



MINUTES OF BUDGET MEETING – HEALTH DEPARTMENT

DESCHUTES COUNTY BOARD OF COMMISSIONERS

MONDAY, MAY 26, 2015

Allen Room, Deschutes Services Building

Present were Commissioners Anthony DeBone, Alan Unger and Tammy Baney. Also present were Tom Anderson, County Administrator; Erik Kropp, Deputy County Administrator; Mike Maier, Clay Higuchi and Bruce Barrett, Budget Committee; Wayne Lowry, Finance Director; Loni Burke, Financial/Budget Analyst. There were no members of the media present.

Meeting minutes were taken by Kathe Hirschman, Health Services.

Chair Bruce Barrett opened the meeting at 3:23 p.m..

Present from Health were Jane Smilie, Health Services Director, introduced Health Services staff present: DeAnn Carr, Behavioral Health Deputy Director; Sherri Pinner, Business Manager; Melissa Rizzo, I/DD and Intensive Youth Services Program Manager; Michael Ann Benchoff, Systems Performance Program Manager; Dave Inbody, Operations Manager; Thomas Kuhn, Community Health Program Manager; and Barrett Flesh, Child & Family Behavioral Health Program Manager.

Ms. Smilie presented a graphic depicting a conceptual framework for governmental health services, showing foundational capabilities of most public health departments and “extra” functions provided by Deschutes County Health Services. She noted that it is very important for us to be attentive to those foundational capabilities and the data used to track how we are doing in order to inform planning.

Highlights & accomplishments over the past year:

- Achieved national public health accreditation;
- Certified by the State of Oregon in mental health and addictions services for three years;
- Certified as a regional Early Learning Hub;
- Met increased demand for K Plan services for individuals in the intellectual/developmental disabilities community;
- Enhanced operational services;
- Improved the department's budget development process;
- Modified facilities, staffing, and processes to gear up to be ready to receive the increase in behavioral health clients due to Medicaid expansion.

Mr. Higuchi asked whether public health accreditation would help leverage federal funding. Being accredited will help leverage such funding. In future, we believe state and federal funding will be tied to accreditation. It is also very exciting that there are now national standards for public health.

The department has almost doubled the amount of billable OHP encounters from 2014 to 2015. There was a slight downward trend in meeting timelines for route appointments in the first quarter of 2015, so the department has formed a “touchpoints” work group to look at all forms and points of access to improve access and bring the 85% number back up to target.

In response to a question from Commissioner Baney, Ms. Carr explained the process for a routine request for service. The caller will be scheduled for an assessment as quickly as possible; it may be two weeks before an assessment appointment is available. While doing the assessment, the clinician will schedule an appointment with the primary clinician. This appointment will be as soon as possible, and the timeframe depends on the type of service needed, whether for an adult or a child, and where the service is requested. Appointments in Redmond take a bit longer due to higher demand at that site.

Consumer satisfaction surveys were conducted in two separate surveys—one for public health and one for behavioral health. The response rate was about 100 clients for each survey; and results were good in both areas. Overall, the comments in each survey were very positive about their experience at DCHS. The surveys will be repeated on a regular basis. The department is also evaluating non-traditional business hours in order to provide better customer service. A question will be added to future surveys asking clients their preferences on non-traditional hours.

Integration is another area of success with healthcare reform. Partnership with Mosaic Medical at the Harriman Health Center, located within the Deschutes County Downtown Health Center, has increased the show rate for medical appointments by over 400%. We are also working with Mosaic Medical to co-locate County behavioral health staff at Mosaic's Bridges Program, which serves people with complex health care needs.

Ms. Carr noted that in December 2013, approximately 20,000 new OHP members were anticipated in Deschutes County. Based on that estimate, we anticipated 5,333 new OHP clients during 2014. By December of 2014, there were approximately 40,000 new OHP members, and the department saw a 43% increase in OHP membership within that year. Ms. Carr noted that we received most of these new OHP members in January. Commissioner Baney noted that the behavioral health customer base has exceeded our capacity to provide services and the response rate was still high—impressive.

Ms. Smilie then described the department's budget development process and work done try to make the department's complicated budget more understandable. She and Ms. Pinner spent a lot of time with Mr. Lowry peeling back the layers to better understand how the funding plays in this budget. A lot of time was then spent with program managers collectively looking at data and planning.

OHP funding is the department's largest source of funding; it is very difficult to get an answer when asking what OHP funds can be expected for the coming year. Ms. Smilie feels this question may get more difficult in future as funding streams blend and allocations are more and more tied to performance. PacificSource was able to provide actuarial data that was used to estimate OHP funding for the coming fiscal year.

An official indirect rate was calculated, which allows the County to take as much administrative cost as possible from grants. This is very important as we are bringing in so many outside dollars.

The department is requesting 7.05 new FTE, which is a net increase of 3.1 FTE from the last budget. The department prioritized FTE requests, putting them where we knew we can increase productivity/service; commitments to partners; and those not requiring general fund. The department is also requesting a one-time investment in facilities, and in the children's mental health service continuum to help a gap in needed services in our community.

The department uses County general funds to serve segments of the population who are uninsured or underinsured; as matching funds to leverage additional federal funds; with other funds to provide essential services or to enhance the level or quality of service; to ensure services are available throughout the county; and to fulfill our responsibility to protect the health and safety of citizens.

Ms. Saraceno gave a brief history of the regional Early Learning Hub and noted that our application to be a Hub scored the highest in Oregon for our sophisticated use of data. We became certified as a Hub in October 2014 and have recently moved from the planning phase to the action phase. The scope has changed from a county approach to a regional approach. One key role of the Hub is resource development, and we have brought in nine grants for a value of almost \$700,000 to address needs that have been identified in our region.

The County's two Early Learning Division FTE are working on projects specific to Deschutes County but are also doing regional work with the Early Learning Hub, ensuring Deschutes County's needs are addressed in the regional work. A time study of Early Learning Division staff shows 60% of their time is spent on regional work and 40% spent on work specific to Deschutes County. It is important to keep in mind that 80% of tri-county residents are in Deschutes County.

Mr. Higuchi asked what matrix is being used to measure success. Ms. Saraceno explained that we are working with education, health and social service safety net programs, all of which have metrics; and each of the strategies has metrics tied to it. There are milestones that are measured as a child proceeds from kindergarten to high school graduation such as third grade reading scores and eighth grade math scores.

Commissioner DeBone asked about Healthy Beginnings Head Start and whether we are aligned well and everyone working together well in Central Oregon. Ms. Saraceno replied that key partners are working together and work is ongoing to develop those relationships with other counties, partners and with the Tribes.

The department is not requesting more County general funds that what was contributed in FY 2015 for Early Learning Hub at this time but is proposing a conversation with the Commissioners about County general funds in October, when the State Early Learning Hub funding appropriation should be finalized. Mr. Maier and Commissioner Unger do not want to see the general fund being used to balance the budget in the event the State does not step up with funding.

Commissioner Baney asked if Crook and Jefferson counties are contributing their general fund dollars to support the Hub. Ms. Saraceno answered that Crook County is definitely making general fund contribution, but in Jefferson County, it is debatable. Crook and Jefferson each have one employee and Deschutes has two employees working in collaboration. We do have a regional approach and partnership that is working well. Commissioner Baney wants us to be mindful that we will be receiving state funds for the Hub; in the past, we received no state money but are being asked for the same general fund contribution.

If we receive other funds from the state in October, how will that offset? Mr. Maier stated that this is a decision that cannot be made until we know about the State funding. He went on to say that he is happy that the department in general is not increasing the general fund cost because of all the other pressures on the general fund. Ms. Saraceno noted that approximately \$89,000 of the general fund contribution is earmarked for Alternatives to Incarceration. If we take that out, then we have the real number of subsidization by general fund.

Mr. Higuchi asked whether the department would add the seven new staff if OHP funding does not come through. Ms. Smilie answered that the funding for new staff will come from what the department has. Mr. Higuchi noted that there was a point when they were concerned about what things were moving when folks went away. It is important that you say this is what we get, this is what our staff is, and don't make the parts moving. He complimented the work done by department staff to simplify the department's budget. Ms. Pinner noted department funds would be even easier to track if the department were able to move to one operational fund.

There has been concern over the past few budget cycles about the amount of general fund support given to the School Based Health Centers. Ms. Smilie explained that we have been able to carry on with the support of our medical sponsors. We have moved some of the staffing and funding directly to the sponsors to hire staff. We will continue to look for efficiencies and do the best we can—this is a movement in right direction. Mr. Bishop asked if we had a sense of how many individuals we see at the School Based Health Centers. While we do not have the numbers at hand, Ms. Carr noted that the department billed \$120,000 for behavioral health services to OHP members in the School Based Health Centers during the first quarter of the fiscal year.

Commissioner Baney pointed out that this highlights her concern. The Commissioners were asked to support \$50,000 for grants to match a state grant to stand up the School Based Health Centers. When that request was made, no one ever said it would come to this. If we are going to start up a project that is going to require ongoing support, we need to know in advance. When we bring on grant-funded positions her confidence in not having a request down the road for ongoing FTE is wavering. Ms. Smilie understands the concern. She noted that some general fund does go to support foundational capabilities. She also noted that the County system does not have a way to adjust to the continuing increase in the cost of doing business.

Property & Facilities' estimate of cost the upgrading the department's Wall Street Services Building and South County Services Building is about \$1million. Mr. Inbody explained that we had an opportunity to combine intensive services for youth ages 18-25, to include reproductive health, at the Wall Street Services Building location. The ability to serve this population with all services at one location has a huge impact.

He also noted that the department facilities had been in poor shape—dark, dingy, no space available and not safe. The space the department previously used in Redmond had little security and no privacy. Once we get a decent facility in Redmond, we had a large increase in the number of individuals coming in for services. Ms. Smilie noted that the department plans to use OHP funds for the bulk of the improvements. The proposed remodel projects will add a front desk/reception area at each site to improve safety and security.

Ms. Smilie explained that the department is working closely with WEBCO, St Charles, Crook County, Jefferson County and PacificSource, to much needed bring children's intensive services to our region. We are trying a different way—to incentivize a provider to come to Central Oregon to provide a level of service that falls between our intensive services and acute care. We are planning to put OHP funding toward this. Our region is big enough to see the kids who need these services but not big enough to sustain a provider agency through the first years of ramp-up.

In response to a question from Mr. Maier, Ms. Smilie explained that the proposed provider agency provides services in many states as well as in many counties in Oregon. The agency is a nonprofit with a good track record. Department staff has made a site visit and are very impressed with their work.

The department is requesting the following new FTE:

- 0.5 new health educator position to be paired with existing 0.5 FTE suicide prevention coordinator we have through federal funds;
- 0.05 new health educator position to be added to existing 0.95 tobacco prevention
- 0.5 peer counselor for breast feeding support—service is currently provided by an on-call employee and demand for the service has been high enough to warrant a regular, part-time position
- 2.0 new peer specialists for DCDC/Harriman health clinic at the request of Mosaic Medical because the service provided by these peers is instrumental in the success of this project
- 1.0 new behavioral health specialist to be co-located with Mosaic Bridges Program and
- 1.0 new behavioral health specialist for Redmond because of the increase in demand
- 1.0 scheduler to increase productivity by moving scheduling away from the therapists

Commissioner Baney asked if these are all grant-funded positions. Ms. Smilie explained that a combination of funding will be used for all the new positions and that no general funds are being requested for these positions. For example, OHP funding will be combined with the federal Garrett Lee Smith funding to increase the suicide prevention position. Commissioner DeBone noted that OHP is sizing the funding to the population, which is very different from a three-year grant for a specific project.

In response to a question from Commissioner DeBone, Ms. Smilie explained that adding an epidemiologist position is an effort toward building foundational capabilities and that the position would be cost allocated across the entire department to provide support to all our programs. Epidemiology is the study of distribution and determinants of conditions of public health importance—chronic disease, health behaviors, suicide, social determinants—and is important to understanding what the needs are in a very targeted way.

In response to a question from Commissioner Unger about the conceptual framework for governmental health services slide, Ms. Smilie explained that services within the box are mandated services and those above the line are “optional,” or more robust services. She noted that there are some services within the box that the department could not provide without County general fund support. Handouts explaining where the department uses county general funds were distributed.

Commissioner Baney asked why, with all the funds coming in from OHP, would we put general funds toward access. Ms. Smilie explained that OHP funds can be spent only for OHP members and that general funds are used for access to build the safety net and serve those who are not insured or underinsured.

If someone is on Medicare and gets limited coverage, it was pointed out that the County serves those who are seniors and disabled populations as well. Medicare covers counseling in general but not intensive services that will keep the client out of the hospital. If the person ends up in the hospital, indigent funds are used. If the County can instead provide those intensive services, that can help avoid the high cost of hospital care.

Commissioner Baney pointed out that there are policy choices in all of this that are being made or have been made for the County, versus decisions the County may want to make that might be different. She is okay leaving things as they are this year, but wants an opportunity to make choices for the County at some point.

Mr. Anderson stated that the County is only able to fund 80% because of OHP funding, but the County wants to provide the same level of service to those not on OHP. This means a general fund contribution.


Ms. Smilie noted that in Behavioral Health they don't always know the client mix, so this is the best guess based on past experience. They try to use others' funds first. What is ahead for Health is not totally known. They are clarifying roles, and learning in this new healthcare world who is to do what.

