

FILED ✓

APR 17 2015

TASSI O'NEIL  
COUNTY CLERK**AGENDA****2015-16 BUDGET COMMITTEE WORKSHOP****TUESDAY, APRIL 14, 2015****9:00 A.M.****Commissioner's Conference Rooms**

The purpose of this workshop is to receive information regarding 2015-16 budget requests from County Departments and Non- Department Entities. *If you will not be able to attend during your appointed time, please contact Debbie in the Treasurer's Office.*

9:00 a.m.	Call to Order Opening Remarks/Comments Budget Officer Remarks	Doug Olson, BC Chair BC Members Deb Clark
	Approve Minutes	May 20, 2014 BC Meeting
9:30 a.m.	Library	Sara Charlton
10:00 a.m.	Clerk	Tassi O'Neil
10:15 a.m.	Break	
10:30 a.m.	Tax & Assessment	Denise Vandecoevering
11:00 a.m.	Juvenile	Dan Krein
11:15 a.m.	Health and Human Services	Marlene Putman
12-1:30 p.m.	Lunch	
1:30 p.m.	Veteran's Services	Bill Hatton
1:45 p.m.	BOCC/Facilities/Motorpool/Misc.	Paul Levesque
2:00 p.m.	Information Services/Communication	Michael Soots
2:30 p.m.	Surveyor	Dan McNutt
2:45 p.m.	Break	
3:00 p.m.	Community Development	Bryan Pohl
	Adjourn (Next meeting April 15, 2015 @ 1:00 p.m.)	

**TILLAMOOK COUNTY BUDGET COMMITTEE WORK SESSION - AUDIO04-14-2015A.MP3**

**David Butler was absent**

CALL TO ORDER: Tuesday, April 14, 2015 9:00 a.m. by Chair Doug Olson

1. Opening Remarks & Comments/Budget Committee Members  
03:00 Budget Officer Remarks/Deb Clark
2. 12:12 Approve Minutes for May 20, 2014 Budget Committee Meeting  
58:12 CONTINUATION: A motion was made by Commissioner Bill Baertlein and seconded by Commissioner Mark Labhart. The motion carried with four aye votes (Commissioner Baertlein, Commissioner Josi, Commissioner Labhart, Doug Olson). Leila Salmon abstained.
3. 13:44 Library/Sara Charlton  
14:40 Commissioner Tim Josi entered the meeting
4. 35:12 Clerk/Deb Clark (Tassi O'Neil was absent)
5. Break - 10:00 a.m.

**AUDIO04-14-2015B.MP3**

6. 00:01 Tax & Assessment/Denise Vandecoevering
7. 36:24 Juvenile/Dan Krein
8. 56:09 Health and Human Services/Marlene Putman, Irene Fitzgerald  
25:39 Fund 100 Mitigation Grants/Paul Levesque
9. Lunch – 11:40 a.m.

**AUDIO04-14-2015C.MP3**

10. 00:01 Veteran's Services/Bill Hatton
11. 18:15 BOCC, Facilities, Motorpool, & Misc./Paul Levesque, Bill Sargent
12. 1:02:35 Information Services/Communication/Michael Soots
13. 1:15:50 Surveyor/Dan McNutt

14. Break – Not taken

15. 1:21:20 Community Development/ Bryan Pohl

Adjourn – 3:20 p.m.

# BUDGET COMMITTEE WORKSHOP

Tuesday, April 14, 2015

PLEASE PRINT

Name Address Item of Interest

Michael Soots	I.S.	All
Mona Hamblen	HR	All
Dan Klein	Juw.	Juw.
Madame Piotrowski	Health	H.H.S.
Imke Fitzgerald	"	"
Carmen Post	Tell.	Health
Harvey Loffman	Tell	PLEASE GET
Byron Paul	DED	DED

(Please use reverse if necessary)

# BUDGET COMMITTEE WORKSHOP

*Tuesday, April 14, 2015*

PLEASE PRINT

Name

Address

Item of Interest

Shawn Blanchard

General

Sara Charlton

Library

Paul Levesque

Denise Vanderooy

Assessor

Lorrie McKelbin

Chief Appraiser

Bill Hutton

Veterans Services

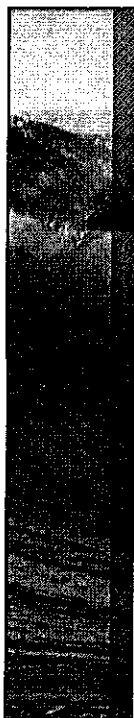
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# Tillamook County Health & Human Services Department

Budget Presentation: April 14, 2015  
By: Marlene Putman, Administrator

A community health center since 1994  
with a mission to 'protect and foster the  
good health of all people of Tillamook  
County.'



