

Regular Session, June 1, 2026, at 7:00 p.m.
Catawba County Board of Commissioners

<u>Appointments</u>	12	06/01/26
2026 NACo Annual Conference Voting Delegate – Commissioner Barbara Beatty		
Catawba Valley Community College Board of Trustees – Deanna Taylor		
Public Health Board-Dr. Hannah Glenn		
Public Health Board- Dr. Eugene Modlin		
Public Health Board- Dr. Shirley Huffman		
WPCOG Aging Advisory Committee – Mark Bumgarner		
WPCOG Aging Advisory Committee- Tamara "Tami" Hefner		
WPCOG Aging Advisory Committee – Lynn Sampson		
Agriculture Advisory Board – David Carpenter		
<u>Juvenile Crime Prevention Council</u>		
Catawba County Juvenile Crime Prevention Council Annual Plan: FY2026/27	15	06/01/26
<u>Lake Norman Marine Commission</u>		
Lake Norman Marine Commission: Confirmation of At-Large Member	59	06/01/26
<u>Ordinances</u>		
Catawba County's Project Budget Ordinance-CDBG Scattered Site Housing Program (Ordinance 2026-4)	14	06/01/26
<u>Planning</u>		
Scattered Site Housing Grant Close Out	12	06/01/26
<u>Public Comment</u>	12	06/01/26
Michele Proctor Isenhour		
McGregor Amburton		
Kenyon Kelly		
Pat Fanizza		
Sherrill Watkins		
Michael McRee		
Josh Amock		
Jared Lail		
<u>Public Hearings</u>		
Scattered Site Housing Grant Close Out	12	06/01/26
<u>Register of Deeds</u>		
Register of Deeds Records Retention Schedule Approval	60	06/01/26
<u>Resolutions</u>		
Joint Resolution by Catawba County Board of Commissioners to Confirm the At-Large Commissioner to the Lake Norman Marine Commission Pursuant to Article 6b of Chapter 77 of the North Carolina General Statutes (Resolution 2026-12)	59	06/01/26
<u>Sheriff</u>		
Jail Medical Plan Approval (Policies)	16	06/01/26
Inmate Health Care Services Bid Award	59	06/01/26

The Catawba County Board of Commissioners met in Regular Session on Monday, June 1, 2026, at 7:00 p.m., in the Board of Commissioners Meeting Room, 2nd Floor, Catawba County Justice Center, 100 Government Drive, Newton, North Carolina.

Present were Chair Randy Isenhower, Vice-Chair Austin Allran, and Commissioners Robert C. Abernethy, Jr., Barbara G. Beatty, and Cole Setzer.

Also present were County Manager Mary S. Furtado, Assistant County Manager Paul Murray, Assistant County Manager Adam Lindsay, County Attorney Jodi Stewart, and County Clerk Dale Stiles.

1. Chair Randy Isenhower called the meeting to order at 7:00 p.m., noting a quorum was present.
2. Vice-Chair Austin Allran led the Pledge of Allegiance.
3. Chair Isenhower offered the invocation.
4. Commissioner Abernethy made a motion to approve the Minutes from the Board's Regular Meeting of May 18, 2026, and Special Meetings of May 22 and 26, 2026. The motion carried unanimously.
5. Recognition of Special Guests:
Chair Isenhower welcomed everyone present.
6. Public Comments.
Michelle Proctor Isenhour came forward and voiced concerns about datacenters, infrastructure capacity and tax increases. McGregor Amburton came forward and voiced concerns about datacenters and water restrictions. Kenyon Kelley came forward and requested the monument at the old 1924 Courthouse be removed or relocated. Pat Fanizza came forward and requested the Board of Commissioners take a position opposing the proposed data center in Hildebran. Sherrill Watkins came forward and opposed Juneteenth as a recognized holiday. Michael McRee came forward and spoke about the history book *The Catawba Soldier* and spoke in favor of the school merger. Josh Amock came forward and opposed removal or relocation of the monument on the grounds of the 1924 Courthouse. Jared Lail came forward and spoke in opposition to data centers.
7. Appointments.
Upon a recommendation by Chair Isenhower that came in the form of a motion which unanimously carried, the Board appointed Commissioner Barbara G. Beatty as the 2026 NACo Annual Conference Voting Delegate on July 20th, 2026.
Upon a recommendation by Vice-Chair Allran that came in the form of a motion which unanimously carried, the Board reappointed Deanna Taylor for a 3rd term to the Catawba Valley Community College Board of Trustees, with a term expiration of June 30, 2030.
Upon a recommendation by Vice-Chair Allran that came in the form of a motion which unanimously carried, the Board reappointed the following to the Public Health Board: Dr. Hannah Glenn for a 2nd term; Dr. Eugene Modlin for a 2nd term and Dr. Shirley Huffman to a 1st term, each with term expirations of June 30, 2029.
Upon a recommendation by Commissioner Beatty that came in the form of a motion which unanimously carried, the Board reappointed the following to the Western Piedmont Council of Government Aging Advisory Committee: Mark Bumgarner to a 3rd term, Tamara "Tami" Hefner to a 1st full term, and Lynn Sampson to a 1st full term, each with term expirations of June 30, 2028.
Upon a recommendation by Commissioner Setzer that came in the form of a motion which unanimously carried, the Board appointed David Carpenter to the Agriculture Advisory Board to fill an unexpired term, with a term expiration of December 31, 2028.
8. Public Hearings.
Planning Director Chris Timberlake requested the Board of Commissioners conduct a Public Hearing required to close out the 2020 Scattered Site Housing Grant and consider approval of the amended project budget.

Catawba County is required to hold a Public Hearing to receive public comment for the closeout of the Scattered Site Housing Project Community Development Block Grant (CDBG) 19-C-3125. This grant was

funded by Rural Economic Development Division (REDD) in 2020 for \$750,000 to rehabilitate 15 homes located throughout the County.

This grant rehabilitated eight houses within the county benefiting 12 low to moderate income citizens. CDBG funds provided 100% of the total expenditure. Total grant expenditures amounted to \$625,352.55, with the remaining \$124,647.45 being de-obligated (\$122,003 Rehabilitation / \$2,644.45 Administration).

After Mr. Timberlake's presentation, there were no questions. Chair Isenhower opened the public hearing. With no one coming forward the Chair closed the public hearing. Commissioner Abernethy confirmed with WPCOG Housing Program Manager Laurie Powell the advertisement and public notice/hearing process. Commissioner Beatty made a motion to approve the amended project budget. The motion carried unanimously.

The following ordinance applies:

ORDINANCE# 2026-__
AMENDMENT#1

CATAWBA COUNTY'S PROJECT BUDGET ORDINANCE
CDBG SCATTERED SITE HOUSING PROGRAM (19-C-3125)

The following revenue was received to complete the project:

<u>Revenues</u>	
Community Development Block Grant	\$ 625,352.55

The following amounts were expended to complete this project:

<u>Expenditures</u>	
Rehabilitation (CDBG)	\$ 559,997.00
Administration	\$ 62,355.55
Planning	\$ 3,000.00
	<u>\$ 625,352.55</u>

Adopted the 1st day of June 2026.

Chair, C. Randall Isenhower

ATTEST:

County Clerk, Dale R. Stiles

9. Consent Agenda.

County Manager Mary Furtado presented the following five items under the consent agenda. Chair Isenhower asked if any commissioner wished for the item to be broken out of the consent agenda for individual consideration. None was requested.

a. The Finance and Personnel Subcommittee recommended the Board of Commissioners approve the JCPC Fiscal Year 2026/27 Annual Plan.

The Catawba Juvenile Crime Protection Council is a locally appointed board with members drawn from a list of statutorily recommended community representatives involved with youth that exists to identify risks of youth in the community, review court data, and identify needed programs to provide juvenile delinquency intervention and prevention services. Funding is provided by the State through the North Carolina Department of Public Safety (DPS) to each county, which then allocates these funds to programs through the JCPC process.

Annual Plan Development Process: The JCPC is charged with developing a County Plan for review and approval by the Board of Commissioners. Steps in the annual process include:

1. Development of a risk and needs assessment summary, with funding priorities for the coming year:
 - Psychological Assessments
 - Substance Abuse Assessment and Treatment
 - Teen Court/Restorative Justice
 - Counseling (Individual, Group, & Family)
 - Sexual Offender Assessment and Treatment
 - Restitution/Community Service
 - Mentoring
 - Interpersonal Skill building
 - Mediation/Conflict Resolution
 - Parent/Family Skill Building
 - Tutoring/Academic Enhancement
2. Advertisement of request for proposals (RFP) for service providers to propose services that fall within the funding priorities. (*advertised January 5, 2026*)
3. Review of proposals and development of funding recommendations for services that address the risks and needs. (*approved by JCPC March 3, 2026*)
4. Adoption of the full County Plan (*approved by JCPC May 5, 2026*).
5. Submission of the County Plan to the Board of Commissioner for approval. (*pending; BOC consideration planned for June 1, 2026*).

The recommended Annual Plan for Fiscal Year 2026/27, consists of the following:

- I. Executive Summary. Summarizes the Catawba JCPC's funding priorities
- II. Funding Plan. Lists recommended allocation by program, and sources of required matches.
- III. JCPC Organization. A list of JCPC officers, meeting dates, and whether quorums were present.
- IV. Risk and Needs Assessment Summary. Summarizes court data over four years and compares it to State averages in two areas: Risk data – predicts likelihood of juvenile being involved in future delinquent behavior; and Needs data – examines a youth's needs in various domains of life (individual, school, peer and community). The combined data is used to detect gaps in service and is the basis of the prioritized list of services for funding.
- V. Requests for Proposals. This section verifies JCPC ran a legal advertisement based on risks and needs as required, including the dates the ad ran.
- VI. Funding Decisions Summary. The JCPC Finance Committee reviews proposals for the next year and lists reasons supporting the funding decision.
- VII. Funded Programs Program Enhancement Plan (PEP). Programs are evaluated against best practice models. Based on the evaluation, areas of improvement are identified, and a performance plan written, which must be reviewed and accepted by the JCPC.

