

AGENDA ITEM 26

Discuss and take appropriate action on funding request for Williamson County Clinics.

Karen Wilson, Director of the Williamson County and Cities Health District, spoke to the court regarding the applications for funding for the following four health clinics; Round Rock Health Clinic, Samaritan Health Ministries, Georgetown Community Clinic and Johns Community Hospital. She discussed the committee's recommendation for funding for the next three years.

Julie Kiley mentioned that she and David Flores met with Sharon Hinderer, Karen Wilson and Kathy Grimes in regards to the proposal. She stated that it is David Flores' strong recommendation that the court approve the health district's proposal to oversee the process.

Moved: **Commissioner Boatright**

Seconded: **Commissioner Heiligenstein**

Motion: To approve the recommendation from the committee to fund the clinics as follows for the first year, with the intent to make it 3 year program to be reviewed annually.

| | |
|---------------------------------|-----------|
| Georgetown Community Clinic | \$163,640 |
| Round Rock Health Clinic | \$ 66,600 |
| Samaritan Health Ministries | \$ 34,000 |
| Health Clinic at Johns Hospital | \$ 14,000 |

Vote: 5 – 0

<Attachment>

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**Williamson County Funding Application
Health Care Services**

Organization Name:

Mailing Address:

Street Address (if different than above):

Phone:

Fax:

Website:

Organization Executive Director/ Chief Professional Officer:

Is this a paid or volunteer position?

Phone:

Fax:

Email:

Organization Chair of the Board/President (volunteer position):

Phone:

Fax:

Email:

Name of Primary Contact regarding this funding:

Phone:

Fax:

Email:

Amount of Funds Requested: \$

Number of Clinic Visits to be Provided with this Funding:

Total Number of Clinic Visits Provided During Last 12 Months:

Estimated Unduplicated Number of People to Be Served with this Funding:

Total Unduplicated Number of People Served in Last 12 months:

We understand that this request is to provide preventive and acute health care services to residents of Williamson County whose income is at or below 150% of the Federal Poverty Income Level and who are not eligible for any other funding assistance such as Medicaid, Medicare, CHIP, County Indigent Health Care Program, and the State Primary Health Care Program. We understand that funding will be at the level of \$20 per eligible patient visit up to a ceiling amount of the funding award and that payment will occur after services are delivered and a statement of services is submitted. We understand that this funding will be provided for three years without the need for reapplication as long as performance is satisfactory.

Executive Director/Chief Professional Officer

Chair of the Board/President

Date

Date

Briefly describe the organization's history (e.g., date of founding, major milestones, name changes, location changes, incorporation as a non-profit organization, 501c(3) status).

Organization Mission Statement:

Organization Vision Statement:

Briefly describe your organization's governance structure. Please attach a listing of the current Board of Directors.

Briefly describe your clinic's staffing (include both paid and volunteer staff):

What services does your clinic provide (include both preventive and acute care)?

Days of the week and hours of clinic operation:

What is your clinic's strategy for maintaining and improving the clinic services?

Briefly describe your clinic's geographical service area (Zip codes if possible):

Briefly describe the population that your clinic serves/eligibility criteria:

How does your clinic accomplish income screening and assure that your patients apply for public-funded programs for which they may be eligible?

Does your clinic see patients on a walk-in basis?

Does your clinic have a sliding fee scale? Please describe.

Does your clinic bill patients who don't pay their assigned fee at the time of service?

Does your clinic continue to see patients who do not pay the assigned visit fee or who refuse to apply for funding assistance from other programs? Please explain.

What is the average wait time for an appointment for sick care?

For preventive care?

What is the average cost per clinic visit?

**What arrangements does your clinic have for patients who need:
Specialty care services:**

Dental services:

Mental health and/or substance abuse services:

Hospitalization:

Lab:

Pharmacy:

What arrangements do you have for 24/7 coverage?

Briefly describe your organization's quality assurance/quality improvement program (include staff licensure, continuing education, compliance with HIPAA, CLIA, pharmacy laws, medical record reviews, compliance with standards, evaluation of patient care outcomes, etc.).

