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AGENDA COVER MEMO



AGENDA DATE: April 20, 2005
TO: BOARD OF COUNTY COMMISSIONERS
DEPT: Health & Human Services
PRESENTED BY: Steve Manela, Program Manager
AGENDA ITEM TITLE: Community Health Centers of Lane County Work Session

I. Background

About 18 months ago the Community Health Centers of Lane County (CHCLC) was designated as a Federally Qualified Health Center (FQHC). On January 5, 2004 the Springfield School Based High Health Center and the Safe & Sound Clinic, Churchill Alternative School Clinic and Opportunity Center Clinic began providing medical services. On March 1, 2004 the RiverStone Clinic was opened in Springfield.

On August 20, 2005 a grand opening awards celebration was held at the RiverStone Clinic with Oregon's Senator Ron Wyden, Fourth District Congressman Peter Defazio, State representatives, the Lane County Board of Commissioners and local mayors, city councilors in attendance. In November 2005 a very successful open house was held for the general public.

CHCLC has become a multi-site clinic operating at six locations. The RiverStone Clinic, located at 1640 G Street in Springfield, provides culturally and linguistically appropriate, high quality, extensive, coordinated primary and preventive healthcare. Located in the heart of the targeted medically underserved census tracts, the clinic has 15 exam rooms with a layout conducive to efficient workflow and high clinic productivity. The Springfield High Health Center, located at 1050 10th Street in Springfield, provides primary healthcare for students and their families from schools in the Springfield area. A continuum of support services integrating medical, mental health and substance abuse services, outreach, crisis response and support services to runaway, homeless an at-risk youth is operated through the Safe & Sound Homeless Youth Clinic located at 941 West 7th Ave, two alternative high school sites as well as a homeless youth shelter.

The clinics target area residents whose incomes fall below 200% 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 healthcare; and residents of public housing.

As of December 31, 2004 CHCLC had provided 5,357 low-income people with 15,461 service encounters in the past year. Of these patients, 873 were homeless. Preventive dental services were provided for approximately 1,200 preschool and elementary children. Approximately twenty five percent of patients were Hispanic/Latino. During calendar year 2005 CHCLC will provide primary care, behavioral health, and oral healthcare services for more than 6,500 people (19,308 visits).

ENCOUNTERS	FY 04-05	FY 05-06
<i>Medical</i>	<i>13,161</i>	<i>16,011</i>
<i>Mental Health</i>	<i>250</i>	<i>1,196</i>
<i>Dental</i>	<i>2,050</i>	<i>2,101</i>
Total	15,461	19,308

II. Staffing

CHCLC now employs 27 FTE, half of whom are Spanish speaking bilingual. Provider staff includes a full complement of six medical providers, a mental health provider, and a limited access dental hygienist. Three of six practitioners are Spanish speaking. CHCLC Medical Director Dr. Larry Myers, formerly a medical director in Vietnam also provided Indian healthcare on reservations throughout the southwest. Dr. Miriam Gage is a Spanish speaking family physician who practiced at a federally qualified health center in Sonoma for eight years and also worked in several Central American hospitals. Nurse Practitioner Shannon Micheel is a National Health Corps Scholar who graduated at the top of her class at Johns Hopkins with a Masters in Social Work. Shannon, also bilingual, spent two years in the Peace Corps in Santo Domingo. Other medical and clerical staff bring extensive experience in a variety of community organizations and a passion for serving those in need. Staff development efforts focus on drawing on individual's strengths as part of a team working together to provide the highest quality care possible for our patients.

The RiverStone Clinic employs a bilingual community service worker (CSW) to ensure that the community is informed about the availability of services. The CSW arranges and tracks medical referrals. The CSW assists families to obtain insurance coverage. Medicaid eligibility and enrollment is provided to assist clients with application forms and access issues. The CSW provides information and assistance at health clinic sites, schools, churches, social service sites, and other community locations.

A Mental Health Specialist was hired to provide general mental health and substance abuse screening during primary care visits. Treatment needs are met through a combination of on-site care and by using the County's mental health/substance abuse treatment system. The County system includes numerous licensed and certified providers under contract. CHCLC contracts for a youth and family mental health therapist, a substance abuse therapist with an emphasis on the homeless youth and families.

CHCLC has implemented a preventive dentistry program with the hiring of a Limited Access Permit (LAP) Dental Hygienist to perform dental hygiene service without the supervision of a dentist. The LAP Hygienist performs dental examinations, cleanings and fluoride varnishing for CHCLC children patients enrolled in nursery schools and day care programs, primary and elementary schools in our service area.

III. Health Services & Integration with Community Resources

CHCLC has developed a Health Care Plan for all life cycles. These plans include mental health, substance abuse, dental and preventive oral health and health education as well as primary care issues. Significant health disparities in the target population that are addressed include cancer, diabetes, hypertension, and teen pregnancy. A plan for providing culturally and linguistically appropriate services and a pharmacy is also included.

In the past year CHCLC has developed its quality assurance procedures and committee. The Medical Director is overseeing the quality review processes. Patients participate in the evaluation of the clinics, services through satisfaction surveys.

Guidelines for hormonal therapy, hypertension, headaches, diabetes, sore throats and respiratory infections were established and written in a convenient folder for every provider. PDAs began being utilized to improve the quality of available information to providers.

The triage nurse has developed a referral system to assist the Medical Assistants in their work and ensure accurate follow up. A Provider Journal Club meets once a month and all providers

bring relevant medical articles for discussion. The Club provides an efficient way for satellite clinicians to stay in touch. The providers are pleased with a full complement of Medical Assistants. Six teams consisting of providers and Medical Assistants have been established.

Contracts were established for laboratory services provided by Oregon Medical Labs at a location adjacent to CHCLC clinic site. McKenzie Willamette Medical Center agreed to provide Imaging including diagnostic x-ray and mammography.

CHCLC was approved as a 340B pharmacy provider and established contracts for pharmacy with two large buying groups, the Minnesota multi-state consortium and through the Texas Association of Community Health Centers. A limited dispensary will be available at the RiverStone Clinic in the fall and a pharmacy will be contracted out for additional prescription needs.

CHCLC plans to join the Bureau of Primary Health Care Health Disparities Diabetes Collaborative. An application will be submitted by May 27, 2005. CHCLC staff have been preparing to implement a diabetes program over the past several months and is positioned to serve approximately 200 diabetic patients.

CHCLC hosted an education and information sharing event regarding behavioral health and primary care integration. The Medical Directors of Oregon Health Plan, Oregon Mental Health and Addiction Services and the Manager of the state office of Public Health presented information about changes at the state and Federal level as well as information about systems integration efforts around the State. They announced that a Request for Proposal would be forthcoming by early fall and that Lane County is well positioned to respond. Dr Kirk Strosahl, Bureau of Primary Health Care Technical Consultant, shared information about how other states around the country have succeeded in implementing this best practice model. From Lane County, CHCLC staff, managers of local managed care organizations, provider agency staff and others discussed the opportunities and challenges in implementing this model.

CHCLC's Safe & Sound Youth Project continues its collaborative team of service providers, including staff from Planned Parenthood, Looking Glass Programs, HIV Alliance and Directions Counseling Services. Resources and services are coordinated by a management team and Steering Committee. Safe & Sound provides a full continuum of social, medical and mental health services within the context of wraparound services ranging from basic needs such as food and shelter to education and employment. The behavioral health approach includes a team of medical, mental health, substance abuse professionals and service coordinators that work together to assess the individual needs of youth and plan for maximum use of appropriate resources. Safe & Sound is a satellite site of the CHCLC.

Infants, youth and children represent a large percentage of the patients served by CHCLC. All the areas schools and Head Start of Lane County depend on CHCLC to work closely with them to support at risk children many of whom suffer from mental illness, substance abuse, poor dental health, homelessness, suicidal attempts and learning disabilities. Moreover, the only health care many of these children receive is through CHCLC.

