

BCHC FY09 Budget

Accountable Government,
Positioned for Success

Seamless, Effective,
Aligned Services

Healthy, Safe and Thriving
Community

Expanded Access
to Quality Services

A Practical Guide
to the
Buncombe County Health Center
FY 2009 Budget

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Buncombe County Health Center – Our Mission

To protect, promote and assure health in Buncombe County

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QuickFacts: About This Budget Guide

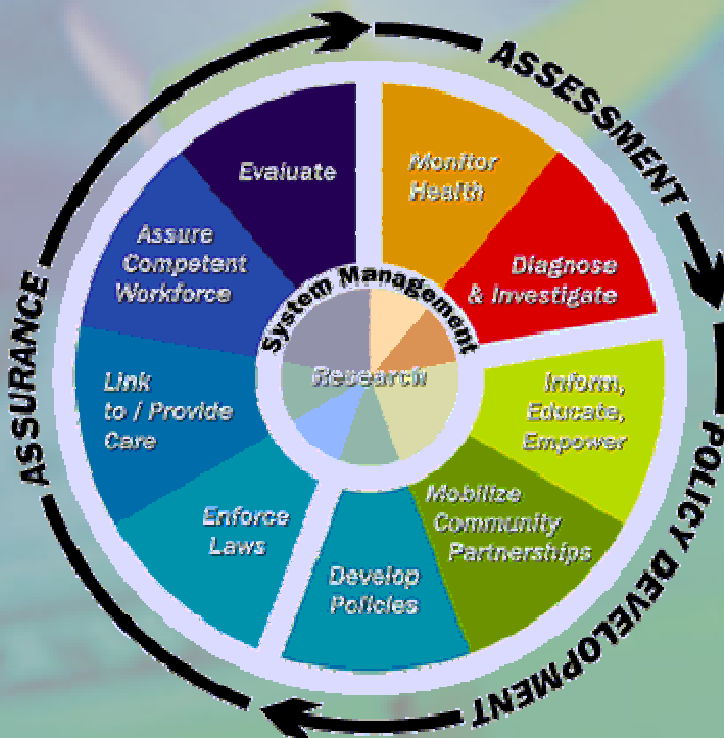
- When you see this *QuickFacts* box, look for bullets that help illustrate the program or issue.
- “FY” stands for Fiscal Year. Buncombe County’s fiscal year runs from July 1st through June 30th.
- Budgetary data is for FY 2009. Comparative data is generally through FY 2007, the most recent year for which audited data are available.
- This budget guide booklet was produced by the Buncombe County Health Center in August 2008
- Have questions? Contact the Health Center’s Human Services Planner/Evaluators at 828.250.5027.

How Does the BCHC Budget Affect Me?

Both as taxpayers and consumers, all residents of Buncombe County have a stake in operations at the Buncombe County Health Center (BCHC). Even if you never walk through the doors at the Woodfin Street headquarters, the life – and health – of every county resident is affected by the work of the Health Center.

North Carolina's mandatory accreditation process for local health departments requires that Buncombe County Health Center provide the "10 Essential Services of Public Health," established in 1994 under the National Public Health Performance Standards Program of the Centers for Disease Control (CDC) :

1. **Monitor** health status to identify community health problems.
2. **Diagnose** and investigate health problems and health hazards in the community.
3. **Inform**, educate and empower people about health issues.
4. **Mobilize** community partnerships to identify and solve health problems.
5. **Develop policies** and plans that support individual and community health efforts.
6. **Enforce laws** and regulations that protect health and ensure safety.
7. **Link** people to needed personal health services and assure the provision of health care when it is otherwise unavailable.
8. **Assure** a competent public health workforce and personal health workforce.
9. **Evaluate** effectiveness, accessibility and quality of personal and population-based health services.
10. **Research** for new insights and innovative solutions to health problems (for example, links with academic institutions and capacity for epidemiologic and economic analyses).

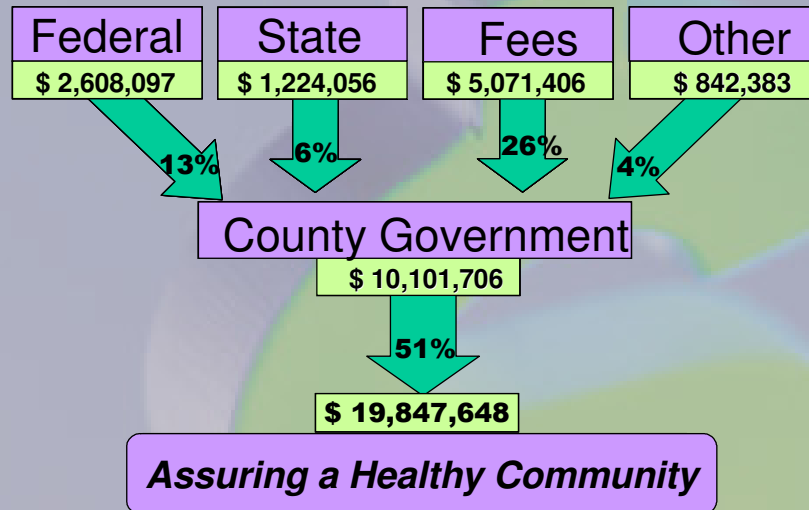


To fulfill these responsibilities, Buncombe County's nearly \$20 million dollar health budget funds services mandated by law, services required by our participation in government public health programs, and other services seen as core, essential to core, or enhancement of core.

Where Does the Money Come From?

Revenue for Public Health services comes from a mix of: federal and state funds, customer and third-party insurance payments for direct services, and other funding from partnership contracts and grants. Our Buncombe County government then appropriates funds to finance the remaining need. Budget development focuses primarily on the County's contribution.

Revenue Sources for Health Center FY09 Budget



Intergovernmental Dollars

Federal funding is expected to provide \$2,608,097 in revenue to support public health services for Buncombe County residents in: Administration, Clinical Services, Disease Control, Health Education, Nursing, Nutrition, Preparedness, Regional Public Health, and Social Work.

State funding is anticipated to provide \$1,224,056 in revenue to further support Administration, Clinical Services, Disease Control, Environmental Health, Health Promotion, Nursing, School Health, and Social Work.

Local governmental agencies, including city and county schools, work in partnership with the Health Center, providing additional revenue to the Health Center in exchange for health services.

Service Fees & Other Dollars

The Health Center bills for many of the services it provides to Buncombe County residents. For FY09, BCHC expects \$3,195,485 in Medicaid revenue for medical services, and \$400,637 from third-party insurance including Medicare, Health Choice, and private insurance companies.

Residents of Buncombe County are anticipated to bring in \$1,475,284 out-of-pocket /self pay for Health Center services, from medical care to septic tank and well inspections.

Contracts and grants are budgeted to bring in \$842,383 of revenue in FY09. These partnerships help to provide and/or enhance services, reduce the county share of expenditures, generate revenue to offset expenses, and enable partners to benefit where possible. Mission Hospitals, United Way, and March of Dimes are some of our many community partners, assisting us with resources to achieve our mission.

Where Does The Money Go?

Health Center responsibilities are carried out under four operational divisions.

Community Protection and Preparedness – \$3,228,211 (16%)

- Disease Control
- Environmental Health
- Preparedness

Community Health Promotion – \$6,984,425 (35%)

- Health Promotion
- Community Health Nursing
- School Health Nursing and School Based Health Centers
- Social Work
- Nutrition / WIC

Clinical Services – \$6,785,452 (34%)

- Adult Primary Care
- Child Primary Care
- Family Planning
- Prenatal Care
- Medical Laboratory
- Pharmacy
- Employee & Family Health

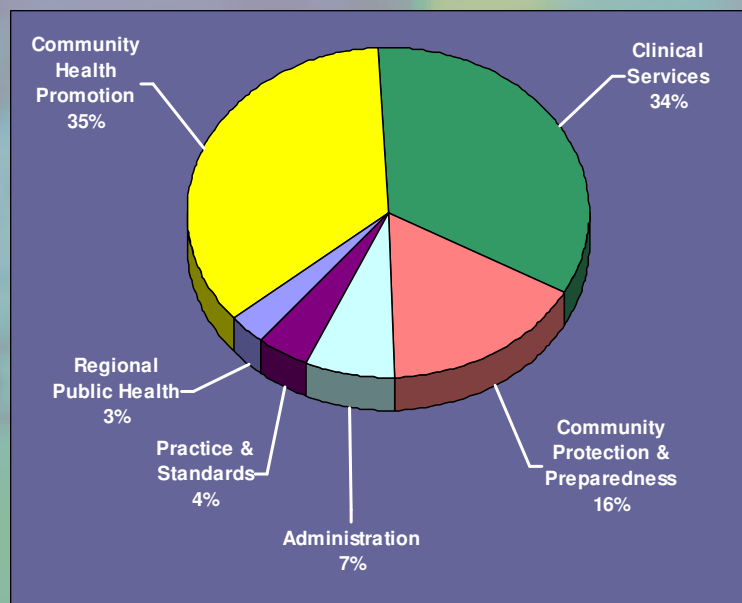
Practice and Standards – \$817,875 (4%)

- Policy Oversight
- Quality Assurance – Audits, Accreditation, Training
- Medical Records
- Vital Records
- Interpreter Services

Regional Public Health for Western North Carolina is also housed at the Health Center, and its revenues and expenditures (**\$592,144**) are included in the BCHC budget.

