



**CABARRUS
HEALTH
ALLIANCE**

Board of Health Meeting

March 21, 2023

The Public Health
 Authority of Cabarrus
 County Board Meeting
 Agenda

March 21, 2023
 5:30 pm

A. CALL TO ORDER	Vice-Chair Mark Spitzer
B. ADOPTION OF THE AGENDA, <i>Motion</i>	Mr. Spitzer
C. APPROVAL OF THE January 17, 2023 MINUTES , <i>Motion</i>	Mr. Spitzer
D. SPECIAL PRESENTATIONS D1. H. Keith Brunner, Jr. Award, Keon Lewis D2. National Government Finance Officers Association Award, Finance Team D3. Project Public Health Ready, Amy Potoczny	Erin Shoe, MPH, Public Health Director
E. INFORMAL PUBLIC COMMENTS	Mr. Spitzer
F. REPORTS F1. Fiscal Year 2024 Benefits	Jamie Newman, Assistant Human Resources Director
G. COMMITTEE REPORTS G1. Finance Committee G2. Financial Summary Report G3. Snapshot Report	Sue Yates, Chief Financial Officer
H. HEALTH DIRECTORS REPORT	Ms. Shoe
I. CONSENT AGENDA, <i>Motion</i> I1. Budget Revisions I2. Finance Policies I3. Environmental Health Fee Change Proposal	Mr. Spitzer Ms. Yates Ms. Yates Chrystal Swinger, MPH, Environmental Health Director
J. BUSINESS AGENDA J1. T21 Board of Health Resolution , <i>Motion</i> J2. Medicaid Expansion Resolution , <i>Motion</i>	
K. ANNOUNCEMENTS	Mr. Spitzer
L. MOTION TO ADJOURN , <i>Motion</i>	Mr. Spitzer



C. Approval of the Minutes

Mr. Spitzer, Vice-Chair

January 17, 2023

[Link to minutes](#)



D. Special Presentations

Erin Shoe, Public Health Director



Congratulations, Keon Lewis!

Each year, Mental Health America (MHA) awards the H. Keith Brunnemer, Jr. Award to an individual or group who we believe have made the most significant contribution(s) to mental health during the past year. The award may be in the areas/categories of Community Impact, Philanthropy, Media Coverage, Leadership, Education, Volunteer Leadership, Suicide Prevention, and areas advancing the cause of mental wellness.

MHA of the Central Carolinas is focused on efforts in Mecklenburg, Cabarrus and surrounding piedmont counties.



D. Special Presentations

Erin Shoe, Public Health Director

CHA's Annual Comprehensive Financial Report was approved by the State Treasurer Local Government Commission as well as the Federal Audit Clearing House and sent to the National Government Finance Officers Association for an award.

Summary Audit Results show there were no audit findings.

Congratulations to our CHA Finance Team!



Karime Bengel, Assistant Finance Director and Sue Yates, Chief Financial Officer



D. Special Presentations

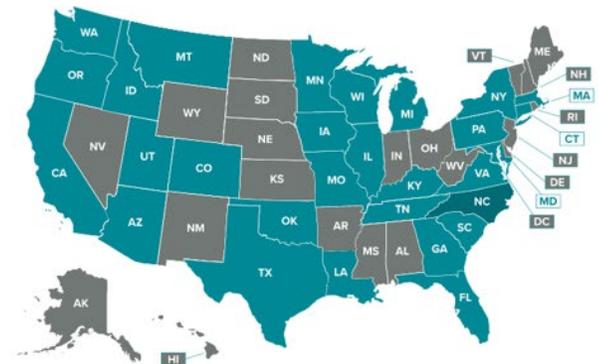
Erin Shoe, Public Health Director

Project Public Health Ready

*Congratulations and thank you,
Amy Potoczny!*



CHA is the only PPHR Recognized Health Department in the state.



Hide Map Search By State Search By Zip Code

Search Term State

NORTH CAROLINA
Cabarrus Health Alliance
Year Recognized: 2022
Year Recognition Expires: 2027



E. Informal Public Comments

Mr. Spitzer, Vice-Chair



F. Reports



CHA Benefits

Jamie Newman, Assistant Director
Human Resources



CHA Benefits – effective April 1, 2023

- CHA offers a ***highly competitive*** benefit package to staff
- Highlights include:
 - 100% paid Preventative Care
 - \$20 Primary Care Copay
 - \$10 Telehealth
 - \$10 Tier 1 Prescriptions
 - A value plan for staff who cover dependents
 - An HRA which covers out of pocket expenses (deductible and co-insurance)
 - Max out of pocket for an individual staff is \$1,000



Additional Benefit Highlights

EAP (Up to 6 free counseling sessions per family member per year)

Weekly Wellness time

Paid Volunteer Hours (Up to 4 hours/year at a school)

YOS from previous gov employers toward accrual rate - *New January 2020*

Paid Holidays (12 per year with Juneteenth Holiday) – *New October 2020*

Paid Parental Leave (3 weeks/year) - *New July 2021*

Tuition Reimbursement (Increased from \$1200 to up to \$3000/year) - *July 2022*



By the Numbers

	2019	2020	2021	2022	2023
Premium Per Employee/Month (CHA Paid)	\$501	\$575	\$575	\$601	\$625
YOY Change	-6%	13%	0%	4%	4%
Average Premium for Dependent Coverage	\$528	\$543	\$543	\$546	\$482
YOY Change	-25%	3%	0%	1%	-12%
Total Covered Lives	205	189	228	250	265
% Employees Covering Dependent	23%	29%	30%	30%	31%



Thank you to the Board of Health for
supporting a benefit program
that provides comprehensive physical
and mental health care for our CHA
team!



G. Committee Reports

G1. Finance



Reviewed by
Finance
Committee:
3/9/2023

PUBLIC HEALTH AUTHORITY OF CABARRUS COUNTY
FINANCIAL SUMMARY REPORT
FY 2023 8 months ending 2/28/2023

GENERAL FUND								
	ACTUAL FY 2019	ACTUAL FY 2020	ACTUAL FY 2021	ACTUAL FY 2022	FY 2023 ORIGINAL BUDGET	FY 2023 BUDGET	ACTUAL 02/28/23	Y-T-D % COLLECTED
REVENUES								
INTERGOVERNMENTAL REVENUES	\$ 19,569,246	\$ 19,321,939	\$ 18,475,365	\$ 18,070,417	\$ 29,598,669	\$ 31,319,372	\$ 17,013,022	54.32%
MEDICAID COST SETTLEMENT	\$ 1,599,316	\$ 1,846,623	\$ 2,693,197	\$ 3,098,145	\$ 2,932,077	\$ 2,932,077	\$ 1,550,658	52.89%
MANAGED CARE QUARTERLY PAYMENT	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 176,502	#DIV/0!
PERMITS & FEES	\$ 203,853	\$ 216,482	\$ 285,057	\$ 340,160	254,360	280,760	\$ 212,950	75.85%
SALES & SERVICES	\$ 1,785,752	\$ 1,618,074	\$ 1,708,630	\$ 1,541,742	1,519,993	1,513,975	\$ 770,309	50.88%
INVESTMENT EARNINGS	\$ 180,096	\$ 104,186	\$ 4,223	\$ 15,223	4,000	4,000	\$ 141,280	3532.00%
MISCELLANEOUS	\$ 65,673	\$ 47,320	\$ 72,847	\$ 67,453	767,366	571,979	\$ 53,347	9.33%
CONTRIBUTIONS & PRIVATE GRANTS	\$ 498,089	\$ 577,794	\$ 1,002,571	\$ 579,848	1,099,264	1,970,928	\$ 699,864	35.51%
FUND BALANCE APPROPRIATED	\$ -	\$ -	\$ -	\$ -	-	-	\$ -	#DIV/0!
TOTAL	\$ 23,902,025	\$ 21,851,130	\$ 25,193,646	\$ 30,108,359	\$ 36,175,729	\$ 38,593,091	\$ 20,617,932	53.42%
	ACTUAL FY 2019	ACTUAL FY 2020	ACTUAL FY 2021	ACTUAL FY 2022	FY 2023 ORIGINAL BUDGET	FY 2023 BUDGET	ACTUAL 02/28/23	Y-T-D % SPENT
EXPENDITURES								
ENVIRONMENTAL HEALTH	\$ 940,537	\$ 942,173	\$ 1,124,881	\$ 1,429,941	1,729,645	1,756,045	1,031,899	58.76%
INFORMATION TECHNOLOGY SYSTEMS	\$ 958,323	\$ 1,153,424	\$ 951,084	\$ 1,158,973	1,292,696	1,292,696	757,050	58.56%
GENERAL ADMINISTRATION	\$ 6,881,284	\$ 4,055,399	\$ 2,779,340	\$ 3,235,818	4,046,654	5,240,684	3,233,359	61.70%
FAMILY CARE COORDINATION	\$ 1,040,588	\$ 1,177,374	\$ 1,109,438	\$ 1,251,648	1,619,631	1,631,131	895,809	54.92%
SCHOOL HEALTH	\$ 2,994,421	\$ 3,117,582	\$ 3,965,717	\$ 6,979,729	6,751,584	6,805,044	4,171,449	61.30%
COMMUNITY IMPACT	\$ 2,268,964	\$ 1,948,057	\$ 1,260,913	\$ 2,502,914	3,281,272	3,769,754	1,778,189	47.17%
DENTAL HEALTH	\$ 3,723,191	\$ 4,020,629	\$ 2,933,844	\$ 3,708,063	4,596,355	4,381,468	2,477,793	56.55%
VITAL RECORDS	\$ 65,439	\$ 54,625	\$ 57,632	\$ 70,154	72,743	72,743	44,461	61.12%
COMMUNICABLE DISEASE	\$ 1,159,678	\$ 2,191,236	\$ 4,657,174	\$ 4,145,338	7,086,662	7,624,482	3,022,464	39.64%
CLINICAL SERVICES	\$ 3,147,325	\$ 3,129,082	\$ 3,220,341	\$ 3,816,726	4,049,603	4,079,684	2,362,000	57.90%
BEHAVIORAL HEALTH	\$ -	\$ -	\$ -	\$ 147,966	878,956	1,130,920	344,319	30.45%
WIC	710,171	767,128	832,770	811,156	769,928	808,440	478,685	59.21%
TOTAL	\$ 23,889,921	\$ 22,556,709	\$ 22,892,933	\$ 29,258,426	\$ 36,175,729	\$ 38,593,091	\$ 20,597,477	53.37%
Y-T-D FUND BALANCE INCREASE (DECREASE)	\$ 12,104	\$ (705,580)	\$ 2,300,712	\$ 849,933	\$ -	\$ -	\$ 20,455	



