North Carolina Association of Local Health Directors Meeting
March 13, 2024
2:00 p.m.
Hilton Raleigh North Hills – Salon F

Call to Order .... Quintana Stewart

Approval of Minutes from February Meetings .... Wes Gray

Treasurer's/Financial Report .... Wes Gray

President's Report .... Quintana Stewart

Medical Malpractice Renewal Update .... Steve Worgan

Executive Director's Report .... Patrick Brown

NC DHHS Assistant Secretary for Public Health .... Dr. Susan Kansagra

NC DCFW Division Director .... Yvonne Copeland

Deputy Director/Section Chief, Local and Community Support, DPH .... Stacie Saunders

ACTION ITEMS AND UPDATES - from Work Groups
PH Data and Performance Measures .... Wes Gray, Lillian Koontz

Region Reports
Region I .... Elaine Russell
Region II .... Karen Powell
Region III .... Rachel Willard
Region IV .... Jennifer McCracken
Region V .... Tony LoGiudice
Region VI .... Helene Edwards
Region VII .... Cinnamon Narron
Region VIII .... David Howard
Region IX .... Ashley Stoop
Region X .... Joy Brock

Partner Reports
NCAPHA .... Janet Clayton
NCPHA .... Iulia Vann
NACCHO .... Lisa Harrison
NCIPH .... Amy Joy Lanou
ANCBH .... Merle Green
NC-SOG .... Kirsten Leloudis
NC SOPHE .... Ashley Rawlinson

Adjourn

Next Meeting:
April 18, 2024 – 1:00 p.m.
UNC SOG

North Carolina Association of Local Health Directors
Association Business Meeting
February 15, 2024 – 9:30am
Division of Public Health – Cardinal Room (5605 Six Forks Road, Raleigh)

Minutes

Meeting Called to Order – Quintana Stewart

President Stewart called the meeting to order at 9:31 and welcomed everyone. Dr. Susan Kansagra was introduced to install officers for the 2024 term. Quintana Stewart (Orange County) was sworn in as President, Rod Jenkins (Durham County) as President-Elect, Jen Greene (Appalachian District) as Vice-President, Wes Gray (Pitt County) as Secretary/Treasurer, and Lillian Koontz (Davidson County) as Past-President.

Approval Of Minutes

Minutes were distributed with the packet via email. President Stewart asked for a motion for approval of the minutes.

Motion: Motion to approve was made by Janet Clayton (Person County) and seconded by Rachel Williard (Wilkes County). No objections – minutes were approved by consensus.

Treasurer's Report

The Treasurer's Report was distributed with the packet via email. President Stewart asked for a motion to approve the Treasurer's Report.

Motion: Motion to approve was made by Dr. Marilyn Pearson (Johnson County) and seconded by Rod Jenkins. No objections – Treasurer's Report was approved by consensus.

Carolina Complete PHP Presentation

Change to the agenda. First up we will hear from Pam Perry and her colleagues from Carolina Complete Health. Patrick welcomed Carolinas Complete and thanked them for participating and coming to speak with us. Chris Patterson and Kelly Philips represented the PHP.

Chris Patterson, CEO - CCP is a provider led entity in the Medicaid space, We have an extra responsibility to our providers. It's a pleasure to be here today.

We are in regions 3,4,5. Thank you for all the work you do. We are continuously amazed by the work that you do every day. There was a mistake we discovered when the state was reviewing payments. We were making CMARK capitation payments through age 5 years. We should have stopped those payments on year 4 day 364. We added an extra year. We discovered this in late 2023. We began talking to some of you in January. We sent out a letter about recouping money that was essentially an overpayment. We got some pushback because that can create some hardship. We have put a pause on that and there will be no recoupment in February.

We are sensitive to some of the challenges that this creates for you. This has impacts to you for the books you may have already closed. We are here to hear more about those challenges before we move

forward. We promise to circle back before we move forward on any plan of action. We want to move forward with you and you are critical to service delivery and access for patients.

Patrick thanked them for being receptive to our concerns. The biggest concern that we leaned on was prior payments being a projection of future budgets, which may impact your budget planning this year.