Mr. Maier said that he is glad they are not asking for more general fund. He appreciated the budget as presented since it is easier to understand. Commissioner Unger added that he approves of them staying the course and using a longer view.

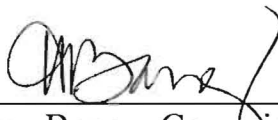
Commissioner DeBone referred to the foundational capabilities, and where policy decisions come in. Health can advise on what to invest in and the best science to meet the needs of constituents. This was a very important conversation to walk them through. Ms. Smiles stated they have the resources to analyze most of the data, articulate the needs, and then figure out where it goes from there.

Being no further discussion, the session ended at 5:15 p.m.

DATED this 8th Day of July 2015 for the
Deschutes County Board of Commissioners.


Anthony DeBone, Chair


Alan Unger, Vice Chair


Tammy Baney, Commissioner

ATTEST:

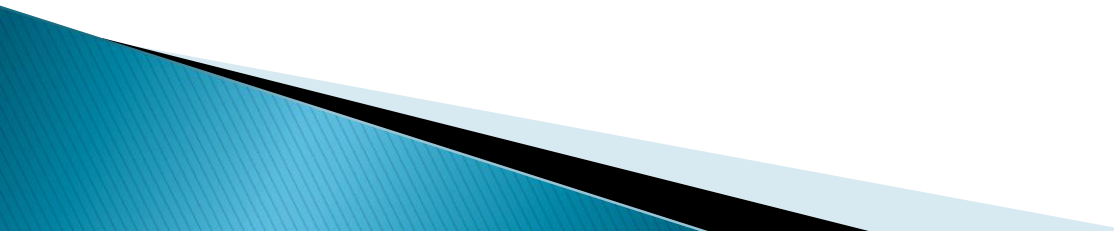

Recording Secretary

Deschutes County Health Services FY 2016 Budget Request

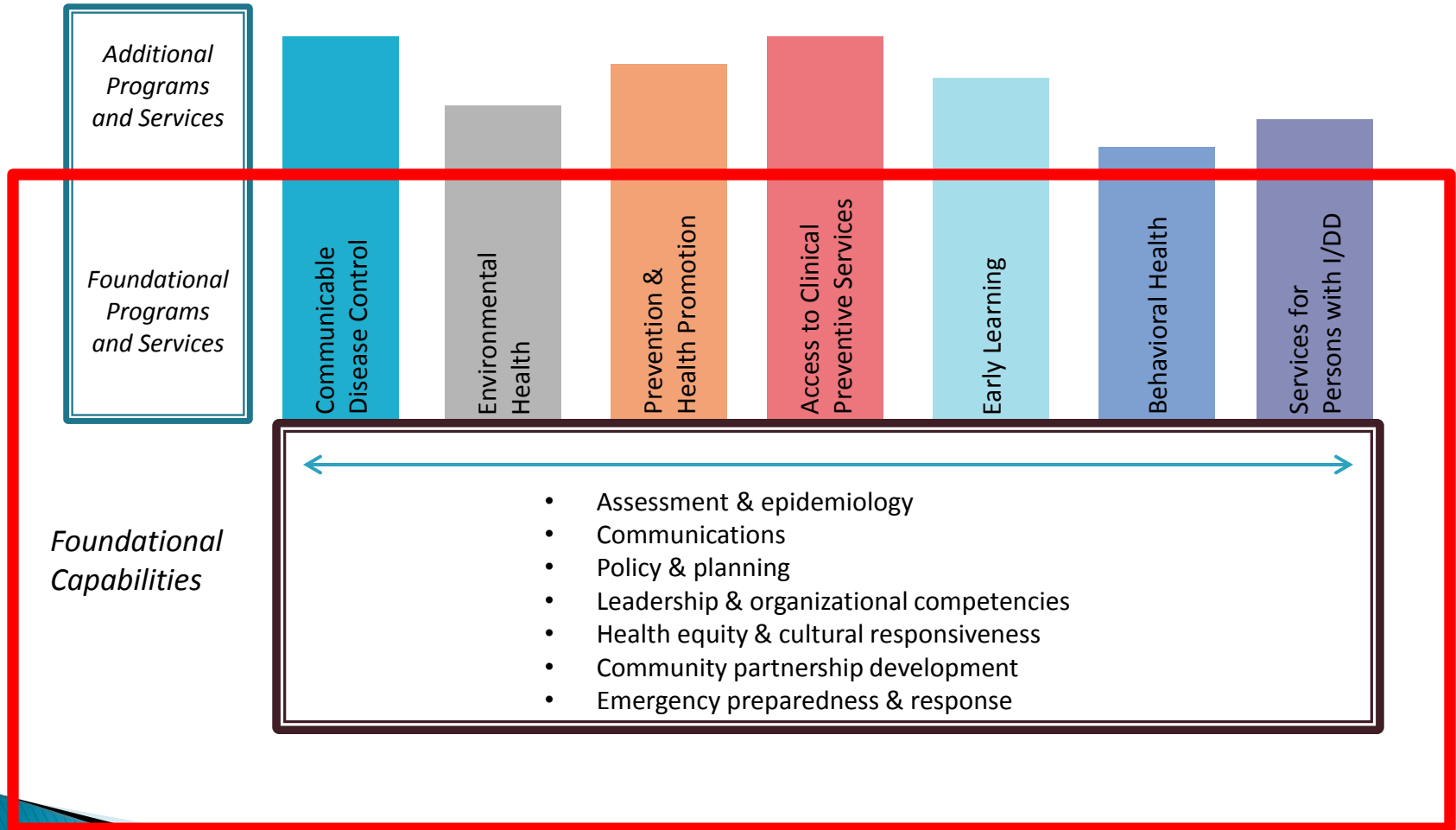
Presented by Jane Smilie, Director
Tuesday, May 26, 2015 to the

Deschutes County Budget Committee



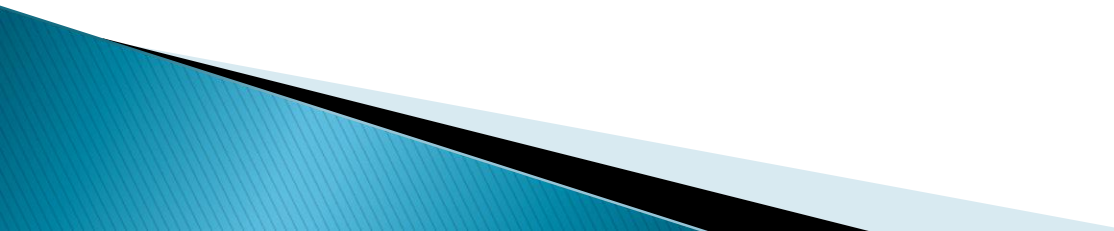
- ▶ Programs and Services
 - ▶ Highlights and Accomplishments in FY 2015
 - ▶ Budget Request for FY 2016
 - ▶ Policy Decisions
 - ▶ What is Ahead for DCHS
- 

Conceptual Framework for Governmental Health Services



Highlights and Accomplishments in FY 2015

Highlights and Accomplishments

- ▶ Achieved National Public Health Accreditation
 - ▶ Certified in Mental Health/Addictions for 3 years
 - ▶ Certified as an Early Learning Hub
 - ▶ Met increased demand for K Plan services
 - ▶ Enhanced operational services
 - ▶ Improved budget process
- 

Responded Successfully to Healthcare Reform

- ▶ Modified facilities, staffing, processes
- ▶ In calendar year 2014 versus 2013, DCHS behavioral health
 - served 25% more clients in total
 - served 43% more OHP clients
 - referred 54% more clients to community providers
- ▶ In 2014, DCHS provided 80,000 service visits to 5,400 residents

