

Department: Health Department

Program Contact: Amy Henninger

Program Offer Type: Operating

Program Offer Stage: Proposed

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.

Primary functions of the medical director program include:

- Develop and oversee strategic initiatives to improve care quality, achieve health equity, safety, cost-effectiveness, and access; develop and implement patient care guidelines, policies, procedures; Represent and advocate for the care of the clients served by the Health Center to external stakeholders such as the Oregon Health Authority, Coordinated Care Organizations (Medicaid payors) to ensure that health care funding meets the needs of the community; Recruit, and hire health care providers (physicians, nurse practitioners including psychiatric nurse practitioners, physician's assistants, ensures required credentials and monitors provider performance; oversee medical, nursing and integrated behavioral health and ensure that patient care meets all rules, regulations and standards set forth by regulatory agencies including the Joint Commission (TJC), contractors, grantors and accrediting agencies. This required element ensures safety, quality of care, as well as keeping Health Resources and Services Administration (HRSA) grant funding intact. Medical Directors are accountable for legal conformance, quality and safety of patient care, need-based and scientifically justified service design, and efficient use of public funds.

Performance Measures

| Measure Type | Performance Measure | FY24 Actual | FY25 Budgeted | FY25 Estimate | FY26 Target |
|--------------|---|-------------|---------------|---------------|-------------|
| Output | Number of health center patients seen in the next calendar year (unique patients) | 53,000 | 55,000 | 54,171 | 55,000 |
| Output | Maintain compliance with regulatory and licensing standards/boards | 100% | 100% | 100% | 100% |
| Output | Number of patients on Primary Care Provider panels seen in the past 12 months | 33,500 | 55,000 | 34,000 | 35,000 |
| Outcome | Improve percent of Health Center patients who have controlled diabetes defined as an A1C <9 (lab value) | 72% | 72% | 72.7% | 74% |

Performance Measures Descriptions

Outputs include number of patient visits compared to previous years, successful maintenance of compliance with regulatory standards/licensing and number of patients with PCP (visits with their own provider) in the past 12 months. Outcomes include the % of patients with a diabetes diagnosis that that their diabetes under control, compared to previous years.

Legal / Contractual Obligation

Oregon State Board of Nurses, Oregon State Medical Board, Medicaid and Medicare rules and regulations, Joint Commission on Accreditation of Healthcare Organizations, HRSA 330 Primary Care Grant compliance, stipulations of multiple federal and state grants, and Coordinated Care Organizations (COO) contractual obligations. All costs and revenues generated by this program must also comply with Health Resources and Services Administration (HRSA) Federally Qualified Health Center requirements.

Revenue/Expense Detail

| | Adopted General Fund | Adopted Other Funds | Proposed General Fund | Proposed Other Funds |
|------------------------|-------------------------|------------------------|--------------------------|-------------------------|
| Program Expenses | 2025 | 2025 | 2026 | 2026 |
| Personnel | \$0 | \$1,374,020 | \$0 | \$1,252,239 |
| Contractual Services | \$0 | \$168,000 | \$0 | \$157,000 |
| Materials & Supplies | \$0 | \$111,718 | \$0 | \$123,052 |
| Internal Services | \$0 | \$372,041 | \$0 | \$370,757 |
| Total GF/non-GF | \$0 | \$2,025,779 | \$0 | \$1,903,048 |
| Program Total: | \$2,025,779 | | \$1,903,048 | |
| Program FTE | 0.00 | 3.00 | 0.00 | 3.00 |

| Program Revenues | | | | |
|-----------------------|------------|--------------------|------------|--------------------|
| Intergovernmental | \$0 | \$115,115 | \$0 | \$115,115 |
| Other / Miscellaneous | \$0 | \$610,534 | \$0 | \$1,547,451 |
| Service Charges | \$0 | \$1,300,130 | \$0 | \$240,482 |
| Total Revenue | \$0 | \$2,025,779 | \$0 | \$1,903,048 |

Explanation of Revenues

This program generates \$196,351 in indirect revenues.

| | |
|----------------------------|-------------|
| PC3 Allocations; SAM Funds | \$1,547,451 |
| State Grant (RH Title X) | \$ 115,115 |
| Charges for Svcs (APM) | \$ 240,482 |

Significant Program Changes

Last Year this program was: FY 2025: 40030 FQHC-Clinical Director

This year, the medical director's office supervises primary care and behavioral health. Pharmacy and Dental are supervised by ICS Director. A 1.00 FTE program specialist senior position was added for provider recruitment and assistance with the logistical planning for Nurse Practitioner fellows and clinical students with externships at the Health Center. Revenue support for the Medical Director's office comes from incentive and Alternative Payment Methodology (APM) funds. The allocation of these funds are applied based on program needs and services each year which resulted in decreased service charges and an increase under other/miscellaneous as a line item for FY 2026.