

Outside Agency Funding Application
July 1, 2014 through June 30, 2015
APPLICATION DUE FRIDAY, JANUARY 24, 2014 AT 5:00PM

Agency Name: Piedmont Health Services, Inc.

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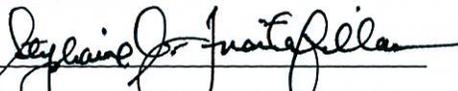
Funding Source Summary – Briefly state how any awarded funds would be used.	Current Funding (FY13-14)	Requested Funding (FY14-15)
Orange County Government	\$10,000	\$11,000
Summary of intended use of funds: To support the Carrboro Community Health Center in its mission of being a sliding-fee primary care home for vulnerable and/or economically-disadvantaged residents of Orange County.		
Town of Chapel Hill	\$3,000	\$4,000
Summary of intended use of funds: To support the Carrboro Community Health Center in its mission of being a sliding-fee primary care home for vulnerable and/or economically-disadvantaged residents of Chapel Hill.		
Town of Carrboro	\$2,000	\$3,000
Summary of intended use of funds: To support the Carrboro Community Health Center in its mission of being a sliding-fee primary care home for vulnerable and/or economically-disadvantaged residents of Carrboro.		



 Executive Director (Brian Toomey)

1/14/14

 Date



 Board Chair (Stephanie Piantafillou)

01.11.14

 Date

Section I: Agency and Program Overview

1. Please provide a brief history of the agency– including mission, date of incorporation and years of operation.

- a. Date of Incorporation: May, 1970
- b. Years in Operation: Forty three years
- c. Mission or Vision Statement (if applicable):

Our mission is to improve the health and well-being of the community by providing high quality, affordable and comprehensive primary health care. Our vision is a health community in which all people have timely access to quality health care.

- d. Brief History of Agency:

Piedmont Health Services, Inc. (PHS) is a key part of this community's health care safety net for vulnerable and/or financially-disadvantaged residents. Founded in 1970 as Orange Chatham Community Health Services, PHS changed its name in 1995 to better reflect its growing service area. As a deemed Federally-qualified health center (FQHC), its primary mission is assuring high-quality, affordable primary care access for low-income populations in the community. All FQHC services are available on a sliding-fee scale for those living below 200% of the Federal poverty level. Like its FQHC colleagues nationally, PHS is overseen by a community Board of Directors, where >50% of Board members are required to be consumers of the organization's services.

The organization has grown substantially over its 43-year history and is one of the largest private, non-profit organizations administratively headquartered in Orange County. PHS now operates seven community health center sites in four counties, including:

- Orange County – Carrboro Community Health Center (est. 1970) (**the subject of this request**)
- Caswell County – rural Prospect Hill Community Health Center (est. 1970)
- Chatham County – rural Moncure Health Center (est. 1970) and Siler City Health Center (est. 2001)
- Alamance County – Charles Drew Health Center, Burlington, NC (est. 1994) and the rural Scott Health Center, Union Ridge, NC (acquired 2001). A new school-based site, Sylvan Community Health Center, opened in Spring 2013.

In 2008, as a natural extension of its primary care access mission, PHS launched Piedmont Health SeniorCare, a CMS-deemed Program of All-Inclusive Care for the Elderly (PACE) that focuses on providing a capitated, community-based alternative to nursing home institutionalization for frail elders in Alamance, Caswell, and northern Orange Counties (nearly all participants are dually eligible for Medicare and Medicaid). A second site serving Chatham, Lee, and Orange Counties opened in Pittsboro in Fall 2013.

PLEASE ANSWER QUESTIONS 2 THROUGH 7 BELOW REGARDING THE SPECIFIC PROGRAM(S) FOR WHICH THE AGENCY IS REQUESTING FUNDING (NOT FOR THE ENTIRE AGENCY). IF MORE THAN ONE PROGRAM IS REQUESTING FUNDING, PLEASE IDENTIFY EACH BY LABELING, IE: PROGRAM 1, PROGRAM 2, ETC. UNDER EACH QUESTION.

