

Priority: Basic Needs

Lead Agency: Health Department

Program Offer Type: Existing Operating

Program Contact: COCKRELL Deborah S

Related Programs:

Program Characteristics:

Executive Summary

Mid-County Health Center (MCHC) is the highest volume primary care clinic and serves clients in the poorest and most culturally diverse area of Multnomah County. MCHC provides vital health services for patients who, even if insured, would remain isolated from traditional forms of medical care because of where they live, the language they speak and their higher level of complex healthcare needs. With its Refugee Program and culturally competent staff, MCHC is an important health care safety net for thousands of uninsured members of the community.

Program Description

MCHC provides culturally competent, comprehensive primary care, preventive health and enabling services such as transportation, translation, case management and health education which address the needs of the whole person. Care that addresses their beliefs and culture is more likely to succeed in improving and maintaining their health. MCHC is tightly linked with refugee resettlement agencies (i.e., SOAR, IRCO, Catholic Charities). In 2006, 963 refugees were screened; of these 55% received on-going medical care. Mid-County has the highest proportion of non-English speaking residents. About 80% of all clients are or were refugees (Russia, Somalia, Sudan, Latin America, Vietnam, etc.). More than 80% of the MCHC staff speak another language, many were refugees themselves. 68% of clients have incomes at or below 100% of FPL, while 99.1% are at or below 200% of FPL.

Program Justification

MCHC services are designed specifically to prevent people from needing more costly and often less appropriate care. The refugee population often receive no preventative care at home, leading to a disproportionately high rate of serious medical conditions (ie. diabetes, hypertension, heart disease, cancer). Most client families have 3+ children; some 10 or 11 - often with serious health problems (ie. asthma, diabetes, poor nutrition, no dental care, post-traumatic stress, etc.) which impact their schooling and development. This program helps them with pediatric and pre-natal services as well as referrals. These children often haven't been immunized for polio, tetanus, measles, TB etc. except for the bare minimum needed to enter this country. Many children receive their 1st complete vaccines at MCHC.

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY07-08)	Current Year Purchased (FY08-09)	Current Year Estimate (FY08-09)	Next Year Offer (FY09-10)
Output	Number of annual client visits	34,828	34,260	35,122	42,015
Outcome	Percentage of children who are up to date on immunizations at 35 months of age	59.0%	85.0%	63.0%	90.0%
Efficiency	Number of days for a new patient appointment	7	6	7	7
Quality	% of patients who would "strongly agree" to recommend clinic to friends/family	58.0%	70.0%	70.0%	80.0%

Performance Measure - Description

Performance Measure Variance Explanation:

of children who are up to date on immunizations-- progress towards goal achieved current improvement efforts across Primary Care clinics is underway to improve rate of immunization

% of Patients who would strongly agree--clinic focus group formed to address specific identified issues.

Legal/Contractual Obligation

MCHC complies with the Bureau of Primary Health Care (BPHC) grant, state Family Planning agency grant, Joint Commission Accreditation requirements, CLIA (Laboratory accreditation) requirements and CareOregon contractual obligations.

Federally Qualified Health Center (FQHC) designation requires:

- Provision of comprehensive primary care and supportive care services.
- Services be available to all regardless of ability to pay.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
	2009	2009	2010	2010
Program Expenses				
Personnel	\$68,773	\$5,397,207	\$0	\$6,393,409
Contracts	\$0	\$205,661	\$0	\$336,357
Materials & Supplies	\$0	\$290,057	\$2,466	\$309,588
Internal Services	\$0	\$1,624,209	\$59,797	\$1,857,752
Subtotal: Direct Exps:	\$68,773	\$7,517,134	\$62,263	\$8,897,106
Administration	\$110,625	\$0	\$152,113	\$0
Program Support	\$2,217,329	\$1,576,895	\$2,241,850	\$1,744,359
Subtotal: Other Exps:	\$2,327,954	\$1,576,895	\$2,393,963	\$1,744,359
Total GF/non-GF:	\$2,396,727	\$9,094,029	\$2,456,226	\$10,641,465
Program Total:	\$11,490,756		\$13,097,691	
Program FTE	0.00	56.80	0.00	68.75
Program Revenues				
Indirect for dep't Admin	\$437,001	\$0	\$539,369	\$0
Fees, Permits & Charges	\$0	\$183,220	\$0	\$228,004
Intergovernmental	\$0	\$7,307,914	\$0	\$8,669,102
Other / Miscellaneous	\$0	\$26,000	\$0	\$0
Program Revenue for Admin	\$0	\$1,576,895	\$0	\$2,222,648
Total Revenue:	\$437,001	\$9,094,029	\$539,369	\$11,119,754

Explanation of Revenues

Supported by Federal BPHC, Family Planning, state and local grants as well as enhanced Medicaid/Medicare revenue. County General fund is used as local in-kind to obtain and keep Primary Care and Family Planning grants.

Significant Program Changes

Last year this program was: #40022, Mid County Health Clinic

Annual client visits are up because of expansion. Adding providers to this high volume, high Medicaid covered population, high need community. More visits will not mean longer wait time for an appointments because more providers have been added. Immunizations as a measure of improved health outcomes will improve because this site has fully implemented Building Better Care, which re-designed the primary care model, focuses on quality improvement and a provider team organized around patient need. We measure and watch that which we want to affect.