

Department: Health Department

Program Contact: Lynne Wiley

Program Offer Type: Operating

Program Offer Stage: Adopted

Related Programs:
Program Characteristics:

Program Description

The Health Center welcomes all county persons, regardless of insurance status, ability to pay, or documentation status. Our health center prioritizes culturally and linguistically appropriate care, supporting patients in a way that works for them. Over 60% of our patients identify as people of color, and more than 38% require interpretation with 59% of our patients indicating they are best served in a language other than English. This includes more than 100 different languages. 84% of our patients have Medicaid, 3% have no insurance, and 95% of our clients live below 200% of the Federal Poverty Level (FPL). All programs within the Health Center are committed to improving health outcomes, reducing health disparities and ensuring affordable, quality access to healthcare.

East County Health Center (EHC) primary care is designed as a Person Centered Medical Home. This model includes reducing barriers to access, integration of behavioral health services, providing continuity and coordination of services, and collaboration with community partners. EHC provides comprehensive, culturally appropriate services that include:

- Primary care services, including treatment of acute and chronic illnesses, behavioral health, family planning, prenatal and preventive services (well child, immunizations)
- Integrated pharmacy and lab services; and
- Enabling services including Medicaid eligibility screening, medical interpretation, transportation, case management and health education.

EHC plays a significant role in providing safety net medical services to residents in the community. The clinic provides culturally appropriate care to a diverse population with the largest groups served being the Latinx diaspora (47.2%), followed by white/non-Hispanic (45.7%), and the remaining (7%) of our patients identify as mostly Asian, Middle Eastern/North African, and Pacific Islander.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of EHC patients served	8,890	9,500	9,800	9,800
Output	Number of patient visits	26,477	27,706	28,408	28,430

Performance Measures Descriptions

Outputs measure the number of EHC patients and visits during FY26 in comparison to previous years.

Legal / Contractual Obligation

The Health Center complies with CLIA (Laboratory accreditation) requirements, Coordinated Care Organizations (CCO) contractual requirements, compliance with the Bureau of Primary Health 330 Grant (HRSA), and the Patient-Centered Primary Care Home (PCPCH) program. The Health Center is accredited under the Joint Commission and follows accreditation guidelines.

All costs and revenues generated by this program must also comply with the HRSA FQHC requirements.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Adopted General Fund	Adopted Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$0	\$9,231,662	\$0	\$9,672,189
Contractual Services	\$0	\$318,224	\$0	\$379,928
Materials & Supplies	\$0	\$307,818	\$0	\$326,301
Internal Services	\$0	\$2,982,040	\$0	\$3,167,304
Total GF/non-GF	\$0	\$12,839,744	\$0	\$13,545,722
Program Total:	\$12,839,744		\$13,545,722	
Program FTE	0.00	49.90	0.00	48.40

Program Revenues				
Intergovernmental	\$0	\$1,085,315	\$0	\$1,085,315
Service Charges	\$0	\$11,754,429	\$0	\$12,460,407
Total Revenue	\$0	\$12,839,744	\$0	\$13,545,722

Explanation of Revenues

This program generates \$1,516,600 in indirect revenues.

East County Health Clinic is supported by the federal BPHC grant, Medicaid/Medicare and other medical fees.

Federal \$ 1,085,315	Federal Primary Care (330) grant
Federal \$ 12,255,029	FQHC Medicaid Wrap, Care Or FFS, APM
\$ 205,378	Patient Fees

Significant Program Changes

Last Year this program was: FY 2025: 40023 FQHC-East County Health Clinic

The East County Primary Care program has added 2.00 FTE medical assistants to this year's budget. The previous medical assistant-to-primary care provider ratio of 1.0:0.8 FTE did not allow for adequate coverage for daily sick calls, leave of absences, increased support needed for a robust offering of immunization clinics, and medical assistant support for providers added for additional access. Additionally, the previous ratio did not leave capacity for medical assistant support for patient visits with clinical pharmacists and psych mental health nurse practitioners, resulting in missed opportunities to complete preventative screenings, immunizations, and follow-up care.