2. Describe the identified community need(s) the Program(s) funded will address.

As a FQHC, PHS conducts a community needs assessment every five years to assure that its service offerings are meeting identified community needs. The assessment takes into account available County level data and additional state and national data. FQHC programming then seeks to address *access barriers* faced by the community:

- **Financial Barriers – Insurance and Poverty:** Many people in Orange County cannot afford primary medical care and medicines. An estimated 16% of the County population is uninsured, and 33% live below 200% of the Federal poverty level.
- **Cultural/Language Barriers:** Non-English-speaking populations face significant difficulty in finding medical providers with whom they can converse effectively. Many immigrant populations have culturally-determined beliefs about illness and health that differ from mainstream American groups, and these beliefs/practices impact health and health care use. The Latino immigrant population in North Carolina and Orange County has grown exponentially in recent decades, and more recently, Orange County has become home to a sizable group of Burmese refugees.
- **Geographic Barriers:** For many in Orange County, transportation can be a barrier to health care access. We are fortunate to have an excellent free public transportation system, and our Carrboro Community Health Center location on Lloyd Street is purposefully situated a short distance from several bus routes.

Second, FQHCs take a population health focus in developing primary care services that combat documented health care/health status disparities in the populations we serve, disparities which frequently break on economic and racial/ethnic lines, as depicted in the next three tables.

Behavioral Risk Factors, PHS Service Area, 2010

Adult Behavioral Risk (% population)	NC	Total Service Area (range)	Service Area: White (range)	Service Area: Minority (range)	Service Area: Household Income < \$50,000 (range)
Smoke	19.8	13.3 - 29.8	12.2 - 28.2	16.7 - 35.5	15.8 - 34.1
Overweight/obese	65.3	53.2 - 72.3	46.2 - 70.6	70.8 - 83.1	69.2 - 78.8
No exercise past month	25.7	15.4 - 29.9	12.8 - 27.3	23.5 - 44.2	22.3 - 37.2

Source: State Center for Health Statistics. (2010). *Behavioral Risk Factor Surveillance Survey (BFRSS), 2010*. Raleigh, NC: NCDHHS.

Chronic Disease Prevalence Among Adults, PHS Service Area: 2009 - 2010

Chronic Disease (% Adult population)	NC	Total Service Area (range)	Service Area: White (range)	Service Area: Minority (range)	Service Area: Household Income < \$50,000 (range)
Cardiovascular Disease ¹	9.0	4.6 - 11.7	4.8 - 11.9	3.4 - 11.2	5.5 - 14.2
Hypercholesterolemia ²	40.0	32.3 - 39.9	34.6 - 41.0	25.0 - 41.8	32.4 - 46.3
Diabetes ¹	9.8	5.2 - 11.4	3.5 - 10.7	10.5 - 14.0	8.9 - 14.7
Hypertension ²	31.5	25.4 - 28.9	22.5 - 29.5	17.2 - 31.7	25.4 - 34.2
COPD ²	5.6	3.4 - 6.9	4.3 - 6.6	0.9 - 8.1	3.8 - 10.1
Asthma ¹	7.5	6.7 - 11.6	7.4 - 12.1	2.7 - 16.0	9.9 - 21.7

Sources: 1) State Center for Health Statistics. (2010). *Behavioral Risk Factor Surveillance Survey (BFRSS), 2010*, Raleigh, NC: NCDHHS; 2) State Center for Health Statistics. (2009). *Behavioral Risk Factor Surveillance Survey (BFRSS), 2009*, Raleigh, NC: NCDHHS.

PHS Service Area Mortality: 2008-2012

Age-Adjusted Morality Rates per 100,000 pop. (2008-2012)	Service Area Total	Service Area: White Rate	Service Area: African American Rate
Selected Leading Causes of Death			
All Causes	780.4		
Heart Disease	165.9	163.8	201.3
Cerebrovascular Disease (Stroke)	45.3	43.5	58.4
Cancer	174.0	171.0	214.5
Diabetes	21.2	18.4	42.5
Kidney Disease	16.7	14.2	34.0
Chronic Lower Respiratory Disease	46.6	50.4	31.5
HIV/AIDS	1.7	N/A*	6.7
Suicide	13.1	16.0	6.2
Homicide	4.7	3.0	13.5
Alzheimer's Disease	26.5	27.2	24.1

* Note mortality rates for other races not calculable due to small numbers.

Source: State Center for Health Statistics (November 2013) *2014 County Health Data Book*, Raleigh, NC: NCDHHS.

In addition to overall behavioral risk, chronic disease, and mortality statistics, our health center model must address the preventive health needs of the community, which include the need for timely access to quality prenatal care, family planning, oral health and wellness services (screening/immunization), as well as the needs of the community for acute illness care.

3. Describe any operational and/or financial changes being considered in the Program(s) to be funded for FY 2014-15.

There are no major operational/financial changes anticipated for the Carrboro Community Health Center operations/programming this year, although as previously stated,

given demand for care at CCHC, Piedmont Health is interested in pursuing viable funding opportunities to expand services in the region as they present themselves.