The following pages give further details on these programs and their budgets.

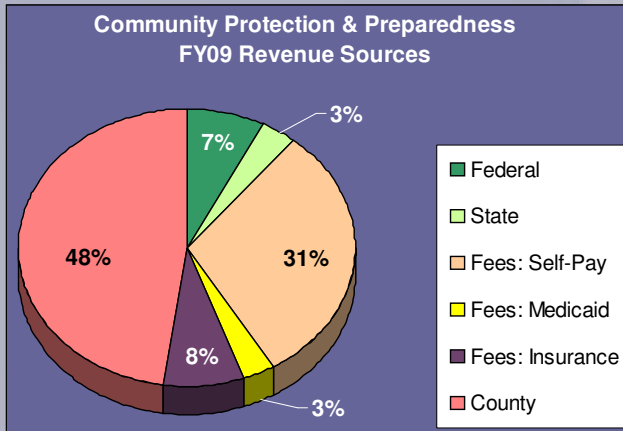
Health Center FY 2009 Expenditures Budget, by Program



Community Protection & Preparedness

Community Protection & Preparedness includes direct services as well as services that protect the health of the overall community. This division includes the Disease Control, Environmental Health, and Preparedness programs.

Where Does the Money Come From?



Most Community Protection & Preparedness services are mandated, to protect the health of the entire community. These are funded through a combination of county, state and federal dollars.

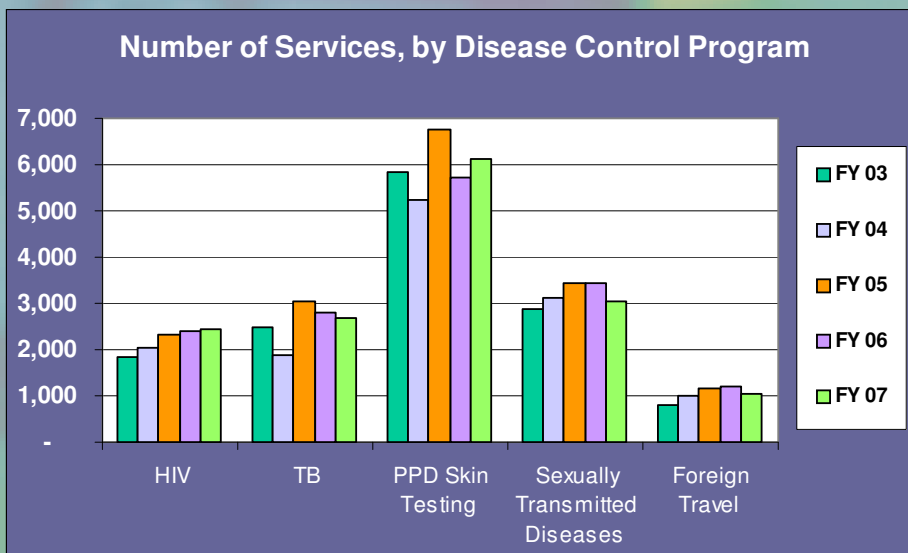
Fees are charged as allowed by law for some direct customer services in Disease Control and Environmental Health (see below).

Preparedness activities are funded via federal dollars distributed through the NC Office of Public Health Preparedness and Response.

Where Does the Money Go?

Disease Control

Provides investigation, surveillance and prevention activities needed to control communicable disease and protect the health of the public. Disease Control services are funded in part by Federal and State dollars. Service fees are charged for recommended (not required) immunizations and for foreign travel shots. Some immunizations are reimbursed through Medicaid, Medicare and/or private insurance.



QuickFacts:

Disease Control Prevention

- Disease Control provided 32,824 immunizations in FY08, including 13,405 flu shots.

- BCHC is the lead agency for investigation & treatment of all communicable diseases including:

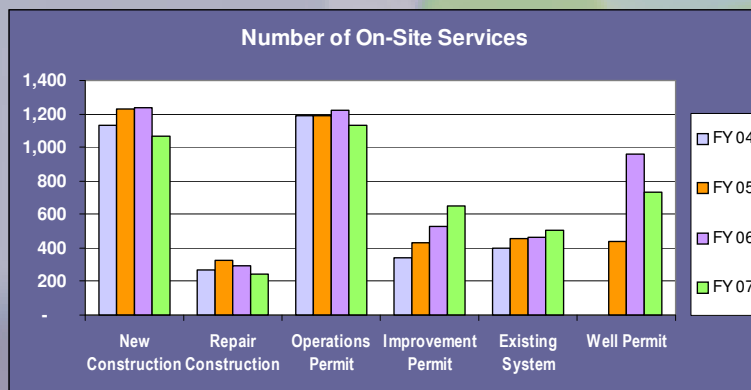
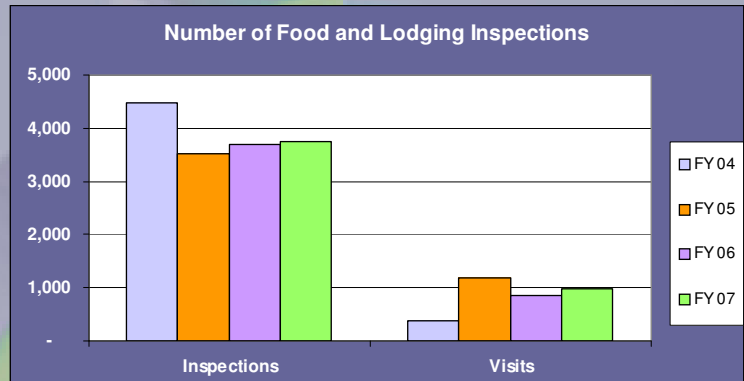
- Hepatitis A
- Meningitis
- Pertussis
- Salmonella
- Shigella
- Tuberculosis

Environmental Health

The mission of Environmental Health Services is to safeguard health and protect the environment through the practice of modern environmental health sciences, technology, rules, and public education. Environmental Health enforces North Carolina laws and rules, under the authority and technical guidance of the State's Department of Environment and Natural Resources.

Food & Lodging Inspections

Restaurants comprise over 50% of the inspections completed by Environmental Health. Other Food & Lodging inspections include: festivals, schools, child care, nursing home and other facilities that serve both our residents and visitors.



On-Site Wastewater

Environmental Health is responsible for conducting inspections and approving permits for septic systems. The unit also conducts water sampling and performs inspection and permitting for well systems.

QuickFacts:

Environmental Health Services include not only food & lodging and well and septic system inspections, but also such services as:

- Childhood lead poisoning Investigation
- Vector control (e.g. mosquito habitat)
- Methamphetamine lab clean up
- Radon awareness
- Rabies confirmation
- "Serving Safe Food" classes

Preparedness

In the event our county experiences a natural or man-made disaster, public health plays a key role in community response. Buncombe County Health Center is actively preparing to respond to potential large scale events by developing plans, conducting exercises, and building relationships with local, regional, state and federal partners. Formal plans are in place for: Emergency Operations, Pandemic Influenza, Respiratory Protection, Emergency Response, USPS Biological Detection System, and Strategic National Stockpile (distribution of medications and other needed supplies).

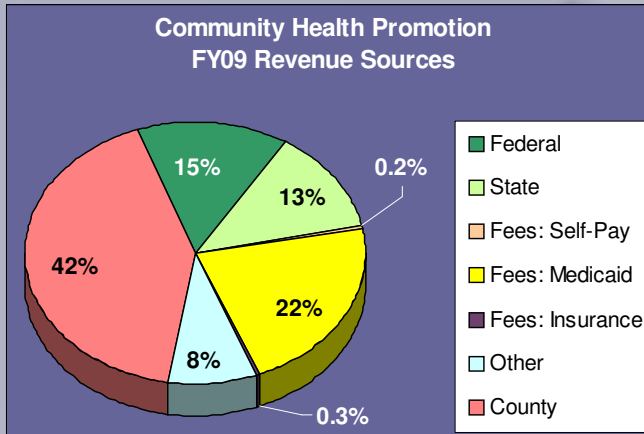
The Health Center's Preparedness program also works to promote, educate and communicate to residents' the importance of their personal preparedness for emergency situations.

Preparedness activities are funded by federal dollars, through the North Carolina Office of Public Health Preparedness and Response.

Community Health Promotion

Outreach is a key aspect of Community Health Promotion. Essential public health services are provided in locations appropriate to our clients' needs – in the home, school, medical offices and other community settings, in addition to services in the Health Center itself. This division includes health education and promotion, community nursing, school health, social work, and nutrition.

Where Does the Money Come From?



Community Health Promotion services address the specific health needs of targeted client-populations, with major support from Federal and State dollars.

Home visiting and case management programs are reimbursed by Medicaid. The state provides limited funds to support these same services for persons who are not Medicaid eligible.