Does your organization and staff carry medical liability insurance? Please describe.

Identify and compare other organizations (private or public) in your clinic's service area that provide the same or similar services. Specify how your services are non-duplicative and/or support these efforts.

Explain how your organization collaborates with the above organizations and other organizations in the community.

**Does your organization or staff have any outstanding legal actions against it?
If yes, what are the circumstances surrounding the legal matters and what is the current status?**

What is your organization's fiscal year end (mm/dd)?

Who provides accounting/audit services for your organization? Please include a copy of your most recent audit.

Insert additional rows in this table of funding sources as needed.

| Funding Sources | Last FY | Current FY | Next FY |
|------------------------------------------------------------------|----------------|-------------------|----------------|
| Client Co-Pay | \$ | \$ | \$ |
| | | | |
| Insurance, Medicaid, CHIP, Medicare, CIHCP, PHC | \$ | \$ | \$ |
| | | | |
| Government Grants (city, county, state, federal)--specify | \$ | \$ | \$ |
| | | | |
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| Corporate and/or Foundation Grants--specify | \$ | \$ | \$ |
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| United Way Grants (identify each United Way) | \$ | \$ | \$ |
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| Donations/ Other Fund-Raising | \$ | \$ | \$ |
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| | | | |
| Total Income | \$ | \$ | \$ |

**Williamson County Funding Application
Health Care Services**

Organization Name: Round Rock Health Clinic

Mailing Address: 2000 N. Mays, Suite 109

Street Address (if different than above):

Phone: 255-5120

Fax: 255-5268

Website:

www.roundrockhealthclinic.org

Organization Executive Director/ Chief Professional Officer: Andrew Martinez

Is this a paid or volunteer position? Paid

Phone: 255-5120

Fax: 255-5268

Email:

amartinez@roundrockhealthclinic.org

Organization Chair of the Board/President (volunteer position): Karen Brimble

Phone: 479-8280

Fax:

Email: karenbrimble@lynxs.com

Name of Primary Contact regarding this funding: Andy Martinez

Phone: 255-5120

Fax: 255-5268

Email:

amartinez@roundrockhealthclinic.org

Amount of Funds Requested: \$100,000/year

Number of Clinic Visits to be Provided with this Funding: 5,000/year

Total Number of Clinic Visits Provided During Last 12 Months: 12,545

Estimated Unduplicated Number of People to Be Served with this Funding: 1,860

Total Unduplicated Number of People Served in Last 12 months: 4660

We understand that this request is to provide preventive and acute health care services to residents of Williamson County whose income is at or below 150% of the Federal Poverty Income Level and who are not eligible for any other funding assistance such as Medicaid, Medicare, CHIP, County Indigent Health Care Program, and the State Primary Health Care Program. We understand that funding will be at the level of \$20 per eligible patient visit up to a ceiling amount of the funding award and that payment will occur after services are delivered and a statement of services is submitted. We understand that this funding will be provided for three years without the need for reapplication as long as performance is satisfactory.

Executive Director/Chief Professional Officer

Chair of the Board/President

Date

Date

Briefly describe the organization's history (e.g., date of founding, major milestones, name changes, location changes, incorporation as a non-profit organization, 501(c)(3) status).

The Round Rock Health Clinic (RRHC) is a designated Rural Health Clinic that provides health assessment, treatment and counseling for low-income and indigent patients in Williamson and northern Travis Counties. Round Rock Health Clinic operated under the management of the Round Rock Medical Center from 1995 until April 1999, when Round Rock Medical Center closed the clinic. In order to continue providing primary health care for low-income patients in Round Rock and Williamson County, the clinic reorganized and reopened as a 501(c)(3) nonprofit organization in April, 1999. In December of 1999, the clinic created an on-site High Risk Prenatal Clinic, currently supervised by Mark Maunder, M.D. From 1999 through 2002, the clinic has increased patient visits by 75 percent.

Round Rock is a Medically Underserved Area as designated by the United States Department of Health and Human Services. This designation is given to geographic territories that the federal government assesses as needing additional primary health care services. More than 85% of RRHC's clients are Medicaid patients, making it the primary health care provider for Medicaid patients in Round Rock and Williamson County. The clinic's clients are primarily children and pregnant women (90%). RRHC provides health care to patients of all ages, with emphasis placed on serving children.