The Springfield School District continues to be a CHCLC partner. They are providing support staff, a nurse coordinator, space and supplies for the Springfield High Health Center, also a CHCLC satellite site. This is a new relationship that we anticipate will expand.

PeaceHealth Hospital and McKenzie Willamette Hospital are key partners in the delivery of health services to patients of the Community Health Centers of Lane County. PeaceHealth provides funding support for the prenatal services to the uninsured Clinic patients as well funding for the bi-lingual/bi-cultural Nurse Practitioner. Collaboration will be made easier

through use of the shared community medical record supported by PeaceHealth Hospital. Lab and X-ray services for low-income patients will be available at McKenzie Willamette Hospital, located next door to the Metro Clinic in Springfield. The two local hospitals provide admissions, specialty care and hospitalist physicians for in-patient care and will be a primary location for delivery of CHCLC's babies.

IV. Business Plan

CHCLC has made substantial progress toward the implementation of the CHCLC's Business Plan in the areas of personnel recruitment, financial administration, technology, facilities, and governance. The CHCLC Business Plan prioritizes the allocation of human and financial resources to accomplish activities and ensures accountability by assessing performance measures, progress and timelines. This plan assures that the CHCLC has the administrative and fiduciary capabilities, a management information system, and facilities to support competent clinical care.

The administrative and clinical policies and procedures guiding CHCLC were completed this past year and put into operation. Contracts with third party managed care companies and with private insurers are complete. CHCLC became deemed for Federal Torts Claims Act coverage for malpractice. This moves the clinical liability burden to the federal government. To date, the business plan has been executed according to plan with a minimal number of issues.

Financially, CHCLC is on target to end this fiscal year with a projected total, on accrual basis, of \$93,276 in program income after subtracting annual projected expenses. However, a cash flow deficit of \$218,209 is projected at year end due to a lag in FQHC wrap around payments paid by the State of Oregon Department of Human Services Office of Medical Assistance (OMAP). To date the HSC fund has had adequate cash on hand to cover the current cash flow needs. We are currently working with a State workgroup that came about due to SB540 drafted by State Senator Morrisette, to become a beta site for prompt payment. The goal is to shorten the lag time for the wraparound payments from nine months to no more than 90 days.

We have adjusted our FY 04-05 internal budget to reduce expenses by \$277,494 from our approved general ledger budget. This has been accomplished by leaving two positions vacant, filling permanent positions later in the year and reducing materials and supplies including postponing the pharmacy program and a contract for emergency dental services. This decision was made by the CHCLC management team in January 2005 and was brought to the advisory board for concurrence. Factors driving this reduction were a slower ramp up in service levels due to staff hiring dates and slower assignment of OHP patients than projected. A reduction in population served under the Oregon Health Plan (OHP) has increased the demand for self-pay services for the uninsured.

The payor mix year to date through March 2005 has been 29% Medicaid, 3% FPEP, 3% Medicare, 8% commercial and 57% self pay. These percentages are very close to our revised budget targets for the year. Medicaid and FPEP are CHCLC's best payors with prospective based cost reimbursement, followed by Medicare and commercial insurance. We are collecting more from self-pay patients than budgeted; however we are working on increasing our collections. On average we collected \$11,242 per month from self-pay patients and have recently increased the monthly collected in March to \$15,470 through improved collections procedures. We have recently sent out notices to our patients with balances due over 120 days to request that they make payment arrangements. Our initial goal is to attempt to collect at least 50 percent of amounts due over 120 days. CHCLC's financial policies call for write-off of bad debt after 12 months.

The CHCLC proposed budget for FY05-06 is \$3.192 mil. Budget assumptions include a slight increase in Medicaid/FPEP patients, from 32% to 35% of the payor mix. An increased expectation for provider productivity by an average of 4 patients per day (13 to 17) for physicians and 2 patients per day (11-13) for nurse practitioners. Our fund-raising goal for the coming year is \$235,789 which is slightly higher than last year. With the implementation of the beta site project for prompt payment of wrap around payments we are anticipating an improved cash flow situation.

V. Board Development

The Community Health Council advisory board has provided input and feedback to generally direct the development, implementation and evaluation of CHCLC programs, including but not limited to all programs funded through the Federal Bureau of Primary Health Care Grant. During the next year, board members will participate in strategic planning for the CHCLC. Ongoing board support will include technical assistance provided by a board development specialist and state and regional primary care associations. Ongoing Board support will include team building activities, skills training and participation in cultural competency events.

Later this month the advisory board will meet to pursue preparation of a Strategic Planning Strategic planning will help CHCLC as an organization do a better job - to focus its energy, to ensure that staff and board members are working toward the same goals, to assess and adjust the organization's direction in response to an ever changing healthcare environment. The strategic planning effort CHCLC has embarked upon should produce fundamental decisions and actions that will shape and guide the organization over the next three-years, with a focus on the longer-term future.

VI. Facilities

CHCLC has leased an old medical clinic building located one block east of the McKenzie Willamette Medical Center. This facility has promoted the initial success of the project. The Springfield location is in the heart of the targeted medically underserved census tracts, has 15 exam rooms with a layout conducive to efficient workflow, and fosters high productivity for clinic encounters. However, the clinic is rapidly outgrowing the crowded 7,000 square foot building.

A Facilities Committee of the advisory board was formed to begin to assess long-range solutions. Since the CHCLC has already outgrown the current facility, the need is even greater with the expansion plans for additional healthcare providers and services. After careful research and analysis, the Facilities Committee determined that there is a need to build a 20,000 square foot building that would a cost approximately \$2.9 million to construct. CHCLC has sought \$496,000 in Federal funding for planning for the construction a new health center facility in Springfield. Capital Link, a consulting firm provided by the federal Bureau of Primary Health Care, has begun to consider a design for a preliminary feasibility analysis. Discussions have occurred with McKenzie-Willamette Medical Center and Cascade Health Solutions regarding vacated buildings and property around McKenzie-Willamette hospital.

Without building a new health center, Riverstone clinic will have to close to new patients in the next few years. Closing the practice to new patients would limit CHCLC's ability to provide basic access to medical care. At a time when one of five Lane County residents lack access to healthcare, CHCLC would not be able to expand access to timely care for illness, disease and preventive health services. A new center would more than double the medical capacity and serve patients more efficiently.

VII. Future Plans

With the concurrence of the advisory board, CHCLC staff the planning of another \$650,000 federal grant application to expand school based services to the Cottage Grove High School and two 4J School District sites as well as a migrant outreach program. Discussions are in the works regarding the possibility of placing a CHCLC provider at the Peace Health Willamette Street site in Eugene with the *Healthy Tomorrows* program, which targets young Latino children, into CHCLC. In addition, a migrant outreach program would be woven among all sites utilizing the promotora health educator model. We will be coming to the BCC in the near future for the approval to apply for the federal grant.

Northwest Health Foundation is interested in further partnership with CHCLC. They have approved giving CHCLC \$7,500 in technical assistance funding to help with the grant needs assessment analysis. NWHF has also indicated an interest in pursuing a grant in the amount of \$150,000 to support the implementation of the CHCLC pharmacy program next fall.

CHCLC staff has begun to work with the community to provide greater access to care through the United Way Health Care Access Initiative and have begun involvement with the Oregon Primary Care Association on a legislative agenda. Several CHCLC staff and board members are participating in the United Way Healthcare Access initiative. For example, the Prevention and Chronic Management workgroup is sifting through the innumerable suggestions and models to find the promising ones for application to the community.

The growth of CHCLC services at this time has become a very good opportunity for the community to address the growing unmet need for health care.