The Women, Infant and Children (WIC) nutrition program is funded with federal dollars, paid through the state. Other CHP programs are funded in combination, by the state, county and local partners for specific initiatives.

Where Does the Money Go?

Health Promotion

Health Promotion supports prevention strategies in worksites, schools, and community and clinical settings. Community Public Health Educators encourage and promote healthy lifestyles by providing education, training, consultation, and support for healthy behaviors. Health Educators also coordinate programs and provide technical assistance in implementing community health standards and policies.

| A sample of the services provided | FY03 | FY04 | FY05 | FY06 | FY07 |
|-----------------------------------|--------|--------|--------|--------|--------|
| Adolescent Pregnancy Prevention | 13,564 | 11,098 | 12,549 | 11,209 | 12,291 |
| Childbirth Class Attendance | 636 | 753 | 860 | 902 | 891 |
| Children's Dental Screenings | 4,724 | 7,710 | 5,727 | 6,991 | 7,880 |

QuickFacts: The Financial Value of Health Promotion & Prevention

Tobacco

- Each pack of cigarettes sold in the United States costs the nation \$7 in medical care and lost productivity. A study by the Centers for Disease Control and Prevention (CDC) estimates a per smoker annual cost of \$3,391.
- The State's 2007 behavioral survey showed about 1 in 4 adults (age 18-64) in Buncombe County smokes. The CDC cost estimate (above) means an annual cost of \$127,294,749 for Buncombe County alone.

Obesity

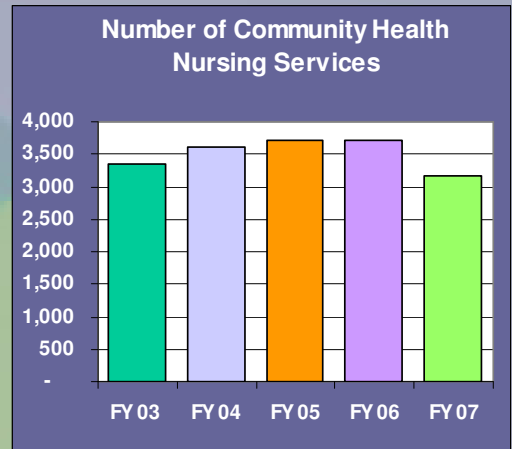
- Obesity increases an individual's overall health care costs by an average of 36%, and medication costs by 77%.
- In FY08, the Health Promotion unit – in collaboration with Healthy Buncombe Coalition and other community partners – conducted the 4th annual countywide child BMI screening. As part of the schools' fall health fairs, volunteers measured BMI (Body Mass Index) for the county's 10,000+ children in grades K-5.

Community Health Nursing

Community Health Nursing provides comprehensive nursing assessments, interventions, and health education for clients, families, child care staff and physician office staff within the community setting.

Registered Nurses complete client home visits with high-risk pregnant women, postpartum women, and newborns, aimed at decreasing infant mortality.

In FY07 this program served 2,108 clients. In addition, Registered Nurses and Developmental Specialists work with private physicians' offices, child care providers and parents to improve health outcomes for children 0-5 years of age.



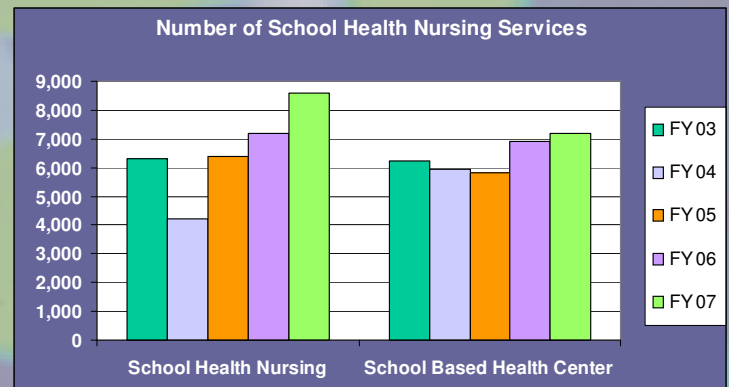
School Health Nursing

The School Nursing Program helps schools reduce health barriers that can impact educational achievement. Services range from supporting children with complex health issues to encouraging healthy lifestyle choices among all students. School nurses provide direct services to our public school students and train school staff to provide health care procedures and administer medications. For the past 5 years they have trained about 1,800 school personnel each year.

School Based Health Centers

The three School-Based Health Centers provide medical and behavioral health care to students, with parental permission. Services include care for illnesses and injuries, sports physicals, immunizations, laboratory tests, prescription medication as needed, individual/family/group mental

health counseling, nutrition counseling and health education programs. Services keep students in school and parents at work. In FY07 this program served 1,655 students at Asheville Middle, Asheville High and Erwin Middle schools.

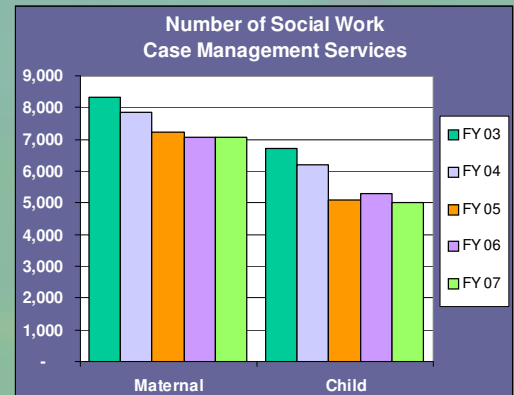


Social Work

Maternal Care Coordination and Child Service Coordination services provide outreach, assessment, goal-directed planning, resource development, intervention and advocacy for pregnant women and children 0-5 years and their families.

Social Work case management goals are to reduce social, medical and environmental risks, promote self-sufficiency, increase positive health behavior, and strengthen family and community.

In FY07 Social Work assisted 2,177 families, promoting timely prenatal and well child care, and appropriate emergency room use.



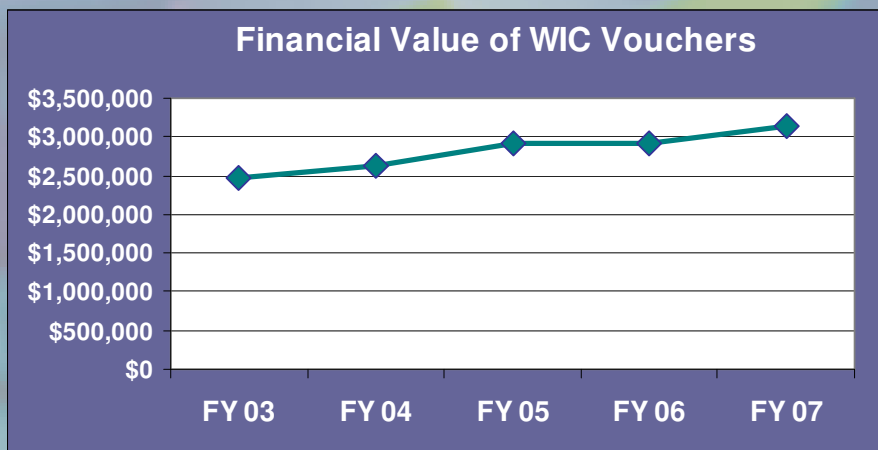
Nutrition

The Women, Infants & Children (WIC) Special Supplemental Nutrition Program improves the health of low income pregnant, breastfeeding and postpartum women, infants and children up to age 5 who are at nutritional risk.

WIC provides nutrition education, vouchers for specific foods and referrals for health care. A board certified Lactation Consultant provides breastfeeding support. Registered Dietitians provide medical nutrition therapy to patients at the health center and at the school based health clinics.

| Services provided by the Nutrition Division. | FY03 | FY04 | FY05 | FY06 | FY07 |
|--|--------|--------|--------|--------|--------|
| Nutrition counseling (WIC) | 20,245 | 20,914 | 20,085 | 20,533 | 20,367 |
| WIC voucher sets issued | 26,060 | 27,642 | 26,949 | 27,242 | 26,215 |
| Breastfeeding consults | 253 | 269 | 331 | 414 | 467 |
| Peer Counselor consults | 4,104 | 4,032 | 2,363 | 5,136 | 5,931 |
| Primary care counseling | 76 | 55 | 92 | 78 | 52 |

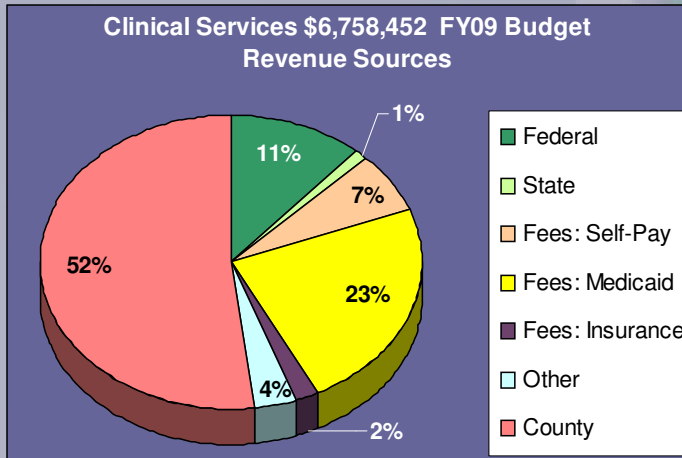
The WIC program provides millions of dollars in food vouchers to financially eligible new parents, which in turn are dollars spent within our community.