After three years of successful operation as a not-for-profit organization, RRHC had an opportunity to continue contributing to the improved health status of our community through the implementation of an indigent care program. In January, 2003, with the help of contributors like the United Way, RRHC opened its Indigent Primary Care (IPC) Saturday program. This program is the first of its kind in the Round Rock area. Through IPC Saturday, adults and children in Round Rock and the surrounding area receive medical services regardless of their ability to pay. Low-income individuals who are ineligible for public health programs are seen Saturday mornings on a walk-in basis. Patients services include, treatment for chronic and acute conditions, medical assessments, health and developmental screening, laboratory tests, medications and resource linkage to community agencies. Individuals whose health care issues require a physician's services will be referred to an appropriate provider. A \$15 copayment is charged for services, although no one is turned away because of their inability to pay.

In the fall of 2003, the clinic is scheduled to expand space to allow for increased capacity. This expansion will be accomplished through lease and build-out of space adjoining the current clinic location. Expansion of the clinic's facility will coincide with the proposed lengthening of the Indigent Primary Care hours from a limited hour clinic to service delivery Monday through Friday during regular clinic hours.

Organization Mission Statement:

The mission of Round Rock Health Clinic is to provide primary health care services to medically underserved children, women and adults. The clinic strives to build the foundation for a healthy and productive community by ensuring that pregnant women have access to high-quality prenatal care, and that children receive comprehensive health screenings and preventative care.

Organization Vision Statement:

To build a stronger community by providing accessible, affordable, excellent preventative and primary health care services to children and their families.

Briefly describe your organization's governance structure. Please attach a listing of the current Board of Directors.

- ◆ Round Rock Health clinic is currently governed by a seven (7) member Board of Directors.
- ◆ Board members serve annual terms
- ◆ The Executive Director reports to the Board and serves in such capacity at their discretion
- ◆ All other staff report directly or indirectly to the Executive Director.

Briefly describe your clinic's staffing (include both paid and volunteer staff):

Paid Staff

- Executive Director
- 2 Supervising Physicians (OB/GYN, Family Practice)
- 2 Clinical Directors (co-founders)- Nurse Practitioners
- Office Manager
- Clinical Social Worker
- Nurse Practitioners
- Medical Assistants
- Administrative Staff

Volunteers

- Nurse Practitioners

What services does your clinic provide (include both preventive and acute care)?

- Pediatric Care (well-child exams, post discharge evaluation of neonates, chronic and acute treatment, immunizations, health education, lab testing, medications, resource linkage to community agencies)
- Women's Health
 - Prenatal (medical assessments, health education, fetal monitoring, ultrasound exams, lab testing, high risk pregnancy care, resource linkage to community agencies)
 - Gynecology (annual medical exams, instruction in breast self-exams, assessment and treatment for conditions affecting reproductive health, colposcopy, health education)
- Adult Primary Care (medical treatment and prevention, annual exams, treatment and management of chronic conditions, dietary assessment, lab testing, medications, immunizations, resource linkage with community agencies)
- Case Management/Eligibility Determination

Days of the week and hours of clinic operation:

Monday, Tuesday, Thursday, Friday – 8:00am – 5:00pm

Wednesday 8:00am – noon

Indigent Primary Care Hours: Saturday 8:00am – noon

Wednesday 4:00pm – 7:30pm

What is your clinic's strategy for maintaining and improving the clinic services?

The Clinic is forever diligent in understanding the demographic changes and health needs of the population within the area we cover; working closely with the County's Health District Staff. We encourage and support our staff in their efforts to improve their skills and capabilities. Our 2 Physician/ Supervisors conduct regular quality assessments and reviews with our Nurse

Practitioners. We have our medical assistants reporting to a single Provider to ensure a strong, in-depth cross-training approach.

The clinic is committed to working closely with community partners to ensure patients receive necessary medical and support services in the most efficient and effective manner possible.

