

Department: Health Department

Program Contact: Aaron Baeza

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.

The Patient Access Center (PAC) is the point of entry for scheduling new and established clients for the Primary Care clinics. PAC also schedules new and established dental clients seeking both urgent and routine dental services. PAC provides appointments and referrals in collaboration with County and other community organizations, ensuring consistent patient information and tracking. PAC also provides information for MCHD medical, dental, social services and key community service partners.

PAC's Language Services program provides interpretation in over 80 languages including sign language for all Health Center services and programs, and for established patients who access specialty care in the community. Comprehensive coordination of written translation for clinical and non-clinical programs and services is also provided. Language Services is the central coordinator for thousands of patient interpretation requests and translations each year for multiple programs/services. This critical service ensures that patients and clients successfully move through the Department's Refugee and Screening Program, and facilitates patients with limited English proficiency to receive culturally competent interpretation throughout all of the MCHD programs.

In primary care, the referral program plays a crucial role in coordinating access to specialty services for patients who have received a referral from their primary care provider. This work includes coordinating with insurance providers, selecting the most suitable specialist based on the patient's specific requirements, and maintaining effective communication between the primary care physician and the specialist to ensure a seamless referral experience. Each year the program handles over 60,000 referrals for our patients.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Number of calls answered	200,753	250,000	98,717	190,000
Outcome	Average telephone abandonment rate (goal: at or below 15%)	18%	15%	22%	15%

Performance Measures Descriptions

The output refers to sheer number of calls, while the outcomes reflects the % of calls that were abandoned before the service was complete.

Legal / Contractual Obligation

The Health Center complies with Coordinated Care Organizations (COO) contractual requirements as well as 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	\$4,147,404	\$0	\$7,359,950
Contractual Services	\$0	\$110,000	\$0	\$510,000
Materials & Supplies	\$0	\$38,774	\$0	\$169,465
Internal Services	\$0	\$1,291,923	\$0	\$1,865,655
Total GF/non-GF	\$0	\$5,588,101	\$0	\$9,905,070
Program Total:	\$5,588,101		\$9,905,070	
Program FTE	0.00	31.00	0.00	56.80

Program Revenues				
Intergovernmental	\$0	\$1,056,598	\$0	\$906,600
Other / Miscellaneous	\$0	\$1,035,731	\$0	\$2,440,000
Beginning Working Capital	\$0	\$244,309	\$0	\$569,548
Service Charges	\$0	\$3,251,463	\$0	\$5,988,922
Total Revenue	\$0	\$5,588,101	\$0	\$9,905,070

Explanation of Revenues

This program generates \$1,154,040 in indirect revenues.

The Patient Access Center (PAC) is funded with Medicaid revenue, HRSA/Bureau of Primary Care grant revenue and medical fees. ARPA funds were approved in order to support the addition of Limited Duration (LD) PAC positions.

HD FQHC Central Call Center APM \$5,988,922

HD FQHC PC330 - Clinic Support - Call Center GY25 \$906,600

HD FQHC PCPM - Call Center \$2,440,000

HD FQHC PCPM Funding BWC \$569,548

Significant Program Changes

Last Year this program was: FY 2025: 40033 FQHC-Primary Care and Dental Access and Referral

The Patient Access Center has added a 1.00 FTE registered nurse for phone triage and remove patient return call support, a 1.00 FTE community health specialist to process referrals for transportation assistance and generate referrals for housing and food insecurities as well as utility assistance. This team also outreaches to patients insured by Medicaid and assigned to the Health Center and have never established care. A 1.00 FTE referrals specialist was added to improve referral completion times and for the processing of medical equipment referrals. Referral Specialists were moved from individual clinics to this program offer, increasing associated costs such as contractual services due to language interpretation and internal services charges. Revenue has increased due to the need to move incentive and Alternative Payment Methodology (APM) funds from Health Center budgets to cover the cost of staff now centralized.