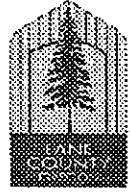


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AGENDA COVER MEMO



AGENDA DATE: October 1, 2003
TO: BOARD OF COUNTY COMMISSIONERS
DEPT: Health & Human Services
PRESENTED BY: Steve Manela

AGENDA ITEM TITLE: IN THE MATTER OF ADJUSTING THE DEPARTMENT OF HEALTH & HUMAN SERVICES BUDGET (HUMAN SERVICES COMMISSION FUND 285) TO ACCEPT ADDITIONAL REVENUES IN THE AMOUNT OF \$566,687 FOR THE COMMUNITY HEALTH CENTERS AND, OF THIS, TO APPROPRIATE \$456,750 TO INCREASE FTE BY 3.0 BY ESTABLISHING A 1.0 FTE CLINICAL HEALTH SERVICES COORDINATOR, A 1.0 FTE COMMUNITY HEALTH CENTERS MEDICAL OFFICER, AND A 1.0 FTE CLINICAL FISCAL SUPERVISOR.

I. MOTION

TO ADJUST THE DEPARTMENT OF HEALTH & HUMAN SERVICES BUDGET (HUMAN SERVICES COMMISSION FUND 285) TO ACCEPT ADDITIONAL REVENUES IN THE AMOUNT OF \$566,687 FOR THE COMMUNITY HEALTH CENTERS AND, OF THIS, TO APPROPRIATE \$456,750 TO INCREASE FTE BY 3.0 BY ESTABLISHING A 1.0 FTE CLINICAL HEALTH SERVICES COORDINATOR; A 1.0 FTE COMMUNITY HEALTH CENTERS MEDICAL OFFICER; AND A 1.0 FTE CLINICAL FISCAL SUPERVISOR.

II. ISSUE OR PROBLEM

The Lane County Department of Health & Human Services, Human Services Commission (HSC) Program, was awarded a competitive grant in the amount of \$566,687 from the Federal Department of Health & Human Services (HHS) to establish a Community Health Center Program (CHC) and a Homeless Health Care (HCH) program. These programs operate per Section 330 of the Public Health Service Act to provide for primary and preventive healthcare services to medically underserved and homeless populations. In order to implement this program, revenues and expenditures must be allocated, positions must be created and the County Administrator must be

delegated authority to sign the agreement with the Federal Department of Health and Human Services.

III. DISCUSSION

A. Background

Community Health Centers of Lane County began, as most important projects do, as a vision. A community of concerned individuals, agencies, public entities, schools and private businesses were determined to help our neighbors who have limited or no access to health care. The culmination of our collaborative efforts is the Community Health Centers of Lane County (CHCLC). At full capacity, CHCLC will provide primary care, behavioral health, and oral health care services for an estimated 4,564 people (a total 17,603 primary care and behavioral health encounters). The clinics will target area residents whose incomes fall below 200 percent of the Federal Poverty Guidelines; uninsured, underinsured, "working poor"; migrant and seasonal farm workers and resident Latinos needing bilingual care; chronically homeless families with children; emancipated homeless and at-risk youth; Medicare/Medicaid patients who cannot access local primary health care; single mothers with children under 18; and residents of public housing.

CHCLC is truly a community-wide collaboration including representation from the public, private and nonprofit sectors. Both local hospitals are committed to being key partners in the delivery of health services to patients of CHCLC. Other major linkages include: Lane County Individual Practitioners Association (LIPA) a managed care provider for the Oregon Health Plan; White Bird Medical Clinic (a Federally Qualified Homeless Health Care Center); the Springfield School District; the Latino Medical Access Coalition; and CentroLatino Americano.

Community Health Centers of Lane County will be a freestanding, multi-site program with three strategic locations. This model is designed to provide easily accessed care in a comfortable setting suitable for the target population. Particular focus on the health disparities and needs of the Latino population and the homeless youth population will be provided through bi-cultural, bi-lingual staff whenever possible, and use of youth-friendly staff and locations.

The Metro Clinic will provide culturally and linguistically appropriate, high quality, extensive, coordinated primary and preventive health care. A continuum of support services integrating medical, mental, and substance abuse services, outreach, crisis response and support services to runaway, homeless and at-risk youth will be coordinated with the Safe & Sound Homeless Youth Project. The Springfield High School Health Center site will provide primary health care for students and their families from schools in the Springfield area.