4. Outline anticipated internal or external revenue sources, for the program. Indicate whether these are ongoing or new sources.

FQHCs are expected to maintain well-diversified funding portfolios that include local community investment, private, state and Federal grant support, and revenue generated from patient care. Currently, patient care revenue (from third party payers and patient out-of-pocket fees) represents over 75% of the PHS total operating budget. Twelve percent of the operating budget comes from the Federal section 330(e) community health center grant. The remaining funding comes from other grants/contracts.

North Carolina FQHCs serve an exceptionally large number of low-income uninsured patients when compared to FQHCs nationally, and patient sliding fees collected from this group do not fully cover the cost of this care, making outside support key to sustaining our mission in the community and the reason for this request. To relate this specifically to our program unit cost table, the majority of uninsured patients served at CCHC pay \$25 for a medical visit inclusive of laboratory testing when the true cost of that medical visit is well over \$110. The cost difference is the reason why we aggressively pursue grants, seek to make our operations more efficient, and maximize our third-party revenue. These strategies allow us to serve more low-income uninsured in need. PHS' program development team continues to aggressively pursue available local, state, and private sector funding to help it fulfill its community health access mission. **Importantly, the Orange County/Chapel Hill/Carrboro support, while a small portion of our agency's overall operating budget, is critical to demonstrating community support for our organization, support that is often key to winning state, federal and private support from other funders.**

5. Give specific examples of your agency's coordinated/collaborative efforts with other outside agencies which accomplish or enhance the Projected Results in the Program(s) to be funded. (if possible, please bullet list)

PHS has a long track record for strategic partnerships with outside agencies to accomplish its health care access mission. A few of our partnerships involving the Carrboro Community Health Center include:

- **Orange County Health Department: the Orange County Health Department administrates this grant award with Piedmont Health, and reports its outcomes directly to the Health Director.** Piedmont Health staff is involved in the County's needs assessment process, supplying data on our patient populations. Our medical program collaborates closely the Orange County Health Department to care for the Myanmar refugee population. PHS CEO Brian Toomey meets quarterly with Health Directors from four counties to discuss shared initiatives to improve community health. PHS has the Orange County and Chatham County State WIC contract and oversees the

program at four PHS health center sites as well as the Orange County Health Department. New this year, Piedmont Health and the Department are collaborating on a Susan G. Komen NC Triangle to the Coast Affiliate funded mammography program for low-income uninsured women.

- **Chapel Hill/Carrboro and Hillsborough Chambers of Commerce:** PHS began the Small Business Health Care Initiative to offer Chamber members' uninsured employees (or those with high deductible plans) an affordable source of primary health care at Carrboro Community Health Center.
- **UNC SHAC Free Clinics:** PHS provides its Carrboro Community Health Center facility and the technical assistance of its Directors in realizing the UNC SHAC Free Clinic (at the Carrboro Community Health Center on Wednesday evenings).
- **Interfaith Council on Social Services IFC Homeless Shelters:** The Carrboro Community Health Center is a referral site for homeless residents in Orange County who have chronic medical problems, and we participate in the annual Project Homeless Connect program.
- **AccessCare Inc. (Medicaid Network):** PHS is a major partner in its regional Community Care of North Carolina Program charged with case managing the Medicaid population of Alamance, Caswell, Chatham, and Orange Counties. The Medicaid network includes all area 'safety-net' health care providers (hospitals, community health centers, health departments, departments of social services) in addition to the private practice community serving Medicaid clients and works collaboratively on quality initiatives to better serve the population.
- **UNC Health Care:** Piedmont Health is a training location for many students from UNC health professional schools (e.g. medical, dental, pharmacy, nutrition, public health) Similar to the Chamber of Commerce program, Piedmont Health created the "Carolina Health Net" program with UNC Health Care to triage the primary care unassigned uninsured of our service area identified at UNC to a primary care home at PHS.
- **Orange County Partnership for Children:** The Partnership funds a Bilingual Child Resource Coordinator as part of our CHC program who focuses on coordinating primary care services for immigrant/refugee children age 0-5 years.

6. How does your agency reach out to various ethnic and minority groups in the community to accomplish or enhance the results of the Program(s) to be funded?

Community Health Centers nationally have the common goal of trying to guarantee "100% health care access and 0% health care disparities" to the communities they serve. Piedmont Health Services is committed to offering high-quality, accessible care to minority communities in its service area, and its current Carrboro Community Health Center patient population is approximately 68% Latino, 9% African American, and 6% Asian. Specific to the Latino population, approximately 75% of PHS medical and dental providers and 40% of other staff are Spanish-bilingual (with many bi-cultural staff), and we pride ourselves on offering culturally-competent care to this large immigrant population. PHS frequently participates in various outreach events (e.g. church health fairs, El Foro, Fiesta del Pueblo) and advertises in various minority-targeted publications (e.g. La Voz, the Black Pages). It also has a community outreach focus on the African-American faith-based community in Orange County.

