



Hope Family Health Services



General Information

Contact Information

Nonprofit	Hope Family Health Services
Address	1124 New Hwy 52 E Sumner North Health Center Westmoreland, TN 37186
Phone	(615) 6442000 6442000
Fax	615 6442000
Web Site	Web Site
Facebook	Facebook
Email	info@hopefamilyhealth.org

At A Glance

Year of Incorporation	2005
HOPE Family Health	

Mission & Impact

Statements

Mission

We seek to restore dignity, faith, and hope in those we serve by making them partners in the healing process and providing them access to loving, compassionate, sustainable health care.

Background

Like many nonprofit organizations, Hope Family Health was born out of a desire to fill a need in a community. In the summer of 2004, two mid-level providers working in the Westmoreland area began to discuss the possibility of starting a completely different kind of clinic: one where patients were treated based on their need of care instead of their ability to pay. The area served by HOPE is poor and medically under-served, and the practitioners noticed many people were deferring health care simply because of decreased local providers and their inability to pay. The desire to care for the patients who were falling between the cracks, a desire to run a clinic which validated the dignity and potential of each person receiving care, and the desire to restore hope as well as health, led practitioners Linville and Dittes to open the doors of Hope Family Health in January of 2005. The first year brought rewards as well as challenges. HOPE survived during the first year by keeping costs contained, which resulted in long hours and low pay for the staff. The office started out in a little double-wide-mobile home-turned-clinic filled with people, employees, donated furniture, and charts. No fancy equipment was available, but our staff's intelligence and heart held strong convincing us that love, respect and compassion are immeasurably more important in the healing process than state-of-the-art medical facilities. This trial by fire assured the founders and staff that they possessed the flexibility, dedication, devotion, and love to make it through even the hardest of times.

Since that humble beginning, HOPE has grown by leaps and bounds - seeing twice as many uninsured patients than that first year. The past couple of years have been full of challenges and change for HOPE. The downward turn in the economy has hit the area hard, resulting in even more poverty and uninsured residents. The generosity of individuals, groups, foundations and organizations through grants and gifts has enabled HOPE to continue to offer high quality health care at an affordable rate to the community.

Many prayers were answered in June 2012, when HOPE received FQHC status, providing stable, long-term funding. With this financial stability, HOPE has many plans to develop multiple programs of care in the near future. HOPE will continue to try to meet the growing needs of the community in every way possible restoring our patients' health, hope, and dignity.

Impact

Here is a small list of just some of the great things that have taken place at HOPE over the past year...