**CHCLC/BCC Presentation
April 20, 2005, 2 pm**

Presentation Team:

CCHC Management Team: Steve Manela, Program Manager
Selene Jaramillo, Clinic Operations Coordinator
Dr. Larry Myers, Medical Director
Elizabeth Midwinter, Fiscal Supervisor
Katy Bloch, Community Resources Coordinator

CHC Advisory Council: Nancy Golden, Springfield School District Superintendent
CHC Consultant: Chris Pryor, Willamalane Parks, Public Affairs Manager
CHC Consumer: Kris McKalister, youth, student (also CHC Advisory Council)

OUTLINE

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|--|---------------------|
| 1. Introduction and overview | Steve Manela |
| 2. Board overview | Nancy Golden |
| 3. Board Development | Chris Pryor |
| 4. Operations Overview | Selene Jaramillo |
| 5. Medical Overview | Dr Myers |
| 6. Consumer Experience | Kris MdKalister |
| 7. Fiscal Overview | Elizabeth Midwinter |
| 8. Resource Development/Sustainability | Katy Bloch |
| 9. Summary/Next Steps | Steve Manela |
| 10. Questions and answers | |

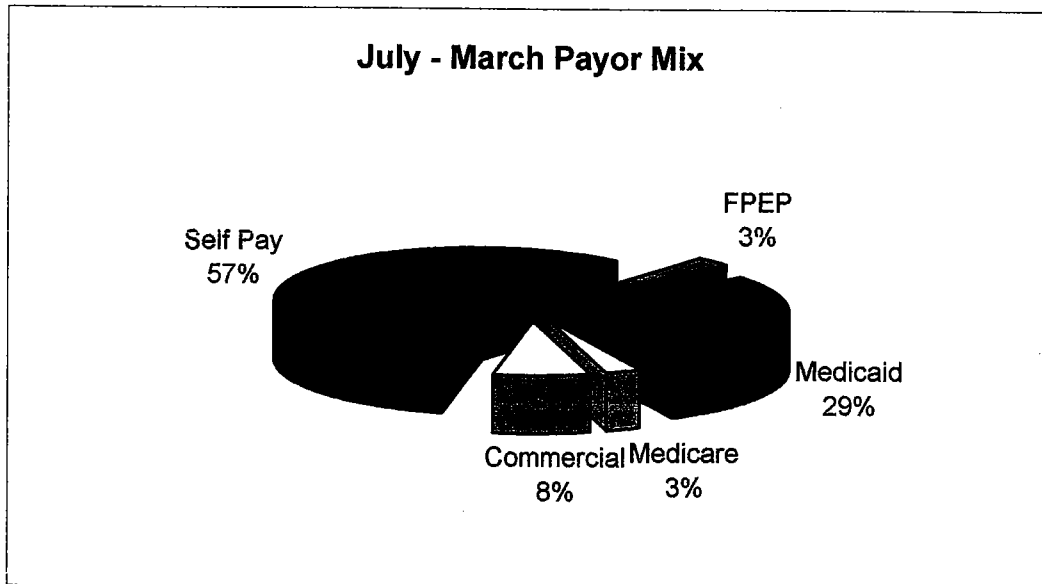
Overcome economic and cultural barriers to primary health care by providing quality comprehensive services through an integrated network of community partners

Community Health Centers of Lane County
Encounters And Payer Mix
 Jul-04 - Mar-05



	FPEP	Medicaid	Medicare	Commercial	Self Pay	Total
July	11 1%	232 29%	29 4%	26 3%	516 63%	814 100%
Aug	19 2%	180 19%	20 2%	39 4%	679 72%	937 100%
September	17 2%	330 31%	30 3%	47 4%	640 60%	1,064 100%
October	47 3%	490 36%	29 2%	73 5%	718 53%	1,357 100%
November	46 3%	415 30%	29 2%	87 6%	822 59%	1,399 100%
December	27 2%	411 31%	35 3%	85 6%	751 57%	1,309 100%
January	51 3%	512 28%	56 3%	201 11%	1027 56%	1,847 100%
February	52 3%	425 26%	43 3%	168 10%	941 58%	1,629 100%
March	47 3%	463 29%	49 3%	176 11%	845 53%	1,580 100%
Total	317 3%	3,458 29%	320 3%	902 8%	6,939 58%	11,936 100%

Budgeted						
Goal	0%	30%	5%	6%	59%	100%



Community Health Centers of Lane County



Revenue & Expense Report

FY05

FY ends 6/30

	Actual		Projected				G/L Budget
	7/1-3/31	%	4/1-6/30	Year-end G/L	A/R	Total	
	Current G/L		Projected				
encounters	11,820		3,916			15,736	16,963
Revenue Source:							
Health & Human Services	\$ 487,494		\$ 162,507	\$ 650,001		\$ 650,001	\$ 650,000
OMAP (Dental & FFS)	338,319		65,000	403,319		403,319	1,460,340
LIPA	89,848		84,163	174,011		174,011	-
OHP Wrap-around	48,107		201,220	249,327	311,485	560,812	-
FPEP	53,145		50,000	103,145		103,145	
Eugene (Safe & Sound)	46,655		(17,301)	29,354		29,354	29,354
Other Local	161,328		59,652	220,980		220,980	238,788
Clinic Fees	92,761		38,605	131,366		131,366	127,422
Medicare	31,951		27,740	59,691		59,691	26,647
Other Third Party Fees	25,260		27,276	52,536		52,536	89,143
Special Project (safe & sound)	-		102,969	102,969		102,969	86,969
Cash over/short/donations	1,029		-	1,029		1,029	-
Transfer Fr General Fund (100)	24,013		8,004	32,017		32,017	32,017
TOTAL REVENUES	\$ 1,399,910		\$ 809,835	\$ 2,209,745	\$ 311,485	\$ 2,521,230	\$ 2,740,680
Expenses:							
Personnel	\$ 1,089,032		\$ 506,963	\$ 1,595,995		\$ 1,595,995	\$ 1,849,811
Extra Help (Locum Tennens)	68,611		30,000	98,611		98,611	29,993
Total Personnel	\$ 1,157,643		\$ 536,963	\$ 1,694,606		\$ 1,694,606	\$ 1,879,804
Professional & Consulting Services	\$ 55,824		\$ 73,772	\$ 129,595		\$ 129,595	\$ 249,468
Retention Services	-		-	-		-	15,000
Agency Payments	66,202		56,918	123,120		123,120	123,120
Client Support Fund	468		4,683	5,151		5,151	5,151
Garbage Fees	770		1,264	2,034		2,034	2,034
Light, Power, Water	4,487		6,638	11,124		11,124	11,124
Telephone Services	10,536		2,781	13,317		13,317	11,124
Purchased Insurance	-		12,261	12,261		12,261	12,261
Maintenance of Equipment	160		1,586	1,746		1,746	1,746
Maintenance of grounds	821		1,909	2,730		2,730	2,730
External equipment rental	-		4,944	4,944		4,944	4,944
Real Estate & Space Rentals	74,851		22,923	97,774		97,774	96,259
Fleet Vehicle Services	45		-	45		45	30,000
Copier Charges	5,809		1,896	7,705		7,705	-
Mail Room Charges/Postage	516		-	516		516	-
Indirect/Information Services	106,916		7,740	114,656		114,656	97,345
PC Replacement Svcs.	6,564		9,972	16,536		16,536	16,536
Office Expense & Supplies	26,527		9,864	36,391		36,391	38,409
Memberships & Professional	6,408		8,136	14,544		14,544	14,544
Printing & Binding	7,927		1,500	9,427		9,427	-
Advertising & Publicity	5,177		-	5,177		5,177	-
Postage	1,558		2,562	4,120		4,120	4,120
DP Supplies and Access	3,630		-	3,630		3,630	-
Tools, furniture & equipment	5,699		-	5,699		5,699	-
Miscellaneous supplies	1,212		14,288	15,500		15,500	15,500
Medical Supplies	51,400		9,000	60,400		60,400	39,024
Business Expense & Travel	11,753		23,452	35,205		35,205	35,205
Outside Education & Travel	-		-	-		-	-
Total Materials & Services	\$ 455,260		\$ 278,088	\$ 733,348		\$ 733,348	\$ 825,643
Operational Contingency							-
Total Fiscal Transactions	\$0		\$0	\$0	\$0	\$0	\$0
TOTAL EXPENSES	\$ 1,612,903		\$ 815,051	\$ 2,427,954		\$ 2,427,954	\$ 2,705,447
REV MINUS EXP	(\$212,994)		(\$5,215)	(\$218,209)	\$311,485	\$93,276	\$35,233

