## 2016-2017 ANNUAL REPORT







## **ABOUT HCC**

The focus of the HCC is to develop and implement programs that are responsive to documented health needs of county residents, with specific health status indicators as benchmarks of progress. The HCC implements and supports countywide, and in some instances, regional programs that help create access to education, awareness, prevention and treatment services.

HCC's service area, which covers 88,377 people, consists of 25,344 individuals who live at or below 200 percent of the Federal Poverty Level (FPL). This constitutes approximately 34 percent of its service area. Additionally, one in four households in HCC's service area have incomes below \$25,000. Of the 59,997 people who are 25 years old and over, 9.1 percent have a 9th to 12th grade education - but no diploma. (Population holding a bachelor's degree or higher is only 16.1 percent.)

#### • Primary Medical Care

- Laboratory Services • Screenings (cancer,
- **Services** Include but not limited
  - cholesterol, communicable diseases, and more) to ...
    - Immunizations
    - Preventive Dental
    - Family Planning

- Well Child Services
- Women's Health Services • Prenatal Care and Postpartum

Vision

life well.

Mission

communities.

**Members** 

businesses.

- Behavioral Health Diagnostic
- Discount Prescriptions
- Substance Abuse Services

Rural communities free of barriers to live

Cultivate partnerships and deliver quality

health care to strengthen rural

• Skill training to improve parent-child relationships

HCC is comprised of over 50 network members. These include:

• Referral arrangements for psychological evaluations, outpatient

therapy, or other services

- Case Management
- Counseling and Assessment
- Health Education
- Outreach
- Transportation
- Translation



#### Values

- H Honesty
- E Excellence
- A Accountability

- Critical Access Hospitals, Health Departments, School Districts, Community Mental Health Centers, Social Service entities, and
- L Leadership T – Transparency
- H High Performance



OMMUNITY ASSET BUILDERS. LLC 2Page Fars Bard, Suite B molecular (197) 613-2700 Infederaliz.com Health Professional Shortage Areas (HPSA) Geographic Area Population

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## Assets

	2017	2016
Current Assets		
Cash	\$ 198,424	\$215,714
Patient accounts receivable, net of allowance; 2017 - \$172,000, 2016 - \$105,00	491,347	147,272
Grants and other receivables	229,091	119,064
Contributions receivable - current	97,751	57,500
Estimated amounts due from third-party payers	415,000	340,000
Prepaid expenses and other	16,624	20,554
Total current assets	I,448,237	900,104
Property and Equipment, At Cost		
Land	15,600	15,600
Buildings and leasehold improvements	863,297	860,397
Equipment	539, 552	460,363
	1,418,449	1,336,360
Less accumulated depreciation	297,201	196,501
	1,121,248	1,139,859
Total assets	\$2,569,485	\$2,039,963

## Liabilities and Net Assets

	2017	2016
Current Liabilities		
Current maturities of long-term debt	\$ 86,226	\$ 67,279
Accounts payable	281,889	212,597
Accrued expenses	318,161	192,614
Deferred grant revenue	1,950	
Total current liabilities	688,226	472,490
Long-Term Debt	539,199	604,634
Total liabilities	1,227,425	1,077,124
Net Assets		
Unrestricted	1,165,514	859,921
Temporarily restricted	176,546	102,918
Total net assets	1,342,060	962,839
Total liabilities and net assets	\$ 2,569,485	\$ 2,039,963







and outlays are subject to audit and acceptance by the granting agency and, as a result of such audit, adjustments could be required.



GRANTS

## Grant Revenue

HCC is the recipient of a Community Health Centers (CHC) grant from the U.S. Department of Health and Human Services. The general purpose of the grant is to provide expanded health care service delivery for residents of West Central Missouri. Terms of the grant generally provide funding for HCC's Live Well Center operations based on an approved budget. Grant revenue is recognized as qualifying expenditures are incurred over the grant period. During the years ended June 30, 2017 and 2016, HCC recognized \$2,051,845 and \$1,858,854 in CHC grant revenue. Funding for the grant budget periods

ending January 31, 2018, is approved at \$2,571,125.

In addition to these grants, HCC receives financial support from other federal, state and private sources. Generally, such support requires compliance with terms and conditions specified in grant agreements and must be renewed on an annual basis.