- HOPE was awarded \$1,748,189.00 of annual funding through the HRSA Federally Qualified Health Center grant to treat the medically and mentally underserved in our community for on-going annual base funding as an FQHC (eff. grant year 2016).
- The Pharmacy at HOPE Family Health (opened as of 7/11/2016) serves HOPE's patients with full and comprehensive on-site pharmacy services at its Sumner North Health Center location. The pharmacy staffs a full-time clinical Pharmacist and Director of Pharmacy Services, two Pharmacy Technicians, and a full time Patient Assistance Program Navigator. In 2015 HOPE's Patient Assistance Program delivered more than \$2,000,000.00 in pharmacy drugs to HOPE's patients, clearly painting a picture for the large need for affordable and accessible access to medication in our service area.
- In June 2016, HOPE was awarded a grant through HRSA to expand its services once again, with the addition of Dental and Oral Health Services. By January 2017, HOPE will offer dental and oral health to the patients in our community through this new program.
- HOPE was awarded a new Behavioral Health Integration Grant through HRSA that was implemented in 2015 that provides \$250,000 of annual grant income for the next three years, that will be used to expand mental/behavioral health resources - adding a new Psychiatric Nurse Practitioner, a new LCSW and a Behavioral Health Consultant. This adds to the already existing scope of Mental Health services that includes individual and family counseling and treatment for a large variety of mental health diseases and issues.
- In January 2015, HOPE closed on the purchase of its first owned facility (Macon Westside Clinic), thus planting permanent roots in Macon County at 10427 New Hwy 52 W in Westmoreland, Tennessee. This primary care health center is staffed with 1 full-time Medical Provider (Nurse Practitioner), 1 full-time LPN and 1 full-time Front Desk Receptionist.
- On November 1st, 2014, HOPE moved its main operations from a 6,000 sq.ft facility at 12124 New Hwy 52 W (Rose Place), to a 14,000 sq.ft. health center campus (Sumner North Health Center) at 1124 New Hwy 52 E in Westmoreland Tennessee. This facility, being leased through a charitable relationship with its owner - Sumner Regional Medical Center, serves as the home to 8 Medical Providers, 3 Behavioral/Mental Health Providers, HOPE's Pharmacy & Prescription Assistance Program, Insurance Navigation & Application Assistance Program, Lab Services, Bilingual Patient Navigation Program, and as its Administrative Headquarters.
- HOPE was the first in our community to partner and contract with Community Health Alliance in 2013, Tennessee's first not-for-profit health insurance co-op established under the Affordable Care Act. Since that time HOPE has continued to treat newly insured patients who have found life changing insurance coverage through affordable plans on the Health Insurance Marketplace.
- HOPE launched the Bilingual Patient Navigation program in 2012, that now consistently accounts for over 10% of HOPE's established patient base. These Spanish speaking patients actively seek both medical and mental healthcare at HOPE Family Health and consider HOPE to be their family's medical home.
- HOPE wrote a \$70,000 federal grant to hire a Certified Application Counselor to oversee HOPE's Outreach and Enrollment Program; a free service that assists HOPE patient's and other members of the community with enrolling in new health insurance plans through the Health Insurance Marketplace. HOPE was awarded the grant in July of 2013, and since that time the program (led by Michelle McRae) has assisted hundreds of patients and families who have successfully applied for new insurance.

Needs

HOPE strives to continue to raise crucial resources that will help close the gap between what an office visit costs the organization and what a patient can pay for that visit. On average, a medical visit at HOPE costs the organization approx. \$150 to provide, and in return an average of \$60 is collected. Close to 40% of HOPE's patient base is uninsured, and more than 95% of those that are uninsured fall below 200% of the federal poverty-line. HOPE treats patients each and every day who in some cases are forced with the decision of putting food on the table, or filling life sustaining medication. HOPE seeks to increase resources to help provide for these patients, who even with the assistance of a sliding fee scale, often times struggle to afford medical and mental health treatment.

Other ways to donate, support, or volunteer

Anyone can donate at any time and use whichever method they prefer. Most of HOPE's donations come in the mail or are dropped off at the office by various individuals and organizations. HOPE has several donors who have pledged monthly gifts, and donors can also designate which program their donation is to go toward.

HOPE does not place emphasis on the amount donated. We focus on the spirit of the gift. One of our most prized donations came from a couple who are current patients of HOPE. This couple is very poor and in the past few years have not had money to buy their medications on several occasions. During an office visit, they pulled out \$5 - four one dollar bills and four quarters. She told me that they had "alittle extra left over this month" and wanted HOPE to have it. This gift is priceless to us.

Service Categories

Primary Organization Category

Health Care / Ambulatory & Primary Health Care

Secondary Organization Category

Mental Health & Crisis Intervention / Mental Health Treatment

Tertiary Organization Category

Human Services / Ethnic/Immigrant Services

Areas of Service

Areas Served

TN - Macon

TN - Sumner

TN - Trousdale

KY

HOPE operates in the Northern section of Sumner County, the Western section of Macon County, and the southern most parts of Kentucky. Through two locations, HOPE seeks to increase access to healthcare throughout Macon, Sumner, Trousdale, and other rural counties in Tennessee and southern Kentucky.

Board Chair Statement

To Whom it May Concern,

HOPE would like to thank you for the time you have taken to learn more about our organization. It is both an honor and a privilege to serve as the chairman of the board for this amazing organization and I personally am thankful for the work the staff of HOPE Family Health does each and every day. HOPE is a unique place that operates selflessly and by faith serving those in our community who need medical and mental healthcare the most. This organization would cease to exist with the loving and faithful contributors, foundation, and supporters who believe in what we do and continue to insure our existence. We encourage you to contact us today to learn more about how you can become involved in the life change work that happens at HOPE Family Health.