Angel Callicutt (Montgomery County) - This is a position .25 of a care manager. We put county money to support travel, cell phone, county dollars. If you take it this year, next year, etc. it doesn't matter – its really effecting a program and an employee. For me it's a bit troubling. I see where we are struggling to get reimbursements for all the hard work we are doing and dealing with denials while you are seeking recoupment for a mistake. In good faith we should come to some sort of resolution. I have a hard time understanding that if we were being overpaid for 12 months. I need an accounting of who those kids were so we can reconcile. We have no way to reconcile and we put our trust to pay us correctly. We have to trust you that we are getting reimbursed correctly and that the recoupment numbers are correct.

David Howard (Brunswick County) asked can that panel information be sent to everyone. They will get with their provider reps to get you that information.

David asked that going forward can we get those panels to reconcile those receipts and match them to the people we serve.

CEO – thank you for that feedback – we are certainly open to different thoughts. Angel is willing to be on any workgroup the create for this issue.

David asked if we could ask Medicaid to make us whole for this.

Dr. Pearson - Our staff has been doing the right thing – they know to not see patients past the correct age. And now we are getting a recoupment. We already have county money going into this to, make it whole.

Patrick – this is creating a level of nervousness on the local level. A large recoupment will compound the anxiety of local staff who are already nervous about the future of this program.

Lisa Macon Harrison (Granville-Vance District) – Local HDs already do a lot of work around SDOH. Your investment in healthy opportunities is not unlike keeping these care managers in place to do this similar type of work. We can turn this into a creative project.

CEO – I appreciate the comments to be creative in payments. This was out fault. This was not the state or your fault, this was us. I want restate that. I want to talk to the state about ways we can work together and I appreciate these creative ways to solve the problem.

President Stewart thanked them for coming and answering out questions. CEO wants to come back on a more positive note and wants to continue working with the Association on more optimistic projects.

Patrick said that we can suggest LHD representation on your local workgroups.

<u>Medicaid Update – Jay Ludlum, Deputy Secretary, NC Medicaid</u>

Kristen – no specific Updates. Jay Ludlam was unable to attend.

NC DHHS Chief Medical officer/State Health Director Report – Betsey Tilson, MD

First, I wanted to congratulate the newly installed leadership. I have a few things to make you aware of – all good stuff and nothing controversial. Some of you may have seen the story in the paper about CDC guidance being changed. CDC is considering changing isolation – it is not finalized and they are still discussing. CDC has not formally changed any guidance as of yet. We have started receiving a few pieces of outreach about not wanting guidance to change. We have had a few press inquiries and we have responded that we are keeping the current guidance until CDC makes a change.

Second – in the syphilis work. We are hoping for a pushout next week. As of Feb 1st, there is a physician administered drug program fee schedule that physicians can administer in their office. Bicillin is on that fee schedule as well. If physicians want to administer bicillin for syphilis they may have lost money because the fees haven't been updated. That issue should be fixed. We are going to link it to our public information and push it out next week in a press release.

3rd – for awareness – we are working on the pharmacist administered contraception. As of January 8th, Medicaid is enrolling pharmacists as providers so we can pay them for administering medication. $53 new, $37 for a return visit. We are really pushing for uptake in our pharmacies. There is at least one pharmacy in 53 counties. Walmart should be moving into this space as well. We are working with independent pharmacies where there may not be a major chain. We want at least one pharmacy in each county.

Gun locks were dispensed. They are also going to local suicide task forces in 33 counties. We met with the Peds Society on several projects. We are including more education on suicide prevention and work dealing with gun thefts.

We are close to hiring a Deputy for the Office of Violence Prevention; should be next month or two.

Finally – our Office of Violence Prevention was established under the Office of the Governor. MPSS will have a permanent office that will allow for stability.

President Stewart thanked Dr. Tilson for her report.

LHD Pilot Program with i2i Population Health – Justin Neece, CEO

Scott Harrelson (Craven County) gave a brief intro. As you all know – Craven is also an FQHC that is required to do UDS reporting. In talking with other FQHCS, we have traditionally had a hard time mining and collecting accurate data from EHRs. Our staff do not have to lift a finger because its all extracted. It really saved us big time. We did not have to move to a more expensive electronic health record. Then we thought we could use this on the local health department side for quality for improvement. We have to have performance measures for goals to do good QI. I also want to thank everyone who spent their money on these pilot projects.

Justin – thank you Scott and everyone for all the time you have given us. I am doing a couple of set up items for us and then we are going to show you what we have built out for the pilot in Craven. I appreciate you for taking the time to let us present.

Patrick Brown with the Association – can we gets some extracted screenshots so we can send this out?

