



Macon County  
Public Health

MACON COUNTY BOARD OF HEALTH  
MINUTES  
1/24/2023

**Members:** Mitchell Bishop, Engineer and Chair; Vacant, Pharmacist; Nathan Brenner, Dentist; Paul Higdon, County Commissioner; Ellen Shope, Nurse Representative; Michael Dupuis, Physician; Roy Lenzo, Veterinarian; Vacant, Optometrist; Members of General Public Teresa Murray, Jerry Hermanson,, Charlie Vargas

**Members Absent:** Paul Higdon

**Staff Present:** Kathy McGaha, Jennifer Garrett, Jimmy Villiard, Tara Raby, Melissa Setzer, Sean Sullivan, Jen Germain, Chaz Allen, Izabel Evans

**Guests:** Marianne Martinez, and Tobin Lee

**Media:** Thomas Sherrill

**Call to Order:** Mitchell Bishop called the meeting to order at 6:15 p.m.

**Welcome/Intro:** Kathy McGaha introduced new employees to the Board. Chaz Allen is here from Environmental Health. He has moved to the Environmental Specialist position. Chaz has been working as an Environmental Technician and will be starting his training soon. Jen Germain has switched roles and is the now Community Health Promotion Coordinator. Izabel Evans is the Lead Shelter Attendant, she has worked part time with us for a couple of years.

We would like to welcome Dr. Vargas, he is our newest member of the Board of Health. We look forward to working with him.

Kathy McGaha presented Teresa Murray with a Service award plaque. Teresa Murray has been on the Board for a total of 9 years, and will be rotating off. Teresa has served as Vice Chair, and has been a huge part of the changes we have made over the years. We are thankful for the time you have served on the Board, and you will be greatly missed.

**Public Comment:** None

**Agenda Approval:** We have one addition to the Agenda, we will be adding an item under Old Business, 3b. Nominate Chair/Vice Chair.

Jerry Hermanson made a motion to approve Agenda, including the addition, under Old Business, 3b. Nominate Chair/Vice Chair. Michael Dupuis seconded the motion. Motion passed unanimously.

**Presentations:**

**Vecinos Clinic**

Marianne Martinez, MPA, Executive Director from the Vecinos Clinic presented information on the new Clinic coming to Franklin. Vecinos is a free clinic and we are based in Jackson County. We have a clinic at Western Carolina University, and 2 mobile units. We were founded as the free clinic to serve Migrant Farm Workers in the 8 Western counties, which is where our heart and souls have always been. We meet our patients where they are, and partner with them to assist in their health care. We currently focus on farm workers in Haywood and Transylvania County. In the 6 western counties since 2021, our patient eligibility has been opened to any low income or no insured person. Michael Dupuis, asked what the number is for the low income? Mrs. Martinez said they work off the 200% of the federal poverty level. Our focus is on the Spanish speaking, LatinX Community, our patient eligibility is income based and they have to be uninsured. We don't discriminate against race and ethnicity. We are always conscientious to not duplicate services which is why we collaborate with people in the community and go to the Board of Commissioners and Town Council. We are all here for the health of region and want to communicate what we do with others. The clinic does not handle pediatrics, it's referred to Highlands. The services we provide are clinical and outreach services. Our clinic is a standard primary clinic, we have exam rooms, doctors, nurse practitioners, lab and a pharmacy, which are all the things you would have at a primary care office. Our outreach services brings all the clinical services out into the community. We also assist them to navigate their health journey. Last year we had over 1000 medical encounters, which translates to about 850 patients, and will be adding 400 more this year. We work with a lot of partners and our first outreach is the Health Departments. In addition we have partnership with private specialist offices, for example dental, dermatology, and ophthalmology. If you no one of anyone who would like to partner with us, please let us know. You may ask yourself, they were doing just fine serving migrants, why are they going out of the box. When COVID hit everyone were doing things differently, and we have been closing our eyes to an additional need in the community and this is the low income, uninsured folks who are unable to access care. We always referred these patients to other providers. We started to dig deeper about 2 years ago in the planning process. What we found in the past 2 years, there is about 377% increase for people who identify as LatinX in the 6 western counties. Over 5% of families speak another language, which translated to that was also a need in the community for bilingual services. If you look at all the maps of the 6 western counties and you will see low income, uninsured, race and ethnicity, limited English speaking household in those areas. The Cullowhee, Glenville, and Franklin zip code seem to need those services. So we reviewed all of this data, and asked ourselves what could we do to help these areas. We are currently at clinic capacity and very limited new patients opportunities, and we are seeing all the issues in the community and we have been doing this for 20 years. We have fully bilingual staff, and an outreach. In addition the constant referrals. This is where the community health hub was born, is a co-location that compliments each other

services. To provided confidential Spanish languages, bilingual free services in one building. We purchased the Smoky Mountain Systems Building near the hospital and we are currently in the development and design phase. In the packet we received there is a drawing of the floor plan, and pay statement if you know of anyone who would like to support us. The new floor plan shows 8 clinical exam rooms, 4 dental operative room, 4 partner offices, a conference room, a community room, a waiting room and administrative area. Vecinos will occupy the 8 clinical rooms, Blue Ridge Free Dental Clinic in Cashiers will have a 2nd location in the dental operative area, and the partner offices will be for partners to come in and out, full time or part time as needed. As of right now Pisgah Legal Services will be obtaining one of those rooms. There is room for other organizations to come in as well. One thing we did before the pandemic we had special clinic nights, we would have Southwestern come over and do ultrasounds twice a month. If there are other clinics who need our space they would be able to use the area as well. It is a community health hub, so it's open for everyone. The community room would be open for partners who need it for any events. The current Western North Carolina clinic we are in only has 3 exam rooms. We are only in there 8 hours a week. In the new facility we would be able to seem more patients and hope to increase by 2000 more patients. A little bit about the projected impact, BCBS recently send out a study shows that dental care could significantly lower the annual medical cost of those with chronic illnesses. In specific they looked at patient with diabetes, or coronary artery disease. One annual exam over the course of the study, reduced their medical bills by \$549, coronary artery disease is \$548, and \$866 if you had both. Those are pretty note-able, considering how we are combining primary care with dental care. It's just one example of how we could really have a big effect for someone who had low income and uninsured. In Macon County 2021, 14% of residents have diabetes, which relates to our patients, 14% have diabetes. In the past 5 years from WNC Health Network the unemployment is 4.7%, and over 23% do not have insurance. This shows there a lot of people who need health care. Where are they going? They are ending up the ER, which increases cost for all of us. The best thing to do for all of us is to do preventable things, which is what the free clinics do for all of us. We are very efficient and very effective because we are not sure when we may see them again. The physicians that are there are volunteers, and which they are there to provide just services. We have the joy of having people with all backgrounds. Free Clinics are very effective and very important. Any questions?

Michael Dupuis asked, will you have after hours? We have not established our hours as of yet, we would like to see what our partners need.

Will you keep the other clinic open as well? Yes we will keep that clinic open.

Kathy McGaha asked, can the patients be from any of the 6 western counties? Yes we mainly focus on those counties, but if someone came from North Georgia came in, we would not turn them away.

Jimmy Villiard asked, I noticed the primary services are the LatinX community, but the partners service, is it open for anyone? Yes the partner service is open for anyone, you do not have to be a Vecinos patient.

Are the income qualifications for the partners the same requirements as the clinic? No; the income qualifications are based by the partners.

Jimmy Villiard asked, would you be willing to share some of your data with the Health Department for the Community Health Assessment. Yes we would.

Charlie Vargas asked when will you all be in the building, 5 days a week? We will more than likely be open 7 days a week, the providers will be there a 5 days a week. We are still waiting until we get closer to the opening date to decide on what days we will be open. More than likely, 3 to 9pm, and possible a Saturday. Mrs. McGaha will you still be going out into the migrant farms? Yes we will still continue to go out to the farms.

Ellen Shope asked, will the partners need to pay a rent fee? Our goal is to not have a mortgage. There will be a cost of space, at this time we do not know what the cost would be.

Please contact Marianne Martinez, if you have any other questions.

**Tobacco Free Campus  
Medicaid/Medicare  
Requirements**

Tobin Lee, Region 1 Tobacco Prevention Manager, Mountain Wise presented information on Tobacco Free Campus. I am here to talk about the new Medicaid Tobacco requirements. Medicaid transformation announced in late 2021 some new requirements would be coming out, and one of those is the Tobacco Free Policy. North Carolina Medicaid will be requiring all physical and behavioral health care providers to provide 100% tobacco free treatment environment. This is a little bit different, and there are 2 components to it. One side will be the policy side, and there will also be a treatment side. This policy will go into place effective April 1, 2023. There will be some exceptions to this policy. I want to clarify the tobacco-free policy. Every physical, mental health, and substance use treatment service must have a 100% tobacco-free campus in order to contract with any MCO after April 1, 2023. This is really geared to behavioral health and substance abuse. Most health departments already have a tobacco free policy in place. Here we have a 50ft perimeter, and I'm sure we are in the process of changing this, so it make the whole campus tobacco free. There will be some issues because I do have many Health Departments and DSS share a building. Since they don't provide any health care service, they are exempt from policy. The residential I/DD services are not required to be tobacco free at this time, however: Staff are now not allowed to use tobacco on campus while they are on the clock. The program must provide outdoor spaces free of tobacco use. They could implement a 100% tobacco-free policy on campus if I/DD residential service provider wishes. Another exception is a retail pharmacy. What does 100% tobacco-free mean? A tobacco-free policy applies to all of the property under the program's control (that you rent or own). All of that property (buildings, grounds, and vehicles) is tobacco free. Tobacco includes the use of combustible, electronic, heated, and smokeless tobacco products. We can't have designated smoking areas on the property. Programs can not purchase, accept as donations, or distribute any tobacco products. How are they requiring this? They are requiring this through the contracts with MCO. Why is the NC Medicaid implementing a tobacco-free policy requirement? They are committed to protecting the health of beneficiaries, healthcare providers, and staff. Tobacco is still the number one preventable cause of death. In North Carolina we lose about 14,000 people a year and in the United States about 520,000 people. A 100% tobacco-free treatment environment is an essential component of offering evidence-based tobacco use treatment. The Surgeon General has found in that there is no safe level of secondhand smoke. No one should be exposed to secondhand smoke, even for a short period of time, to receive all the services they

need to reach their goals. What we know – positive effect of quitting smoking on mood and anxiety – effect size equal to that of anti-depressants. People who receive tobacco use treatment integrated into their substance use treatment are 25% more likely to maintain abstinence from other substances. There is not safe level of exposure to secondhand smoke. 100% tobacco free environment help people quit. What are the tailored plans asked to do? Or standard plans? This is the next part of the policy, we are talking about treatment. To integrate or to implement an intervention program. We want to make sure people have these resources. Macon county is due for another training. We would like to get deeper into the treatment part. The Duke UNC Tobacco Cessation training, there are some scholarships available if anyone would like to take it. It's over a 2 week program, and it's virtual. This is a really good program, and would like to get some more people to go through the training. Tobin said if there is anyone who would like to take the class and there if there is no longer any scholarships, he has money in the Equity funding that could be used. Kathy McGaha asked if the agency like the Vecinos would like to attend, could you use the equity funding for them? Tobin's response said, yes they could, and would like to talk to Marianne Martinez further about this. You can't make people quit, they would have to want to quit. The goal of the policy is to create a tobacco-free environment. Will clients be kicked out for tobacco use? The answer is no, tobacco is a substance disorder. We understand this is an addiction, and it is tough to quit. We say this, "hard on the problem, soft on the people." What happens when an organization goes tobacco-free? Clients become much more successful becoming tobacco free themselves; decrease in staff sick days; decrease in conflict among consumers; better focus on treatment; no change in program attendance or discharge. There are more program benefits of being tobacco-free. Everyone is safe from secondhand smoke and aerosol. It sets a positive example for children and adolescents who may receive services at your program or visit your program participants. Prevents young people who are participating in the program from initiating tobacco use due to exposure at your program. Then it gives each of your clients and staff an equal chance to live a healthier, happier, and longer life. Does anyone have questions? Jerry Hermanson asked, will there will be consequences if the policy is not done? There may be some consequences later, but not at this time. Kathy McGaha stated she has been through many changes in the county. The school went tobacco-free, the 50ft perimeter of the health department, and the restaurants. We had one issue when we had to send a letter because a restaurant was not complying. When you have to address the issue, it always ends up going better than expected. Tobin completed his presentation, and we will sign the new policy later in the meeting.