Kindest Regards,
Mark Beeler

Board Chairman, HOPE Family Health
President, Beeler Enterprises

CEO Statement

Hope Family Health is located in Westmoreland, TN just over the county line in Macon County. We serve patients in both Macon and Sumner Counties. This is a rural area that was re-classified by the Tennessee Department of Health in 2005 as a medically under-served area (MUA). This is the only privately established non-profit facility in the region that offers reduced fee primary health care services for the uninsured. Judging by the overwhelming response from patients during HOPE's first year of operation, the need for reduced fee services in this area is enormous and has continued to grow in 2012. In June of 2012, 45% of HOPE's patients were uninsured. The founders and staff of HOPE firmly believe that each member of the community should be given the opportunity to participate in the healing process. This empowers individuals not only to receive care but also to be part of the healing of their neighbors. From its inception, HOPE has encouraged community involvement in fulfilling its mission and the response has been overwhelming. Our Board is selected carefully to reflect the diverse socioeconomic makeup of the population served. Along with providing excellent primary care to the community by being open extended afternoon hours, there is a provider available by phone 24/7. True to the founders' vision, no one is turned away from HOPE because of their inability to pay.

Programs

Programs

Sliding Scale Fee for the uninsured

Description	<p>The rural Macon, Sumner, and Trousdale counties of Tennessee have a large population of poverty stricken people who have difficulty accessing the traditional health care system. A large portion of the residents in this area are uninsured and have high rates of death caused from serious chronic illnesses. The declining economy of the country has dramatically affected the patients at HOPE, resulting in lost jobs, benefits, and income; thus further decreasing access to health care for many.</p> <p>HOPE seeks to meet the needs of these vulnerable people by using a sliding scale fee schedule to increase the affordability of health care to those who would otherwise be unable to obtain needed interventions. These patients and the sliding scale fee program are at the heart of our mission and essential in meeting HOPE's goal of increasing access to health care.</p>
Budget	1129088
Category	Health Care, General/Other
Population Served	Families, ,
Short Term Success	<p>The daily number of patients treated by HOPE's providers average around 15 per provider. Currently, approximately 35-45% of our patient visits are for the uninsured people of the area. HOPE plans to dramatically increase the number of office visits provided in the second FQHC funded year. By having caring, compassionate staff, HOPE attempts to inject some hope into each life we touch. By offering reduced fees, the center greatly increases people's access to health care in the community.</p> <p>HOPE is currently attempting to increase the community's awareness of its existence, the FQHC changes that will be occurring in 2013, and of the reduced fee programs offered. HOPE has aggressively began to advertise and hopes to increase awareness of the center's services in the next 12 months.</p>
Long term Success	<p>HOPE intends to provide 4,863 patient visits in the first 11 months of FQHC funding and anticipates 2,137 of those visits be provided to the uninsured. No one has EVER been turned away from HOPE due to financial restrictions, and no one has ever been turned over to a collection agency due to outstanding account balances. The long-term definition of success for this program includes immeasurable facets - better access to health care for this community, increased self-esteem for individuals, improved health, and balanced lives for our patients.</p>

Program Success Monitored By

Patient data and analysis are performed using Doctors' Access software and reports generated by our billing company. Searches are performed using certain parameters to help identify each payor, illness, visit date, etc. Patient satisfaction surveys have been randomly distributed among HOPE's patients. In the most recent survey conducted in July and August of 2012, the providers and staff received an 89% satisfaction from patients.

Examples of Program Success

Initially, Mr. Jim came to HOPE complaining of a of low back pain. He had been to numerous ERs in the area seeking care. Mr. Jim had NO health insurance and NO money, and unfortunately, no tests were performed during those ER visits. After examining Mr. Jim, a HOPE mid-level provider ordered basic screening tests that every man his age should receive. His lab results showed an abnormally high PSA value. We negotiated a referral to an oncologist, and he was diagnosed with prostate cancer that had, unfortunately, metastasized to his bones. Mr. Jim's prognosis was poor but not hopeless. He received cancer treatment, and his overwhelming pain was better controlled.

