



For Recording Stamp Only

Deschutes County Board of Commissioners
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MINUTES OF WORK SESSION

DESCHUTES COUNTY BOARD OF COMMISSIONERS

MONDAY, JUNE 20, 2016

Present were Commissioners Alan Unger, Tammy Baney and Anthony DeBone. Also present were Erik Kropp, Deputy County Administrator; and Dave Doyle and Cole Sahleen, County Counsel. Attending for a portion of the meeting were Wayne Lowry, Finance; Whitney Hale, Communications; Jane Smilie, Hillary Saraceno, DeAnn Carr and Shannon Vandegriff, Health Department; Peter Russell, Community Development; and two other citizens.

Chair Unger opened the meeting at 1:30 p.m.

1. Finance Update.

Wayne Lowry advised that interest rates are up to 1.1%, which is the best it has been in years. With \$167 million, combined with a bump from the pool, this has resulted in some savings. Rates are still not strong, and market values are higher than book values.

FTE vacancies are similar to those in the past. General fund balance is higher than anticipated for the end of the year. Almost every fund is in solid shape.

The Clerk's work is a barometer of the real estate market, and this department's revenue will be up significantly. Community Development's revenue of \$6.4 million is ahead of projections by about 17%. Beginning fund balance will be much higher, with some going into reserves.

The Road fund is stable; as is Solid Waste at a 9% increase, with some going into reserves. Bonds were refinanced to take advantage of better rates. This will be effective on July 1. Most is related to Solid Waste, and it lowers the debt service. The Fair & Expo is also involved in this bond transaction.

The Health Benefits Fund will have a reduced fund balance, per previous conversations. It has done well over the past six months. Mr. Kropp said that a further reduction would need to be a Board policy decision, and this has been recommended by the consultant.

Mr. Lowry stated that Justice Court started making projections early this year that he thought were overly optimistic, but those have happened. Revenue is doing well, and the General Fund contribution has gone down.

The room tax fund information page in his report has been expanded, to show all revenue and then a breakdown of expenses and distributions. There is a reserve fund shown as well. Some funds have not yet been used for marketing and promotion.

Chair Unger asked how some resorts and hotels can show a bigger amount as tax on their website, when some of it is actually for various resort fees. Mr. Lowry stated that there are specific ways they are to show costs on customers' bills and this is often addressed when certain resorts are audited. The resorts have to break this out to know how much to send the County.

The HR software project is moving along, with many people involved.

2. Request for Board Authorization of Patrol Service Transport to Provide Secure Transport Services within Deschutes County.

DeAnn Carr gave an overview of the item, which is a certification requirement by the State to be able to transport within the County and through other counties. These are addressed when a transporter comes up for renewal. In general, an at-risk person might be transported from one hospital to another or to psychiatric facilities.

BANEY: Move approval.

DEBONE: Second.

VOTE: BANEY: Yes.

DEBONE: Yes.

UNGER: Chair votes yes.

3. Presentation of Final Draft of Public Health Services Strategic Plan.

Jane Smilie said this is a good time to finalize the Plan and to pass the torch to the Deputy Health Directors. A PowerPoint presentation was then shown. Shannon Vandegriff led the facilitation of the strategic plan, along with others who worked on collaboration throughout the organization.

Ms. Vandegriff explained the strategic planning approach and the entities involved. She went over the process and stated goals, along with more specific actions that will be updated on an annual basis. Input was solicited from staff, supervisors, the Early Learning executive committee, the I/DD advisory group and other committees.

Commissioner Baney asked if some of this work will be incorporated in showing outcomes and goals later. Ms. Smilie said they looked at the current objectives and aligned this work with those. They used what was given and intend to expand on it.

Ms. Carr stated that there are a lot of ways to improve, but when you have too many items or ideas, those have to be prioritized. One element is a health impact pyramid showing what issues have the smallest to the largest impacts. They will focus on things that have the highest impact first.

They need to know where they are going, and this includes becoming a certified community behavioral health clinic, with physical health modernization aspects. This may mean reaching out to partners that they have not worked with before.

Hillary Saraceno said that changes in public health have had a huge impact on their work. It is anticipated that health care reform will include more efficiencies and preparedness to address newer threats. There is a shift to a greater emphasis on population health. She provided a handout that shows the basic standards and functions, which are foundational. Every local public health agency should have these pieces, whether they provide them or the work is done by another agency. The assessment has been made statewide, and they want to focus on what is happening locally. There will be regional meetings around the State. This all leads up to a legislative report and requests for funding. She is keeping a close eye on this part so that central and eastern Oregon are not shorted when it comes to funding.

They revisited their mission, vision and values. There was a lot of discussion on the values portion. Strategic goals explain how they hope to get there. Originally, they had over a dozen goals, but heard that this needed to be simpler and brought back to core goals. There are now five. This will be evaluated and may change over time if appropriate.

Ms. Saraceno then explained the various strategies under each goal heading. These include measurements. This is the overall template for their plan, and there are action plans for each group.

Ms. Carr stated that they want to make sure the community has access to what it needs. The system must be streamlined and easy to use. Commissioner Baney asked if ‘assuring’ means this is a promise. She wondered if this should be ‘ensured’ instead. Ms. Saraceno stated that this verbiage was discussed a lot, and some of it depends on who provides the service. Ms. Smilie added that there is a shift away from direct service to an assurance role.

There are some functions that they will absolutely provide themselves, but they are using partners and contractors for other work. Commissioner Baney stated that this seems to encompass not just the internal role of the County but also the role of others. Ms. Smilie said that they had to include the County’s contributions and decide how the rest would be provided. The County has to make sure that the services that are necessary are available. Chair Unger noted that he would agree with ‘assure’.

Ms. Carr then spoke about acquiring and using resources effectively. Much of this is reliant on the accuracy of claims and data. Partnerships are also a very important piece of this.

Ms. Vandegriff added that Goal 4 has to do with how their work is done internally, but including collaboration with other agencies. Goal 5 relates to developing their workforce and enhancing a positive work culture.

Ms. Smilie stated that they use the Baldrige criteria for excellence to measure performance. There needs to be a balanced organization, and all aspects need to be considered. They need to have a strong organization to be able to deliver what is expected.

Chair Unger asked about programs regarding tobacco sales, which mostly happens in the cities. He asked if there is any way to address licensing in a seamless way. Ms. Smilie replied that the grant that would allow for this work includes a liaison with the cities.

Chair Unger asked about communications, and how Healthy Beginnings and similar programs fit in. He wants to make sure this work is not duplicated. Ms. Saraceno said this ties in with the work of the regional assessment plan, and the County will play a role in this partnership.

Chair Unger asked about the cost of the action plan and what level of services should be funded at the highest amount. Ms. Smilie said that they may pursue development of some things, but nothing is in the plan that they cannot handle. They do not plan to ask for additional funding for any of them. Ms. Carr added that some programs are pre-existing within the collaboration or public health modernization plan. There will not be duplication or parallel work being done.

Commissioner DeBone stated that this goes out to 2020. He asked if they are advocating more dollars per capita in the future. Ms. Carr replied that at the State level, there is some push-pull. They want to make sure the dollars are used properly, but Oregon is specifically going after closing the gap for mental health issues. This will be a major discussion point for the State in the future, for both treatment and prevention, including early childhood issues, poverty and housing shortages.

Commissioner Baney said that some of it involves how to deploy dollars efficiently and looking at prevention and social determinants. She thinks the State is trying to align these so everyone is pushing in the same direction. Some of this is in the political arena. The money is being spent anyway, but they just aren't calling out the specifics.

Mr. Kropp stated that some action items are in the departments' purview, but some things may become policy decisions that needs to be addressed in a timely fashion. The Board needs to be informed of what is being done and what is anticipated. The tobacco licensing issue is one of these.

Chair Unger asked about the records keeping system. Ms. Carr stated that the hospital is adopting a huge system. The County's will be smaller but compatible.

Chair Unger asked if they would be able to work more with patients, given what time it takes to plan. Ms. Carr stated this has been discussed, and they will have a balanced schedule to be able to do the necessary work.

Commissioner Baney noted that the modernization piece shows that Oregon doesn't spend what other states do. She asked if the State is planning to bring counties or regions to a specific level that is consistent throughout Oregon. There will be pieces that one county cannot do on its own. Some counties may need support. She asked how this would be handled.

Ms. Saraceno said this is a component of one section and is a foundational piece. Commissioner Baney suggested this be added to 1-A since it is critical. Ms. Saraceno noted that some could fit into one or more places. She understands that there is a shift away from doing direct services through healthcare system changes. The County is the safety net, and in some ways will remain so. Sometimes it will be just providing expertise.

Ms. Smilie stated that there are various ways to align with the regulatory pieces. 'Actively engaging regionally' puts the County in the middle of it. The self-assessment has been done, and now there will be conversations to refine roles. The funding formula has not yet been developed. It is hard to quantify the amount of money needed. The County provides more support for health per capita than the State does, and the State investing even less in the future is a concern. The next legislative session will be important in defining where this is all going.

Chair Unger asked how they balance what they need to do locally with what they are expected to do on a regional basis. Ms. Carr stated that they hope to be more efficient regionally, but getting there has a price tag. It should not be regional if it is going to cost everyone more. They have success with some regional approaches, but not all; it depends on demand and requirements. Some issues are seen more in one community than others.

Chair Unger asked about next steps. Ms. Smilie said it is a living document and comments are welcome, or the Board can approve it. Ms. Saraceno stated she hopes that this document is part of the interview process for the Health Director position. The document is very close to being final. They hope to be able to move it forward at this time.

Commissioner Baney stated that the regional health improvement plan for the region should incorporate this. All of the partners have had a chance to weigh in, and all are supposed to be going in the same direction with their own strategic plans. Ms. Smilie noted that they built off this work. Commissioner Baney added that she does not think the Board has to formally improve this plan, but needs to be kept informed as it progresses.

4. Other Items.

Peter Russell said that there was a public hearing on the Bend Airport Improvement Plan. The City of Bend is adopting a preferred alternative plan and updating comprehensive plan language. The Board has discretion to call this up for a hearing or appeal. Under Code, if the Board does not call it up, it will be adopted as written by the Hearings Officer. Chair Unger asked if this information is available to review.

Commissioners Baney said that this brings things up from 2002 to today. Mr. Russell stated that helicopters are a hot button issue but the land was already identified in 2002 for this purpose. The update does not allow for any changes of the uses at the airport. Chair Unger stated that he doesn't like that the Airport cannot control what happens in the air. Commissioner Baney stated that this document relates with the uses on the ground, which are already allowed. Chair Unger noted that the frequency of use has grown. Commissioner Baney said that these were allowed uses and those cannot be taken away regardless of the level.

Mr. Russell stated there were questions about hours of operation and where the aircraft go. There were concerns about the National Guard's use of the airport for training and during emergencies. These are all beyond the purview of the City, County or State. FAA and Department of Aviation rules apply. None of this changes the land mix and what occurs on the ground there. It is a federal preemption. The zoning stays the same, and the master plan just updates what is already allowed.

Someone could appeal at a cost of about \$3,682, and would have to do so before June 29. Commissioner DeBone wants to support this work moving forward. If the Board calls it up, the fee is waived, but as of this time, no one has appealed or stated that is their intent.

Commissioner Baney asked if they can limit the number of operations. Mr. Russell stated that the County cannot limit the hours, flight pattern or use. Chair Unger said that some people want the Board to work towards a balance. Mr. Russell said the City has a flight friendly program, but it is voluntary and only the FAA can step in if there are problems. Once an aircraft leaves the ground, the County cannot do anything. These are not connected.

Commissioner Baney would like to meet with the City of Bend at some point, and talk about the plan, along with affordable housing and other mutual issues.

Mr. Russell stated that the next move would be an amendment to clarify some the uses at the airport, and to clarify the language from OAR.

Chair Unger doesn't sense that the Board wants to call this up given its limited authority. He would like to see the Hearings Officer's decision, however. Mr. Russell stated that if this is called up, it will take Board action no later than June 29. Someone else might decide to appeal before then as well.

Nick Lelack stated that the Board is meeting with the City of Bend regarding the UGB expansion on August 25. He can try to set something else up before then. The Commissioners felt that it might be difficult to schedule something between now and then.

Mr. Lelack said they are in contact with the Oregon Health Authority to notify existing medical growers about the new regulations. The OHA will do the mailing, and this should put everyone on notice.

Commissioners Baney asked how it would be handled after that. Mr. Lelack said that OHA won't give the County any contact information, so any actions will have to be complaint based. Commissioners Baney stated that she hears they are incredibly unresponsive and ineffective. She wondered how they can educate deputies so they can properly engage in the situation as well.