Funding Recommendations

The Catawba JCPC Annual Plan does not require any local funding from Catawba County. For Fiscal Year 2026–27, the JCPC anticipates an allocation of \$431,225, pending final approval of the State budget. One proposed initiative, Thrive in Community – Family Empowerment, addresses an identified priority need but was not funded due to limited resources. The recommended services to be funded for the upcoming year are detailed below.

- JCPC Administration: \$2,000 for direct expenses including travel, supplies, etc.;
- Conflict Resolution Center: \$99,674 for interpersonal skills, mediation, and restorative justice / Teen Court;
- Cognitive Connection: \$71,725 for substance abuse counseling and assessments;
- Repay – \$59,127 SAIS program for sex offender assessment and treatment;
- Repay – \$29,475 for “Just Girls” counseling service for female at-risk youth;
- Repay - \$19,491 for Psychological Services for comprehensive clinical assessments;
- Aspire / Kids At Work: \$47,000 for interpersonal skills and culinary program;
- Aspire / Vocational Directions: \$73,182 for a restitution/community service program;
- Shining Hope Farms: \$29,551 for family skill building therapy sessions.

b. The Policy and Public Works Subcommittee recommended the Board of Commissioners approve the Annual Jail Medical Plan.

Pursuant to Chapter 14J of the NC Administrative Code, the Board of Commissioners in each county must adopt the written medical plan of the Detention Facility for jail health services annually, after review. This plan is developed in consultation with the local health director and other appropriate officials, and it includes details about health services, mental health care, chronic and communicable disease management, medication administration, and emergency care.

Both the Sheriff and the local Public Health Director are also required to review and approve the plan annually, ensuring it remains up to date. The jail medical plan before the Board of Commissioners for consideration has been approved by both Sheriff Don Brown and Public Health Director Jennifer McCracken.

The Board of Commissioners may recommend edits or revisions to the plan, prior to adoption, which would then trigger revisions to the plan. Ultimately Board adoption is a statutory requirement; no true alternatives exist.

A copy of the Policy Individuals Requiring Specialized Management 8.4.0 is hereto attached.



Catawba County Sheriff's Office

Individuals Requiring Specialized Management 8.4.0

Policy # 8.4.0	Effective Date: July 01, 2026	Revised Date:
Pages: 20	Distribution:	Rescinded Date:
Authority of: Sheriff Donald G. Brown II		
References: NCGS 153A-229.1 – 229.2, Americans with Disabilities Act, PREA standards, Policy 8.10.0; 8.8.0; 1.14.0; 8.5.0; 8.1.0		
Forms:		

I. 8.4.0 – POLICY

It is the policy of this facility to identify and provide appropriate care, accommodations, and protections for inmates requiring specialized management, including individuals with physical or mental disabilities, living with HIV/AIDS, transgender, gender nonconforming, pregnant or postpartum, participating in hunger strikes, struggling with mental health, health concerns, or suicidal individuals. All actions shall comply with applicable federal and state laws, including the Americans with Disabilities Act (ADA), the Prison Rape Elimination Act (PREA), Dignity for Women Incarcerated (NCGS 153A-229.1-229.2), and shall ensure the health, safety, dignity, and legal rights of these populations.

II. 8.4.1 – PURPOSE

The purpose of this policy is to establish consistent standards for the management, housing, and care of inmates requiring specialized care and protections. This policy is designed to safeguard vulnerable populations, ensure equal access to services and programs, and promote institutional safety by providing reasonable accommodations, specialized medical care, and individualized placement decisions in compliance with legal and ethical obligations.

III. 8.4.2 – DEFINITIONS

Transgender: A person whose gender identity is different from the sex assigned at birth.

Physical Sexual Characteristics: The presence and type of primary and secondary sexual characteristics (i.e. genitals, developed breasts, hair distribution) which are typically used to define and classify a person's gender as male or female.



Catawba County Sheriff's Office

Individuals Requiring Specialized Management 8.4.0

Gender Dysphoria: A medical diagnosis for clinically significant distress experienced when a person's gender identity differs from their sex assigned at birth.

Individual with a Disability: A person who has a physical or mental impairment that substantially limits one or more major life activities; has a record of such an impairment; or is regarded as having such an impairment.

Major Life Activities: Functions such as caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working.

Restraints: Any physical or mechanical device used to restrict or control the movement of an incarcerated person's body, limbs, or both.

Protective Custody: A non-punitive housing status in which an inmate is separated from the general population for the purpose of ensuring their safety and security.

Safety Cell: A specially designed, secure cell commonly referred to as a "padded cell" used to temporarily house an inmate who poses an immediate risk of self-harm, suicide, or serious bodily injury to themselves.

Restraint Chair: A secure restraint device designed to safely immobilize an inmate who is actively violent, combative, or poses an immediate threat to themselves or others when lesser restrictive measures have been ineffective or are not feasible.

Safekeeping: A process by which a county confinement facility transfers an inmate to the custody of the North Carolina Department of Adult Correction for secure housing due to serious management, safety, or medical/mental health needs. The inmate remains under county custody but is housed in a state facility until returned or otherwise directed by law.

IV. 8.4.3 – TRANSGENDER INMATES

A. General Guidelines

1. Verification of the inmate's identification will be established through review of a valid driver's license or valid identification card.

Note: The NCDMV is using a "sex designation form" that includes a section where a licensed health care or social services worker can attest to the applicant's gender identity. This form replaces the requirement for a court order or a letter from a physician confirming that gender had been changed through surgery. The DMV has dropped the surgery requirement and allows a



Catawba County Sheriff's Office

Individuals Requiring Specialized Management 8.4.0

broader range of licensed health care providers to confirm a person's gender identity, including physicians, psychiatrists, physician's assistants, therapists, counselors, psychologists, and case or social workers.

2. The Catawba County Detention Facility has zero tolerance for any staff sexual misconduct, sexual harassment or the use of derogatory terms used towards transgender inmates. (Examples of derogatory terms are she-male, he-she, it, tranny, etc.)
3. When discussing an inmate's sexual orientation or gender identity for medical, classifying, or placement purposes, conversations should be conducted privately and professionally.

Sharing information with other inmates is inappropriate and prohibited. Medical information must remain confidential and will not be discussed by officers unless it is required for the appropriate care and safety of the inmate.

4. Transgender inmates will be processed in accordance with normal booking procedures [*POLICY 8.1.0*]. However, transgender inmates will be segregated during sleeping hours from all other inmates in a single cell to maintain safety and security.

B. Body Searches

1. After determining the birth gender, a pat down search and visual strip search will be conducted by an officer of the same gender. If while conducting a strip search or pat down the officer realizes the inmate has genitalia contrary to the identification, the officer will stop the search, exit the cell and call an officer of that gender to continue the search. Documentation of the incident will be completed by the initial officer and reported to the shift supervisor.
2. When logistically possible two officers of the inmate's gender should be present when performing unclothed searches.
3. Searches shall be conducted in a professional and respectful manner.
4. Medical screening should be performed in accordance with medical intake procedures.
5. Detention clothing will be in accordance with the identification of the inmate and placement of the inmate will be in accordance with gender. (Ex. Orange stripe-female, black-stripe male)



Catawba County Sheriff's Office

Individuals Requiring Specialized Management 8.4.0

C. Classification and Housing

1. Inmates identified as transgender shall be housed in a single cell on a housing unit consistent with their birth gender. This housing assignment is to be non-punitive and must not result in any unnecessary loss of privileges. Additional considerations for placement include:
 - a. Safety and security issues for the inmate and facility
 - b. Protecting inmates at high risk from abuse
 - c. Minimizing perceived or actual fear of becoming a victim of violence

V. 8.4.4 – AMERICANS WITH DISABILITIES

A. Applicability

All staff of the Catawba County Detention Facility shall comply with the Americans with Disabilities Act (ADA) as it applies to local jails and detention facilities under 28 CFR § 35.152. This Federal regulation applies to all public entities and staff responsible for the operation or management of adult and juvenile justice jails, detention, and correctional facilities – either directly or through contractual, licensing, or other arrangements with public or private entities, in whole or in part, including private correctional facilities.

B. Qualified Individuals

No qualified individual with a disability shall be denied access to programs, services, or activities, nor subjected to discrimination within this facility. A qualified individual is a person with a physical or mental impairment that meets the essential eligibility requirements for receipt of services or participation in programs or activities. Physical or mental impairments include but are not limited to:

1. Visual, speech, and hearing impairments
2. Intellectual disabilities and emotional illness
3. Learning disabilities
4. Cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, orthopedic conditions.



Catawba County Sheriff's Office

Individuals Requiring Specialized Management 8.4.0

5. Cancer, heart disease, diabetes
6. Communicable and non-communicable diseases such as tuberculosis and HIV (whether symptomatic or asymptomatic).
7. Opioid Use Disorder

Note: In the United States 4th Circuit, persons with a medical diagnosis of Gender Dysphoria are also considered qualified persons under the ADA.

C. Prohibition of Discrimination

1. Qualified inmates or detainees with disabilities shall not, due to facility inaccessibility, be excluded from participation or denied the benefits of services, programs, or activities.
2. Staff shall ensure that inmates or detainees with disabilities are housed in the most integrated setting appropriate to their needs. Unless necessary for safety or security, staff shall not:
 - a. Place individuals in inappropriate security classifications because accessible cells or beds are unavailable.
 - b. House individuals in medical areas unless they are actively receiving medical care or treatment.
 - c. Place individuals in facilities that lack equivalent programs available to other inmates.
 - d. Deny visitation rights by housing individuals in unnecessarily distant facilities.

D. Housing and Facility Standards

The Sheriff, Jail Administrator, or designee shall ensure that reasonable modifications, including physical changes in compliance with the **2010 ADA Standards**, are made so that inmates with disabilities are provided safe and appropriate housing with necessary accessible elements.

E. Individualized Assessments

Detention staff shall conduct an individualized assessment for each incoming inmate or detainee to determine ADA compliance in the following areas:



Catawba County Sheriff's Office

Individuals Requiring Specialized Management 8.4.0

1. Medical Treatment
2. Assigned clothing
3. Security classification
4. Housing assignment
5. Visitation access
6. Staff interactions

F. Review of Determinations

All ADA-related determinations shall be reviewed by the Jail Administrator or designee in consultation with contracted medical provider to ensure accuracy, consistency, and compliance with federal law.