Community Health Centers of Lane County



Cash Flow Statement

FY05 Jul 1- Jun 30

	Actual											Projected	
	Jul-04	Aug-04	Sep-04	Oct-04	Nov-04	Dec-04	Jan-05	Feb-05	Mar-05	Apr-05	May-05	Jun-05	Year-end G/L
encounters	814	1,751	2,815	4,172	5,571	6,880	8,727	10,240	11,820	13,125	14,431	15,736	15,736
Revenue Source													
Health & Human Services		\$ 54,166	\$ 162,498	\$ 216,664	\$ 270,830	\$ 324,996	\$ 379,162	\$ 433,328	\$ 487,494	\$ 541,661	\$ 595,827	\$ 650,001	\$ 650,001
OMAP		-	-	13,953	152,759	196,258	227,007	275,074	338,319	358,319	403,319	403,319	403,319
LIPA		1,794	10,301	20,892	32,688	46,367	58,006	72,287	89,848	110,889	131,929	152,970	174,011
OHP Wrap-around Pmts		-	-	-	-	5,172	5,172	9,559	48,107	110,850	154,257	204,857	249,327
FPEP		-	5,700	14,592	14,592	31,008	31,008	41,496	53,145	73,145	83,145	93,145	103,145
Eugene (Safe & Sound)		11,664	23,327	23,327	23,327	34,991	34,991	34,991	46,655	29,354	29,354	29,354	29,354
Other Local		4,093	65,855	73,702	80,735	88,042	95,501	154,176	161,328	168,359	175,389	213,949	220,980
Clinic Fees	4,807	13,219	21,078	31,727	42,674	53,019	65,472	77,291	92,761	102,412	112,063	121,715	131,366
Medicare		-	5,116	16,093	18,610	20,929	23,664	27,284	31,951	38,886	45,821	52,756	59,691
Other Third Party Fees		469	2,262	4,021	6,381	9,146	15,001	18,571	25,260	32,079	38,898	45,717	52,536
Special Project (safe & sound)		-	-	-	-	-	-	-	-	-	-	102,969	102,969
Fund Balance		-	-	-	-	-	-	-	-	-	-	-	-
Donations/ cash over/short		(9)	(4)	(4)	11	1,011	1,011	1,011	1,029	1,029	1,029	1,029	1,029
Transfer Fr General Fund (100)	8,004	8,004	8,004	16,009	16,009	16,009	24,013	24,013	24,013	32,017	32,017	32,017	32,017
TOTAL REVENUES	\$12,811	\$93,400	\$304,138	\$430,975	\$658,615	\$826,949	\$960,008	\$1,169,081	\$1,399,910	\$1,598,999	\$1,803,050	\$2,103,799	\$2,209,745
Personnel	\$ 51,425	\$ 141,247	\$ 247,858	\$ 427,898	\$ 551,456	\$ 688,048	\$ 818,772	\$ 953,790	\$ 1,089,032	\$ 1,306,302	\$ 1,451,148	\$ 1,595,995	\$ 1,595,995
Salary Offset													0
Extra Help (Locum Tennens)	3,480	9,085	14,614	27,493	36,913	46,163	54,501	61,116	68,611	78,611	88,611	98,611	98,611
Total Personnel	\$54,905	\$150,332	\$262,472	\$455,391	\$588,369	\$734,210	\$873,273	\$1,014,906	\$1,157,643	\$1,384,913	\$1,539,759	\$1,694,606	\$1,694,606
Professional & Consulting Services	\$ 30	\$ 6,328	\$ 9,573	\$ 19,783	\$ 29,113	\$ 33,873	\$ 41,811	\$ 46,160	\$ 55,824	\$ 71,965	\$ 87,628	\$ 103,291	\$ 129,595
Retention Services	-	-	-	-	-	-	-	-	-	-	-	-	-
Agency Payments	-	-	5,726	8,589	11,451	40,913	48,776	57,639	66,202	79,202	91,202	101,369	123,120
Client Support Fund	1,371	118	118	318	318	318	418	418	468	1,326	2,185	3,043	5,151
Garbage Fees	-	83	187	271	375	458	562	687	770	940	1,109	1,279	2,034
Light, Power, Water	39	568	1,130	1,587	2,081	2,081	3,231	3,871	4,487	5,802	7,118	8,433	11,124
Telephone Services	-	44	1,340	1,475	4,276	5,774	5,968	8,567	10,536	11,463	12,390	13,317	13,317
Purchased Insurance	-	-	-	-	-	-	-	-	-	-	-	-	12,261
Maintenance of Equipment	-	-	-	-	-	80	80	160	160	310	510	810	1,746
Maintenance of grounds	-	-	-	-	-	-	-	-	821	1,276	1,731	2,186	2,730
External equipment rental	-	-	-	-	-	-	-	-	-	824	1,648	2,472	4,944
Real Estate & Space Rentals	14,837	22,255	29,673	37,092	44,510	51,928	59,569	67,210	74,851	82,492	90,133	97,774	97,774
Fleet Vehicle Services	-	-	-	-	2	45	45	45	45	45	45	45	45
Copier charges	-	622	1,200	1,808	2,756	3,724	4,357	4,973	5,809	6,441	7,073	7,705	7,705
Mailroom charges	-	184	203	398	515	516	516	516	516	516	516	516	516
Indirect/Information Services	-	15,805	26,692	26,692	42,829	66,376	75,107	89,605	106,916	106,916	113,066	114,656	114,656
PC Replacement Svcs.	-	-	3,282	3,282	3,282	3,282	6,564	6,564	6,564	9,846	9,846	9,846	16,536
Office Expense & Supplies	864	2,890	9,638	12,467	16,361	19,554	22,856	23,900	26,527	29,578	32,629	36,391	36,391
Memberships & Professional	4,235	4,475	4,675	4,970	5,811	5,884	5,959	5,959	6,408	7,620	8,832	14,544	14,544
Printing & binding	-	611	1,699	1,788	1,869	5,378	7,516	7,642	7,927	8,427	8,927	9,427	9,427
Advertising & publicity	-	322	1,777	2,037	2,037	2,037	4,832	4,727	5,177	5,177	5,177	5,177	5,177
Postage	77	98	209	536	684	919	1,119	1,327	1,558	1,901	2,245	3,665	4,120
DP Supplies	-	-	358	758	1,225	1,735	3,610	3,610	3,630	3,630	3,630	3,630	3,630
Furniture & Equipment	-	331	366	366	631	3,424	4,070	5,618	5,699	5,699	5,699	5,699	5,699
Miscellaneous supplies	-	175	244	418	464	741	976	1,181	1,212	3,712	5,212	11,739	15,500
Medical Supplies	-	1,004	1,059	2,802	5,482	15,786	37,099	38,622	51,400	54,400	57,400	60,400	60,400
Business Expense & Travel	105	1,290	4,367	6,015	7,124	7,511	8,803	10,177	11,753	16,253	20,753	26,171	35,205
Total Materials & Services	21,558	57,202	103,516	133,451	183,193	272,338	343,844	389,178	455,260	515,763	576,705	643,586	733,348
Operational Contingency													
Total Fiscal Transactions	76,463	207,534	365,988	588,842	771,561	1,006,548	1,217,117	1,404,084	1,612,903	1,900,676	2,116,464	2,338,192	2,427,954
TOTAL EXPENSES	76,463	207,534	365,988	588,842	771,561	1,006,548	1,217,117	1,404,084	1,612,903	1,900,676	2,116,464	2,338,192	2,427,954
REV MINUS EXP	(\$63,652)	(\$114,134)	(\$61,850)	(\$157,866)	(\$112,946)	(\$179,600)	(\$257,109)	(\$235,003)	(\$212,994)	(\$301,676)	(\$313,415)	(\$234,394)	(\$218,209)