I hate to think of how much more pain Mr. Jim would have endured if HOPE had not been here to listen. The providers at HOPE provided excellent health care to Mr. Jim, treated him with dignity and restored his self-esteem. He walked away from the center feeling like someone cared enough to listen.

Patient Assistance Program

Description	Many of HOPE's patients have difficulty being able to afford their medications. For some, there is simply NO money available, and they must <i>decide between buying food or medication</i> . Being unable to get needed medications can negatively impact health and creates a sense of despair. Fortunately, HOPE has a full-time patient advocate who helps these patients obtain life sustaining medications, empowering them to take control over their illnesses. Through HOPE's Patient Assistant Program (PAP), the patient advocate researches a wide range of programs that offer people medications for free or at a reduced rate. The patient advocate completes forms for the patients, orders medications, and ensures the patients are receiving those medications. For many, this lifts a huge burden and instills a sense of HOPE.
Budget	30600
Category	Health Care, General/Other
Population Served	Families, Homeless,
Short Term Success	<ul style="list-style-type: none">• From June 2011 to June 2012, the patient advocate obtained 2,606 medications for 373 uninsured and underinsured people of the surrounding communities. HOPE plans to help 450 uninsured patients in 2013.• HOPE plans for 70% of the the patients who are enrolled in the first quarter of 2013 to continue to be enrolled in the forth quarter of 2013. Continued access to affordable medications is a key factor in treating illness and managing chronic disease states. By ensuring the uninsured patients are continuously obtaining their medications, HOPE will further help those patients improve their health.
Long term Success	The long term success of this program is immeasurable. When people are able to get their medications, they feel a sense of empowerment. With all of the other problems they may have in their life, they do have control over one thing - taking their medications. With this sense of control they are able to change their health by decreasing their blood pressure, managing their blood sugars, and improving other chronic conditions. By helping people obtain their medications, chronic diseases will be better controlled and, in turn, decrease morbidity.
Program Success Monitored By	Detailed records are kept of each PAP intervention, and on follow up visits with the providers, the success of the medications is evaluated. Data collection and analysis are obtained by using PAP RX tracker software.
Examples of Program Success	Not long ago, a patient came to HOPE with a A1C of 12.0, which is a very, very high blood sugar level. Through the PAP, HOPE's patient advocate obtained Lantus insulin for this patient, and her next A1C dropped to 9.3. Although this blood sugar level is not considered under control, this was a tremendous improvement. After further evaluation, Januvia was obtained through the PAP. With proper diet, exercise, and access to medications, this patient's A1C level eventually dropped to 7.5 - which is amazing!!! With this large reduction in blood sugar levels, this patient felt, for the first time, "in control." This control empowered her to continue managing her blood sugar levels by actually adapting healthy life style practices. She continues, to this day, to maintain their blood sugars at healthy levels.

Hope Dental Program

Description	HOPE is currently in the initial stages of developing a dental program to treat those in the community who have no affordable options for dental care. In the past several years, health care providers at HOPE have noticed the wide spread occurrence of gum disease and dental carries in our patients, making dental care one of the largest unmet needs in the community. HOPE administration is discussing potential solutions to this problem with several dental providers and facilities. HOPE plans to initially collaborate with a dental facility to provide care, but in the long-term, plans to hire a dentist and support staff which will provide dental services on-site. In October 2012, a dentist is scheduled to come to HOPE to perform dental screenings, free of charge. This will hopefully provide an overview of the types of dental problems the residents of the community have. This needs assessment will help guide the planning and development of the dental program.
Category	Health Care, General/Other
Population Served	Families, Hispanic, Latino Heritage,
Short Term Success	HOPE hopes to have the dental program operational in 2013 or 2014. HOPE is very excited to begin the planning stage for this program.
Long term Success	The long-term success of the dental program encompasses multiple facets of health. Dental health care increases over-all health, decreases adverse health outcomes, decreased pain, and positively impacts patients' self image.
Program Success Monitored By	Initially, the success of the dental clinic will be measured by the interventions provided by the program.