Tobin Lee, presented Tobacco 21. In 2019, the federal government increased the age to purchasing tobacco products from 18 to 21, North Carolina has not increased the age. We are asking school boards, Boards of Health, and Board of Commissioners to support a resolution to increase the age to 21. It not only increases the age, but it also implements a tobacco permitting system. The state of North Carolina does not require people to have a permit to sell tobacco. If we had the permitting system it would generate fees for a self-sustaining system, giving Alcohol Law Enforcement the capacity to conduct inspections of all tobacco retailers and the ABC Commission the capacity to enforce tobacco retail sales laws. We are asking the Board to look at this and pass a resolution saying you support Tobacco 21. Kathy McGaha, stated if the Board would like to support the Tobacco 21, she will prepare a Draft of the Resolution and have it ready at the next Board Meeting. The Board agreed, and would like to have the draft resolution completed.

**Approval of Previous Meeting Minutes:** Jerry Hermanson made a motion to approve the minutes. Ellen Shope seconded the motion. Motion passed unanimously.

**Old Business:**

**Health Director Job Description and Evaluation** We will move this to Closed Session.

**Chair/Vice Chair** We need to nominate a Chair and Vice Chair. You have to be a member for a least a year before you can serve in an officer role. Jerry Hermanson would like to be the Chair for the Board of Health. Is anyone interested in the Vice Chair? Ellen Shope said she would be willing to be the Vice Chair.

Michael Dupuis made a motion to nominate Jerry Hermanson as Chair, and Ellen Shope as Vice Chair. Nathan Brenner seconded the motion. Motion passed unanimously.

**New Business:**

**MCPH 105.08 Tobacco Free Workplace Policy** Sean Sullivan discussed the Tobacco Free Workplace Policy. I reviewed some Tobacco Policies from surrounding changes, and made the following changes. As you can see on the policy, the changes are highlighted, a lot of it was rewording and reformatting some things. The changes were made under 1.0 Purpose. Then under 2.3 we changed the wording and included the vendors, clients, and visitors, in addition added "Staff members are prohibited from using tobacco products while at off-site activities in an official capacity, including during services provided virtually. This effects our Animal Control and Environmental Health, when they are conducting county business off site they should not be using tobacco products. Under 2.4 we updated, c. Outdoor grounds and walkways, d. parking lots. It's not just 50 feet beyond the parking lot. Since we are shared property we can't control the Sheriff's Department, or DSS. Mitchell Bishop asked about the Building Inspectors, and can we stop them from using tobacco products. Kathy McGaha answered we are not able to enforce it with them since they do not work for the health department. The inspectors in Environmental Health will have to follow the policy, and the people coming to those services will have to follow the policy. The next change made was under 3.5, we added Macon County Animal Services building. Then under responsibilities we expanded it to All MCPH agents, clients, and visitors share in the responsibility for enforcing and adhering to this policy. We added under 6.3 outside groups using the health department property will be informed of the tobacco-free policy. If the Vecinos came here, they would also have to abide by the policy. The additional changes were made under 6.5, "Section Administrators" and 6.10, "call the Section Administrator or 911 for further assistance.

Jerry Hermanson made a motion to approve the Tobacco-Free Workplace Policy. Michael Dupuis seconded the motion. Motion passed unanimously.

## **Physician Recruitment Update**

Kathy McGaha shared with the Board, Dr. Dewhurst is looking to retire this summer. We have been in conversation with him, and he has been very helpful with trying to help us locate candidates. In addition we have been working with the County Manager, Finance Director, and Jessica Baucum, Human Resources Director about putting together a recruitment packet for a Physician who would be our Medical Director and Primary Provider for the clinic. We have sent a couple of questions to the State. Dr. Dewhurst currently is contracted with us to provide his services. The county finance and human resource staff feel that this position functions more as an employed position and that we should take steps to make it a county employed position. There is some details we have to research in order to make the switch, what grade they would come in, and the salary plan. Once we get all that together we will have a job posting and hopefully we will get some candidates for this position. Michael Dupuis asked, will Dr. Dewhurst be willing to work until we fill the position. Kathy McGaha answered, she is working with Dr. Dewhurst to ensure a smooth transition. He has an idea of when he wants to retire. Mr. Dupuis asked, do you have a plan of when he does leave, and we don't have a provider? Mrs. McGaha answered, there are options, and we could contract with a company to provide one for us. In addition we have Julie Rogers as our Nurse Practitioner, she would just need over sight. The transition will be smoother with her here. Dr. Dewhurst will be really missed. The staff loves him, and he has been with us during the pandemic. He was a rock during that moment, and we all should thank him. Dr. Vargas asked how was Dr. Dewhurst paid? Kathy McGaha answered, he is paid under a contract and it's hourly. Dr. Vargas said it may be good for us to look into local graduates, and see we can find someone there. Once we figure out the pay and the grade we will post the job, and keep you updated.

## **Budget Kickoff**

Melissa Setzer discussed the Budget Kickoff. It's that time of year where we begin the budget prep, the county has not started yet, that will start next month. Unlike a lot of departments in the county, the health department has a lot of budgets we have to combine into one. We have already started the budget prep for the year. You will be hearing more about it, while we work through the budget for FY2024.

## **Quarterly Budget Update**

Melissa Setzer discussed the Quarterly Budget update. If you will turn to your booklets, I have enclosed where we are at as of December with our revenues and our expenses. One thing you may see some of the numbers may not add up as what has been used and what is available. The reason for that is because the money that is already encumbered, does not show in this form. If you go down through the different programs, we do have some that we are maxed out. One of those is the insurance, once it becomes due in July, we have to pay it, so that takes out that line. In our expenses at the moment, we are in line where we need to be. There are a few lines we are having to move money around. Animal Services is one area where we are having to do this, since we have taken in so many animals and the increase of the cost of food and products to take care of the animals. As of right now we are looking pretty good on the expenses. The last sheet in there is the total revenue. Just like the expenses some of the line are larger than others. This also does not show where we completed our Medicaid Cost Settlement. We are to be paid for this anytime. We are in good shape, and hope to stay on track in the next 5 months. Kathy McGaha shared we had to submit our Capital Improvement Projects, and the Molar Roller was what we submitted. We are hopeful we can find some money to contribute with that. Melissa and Jimmy are working on the bid process. Mrs. McGaha shared with Animal Services budget we will see the most



significant change. We have never seen the amount of animals we have taken in this year. Jimmy shared that compared to 2 years it has doubled. On average we take in 100 animals a month, compared to in the past we would take in 50 to 60 animals. In addition the cost of feed, and supplies have all gone up. We have spent time today moving money around so they can make to the end of fiscal year. Mr. Villiard stated that normally this time of year it slows down. Ellen Shope asked, do you have an idea why it has not slowed-down? Mr. Villiard answered he feels it's the economy and not being able to feed them because of the rising cost of food and supplies. The owner surrender numbers are way up, just today we took in a mom and 11 puppies. The shelter just did an adoption event this past Saturday. We lower the adoption fees when the shelter is full. We do what we can to get the animals adopted.

Michael Dupuis did have one question concerning the autopsy fees, what does that cover? Melissa shared if the Medical Examiner is called out on a death we pay the medical examiner fee which is \$200, and any autopsy done by the State which is \$1750. Kathy McGaha said the amount has gone down compared to last year.

**Board of Health  
Training:**

No Board of Health Trainings

**Closed Session:**

Nathan Brenner made a motion to go into closed session. Jerry Hermanson seconded the motion. Motion passed unanimously at 8:01 p.m.

Michael Dupuis made the motion to come out of closed session. Nathan Brenner seconded that motion. Motion to come out of closes session passed unanimously at 8:26 pm.

**Discussion:**

Nathan Brenner made a motion to approve Mrs. McGaha's performance evaluation as discussed in closed session with an overall score of 3 - satisfied. In addition, no recommendations for changes were made for her job description. Michael Dupuis seconded the motion. The motion was unanimously approved.

**Announcements:**

None

**Next Meeting Date:**

March 28, 2023

**Adjournment:**

Nathan Brenner made a motion to adjourn. Michael Dupuis seconded the motion. Motion to adjourn passed unanimously at 8:29 p.m.

**Minutes Recorded by:**

Tara Raby



# NC Medicaid Tobacco-Free Policy Requirement

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TOBACCO PREVENTION & CONTROL BRANCH

Updated (1/24/23) by Tobin Lee

Region 1 Tobacco Prevention Manager

## Medicaid Transformation

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NC Medicaid will be **requiring** nearly all\* physical and behavioral health care providers to provide a **100% tobacco-free treatment environment**.

Requirement will go into effect **April 1, 2023**.

\*Provider owned/controlled programs which provide ICF-ID services or residential services that are subject to the HCBS final rule are exempt from this requirement. In these settings:

- Indoor use of tobacco products is prohibited.
- For outdoor areas of campus, providers shall:
  - ensure access to common outdoor space(s) that are free from exposure to tobacco products/use; AND
  - prohibit staff/employees from using tobacco products anywhere on campus.

## Clarifying the Tobacco-free Policy Requirement

Every physical, mental health, & substance use treatment service must have a 100% tobacco-free campus in order to contract with any MCO after April 1, 2023

Non-residential I/DD services also must adhere to the requirement (such as a day program with no residential component)

Residential I/DD services are not required to be tobacco free at this time, however:

- staff are now not allowed to use tobacco on campus
- program must provide outdoor spaces free of tobacco use
- COULD implement a 100% tobacco-free policy on campus if I/DD residential service provider wishes

## What does 100% Tobacco-Free Mean?

A tobacco-free policy applies to **all of the property** under the program's control (that you rent or own)

All of that property (**buildings, grounds, and vehicles**) is tobacco-free

Tobacco includes the use of combustible, **electronic, heated, and smokeless tobacco** products

**No designated areas** for tobacco use indoors or outdoors

Programs **do not purchase, accept as donations, or distribute** any tobacco products

## How are they requiring this?

Must contract with any willing provider, unless they don't meet objective quality standards

Will include in contracts

The same requirement with the same start date will be amended into Standard Plans

(f) Require as part of objectivity quality standards that contracted facilities, with the exception of the residential provider facilities noted below, implement a tobacco-free policy covering any portion of the property on which the participating provider operates that is under its control as owner or lessee, to include buildings, grounds, and vehicles. A tobacco-free policy includes a prohibition on smoking combustible tobacco products and the use of non-combustible tobacco products, including electronic cigarettes, as well as prohibiting participating providers from purchasing, accepting as donations, and/or distributing tobacco products (combustible and non-combustible products including electronic cigarettes) to the clients they serve.

However, contracted facilities that are owned or controlled by the provider and which provide ICF-ID services or residential services that are subject to the HCBS final rule are exempt from this requirement. In these settings:

- (1) Indoor use of tobacco products shall be prohibited in all provider owned/operated contracted settings.
- (2) For outdoor areas of campus, providers shall:
  - i. Ensure access to common outdoor space(s) that are free from exposure to tobacco products/use; and
  - ii. Prohibit staff/employees from using tobacco products anywhere on campus.
- (g) The BH I/DD Tailored Plan shall not deny a pharmacy the opportunity to participate in its network as required by N.C. Gen. Stat. § 58-51-37(c)(2). Nothing in this subsection shall require the BH I/DD Tailored Plan to contract with a pharmacy when the pharmacy fails to meet the Department's applicable Objective Quality Standards.
- (h) The BH I/DD Tailored Plan shall offer to contract with a provider in writing.
  - (1) All offers shall include the standard provisions for provider contracts found in Section VII. Attachment G.1. Required Standard Provisions for BH I/DD Tailored Plan and Provider Contracts for Medicaid, including the prescribed provisions located therein.

## Why is NC Medicaid implementing a tobacco-free policy requirement?

NC Medicaid is committed to protecting the **health of beneficiaries, healthcare providers, and staff**. Tobacco-related illness is the **number one preventable cause of death and disability** among Medicaid beneficiaries in North Carolina.

A 100% tobacco-free treatment environment is an essential component of offering evidence-based tobacco use treatment.

The Surgeon General has found that there is **no safe level of secondhand smoke**. No one should be exposed to secondhand smoke, even for a short period of time, to receive all the services they need to reach their goals.