Mr. Kropp said he feels it is time to rescind the moratorium on Skyliners Road, since the project is now finished and there are upcoming events scheduled in that area.

Mr. Kropp stated that Don Senegal from Jericho Road had asked in the past about obtaining from the County a building for this nonprofit to use in Redmond. He has asked again. Mr. Kropp told him that if a tax foreclosure comes along, he can let Mr. Senegal know. Commissioner DeBone said that he does not want them sitting around waiting for this, and it might never happen. He knows Shepherd's House wants to expand its facilities to Redmond. Chair Unger said that Jericho Road had a chance to buy the old Catholic Church but never got there. The City may be able to offer opportunities as well.

Before the Board was an executive session, under ORS 192.660(2)(d), labor negotiations.

After executive session, the following action was taken.

DEBONE: Move approval of an MOU regarding overtime pay to certain employees as necessary, until the new labor agreement is in place.

BANEY: Second.

VOTE: DEBONE: Yes.
BANEY: Yes.
UNGER: Chair votes yes.

5. Adjourn.

Being no further discussion, the meeting was adjourned at 4:00 p.m.

APPROVED this 6th Day of July 2016 for the
Deschutes County Board of Commissioners.

Alan Unger
Alan Unger, Chair

Tammy Baney
Tammy Baney, Vice Chair

ATTEST:

Bonnie Baker
Recording Secretary

Anthony DeBone
Anthony DeBone, Commissioner

Work Session

(Please Print)

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Mailing Address

City

Zip

Phone #

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6-20-16

Monthly Meeting with Board of Commissioners
Finance Director/Treasurer

AGENDA

June 20, 2016

- (1) Monthly Investment Reports – May 2016
- (2) May 2016 Financials

Deschutes County

Total Investment Portfolio As Of 5/31/2016

Portfolio Breakdown: Par Value by Investment Type

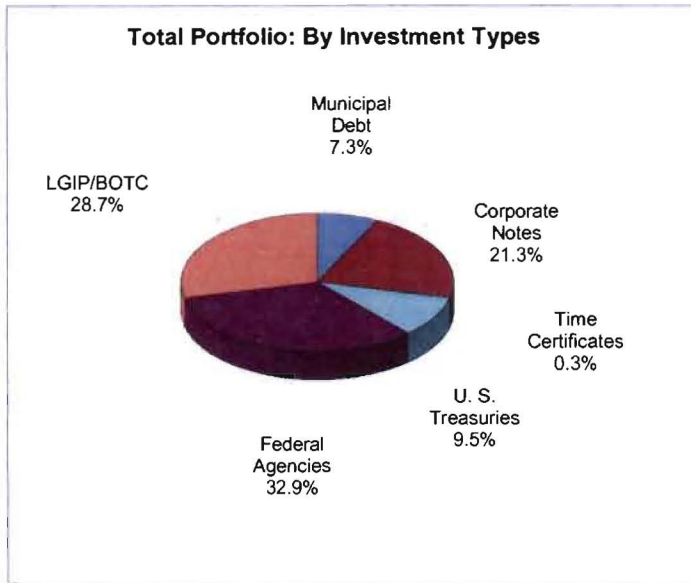
Municipal Debt	\$ 12,220,000	7.28%
Corporate Notes	35,772,000	21.32%
Time Certificates	440,000	0.26%
U. S. Treasuries	16,000,000	9.54%
Federal Agencies	55,174,000	32.89%
LGIP/BOTC	48,153,810	28.70%
Total Investments	\$ 167,759,810	100.00%

Investments By County Function		Investment Income	
		Fiscal Year 2015-16	
		May-16	Y-T-D
General	\$ 167,759,810	\$ 138,146	\$ 1,321,401
		-	-
Total Investments	\$ 167,759,810		
Total Investment Income		138,146	1,321,401
Less Fee: 5% of Invest. Income		(6,907)	(66,070)
Investment Income - Net		\$ 131,239	\$ 1,255,331
Prior Year Comparison	May-15	\$ 102,971	\$ 995,858

Yield Percentages

	Current Month	Prior Month
BOTC / LGIP	0.88%	0.75%
Investments	1.03%	1.03%
Average	1.00%	0.98%

Total Portfolio: By Investment Types



Category Maximums:

U.S. Treasuries	100%
LGIP (\$47,012,858)	100%
Federal Agencies	75%
Banker's Acceptances	25%
Time Certificates	50%
Municipal Debt	25%
Corporate Debt	25%

Term Minimums

0 - 30 days	10%
Under 1 Year	25%
Under 5 Years	100%

Comparators

24 Month Treas.	0.91%
LGIP Rate	0.88%
36 Month Treasu	1.05%

Months to Maturity

0 to 30 Days	31.47%
Under 1 Year	63.31%
Under 5 Years	100.00%


Weighted Average Maturity

Max 2 Years	.86 Years
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Memorandum

Date: June 13, 2016

To: Board of County Commissioners
Tom Anderson, County Administrator

From: Wayne Lowry, Finance Director 

RE: Monthly Financial Reports

Attached please find May 2016 financial reports for the following funds: **General** (001), **Community Justice – Juvenile** (230), **Sheriff's** (255, 701, 702), **Early Learning Hub** (273), **Public Health** (274), **Behavioral Health** (275), **Community Development** (295), **Road** (325), **Community Justice – Adult** (355), **Solid Waste** (610), **Insurance Fund** (670), **9-1-1** (705), **Health Benefits Trust** (675), **Fair & Expo Center** (618), and **Justice Court** (123), **Transient Room Tax** (160, 170).

The projected information has been reviewed and updated, where appropriate, by the respective departments.

Cc: All Department Heads

GENERAL FUND
Statement of Financial Operating Data

	July 1, 2015 through May 31, 2016 (92% of Fiscal Year)		FY 2016			
	FY 2015 Actual	Actual	% of Budget	Budget	Projected	Variance
Revenues						
Property Taxes - Current	23,196,345	24,468,093	102% a)	24,090,700	24,538,093	447,393
Property Taxes - Prior	647,334	445,327	89%	500,000	500,000	-
Other General Revenues	2,324,928	2,087,017	82% b)	2,552,960	2,354,600	(198,360)
Assessor	819,454	852,843	107%	795,202	852,843	57,641
County Clerk	1,650,844	1,496,738	98%	1,534,420	1,686,000	151,580
BOPTA	13,342	12,413	111%	11,154	12,413	1,259
District Attorney	299,095	106,383	58%	182,612	182,612	-
Tax Office	219,175	198,850	103%	192,379	198,850	6,471
Veterans	104,568	73,621	75% c)	98,121	122,681	24,560
Property Management	90,113	13,750	18%	75,000	75,000	-
Total Revenues	29,365,198	29,755,036	99%	30,032,548	30,523,092	490,544
Expenditures						
Assessor	3,697,588	3,514,544	85% d)	4,125,299	3,835,299	290,000
County Clerk	1,372,852	1,327,422	82%	1,624,716	1,490,716	134,000
BOPTA	60,320	57,497	88%	65,634	63,034	2,600
District Attorney	5,375,308	5,267,295	86% d)	6,146,851	5,876,851	270,000
Tax Office	778,075	693,627	80%	865,513	795,513	70,000
Veterans	330,582	294,787	71% d)	416,000	371,000	45,000
Property Management	264,768	264,427	90%	293,574	313,574	(20,000)
Non-Departmental	1,130,753	1,028,826	88%	1,163,643	1,163,643	-
Total Expenditures	13,010,247	12,448,426	85%	14,701,230	13,909,630	791,600
Transfers Out	14,947,204	13,959,119	90%	15,537,408	15,537,408	-
Total Exp & Transfers	27,957,452	26,407,545	87%	30,238,638	29,447,038	791,600
Change in Fund Balance	1,407,746	3,347,490		(206,090)	1,076,054	1,282,144
Beginning Fund Balance	8,381,199	9,788,945	113%	8,630,800	9,788,945	1,158,145
Ending Fund Balance	\$ 9,788,945	\$ 13,136,436		\$ 8,424,710	\$ 10,865,000	\$ 2,440,290

Beginning Net Working Capital per FY 2017 Approved Budget

10,411,770

a) Projection based on YTD plus June estimated at \$70,000

b) Budget includes \$198,360 Transfer In from TRT (Fund 170). Transferred to Econ Development Fund instead

c) Received quarterly. Grant in excess of amount budgeted

d) Personnel expenditures less than budgeted due to unfilled positions through May

**SHERIFF - Consolidated
Statement of Financial Operating Data**

	July 1, 2015 through May 31, 2016 (92% of Fiscal Year)			FY 2016		
	FY 2015					
	Actual	Actual	% of Budget	Budget	Projected	Variance
Revenues (Funds 701 & 702)						
Law Enf Dist Countywide	21,416,299	23,294,474	101%	23,142,090	23,624,675	482,585
Law Enf Dist Rural	13,082,018	13,394,102	99%	13,476,564	13,706,737	230,173
Total Revenues	34,498,317	36,688,575	100%	36,618,654	37,331,412	712,758
Expenditures (Fund 255)						
Personnel	27,982,132	26,040,660	92% a)	29,228,817	28,481,712	747,105
Materials & Services	6,331,777	5,695,811	89% b)	6,705,637	6,655,123	50,514
Capital Outlay	613,587	873,554	84% c)	1,059,944	1,023,273	36,671
Transfers Out	455,031	271,234	93%	271,616	271,616	-
Total Expenditures	35,382,528	32,881,259	88%	37,266,014	36,431,724	834,290
Revenues less Expenditures	(884,211)	3,807,317		(647,360)	899,688	1,547,048
DC Comm Systems Reserve	200,000	200,000	100%	200,000	200,000	-
Change in Fund Balance	(1,084,211)	3,607,317		(847,360)	699,688	1,547,048
Beginning Fund Balance	11,109,701	10,025,490	108%	9,267,317	10,025,490	758,173
Ending Fund Balance	\$ 10,025,490	\$ 13,632,807	d)	8,419,957	10,725,178	2,305,221

Beginning Net Working Capital per FY 2017 Approved Budget

Reserved for future Capital Outlay	2,094,060
Available for current expenditures	<u>7,800,877</u>
	<u>9,894,937</u>

a) Expenditures projected to be less than amount budgeted due to unfilled positions

b) Projected expenditures less than budget due primarily to savings in fuel costs

c) Unanticipated capital expenses are offset by savings from Jail HVAC project budgeted as capital but expensed as Materials & Services

d) Ending balance reserved for future Capital Outlay
Ending fund balance available to current expenditures