Scott mentioned some pragmatic things that this has done for us. When you are accustomed to doing a manual chart audit at the end of the year- you can use this to pull these numbers at any time to improve your programs. Most of the time now we have these big assumptions that would apply to us. It would have all the HAS reports because all the data would already be there. if you are going to a legislative meeting you can pull all your local counties in that representative's district and you can bring that to the meeting. You can look at other high performing health departments and you can pick up the phone and call that health director. This is light years above we have now.

There was an online question about EPIC. David - Can you and Wes share how we could pull that patient per provider per service? We could branch it into primary care.

Scott - Nurses can do this every day to improve their processes. We didn't have to life a finger and put too much

Tracy Simmons-Kornegay (Duplin County) – how can i2i pull scanned data from state labs? The simplest response is that if the data is in your EHR we can access it. If we see a scan document we can know if a lab has been completed. We can still pull the report that he lab was completed for the purpose of the quality measures. We don't necessarily need the result of a test, just knowing that one was done satisfies the measure.

Justin said that we do have standard pricing that has just been provided. We can send that out to everyone. Its one price that we have agreed on to the project for everyone- there is no fluctuation or variability and I would be glad to share that with the individual counties. There are 5 in total and we have spoken with an additional 4 to 5 that are going through contracts We are currently working thorough each county contract situation.

David Howard – For accreditation and Medicaid reform, there is a lot of focus on quality and QI within our departments. Do you have any examples from your clients – to do some QI work within your services. Are you aware of any QI projects that were improved? (i.e. rate of no shows, time consuming to rate the data). This could improve A1C screenings and workflows. It's a lot easier to change provider workflow to get an A1c reading instead of changing patient behavior.

Scott – imaging everyone on the state – we could have public health department data instead of aggregate date from the state. This could give us the same kind of robust data that the FQHCs enjoy. There are lot of things we cannot put a quantitative measure. recognizing all the impact that Medicaid $$ bring to local health departments.

<u>Div. of Mental Health, Developmental Disabilities, & Substance Abuse – Kellie Crosby</u>

We just got a lot of funding from the General Assembly for behavioral health. I and going to share what that money will go to and how we envision spending the dollars over a very quick time frame.

There will be permanent increases and other increases for reimbursements for mental health and substance abuse. Kellie presented a slideshow of the funding buckets.

Bucket one (crisis system): highlighting mobile crisis, 988-line, non-law enforcement transportation pilot, behavioral health navigator.

Bucket two (justice funding); sequential intercept model, drug and recovery courts, MOUD for incarcerated persons, and assisting people when they get out of incarceration, UNC FIT wellness clinics, juvenile justice investments, pre-arrest deflection and diversion, DAC-SMI specialist care coordination, justice reentry and reintegration (housing, rent, furniture, connections to jobs).

Bucket 3 workforce – BH reimbursement rate increases, hospital bed psych rates went up, allowing hospitals to admin some of the more complex patients. We are also focusing on peer supports. These are people with lived experience who are providing supports to individuals.

Bucket 4 – child investments. We are trying to fund across the continuum of care, foster services, and family and community-based care. 40-50 kids in emergency rooms or DSS settings on any given day. We are also looking at the continuum of our of home placements.

Lisa Macon Harrison asked about a map of the local health department role in this space – one quick question – do you have any ideas about how we might incorporate behavioral health populations in the WIC populations, so we can use this funding to gets kids quickly assessed and into care. Kellie said that we are looking at mental health block grants and other sources to develop a standardize screening tool to get kids into services.

Rod Jenkins - I appreciate the work you are doing in this space. Durham is glad to have the local investments and do we know when facilities and services will be open.

Kellie said that we have a list of projects to look out and sign off on and will share that information with the LME/MCOs; These are much needed low risk wins.

Yvonne mentioned that the $80 million in child health – we have been talking with some of the health directors about the intentions that we are making in that space. The work is highly coordinated and I can help to serve as that conduit to help share the information.

Thank you for your attention and partnership. President Stewart thanked Kellie for her presentation.

President's Report

President Stewart started her President's Report and asked if there were any new health directors or resignations. None noted.

Executive committee met this past Monday. We discussed the funding ask and the IOM report. The consensus from the executive committee is to move forward with some efforts to quantify with the funding need and consult with an outside party. We know that there is a huge ask that we need, and we want to move forward with a strategic and coordinated effort, working with out partners at DPH and DHHS.