Health Services Locations

Sisters SBHC

Redmond HS SBHC

North County Hub

Wall Street Services Building

Becky Johnson Ctr

KIDS Center

Lynch SBHC

Mike Maier Building

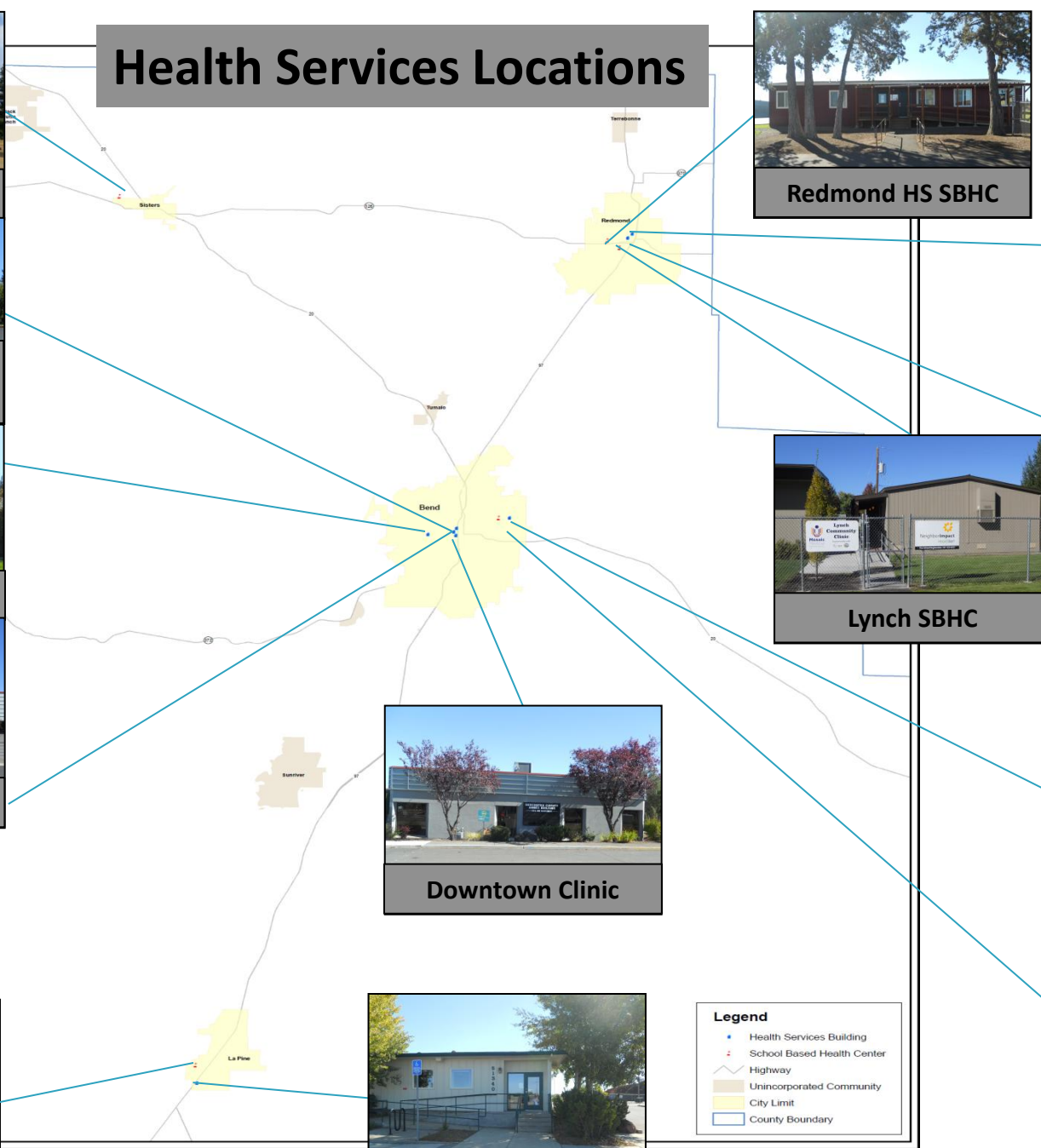
Downtown Clinic

Main Clinic

Ensworth SBHC

La Pine HS SBHC

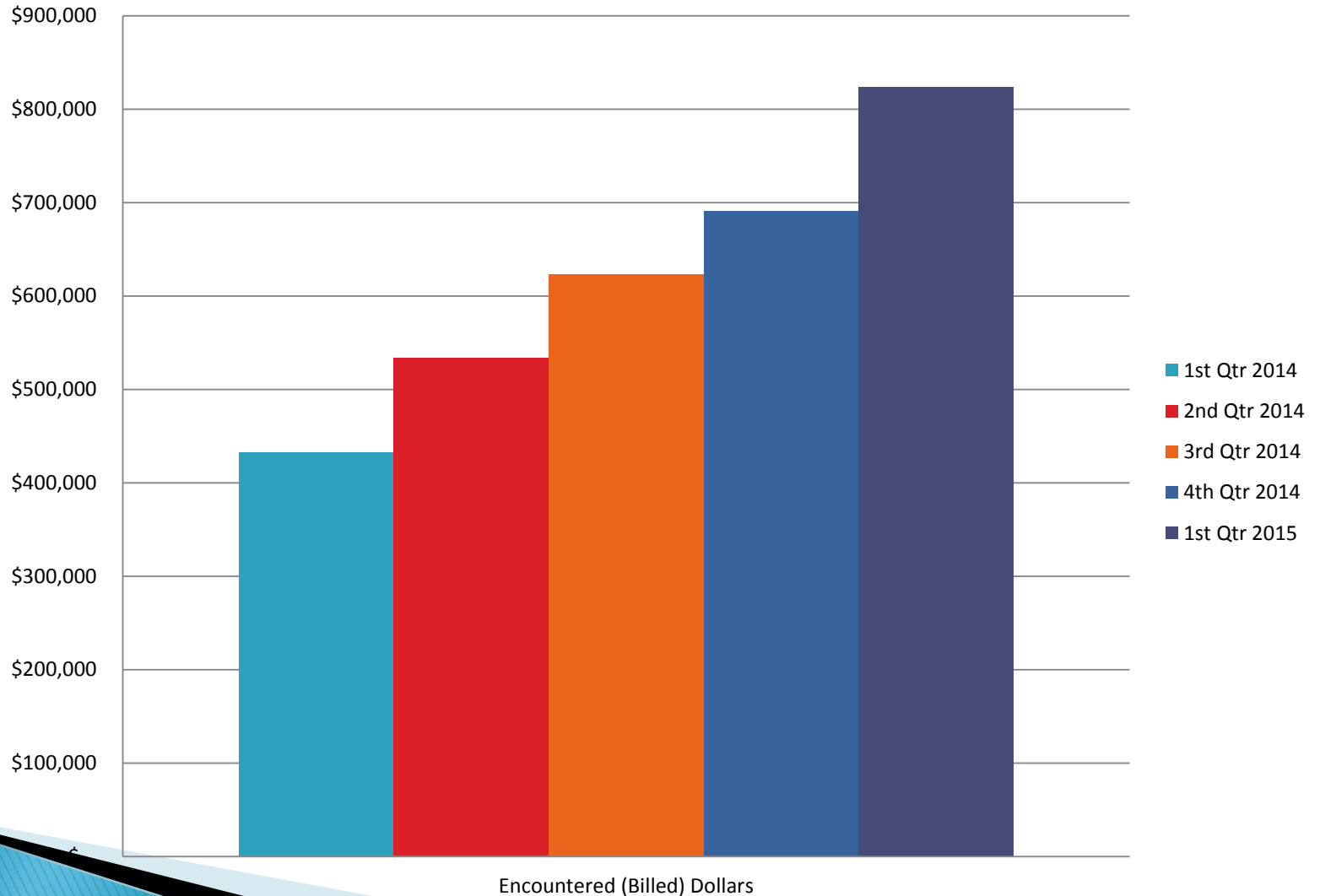
South County Hub



Legend

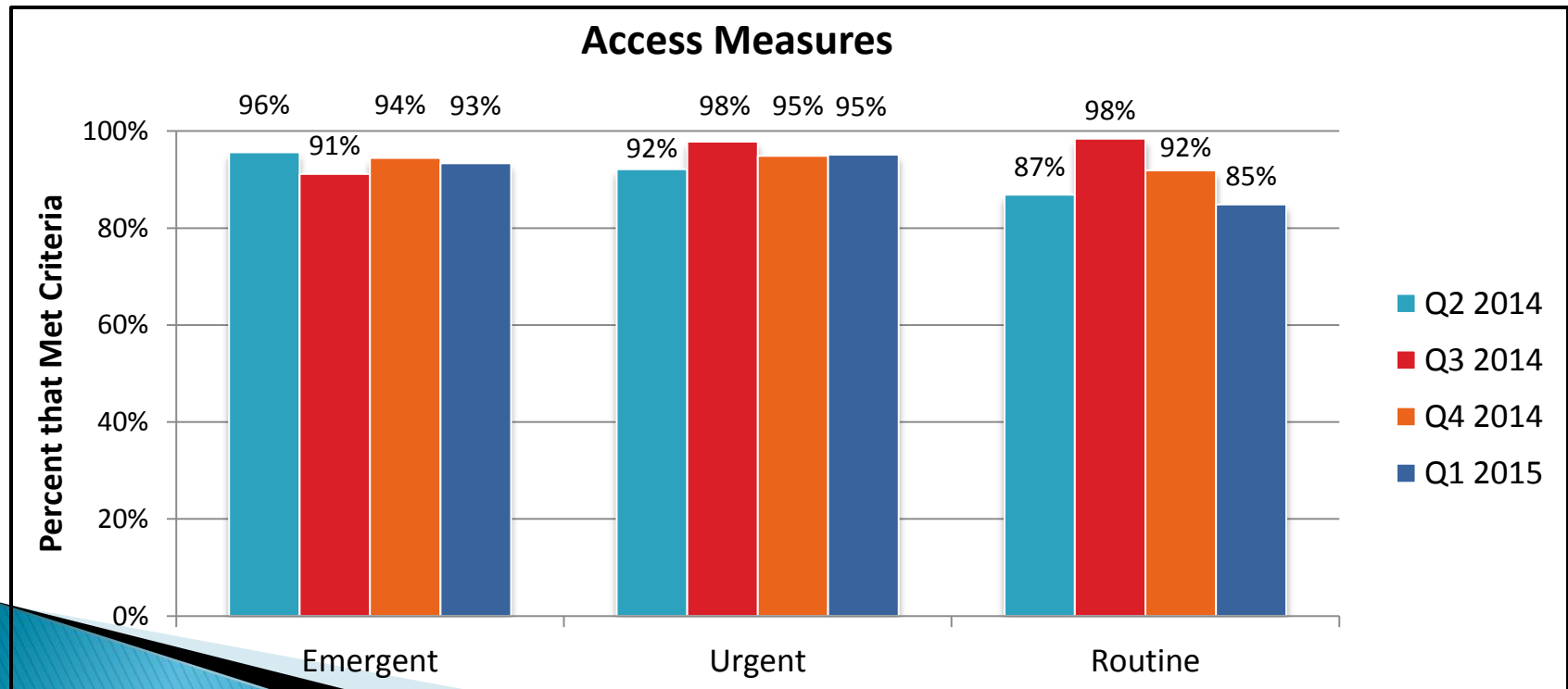
- Health Services Building
- School Based Health Center
- Highway
- Unincorporated Community
- City Limit
- County Boundary

Behavioral Health Services (OHP) Encountered 2014 – March 2015



Behavioral Health Access Measures

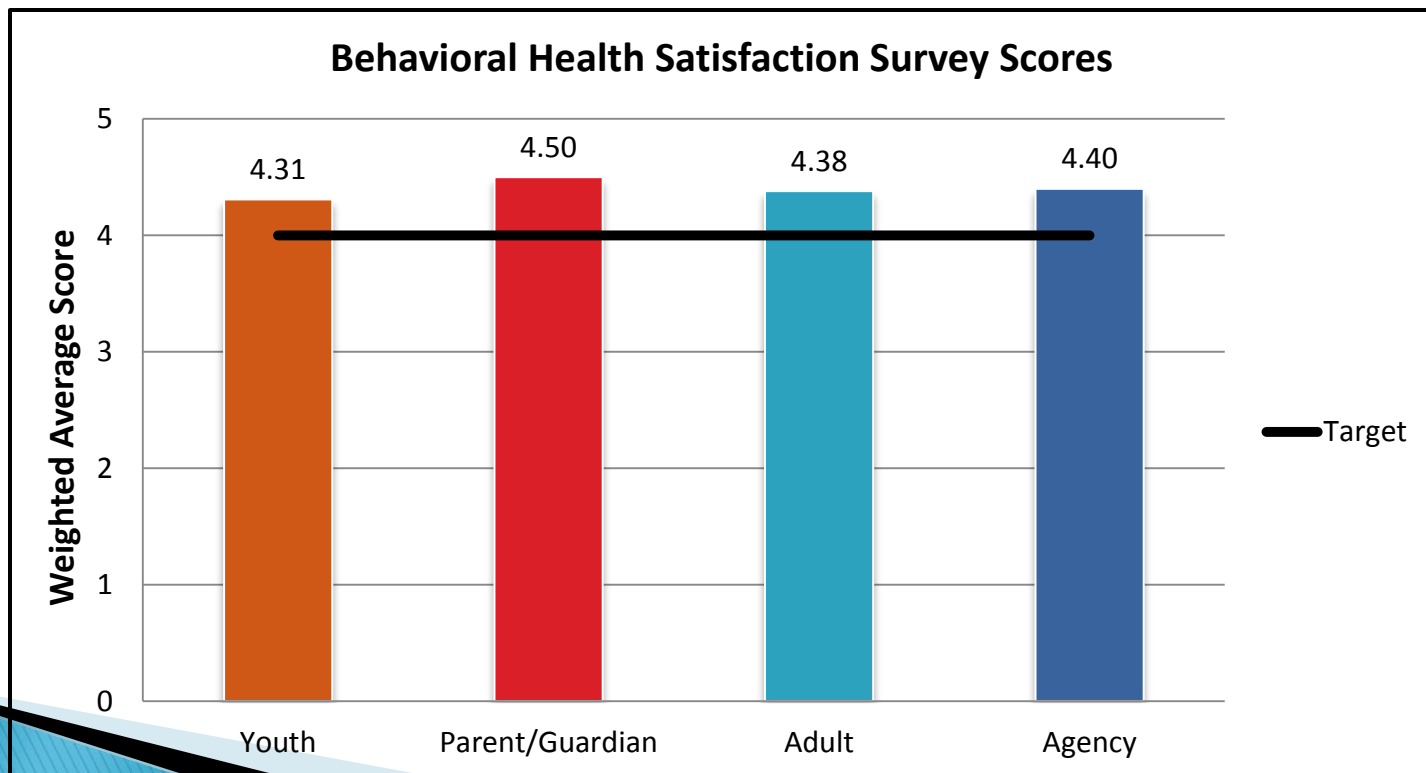
- ▶ Behavioral Health OHP clients served within state timelines
 - Emergent: Within 24 hrs
 - Urgent: Within 48 hrs
 - Routine: Appointment within 2 weeks



Customer Service

Behavioral Health Satisfaction Survey, 2015

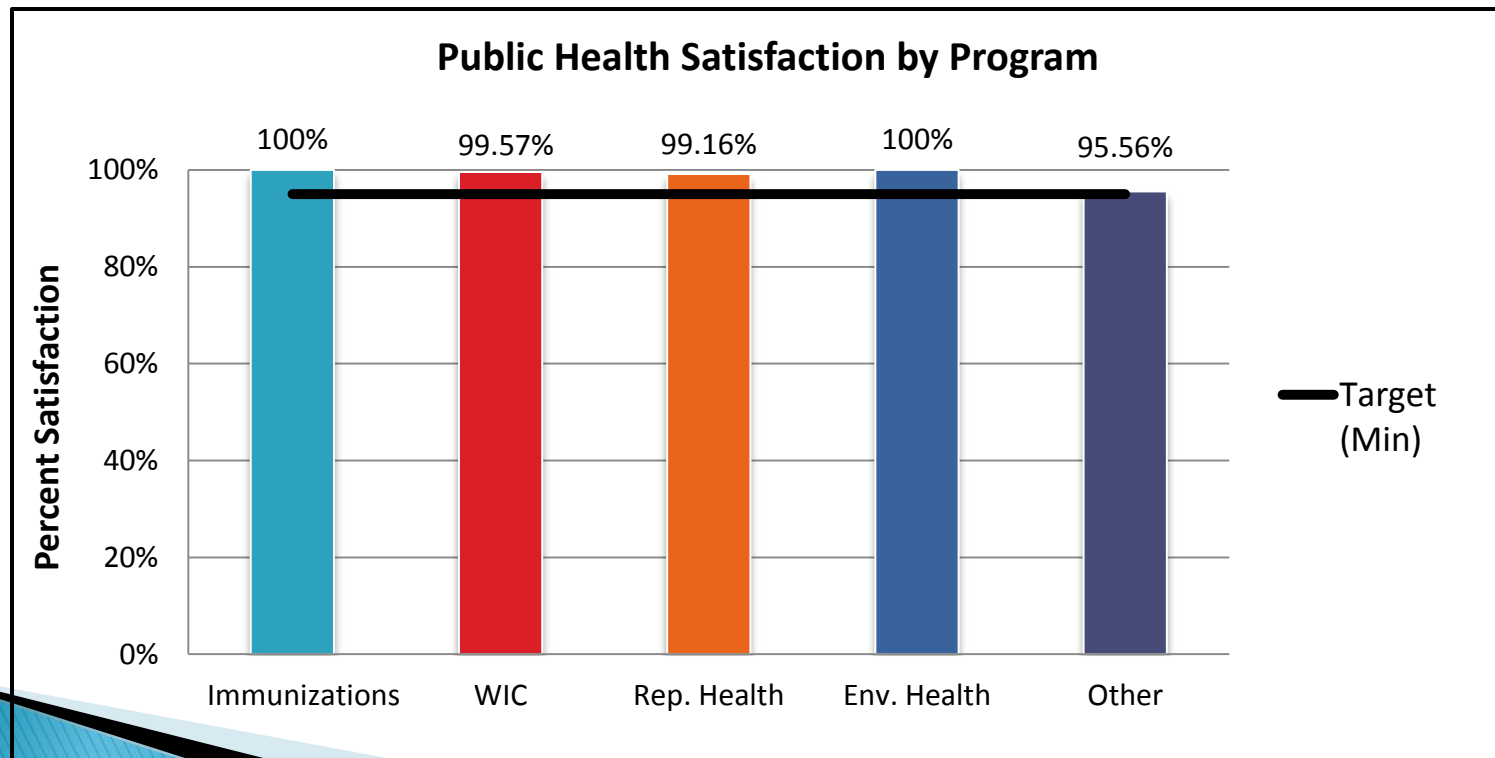
- ▶ Electronic and paper versions provided
- ▶ Available in English and Spanish



Customer Service

Public Health Satisfaction Survey, 2015

- ▶ Electronic and paper versions provided
- ▶ Available in English and Spanish



Satisfaction Survey Comments

"Services here have been better than most of my experiences in regular practitioner offices."