Hope Mental Health Program

Description	<p>HOPE's mental health program launched in February of 2013. In the past, HOPE has offered mental health services on a reduced fee basis through an agreement with a mental health counselor. Even though the fees were reduced, many of HOPE's patients could not afford to have multiple counseling visits. Due to the nature of mental health treatment needs, this restricted access to needed counseling sessions, greatly affected the success of the treatments.</p> <p>HOPE has now widened access to a larger population by integrating its medical health services with its behavioral health services through Behavioral Health Integration (BHI). This new integration is staffed with a full time Behavioral Health Consultant, a full time Psychiatric Nurse Practitioner, a full time Licensed Clinical Social Worker and a full time Licensed Marriage and Family Counselor...all on-site. HOPE desires to continue to grow this program as the mental health need of this community is growing and widely unmet.</p>
Category	Mental Health, Substance Abuse Programs, General/other Outpatient Mental Health Treatment
Population Served	Families, ,
Short Term Success	Once the program is developed and operational, we anticipate our program to grow rapidly. HOPE's providers encounter patients on a daily basis who suffer from mental health issues. These unresolved and untreated mental health problems impact virtually every aspect of the patient's life: emotional, financial, relational, and spiritual. The program's short-term goals will revolve around the number of mental health interventions provided and the rate in which it increases. HOPE anticipates to provide 475 mental health encounters in the first 11 months of FQHC funding.
Long term Success	The long-term success of mental health interventions is quite immeasurable. HOPE anticipates to provide health care interventions that will positively impact our patients, their families and the community.
Program Success Monitored By	After the implementation of the program, the success will be monitored by the number of mental health interventions provided to the community and the rate of increase in the number of interventions.
Examples of Program Success	Not applicable at this time

Affordable Care Act Patient Navigator

Description	<p>· HOPE wrote a \$70,000 federal grant to hire an Affordable Care Act Patient Navigator and was awarded that grant in July of 2013. With this funding HOPE plans to search for a highly qualified, seasoned and experienced insurance professional (with top priority and strategic recruitment given to a qualified veteran) who can both prove and demonstrate applicable knowledge in both the health insurance industry in Tennessee as well as a deep knowledge and ability to learn and comprehend new healthcare legislation, programs, resources and tools that are now available and will become available through the Affordable Care Act. As an FQHC and a soon to become Patient Centered Medical Home, HOPE Family Health is very well positioned in our local community and service area to be the single and most qualified source for information and assistance as it pertains directly to the Affordable Care Act and enrollment in qualified programs associated and designed for both HOPE's patients and other patients in the community. With a contract already being established with Tennessee's first federally qualified health insurance exchange, HOPE has already begun preparations to assist our uninsured and underinsured patient population with enrollment and educational assistance in this process. We plan to utilize both current resources and training coupled with the new 1.0 FTE Program Specialist provided by this funding to dramatically increase opportunities for enrollment and education for both our patients and other patients in the community directly affected by the Affordable Care Act.</p>
Budget	\$70,000
Category	Health Care, General/Other Health Care Reform
Population Served	Families, Unemployed, Underemployed, Dislocated, Poor, Economically Disadvantaged, Indigent

The Pharmacy at HOPE Family Health

Description	The patient population served by HOPE largely has no access to affordable prescription drugs outside of the Prescription Assistance Program (PAP); which served 290 uninsured patients in 2015 more than 2,300 prescriptions...a value of over two million dollars. HOPE providers prescribed over 60,000 prescriptions in 2015 (including refills). Many of HOPE's patients (insured & uninsured) go without life-sustaining/changing medications because of existing barriers to cost & access to Pharmacy Services. On July 11 th 2016, The Pharmacy at HOPE Family Health will open. Working with the existing PAP program, the pharmacy can gain access to thous&s of prescriptions drugs for a large discount; making them more accessible & affordable for patients. Through this new program, HOPE will reach more patients with accessible & affordable healthcare services in addition to dramatically increasing access & affordability of these services to those already being served by HOPE.
Budget	250,000.00
Category	Health Care, General/Other Pharmaceuticals
Population Served	Families, Poor,Economically Disadvantaged,Indigent, Other Health/Disability
Short Term Success	The Pharmacy at HOPE Family Health is staffed with 1 Clinical Pharmacist and Pharmacy Director, 2 Pharmacy Technicians, and 1 Patient Assistance Program Navigator. The pharmacy estimates to fill approx. 100-120 prescriptions per day.
Long term Success	Through this new program, HOPE will reach more patients with accessible & affordable healthcare services in addition to dramatically increasing access & affordability of these services to those already being served by HOPE.
Program Success Monitored By	To be determined.
Examples of Program Success	To be determined.