Clinical Services

The Clinical Services division provides health care services directly to individuals in need of medical care or attention. Clinical Services includes the main Primary Care program, county Employee Health clinic, and support services from an on-site medical lab and pharmacy.

Where Does the Money Come From?



Clinical services are fee-based direct services to individual clients.

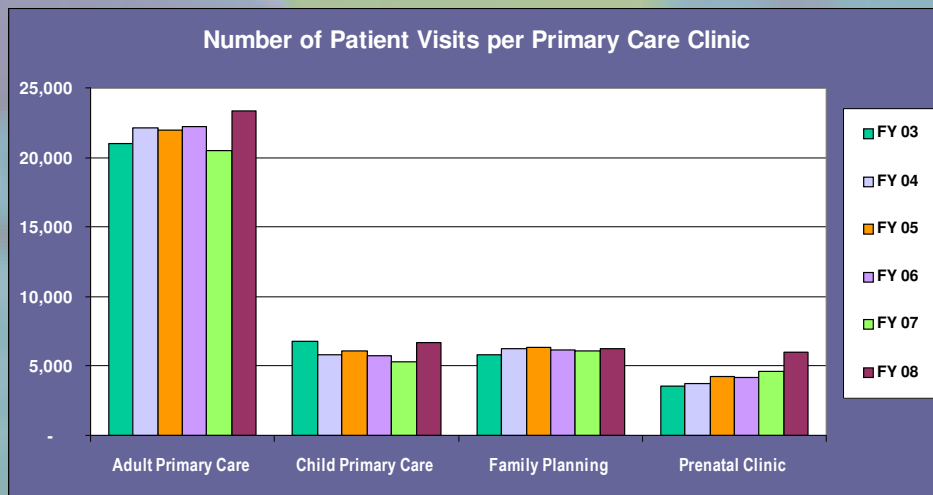
BCHC receives insurance payments for services to clients enrolled in Medicaid, Medicare and/or private insurance. These cover 25% of the Clinical Services budget.

Most of our patients, however, have low income and no insurance. The Health Center has a sliding-scale for its fees, based on federal poverty guidelines.

Where Does the Money Go?

Primary Care

The majority of the Clinical Services budget goes to the Primary Care clinical programs. During FY08 the Health Center served 6,592 individuals in Adult Primary Care; 2,553 in Child Primary Care; 3,352 in Family Planning Clinic; 899 in Prenatal Clinic. The Breast & Cervical Cancer Control Program (BCCCP) provided cancer screening for 1,340 women.



QuickFacts: Uninsured Adults

Results from the 2007 annual survey¹, through the NC State Center for Health Statistics, indicate:

- Nearly one in four (24.0%) Buncombe residents between age 18-64, is uninsured.
- Amongst residents who are employed, minority workers (non-white) were nearly 6 times more likely than white workers to be uninsured (45.2% vs. 7.8%).

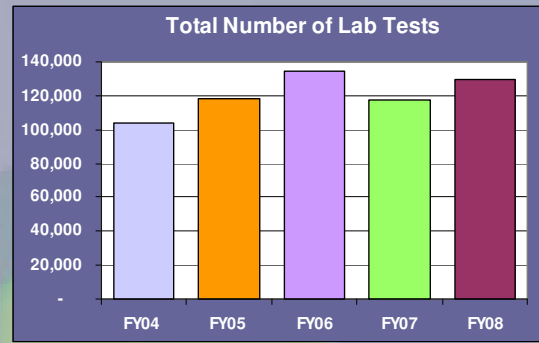
¹Note: The Behavioral Risk Factor Surveillance Study's county sample size is relatively small.

Where Does The Money Go?

Laboratory

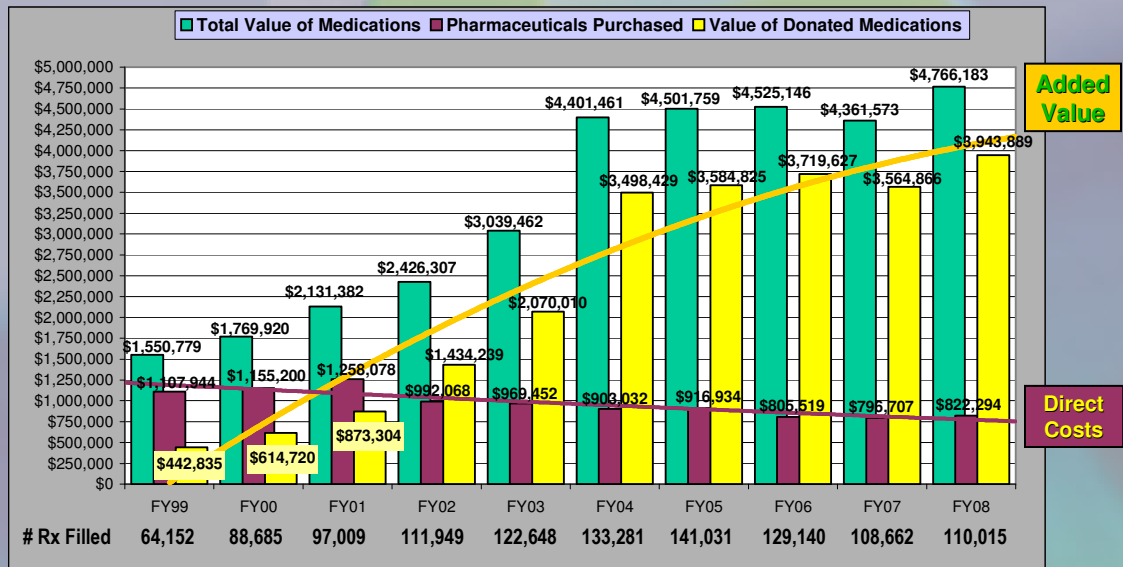
An on-site medical laboratory supports Health Center clinicians and staff in detecting, diagnosing, monitoring and treating acute and chronic diseases.

During FY08 the Laboratory performed 32,377 tests in-house, and collected and sent out 96,993 lab specimens for processing, in partnership with Mission Hospitals.



Pharmacy

The on-site pharmacy ensures access to affordable medications in a one-stop setting. Our pharmacists support the Primary Care clinicians in managing patients' overall medications. They dispense medications, counsel patients on their proper use, and hold one-on-one reviews with clients who have a high number of prescriptions. In FY08, the Health Center Pharmacy filled 110,015 prescriptions for 10,037 individual patients.



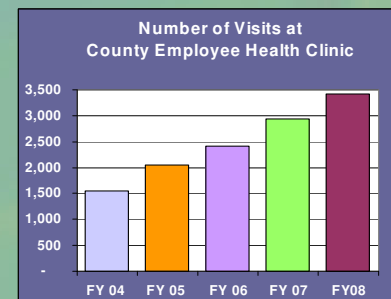
QuickFacts: Medication Assistance

Our Pharmacy commits significant staff time to helping qualified patients apply for and access free prescription medicines through drug companies' **Medication Assistance Programs**. This brings substantial cost-savings to patients and taxpayers. The graph above shows the rising dollar value of *free* medications dispensed (yellow bars) versus purchased drugs dispensed (purple bars).

Employee Health

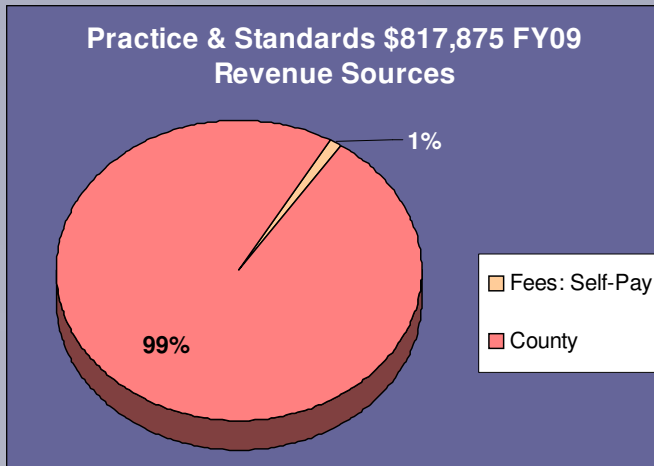
Buncombe County runs an on-site Employee Health clinic at the Health Center. The clinic offers quality health care to all County employees and their dependents.

Convenient access reduces costs for both the employee and the County. Employee Health is meeting the acute medical needs of a growing number of employees.



Practice & Standards

Where Does the Money Come From?



Practice and Standards is a global division, supporting the direct services provided by Community Protection & Preparedness, Community Health Promotion, and Clinical Services.

Service fees for record copies generate a very small amount of revenue. The remaining budget needs are met through County funding.

Where Does The Money Go?