Cabarrus Health Alliance Snapshot				
February 28, 2023		Target Percentage 66.67%		
	Budget	Actual	YTD Percentage	Comments
Environmental Health				
Revenue	1,756,045	1,171,495	66.71%	
Expense	1,756,045	1,031,899	58.76%	
Information Technology				
Revenue	933,758	567,351	60.76%	
Expense	1,292,696	757,050	58.56%	
General Administration				
Revenue	4,391,936	2,824,891	64.32%	
Expense	5,240,684	3,233,359	61.70%	
Family Care Coordination				
Revenue	1,631,131	1,081,059	66.28%	
Expense	1,631,131	895,809	54.92%	
School Health				
Revenue	6,805,044	3,685,695	54.16%	
Expense	6,805,044	4,171,449	61.30%	Revenues are reimbursed one month after expenses.
Community Impact				
Revenue	3,698,042	1,599,229	43.25%	
Expense	3,769,754	1,778,189	47.17%	
Dental Health				
Revenue	5,660,866	2,085,253	36.84%	
Expense	4,381,468	2,477,793	56.55%	Cost settlement for FY23 \$2,260,000 will be received 4th quarter. Revenue actuals do not include cost settlement projections.
Vital Records				
Revenue	72,743	48,495	66.67%	
Expense	72,743	44,461	61.12%	
Communicable Disease				
Revenue	7,624,482	2,676,289	35.10%	
Expense	7,624,482	3,022,464	39.64%	Large ARPA Agreement Addendums.
Clinical Services				
Revenue	4,079,684	1,968,543	48.25%	
Expense	4,079,684	2,362,000	57.90%	Working through Managed Care issues.
Behavioral Health				
Revenue	1,130,920	385,757	34.11%	
Expense	1,130,920	344,319	30.45%	Grant based reimbursement FY23. Billable services are increasing.
WIC				
Revenue	808,440	423,726	52.41%	
Expense	808,440	478,685	59.21%	Revenues are reimbursed one month after expenses.

Reviewed by
Finance
Committee:
3/9/2023



H. Health Directors Report

*Erin Shoe,
Public Health
Director*



CHA Public Health Director's March Report – Key Highlights

1. Completed Department of Health and Human Services administrative/financial monitoring visit. We are in compliance and no discrepancies were identified. Kudos to Finance and Medical Records staff!
2. The Fiscal Year 2024 budget process has begun!
3. Met with Cabarrus County staff regarding FY24 budget request.
4. Two (2) grants for at least \$12.5M are in development, one from Office of Population Affairs for expansion of Elevate into three new settings and multiple new Rowan Salisbury Schools; and one from CDC for REACH for six Region IV counties.
5. Improved technology for Mobile Dental x-rays leading to a 50% increase in the number of patients seen per day.
6. School Health is partnering with Lions Club volunteers to hold mass vision screenings in CCS and K/CS schools.
7. Behavioral Health is expanding to include jail-based services. This expansion will include CHA assuming 4.5 positions from the county. The services will include clinical social work services, case management and program management.
8. The scanning project for Environmental Health on-site files is projected to be completed by this fiscal year.
9. Temporary Food Permit season is upon us! (Speedway events are ramping up).
10. NC Accreditation review completed on March 2, 2023. Thank you to Dr. Pons, Mr. Spitzer, and Dr. Buckwell for representing the Board of Health.

[Link to full report](#)



I. Consent Agenda

I1. Budget Revisions

Sue Yates





Reviewed and recommended for approval by Finance Committee:
3/9/2023

Budget Revisions, *Motion*

Summary	Amount Increase or (Decrease)
1. To budget for additional funding received for WIC Client Services due to increased caseload.	\$58,764
2. To reduce the Elevate budget for FY23 projections due to staff changes. These funds can be used in FY24.	\$(15,400)
3. To budget for the Vital Strategies Grant received for Harm Reduction.	\$70,000
4. To budget for the Children Win Grant to support the Walk Cabarrus Website.	\$10,000
5. To budget for additional funding received from the state for the TB Program.	\$468
6. To revised budget for Information Technology based on actuals. IT was able to reduce funding request for FY23.	\$(64,340)

Requested action: approve budget revisions
Link to full documentation in appendices



12. Finance Policies



Finance Policies, *Motion*

Full policies reviewed and recommended for approval by Finance Committee: 3/9/2023

Summary: **No changes** to either policy. Policies are reviewed at least annually for accreditation purposes and revisions are made when necessary.

Policies	Policy Statements
Reserve Policy <i>Link to full documentation in appendices</i>	The Public Health Authority of Cabarrus County dba Cabarrus Health Alliance shall maintain an appropriate reserve in the fund balance to meet state statutes and sustain operations during unanticipated emergencies and disasters.
Community Based Behavioral Health Eligibility Policy & Fee Waiver <i>Link to full documentation in appendices</i>	The purpose of this policy is to determine the financial and residency requirements for patients requesting services from the Public Health Authority of Cabarrus County dba Cabarrus Health Alliance (CHA). This policy covers Community Based Behavioral Health Services only and excludes Integrated Behavioral Health services provided through clinical services. The guidelines for the NC Department of Health & Human Services Purchase of Medical Care Services Payment Programs are not part of this policy. Those guidelines can be found online at https://publichealth.nc.gov/lhd/pomcs.htm .

Requested action: approve budget revisions



J1.
Environmental Health
Fee Change Proposal

Chrystal Swinger,
Environmental Health
Director



Full proposal reviewed and recommended for approval by Finance Committee: 3/9/2023

Environmental Health Fee Change Proposal, *Motion*

LINE ITEM	IREDELL	ROWAN	MECKLENBURG	UNION	CURRENT	PROPOSED
Repair Permit	150	0	0	100	0	100
Engineered Option Permit	250	30% of CA fee	30% of CA fee	30% of CA fee	0	30% of CA fee
Improvement Permit	*	150	250	0	0	125
Well Repair / Abandonment Permit	175	100	100	100	0	100
Pool Plan Review	350 (small) 500 (large)	250	350	250	300	350
Limited Tattoo Permit	275**	250**	100	125	0	75

LINE ITEM	CURRENT REVENUE	NEW REVENUE
Repair Permit	\$0	\$10,200
Engineered Option Permit	\$0	\$750
Improvement Permit	\$0	\$4,250
Well Repair / Abandonment Permit	\$0	\$1,000
Pool Plan Review	\$1800	\$2,100
Limited Tattoo Permit	\$0	\$750
TOTAL	\$1800	\$19,050
NEW REVENUE		\$17,250

Requested action: approve fee change proposal



J. Business Agenda



Resolution for Tobacco 21 & Retailer Permitting

Virginia Fagg, Substance Use Program Coordinator

March 21, 2023



What is the issue?



Cabarrus County

- In 2022, about 1 out of every 30 Cabarrus County middle school students (3.3%) reported that they had used electronic cigarettes in the past 30 days.
- In 2022, about 1 of every 7 Cabarrus County high school students (14.1%) reported that they had used electronic cigarettes in the past 30 days.