2,094,060
<u>8,631,118</u>
<u>10,725,178</u>

**SHERIFF - Expenditure Detail
Statement of Financial Operating Data**

FY 2015	July 1, 2015 through May 31, 2016 (92% of Fiscal Year)			FY 2016		
	Actual	Actual	% of Budget	Budget	Projected	Variance
Expenditures						
<u>Sheriff's Services</u>						
Personnel	1,444,896	1,402,466	95%	1,473,213	1,509,078	(35,865)
Materials & Services	1,083,885	1,259,103	91%	1,390,412	1,410,258	(19,846)
Capital Outlay	-	60,031	76%	79,000	60,031	18,969
Total Sheriff's Services	2,528,782	2,721,600	92%	2,942,625	2,979,367	(36,742)
<u>Civil/Special Units</u>						
Personnel	1,086,462	959,183	90%	1,062,099	1,048,262	13,837
Materials & Services	130,386	88,360	81%	109,469	93,174	16,295
Capital Outlay	-	6,548	100%	6,548	6,548	-
Total Civil/Special Units	1,216,848	1,054,090	89%	1,178,116	1,147,984	30,132
<u>Automotive/Communications</u>						
Personnel	404,038	389,864	91%	429,293	423,964	5,329
Materials & Services	1,445,359	1,199,422	81%	1,476,782	1,371,192	105,590
Capital Outlay	7,900	28,275	100%	28,300	28,275	25
Total Automotive/Communications	1,857,297	1,617,562	84%	1,934,375	1,823,431	110,944
<u>Investigations/Evidence</u>						
Personnel	1,441,261	1,439,255	94%	1,528,335	1,563,241	(34,906)
Materials & Services	162,788	135,430	84%	160,613	144,384	16,229
Capital Outlay	-	61,670	99%	62,600	61,670	930
Total Investigations/Evidence	1,604,049	1,636,355	93%	1,751,548	1,769,295	(17,747)
<u>Patrol</u>						
Personnel	7,476,400	6,885,913	87%	7,926,342	7,502,369	423,973
Materials & Services	587,630	543,274	87%	625,432	608,894	16,538
Capital Outlay	345,060	368,944	78%	470,926	474,935	(4,009)
Total Patrol	8,409,091	7,798,131	86%	9,022,700	8,586,198	436,502
<u>Records</u>						
Personnel	666,056	550,077	83%	663,829	602,403	61,426
Materials & Services	104,092	109,887	98%	111,922	115,442	(3,520)
Total Records	770,148	659,963	85%	775,751	717,845	57,906
<u>Adult Jail</u>						
Personnel	12,681,941	11,904,900	89%	13,391,264	13,041,699	349,565
Materials & Services	2,138,807	1,738,542	78%	2,227,142	2,162,257	64,885
Capital Outlay	63,177	192,613	74%	258,670	223,849	34,821
Transfer Out - Jail (D/S & Cap Proj)	455,031	271,234	100%	271,616	271,616	-
Total Adult Jail	15,338,956	14,107,290	87%	16,148,692	15,699,421	449,271
<u>Court Security</u>						
Personnel	318,888	228,929	72%	316,782	287,743	29,039
Materials & Services	8,989	13,228	136%	9,703	16,793	(7,090)
Capital Outlay	28,165	-	N/A	-	-	-
Total Court Security	356,041	242,157	74%	326,485	304,536	21,949
<u>Emergency Services</u>						
Personnel	144,725	146,170	91%	160,660	158,805	1,855
Materials & Services	228,481	17,668	86%	20,625	18,405	2,220
Capital Outlay	-	31,387	80%	39,200	31,387	7,813
Total Emergency Services	373,205	195,225	89%	220,485	208,597	11,888
<u>Special Services</u>						
Personnel	1,223,523	1,071,090	94%	1,133,625	1,182,884	(49,259)
Materials & Services	207,027	163,113	66%	246,074	195,699	50,375
Capital Outlay	156,982	118,447	109%	108,500	130,940	(22,440)
Total Special Services	1,587,532	1,352,650	91%	1,488,199	1,509,523	(21,324)
<u>Training</u>						
Personnel	418,013	388,684	90%	430,076	424,653	5,423
Materials & Services	83,548	76,697	52%	146,452	141,351	5,101
Total Training	501,561	465,380	81%	576,528	566,004	10,524
<u>Other Law Enforcement Services</u>						
Personnel	675,931	674,131	95%	713,299	736,611	(23,312)
Materials & Services	77,972	265,550	303%	87,699	283,962	(196,263)
Capital Outlay	12,303	5,638	91%	6,200	5,638	562
Total Other Law Enforcement Svcs	766,206	945,319	117%	807,198	1,026,211	(219,013)
<u>Non-Departmental</u>						
Materials & Services	72,813	85,536	92%	93,312	93,312	-
Total Non-Departmental	72,813	85,536	92%	93,312	93,312	-
Total Expenditures	\$ 35,382,528	\$ 32,881,259	88%	\$ 37,266,014	\$ 36,431,724	\$ 834,290

LED #2 - Rural 702
Statement of Financial Operating Data

FY 2015	July 1, 2015 through May 31, 2016 (92% of Fiscal Year)			FY 2016		
	Actual	Actual	% of Budget	Budget	Projected	Variance
Revenues						
Tax Revenues - Current	8,420,326	8,870,915	101% a)	8,783,959	8,900,915	116,956
Tax Revenues - Prior	235,019	158,074	73% b)	216,000	175,069	(40,931)
Des Cty Transient Room Tax	3,071,719	3,134,365	99%	3,151,787	3,151,787	-
City of Sisters	523,010	498,603	92%	543,930	543,930	-
Marine Board License Fee	112,383	76,273	59% c)	130,000	146,189	16,189
State Grant	113,239	79,345	73% c)	108,000	129,156	21,156
Court Fines & Fees	140,939	101,212	78% b)	130,000	115,000	(15,000)
Contracts with Des County	121,772	113,960	91%	125,810	125,810	-
US Forest Service	78,910	55,490	73%	76,500	76,500	-
School Districts	70,028	73,504	134% d)	55,000	90,000	35,000
Federal Grants	54,497	25,088	125% c)	20,000	36,698	16,698
Bureau of Reclamation	10,365	19,711	73% e)	27,000	19,711	(7,289)
Interest	42,000	56,985	189% b)	30,078	58,300	28,222
SB #1065 Court Assessment	24,768	20,744	86% b)	24,000	23,000	(1,000)
Federal Grants-BLM	770	1,679	N/A b)	-	1,679	1,679
Donations & Grants - Private	17,030	10,932	N/A f)	-	11,000	11,000
Miscellaneous	45,242	97,221	178% g)	54,500	101,993	47,493
Total Revenues	13,082,018	13,394,102	99%	13,476,564	13,706,737	230,173
EXPENDITURES & TRANSFERS						
DC Sheriff's Office	12,752,334	11,753,808	68%	17,378,029	12,950,719	4,427,310
DC Comm Systems Reserve	120,000	120,000	100%	120,000	120,000	-
Total Expenditures	12,872,334	11,873,808	68%	17,498,029	13,070,719	4,427,310
Change in Fund Balance	209,684	1,520,294		(4,021,465)	636,018	4,657,483
Beginning Fund Balance	4,450,084	4,659,768	116%	4,021,465	4,659,768	638,303
Ending Fund Balance	\$ 4,659,768	\$ 6,180,061		\$ -	\$ 5,295,785	\$ 5,295,785

Beginning Net Working Capital per FY 2017 Approved Budget 5,078,217

- a) Projection based on YTD actual plus June estimated \$30,000
- b) Revised estimate based on actuals
- c) Grant awards exceed budgeted amount
- d) School district contracted for additional hours for School Resource Deputy
- e) Patrols for this grant are not expected to continue
- f) Unanticipated donation from snowmobile association
- g) Sale of snowmobile, unbudgeted restitution payment of \$19,000 in March

PUBLIC HEALTH
Statement of Financial Operating Data

FY 2015	July 1, 2015 through May 31, 2016 (92% of Fiscal Year)		FY 2016			
	Actual	Actual	% of Budget	Budget	Projected	Variance
Revenues						
State Grant	3,373,900	2,803,848	98%	2,865,932	2,803,848	(62,084)
Environmental Health-Lic Fac	818,627	823,880	103%	802,450	823,880	21,430
OMAP	945,490	804,179	79%	1,023,650	804,179	(219,471)
Family Planning Exp Proj	236,714	169,877	68%	250,000	200,000	(50,000)
Interfund Grants & Contract	64,233	266,627	417% a)	64,000	266,627	202,627
Grants (Intergvt, Pvt, & Local)	264,205	60,300	N/A	-	60,300	60,300
Patient Insurance Fees	138,130	149,395	82%	181,200	159,804	(21,396)
State Miscellaneous	163,008	107,982	72% b)	150,000	123,160	(26,840)
Federal Payments	141,606	154,143	53% b)	292,085	191,836	(100,249)
Vital Records-Death	132,975	131,345	131%	100,000	141,852	41,852
Health Dept/Patient Fees	46,588	37,000	89%	41,800	37,218	(4,582)
Contract Payments	16,629	4,878	N/A	-	4,878	4,878
Vital Records-Birth	37,520	45,035	113%	40,000	49,734	9,734
Child Dev & Rehab Center	31,720	26,658	87%	30,759	30,759	-
Interest on Investments	15,422	17,713	127%	13,900	17,713	3,813
Grants & Donations	36,035	42,048	136%	30,838	42,048	11,210
Miscellaneous	32,519	1,726	288%	600	1,726	1,126
Total Revenues	6,495,321	5,646,634	96%	5,887,214	5,759,562	(127,652)
Expenditures						
Personnel Services	6,541,186	6,032,702	86%	7,007,820	6,609,186	398,634
Materials and Services	2,279,520	1,611,333	70%	2,287,054	2,071,392	215,662
Capital Outlay	49,701	3,469	107% c)	3,240	3,469	(229)
Transfers Out	164,640	88,230	75%	117,640	117,640	-
Total Expenditures	9,035,047	7,735,734	82%	9,415,754	8,801,687	614,067
Revenues less Expenditures	(2,539,726)	(2,089,100)		(3,528,540)	(3,042,125)	486,415
Transfers In-General Fund	2,701,475	2,476,353	92%	2,701,475	2,701,475	-
Transfers In-PH Res Fund	-	44,042	75%	58,723	58,723	-
Transfers In-Gen. Fund Other	65,100	48,825	75%	65,100	65,100	-
Total Transfers In	2,766,575	2,569,220	91%	2,825,298	2,825,298	-
Change in Fund Balance	226,849	480,120		(703,242)	(216,827)	486,415
Beginning Fund Balance	1,552,578	1,779,427	99%	1,789,387	1,779,427	(9,960)
Ending Fund Balance	\$ 1,779,427	\$ 2,259,548		\$ 1,086,145	\$ 1,562,601	\$ 476,456

- a) Revenue carried over from FY 2015
b) Received quarterly, in arrears
c) Appropriation will be increased before year end

COMMUNITY DEVELOPMENT
Statement of Financial Operating Data

	July 1, 2015 through May 31, 2016 (92% of Fiscal Year)		FY 2016			
	FY 2015 Actual	Actual	% of Budget	Budget	Projected	Variance
Revenues						
Admin-Operations	59,024	77,705	145%	53,494	82,000	28,506
Admin-GIS	2,110	807	32%	2,500	1,000	(1,500)
Admin-Code Enforcement	306,480	318,657	99%	322,913	345,000	22,087
Building Safety	2,122,894	2,170,355	101%	2,152,073	2,345,355	193,282
Electrical	447,721	512,982	110%	467,770	562,982	95,212
Contract Services	358,815	362,355	131%	276,500	537,604	261,104
Env Health-On Site Prog	497,039	563,252	119%	475,170	630,000	154,830
Planning-Current	1,230,486	1,176,707	110%	1,069,975	1,256,707	186,732
Planning-Long Range	604,808	595,497	86%	694,249	655,497	(38,752)
Total Revenues	5,629,377	5,778,317	105%	5,514,644	6,416,145	901,501
Expenditures						
Admin-Operations	1,461,189	1,459,378	89%	1,638,933	1,638,933	-
Admin-GIS	125,463	123,035	93%	132,305	132,305	-
Admin-Code Enforcement	286,288	270,665	85%	319,679	310,000	9,679
Building Safety	777,738	736,356	80%	915,194	875,000	40,194
Electrical	225,462	267,110	93%	286,145	286,145	-
Contract Services	270,206	298,613	92%	326,249	326,249	-
Env Health-On Site Pgm	233,477	306,252	90%	338,956	338,956	-
Planning-Current	792,256	918,328	90%	1,020,073	1,020,073	-
Planning-Long Range	557,991	451,575	79%	574,121	490,000	84,121
Transfers Out (D/S Fund)	173,673	163,940	100%	164,225	163,940	285
Total Expenditures	4,903,745	4,995,251	87%	5,715,880	5,581,601	134,279
Revenues less Expenditures	725,633	783,065		(201,236)	834,544	1,035,780
Transfers In/Out						
In: General Fund - L/R Planning	166,770	90,783	92%	99,039	99,039	-
Out: A & T Reserve	(90,360)	-	N/A	-	-	-
Out: CDD Reserve Funds	(687,470)	(1,037,652)	100%	(1,037,652)	(1,037,652)	-
Net Transfers In/Out	(611,060)	(946,869)	101%	(938,613)	(938,613)	-
Change in Fund Balance	114,573	(163,804)		(1,139,849)	(104,069)	1,035,780
Beginning Fund Balance	2,037,201	2,151,773	134%	1,600,000	2,151,773	551,773
Ending Fund Balance	\$ 2,151,773	\$ 1,987,970		\$ 460,151	\$ 2,047,704	\$ 1,587,553