VI. 8.4.5 – PREGNANT AND POSTPARTUM FEMALES

A. Use of Restraints

1. Pregnant female inmates in the second or third trimester of pregnancy, active or suspected active labor, or postpartum recovery period, shall not have restraints applied within the facility.

Trimesters of pregnancy are:

- a. First trimester: Weeks 1-12
 - b. Second trimester: Weeks 13-26
 - c. Third trimester: Weeks 27 through delivery
2. Inmates in postpartum recovery may only be restrained if an individualized determination finds an immediate danger to self, others, or a serious escape risk that cannot be contained by other means. If the determination exists, wrist restraints **ONLY** will be applied in front of the body as long as the person is ambulatory. The postpartum recovery period refers to the six-week period following delivery, or longer if determined by the healthcare professional responsible for the inmate's care.

When restraints are applied:



Catawba County Sheriff's Office

Individuals Requiring Specialized Management 8.4.0

- a. A supervisor must be contacted immediately.
 - b. Documentation must be entered into the jail management system and logbook explaining the justification.
 - c. The incident must be noted in the daily shift report and forwarded to Facility Administration.
3. During transport outside the facility, restraints may be applied to the wrists of a female incarcerated person in the front only, except when in active labor or reasonably suspected to be in labor. No restraints shall be applied under those circumstances.
 4. Nothing in this section shall prohibit the use of medical restraints by a licensed health care professional to ensure the medical safety of the pregnant female.

B. Body Cavity Searches

No facility employee other than a certified health professional, shall conduct a body cavity search of a female incarcerated person that is pregnant or in postpartum recovery unless the facility employee has probable cause to believe that the female incarcerated person is concealing contraband that presents an immediate threat of harm to the female incarcerated person, the fetus, or another person. In this case, a search warrant will be secured and the inmate will be transported to a medical facility in accordance with Catawba County Sheriff's Office policy, Searching and Transporting Prisoners. *[Policy 9.0.0]*

A written report will be submitted to the Sheriff or Detention Facility Administrator within 5 days containing justification for the search and the presence or absence of contraband.

C. Nutrition

1. The sheriff or administrator of the local confinement facility shall ensure that pregnant incarcerated females are provided sufficient food and dietary supplements and are provided access to food at appropriate times of day, as ordered by the medical provider.
2. Nutritional provisions shall be consistent with the guidelines for women who are pregnant or lactating as set forth in the most recent edition of the *Dietary Guidelines for Americans* published by the United States Department of



Catawba County Sheriff's Office

Individuals Requiring Specialized Management 8.4.0

Health and Human Services and the United States Department of Agriculture, unless a special diet has been prescribed by the medical provider. In which case, the prescribed diet will override the guidelines.

3. While in the hospital, pregnant incarcerated females and incarcerated females in the postpartum recovery period shall have access to the full range of meal options provided by the hospital to ensure that each meal meets the incarcerated person's nutritional needs.

D. Housing

1. Pregnant or Postpartum inmates shall not be placed in restrictive housing (removal from general population and an inability to leave a room or cell for the vast majority of the day, including disciplinary segregation) unless an important circumstance exists, as determined by the detention staff or medical provider. **An important circumstance exists when there are reasonable grounds to believe that the female inmate presents a threat of harming herself, the fetus, or any other person, or an escape risk that cannot be reasonably contained by other means, including the use of additional personnel.** Any such placement requires:
 - a. Supervisor approval
 - b. Documentation in the jail management system and logbook specifying justification.
 - c. Inclusion in the daily shift report and forwarded to Facility Administration.
2. Pregnant and Postpartum inmates shall only be assigned to bottom bunks which shall be no more than three feet from the floor.

E. Cost of Care

While a pregnant female is incarcerated, the pregnant female incarcerated person shall be provided necessary prenatal, labor, and delivery care as needed at no cost to the pregnant female incarcerated person.

F. Bonding Period

Detention officers providing hospital security post-delivery shall allow hospital staff to determine whether the newborn remains with the mother for bonding.



Catawba County Sheriff's Office

Individuals Requiring Specialized Management 8.4.0

Officers shall not interfere unless a clear health or safety risk arises for the newborn or the inmate.

G. Nutritional and Hygiene Products During Postpartum Period

The necessary nutritional and hygiene products shall be provided at no cost to the postpartum female incarcerated person, and shall include sanitary napkins, underwear, and hygiene products for postpartum care.

H. Disciplinary Action

If a pregnant or postpartum female incarcerated person receives disciplinary action, they will follow all protocols in *Policy [8.3.0 Inmate Disciplinary Procedures]* with the exceptions of housing assignment and daily recreation.

They will remain in general population to serve sanction time and will receive one hour of recreation per day while no other inmates are out.

I. Documentation

A monthly summary of all written reports generated pursuant to this policy will be maintained in the Administration area of the facility.

VII. 8.4.6 – ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS)

A. Inmate Testing

Routine testing of inmates for HIV infection or AIDS is strictly prohibited; however, testing will be available in the following ways:

1. Inmates will be afforded the opportunity for AIDS testing either through the contracted medical staff or community healthcare partners. A request may be made for the testing either by communicating to medical on the kiosk or on a written paper "sick call".
2. The contracted medical provider may request an inmate to consent to a test for HIV or AIDS if the test is necessary for the appropriate treatment of the inmate. The inmate has the right to refuse this test.
3. The contracted health care provider can require an inmate to submit to a test to detect HIV or AIDS should an inmate, officer, or other person be exposed to the inmate's blood or bodily fluid and it is felt that the exposure poses a threat/risk of transmitting HIV or AIDS. The inmate must sign a "Consent for



Catawba County Sheriff's Office

Individuals Requiring Specialized Management 8.4.0

Blood Draw and Testing for Blood-Borne Pathogens” to allow the blood to be drawn. Should an inmate refuse to be tested, the contracted provider or Detention Facility Personnel may obtain a court order to require the inmate to submit to a blood test.

B. Confidentiality

1. Laboratory results of any inmate tested for HIV/AIDS will be held strictly confidential and maintained within the inmate's confidential medical records.
2. Regardless of whether a Detention Officer learns inadvertently or through direct reporting, the officer shall maintain strict confidentiality regarding the HIV or AIDS status of any incarcerated person. Such information shall not be disclosed to any other officer, incarcerated person, or outside individual except as authorized by law or policy. Any Detention Facility Officer who discloses confidential HIV or AIDS status information without authorization shall be reported immediately to the Sheriff and/or Detention Facility Administrator and may be subject to disciplinary action and/or a misdemeanor criminal charge in accordance with North Carolina law.
3. Contracted medical personnel may reveal the individual's HIV/AIDS status for any of the following reasons:
 - a. To another health care provider who will be responsible for caring or providing services to the inmate.
 - b. To the Director of Health and Human Services regarding collaboration with Infectious Disease.
 - c. To NC Division of Adult Corrections or any other receiving facility regarding continuity of care when an inmate is being transferred to another facility.
 - d. To any person that has been exposed to blood or bodily fluids to the extent there is a risk of transmission of HIV or AIDS. In this case, the exposed person will be provided with the results and instructed on confidentiality as well as offered the opportunity to be tested.
 - e. Pursuant to the mandates of a court order or subpoena for such information.



Catawba County Sheriff's Office

Individuals Requiring Specialized Management 8.4.0

- f. Pursuant to any other requirements stipulated in G.S. 130A-143 or by the regulations adopted by the Commission for Health Services.

C. Housing

1. Inmates who are HIV infected or positive for AIDS and asymptomatic will not be segregated or transferred from the facility solely because of their condition and any employee in violation of this policy may be subject to disciplinary action.
2. Inmates who have HIV or AIDS and are symptomatic may be placed on medical segregation upon the direct recommendation of the contracted medical staff. Medically segregated inmates will still be afforded the opportunity to participate to the extent possible, in regular facility programs and services such as visitation, recreation, etc.
3. The Shift Supervisor or Jail Administrator may make a determination to segregate or transfer for the following reasons:
 - a. To protect the inmate from others (Protective Custody)
 - b. For engaging in violence, sexual assault, sexual activity, or other high-risk behaviors within the facility.
 - c. If recommendation for transfer to another facility is recommended by medical staff, segregation may be necessary while transfer is pending.

D. Court Ordered HIV/AIDS Investigation

Pursuant to state statute, a judge may order a defendant to be detained up to 24 hours for investigation by public health officials or for a possible HIV test. Should an inmate be admitted to the facility for this purpose, the admitting officer will immediately notify the Detention Facility Administrator and the Shift Supervisor.

Local Public Health authorities will be advised of the detainee, and they will be given all reasonable access to the individual. In addition, any inquiries regarding the detainee will be forwarded to Public Health officials.

E. Program Participation



Catawba County Sheriff's Office

Individuals Requiring Specialized Management 8.4.0

An inmate who is HIV infected or has AIDS will not be denied the same access to programs and services as other inmates housed in general population at the facility. The only exception to this will be in cases where the contract provider has determined that an inmate should not participate in a certain program, activity, or service due to medical reasons.

F. Training

All Detention Facility Officers will receive training regarding transmission methods, safety precautions, and other basic information concerning AIDS and HIV infection, within their first year of employment through the state mandated Detention Officer Certification Course.

Bloodborne Pathogens training will also be provided annually as in-service training.

G. Standard Precautions

Disposable non-latex gloves, paper towels, and cleaning supplies will be readily available for use.

The following precautions will be exercised by Detention Facility Officers while performing duties:

1. Protective equipment shall be worn whenever an officer comes into contact, or is reasonably expected to come into contact, with blood or bodily fluids while performing assigned duties. This includes, but is not limited to, handling objects, conducting cell searches, managing inmate laundry, responding to disruptive, assaultive, or violent inmates, and any situation requiring direct physical contact with inmates, such as frisk searches.
2. Officers should ensure that any portion of their body, another individual's body, or any object or surface exposed to blood or bodily fluids is thoroughly cleaned using warm water and antibacterial soap.
3. Officers will ensure that any cut, sores or breaks in their skin be covered with water resistant bandages whenever available.
4. Reasonable precautions should be taken to avoid situations in which officers may be punctured or injured by sharp objects, including knives, razors, or needles. When entering or searching areas where visibility is limited or



Catawba County Sheriff's Office

Individuals Requiring Specialized Management 8.4.0

obstructed, officers shall use appropriate tools, such as a flashlight and mirror, to safely inspect the area prior to making contact.