North Carolina

- The most common source of e-cigarettes among youth aged 13-17 in North Carolina is **from a friend** who is under the age of 21.
- North Carolina is 1 of 9 states that have not raised the minimum tobacco purchase age to 21 years old.
- North Carolina is 1 of 10 states that does not require tobacco retailers to obtain a permit or license to sell.

United States

- National data show that about **95 percent** of adults who smoke begin smoking before they turn 21.
- E-cigarettes or vapes have been the most commonly used tobacco product among youth since 2014.



What is the 'Ask'?



- Adopt a Board of Health – Public Health Resolution in support of:
 - Raising the legal age to purchase tobacco in NC to 21
 - Establish Tobacco Retailer Permitting System to Protect NC Youth
 - Ensure NC maintains over \$4 million in Synar grant funding

What is our role?

- As a public health department, our role is to ensure the health and wellbeing of the citizens in our community through the adoption, advocacy and support of policy and system level changes.
- This is a Region 4 and North Carolina Tobacco Prevention and Control Branch led effort to have all NC Health Departments and youth serving community-based organizations adopt the resolution.



Reviewed and recommended for board approval by the Policy & Equity Committee: 2/22/2023



Cabarrus County Public Health Authority Board of Commissioners Resolution to Protect our Youth from Nicotine Addiction Date: March 21, 2023

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

WHEREAS, 95% of tobacco users start before the age of 21; 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; and

WHEREAS, as of 2022, 1.5% of middle and high school students in Cabarrus County reported smoking all or part of a cigarette and 6.5% reported using e-cigarettes, e-hookah's or a vape pen in the last 30 days; 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; 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%); 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; 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; 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; 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

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 (funds 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; 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; and

NOW, THEREFORE, BE IT RESOVED, that the Cabarrus County Public Health Authority Board of Commissioners, d.b.a. Cabarrus County Board of Health (BOH) strongly supports that North Carolina must protect our youth 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.

Moved by: Secoded by:

I hereby certify that this is a true and exact copy of the Resolution passed by the Cabarrus County Public Health Authority Board of Commissioners at its regularly scheduled meeting held on March 21, 2023:

Dr. Lara Pons, Board of Health Chair Cabarrus County Public Health Authority Board of Commissioners

Sources:

List of 13 sources including CDC, National Center for Chronic Disease Prevention and Health Promotion, U.S. Department of Health and Human Services, and N.C. Gen. Stat. § 14-113 (2014).





Questions

Virginia Fagg, M.Ed.

Substance Use Program Coordinator
Behavioral Health

[Cabarrus Health Alliance](#)

Virginia.Fagg@cabarrushealth.org

Kristin Klingsmith, MPH

Behavioral Health Operations Manager
Behavioral Health

[Cabarrus Health Alliance](#)

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Marcella Beam

Director of Strategy
Healthy Cabarrus Executive Director

[Cabarrus Health Alliance](#)

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Resolution for Medicaid Expansion

Marcella Beam, Director of Strategy & Healthy Cabarrus

March 21, 2023





Impact of Closing the Coverage Gap on Cabarrus County

People in the "coverage gap" make too much to qualify for Medicaid but do not earn enough to qualify for a subsidy in the private marketplace. Closing the health insurance coverage gap would provide affordable health coverage to thousands of people in Cabarrus County that cannot get the health care they need.



Closing the coverage gap would expand access to affordable care.

Approximately **10,277** people in Cabarrus County would gain access to coverage.¹

Equals 4.5% of the Cabarrus County population.

Closing the coverage gap would create new jobs and help the economy.

8.9%
of non-elderly
WORKERS are
uninsured in
Cabarrus County²



547 new jobs
in Cabarrus County¹



\$98,700,000
in new business activity¹



\$2,035,500
in new county revenue¹

Cost of Lowest-priced Bronze Plan in the Private Marketplace for Someone in the Coverage Gap in Cabarrus County

	Monthly Premium	Estimated Annual Cost*
 Mother (age 30) with One Child	\$265.93	\$3,636.00
 Veteran (age 40) with Family of Four**	\$299.43	\$3,929.00
 Single Woman (age 55)	\$522.49	\$6,615.00

*Estimated annual cost is based on low-use. Low-use assumes no hospital visits, few doctor's visits, and occasional prescriptions.

**Premium and estimated annual cost is based on coverage for veteran alone, does not include coverage for family members.



Closing the coverage gap would improve county public safety by connecting people with needed mental health and substance use disorder treatment.

In 2019, there were **35 deaths** and **144 emergency department visits** for opioid overdose in Cabarrus County.

Closing the coverage gap would also help offset county spending on inmate health care costs.



1. Ku, L., Bruen, B., Brantley, E., Cone Health Foundation, Milken Institute School of Public Health, & Kate B. Reynolds Charitable Trust. (2019). *The Economic and Employment Benefits of Expanding Medicaid in North Carolina: June 2019 Update*. Retrieved from www.kbr.org.
2. Alker, J. and Corcoran, A. (2021, April 26). *A Profile of North Carolina's Low-wage Uninsured Workers*. Georgetown University Health Policy Institute.
3. NCDHHS. (2019). *Opioid Action Plan Data Dashboard*. Retrieved from <https://www.ncdhhs.gov/about/departments/initiatives/opioid-epidemic/opioid-action-plan-data-dashboard>

Care4Carolina

Erica Palmer Smith | erica@care4carolina.com | (919) 710-0220 | care4carolina.com



Reviewed and recommended for board approval by the Policy & Equity Committee: 2/22/2023

Requested action: approve Board of Health Resolution

Link to resolution in appendix

Cabarrus County Public Health Authority Board of Commissioners

Cabarrus Health Alliance Board of Health Resolution in support of Medicaid Expansion

WHEREAS, healthy citizens and access to affordable healthcare are key to the Cabarrus County economy;

WHEREAS, closing the health insurance coverage gap would extend insurance to approximately 10,277 uninsured individuals in Cabarrus County and close the gap for more than 600,000 across the state;

WHEREAS, closing the health insurance coverage gap would drive \$98,700,000 in new business and healthcare activity in Cabarrus County, bring in \$2,035,500 in new county revenue, and create over 547 new jobs;

WHEREAS, closing the health insurance gap would provide access to behavioral health care to address the opioid epidemic. In 2021, Cabarrus reported 73 deaths and 296 emergency department visits for opioid overdose;

WHEREAS, federal funding from taxes that North Carolinians have already paid will cover 90% of costs for states closing the health insurance coverage gap to citizens who need access to affordable health insurance.

NOW THEREFORE, BE IT RESPOLVED THAT

The Cabarrus Health Alliance Board of Health urges the North Carolina General Assembly to close the health insurance coverage gap in North Carolina with Medicaid Expansion.

This resolution shall be effective on and after its passage and shall be shared with the members of the Cabarrus Health Alliance General Assembly delegations.

Moved by: _____ Seconded by: _____

I hereby certify that this is a true and exact copy of the Resolution passed by the Cabarrus County Public Health Authority Board of Commissioners at its regularly scheduled meeting held on March 21, 2023

Dr. Lara Pons, Chairperson
Cabarrus County Public Health
Authority Board of Commissioners

Erin K. Shoe, MPH
Public Health Director



1. Articles of Incorporation
2. By-laws
3. Corporate Resolution
4. Other Policies
5. Committee Charters & Membership
 - a. Executive Committee
 - b. Data and Outcomes Committee
 - c. Equity and Policy Committee
 - d. Finance and Sustainability Committee
6. Board of Health Contact List
7. Organization Chart
8. NALBOH: Board Responsibilities
9. Acronym Glossary
10. Strategic Plan
11. Community Health Needs Assessment Executive Summary & State of the County Health Reports
12. Results-Based Accountability



K. Announcements

Mr. Spitzer, Vice-Chair



L. Motion to Adjourn

Mr. Spitzer, Vice-Chair



Supplementary Documents Linked to Agenda Items



Public Health Authority of Cabarrus County
Board Meeting Minutes
January 17, 2023

A regular meeting of The Public Health Authority Board was held on Tuesday, January 17, 2023.

Board members attended in-person at CHA.

Members Present:

Lara Pons, MD, Chair
Mark Spitzer, Vice-Chair
Dan Hagler, MD
Daryle Adams
Cecilia Plez
Asha Rodriguez
Dr. Chip Buckwell

Members Absent: Steve Morris, Kimberly Dehler, DDS

Staff Present: Erin Shoe, Raquesha Franklin, Sue Yates, Ryan McGhee, Marcella Beam, Tammy Alexander, Wendy Harsch, Erin Babbitt, Stephen Cathcart, Ph.D, Russell Suda, MD, Elly Steel, MD, Suzanne Knight, .

CHA Legal Counsel: William Isenhour, Partner (Johnston Allison Hord Law Office)

Guests and Members of Public Present: none

CALL TO ORDER

Chairperson Lara Pons called the meeting to order at 5:32 pm.