Beginning Net Working Capital per FY 2017 Approved Budget

1,578,206

ADULT PAROLE & PROBATION
Statement of Financial Operating Data

	FY 2015	July 1, 2015 through May 31, 2016 (92% of Fiscal Year)		FY 2016		
		Actual	Actual	% of Budget	Revised Budget	Projected
Revenues						
DOC Grant in Aid SB 1145	3,025,316	3,650,200	100%	3,650,168	3,650,200	32
DOC Measure 57	217,845	234,316	100% a)	234,316	234,316	-
Electronic Monitoring Fee	212,894	161,960	72% b)	225,000	180,000	(45,000)
Probation Superv. Fees	220,081	195,433	93%	210,000	210,000	-
DOC-Family Sentence Alt	-	110,797	100% c)	110,796	110,796	-
Interfund - Sheriff	50,000	45,837	92%	50,000	50,000	-
Gen Fund/Crime Prevention	50,000	37,500	75% d)	50,000	50,000	-
DOJ/Arrest Grant	52,612	35,052	75% d)	46,736	46,736	-
State Subsidy	14,960	16,317	105%	15,610	16,317	707
Alternate Incarceration	31,775	19,492	97% d)	20,035	20,035	-
Interest on Investments	9,550	13,217	189% e)	7,000	14,000	7,000
Probation Work Crew Fees	10,191	8,826	147% e)	6,000	9,400	3,400
State Miscellaneous	4,142	11,623	270% f)	4,300	11,623	7,323
Leases	1,600	-	0% g)	1,500	-	(1,500)
CJC Justice Reinvestment	-	845,836	100% c)	845,807	845,836	29
Miscellaneous	8,931	342	68%	500	500	-
Total Revenues	3,909,897	5,386,748	98%	5,477,768	5,449,759	(28,009)
Expenditures						
Personnel Services	3,581,700	3,440,154	86% h)	4,013,941	3,800,000	213,941
Materials and Services	1,047,720	1,286,992	83% h)	1,551,315	1,412,000	139,315
Transfer to Veh Maint	-	31,104	75%	41,472	31,104	10,368
Capital Outlay	-	-	0% i)	68,100	60,000	8,100
Total Expenditures	4,629,420	4,758,250	84%	5,674,828	5,303,104	371,724
Revenues less Expenditures	(719,522)	628,498		(197,060)	146,655	343,715
Transfers In-General Fund	451,189	413,589	92%	451,189	451,189	-
Change in Fund Balance	(268,333)	1,042,087		254,129	597,844	343,715
Beginning Fund Balance	1,131,982	863,649	130%	662,516	863,649	201,133
Ending Fund Balance	\$ 863,649	\$ 1,905,736		\$ 916,645	\$ 1,461,493	\$ 544,848

Beginning Net Working Capital per FY 2017 Approved Budget

1,162,000

- a) Annual payment received in October
- b) Fees trending under budget due to overestimating offenders ability to pay
- c) Annual payment received in January
- d) Payments received quarterly
- e) Projections increased due to YTD revenue
- f) Projection increased due to increased reimbursement for special population/services
- g) Per-use lease agreement with Portland State University. Space is no longer available due to dept expansion
- h) Based on YTD actual and projected expenses
- i) All expenses to be incurred second half of fiscal year

RISK MANAGEMENT
Statement of Financial Operating Data

	July 1, 2015 through May 31, 2016 (92% of Fiscal Year)		FY 2016			
	FY 2015 Actual	Actual	% of Budget	Budget	Projected	Variance
Revenues						
Inter-fund Charges:						
General Liability	379,793	787,600	92%	859,198	859,198	-
Property Damage	392,304	361,966	92%	394,092	394,092	-
Vehicle	177,550	164,868	92%	179,850	179,850	-
Workers' Compensation	1,563,836	1,038,895	91%	1,137,484	1,137,484	-
Unemployment	324,829	302,159	94%	320,000	320,000	-
Claims Reimb-Gen Liab/Property	43,921	59,134	296%	20,000	60,000	40,000
Process Fee-Events/Parades	1,835	1,370	98%	1,400	1,400	-
Miscellaneous	0	-	0%	80	80	-
Skid Car Training	34,020	29,880	111%	27,000	30,000	3,000
Transfer In-Fund 340	-	95,000	100%	95,000	95,000	-
Interest on Investments	24,331	35,077	140%	25,000	36,000	11,000
TOTAL REVENUES	2,942,419	2,875,948	94%	3,059,104	3,113,104	54,000
Direct Insurance Costs:						
GENERAL LIABILITY						
Settlement / Benefit	166,363	205,765				
Defense	19,031	29,548				
Professional Service	24,849	6,304				
Insurance	176,537	198,416				
Loss Prevention	19,465	5,049				
Miscellaneous	126	-				
Repair / Replacement	6,346	29,876				
Total General Liability	412,716	474,958	61%	780,429	520,000	260,429
PROPERTY DAMAGE						
Insurance	178,556	166,978				
Repair / Replacement	35,583	21,477				
Total Property Damage	214,139	188,455	44%	429,719	250,000	179,719
VEHICLE						
Professional Service	236	-				
Insurance	21,300	-				
Loss Prevention	19,307	20,993				
Repair / Replacement	51,823	131,768				
Total Vehicle	92,666	152,761	171%	89,213	180,000	(90,787)
WORKERS' COMPENSATION						
Settlement / Benefit	687,001	363,573				
Professional Service	5,000	7,450				
Insurance	124,195	129,723				
Loss Prevention	45,934	45,289				
Miscellaneous	54,299	41,895				
Total Workers' Compensation	916,429	587,930	60%	984,626	620,000	364,626
UNEMPLOYMENT - Settlement/Benefits	104,383	63,790	42%	151,486	100,000	51,486
Total Direct Insurance Costs	1,740,333	1,467,894	60%	2,435,473	1,830,000	765,473
Insurance Administration:						
Personnel Services	309,175	282,632	83%	339,585	339,585	-
Materials & Srvc, Capital Out. & Transf.	133,868	139,444	62%	225,363	225,363	-
Total Expenditures	2,183,376	1,889,970	63%	3,000,421	2,394,948	605,473
Change in Fund Balance	759,043	985,978		58,683	718,156	659,473
Beginning Fund Balance	3,110,676	3,869,719	121%	3,200,000	3,869,719	669,719
Ending Fund Balance	\$ 3,869,719	\$ 4,855,697	*	\$ 3,258,683	\$ 4,587,875	\$ 1,329,192

Beginning Net Working Capital per FY 2017 Approved Budget

4,000,000

* Ending Fund Balance includes \$2,900,000 restricted for Workers' Comp Loss Reserve

**Health Benefits Trust
Statement of Financial Operating Data**

	FY 2015		FY 2016			
	Actual	July 1, 2015 through May 31, 2016 (92% of Fiscal Year)	% of Budget	Approved Budget	FY 2016 Projection	\$ Variance
Revenues:						
Internal Premium Charges	\$ 16,001,138	\$ 14,407,588	89% a)	\$ 16,153,000	\$ 15,717,369	\$ (435,631)
Part-Time Employee Premium	15,680	7,538	N/A a)	-	8,223	8,223
Employee Monthly Co-Pay	866,646	820,935	95% a)	865,000	895,565	30,565
COIC	1,870,995	1,926,490	101% a)	1,900,000	2,101,625	201,625
Retiree / COBRA Co-Pay	1,089,975	1,051,895	79% a)	1,336,000	1,147,522	(188,478)
Prescription Rebates	145,422	48,104	37%	130,000	130,000	-
Claims Reimbursements & Misc	242,601	310,923	N/A	-	310,923	310,923
Interest	92,213	108,010	96%	112,000	118,000	6,000
Total Revenues	20,324,668	18,681,483	91%	20,496,000	20,429,228	(66,772)
Expenditures:						
Personnel Services (all depts)	121,638	97,210	83%	117,753	108,150	9,603
Materials & Services						
Admin & Wellness						
Claims Paid-Medical	11,366,449	11,948,131	97% a)	12,335,775	12,956,558	(620,784)
Claims Paid-Prescription	1,245,249	857,366	62% a)	1,392,307	928,813	463,494
Claims Paid-Dental/Vision	1,832,508	1,804,535	88% a)	2,048,918	1,954,913	94,005
Stop Loss Insurance Premium	326,435	328,711	91%	360,000	360,000	-
State Assessments	227,597	119,231	50%	240,000	240,000	-
Administration Fee (EMBS)	419,304	445,659	106%	420,000	420,000	-
Preferred Provider Fee	38,804	141,685	308%	46,000	157,202	(111,202)
Other - Administration	45,335	84,669	81%	104,417	104,417	-
Other - Wellness	162,582	151,243	102%	149,000	149,000	-
Admin & Wellness	15,664,262	15,881,230	93%	17,096,417	17,270,903	(174,486)
Deschutes On-site Clinic						
Contracted Services	818,418	780,868	96%	810,000	810,000	-
Medical Supplies	79,616	57,792	92%	63,000	63,000	-
Other	23,726	29,375	107%	27,470	27,470	-
Total DOC	921,761	868,035	96%	900,470	900,470	-
Deschutes On-site Pharmacy						
Contracted Services	304,556	292,175	102%	287,700	287,700	-
Prescriptions	1,552,760	1,387,538	87% b)	1,600,000	1,665,045	(65,045)
Other	13,250	19,013	86%	22,007	22,007	-
Total Pharmacy	1,870,566	1,698,726	89%	1,909,707	1,974,752	(65,045)
Total Expenditures	18,578,227	18,545,201	93%	20,024,347	20,254,276	(229,929)
Change in Fund Balance	1,746,441	136,283		471,653	174,952	(296,701)
Beginning Fund Balance	12,461,082	14,207,523	108%	13,190,000	14,207,523	1,017,523
Ending Fund Balance	\$ 14,207,523	\$ 14,343,806		\$ 13,661,653	\$ 14,382,475	\$ 720,822

% of Exp covered by Revenues	109.4%	100.7%	102.4%	100.9%
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Beginning Net Working Capital per FY 2017 Approved Budget

14,327,000

a) Projection - Eleven months annualized

b) YTD Actual is July through April. Projection - YTD annualized

Deschutes County
Fair and Expo Center
Food and Beverage Activity
July 1, 2015 through May 31, 2016

	July & August	September	October	November	December	January	February	March	April	May	Year to Date
Revenues	\$ 29,838	\$ 24,483	\$ 25,538	\$ 37,407	\$ 2,860	\$ 28,879	\$ 25,356	\$ 137,807	\$ 33,812	\$ 13,700	\$ 359,680
Direct Costs											
Beginning Inventory	24,040	36,704	36,084	34,187	30,721	30,094	28,545	24,788	23,405	24,757	24,040
Purchases	11,402	8,409	5,037	6,638	668	8,447	3,434	24,857	17,147	2,203	88,243
Ending Inventory	<u>(36,704)</u>	<u>(36,084)</u>	<u>(34,187)</u>	<u>(30,721)</u>	<u>(30,094)</u>	<u>(28,545)</u>	<u>(24,788)</u>	<u>(23,405)</u>	<u>(24,757)</u>	<u>(23,526)</u>	<u>(23,526)</u>
Cost of Food & Beverage	(1,262)	9,029	6,935	10,104	1,295	9,996	7,191	26,241	15,795	3,434	88,758
Event Expenses	975	780	1,636	466	2,465	1,102	731	1,192	978	892	11,219
Labor	3,126	5,228	5,914	6,926	384	3,968	4,972	19,807	7,532	3,773	61,629
Total Direct Costs	<u>2,840</u>	<u>15,037</u>	<u>14,484</u>	<u>17,497</u>	<u>4,144</u>	<u>15,067</u>	<u>12,895</u>	<u>47,239</u>	<u>24,305</u>	<u>8,099</u>	<u>161,607</u>
Gross Profit	<u>26,999</u>	<u>9,447</u>	<u>11,054</u>	<u>19,910</u>	<u>(1,284)</u>	<u>13,812</u>	<u>12,461</u>	<u>90,567</u>	<u>9,507</u>	<u>5,601</u>	<u>198,073</u>
Other Revenues											
Catering/3rd Party	-	966	-	1,538	-	-	-	-	3,140	128	5,772
Concessions/3rd Party	-	-	-	1,984	953	2,536	1,066	5,646	1,609	2,094	15,888
Rentals (Kitchen/Flatware)	-	-	-	-	-	-	-	-	-	-	-
Total Other Revenues	-	966	-	3,522	953	2,536	1,066	5,646	4,749	2,221	21,660
Expenses											
Personnel	18,267	9,515	9,515	9,515	9,515	9,516	9,516	9,516	13,172	9,514	107,561
Other Materials & Services	8,316	1,541	1,100	212	-	1,846	3,357	1,095	6,491	3,323	27,281
Total Expenses	<u>26,583</u>	<u>11,057</u>	<u>10,615</u>	<u>9,728</u>	<u>9,515</u>	<u>11,361</u>	<u>12,872</u>	<u>10,611</u>	<u>19,663</u>	<u>12,837</u>	<u>134,842</u>
Income-Food & Beverage Activity	<u>\$ 416</u>	<u>\$ (644)</u>	<u>\$ 439</u>	<u>\$ 13,705</u>	<u>\$ (9,846)</u>	<u>\$ 4,986</u>	<u>\$ 655</u>	<u>\$ 85,603</u>	<u>\$ (5,407)</u>	<u>(5,015)</u>	<u>\$ 84,891</u>