5. Sharp objects will be placed in puncture resistant containers whenever possible.
6. When cleaning up spills and surfaces exposed to blood or bodily fluids, officers will wear disposable or rubber gloves and will use a disinfectant.
7. Contaminated items will be placed in red biohazard bags or containers.

H. Exposure

Any Detention Facility Officer exposed to blood or bodily fluids should immediately wash and cleanse the exposed area with warm water and antibacterial soap.

Officers will be required to complete an official county "Incident Report" and an "Injury/Exposure Report" anytime they have been exposed to blood and or bodily fluids of another individual while in the performance of their duties.

Copies of the county "Incident Report" and the "Injury/Exposure Report" will be submitted to the Detention Facility Administrator for review and for necessary distribution, maintenance, and filing. The officer's supervisor will be responsible for notifying Human Resources no later than the end of the next business day.

Any officer exposed to blood and or bodily fluids may request to have their own blood tested and the results need not be reported to the facility.

Please refer to [*Policy 1.14.0*] for complete information on Communicable Diseases.

VIII. 8.4.7 – HUNGER STRIKE

- A. Hunger strike is a method of non-violent resistance or pressure in which participants refuse to eat and/or drink as an act of political protest, or to provoke feelings of guilt in others, usually with the objective of achieving a specific goal, such as a policy change.
- B. Detention Facility staff shall coordinate with medical personnel to monitor and assess the health and overall well-being of any inmate who has elected to



Catawba County Sheriff's Office

Individuals Requiring Specialized Management 8.4.0

participate in a hunger strike. The following procedures shall be implemented and followed to ensure appropriate monitoring, documentation, and response.

1. If an inmate refuses three (3) consecutive meals, the Shift Supervisor, Medical staff, and Administration shall be notified immediately.
2. Medical staff will begin regular vital signs checks and the inmate shall be placed on medical watch and observed four (4) times per hour.
3. The inmate's cell shall be searched, and all perishable food items removed. This measure is intended to ensure accurate monitoring of food and fluid intake and documented on a meal tracker.
4. The water supply to the inmate's cell shall be turned off to ensure accurate monitoring of fluid consumption.
5. If the inmate has not consumed any food for 72 hours, a medical health assessment will be completed.
6. If the inmate consumes any food or fluids during the hunger strike period, medical staff will be made aware, and an evaluation will be completed prior to discontinuation of hunger strike monitoring.
7. If the inmate remains on a hunger strike for five (5) consecutive days, the safekeeping process shall be initiated, and the inmate shall be transferred in accordance with safekeeping procedures.

IX. 8.4.8 – SUICIDAL INMATES

- A. Inmates will be screened, classified, and supervised in order to reduce the possibility of suicides in the Detention Facility. Initial screening will take place during the admission process, however, all inmates identified as potentially suicidal shall be promptly evaluated by a qualified mental health professional. Medical staff and Officers will reveal all information pertaining to the potentially suicidal condition to the evaluator.
- B. Detention Officers shall receive training through the Detention Officer Certification Course to recognize signs and indicators that an inmate may be at risk of suicide. This training shall include procedures for responding when an officer suspects an inmate is suicidal or experiencing serious mental health concerns that may increase the risk of a suicide attempt.



Catawba County Sheriff's Office

Individuals Requiring Specialized Management 8.4.0

C. High risk periods

Detention Facility medical personnel and Detention Officers shall always remain continuously alert for suicidal cues. In addition, inmates shall be closely monitored for signs of potentially suicidal behavior during the following identified high-risk periods:

1. The first 24 hours of confinement
2. After receiving bad news from home such as a death in the family or marital issues
3. Before and after court appearances, particularly after being sentenced
4. Weekends and holidays
5. Before anticipated release and/or transfer
6. During poor physical health or after receiving a serious medical diagnosis
7. During severe intoxication or withdrawal
8. After being assaulted by another inmate, particularly if the assault was sexual in nature

D. Criteria for placement on Suicide Watch

An inmate shall be placed on Suicide Watch when they exhibit behaviors, make statements, or present circumstances that reasonably indicate a risk of self-harm or suicide. Any Detention Officer may initiate immediate precautionary measures pending supervisory and medical review.

The following indicators may warrant placement on Suicide Watch:

1. Verbal statements, written communication, or actions expressing suicidal ideation, a specific plan, direct or indirect threats of self-harm, or stated intent to commit suicide.
2. A suicide attempt within the facility, a recent suicide attempt prior to confinement, or active self-harming behavior.
3. Clearly unrealistic expectations of immediate release or other triggering events that may increase emotional instability.



Catawba County Sheriff's Office

Individuals Requiring Specialized Management 8.4.0

4. A documented history of previous suicide attempts.
 5. Observable symptoms of depression, including crying, withdrawal, insomnia, extreme mood fluctuations, or lethargy.
 6. Giving away all personal property.
 7. Signs of serious mental illness, including hallucinations, delusions, or psychotic behavior.
 8. Known history of mental illness or prior psychiatric hospitalization.
 9. Significant drug or alcohol intoxication or withdrawal.
 10. Severe emotional distress, inability to cope with confinement, extreme aggressiveness, or homicidal ideations.
- E. Once an inmate has been identified as a suicide risk:
1. The person should not be left alone and should be moved to a cell where they will be monitored on a watch four(4) times per hour. These rounds must be documented and directly observed by a Detention Officer. *[Policy 8.5.0]*
 2. Medical staff and the Shift Supervisor shall be notified immediately, and a determination shall be made regarding the inmate's placement on Suicide Watch.
 3. Whenever possible, the suicidal individual should be placed in a populated cell with another inmate unless concerns for medical, safety, or PREA exist.
 4. Officers shall remove all articles of clothing or items that the inmate has in their possession that may be used to commit or attempt to commit suicide and they shall be provided a suicide smock and suicide blanket.
 5. If an inmate is actively engaging in self-harm, appropriate measures may be implemented to prevent further injury, including placement in a Safety Cell or Restraint Chair.

Once the immediate threat of self-harm has subsided, the inmate may be removed from the Safety Cell and returned to an appropriate housing assignment in accordance with the provisions set forth above. Removal from the Restraint Chair shall be conducted in compliance with Catawba County Sheriff's Office Policy, Chapter 5 – Use of Force.



Catawba County Sheriff's Office

Individuals Requiring Specialized Management 8.4.0

6. Inmates placed on Suicide Watch shall not be permitted access to commissary or other privileges for the duration of their placement.
7. One religious text of the inmate's preference shall be allowed if requested.
8. Documentation outlining the reason for placement on Suicide Watch, as well as the name of the approving supervisor, shall be entered into the Jail Management System. Appropriate notations shall also be made in the control room logbook and included in the shift report.

F. Suicide attempts

If an inmate attempts suicide while in custody, the inmate shall be secured as appropriate and immediate medical attention shall be provided. Detention Facility medical personnel shall promptly contact the appropriate mental health care professional for further action and guidance.

- #### **G. Once an inmate is placed on Suicide Watch, they shall remain under observation until a qualified mental health professional or contracted psychiatric provider authorizes the discontinuation of precautions. The mental health professional shall communicate all updates to Detention Officers, and documentation shall be maintained in the inmate's medical file, Jail Management System, control room logbook, and shift report.**

H. Procedures for discovery of an inmate who appears deceased

1. Secure all other inmates in their locked housing unit.
2. Notify the Shift Supervisor immediately.
3. The Shift Supervisor shall instruct the Control Room Officer to contact on-site medical personnel and Emergency Medical Services using the fastest available method.
4. If the inmate is hanging, get them down and remove them from the ligature while attempting to preserve the knot.
5. Provide necessary first aid until relieved by personnel with higher medical training.
6. If the inmate is in fact deceased, contact the Jail Administrator immediately, who will in turn contact the chain of command.



Catawba County Sheriff's Office

Individuals Requiring Specialized Management 8.4.0

7. Secure the area; the Shift Supervisor shall remain on scene until relieved.
8. The Jail Administrator shall relay pertinent information to the Chief Deputy and Sheriff, who will determine whether the Sheriff's Office CID, SBI, or both will investigate. The Medical Examiner shall also be notified.
9. Release of the deceased inmate's personal property to next of kin shall occur only under the express direction of the investigating agency.
10. Within five (5) days of the death, the Jail Administrator or designee shall notify the Jail and Detention Branch, local health director, and Secretary of the Department of Health and Human Services.
11. Employees involved in the incident shall be offered an opportunity to debrief with other officers and supervisors and access support through the Employee Assistance Program.

X. 8.4.9 – MENTAL HEALTH HOLDS

- A. A Mental Health Hold is a precautionary observation status requiring four (4) checks per hour, established for inmates experiencing a mental health crisis or for those whom staff determine may be at risk for self-harm but do not meet the elevated criteria for Suicide Watch. [*POLICY 8.5.0 Supervision of Inmates*]
- B. If staff believe an inmate meets the criteria for a Mental Health Hold, the Shift Supervisor and medical personnel shall be notified immediately to conduct an assessment and determine whether placement on this status is appropriate.
- C. Provided the inmate's behavior does not present a safety concern, they may retain their clothing and personal items already in their possession and may continue to receive regular inmate privileges. Such determinations shall be made on a case-by-case basis, taking into consideration the inmate's conduct and overall safety.
- D. Placement on Mental Health Hold will be determined according to the following factors:
 1. Non-recent suicide attempt
 2. Homicidal or suicidal ideations without a plan
 3. Inmates who have stated or suggested they may cause harm to themselves



Catawba County Sheriff's Office

Individuals Requiring Specialized Management 8.4.0

4. Inmates who are acting erratically (screaming, crying, laughing uncontrollably for no reason, etc.)
 5. Signs of depression, withdrawal, or giving away personal items
 6. Acute Mental Health Psychosis
 7. Unexpected bad news from family or substantial prison sentence
- E. Documentation regarding the reason for the hold and the approving supervisor shall be made in the Jail Management System. Brief notations shall be made in the control room logbook and shift report.
- F. A qualified mental health professional or contracted psychiatric provider shall be responsible for terminating the Mental Health Hold and shall communicate with Detention Officers regarding whether the hold will continue or end. Documentation and notations shall be updated.