## Human Service Responsibilities

- **Commission on Children & Families – Almost complete!**
  - Transition & Planning
  - Contracting
  - Convening Local Partners
- **Early Learning (EL) & Youth Development Council - Transitions**
  - EL Hub & YD Development & Implementation
  - Contracting
  - Resource Development
  - Coordinating and Convening Local Partners
- **Conflict Solutions for Tillamook County**
  - Alternative Dispute Resolution –Supervise Program

# Health Services Responsibilities

Operate Community Health Centers Providing:

- Primary Care Services
- Dental Care through agreements
- Public Health Services
- Environmental Health Services
- Health Council & BOCC Leadership
- Emergency Preparedness



# Wide Range of Health Services

- Preventive care
- Women's care
- Acute & Chronic care
- Gerontology
- Immunizations
- Dental Care Services
- Women, Infant & Children Services (WIC)
- Health Classes
- Pediatrics & Well-child
- Behavioral Health Services
- Domestic Violence Services
- Home Visits
- Jail Provider Services
- School Nursing Services
- Extended Hours (8:00 AM – 7:00 PM)
- Walk-in Clinic
- Sport physicals
- 24-Hour phone access to Medical Provider for Established Patients



## Our Awesome Providers



Marty Caudle  
Physician Assistant &  
Interim Medical  
Director



Melissa Paulssen  
Physician



Chris Craft  
Family Nurse  
Practitioner



Dr. Betlinski  
Physician  
Health Officer



Erin Oldenkamp  
Pediatric Nurse  
Practitioner



Adrienne Fisher  
Women's Health  
Nurse Practitioner



Barbara Weatherby  
Licensed Clinical  
Social Worker

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## Major Difference(s) FY 2014-15 & FY 2015-16

- Staffing Changes – New Providers & Support Staff
- Revenue (Increased Dental & Medical services; HRSA Federal Grant)
- Expense (Includes increased contracted service Dental)
- Facility Improvement
- Vehicle Replacement
- HHS Increase in Indirect Cost and Reinvestment to County General Fund

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## Staffing =

**FY 2015-16 FTE 45.81**  
**FY 2014-15 FTE 41.21**

- 1.00 FTE Department Head
- 5.80 FTE Management-Supervisory
- 19.30 FTE Professional-Technical
- 18.71 Administrative-Clerical
- 1.00 FTE Skilled, Service & Maintenance



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## Staff Changes from 2015-16

- Increase in Provider and Support staff for Expanded Services (now included in Federal Grant Base Funding)
  - 1 FTE – Family Nurse Practitioner
  - 1 FTE – Medical Assistant
- Increase for Outreach & Enrollment staff (now included in Federal Grant Base Funding)
  - 1 FTE – Care Coordinator
- Increase in support staff for Dental Scheduling, Referrals and Billing (for 2 new Contracted Dentists)
  - 1 FTE – OS2

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## Staff Cost

2014-2015

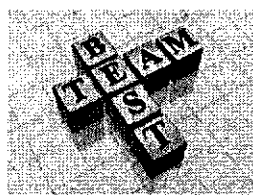
Personnel Cost

\$4,150,358

2015-2016

Personnel Cost

\$4,655,450



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## FYE 2015 to FYE 2016 Increase of Revenue & Expense = 1.6 Million



### INCREASED REVENUE:

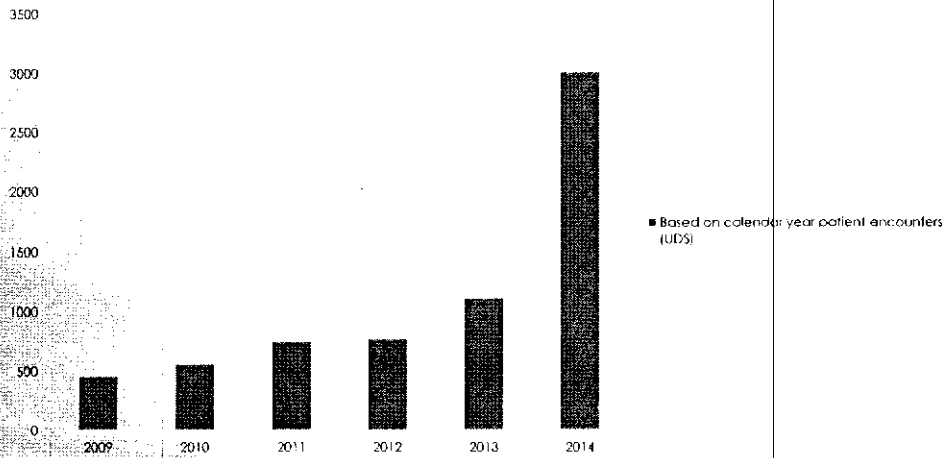
- Dental and Medical Services
  - Dental – continued increase in demand
  - Medical – New Providers, more established
  - Payor Mix – Slight decrease (\*10%) Medicaid  
(\* FYE15 Actual 60% vs 50% projected)
- Accounts Receivable – Continued Management

### INCREASED EXPENSE:

- Dental Contracted Services (Increase from 1 to 3 Dental Providers)
- General Cost Increase
- General Fund Indirect Charge Increase