Importantly, PHS strives to maintain Board and staff reflective of its diverse patient population. Its current Board membership of 14 (PHS is actively recruiting a 15th Director) includes 8 Whites, 3 African-Americans, and 3 Hispanics. PHS reported the race/ethnicity of 360 employees to the EEOC in September 2013 and the distribution was 44% White, 31% Black, 20% Hispanic/Latino, 3% Asian, and 2% other.

7. Place an "X" in the box that best describes the category of Program(s) to be funded (multiple selections are permitted).

Category	Youth	Adult	Older Adults	Persons with Disability
Education				
Health and Nutrition	X	X	X	X
Job Training				
Sports and Arts Activities				
Pre-School Activities				
After-School Activities				
Mentoring				
Transportation				
Housing				
Other				

Section II: Program Results

A. FY 2012-13 Programs and Outcomes

If the Program is ongoing, show the results for the previous year (FY 2012-13). If you did not meet Projected Program Result(s) provide an explanation in the designated space situated below the chart.

If more than one program is requesting funding, provide a separate chart for each program.

Stated Program Goals	Program Activities	Actual Results for FY 12-13	Evaluation Method
<i>Example: 80% of after-school attendees will not be re-suspended</i>	<i>Counselor meets with students, as the first contact, for students referred for minor infractions.</i>	<i>Out of 100 students participating in the program, 90 remained in good standing with the school system. 90% result (above goal)</i>	<i>School records were checked to verify that students had not been suspended.</i>
Provide timely access to high-quality, comprehensive primary care to over 3,400 vulnerable and/or financially disadvantaged residents (<200% of Federal poverty level) of Chapel Hill/Carrboro/Orange County.	Funding was used as provider salary support for uncompensated medical care at the Carrboro Community Health Center.	3,691 residents of Chapel Hill/Carrboro/Orange County were served at the Carrboro Community Health Center. (4,802 Orange County residents were served across our system.)	PHS' electronic practice management system generates reports demonstrating the number and demographics of individuals served at the health center.

If program(s) did not meet its stated goal(s), please explain:

B. FY 2014-15 Programs and Anticipated Outcomes

If more than one program is requesting funding, provide a separate chart for each program.

Stated Program Goals	Program Activities	Anticipated Results for FY 14-15	Evaluation Method
<i>Example: 80% of after-school attendees will not be re-suspended</i>	<i>Counselor meets with students, as the first contact, for students referred for minor infractions.</i>	<i>Out of 100 students participating in the program, 90 remained in good standing with the school system. 90% result (above goal)</i>	<i>School records were checked to verify that students had not been suspended.</i>
Provide timely access to high-quality, comprehensive primary care to over 3,400 vulnerable and/or financially disadvantaged Orange County residents (<200% of Federal poverty level.	Funding will be used as provider salary support for uncompensated medical and dental care at the Carrboro Community Health Center.	Over 3,400 residents of Chapel Hill/Carrboro/Orange County will receive primary care services at the Carrboro Community Health Center.	PHS' electronic practice management system generates reports demonstrating the number and demographics of individuals served at the health center.

