

CLACKAMAS COUNTY BOARD OF COUNTY COMMISSIONERS **Staff Presentation Worksheet**

Presentation Date: May 17, 2011 Time: ^{2:15}~~2:00~~ pm Length: 45 minutes
Presentation Title: Proposal for New Clinics: Crisis and Primary Care
Department: Health, Housing, and Human Services (H3S)
Presenters: Cindy Becker, Director

POLICY QUESTION

This is a briefing on the opening of two clinics.

ISSUE & BACKGROUND

This document is an overview/update of H3S's plans to open two clinics in 2011-2012, both of which are included in the department's budget.

Integrated Primary Care Clinic

Need for Services

Clackamas County currently operates the following clinics:

- Beavercreek, Oregon City
- Canby School Based Health Center
- Oregon City School Based Health Center
- Gladstone Clinic (in partnership with Care Oregon)

Total number of people served in 2010 was 8,213.

There are approximately 80,000 individuals have incomes that are below 200% of poverty in the county and approximately 50% have no insurance.

North Clackamas has approximately 121,800 residents. Although there are pockets of middle and upper income level neighborhoods within the service area, the Census estimates there are 30,907 residents (25%) with incomes below 200% of the Federal Poverty Level (FPL) and 11.24% below 100% of FPL (2009 American Community Survey). Additionally

- 25.6% of those under 200% of FPL lack health insurance
- Individuals residing in the target area utilize emergency departments (ED) at a 45% higher rate than in the rest of the Portland Metro area for outpatient care. Almost 30% of ED services are outpatient services which do not require emergency care or result in hospital admission. (*Oregon Health Policy Data Bank*)
- North Clackamas is home to the second highest density of homeless in the Portland Metro area, behind the downtown core.

From the service side:

- The only dental care available to low-income people in North Clackamas is at the Beaver Creek clinic which is difficult to access as well as full schedules at the clinic.
- The County's primary care physician to resident ratio is dramatically lower than the state average. This is compounded when trying to access these services for under or uninsured residents.
- Our partners have consistently reported throughout our community assessment process that the investment of a community clinic in this area can lead to the most appropriate and cost effective health care utilization in North Clackamas.

Crisis Clinic

Need for Services

Crisis Centers divert individuals from expensive and restrictive levels of care such as inpatient psychiatric or jail settings and in supporting resiliency and recovery. (Note – Crisis Centers are not a resource if an individual has committed a crime.) Outcomes include:

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- Reduction of people with mental illness in jails
- Reduction of people with mental illness using emergency departments
- Reduction of psychiatric hospitalizations
- Increase access to behavioral health services
- Decrease law enforcement time spent on Behavioral Health issues
- Increased social connection

Jails: In Clackamas County, approximately 30% of jail inmates have mental illness and more than 60% have addictions. A fraction of these are receiving mental health services at the time of incarceration. In 2009, 926 inmates identified as homeless at the time of booking. Inmates are released 7-days a week, often when necessary supports are not available to maximize their success in the community.

Law Enforcement: Many citizens access 911 services due to family or behavioral health crises. A Crisis Center provides a place for police to drop off or refer citizens in crisis where they could receive case management and other support services.

Emergency department: A significant number of ER visits are made by people seeking behavioral health crisis services which could be managed in less expensive, less intensive settings.

Post-hospital Follow-up: Crisis clinicians and case managers will offer follow-up appointments to patients discharging from hospital throughout the week and when the appointments are needed. Staff will also track and offer outreach assistance to individuals who do not follow through with an intake assessment with the participating agencies.