CEO Comments

The sliding scale fee program for the uninsured is Hope Family Health's first priority and a main motivation for its existence. For years, co-founders Linville and Dittes, both practitioners in the Westmoreland area, had noticed the existence of a gap in coverage leaving many of the poorest residents completely unable to afford medical care. A shared vision of a center which would offer care for all regardless of insurance status or ability to pay led, on January 3rd 2005, to the opening of Hope Family Health – the first nonprofit center in Westmoreland and the only private facility to offer this type of need-based health care in Macon County.

In accordance with the founders' vision, no one has ever been turned away from HOPE because of an inability to pay. HOPE has implemented a sliding scale fee which considers income and number in the household to establish each patient's fee. This type of pay schedule is needed in our community as evidenced by the number of uninsured patients seen by the center. In 2005, only 18% of the patients treated was uninsured. This number has risen to an astounding 45% in 2012.

HOPE is so excited to have received NAP funding to become and FQHC in June 2012. This funding will allow us to expand our capabilities to serve the community by further developing already established programs and initiate new programs. Implementation of these programs will greatly increase access to health care in the Westmoreland area and provide many with healing which would otherwise be unattainable.

Governance

Board Chair

Board Chair	Mr Mark L. Beeler
Company Affiliation	President, Beeler Enterprises
Term	Jan 2014 to Dec 2016
Email	markbeeler@gmail.com

Board Members

Name	Affiliation	Status
Mr Mark L. Beeler	President, Beeler Enterprises	Voting
Mrs. Stacey Brawner	Community Outreach at Macon General Hospital	Voting
Mrs. Isaura Corcino RN	Registered Nurse, Nashville Veterans Hospital	Voting
Mr. David Flynn	Sr. Dir. of Technology, Macon County Schools	Voting
Mrs. Kei Keene	Banker, US Bank	Voting
Mr. Bill Mize	Administrator of Trousdale Medical Center	Voting
Mrs. Karen Simons	Retired HOPE Medical Assistant	Voting
Ms. Cynthia Hall Templeton J.D.	Attorney at Law, The Templeton Law Firm	Voting
Mr. Brad Tuttle	Owner, Alexander Funeral Home	Voting
Mr. Dennis Wolford	CEO, Macon County General Hospital	Voting

Board Demographics - Ethnicity

African American/Black	0
Asian American/Pacific Islander	0
Caucasian	7
Hispanic/Latino	1
Native American/American Indian	0
Other	1 0

Board Demographics - Gender

Male	5
Female	5
Unspecified	0

Governance

Board Term Lengths	2
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Board Term Limits	2
Board Meeting Attendance %	95%
Written Board Selection Criteria?	Yes
Written Conflict of Interest Policy?	Yes
Percentage Making Monetary Contributions	50%
Percentage Making In-Kind Contributions	100%
Constituency Includes Client Representation	Yes
Number of Full Board Meetings Annually	12

Board CoChair

Board CoChair	Mr. David Flynn
Company Affiliation	Macon Co. Schools
Term	Jan 2015 to Dec 2016
Email	flynnd@maconcountyschools.org

Standing Committees

- Executive
- Finance
- Personnel
- Audit, Compliance and Controls

Risk Management Provisions

- Commercial General Insurance
- Commercial General Liability
- Directors & Officers Policy
- Medical Malpractice
- Workers Compensation & Employers' Liability