I also want us to ask you to keep Melanie Campen from Pamlico about the loss of her son. I also wanted to thank you all for reaching out to me about my recent loss. I wanted to thank you all for being flexible and working with us on the installation. I also want to thank our Past President. President Stewart thanked Lillian for her past service and for serving with distinction last calendar year.

(Applause from everyone. – *editor's note*)

Executive Director's Report – Patrick Brown

Patrick is going to forgo his executive report because he has already given most of his updates.

NC DHHS Assistant Secretary for Public Health – Dr. Susan Kansagra

I am also excited to be working with the new Officers. I want to thank Kellie Crosby for coming in and giving us the big picture on new behavioral health funding on the treatment and access side. With our legislative agenda, we are still working on our behavioral health ask for the departments That is an iterative process but we are moving forward.

Our other top priorities are communicable disease and we will continue to highlight and elevate the need in our requests, along with epi, vital records, and other areas.

Lastly, I will mention the health director qualifications and the discussions we have had around that and how that informed the recommendations of your workgroup and how we move forward with seeking a change in the legislative language for qualifications. I also want mention how we could possibly get some of the opioid settlement funds and how we can develop a strategy to get more for local health departments.

Dr. Kansagra mentioned the CDC news about possibly changing guidance. We have been telling the press that we are following their discussions and will adjust our recommendations based on an official CDC guidance.

President Stewart thanked Dr. Kansagra for her report.

NC DCFW Director – Yvonne Copeland

I understand there was a robust conversation about WIC yesterday. I put together some slides to hopefully answer some of your high-level concerns. The national outlook is approximately a $1 billion shortfall once we get a budget, right now we are operating with a continuing resolution. Nationally, participation is up but in NC it is down. Most states halted the waiver before we did. Participation dropped from 268,559 to 231,400 in July when the waiver ended. There was a 37K drop due to the loss of the waiver. We anticipated that, but it was drastic and extreme. Other states were able to see a rise in cases in a month or two, but we have been slower in increasing that caseload back to normal levels. We encourage you to maintain current staffing. We want you to increase participation rates so that we can increase our award. We are committed to assessing earlier than normal. If we can increase the caseload we can increase the funding based on your participation rates. 5 agencies remained stable, 20 saw and increase, and 57 saw a decrease. Since September the state has cut down on travel, cancelled conference registrations, and a freeze in purchasing.

Patrick made the request that we could get this type of information before the AAs went out and caused some panic with the local health departments. He also asked how the funding allocations were decided. Yvonne shared that funding decisions were prescribed based on program compliance. Yvonne got the same in the continuing resolution this time but they are projecting a lot less than last year for the next cycle. If we get the same amount next year and the federal government sees we see less patients, we will owe that back.

Lillian Koontz - You mentioned that we need to maintain their staff levels. Davidson does not have the dollars to do that based on this AA. How is the local level being forced to cut positions when they state is not considering cutting any positions?

Yvonne wants to drive the participation up so we need to maintain staff if we want to ensure appropriate funding. Lillian again made the point to say that NC will lose money if we don't drive participation at the local level, but why are we seeing more pointed cuts on the local level.

Jessica Wall (Yadkin County) said we receive zero counties dollars, with all due respect – the comment to not take action on this cut is disrespectful. I cannot turn in a budget based on the promise that we may be able to correct the 30K cut later. I can't recommend to commissioners that we may be able to recoup that 30K. My biggest concerns are that this could have been communicated earlier. If you started cost savings at the state, someone should have been here in September saying to anticipate big cuts. Telling us to hold onto people that are not funded is not feasible.

Yvonne said that she knew she had delivered this message. We have been sharing all of the information that we knew there was a cut coming and we have been sharing the concern about the impact. There is no blame here in my mind – this is just a tough situation.

Josh Kennedy (Polk County) asked if the reassessment could mean a future reduction if rates went down. Yvonne said yes that is a possibility.