XI. 8.4.10 – MEDICAL HOLD

- A. A Medical Hold is an observation status requiring four (4) checks per hour, established for inmates when facility or medical staff have concerns about the immediate health or physical well-being of the inmate. [POLICY 8.5.0]
- B. If staff believe an inmate meets the criteria for a Medical Hold, the Shift Supervisor and medical personnel shall be notified immediately for assessment and determination of appropriate placement.
- C. Inmates on a Medical Hold may retain regular privileges, unless safety or medical concerns dictate otherwise.
- D. Conditions that may warrant a Medical Hold include, but are not limited to:
1. Severe drug or alcohol withdrawal symptoms
 2. Being under the influence of drugs or alcohol
 3. Debilitating medical conditions or conditions that limit movement
 4. Special needs inmates that require additional supervision
 5. Any medical problems that medical or facility staff determine require additional supervision



Catawba County Sheriff's Office

Individuals Requiring Specialized Management 8.4.0

- E. Documentation regarding the reason for the hold and the approving supervisor shall be made in the Jail Management System. Brief notations shall be made in the control room logbook and shift report.
- F. Removal from a Medical Hold will be approved through the facility medical staff and documentation and notations shall be updated.

A copy of the Policy Facility Health Plan 8.9.0 is hereto attached:



Catawba County Sheriff's Office

Facility Health Plan 8.9.0

Policy # 8.9.0	Effective Date: July 01, 2026	Revised Date:
Pages: 22	Distribution:	Rescinded Date:
Authority of: Sheriff Donald G. Brown II		
References: § 153A-225; POLICY 8.4.0, 8.5.0		
Forms:		

I. 8.9.0 – POLICY

It is the policy of the Catawba County Sheriff's Office that the Catawba County Detention Facility shall provide comprehensive health care services to all inmates in its custody. Qualified medical personnel shall be available to deliver routine and emergency medical and mental health care, ensure proper administration of medications, and maintain the confidentiality of all medical records. Detention Officers shall assist in facilitating access to medical services, while maintaining safety, security, and the privacy of inmates.

II. 8.9.1 – PURPOSE

The purpose of this policy is to ensure the health, safety, and well-being of all inmates housed at the Catawba County Detention Facility by establishing clear procedures for admission screening, routine and emergency medical care, dental and mental health services, substance abuse treatment, and the administration of medications. The policy also ensures that inmate medical records are maintained, secured, and released in compliance with federal, state, and local laws, while defining the responsibilities of both medical staff and detention officers. Through these procedures, inmates are provided timely access to qualified medical personnel for assessment, treatment, and follow-up care, and detention staff are guided in facilitating health services while maintaining security, safety, and inmate privacy.

III. 8.9.2 – DEFINITIONS

Chronic Illness: Any medical condition lasting one year or longer that requires ongoing medical attention, limits activities of daily living, or both, as defined by the CDC.



Catawba County Sheriff's Office

Facility Health Plan 8.9.0

Contracted Medical Staff / Provider: Licensed health care personnel or agencies under contract with the Detention Facility to provide medical, mental health, dental, and substance abuse care to inmates.

Delayed Intake: An inmate who is uncooperative or refuses to participate in the initial health screening and is therefore temporarily held until medical evaluation can be completed.

Electronic Medical Record (EMR): The secure digital system provided by the contracted medical provider in which inmate medical records are stored, maintained, and accessed only by authorized medical personnel.

Emergency Medical Situation: Any medical or mental health condition that poses an immediate threat to the life or health of an inmate or others, requiring immediate intervention.

Routine Medical Care: Scheduled or as-needed health care services provided by qualified medical personnel to assess, treat, and manage non-emergency medical conditions.

Serious Medical Need: A condition that would be obvious to a person without medical training and that causes significant pain, suffering, or risk of harm, including dental conditions, mental health crises, and substance abuse emergencies.

Transporting Officer: A Detention Officer assigned to accompany an inmate to an off-site medical facility for evaluation, treatment, or follow-up care, responsible for security, privacy, and delivery of medical instructions.

Medication-Assisted Treatment (MAT): Evidence-based medical treatment for opioid or alcohol use disorder using prescribed medications under professional supervision.

IV. 8.9.3 – PLAN OVERVIEW

- A. At the direction of the Sheriff, the Jail Administrator or designee shall be responsible for the development and annual review of the Facility Health Plan ("Plan"). Prior to implementation, the Sheriff and/or Jail Administrator shall ensure the Plan is reviewed and approved by the appropriate officials of the Catawba County Health Department and signed by the Sheriff. Upon determination that the Plan adequately protects the health and welfare of inmates, the Plan shall be adopted by the governing body of Catawba County.
- B. The Plan shall be reviewed at least annually by the Jail Administrator or designee and updated as necessary. Any revisions must be approved by the Sheriff.



Catawba County Sheriff's Office

Facility Health Plan 8.9.0

- C. A copy of the Plan shall be maintained in the Policy and Procedures Manual to ensure it is accessible to all detention officers and readily available for reference by detention facility staff.
- D. The Plan shall, at a minimum, include information addressing the following procedures:
 - 1. Health screening of inmates upon admission to the Detention Facility to include screening for Substance Use Disorder
 - 2. Handling routine medical care requests
 - 3. Managing inmates with chronic illnesses or known communicable diseases or conditions
 - 4. Administration, dispensing, and control of prescription and non-prescription medications
 - 5. Responding to medical emergencies, including, but not limited to, dental care, chemical dependency, pregnancy, and mental health emergencies
 - 6. Maintenance and confidentiality of medical records
 - 7. Ensuring privacy during medical examinations and conferences with qualified medical personnel
 - 8. Management of intoxicated inmates upon admission
 - 9. Education of officers about HIV/AIDS and methods of transmission
 - 10. Transport of inmates to off-site medical care providers
- E. A brief summary of the Plan, including the availability of health care services at the facility, shall be included in the Inmate Rules Manual to ensure inmates are informed of the steps required to access health care services.
- F. Inmates shall have the opportunity each day to communicate health concerns to a qualified medical professional or detention officer. Qualified medical personnel shall be available to assess and address inmates' medical needs. An electronic record shall be maintained for all medical care requests, including the actions taken in response to each request.

Under no circumstances will the plan allow any inmate to perform any medical function at the Detention Facility.



Catawba County Sheriff's Office

Facility Health Plan 8.9.0

- G. Catawba County Detention Facility shall reimburse the State for the State's portion of costs, including the cost of services provided and any administrative costs directly associated with those services, to the State's Medicaid program in the event Medicaid is utilized for medical services rendered.

V. 8.9.4 – INITIAL SCREENING PROCESS

A. New Intakes

To promote the safety and health of inmates, staff, and visitors, a medical and mental health screening shall be conducted for each inmate upon admission to the Detention Facility.

The admitting or processing officer shall remain alert for any medical emergency that may exist prior to or after an individual's acceptance into the facility. If a valid commitment or other lawful order for confinement is presented, the individual shall be accepted, and detention staff shall ensure that any necessary emergency medical treatment is obtained immediately.

1. Detention Officers will complete the brief required health screening during the booking process prior to placing the inmate in any holding cell within the facility. This screening will consist of two parts.

- a. Interview

Detention Officers will ask the necessary questions and record the responses given. Inmates shall be informed that providing information in response to any question during the screening is voluntary.

If an inmate discloses medical or mental health information considered confidential, including but not limited to communicable diseases, under state or federal laws, regulations, or standards, the information shall be kept secure and promptly transferred to medical staff only.

- b. Observation

The processing officer shall observe the inmate for any visible signs of illness, injury, or other medical concerns and document those observations accordingly. The processing officer shall also note whether the inmate is wearing a medical alert tag or similar medical identification. While the screening shall be used as a guide, the processing officer shall remain



Catawba County Sheriff's Office

Facility Health Plan 8.9.0

attentive to any additional medical or mental health concerns that may not be specifically addressed on the screen.

2. Medical staff shall be notified of all new intakes, and they shall complete a full Medical/Mental Health Screening. This assessment will take place in the Medical Intake Room, located in the booking area prior to placement in a housing unit.
3. If the screening process reveals an emergency medical or mental health problem that was not detected upon arrival, emergency medical treatment will be immediately provided.
4. If the screening process reveals a non-emergency medical or mental health problem, the contracted medical staff will secure any necessary treatment.
5. The initial health screenings shall be accessible to detention officers, however, disclosure of an inmate's AIDS status or any other reportable communicable disease is prohibited by North Carolina law and constitutes a misdemeanor.
6. If any portion of the screening indicates that an inmate requires additional supervision or special housing for medical or mental health reasons, the processing officer shall secure such housing in accordance with the Medical Plan and Inmate Classification procedures. Inmates who are suicidal, have an alcohol level of 0.15 BAC or higher, or appear impaired by a controlled substance shall be closely supervised and checked at least four times per hour on an irregular schedule, with no more than 20 minutes between rounds.
[Policy 8.4.0, 8.5.0]
7. If the officer and medical screening indicate that the inmate has no health issues requiring attention, the processing officer shall classify and house the inmate in accordance with facility policy. *[8.2.3]*

B. Delayed Intakes

An inmate who is uncooperative or refuses to provide required information during the health screening shall be classified as a Delayed Intake until the screening can be completed or the inmate has been cleared by the medical staff.

1. A Delayed Intake form should be completed, signed by the officer, witnessed, and forwarded to the medical staff.



Catawba County Sheriff's Office

Facility Health Plan 8.9.0

2. Medical staff shall make a total of 14 attempts to complete the intake screening for a Delayed Intake inmate: once per day shift and once per night shift for seven consecutive days.
3. If the inmate completes the medical screening at any time during the Delayed Intake period, they shall be cleared for classification. If the inmate continues to refuse screening for the full seven (7) days, they shall also be cleared for classification at the conclusion of that period.