Alternative funding sources, such as corporate and private foundation grants, individual contributions and governmental funding opportunities are identified and pursued to ensure a diverse and continued funding stream for clinic services.

Briefly describe your clinic's geographical service area (Zip codes if possible):

Round Rock and surrounding areas (78664,78681, 78641,78626,78613,78660, 78634,78628,78642,78750,78729)

Briefly describe the population that your clinic serves/eligibility criteria:

We serve CHIP, Medicare, Medicaid, Williamson County PHC and Indigent Program, Children and Adults with no insurance, private pay, and some commercial insurance.

How does your clinic accomplish income screening and assure that your patients apply for public-funded programs for which they may be eligible?

We use Medicaider Program for screening.

The clinic has an administrative employee who screens all new patients for eligibility for Medicaid, CHIP and the Williamson County PHC and Indigent Programs. Eligibility determination is accomplished using the Medicaider Program in conjunction with staff knowledge of eligibility criteria. The eligibility worker will assist those eligible for public health care programs to complete appropriate applications.

Does your clinic see patients on a walk-in basis?

Yes, walk-ins are welcome

Does your clinic have a sliding fee scale? Please describe.

Yes. The IPC program uses a fee scale based on the Federal Poverty Guidelines.

Does your clinic bill patients who don't pay their assigned fee at the time of service?

Yes, for a period of 90 days. After this timeframe, the co-pay is normally forgiven.

Does your clinic continue to see patients who do not pay the assigned visit fee or who refuse to apply for funding assistance from other programs? Please explain.

As a general policy, we do not set an appointment for anyone who has not fulfilled their financial obligation to the clinic or who refuses to apply for funding assistance. However, in exceptional or extreme situations, this policy is waived and a patient may be seen.

What is the average wait time for an appointment for sick care?

An appointment can be made within 24 hour of the call.

For preventive care?

An appointment can be made within 2 weeks – 30 days from the call.

What is the average cost per clinic visit?

\$79.00

What arrangements does your clinic have for patients who need:**Specialty care services:**

Referral basis, by CHIP and Managed Care Medicaid contracts. We have a pediatric referral network for IPC patients. We are in the process of developing an adult referral network in anticipation of expanding the IPC clinic to adult patients.

Dental services:

See above

Mental health and/or substance abuse services:

See above

Hospitalization:

Referred to the patient-selected emergency hospital room.

Laboratory and Other Diagnostic Services:

Some labs conducted in-house, others sent out to CPL and Austin Radiological for x-ray services.

Pharmacy:

Local pharmacy of patient's choice...Quick Pharmacy is our Indigent Pharmacy by contract.

How does your clinic accommodate non-English speaking and hearing impaired patients?
We have bi-lingual staff (Spanish/Chinese) and contract with Communication Services for the Deaf.

What arrangements do you have for 24/7 coverage?

We have Nurse Practitioners that are on-call on a rotating basis.

Briefly describe your organization's quality assurance/quality improvement program (include staff licensure, continuing education, compliance with HIPAA, CLIA, pharmacy laws, medical record reviews, compliance with standards, evaluation of patient care outcomes, etc.).

We have a HIPAA Compliance and Security Officer, we maintain CLIA certification at all times, Managing Physicians reviews a minimum of 10%/month of all patient charts and 100% of all new providers for 90 days.

Does your organization and staff carry medical liability insurance? Please describe.

Yes. We carry medical liability for the each of the providers.

Identify and compare other organizations (private or public) in your clinic's service area that provide the same or similar services. Specify how your services are non-duplicative and/or support these efforts.

Public Health Care programs meet some of the needs of the uninsured. For adults, individuals who qualify for Supplemental Security Income (SSI) or Temporary Assistance for Needy Families (TANF) can receive medical services under Medicaid. In addition, the Williamson County Primary and Indigent Care programs provide free or low-cost health care to sick individuals whose income is below 150 percent of the poverty level and who have limited

resources. For children whose family income is at or below 200% of the poverty level, Medicaid and CHIP work together to make basic health care services, including well checks, are available. Although RRHC and several other providers treat these populations, all of Williamson County is designated as a Medically Underserved Area, indicating that more service capacity is needed rather than less. RRHC has become the primary health care provider to Medicaid recipients.