"WIC is such a big help! Thank you!"

"I love this facility; I wouldn't choose to go anywhere else! Thank you."


"I am finally getting what I have needed here. This has changed my life."

"I love coming here the staff and other people are very nice and welcoming."

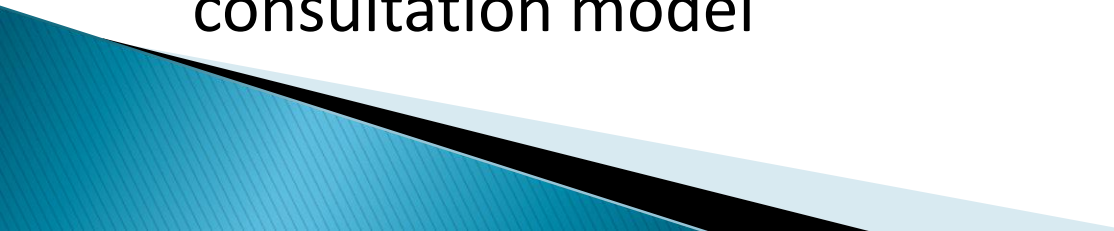
"I appreciate all the staff. I appreciate my therapist. Thanks for being personable. I really like that!"

Customer Service

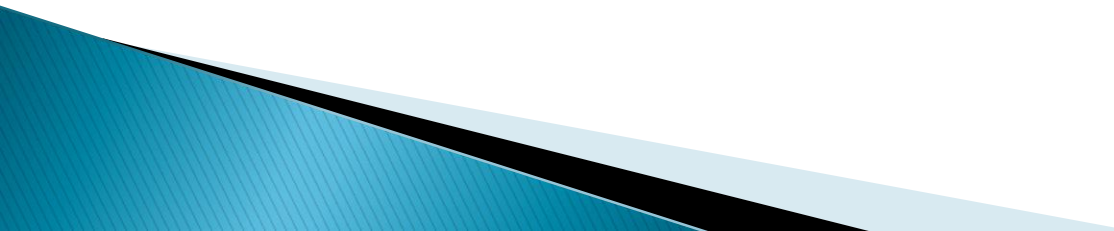
Non-traditional Hours

- ▶ 2,526 services provided outside of regular work hours
Jan – April 2015
 - 105 clinicians provided these services
 - 59 clinicians maintain regular hours before 8 am and after 5 pm
 - ▶ DCDC staff provide services 7 days/week until 9 pm
 - ▶ Groups are held M-Th as late as 8 pm
 - ▶ Multifamily groups one Sat per month
 - ▶ Continuously assess service demand, utilization and client preferences and adjust
- 

Integration

- ▶ DCDC/Harriman Health Clinic: Partnership with Mosaic to provide physical and behavioral health services, exploring dental; improved show rate for medical appointments by over 400%
 - ▶ Mosaic/Bridges Collaboration: DCHS staff providing assessments and groups at Mosaic Bridges Program
 - ▶ Psychiatrist Consultation Model: DCHS working with primary care partners with the goal of implementing consultation model
- 

Integration

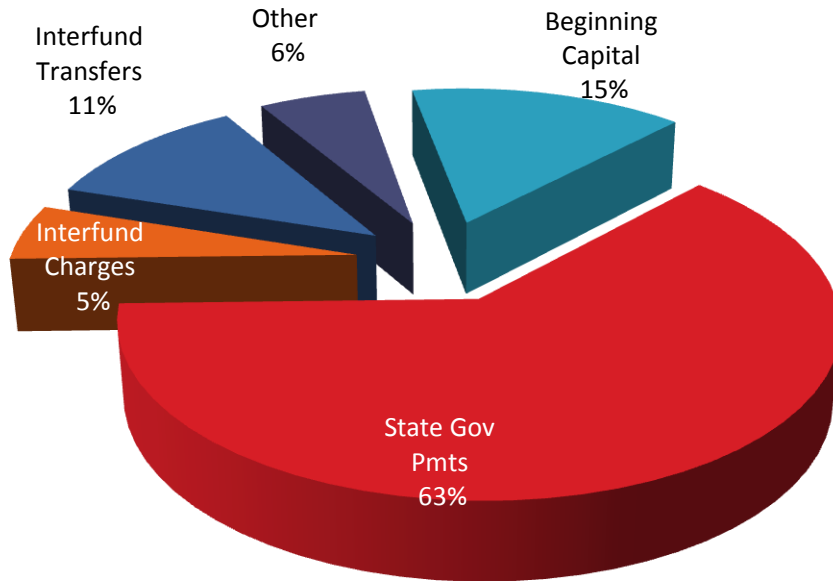
- ▶ Maternal Mental Health: Behavioral health embedded in WIC services in Bend, Redmond and La Pine
 - ▶ PH/OB-GYN Integration: Public health educator embedded in St Charles Center for Women's Health in Redmond - OHP and WIC application, referrals to home visiting, behavioral health, dental and medical svcs
 - ▶ School-Based Health Centers: Physical and behavioral health integrated in SBHCs; dental in Sisters
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Budget Request

FY 2016

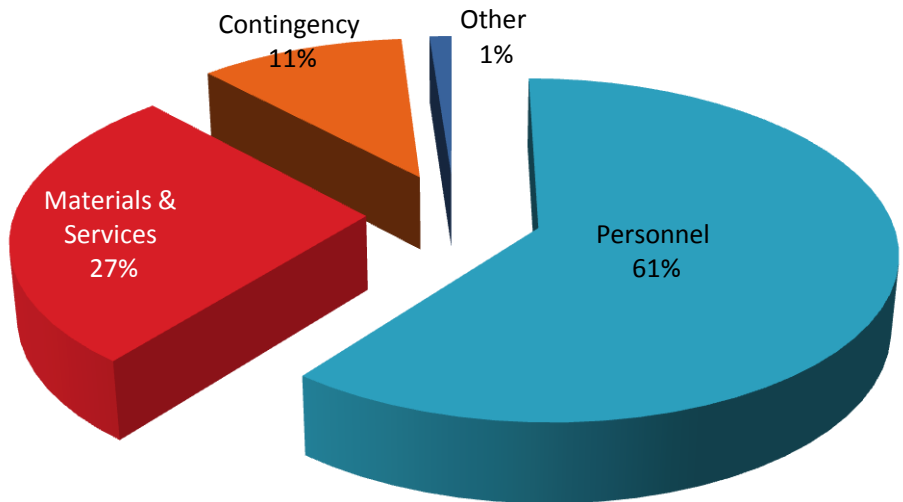
DCHS Resources and Requirements FY 2016

Resources



Total Resources: \$38,250,459

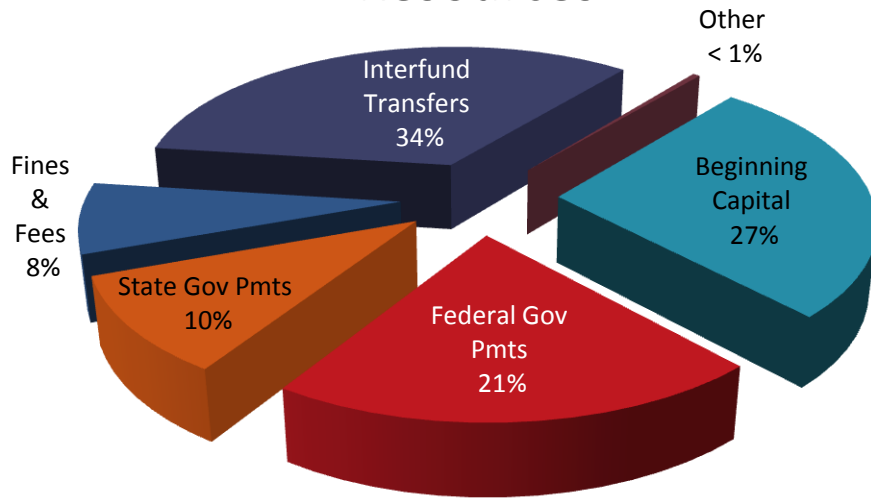
Requirements



Total Requirements: \$38,250,459

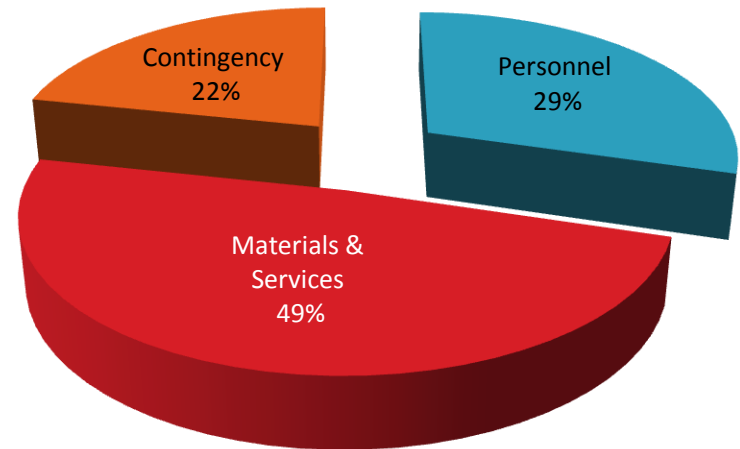
Early Learning Division Resources and Requirements FY 2016

Resources



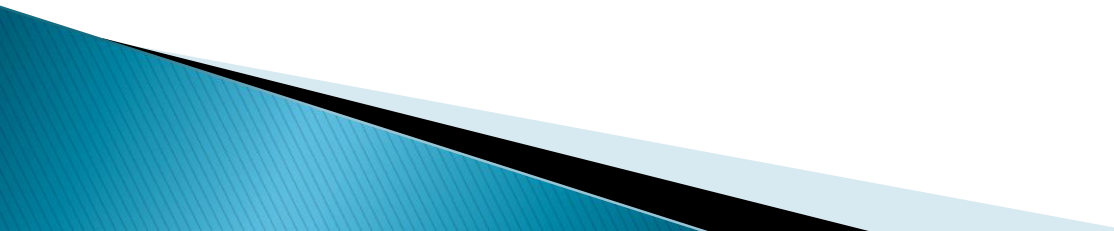
Total Resources: \$1,016,131

Requirements

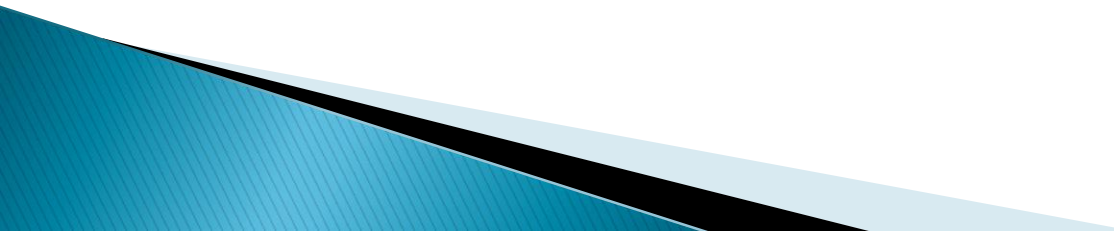


Total Requirements: \$1,016,131

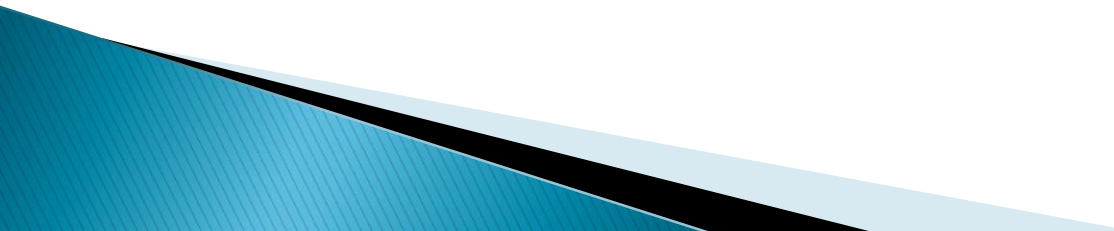
Budget Development Process

- ▶ Finance Director
 - ▶ Program Mgrs – collaborative data review and planning
 - ▶ Used best revenue estimates available
 - ▶ Maximized use of OHP and other non-county revenue
 - ▶ Calculated official indirect rate
 - ▶ Refined DCHS admin costs allocation method
 - ▶ Eliminated 20 cost centers, combined Funds 259 and 260
 - ▶ Eliminate transfers in and out/between funds in FY 2016
 - ▶ Move toward 1 operating fund
- 

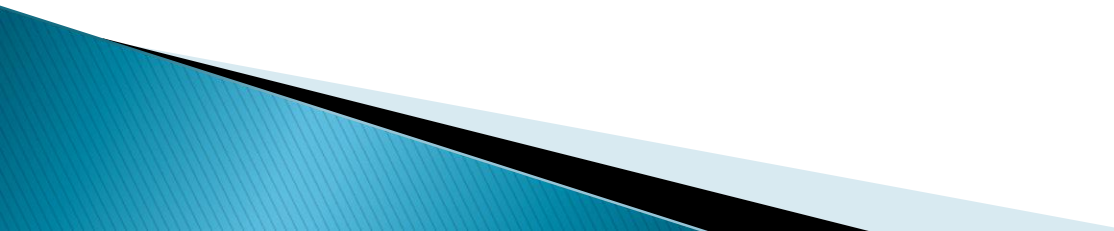
Overview

- ▶ No additional county general fund
 - ▶ Request is for 7.05 FTE, for a net increase of 3.1 FTE
 - ▶ One-time investments in facilities and children's mental health service continuum
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Rationale for the Request