ADOPTION OF THE AGENDA

Chairperson Lara Pons requested a motion to approve the agenda. Asha Rodriguez moved. Cecilia Plez seconded. Motion and approval carried unanimously.

APPROVAL OF THE MINUTES

Chairperson Lara Pons asked for a motion to approve the October 25, 2022, meeting minutes. Cecilia Plez moved. Mark Spitzer seconded. Motion and approval carried unanimously.

INFORMAL PUBLIC COMMENTS

No public comments.



SPECIAL PRESENTATION – CHA Medical Director

Erin Shoe began with sharing the efforts, hard work, and due diligence of Dr. Russell Suda and presented him with an award for his work as the CHA Medical Director. As Dr. Suda remains an asset to the medical staff and patients at CHA, in the upcoming weeks, he will transition away from the role of Medical Director. Dr. Suda thanked the Board and CHA employees for his recognition.

Rolanda Forehand introduced Dr. Megan Easterday as CHA's new Medical Director.

A lifelong North Carolina resident, Dr. Easterday graduated from East Carolina with undergraduate degrees in Biochemistry and Chemistry. She returned to Cabarrus County for residency and rotated at CHA for outpatient pediatrics and obstetrics. Dr. Easterday officially joined CHA in December 2021 and has worked in our Women's Health and Pediatric clinics. The Board members welcomed Dr. Megan Easterday as the new Medical Director.

REPORTS

Recovery & Resiliency Coalition

Erin Babbitt presented an overview of the Recovery & Resiliency Coalition. In this presentation, a message was shared from Dawn Gustafson, Cabarrus County Emergency Management Specialist, and about why she joined the coalition and the work she contributed. The Coalition's key area of foci are Communication, Health & Wellbeing, and Resources. Priority focus groups include adolescents, seniors, first responders, teachers, childcare providers and the LatinX community.

Asha Rodriguez advised this document has some valuable points and should not just be used as a supporting document; encourages CHA to figure out how to adopt and put some action steps into place.

Mark Spitzer suggested to put this into policy and/or procedure.

School Health Update

Tammy Alexander presented School Health updates from Cabarrus County Schools and Kannapolis City Schools. The update included staffing changes, promotion and education/certification, funding, trends, NC Respiratory Virus Surveillance, and Cabarrus County Residents ED visits for respiratory illness.

Asha Rodriguez suggests contacting the state about discontinuing certification for school nurses, updating the policy to reflect current requirement for school nurse candidates, and looking for other ways to maximize their skill set.

Erin Shoe suggested researching and securing more funding to incentivize the certification.

Committee Report-Outs

- *Finance Committee* – Sue Yates presented the following reports.
 - *Annual Comprehensive Financial Report* – this comprehensive report is for FY22, ending June 30, 2022. It was approved by the State Treasurer Local Government Commission as well as the Federal Audit Clearing House and sent to the National Government Finance Officers Association for an award.
Sue shared the Summary Audit Results and advised there were no audit findings.
 - *Potter & Company, P.A Letters* – Sue shared two letters from the Auditors to the Board. One letter advised there were no findings in accounts receivable or accounts payable. The second letter advised that internal controls at CHA are sufficient with no deficiencies.



- *Financial Summary Report as of 12/31/22* – Sue shared the Financial Summary that includes revenues and expenditures, actuals for past and present fiscal year, and the year-to-date collected percentages.
- *CHA Snapshot Report as of 12/31/22* – Sue reviewed the CHA Snapshot that shows the budget, actual, and year-to-date collected for each department.
- *Variance Report as of 12/31/22* – Sue presented the Variance Analysis which shows the year-to-date actuals from December 2022 and year-to-date actuals & budget for December 2023.

Health Director's Report

Erin Shoe presented the Health Directors Report and shared a few highlights.

- Years of Service luncheon is on Monday, January 23rd. All staff and Board members are invited.
- The FY24 Budgeting process has begun.
- In December 2022, there were \$972,409 awarded in Grants; \$669,615 Grant funds are currently pending; a \$12 million NIH Grant proposal is underway in partnership with North Carolina Central University (NCCU) and Atrium Health.
- Two cyber projects were completed for system safety.
- Dental Health received \$241,179 from the Charles A. Cannon Charitable Trust for capital improvements in the Concord Dental Clinic.
- Behavioral Health is currently recruiting three (3) positions which will bring our total staff to 16. This is an increase of 13 since December 2021.
- Environmental Health onsite backlogs are two (2) weeks out.
 - 76 new facility/upfits requests
 - 11 new pools are under construction
- Marcella Beam will start the 2024 Community Health Needs Assessment in September 2023.
- CHAsm Summit will be on Friday, March 24th at the Laureate Center.
- The Elevate Team (Teen Pregnancy Prevention Team) was recognized by the Kannapolis City School Board of Education for their support and dedication to A. L. Brown High School on December 5, 2022.
- NC Accreditation site visit will be on Thursday, March 2nd.

CONSENT AGENDA

Budget Revisions

The Finance Committee was able to review the budget revisions at an earlier meeting.

Sue advised that there are eight (8) budget revisions. Seven (7) are categorized as additional funding for CHA and one is a reduction in the dental budget. The Charles A. Cannon Grant received in FY23 will be added to the budget for FY24. The Finance Committee was able to review the budget revisions at an earlier meeting.

Chairperson Lara Pons asked for a motion to approve the Budget Revisions. Cecilia Plez moved. Daryle Adams seconded. Motion and approval carried unanimously.



Financial Policies

The Finance Committee was able to review the following Finance Policies at an earlier meeting.

Credit Card Processing Policy, Dental Clinic Debt Management Policy, Donation Policy, Donation Policy (CPHI), Public Health Primary Care Dental Services Billing Policy, Public Health Primary Care Services Debt Management Policy, Public Health, Primary Care & Dental False Claims and Fraud Prevention Policy.

Sue advised there are eight (8) policies with changes to one (1).

The changes to the Sub-Award policy presented in August 2022 and was referred to legal for review. The legal team made the necessary changes to fit CHA. The redline copy is in the agenda packet for the Board members to review. There were no changes to the other policies.

Policy review will occur annually.

Chairperson Lara Pons asked for a motion to approve the Policies. Daryle Adams moved. Cecilia Plez seconded. Motion and approval carried unanimously.

Nominating Committee

Erin Shoe advised that both Dr. Lara Pons' and Dr. Dan Hagler's terms are coming to completion in June 2023 and would like the Board to identify a Nominating Committee to begin discussion for their position. A recommendation was made for the Executive Committee to dually serve as the Nominating Committee.

Chairperson Lara Pons asked for a motion to approve the Executive Committee as the Nomination Committee for the upcoming Board membership terms. Mark Spitzer moved. Cecilia Plez seconded. Motion and approval carried unanimously.

Mark Spitzer inquired about how the vote should be handled for the Consent Agenda. William confirmed that only one (1) vote is necessary for the Consent Agenda. Items already reviewed and that need to be discussed should not be included in the consent agenda.

Erin Shoe confirmed that the Board Agenda Packets will be disseminated sooner and the Executive Committee meetings will be moved to allow for more review time.

Mark Spitzer suggested to add an appendix to the Board Agenda Packet for supporting documents.

Dan Hagler suggested to move the supporting documents to the back of the Board Agenda Packet.

Erin Shoe advised that a table of contents will be added back to the Board Agenda Packet along with links to the appendices.

BUSINESS AGENDA

Human Resource Information System (HRIS):

Dr. Stephen Cathcart presented an overview about the HRIS. This system allows for a central location for HR, Information Technology (IT), and Payroll information.

NO MOTION – Reviewed and approved in the Finance Committee Meeting.

Tobacco Policy Change:

Marcella presented an update on the Tobacco Policy. Medicaid standards require a tobacco free campus for all properties leased or owned by Cabarrus Health Alliance. The deadline to adopt a policy is April 1st, 2023 in order to receive Medicaid reimbursement.



Chairperson Lara Pons asked for a motion to approve the Tobacco Policy Change. Mark Spitzer moved. Asha Rodriguez seconded. Motion and approval carried unanimously.

ANNOUNCEMENTS

No announcements.

MOTION TO ADJOURN

No further business to come before the Board.

Chairperson Lara Pons requested a motion to adjourn the meeting. Daryl Adams moved. Cecilia Plez seconded the motion. Motion and approval carried unanimously. The meeting was adjourned at 7:00pm.

The next meeting of the board will be March 21, 2023, at 5:30pm.

Lara Pons, MD, Chair
Public Health Authority Board of Commissioners

ATTEST

Erin Shoe, MPH
Public Health Director

Minutes Taken by Raquesha B. Franklin



CHA Public Health Director's Report

March 21, 2023

Human Resources

- Human Resources Information/Payroll System and New Learning Management System implementation is underway.
- Leadership Development Workshop kick off complete (2 workshops). Four more workshops will be completed by 06/30/2023.
- CHA Training Manager hired.