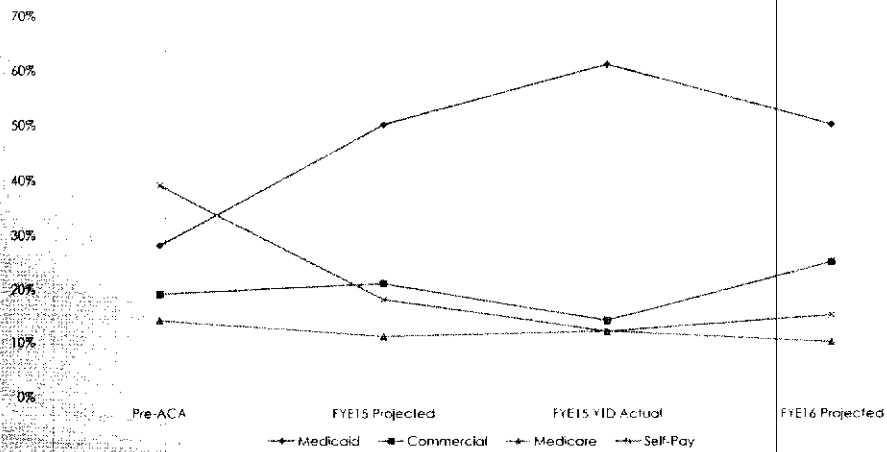
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## Dental Encounters – Increased Demand

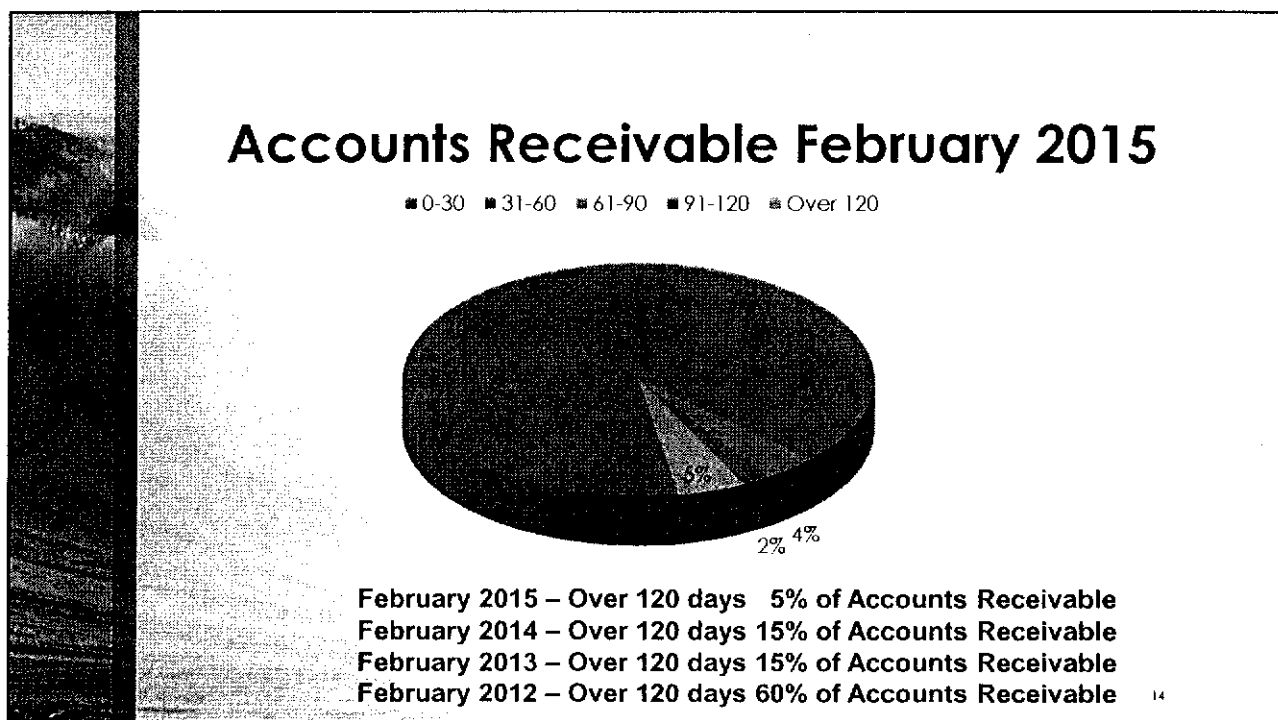
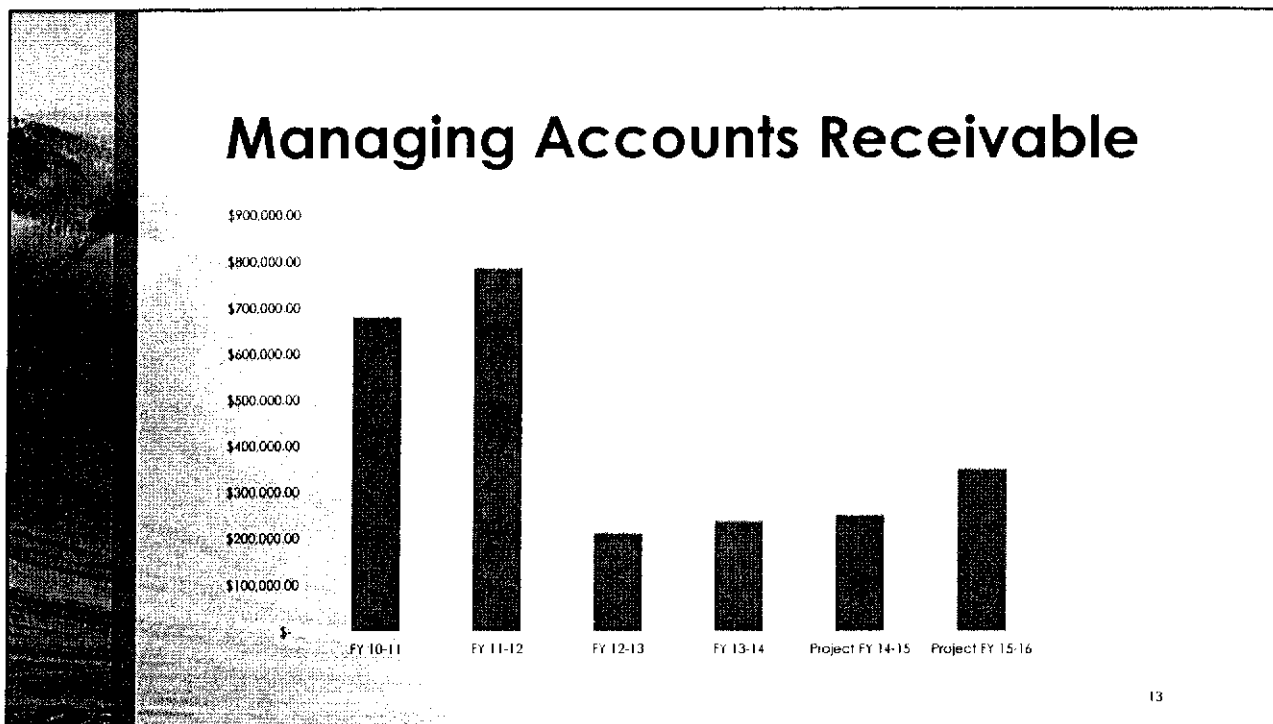