## What We Know

Positive effect of quitting smoking on mood and anxiety – effect size **equal** to that of anti-depressants (*BMJ* 2014;348:g1151)

People who receive tobacco use treatment integrated into their substance use treatment are **25% more likely** to maintain abstinence from other substances

**There is no safe level of exposure to Secondhand smoke**

**100% tobacco free environments help people quit**

slide credit: Steep Sans

## What are Tailored Plans asked to do?

### (5) Health promotion

- i. Common physical comorbidities of BH I/DD Tailored Plan populations
- ii. Key issues and interventions for metabolic disorders (e.g., diabetes and heart disease)
- iii. Common environmental risk factors including but not limited to the health effects of exposure to second and third-hand tobacco smoke; and e-cigarette aerosols and liquids and their effects on family and children,
- iv. Standard of care tobacco treatment, including both counseling and FDA approved tobacco treatment medications
- v. Self-management and self-help recovery resources (including substance use recovery)
- vi. Brief tobacco use intervention and referral to treatment roles and responsibilities for medication management
- vii. Use of IT in care management – comprehensive assessments, care planning, and ongoing care coordination and management, including the use of NCCARE360

The same requirements, the same quality metric, members have more access to care management.

Care management should assess for tobacco use and provide brief interventions.

See left for training requirements for care managers

## Tailored Plans & Tobacco Use Tx

(d) The BH I/DD Tailored Plan shall develop a comprehensive Tobacco Cessation Plan, which includes the Department's Quitline benefit, and a tobacco cessation program aimed at reducing tobacco use, including associated marketing strategies.

- (1) The program should at a minimum include the following strategies to reduce tobacco use across members
- i. Promote tobacco free campuses at contracted facilities;
  - ii. Ensure tobacco screening and treatment, including nicotine replacement and other appropriate medications, are provided to all relevant members in both inpatient, other facility-based, and outpatient/community settings;
  - iii. Ensure tobacco use/exposure needs are assessed and addressed in all relevant Care Plans/ISPs;
  - iv. Increase use of 99406 and 99407 CPT codes in all appropriate settings;
  - v. Use incentives for members and providers as allowed by the Contract;
  - vi. Use the specialized Behavioral Health Program for tobacco users with one or more BH conditions;
  - vii. Provider training; and
  - viii. A yearly report on efforts and outcomes.

Additional requirement of turning in a tobacco cessation plan!

Also still required to do prevention activities, as they are now

## You can't make people quit...

No. It is true that you can't make people quit, the policy only requires individuals to **refrain from using tobacco while on the organization's property**. The goal of this policy is a tobacco-free environment, not to make people quit or to stigmatize clients or staff who use tobacco. This is to **protect the safety of clients, staff, and visitors, and their freedom to breathe clean air**.

This policy gives people who use tobacco **who want to quit a real chance at making the choice to live life tobacco free**. We wouldn't expect clients who are trying to quit alcohol use to be successful in a treatment environment with a bar in the backyard. It is **unfair to ask Medicaid beneficiaries who want to quit to receive treatment in environments that allow tobacco use**.

## Will clients be kicked out for tobacco use?

Ensuring adherence to this policy should **emphasize empathy and offering evidence-based treatment for both clients and staff**. Tobacco use disorder is a substance use disorder, a chronic condition. Recovery is possible and happens every day. However, slips and returns to use are a normal part of the recovery process. Difficulty not using a substance in places where it is prohibited is one of the symptoms of a substance use disorder.

Commit to working with clients who are struggling with this (“don’t quit on quitting!”). **Offer compassion, evidence-based treatment, and collaborate with the client to find ways to prevent future use on campus.**

What happens  
when an  
organization goes  
tobacco-free?

State Operated Healthcare Facilities went tobacco-free & integrated tobacco use treatment in 2014 and found:

- Clients much more successful becoming tobacco free themselves
- Decrease in staff sick days
- Decrease in conflict among consumers
- Better focus on treatment
- No change in program attendance or discharge



# More Program Benefits of Being Tobacco-Free

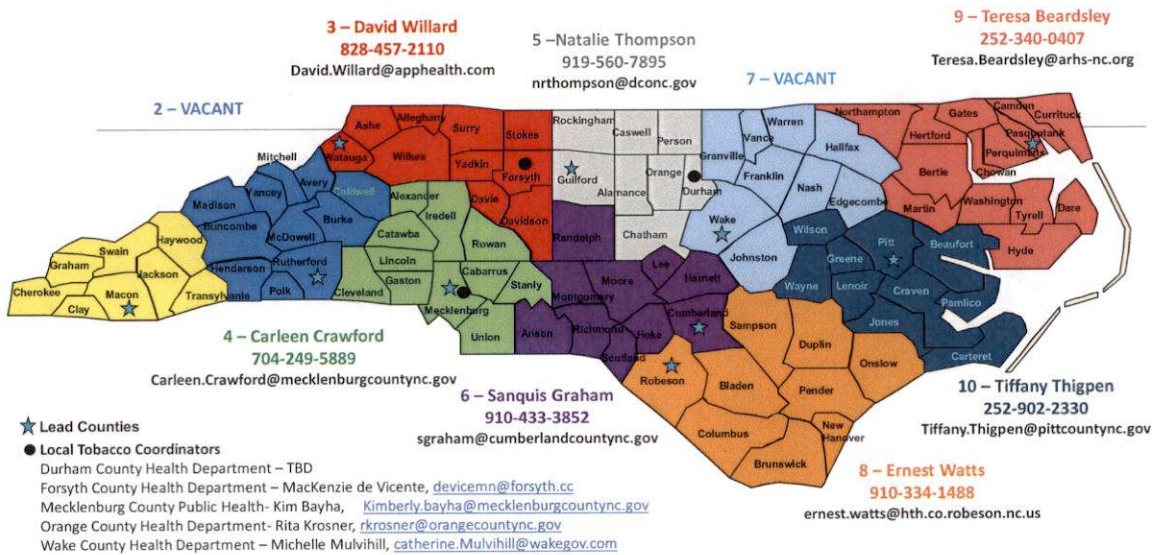
Everyone is safe from secondhand smoke & aerosol

Set a positive example for children and adolescents who may receive services at your program or visit your program participants

Prevent young people who participate in the program from initiating tobacco use due to exposure at your program

Give each of your clients and staff an equal chance to live a healthier, happier, and longer life

Photo credit: Steph Gans



**Statewide Tobacco Use Treatment Integration:**  
Stephanie Gans, [stephanie.gans@dhs.nc.gov](mailto:stephanie.gans@dhs.nc.gov)



Questions?

# Tobacco 21 and Retail Permitting: The Need for Deliberate Action

## To prevent tobacco product sales to youth, North Carolina needs to raise the age of purchase to 21 and implement a retailer permitting system.

- North Carolina needs to raise the age to purchase tobacco products to 21 to match federal law and prevent youth use of tobacco products.
- The vast majority of states have a tobacco retailer permitting system, allowing them to know who is selling tobacco products. You can't monitor what you don't know.
- A permitting system would generate fees for a self-sustaining system, giving Alcohol Law Enforcement the capacity to conduct inspections of all tobacco retailers and the ABC Commission the capacity to enforce tobacco retail sales laws.

## It's important to prevent the sale of tobacco products to people under 21.

- Adolescents and young adults are especially susceptible to the effects of nicotine—the highly addictive chemical compound found in tobacco—because their brains are still developing.<sup>1</sup>
- Approximately 95% of adults who smoke started doing so before they turned 21.<sup>2</sup> Many smokers transition from experimental use to regular, daily use between the ages of 18 to 21.<sup>3</sup>
- In 2019, Congress increased the federal minimum legal sales age of all tobacco products, including e-cigarettes, from 18 to 21. While a majority of states (39 states<sup>4</sup> as of November 2021) have increased their minimum tobacco sales age to 21 to match federal law, North Carolina's minimum sales age remains 18.
- North Carolina should raise its tobacco sales age to 21 to prevent confusion among retailers and customers and ensure that people under 21 are not able to purchase tobacco products.

**North Carolina has experienced an alarming increase in the use of tobacco products by young people in the past decade—especially e-cigarettes, which are mostly acquired from retailers.**

- The North Carolina Youth Tobacco Survey shows that tobacco use among youth has increased in the past decade, with especially alarming trends in the use of e-cigarettes.<sup>5</sup> From 2011 to 2019, North Carolina saw more than a five-fold increase in e-cigarette use among middle schoolers and more than a ten-fold increase among high schoolers.<sup>6</sup>
- Most NC young people who use e-cigarettes get them from retail locations like convenience stores, grocery stores, and vape shops.<sup>7</sup>
- NC young people who get e-cigarettes from friends primarily get them from friends who are under 21.<sup>8</sup>

## **North Carolina is at risk of losing millions of federal dollars for substance use disorder treatment if it does not effectively prevent underage sales of tobacco products.**

- Federal law requires states to annually inspect a random sample of tobacco retailers to determine what percentage are selling to minors. Under the Synar amendment, if the percentage of underage sales in the survey goes above 20%, the state may be forced to forfeit millions of dollars in federal Substance Abuse Prevention and Treatment block grant monies that fund prevention, treatment, and recovery initiatives, such as efforts to address the opioid epidemic.<sup>9</sup>
- In 2019, North Carolina actually exceeded the 20% threshold with a violation rate of 20.8% but was not penalized because it was within the statistical margin of error. This violation rate, however, sounded the alarm that North Carolina needs to focus on reducing sales to minors.

## **There is an uneven playing field among tobacco retailers, as some are inspected by Alcohol Law Enforcement and some are not—making it easier for uninspected retailers to engage in illegal practices.**

- There is limited ability to know where tobacco products are being sold in North Carolina. Only a small subset of tobacco retailers in North Carolina are required to be licensed by the Department of Revenue.<sup>10</sup> We can't make sure tobacco retailers are obeying the law if we don't know they exist.
- In addition to selling tobacco to youth, violations that have been found at tobacco retail sites include: operating gambling machines, buying large quantities of cigarettes to sell across state lines, selling counterfeit products, counterfeit labeling of marijuana for sale as CBD, selling fake urine for evasion of drug detection, and selling drug paraphernalia and illicit and prescription drugs.<sup>11</sup>
- Even though the NC Alcohol Law Enforcement Division (ALE) is authorized to enforce tobacco sales laws, ALE is not authorized to conduct inspections of tobacco retailers. ALE is thus not routinely entering tobacco retail stores, unless the store also sells alcohol or lottery tickets (for which permits and inspections are required by law). Because ALE has no inspection authority related to tobacco retailers, bad actors can continue to operate under the radar.
- Even when ALE is alerted to bad practices on the part of tobacco retailers, it has limited investigatory tools at its disposal, in contrast to its authority to investigate alcohol retailers.



- Tobacco retail permitting and inspections would prevent non-compliant retailers from getting away with their illegal practices, thus protecting law-abiding retail competitors.

## **Licensing or permitting of tobacco product retailers is an effective means to reduce sales to youth.**

- North Carolina is one of only 11 states in the country that do not require tobacco retailers to obtain a license or permit.<sup>12,13,14</sup>
- Tobacco retailer licensing and permitting programs are beneficial because they:
  - ♦ Allow the state to know where tobacco products are being sold;
  - ♦ Allow the state to inspect for responsible retail practices; and
  - ♦ Provide a mechanism for enforcing the law when violations are detected.<sup>15</sup>
- The U.S. Surgeon General and the National Academy of Medicine have identified the licensing of tobacco retailers as an evidence-based measure to reduce sales to youth.<sup>16,17</sup>
- A tobacco licensing law that provides a funding mechanism for compliance checks and enforcement can result in large reductions youth use of cigarettes and e-cigarettes.<sup>18</sup>

## **The North Carolina ABC Commission is well situated to oversee permitting of tobacco retailers.**

- The NC Alcoholic Beverage Control (ABC) Commission issues permits to all businesses that sell alcoholic beverages.<sup>19</sup> The ABC Commission can levy fines or suspend or revoke the permit of businesses that violate alcohol sales laws.<sup>20</sup>
- Repeat offenses by alcohol permit holders are low. In FY20, the ABC Commission received violation reports for approximately four percent of all active permit holders, but received a second violation report for only approximately 0.4 percent of active permit holders.<sup>21</sup>
- The ABC Commission helps permit holders comply with relevant laws and rules. It offers no-cost training classes to educate permittees on important topics, such as preventing sales to underage and intoxicated persons and detecting fake IDs.<sup>22</sup>
- The ABC Commission has the technical knowledge and already has much of the necessary infrastructure in place to establish a tobacco retailer permitting system.
- The ABC Commission could significantly streamline the tobacco retailer permit application process for businesses that already have an alcohol sales permit.
- ALE could work hand-in-hand with the ABC Commission to enforce laws against underage sales of tobacco products in an administrative fashion, just as it does for alcohol.