Finance

- Completed Department of Health and Human Services administrative and financial monitoring visit. We are in compliance and no discrepancies were identified.
- Meet with County staff regarding Fiscal Year 2024 County budget request – no concerns about our request for Fiscal Year 2024.
- Working with departments on Fiscal Year 2024 Budget documents.

Grants

- Two (2) dental grants were awarded (Blue Cross Blue Shield North Carolina Foundation & Delta Dental) for \$155,000 for uninsured children and operatories equipment
- Five (5) grants for a total value of \$12.8M are pending award determination
- Two (2) grants for at least \$12.5M are in development, one from Office Population Affairs for expansion of Elevate into three new settings and multiple new Rowan Salisbury Schools; and one from the Center for Disease Control and Prevention for *Racial and Ethnic Approaches to Community Health* (REACH) for six Region IV counties
- In FY23, CHA/CPHI was awarded a total of \$5,152,418 (with one small award TBD)
- We won 85% (23/27) of our applications. For every \$1 we applied for, we won \$0.81

Information Technology

- Improved technology for Mobile Dental x-rays leading to a 50% increase in the number of patients seen per day.
- Completed CureMD electronic health record interface with NC HealthConnex, the state health information exchange. This will allow providers across North Carolina to see information about CHA patient visits for better continuity of care.

Clinical Services

- 
- A diverse team from Clinical Services, as well as from Finance and IT, completed CureMD Super User training last week. This consisted of multiple sessions, some individualized for particular areas and some general for all users. It has been eight years since we adopted this electronic health record, and with all of the updates, we already know multiple new “short cuts”, time-savers, and more efficient ways of completing tasks, with more to come.
 - Consultants from NC Department of Public Health’s Technical Assistance and Training Branch conducted an Administrative and Clinical audit, examining records of all providers from the last FY.

Dental Health

- At our February Staff Meeting, Melissa Blovsky conducted our Annual Dental Staff HIPAA Training. Dental has made HIPAA a priority for 2023 as this was the first of two annual HIPAA trainings.
- In February, Dental integrated the Lighthouse platform with our Dentrix software to become our primary method for appointment confirmations. By implementing Lighthouse, we have decreased the percentage of outbound calls our Processing Assistants make by nearly 80%. This has provided our Processing Assistant with more time to give our patients the care they deserve. Soon we'll expand Lighthouse and implement electronic consent forms.
- Dental Clinic recently changed our Natural gas provider to Roberts Oxygen. Roberts also provides Clinic with their oxygen needs.
- Friday, March 17th, Kannapolis City Schools will be honoring CHA for our work in their schools. Community Mobile, nurses will be among those acknowledged.

School Health

- School Health is partnering with Lions Club volunteers to hold mass vision screenings in Cabarrus County and Kannapolis City Schools.
- Nurses continue to expand utilization of our new electronic medical record, SNAP. Documentation of case management for students with chronic health conditions has begun in SNAP.
- QPR (Question, Persuade, Refer) training was completed with all school nurses on February 20th.
- School Health hired 2 nurses at the end of February and currently has 5 vacant permanent positions (AT Allen Elementary and Shady Brook Elementary-being covered by PRN nurses and supervisors; ALBHS-covered 4 days per week by a PRN nurse, Winecoff Elementary and Bethel Elementary-currently covered by Maxim nurses).

Behavioral Health (BH)



- Behavioral Health is expanding to include Jail-based services. This expansion will include CHA assuming 4.5 positions from the county. The services will include clinical social work services, case management and program management.
- Behavioral Health is continuing to monitor opportunities to advocate for additional opioid settlement funding to ensure long-term stability for our treatment services for individuals with opioid use disorder through comprehensive treatment including medication for opioid use disorder (MOUD).

Communicable Disease (CD) (Adult Health)

- The RISE program, a collaborative Behavioral Health/Adult Health service providing medication assisted therapy to vulnerable community members with opioid use disorder, welcomed an experienced clinician to work with the team
- Launched an initiative with CHA Dental clinic to increase uptake of HPV vaccine, focusing on education and prevention of occurrence of oral cancer
- A team visited Mission Mobile in Greensboro, where the CHA mobile unit is becoming a reality. The estimated “date of impact” is early June.

Centralized Services and Public Health Informatics

- Continuing to roll out and improve the Internal Referral program across the agency, goal to expand but at capacity for now with current staffing model
- The staff is fully trained and supports Referrals as well as back up to the 2nd-floor appointment desk. Beginning to strategize how to support Dental calls as well
- Wrapped up month-long CureMD Super-User training and will be initiating a routine Clinical Informatics meeting with Super-Users to troubleshoot issues and stay informed of system updates.

Healthy Living Programs

- Completed continuation application for Office of Rural Health Lifestyle Medicine project
- Promoting a county-wide Walk Cabarrus wellness campaign- Get Moving Campaign to start mid-March. Campaign will lead to a Walk 2 Win event.

Environmental Health

- The scanning project for on-site files is projected to be completed by this fiscal year.
- Temporary Food Permit season is upon us! (Speedway events are ramping up).

Healthy Cabarrus

- Completed State of the County Health Report and submitted to the state. Will present it to Board of Health May 2023.
- Currently waiting on North Carolina Department of Health and Human Services (NC DHHS) contract for Recovery Supportive Housing Grant – delayed 8 months



- Established Community Health Needs Assessment (CHNA) timeline and began identification and recruitment of Community Planning Council members – Cecilia Plez served on 2020 Assessment Cycle

Equity

- North Carolina Behavioral Health Equity Initiative (NCBHEI) aims to increase preventive care access for undocumented, uninsured, and underinsured Latino individuals to improve their overall health and while reducing Emergency Department (ED) visits. A leadership group was convened to create or change healthcare providers' policies or practices to be able to serve more Latino patients who cannot otherwise afford care. The group has leadership representatives from several local healthcare sectors.

Communications and Marketing

- The Cabarrus Health Alliance (CHA) website received 22,703 visits in February.
- The new Cabarrus Health Alliance website is up and running. We're hoping that the new look will make it easier for people to find what they are looking for and load on phones in a more user-friendly format.
- Several marketing campaigns will be rolling out over the next few months. These will include health living, Minority Diabetes Prevention Program (MDPP), Triple P, teen Sexually Transmitted Disease prevention.

Community Health/Social Determinants of Health (Family Care Coordination)

- Elevate will be supporting the evidence based Be Proud! Be Responsible! curriculum replication in health classes at A.L. Brown High School between March 13th and March 17th.
- Pady Doroodchi was selected as one of four-recipients to participate as a panelist to discuss her experience as a Program Coordinator for the Social Determinants of Health Accelerator Grant. We completed this one-year grant through the CDC in September 2022 where we convened community partners throughout Cabarrus County to develop an action plan addressing Community-clinical Linkages and Built Environment.

Performance/Quality Improvement and Accreditation

- CHA signed a contract with FindHelp for a 1-year free trial of the resource platform.
- The NC Local Health Department Accreditation site visit took place March 2nd, 2023. The site visitors will send a final report soon.
- Customer Satisfaction Surveys are being collected in the month of March and will be analyzed in April.



CABARRUS HEALTH ALLIANCE

Budget Revision/Amendment Request

#1

Date: 3/21/23

Amount: \$ 58,764

Type of Adjustment:

Health Director: Erin Shoe

Internal Transfer Within Program

Purpose of Request: To budget for additional funding received for WIC Client Services due to increased caseload.