CHCLC new start clinics will be located in the geographic center of the Eugene/Springfield, Oregon metropolitan area. The service area targets six contiguous, extremely impoverished urban census tracts in the city of Springfield. The total population in the service area is 30,395 and has one of the highest

concentrations of poverty, Hispanics, and migrant and seasonal farm workers in Lane County. The target area has been designated as having a medically underserved low income population and is within the designated Health Professional Shortage Area covering the homeless population in Lane County. Lane County, as a whole, is also designated a dentally underserved area. Access to health care is significantly hampered for the estimated 35 percent of service area residents without health insurance who now must travel more than 70 miles to access a Federally Qualified Health Clinic.

Compared with the rest of the county, residents of the target area have higher poverty levels, particularly children and minority populations. There is a higher percent of uninsured residents, lower median income, and fewer high school graduates. Latino families in this area are more than twice as likely to be uninsured than the general public. The chronically homeless, and homeless youth in the area face problems in accessing health care due to isolation from standard delivery systems. Untreated mental illness is also a serious problem for area residents. These conditions contribute to significant health problems in a population with reduced access to health care.

Some of the health disparities that will be addressed by the new access point include: the high incidence of inadequate prenatal care (7.2 percent in comparison to the state rate of 3.9 percent, almost double the state rate); a high teen pregnancy rate (almost double the state rate - 20.2/1,000 vs. 12.7/1,000); an immunization rate (76.1 percent) of two-year-olds that is less than the state rate (80.8 percent); a teen suicide rate that is the highest in Oregon; a youth population in which more than 76 percent of surveyed homeless youth have drug and alcohol problems; a higher rate of cancer deaths per 100,000 (216.9) than the state rate (204.3); and a disproportionately high rate of Type 2 diabetes within the Latino population. In addition, Oregon leads the nation in hunger rates at twice the national average.

An estimated 20.5 percent of individuals in Lane County are uninsured (66,327 individuals). Of the 37,841 Lane County residents enrolled in the Oregon Health Plan (Medicaid), close to 4,000 are not currently assigned a primary care provider. Approximately, 6,000 Medicaid clients are not enrolled in Lane Independent Practitioners Association's Oregon Health Plan (OHP) managed care program due to lack of a designated medical home. Medical providers and groups in Lane County manage, very closely the number of Medicare and Medicaid patients they will see, as a percentage of their case load, given that commercial rates for reimbursement do not cover their cost of providing medical services business.

The designation as a Federally Qualified Health Center (FQHC) has many benefits for providing indigent care in a changing state fiscal environment. Some other benefits of federal qualified designation of the CHC include: 1) access to federal grants and expansion grants to support the cost of otherwise uncompensated care; 2) access to planning grants; 3) access to capital improvement funding; 4) access to favorable prescription drug pricing; and 5) access to National Health Service Corps health professionals and other benefits.

The CHCLC management team comprised of the HSC Manager, Clinical Health Services Coordinator, Community Health Center Medical Officer, Clinical Fiscal Supervisor, the Senior Administrative Analyst (existing for information services) and Program Services Coordinator (existing for homeless youth services) will oversee CHCLC administration.

B. Analysis

To further the implementation of the CHCLC programs, three key management positions are needed: a 1.0 FTE Clinical Health Services Coordinator position, a 1.0 FTE Community Health Centers Medical Officer, and a 1.0 FTE Clinical Fiscal Supervisor.

The Clinical Health Services Coordinator will supervise 11 staff at the Metro Clinic to include nurses, medical assistants, mental health specialists and office assistants. The Metro Clinic will provide culturally and linguistically appropriate, high quality, extensive, coordinated primary and preventive care. The Metro Clinic will provide services to all ages from newborn to geriatric patients.

The Community Health Center Medical Officer will spend 80 percent of his/her time seeing patients and 20 percent supervising an interdisciplinary provider team consisting of one physician, 3.5 FTE Family Nurse Practitioners, 0.5 FTE Psychiatric Nurse Practitioner. Of the Nurse Practitioners, 1.5 FTE will be located at the other two CHCLC sites; the Safe and Sound homeless youth clinic, and the Springfield High School.

The Clinical Fiscal Supervisor for the CHCLC will ensure CHCLC's fiscal accountability and viability. The Fiscal Supervisor will oversee the work of 1.5 FTE Accounting Clerks.

Additional revenues in the amount of \$566,687 from the federal CHC grant will need to be added.

To establish a 1.0 FTE Clinical Health Services Coordinator, a 1.0 FTE Community Health Center Medical Officer, and a 1.0 FTE Clinical Fiscal Supervisor, and associated materials and supplies, it will be necessary to adjust the FY 2003-2004 budget. This adjustment is necessary to reflect the additional revenues and expenses in Fund 285 in the Department of Health & Human Services to implement these services. The personnel budget increases by \$194,399. The material and supplies budget increases by \$131,851. Additionally, there is still \$130,500 available for start-up, one-time expenses for furnishings, equipment and capital improvements. It is anticipated the \$109,937 not appropriated through this process will be allocated as part of the FY 04-05 budget process.