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## FY 2015-16 10% Medicaid to Self Pay Payor Mix Change



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# Grants


2015-16 Budget

**2014-15 Continuing to 2015-16 :**

HRSA Federal Grant – Increase of Base Funds for Expanded Services and Outreach & Enrollment (1.5 to 1.8 Million)

**2015-16 New & Pending:**

- Safer Futures – Women's Resource Center
- Facilities Improvement Grant – ACA (Pending)
- Behavioral Health Integration Grant – HRSA (Potential)



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# County Indirect Cost vs GF Support Contribution

<b>2013-14 (Total HHS paid to GF \$386,000)</b>	
Total County Indirect - \$326,000	
Loan FYE04 Payoff - \$60,000	
*+Total GF Support - \$178,000	<b>(\$-208,000)</b>
<b>2014-15 (Total HHS paid to GF \$406,000)</b>	
Total County Indirect - \$350,000	
Reinvestment to County GF - \$43,100	
Additional HHS to GF Support - \$13,000	
*+Total GF Support - \$178,000	<b>(\$-228,100)</b>
<b>2015-16 (Total HHS paid to GF \$423,100)</b>	
Total County Indirect - \$380,000	
Reinvestment to County GF - \$43,100	
*+Total GF Support - \$165,000	<b>(\$-258,100)</b>

\*General Fund to HHS Public Health Support

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## Health & Human Services Goals 2015-16

- Recruitment and Retention of Personnel
- Maintain Positive Cash Flow
- Continue to Manage Accounts Receivable
- Increase Care Team Productivity/Encounters
- Seek Patient Centered Medical Home (Federal Recognition)
- Pursue Public Health Accreditation
- CCO Leadership
- Strategic Plan Goals

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## Questions?

### A special thank you...

to the **Health Council, Board of County Commissioners,**  
**and the Health Department staff** for their engagement and  
commitment to ensuring that public health and primary  
care services continue in our underserved rural community.



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# GENERAL INFORMATION FORM

## FISCAL YEAR 2015-2016

**FUND/FUND NUMBER: 170**  
**DEPARTMENT/DEPARTMENT NUMBER: 17000**  
**DEPARTMENT DIRECTOR: Marlene Putman**  
**DIRECTOR DIRECT PHONE NUMBER: 503.842.3922**  
**DEPARTMENT LOCATION: Administrative – Tillamook; Family Health Centers – Tillamook, Rockaway Beach and Cloverdale**  
**PERSON PREPARING THIS FORM: Marlene Putman and Irene Fitzgerald**  
**DIRECT PHONE NUMBER: 503.842.3922**

(Use one form for each department. Complete the form in 12-point Arial font. The "Person Preparing This Form" is the person responsible for development of the budget proposal. Use as many pages as are required to fully complete each section. This form shall be fully completed and submitted to the Treasurer/Budget officer with your other budget documents by 5:00 p.m., Friday, March, 2015.)