The general purpose of the grant is to equip its Live Well Community Health Centers to expand health care service delivery for residents in West Central Missouri.

# HCC'S THEORY OF CHANGE MODEL

By focusing our efforts and resources in five key areas that encompass the whole of HCC, we will have sustainable, positive impact across the communities we serve, the people within those communities, and the network. HCC uses the PDSA model (plan, do, study, act) to assure that it makes acceptable progress toward its long-term programmatic and financial goals as well as engages with all constituents regularly. Continuous review, measuring outcomes, and engagement will produce the desired results.

## The Five Key Areas are:

HCC as a valued and competent health care provider serving all citizens, including the uninsured and underserved; and demonstrating professional excellence in all endeavors.

HCC as a national and statewide leader in innovative rural health network systems and processes that sustain a healthy, financially-viable organization.

HCC as an excellent place to work by employees, partners, and community members ensuring highcaliber staffing, low turn-over, and effectiveness across all locations.

HCC as a market- and strategy-driven organization that serves community members, businesses, and others with a stake in the current and future health of Missouri's citizens.

HCC as a fiscally responsible organization that initiates and maintains health-related programs, innovations, education, and other services through a vibrant membership base and external funding sources. Emerging from the Theory of Change and the key areas of emphasis are HCC's organizational goals for 2017-2020. Along with the goals presented below are the major strategies to accomplish the goals as well as an example of a benchmark. Each area of emphasis has multiple programs, strategies, action plans, and outcomes. Not all programs or strategies are delineated within this strategic plan.

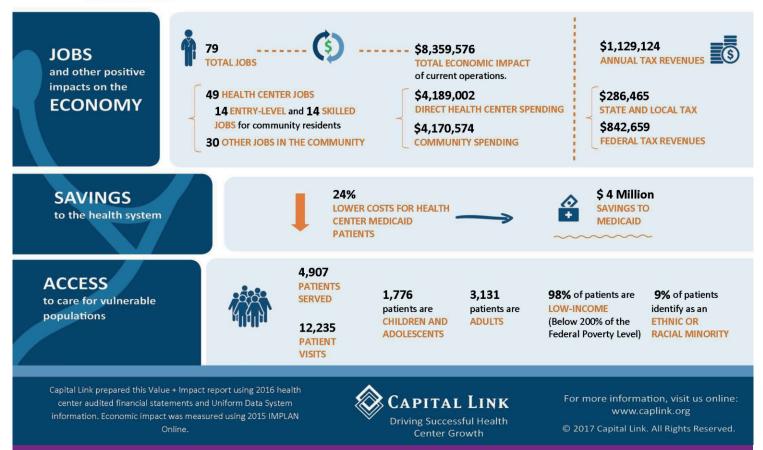
An annual review of the strategic plan is undertaken to address any changes that have occurred in the environment, organization, programs, or mandates from grantors and funders. The Board of Directors will discuss and review the final annual plan with changes (if any). Additionally, HCC publishes an Annual Report which includes information, services provided, and outcomes met in the previous year. The Annual Report is distributed widely in its service area along with being available on the HCC web site (www.hccnetwork.org).

## VALUE ( IMPACT of HEALTH CENTERS

## Health Care Collaborative of Rural Missouri

Federally Qualified Health Centers and other safety-net clinics such as Health Care Collaborative of Rural Missouri provide tremendous value and impacts to their communities—from JOBS and ECONOMIC STIMULUS to local communities; SAVINGS to the health care system; ACCESS to care for vulnerable populations.

#### Highlights of 2016 contributions are shown below.



In Loving Memory of Melanie Kay Corporon September 20, 1954 -August 12, 2017

"Though nothing can bring back the hour of splendor in the grass, of glory in the flower; we will grieve not, rather find strength in what remains behind..." - William Wordsworth



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www.hccnetwork.org



## **Live Well Community Health Centers**

### Buckner

324 Hudson Buckner, MO 64016 816.249.1521

#### Carrollton

1413 N. Jefferson Carrollton, MO 64633 660.329.9005 Concordia

206 N. Bismark, Ste. A. Concordia, MO 64020 660.463.0234

#### Waverly

608 Missouri Street Waverly, MO 64096 660.493.2262