CEO Comments

Hope Family Health will have completed 7 years in business on December 31, 2012. The number of new uninsured patients has grown dramatically in the past few years, largely due to the state of the economy. As the nation's economy worsens, the rural, already poverty stricken, population we serve seems to be hit the hardest. Many of our patients have lost their jobs causing them to lose their insurance, cars, and homes. This is one of the largest challenges we face here at HOPE. How do you inspire hope to hard working people who have no visible way to get back on their feet? We simply do what we can. We listen and NEVER turn anyone away. The board members are continuously investigating ways to increase the viability of the center in such hard economic times. The recently awarded NAP funding has begun to breath new life into the center, enabling HOPE to reach more people in need. The center has four health care providers (two full-time and two part-time) who are working longer hours to accommodate the increased patient load. By coming together, the board and employees are making a dramatic difference in this community.

Management

Executive Director/CEO

Executive Director	Mrs. Jennifer G Dittes PA-C
Term Start	Jan 2005
Email	jennydittes@hopefamilyhealth.org

Experience

Jennifer Dittes is one of the co-founders of HOPE. Along with being HOPE's CEO for the past 7 years, Jenny is also a mid-level provider, giving her a very unique perspective in which to guide the center's future.

Jenny sees the people HOPE treats, face-to-face. She sees their expressions of pain and worry when they simply do not have enough money to get the health care they need, and this personal one-on-one interaction allows Jenny

to intimately know the needs of the people HOPE serves. She understands both - the administrative and the clinical - problems HOPE faces, and this understanding makes her a more affective administrator.

Staff

Full Time Staff	30
Part Time Staff	1
Volunteers	3
Contractors	2
Retention Rate	95%

Plans & Policies

Does the organization have a documented Fundraising Plan?

Yes

Does the organization have an approved Strategic Plan?

Yes

Number of years Strategic Plan Considers

2

When was Strategic Plan adopted?

June 2016

In case of a change in leadership, is a Management Succession plan in place?

Yes

Does the organization have a Policies and Procedures Plan?

Yes

Does the organization have a Nondiscrimination Policy?

Yes

Does the organization have a Whistle Blower Policy?

Yes

Does the organization have a Document Destruction Policy?

Yes

Affiliations

Affiliation	Year
Center for Nonprofit Management Excellence Network	2008
Primary Care Association of Tennessee	2008
Rural Health Association of Tennessee	2008

External Assessments and Accreditations

Assessments/Accreditations	Year
Safety Net Consortium of Middle Tennessee	2006

Awards

Awards

Award/Recognition	Organization	Year
Rural Health Clinic	HRSA	2010
Federally Qualified Health Center status	HRSA	2012

Senior Staff

Mr. Joey Forman, CHC COO

Title Chief Operating Officer

Experience/Biography

Mr. Mario Flores CFO

Title Chief Financial Officer

Experience/Biography

Mrs. Dana Hendesron FNP-C, ACO

Title Associate Chief Medical Officer

Experience/Biography

Dr. Bien Samson MD

Title Medical Director

Experience/Biography

Mrs. Angela Harper RHIT

Title Director of Human Resources

Experience/Biography

CEO Comments

Hope Family Health began with humble beginnings on December 31, 2012. The growth of HOPE has been rapid in 2012 and this growth will continue in 2013. Since receiving FQHC funding in June 2012, many changes have taken place in the center, and the timing could not be better for the community. As the nation's economy hits a staggering low, we have seen more first-time patients - due to losing their insurance, losing their job, or already being uninsured or underinsured. We turn no one away for lack of financial resources, and HOPE has become known for their compassionate care and their treatment of individuals with integrity and value. HOPE is a place people can come, be listened to and receive great medical treatment.

Most of the employees and board members are from the immediate Macon/Sumner/Trousdale counties. Our patients and clients know our employees and board members on a personal basis. We diligently and discreetly seek board members who can help move the clinic forward. We presently have 8 board members and plan to add to this number in the near future. HOPE's Board is a hard-working group who WANT to learn how to be effective board members, learn how to contribute financially and otherwise, and who are committed to seeing HOPE take care of the needs of those "most in need." We have expanded our donor base, slowly but surely, to make sure that the people, organizations, foundations, and corporations we approach have not just the capacity to give, but have the inclination to support our mission because it reflects their mission and goals.