**Section III. Program Information
Program Budget Worksheet**

AGENCY NAME: Piedmont Health Services, Inc.: Carrboro Community Health Center

PROGRAM REVENUE	Actual FY2012	Estimated FY2013	Projected FY2014	Percent Change
Private Donations	\$ -		\$ -	0
Program Generated Revenue (fees)	\$ 2,785,408	\$ 3,078,048	\$ 3,197,681	4%
Local Government Grants:				
Orange County	\$ 10,000	\$ 10,000	\$ 10,000	0%
Town of Chapel Hill	\$ 4,000	\$ 3,000	\$ 3,000	0%
Town of Carrboro	\$ 2,000	\$ 2,000	\$ 2,000	0%
Other Local: <u>Orange Partnership/Smart Start</u>	\$ 44,000	\$ 37,300	\$ 37,355	0%
Other Local: _____				0
Other Local: _____				0
if more than 3 sources, please provide a separate list.				
Non-Local Government Grants				
Triangle United Way	\$ -	\$ -	\$ -	0
State Government	\$ 6,969	\$ 771	\$ -	-100%
Federal Government	\$ 380,772	\$ 458,700	\$ 400,710	-13%
Other Grants: Non-Govt Grants	\$ 248,136	\$ 139,983	\$ 188,650	35%
Other Grants: _____				0
Miscellaneous/Other Revenue	\$ 671,013	\$ 73,460	\$ 39,412	-46%
Please list 3 largest Miscellaneous sources:				
Management Fees \$ -				
Patient Information \$ -				
Pfizer Share the Care Contribution \$ -				
Total Program Revenue	\$ 4,152,298	\$ 3,803,262	\$ 3,878,808	2%
PROGRAM EXPENSES				
Compensation	\$ 2,932,208	\$ 3,137,017	\$ 2,833,199	-10%
Rent & Utilities	\$ 96,761	\$ 77,060	\$ 147,374	91%
Supplies & Equipment	\$ 317,531	\$ 418,239	\$ 366,049	-12%
Travel & Training	\$ 29,415	\$ 25,562	\$ 31,090	22%
Other Expenses:	\$ 939,470	\$ 735,467	\$ 438,134	-40%
Please list 3 largest "Other Expenses":				
Patient Care				
Contract Services \$ -				
Repairs/Maintenance \$ -				
Total Program Expenses	\$ 4,315,385	\$ 4,393,345	\$ 3,815,846	-13%

SURPLUS/(DEFICIT) FOR PERIOD:

\$ (163,087)	\$ (590,083)	\$ 62,962	111%
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Section IV: Program Statistics and Costs

If you are seeking funding for more than one Program, please submit separate form for each.

- 1) **Define one unit of service⁺**: The HRSA Bureau of Primary Health Care defines a health center patient as an individual who receives a visit from a licensed independent provider. In the case of PHS, this includes individuals making a medical and/or dental primary care visit at one of our health center sites. Our other services (e.g. case management, pharmacy, nutrition) are provided as an enhancement to the provider visit. Thus, the **primary care visit (medical or dental) is the appropriate unit of service for Carrboro Community Health Center.**

Fiscal Year	Total Program Units	Total Program Units that Met Program Goals	Total Program Cost	Program Unit Cost⁺⁺ = Total Program Cost ÷ Total Program Units that Met Goal
Actual FY2012	26,582 primary care visits (21,599 medical + 4,332 dental)	26,582	\$4,315,385	\$162.34
Estimated FY2013	27,021 Primary care visits (21,521 medical + 5,500 dental)	27,021	\$4,393,345	\$162.59
Projected FY2014	26,660 primary care visits (21,660 medical + 5,000 dental)	26,660 (budgeted)	\$3,815,846	\$143.13

Defining a Unit of Service⁺

- In a brief statement, define one unit of service for each program
Example: A Homeless Shelter may define a unit of service as one bed night provided to a homeless individual at the shelter or the placement of an individual into a permanent residence.

Notes regarding Program Unit Cost⁺⁺

- Units of cost are units of activity. The most inexpensive unit cost may be the most expensive program.

Example: Agency X provides training to reduce violence at a cost of \$10 per student (total cost of training is \$5,000 with 500 students participating). Follow up reveals that 5 students adopt the program recommendations. The unit of results, then, is \$1,000 ($\$5,000/5=\$1,000$)

Agency Y provides similar training to 500 students at a cost of \$40 (total cost of training is \$20,000). Follow up reveals that 40 students adopt the program recommendations. The unit of result in this case is \$500 ($\$20,000/40=\500).

- Unit costs are not always what they seem.

Example: If a high school drop-out prevention program has students who participate 5 days a week for 16 weeks at a daily cost of \$150, the cost per student is \$12,000. If we know, though, that the program serves only 20 students at a time and that 5 out of every 20 students do not graduate, the cost per graduate is \$16,000 (total cost of \$240,000 for 16 weeks/ $15=\$16,000$).

Section V: Program Beneficiary Demographics

If you are seeking funding for more than one Program, please submit a separate form for each. Please use **real numbers**, not percentages, for all units. Additional notes can be provided below the chart if needed.