Self Pay Analysis

	<u>Incurred</u>	<u>Collected</u> <u>During Month</u>	<u>% Collected</u> <u>W/I 30 days</u>	<u>% Collected</u> <u>W/I 120 days</u>	<u>0-30</u>	<u>31-60</u>	<u>61-90</u>	<u>91-120</u>	<u>Over 120</u>	<u>Total AR</u>
Oct-04	\$ 11,363	\$ 10,649	5%	40%	\$ 10,832	\$ 8,922	\$ 9,031	\$ 16,520	\$ 197	\$ 45,501
Nov-04	\$ 15,061	\$ 10,947	47%	61%	\$ 7,981	\$ 10,502	\$ 7,586	\$ 7,966	\$ 14,556	\$ 48,591
Dec-04	\$ 12,701	\$ 10,345	27%	44%	\$ 9,231	\$ 7,243	\$ 7,164	\$ 7,613	\$ 18,749	\$ 50,000
Jan-05	\$ 18,021	\$ 12,452	33%		\$ 12,059	\$ 7,893	\$ 6,975	\$ 6,854	\$ 23,235	\$ 57,018
Feb-05	\$ 19,334	\$ 11,819	34%		\$ 12,679	\$ 11,243	\$ 7,807	\$ 5,911	\$ 27,947	\$ 65,587
Mar-05	\$ 23,639	\$ 15,470	48%		\$ 12,214	\$ 11,164	\$ 9,081	\$ 7,101	\$ 35,753	\$ 75,313

Lane County, OR.
Organization Detail Budget Report by Fund
Dept. Request For Fiscal Year 2005-2006

	FY 01-02	FY 02-03	FY 03-04	FY 04-05	FY 05-06	FY 05-06	FY 05-06	FY 05-06
HUMAN SERVICES COMMISSION	Actuals	Actuals	Actuals	Curr Rev'd Budget	Initial Base Budget	Total Dept. Adjust. Base	Svc Dec. Packages	Total Dept. Request
3427080 Community Health Centers								
285 Intergov. Human Svcs Fund								
451351 Health & Human Services	0	0	566,667	650,000	650,000	650,000	0	650,000
451355 Title XIX Support	0	0	4,844	1,460,340	1,460,340	1,334,318	0	1,334,318
451901 Misc - Federal Revenue	0	0	21,778	0	0	50,000	0	50,000
455120 Eugene	0	0	14,676	29,354	29,354	23,643	0	23,643
456800 Other Local	0	0	69,593	238,788	238,788	188,980	0	188,980
466235 Clinic Fees	0	0	9,171	127,422	127,422	145,920	0	145,920
466730 Medicare	0	0	0	26,647	26,647	106,439	0	106,439
466740 Lane Care/OHP Fees	0	0	0	0	0	329,330	0	329,330
466780 Other Third Party Fees	0	0	0	89,143	89,143	103,562	0	103,562
466915 Special Projects	0	0	96,420	86,969	86,969	228,425	0	228,425
466950 Private Donations	0	0	368	0	0	0	0	0
498510 Transfer Fr General Fund (100)	0	0	13,135	32,017	0	32,017	0	32,017
400000 TOTAL RESOURCES	0	0	796,651	2,740,680	2,708,663	3,192,634	0	3,192,634
511100 Permanent Operating Salaries	0	0	323,968	1,256,272	1,263,222	1,263,222	0	1,263,222
511300 Extra Help	0	0	66,798	27,552	27,552	27,552	0	27,552
511350 Unclassified Temporary	0	0	0	0	0	0	0	0
511400 Overtime	0	0	826	0	0	0	0	0
511510 Reduction Unfunded Vac Liab	0	0	620	2,721	2,434	2,434	0	2,434
511520 Compensatory Time	0	0	3,463	0	0	0	0	0
511600 Employee Benefits	0	0	117,649	675,517	834,935	834,935	0	834,935
511850 Salary Offset	0	0	0	42,280	0	0	0	0
511000 PERSONNEL SERVICES	0	0	513,323	2,004,342	2,128,143	2,128,143	0	2,128,143
TOTFTE TOTAL FTE	0	0	0	27	27	27	0	27
512111 Professional & Consulting	0	0	91,922	185,703	0	152,630	0	152,630
512171 Child Care Expenses	0	0	0	15,000	15,000	0	0	0
512211 Agency Payments	0	0	59,912	123,120	0	123,120	0	123,120
512214 Client Support Fund	0	0	78	5,151	5,151	5,151	0	5,151
512341 Refuse & Garbage	0	0	702	2,034	2,034	1,200	0	1,200
512343 Light, Power & Water	0	0	1,783	11,124	11,124	6,000	0	6,000
512344 Telephone Services	0	0	10,729	11,124	11,124	11,124	0	11,124
512345 Purchased Insurance	0	0	0	12,261	12,261	4,599	0	4,599
512354 Maintenance of Equipment	0	0	0	1,746	1,746	500	0	500
512356 Maintenance of Grounds	0	0	0	2,730	2,730	500	0	500

Lane County, OR.
Organization Detail Budget Report by Fund
Dept. Request For Fiscal Year 2005-2006

	FY 01-02	FY 02-03	FY 03-04	FY 04-05	FY 05-06	FY 05-06	FY 05-06	FY 05-06
HUMAN SERVICES COMMISSION	Actuals	Actuals	Actuals	Curr Rev'd Budget	Initial Base Budget	Total Dept. Adjust. Base	Svc Dec. Packages	Total Dept. Request
3427080 Community Health Centers								
285 Intergov. Human Svcs Fund								
512357 Maintenance Agreements	0	0	1,550	0	0	0	0	0
512362 External Equipment Rental	0	0	0	4,944	4,944	1,000	0	1,000
512366 Real Estate & Space Rentals	0	0	36,487	96,259	96,259	99,147	0	99,147
512531 Fleet Services Rentals	0	0	163	0	0	0	0	0
512532 Fleet Equipment Services	0	0	0	30,000	30,000	0	0	0
512536 Copier Charges	0	0	1,111	0	0	8,000	0	8,000
512537 Mail Room Charges	0	0	57	0	0	1,000	0	1,000
512552 Direct/Information Services	0	0	0	97,345	97,345	85,054	0	85,054
512554 County Overhead Charges	0	0	0	0	0	79,681	0	79,681
512558 PC Replacement Services	0	0	0	12,261	0	7,371	0	7,371
512611 Office Supplies & Expense	0	0	28,453	24,941	24,941	43,075	0	43,075
512613 Membrshp/Professional Licenses	0	0	4,538	14,544	14,544	14,544	0	14,544
512614 Printing & Binding	0	0	1,314	0	0	4,000	0	4,000
512615 Advertising & Publicity	0	0	22,782	0	0	8,000	0	8,000
512618 Postage	0	0	310	4,120	4,120	4,120	0	4,120
512621 DP Supplies And Access	0	0	30,012	0	0	0	0	0
512622 DP Equipment	0	0	19,939	0	0	0	0	0
512625 Small Tools & Equipment	0	0	1,390	0	0	0	0	0
512716 Miscellaneous Supplies	0	0	226	11,066	11,066	15,500	0	15,500
512751 Medical Supplies	0	0	45,731	35,113	35,113	60,524	0	60,524
512811 Business Expense & Travel	0	0	2,270	34,455	34,455	35,205	0	35,205
512815 Committee Stipends & Expense	0	0	397	0	0	0	0	0
512821 Outside Education & Travel	0	0	13,931	0	0	0	0	0
512822 County Training Classes	0	0	888	0	0	0	0	0
512911 Miscellaneous Payments	0	0	257	1,297	1,297	0	0	0
512000 MATERIALS & SERVICES	0	0	376,932	736,338	415,254	771,045	0	771,045
991910 Operational Contingency	0	0	0	0	0	293,446	0	293,446
990000 TOTAL RESERVES & CONTINGEN	0	0	0	0	0	293,446	0	293,446