Transfer Between Programs

Supplemental Request

Account	Account Name	Present Approved Budget	Increase	Decrease	Revised Budget Amount
00265880-6200-54030	CHA Grant - WICCS	\$ 380,733	\$ 58,764	\$ -	\$ 439,497
00295880-9101-54030	Salaries & Wages - WICCS	\$ 162,518	\$ 23,164	\$ -	\$ 185,682
00295880-9102-54030	Part Time > 1000 Hours - WICCS	\$ 47,843	\$ 5,000	\$ -	\$ 52,843
00295880-9104-54030	Temporary-PT & Full Time-WICCS	\$ 5,319	\$ 3,000	\$ -	\$ 8,319
00295880-9201-54030	Social Security - WICCS	\$ 13,635	\$ 2,000	\$ -	\$ 15,635
00295880-9202-54030	Medicare - WICCS	\$ 3,189	\$ 800	\$ -	\$ 3,989
00295880-9205-54030	Group Hospital Ins-WICCS	\$ 34,055	\$ 3,000	\$ -	\$ 37,055
00295880-9206-54030	HRA - WIC CS	\$ 6,455	\$ 1,500	\$ -	\$ 7,955
00295880-9210-54030	Retirement - WICCS	\$ 25,966	\$ 7,500	\$ -	\$ 33,466
00295880-9211-54030	401K Match	\$ 4,292	\$ 1,000	\$ -	\$ 5,292
00295880-9301-54030	Office Supplies-WIC CS	\$ 2,000	\$ 500	\$ -	\$ 2,500
00295880-9320-54030	Printing & Binding/WIC CS	\$ 300	\$ 350	\$ -	\$ 650
00295880-9325-54030	Postage/WIC CS	\$ 3,032	\$ 500	\$ -	\$ 3,532
00295880-9331-54030	MinorOffEquip-WICCS	\$ 7,860	\$ 750	\$ -	\$ 8,610
00295880-9355-54030	Other Operation Costs-CS	\$ 14,000	\$ 5,000	\$ -	\$ 19,000
00295880-9360-54030	Medical Supplies	\$ 5,200	\$ 4,300	\$ -	\$ 9,500
00295880-9611-54030	Mileage - WIC CS	\$ 50	\$ 50	\$ -	\$ 100
00295880-9630-54030	Dues & Subscriptions	\$ 20	\$ 350	\$ -	\$ 370

Finance Office Use Only

Finance Director _____ Health Director _____ Chairman of Cabarrus Health Alliance _____
 Approved/Denied Date _____ Approved/Denied Date _____ Approved/Denied Date _____



CABARRUS HEALTH ALLIANCE

Budget Revision/Amendment Request

#2

Date: 3/21/23

Amount: \$ (15,400)

Type of Adjustment:

Health Director: Erin Shoe

Internal Transfer Within Program

Purpose of Request: To reduce the Elevate budget for FY23 projections due to staff changes. These funds can be used in FY24.

Transfer Between Programs

Supplemental Request

Account	Account Name	Present Approved Budget	Increase	Decrease	Revised Budget Amount
00265845-6289-184	DHHS/OPA-Elevate	\$ 1,016,803	\$ -	\$ 15,400	\$ 1,001,403
00295845-9101-184	Salaries & Wages-Elevate	\$ 282,748	\$ -	\$ 36,700	\$ 246,048
00295845-9201-184	Social Security-Elevate	\$ 17,530	\$ -	\$ 2,000	\$ 15,530
00295845-9202-184	Medicare-Elevate	\$ 4,100	\$ -	\$ 500	\$ 3,600
00295845-9205-184	Group Hospital Ins-Elevate	\$ 31,619	\$ -	\$ 3,000	\$ 28,619
00295845-9206-184	HRA-Elevate	\$ 5,676	\$ -	\$ 350	\$ 5,326
00295845-9210-184	Retirement-Elevate	\$ 34,212	\$ -	\$ 2,000	\$ 32,212
00295845-9211-184	401K Match-Elevate	\$ 5,655	\$ -	\$ 1,000	\$ 4,655
00295845-9230-184	Workers' Comp-Elevate	\$ 1,696	\$ -	\$ 500	\$ 1,196
00295845-9640-184	Insurance & Bonds-Elevate	\$ 3,534	\$ -	\$ 500	\$ 3,034
00295845-9301-184	Office Supplies-Elevate	\$ 8,640	\$ -	\$ 8,140	\$ 500
00295845-9320-184	Printing & Binding-Elevate	\$ 7,500	\$ -	\$ 7,000	\$ 500
00295845-9331-184	Minor Office Equip & Furn-Elev	\$ 10,000	\$ -	\$ 10,000	\$ -
00295845-9335-184	Food-Elevate	\$ 25,000	\$ -	\$ 12,000	\$ 13,000
00295845-9420-184	Telecommunications-Elevate	\$ 3,500	\$ -	\$ 3,080	\$ 420
00295845-9447-184	Contracted Services-Elevate	\$ 310,074	\$ -	\$ 11,574	\$ 298,500
00295845-9355-184	Other Operation Costs-Elevate	\$ 176,302	\$ 77,695	\$ -	\$ 253,997
00295845-9401-184	Building & Equipment Leases	\$ -	\$ 3,000	\$ -	\$ 3,000
00295845-9630-184	Dues & Subscriptions	\$ -	\$ 2,190	\$ -	\$ 2,190
00295845-9635-184	Training & Education-Elevate	\$ 18,691	\$ 59	\$ -	\$ 18,750

Finance Office Use Only

Finance Director _____ Health Director _____ Chairman of Cabarrus Health Alliance _____
 Approved/Denied Date _____ Approved/Denied Date _____ Approved/Denied Date _____



CABARRUS HEALTH ALLIANCE

Budget Revision/Amendment Request

#3

Date: 3/21/23

Amount: \$ 70,000

Type of Adjustment:

Health Director: Erin Shoe

Internal Transfer Within Program

Purpose of Request: To budget for the Vital Strategies Grant received for Harm Reduction.

Transfer Between Programs

Supplemental Request

Account	Account Name	Present Approved Budget	Increase	Decrease	Revised Budget Amount
00265877-6856-520	NC Community Foundation	\$ -	\$ 70,000	\$ -	\$ 70,000
00295877-9101-520	Salaries & Wages-Vital Str	\$ -	\$ 14,016	\$ -	\$ 14,016
00295877-9201-520	Social Security-Vital Str	\$ -	\$ 869	\$ -	\$ 869
00295877-9202-520	Medicare-Vital Str	\$ -	\$ 203	\$ -	\$ 203
00295877-9205-520	Group Hospital Ins-Vital Str	\$ -	\$ 2,402	\$ -	\$ 2,402
00295877-9206-520	HRA - Vital Strategies	\$ -	\$ 500	\$ -	\$ 500
00295877-9210-520	Retirement-Vital Strategies	\$ -	\$ 1,700	\$ -	\$ 1,700
00295877-9211-520	401K Match-Vital Strategies	\$ -	\$ 280	\$ -	\$ 280
00295877-9320-520	Printing & Binding-Vital Str	\$ -	\$ 90	\$ -	\$ 90
00295877-9352-520	Software-Vital Strategies	\$ -	\$ 2,826	\$ -	\$ 2,826
00295877-9360-520	Medical Supplies-Vital Str	\$ -	\$ 35,834	\$ -	\$ 35,834
00295877-9420-520	Telecommunications-VitalStr	\$ -	\$ 456	\$ -	\$ 456
00295877-9611-520	Mileage-Vital Strategies	\$ -	\$ 300	\$ -	\$ 300
00295877-9635-520	Training & Education-VitalStr	\$ -	\$ 4,160	\$ -	\$ 4,160
00295877-9356-520A	Special Prog Supplies-Vital Indirect	\$ -	\$ 6,364	\$ -	\$ 6,364

Finance Office Use Only

Finance Director _____ Health Director _____ Chairman of Cabarrus Health Alliance _____
 Approved/Denied Date _____ Approved/Denied Date _____ Approved/Denied Date _____



CABARRUS HEALTH ALLIANCE

Budget Revision/Amendment Request

#4

Date: 3/21/23

Amount: \$ 10,000

Type of Adjustment:

Health Director: Erin Shoe

Internal Transfer Within Program

Purpose of Request: To budget for the Children Win Grant to support the Walk Cabarrus website.

Transfer Between Programs

Supplemental Request

Account	Account Name	Present Approved Budget	Increase	Decrease	Revised Budget Amount
00265815-6819-908	NE Medical Center-Children WIN	\$ -	\$ 10,000	\$ -	\$ 10,000
00295815-9447-908	Contracted Services	\$ -	\$ 10,000	\$ -	\$ 10,000

Finance Office Use Only

Finance Director _____ Health Director _____ Chairman of Cabarrus Health Alliance _____
 Approved/Denied Date _____ Approved/Denied Date _____ Approved/Denied Date _____



CABARRUS HEALTH ALLIANCE

Budget Revision/Amendment Request

#5

Date: 3/21/23

Amount: \$ 468

Type of Adjustment:

Health Director: Erin Shoe

Internal Transfer Within Program

Purpose of Request: To budget for additional funding received from the State for the TB Program.

Transfer Between Programs

Supplemental Request

Account	Account Name	Present Approved Budget	Increase	Decrease	Revised Budget Amount
00265865-6200-45510	CHA Grant - TB	\$ 5,194	\$ 8,047	\$ -	\$ 13,241
00265865-6415-45510	Medicaid - TB Grant	\$ 500	\$ -	\$ 468	\$ 32
00265865-6417-45510	Medicaid Managed Care	\$ 4,000	\$ -	\$ 3,520	\$ 480
00265865-6637-45510	Private Insurance-TB Grant	\$ 2,000	\$ -	\$ 611	\$ 1,389
00265865-6672-45510	Patient Fees - TB Grant	\$ 11,000	\$ -	\$ 2,980	\$ 8,020
00295865-9102-45510	Part Time > 1000 Hours - TB	\$ 11,981	\$ 468	\$ -	\$ 12,449

Finance Office Use Only

Finance Director _____ Health Director _____ Chairman of Cabarrus Health Alliance _____
 Approved/Denied Date _____ Approved/Denied Date _____ Approved/Denied Date _____

CABARRUS HEALTH ALLIANCE

Budget Revision/Amendment Request

#6

Date: 3/21/23

Amount: \$ (64,340)

Type of Adjustment:

Health Director: Erin Shoe

Internal Transfer Within Program

Purpose of Request: To revised budget for Information Technology based on actuals.