### **A. DESCRIPTION OF PURPOSE/FUNCTIONS OF DEPARTMENT:**

**Introduction.** The Tillamook County Health Department and the former Tillamook County Commission on Children and Families have been working together over four years through shared staffing and program development. Both programs developed separate budgets and maintained separate contracting, vouchering and administration, although some staff were shared during this time. During the 2013-14 budget cycle the two Departments merged into one Health & Human Services Department. Health services including public health, environmental health, dental, behavioral health and primary care medical services are provided under the Health Services section of the Department. Human Services includes early learning services, youth development services, and alternative dispute resolution services/Conflict Solutions. The Health Department's official title is the Health & Human Services Department and this broad definition aids in securing the current and future funding opportunities. The narrative is divided into two sections: (1) Health; and (2) Human Services.

#### **1. Health Services:**

Since 1994, the Tillamook County Health Department (TCHD) has been federally qualified as a public Community Health Center by Health Resources and Services Administration (HRSA) under Section 330 of the Public Health Service Act [42 USC 254b]. The mission of the TCHD is "to protect and foster the good health of all people in Tillamook County." TCHD is the largest Federally Qualified Health Center (FQHC) in Tillamook County and provides a safety net for low-income individuals and provides services regardless of a client's ability to pay. The main purpose of the FQHC is to enhance the provision of primary health and dental care services in our underserved rural community. TCHD offers culturally competent, language appropriate, and comprehensive primary medical services with integrated dental and behavioral health services. TCHD works to address the major health care and related needs

through the direct provision of comprehensive primary care, enabling, outreach, and links to other health and human services in our service area. In addition to primary medical services, TCHD also provides public health and environmental health services. The following information outlines the services provided by the three main health service areas.

• **Medical Services:**

Minor Emergencies	Well-Child Care
Preventive Care	Acute and Chronic Care
Gerontology	Pediatric Care
Dermatology	Sports Physicals
340B Drug Pricing Pharmacy Program	Addiction Screening & Referral
24-hour Telephone Access	Laboratory Services
On-site Triage & Nurse assistance	Post-Partum Depression
Incarcerated Patient Services	Dental Health Screening & Referral
Behavioral Health Screening & Referral	Health Education & Outreach
Nutrition Education	Diabetes Prevention
Care Management/Coordination	Insurance enrollment assistance

• **Public Health Services:**

Babies First Home Visits	WIC (Nutrition Program)
Communicable Diseases	Emergency Preparedness
Family Planning	Influenza Immunization Program
Ryan White (HIV/AIDS Program)	Immunizations
Maternity Case Management	School Nursing
Vital Statistics	CACOON (Care Coordination for Children with Complex Health Conditions)
Coordinated Home Visiting	Bioterrorism Preparedness
Tobacco Prevention	

• **Environmental Health Services:**

<b><u>Food Service:</u></b>	<b><u>Other Services:</u></b>
Catering Operations	Bed and Breakfasts
Farmers Markets/Food Booths	Childcare Facilities
Foodborne Illness	Playground Safety Compliance
Food Handler Cards	Liquor Licensing
Home/Domestic Kitchens	Pools/Spas
Mobile Units	Tourist Accommodations (Hotels, RV Parks and Camps)
Produce/Fish Stands	
Restaurants/Temporary Restaurants	
Retail Food	<b><u>Environmental Issues:</u></b>
ServSafe/Food Manager Classes	Algae

**Information Dissemination:**

Mold	Animal Bites & Rabies
Norovirus	Beach Monitoring and Closures
Flooding and Other Natural Disasters	Dead Birds & West Nile Virus
Food Recalls and Alerts	Drinking Water
	Drug Lab Information
	Lead Poisoning Prevention



## **2. Human Services: Purpose of Early Learning, Dispute Resolution and Youth Development.**

**Background:** During 2011, Governor John Kitzhaber, through the work of the Early Learning Design Team, developed a recommendation for a new early learning system. This work culminated in SB909 which directed a newly appointed Early Learning Council to develop recommendations regarding the structure, outcomes, funding, and realignment of resources to create the early learning system which replaces the Commission on Children and Families and creates an Early Learning Council administered by the Oregon Department of Education (SB 909 5(2b-f)). It is the role of the Early Learning Council to establish early learning hubs throughout the state focused on the infants and children up to age six (6) to improve health and education outcomes.

Establishment of the Early Learning Hub including Tillamook, Clatsop and Columbia County is slated to be complete by June 30, 2015. It is anticipated that the Regional Hub administered by the NW Regional ESD, will begin receiving funds in October 2015. In the interim, there is a possibility that Tillamook County's may be asked to continue to administer Healthy Families funding for a three month period while selection of Healthy Families services providers is being determined. A request for proposals has been issued by the State for Healthy Families services.

Further, Juvenile Crime Prevention (JCP) funds will continue to be administered by the County until July 1, 2016 or longer. These services fund a portion of Conflict Solutions for Tillamook County, the Juvenile Department, and the Youth Empowerment Services (YES Program), whereby youth who are at risk of entering the juvenile justice system receive prevention services. The Juvenile Department may begin administering the JCP funds in 2015-16, if funds are allocated to Oregon counties. As of July, 2015, these funds will be administered at the State level by the Youth Development Council.