Practice and Standards monitors, evaluate and improves the quality of service delivery at the Buncombe County Health Center. Responsibilities include:

- **Program Auditing** – Ensure that all service programs meet state agreement addenda requirements. Ensure that each program completes mandated audits, and any necessary corrective actions. Failure to meet contractual requirements can result in loss of revenue.
- **Accreditation Oversight** – Ensure agency complies with mandatory North Carolina accreditation standards and requirements for local health departments. Coordinate the agency's accreditation review every four years.
- **Policy Development and Review** – Ensure needed policies are in place, accessible, and reviewed annually.
- **Evaluation of Customer Satisfaction** – Maintain system for review of client comments. Coordinate and ensure subsequent quality improvement actions.
- **Training** – Oversee Title VI / cultural diversity staff training. Coordinate with HSST on staff training opportunities
- **Interpreter Services** – Ensure agency meets all requirements of Title VI of the Federal Civil Rights Act. Supervise Spanish and Russian speaking interpreters.
- **Medical Records** – Manage 34,000 active and 80,000 inactive client medical records. Provide and control use of records by all agency divisions. Provide record copies in full compliance with federal HIPAA rules and regulations.
- **Vital Records** – Process certificates for all births and deaths occurring in Buncombe County.

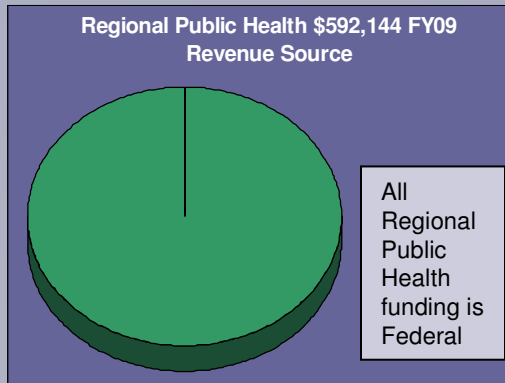
QuickFacts:

Interpreter Services

- Service providers who receive federal funding are required under Title VI to meet the language needs of their clients.
- More than 1 in 10 clients receiving services at the Health Center use a language other than English and need interpreter assistance.
- The Health Center has staff interpreters for Spanish and Russian and contracts out for other language interpretation.
- Over half of BCHC's Prenatal and Child Primary Care patients are Hispanic.

Regional Public Health

Where Does the Money Come From?



Community Partnerships

Regional Public Health works to form and foster relationships with a wide variety of local and regional entities essential to preparedness, including the Eastern Band of Cherokee Indians, first responders (Police, Fire, EMS, Regional Response Team 6), Emergency Management, the medical community, Public Health, educational facilities, hospitals, veterinary services, laboratories, government, communities, industry, and voluntary organizations.

Where Does The Money Go?

Public Health Regional Surveillance Team 6:

PHRST (pronounced "first") 6 is one of seven teams in NC funded by the Centers for Disease Control and Prevention that work under the NC Office of Public Health Preparedness and Response to prepare for, respond to, and conduct surveillance for bioterrorism and other public health threats. PHRST 6, based in the Buncombe County Health Center, serves the 19 westernmost counties of North Carolina. PHRST 6 planning and response services include:

- Review of local public health preparedness plans
- Assistance with exercise design, conduct and evaluation
- Disease surveillance
- Community awareness and home preparedness
- Assistance with Strategic National Stockpile (SNS) planning & logistics
- Consultation and technical support
- Environmental sampling
- Liaison with NC Division of Public Health
- Provision of accurate, timely information to partners and community
- Response to infectious disease outbreaks, natural disasters, and other incidents
- Geographic Information Systems (GIS)

NC Regional Response Laboratory—Buncombe County:

The Regional Response Lab is one of three state-funded satellite laboratories created to provide surge capacity for the State Laboratory for Public Health in Raleigh. Part of the national Laboratory Response Network, the lab offers testing for rapid response to biological terrorism and emerging infectious diseases and maintains a communication and training network with local health department and hospital labs in Region 6.

Regional Response Laboratory Services include:

- 24/7 testing capacity for bioterrorism or emerging pathogens
- Coordination of specimen collection and testing
- Consultation on Public Health and hospital laboratory preparedness plans
- Surge capacity for testing during communicable disease outbreaks
- Coordination with law enforcement and HazMat (hazardous materials team) on specimen collection, handling, and transport

QuickFacts:

PHRST 6 Training offered:

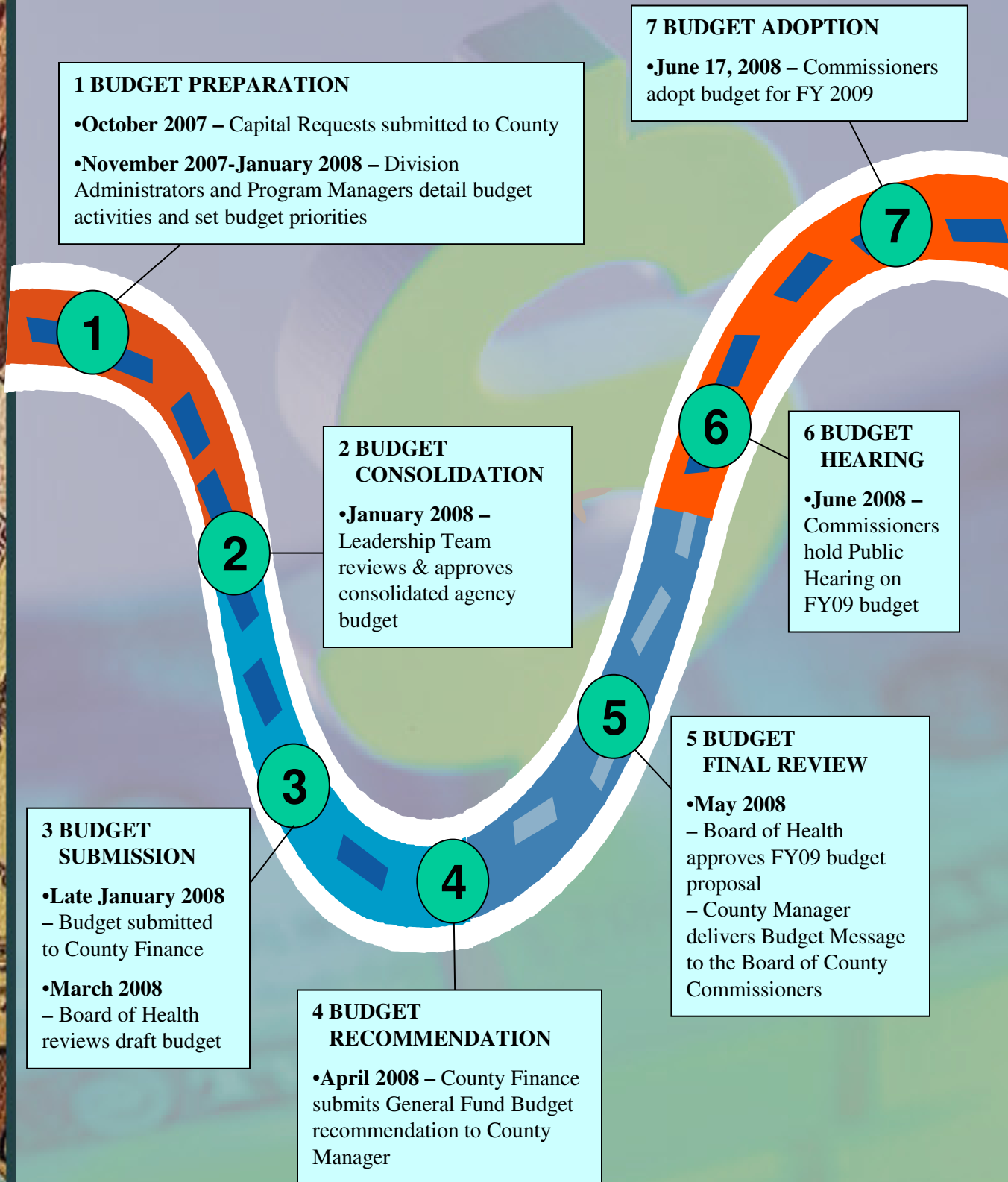
- Respiratory Protection
- Local Forensic Epidemiology
- NC Health Alert Network
- Continuing Medical, Environmental Health, and Nursing Education
- Outbreak investigation - BT Agent recognition & response
- Incident Command System (ICS) 100 – 400; National Incident Management System (NIMS)
- GIS for Public Health
- Wide range of public health topics

Regional Response Laboratory Training offered:

- Rule-out protocols for bioterrorism agents and emerging pathogens
- Packing and shipping protocols for laboratory specimens
- Continuing education for hospital and Public Health lab staff

How Is the Budget Created?