1. Raising the Tobacco Age to 21, CAMPAIGN FOR TOBACCO-FREE KIDS, <https://www.tobaccofreekids.org/what-we-do/us/sale-age-21> (last updated Jan. 9, 2020).
2. Id.
3. Id.
4. Preventing Tobacco Addiction Foundation, Tobacco 21, (2021), <https://tobacco21.org/>.
5. North Carolina Cross-Sectional, Online Survey Summary Tables. 2021: 1-104, Ctr. for Disease Control (last viewed Oct. 10, 2021).
6. Id.
7. North Carolina Cross-Sectional, Online Survey Summary Tables. 2021: 1-104, Ctr. for Disease Control (last viewed Oct. 10, 2021).
8. U.S. Dept of Health and Hum. Serv., The National Academy of Medicine, Ending the Tobacco Problem: A Blueprint for the Nation (Richard J. Bonnie et al. eds., 2007).
9. Revision to SAMHSA Guidance on Tobacco Regulation, Substance Abuse and Mental Health Services Administration (June 12, 2020), <https://www.samhsa.gov/sites/default/files/synar-guidance-tobacco-21.pdf>.
10. N.C. Gen. Stat. § 105-113.36 (2019).
11. N.C. Alcohol Law Enforcement Division.
12. State Tobacco Activities Tracking and Evaluation (STATE) System Licensure Fact Sheet, Ctr. For Disease Control (last reviewed: May 18, 2021), [https://www.cdc.gov/statesystem/factsheets/licensure/Licensure.html#anchor\\_1562854161](https://www.cdc.gov/statesystem/factsheets/licensure/Licensure.html#anchor_1562854161).
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14. CO. Legis. Assemb. HB20-1001. Reg. Sess. (2020) <https://leg.colorado.gov/bills/hb20-1001>.
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16. Preventing Tobacco Use Among Youth and Young Adults: A Report of the Surgeon General, U.S. Dept of Health and Hum. Serv. (2014), [https://www.ncbi.nlm.nih.gov/books/NBK99237/pdf/Bookshelf\\_NBK99237.pdf](https://www.ncbi.nlm.nih.gov/books/NBK99237/pdf/Bookshelf_NBK99237.pdf).
17. Id.
18. Roe L. Astor, et al., Tobacco Retail Licensing and Youth Product Use, Pediatrics (Jan. 7, 2019), <https://pediatrics.aappublications.org/content/pediatrics/143/2/e20173536.full.pdf>.
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21. 2020 Annual Report, N.C. Alcoholic Beverage Control Commission (last updated June, 30 2020), <https://portal.abc.nc.gov/Web%20Documents/Sections/Media%20Resources/Annual%20Reports/2020%20Annual%20Report.pdf>.
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Supported by the N.C. Department of Health and Human Services, Division of Mental Health, Developmental Disabilities and Substance Abuse Services with funding from Substance Abuse and Mental Health Services Administration, State Opioid Response (SOR) (Grant#1H79T1083312)

***Sample Resolution***

**Protecting Our Kids from Vaping and Nicotine Addiction**

**Tobacco 21**

**January 5, 2023**

WHEREAS, one of every five deaths in North Carolina is associated with cigarette smoking,<sup>1</sup> and for each death, 30 more people are sick or live with a disability<sup>2</sup>; and

WHEREAS, 95% of tobacco users start before the age of 21<sup>3</sup>; and

WHEREAS, as of 2019, 27.3% of high school students in North Carolina report tobacco use. E-cigarette use has significantly increased among youth since 2011<sup>4</sup>; and

WHEREAS, nicotine is harmful to developing brains, and its use during adolescence can disrupt the formation of brain circuits that control attention, learning, and susceptibility to addiction<sup>5</sup>; and

WHEREAS, in a 2020 study among NC schools, a high proportion of school administrator and teacher respondents believed that e-cigarette use among students is somewhat or very problematic (91%), and that student e-cigarette use it is a somewhat or high priority issue for their school administration (90%)<sup>6</sup>; and

WHEREAS, most North Carolina young people obtain tobacco products, including e-cigarettes, from retailers. NC young people who get e-cigarettes from friends primarily get them from friends who are under 21<sup>7</sup>; and

WHEREAS, in 2019, Congress increased the federal minimum legal sales age of all tobacco products, including e-cigarettes, from 18 to 21. While a majority of states (41 states, as of September 2022) have increased their minimum tobacco sales age to 21 to match federal law, North Carolina's minimum sales age remains 18<sup>8</sup>; and

WHEREAS, having the same legal sales age at 21 for alcohol and tobacco products reduces the burden on retailers; and

WHEREAS, North Carolina is one of only 10 states in the country that do not require tobacco retailers to obtain a license or permit<sup>9</sup>; and

WHEREAS, the North Carolina ABC Commission is capable of implementing an efficient and effective tobacco retailer permitting system based on the system also in place for alcohol retailer permitting; and



WHEREAS, establishing a retailer permitting system AND raising the minimum legal sale age to 21 will:

- Allow the state to know where tobacco products are being sold
- Improve merchant education efforts
- Allow the state to inspect for responsible retail practices
- Protect law-abiding retailers by holding non-compliant retailers accountable
- Prevent and reduce youth use of highly addictive nicotine products
- Help eliminate the use of e-cigarette and other emerging nicotine products in schools
- Reduce any confusion among retailers and consumers by having one legal sales age for state and federal law<sup>10, 11</sup>; and

WHEREAS, Under the Federal Synar law, states are expected to reduce the illegal sale of tobacco products to individuals under the age of 21. NC could lose over \$4 million in annual funding from the Substance Abuse Prevention and Treatment Block Grant money (money NC uses to pay for drug treatment) through penalties under the federal Synar amendment if sales to underage youth are too high in required annual inspections<sup>12</sup>; and

WHEREAS, current NC state law G.S. 14-313 preempts local authority to adopt evidence-based regulations regarding the sale, distribution, display and promotion of tobacco products; this preemption should be removed to allow local governments to protect minors<sup>13</sup>; and

NOW, THEREFORE, BE IT RESOVED, that we, the members of the \_\_\_\_\_ strongly supports that North Carolina must protect our kids from vaping and nicotine addiction by establishing a tobacco retailer permitting system, raising the minimum age of sales from 18 to 21, restoring local authority, and adopting other needed provisions of legal sales of tobacco products to match federal law.

Sources:

- 1) Centers for Disease Control and Prevention. Best Practices for Comprehensive Tobacco Control Programs—2014. 2014.  
[https://www.cdc.gov/tobacco/stateandcommunity/best\\_practices/index.htm](https://www.cdc.gov/tobacco/stateandcommunity/best_practices/index.htm).
- 2) National Center for Chronic Disease Prevention and Health Promotion (US) Office on Smoking and Health. Reports of the Surgeon General. The Health Consequences of Smoking-50 Years of Progress: A Report of the Surgeon General. 2014.
- 3) Source: U.S. Department of Health and Human Services. Preventing Tobacco Use Among Youth and Young Adults: A Report of the Surgeon General. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2012.

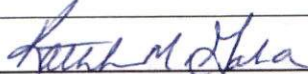
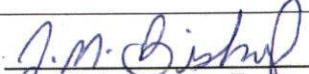


- 4) Source: Tobacco Prevention and Control Branch, North Carolina Department of Health and Human Services. North Carolina Youth Tobacco Survey Middle & High School Fact Sheet.  
<https://tobaccopreventionandcontrol.dph.ncdhhs.gov/data/yts/docs/YouthTobaccoSurveyFactSheet-2019.pdf>.
- 5) U.S. Department of Health and Human Services. E-Cigarette Use Among Youth and Young Adults. A Report of the Surgeon General. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2016.
- 6) Tanz, L., Heck, C., Herzig, C., Ranney, L., Herndon, S., Martin, J., Hast, M., McGowan, E., Baler, G., Shamout, M., King, B., Tynan, M., Kansagra, S. (2020). Rapid Assessment of the Impact of E-cigarettes on Schools as Reported by School Staff and E-cigarettes Confiscated by Schools — North Carolina, 2019. Unpublished manuscript.
- 7) CDC Foundation. North Carolina Cross-Sectional, Online Survey Summary Tables. 2021: 1-104.
- 8) Preventing Tobacco Addiction Foundation, Tobacco 21, (2021), <https://tobacco21.org/>.
- 9) State Tobacco Activities Tracking and Evaluation (STATE) System Licensure Fact Sheet, Ctr. For Disease Control (last reviewed: May 18, 2021),  
[https://www.cdc.gov/statesystem/factsheets/licensure/Licensure.html#anchor\\_1562854161](https://www.cdc.gov/statesystem/factsheets/licensure/Licensure.html#anchor_1562854161).
- 10) Preventing Tobacco Use Among Youth and Young Adults: A Report of the Surgeon General, U.S. Dept of Health and Hum. Serv. (2014),  
[https://www.ncbi.nlm.nih.gov/books/NBK99237/pdf/Bookshelf\\_NBK99237.pdf](https://www.ncbi.nlm.nih.gov/books/NBK99237/pdf/Bookshelf_NBK99237.pdf).
- 11) Roe L. Astor, et al., Tobacco Retail Licensing and Youth Product Use, Pediatrics (Jan. 7, 2019),  
<https://pediatrics.aappublications.org/content/pediatrics/143/2/e20173536.full.pdf>.
- 12) Revision to SAMSHA Guidance on Tobacco Regulation, Substance Abuse and Mental Health Services Administration (June 13, 2022).
- 13) N.C. Gen. Stat. § 14-113 (2014).

Policy and Procedure  
**MACON COUNTY PUBLIC HEALTH**

**Title: Tobacco Free Workplace**

Policy # 105.08	Revision #: 8	Page 1 of 4
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<b>Section/ Program Area:</b>	Administrative Section Board of Health Policy and Procedure	<b>Original Effective Date:</b>	01/01/07	<b>This Revision Effective:</b>	01/24/23
<b>Persons Affected</b>	<i>All Agents of MCPH and consumers of MCPH services</i>				
<b>Approved By:</b>	 Kathleen McGaha, MHS, Health Director	 Mitchell Bishop, Engineer, Chair, Board of Health			
<b>Date:</b>	1/24/23 Date	1/24/23 Date			

	Date of Revision	Summary of Changes	Section
<b>Revision History</b>	08/14/08	Put policy into new template.	Throughout policy
	07/01/12	Updated to new template Updated references of MCPHC to MCPH Updated to new template Changed Employee to Agent	Throughout policy
	11/18/14	Updated definition of tobacco product. Added definition for tobacco-derived product, and vapor product, and e-cigarette. Provided a policy exception for Federal Drug Administration approved cessation aids Expanded applicable laws, rules, and references	Throughout policy
	10/01/15	Removed "contractor" from definition of Agent	3.0
	09/19/16	New Signatures	Header
	11/27/18	New Signatures	Header
	10/22/19	New Signatures	Header
	12/16/21	New Signatures	Header
	01/24/23	Updated policy to current standards IAW Medicaid & Medicare	Throughout

**1.0 Purpose**

1.1 Macon County Public Health is dedicated in directing Macon County to become a healthier community with healthy people living in a healthy environment. Tobacco use is a major cause of preventable disease and death. MCPH serves as a model for our community in promoting the good health of its staff and influencing public attitudes about tobacco use. MCPH is committed to providing a healthful, comfortable and productive work environment for employees, and as an example to our clients and our community, will be a facility that will be entirely tobacco and smoke-free.

Policy and Procedure  
MACON COUNTY PUBLIC HEALTH

Title: Tobacco Free Workplace

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smoking through inhalation of *vapor or aerosol* from the product. The term shall include any such device, whether manufactured, distributed, marketed, or sold as an e-cigarette, e-cigar, e-pipe, e-hookah, vape pen or under any other product name or descriptor.

- 3.7** Tobacco-derived product is any noncombustible product derived from tobacco that contains nicotine and is intended for human consumption, whether chewed, absorbed, dissolved, ingested, or by other means. This term does not include a vapor product or any product regulated by the United States Food and Drug Administration under Chapter V of the Federal Food, Drug, and Cosmetic Act.
- 3.8** Vapor product is any noncombustible product that employs a mechanical heating element, battery, or electronic circuit regardless of shape or size and that can be used to heat a liquid nicotine solution contained in a vapor cartridge. The term includes an electronic cigarette, electronic cigar, electronic cigarillo, and electronic pipe. The term does not include any product regulated by the United States Food and Drug Administration under Chapter V or the federal Food, Drug, and Cosmetic Act.
- 3.9** MCPH-Macon County Public Health.
- 3.10** FDA-Food and Drug Administration.

**4.0 Applicable Law, Rules and References**

- 4.1** North Carolina General Statute 143-599
- 4.2** North Carolina General Statute 14-313
- 4.3** North Carolina General Statute 130A-498
- 4.4** Letter dated 3/28/2014 to Local NC Health Directors from the NC Division of Public Health's Ruth Peterson, MD and Sally Herndon, MPH regarding e-cigarette usage.