Lisa Macon Harrison -I am lucky to have a creative WIC director. She has updates at leadership team about the fits and starts related to these waivers. It is hard to keep nutritionists and the work is very challenging. At the local level we are trying to support those staff as best we can and that we cannot fund a lot of local dollars to them and we don't have the flexibility of funding to avoid letting people go. I would really like a review of the math. I have never seen where we see small drops in caseload cut we see almost a 20% cut in budget. These cuts are incongruous to the percentage drop. With a $100k cut that will cut me from 4 to 2 nutritionists. I am prepared with a small cut but nothing this big. If we value maternal child health, workforce, and child welfare, there are other funds that can supplement this temporary funding loss. If we can do those behavioral health assessments with moms and babies it may help us supplement some of this federal funding loss. If we don't figure this out at the state level, those 57 health departments will see a huge loss. It's really important to review the math and do this creatively. Yvonne appreciated the comments and is interested in being more creative. I will take the hit and we maybe could have done an emergency meeting when we made the AA allocations on February 2nd.

Lillian requested a schedule webinar to discuss this. I am hearing locally that we need cuts – how will the state consultants increase capacity? Are there any cuts to any state jobs so that we can have more at the local levels to provide the service at the local level?

Patrick asked that due to time constraints we limit workgroup and partner reports to action items.

Workforce – Janet Clayton (Person County)

The committee reviewed requirements and had a lengthy discussion about # 6 on the health director job requirements. The current language is a BA in public health administration and 3 years of supervision.

Amend to a BA in a field related to public health and at least 7 years of experience with programs and service with at least three years of supervisory experience.

David asked who determines the public health related experience. Stacie said that it designates the state health director to review, which is then delegated to the deputy director at DPH. We review all those that qualify under the various options. We review transcripts to determine if there is public health or population health related coursework.

DPH needs to submit this up by the end of the month so time is of the essence.

Mention was made of having a meeting next week to vote on this with more information due to current time restraints in this meeting.

Motion: Rob Jenkins made a motion to table and Ellis Matheson (Buncombe County) seconded. All in favor say Aye. Motion passes.

Funding – Jen Greene

We went over a motion from committee to present. This outlines the funding cuts to health departments because of lower allocation from Title X to be distributed to local health departments. Thank you to Belinda for identifying a lot of cuts before they came to us. We agreed on a 5% reduction across the board to health departments. This is for AA 151 Family Planning. There were $250k worth of cuts at the state level. The state is also applying for a no cost extension and will be coming back.

Motion: Motion from committee needs no second. Rob Jenkins made a motion to approve, second from David Howard. Motion passes.

Data and Performance Measures – Wes Gray

The workgroup met and worked on simplifying the finance template and explored options for collecting all the data we want without sending out additional surveys. We mainly want total budget, percent funded from locals, amount funded by the Feds/State, Medicaid, grants, private insurance, fees, and self-pay on the revenue side and salaries, operations, and program expenses on the expenses side. We also discussed environmental health wait times and how that time is displayed by various health departments on their public facing sites.

Partner Reports

NC IPH

Emailed report from Amy Joy Landau.

General

- Community Hub Coordinator positions (4) have been posted for hubs in Cumberland, Durham, Halifax and Jackson counties. Please share this information with potential candidates embedded in any of these 4 counties. The posting can be accessed directly at https://unc.peopleadmin.com/postings/274650.
- Does your local health department have a "wish list" of projects? Your list might be a great fit for an MPH practicum student! Learn more about the MPH practicum at UNC and how your

organization can submit an opportunity. Workforce and Leadership Development ϖ No updates Community Assessment and Strategy

- Data collection for the Foundational Capabilities annual assessment is slated to begin March 1st. We will be piloting the survey next week—please email Rose at rose.byrnes@unc.edu if you'd like to be a piloter. Participation from your health department ensures your voices are included in the data used to inform investment priorities. Participation in the survey is also a requirement of AA117.

Accreditation

- Margaret Benson Nemitz is moving into the permanent role of Accreditation Administrator!
- On March 12, we are holding a "Future of Accreditation" retreat with Accreditation Board Members, the Health Director Accreditation Working Group, Standards Workgroup, AAC Advisory Council, and DPH representatives on March 12. We are excited for this dedicated, in-person time together to build consensus on our next steps.
- We have a one-page accreditation update that we are sharing with each of you today, both in an electronic version and print copies. This summarizes some of our current work and how you as health directors have a voice throughout the process.

Margaret announced some additional accreditation updates, reminded everyone to look for the foundational capabilities survey, she was named the accreditation program administrator reported that she was expecting. (Applause and congratulations from everyone! – *editor's note*).

Adjourn

Motion: Rob Jenkins made a motion to adjourn, seconded by Ellis Matheson (Buncombe County). Meeting is adjourned.