Roadmap and Timeline of the County Budget Process

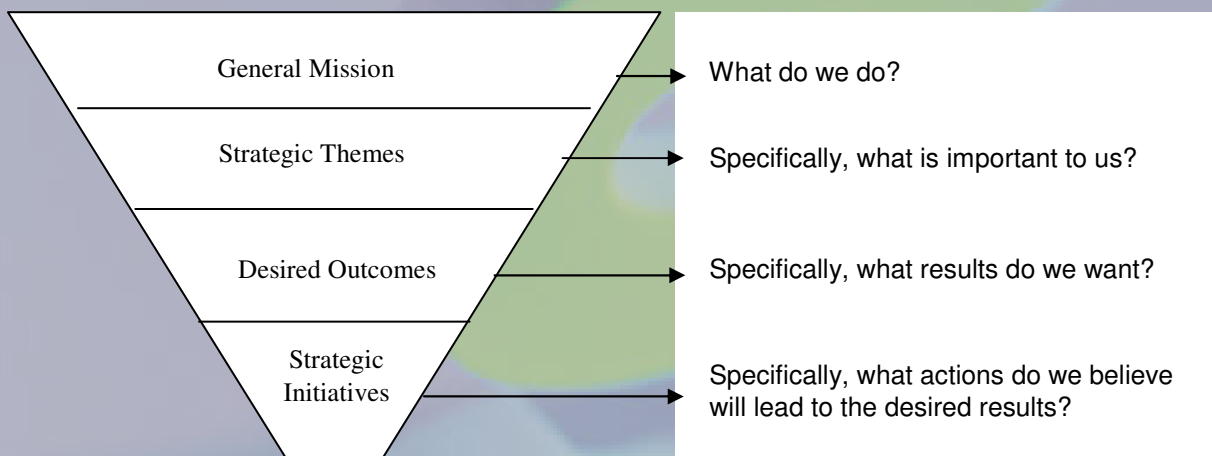


Budget development relies on estimates provided by the State Department of Health and Human Services as well as actual historic spending and revenue patterns for Buncombe County Health Center.

How is the Budget Created?

The Health Center is committed to ensuring that community dollars are spent in the most effective and efficient manner. The FY09 budget process strives to achieve a results-based budget, with dollars linked to expected results. This type of budgeting facilitates ongoing monitoring and evaluation of results, so that improvements to programs and service delivery can be made throughout the fiscal year.

Using the inverted pyramid below as our guide, we have sought to answer four basic questions:



© 2003 Balanced Scorecard Institute

First: "What Do We Do?"

Health Center Mission:

We protect, promote and assure health.

Second, "What Is Important To Us?" or, specifically, "What Are Our Strategic Themes?"

It is imperative that local government departments focus on the core services, which only county government can provide, and work to deliver those services efficiently and effectively. Buncombe County leaders have developed a clear strategy for achieving the county's mission, expressed through four themes:

- **Strategic Governance**
- **Smart Partnerships**
- **Focus on Results**
- **Excellence in Business Operations**

Through these themes, Buncombe County Health Center aligns its objectives and initiatives with the County's mission and directs evaluation toward measuring our success in achieving the County's intended results.

How is the Budget Created?

Third, “What Results Do We Want?” or “What Are Our Objectives, Measures, and Targets?”

Using a results-based budget model, we are engaged in an ongoing process of identifying and developing specific objectives, measures, targets and initiatives that enable us to quickly identify our successes and to identify areas needing special attention and/or improvement. This strategic management system promotes a department that is transparent and accountable to consumers, taxpayers, and the community.

We have adopted a framework to evaluate our targeted results from the following perspectives:

- **Client/Patient/Stakeholder**
- **Financial Stewardship**
- **Internal Business Process**
- **Infrastructure/Organizational Capacity**

Viewing the work of the Health Center from these four perspectives helps us to implement a balanced strategy that provides clear “cause and effect” linkages to achieving our mission.

We drive our strategic management process through Results Teams that draw from the knowledge of each individual staff member. With representation from all applicable service units, these teams provide an opportunity for staff at all levels to understand how their actions connect to client and financial outcomes. Some of the responsibilities of Results Teams include: work flow reorganizations, process improvement, and contract monitoring and evaluation. Our staff has gained a greater understanding of the important connection between programs and dollars, and how this connection relates to outcomes and improved efficiencies.

Fourth, “What Actions (or Initiatives) Can We Take To Achieve The Desired Results?”

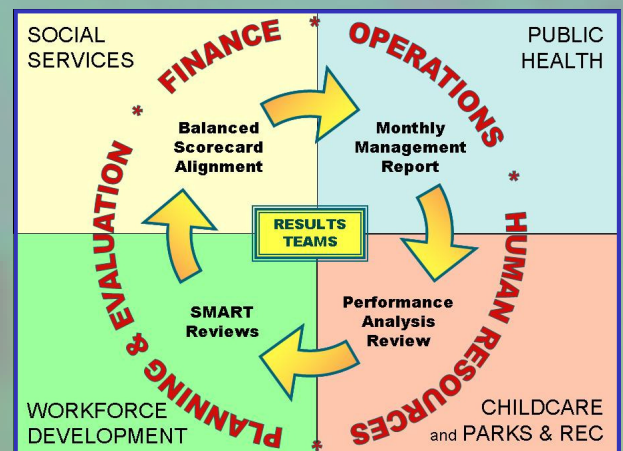
In answering this question, staff face the daunting challenge of attaching resources to identified priorities, some of which involve dollars and some of which do not. By attaching resources to priorities, staff wrestle with the difficult challenge of assigning limited resources to support programs and services. Through this process, staff develop innovative and cost-efficient methods that work to better utilize limited dollars and deliver better results for residents.

QuickFacts: Strategic Management

Buncombe County Human Services’ strategic management system aligns staff activities to county-level outcome-focused strategies.

- “Balanced Scorecard” system
- Frequent review of performance data
- Key data measures shared regularly with stakeholders.
- Cross-agency Human Services review meetings
- Cross-disciplinary Results Teams
- Program managers prioritize, monitor budgets
- Human Services Support Team assists in the areas of Human Resources, Finance, Operations, and Planning & Evaluation.

Buncombe County Human Services Strategic Management System



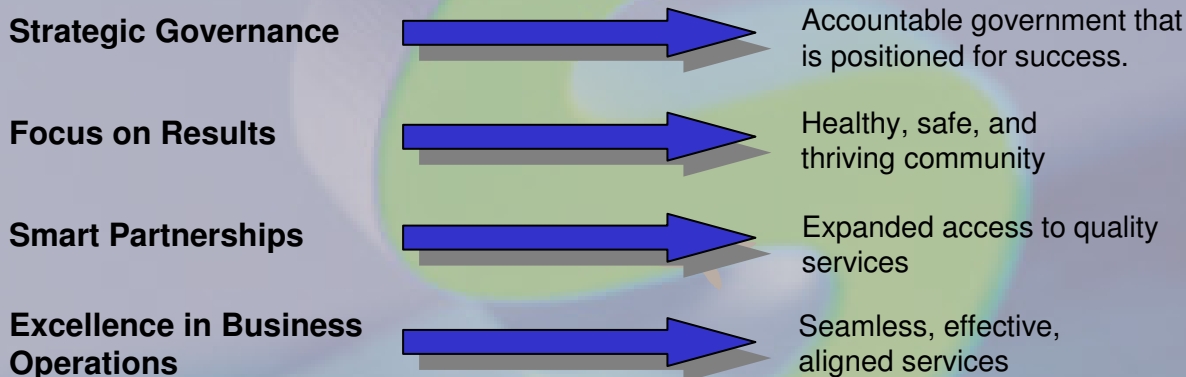
How is the Budget Created?

Putting It All Together...

Teams that stretch across all of Human Services have developed and continue to refine strategic objectives, measures, and targets to support results for these themes that ultimately improve the lives of citizens. We are now in the process of cascading down to each individual staff member our unified strategic objectives. Each employee has specific performance measures that highlight individual and unit performance and provide a clear line of sight for how their daily work activities impact the fulfillment of the County's mission.

Our strategy rests on a foundation of leadership and communication while supporting the mission from four important perspectives to assure that Buncombe County residents receive the services that foster independence, permanence, health and safety.

Each Strategic Theme is intended to yield the following results for our community:



Here is a summary of the FY 2009 Health Center Budget

| Program | Total Expense | Federal & State Contribution | % | Service Fees Contracts & Grants | % | County Contribution | % |
|---|---------------------|------------------------------|------------|---------------------------------|------------|---------------------|------------|
| Administration | \$ 1,466,541 | \$ - | 0% | \$ 150,346 | 10% | \$ 1,316,195 | 90% |
| Community Protection & Preparedness | \$ 3,228,211 | \$ 348,177 | 11% | \$ 1,337,926 | 41% | \$ 1,542,108 | 48% |
| Community Health Promotion (including School Nurses) | \$ 6,984,425 | \$ 1,902,284 | 27% | \$ 2,152,374 | 31% | \$ 2,929,767 | 42% |
| Clinical Services | \$ 6,758,452 | \$ 839,202 | 12% | \$ 2,414,221 | 36% | \$ 3,505,029 | 52% |
| Practice and Standards | \$ 817,875 | \$ - | 0% | \$ 9,268 | 1% | \$ 808,607 | 99% |
| Regional Public Health | \$ 592,144 | \$ 592,144 | 100% | \$ - | 0% | \$ - | 0% |
| GRAND TOTAL | \$19,847,648 | \$ 3,681,807 | 19% | \$ 6,064,135 | 31% | \$10,101,706 | 51% |

What Does the Organization Look Like?