**Services** - Human services to be provided during 2015-16 fiscal year include:

1. Early Childhood Care and Education
  - a. Participation in development of and transition to Early Learning Hub
  - b. Coordinate and support local initiatives and programs
    - (1). Healthy Child Week/Week of the Young Child
    - (2). Coordinated Home-visiting services
    - (3). Funding allocation and monitoring for Healthy Families
    - (4). Early Learning Hub Member/leader
  - c. Participate in regional Parenting Education Hub
2. Dispute Resolution Services Conflict Solutions
  - a. Administer the Conflict Solutions (includes budget & supervision)
  - b. Ensure that Mediation services are provided including Peer Mediation, Truancy Mediation, Manufactured Dwelling Mediation, Neighbor to Neighbor Mediation, DHS Foster Care services, Small Claims mediation.

## **B. DESCRIPTION OF DEPARTMENT, INCLUDING NUMBER OF PERSONNEL:**

**Introduction:** The Health and Human Services Department provides public health, medical/primary, behavioral health, dental health, insurance enrollment assistance, and human services for the residents of Tillamook County through trained, experienced and qualified staff totaling (45.81) FTE county employees. Further description of service locations and number of personnel is provided below.

### **1. Health Services:**

There are 45.81FTE employed by the Department serving county residents in three Family Health Center (FHC) sites in the county: (1) Tillamook or Central located at 801 Pacific Avenue in Tillamook; (2) Rockaway Beach or North located on the first floor of Rockaway Beach City Hall; and, (3) Cloverdale or South located on the first floor of the historic Charles Ray House in Cloverdale. Currently, due to the state of the building in Cloverdale, services are limited to WIC, with no primary care services currently offered. Options are being explored to rectify this situation. Public Health and Environmental Health functions are performed out of the Tillamook Health Center location. WIC and public health nursing services are provided in all three locations with services in North and South County clinics at least one day a week. School Nursing is provided in all county schools under an interagency agreement. Administrative and accounting functions are performed at 801 Ivy Avenue, Suite B, in Tillamook.

### **2. Human Services:**

Early Learning Programs – There are no FTE designated for this program. The Department Administrative staff and Administrator coordinate and manage these services to ensure that state resources continue to flow to community organizations and projects. There has been no State funding allocation for 2015-16 for any of the former CCF services except for a one quarter (July 1-Sept.30, 2015) funding allocation for Healthy Families. During the transition period between July 1, 2014 and September 30, 2015, the Department will continue to work with the regional hub partners to finalize a proposal for the NW Early Learning Collaborative to administer former CCF early learning funding streams and partnerships.

Youth Development Programs – there are no FTE designated for this program. The Department Administrative staff and Administrator coordinated and manage these services to ensure that state resources continue to flow to community organizations and projects. It is anticipated, should funds be allocated, that the state funding for YD will be managed by the Juvenile Department.

Conflict Solutions - There is .5FTE designated to this Department to coordinate the county dispute resolution program, called "Conflict Solutions for Tillamook County". This part-time position is housed in the Tillamook County courthouse in the Juvenile Department.

## **C. DESCRIPTION OF FY 2014-2015 ACCOMPLISHMENTS: Highlights**

### **1. Health Services:**

- **Goal – Increase/Improve Patient Access by:**

- adding evening hours in clinics; open 8:00 am to 7:00pm
- offering families with young children through 1<sup>st</sup> Annual Well/Healthy Child Week including no out-of-pocket cost for well-child exams, parent supplies, and community education activities/events.
- entering into a contract to provide health services for Veterans
- adding hours WIC services and referral for services
- providing contract dental services for newly insured and uninsured
- offering Electronic Health Records information through My Chart tool.
- assisting county residents in Health insurance enrollment
- Streamlining registration processes and patient flow to reduce paper and wait time.

- **Goal – Sustaining a Healthy Organization**

- Maintaining a positive cash flow for four years
- 72% of AR collected within 30 days for over two years.
- Provider productivity remains consistent despite fluctuations in staffing.

- **Goal - Increase Resources to Address Community Needs/Issues**

- Services for High Risk Women & Infants –
  - Successful completion of the Coordinated Home Visiting grant and expansion grant award (\$300,000 annually for 5 years);
  - Secured grant from CCO to reduce tobacco use during pregnancy.
  - Post-partum Depression grant secured and services are continuing annually, as funds are available through Tillamook Family Counseling Center).
- Dental Health Services for Children –
  - Secured grant funds through Tillamook Education Foundation from Oregon Children's Dental Health Initiative to conduct an assessment of School-based dental services in the three school districts in Tillamook County.
- Environmental Health
  - Secured funding from the Environmental Protection Agency (\$400,000) for hiring environmental contractor to conduct a county wide Brownfield assessment of the Salmonberry Corridor;
- Integrated (medical and behavioral) Health Services in South and North
  - Secured funding from HRSA for Expanded Services, to increase hours of operation in Central and to increase services in North and South County, resulting in hiring an additional Family Nurse Practitioner and Medical Assistant;