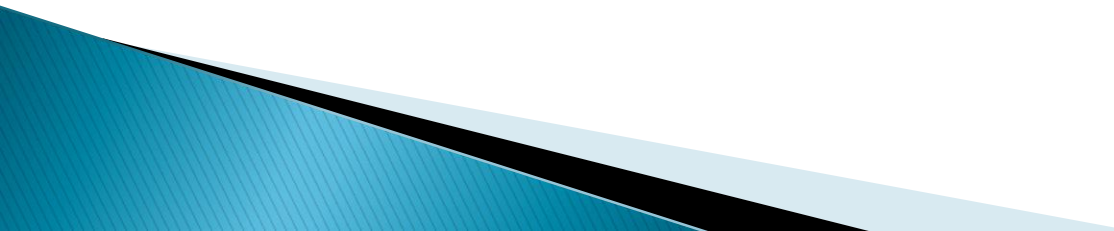
- ▶ Stabilize and assess, rather than grow
 - Medicaid expansion in early stages
 - Enhancements -- facilities, additional staff, \$
 - Continue to adjust to environment
 - ▶ FTE requests were prioritized
 - Increase productivity/improve service
 - Fulfill commitments to partners
 - Those not requiring additional general fund
 - Added only 1 in FY 2015 to meet K Plan requirements
- 

County General Fund

- ▶ Serve segments of the population not funded, uninsured, underinsured
 - ▶ Matching funds to leverage additional federal funds
 - ▶ Use with other funds to ensure essential services or enhance level of service/improve quality
 - ▶ Ensure services are county-wide
 - ▶ Fulfill governmental responsibility to protect and promote the health and safety of residents
- 

Policy Decisions

Quick History – Early Learning Hub

- ▶ FY 2013 – Transition:
 - HB3234 created state Early Learning Division
 - OR Commission on Children and Families Sunset
 - ▶ FY 2014 – Regional application and approach:
 - Early Learning Hub of Central Oregon certified
 - Established Region's Strategic Framework
 - Resource development and move from planning to action
 - ▶ FY 2015 - Implementation:
 - Continue to expand resources and implementation of strategic initiatives
- 

EL Hub - Resource Development

\$ 98,515 – Additional EL Hub Coord. Funds*

\$ 56,763 – Family Support Services Grant*

\$ 14,835 – Child Care Network Grant (2 mo.)*

\$ 10,000 – Brain Building Community (VROOM)*

\$ 39,639 – Reach Out & Read*

\$ 49,998 – Read It, Read It*

\$244,357 – Innovation Funds*

\$163,709 – Quality Child Care Prof. Development

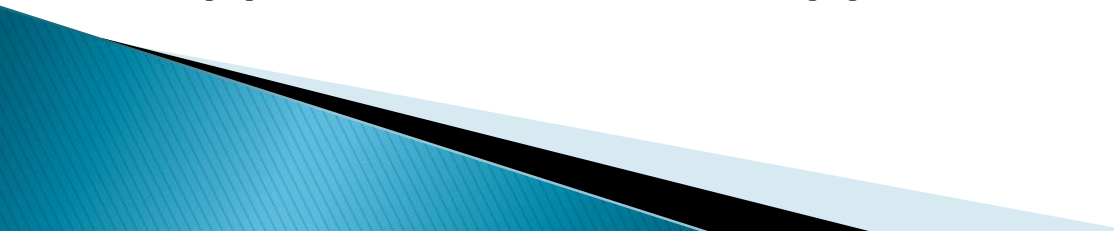
\$ 50,000 – OPEC Parenting Education Hub

\$699,301 Total Resources Leveraged

\$2.2M application for Healthy Families Oregon Program*

** These funds will be managed through the EL Hub FY 2016*

What the EL Hub is doing for children

- ▶ Increase health and developmental screenings
 - ▶ Early literacy and creating a “Brain Building Community” – starting at birth
 - ▶ Improving the quality of child care and preschools
 - ▶ Improving access to services for underserved
 - ▶ 13 strategies and initiatives underway
 - ▶ Contracting and accountability – 28 contracts
 - ▶ **Ultimately, ensure young children receive opportunities and supports to be successful in school**
- 

Early Learning Hub budget

- ▶ Time study
 - 60% of staff time is for the regional EL Hub (80% of tri-county residents are in DC)
 - 40% spent on DC-specific and BOCC work
- ▶ Anticipated state funding for the region for FY 2016 may be \$400K
- ▶ Proposal: reassess need for county general fund in October when state appropriation is known

School-Based Health Centers

- ▶ Access: located on or near school campuses
- ▶ Services: well child exams, sick visits, diagnosis and treatment, low cost sport physicals, immunizations, OHP applications, mental health services, Sisters - dental
- ▶ Partnerships: medical sponsors, Sisters, Redmond and Bend/La Pine School Districts

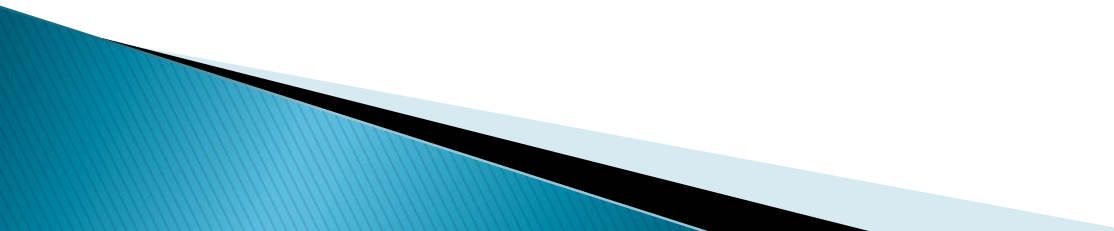
SBHC	Medical Sponsor
Ensworth Elementary School, Bend	Mosaic Medical
Lynch Elementary School, Redmond	Mosaic Medical
Bend High School	Mosaic Medical
Redmond High School	St Charles Health System
Sisters High School	St Charles Health System, Advantage Dental
La Pine Community Campus	La Pine Community Health Center

School-Based Health Centers

	FY 13	FY 14	FY 15	FY 16
County General Fund	\$519,337	\$554,151	\$362,910	\$216,965
FTE equivalent	9.50	9.11	13.97	6.37

- Continue to look for efficiencies
- Anticipate there will always be county support needed

Facility Upgrades

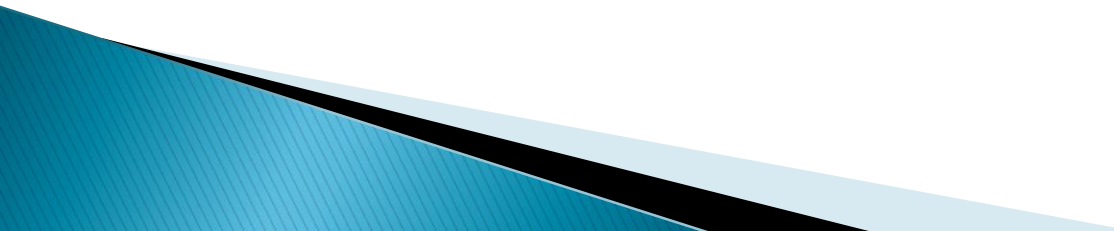
- ▶ Wall Street Services Building
 - ▶ South County Services Building
 - ▶ All facilities will be upgraded to a safe and secure level
 - ▶ Estimate from Property & Facilities = \$1M
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Mental Health Services for Children

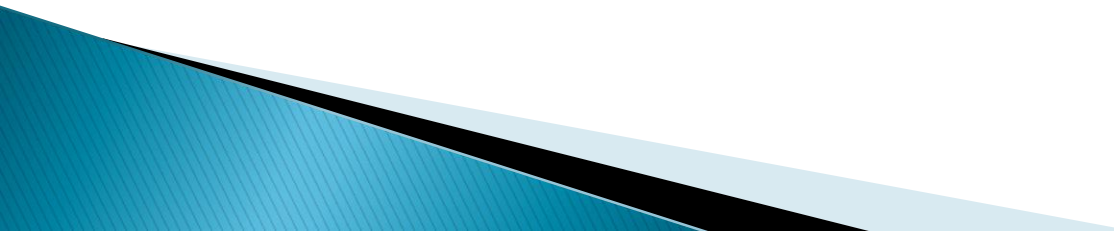
Community collaboration - St. Charles Health System, WEBCO, Crook and Jefferson counties and PacificSource

- ▶ Bring Youth Villages, Inc. to Central OR
- ▶ Intercept Program
 - Specialty intensive in-home services for children and families
 - Level of care between DCHS intensive youth services and acute care
- ▶ Emergency Department Diversion Services
 - State grant-funded
- ▶ Reduce costs, improve outcomes, keep children in the least acute, appropriate service and in the community
- ▶ Invest \$266,000 over two years

FTE Requests

- ▶ .55 health educators - .5 suicide prevention, .05 tobacco use prevention
 - ▶ .5 peer counselor for WIC breastfeeding
 - ▶ 1.0 epidemiologist – assessment, epidemiology, evaluation, analytic support to all areas
 - ▶ 2.0 peer specialists – DCDC/Harriman Health Clinic
 - ▶ 2.0 behavioral health specialists - Mosaic Bridges Program, Redmond
 - ▶ 1.0 scheduler for Behavioral Health
 - ▶ Net increase of 3.1 FTE
- 

What is Ahead for DCHS

- ▶ Meet community needs cost effectively
 - ▶ Assess and improve our access points
 - ▶ Build foundational capabilities
 - ▶ Use data and the best science available to drive improvements
 - ▶ Modernize public health efforts
 - ▶ Clarify roles in the reforming system
 - ▶ More transformation, more integration, more change
- 

Deschutes County Health Services

Use of County General Funds

DCHS provides a variety of services directly to individuals, such as WIC, behavioral health treatment and services for persons with intellectual and development disabilities. In addition to these direct services, DCHS provides health programs, protections and services that benefit residents county-wide. Disease monitoring, prevention and control, food and consumer safety, assuring clean indoor air and safe drinking water, providing education about healthy lifestyles and health risks, and responding rapidly to emerging threats and events are health services functions that touch the lives of each and every Deschutes County citizen. While the list of health services contributions to the health of the community is lengthy, when prevention efforts are successful, problems often do not arise; therefore, many citizens may not recognize the impact of these services.

DCHS receives funding from a variety of state, federal, and grant sources. These resources combine to fund 89% of the total DCHS budget. While the diversity of funding allows DCHS to provide a wide array of programs, protections and services, many funding sources have restrictions regarding populations served, services provided, allowable program activities and some are just not sufficient to ensure programs reach citizens county-wide. County general funds allow DCHS to more comprehensively carry out the mission and values that are at the core of the Deschutes County commitment to residents.

Communicable Disease

Communicable disease prevention and control efforts promptly identify, investigate, prevent, and control communicable diseases and outbreaks that pose a threat to the health of the public. DCHS receives reports and works with providers to ensure proper follow-up and contact investigation necessary to prevent additional illnesses. DCHS communicable disease prevention and control activities include: disease tracking, epidemiological investigation, and control; HIV and Hepatitis C prevention; case management services for persons with HIV infection; immunizations and public health emergency preparedness. County general funds account for 38% of the communicable disease prevention and control budget.

The role of county general funds in supporting communicable disease prevention and control includes:

- Protecting the community and meeting standards: Without county general funds, DCHS would not have adequate staffing to respond to reportable diseases that are required by statute to be investigated within 24 hours or one working day of a report. Disease outbreaks require a significant amount of resource to ensure thorough investigations and effective interventions are applied quickly. Maintaining this capacity is essential to the health of the community.
- Assuring capability to respond to emergencies: DCHS works in concert with community partners to respond to all types of hazards including large scale disease outbreaks, human caused emergencies, as well as natural disasters. County general fund support

ensures that a minimum level of emergency preparedness and response is available to lessen the health impacts of emergencies.

Environmental Health

- Environmental health services protect the public from illness and death caused by exposure to biological, chemical, and physical factors in the environment. DCHS environmental health activities include plan reviews, consultations, and inspections of regulated public facilities including restaurants, pools, water systems, temporary food services, child care centers, and tourist facilities. In addition, the environmental health staff assists with outbreak investigations and provides consultation to citizens on a variety of environmental health issues. County general funds account for 17% of the environmental health budget.

The role of county general funds in supporting environmental health services includes:

- Protecting the community and meeting standards: Environmental health staff conducted over 2,700 licensed facility inspections in 2014. Without county general funds, it is estimated that 400 fewer inspections could be conducted in a year, diminishing the ability to reach state inspection rate standards. Such a gap in service would put the community at greater risk of food and waterborne illness. Further, there would be less support to the community in the form of consultation and education, as well as outbreak investigation.