America's Health Centers

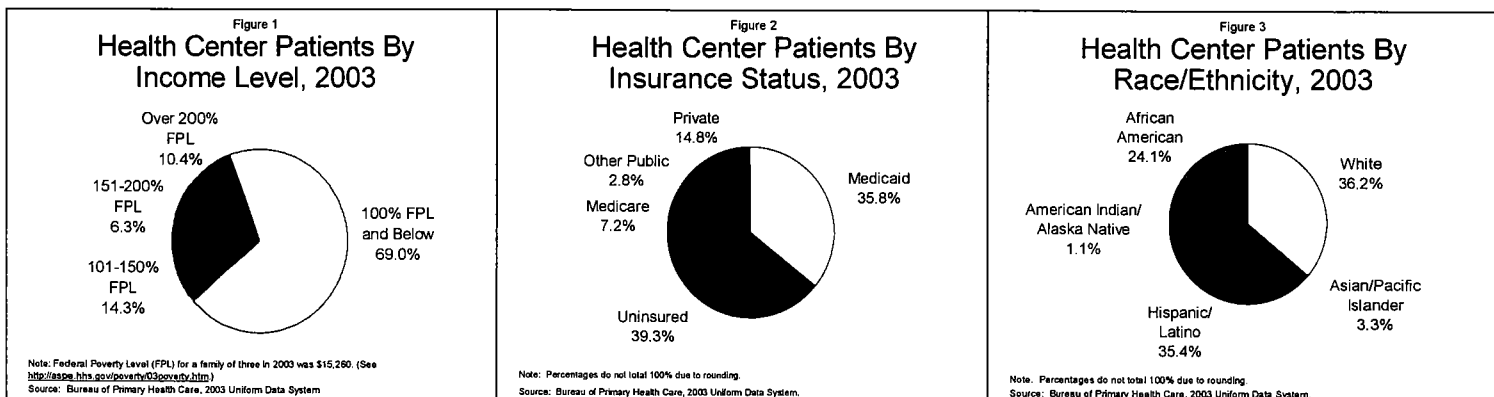
WHAT ARE HEALTH CENTERS?

Community health centers are **local, non-profit, community-owned health care providers** serving low income and medically underserved communities. For nearly 40 years, the national network of health centers have provided **high-quality, affordable primary care and preventive services**, and often provide on-site dental, pharmaceutical, and mental health and substance abuse services. Also known as Federally-Qualified Health Centers (FQHCs), they are located in areas where care is needed but scarce, and **improve access** to care for millions of Americans regardless of their insurance status or ability to pay. Their costs of care rank among the lowest, and they reduce the need for more expensive in-patient and specialty care, saving billions of dollars for taxpayers. Currently, over 1,000 community, migrant, and homeless health centers serve 3,600 urban and rural communities in every state and territory.

WHO DO HEALTH CENTERS SERVE?

Health centers serve as the medical home and family physician to **15 million people** nationally – a number that is quickly growing. Health center patients are among the nation's most vulnerable populations – people who even if insured would nonetheless remain isolated from traditional forms of medical care because of where they live, who they are, the language they speak, and their higher levels of complex health care needs.

About **half of health center patients reside in rural areas**, while the other half tend to live in economically depressed inner city communities. Health centers serve **one in five low income children**. As Figure 1 demonstrates, **nearly 70% of health center patients have family incomes at or below poverty** (\$15,206 annual income for a family of three in 2003). Moreover, as shown in Figure 2, **nearly 40% of health center patients are uninsured and another 36% depend on Medicaid**, much higher than the national rates of 12% and 15%, respectively (not shown). **Two-thirds of health center patients are members of racial and ethnic minorities**, as shown in Figure 3.



HOW DO HEALTH CENTERS OVERCOME BARRIERS TO CARE?

Health centers remove common barriers to care by serving communities who otherwise confront financial, geographic, language/cultural and other barriers, making them different from most private, office-based physicians. They

- ✓ are **located in high-need areas** identified by the federal government as having elevated poverty, higher than average infant mortality, and where few physicians practice;
- ✓ are **open to all residents**, regardless of insurance status, and provide free or reduced cost care based on ability to pay;
- ✓ **tailor their services** to fit the special needs and priorities of their communities, and provide services in a linguistically and culturally appropriate setting. Nearly a third of all patients are best served in languages other than English; and
- ✓ **offer services that help their patients access health care**, such as transportation, translation, case management, health education, and home visitation.

For many patients, the health center may be the only source of health care services available. In fact, the number of uninsured patients at health centers is rapidly growing – from around 3.9 million in 1998 to over 5.9 million today.

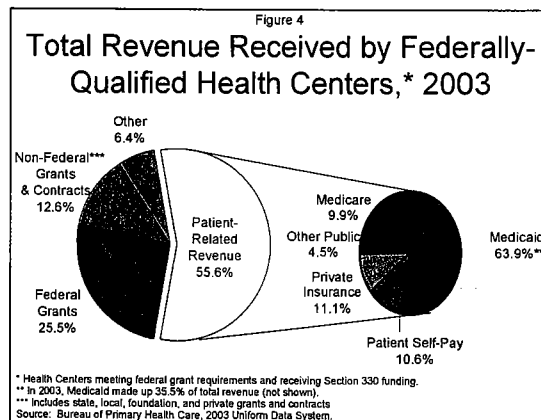
HOW DO HEALTH CENTERS MAKE A DIFFERENCE?

Key to health centers' accomplishments is **patient involvement in service delivery**. Governing boards – the majority of which must be patients according to grant requirements – manage health center operations. Board members serve as community representatives and make decisions on services provided. Active patient management of health centers assures responsiveness to local needs, and helps guarantee that health centers improve the quality of life for millions of patients in the following ways.