Indigent adults and children who do not qualify for the County's Primary and Indigent Care programs, Medicaid or CHIP have limited alternatives for basic health care. The Indigent Primary Care program at RRHC serves individuals who do not qualify for any other public or private health benefits. Although Georgetown Community Clinic provides indigent care to Georgetown residents, there is no other comparable care in the Round Rock area.

Explain how your organization collaborates with the above organizations and other organizations in the community.

The clinic has an ongoing collaboration with the Williamson County Health District, providing for patients referred from the county's Primary Health Care Program and its Indigent Program. Approximately 6% of RRHC patients are referred from these County Programs. Collaborative efforts are being discussed with Georgetown Community Clinic, with the objective of creating a more efficient patient referral system. The goal is for patients to receive services from their local clinic care.

The Round Rock Health Clinic is strongly committed to working with all state, local, and federal government entities that provide health care benefits for the poorer citizens of our county. All patients who come to the clinic are evaluated for eligibility for public health care programs. Those eligible for public health care programs are encouraged and assisted in enrolling. The appropriate entity is then billed for care provided. In this manner, we ensure that funds received in the indigent program truly go to provide care to those patients most in need

Does your organization or staff have any outstanding legal actions against it?

If yes, what are the circumstances surrounding the legal matters and what is the current status?

No

What is your organization's fiscal year end (mm/dd)?

12/31

Who provides accounting/audit services for your organization? Please include a copy of your most recent audit.

W. Royce Phillips, CPA

Insert additional rows in this table of funding sources as needed.

| Funding Sources | Last FY | Current YTD* | Current FY |
|-----------------------------------------------------------|------------------------------|------------------------------|----------------------------|
| Client Co-Pay | \$66,275 | \$34,999 | \$103,732 |
| Insurance, Medicaid, CHIP, Medicare, CIHCP, PHC | \$672,275 | \$353,879 | \$857,702 |
| Government Grants (city, county, state, federal)--specify | \$2,500 city | \$7,500 | \$28,500 |
| | | | |
| | | | |
| | | | |
| Corporate and/or Foundation Grants--specify | \$21,250 | \$66,750 | \$108,488 |
| Michael and Susan Dell Foundation | | | |
| Mort and Angela Topfer | | | |
| First Texas Bank | | | |
| Komen Foundation | | | |
| St. Phillip's Methodist Church | | | |
| United Way Grants (identify each United Way) | \$5,000 Williamson Cty | \$5,000 Williamson Cty | \$10,000 Williamson Cty |
| Donations/ Other Fund-Raising | \$ | \$3,000 | \$5,500 |
| Chaparral Women's Club | | | |
| Individual Contributions | | | |
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| Total Income | \$767,300 | \$471,128 | \$1,113,922 |

*Per discussion with Kathy Grimes, this column has been changed to reflect current year to date.

**Williamson County Funding Application
Health Care Services**

Organization Name: Samaritan Health Ministries

Mailing Address: P.O. Box 133

Street Address (if different than above):

700 W. Whitestone Blvd., Cedar Park, TX, 78630-0133

Phone: 512-331-6410 **Fax:** 512-331-6410 **Website:** None

Organization Executive Director/ Chief Professional Officer: Mim Hruby

Is this a paid or volunteer position? Volunteer

Phone: 267-9219 **Fax:** None **Email:** mimh@wt.net

Organization Chair of the Board/President (volunteer position): Dorothy Malcom

Phone: 267-2233 **Fax:** None **Email:** dmalcom@austin.rr.com

Name of Primary Contact regarding this funding: Richard E. Wilcox

Phone: 471-5199 (work); 250-5614 (home) **Fax:** 475-6088 (work)

Email: wilcoxrich@mail.utexas.edu

Amount of Funds Requested: Cap of \$34,000

Number of Clinic Visits to be Provided with this Funding: 1734

Total Number of Clinic Visits Provided During Last 12 Months: 1754

Estimated Unduplicated Number of People to Be Served with this Funding:

1020 people (2040 visits)

Total Unduplicated Number of People Served in Last 12 months:

877 (approximate number)

We understand that this request is to provide preventive and acute health care services to residents of Williamson County whose income is at or below 150% of the Federal Poverty Income Level and who are not eligible for any other funding assistance such as Medicaid, Medicare, CHIP, County Indigent Health Care Program, and the State Primary Health Care Program. We understand that funding will be at the level of \$20 per eligible patient visit up to a ceiling amount of the funding award and that payment will occur after services are delivered and a statement of services is submitted. We understand that this funding will be provided for three years without the need for reapplication as long as performance is satisfactory.