- Electronic Access to Health Information/Services.
  - HIT Grant to improve electronic health records and patient access to health information, payment and scheduling.
- **Goal – Ensure Quality Assurance & Improvement to Achieve Triple Aim**
  - Implemented Care Management Protocol for Health Care Metrics: Women’s Health, Adolescent Health, Colorectal Cancer Screening; SBIRT, Well Child Screens to achieve quality standards.
  - Awarded CPCCO Incentive Grant for achieving State Metric goals
  - HRSA QA/QI funding awarded for achieving health metric goals.
  - Completed requirements in National Behavioral Health and Primary Care Integration Collaborative in partnership with Tillamook Family Counseling Center and made presentation at National BHI webinar and Oregon conference.
  - Women, Infant and Children (WIC) program enrollment increased by 150% and TCHD received an award from the State third year in a row.
  - Continue to pursue Public Health Accreditation.
- **Goal – Leadership & Partnership to achieve Community Health /Wellness**
  - Administrator appointed as Chair of Columbia Pacific Coordinated Care Organization, attending monthly meetings of the Board and Executive Committee. Administrator serving second term as Chair of the local Community Advisory Council.
  - Administrator continues as Chair for CAC. CAC and CPCCO partnership to identify community health needs and meet Public Health National Accreditation requirements.
  - Coordinated County-wide Insurance Enrollment for OHP and Insurance Exchange.
  - Partnership with Corrections Facility to provide coordinated care

## **2. Human Services:**

- Transitioned all major CCF and YDE programs and projects to alternate lead organizations.
- Partnered with key organizations to:
  - Coordinate with human services agencies to serve families and youth with multiple agency involvement.
  - Continue to participate in the Foster Care Improvement project meetings, developed action plan and continue to implement actions

## **D. DESCRIPTION OF FY 2015-2016 PROPOSED FOCUS/GOALS:**

### **1. Health Services:**

**a. Continued or Ongoing Goals.** Although we continue to increase our efficiencies, we find many of our main focus/goals are the similar to last year, including:

- Maintain a positive cash flow.
- Maintain Accounts Receivable distribution
- Hire and retain providers and support staff and work towards succession plan.
- Improve technical assistance to department managers to ensure that resources are utilized to their full capacity.
- Continue to increase referral and use of Behavioral Health with staff and providers.
- Continue participation and leadership with Coordinated Care Organization and Community Accountability Council.
- Continue to provide dental health services and expand access and preventative care.

**b. New focus/goal areas include:**

- Implement EPA Brownfield Grant for Salmonberry Trail.
- Identify public health services that can be effectively integrated into the CCO and consider regional partnerships for public health services.
- Enhance pain management services and contracts.
- Track efforts of early screening programs with related training and protocol
- Seek funding for a new facility in South County, in partnership with TFCC and other partners.
- Further develop population health goals and prevention education with CAC. (i.e. healthy brain development series; week of the young child; etc.)

### **2. Human Services:**

- Continue to participate in Early Learning projects and Council and update BOCC.
- Work with Coordinated Care Organization to develop linkages between local early learning services and CCOs and CAC.
- Assist local agencies with technical assistance with transitions as needed.
- Transition any remaining volunteer programs to local organizations.
- Maintain and sustain the Mediation program, Conflict Solutions.

**E. MAJOR DIFFERENCE(S) BETWEEN FY 2014-2015 & FY 2015-2016:**

**1. Health Services:**

FY 2014/2015 was a time of continued transition for the Health Department and its staff. A significant amount of time was devoted to provider recruitment and retention. Time was also spent focusing on implementing Patient Centered Primary Care Home and integration of Behavioral Health services in our clinics. Additionally, time and staff resources have been spent implementing new protocols to increase productivity for both providers and staff members; acquiring new financial resources through grants and local partnerships; and working closely with the newly formed Coordinated Care Organization for the County.

**a. Personnel** - Current TCHD staffing is 45.81 FTE in 2015-16 up from 41.48 FTE in 2014-15, which includes:

- (1) 1 Family Nurse Practitioner funded from Expanded Services grant which will become a part of our Federal FQHC grant base.
- (2) 1 Medical Assistant from the Expanded Services grant;
- (3) 1 new OS 2 for dental and billing to be funded from dental revenue;
- (4) 1 new Care Coordinator (hired through temporary services for 2014-15, and now a permanent position funded by Outreach and Enrollment grant funds which will become a part of the FQHC grant ).
- (5) 1 FTE new RN3 to be funded through Columbia Pacific CCO.

Other changes and updates include:

- (6) Accounting Technician is being promoted to Grants Manager to be funded with health services revenue.
- (7) Number of providers consistent with 2014-15 and again the budget includes a Nurse Practitioner and Medical Director each for six months depending on ability to hire, patient demand and financial feasibility.

**b. Changes in Revenue & Expense** - Revenue projections were adjusted to make more conservative estimates based on expanded dental health services, provider productivity, payer mix with some modifications for increased Medicaid and other private insurance. Public health and other grant funding is expected to stay relatively constant. TCHHS successfully completed the 2015-2018 Service Area Competition (SAC) for the funding of the FQHC and received \$1,829,000 per year for three years, up from \$1,570,000 in the previous year. The actual increase in the base amount of the grant award is \$1,788,000 with \$40,000 from carry-over funds from the previous grant period.