NCALHD Follow-Up Call: Workforce Workgroup Action Item
Zoom – February 19, 2024

NCALHD President Quintana Stewart called the meeting to order at 1:00 p.m.

The motion of the Workforce Workgroup is to approve a legislative technical correction to one line in the health director qualifications statute, part of section 130A. The proposed change would edit the language found in 130A-40, subsection (a) line (6) to read:

"A bachelors degree in a field related to public health, and at least seven years of experience in health programs or health services, of which at least three years include supervisory experience."

A discussion occurred regarding a suggestion to include language regarding degrees being from an accredited university.

The motion carried with two votes opposed. The two votes opposed were based on the motion not including language about accredited universities.

Jen Greene made a motion to revise language in 153-77, e (9) to read: "Appoint, with the county manager's approval, an individual that meets the requirements of G.S. 130A-40(a) to serve as the local health director." The motion was seconded by Jessica Wall. The motion carried unanimously.

Janet Clayton made a motion to adjourn. The motion was seconded by Joy Brock. The motion carried. The meeting adjourned at 1:39 p.m.

North Carolina Association of Local Health Directors, Inc.
Statement of Financial Position
As of February 29, 2024

ASSETS		
Bank Accounts		
CD-SECU *4185		40,000.00
Checking-SECU *6586		
Accreditation Fund		16,148.90
General Operating		54,661.84
Total Checking-SECU *6586	**$**	**70,810.74**
Money Market-SECU *0321		
Accreditation Fund		183,474.45
General Operating		202,644.14
Legal Fund		59,886.40
Total Money Market-SECU *0321	**$**	**446,004.99**
Savings-SECU *1387		44.04
Total Bank Accounts	**$**	**556,859.77**
Accounts Receivable		3,000.00
TOTAL ASSETS	**$**	**559,859.77**
LIABILITIES AND NET ASSETS		
Liabilities		
Accounts Payable		7,236.29
Total Liabilities	**$**	**7,236.29**
Net Assets		
Temporarily Restricted Funds		
Accreditation Fund		128,514.16
Legal Fund		59,886.40
Total Temporarily Restricted Funds	**$**	**188,400.56**
Unrestricted Funds		211,103.02
Change in Net Assets		153,119.90
Total Net Assets	**$**	**552,623.48**
TOTAL LIABILITIES AND NET ASSETS	**$**	**559,859.77**

North Carolina Association of Local Health Directors, Inc.
Statement of Activities - Budget vs Actual
July 2023 - February 2024

	Actual	Budget	Budget	% of Budget
Revenue				
Interest/Dividend Income	4,863.59	2,700.00	2,163.59	180.13%
Meeting/Conference Revenue				
Sponsorships	3,000.00	0.00	3,000.00	
Revenue	**$ 3,000.00**	**$ -**	**$ 3,000.00**	
Membership Revenue				
NACCHO Rebate	0.00	3,300.00	(3,300.00)	0.00%
NCALHD Dues	136,629.79	136,680.00	(50.21)	99.96%
Total Membership Revenue	**$ 136,629.79**	**$ 139,980.00**	**$ (3,350.21)**	**97.61%**
Total Revenue	**$ 144,493.38**	**$ 142,680.00**	**$ 1,813.38**	**101.27%**
Expenses				
Admin Services	50,000.00	75,000.00	(25,000.00)	66.67%
Awards	634.30	700.00	(65.70)	90.61%
Bank Charges	8.00	12.00	(4.00)	66.67%
Licenses	1,658.60	950.00	708.60	174.59%
Meetings/Travel	1,940.30	7,000.00	(5,059.70)	27.72%
Miscellaneous	331.00	0.00	331.00	
Professional Services				
Accounting Fees	0.00	1,500.00	(1,500.00)	0.00%
Consulting Fees	39,000.00	45,000.00	(6,000.00)	86.67%
Legal Fees	5,530.50	10,000.00	(4,469.50)	55.31%
Total Professional Services	**$ 44,530.50**	**$ 56,500.00**	**$ (11,969.50)**	**78.82%**
Sponsorships/Marketing	0.00	1,000.00	(1,000.00)	0.00%
Website & Technology	201.85	970.00	(768.15)	20.81%
Total Expenses	**$ 99,304.55**	**$ 142,132.00**	**$ (42,827.45)**	**69.87%**
Change in Net Assets	**$ 45,188.83**	**$ 548.00**	**$ 44,640.83**	**8246.14%**