Executive Director/Chief Professional Officer

Chair of the Board/President

Date

Date

Briefly describe the organization's history (e.g., date of founding, major milestones, name changes, location changes, incorporation as a non-profit organization, 501c(3) status).

- Samaritan Health Ministries (SHM) began in 1990 as Hill Country Medical Ministries (HCCM) and operated until the Medical Director changed careers. The HCCM was re-started in April 1999 under its current supervision. It received 501 c (3) status at this time. Initially, the HCCM was open each Monday evening and operated in the Williamson County Annex. Services offered included acute medical care. All services were provided by volunteers.
- To avoid confusion with the Hill Country Community Ministries, the name of the HCCM was changed to SHM in 2000. By this time all needed professional specialties were represented on the Board of Directors (Board).
- In April 2002 the SHM moved into its present home. Medical and medications services were provided each Monday and Thursday evening. At this time the position of Executive Director was filled with the volunteering of Mim Hruby. The emphasis on Mondays was acute care and on Thursdays chronic care. SHM received its first major grant in 2002 (from the Susan G. Komen Breast Cancer Foundation Austin Affiliate, Komen, for providing free mammography to at risk women plus education about breast cancer). Education about diabetes was also provided on Thursdays. Another grant from the Diocese of Austin (Diocese) was also received by the SHM in 2002.
- Beginning in December 2002, SHM began providing dental services (palliative care).
- In 2003, SHM received competitive renewal grants from Komen, Diocese, and a new grant from the Greater Williamson County United Way (GWC UW). SHM has also been invited to submit a proposal to the St. David's Foundation and has small proposals pending before the District Assistance program of the Cedar Park Rotary Club and the American Dental Association Health Foundation.
- From 1999 through 2002, we have had approximately 4180 clinical visits. There were 1754 visits in 2002. Demand for service has been increasing at a rapid rate. We were open initially each Monday evening. We are now open each Monday and two Thursday evenings each month for chronic care patients and an additional Thursday evening for dental patients. Typically, our limit of 30 patients (25 adult and 5 pediatric) is reached at or before 5 p.m. We have had to turn away patients. Alternatively, when the ill person is a child, our volunteers have stayed well beyond 9 p.m. Approximately, 30% of our clients are children, 40% Hispanic, and 55% female. We will likely see more than 2040 patients this year.
- Currently, we have approximately ninety-three volunteers staffing the clinic: 13 physicians, 6 referral physicians, 4 dentists, 5 other dental personnel, 16 registered nurses, 12 registered pharmacists and other pharmacy staff, 7 intake volunteers, 3 interpreters, 7 diabetes educators / dieticians, 2 volunteers who run our Susan G. Komen Breast Cancer screening and education grant, 1 fund raiser, 2 regular student volunteers, 4 volunteers for the Patient Assistance Programs, 2 administrative assistants, and 9 board members not already listed. (Many of these people also serve other roles.)
- The SHM is the only facility serving the greater Williamson and northwest Travis counties that provides free medical care and medications to the uninsured and is the only clinic serving their acute dental needs. SHM has an active 14- member board of directors comprising medical and other professionals.

Organization Mission Statement:

- Samaritan Health Ministries (SHM; formerly, Hill Country Medical Ministries) is a non-denominational, not-for-profit organization that, with the Lord's help, provides (a) quality urgent and chronic healthcare (medical, pharmaceutical, and dental) to the uninsured in the Greater Williamson and Northwest Travis counties and (b) an opportunity for healthcare professionals and other interested volunteers to give their time, talents and resources to support this healing ministry. We also provide breast cancer screening, referrals, and education, and education about diabetes.