NC Department of Health & Human Services

Board of Health
Winnie Ziegler, Chair

Buncombe County Board of Commissioners

Local Public Health Administrator I
Vacant
Health Director
Sharon West – Interim
Administrative Secretary III

Health Administration
FTEs - 2

Regional Public Health
Martha Salyers
Physician II
FTEs: 4

Administrative Assistant I
Industrial Hygiene Consultant
Public Health Epidemiologist II

Human Services Support Team
Jim Holland
Business Officer II

Accountant
Accounting Techs (15)
Community Svcs Consultant
HS Planner/Evaluators (3)
Personnel Assistant
Processing Assistant V
Processing Assistant.

Community Protection and Preparedness
Eddie Shook, Coordinator
Total FTEs: 47

Environmental Health
Marc Fowler, Director
EH Program Director (1)
EH Specialist Trainees (2)
EH Specialists (18)
EH Program Specialists (2)
Office Assistants (3)
Soil Scientist (1)
Supervisors (2)
Total FTEs: 29

Disease Control
Sue Ellen Morrison, Supervisor
Community Health Assistants (1)
Processing Assistants (4)
PH Nurses II (8)
PH Nurses III (2)
PH Nursing Supervisor (1)
Total FTEs: 16

Preparedness
Public Health Epidemiologist (1)

Community Health Promotion
Dr. Laila Aljaseem, Coordinator
Total FTEs: 87.3

Community Health Nurse
Connie Roberts, Supervisor
Public Health Nurse II (9)
Public Health Nurse III (1)
Habilitation Specialists (2)
Office Assistant (1)
Public Health Nursing Supervisor (1)
Total FTEs: 14

Social Work
Anna Jarvis, Supervisor (MCC/MOW)
Social Workers (8)
Maternal Outreach Worker (1)
Social Worker Supervisor (1)
Total FTEs: 10

Dean Griffin, Supervisor (CSC/HC)
Social Workers (8)
Office Assistant (1)
Processing Assistants (1.5)
Social Work Supervisor (1)
Total FTEs: 21.5

School Health Nursing
Nelle Gregory, Supervisor
Public Health Nurse II (19)
Public Health Nurse III (2)
Public Health Nursing Supervisor (1)
Total FTEs: 22

Nutrition
Suzette Bartlett, Director
Nutritionist III (1)
Nutritionist I (3)
Nutritionist II (6); 1 temp
Computer Support Technician (1)
Processing Unit Supervisor (1)
Medical Office Assistants (7)
Nutrition Program Director (1)
Community Health Assistant (3) temp
Total FTEs: 20

Health Promotion
Gaylen Ehrlichman, Supervisor
Public Health Educator I (2); 1 temp
Public Health Educator II (3)
Public Health Educator III (1)
Public Health Education Spec (3); 1 temp
Dental Hygienist I (2) 1 @ 80%; 1 temp
Dental Hygienist II (2) temp
Office Assistant (1 – temp)
Total FTEs: 8.8

PIO
Information & Communication Specialist (1)
Total FTE: 1

Clinical Services
Steve Swearingen
Program Administrator
Medical Director
Total FTEs: 71

Clinical Services Administration
Medical Staff
Physicians (7) – 1@80%; 1@70%
Physician Extenders (4)
Charlotte Blankenship
Administrative Officer I
Office Assistant V
Total FTEs: 13.50

Primary Care
Linda Tettambel
PH Nursing Unit Supervisor II
Community Health Assistants (9)
Medical Office Assistants (2)
Public Health Nurse II (7); 2 temp
Public Health Nurse III (4)
Licensed Practical Nurse (1)
Processing Assistant IV (3); 1 temp
Total FTEs: 27

Laboratory
Ginny Price
Medical Lab Supervisor I
Community Health Assistants (3)
Medical Lab Technicians (2)
Medical Office Assistant (1)
Medical Lab Supervisor (1)
Total FTEs: 7

Pharmacy
Beth Gerrald
Clinical Pharmacist
Pharmacists (4); 1 temp
Pharmacy Technicians (5)
Clinical Pharmacist (1)
Total FTEs: 10

Phone Center
Deanna Bartlett, Processing Unit Supervisor
Processing Assistant III (6.5)
Processing Unit Supervisor (1)
Total FTEs: 7.5

BCCCP
Public Health Nurse III (1)
Processing Assistant III (1)
Processing Assistant IV (1)
Total FTEs: 3

Employee Health
Lynn Rapp
Physician Extender
Public Health Nurse II (1)
Processing Assistant III (1)
Physician Extender (1)
Total FTEs: 3

Practice & Standards
Sharon West
Program Administrator
Nursing Director
Total FTEs: 16

Debbie Duncan
Quality Assurance Specialist

Medical Records
Tom Collins, Processing Unit Supervisor
Processing Assistant III (6)

Vital Records
Processing Assistant IV (1)

Interpreter Services
Ana Arevalo,
Lead Interpreter
Foreign Language Interpreters (9 – 3 temp)

School Based Health Centers
Public Health Nurse III (2)
Physician Extenders (3, 1 temp)
Processing Assistant III (3)
Total FTEs: 7

What Does the Budget Detail Look Like?

| HEALTH CENTER ADMINISTRATION | |
|-------------------------------------|------------------|
| SALARIES & WAGES REGULAR | 149,470 |
| SALARIES & WAGES TEMP | 0 |
| LONGEVITY | 350 |
| 401K | 11,958 |
| FICA | 11,452 |
| RETIREMENT | 7,320 |
| GROUP INSURANCE | 8,465 |
| LIFE INSURANCE | 108 |
| TOTAL SALARY & BENEFITS | 189,123 |
| MEDICAL SUPPLIES | 313,369 |
| SUPPLIES | 190,378 |
| TRAVEL | 0 |
| TRAVEL SUBSISTENCE | 19,054 |
| TELEPHONE | 96,289 |
| POSTAGE | 32,378 |
| PRINTING | 27,900 |
| MAINT & REPAIR EQUIPMENT | 1,400 |
| EMPLOYEE TRAINING | 5,150 |
| CONTRACTED SERVICES | 201,146 |
| RENTAL OFFICE SPACE | 235,800 |
| RENTAL-COPIERS | 33,795 |
| INSURANCE & BONDS | 109,819 |
| DUES & SUBSCRIPTIONS | 2,900 |
| BANK SERVICE CHARGES | 8,040 |
| TOTAL OPERATING | 1,277,418 |
| TOTAL EXPENDITURES | 1,466,541 |

The Health Center Administration budget centralizes many agency-wide costs, such as: medical supplies, office supplies, telephone, postage, printing, building maintenance

| HEALTH CENTER ADMINISTRATION | |
|-------------------------------------|------------------|
| FEDERAL FUNDS | 0 |
| STATE FUNDS | 150,346 |
| SERVICE FEES | 0 |
| CONTRACTS & GRANTS | 0 |
| COUNTY FUNDS | 1,316,195 |
| TOTAL REVENUES | 1,466,541 |

What Does the Budget Detail Look Like?

| COMMUNITY PROTECTION AND PREPAREDNESS | |
|--|------------------|
| SALARIES & WAGES REGULAR | 2,086,786 |
| SALARIES & WAGES TEMP | 0 |
| LONGEVITY | 60,072 |
| 401K | 166,943 |
| FICA | 163,970 |
| RETIREMENT | 104,812 |
| GROUP INSURANCE | 436,245 |
| LIFE INSURANCE | 3,060 |
| TOTAL SALARY & BENEFITS | 3,021,888 |
| UNIFORMS | 434 |
| EDUCATION/PROGRAM MATERIALS | 9,413 |
| MEDICAL SUPPLIES | 0 |
| MOTOR FUELS | 26,000 |
| TRAVEL | 32,949 |
| TRAVEL SUBSISTENCE | 8,960 |
| MAINT & REPAIR EQUIPMENT | 1,900 |
| LAUNDRY & DRY CLEANING | 1,000 |
| EMPLOYEE TRAINING | 10,518 |
| CONTRACTED SERVICES | 17,170 |
| BT PREPAREDNESS AND RESPONSE | 55,394 |
| DUES & SUBSCRIPTIONS | 2,585 |
| TOTAL OPERATING | 166,323 |
| UNCA LEAD PROGRAM | 40,000 |
| TOTAL OUTSIDE CONTRIBUTIONS | 40,000 |
| TOTAL EXPENDITURES | 3,228,211 |

| COMMUNITY PROTECTION AND PREPAREDNESS | |
|--|------------------|
| FEDERAL FUNDS | 238,435 |
| STATE FUNDS | 109,742 |
| SERVICE FEES | 1,337,926 |
| CONTRACTS & GRANTS | 0 |
| COUNTY FUNDS | 1,542,108 |
| TOTAL REVENUES | 3,228,211 |

What Does the Budget Detail Look Like?