➤ **Increased Revenue:**

**(1) Oregon Health Plan/Medicaid and Newly Insured Patients**

- i. Dental - Revenue from dental has increased based on the increased demand for and encounters from dental health services.
- ii. Medical – Revenue from medical encounters is projected to increase slightly based on more stable provider based and increasing numbers of **new patients.**
- iii. Anticipation of a slight decrease in Medicaid covered patients of 10% for OHP patients because of the necessary re-enrollment process but no decrease year to date.

**(2) Factors Impacting Revenue**

- i. Payor Mix – more Medicaid patients than uninsured patients for both medical and dental. Previously projected 50% but received a 60% increase in 2014-15.
- ii. Accounts Receivable – continue to be on target with 70% in paid within first thirty (30) days.

**(3) Other Revenue/Grants**

- i. HRSA Federal Grant – Base Award Increase from \$1.57 to \$1.79 million for the Service Areas Competition funding for Federally Qualified Health Center.
- ii. School-based dental services grant is new this budget period. Although only a small amount for FY2015-16, it is expected to increase in 2016-17.

➤ **Increased Expenses:**

- (1) Dental service costs – have increased in the areas of staffing, contracts, etc.
- (2) Projected increase in personnel expenses and benefits; vendors, etc. based on Treasurer's budgeted increases.
- (3) Contributions to General Fund of \$83,000.

**b. Contracted Services**

- (1) **Dental Service Contracts - Amount increased.** TCHHS has seen the need to increase dental contracts due to the increased demand for services (OHP patients make up 90% of dental patients). We successfully contracted with one dentist in Tillamook and are negotiating with another dentist with the idea of having services available to dental patients by end of the fiscal year.
- (2) **Community Link Consulting – Amount decreased.** We continue to contract with Community Link, financial consultants, but in a more minimal capacity as staff are trained.

- (3) **New Contract with Parametrix** for environmental consultation due to receiving the EPA Brownfields grant for the next three years.
- (4) **Contracts from 2014-15 continue** with slightly different amounts based on grant funding and state allocation.  
TCHHS continues to use our consultant with our Tobacco Prevention and Education Program (TPEP) for 2015-16 to implement state guidelines.
- (5) **Part-time Nurse Practitioner** - part time NP will be procured under contract based on patient demand and clinic coverage needs as is financially feasible.

**c. Facilities and Improvements** - New = \$125,000. The need for improvements, new facility and changes to facilities and equipment should be anticipated and funds established for this purpose.

**d. Vehicle Repairs and Replacements** - New = \$25,000. Department vehicles are in need of repair and replacement. Two vehicles are 1996 used police vehicles. The need for replacement and repair of vehicles should be anticipated and funds established for this purpose.

**e. General Fund Transfers – Net increase in HHS contribution to GF = \$30,000**  
**Net decrease from GF to HHS (10%)= \$13,000**

➤ Summary of Increase:

(1) Decrease in County GF contribution between 2014-15 & 2015-16 =	(\$13000)
(2) Increase in Department Indirect Costs to GF between 2014-15 & 2015-16 =	\$ 30,000
(3) HHS Investment in County GF for 2015-16=	<u>\$ 43,100</u>
(4) Net increase/decrease =	\$ 73,100

➤ Detail description of transfers:

(1) **Transfer to HHS Department:**

- 2014-15 = \$ 178,000
- 2015-16 proposed = \$ 165,000
- **Net increase/decrease = \$ (13,000)**

(2) **Transfer from HHS to General Fund for Indirect Cost Allocation (ICA):**

- 2014-15 = \$ 350,000
- 2015-16 proposed = \$ 380,000
- **Net increase/decrease = \$ 30,000**

Note: 100% of ICA is \$420,000



**(3) Transfer to GF from HHS for General Fund Investment of \$431,000 (2011)**

- 2014-15 = \$43,100
- 2015-16 = \$43,100

Note: The Department will continue to pay this amount each year as long as it is financially feasible and appropriate to do so.

**(4) Total GF Transfers**

- to Department from GF: \$165,000
- from Department. to GF: \$423,100
- **Net to Health Department: (\$258,100)**

**2. Human Services:**

Based on the previously described dissolution of CCF resources at the state level and realignment to a different state structure, the CCF budget will be mostly eliminated, with the exception of Healthy Families Oregon funds being extended to September 30, 2015 of one-fourth of its original allocation, to be transferred over to the Early Learning Hub October 1, 2015.

Juvenile Crime Prevention funding will be administered by the Tillamook County Juvenile Department should funds be awarded. So, no funds are allocated for this program.

At that time, there will be no more funding or contracting through CCF other than Conflict Solutions of Tillamook County which is housed in the Juvenile Department, will be continuing to provide Peer and Truancy Mediation services, and work with DHS for Foster Care services. Therefore, we request that the \$20,000 indirect charged to that department be eliminated.

# Tillamook County Health Department/ Family Health Center - Organization Chart

