The provision of public health depends on the availability of adequate resources. For most Local Health Jurisdictions, financing is composed of a combination of public, state, federal and private funding that provides direct support to the public health system.
Therefore, the sustainability of the governmental public health system depends on the financial health of state and local public health agencies.

This is a challenge because public health programs and services are often provided in fiscally strapped environments such as government revenue declines, budget reductions, economic recessions and unfunded mandates, that we must abide by.
There are many layers to Public Health

And to address these concerns, unfortunately? .........
It all takes $\text{money}$ to make it happen...........

Where does the money come from ???

- Federal Funding
- State Funding
- Independent Grants
- Clinic Revenue via Insurance & Client Payments
- Donations
- County & other Non Governmental Contributions
Public Health Jan - Sept 2022 Revenue

- Federal: $2,051,969
- State: $770,653
- State Shared Revenue: $24,822
- Social Services: $67,467
- Donations: $566,734
- County Contribution: $41,042
- Levy Support: $212,197
- Miscellaneous Revenue: $42,803

Total Revenue: $2,155,350

Jan - Sept 2022 Public Health Expense

- Salaries: $2,122,197
- Benefits: $750,103
- Operating Supplies: $67,467
- Office Supplies: $24,822
- Professional Services: $147,530
- Communications: $770,653
- County Services: $147,530
- Travel/Vehicles: $41,042
- General Administration: $61,042
- Miscellaneous Expense: $10,423

Total Expense: $2,051,969
The financial role in Public Health involves handling operations such as negotiating contracts, making cash available for expenses such as payroll and covering costs for unexpected expenses until such time we can invoice for/request for reimbursement.
Whether we are ..........
- The Fiscal Agent, overseeing services being provided by a Third Party/Sub-Recipient
- Billing insurance for clinic visits then >>
  - Clients for balances after insurance processing
  - Billing State contracts, grants........

There is a lot of tracking, monitoring, reviewing and invoicing before .......

There is ..........

MONEY IN THE BANK
In addition to the Multiple Funding Streams, internally our staff are allocating “By Program”

| Program                          | Code |
|----------------------------------|------|
| Administration                  | 11   |
| Telehealth                       | 22   |
| MCHBG ES                         | 23   |
| ARCO Dental Program              | 24   |
| CVSHCN ES                        | 25   |
| CVSHCN SS                        | 26   |
| Family Planning                  | 27   |
| WIC                              | 28   |
| MCHBG SS                         | 29   |
| BF-Peer Counselor                | 30   |
| Inc. Imm Rates/VFC               | 31   |
| Immunization                     | 32   |
| COVID-19                         | 33   |
| Tuberculosis                     | 34   |
| OGP. University of Washington    | 36   |
| Duty Officer                     | 37   |
| Drug User Health                 | 38   |
| Communicable Disease             | 39   |
| Mass Vaccination                 | 40   |
| PAT Cohort C7                    | 41   |
| PAT Cohort 9                     | 42   |
| PAT-GFS                          | 43   |
| PAT-State Rescue Funds           | 44   |
| GFF Health Equity                | 45   |
| ODDA                             | 46   |
| BIA Grant                        | 47   |
| COSSAP                           | 48   |
| HCA / MOUD                       | 49   |
| Behavioral Health Coordination    | 50   |
| SBHC - School Based Health Center| 51   |
| HECO/Rescue                      | 52   |
| Housing                          | 54   |
| Housing McKinney Vento           | 56   |
| Housing Youth Shelter            | 57   |
| Emergency Housing                | 58   |
| Veteran’s Fund                   | 59   |
| Developmental Disabilities        | 62   |
| Vital Records                    | 71   |
| ERAP 2.0                         | 72   |
| ESG                              | 73   |
| CDGG-CV1                         | 74   |
| Next Steps                       | 75   |
| WA ST Emergency Shelter          | 76   |
| TRAP                             | 77   |
| CDGG-Public Services             | 78   |
| Assessment                       | 80   |
| VMPF                             | 83   |
| STR Prevention                   | 84   |
| SABG Prevention                  | 85   |
| PFS                              | 86   |
| Marijuana Prevention             | 87   |
| Emergency Preparedness           | 88   |
| SOR Prevention                   | 90   |

We currently have a Total of 53 “programs” on our Program List

& ultimately “By Fund”.......

& We have a Total of 6 Funds that We, the Public Health Fiscal Team, Manage

- 107,000,000 Affordable Housing
- 107,000,100 Affordable Housing STC
- 114,000,000 Veterans Relief
- 129,000,000 Public Health
- 140,000,002 Developmental Disabilities
- 145,000,000 Homeless Housing
Let’s take a look at Fund 129 - Public Health Expenses compared to Revenue, as it is where our Personnel Costs live........

Revenue - Expense = Variance

Revenue
Expense
Variance

Personnel (s&b) cost in relation to overall PH Expense in Fund 129
Thank You!! for Helping Us Make a Difference ~