Prevention and Health Promotion

Many of the leading causes of disease, death, disability, and health care expenditures can be prevented or better managed. DCHS has a number of programs that prevent and/or manage chronic disease, promote healthy behaviors and create healthier community environments including the Living Well with Chronic Disease Self-Management Program, tobacco, substance abuse, dating violence, suicide prevention, reproductive health education and nurse home visiting. WIC is a nutrition education program that promotes optimal health for pregnant, breastfeeding and postpartum women, infants and children. County general funds account for 35% of the prevention and health promotion budget

The role of county general funds in supporting prevention and health promotion includes:

- Improving the reach of these efforts: The “reach” of DCHS prevention and health promotion programs would be substantially diminished without the support of county general funds. Since DCHS funding is primarily used for staffing, fewer individuals, schools, businesses, providers and other community-based organizations could be involved with prevention and health promotion efforts. Support for community-based coalitions and student groups would be lessened. The disease burden and costs for healthcare in Deschutes County could potentially grow over time without adequate prevention and health promotion programming. See two examples of economic and health impacts below.

- Impacting health and healthcare costs:
 - The WIC program has documented positive impacts on the health of women, infants and children over the course of several decades. The United States Department of Agriculture estimates that for every dollar spent on a pregnant woman in WIC, up to \$3.13 is saved to Medicaid, just in the first 60 days after birth. This is due to documented reductions in preterm birth and low birth-weight among WIC participants. In addition, the program brings over \$2.4M to Deschutes County in federal dollars spent at local grocery stores. A reduction in county general fund support would reduce services, as well as dollars spent in the county.
 - Without county general fund, the Living Well with Chronic Disease Program could not be delivered. This would result in fewer persons with chronic disease able to learn to manage their costly conditions. According to the American Diabetes Association, people with diagnosed diabetes incur average medical expenditures of about \$13,700 per year, of which about \$7,900 is attributed to diabetes.
- Gaining federal match dollars: Maternal child health home visiting programs require local county general fund support to match a substantial amount of federal Medicaid dollars. Typically the match rate is 35/65, so for every county general fund dollar spent, the program receives \$3. These funds allow the county to continue providing prenatal and postnatal prevention and health promotion services, as well as care coordination to a high-risk population.

Access to Clinical Preventive Services

Access to clinical preventive services, such as immunizations, prenatal care and screening for preventable cancers is important in reducing preventable deaths and disability and for improving the health of the population. These services are aimed at preventing illness and/or detecting illness in early more treatable stages. A key role for the public health system is to ensure residents receive recommended cost-effective clinical preventive services. County general funds account for 30% of the budget for access to clinical preventive services.

The role of county general funds in supporting access to clinical preventive services includes:

- Leveraging funds and community collaborations for clinical preventive services: The role of public health in access to clinical preventive services is often to assure these services are provided, rather than providing them directly as a public health agency. County general funds support DCHS' ability to apply for and receive grants that advance this goal, such as the School Based Health Center and Sustainable Relationships grants. That funding supports partnerships with medical sponsors, school districts and the coordinated care organization that ensure access to clinical preventive services.
- Increasing services delivered and organizations reached: DCHS funding is primarily used for staffing and supplies related to assuring clinical preventive services. Again, with reduced capacity, fewer individuals, daycares, schools and providers would be impacted and involved in these programs and services. The disease burden and costs for

healthcare in Deschutes County could potentially grow over time without adequate attention to clinical preventive services. Two examples are provided below.

- Impacting health and healthcare costs:
 - Without county general fund support, there would be a diminished role in ensuring that children and adults receive recommended immunizations, putting the population at greater risk for vaccine preventable disease and death. The CDC estimates that in the U.S., vaccinations will prevent more than 21 million hospitalizations and 732,000 deaths among children born in the last 20 years.
 - Clinical reproductive health services provide critically important services vital to the overall health of an individual. These include screening and early detection of a variety of diseases, including infectious diseases and cancers, as well as promoting planned, healthy pregnancies. Nationally, six in 10 women who receive publicly-funded reproductive health services, report this as their primary means of accessing the healthcare system, according to the Guttmacher Institute. The Institute also estimates that for every \$1 invested in these services, taxpayers save more than \$5.

Healthcare Reform and Access to Behavioral Health Services

As of January 2015, 95% of Oregon residents are reported to have healthcare coverage. However, for individuals who are not covered by the Oregon Health Plan (OHP) the ability to access comprehensive behavioral health treatment is limited. The 76% of Deschutes County residents who do not have OHP coverage can be faced with a restricted amount of covered behavioral health services and no way to pay for the services they need. State general fund dollars provides some support for these services, but are insufficient to cover the level of need within the county.

Intensive Behavioral Health Services for Adults, Children, and Families

Intensive Community Services teams provide supports to the individual, families, and community partners in order to maintain individuals with their families and/or within their community. Individuals receiving these services are struggling with serious mental illness and complex clinical circumstances. Treatment requires a significant level of community-based services and coordination activities. County general funds account for 8% of the budget for Intensive Behavioral Health Services.

Outpatient Behavioral Health and Addiction Services for Adults, Children, and Families

Outpatient Service teams provide services to individuals and families struggling with mental health and addiction challenges in a variety of settings including office, home, schools, and the community. Individuals receiving these services are often struggling with major depression, anxiety, significant trauma histories, and/or addiction. Children may be at risk for out-of-home placement or already be in a foster home setting. County general funds account for 4% of the budget for outpatient behavioral health and addiction services.

The role of County general funds in supporting these individuals includes:

- Augmenting where Medicare and commercial insurance fall short: For example Medicare will cover traditional “talk therapy” but does not cover important services that maintain individuals within their community such as case management, consultation to community partners, skills training, and peer support services. This is significant considering that 44% of current seriously and persistently mentally ill clients have Medicare as their primary insurance. This percent increases to 68% for the senior population. For adults receiving addiction focused services, 21% have non-OHP coverage.
- Providing support and technical assistance to families and community partners: The need for support for families and community partners is not limited to situations that involve current clients of DCHS. For example, a primary function of the seniors team is to provide information regarding aging and community resources to families, as well as consultation to community partners who are struggling to meet the needs of older adults.
- Assuring access to services: In 2014, the DCHS Access Team provided 2,346 behavioral health assessments and 810 screenings. Of these 3,156, services 21% were delivered to individual with non-OHP coverage. In addition to assessments/screenings, the Access Team provides referrals to and education regarding community resources to individuals and community partners.

Services for Persons with Intellectual and Developmental Disabilities (I/DD) and their Families

The I/DD Team provides services to individuals and families struggling with intellectual and developmental disabilities. Services and supports focus on maximizing an individual’s ability to live as independently as possible within their community. Services promote health, safety, and quality of life. In addition to direct services, the I/DD Team is responsible for significant oversight of foster care services including recruiting, training, licensing, and monitoring of providers. The I/DD Team also manages a sub-contracted system of residential, transportation, and vocational/employment services. County general funds account for 13% of the budget for Intellectual and Developmental Disabilities Services.

The role of county general funds in supporting I/DD individuals and systems includes:

- Gaining federal match dollars: County general funds are used by the I/DD program primarily as matching funds in order to gain federal matching dollars for the program and services.
 - Program administration: for every \$1 dollar of county general funds we gain \$2 dollars in federal funds.
 - Client services: match rates vary between 35/65 and 30/70 which means for every \$1 dollar of county general funds we gain about \$3 dollars in federal funds.
- Meeting increasing system and capacity demands: The State of Oregon is currently making changes to the state “K Plan” which impact workloads and system complexity. County general funds also allow DCHS to address service costs that are not fully funded by state dollars with the increasing client base and system demands.

Early Learning Hub of Central Oregon

The purpose of the Early Learning Hub (EL Hub) is to create an efficient and effective early learning system to ensure all children, prenatal through eight, receive the opportunities and

supports they need to be healthy and successful in school. From needs assessments, program evaluation and resource procurement through professional development and referrals, the EL Hub brings partners together to improve the lives of children using evidence-based and best practice programs. Thirteen programs are funded, supported and monitored for outcomes under the EL Hub. These include programs to improve: 1) early literacy; 2) the quality of child care available through professional development and implementation of higher standards; and 3) access to needed services. Certified in October 2014, the EL Hub has been successful in helping the community receive grants valued at \$699,301 in the first year.

Early Learning Division

The Early Learning Division (EL Division) is part of Deschutes County Health Services. The staff for this division represents the interests of Deschutes County in the region's EL Hub and ensures resources are allocated in a manner that assures the needs of Deschutes County are met. The EL Division staff (2.0 FTE) provide leadership and backbone support for the EL Hub in partnership with Crook and Jefferson County staff liaisons. The EL Division staff also provides grant management for 28 performance-based contracted projects valued at over \$1.1 million and work to leverage, secure and increase resources to address needs specific to Deschutes County. County general funds account for 34% of the Early Learning Division budget.

The role of County general funds in supporting the early learning work includes:

- Leveraging funds and community collaboration for early learning services: One of the roles of the Early Learning Division is to improve access and to assure needed services are provided. County general funds support the EL Division's ability to apply for and receive grants to address identified needs and disparities. While not the sole provider, the county funding supports the staffing capacity needed not only for resource development, but facilitation of partnerships to better leverage existing resources to meet shared needs among providers.
- Resource allocation and capacity building to impact health and healthcare costs: The research is clear, investments in early childhood not only lead to improved performance in school, but to better health and a more prosperous and sustainable society. The EL Division assures systems are in place to not only identify and intervene early with children who have developmental issues, but to identify and address disparities in access to needed early childhood services.



LAST A LIFETIME

EARLY LEARNING HUB
OF CENTRAL OREGON

Early Learning HUB of Central Oregon

Our Work: Early Learning & Wellness

Prenatal through 8 years (3rd grade)



Central Oregon Reaching Higher

A collaborative approach to early learning

The Early Learning & Wellness partners are aligning efforts to ensure children and families in Central Oregon receive the services and support they need, prenatal through eight, to be healthy and successful in school. Our goals, strategies and initiatives are fundamentally based on coordination and collaboration. From needs assessments and resource development through professional development and referrals, we are working together to improve the lives of children using evidence-based and best practice programs.

Strategies & Initiatives

Early Learning & Wellness Goals

Goal #1

Families have access to quality services and the knowledge and skills needed to support the positive development of their children.

Healthy, Stable and Supported Families

Parenting
Education
HUB

Relief
Nursery
Expansion

Safely Reducing
Foster Care
Initiative Expansion

Coordinated
Home Visiting
System

Goal #2A

Children receive the opportunities and supports needed to enter school ready to succeed and with health and development on track.

Ready for Kindergarten, Ready for School

PreK-3rd
Approach/
Growth
Mindset

VROOM:
Creating a
Brain Building
Community

Child Care
Quality Rating
& Improvement
System

Partners
in Practice
Professional
Development

Read It,
Read It
Literacy
Project

Goal #2B

Children have access to primary care medical provider and receive health screenings at least once a year.

Health and Development On Track

Universal
Health &
Development
Screening

Access to
Audiologist
Warm Springs/
Madras

Reach Out
and Read
at Well-Child
Visits

4 b4 5
Child Screenings
at Preschools
& Daycares

Early Learning Hub of Central Oregon: Overarching Goals with State and Local Strategy Examples



Mission – Shared Purpose

To create an efficient and effective early learning system to ensure all children, prenatal through eight, receive the opportunities and supports they need to be healthy and successful in school.

Common Agenda – EL Hubs are called upon to work collectively with communities to achieve a “Common Agenda” and the following 3 goals:

GOAL 1: Families are healthy, stable & supported (Parent and/or Care Giver Focused)

Statewide Strategy Examples:

- Child Care – Expand access to low-income families
- Home Visiting Programs (Public Health, Healthy Families, Head Start, Relief Nurseries, and Early Intervention)
- DHS Reform: Safe Children – Strong Supportive Families (Differential Response)
- Involve parents and care givers in developing strategies to improve outcomes
- Address disparities in access, quality and health outcomes (Utilizing State’s “Equity Lens”)

Local/Regional Strategy Examples –

Empowering & engaging families to find solutions:

- Parent/Care Giver Survey and Parent Focus Groups to ID needs at demonstration sites
- OPEC Parenting Education Hub – expanding Evidence-based parenting education capacity in region (OCF Grant)
- Professional Development (Partners in Practice early care & ed. professional development grant, ASQ-3 cross-train, Trauma Informed Practice, Grow Healthy Kids)
- Tri-County expansion of the Safe and Equitable Foster Care Reduction Initiative
- Tri-County expansion of Relief Nursery (federal, state, local and private funding)
- Partnering with existing community groups addressing disparity issues (CCO/COHC, WEBCO, HETF, etc.)

