West Virginia Electronic Disease Surveillance System Contact	Mrs. Mary N. Dolan
Threat Preparedness Coordinator	Mrs. Mary N. Dolan
Threat Preparedness Back-up	Ms. Stacy E. King
Strategic National Stockpile Coordinator	Ms. Debra J. Matheny
Strategic National Stockpile Back-up	Mrs. Tia W Humphreys
Volunteer Coordinator	Mr. William A. Knowlton
Volunteer Coordinator Back-up	Mrs. Ashley L. Butler
Risk Communication Coordinator	Ms. Amanda B. McMichael
Risk Communication Coordinator Back-up	Ms. Stacy E. King
Responder Health & Safety Coordinator	Mrs. Tia W Humphreys
Responder Health & Safety Coordinator Back-up	Ms. Debra J. Matheny
Health Alert Network Coordinator	Mrs. Cheryl L. Coulter
Health Alert Network Coordinator Back-up	Mrs. Jacqueline A. Nutter

Salary & FTE by Employee Listing

Name	Monthly Salary	Percent FTE
-- Vacant --	\$0.00	0.00
Mrs. Marcia L.S. Blum	\$1,760.00	1.00
Mrs. Ashley L. Butler	\$3,198.00	1.00
Mrs. Cheryl L. Coulter	\$2,383.00	1.00
Mrs. Mary N. Dolan	\$4,122.00	1.00

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Mrs. Tia W Humphreys	\$2,122.00	1.00
Ms. Stacy E. King	\$2,449.00	1.00
Mr. William A. Knowlton	\$2,426.00	1.00
Ms. Debra J. Matheny	\$4,048.00	1.00
Ms. Amanda B. McMichael	\$3,112.00	1.00
Mrs. Jacqueline A. Nutter	\$1,965.00	1.00
Mrs. Gay H Sebert	\$3,813.33	0.25
Dr. Zainab Shamma-Othman	\$300.00	0.00
Lori A. Lyons	\$762.80	0.40
Total	\$32,461.13	10.65

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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?	No
9	<p>If you answered No or NA to any question, please explain:</p> <p>Our BOH allows us to purchase private vaccine and bill for this service.</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	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.):
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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?	12/1/2017
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) Poly-Substance Abuse	

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Community Health Implementation Plan

Priority Area:	Poly-Substance Abuse
Objective:	Public Health Education
Activity	Display an Education Resource Center for Lobby/Patient Waiting Areas/Exam Rooms

Priority Area:	Poly-Substance Abuse
Objective:	Public Health Education
Activity	Attend Community Events/Health Fairs

Priority Area:	Poly-Substance Abuse
Objective:	Public Health Education
Activity	Use Agency Website and Facebook to Publish Substance Abuse Information

Priority Area:	Poly-Substance Abuse
Objective:	Partner with Community Agencies
Activity	Participate in CARxE (Community Addressing Rx Epidemic) Events/Meetings

Priority Area:	Poly-Substance Abuse
Objective:	Partner with Community Agencies
Activity	Substance Abuse Referrals to Seneca Health Services and Family Refuge Center

Priority Area:	Poly-Substance Abuse
Objective:	Partner with Community Agencies
Activity	Targeting Pregnant Substance Abusers for Essential Medical Care

Priority Area:	Poly-Substance Abuse
Objective:	Partner with Community Agencies
Activity	Compile a Community Resource Directory

Training and Technical Assistance Needs

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1	List Training and Technical Assistance Needs
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Environmental Health

Disaster / Disease

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

Food

Establishment or Discipline		Risk Based Inspections Conducted?	Number	Inspections
1	Food Establishment:	No	356	712 every Year

Establishment or Discipline		Number	Inspections
1	Milk Samples:	0	0
2	Vending Machines:	3	3 every Year
3	Temporary Food Facilities:	155	310

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Housing / Institutions

Establishment or Discipline		Number	Inspections
1	Bed and Breakfast	6	6 every Year
2	Child Care Facilities	9	18 every Year
3	Home Loan Evaluations	30	45
4	Institutions	0	0 every Year
5	Labor Camps	1	1 every Year
6	Manufactured Home Communities	40	40 every Year
7	Motel/Hotel/Lodging	16	16 every Year
8	Other Care Facilities	12	12 every Year
9	Schools	19	19 every 2 Years

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Recreation

Establishment or Discipline		Number	Inspections
1	Campground	18	18 per Season
2	Fairs/Festivals/Mass Gatherings	8	8 per Event
3	Recreational Water Facilities	22	44 per Season
4	Organized Camps	3	3 per Year
5	Parks/Forests	12	12 per Year

Sewage

Establishment or Discipline		Number
1	Alternative System	2
2	Home Aeration Unit	1
3	Standard Individual Systems	90
4	Sewage Tank Cleaners	9

Water

Establishment or Discipline		Number
1	Individual Supply	65

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	\$50.00
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	\$48.00