**5.0 Responsibilities**

- 5.1** The Health Director has the overall responsibility for assuring policy compliance.
- 5.2** All MCPH agents, clients and visitors share in the responsibility for enforcing and adhering to this policy.

**6.0 Procedure**

- 6.1** Signs declaring these premises "tobacco-free" will be posted at each entrance and displayed in other prominent, visible areas thanking the agents and the public for not smoking and not using tobacco in accordance with this policy.
- 6.1.1** Signs shall have letters of not less than one inch (1") in height and/or the international "No Smoking" symbol (consisting of a pictorial representation of a burning cigarette enclosed in a red circle with a red bar across it).
- 6.1.2** No person shall remove or deface any sign, by authority of this section.
- 6.2** Section Administrators and Supervisors will advise new staff of the policy and consequences during the orientation process. They will also ensure that their agents are updated on any changes to this policy.
- 6.3** Outside groups using the health department property will be informed of the tobacco-free policy.
- 6.4** Staff will be made aware of the availability of quitting support services provided by the North Carolina Tobacco Use Quitline at 1-800-QUIT-NOW (1-800-784-8669). Staff will also be

# Macon County Public Health Total Revenues

For 7/1/2022 - 12/31/2022

ACCOUNT	ACCOUNT DESCRIPTION	ORIGINAL	YTD		
		APPROP Revenues	YTD Collected	Uncollected	% Collected
11 -3344-435013-	ANIMAL ADOPTION FEES	-10,000	-8,500.00	-1,500	85.00
11 -3344-435014-	ANIMAL CONTROL FINES & FEES	-1,000	-2,710.00	1,710	271.00
11 -3344-435018-	ANIMAL SERVICES MICROCHIP FEI	-250	-105.00	-145	42.00
11 -3850-445801-	Animal Control Donations	-1,000	-2,715	1,715	272
11 -3511-426001-	TOBACCO GRANT	-87,772	-23,833.66	-58,038	29.10
11 -3511-426007-	MINORITY DIABETES PREV GRANT	-137,956	-33,885.75	-97,530	25.80
11 -3511-426010-	APPALACHIAN MTN COMMHLTH-I	-6,022	-15,309.48	-5,340	74.10
11 -3511-426012-	GUSNIP FED GRANT.10.331	-265,280	-80,804.00	-142,182	36.20
11 -3511-436004-	EMERGENCY PREPARE - STATE	-32,125	-19,702.17	-12,423	61.30
11 -3511-436007-	SCHOOL NURSE - STATE	-150,000	-62,500.00	-87,500	41.70
11 -3511-436023-	WISEWOMAN REV	-12,600	-855.00	-11,745	6.80
11 -3511-436026-	MATERNAL HEALTH - STATE	-38,883	-16,201.25	-22,682	41.70
11 -3511-436030-	COMM HLTH GRANT - SCHOOL BA	0	-7,683.58	7,684	100.00
11 -3511-436031-	HLTHY PEOPLE HLTHY CAROLINAS	-86,220	-150,000.00	-81,665	64.70
11 -3511-437000-	STATE AID TO COUNTIES/HEALTH	-82,398	-35,297.65	-47,100	42.80
11 -3511-437199-	LAB FEES - MEDICAID	0	-203.37	203	100.00
11 -3511-437200-	LAB FEES	-35,000	-12,097.92	-22,902	34.60
11 -3511-437201-	FAMILY PLANNING FEES	-14,500	-4,248.86	-10,251	29.30
11 -3511-437204-	FOREIGN TRAVEL/OTHR VACCINES	-120,000	-81,140.82	-38,859	67.60
11 -3511-437300-	MATERNAL HEALTH FEES	-8,500	-3,766.12	-4,734	44.30
11 -3511-438011-	ADULT HEALTH FEES	-6,000	-2,661.52	-3,338	44.40
11 -3511-438013-	BCCCP - STATE	-27,050	-5,850.00	-21,200	21.60
11 -3511-438022-	BF PEER COUNSELOR REVENUES	-15,000	-979.33	-14,021	6.50
11 -3511-438501-	FAMILY PLANNING - STATE	-56,754	-21,482.11	-35,272	37.90
11 -3511-438502-	WIC - STATE	-192,427	-28,093.40	-164,334	14.60
11 -3511-438504-	HEALTH PROMOTION - STATE	-34,354	-13,442.08	-20,912	39.10
11 -3511-438508-	TB - STATE	-2,170	-563.16	-1,607	26.00
11 -3511-438509-	CHILD HEALTH - STATE	-10,350	-92.91	-10,257	0.90
11 -3511-438510-	CHILD DENTAL FEES	-25,000	-6,714.48	-18,286	26.90
11 -3511-438511-	ADULT HEALTH/MEDICAID	-10,000	-3,943.62	-6,056	39.40
11 -3511-438512-	FAMILY PLANNING/MEDICAID REI	-12,000	-2,776.27	-9,224	23.10
11 -3511-438513-	CHILD HEALTH/MEDICAID REIMB	-1,000	0.00	-1,000	0.00
11 -3511-438514-	MATERNAL HEALTH/MEDICAID RE	-21,000	-5,497.17	-15,503	26.20
11 -3511-438515-	OB CARE COORDINATOR	-60,000	-26,724.48	-33,276	44.50
11 -3511-438518-	COMM DISEASE-STATE	-11,589	-7,250.92	-4,338	62.60
11 -3511-438520-	IMMUNIZATION - STATE	-18,974	-4,376.38	-14,598	23.10
11 -3511-438521-	COMMUNICABLE DISEASE FEES	-1,200	-358.25	-842	29.90
11 -3511-438522-	CARE COORD. FOR CHILDREN-STA	-4,724	-1,968.35	-2,756	41.70
11 -3511-438524-	IMMUNIZATIONS-MEDICAID REIM	-7,500	-5,031.91	-2,468	67.10

11 -3511-438526-	FLU VACCINE PROGRAM - MEDICA	0	-662.53	663	100.00
11 -3511-438528-	FLU VACCINE PROGRAM	-20,000	-24,112.19	4,112	120.60
11 -3511-438531-	MEDICAL RECORDS PAYMENTS	0	-60.00	60	100.00
11 -3511-438533-	CARE COORD. FOR CHILDREN	-65,000	-9,922.56	-55,077	15.30
11 -3511-438535-	CHILD DENTAL MEDICAID	-250,000	-69,892.92	-180,107	28.00
11 -3511-438543-	MEDICAID CAPITATION PAYMENT	-60,000	-62,645.59	2,646	104.40
11 -3511-438546-	CHILD HEALTH FEES	-1,000	0.00	-1,000	0.00
11 -3511-438550-	COMM DISEASE/MEDICAID	-1,300	-120.45	-1,180	9.30
11 -3511-438551-	MEDICAID COST SETTLEMENT FUN	-250,000	-16.77	-249,983	0.00
11 -3511-438552-	TB CONTROL-MEDICAID	0	-67.08	67	100.00
11 -3511-438554-	TB FEES	-3,200	-3,034.58	-165	94.80
11 -3511-438555-	COMMUNITY HEALTH GRANT-STA	0	-14,480.05	-135,520	9.70
11 -3511-438561-	PRIMARY CARE	-30,000	-7,109.98	-22,890	23.70
11 -3511-438562-	NUTRITION EDUCATION	-5,000	0.00	-5,000	0.00
11 -3511-438563-	EMPLOYEE HEALTH	-6,500	-2,662.65	-3,837	41.00
11 -3511-438567-	PRIMARY CARE - MEDICAID	-30,000	-865.00	-29,135	2.90
11 -3511-438570-	COVID-19 VACCINE	0	-270.58	271	100.00
11 -3511-438702-	ONSITE WASTEWTR FEES	-162,000	-110,614.00	-51,386	68.30
11 -3511-438703-	WELL FEES	-45,000	-43,213.38	-1,787	96.00
11 -3511-438704-	FOOD/LODGING FEES	-5,500	-7,150.00	1,650	130.00
11 -3511-438705-	FOOD & LODGING - STATE	-12,000	0.00	-12,000	0.00
11 -3511-438706-	WATER TEST FEES	-20,000	-17,720.92	-2,279	88.60
11 -3511-438707-	TEMP FOOD FEES	-1,200	-3,300.00	2,100	275.00
11 -3511-438708-	POOL FEES	-2,500	0.00	-2,500	0.00
11 -3511-445200-	CONTRIBUTIONS	-1,000	-2,228.05	228	111.40
11 -3511-445716-	EPI LABCAPACITY INF DIS 93.323	0	-37,139.25	-174,242	17.60
11 -3511-445719-	CDC VACCINE PROGRAM 93.268	0	-36,282.15	-131,509	21.60
11 -3511-445724-	ELC REOPENING SCHOOLS 93.323	0	-3,101.12	-111,899	2.70
11 -3511-445726-	ADVANCING EQUITY 93.391	0	-3,337.96	3,338	100.00
11 -3511-445727-	COMM DIS PANDEMIC RECOV 21.	0	-27,247.51	-215,900	11.20
11 -3511-445728-	SCHOOL HLTHTEAM WORKFORC9	0	-645.77	-59,890	1.10
11 -3511-484000-	CONTRIBUTIONS-MOUNTAINWISE	0	-800.00	800	100.00



# Macon County Public Health Total Expenses

For 7/1/2022 - 12/31/2022

ACCOUNT	ACCOUNT DESCRIPTION	ORIGINAL APPROP	YTD EXPENDED	AVAILABLE BUDGET	% USED
<b><u>Animal Control</u></b>					
11 -4380-550001-	SALARY	202,446	67,507.07	134,939	33.30
11 -4380-550002-	PART-TIME SALARY	14,612	6,212.06	8,400	42.50
11 -4380-550004-	OVERTIME	16,727	10,705.31	6,022	64.00
11 -4380-550005-	LONGEVITY	1,515	0.00	1,515	0.00
11 -4380-550201-	MEDICARE/FICA	18,001	7,107.94	10,893	39.50
11 -4380-550203-	HOSPITALIZATION	54,487	19,777.43	34,710	36.30
11 -4380-550205-	WORKMAN'S COMPENSATION	2,500	2,500.00	0	100.00
11 -4380-550206-	LIFE INSURANCE	314	105.96	208	33.70
11 -4380-550207-	RETIREMENT-GENERAL	26,836	10,699.94	16,136	39.90
11 -4380-550701-	COUNTY 401K	4,413	1,759.86	2,653	39.90
11 -4380-552200-	FOOD & PROVISIONS	10,000	5,916.21	4,084	59.20
11 -4380-555100-	PROFESSIONAL FEES	7,500	3,392.31	4,108	45.20
11 -4380-555106-	CONTRACTED SERVICES	5,345	1,913.75	3,431	35.80
11 -4380-555110-	SOLID WASTE FEES	1,200	465.24	735	38.80
11 -4380-556000-	SUPPLIES	10,000	7,227.68	1,478	85.20
11 -4380-556001-	OFFICE SUPPLIES	1,400	371.68	1,028	26.50
11 -4380-556009-	UNIFORMS	2,900	1,054.92	1,845	36.40
11 -4380-556502-	GASOLINE/FUEL OIL/LUBRICANTS	8,583	5,128.01	3,455	59.70
11 -4380-556503-	VEHICLE REPAIRS & MAINTENANCE	2,000	1,696.39	304	84.80
11 -4380-556603-	PROPERTY/BUILDING IMPROVEMENT	8,520	0.00	8,520	0.00
11 -4380-556801-	PRINTING/DEPARTMENTAL	300	0.00	300	0.00
11 -4380-557700-	DUES	150	130.00	20	86.70
11 -4380-558901-	TRAVEL	1,335	53.84	1,281	4.00
11 -4380-559202-	TELEPHONE EXPENSE	3,350	1,517.26	1,833	45.30
11 -4380-559700-	NON-CAPITAL EQUIPMENT	4,825	249.79	272	94.40
11 -4380-560105-	CREDIT CARD FEES	150	99.29	51	66.20
11 -4380-560600-	INSURANCE	220	220.00	0	100.00
11 -4380-566301-	RABIES CONTROL	500	228.91	271	45.80
11 -4380-569502-	CAPITAL EQUIPMENT	6,500	0.00	6,500	0.00
11 -4380-575055-	DONATIONS/GIFTS	0	7,875.19	3,399	69.90
<b>Total 114380 ANIMAL CONTROL</b>		<b>416,629</b>	<b>163,916.04</b>	<b>258,389</b>	<b>39.60</b>
<b><u>Administration</u></b>					
11 -5110-550207-	RETIREMENT	21,629	10,153.20	11,476	46.90
11 -5110-550301-	BOARD OF HEALTH	6,600	916.66	5,683	13.90
11 -5110-550701-	COUNTY 401K	3,558	1,669.83	1,888	46.90
11 -5110-555050-	MEDICAID DIRECTED PAYMENT	0	1,037.76	-1,038	100.00
11 -5110-555106-	CONTRACTED SERVICES	38,771	19,521.92	22,456	46.50

