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Memorandum Date: November 14, 2006  
Order Date: November 29, 2006

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**TO:** Board of County Commissioners

**DEPARTMENT:** Health & Human Services

**PRESENTED BY:** Steve Manela

**AGENDA ITEM TITLE:** ORDER/ \_\_\_\_\_ 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 \$483,334 FOR THE COMMUNITY HEALTH CENTERS; AND APPROPRIATE \$483,334 TO INCREASE FTE BY 4.5 (1.0 FTE COMMUNITY HEALTH NURSE; 2.0 FTE MEDICAL OFFICE ASSISTANTS, TWO .50 FTE TEMPORARY COMMUNITY SERVICE WORKERS, AND .50 FTE OFFICE ASSISTANT 2.

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**I. MOTION**

Order/ \_\_\_\_\_ 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 \$483,334 For The Community Health Centers; And Appropriate \$483,334 To Increase FTE By 4.5 (1.0 FTE Community Health Nurse; 2.0 FTE Medical Office Assistants, Two .50 FTE Temporary Community Service Workers, And .50 FTE Office Assistant 2).

**II. AGENDA ITEM SUMMARY**

Lane County through the Department of Health & Human Services, Human Services Commission (HSC) Program, was awarded a competitive grant in the amount of \$483,334 from the U.S. Department of Health & Human Services (USHHS) to expand services provided by the Community Health Centers (CHC) for primary and preventive healthcare to medically underserved migrant and homeless populations. In order to implement expanded services, revenues and expenditures must be appropriated, positions must be created, and revenue contracts executed.

**III. BACKGROUND/IMPLICATIONS OF ACTION**

**A. Board Action and Other History**

On March 22, 2006 Board Order 06-3-22-4, the Board of County Commissioners approved the submission of a federal 330 Health Resource Services Administration (HRSA) Expanded Medical Capacity (EMC) grant for expansion of the CHC primary care services. The county administrator was delegated authority to sign the grant

application. On August 17, 2006 the HSC was awarded \$441,667 for the first nine months of the project (Sept 06 through May 07) to expand access to health care to serve more migrant and seasonal farm workers (MSFW) and people who are homeless. Lane County will receive a total of \$483,334 this fiscal year, then increase to \$500,000 beginning next fiscal year in addition to the current annual continuation grant of \$653,202. Based on the successful implementation of the EMC by fiscal year 2009 the annual federal contribution to assist the centers in serving low-income, uninsured and underinsured persons will be a base total of \$1,153,202 along with base adjustments given by Congress.

Lane County's award from the USHHS is one of 29 "expanded medical access grants" worth \$10 million to assist community health center sites across the country in providing comprehensive primary care services to the underinsured and uninsured. Over 300 communities competed to get one of these grants in fiscal year 2006.

The expanded healthcare access will build capacity at the existing RiverStone clinic, Churchill and Springfield High School health centers, as well as Safe & Sound Homeless Youth clinics at Looking Glass New Roads and Station 7. Hours of service will be expanded on evenings and weekends. Renovations to existing clinics will be made to accommodate new staff and services.

A new outreach program, *Caminos de la Salud/Pathways to Health*, will provide culturally appropriate and community-centered services to farm laborers and their families in the field, in homes and at churches and to homeless families, individuals and youth at shelters and day programs.

An intergovernmental agreement with School District 4J is to be established for expanding clinic hours at Churchill High School from four hours a day to eight hours a day, increasing their half-time Nurse Practitioner and Health Clerk to full-time.

## **B. Policy Issues**

CHC clinics have reached capacity with the present configuration of providers, hours, facility design and utilization. CHC are providing access to health care for 164% more users than projected. By the end of the last fiscal year we exceeded our visit goal by more than 3,000. Demand for services continues to grow and we are currently operating at capacity for services. The CHC board, staff and the community recognize the need to maximize the use of our current facilities to better meet the demand. CHC have identified the greatest need for health care services.

Since being funded by the Bureau of Primary Health Care in 2003 the Human Services Commission has operated the Community Health Centers of Lane County (CHCLC) serving uninsured and underinsured populations. With the receipt of this grant CHCLC will expand its capacity to serve more than 10,000 patients with more than 25,000 visits including 1,000 migrant and seasonal farm workers and their families and 1,500 homeless families and individuals. As a part of the United Way 100% Access Coalition, CHCLC is best positioned to significantly increase access to care with a goal of doubling the numbers of patients served by 2010.

Currently, members of the HSC and staff are engaged in discussions about the best way to ensure ongoing financial stability for the CHC, in order to maximize the community's capacity to leverage federal, state, and other funds to provide much needed access to health care in Lane County. Acceptance of this grant will provide support for the CHC infrastructure, and help position the CHC be as strong as possible for implementation of whatever the final outcome might be of the intermediate and long range business plan.