VI. 8.9.5 – ROUTINE MEDICAL CARE

To promote the health and well-being of inmates confined to the Catawba County Detention Facility, officials shall ensure that qualified health care professionals are available to provide necessary routine medical services and treatment on a regularly scheduled basis, as well as on an as-needed basis.

A. Medical Communication

1. Detention Officers will be responsible for monitoring the condition of inmates during their security rounds and for referring any noted medical problems to the contracted medical staff. If a Detention Officer has any reasonable doubt as to whether an inmate is experiencing a **serious medical condition** requiring immediate attention, the officer shall resolve all doubt in favor of promptly providing the inmate with medical care.
2. Inmates shall have daily access to submit Sick Call Requests to nursing staff. On-duty medical staff will review all requests daily to determine the need for routine medical evaluation or treatment. Completed Sick Call Requests shall be maintained in the inmate's electronic medical record. Under no circumstances shall any form containing a diagnosis, treatment recommendation, or referral from any health care professional be placed in the inmate's confinement record or made accessible to Detention Facility Officers.
 - a. Kiosks will be available in the housing unit dayroom for submission of electronic sick call requests and can be submitted to the medical staff for:
 - 1) MAT
 - 2) Medical
 - 3) Mental Health



Catawba County Sheriff's Office

Facility Health Plan 8.9.0

- b. Paper copies of sick calls will be provided when access to the kiosk is not available. Detention Officers will ensure that all paper forms are promptly submitted to the medical staff.

B. Chronic Illnesses

The Centers for Disease Control and Prevention (CDC) define chronic illnesses as conditions that last one year or longer and require ongoing medical attention, limit activities of daily living, or both. Chronic illnesses may be identified during the intake screening process, through questioning of the inmate, or by statements made by the inmate. Any inmate identified as having a chronic illness shall receive treatment from the contract medical provider in accordance with established medical protocols.

C. Pregnancy

Pregnant inmates may be identified during the intake screening process, through questioning of the inmate, or by statements made by the inmate. Pregnancy testing will be provided at no cost to inmates believed to be pregnant. Inmates confirmed or suspected to be pregnant shall receive treatment from the contract medical provider in accordance with established medical protocols. Restraints will be used on pregnant inmates only as specified in facility policy. [8.4.0]

D. Confidentiality

Inmates shall be afforded privacy during medical examinations and conferences with medical personnel. Escorting officers shall respect inmate privacy and maintain confidentiality of all medical information observed or overheard in the course of performing their duties.

VII. 8.9.6 – EMERGENCY MEDICAL CARE

To ensure that the emergency health care needs of inmates housed at the Catawba County Detention Facility are met on a continuous basis, the facility shall provide access to 24-hour emergency medical care through contracts with health care providers, local hospitals, and local Emergency Medical Services (EMS). Emergency medical care shall be provided as necessary to protect the health and welfare of inmates.

A. Training

All training received by Detention Facility Officers will be documented, maintained, and filed in each employee's personnel/training file. All Detention



Catawba County Sheriff's Office

Facility Health Plan 8.9.0

Facility Officers employed by the Catawba County Detention Facility shall receive instruction and training in the following areas during their first year of employment, through the Detention Officer Certification Course and/or in-service training:

1. CPR/AED – It will be the responsibility of the Detention Training Coordinator to schedule and coordinate this training.
2. Detection of medical emergencies to include but not limited to:
 - a. Signs of unconsciousness or semi-consciousness
 - b. Signs of alcohol or drug intoxication
 - c. Signs of severe bleeding
 - d. Signs and symptoms of serious breathing difficulties
 - e. Signs and symptoms of serious head injury
 - f. Signs of severe burns
 - g. Signs and symptoms of severe pain
 - h. Signs of suicide risk
 - i. Signs and symptoms of pregnancy
 - j. Signs and symptoms of heart attack or stroke
 - k. Signs and symptoms of any other serious medical need that requires immediate medical attention and that cannot be deferred until the next scheduled sick call or clinic.

B. Emergency Medical Care Procedures

1. When a Detention Officer discovers a medical emergency, they will immediately radio for medical assistance and provide the location of the emergency. If the emergency is discovered in booking on a newly admitted inmate that is unconscious, semi-conscious, or otherwise suffering from a disabling condition, the officer shall look for a Medic Alert Foundation symbol.



Catawba County Sheriff's Office

Facility Health Plan 8.9.0

2. The initial responding officer shall provide emergency first aid within the scope of their training until relieved by medical personnel. Care shall be provided at the scene to the extent possible. Detention Facility Officers should utilize universal precautions when administering first aid to prevent exposure to bloodborne pathogens and other communicable diseases.
3. Medical staff, a supervisor, and additional Detention Officers, as needed to provide security, shall immediately respond to the location of the emergency. Depending on the location of the incident, the housing unit control room or Master Control shall ensure that medical staff have been notified and are responding.
4. Once medical personnel arrive, Detention Facility Officers shall provide access to the inmate and defer all medical care responsibilities to qualified health care personnel. Officers shall not interfere with medical care being provided unless necessary to maintain safety and security or in the event of clearly observed gross negligence.
5. Contracted medical staff shall assess the inmate's condition and determine the appropriate course of action in accordance with established protocols and, when necessary, in consultation with the contracted medical provider.
6. If medical personnel or a supervisor determines that an inmate requires EMS transport to an outside medical facility, the responding supervisor shall immediately designate an officer to call 911. Detention Facility Officers shall then follow the procedures outlined in Catawba County Detention Facility Policy [8.9.13 *Transportation for Medical Care*]. Notification shall be made to the Detention Supervisors, Captain, Chief Deputy, and Sheriff without delay.

A current list of all emergency phone numbers shall be posted in a conspicuous location within the control rooms, always ensuring accessibility to all Detention Facility Officers.

7. If a medical situation is deemed a true emergency, inmates shall not be charged a fee for the medical services provided. *Policy[8.9.11]*

C. Documentation

If a medical emergency results in an investigation or potential criminal charges, an incident report shall be completed detailing the circumstances of the event, as well as any actions taken by responding officers and medical personnel to treat the inmate. The report shall be completed by the responding Detention Officer



Catawba County Sheriff's Office

Facility Health Plan 8.9.0

and/or other officers involved in the emergency. Documentation shall be submitted to the Jail Administrator or Professional Standards Lieutenant for review.

D. First Aid Kits

A First aid kit shall be maintained in the supervisor's office ensuring accessibility to Detention Officers at all times. This kit enables officers to provide necessary care until qualified health care professionals arrive. Replacement supplies shall be kept on hand at the Facility. The Facilities Lieutenant shall periodically inspect the kit to ensure it is fully stocked. Contracted medical staff or the Facilities Lieutenant shall restock supplies as needed, and officers shall notify the Facilities Lieutenant whenever items are used.

At a minimum the First Aid Kit should include:

1. Different size bandages
2. Tape
3. Alcohol wipes or swabs
4. Cotton swabs
5. Antiseptic lotion, cream or liquid
6. Scissors
7. Tourniquets
8. Hot and/or cold packs

VIII. 8.9.7 – DENTAL CARE

- A. The Catawba County Detention Facility shall provide dental care by a licensed dentist only for conditions that constitute a serious medical need. Dental services shall be limited to the treatment necessary to address the condition. A "serious medical need" is one that would be obvious to a person without medical training and includes, at a minimum, any condition causing significant pain or suffering.

Note: Certain dental conditions may constitute a serious medical need. If a Detention Facility Officer has reasonable doubt as to whether an inmate's dental complaint constitutes a serious medical need requiring emergency attention, the



Catawba County Sheriff's Office

Facility Health Plan 8.9.0

procedures outlined in Catawba County Detention Facility Policy, "*Emergency Medical Care*," shall be followed. [8.9.6]

B. Dental Care Procedures

1. Inmates may submit dental requests directly to medical staff via the kiosk or paper sick call, or verbally or in writing to a Detention Officer, who shall promptly notify medical personnel. *Policy [8.9.5]*
2. Medical staff will review and follow up on all dental requests.
3. If medical staff determine that a reported dental condition constitutes a serious medical need, the Contract Provider or Dentist shall provide appropriate treatment.
4. Medical staff shall record all dental complaints, whether written or verbal, and dental referrals in the inmate's electronic medical record, ensuring strict confidentiality.

IX. 8.9.8 – MENTAL HEALTH CARE

Detention Officers shall monitor inmates' mental health needs and ensure emergency care or other treatment ordered by the contracted provider or licensed mental health professional is promptly arranged. Inmates will be afforded privacy during conferences with mental health personnel.

A. Routine Mental Health

1. Inmates will be provided an opportunity to communicate their mental health complaints by submitting sick call requests daily. *Policy [8.9.5]*

Routine mental health complaints may constitute a serious medical need. In cases where reasonable doubt exists as to the seriousness of an inmate's condition, Detention Facility Staff shall resolve such doubt in favor of providing mental health care.

2. Mental health staff will review inmate mental health complaints daily and the contracted provider shall ensure that a licensed mental health professional assesses, evaluates, and, if necessary, refers inmates for treatment with a contracted psychiatric provider.

B. Emergency Mental Health



Catawba County Sheriff's Office

Facility Health Plan 8.9.0

Detention Officers shall receive training during Basic Detention Officer Certification School on recognizing signs and symptoms of potential mental health emergencies. If an officer observes any of the following, they shall promptly notify Detention Facility medical staff:

1. Significant depression
2. Disorientation
3. Exaggerated mood swings
4. Delusions and/or hallucinations
5. Intense fear, panic, or anxiety
6. Warning signs of suicide
7. Significant sleep disturbances
8. Any other symptoms or complaints indicating a need for immediate mental health treatment

Detention Officers shall notify medical and/or mental health staff regardless of the source of the information, including verbal or written requests or direct observation. Medical staff shall contact the contracted provider for further evaluation and instructions.

C. Documentation

Any verbal orders issued by medical staff, the contracted provider, or a licensed mental health professional shall be documented by medical or mental health staff. Detention Officers shall notify medical or mental health staff of any difficulty in carrying out such orders. All documentation shall be maintained as confidential and retained in the inmate's medical record.

X. 8.9.9 – SUBSTANCE ABUSE TREATMENT

To protect and promote the well-being of inmates, Catawba County Detention Facility shall provide routine and emergency medical services to inmates suffering from severe drug or alcohol intoxication, or from the effects of such intoxication, when the condition constitutes a serious medical need.