2010 Data

Law Enforcement Interactions

Calls for service to Clackamas County Sheriff's Department

Mental Health - 334

Suicide risk or attempt - 767

Welfare Check request - 1,531

Police Reports Screened for outreach by Crisis Clinicians - 1479

Mental Health Crisis System Interventions

Documented Crisis Interventions - 4320 (average of 360 per month)
430 Intake assessments scheduled (354 assessments completed)

After-hours Calls (5:00pm to 8:30am)

Answered - 8041

Connected to Crisis Clinician - 2670 (97.6% connected in <15 minutes)

Notice of Mental Illness, Hearing Investigations

Emergency hospitalization holds investigated - 790

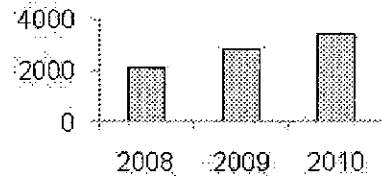
Civil commitment hearings conducted - 54

Individuals committed as mentally ill - 45

Emergency Room Use

Between January and June 2010 3,427 Clackamas residents, enrolled in the Oregon Health Plan, were seen in a hospital emergency room with a mental health diagnosis.

This compares to 2,807 during the same time period in 2009 and 2,120 in 2008. (Note: OHP membership also rose during this time period, and this increase may be proportional.)



Funding:

Crisis

Start-Up: Reserves from different funding sources (restricted and non-restricted)
On-Going: WRAP funds, Medicaid, County General Funds, and State General Funds
Assumptions: Continued access to all funding sources

Primary Care

Start-Up: Reserves from different funding sources (restricted and non-restricted)
On-Going: WRAP funds, Medicaid, County General Funds, and State General Funds
Assumptions: Based on a 55% Medicaid payer mix, productivity at national average, accelerated WRAP payments

Attached is a summary of both clinics that includes proposed location, services, target population, staffing, and financing.

SUBMITTED BY:

Division Director/Head Approval _____
Department Director/Head Approval _____
County Administrator Approval _____

CLINIC PROPOSAL SUMMARIES:

Primary Care Clinic Proposal

Proposed Location	Sunnyside Avenue across from Kaiser Permanente
Square Footage	9,600 sf with plans to increase during the next two years at the same site
Services	Medical, dental, behavioral health, public health.
Target Population	Low income - Uninsured and Oregon Health Plan (also accept private insurance and Medicare)
Projected # to Serve	8,000-9,000 individuals (unduplicated)/~40,000 visits (duplicated)
Staffing - Existing	0 (potentially 1 OS2 transfer)
Staffing - New	40-50 including primary care providers, dentists, behavioral health, and support staff
Funding Sources	Restricted Reserves, Federal 330 Grant, Medicaid, County General Funds-for Start Up
Projected Start Up \$	~\$ 1 million for space and equipment ~\$600,000 in lost revenue at start up before reach capacity
Projected Operating \$	\$6m/year for 1 st year; \$8m/year after 2 years
Projected Start Date	November, 2011

Crisis Clinic Proposal

Proposed Location	In Shopping Center on SE 82nd Ave.
Square Footage	6,000 Square Feet
Services	Crisis telephone and community outreach. 7 hours weekly prescriber, involuntary commitment, sheriff outreach, urgent treatment, Peer specialist, casemanagement, OHP eligibility. Working towards nurse-medical screening.
Target Population	Low income - Uninsured and Oregon Health Plan (also accept private insurance and Medicare)
Staffing - Existing	20 FTE: Sheriff outreach, involuntary commitment, crisis line, crisis outreach, urgent treatment and support staff.
Staffing - New	1 FTE QMHA (Casemanager), 2-OSII to be transferred from BH Clinic
Projected # to Serve	Approx # from 2008: 800-1000 telephone calls monthly. 800+ psychiatric holds annually, 524 discharges from hospitals. This # should grow as services and access increases
Funding Sources	Restricted Reserves, Federal 330 Grant, Medicaid, County General Funds-for Start Up
Projected Start Up \$	\$1,144,560: remodeling, equipment, data system, phone tracking system. Start up cost \$'s funded by Fund Balance (OHP Carryover & MHS25)
Projected Operating \$	\$2,075,623 Annually
Projected Start Date	November, 2011