JUSTICE COURT
Statement of Financial Operating Data

	July 1, 2015 through May 31, 2016 (92% of Fiscal Year)			FY 2016		
	FY 2015 Actual	Actual	% of Budget	Budget	Projected	Variance
Revenues						
Court Fines & Fees	459,548	440,476	98% a)	450,000	527,232	77,232
Interest on Investments	456	693	131%	527	527	-
Total Revenues	460,004	441,168	98%	450,527	527,759	77,232
Expenditures						
Personnel Services	423,791	399,121	91%	436,236	436,236	-
Materials and Services	162,205	148,076	85% b)	173,942	159,332	14,610
Total Expenditures	585,996	547,196	90%	610,178	595,568	14,610
Revenues less Expenditures	(125,992)	(106,028)		(159,651)	(67,809)	91,842
Transfers In-General Fund	74,398	133,606	92%	145,747	145,747	-
Change in Fund Balance	(51,594)	27,578		(13,904)	77,938	91,842
Beginning Fund Balance	130,317	78,723	131%	60,000	78,723	18,723
End Fund Bal (Contingency)	\$ 78,723	\$ 106,301		\$ 46,096	\$ 156,661	\$ 110,565

Beginning Net Working Capital per FY 2017 Approved Budget

145,608

- a) Monthly revenue recorded in arrears. \$42,820 received in June for May activity
 Projection is YTD annualized $(\$440,476 + \$42,820) / 11 \times 12 = \$527,232$
- b) One time software maintenance fee of \$24,421 paid in September 2015

Deschutes County
Room Taxes (Funds 160 and 170)
Budget and Actual - FY 2016
YTD 05-31-2016

	Fund 160-7%		Fund 170-1%		Combined-8%		% of Budget
	Budget	Actual	Budget	Actual	Budget	Actual	
REVENUES							
Room Taxes	\$ 4,716,250	\$ 4,886,089	\$ 673,750	\$ 698,013	\$ 5,390,000	5,584,102.16	103.6%
Interest	-	2,744	-	2,711	-	5,455.28	
Total Revenues	<u>4,716,250</u>	<u>4,888,833</u>	<u>673,750</u>	<u>700,724</u>	<u>5,390,000</u>	<u>5,589,557</u>	103.7%
EXPENDITURES							
<i>Administrative</i>							
Auditing Services	10,500	7,875	1,500	1,125	12,000	9,000	
Interfund Contract	57,914	53,086	9,650	8,844	67,564	61,930	
ISF	22,468	20,592	183	165	22,651	20,757	
Public Notices	2,625	1,348	375	193	3,000	1,540	
Printing	1,750	793	343	113	2,093	906	
Office Supplies	875	-	125	-	1,000	-	
Postage	2,625	1,027	375	147	3,000	1,173	
Total Administrative	<u>98,757</u>	<u>84,720</u>	<u>12,551</u>	<u>10,586</u>	<u>111,308</u>	<u>95,307</u>	
<i>Distributions</i>							
LED #2	3,151,787	3,134,365	-	-	3,151,787	3,134,365	
Economic Develop	-	-	198,360	200,000	198,360	200,000	
Bend/Sunriver Chamber	23,473	51,833	-	-	23,473	51,833	
COVA - 6%	759,283	753,733	-	-	759,283	753,733	
COVA - 1%	660,048	660,230	-	-	660,048	660,230	
RV Park	-	-	66,259	22,516	66,259	22,516	
Annual Fair	-	-	164,559	59,661	164,559	59,661	
F&E - 6%	25,744	23,595	-	-	25,744	23,595	
F&E - 1%	-	-	382,641	194,689	382,641	194,689	
Total Distributions	<u>4,620,335</u>	<u>4,623,757</u>	<u>811,819</u>	<u>476,866</u>	<u>5,432,154</u>	<u>5,100,623</u>	
Total App/Exp	<u>4,719,092</u>	<u>4,708,477</u>	<u>824,370</u>	<u>487,453</u>	<u>5,543,462</u>	<u>5,195,930</u>	
Change in Balance	(2,842)	180,356	(150,620)	213,271	(153,462)	393,628	
Beginning Balance	2,842	-	150,620	195,635	153,462	195,635	
Ending Balance	<u>\$ -</u>	<u>\$ 180,356</u>	<u>\$ -</u>	<u>\$ 408,907</u>	<u>\$ -</u>	<u>\$ 589,263</u>	

CAPITAL PROJECTS

- General County Projects

Deschutes County
General County Projects (Fund 142)
Through May 31, 2016

	FY 2016 - Year to Date (92% of Year)		FY 2016		
	Actual	% of Budget	Budget	Projection	Variance
Revenues					
Property Taxes, Current	\$ 766,968	102%	\$ 750,000	\$ 768,968	\$ 18,968
Property Taxes, Prior	13,757	69%	20,000	15,000	(5,000)
Miscellaneous	16,442	n/a	-	16,442	16,442
Inter-fund Charges		a)			
OHP-Alcohol/Drug (280)	169,015	32% b)	525,000	525,000	-
OHP-Mental Health (270)	169,015	32% b)	525,000	525,000	-
Road Department (325)	-	0% b)	150,000	150,000	-
Interest	8,437	77%	11,000	11,000	-
Total Revenues	1,143,633	58%	1,981,000	2,011,410	30,410
Expenditures					
General					
ADA Projects	31,745				
General	441,026				
Remodel Projects M & S	3,766				
Health Services File Room	154				
Total General Projects	476,691		631,445	631,445	-
Remodel Projects					
Courthouse - District Attorney	88,584		100,000	100,000	-
Courthouse-sidewalk	103,699		103,699	103,699	-
P&P Stairs	36,440		36,440	36,440	-
P&P Programs Building	13,416		13,416	13,416	-
Road Dept Meeting Room	40,218		250,000	250,000	-
South County	138,032		138,032	138,032	-
Wall Street Services Building	864,869		911,968	911,968	-
Total Remodel Projects	1,285,258		1,553,555	1,553,555	-
Total Projects	1,761,949	81%	2,185,000	2,185,000	-
Internal Charges-ISF & Insurance	60,936	100%	60,936	60,936	-
Tech Improvements	117,426	130%	90,000	117,426	(27,426)
Total Expenditures	1,940,311		2,335,936	2,363,362	(27,426)
Revenues less Expenditures	(796,678)		(354,936)	(351,953)	2,983
Transfers In/(Out)					
Campus Improvement (463)	(120,000)	100%	(120,000)	(120,000)	-
Change in Fund Balance	(916,678)		(474,936)	(471,953)	2,983
Beginning Fund Balance	1,373,675	94%	1,460,000	1,373,675	(86,325)
Ending Fund Balance	\$ 456,997		\$ 985,064	\$ 901,723	\$ (83,341)

Beginning Net Working Capital per FY 2017 Approved Budget

1,280,000

a) Energy Trust of Oregon Payments

b) Contribution for remodels of Wall Street Services Building, South County and Road Department



Deschutes County Board of Commissioners
1300 NW Wall St., Suite 200, Bend, OR 97701-1960
(541) 388-6570 - Fax (541) 385-3202 - www.deschutes.org

AGENDA REQUEST & STAFF REPORT

For Board Business Meeting of June 20, 2016, Work Session

DATE: June 17, 2016

FROM: Jane Smilie, Health Services Director Health Services ext. 7502

TITLE OF AGENDA ITEM:

Consideration of Board Authorization of Patrol Services Transport to Provide Secure Transport Services within Deschutes County

PUBLIC HEARING ON THIS DATE? NO

BACKGROUND AND POLICY IMPLICATIONS:

Oregon Administrative Rule 309-033-0432, Standards for the Approval of a Secure Transport Provider to Transport a Person in Custody or on Diversion to an Approved Holding Hospital or Nonhospital Facility," requires authorization by the governing body of an Oregon county in order for a secure transport provider to transport individuals within the county, pursuant to the provisions of Oregon Revised Statutes 426.228, 426.231 and 426.233 relating to the emergency care and treatment of persons with mental illness.

FISCAL IMPLICATIONS:

The costs of transporting a person as authorized under Chapter 426 of the Oregon Revised Statutes shall be the responsibility of the county whose peace officer or community mental health program director directs the authorized person to take custody of a person and to transport the person to a facility approved by the authority, but the county shall not be responsible for costs that exceed the amount provided by the state for that transportation.

RECOMMENDATION & ACTION REQUESTED:

Authorization of Patrol Services Transport to provide secure transport services within Deschutes County

ATTENDANCE: Jane Smilie, DeAnn Carr.

DISTRIBUTION OF DOCUMENTS:

Please send an electronic copy of the signed letter of authorization to Kathe Hirschman, Health Services department (katheh@deschutes.org).

**PATROL SERVICES
TRANSPORT**

P.O. Box 1374, Bend, OR 97709
541-617-9999

May 25, 2016

Deschutes County Mental Health
Jane Smiley, Director
2577 NE Courtney Drive
Bend, OR 97701

Dear Ms. Smiley,

Patrol Services Transport is a secure transportation company, located in Bend, which provides non-emergent secure transports for allegedly mentally ill persons throughout Oregon. We have been providing these services since 2008.

In order to continue to provide these services in Malheur/Umatilla Counties, in compliance with OAR 309-033-0200 through 309-033-0340, General Standards for Civil Commitment and OAR 309-033-0400 through 309-033-0440, Standards for Transportation and Transfer of persons in custody or Diversion, we would like to ask you to take a moment to provide us with a Letter of Recommendation. Letters of Recommendation should be addressed and sent to:

Addictions and Mental Health Division
Keith Breswick, Oregon State Civil Commitment Coordinator
500 Summer Street NE E86
Salem, OR 97301-1118

Please feel free to call myself or Keith Breswick for further information regarding Patrol Services Transport.

Sincerely,



Suzanne Bowers
Patrol Services Transport, LLC



HEALTH SERVICES

2577 NE Courtney Drive • Bend, Oregon 97701
Public Health (541) 322-7400 • FAX (541) 322-7465
Behavioral Health (541) 322-7500 • FAX (541) 322-7565
www.deschutes.org

June 13, 2016

Keith Breswick, MS
Civil Commitment Coordinator
Addictions & Mental Health Division
500 Summer Street, NE, E86
Salem, OR 97301-1118

Dear Mr. Breswick:

Based on the provisions of OAR 309-033-0432, Standards for the Approval of a Secure Transport Provider to Transport a Person in Custody or On Diversion to an Approved Holding Hospital or Nonhospital Facility," Deschutes County Health Services recommends the State of Oregon's Addictions & Mental Health Division approve the certification of Patrol Services Transport to transport persons in custody or on diversion.

This letter of recommendation does not constitute an endorsement of Patrol Services Transport's services and shall not be used for any purpose other than meeting the requirement of the referenced OAR or other OARs. Deschutes County has not undertaken any investigation or evaluation of the secure transport company's operations and by this letter is expressing no opinion on the adequacy or quality of the company's services. The County relies on the State's certification process to satisfy the necessary regulation of this service.

As the Deschutes County Local Mental Health Authority, the Board of County Commissioners hereby authorizes Patrol Services Transport to transport persons in custody or on diversion within Deschutes County, pursuant to the provisions of ORS 426.228, 426.231 and 426.233.

Keith Breswick, MS
June 13, 2016
Page 2

This authorization to provide services in Deschutes County is conditioned upon Patrol Services Transport's obtaining from the State a Certificate of Approval to provide secure transport services and maintaining that certification at all times while providing the service in Deschutes County.