Catawba County Sheriff's Office

Facility Health Plan 8.9.0

- A. Detention Facility Officers shall receive training during Basic Detention Officer Certification School to recognize the signs, symptoms, and effects of severe alcohol and drug intoxication.
- B. Identification of Inmates Requiring Substance Use Treatment
 - 1. Inmates shall be screened for substance use upon intake by medical staff, including a urine drug screen with the inmate's consent.
 - 2. If an inmate does not disclose a substance use history at intake but subsequently appears to be under the influence, verbally reports substance use, or is known from past records to have a chemical or substance abuse problem, the Detention Officer shall document the specific substance(s) involved and promptly notify Detention Facility medical staff for appropriate evaluation and treatment.
- C. Once an inmate with substance use issues has been identified, they shall be placed on a detoxification protocol and closely monitored by medical staff.
- D. Substance abuse, rehabilitation, and overdose prevention classes will be offered to inmates, as available, either in person or via the tablet provided. Inmates who pose safety or behavioral risks may not be recommended for participation in in-person classes.
- E. Medication Assisted Treatment (MAT) Program

Catawba County Detention Facility shall comply with local, state, and federal guidelines by providing Medication-Assisted Treatment (MAT) services to inmates for alcohol and opioid use disorder (OUD), as required by law.

Catawba County Detention Facility shall contract with a professional health care vendor experienced in the treatment of opioid use disorder (OUD). The vendor shall provide staffing, services, program management, oversight, quality review, and protocols. The program shall comply with all applicable legal requirements and best practices for Medication-Assisted Treatment (MAT) services.

Eligibility for the MAT program will be determined by the medical department.

XI. 8.9.10 – ADMINISTRATION AND CONTROL OF MEDICATIONS

All medications shall be securely stored, handled, and administered in accordance with applicable legal requirements and the orders of prescribing health care professionals. It



Catawba County Sheriff's Office

Facility Health Plan 8.9.0

is not within the scope of a Detention Officer's duties to recommend, prescribe, or administer medications to inmates.

A. Storage

Apart from medications purchased through commissary, all medications, whether prescribed or over the counter, shall be strictly controlled and securely stored in the medical department pharmacy. These medications shall be strictly controlled to prevent potential abuse or misuse by inmates or Detention Facility staff.

1. Prescribed medications shall be kept locked in the pharmacy cart located in medical.
2. Controlled substance medication shall be locked in a lock box which is located inside a locked medication cart.
3. Any controlled medication that must be kept refrigerated is stored in a locked refrigerator in the pharmacy.

B. Control

1. The Detention Facility nurse shall maintain control of all medications and ensure that prescriptions are filled by a licensed pharmacist.
2. The contracted medical staff shall destroy any outdated or discontinued medications in accordance with DEA policy.
3. Inmates may possess medications in their living unit only if purchased from commissary or specifically ordered by the contracted medical staff.
4. All prescription medications brought into the Detention Facility by an inmate or a family member shall be verified by the contracted provider or nurse as medically approved prior to administration to the inmate.
5. Inmates shall not be left unattended or granted unescorted access to the medical unit at any time.

C. Labeling

All prescribed medications provided for a specific inmate by a pharmacist, whether purchased by the Detention Facility or brought in with the inmate, shall be labeled with the following information:



Catawba County Sheriff's Office

Facility Health Plan 8.9.0

1. The name, address, and telephone number of the pharmacy or other provider that dispensed the medication
2. Name of the prescribing physician
3. Date medication was prescribed
4. Name of the inmate authorized to receive the medication
5. Instructions for administration
6. Name, strength, and prescribed dosage for the medication

D. Over the Counter Medications

1. Certain over-the-counter (OTC) medications may be provided to inmates by contracted medical staff. To receive these medications, an inmate must first submit a sick call request. Nursing staff shall evaluate the inmate, and if deemed medically necessary, the contracted provider shall order the medication. Once the order is completed or runs out, the inmate may submit a follow-up request as appropriate.
2. Inmates may purchase limited quantities of a select few common over-the-counter medications from commissary for personal use only.

E. Medication Distribution

1. Contract medical staff will administer all medications. Inmates shall not prepare or administer medications for any other inmate, nor perform any medical functions within the Detention Facility, regardless of any license or certification they may hold.
2. Contracted medical staff will prepare and distribute routine medication daily.
3. Detention Facility medical staff shall package all inmate prescription medications in small envelopes for capsules or tablets and in small cups for liquids. Medication envelopes shall be organized and maintained by day of the week and administration time and shall be labeled with:
 - a. Inmate's name
 - b. Date of birth
 - c. Medication name(s)



Catawba County Sheriff's Office

Facility Health Plan 8.9.0

- d. Dosage
 - e. Directions
 - f. End date of medications
4. Medication distribution will occur several times throughout the day as determined by contract medical staff and detention staff.
 5. Inmates will be locked down prior to med pass in the housing unit.
 6. Detention staff will make an announcement to the inmates to be dressed and standing at their door with water and facility ID.

XII. 8.9.11 – MEDICAL COPAYMENTS

- A. Inmates shall not be denied necessary medical services, whether emergency or non-emergency, for a serious medical condition based on their inability to pay.
- B. The Catawba County Sheriff's Office may utilize Medicaid or Medicare coverage for inpatient hospitalization and other allowable services for eligible inmates. It is the policy of the Catawba County Sheriff's Office to reimburse the State's Medicaid program for its required share of costs, including services provided and any directly related administrative expenses. Any required reimbursement or administrative costs owed to the State shall be paid by the County to the State's Medicaid program.
- C. If an inmate refuses medical treatment, the inmate shall be required to sign a Refusal of Treatment Form. If the inmate refuses to sign, the refusal shall be documented and witnessed by a Detention Officer and a member of the medical staff. If the inmate's condition constitutes a serious medical need, the inmate shall be placed on medical watch. All documentation related to an inmate's medical treatment or refusal shall be maintained in the inmate's medical record.

D. Fee Schedule

Inmates will be charged via their commissary account:

1. Non-Emergency medical visits/service – Twenty dollars (\$20.00)
2. Prescription medication – Ten dollars (\$10.00)
3. Emergency services – No fee



Catawba County Sheriff's Office

Facility Health Plan 8.9.0

Detention Facility medical staff shall determine whether an inmate's visit is classified as an emergency or non-emergency. A visit shall be classified as an emergency only after the inmate has been evaluated and treated, and it is determined that the condition was life-threatening or near life-threatening. No inmate shall be denied access to medical care based on the classification of the illness or injury.

The medical co-pay fee schedule shall not apply to visits initiated by medical personnel or follow-up visits ordered by medical personnel.

- E. Notification of Co-Pay Procedures
 - 1. Written notice provided at intake.
 - 2. Posted notices on the kiosk in the housing units and in other conspicuous areas, in both English and Spanish. Detention Officers shall read the notice to inmates who are unable to read.
 - 3. Verbal explanation by medical staff prior to non-emergency medical services.
- F. For inmates who are not deemed indigent, the Administrative Lieutenant or designee shall be responsible for deducting the applicable co-pay from the inmate's account. The deduction shall be visible to the inmate on their commissary account. The Administrative Lieutenant shall maintain records of all inmates charged for medical visits or prescriptions.
- G. Inmates or their family members wishing to arrange transport to a private doctor shall make arrangements through Detention Administrative staff. If approved, the inmate or their family shall be responsible for the office visit and any additional charges assessed by the provider. The inmate or their family shall also be responsible for a \$50.00 transportation fee to the private doctor visit.

XIII. 8.9.12 – MEDICAL RECORDS

- A. Inmate Medical Records
 - 1. During the admission process, on-duty medical staff shall ensure that a medical record is established for each inmate admitted to the Facility.
 - 2. Any information disclosed by an inmate during the admission process, including records or information identifying a communicable or contagious disease or any condition deemed confidential under state or federal law, case law, standards, or regulations, shall be maintained as strictly confidential and



Catawba County Sheriff's Office

Facility Health Plan 8.9.0

retained only within the inmate's medical record. Under no circumstances shall such information be recorded in the inmate's confinement record.

3. The following documents and information shall be maintained in each inmate's medical record:
 - a. Initial Health Screening
 - b. Medical evaluation results (typically recorded on a "Consultation Request" form)
 - c. Medical and prescription information
 - d. Laboratory, x-ray, and other diagnostic test reports
 - e. Progress notes
 - f. Inmate consent and refusal of treatment forms
 - g. Release of information forms
 - h. Hospital discharge forms
 - i. Special treatment plans
 - j. Medical appointment information, including date, time, location, and provider
 - k. Mental health assessment and progress notes

B Storage of Medical Records

All inmate medical records shall be kept confidential as required by law and maintained separately from confinement records. Records shall be stored securely within the electronic medical record (EMR) system provided by the contracted medical provider. Access to the EMR shall be restricted exclusively to authorized medical personnel, who are solely responsible for the maintenance and management of these records.

C. Release of Medical Information/Records to Other Authorities

Inmate medical records are confidential and shall not be released except as required by law or with the written consent of the inmate. Requests for medical information from external parties, including attorneys, other health care providers,



Catawba County Sheriff's Office

Facility Health Plan 8.9.0

law enforcement, courts, or other government agencies, must be directed to the contracted medical staff. The original medical record shall **not** be released; only a copy may be provided.

Upon the written consent of an inmate, a Jail Inspector may be granted access to the inmate's medical record. In accordance with state law, the inmate must be provided with written notice of their right to object prior to granting such access.