11 -5110-555107-	AUTOPSY FEES	44,600	12,400.00	32,200	27.80
11 -5110-556001-	OFFICE SUPPLIES	27,000	5,760.89	20,688	23.40
11 -5110-556005-	COMPUTER SUPPLIES	17,500	0.00	10,696	38.90
11 -5110-556011-	OPERATING SUPPLIES	5,000	1,864.32	3,136	37.30
11 -5110-556502-	GASOLINE/FUEL OIL/LUBRICANTS	1,500	1,320.26	180	88.00
11 -5110-556503-	VEHICLE REPAIRS & MAINTENANCE	2,000	1,807.60	192	90.40
11 -5110-557101-	POSTAGE/DEPARTMENTAL	9,500	2,288.12	7,212	24.10
11 -5110-557600-	SUBSCRIPTIONS	150	197.98	-48	132.00
11 -5110-557700-	DUES	3,000	2,005.16	995	66.80
11 -5110-558502-	LEASES	4,800	1,490.94	3,309	31.10
11 -5110-558901-	TRAVEL	9,650	4,406.15	5,244	45.70
11 -5110-559202-	TELEPHONE EXPENSE	20,800	13,034.69	7,765	62.70
11 -5110-560600-	INSURANCE	13,090	11,350.00	1,740	86.70
<b>Total 115110 HEALTH ADMINISTRATI</b>		<b>465,288</b>	<b>201,455.11</b>	<b>259,685</b>	<b>44.60</b>

**Operations**

11 -5111-550001-	SALARY	203,231	86,662.23	116,569	42.60
11 -5111-550005-	LONGEVITY	814	0.00	814	0.00
11 -5111-550201-	MEDICARE/FICA	15,610	6,115.62	9,494	39.20
11 -5111-550203-	HOSPITALIZATION	70,693	30,629.80	40,063	43.30
11 -5111-550206-	LIFE INSURANCE	306	136.48	170	44.60
11 -5111-550207-	RETIREMENT-GENERAL	24,811	10,538.13	14,273	42.50
11 -5111-550701-	COUNTY 401K	4,081	1,733.25	2,348	42.50
11 -5111-555106-	CONTRACTED SERVICES	145,509	76,202.30	69,307	52.40
11 -5111-556801-	PRINTING/DEPARTMENTAL	200	0.00	200	0.00
11 -5111-557400-	BOOKS & PUBLICATIONS	400	182.39	218	45.60
11 -5111-557700-	DUES	250	199.00	51	79.60
11 -5111-558901-	TRAVEL	4,898	713.34	4,185	14.60
11 -5111-560105-	CREDIT CARD FEES	800	162.73	637	20.30
<b>Total 115111 OPERATIONS</b>		<b>471,603</b>	<b>213,275.27</b>	<b>258,328</b>	<b>45.20</b>

**School Health Nurse**

11 -5120-550001-	SALARY	230,633	88,658.30	131,035	40.40
11 -5120-550005-	LONGEVITY	2,027	1,895.34	132	93.50
11 -5120-550201-	MEDICARE/FICA	17,798	6,443.01	11,355	36.20
11 -5120-550203-	HOSPITALIZATION	58,174	18,949.93	39,224	32.60
11 -5120-550206-	LIFE INSURANCE	262	91.68	170	35.00
11 -5120-550207-	RETIREMENT	28,291	11,011.38	17,280	38.90
11 -5120-550701-	COUNTY 401K	4,653	1,811.06	2,842	38.90
11 -5120-556011-	OPERATING SUPPLIES	7,000	203.00	6,797	2.90
11 -5120-557700-	DUES	500	0.00	500	0.00
11 -5120-558901-	TRAVEL	2,460	1,335.70	1,124	54.30
11 -5120-559202-	TELEPHONE EXPENSE	3,400	1,443.61	1,956	42.50
<b>Total 115120 SCHOOL HEALTH NURSI</b>		<b>355,198</b>	<b>131,843.01</b>	<b>212,415</b>	<b>38.30</b>



**Advancing Equity**

11 -5122-550001-	SALARY	0	3,337.96	-3,338	100.00
<b>Total 115122 ADVANCING EQUITY 93</b>		<b>0</b>	<b>3,337.96</b>	<b>-3,338</b>	<b>100.00</b>

**NC Tobacco Program**

11 -5125-555106-	CONTRACTED SERVICES	64,480	21,493.34	37,614	36.40
11 -5125-556011-	OPERATING SUPPLIES	14,171	4,126.11	9,468	32.30
11 -5125-558901-	TRAVEL	9,121	3,507.40	5,264	40.00
<b>Total 115125 NC TOBACCO SETTLEM</b>		<b>87,772</b>	<b>29,126.85</b>	<b>52,345</b>	<b>36.10</b>

**Chronic Disease**

11 -5128-555122-	APPALACHIAN REGION COM-FEDERA	0	498.85	-499	100.00
11 -5128-555124-	APPALACHIAN MTN COMMHLTH-FED	6,022	13,377.87	7,271	64.80
11 -5128-555126-	MOUNTAINWISE SERVICES-LOCAL	1,720	5,790.36	25,050	18.80
11 -5128-555127-	GUSNIP FED GRANT 10.331	265,280	81,736.00	119,395	46.50
11 -5128-555128-	HLTHY PEOPLE HLTHY CAROLINAS	86,220	29,920.22	200,845	13.30
<b>Total 115128 REG CHRONIC DISEASE</b>		<b>359,242</b>	<b>131,323.30</b>	<b>352,061</b>	<b>30.40</b>

11 -5129-550001-	SALARY	75,082	26,572.28	48,510	35.40
11 -5129-550201-	MEDICARE/FICA	5,744	1,802.86	3,941	31.40
11 -5129-550203-	HOSPITALIZATION	24,704	5,502.49	19,202	22.30
11 -5129-550206-	LIFE INSURANCE	52	20.52	31	39.50
11 -5129-550207-	RETIREMENT-GENERAL	9,483	3,231.26	6,252	34.10
11 -5129-550701-	COUNTY 401K	1,501	531.45	970	35.40
11 -5129-556001-	OFFICE SUPPLIES	750	0.00	750	0.00
11 -5129-556002-	MEDICAL SUPPLIES	2,074	0.00	1,528	26.30
11 -5129-556011-	OPERATING SUPPLIES	3,300	0.00	3,300	0.00
11 -5129-557101-	POSTAGE/DEPARTMENTAL	99	0.00	99	0.00
11 -5129-557800-	EDUCATIONAL MATERIALS	7,800	271.59	7,528	3.50
11 -5129-558502-	LEASES-TELEHEALTH EQUIPMENT	16,390	16,390.00	0	100.00
11 -5129-558901-	TRAVEL	3,021	1,080.25	1,941	35.80
<b>Total 115129 COMMUNITY HEALTH C</b>		<b>150,000</b>	<b>55,402.70</b>	<b>94,051</b>	<b>37.30</b>

11 -5140-550001-	SALARY	12,354	5,712.87	6,641	46.20
11 -5140-550005-	LONGEVITY	70	0.00	70	0.00
11 -5140-550201-	MEDICARE/FICA	950	394.18	556	41.50
11 -5140-550203-	HOSPITALIZATION	2,435	1,217.52	1,217	50.00
11 -5140-550206-	LIFE INSURANCE	11	5.64	5	51.30
11 -5140-550207-	RETIREMENT-GENERAL	1,511	694.69	816	46.00
11 -5140-550701-	COUNTY 401K	248	114.25	134	46.10
<b>Total 115140 WISEWOMEN</b>		<b>17,579</b>	<b>8,139.15</b>	<b>9,440</b>	<b>46.30</b>

11 -5141-550001-	SALARY	22,399	9,906.58	12,492	44.20
11 -5141-550005-	LONGEVITY	176	0.00	176	0.00

11 -5141-550201-	MEDICARE/FICA	1,727	689.18	1,038	39.90
11 -5141-550203-	HOSPITALIZATION	4,658	2,074.26	2,584	44.50
11 -5141-550206-	LIFE INSURANCE	21	9.78	11	46.60
11 -5141-550207-	RETIREMENT	2,745	1,204.74	1,540	43.90
11 -5141-550701-	COUNTY 401K	451	198.25	253	44.00
11 -5141-555106-	CONTRACTED SERVICES	16,000	5,197.63	10,802	32.50
11 -5141-555150-	PUBLIC EDUCATION	300	0.00	300	0.00
11 -5141-556011-	OPERATING SUPPLIES	250	0.00	250	0.00
11 -5141-558901-	TRAVEL	483	19.50	464	4.00
11 -5141-565009-	TEKTONE BCCP DONATION	0	0.00	1,000	0.00
<b>Total 115141 BREAST &amp; CERVICAL CA</b>		<b>49,210</b>	<b>19,299.92</b>	<b>30,910</b>	<b>38.40</b>

11 -5144-550001-	SALARY	89,733	47,926.59	41,806	53.40
11 -5144-550005-	LONGEVITY	246	0.00	246	0.00
11 -5144-550201-	MEDICARE/FICA	6,883	3,446.35	3,437	50.10
11 -5144-550203-	HOSPITALIZATION	28,577	12,514.24	16,063	43.80
11 -5144-550206-	LIFE INSURANCE	118	63.97	54	54.20
11 -5144-550207-	RETIREMENT	10,942	5,827.79	5,114	53.30
11 -5144-550701-	COUNTY 401K	1,799	958.47	841	53.30
11 -5144-555106-	CONTRACTED SERVICES	144,866	48,519.38	96,347	33.50
11 -5144-556011-	OPERATING SUPPLIES	3,500	0.00	3,500	0.00
11 -5144-556016-	TUBERCULOSIS EXPENSES	800	606.16	194	75.80
11 -5144-556801-	PRINTING/DEPARTMENTAL	50	0.00	50	0.00
11 -5144-557400-	BOOKS & PUBLICATIONS	75	0.00	75	0.00
11 -5144-557600-	SUBSCRIPTIONS	1,208	0.00	1,208	0.00
<b>Total 115144 ADULT HEALTH</b>		<b>288,797</b>	<b>119,862.95</b>	<b>168,934</b>	<b>41.50</b>

11 -5145-550001-	SALARY	99,719	41,445.80	58,273	41.60
11 -5145-550005-	LONGEVITY	1,700	37.87	1,662	2.20
11 -5145-550201-	MEDICARE/FICA	7,759	3,324.45	4,435	42.80
11 -5145-550203-	HOSPITALIZATION	18,640	8,520.37	10,120	45.70
11 -5145-550206-	LIFE INSURANCE	90	42.00	48	46.70
11 -5145-550207-	RETIREMENT	12,333	5,481.23	6,852	44.40
11 -5145-550701-	COUNTY 401K	2,029	901.26	1,128	44.40
11 -5145-555106-	CONTRACTED SERVICES	27,213	5,792.89	21,420	21.30
11 -5145-556011-	OPERATING SUPPLIES	6,000	1,042.67	4,957	17.40
11 -5145-558901-	TRAVEL	2,156	485.13	1,671	22.50
11 -5145-559202-	TELEPHONE EXPENSE	2,088	749.40	1,339	35.90
11 -5145-565001-	FLU VACCINE PROGRAM	30,000	29,000.67	999	96.70
11 -5145-565002-	FOREIGN TRAVEL/OTHR VACCINES	95,000	1,413.08	93,587	1.50
11 -5145-565015-	IMMUNIZATION ACTION PLAN PURCH	12,154	0.00	12,154	0.00
11 -5145-565022-	HIV / STD SERVICES	500	0.00	500	0.00
11 -5145-565023-	STD PREVENTION	100	0.00	100	0.00
11 -5145-565024-	STD DRUGS	311	0.00	311	0.00
<b>Total 115145 DISEASE CONTROL</b>		<b>317,792</b>	<b>98,236.82</b>	<b>219,555</b>	<b>30.90</b>