PROGRAM BENEFICIARY DEMOGRAPHICS							
Program: Carrboro Community Health Center Patient-Centered Primary Care Home							
<i>Client characteristics</i>	Actual CY2012	Estimated CY2013	Projected CY2014*	<i>Client characteristics</i>	Actual CY2012	Estimated CY2013	Projected CY2014*
1. Gender				4. Geographic Location(s)			
Male	2,446	2,763		Durham City	1,577	1,666	
Female	4,235	4,113		Durham County (does not include Durham City)	136	142	
2. Ethnicity				Raleigh City	95	88	
African-American	602	614		Wake County (does not include Raleigh City)	168	158	
Caucasian	759	738		Town of Chapel Hill	1,871	2,092	
Hispanic	4,465	4,681		Town of Carrboro	1,340	1,312	
Other	755	843		Orange County (does not include Town of Chapel Hill or Town of Carrboro)	444	104	
3. Age				Other (specify)	949	1,314	
0-5 Years	1,398	1,224		Per cent of clients at, or below, federal poverty level	67.98%	67.52%	
6-18 Years	1,477	1,740					
19-50 Years	2,679	2,814					
51+ Years	1,027	1,098					
Unknown	0	0		TOTAL # OF CLIENTS SERVED	6,581	6,876	

+ PHS reports patient demographic characteristics on a calendar year basis to our Federal funders.

*PHS does not routinely predict patient mix by gender, race/ethnicity, age, or geographic location, instead basing our budget on predicted payer mix. FY2014 budget goal is 21,660 medical visits and 5,000 dental visits. We would expect little if any change in CY2014 in terms of patient characteristics compared to prior years.

Please note: Patients from Orange County are served by all seven PHS health center locations, and in CY2013 had the following geographic distribution: Durham City: 1,954; Durham County: 180; Raleigh City: 427; Wake County: 1,015; Town of Chapel Hill: 2,190; Town of Carrboro: 1,351; Orange County: 786; Other: 26,145; Total patients served: 34,048. Final CY2013 data will be available summer 2014.

**Section VI. Financial Data
Comparative Budget for Entire Agency**

AGENCY NAME: Piedmont Health Services, Inc.

AGENCY REVENUE	Actual FY2012	Estimated FY2013	Projected FY2014	Percent Change
Private Donations	\$ 38,945	\$ 65,963	\$ -	-100%
Agency Generated Revenue (fees)	\$ 23,424,369	\$ 25,428,995	\$ 31,554,515	24%
Local Government Grants:				
Orange County	\$ 10,000	\$ 10,000	\$ 10,000	0%
Town of Chapel Hill	\$ 4,000	\$ 3,000	\$ 3,000	0%
Town of Carrboro	\$ 2,000	\$ 2,000	\$ 2,000	0%
Other Local: Orange Partnership/Smart Start	\$ 44,000	\$ 37,300	\$ 37,355	0%
Other Local: _____				0
Other Local: _____				0
if more than 3 sources, please provide a separate list.				
Non-Local Government Grants				
Triangle United Way	\$ -	\$ -	\$ -	0
State Government	\$ 696,683	\$ 1,212,629	\$ 636,060	-48%
Federal Government	\$ 6,368,608	\$ 5,348,722	\$ 6,412,805	20%
Other Grants: Other Non-Govt Grants	\$ 1,676,018	\$ 1,284,151	\$ 1,096,007	-15%
Other Grants: _____				0
Miscellaneous/Other Revenue	\$ 2,066,515	\$ 536,690	\$ 1,130,269	111%
Please list 3 largest Miscellaneous sources:				
Pharmacy contract	\$ 810,405.00			
Patient Management Fees	\$ 230,724.00			
Inpatient Revenue	\$ 60,000.00			
Total Agency Revenue	\$ 34,331,138	\$ 33,929,450	\$ 40,882,011	20%
AGENCY EXPENSES				
Compensation	\$ 20,448,547	\$ 22,149,456	\$ 24,174,674	9%
Rent & Utilities	\$ 708,356	\$ 757,072	\$ 1,901,982	151%
Supplies & Equipment	\$ 2,324,482	\$ 3,028,190	\$ 3,378,893	12%
Travel & Training	\$ 304,067	\$ 293,434	\$ 404,263	38%
Other Expenses:	\$ 9,706,399	\$ 7,606,006	\$ 11,022,199	45%
Please list 3 largest "Other Expenses":				
Patient Care	\$ 6,901,916.00			
Reparis/Maintenance	\$ 1,037,870.00			
Contracted Services	\$ 443,720.00			
Total Agency Expenses	\$ 33,491,851	\$ 33,834,158	\$ 40,882,011	21%
SURPLUS/(DEFICIT) FOR PERIOD:	\$ 839,287	\$ 95,292	\$ -	-100%

Section VII: Schedule of Positions

Please include all paid staff positions followed by volunteer positions; these financial figures should match the personnel figures in your Agency Comparative Budget Excel Form. Similar positions can be combined. (i.e., 8 Occupational Therapists can be inserted as one line item).

Agency Name: Piedmont Health Services, Inc.