Service Fees

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Service Fees

Service		Fee for Service as of July 1
1	Duplicate Foodhandler's Card Fee	\$2.00
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	\$60.00
5	Child Care Center Re-Inspection Fee	\$40.00
6	Food Establishment Re-Inspection Fee	\$50.00
7	Hotel/Motel/ Lodging Re- Inspection Fee	\$40.00
8	Manufactured Home Community Re-Inspection Fee	\$40.00
9	Recreational Water Facilities Re-Inspection Fee	\$40.00
10	School Re-Inspection Fee (physical plant only) Fee	\$80.00
11	Sewage Re-Inspection Fee	\$50.00
12	Tattoo Studio/ Body Piercing Studio Re-Inspection Fee	\$40.00
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	\$100.00
15	Food Establishment Plan Review Fee (76 and Over Seating Capacity) Fee	\$150.00
16	Other Facilities Plan Review Fee Fee	\$50.00
17	Home Loan Evaluations-Individual Water Wells Fee	\$87.50
18	Home Loan Evaluations-Sewage Only Fee	\$112.50
19	Home Loan Evaluation -Water & Sewage Fee	\$160.00
20	Home Loan Evaluation -New Installation Fee	\$0.00
21	Home Loan Evaluations-Additional Visits Fee	\$40.00
22	Home Loan Evaluations-Sanitarian Fee Fee	\$40.00
23	Individual Water Samples Fee	\$15.00
24	Individual Water Sample Follow-up/Re-sample Fee	\$15.00
25	Subdivision Site Inspection Fee	\$0.00
26	Subdivision Consultation (No Charge if accompanied with a permit) Fee	\$40.00
27	Homeowner Installer's Test Fee	\$15.00

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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	\$40.00
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	\$0.00
36	Animal Bite Inspections Fee	\$0.00
37	Duplicate Permit Fee	\$2.00
38	Change of Installer Fee	\$10.00
39	Permit Re-Issue Fee	\$10.00
40	Food handlers card 3-year profit or non-profit Fee	\$0.00
41	Septic tank perc test inspection Fee	\$0.00

Full Program Plan Report

Greenbrier County Health Department

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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:

Rahall Technology Building
804 Industrial Park Rd

Maxwelton, WV 24957
(304) 497-4300

Additional Location:

Greenbrier County Courthouse
200 North Court St

Lewisburg, WY 24970
(304) 647-6619

Feedback / Ideas

I think that the State TP Conference/trainings were very beneficial. I would like to see some help with Volunteer Recruitment/Training and closed POD's. 2 staff were trained in Fit testing 2 years ago and no f/u has been done by the State since.

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

Specific Issue Addressed

Full Program Plan Report

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Loss of funding to Local Health Departments from State Programs due to the Affordable Health Care Act.

The ability to become more self-sustainable.

Brief Description of Activity/Project

We plan to continue our current services in addition to providing primary care services 1-2 days/week. We started Primary Care clinic in September 2014. We bill most insurances, Medicare, and Medicaid. We will offer sliding scale fees for uninsured. We plan to continue to grow this clinic.

Impact/Outcome

Multiple services can be provided at one visit
Primary care services offered at a reduced cost to patients
Offer services on a walk-in basis
Prevention of staff reduction
Supplemental revenue for our budget

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

Specific Issue Addressed

PreDiabetes and Hypertension

Brief Description of Activity/Project

We are planning to participate in the PreDiabetes and Hypertension Pilot project through WV Division of Health Promotion and Chronic Disease.

The purpose of this project is to increase patient awareness of PreDiabetes and Hypertension. The patients will be screened with tools given to us by the Division of Health Promotion and Chronic Disease. This project will run from June through August. We hope to sustain this screening in our clinics.

Impact/Outcome

We plan to provide awareness, education, referrals for our patients. Some of the other goals of this project is to establish a screening algorithm for LHD and to create a LHD

Full Program Plan Report

Greenbrier County Health Department

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PreDiabetes/Hypertension Awareness model.

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 checked="" type="checkbox"/> Environmental Health Protection | |

Specific Issue Addressed

The Greenbrier County Health Department still uses traditional inspection methods and the 2005 FDA Food Code to evaluate food service operations within our jurisdiction. The FDA considers risk based inspection methods to be the most progressive and effective. The most current FDA Food Code is the 2013 version.

Brief Description of Activity/Project

This year, Environmental Health staff have completed FDA trainings that further our goal to use risk based inspection methods in our food service facilities. We also completed an assessment of the 2005 code and our food service inspection program in relation to the 2013 Food Code. These projects were completed using grant funding from FDA. We will apply for a five year grant in June in hopes of forwarding our educational goals, standardizing our staff, purchasing appropriate equipment for sanitarians and incentives for county food service operations, enhancing our food safety training for both food handlers and management, possibly supplementing our food facility inspection staff and hopefully providing training and standardization of sanitarians in other West Virginia counties.

Impact/Outcome

Our goal is to transition competently into risk based evaluations of food facilities by the time the West Virginia legislature adopts the 2013 FDA Food Code. The Environmental Health Program staff want to provide the best public health services possible within our county, but also to provide leadership to our counterparts across the state in order to advance West Virginia's role as a leader in the field of public health. Risk based evaluation methodology identifies the specific risks associated with each facility's operations. The intended outcome is the reduction/elimination of food borne illness that originates from public facilities, but by providing education to food workers and the public, safer food handling practices should also be expected to evolve in private homes.