- ✓ **Improve Access to Primary and Preventive Care.** Health centers provide preventive services to vulnerable populations that would otherwise not have access to certain services, such as immunizations, health education, mammograms, pap smears, and other screenings. Health centers have also made significant strides in preventing anemia and lead poisoning. Low income, uninsured health center users are also much *more likely to have a usual source of care* than the uninsured nationally.
- ✓ **Effective Management of Chronic Illness.** Health centers meet or exceed nationally accepted practice standards for treatment of chronic conditions. In fact, the Institute of Medicine (IOM) and the General Accounting Office (GAO) have recognized health centers as models for screening, diagnosing, and managing chronic conditions such as diabetes, cardiovascular disease, asthma, depression, cancer, and HIV. Health centers' efforts have led to *improved health outcomes* for their patients, as well as *lowered the cost of treating patients* with chronic illness.
- ✓ **Reduction of Health Disparities.** Because of their success in removing barriers to care, the IOM and GAO recognized health centers for reducing or even eliminating the health gaps for racial and ethnic minorities, as well as for the poor in the U.S. A recent landmark study found that *health centers are associated with reducing racial and ethnic disparities* in such key areas as infant mortality, prenatal care, tuberculosis case rates, and death rates. Another major study found that disparities in health status do not exist among health center users, even after controlling for socio-demographic factors, and that the absence of disparities at health centers may be related to their culturally sensitive practices and community involvement – features that other primary care settings often lack.
- ✓ **Cost-Effective Care.** Health centers provide comprehensive health care for about \$1.30 a day per patient served. In fact, medical care at health centers is around \$250 less than the average annual expenditure for an office-based medical provider. Several studies have found that health centers save the Medicaid program in annual spending for health center Medicaid beneficiaries due to reduced specialty care referrals and fewer hospital admissions, thereby producing significant savings in combined federal and state Medicaid expenditures.
- ✓ **High Quality of Care.** Studies have found that the quality of care provided at health centers is *equal to or greater* than the quality of care provided elsewhere. Moreover, 99% of surveyed patients report that they were satisfied with the care they receive at health centers.
- ✓ **Fewer Infant Deaths.** Several studies have found that communities served by health centers have infant mortality rates between 10 and 40% lower than communities not served by health centers. Health centers are also linked to improvements in accessing early prenatal care and reductions in low birth weight.
- ✓ **Create Jobs and Stimulate Economic Growth.** Health centers employ 78,000 full-time positions, including many local community residents. They bolster local business and stabilize neighborhoods by stimulating community development and economic growth.

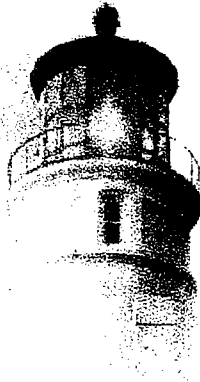
WHY IS INVESTING IN HEALTH CENTERS IMPORTANT?

As described above, investing in health centers produces improved health outcomes and quality of life, as well as reductions in health disparities for millions of Americans. In addition, investment also leads to reductions in national health care spending. As shown in Figure 4, health centers on average receive only 26% of their total revenue from federal grants. The largest single source of revenue is Medicaid, representing 36% of total revenue and 64% of all patient-related revenue. Another major source (13%) of revenue comes from non-federal grants and contracts, the vast majority of which comes from state and local funds. Already cited as one of the 10 most successful federal programs, a continued and expanded investment in health centers will guarantee improved health outcomes for millions more Americans and further cost savings.



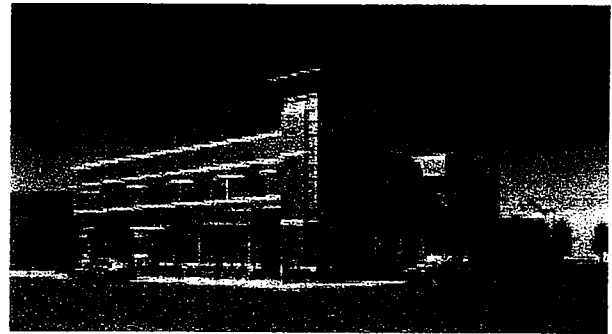
LANE COUNTY GOVERNMENT 2005

Community Health Centers of Lane County



Construction of a New Health Center in Springfield, Oregon

Lane County is seeking \$496,000 for its Community Health Centers to construct a new health center facility in Springfield. The clinic is part of a collaborative public-private partnership designed to provide high quality and affordable primary and preventive care, mental health treatment, and dental care for low-income, uninsured and underinsured residents of Lane County. Federal funds will combine with local and private contributions toward the purchase of a 20,000 square foot clinic which will provide services for approximately 12,000 Lane County residents.



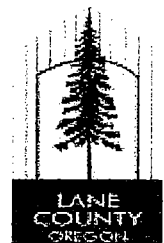
Background

Without the building of a new health center, Lane County's primary source of healthcare for the working poor, Community Health Centers of Lane County's Riverstone Clinic, will have to close to new patients in the near future.

Since its inception, Community Health Centers of Lane County (CHCLC) has leased an old medical clinic building located one block east of the McKenzie Willamette Center. The clinic has rapidly outgrown the crowded 7,000 square foot building.

Closing the practice to new patients will create a crisis in the healthcare delivery system in Lane County when the need for basic access to medical care has grown. At a time when one out of five Lane County residents lack access to healthcare, we would not be able to expand access to timely care for illness, disease and preventive health services. Patients would wait longer for primary healthcare, creating sicker patients, longer hospital stays and more tests and avoidable health services. Communicable diseases, especially among children, would not be diagnosed early, posing community health risks. Patients who do not need the intensive services of an Emergency Room are forced to use these expensive facilities, creating delays for those who truly need emergency services.

CHCLC's Riverstone Clinic is not a "free clinic." All medically uninsured patients pay based on a sliding fee scale, taking into account the family's financial situation. However, no one is ever refused needed care solely because of lack of financial resources.



Why We Need the Support

Over half of CHCLC's adult patients seeking care have jobs and are considered "working poor." These patients for the most part have jobs, but do not receive health insurance from their employer and do not make enough to afford health care. Without increased access to Community Health Centers of Lane County, they would not be able to receive regular preventive and ongoing health services.

This group of working families has and will increase even more, as the affects of the cutbacks in the Oregon Health Plan, and employers reducing or dropping health benefits are felt throughout the county. Many of these families who had previously received some healthcare insurance, are now without coverage. CHCLC has been there to make medical care services available.

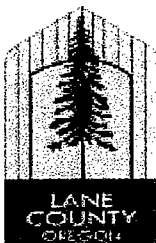
CHCLC's patients and others who need access to our proposal to expand services are friends and neighbors who are hard-working members of our community, raising families in an increasingly expensive healthcare environment. In fact, the inability to pay for doctors, dentists, prescription drugs, and health insurance was ranked as the most severe community problem in the 2004 United Way of Lane County State of Caring – Community Needs and Assets Study. Access to healthcare was identified the most severe problem experienced by Lane County residents and surpassed all other areas of need by a significant margin.

Infants, youth and children represent a large percentage of the patients served by Community Health Centers of Lane County. All of the area schools and Head Start of Lane County depend on Community Health Centers of Lane County to work closely with them to support at-risk children, many of whom suffer from mental illness, substance abuse, poor dental health, homelessness, suicidal attempts and learning disabilities. Moreover, the only healthcare many of these children receive is through Community Health Centers of Lane County.

Lane County's hospitals cannot afford to absorb the cost of the growth and influx of uninsured patients into their emergency rooms and they are not staffed or equipped to provide primary care to thousands of people. The emergency room is the most expensive way to treat a patient and should be reserved for truly life-threatening illnesses. Besides the cost issue, the hospitals cannot afford to provide follow-up care necessary to ensure good health and preventive healthcare of discharged, uncompensated patients.

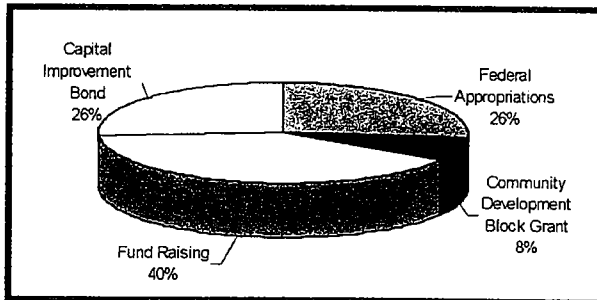
The fact remains that the most cost-effective way to provide basic primary care to those who do not have health insurance is through community health centers. In Lane County that means Community Health Centers of Lane County. Without a new larger CHCLC facility, many patients will not get regular healthcare. Without regular healthcare, patients are sicker, more costly to treat and the chance of negative outcome is higher.

Perhaps most seriously, lack of regular healthcare creates a community hazard. If a person has not seen a doctor in years, it is possible this co-worker, friend, or school-age child has a communicable airborne disease or even something more serious.