*Uninsured/Underinsured:*

► Lane County has 333,350 residents and an estimated 66,800 of them, 20% of the population including migrant seasonal farm workers, are below 200% of poverty level and have no health insurance (Office of Medical Assistance Program (OMAP), *Health Plan Enrollment in the Oregon Health Plan for Lane County, December 1, 2004*; *Census 2000*; *Migrant and Seasonal Farm worker Enumeration Profiles Study, Oregon, 2002*).

► Nearly 18% of employed, working-age adults in Lane County are uninsured – 26,585 working adults. Among the unemployed, 43% – 29,416 – have no health care coverage (*Oregon Population Survey, 2004*). Of 12,000 Lane County households surveyed for *United Way of Lane County's 2004 State of Caring*, one third reported being without access to needed health care at some time over the last twelve months. Using this data, we estimate that of the 333,350 people in Lane County, one third – approximately 110,000 – had difficulty paying for medical and dental services, prescriptions, and insurance. Of those, an estimated 66,800, as explained above, are uninsured. Therefore we estimate approximately 44,000 individuals are underinsured.

► When people without insurance become sick, hospital emergency rooms are the first place many of them turn. In Lane County, the increase in people who do not have health insurance correlates with an increase in emergency room visits. In 2002 and 2003, the total number of visits to hospital emergency rooms in Lane County increased to just over 94,000 visits per year. That was an increase of 10,000 over 2001 (Office for Oregon Health Policy and Research).

► Enrollment in the Oregon Health Plan (OHP) STANDARD for non-disabled singles and adult parents not enrolled in the TANF program dropped by over 4,000 in Lane County since November 2003. These folks have lost access to primary care, hospitalization, substance abuse and mental health treatment. Despite efforts to save the OHP PLUS portion of the program, the percentage of Oregonians without health insurance coverage increased from 14% in 2002 to 17% in 2004.

► Skyrocketing health care costs have caused many employers to stop providing health care coverage or downgrade benefits to high deductible policies that lower and middle class employees cannot afford.

**C. Board Goals**

The CHC address the high priority goal of *prevention of critical life health and safety issues* for the underinsured and uninsured populations in Lane County. It reduces the need for more expensive interventions by encouraging the prevention of chronic disease

and substance abuse among youth, families and other at-risk populations.

Lane County places special emphasis on programs *ensuring the provision of basic social support in the areas of health care, disease prevention, protection, poverty reduction and independent living.*

Financial County goals addressed include: *encouraging intergovernmental partnerships in providing effective service delivery and giving priority to fund services that highly leverage other federal and state dollars.*

A goal of the CHC is to improve access to primary care, dental care and mental health care for Lane County residents.

#### **D. Financial and/or Resource Considerations**

This expansion project is happening in the midst of the larger financial and structural discussions related to the HSC and the Community Health Centers. The expansion grant comes with funds sufficient to provide the expanded services, but does not resolve existing issues related to the community support for the basis CHC. While this expansion will bring additional resources to the CHC in the immediate term, the most recent projections for the CHC include a deficit for this fiscal year. As of October 30, the CHC is projected to finish the fiscal year with a \$256,000 deficit. Efforts are underway to raise local funds to fill that gap, and in the event that those funds are not raised, the deficit will be covered by the Human Services Commission Fund 285 budgeted operational contingency of \$590,000.

The HRSA grant funds for FY 06-07 total \$483,334. Beginning next fiscal year and into the future, Lane County will receive \$500,000 a year under this award in addition to the current annual continuation grant of \$653,202. Based on the successful implementation of the EMC by fiscal year 2009 the annual federal contribution to assist the centers in serving low-income, uninsured and underinsured persons will be a base total of \$1,153,202 along with base adjustments given annually by Congress.

Program income is based on productivity and payor mix similar to our budget expectations for ongoing services. Expanded clinical hours billed for physician, nurse practitioner, and nursing services will generate revenue to support much of the cost of additional program expenses. Local grants and contracts are from funding sources United Way 100% Access partners and CDBG funds from the City of Springfield. Additionally, we will receive \$20,000 from the State of Oregon in support of the school-based health center at Churchill High.

CHCLC is maximizing as many sources of funds for the project as possible. Federal grant funds will be used to leverage other fund sources. County, state, as well as local funds and other resources will be brought to this project. HSC is contributing \$10,000 for the EMC project, the State is contributing \$20,000 for support of the school-based health center at Churchill High, and local grants are anticipated. There is significant other in-kind support from local groups for programs that will support expanded medical access.