Sincerely,



Jane Smilie, Health Services Director
Deschutes County Health Services

Alan Unger, Chair
Deschutes County Board of County Commissioners

Tammy Baney, Vice Chair
Deschutes County Board of County Commissioners

Anthony DeBone, Commissioner
Deschutes County Board of County Commissioners

JS:kh

H:\My Documents\CORRESPONDENCE\State Certifications and Variance Requests\Secured Transport\Patrol Services Transport\Secure Transport LoR Patrol Services Transport.doc

cc: Patrol Services Transport
DeAnn Carr, DCHS
Nancy Tyler, DCHS

Public Health Modernization

Foundational Capabilities



Foundational Programs



Healthy Oregon
Everyone lives in a community that supports lifelong health

Oregon Health Authority

PUBLIC HEALTH DIVISION
healthoregon.org/modernization
971-673-1222



Deschutes County Health Services

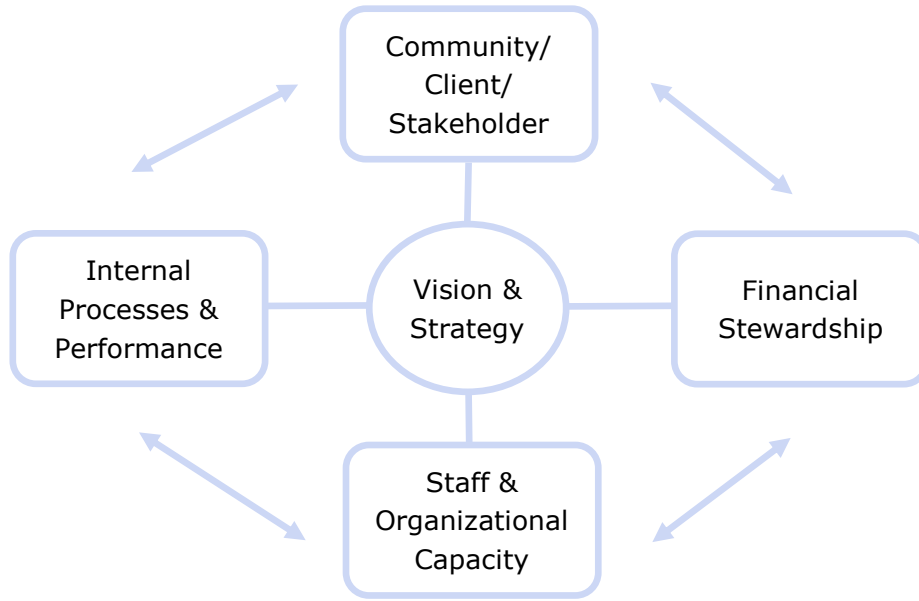
DRAFT Strategic Plan 2016-2020



To promote and protect the health and safety of our community

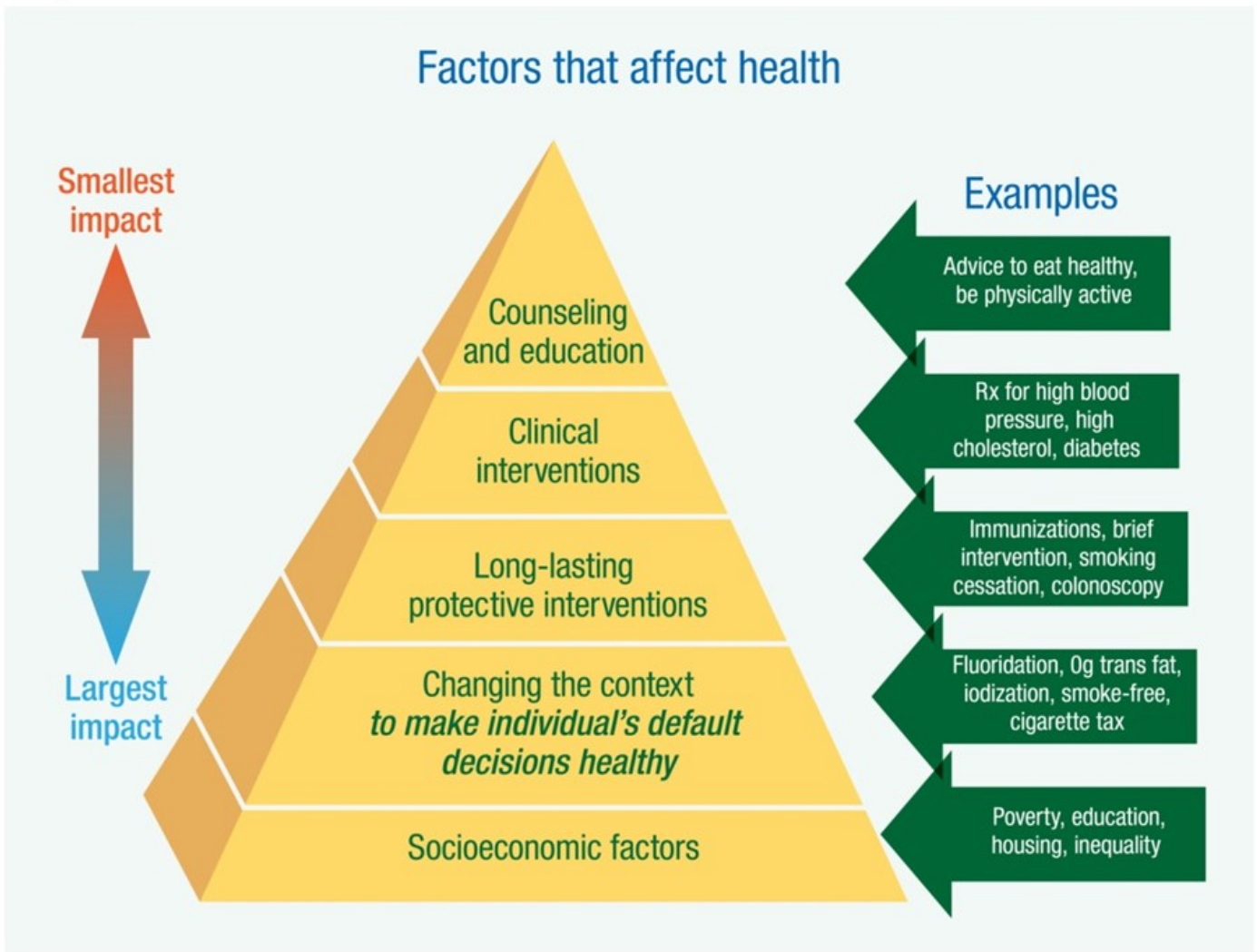
Introduction

The Deschutes County Health Services (DCHS) 2016-2020 strategic plan was developed with an intensive planning process (see Appendix A) that included input from DCHS staff and supervisors, advisory boards, the Board of County Commissioners, and the DCHS management team. The planning process is based on the principles of the Balanced Scorecard, which suggests strategic goals address four different perspectives of an organization:



The strategic plan includes five goals with intended results/outcomes, strategies, and indicators identified for each goal. For every strategy, key actions were identified and prioritized for each year of the plan. Strategic plan actions have a regional or department level impact, including strategies from the Central Oregon Regional Health Improvement Plan (RHIP). Additionally, actions were considered through the lenses of Public Health Modernization (PH Mod.) and Certified Community Behavioral Health Clinic (CCBHC) criteria, state and federal level initiatives with potential for significant impact on DCHS. The action plan for Year 1 can be found in Appendix B.

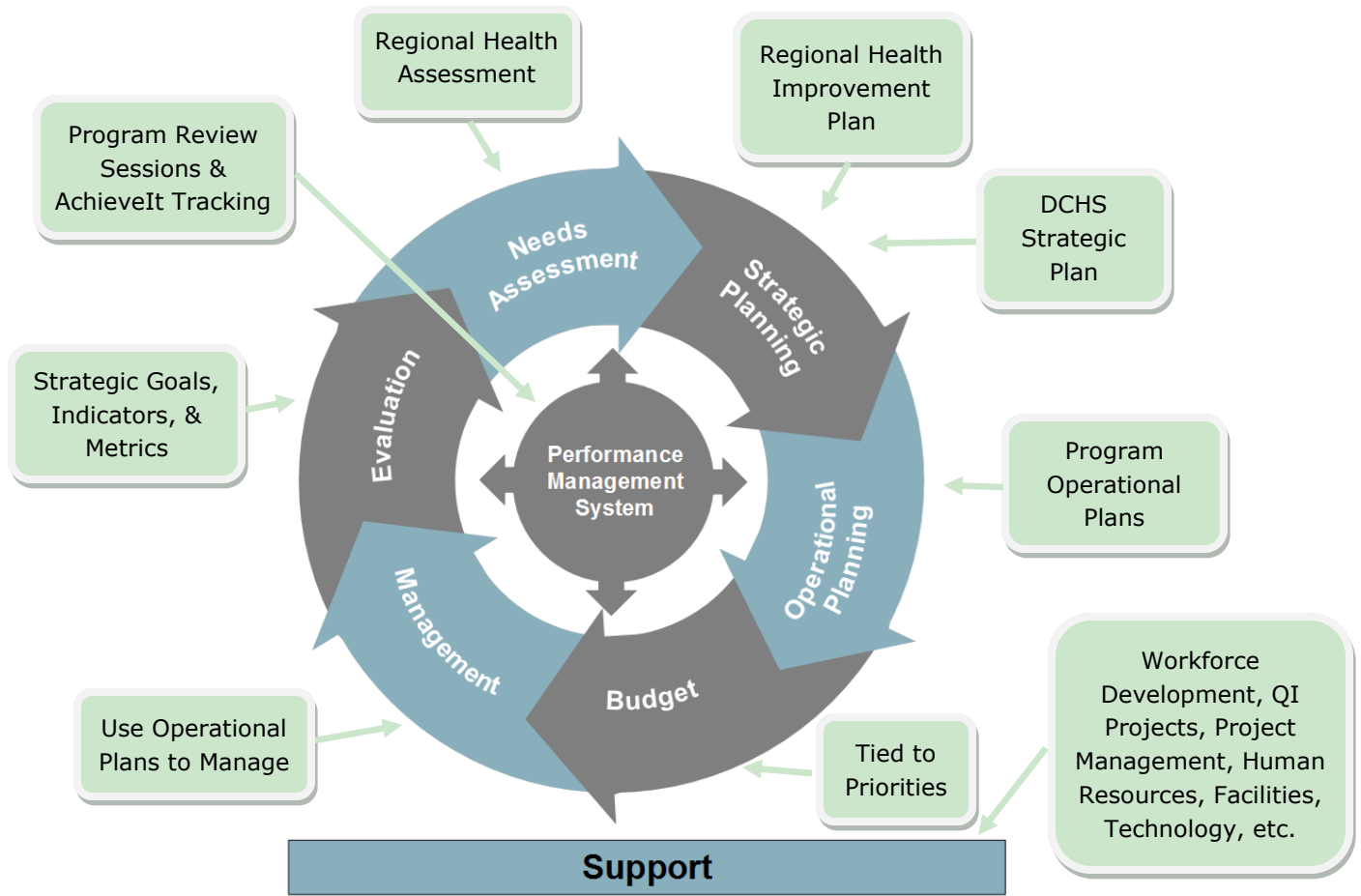
DCHS has a record of working collaboratively with partners within Deschutes County, as well as those throughout the Central Oregon Tri-County region. When implementing new programming or expanding current work, consideration is first given to determine how regional efficiency opportunities can be maximized. DCHS is very engaged with the Central Oregon Health Council (COHC) and the Wellness and Education Board of Central Oregon (WEBCO) in determining how resources and efforts can be combined to best serve the population of Central Oregon, as well as patients, providers, the regional coordinated care organization (CCO), and all public and behavioral health organizations. The Living Well with Chronic Conditions program, administered by DCHS throughout the region since 2006, is an example of how DCHS has successfully worked with regional partners to implement sustainable programming.



Source: Frieden, T.R. (2010). A Framework for Public Health Action: The Health Impact Pyramid. *American Journal of Public Health*, 100(4): 509-595. Doi: 10.2105/ALPH.2009.185652 PMID: PMC2836340

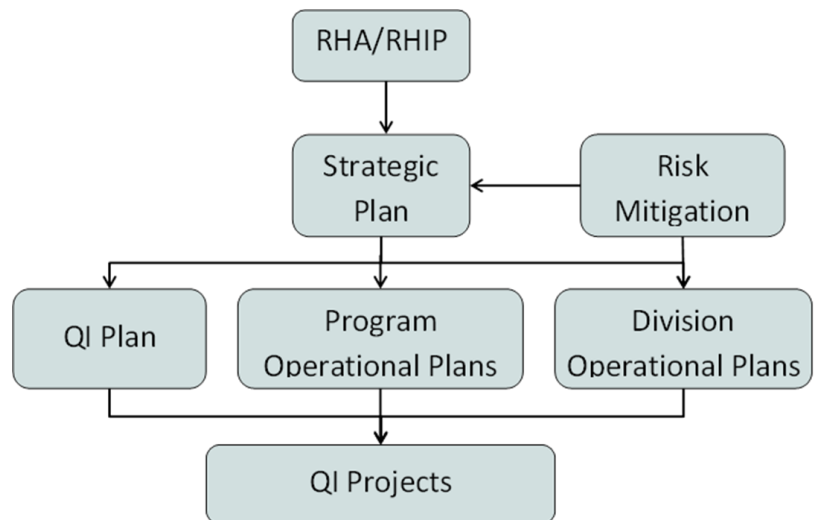
The DCHS strategic plan incorporates strategies from all levels of the Health Impact Pyramid shown above. Interventions in the top two tiers of the pyramid commonly occur in a health care setting. These interventions are essential to protect and improve an individual's health, but they often have a limited impact on the population's achievement of optimal health. Interventions in the middle and at the base of the pyramid are geared toward improving the health of the entire population by focusing on prevention, making health resources readily available, ensuring the health care system is equipped to address health needs, and enacting policy that makes healthy choices the default and addressing socioeconomic factors that affect health. These interventions can have the greatest potential to affect health because they influence the entire population, in contrast to focusing on one individual at a time. However, it may take generations to see the effects of interventions designed to change socioeconomic factors.