Transfer Between Programs

The Information Technology Department was able to reduce funding request for FY23.

Supplemental Request

Account	Account Name	Present Approved Budget	Increase	Decrease	Revised Budget Amount
00265815-6803-41100	Miscellaneous Revenue	\$ 488,471	\$ -	\$ 63,929	\$ 424,542
00295812-9445-130	Purchased Svcs-ITS	\$ 2,200	\$ -	\$ 2,200	\$ -
00295812-9351-130	Hardware - ITS	\$ 112,450	\$ -	\$ 32,450	\$ 80,000
00295812-9352-130	Software - ITS	\$ 241,200	\$ -	\$ 61,200	\$ 180,000
00295812-9107-130	ContractedPersSvcs-IT	\$ -	\$ 6,771	\$ -	\$ 6,771
00295812-9420-130	Telecommunications-ITS	\$ 20,450	\$ 16,550	\$ -	\$ 37,000
00295812-9447-130	Outsourced Services	\$ 10,000	\$ 8,600	\$ -	\$ 18,600
00265812-6903-915	Cabarrus County ARP Funding	\$ 188,000	\$ -	\$ 411	\$ 187,589
00295812-9352-915	Software-CARPA	\$ 20,000	\$ -	\$ 1,740	\$ 18,260
00295812-9570-915	Service Contracts-CARPA	\$ 68,000	\$ -	\$ 60,350	\$ 7,650
00295812-9447-915	Outsourced Services	\$ 25,000	\$ 19,849	\$ -	\$ 44,849
00295812-9860-915	Equipment & Furniture-CARPA	\$ 75,000	\$ 41,830	\$ -	\$ 116,830

Finance Office Use Only

Finance Director _____ Health Director _____ Chairman of Cabarrus Health Alliance _____
 Approved/Denied Date _____ Approved/Denied Date _____ Approved/Denied Date _____

SUBJECT: RESERVE POLICY

EFFECTIVE DATE: August 12, 2008

REVISION DATE(S): July 26, 2010; December 31, 2012

DATE OF LAST REVIEW: July 22, 2009; July 26, 2010; December 8, 2011;
December 31, 2012; February 28, 2014; April 24, 2015;
May 2, 2016; May 9, 2017; April 25, 2018; March 14,
2019; April 28, 2020; March 24, 2021; February 25, 2022;
March 21, 2023

POLICY STATEMENT: The Public Health Authority of Cabarrus County dba Cabarrus Health Alliance shall maintain an appropriate reserve in the fund balance to meet state statutes and sustain operations during unanticipated emergencies and disasters.

General

In accordance with state statute, appropriated fund balance in any fund will not exceed the sum of cash and investments minus the sum of liabilities, encumbrances, and deferred revenues arising from cash receipts.

Cabarrus Health Alliance will maintain an undesignated fund balance that exceeds eight percent (8%) of general fund expenditures in accordance with the North Carolina Local Government Commission's (LGC) recommendation. Based on historical cash flow analysis, Cabarrus Health Alliance shall maintain a target goal of fifteen percent (15%) of general fund expenditures. These funds will be used to avoid cash-flow interruptions, generate interest income, sustain operations during unanticipated emergencies and disasters and/or initiate new programs.

Cabarrus Health Alliance Board Chairman

Date

**SUBJECT: COMMUNITY BASED BEHAVIORAL HEALTH
ELIGIBILITY POLICY**

EFFECTIVE DATE: February 1, 2022

REVISION DATE(S): **March 21, 2023**

DATE OF LAST REVIEW: **March 5, 2022; March 21, 2023**

POLICY STATEMENT: The purpose of this policy is to determine the financial and residency requirements for patients requesting services from the Public Health Authority of Cabarrus County dba Cabarrus Health Alliance (CHA). This policy covers Community Based Behavioral Health Services only and excludes Integrated Behavioral Health services provided through clinical services. The guidelines for the NC Department of Health & Human Services Purchase of Medical Care Services Payment Programs are not part of this policy. Those guidelines can be found online at <https://publichealth.nc.gov/lhd/pomcs.htm>.

CHA shall assure that no person, on the grounds of race, color, age, ethnicity, language, culture, religion, sex, sexual orientation, gender identity or expression, socioeconomic status, marital status, immigration status, national origin, physical or mental disability, handicapping conditions or otherwise qualified handicapped individual, (unless otherwise medically indicated), be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity.

1. FINANCIAL REQUIREMENTS:

Community based Behavioral Health Services, not covered by state and/or federal grant funds, will have fees and fees assessed. CHA will see Cabarrus County patients for Community Based Behavioral Health Services regardless of income status.

Income Guidelines:

The income scales for Community Based Behavioral Health services will be updated according to state guidelines (usually annually) per program, and patients will be placed on the sliding scale according to their income and family size. CHA's Community based behavioral health Services Program utilizes the 101-200% sliding fee scale.

2. RESIDENCY REQUIREMENTS:

Community based behavioral Health services will be available for Cabarrus County residents. The Clinic Director or designee must approve any exceptions for out of county clients requesting services Community based behavioral health program. Verbal declaration of residency will be accepted at time of the eligibility process.

3. ASSESSMENT OF FAMILY SIZE & INCOME:

Determining family size (economic unit):

To use the Poverty Income Guidelines, the family size must be calculated. A family is defined as a group of related or non-related individuals who are living together as one economic unit. Individuals are considered members of a single family or economic unit when their production of income and consumption of goods are related.

A key rule to apply to all participants, including minors, is that an economic unit must have its own source of income. For example, a pregnant teenager with no income must be considered part of a larger economic unit that provides her support. Also, groups of individuals living in the same house with other individuals may be considered a separate economic unit. For example, two sisters and their respective children who live in the same house are separate economic units if each sister supports herself and her children.

If an unemancipated minor, (1) requesting Community based behavioral health services, does not request confidential contact, the parents' income and insurance information should be taken if a parent is available to provide this information. If a parent is not available, the patient is considered a family of one and only their income is assessed.

Any participant requesting confidential services should be treated as a "family of one" and considered on the basis of the patient's resources alone.

Other examples of economic units are:

- a foster child assigned by DSS is a family of one with income considered to be that paid to the foster parent for support of the child. A foster child cannot confer adjunct income eligibility on family members.
- a student maintaining a separate residence and receiving most of her/his support from her/his parents or guardians may be counted as a dependent of the family or be considered a family of one according to the income of the student.
- an individual or family in an institution is considered a separate economic unit. For example, if a mother and her children were staying in a shelter for battered women, the income of the other residents is not included.

Determining Income:

In determining income, it is important to remember that a person's income must be counted if he/she is counted as a family member.

We reserve the right to verify by telephone any information needed to help in determining eligibility such as employment, verification of household members and income information without compromising confidentiality for those that seek confidential services. Medical release and assignment of benefits form will be given to patients to sign when presenting for services.

Documentation and Verification of Income:

Verbal declaration of income will be accepted. The income verbally provided will be documented in the patient's electronic health record.

Gross income shall be used in fee determinations and shall be defined as the combined cash income received by the economic unit (all members in household contributing to the family unit) from the following sources listed in this section.

An Income Statement should be completed at the time the eligibility is completed and then annually, or whenever a change has occurred in the income status of the family/household unit. This statement also includes an authorization giving CHA the right to verify this information. The eligibility screening will be good for one year unless there has been a change in the income status and confirmation will be required at each visit.

Any applicant not wanting to disclose income information will be placed on the sliding scale at full fee. Private insurance and/or Medicaid will be billed if applicable.

Sources of Income:

Income from the following sources should be counted:

- Salaries, wages, overtime pay, commissions, fees, and tips
- Earnings from self-employment
- Interest earned on investments
- Periodic trust fund payments
- Public assistance money
- Unemployment compensation
- Alimony payments
- Child support payments
- Military allotments
- Social Security benefits
- Veteran's Administration benefits
- Retirement and pension payments
- Worker's Compensation
- Educational stipends in excess of the cost of tuition and books
- Income tax refunds (annual - not quarterly)
- Allowances paid for basic living expenses
- Regular contributions from individuals not living in the household
- All other sources of cash income except those specifically excluded
- Supplementary Security Income (SSI) benefits
- Prize winnings
- Bank statements (only use for SSI benefits)
- Cash earnings, contributions received
- Disability
- Dividends
- Irregular income that a child earns from babysitting, lawn mowing, or other tasks
- Proceeds from the sale of an asset
- Withdrawals from a bank account
- Gifts
- Inheritances

Income from the following sources should be counted (continued):

- Life insurance proceeds or one time settlements
- Military housing benefits (on base or off)
- Payments under the Low Income Energy Assistance Act
- Assistance to child or families for Free Lunch and Food Stamps
- Payments received under the Job Training Partnership Act
- Payments to volunteers under Title I (VISTA) and Title II (RSVP, foster grandparents and others) of the Domestic Volunteer Service Act of 1973

TIME FRAME:

To determine gross income, agency staff should consider the income of the family for the past 12 months, the family's current income or the family's income from the past six months; whichever best reflects the family's status. Current income is defined as the income received by the household during the month (4.3 weeks) prior to application. The six month formula must be used to determine eligibility of unemployed persons. Income will be determined six months back and six months forward to total 12 months. There may be other sources of income to consider from the prior months (e.g., unemployment compensation, and child support) in determining income.