Sources of patient revenue such as Medicaid, SCHIP, and Medicare will be maximized. Staff will assist patients to enroll in insurance plans.

We are working with LIPA to explore a contract for after hours for OHP patients so we can increase the OHP payors. Also we are working on the development of a potential partnership with PeaceHealth for prenatal care that would add OHP patients.

A two-year intergovernmental agreement with School District 4J in the amount of \$75,000 will increase a .5 Nurse Practitioner to full-time (YR1 \$23,000;YR 2 \$47,000) and pay for a \$5,000 minor capital improvement to convert a restroom into an additional exam room.

After spending \$150,000 of the grant the first year on capital improvements and equipment, the \$150,000 in FY 07-08 will support the addition of 1.0 FTE Nurse Practitioner to be budgeted next year to be shared by the RiverStone and Safe and Sound clinics and a .50 FTE nurse practitioner for after hours at the Churchill High school-based health center.

#### **E. Analysis**

Planning for the long-term stability of the CHC is at the center of discussions both within the county structure and in the community. The CHC is making strides toward bridging the need for health care access in the community, and staff and HSC members are working to secure the financial commitments necessary to ensure its ongoing success.

The current timing for this expansion presents some challenges which should be weighed in making the determination about this grant. The expansion of services will require additional effort from staff, which may divert some energy away from the long range planning efforts. Additionally, an expanded clinic may present some added challenges for long-term financial stability. This will create an additional 4.5 FTE that will need to be sustained as part of the long-range business plan.

While it might be desirable to delay a decision on expansion pending the outcome of the long-range planning discussions, any delay will come with costs. Based on its proposal last spring, the county was awarded this expansion grant with the expectation that staff will be hired and expanded services will be available no later than January 1, 2007. Staff has a request pending to delay that implementation, which may allow an additional 30 days prior to implementation. In order to meet this obligation, remodeling of the space has begun, and recruitment for additional staff needs to begin immediately. This request reflects the minimum number of staff needed in order to carry out the expanded services required by the grant. If the county chooses to not create additional positions and move forward with this grant, staff will notify the funder of that decision. Because it is highly unusual for a grantee to not accept an award, there may be an impact on the County's relationship with the federal funder and on future grant opportunities. There may also be ramifications in the community associated with not accepting federal dollars (along with state and local program income) that could provide access to health care for people in need.

To begin implementing expanded medical capacity, 4.5 positions are needed: a 1.0

FTE Community Health Nurse, 2.0 FTE Medical Office Assistants, two .50 Temporary Community Service Worker 2's, and a .50 Office Assistant 2.

**Services at RiverStone Clinic** in Springfield will be expanded. A newly hired physician will be assisted by one of the Medical Office Assistants to provide extended clinic hours. The Community Health Nurse will also assist with extended clinic hours providing triage, general clinic nursing and billable family planning services.

A .50 FTE Nurse Practitioner to be added fiscal next year. Services for our pediatric population, including Medicaid recipients, will be enhanced by adding .20 FTE pediatrician time (contracted). Rooms at RiverStone Clinic, currently used as office spaces, will become clinical exam rooms and the reception area is currently being remodeled to include additional office spaces.

Clinic hours will be increased by adding four additional hours of evening service during the week and a four hour Saturday morning clinic. Non-traditional clinic hours allow working families access to health care without having to leave their job.

**At Churchill School Health Center**, an additional .50 FTE of nurse practitioner time will be added to the existing 4J .50 FTE nurse practitioner position and a full-time Medical Office Assistant. The Health Center will focus on the special needs of families and children for both the homeless and migrant and seasonal farm worker populations.

Hours at the Churchill clinic will increase from two and one-half days a week to four days a week and include evenings. Evening clinics will include programs and activities specifically tailored for migrant and seasonal farm workers and homeless children and families. Families and children wait to see the primary care provider in a culturally appropriate program supported environment that can include learning activities that build family skills and bonds including communication, parenting skills, health and safety awareness. Free food will be provided, a clothing exchange, assistance with school and healthcare enrollment, information about resources and job opportunities. Outreach workers and promotores will engage participants in designing appropriate programs that add value and cultivate internal leadership. Transportation will be organized to and from the site.

As a part of the **Homeless and Migrant Outreach Program**, a new temporary Community Service Worker 2 will be added to work seasonally in providing outreach, community health work and arrange for transportation to clinics for migrant farm workers.

.50 FTE Bilingual Office Assistant 2 will be added **at the Springfield Schools Health Center** site. We anticipate that the addition of not only front office help, but bilingual/bicultural skills will increase access for MSFW students, assist the nurse practitioner and improve productivity.