GOAL 2: Children enter school ready to succeed and with health and development on track (Child Focused)

Statewide Strategy Examples:

- Quality Child Care (Work force development and Quality Rating Improvement System or QRIS)
- All children have access to health care provider
- Early Intervention / Early Special Education
- Developmental Screenings (early identification, addressing developmental issues early)
- Oregon Pre-K and Early Head Start. Oregon Head Start Collaboration office and partnership with QRIS for Head Start sites
- Ed. Reform: P-20 Regional Achievement Compacts
- All day kindergarten 2015

Local/Regional Strategy Examples –

Phased in & Continuous Improvement approach:

- Universal health & developmental screenings for all young children from the time they are born
- Universal vision & hearing screens for all children before entering kindergarten (min. 1X at ≥ 3 yrs.)
- Early Literacy community outreach campaign (ELD Grants) and Early Literacy PSA
- Reach Out & Read initiative with Mosaic Medical, St. Charles Medical, & Indian Health Services
- Regional PreK-3rd Initiative – Implement a PreK-3rd approach in elementary catchment areas to connect, integrate, & align birth to 5 programs & experiences with K-12 system (OCF & ELD Grants)
- Partners in Practice – Professional Dev. for Early Care & Education Providers (ELD Grant)

GOAL 3: Early childhood services are coordinated, effective, accessible and family-centered (System Focused)

Statewide Strategy Examples:

- Utilize a Cross-Sector and Collective Impact approach to coordinate and align early learning services
- Data Informed decisions, shared metrics and accountability in partnership with education, DHS & Health Services/CCO
- Not “business as usual”: “Braided and Blended Funding” and breaking out of program silos

Local/Regional Strategy Examples –

Phased in & Continuous Improvement approach:

- Build a Tiered Early Learning System – a three-leveled structure that organizes the delivery of early learning services on a continuum to best meet children and families’ needs
- Integration of growth mindset across the P-20 continuum (ELD Grant)
- Invest in evidence-based and best practice programs, projects and/or initiatives
- Resource development to address needs and maximize use of existing resources
- Coord. and aligning professional development and training (i.e. ASQ-3, ASQ-SE)
- Mapping of developmental screening available assets, capacity/needs and barriers
- Long-Term: Dev. common system of referrals
- Long-Term: Attain collaborative alignments in efforts with CCO and private medical providers

Challenges:

- Accountability with limited authority
- Lack of Universal Identifier among services for young Children (exceptions: EI & Head Start - SSID)
- Lack of formalized data sharing agreements as well as addressing FERPA and HIPPA Privacy Laws
- Lack of common and/or centralized data collection and sharing system
- Limited capacity and resources

REV 5/6/15

Health Services - Resources by Funding Type
FY 16 Proposed Budget Analysis by Project

Program

Access		Adult Intensive Community Treatment		Adult MH and A&D Outpatient		Adult Severely & Persistently Mentally Ill		Childrens' Intensive Services	
FY 16 Requested Budget	% of Budget	FY 16 Requested Budget	% of Budget	FY 16 Requested Budget	% of Budget	FY 16 Requested Budget	% of Budget	FY 16 Requested Budget	% of Budget

RESOURCES

Beginning Net Working Capital	56,438	5%	113,603	5%	35,149	1%	116,021	4%	26,734	1%
State Grant Award	19,226	2%	514,507	21%	148,839	4%	663,095	22%	515,624	16%
State Pmts Other	9,968	1%	539,500	22%	16,000	0%	90,300	3%	26,000	1%
OHP Capitation Pmt	971,999	80%	944,052	39%	3,355,640	90%	1,808,401	59%	2,443,010	74%
County General Fund	151,824	13%	278,704	12%	95,599	3%	282,712	9%	71,917	2%
Other Revenue Sources	2,100	0%	10,000	0%	88,158	2%	81,000	3%	216,967	7%
Total Resources	1,211,555	100%	2,400,366	100%	3,739,386	100%	3,041,530	100%	3,300,252	100%

Summary

Percentage of County General Fund	13%	12%	3%	9%	2%
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FTE Analysis

Program Client Services (FTE per team)	9.06	14.44	24.81	21.41	22.97
Admin (Indirect allowable) 9.80 FTE					
Support Services (not included in indirect rate) 35.50 FTE					

Health Services - Resources by Funding Type
FY 16 Proposed Budget Analysis by Project

Program

Children's Outpatient		Chronic Care		Communicable Disease		Contracts		Crisis		Emergency Prep - Bioterrorism	
FY 16 Requested Budget	% of Budget	FY 16 Requested Budget	% of Budget	FY 16 Requested Budget	% of Budget	FY 16 Requested Budget	% of Budget	FY 16 Requested Budget	% of Budget	FY 16 Requested Budget	% of Budget
33,009	1%	12,173	5%	26,592	5%	-	0%	22,669	2%	(1,912)	-1%
176,067	5%	81,250	36%	267,290	46%	2,395,858	96%	739,886	54%	109,421	65%
51,000	2%	-	0%	250	0%	-	0%	1,000	0%	-	0%
2,985,626	88%	-	0%	-	0%	20,000	1%	429,983	31%	-	0%
88,799	3%	128,611	58%	280,965	49%	20,000	1%	-	0%	-	0%
45,510	1%	1,000	0%	1,000	0%	72,000	3%	172,364	13%	61,723	36%
3,380,011	100%	223,034	100%	576,097	100%	2,507,858	100%	1,365,902	100%	169,232	100%

Summary						
Percentage of County General Fund	3%	58%	49%	1%	0%	0%

FTE Analysis
Program Client Services (FTE per team) 22.92
Admin (Indirect allowable) 9.80 FTE
Support Services (not included in indirect rate) 35.50 FTE

1.31 3.14 0 8.38 0.99

Health Services - Resources by Funding Type
FY 16 Proposed Budget Analysis by Project

Program

Environmental Health	FY 16 Requested Budget	% of Budget	Federal Drug Court Grant		FY 16 Requested Budget	% of Budget	IDD Admin		FY 16 Requested Budget	% of Budget	IDD Case Management		FY 16 Requested Budget	% of Budget	IDD Regional		FY 16 Requested Budget	% of Budget	IDD Pass Through Funding		FY 16 Requested Budget	% of Budget
			FY 16 Requested Budget	% of Budget			FY 16 Requested Budget	% of Budget			FY 16 Requested Budget	% of Budget			FY 16 Requested Budget	% of Budget			FY 16 Requested Budget	% of Budget		
Beginning Net Working Capital	18,034	2%	-	0%	38,984	11%	12,504	1%	19,370	3%	-	0%	100,636	100%	-	0%	-	0%	-	0%	-	0%
State Grant Award	93,863	8%	-	0%	212,089	59%	976,080	89%	657,407	90%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%
State Pmts Other	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%
OHP Capitation Pmt	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%
County General Fund	190,536	17%	-	0%	110,472	31%	113,638	10%	52,109	7%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%
Other Revenue Sources	802,450	73%	201,879	100%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%
Total Resources	1,104,883	100%	201,879	100%	361,545	100%	1,102,222	100%	728,886	100%	100,636	100%	-	0%	-	0%	-	0%	-	0%	-	0%

Summary

Percentage of County General Fund 17% 0% 31% 10% 7% 0%

FTE Analysis

Program Client Services (FTE per team) 8.09 0 3.09 9.28 2.70 0

Admin (Indirect allowable) 9.80 FTE

Support Services (not included in indirect rate) 35.50 FTE

Health Services - Resources by Funding Type
FY 16 Proposed Budget Analysis by Project

Program

Immunizations		Maternal Child Home Visiting		Mediation		Prevention		Rental Assistance Grant		Reproductive Hlth Client Services	
FY 16 Requested Budget	% of Budget	FY 16 Requested Budget	% of Budget	FY 16 Requested Budget	% of Budget	FY 16 Requested Budget	% of Budget	FY 16 Requested Budget	% of Budget	FY 16 Requested Budget	% of Budget

RESOURCES

Beginning Net Working Capital	21,391	5%	31,668	2%	12,932	8%	332,551	40%	344,243	47%	32,239	2%
State Grant Award	38,902	9%	97,264	6%	-	0%	274,439	33%	394,796	53%	251,579	19%
State Pmts Other	-	0%	801,159	49%	-	0%	-	0%	-	0%	600,000	45%
OHP Capitation Pmt	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%
County General Fund	226,010	51%	691,837	43%	-	0%	103,782	12%	-	0%	340,628	25%
Other Revenue Sources	154,600	35%	-	0%	147,200	92%	129,000	15%	-	0%	121,500	9%
Total Resources	440,903	100%	1,621,928	100%	160,132	100%	839,772	100%	739,039	53%	1,345,946	100%

Summary												
Percentage of County General Fund		51%		43%		0%		12%		0%		25%

FTE Analysis

Program Client Services (FTE per team)	2.46	8.14	1.03	4.66	2.07	6.39
Admin (Indirect allowable) 9.80 FTE						
Support Services (not included in indirect rate) 35.50 FTE						

Health Services - Resources by Funding Type
FY 16 Proposed Budget Analysis by Project

Program

Reproductive Hlth Outreach		School Based Health Center		Seniors		Tobacco		Vital Records		Women, Infants and Children	
FY 16 Requested Budget	% of Budget	FY 16 Requested Budget	% of Budget	FY 16 Requested Budget	% of Budget	FY 16 Requested Budget	% of Budget	FY 16 Requested Budget	% of Budget	FY 16 Requested Budget	% of Budget

RESOURCES

Beginning Net Working Capital	31,452	11%	20,271	2%	41,458	13%	2,530	2%	12,083	8%	47,921	4%
State Grant Award	98,493	36%	604,500	72%	9,854	3%	133,323	82%	-	0%	620,940	53%
State Pmts Other	-	0%	-	0%	9,000	3%	-	0%	-	0%	-	0%
OHP Capitation Pmt	-	0%	-	0%	139,119	43%	-	0%	-	0%	-	0%
County General Fund	56,976	21%	216,965	26%	111,527	35%	26,728	16%	-	0%	503,537	43%
Other Revenue Sources	89,814	32%	-	0%	10,000	3%	-	0%	140,000	92%	-	0%
Total Resources	276,735	100%	841,736	100%	320,958	100%	162,581	100%	152,083	100%	1,172,398	100%

Summary											
Percentage of County General Fund		21%		26%		35%		16%		0%	43%

FTE Analysis

Program Client Services (FTE per team)	1.51	6.10	2.24	1.05	1.10	10.61
Admin (Indirect allowable) 9.80 FTE						
Support Services (not included in indirect rate) 35.50 FTE						

Health Services - Resources by Funding Type
FY 16 Proposed Budget Analysis by Project

Program

RESOURCES

	WIC Peer Counseling		Administrative		Behavioral Health and Public Health Operating Funds		Early Learning Division	
	FY 16 Requested Budget	% of Budget	FY 16 Requested Budget	% of Budget	FY 16 Requested Budget	% of Budget	FY 16 Requested Budget	% of Budget
Beginning Net Working Capital	21,386	33%	4,201,131	91%	5,682,624	15%	274,299	27%
State Grant Award	44,100	67%	-	0%	10,239,328	27%	-	0%
State Pmts Other	-	0%	-	0%	2,144,177	6%	105,326	10%
OHP Capitation Pmt	-	0%	314,657	7%	13,412,488	35%	-	0%
County General Fund	-	0%	-	0%	4,143,877	11%	341,638	34%
Other Revenue Sources	-	0%	79,700	2%	2,627,964	7%	294,868	29%
Total Resources	65,486	100%	4,595,488	100%	38,250,459	100%	1,016,131	100%
Summary								
Percentage of County General Fund		0%		0%				
FTE Analysis								
Program Client Services (FTE per team)	0.74		0.10		200.80		-	
Admin (Indirect allowable) 9.80 FTE					9.80		-	
Support Services (not included in indirect rate) 35.50 FTE					35.50		2.00	
					246.10		2.00	

Health Services - Resources by Funding Type
FY 16 Proposed Budget Analysis by Project

Program

Immunizations		Maternal Child Home Visiting		Mediation		Prevention		Rental Assistance Grant		Reproductive Hlth Client Services	
FY 16 Requested Budget	% of Budget	FY 16 Requested Budget	% of Budget	FY 16 Requested Budget	% of Budget	FY 16 Requested Budget	% of Budget	FY 16 Requested Budget	% of Budget	FY 16 Requested Budget	% of Budget

RESOURCES

Beginning Net Working Capital	21,391	5%	31,668	2%	12,932	8%	332,551	40%	344,243	47%	32,239	2%
State Grant Award	38,902	9%	97,264	6%	-	0%	274,439	33%	394,796	53%	251,579	19%
State Pmts Other	-	0%	801,159	49%	-	0%	-	0%	-	0%	600,000	45%
OHP Capitation Pmt	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%
County General Fund	226,010	51%	691,837	43%	-	0%	103,782	12%	-	0%	340,628	25%
Other Revenue Sources	154,600	35%	-	0%	147,200	92%	129,000	15%	-	0%	121,500	9%
Total Resources	440,903	100%	1,621,928	100%	160,132	100%	839,772	100%	739,039	53%	1,345,946	100%

Summary

Percentage of County General Fund	51%	43%	0%	12%	0%	25%
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FTE Analysis

Program Client Services (FTE per team)	2.46	8.14	1.03	4.66	2.07	6.39
Admin (Indirect allowable) 9.80 FTE						
Support Services (not included in indirect rate) 35.50 FTE						

Health Services - Resources by Funding Type
FY 16 Proposed Budget Analysis by Project

Program

Reproductive Hlth Outreach		School Based Health Center		Seniors		Tobacco		Vital Records		Women, Infants and Children	
FY 16 Requested Budget	% of Budget	FY 16 Requested Budget	% of Budget	FY 16 Requested Budget	% of Budget	FY 16 Requested Budget	% of Budget	FY 16 Requested Budget	% of Budget	FY 16 Requested Budget	% of Budget