| COMMUNITY HEALTH PROMOTION (minus School Nurses) | |
|---|------------------|
| SALARIES & WAGES REGULAR | 3,419,371 |
| SALARIES & WAGES TEMP | 103,115 |
| LONGEVITY | 100,597 |
| 401K | 273,550 |
| FICA | 277,166 |
| RETIREMENT | 172,126 |
| GROUP INSURANCE | 755,428 |
| LIFE INSURANCE | 5,267 |
| TOTAL SALARY & BENEFITS | 5,106,620 |
| EDUCATION/PROGRAM MATERIALS | 13,377 |
| TRAVEL | 45,999 |
| TRAVEL SUBSISTENCE | 14,489 |
| MAINT & REPAIR EQUIPMENT | 654 |
| LAUNDRY & DRY CLEANING | 680 |
| EMPLOYEE TRAINING | 14,375 |
| CONTRACTED SERVICES | 35,350 |
| BPC REGIONAL | 7,340 |
| CONTRACTED SERVICES - PAN | 6,630 |
| CONTRACTED SERVICES - PA | 6,855 |
| CONTRACTED SERVICES - SSD | 29,800 |
| SMART START HEALTH | 11,905 |
| UNITED WAY - MOW | 7,267 |
| CONTRACTED SERVICES - APP | 6,045 |
| SMART START EARLY INTERVENTION | 8,950 |
| DUES & SUBSCRIPTIONS | 2,770 |
| TOTAL OPERATING | 212,486 |
| TOTAL EXPENDITURES | 5,319,106 |

| COMMUNITY HEALTH PROMOTION (minus School Nurses) | |
|---|------------------|
| FEDERAL FUNDS | 1,013,316 |
| STATE FUNDS | 688,968 |
| SERVICE FEES | 1,561,991 |
| CONTRACTS & GRANTS | 438,631 |
| COUNTY FUNDS | 1,616,200 |
| TOTAL REVENUES | 5,319,106 |

What Does the Budget Detail Look Like?

| Community Health Promotion - SCHOOL NURSES | |
|---|------------------|
| SALARIES & WAGES REGULAR | 1,160,443 |
| SALARIES & WAGES TEMP | 0 |
| LONGEVITY | 17,456 |
| 401K | 92,835 |
| FICA | 90,109 |
| RETIREMENT | 57,599 |
| GROUP INSURANCE | 194,380 |
| LIFE INSURANCE | 1,436 |
| TOTAL SALARY & BENEFITS | 1,614,258 |
| EDUCATION/PROGRAM MATERIALS | 1,000 |
| MEDICAL SUPPLIES | 2,000 |
| OFFICE SUPPLIES | 13,509 |
| TRAVEL | 9,483 |
| TRAVEL SUBSISTENCE | 5,000 |
| TELEPHONE | 7,000 |
| POSTAGE | 100 |
| PRINTING | 200 |
| EMPLOYEE TRAINING | 12,319 |
| RENTAL-COPIERS | 150 |
| DUES & SUBSCRIPTIONS | 300 |
| TOTAL OPERATING | 51,061 |
| TOTAL EXPENDITURES | 1,665,319 |

| Community Health Promotion - SCHOOL NURSES | |
|---|------------------|
| FEDERAL FUNDS | 0 |
| STATE FUNDS | 200,000 |
| SERVICE FEES | 0 |
| CONTRACTS & GRANTS | 151,752 |
| COUNTY FUNDS | 1,313,567 |
| TOTAL REVENUES | 1,665,319 |

What Does the Budget Detail Look Like?

| CLINICAL SERVICES | |
|------------------------------------|------------------|
| SALARIES & WAGES REGULAR | 3,948,917 |
| SALARIES & WAGES TEMP | 0 |
| LONGEVITY | 77,193 |
| 401K | 315,913 |
| FICA | 307,930 |
| RETIREMENT | 196,834 |
| GROUP INSURANCE | 641,670 |
| LIFE INSURANCE | 4,741 |
| TOTAL SALARY & BENEFITS | 5,493,198 |
| EDUCATION/PROGRAM MATERIALS | 980 |
| PHARMACEUTICALS | 777,850 |
| PHARMACEUTICALS - FLU VACCINE | 126,610 |
| MEDICAL SUPPLIES | |
| TRAVEL | 1,450 |
| TRAVEL SUBSISTENCE | 19,835 |
| MAINT & REPAIR EQUIPMENT | 20,650 |
| LAUNDRY & DRY CLEANING | 2,000 |
| EMPLOYEE TRAINING | 20,430 |
| CONTRACTED SERVICES | 161,632 |
| MISSION CLINICAL PHARMACY | 0 |
| DENTAL | 121,000 |
| BEHAVIORAL HEALTH | 0 |
| RENTAL-EQUIPMENT | 300 |
| DUES & SUBSCRIPTIONS | 12,517 |
| TOTAL OPERATING | 1,265,254 |
| TOTAL EXPENDITURES | 6,758,452 |

| CLINICAL SERVICES | |
|--------------------------|------------------|
| FEDERAL FUNDS | 764,202 |
| STATE FUNDS | 75,000 |
| SERVICE FEES | 2,162,221 |
| CONTRACTS & GRANTS | 252,000 |
| COUNTY FUNDS | 3,505,029 |
| TOTAL REVENUES | 6,758,452 |

What Does the Budget Detail Look Like?

| PRACTICE AND STANDARDS | |
|------------------------------------|----------------|
| SALARIES & WAGES REGULAR | 530,213 |
| SALARIES & WAGES TEMP | 0 |
| LONGEVITY | 8,166 |
| 401K | 42,417 |
| FICA | 41,186 |
| RETIREMENT | 26,327 |
| GROUP INSURANCE | 155,360 |
| LIFE INSURANCE | 1,163 |
| TOTAL SALARY & BENEFITS | 804,832 |
| TRAVEL | 160 |
| TRAVEL SUBSISTENCE | 2,691 |
| EMPLOYEE TRAINING | 2,317 |
| CONTRACTED SERVICES | 7,625 |
| DUES & SUBSCRIPTIONS | 250 |
| TOTAL OPERATING | 13,043 |
| TOTAL EXPENDITURES | 817,875 |

| PRACTICE AND STANDARDS | |
|-------------------------------|----------------|
| FEDERAL FUNDS | 0 |
| STATE FUNDS | 0 |
| SERVICE FEES | 9,268 |
| CONTRACTS & GRANTS | 0 |
| COUNTY FUNDS | 808,607 |
| TOTAL REVENUES | 817,875 |

What Does the Budget Detail Look Like?

| REGIONAL PUBLIC HEALTH | |
|------------------------------------|----------------|
| SALARIES & WAGES REGULAR | 307,254 |
| SALARIES & WAGES TEMP | 0 |
| LONGEVITY | 9,081 |
| 401K | 24,580 |
| FICA | 24,200 |
| RETIREMENT | 15,469 |
| GROUP INSURANCE | 41,601 |
| LIFE INSURANCE | 274 |
| TOTAL SALARY & BENEFITS | 422,459 |
| PHRST 6 | 30,000 |
| STATE LABORATORY | 139,685 |
| TOTAL OPERATING | 169,685 |
| TOTAL EXPENDITURES | 592,144 |

| REGIONAL PUBLIC HEALTH | |
|-------------------------------|----------------|
| FEDERAL FUNDS | 592,144 |
| STATE FUNDS | 0 |
| SERVICE FEES | 0 |
| CONTRACTS & GRANTS | 0 |
| COUNTY FUNDS | 0 |
| TOTAL REVENUES | 592,144 |

What Does the Budget Detail Look Like?

| BUNCOMBE COUNTY HEALTH CENTER - OVERALL | |
|--|-------------------|
| TOTAL SALARY - REGULAR | 11,602,454 |
| TOTAL SALARY - TEMPORARY | 103,115 |
| TOTAL SALARY - LONGEVITY | 272,915 |
| TOTAL 401K | 928,196 |
| TOTAL FICA | 916,013 |
| TOTAL RETIREMENT | 580,487 |
| TOTAL GROUP INSURANCE | 2,233,149 |
| TOTAL LIFE INSURANCE | 16,049 |
| GRAND TOTAL SALARY & BENEFITS | 16,652,378 |
| GRAND TOTAL OPERATING COSTS | 3,155,270 |
| GRAND TOTAL OUTSIDE CONTRIBUTION | 40,000 |
| GRAND TOTAL CAPITAL EXPENDITURES | 0 |
| GRAND TOTAL EXPENDITURES | 19,847,648 |

| BUNCOMBE COUNTY HEALTH CENTER - OVERALL | |
|--|-------------------|
| FEDERAL FUNDS | 2,608,097 |
| STATE FUNDS | 1,224,056 |
| SERVICE FEES | 5,071,406 |
| CONTRACTS & GRANTS | 842,383 |
| COUNTY FUNDS | 10,101,706 |
| GRAND TOTAL REVENUES | 19,847,648 |



Buncombe County Health Center

35 Woodfin Street • Asheville NC 28801 • (828) 250-5000

www.buncombecounty.org/governing/depts/Health



The BCHC FY09 Budget Guide was produced by the
BUNCOMBE COUNTY HUMAN SERVICES SUPPORT TEAM
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