Figure A. Integrated Management System



The strategic plan will be implemented using the DCHS Integrated Management System (IMS) (see Figure A). All DCHS programs have developed operational plans, which contain many of the key actions necessary to achieve our department goals. These operational plans will be used and reviewed regularly at the program and department level, and the strategic plan and action items will be reviewed and updated annually. All DCHS plans, including operational plans, are designed to align with one another and ensure our actions are tied to community needs and agency strategy in order to have the greatest possible impact on the health and safety of our community (see Figure B).

Figure B. Alignment of DCHS Plans





Mission To promote and protect the health and safety of our community.

Vision Deschutes County Health Services provides leadership, programs, services, education, and protections to improve the health of individuals, families and communities so people enjoy longer and healthier lives.

Values

Deschutes County Health Services promotes the following **values** in all we do:

Advocacy	Supporting individual and community health by ensuring access to health care for all.
Collaboration	Building relationships that reflect growth, authenticity, and mutual respect.
Equity & Inclusion	Demonstrating awareness and respect for the diversity in our workplace and community.
Excellence	Committing to use the best data, science, and information available to make decisions that result in high quality services.
Healthy Workplace	Promoting respectful interactions, healthy lifestyles, emotional and physical safety in work environments (trauma-informed practices).
Leadership	Advancing a shared vision with inspiration that guides our work at all levels of the organization and in the community.
Professionalism	Conducting oneself with the highest level of personal integrity, conduct and accountability.
Stewardship	Using public resources effectively and efficiently.

Strategic Goals

1. Promote Health and Prevent Disease
2. Assure Needed Health and Human Services
3. Acquire and Use Resources Effectively
4. Evaluate and Improve Agency Processes and Performance
5. Develop Workforce and Enhance Positive Organizational Culture

Goal 1. Promote Health and Prevent Disease

Intended Results and Outcomes

- Reduced prevalence and incidence of disease
- Increased healthy behaviors and improved mental health
- Decreased health disparities and increased health equity
- Health-related policies to address population health needs and disparities are implemented
- The health of Deschutes County residents is monitored regularly and critical health issues are prioritized

Strategies	Indicators
A. Develop, advocate for, and implement policies that support individual and community health	<ul style="list-style-type: none"> • Decrease the prevalence of cigarette smoking among adults from 18% to 16% • Decrease the prevalence of smoking among 11th and 8th graders from 12% and 6%, respectively, to 9% and 3%, respectively
B. Implement evidence-based programs and/or best practices in health promotion and prevention	<ul style="list-style-type: none"> • Decrease the prevalence of adults who report no leisure time physical activity from 14% to 12% • Decrease the prevalence of 11th graders and 8th graders who have zero days of physical activity from 11% and 6% to 10% and 5%, respectively
C. Provide information and education to individuals and the community	<ul style="list-style-type: none"> • Decrease the percentage of 8th graders who used alcohol at least once within the last 30 days from 20.9% to 18.9% • Decrease the percentage of 6th, 8th, and 11th graders reporting that they seriously considered attempting suicide over the past year from 7.4%, 15.0%, and 19.3%, respectively, to 6.4%, 14.0%, and 17.3%, respectively
D. Enforce laws and regulations that promote and protect health	<ul style="list-style-type: none"> • 95% of licensed facilities receive inspections by environmental health staff per state requirements • 95% of communicable disease investigations will be completed within 10 days, as defined by the Oregon Health Authority
E. Monitor disease, health behaviors, disparities, social determinants and other factors that affect health to assure programs and services meet documented needs	<ul style="list-style-type: none"> • Decrease the prevalence of 8th graders who report using marijuana at least once over the past 30 days to < 9.5%

Goal 2. Assure Needed Health and Human Services

Intended Results and Outcomes

- Increased access to services in the community and improved health through collaboration with community partners
- Clients and the community experience a streamlined and coordinated system of services

Strategies	Indicators
A. Coordinate and integrate services through collaborative community partnerships	<ul style="list-style-type: none"> • Increase the number of women in Central Oregon who receive prenatal care beginning in the first trimester from 81% to 90% • Increase the Central Oregon State Performance Measure - Child Immunization Status rate (0-24 months) from 60% to 80%
B. Implement, provide, and support a full continuum of screening, referral, evidence-based services, and best practices	<ul style="list-style-type: none"> • 79% of individuals discharged from a psychiatric hospital receive an outpatient behavioral health visit within 7 calendar days of discharge • 100% of Behavioral Health Oregon Health Plan clients are seen within state timelines as specified in the following categories: 1) Emergent: Within 24 hours, 2) Urgent: Within 48 hours, and 3) Routine: Within 2 weeks
C. Ensure services and environment are trauma-informed and linguistically, culturally, and developmentally appropriate	<ul style="list-style-type: none"> • 90% of children and adolescents referred by DHS receive a behavioral health assessment within 60 calendar days of notification
D. Increase use and ease of access to appropriate services by underserved, marginalized, and at risk populations	<ul style="list-style-type: none"> • Increase the percent of children who receive a developmental screen before the age of 3 from 56% to 62% • Establish baseline and monitor behavioral health outcomes using ACORN tool
E. Improve delivery of clinical preventive services	<ul style="list-style-type: none"> • 90% of respondents to DCHS client satisfaction surveys are satisfied with staff sensitivity toward their culture and background • 75% of reproductive health clients age 12 and older will receive an annual alcohol and drug screening using the CRAFFT or SBIRT screening tools
F. Support client engagement and self-advocacy in the design, delivery, and effectiveness of services	<ul style="list-style-type: none"> • Determine the extent to which we are serving underserved, marginalized, and at risk populations — establish benchmark in Year 1

Goal 3. Acquire and Use Resources Effectively

Intended Results and Outcomes

- Resources are maximized to meet obligations, address strategic priorities, and support community health
- Annual revenue generated meets or exceeds annual expenses
- Capitation utilized at 100%

Strategies	Indicators
A. Increase accuracy of claims and encounter data resulting in maximum revenues and approved encounters	<ul style="list-style-type: none"> • Establish a baseline and increase annually the dollar amount of non-OHP claims billed and collected
B. Ensure program expenses do not exceed budgeted program revenue	<ul style="list-style-type: none"> • 100% of programs will spend less than the amount of revenue budgeted by program
C. Ensure all internal processes maximize revenue, increase efficiencies, and minimize cost	<ul style="list-style-type: none"> • Maintain contingency funds at 8.3% of the total budget and OHP reserve funds at 25% of annual capitation
D. Consider state and national standards/ frameworks when making decisions about organizational priorities and resources	<ul style="list-style-type: none"> • Meet 100% of external fiscal audit standards • The total dollar amount of invalid behavioral health claims will not exceed 2% of the total value of behavioral health claims
E. Analyze data to align and allocate resources with strategic priorities	<ul style="list-style-type: none"> • Develop and implement tools for close monitoring of program, division, and department budgets
F. Secure monetary and non-monetary resources that address identified needs	

Goal 4. Evaluate and Improve Agency Processes and Performance

Intended Results and Outcomes

- Aligned and integrated programs, services, and plans that maximize our effectiveness
- Operating an integrated Electronic Health Record that increases efficiency and effective service delivery
- Consistent use of a project planning model
- Up-to-date and relevant policies and procedures across the agency
- Employees know standard department processes
- Balanced manager/supervisor/staff ratios
- Decisions and processes are informed by a variety of data and information sources and linked to strategic goals and outcomes
- Clear and consistent multidirectional communication

Strategies	Indicators
A. Review organizational structure annually, and align to meet agency needs	<ul style="list-style-type: none"> • 90% of respondents to DCHS client satisfaction surveys are satisfied with their experience
B. Monitor, evaluate, and continuously improve service and program outcomes using the DCHS Integrated Management System and other tools	<ul style="list-style-type: none"> • DCHS will complete four organization or division level quality improvement projects annually
C. Improve external communication process	<ul style="list-style-type: none"> • Establish a baseline for achievement of operational plan metrics, set targets in year 2, and monitor annually
D. Document, evaluate, and update work processes, policies, and procedures	<ul style="list-style-type: none"> • Maintain positive performance/findings on Triennial Review, OHA audit, OPAR audit, Public Health accreditation, and other programmatic reviews
E. Optimize use of technology to create efficiencies, support our work, and meet agency needs	<ul style="list-style-type: none"> • Percentage of programs that are currently implementing evidence-based interventions — establish benchmark in Year 1
F. Increase internal collaboration among programs and divisions	

Goal 5. Develop Workforce & Enhance Positive Organizational Culture

Staff & Organizational Capacity

Intended Results and Outcomes

- Opportunities to enhance career goals and skills are available
- Core competencies are identified and achieved
- Leadership development strategy and plan are in place
- Staff are aware of and understand the service array delivered across DCHS
- Employee involvement, accountability, and strong/positive interactions
- Staff share and demonstrate a common vision and purpose
- Clear responsibilities and accountable expectations
- Clear and consistent multidirectional communication

Strategies	Indicators
A. Promote and sustain a safe and respectful workplace (i.e., become a certified trauma-informed organization) in which every individual's role and contribution is valued	<ul style="list-style-type: none"> • 100% of staff have individual development goals articulated in their performance evaluations • 100% of positions have identified core competencies
B. Attract, develop, and retain a talented workforce	<ul style="list-style-type: none"> • Percent of staff who rate their overall level of job satisfaction as "very satisfied" or "satisfied" — establish benchmark in Year 1
C. Empower staff to share responsibility for team and organizational culture and outcomes	<ul style="list-style-type: none"> • Percent of staff who rate their level of satisfaction with internal communication as "very satisfied" or "satisfied" — establish benchmark in Year 1
D. Develop leadership practices that cultivate healthy relationships, teams, and organization	<ul style="list-style-type: none"> • 100% of facilities have at least one completed safety and emergency response drill annually • Monitor retention rate and review quarterly
E. Improve internal communication process	<ul style="list-style-type: none"> • 100% of staff performance evaluations are completed on time



SWOT Analysis Summary

The development of the strategic plan has included an analysis of data on health needs and trends in our county and region through the Central Oregon Regional Health Assessment, as well as this assessment of our department and the conditions in our county, region and state. We have used this information to frame our long-range goals and fulfill our mission to promote and protect the health and safety of our community. SWOT stands for Strengths, Weaknesses, Opportunities, and Threats.

<p style="text-align: center;"><u>Strengths (Internal)</u></p> <p>Passionate, highly skilled staff with strong commitment to serving clients and the community</p> <p>Wide array of programs and services that respond to client and community needs</p> <p>Internal integration of public health, behavioral health, intellectual and developmental disabilities, and administrative services</p> <p>Strong relationships with key partners</p> <p>Systematic approach to organizational development (Integrated Management System), including performance management, operational support, quality improvement/assurance and evaluation expertise</p>	<p style="text-align: center;"><u>Weaknesses (Internal)</u></p> <p>Limited staffing and resources/missing critical roles (e.g., Medical Director/Child Psychiatrist)</p> <p>Roles and responsibilities are not clear</p> <p>Constant change and unclear scope</p> <p>Organizational communication needs improvement, including additional opportunities for staff to shape DCHS direction</p> <p>Lack of adequate financial support for training and career development opportunities</p>
<p style="text-align: center;"><u>Opportunities (External)</u></p> <p>Healthcare transformation through Public Health Modernization and Certified Community Behavioral Health Clinics</p> <p>Healthcare integration in the community</p> <p>Collaboration and support for regional work to address needs together, including the RHIP</p> <p>Regional focus on social determinants of health</p>	<p style="text-align: center;"><u>Threats/Challenges (External)</u></p> <p>High tobacco use among pregnant women</p> <p>Legalization of recreational marijuana use</p> <p>Low 2-year old up-to-date immunization rates</p> <p>Lack of access to healthcare (and transportation) in rural areas</p> <p>High suicide rate</p> <p>Stigma for behavioral health treatment</p> <p>Increasing prevalence of diabetes</p> <p>Financial uncertainty: increased costs/decreased funding resources/rate setting challenges</p> <p>Unknown impact of Public Health Modernization</p> <p>Competition for our work in public health and behavioral health with healthcare transformation</p> <p>External reputation does not consistently reflect the reality of the quality and availability of services at DCHS</p>