11 -5146-550001-	SALARY	99,306	39,193.74	60,112	39.50
11 -5146-550201-	MEDICARE/FICA	7,597	2,966.57	4,630	39.00
11 -5146-550203-	HOSPITALIZATION	34,472	10,765.73	23,706	31.20
11 -5146-550206-	LIFE INSURANCE	137	57.62	79	42.10
11 -5146-550207-	RETIREMENT	12,076	4,765.96	7,310	39.50
11 -5146-550701-	COUNTY 401K	1,987	783.82	1,203	39.40
11 -5146-555100-	PROFESSIONAL FEES	600	0.00	600	0.00
11 -5146-555106-	CONTRACTED SERVICES	4,000	0.00	4,000	0.00
11 -5146-555150-	PUBLIC EDUCATION	7,644	2,736.20	4,669	38.90
11 -5146-556011-	OPERATING SUPPLIES	3,500	0.00	3,500	0.00
11 -5146-557600-	SUBSCRIPTIONS	75	0.00	75	0.00
11 -5146-557700-	DUES	420	0.00	420	0.00
11 -5146-557800-	EDUCATIONAL MATERIALS	1,173	0.00	1,173	0.00
11 -5146-558901-	TRAVEL	1,705	282.00	1,423	16.50
11 -5146-559203-	HEALTH RISK ASSESSMENT	3,500	0.00	3,500	0.00
<b>Total 115146 HEALTHY COMMUNITIE</b>		<b>178,192</b>	<b>61,551.64</b>	<b>116,402</b>	<b>34.70</b>

11 -5147-550001-	SALARY	47,861	21,945.72	25,915	45.90
11 -5147-550005-	LONGEVITY	176	0.00	176	0.00
11 -5147-550201-	MEDICARE/FICA	3,675	1,624.26	2,051	44.20
11 -5147-550203-	HOSPITALIZATION	11,840	5,409.09	6,431	45.70
11 -5147-550206-	LIFE INSURANCE	55	27.48	28	50.00
11 -5147-550207-	RETIREMENT	5,841	2,668.59	3,172	45.70
11 -5147-550701-	COUNTY 401K	961	439.00	522	45.70
11 -5147-556011-	OPERATING SUPPLIES	200	43.49	157	21.70
11 -5147-556502-	GASOLINE/FUEL OIL/LUBRICANTS	70	0.00	70	0.00
11 -5147-556801-	PRINTING/DEPARTMENTAL	50	0.00	50	0.00
11 -5147-558901-	TRAVEL	409	0.00	409	0.00
11 -5147-559202-	TELEPHONE EXPENSE	720	215.07	505	29.90
<b>Total 115147 CARE COORDINATION F</b>		<b>71,858</b>	<b>32,372.70</b>	<b>39,485</b>	<b>45.10</b>

11 -5148-550001-	SALARY	102,925	47,317.77	55,607	46.00
11 -5148-550005-	LONGEVITY	176	0.00	176	0.00
11 -5148-550201-	MEDICARE/FICA	7,886	3,443.88	4,442	43.70
11 -5148-550203-	HOSPITALIZATION	20,440	10,067.29	10,373	49.30
11 -5148-550206-	LIFE INSURANCE	108	53.52	54	49.60
11 -5148-550207-	RETIREMENT	12,538	5,753.89	6,784	45.90
11 -5148-550701-	COUNTY 401K	2,062	946.36	1,116	45.90
11 -5148-555106-	CONTRACTED SERVICES	80,000	8,128.62	71,871	10.20
11 -5148-555114-	LAB CERTIFICATION CHARGES	2,725	2,202.00	523	80.80
11 -5148-556011-	OPERATING SUPPLIES	25,000	7,086.91	16,813	32.70
11 -5148-556605-	EQUIPMENT MAINTENANCE	1,000	286.25	714	28.60
11 -5148-556801-	PRINTING/DEPARTMENTAL	200	0.00	200	0.00

11 -5148-558901-	TRAVEL	1,000	0.00	1,000	0.00
	<b>Total 115148 LABORATORY</b>	<b>256,060</b>	<b>85,286.49</b>	<b>169,674</b>	<b>33.70</b>
11 -5150-550001-	SALARY	71,425	28,078.65	43,346	39.30
11 -5150-550201-	MEDICARE/FICA	5,464	2,117.90	3,346	38.80
11 -5150-550203-	HOSPITALIZATION	22,842	5,874.73	16,967	25.70
11 -5150-550206-	LIFE INSURANCE	79	31.48	48	39.80
11 -5150-550207-	RETIREMENT	8,685	3,414.41	5,271	39.30
11 -5150-550701-	COUNTY 401K	1,429	561.56	867	39.30
11 -5150-556011-	OPERATING SUPPLIES	3,500	58.42	3,442	1.70
11 -5150-557700-	DUES	300	0.00	300	0.00
11 -5150-557800-	EDUCATIONAL MATERIALS	300	0.00	300	0.00
11 -5150-558901-	TRAVEL	1,633	1,583.78	49	97.00
11 -5150-559202-	TELEPHONE EXPENSE	1,105	525.09	580	47.50
	<b>Total 115150 EMERGENCY PREPARED</b>	<b>116,762</b>	<b>42,246.02</b>	<b>74,516</b>	<b>36.20</b>
11 -5152-550001-	SALARY	158,133	37,365.60	120,767	23.60
11 -5152-550005-	LONGEVITY	899	0.00	899	0.00
11 -5152-550201-	MEDICARE/FICA	12,166	2,814.17	9,352	23.10
11 -5152-550203-	HOSPITALIZATION	41,383	9,193.20	32,190	22.20
11 -5152-550206-	LIFE INSURANCE	207	49.20	158	23.80
11 -5152-550207-	RETIREMENT	19,338	4,543.66	14,794	23.50
11 -5152-550701-	COUNTY 401K	3,181	747.28	2,434	23.50
11 -5152-556806-	CLIENT SERVICES	3,975	0.00	3,975	0.00
11 -5152-556807-	NUTRITION EDUCATION	1,000	0.00	1,000	0.00
11 -5152-556808-	BREAST FEEDING PROM & SUPPORT	1,844	631.83	1,212	34.30
11 -5152-558901-	TRAVEL	1,224	0.00	1,224	0.00
	<b>Total 115152 W.I.C.</b>	<b>243,350</b>	<b>55,344.94</b>	<b>188,005</b>	<b>22.70</b>
11 -5153-550001-	SALARY	39,610	3,001.85	36,608	7.60
11 -5153-550005-	LONGEVITY	385	0.00	385	0.00
11 -5153-550201-	MEDICARE/FICA	3,060	229.62	2,830	7.50
11 -5153-550203-	HOSPITALIZATION	10,717	532.20	10,185	5.00
11 -5153-550206-	LIFE INSURANCE	43	2.88	40	6.70
11 -5153-550207-	RETIREMENT-GENERAL	4,864	365.03	4,499	7.50
11 -5153-550701-	COUNTY 401K	799	60.03	739	7.50
11 -5153-557600-	SUBSCRIPTIONS	560	0.00	560	0.00
11 -5153-557700-	DUES	670	250.00	420	37.30
11 -5153-557800-	EDUCATIONAL MATERIALS	1,500	0.00	1,500	0.00
11 -5153-558901-	TRAVEL	1,486	0.00	1,486	0.00
11 -5153-565031-	MINORITY DIABETES PREV GRANT	137,956	44,115.27	86,505	34.20
	<b>Total 115153 NUTRITION EDUCATION</b>	<b>201,650</b>	<b>48,556.88</b>	<b>145,757</b>	<b>25.30</b>



**OB Care Management**

11 -5154-550001-	SALARY	55,784	2,426.49	53,358	4.30
11 -5154-550005-	LONGEVITY	188	4.21	184	2.20
11 -5154-550201-	MEDICARE/FICA	4,282	174.65	4,107	4.10
11 -5154-550203-	HOSPITALIZATION	16,157	430.51	15,726	2.70
11 -5154-550206-	LIFE INSURANCE	57	1.88	55	3.30
11 -5154-550207-	RETIREMENT-GENERAL	6,806	295.57	6,510	4.30
11 -5154-550701-	COUNTY 401K	1,120	48.67	1,071	4.30
11 -5154-556011-	OPERATING SUPPLIES	500	0.00	500	0.00
11 -5154-556801-	PRINTING/DEPARTMENTAL	200	0.00	200	0.00
11 -5154-558901-	TRAVEL	914	0.00	914	0.00
11 -5154-558902-	TRAVEL LOCAL MILEAGE	100	0.00	100	0.00
11 -5154-559202-	TELEPHONE EXPENSE	1,188	215.07	973	18.10
<b>Total 115154 OB CARE MANAGEMEN</b>		<b>87,296</b>	<b>3,597.05</b>	<b>83,699</b>	<b>4.10</b>

**Maternal Health**

11 -5155-550001-	SALARY	92,546	34,755.17	57,791	37.60
11 -5155-550005-	LONGEVITY	1,230	52.60	1,177	4.30
11 -5155-550201-	MEDICARE/FICA	7,174	2,442.83	4,731	34.10
11 -5155-550203-	HOSPITALIZATION	22,127	7,986.36	14,141	36.10
11 -5155-550206-	LIFE INSURANCE	97	32.94	64	34.00
11 -5155-550207-	RETIREMENT	11,403	4,232.66	7,170	37.10
11 -5155-550701-	COUNTY 401K	1,876	696.19	1,180	37.10
11 -5155-555106-	CONTRACTED SERVICES	25,000	10,500.00	14,500	42.00
11 -5155-556011-	OPERATING SUPPLIES	2,500	646.98	619	75.20
11 -5155-556605-	EQUIPMENT MAINTENANCE	500	0.00	500	0.00
11 -5155-558901-	TRAVEL	441	200.00	241	45.40
11 -5155-559202-	TELEPHONE EXPENSE	350	297.03	53	84.90
11 -5155-565013-	ZONTA WOMEN'S HEALTH	3,847	774.30	3,073	20.10
<b>Total 115155 MATERNAL</b>		<b>169,091</b>	<b>62,617.06</b>	<b>105,240</b>	<b>37.80</b>

**Child Health**

11 -5156-550001-	SALARY	33,599	15,357.26	18,242	45.70
11 -5156-550005-	LONGEVITY	176	0.00	176	0.00
11 -5156-550201-	MEDICARE/FICA	2,585	1,122.79	1,462	43.40
11 -5156-550203-	HOSPITALIZATION	5,774	2,785.33	2,989	48.20
11 -5156-550206-	LIFE INSURANCE	30	14.52	15	48.40
11 -5156-550207-	RETIREMENT	4,106	1,867.44	2,239	45.50
11 -5156-550701-	COUNTY 401K	676	307.18	369	45.40
11 -5156-555115-	CHILD FATALITY PREVENTION	351	92.91	258	26.50
11 -5156-556011-	OPERATING SUPPLIES	735	625.00	110	85.00
11 -5156-558901-	TRAVEL	475	0.00	475	0.00
<b>Total 115156 CHILD HEALTH</b>		<b>48,507</b>	<b>22,172.43</b>	<b>26,335</b>	<b>45.70</b>

**Child Dental**

11 -5157-550001-	SALARY	330,767	152,601.44	178,166	46.10
11 -5157-550005-	LONGEVITY	7,264	3,808.65	3,455	52.40

11 -5157-550201-	MEDICARE/FICA	25,860	11,146.62	14,713	43.10
11 -5157-550203-	HOSPITALIZATION	65,188	28,503.72	36,684	43.70
11 -5157-550206-	LIFE INSURANCE	262	130.26	132	49.70
11 -5157-550207-	RETIREMENT-GENERAL	41,105	19,019.56	22,085	46.30
11 -5157-550701-	COUNTY 401K	6,761	3,128.26	3,633	46.30
11 -5157-555106-	CONTRACTED SERVICES	5,800	3,005.33	2,622	54.80
11 -5157-556011-	OPERATING SUPPLIES	26,853	6,045.40	20,808	22.50
11 -5157-556503-	VEHICLE REPAIRS & MAINTENANCE	2,500	0.00	2,500	0.00
11 -5157-556605-	EQUIPMENT MAINTENANCE	2,500	11,184.23	2,256	83.20
11 -5157-556801-	PRINTING/DEPARTMENTAL	500	0.00	500	0.00
11 -5157-557700-	DUES	1,881	1,656.00	225	88.00
11 -5157-558901-	TRAVEL	4,134	2,247.65	1,886	54.40
11 -5157-559202-	TELEPHONE EXPENSE	600	297.03	303	49.50
11 -5157-559700-	NON-CAPITAL EQUIPMENT	2,234	929.50	286	87.20
11 -5157-569502-	CAPITAL EQUIPMENT	6,373	0.00	6,373	0.00
<b>Total 115157 CHILD DENTAL HEALTH</b>		<b>530,582</b>	<b>243,703.65</b>	<b>296,627</b>	<b>45.20</b>