Position Titles * = Position Vacant	Full Time Equivalent** (FY2014)	Program Staff +	Actual FY2012	Estimated FY2013	Projected FY2014	% Total Budget	If provided, indicate: (R) Retirement Plan (H) Health Plan
Medical Provider: Physicians (CCHC:2.475)	20.570	0.08	\$3,471,581	\$3,985,664	\$3,641,304	9%	See notes at bottom of next page
Medical Provider: FNP/CNM/PA (CCHC: 2.950)	15.425		\$828,346	\$1,086,307	\$1,052,791	3%	See notes at bottom of next page
Nurses: RNs (CCHC: 2.100)	15.500		\$1,102,847	\$1,372,597	\$1,148,725	3%	See notes at bottom of next page
Medical Assistants (CCHC: 7.000)	35.825		\$947,541	\$1,014,714	\$1,031,626	3%	See notes at bottom of next page
Case Managers (CCHC: 1.520)	12.500		\$806,818	\$944,851	\$711,904	2%	See notes at bottom of next page
Ancillary Support (Lab/OT/PT) (CCHC:1.000)	6.000		\$310,404	\$522,098	\$487,710	1%	See notes at bottom of next page
Dentist (CCHC: 1.000)	4.000		\$632,379	\$749,785	\$872,147	2%	See notes at bottom of next page
Dental Hygienist (CCHC: 1.000)	2.000		\$85,390	\$155,494	\$150,965	<1%	See notes at bottom of next page
Dental Assistants/PCCs (CCHC: 4.450)	16.200		\$491,645	\$529,958	\$637,753	2%	See notes at bottom of next page
Nutritionist (CCHC: 0.900)	23.950		\$963,703	\$1,131,575	\$1,024,884	3%	See notes at bottom of next page
Pharmacist & Pharmacy Technicians (CCHC: 5.050)	32.650		\$1,401,934	\$1,869,132	\$1,800,520	4%	See notes at bottom of next page
Administration ~ Central and Site (Exempt and Non-Exempt) (CCHC:810.650)	107.010		\$5,318,673	\$6,747,320	\$6,068,077	15%	See notes at bottom of next page

Total Personnel Salaries (CCHC: 40.095)	291.630		\$16,361,263	\$20,109,455	\$18,628,406	46%	
Benefit Package cost for FY 2014 (23% of salary cost)					\$4,284,533	10%	
TOTAL BUDGET FOR FY 2014					\$40,882,011		
VOLUNTEER HOURS ⁺	See Table Notes below						

Notes:

- **Similar positions can be combined: i.e. 8 Occupational Therapists can be inserted as one line item.**
- ** Full time staff will be noted as 1.00; half time as .50; quarter time as .25, etc.
- + Denotes the percentage of staff time involved with program, if applicable. If applying for multiple programs, write the percentage followed by the program number in parentheses.
- Calculate a Full Time Equivalent for all recorded volunteer hours using the following:
$$\frac{\text{Total Volunteer Hours}}{1,960} = \text{Volunteer FTE}$$

Table Notes:

Benefits: PHS offers employees who work more than 60% time a benefit package which includes health and retirement plan (with PHS contribution of 3% for the first 3% contributed by the employee). As of this submission, 292 PHS employees participate in the health plan and 196 are enrolled in our 403(b) retirement plan.

Volunteers: PHS has an all-volunteer Board of Directors. PHS does not track or record volunteer hours. At clinical sites, because of the risks inherent in clinical environments, PHS generally limits unpaid staff to health professional students who are actively engaged in pursuing their education and meet our stringent employee health guidelines.

**Section VI. Financial Data
Comparative Budget for Entire Agency**

AGENCY NAME: Piedmont Health Services, Inc.