The New Facility

After careful research and analysis, the Board of Community Health Centers of Lane County determined that there is no 20,000 square foot building that could be adapted to the health center's unique needs at a reasonable cost. Further, they decided to embark on a \$2.5 million capital campaign to build a permanent



health center. The new facility will ensure that the working poor (one in five in Lane County who do not have insurance coverage) can receive timely access to care.

Through the generosity of the Cities of Springfield and Eugene, Lane County, local hospitals, foundations and private sector donors, the \$496,000 in federal funds requested by this appropriation will leverage more than \$2 million in

local support. A gift of land at a reduced cost is anticipated in the heart of this federally designated impoverished, medically-underserved Springfield neighborhood. The location will also be within a federally designated Health Professional Shortage Area for the homeless and is in a dentally underserved county.

The new center will more than double the medical capacity and serve patients more efficiently. The larger center will allow for the following additional providers: three family practice providers, one pediatric provider, three behavioral health providers, staff of a community pharmacy, and provide for a complete dental practice for two dentists. The new health center will be able to accommodate 9,000 additional active patients. Currently, 5,000 patients (18,000 medical visits) are served annually.

The new health center will house four clinical area and ancillary services, including.

1. Primary Care

This clinical area will house all of the primary care services. This area will allow three additional family practice providers to be hired in addition to the current four family practice providers and would include room for volunteer providers and residents.

2. Pediatrics

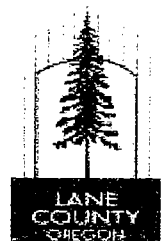
The new health center will include a pediatric clinical area which will enable CHCLC to add up to two pediatric healthcare providers.

3. Dental

A state-of-the-art dental clinic accommodating two dentists for a full service dental practice.

4. Ancillary Health Services

The new health center will also house a full service lab, pharmacy, isolation room, patient teaching areas, chronic disease education areas and administrative support. A networked computer system will allow all dictation and patient records to be available electronically.



Economic Benefit

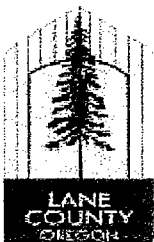
The total operational budget of the CHCLC's RiverStone Clinic will grow from \$2.8 million to over \$5 million which will have a major positive economic impact on the city of Springfield, adding more than 30 full-time jobs. Construction of a new site will add at least 20 new jobs in the construction trades. Additional ancillary service employment will be created for nearby commercial establishments including pharmacies, labs, radiology, hospitals, specialty practices and stores and restaurants.

History

Community Health Centers of Lane County was founded in 2003 by a partnership that included Lane County, Peace Health, McKenzie Willamette Medical Center, Lane Individual Physicians Association, the Lane County Medical Society, and Centro LatinoAmericano.

Request

\$496,000 in the U.S. Health and Human Services Account: Health Resources and Services Administration (HRSA) Project or Line Item: Health Care and Other Facilities Authorization for Operation (PL#) 107-251 42/Section 330 of the Public Health Act (42U.S.C.254b).





PROJECT SUMMARY

"We find in each other some comfort to our pain, not only because we have medical attention but because our loneliness needs it. And for that moment we feel we belong. It is because they treat us with care...it is the faith that we have that we can talk to her and she can understand not only our physical pain, but I also tell her of the pain that I have in my soul. Her words are enough to keep me going. Her prescription always works because she does it with love."

Felicitas Carias - 68-year-old Clinic Client

Overview of the Community/Population

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 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 nearly 5,000 people. The clinics will target area residents whose incomes fall below 200% 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 new start clinics are located in the geographic center of the Eugene/Springfield 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% 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 for children and minority populations. There is a higher percent of uninsured residents, lower median income, and fewer high school graduates. Latino families in the service area are more than twice as likely to be uninsured than the general public. The chronically homeless and particularly 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% in comparison to the state rate of 3.9%, 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%) of two year olds that is less than the state rate (80.8%); a teen suicide rate that is the highest in Oregon; a youth population in which more than 76% 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.



Overview of the Organization

Community Health Centers of Lane County (CHCLC) is one of four programs operated by the Human Services Commission (HSC), a regional health and human services organization located in Eugene, Oregon. Human Services Commission is administratively a division of the Lane County Department of Health & Human Services. Since its inception in 1972, HSC has maintained a mission to serve those who have limited or no access to basic health care and other life impacting needs. For 32 years, HSC has coordinated anti-poverty services in Lane County. HSC performs countywide health and human service system planning, evaluation, and administration for its service network. The HSC has been recognized by HUD with a Best Practices Award for its innovative approach to collaborative planning and a continuum of services for homeless and impoverished individuals.

As a public entity, the Lane County Board of Commissioners (BCC) is the governing board for the HSC and the Department of Health & Human Services. The current administrative board for HSC is comprised of a three-part board structure consisting of equal parts of local private sector, public sector, and low-income clinic consumer representatives. Community Health Centers Advisory Council provides advice, leadership and guidance in support of the CHCLC's mission and is comprised of 51% Health Center consumers. Day-to-day leadership and management of CHCLC rests with staff under the direction of the HSC Director. The HSC Director reports directly to the governing board and the administrative board.

CHCLC is built on a well-integrated health delivery system that has been established in the local community. The HSC's approach to health and human services is to coordinate an integrated network to serve the poor. Lane County Mental Health and Public Health Divisions are also housed in the County Department of Health & Human Services.

CHCLC is truly a community-wide collaboration including representation from the public, private and nonprofit sectors. Both local hospitals are 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; the Eugene and Springfield School Districts; the Latino Medical Access Coalition, and Centro LatinoAmericano.-

Project Plan

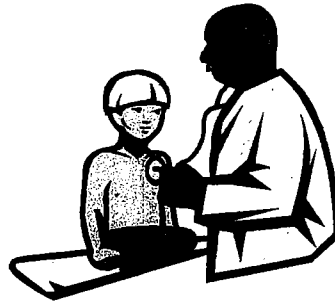
Community Health Centers of Lane County is a freestanding, multi-site program with five strategic locations. This model is designed to provide easily accessed care in a comfortable setting suitable for the target population. Particular focus on the health disparities and needs of the Latino population and the homeless youth population is provided through bi-cultural, bi-lingual staff (more than 50%) whenever possible and use of youth-friendly staff and locations.

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

At full operational capacity (2005), CHCLC staff will provide a total 17,603 primary care and behavioral health visits for 4,564 individuals with a \$2.8 million budget. Staffing consists of 27 FTE including 2. Family Practice Physicians, 4 Family Nurse Practitioners, a Mental Health Specialist, and other auxiliary and administrative staff. CHCLC contracts for mental health and substance abuse services and dental services. Lane County is leasing a 7,000 square foot clinic space at 1640 G Street in Springfield for the RiverStone site. The Safe & Sound Homeless Youth Clinic and the Springfield High Health Center are existing sites.

COMMUNITY
HEALTH CENTERS

RIVERSTONE CLINIC



*Se habla
español*



LOOKING FOR AFFORDABLE HEALTH CARE?

RiverStone can help!

Our health care providers are current accepting new patients. OHP, Medicare, private insurance and uninsured are welcome.

Do you want to know if you or your children qualify for the Oregon Health Plan (OHP)?

We can assist you to determine eligibility and complete the application process.

Do you have Medicare coverage?

Your annual deductible will be waived.

Do you have private insurance and are looking for a high quality, holistic health care provider?

Our doctors and nurse practitioners work with you as a team to keep you health by providing an integrated approach to health care and a wellness model that focuses on

Call RiverStone Health Clinic for more information or to make an appointment at 682-3550.

1640 G. Street, Springfield

Hours: Mon-Wed-Fri: 8 - 5, Tues-Thurs: 10 - 7pm