**Family Planning**

11 -5159-550001-	SALARY	55,986	20,333.42	35,653	36.30
11 -5159-550005-	LONGEVITY	533	115.72	417	21.70
11 -5159-550201-	MEDICARE/FICA	4,324	1,494.62	2,829	34.60
11 -5159-550203-	HOSPITALIZATION	13,367	3,848.43	9,519	28.80
11 -5159-550206-	LIFE INSURANCE	68	19.30	49	28.40
11 -5159-550207-	RETIREMENT	6,873	2,486.56	4,386	36.20
11 -5159-550701-	COUNTY 401K	1,130	408.96	721	36.20
11 -5159-555106-	CONTRACTED SERVICES	1,050	0.00	1,050	0.00
11 -5159-556011-	OPERATING SUPPLIES	12,787	1,132.16	9,897	22.60
11 -5159-558901-	TRAVEL	420	0.00	420	0.00
11 -5159-565105-	LONG ACTING METHOD (DEPO)	7,337	2,463.43	4,094	44.20
11 -5159-567524-	TANF FUNDS	2,482	772.50	1,710	31.10
<b>Total 115159 FAMILY PLANNING</b>		<b>106,357</b>	<b>33,075.10</b>	<b>70,745</b>	<b>33.50</b>

**BF Peer Counselor**

11 -5165-550002-	PART-TIME SALARY	16,282	0.00	16,282	0.00
11 -5165-550201-	MEDICARE/FICA	1,245	0.00	1,245	0.00
11 -5165-556011-	OPERATING SUPPLIES	2,483	0.00	2,483	0.00
<b>Total 115165 BF PEER COUNSELOR PI</b>		<b>20,010</b>	<b>0.00</b>	<b>20,010</b>	<b>0.00</b>

**Employee Health**

11 -5167-550001-	SALARY	61,910	30,974.38	30,936	50.00
11 -5167-550005-	LONGEVITY	176	0.00	176	0.00
11 -5167-550201-	MEDICARE/FICA	4,749	2,294.38	2,455	48.30
11 -5167-550203-	HOSPITALIZATION	12,292	6,269.28	6,023	51.00
11 -5167-550206-	LIFE INSURANCE	62	31.81	30	51.30
11 -5167-550207-	RETIREMENT-GENERAL	7,550	3,766.55	3,783	49.90
11 -5167-550701-	COUNTY 401K	1,242	619.58	622	49.90
11 -5167-555106-	CONTRACTED SERVICES	45,240	10,997.73	33,863	25.10



11 -5167-556011-	OPERATING SUPPLIES	8,000	1,831.18	6,169	22.90
11 -5167-557800-	EDUCATIONAL MATERIALS	2,000	0.00	2,000	0.00
11 -5167-558901-	TRAVEL	750	0.00	750	0.00
<b>Total 115167 EMPLOYEE AND FAMIL'</b>		<b>143,971</b>	<b>56,784.89</b>	<b>86,807</b>	<b>39.70</b>

**On-Site Wastewater**

11 -5182-550001-	SALARY	210,842	90,719.10	97,923	48.10
11 -5182-550002-	PART-TIME SALARY	32,218	4,680.72	27,537	14.50
11 -5182-550004-	OVERTIME	0	1,273.66	-1,274	100.00
11 -5182-550005-	LONGEVITY	2,553	1,240.14	1,313	48.60
11 -5182-550201-	MEDICARE/FICA	18,789	7,185.86	11,603	38.20
11 -5182-550203-	HOSPITALIZATION	59,842	21,845.33	32,997	39.80
11 -5182-550206-	LIFE INSURANCE	228	107.64	120	47.20
11 -5182-550207-	RETIREMENT	25,949	11,336.98	14,612	43.70
11 -5182-550701-	COUNTY 401K	4,268	1,864.77	2,403	43.70
11 -5182-555106-	CONTRACTED SERVICES	37,800	11,337.50	51,663	18.00
11 -5182-556009-	UNIFORMS	600	0.00	450	25.00
11 -5182-556011-	OPERATING SUPPLIES	1,500	1,640.56	1,859	46.90
11 -5182-556502-	GASOLINE/FUEL OIL/LUBRICANTS	3,500	2,662.21	838	76.10
11 -5182-556503-	VEHICLE REPAIRS & MAINTENANCE	2,500	1,115.87	1,384	44.60
11 -5182-556605-	EQUIPMENT MAINTENANCE	500	0.00	500	0.00
11 -5182-557700-	DUES	300	100.00	200	33.30
11 -5182-558901-	TRAVEL	1,102	5,160.95	-4,059	468.30
11 -5182-559202-	TELEPHONE EXPENSE	3,725	1,573.19	2,152	42.20
11 -5182-560105-	CREDIT CARD FEES	2,500	1,322.49	1,178	52.90
11 -5182-569502-	CAPITAL EQUIPMENT	68,000	0.00	68,000	0.00
<b>Total 115182 ON-SITE WASTEWATER</b>		<b>476,716</b>	<b>165,166.97</b>	<b>311,399</b>	<b>34.70</b>

**Private Drinking Water**

11 -5183-550001-	SALARY	197,144	62,935.57	131,001	32.50
11 -5183-550005-	LONGEVITY	1,294	0.00	1,294	0.00
11 -5183-550201-	MEDICARE/FICA	15,181	4,562.38	10,619	30.10
11 -5183-550203-	HOSPITALIZATION	54,492	16,652.20	37,840	30.60
11 -5183-550206-	LIFE INSURANCE	228	79.82	148	35.00
11 -5183-550207-	RETIREMENT-GENERAL	24,130	7,652.92	16,477	31.70
11 -5183-550701-	COUNTY 401K	3,969	1,258.77	2,710	31.70
11 -5183-555106-	CONTRACTED SERVICES	12,600	6,812.50	5,788	54.10
11 -5183-556009-	UNIFORMS	300	0.00	150	50.00
11 -5183-556011-	OPERATING SUPPLIES	1,000	0.00	1,000	0.00
11 -5183-556502-	GASOLINE/FUEL OIL/LUBRICANTS	2,880	350.97	2,529	12.20
11 -5183-556503-	VEHICLE REPAIRS & MAINTENANCE	1,000	1,114.53	2,410	31.60
11 -5183-556605-	EQUIPMENT MAINTENANCE	250	0.00	0	0.00
11 -5183-556801-	PRINTING/DEPARTMENTAL	100	0.00	100	0.00
11 -5183-557700-	DUES	175	0.00	175	0.00
11 -5183-557900-	WATER TEST KITS	17,000	7,310.25	0	100.00
11 -5183-558901-	TRAVEL	78	0.00	78	0.00
11 -5183-559202-	TELEPHONE EXPENSE	1,408	597.45	811	42.40



11 -5183-569601-	EQUIPMENT - VEHICLES	34,000	0.00	34,000	0.00
<b>Total 115183 PRIVATE DRINKING WA</b>		<b>367,229</b>	<b>109,327.36</b>	<b>247,130</b>	<b>32.50</b>
<b><u>Food &amp; Lodging</u></b>					
11 -5184-550001-	SALARY	153,710	58,138.88	85,571	40.50
11 -5184-550005-	LONGEVITY	2,340	1,671.89	668	71.40
11 -5184-550201-	MEDICARE/FICA	11,938	4,431.34	7,507	37.10
11 -5184-550203-	HOSPITALIZATION	21,895	7,135.63	14,759	32.60
11 -5184-550206-	LIFE INSURANCE	166	62.38	104	37.60
11 -5184-550207-	RETIREMENT	18,975	7,272.97	11,702	38.30
11 -5184-550701-	COUNTY 401K	3,121	1,196.22	1,925	38.30
11 -5184-555106-	CONTRACTED SERVICES	12,200	5,975.00	6,225	49.00
11 -5184-556009-	UNIFORMS	450	0.00	150	66.70
11 -5184-556011-	OPERATING SUPPLIES	1,500	130.51	1,369	8.70
11 -5184-556502-	GASOLINE/FUEL OIL/LUBRICANTS	1,500	768.36	732	51.20
11 -5184-556503-	VEHICLE REPAIRS & MAINTENANCE	1,000	646.05	354	64.60
11 -5184-557700-	DUES	150	50.00	100	33.30
11 -5184-557800-	EDUCATIONAL MATERIALS	350	0.00	350	0.00
11 -5184-558901-	TRAVEL	2,470	200.58	2,269	8.10
11 -5184-559202-	TELEPHONE EXPENSE	2,208	426.64	1,781	19.30
<b>Total 115184 FOOD/LODGING INST</b>		<b>233,973</b>	<b>88,106.45</b>	<b>135,567</b>	<b>39.50</b>
<b><u>COVID Testing AA</u></b>					
11 -5113-550001-	SALARY	0	12,188.61	-3,682	143.30
11 -5113-550201-	MEDICARE/FICA	0	68.68	-69	100.00
11 -5113-550206-	LIFE INSURANCE	0	0.00	58	0.00
11 -5113-550207-	RETIREMENT-GENERAL	0	109.15	6,888	1.60
11 -5113-550701-	COUNTY 401K	0	17.95	2,211	0.80
11 -5113-555106-	CONTRACTED SERVICES	0	2,137.56	37,862	5.30
11 -5113-556011-	OPERATING SUPPLIES	0	14,765.05	17,456	47.50
11 -5113-556803-	ADVERTISING	0	0.00	2,500	0.00
11 -5113-558502-	LEASES-TELEHEALTH EQUIPMENT	0	69,290.00	0	100.00
11 -5113-559202-	TELEPHONE EXPENSE	0	0.00	3,150	0.00
11 -5113-559700-	NON-CAPITAL EQUIPMENT	0	20,400.00	0	100.00
11 -5113-569502-	CAPITAL EQUIPMENT	0	0.00	10,590	57.60
<b>Total 115113 EPI LAB CAPACITY INF C</b>		<b>0</b>	<b>118,977.00</b>	<b>76,965</b>	<b>63.60</b>
<b><u>COVID Vaccine AA</u></b>					
11 -5117-550001-	SALARY	0	0.00	60,000	0.00
11 -5117-555106-	CONTRACTED SERVICES	0	0.00	35,000	0.00
11 -5117-556011-	OPERATING SUPPLIES	0	2,384.06	22,907	9.40
11 -5117-556803-	ADVERTISING	0	0.00	5,000	0.00
11 -5117-559202-	TELEPHONE EXPENSE	0	3,150.57	3,349	48.50
11 -5117-559700-	NON-CAPITAL EQUIPMENT	0	0.00	5,000	0.00
11 -5117-569502-	CAPITAL EQUIPMENT	0	0.00	31,000	0.00
<b>Total 115117 CDC COVIDVACCINE PR</b>		<b>0</b>	<b>5,534.63</b>	<b>162,256</b>	<b>3.30</b>

**COVID Reopening Schools**

11 -5118-550001-	SALARY	0	3,591.97	-3,592	100.00
<b>Total 115118 ELC REOPENING SCHOC</b>		<b>0</b>	<b>3,591.97</b>	<b>-3,592</b>	<b>100.00</b>

**COVID Comm. Disease Reovery**

11 -5123-555106-	CONTRACTED SERVICES	0	32,475.94	87,524	27.10
11 -5123-555150-	PUBLIC EDUCATION	0	0.00	10,000	0.00
11 -5123-556005-	COMPUTER SUPPLIES	0	0.00	8,480	15.20
11 -5123-556011-	OPERATING SUPPLIES	0	0.00	14,027	17.00
11 -5123-556016-	TUBERCULOSIS EXPENSES	0	0.00	15,000	0.00
11 -5123-556803-	ADVERTISING	0	0.00	10,000	0.00
11 -5123-558901-	TRAVEL	0	171.37	4,329	3.80
11 -5123-559202-	TELEPHONE EXPENSE	0	0.00	2,750	0.00
11 -5123-559700-	NON-CAPITAL EQUIPMENT	0	2,380.00	1,620	59.50
11 -5123-569502-	CAPITAL EQUIPMENT	0	0.00	50,000	0.00
<b>Total 115123 COMM DIS PANDEMIC</b>		<b>0</b>	<b>35,027.31</b>	<b>203,730</b>	<b>16.20</b>

**COVID School Health**

11 -5124-555106-	CONTRACTED SERVICES	0	0.00	40,000	0.00
11 -5124-556011-	OPERATING SUPPLIES	0	0.00	9,225	7.80
11 -5124-557800-	EDUCATIONAL MATERIALS	0	0.00	5,000	0.00
11 -5124-558901-	TRAVEL	0	0.00	5,536	0.00
<b>Total 115124 SCHOOL HLTHTeam W</b>		<b>0</b>	<b>0.00</b>	<b>59,761</b>	<b>1.30</b>