Inmate medical records may be released *without* the inmate's consent only under the following circumstances:

1. For purposes of treatment, payment, research, or health care operations, to the extent permitted under federal and state law
 2. As necessary to protect public health, as provided by the Commission for Public Health rules regarding control measures for communicable diseases and conditions
 3. Pursuant to an appropriate court order or other judicial process
 4. For enforcement of Article 6 (Communicable Diseases) or Article 22 (Terrorist Attack Using Nuclear, Biological, or Chemical Agents) of Chapter 130A of the North Carolina General Statutes, or for investigation of a terrorist incident involving nuclear, biological, or chemical agents
 5. When authorized state or local health officials request law enforcement assistance to prevent or control the spread of a disease or condition and expressly authorize disclosure as necessary
 6. For notifying the Director of Health Services, Division of Prisons, whenever an inmate known to be infected with HIV or AIDS is transferred from the Facility to the Department of Corrections.
- D. Medical information for inmates being transferred to another facility shall be handled as follows:
1. A sealed, written statement from the contracted health care provider shall be provided to the transport officer for delivery to the receiving institution's health care provider. The statement should include general information regarding the inmate's medical history and shall authorize the receiving facility's medical staff to contact the provider for additional information.



Catawba County Sheriff's Office

Facility Health Plan 8.9.0

2. If a sealed written statement is not provided, the contracted provider shall contact the receiving facility's medical staff and verbally provide the necessary information concerning the inmate's medical history.
3. The inmate may provide written consent authorizing the transfer of their medical information.

XIV. 8.9.13 – TRANSPORTATION FOR MEDICAL CARE

When medical staff determine that an inmate requires treatment or diagnostic services at an outside medical facility, detention officials shall arrange transportation that ensures the safety and security of the public, the inmate, and staff, while also safeguarding the inmate's health.

A. Routine Transportation

1. When an inmate requires diagnosis or treatment from a medical source outside the Detention Facility, the Transportation Supervisor shall assign an officer to provide transport.

Note: North Carolina regulations prohibit assigning duties to Detention Officers that would interfere with the continuous supervision, custody, or control of inmates. Therefore, transporting officers shall not be assigned in a manner that compromises such continuous supervision, custody, or control.

2. All inmates being transported shall be secured with appropriate restraints, up to and including belly chains, handcuffs, leg irons, restraint chairs, or other approved devices, unless the use of such restraints is medically contraindicated or otherwise not feasible. When restraints are prohibited for medical reasons, the inmate shall be secured in the most secure manner reasonably possible under the circumstances.
3. The arranging authority shall ensure that, when a female inmate requires transportation to a medical provider (excluding dental or vision appointments), a female officer either provides the transport or accompanies the transporting officer. If a male officer escorts a female inmate, a body-worn camera shall be activated for the duration of the transport. In emergency situations requiring immediate medical care, a male officer may transport a female inmate if a female officer is not available.

B. Emergency Transportation



Catawba County Sheriff's Office

Facility Health Plan 8.9.0

1. In the event an inmate experiences a life-threatening medical emergency requiring immediate transport, Catawba County Emergency Services shall provide transportation. A Detention Officer or Deputy Sheriff shall accompany the inmate in the transporting vehicle.
2. If qualified medical personnel determine that an inmate does not require emergency medical treatment but must be evaluated at an outside medical facility, a Detention Officer shall provide transportation.

Note: Any reasonable doubt as to whether an inmate is experiencing a life-threatening emergency requiring immediate transport shall be resolved by summoning Emergency Medical Services (EMS). The decision as to whether EMS will provide transport shall be made solely by qualified medical personnel.

3. To obtain an ambulance, Catawba County Communications should be contacted either by dialing 911, 3112 (from facility phones), or calling them on the Sheriff's Office radio.
4. Appropriate restraints shall be applied at all times during an emergency transport, unless their use would endanger the inmate's health or interfere with necessary medical treatment.
5. In all such emergency situations, the Jail Administrator shall be contacted immediately and advised of the situation.

C. Responsibilities of the Transporting Officer

1. The transporting officer shall maintain close proximity to the inmate at all times when the inmate is outside the Detention Facility. However, inmates shall be afforded privacy during medical examinations and consultations with qualified medical personnel, consistent with safety and security requirements.
2. The transporting officer shall remain with the inmate at the off-site medical facility until treatment is completed.
3. The officer accompanying an inmate to an outside medical facility shall obtain written instructions for any further treatment or follow-up from the treating facility and deliver them to the Facility's medical staff. Inmates shall not be informed of the date or location of any follow-up treatments.



Catawba County Sheriff's Office

Facility Health Plan 8.9.0

4. If an inmate is admitted to an off-site medical facility, the accompanying officer shall remain with the inmate and notify the Detention Supervisor, who will, in turn, notify the Jail Administrator.
5. The Jail Administrator, or a higher authority, shall determine on a case-by-case basis whether an inmate's next of kin will be notified of the inmate's admission to a hospital or other outside medical facility. The inmate's attorney shall also be notified unless doing so would pose an articulable security risk.
6. If the inmate is released from the outside medical facility, the officer shall either transport the inmate back to the Detention Facility or make arrangements for their transport.

c. The Policy and Public Works Subcommittee recommended the Board of Commissioners approve a bid award to Mediko, Inc. for inmate health care services, and authorize execution of a 1-year contract for FY26/27 for \$2,400,167, with option for automatic renewal for successive one-year terms with an annual increase of three percent (3%) and all necessary documents related to this project.

On February 10, 2026, Catawba County issued a Request for Proposals (RFP) seeking submittals from qualified inmate healthcare management companies to provide comprehensive medical services at the Catawba County Detention Facility. The selected contractor will be responsible for delivering healthcare services to individuals in custody of the Catawba County Sheriff on a 24-hour per day, 7-day per week basis.

On March 18, 2026, at 3:00 p.m., bid responses were opened and recorded. There were five (5) inmate health care management companies that provided responses:

- Advanced Correctional Healthcare, Inc.
- Genesys Health Alliance, LLC
- IMS Correctional Healthcare, LLC
- Mediko, PC
- Wellpath, LLC

On March 25, 2026, the Evaluation Committee (Major Kevin Kelly, Lieutenant Jacqueline Opper and Purchasing Manager Tina Wright) met to evaluate the bid responses received. As part of the evaluation process, the committee looked at each of the programs offered to see how well the program aligned with the needs of the Catawba County Detention Facility, in addition to meeting all the requirements of the Request for Proposal. It also included looking into past experience at providing similar services, staffing plan offered, cost of program, litigation history and references. The Committee scored the responses using Evaluation Criteria included in the Request for Proposal, attached for reference. The Committee made the decision to interview the top three firms and, based on those interviews, determined that Mediko, PC offered the best program at the lowest cost.

d. Staff recommended the Board of Commissioners adopt the proposed resolution confirming Billy A. Wilson as a fully qualified At-Large Commissioner for a 5-year term.

The Lake Norman Marine Commission was recently reconstituted through an act of the North Carolina General Assembly (Session Law 2025-67). This legislation establishes a nine-member commission, with two members appointed by the Boards of Commissioners for each of the four Lake Norman Marine Commission member counties.

The legislation further provides for selection of a 9th at-large member by the eight County-appointed members, subject to confirmation by joint resolution of all participating local governments. After several candidate interviews, Mr. Billy Wilson (resume attached) was elected as the At-Large member by a vote of the Lake Norman Marine Commission at a special called meeting held on February 19, 2026.

This item is being brought before the Board to aid in finalizing Mr. Wilson's appointment.

The following resolution applies:

Resolution No. 2026-____

JOINT RESOLUTION BY THE CATAWBA COUNTY BOARD OF COMMISSIONERS TO CONFIRM THE AT-LARGE COMMISSIONER TO THE LAKE NORMAN MARINE COMMISSION
PURSUANT TO ARTICLE 6B OF CHAPTER 77 OF THE NORTH CAROLINA GENERAL STATUTES

WHEREAS, Lake Norman, a major regional water body and economic, recreational, and environmental resource, lies partially within the jurisdictional boundaries of Catawba County, Iredell County, Lincoln County and Mecklenburg County in North Carolina; and

WHEREAS, the North Carolina General Assembly, through Article 6B of Chapter 77 of the General Statutes (Session Law 2025-67), authorized, and the participating local governments approved, the reconstitution of the Lake Norman Marine Commission (the "Commission") to oversee all matters of public recreation, including but not limited to, boating and water safety, aquatic vegetation control, and shoreline protection, effective August 25, 2025; and

WHEREAS, N.C.G.S. § 77-89.3 requires the eight (8) commissioners appointed by the participating local governments select one qualified at-large commissioner for a five-year term, subject to confirmation by joint resolution of all the participating local governments; and

WHEREAS, the Lake Norman Marine Commissioners have selected Billy A. Wilson to be the at-large commissioner.

NOW, THEREFORE, BE IT RESOLVED by the Board of County Commissioners of Catawba County, North Carolina, as follows:

In accordance with N.C.G.S. § 77-89.3, Catawba County confirms the appointment of Billy A. Wilson to the Lake Norman Marine Commission governing board for a five (5) year term.

This Resolution shall become effective when substantially identical resolutions have been adopted by all of the eligible local governments.

Adopted this the 1st day of June, 2026, by the Catawba County Board of Commissioners.

e. Staff recommended the Board of Commissioners adopt the Records Retention and Disposal Schedule governing these activities in the Register of Deeds Office.

In April 2026, the North Carolina Department of Natural and Cultural Resources' Division of Archives and Records released the attached update to the Records Retention Schedule to govern records disposal for Register of Deeds Offices throughout the State of North Carolina.

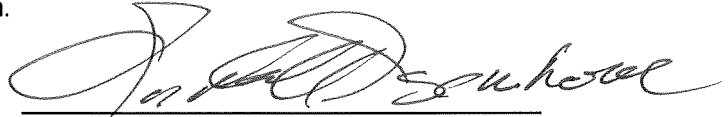
North Carolina General Statutes require these schedules to be approved by the local governing board before they can be used to authorize the destruction of public records. This approval should be made in a regular meeting and recorded as an action in the minutes. It may be accomplished as part of the consent agenda, by resolution, or by other action.

Consistent with that statutory requirement, the Register of Deeds is requesting Board of Commissioners' approval of the newly updated Records Retention Schedule.

The consent agenda items came in the form of a motion by Chair Isenhower, which carried unanimously.

10. Other Items of Business. None.
11. Manager's Report. None.
12. Attorney's Report. None.

13. Adjournment. No further action was taken. Upon a motion by Commissioner Beatty which unanimously carried, the meeting was adjourned at 7:42 p.m.



Randy Isenhower, Chair
Catawba County Board of Commissioners



Dale R. Stiles
County Clerk