Since June 2012, HOPE has been hard at work, improving existing programs and planning development strategies for new service programs. These changes will take time to implement, as HOPE is just beginning to develop as an FQHC organization, but will be invaluable to the community. It is a fact, not conjecture, that without HOPE in rural Macon County, many people would go untreated - sadly some would be turned away.

Financials

Fiscal Year

Fiscal Year Start	Jan 01 2016
Fiscal Year End	Dec 31 2016
Projected Revenue	\$2,713,143.00
Projected Expenses	\$2,607,362.00
Endowment Value	\$0.00
Endowment Spending Policy	N/A
Endowment Spending Percentage (if selected)	0%

Detailed Financials

Revenue and Expenses

Fiscal Year	2015	2014	2013
Total Revenue	\$2,289,638	\$1,709,751	\$1,406,216
Total Expenses	\$2,145,885	\$1,655,987	\$1,264,284

Revenue Sources

Fiscal Year	2015	2014	2013
Foundation and Corporation Contributions	\$0	\$80,883	\$152,210
Government Contributions	\$1,216,357	\$770,604	\$811,084
Federal	\$0	\$0	\$811,084
State	\$0	\$0	\$0
Local	\$0	\$0	\$0
Unspecified	\$1,216,357	\$770,604	\$0
Individual Contributions	\$258,330	\$160,717	\$144,965
Indirect Public Support	\$0	\$0	\$0
Earned Revenue	\$814,951	\$697,547	\$297,957
Investment Income, Net of Losses	\$0	\$0	\$0
Membership Dues	\$0	\$0	\$0
Special Events	\$0	\$0	\$0
Revenue In-Kind	\$0	\$0	\$0
Other	\$0	\$0	\$0

Expense Allocation

Fiscal Year	2015	2014	2013
Program Expense	\$1,425,003	\$1,017,550	\$803,994
Administration Expense	\$720,882	\$638,437	\$460,290
Fundraising Expense	\$0	\$0	\$0
Payments to Affiliates	\$0	\$0	\$0
Total Revenue/Total Expenses	1.07	1.03	1.11
Program Expense/Total Expenses	66%	61%	64%
Fundraising Expense/Contributed Revenue	0%	0%	0%

Assets and Liabilities

Fiscal Year	2015	2014	2013
Total Assets	\$676,095	\$304,385	\$223,092
Current Assets	\$318,635	\$241,938	\$128,254
Long-Term Liabilities	\$357,407	\$109,753	\$90,410
Current Liabilities	\$198,069	\$217,766	\$209,580
Total Net Assets	\$120,619	(\$23,134)	(\$76,898)

Short Term Solvency

Fiscal Year	2015	2014	2013
Current Ratio: Current Assets/Current Liabilities	1.61	1.11	0.61

Long Term Solvency

Fiscal Year	2015	2014	2013
Long-Term Liabilities/Total Assets	53%	36%	41%

Top Funding Sources

Fiscal Year	2015	2014	2013
Top Funding Source & Dollar Amount	Government Grants \$1,216,357	Government Grants \$770,604	Government Grants and Contracts \$811,084
Second Highest Funding Source & Dollar Amount	Program Revenue \$814,951	Program Services \$697,547	Program Service Revenue (Patient Fees) \$287,962
Third Highest Funding Source & Dollar Amount	Contributions, Gifts and Grants \$258,330	Contributions, Gifts & Grants \$160,717	Other Grants and Contracts \$152,210

Capital Campaign

Is the organization currently conducting a Capital Campaign for an endowment or the purchase of a major asset? No

Capital Campaign Goal \$0.00

Capital Campaign Raised-to-Date Amount \$0.00 as of 0

Capital Campaign Anticipated in Next 5 Years? No

State Charitable Solicitations Permit

TN Charitable Solicitations Registration Yes - Expires June 2017

Registration No 0

GivingMatters.com Financial Comments

Financial figures are taken from the 990.

Schedule B removed to protect donor privacy.

Financial documents were prepared by Terry Horne, CPA & Associates, P.C.
Comments provided by Kathryn Bennett 7/18/16