DCHS Strategic Plan Development Timeline

Date	Item/Meeting
Jan-Aug 2015	Regional Health Assessment (RHA) development
Jun-Aug 2016	Community & stakeholder forums on health priorities in our community
Sep-Dec 2015	Regional Health Improvement Plan (RHIP) development
Mar 2016	Solicit supervisor & staff input on strategic plan in team meetings
Mar 2016	Solicit input at DCHS Advisory Board meetings
April 2016	Strategic planning sessions with management team
April 11 & 27, 2016	Staff Advisory Group sessions with the management team
May 3, 2016	1 st Draft Complete
May 5, 2016	Solicit supervisor input on draft plan at Managers & Supervisors Meeting
May 25, 2016	DCHS Advisory Boards Combined Meeting to review draft plan
June 6, 2016	Management team reviews input & revises plan as needed
June 10, 2016	2 nd Draft Complete
June 20, 2016	Present draft plan to BOCC
June 30, 2016	Final Plan Complete
July 2016	Implement DCHS 2016-2020 Strategic Plan
Ongoing	Monitor strategic plan progress and update annually

Appendix B. Action Plan — Year 1

Strategies & Key Actions	Lead	Due Date
1a. Develop, advocate for, and implement policies that support individual and community health		
1a1. Actively engage in regional/community processes to ensure DCHS leadership in health system development. (CCBHC, PH Mod.)	Director	Q2 2017
1a2. Assess the feasibility of implementation of a tobacco retail licensing program that will eliminate illegal sales to minors, prevent retailers from selling tobacco within 1000 feet of schools, raise the age of purchase to 21, and eliminate sales of flavored tobacco products. (RHIP)	T. Kuhn	Q2 2017
1a3. Increase the number of schools using the CDC School Health Index to improve their health policies and programs. (RHIP)	H. Saraceno	Q2 2017
1b. Implement evidence-based programs and/or best practices in health promotion and prevention		
1b1. Identify and develop harm reduction and prevention strategies for at risk populations to reduce substance abuse and communicable disease transmission (e.g., needle exchange). (RHIP)	T. Kuhn	Q2 2017
1b2. Implement a regional Diabetes Prevention Program (DPP). (RHIP)	T. Kuhn	Q3 2016
1b3. Work with providers to increase referrals to chronic disease self-management and prevention programs. (RHIP)	T. Kuhn	Q2 2017
1c. Provide information and education to individuals and the community		
1c1. Develop and implement an annual community education plan (i.e., low risk drinking, mental health promotion). (RHIP)	T. Kuhn	Q2 2017
1c2. Promote annual well-child visits, immunizations, and developmental screenings in first 3 years of life. (RHIP)	P. Ferguson	Q2 2017
1c3. Provide education and consultation to local clinics and providers (i.e., "2As and R" or "5As" tobacco cessation counseling, Oregon Tobacco Quit Line, pregnancy intention screening with One Key Question®). (RHIP)	T. Kuhn	Q2 2017
1d. Enforce laws and regulations that promote and protect health		
1d1. Continue to build capacity and expertise for regulatory, educational, and risk mitigation environmental health activities. (PH Mod.)	T. Kuhn	Q2 2017
1e. Monitor disease, health behaviors, disparities, social determinants and other factors that affect health to assure programs and services meet documented needs		
1e1. Serve as an epidemiology resource for the community and produce regular reports on health issues important to Deschutes County residents and providers. (PH Mod.)	Quality & Performance Manager	Q2 2017
1e2. Work with community partners to develop a four-year Education and Health Work Plan with emphasis on the social determinants of health and kindergarten readiness. (RHIP)	H. Saraceno	Q2 2017
2a. Coordinate and integrate services through collaborative community partnerships		
2a1. Identify existing referral pathways and gaps in pathways for primary care providers to use post screening for substance use disorders and mental health. (RHIP)	D. Carr	Q2 2017
2a2. Expand integration of behavioral health and public health with primary care. (CCBHC)	D. Carr	Q2 2017

Strategies & Key Actions	Lead	Due Date
2a3. Implement and coordinate the regional AFIX (Assessment, Feedback, Incentives, and eXchange) project to increase 2 year old immunization rates. (RHIP)	T. Kuhn	Q4 2016
2b. Implement, provide, and support a full continuum of screening, referral, evidence-based services, and best practices		
2b1. Increase substance use disorder services for young adults in transition and adolescents. (RHIP)	B. Flesh	Q2 2017
2b2. Implement universal nurse home visiting (e.g., Family Connects) as part of a regional perinatal continuum of care system in partnership with public health, primary care medical providers and the CCO. (RHIP)	P. Ferguson	Q2 2017
2c. Ensure services and environment are linguistically, culturally, and developmentally appropriate		
2c1. Increase language services and best practices for use of interpreters.	Director	Q2 2017
2d. Increase use and ease of access to appropriate services by underserved, marginalized, and at risk populations		
2d1. Increase outreach to and intervention with vulnerable children ages 0-5 and their parents. (RHIP)	H. Saraceno	Q2 2017
2d2. Hire a behavioral health medical director. (CCBHC)	D. Carr	Q2 2017
2d3. Ensure Courtney building provides an efficient and welcoming client experience.	D. Inbody	Q2 2017
2d4. Expand evidence-based home visiting programs that work to improve family well-being and to reduce child maltreatment by coordinating services. (RHIP)	P. Ferguson	Q2 2017
2e. Improve delivery of clinical preventive services		
2e1. Work with the CCO and other health system partners to increase provisions of clinical preventive services including: immunizations, tobacco counseling and cessation, STD screening and follow-up, highly effective contraception, and early prenatal care. (RHIP) (PH Mod.)	P. Ferguson	Q2 2017
2f. Support client engagement and self-advocacy in the design, delivery, and effectiveness of services		
2f1. Engage parents, youth, and/or clients through focus, support, and/or advisory groups. (CCBHC)	B. Flesh	Q2 2017
3a. Increase accuracy of claims and encounter data resulting in maximum revenues and approved encounters		
3a1. Complete paybacks/data accuracy project and monitor effectiveness.	J. Garceau	Q2 2017
3a2. Develop internal support for staff providing client services (a. coding training, b. prebilling audit "real time" feedback, c. service plan and delivery training).	Quality & Perf. Manager	Q2 2017
3b. Ensure program revenues, by funding type, match expenditures associated with programs and services		
3b1. Reconcile program revenues to expenditures annually.	Quality & Perf. Manager	Q3 2016
3c. Ensure all internal processes maximize revenue, increase efficiencies, and minimize cost		
3c1. Implement service entry processes that address requirements associated with insurance types, including copays.	D. Inbody	Q2 2017
3c2. Provide additional trainings for Epic Super Users.	Operations Manager	Q2 2017

Strategies & Key Actions	Lead	Due Date
3d. Consider state and national standards/frameworks when making decisions about organizational priorities and resources		
3d1. Develop a process and criteria for decision-making based on the CCBHC and Public Health Modernization standards. (CCBHC, PH Mod.)	Director	Q2 2017
3e. Analyze data to align and allocate resources with strategic priorities		
3e1. Review data annually to set program standards and adjust resources accordingly across programs to meet business needs.	D. Inbody	Q2 2017
3e2. Establish department dashboard/data points that are tracked, analyzed and reported on monthly basis, making use of info graphics and other accessible apps.	Quality & Perf. Manager	Q2 2017
3f. Secure monetary and non-monetary resources that address identified needs		
3f1. Continue to identify, apply for, and secure public/private, local, state and federal resources to address identified and prioritized needs.	Director	Q2 2017
4a. Review organizational structure annually, and align to meet agency needs		
4a1. Incorporate organizational structure review into annual budget process using best practices.	D. Inbody	Q1 2017
4b. Monitor, evaluate, and continuously improve service and program outcomes using the DCHS Integrated Management System and other tools		
4b1. Identify, pursue, and achieve/maintain national recognized performance standards and measures (e.g., Public Health Accreditation Board, CCBHC). (CCBHC)	Director	Q2 2017
4b2. Implement ACORN tool for behavioral health programs and clients to evaluate behavioral health clinical outcomes. (CCBHC)	B. Flesh	Q4 2016
4c. Improve external communication process		
4c1. Create and implement a department plan for external communication. (CCBHC, PH Mod.)	D. Inbody	Q2 2017
4d. Document, evaluate, and update work processes, policies, and procedures		
4d1. Establish behavioral health clinical vision to guide service provision. (CCBHC)	D. Carr	Q2 2017
4d2. Improve efficiency, effectiveness, and communication through the meeting improvement project.	Quality & Perf. Manager	Q2 2017
4d3. Review, update, and disseminate department policies, procedures, and protocols.	D. Inbody	Q2 2017
4e. Optimize use of technology to create efficiencies, support our work, and meet agency needs		
4e1. Actively participate in the successful implementation of the Tyler Finance and HR system.	D. Inbody	Q2 2017
4e2. Review technology on an annual basis to determine whether agency current and future needs are met with existing technology. If it is determined agency needs are not being met, identify needed technology.	Operations Manager	Q2 2017
4f. Increase internal collaboration among programs and divisions		
4f1. Use IMS reporting to share information across programs and divisions.	Quality & Perf. Manager	Q2 2017

Strategies & Key Actions	Lead	Due Date
5a. Promote and sustain a safe and respectful workplace (i.e., become a certified trauma-informed organization) in which every individual's role and contribution is valued		
5a1. Implement trauma-informed care at DCHS and increase trauma-informed practices in the community. (RHIP) (CCBHC)	B. Flesh	Q2 2017
5a2. Evaluate each facility's needs, uses, and safety at least once every 4 years and use the results for long term facility planning.	D. Inbody	Q2 2017
5b. Attract, develop, and retain a talented workforce		
5b1. Define roles and responsibilities, connect to core competencies, and implement.	Operations Manager	Q2 2017
5b2. Develop and implement staff appreciation and recognition process.	J. Garceau	Q2 2017
5b3. Enhance and maintain workforce development plan.	Operations Manager	Q2 2017
5b4. Develop and implement a training plan for all divisions. (CCBHC, PH Mod.)	Operations Manager	Q2 2017
5b5. Develop and implement grant writing capacity, support, and training.	D. Inbody	Q2 2017
5c. Empower staff to share responsibility for team and organizational culture and outcomes		
5c1. Develop method to determine time availability for staff and teams to participate on projects, committees, and non-core duties.	D. Inbody	Q2 2017
5d. Develop leadership practices that cultivate healthy relationships, teams, and organization		
5d1. Provide information and education to county decision-makers about programs, services, system changes, and accomplishments on a regular basis.	Director	Q2 2017
5e. Improve internal communication process		
5e1. Create and implement a department plan for internal communication.	D. Inbody	Q2 2017



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WORK SESSION AGENDA

DESCHUTES COUNTY BOARD OF COMMISSIONERS

1:30 P.M., MONDAY, JUNE 20, 2016

Pursuant to ORS 192.640, this agenda includes a list of the principal subjects anticipated to be addressed at the meeting. This notice does not limit the ability of the Board to address additional subjects. Meetings are subject to cancellation without notice. This meeting is open to the public and interested citizens are invited to attend.

Work Sessions allow the Board to discuss items in a less formal setting. Citizen comment is not allowed, although it may be permitted at the Board's discretion. If allowed, citizen comments regarding matters that are or have been the subject of a public hearing process will NOT be included in the official record of that hearing. Work Sessions are not normally video or audio recorded, but written minutes are taken for the record.

1. Finance Update – *Wayne Lowry*
2. Request for Board Authorization of Patrol Service Transport to Provide Secure Transport Services within Deschutes County – *Jane Smilie; DeAnn Carr*
3. Present Final Draft of Public Health Services Strategic Plan – *Jane Smilie; Shannon Vandegriff*

Meeting dates, times and discussion items are subject to change. All meetings are conducted in the Board of Commissioners' meeting rooms at 1300 NW Wall St., Bend, unless otherwise indicated. If you have questions regarding a meeting, please call 388-6572.

Deschutes County encourages persons with disabilities to participate in all programs and activities. To request this information in an alternate format, please call (541) 617-4747, or email ken.harms@deschutes.org.

4. Other Items

Executive Session, under ORS 192.660(2)(d), labor negotiations – *Erik Kropp*

These can be any items not included on the agenda that the Commissioners wish to discuss as part of the meeting, pursuant to ORS 192.640.

At any time during the meeting, an executive session could be called to address issues relating to ORS 192.660(2)(e), real property negotiations; ORS 192.660(2)(h), litigation; ORS 192.660(2)(d), labor negotiations; ORS 192.660(2)(b), personnel issues; or other executive session categories.

Executive sessions are closed to the public; however, with few exceptions and under specific guidelines, are open to the media.

5. Adjourn

Meeting dates, times and discussion items are subject to change. All meetings are conducted in the Board of Commissioners' meeting rooms at 1300 NW Wall St., Bend, unless otherwise indicated. If you have questions regarding a meeting, please call 388-6572.

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