**Springfield High School Clinic** will add a .50 FTE Office Assistant 2 for enrollment of patients extending the part-time clerical support currently made available by School District 19.

.50 FTE of nurse practitioner will be added to the **Safe & Sound (S&S) Homeless Youth Program** in FY 07-08 to increase access for homeless youth particularly those who are ages 11-15. Currently the majority of S&S homeless youth programs focus on the 15-21 year age range. The grant will add .20 FTE nurse practitioner time to the New Roads day access, and programs will be designed to attract the younger homeless youth. The grant will add .03 FTE to the Station 7 site which shelters 300 youth per year, ages 11-16, and provides crisis intervention and case coordination for an additional 200 homeless youth and their families.

To establish the positions listed above and to pay for related materials and services for the expanded medical capacity it will be necessary to adjust the FY 2006-2007 budget. The personnel budget increases by \$164,291 material and services budget increases by \$169,043. Additionally, there is \$150,000 available for start-up to be spent on the remodel of the front office of the RiverStone Clinic and minor facility improvements at the Churchill High and Looking Glass New Roads clinics, work stations, waiting room furnishings, practice management software and computer equipment.

#### **F. Alternatives/Options**

1. To accept the grant revenues and adjust the Department of Health & Human Services budget (Human Services Commission Fund 285) to appropriate additional revenues in the amount of \$483,334 for the Community Health Centers and to increase FTE by 4.50 by establishing a 1.00 FTE Community Health Nurse (bilingual designation), 2.00 FTE Medical Office Assistants (bilingual designation), two .50 Temporary Community Service Workers, and .50 FTE Office Assistant 2 (bilingual designation). This option will expand current services while the long range planning for the CHC continues. In the event that the CHC ends the year in a deficit, contingency funds from the Human Services Commission Fund 285 will needed to cover that deficit.
2. Not to adjust the Department of Health & Human Services budget (Human Services Commission Fund 285) to appropriate additional revenues in the amount of \$483,334 for the Community Health Centers, nor increase FTE by 4.50, and to notify the US Department of Health and Human Services that the County will not accept the Expanded Medical Capacity grant. This option will require reallocation of funds to cover the remodeling of the facility, and may have an impact on future grant opportunities.

#### **IV. TIMING/IMPLEMENTATION**

Upon board approval, the budget adjustments will be processed and the positions adjusted and established. The recruitment process for the personnel will commence immediately. Interviews will be conducted in December 2006. The federal HRSA EMC grant requires that we implement increased services as of January 1, 2007, unless the request for a 30-day extension is approved.

#### **V. RECOMMENDATION**

To approve the motion stated above.

**VI. FOLLOW-UP**

If the motion is passed the funds will be budgeted, positions will be created, posted, and hired and grant-related services will be implemented.

**VII. ATTACHMENTS**

Board Order



**THE BOARD OF COUNTY COMMISSIONERS, LANE COUNTY, OREGON**

RESOLUTION  
AND ORDER:

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 \$483,334 FOR THE COMMUNITY HEALTH CENTERS; AND APPROPRIATE \$483,334 TO INCREASE FTE BY 4.5 (1.0 FTE COMMUNITY HEALTH NURSE; 2.0 FTE MEDICAL OFFICE ASSISTANTS, TWO .50 FTE TEMPORARY COMMUNITY SERVICE WORKERS, AND .50 FTE OFFICE ASSISTANT 2.

**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, \$10 million to provide Expanded Medical Capacity under the federally qualified Community Health Center; and

**WHEREAS**, Lane County Department of Health & Human Services, Human Services Commission was awarded one of 29 national Expanded Medical Capacity Grants; and

**WHEREAS**, additional revenues will be added to the approved FY 2006-2007 Human Services Commission budget (Fund 285) for the Community Health Centers program; and

**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 additional Community Health Center grant revenues from the U.S. Department of Health & Human Services in the amount of \$483,334 for the Community Health Centers; and

**IT IS FURTHER RESOLVED AND ORDERED** that appropriations are increased by \$483,334 in revenue and expenses; and

**IT IS FURTHER ORDERED** to increase FTE by 4.50 by establishing a 1.00 FTE Community Health Nurse (bilingual designation), 2.00 FTE Medical Office Assistants (bilingual designation), two .50 Temporary Community Service Workers, .50 FTE Office Assistant 2 (bilingual designation).

DATED this \_\_\_\_\_ day of November 2006.

APPROVED AS TO FORM  
date 11/20/06 lane county  
Haidlaw  
OFFICE OF LEGAL COUNSEL

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Bill Dwyer, Chair  
Lane County Board of Commissioners