AGENCY REVENUE	Actual FY2012	Estimated FY2013	Projected FY2014	Percent Change
Private Donations	\$ 38,945	\$ 65,963	\$ -	-100%
Agency Generated Revenue (fees)	\$ 23,424,369	\$ 25,428,995	\$ 31,554,515	24%
Local Government Grants:				
Orange County	\$ 10,000	\$ 10,000	\$ 10,000	0%
Town of Chapel Hill	\$ 4,000	\$ 3,000	\$ 3,000	0%
Town of Carrboro	\$ 2,000	\$ 2,000	\$ 2,000	0%
Other Local: <u>Orange Partnership/Smart Start</u>	\$ 44,000	\$ 37,300	\$ 37,355	0%
Other Local: _____				0
Other Local: _____				0
If more than 3 sources, please provide a separate list.				
Non-Local Government Grants				
Triangle United Way	\$ -	\$ -	\$ -	0
State Government	\$ 696,683	\$ 1,212,629	\$ 636,060	-48%
Federal Government	\$ 6,368,608	\$ 5,348,722	\$ 6,412,805	20%
Other Grants: <u>Other Non-Gov't Grants</u>	\$ 1,676,018	\$ 1,284,151	\$ 1,096,007	-15%
Other Grants: _____				0
Miscellaneous/Other Revenue	\$ 2,066,515	\$ 536,690	\$ 1,130,269	111%
Please list 3 largest Miscellaneous sources:				
<u>Pharmacy contract</u> \$ 810,405.00				
<u>Patient Management Fees</u> \$ 230,724.00				
<u>Inpatient Revenue</u> \$ 60,000.00				
Total Agency Revenue	\$ 34,331,138	\$ 33,929,450	\$ 40,882,011	20%
AGENCY EXPENSES				
Compensation	\$ 20,448,547	\$ 22,149,456	\$ 24,174,674	9%
Rent & Utilities	\$ 708,356	\$ 757,072	\$ 1,901,982	151%
Supplies & Equipment	\$ 2,324,482	\$ 3,028,190	\$ 3,378,893	12%
Travel & Training	\$ 304,067	\$ 293,434	\$ 404,263	38%
Other Expenses:	\$ 9,706,399	\$ 7,606,006	\$ 11,022,199	45%
Please list 3 largest "Other Expenses":				
<u>Patient Care</u> \$ 6,901,916.00				
<u>Reparis/Maintenance</u> \$ 1,037,870.00				
<u>Contracted Services</u> \$ 443,720.00				
Total Agency Expenses	\$ 33,491,851	\$ 33,834,158	\$ 40,882,011	21%
SURPLUS/(DEFICIT) FOR PERIOD:	\$ 839,287	\$ 95,292	\$ -	-100%

**Section III. Program Information
Program Budget Worksheet**

AGENCY NAME: Piedmont Health Services, Inc.: Carrboro Community Health Center

PROGRAM REVENUE	Actual FY2012	Estimated FY2013	Projected FY2014	Percent Change
Private Donations	\$ -		\$ -	0
Program Generated Revenue (fees)	\$ 2,785,408	\$ 3,078,048	\$ 3,197,681	4%
Local Government Grants:				
Orange County	\$ 10,000	\$ 10,000	\$ 10,000	0%
Town of Chapel Hill	\$ 4,000	\$ 3,000	\$ 3,000	0%
Town of Carrboro	\$ 2,000	\$ 2,000	\$ 2,000	0%
Other Local: <u>Orange Partnership/Smart Start</u>	\$ 44,000	\$ 37,300	\$ 37,355	0%
Other Local: _____				0
Other Local: _____				0
If more than 3 sources, please provide a separate list.				
Non-Local Government Grants				
Triangle United Way	\$ -	\$ -	\$ -	0
State Government	\$ 6,969	\$ 771	\$ -	-100%
Federal Government	\$ 380,772	\$ 458,700	\$ 400,710	-13%
Other Grants: <u>Non-Gov't Grants</u>	\$ 248,136	\$ 139,983	\$ 188,650	35%
Other Grants: _____				0
Miscellaneous/Other Revenue	\$ 671,013	\$ 73,460	\$ 39,412	-46%
Please list 3 largest Miscellaneous sources:				
<u>Management Fees</u> \$ -				
<u>Patient Information</u> \$ -				
<u>Pfizer Share the Care Contribution</u> \$ -				
Total Program Revenue	\$ 4,152,298	\$ 3,803,262	\$ 3,878,808	2%
PROGRAM EXPENSES				
Compensation	\$ 2,932,208	\$ 3,137,017	\$ 2,833,199	-10%
Rent & Utilities	\$ 96,761	\$ 77,060	\$ 147,374	91%
Supplies & Equipment	\$ 317,531	\$ 418,239	\$ 366,049	-12%
Travel & Training	\$ 29,415	\$ 25,562	\$ 31,090	22%
Other Expenses:	\$ 939,470	\$ 735,467	\$ 438,134	-40%
Please list 3 largest "Other Expenses":				
<u>Patient Care</u>				
<u>Contract Services</u> \$ -				
<u>Repairs/Maintenance</u> \$ -				
Total Program Expenses	\$ 4,315,385	\$ 4,393,345	\$ 3,815,846	-13%
SURPLUS/(DEFICIT) FOR PERIOD:	\$ (163,087)	\$ (590,083)	\$ 62,962	111%