Following are some examples in which annual income must be used rather than the six month formula:

- self-employed persons, including any business or seasonally employed persons whose income fluctuates throughout the year.
- patients that provide services or goods for cash would be considered self-employed and would need to provide verbal declaration of this income.
- a family member on temporary leave of absence (maternal, paternal, family leave, or extended vacation).
- teachers paid on a 10-month basis, who are temporarily on leave during the summer months.

COMPUTING INCOME:

To determine annual or monthly income when you have hourly wages, weekly wages, or bi-weekly wages, use the following approach.

(hourly wage) X	(hours worked/weekly)	X	(52)	=	(Annual Income)
(hourly wage) X	(hours worked/biweekly)	X	(26)	=	(Annual Income)
(hourly wage) X	(hours worked/bimonthly)	X	(24)	=	(Annual Income)
(hourly wage) X	(hours worked/weekly)	X	(4.3)	=	(Average Monthly Income)
(hourly wage) X	(hours worked/biweekly)	X	(2.15)	=	(Average Monthly Income)
(hourly wage) X	(hours worked/bimonthly)	X	(2)	=	(Average Monthly Income)

To convert net income to gross income multiply by 1.25. Multiply gross income by .25 and deduct amount to obtain net income.

When computing income, amounts will not be rounded until data is entered in the computer system.

SLIDING SCALE FEES:

The sliding scale fee uses 101 to 200% of federal poverty level scale. Based on the patient's income and family size, the patient will be responsible for a fee that reflects their ability to pay. The patients fees are set starting at \$5 and increasing in increments of \$5 per income level with a max fee of \$30.

Often therapy session require frequent appointments until a patient is stabilized. Clients requiring more than one encounter visit per week, shall not have fees exceed total charge of \$30. Example: if a patient is certified at \$20 fee, but is seen for three visits in one week, the patient will only pay \$30 dollars total for all three visits.

INSURANCE:

The patient management system should include the following information about the patient's health insurance coverage:

- Insurance company name, address and telephone number
- Policy number
- Whether or not the patient is covered by the policy
- Whether or not the coverage is an HMO or prepaid plan
- Any known waiting period requirements or benefits exclusions
- Whether or not there are any out-of-network benefits with their HMO plan

The accompanying parent/guardian of an unemancipated minor or a patient requesting confidential services with appropriate insurance benefits for requested Community based behavioral health services would be given the opportunity to choose whether or not to have the insurance filed. This is to avoid breaching the patient's confidentiality in the home via notification from insurance company (EOB) of services received at CHA. The insured party may not be aware of the patient's request for services.

Patients who receive community based behavioral health services, will be certified and placed on the sliding scale fee and charged accordingly for services not covered by their insurance with the exception of any applicable fees. Fees are the patients' responsibility, but will not exceed \$30, which is the highest fee on the sliding scale for this program.

Patients with high deductibles will be charged their sliding scale fee while insurance is being billed. Once they reach their deductible, the patient will then pay their co-insurance and / or Insurance fees but not to exceed a \$30 charge.

Since program services are based upon current federal poverty income guidelines anyone found giving false information will be recertified for services and changes noted on eligibility worksheet. If the eligibility is completed electronically, then the patient will sign the income statement at the time eligibility is completed or at their first appointment. If the eligibility is completed in person, then the income statement will be signed at the time of the eligibility appointment. This will be signed by the interviewer as well. The Income Statement will become part of the patient record in our patient management system

ZERO INCOME/FEE WAIVER:

If the applicant reports zero or very little income, the applicant will be asked to provide a verbal explanation of what the family is actually living on. In most cases, a statement of zero income will be accepted when the applicant lives on income from sources not counted (see Source of Income List).

Applicants either reporting zero income or express hardship in paying a fee will be provided the **Fee Waiver** form to review. For any applicants that meets the criteria on the waiver form, their fees will be waived.

The following below are acceptable hardships for fee waiver:

1. I am homeless at this time.
2. I am currently staying with a friend/family temporarily and have no source of income.
3. I am living in a shelter.
4. I have been determined, based on my income, to pay a fee at my appointments for this program. However, due to financial barriers, having to pay a fee for my visits would cause me to not be able to keep my appointments.
5. I am a minor seeking mental health services and request confidentiality, therefore, no insurance can be filed. I have no ability to pay

Cabarrus Health Alliance Board Chairman

Date



Community Based Behavioral Health Fee Waiver

Please read the statements below and let our staff know if any of these apply to you.

1. I am homeless at this time.
2. I am currently staying with a friend/family temporarily and have no source of income.
3. I am living in a shelter.
4. I have been determined, based on my income, to pay a fee at my appointments for this program. However, due to financial barriers, having to pay a fee for my visits would cause me to not be able to keep my appointments.
5. I am a minor seeking mental health services and request confidentiality, therefore, no insurance can be filed. I have no ability to pay.

Please sign below if **any** of the above applied to you:

Signature of patient or legal guardian if patient is a minor

Date



Cabarrus County Public Health Authority Board of Commissioners

Resolution to Protect our Youth from Nicotine Addiction

Date: March 21, 2023

WHEREAS, one of every five deaths in North Carolina is associated with cigarette smoking,¹ and for each death, 30 more people are sick or live with a disability²; and

WHEREAS, 95% of tobacco users start before the age of 21³; 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 2011⁴; and

WHEREAS, as of 2022, 1.5% of middle and high school students in Cabarrus County reported smoking all or part of a cigarette and 6.5% reported using e-cigarettes, e-hookah's or a vape pen in the last 30 days; 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 addiction⁵; 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%)⁶; 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 21⁷; 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 18⁸; 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 permit⁹; 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^{10, 11}; 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 (funds 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 inspections¹²**; 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 minors¹³; and

NOW, THEREFORE, BE IT RESOVED, that the Cabarrus County Public Health Authority Board of Commissioners, d.b.a. Cabarrus County Board of Health (BOH) strongly supports that North Carolina must protect our youth 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.

Moved by: _____ Seconded by: _____

I hereby certify that this is a true and exact copy of the Resolution passed by the Cabarrus County Public Health Authority Board of Commissioners at its regularly scheduled meeting held on March 21, 2023:

Dr. Lara Pons, Board of Health Chair
Cabarrus County Public Health Authority Board of Commissioners

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.
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.
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.
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).





**CABARRUS
HEALTH
ALLIANCE**

Cabarrus County Public Health Authority Board of Commissioners

Cabarrus Health Alliance Board of Health Resolution in support of Medicaid Expansion

WHEREAS, healthy citizens and access to affordable healthcare are key to the Cabarrus County economy;

WHEREAS, closing the health insurance coverage gap would extend insurance to approximately 10,277 uninsured individuals in Cabarrus County and close the gap for more than 600,000 across the state;

WHEREAS, closing the health insurance coverage gap would drive \$98,700,000 in new business and healthcare activity in Cabarrus County, bring in \$2,035,500 in new county revenue, and create over 547 new jobs;

WHEREAS, closing the health insurance gap would provide access to behavioral health care to address the opioid epidemic. In 2021, Cabarrus reported 73 deaths and 296 emergency department visits for opioid overdose;

WHEREAS, federal funding from taxes that North Carolinians have already paid will cover 90% of costs for states closing the health insurance coverage gap to citizens who need access to affordable health insurance.

NOW THEREFORE, BE IT RESPOLVED THAT

The Cabarrus Health Alliance Board of Health urges the North Carolina General Assembly to close the health insurance coverage gap in North Carolina with Medicaid Expansion.

This resolution shall be effective on and after its passage and shall be shared with the members of the Cabarrus Health Alliance General Assembly delegations.

Moved by: _____ Seconded by: _____

I hereby certify that this is a true and exact copy of the Resolution passed by the Cabarrus County Public Health Authority Board of Commissioners at its regularly scheduled meeting held on March 21, 2023

Dr. Lara Pons, Chairperson
Cabarrus County Public Health
Authority Board of Commissioners

Erin K. Shoe, MPH
Public Health Director