RESOURCES

Beginning Net Working Capital	31,452	11%	20,271	2%	41,458	13%	2,530	2%	12,083	8%	47,921	4%
State Grant Award	98,493	36%	604,500	72%	9,854	3%	133,323	82%	-	0%	620,940	53%
State Pmts Other	-	0%	-	0%	9,000	3%	-	0%	-	0%	-	0%
OHP Capitation Pmt	-	0%	-	0%	139,119	43%	-	0%	-	0%	-	0%
County General Fund	56,976	21%	216,965	26%	111,527	35%	26,728	16%	-	0%	503,537	43%
Other Revenue Sources	89,814	32%	-	0%	10,000	3%	-	0%	140,000	92%	-	0%
Total Resources	276,735	100%	841,736	100%	320,958	100%	162,581	100%	152,083	100%	1,172,398	100%

Summary

Percentage of County General Fund	21%	26%	35%	16%	0%	43%
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FTE Analysis

Program Client Services (FTE per team)	1.51	6.10	2.24	1.05	1.10	10.61
Admin (Indirect allowable) 9.80 FTE						
Support Services (not included in indirect rate) 35.50 FTE						

ACRONYMS AND DEFINITIONS

40:40:20

Long range goal of the Governor and legislation is that by the year 2025:

- 40% of OR population will have a Bachelors degree or higher
- 40% will have a two year degree, and the remaining
- 20% will possess their high school diploma or GED

AAP

American Academy of Pediatrics

ABHA

Accountable Behavioral Health Alliance (Now PacificSource in our region)

ACES

Adverse Childhood Experiences Study (impact of maltreatment on health, illness & death)

AEPS

Assessment, Evaluation, Programming System (for Infants and Children)

AEYC

Association for the Education of Young Children

A&D/ATOD

Alcohol and Drugs/Alcohol Tobacco and Other Drugs

ALERT IIS

Statewide Immunization Information System (OR Registry & Tracking System)

AMH

State of Oregon-DHS Addictions and Mental Health Division

AOC

Association of Oregon Counties

ASQ-3

Ages and Stages Questionnaire – Version 3 (“General Screen”) (PMD may use PEDS)

ASQ-SE

Ages and Stages Questionnaire – Social Emotional (“Specific Screen”)

BF

Babies First or Breast Feeding

BH

Behavioral Health

BHAB

Behavioral Health Advisory Board

BHIP

Behavioral Health Improvement Plan

BHO

Behavioral Health Organization

BMI

Body Mass Index (# calculated from person’s wt. and ht.)

BoC/BoCC

Board of Commissioners / Board of County Commissioners

BT

Better Together (Central Oregon’s P-20 Regional Achievement Collaborative)

C2C

Cradle to Career (Better Together using Strive education improvement model)

CACoon

Care COordination (for children with complex health conditions)

CBRS

Child Behavior Rating Scale

CC / Crook. Co.

Crook County or Child Care (depending on context)

CCHD / CCHS

Crook County Health Department / Health Services

CCO

Coordinated Care Organization (PacificSource in C.O.) managing Medicaid/OHP

CCITSN

Carolina Curriculum for Infants & Toddlers with Special Needs, 3rd Ed (B-36 mo.)

CCPH

Crook County Public Health

CCPSN

Carolina Curriculum for Preschoolers with Special Needs, 2nd Edition (24-60 mo.)

CCR / CCR&R

Child Care Resources / Child Care Resource and Referral (NeighborImpact)

CHW

Community Health Worker (also called FRM, BHO, PWS, PSS)

ACRONYMS AND DEFINITIONS

CI	Collective Impact and/or Continuous Improvement
CLHO	Coalition of Local Health Officials (Coalition of Oregon Counties Public Health)
C. O. / CO	Central Oregon
COCC	Central Oregon Community College
COECC	Central Oregon Early Childhood Collaborative (Crook, Deschutes, Jefferson)
COHB	Central Oregon Health Board (now
COHC	Central Oregon Health Council
COHIP	Central Oregon Health Improvement Plan (also called RHIP)
CSBS	Communication and Symbolic Behavior Scales
DC / Des. Co.	Deschutes County
DCBH	Deschutes County Behavioral Health (now called Deschutes Co. Health Services)
DCHD / DCHS	Deschutes County Health Department / Health Services (Public & Behavioral Health)
DCPH	Deschutes County Public Health
DD	Developmental Disabilities
DHS	Department of Human Services
DIAL	Developmental Indicators for the Assessment of Learning
DIBELS	Dynamic Indicators of Basic Early Literacy Skills
DOC	Declaration of Commitment
EasyCBM	K-8 Assessment System (reading and math)
EB / EBP	Evidence Based / Evidence Based Practices
EC	Early Childhood
ECE	Early Care and Education Providers
ECERS	Early Childhood Environment Rating Scale
ECSE	Early Childhood Special Education
EHR	Electronic Health Record (Health, Behavioral Health, Medical Care)
EHS	Early Head Start
EI - ECSE	Early Intervention - Early Childhood Special Education
EL	Early Learning
ELC	Early Learning Council (appointed by Governor)
ELCCO	Education Leadership Council of Central Oregon (region's K-12 and ESD Superintendents, COCC and OSU-Cascades Presidents)
ELD	Early Learning Division (State Early Learning office/staff)
ELDT	Early Learning Development Team
ELH/EL Hub	Early Learning Hub

ACRONYMS AND DEFINITIONS

ELLC	E arly L earning L eadership C ouncil (cross-sector governance for C O's ELH)
EPDS	E dinburgh P ostnatal D epression S cale
ERDC	E mployment R elated D ay C are (program)
ESD	E ducation S ervices D istrict
FAN	F amily A ccess N etwork
FERPA	F amily E ducational R ights and P rivacy A ct
FPL	F ederal P overty L evel
FPSI	F amily P reservation and S upport I nitiative
FRC	F amily R esource C enter
FRM	F amily R esource M anager (aka: CHW, BHO, PWS, PSS, FAN Advocate – serve diff. pop.)
FSG	F oundation S trategy G roup (Collective Impact resource)
FSM / FSW	F amily S upport M anager / F amily S upport W orker
HDESD	H igh D esert E ducation S ervice D istrict
HB	H ealthy B eginnings (12 pt. screenings, adjunct to PCP health care)
HECC	Oregon's H igher E ducation C oordinating C ommission
HETF	H ealth E quity T ask F orce
HF	H ealthy F amilies (Crook and Jefferson)
HFHD	H ealthy F amilies of the H igh D esert (Deschutes Co. Healthy Families)
HHS	H ealth and H uman S ervices
HIPPA	H ealth I nsurance P ortability and A ccountability A ct
HS	H ead S tart
HS / HF	H ealthy S tart / now called H ealthy F amilies (Crook, Des., Jeff. Co., state)
HT / Ht.	H eight
HV	H ome V isiting
Hx	H istory
IEP	I ndividual E ducation P lan
IGA	I nter- G overnmental A greement
ITFI	I nfant- T oddler and F amily I nstrument
JC/Jeff. Co.	J efferson C ounty
JCHD / JCHS	J efferson C ounty H ealth D epartment / H ealth S ervices
JCPH	J efferson C ounty P ublic H ealth
KA	K indergarten A ssessment
KR	K indergarten R eadiness or K indergarten R eady

ACRONYMS AND DEFINITIONS

KRA	K indergarten R eadiness A ssessment
LAUNCH	L inking A ctions for U nmet N eeds in C hildren's H ealth
MCH	M aternal C hild H ealth
M-Chat	M odified C hecklist for A utism in T oddlers
MCM	M aternity C ase M anagement
MIECHV	M aternal I nfant E arly C hildhood H ome V isiting
NBQ	N ew B aby Q uestionnaire (Eligibility screening tool used by Healthy Families program)
NCCP	N ational C enter for C hildren in P overty
NI	N eighbor I mpact (Community Action Agency, Social services non-profit)
NFP	N urse F amily P artnership
OCHIN	O regon C ommunity H ealth I nformation N etwork (EHR for PH, BH, & Mosaic Med.)
ODE	O regon D epartment of E ducation
OEIB	O regon E ducation I nterestment B oard (0-20 years)
OHA	O regon H ealth A uthority
OHPB	O regon H ealth P olicy B oard
OPEC - HUB	O regon P arenting E ducation C ollaborative (Central Oregon Parenting Ed. Hub)
ORCHIDS	O regon C ommunity H ealth I ntegrated D ata S ystem (HV Data System)
OSU-Cascades	O regon S tate U niversity – C ascades B ranch
P-3	P renatal through 3rd G rade (OHA and OCF) or PK through 3 years (ODE)
P-20	P renatal through 20 years (OHA) or PK through 20 years (ODE)
PAT	P arents A s T eachers
PBIS	P ositive B ehavior I ntervention and S upports
PCIT	P arent C hild I nteractive T herapy
PCP / PCH	P rimary C are P rovider / P rimary C are H ome
PCPCH	P atient C entered P rimary C are H ome
PEDS	P arents E valuation of D evelopmental S tatus (AAP "General Screen" used by drs)
PH	P ublic H ealth
PHAB	P ublic H ealth A dvisory B oard
PHS	P hysical H ealth S creening (Vision, weight/BMI, oral health, otoacoustic emissions)
PHQ 2&9	P atient H ealth Q uestionnaire
PIP	P artners I n P ractice G rant (Professional Dev. for ECE Providers)
PK/Pre-K	P re- K indergarten
PK-3	P re- K indergarten through 3rd G rade

ACRONYMS AND DEFINITIONS

PLC	P rofessional L earning C ommunity
PRAMS	P regnancy R isk A ssessment M onitoring S ystem (data collection system on maternal attitudes and experiences prior, during & immediately after pregnancy – sample of OR women)
PSI-SF	P arenting S tress I nventory (Short Form)
PSS	P eer S upport S pecialist
PWS	P eer W ellness S pecialist
PYC	P artnerships for Y oung C hildren
QIM	Q uality I ncentive M etric (Health Care Measure for CCO)
QRIS	Q uality R ating I mprovement S ystem (for child care)
RAC	R egional A chievement C ompact (metrics) &/or C ollaborative (CO: Better Together)
RFK	R eady for K indergarten
RHIP	R egional H ealth I mprovement P lan (also called COHIP)
R&R	R oles & R esponsibilities
RTI	R esponse T o I ntervention (K-12 social emotional, behavioral intervention)
SA/S&A	S creening and A ssessment
SBHC	S chool B ased H ealth C enter
SBIRT	S creening, B rief I ntervention & R eferral to T reatment (not valid for prenatal)
SCERTS	S ocial C ommunication, E motional R egulation and T ransactional S upport
SCHS	S aint C harles H ealth S ervices
SDQ	S trengths and D ifficulty Q uestionnaire
SE/SEL	S ocial E motional L earning
SLP	S peech L anguage P athologist
SSID	S ecure S tudent ID (unique Identifier assigned to every OR public school student)
STEP	S ystematic T raining for E ffective P arenting
STRAP	S trategic P lan
STRIVE	C ollective I mpact F ramework / R esource (Cradle to Career)
TABS	T emperament and A typical B ehavior S cale
TANF	T emporary A ssistance to N eedy F amilies
TFC	T ogether for C hildren
TOC	T heory of C hange
TPBA	T rans-disciplinary P lay- B ased A ssessment
TSG	T eaching S trategies GOLD
WEBCO	W ellness & E ducation B oard of C entral O regon
WIC	W omen, I nfants and C hildren (federal nutrition program)

ACRONYMS AND DEFINITIONS

WT / Wt.	Weight
YDC	Youth Development Council (State Governance Structure for Early Learning)
YDD	Youth Development Division (State Early Learning staff)

BUDGET COMMITTEE AGENDA

Tuesday, May 26th, 2015

Program
Budget
Tab/Page

Black Butte Ranch
Svc District (Cont'd)

- Motion to be seconded
- Budget Committee votes
- Close budget meeting

9:35 – 9:50 AM

Deschutes County Extension and 4-H Service District (Funds 720 & 721)

7 / 260

(Budget Committee-Commissioners, Joe Cross, Gayle Hoagland & Katrina Van Dis)

- Open public meeting and introductions
- Budget discussion
- Public comment
- Motions to:
 - 1) Approve Deschutes County Extension & 4-H Service District operating budget of **\$683,883** and set tax rate at **\$.0224** per \$1,000 of assessed valuation (*Fund 720*)
 - 2) Approve Deschutes County Extension & 4- H Service District Reserve budget of **\$460,500** (*Fund 721*)
- Motions to be seconded
- Budget Committee votes
- Close budget meeting

9:50 – 10:00 AM

Break

10:00 AM – Noon

Deschutes County

- Open public meeting
- Deschutes County Budget Proposal

Noon – 1:00 PM

Capital Improvement Program (Lunch Discussion)

8 / 275

1:00 – 1:30 PM

Economic Development of Central Oregon (EDCO)

1:30 – 2:30 PM

Other Funds

Health Benefits Trust (Fund 675)

6 / 224

PERS Reserve (Fund 135)

6 / 229

Economic Development Fund (Fund 105)

6 / 218

Video Lottery (Fund 165)

6 / 214

General Fund (Fund 001-00 and 001-45); **Special Request 14/414**

6 / 206

2:30 – 2:45 PM

Break

2:45 – 4:45 PM

Health Services

5 / 182

- Introductions
- Budget discussion; **Special Requests 14/418**
Continue the Deschutes County budget meeting to Wednesday, May 27th, at 9:00 AM