On October 29, 2003, we will be requesting the addition of appropriations from insurance billings, fees, and other community contributions in order to pay for

additional expenses; the balance of personal, material and supplies, and other expense items needed for the first year of clinical operations.

C. Alternatives / Options

1. To adjust the Department of Health & Human Services budget (Human Services Commission Fund 285) to accept additional revenues in the amount of \$566,687 for the Community Health Centers and, of this, to appropriate \$456,750 to increase FTE by 3.0 by establishing a 1.0 FTE Clinical Health Services Coordinator, a 1.0 FTE Community Health Centers Medical Officer, a 1.0 FTE Clinical Fiscal Supervisor; and to delegate authority to the County Administrator to sign a grant agreement with the federal Department of Health & Human Services

2. Not to adjust the Department of Health & Human Services budget (Human Services Commission Fund 285) to accept additional revenues in the amount of \$566,687 for the Community Health Centers and, of this, to appropriate \$456,750 to increase FTE by 3.0 by establishing a 1.0 FTE Clinical Health Services Coordinator, a 1.0 FTE Community Health Centers Medical Officer, and a 1.0 FTE Clinical Fiscal Supervisor; and to delegate authority to the County Administrator to sign a grant agreement with the federal Department of Health & Human Services

D. Recommendation

To approve number one above.

IV. IMPLEMENTATION / TIMING

Upon board approval, the budget adjustments will be processed and the positions adjusted and established. An agreement with the Federal Department of Health & Human Services will be signed and processed. The recruitment process for the personnel will commence immediately. Interviews will commence late in November 2003. An agreement with the federal government will be signed to begin January 2004.

V. ATTACHMENTS

Board Order

THE BOARD OF COUNTY COMMISSIONERS, LANE COUNTY, OREGON

RESOLUTION) IN THE MATTER OF ADJUSTING THE DEPARTMENT OF HEALTH
AND ORDER:) & HUMAN SERVICES BUDGET (HUMAN SERVICES COMMISSION
) FUND 285) TO ACCEPT ADDITIONAL REVENUES IN THE AMOUNT
) OF \$566,687 FOR THE COMMUNITY HEALTH CENTERS AND, OF
) THIS, TO APPROPRIATE \$456,750 TO INCREASE FTE BY 3.0 BY
) ESTABLISHING A 1.0 FTE CLINICAL HEALTH SERVICES
) COORDINATOR, A 1.0 FTE COMMUNITY HEALTH CENTERS
) MEDICAL OFFICER, AND A 1.0 FTE CLINICAL FISCAL
) SUPERVISOR.

WHEREAS, Lane County Department of Health & Human Services, Human Services Commission Program, funds and administers community primary healthcare programs; and

WHEREAS, the U.S. Department of Health & Human Services has made available, on a competitive basis, \$1.5 billion to provide Community Health Center services; and

WHEREAS, Lane County Department of Health & Human Services, Human Services Commission was awarded \$566,667 for one year with two renewals possible; and

WHEREAS, additional revenues will be added to the approved FY 2003-2004 Human Services Commission budget (Fund 285) for the Community Health Centers Program.

WHEREAS, the Board of County Commissioners as the governing body of Lane County may, in accordance with ORS 294.326.(2), appropriate by resolution unanticipated revenues and expenses.

NOW THEREFORE, IT IS HEREBY RESOLVED AND ORDERED, that the Lane County Department of Health & Human Services is approved to accept a Community Health Center grant from the U.S. Department of Health & Human Services in the amount of \$566,667 for the Community Health Centers; and

IT IS FUTHER ORDERED that appropriations are increased by \$456,750 in revenue and expenses; and

IT IS FUTHER ORDERED a 1.0 FTE Clinical Health Services Coordinator, a 1.0 FTE Community Health Centers Medical Officer, and a 1.0 FTE Clinical Fiscal Supervisor position are established in the Department of Health & Human Services; and

IT IS FUTHER ORDERED the County Administrator be delegated authority to sign a one year grant agreement in the amount of \$566,687 with the Federal Department of Health & Human Services.

DATED this _____ day of October 2003.

APPROVED AS TO FORM

Date 9/24/03 lane county
J. Hendler
OFFICE OF LEGAL COUNSEL

Peter Sorenson, Chair
Lane County Board of Commissioners