Organization Vision Statement:

- **Need:** The number of uninsured people in Williamson County is high and will keep growing until the economy improves. Furthermore, most Williamson County residents lack basic preventive health knowledge. Current federal policy suggests that there will be an enhanced need to the involvement of private citizens / groups to insure that the citizens of the county have optimum health.
- **Resource:** Both non-denominational and faith-based groups in central Texas represent institutions that are ideally placed to bring volunteers together in a positive setting when they are most able to provide health care and health care education to the population at large.
- **Mission:** With the Lord's help, to provide for the people of Williamson County and central Texas with comprehensive health screening and education and medical / dental services.
- **Activities to accomplish the mission:**
 - Coordinate SHM activities with those of other Williamson County Clinics, churches, and other faith-based groups within the area.
 - Determine what existing resources are available in the area
 - Develop a plan to inform and include health educators and mentors in the program.
 - Disseminate this plan throughout the area.
 - Establish a pilot program at local churches that includes members of the congregation with appropriate experience to assist in this effort.
- **Milestones**
 - Expand SHM services to three days each week using paid staff and volunteers.
 - Expand SHM services to include mental health services.(This vision is under active discussion by the Board.)

Briefly describe your organization's governance structure. Please attach a listing of the current Board of Directors. SHM is governed by a Board of Directors (see attached) with representatives of both biomedical and business communities. Key personnel for the proposed funding include the Executive Director (Mim Hruby), Medical Director (Ron Mansolo), Dental Director (That Gillespie), Pharmacy Director (Andrew Martinez), and two Nurse Coordinators (one each for Monday and Thursday evenings, Linda Turner and Laura Carvalho).

Briefly describe your clinic's staffing (include both paid and volunteer staff):

- SHM is essentially an all-volunteer organization. The only salaries are paid for the two nurse coordinators. (We note that the money they are paid is significantly less than their earnings as hospital nurses.)
- Currently, we have approximately ninety-three volunteers staffing the clinic: 13 physicians. 6 referral physicians, 4 dentists, 5 other dental personnel, 16 registered nurses, 12 registered

pharmacists and other pharmacy staff, 7 intake volunteers, 3 interpreters, 7 diabetes educators / dieticians, 2 volunteers who run our Susan G. Komen Breast Cancer screening and education grant, 1 fund raiser, 2 regular student volunteers, 4 volunteers for the Patient Assistance Programs, 2 administrative assistants, and 9 board members not already listed. (Many of these people also serve other roles.)

What services does your clinic provide (include both preventive and acute care)?

- Adult and pediatric urgent care (including medications services)
- Chronic medical care (including medications)
- Acute dental care
- Mammography screening
- Breast cancer education
- Diabetes and nutritional education
- Health education for cardiac patients

Days of the week and hours of clinic operation:

- Mondays 5:30 - 8:30 (acute medical care & medications)
- 2nd & 3rd Thursdays 5:30 - 8:30 (chronic care and education)
- 1st Thursday 5:30 - 8:30 (dental care; by appointment for patients previously screened medically by our physicians)
- 4th Thursday 7-9 (board meeting)

What is your clinic's strategy for maintaining and improving the clinic services?

- Improve preventive educational services (dental health, mental health)
- Increase volunteer staffing
- Open the clinic for daytime care 3 times per week for chronic care using paid staff. (This is an essential move in order to make SHM eligible for FQHC Incubator status.)

Briefly describe your clinic's geographical service area (Zip codes if possible):

- Cedar Park combined area (78613, 78750, 78729)
- Leander combined area (Leander, Liberty Hill, Pflugerville) 78741, 78642, 78660, 78691

Briefly describe the population that your clinic serves/eligibility criteria:

- Approximate data are given here for 2002. Exact data are available from examination from chart records. (This is a goal for 2003, now that some additional funding for the SHM has become available.)
- Gender: Female 45% (789) / male 55% (965)
- Ethnicity: Black (88), White 45% (789), Hispanic 40% (702), Asian (175).
- Age: < 21 30% (526), > 21 70% (1228)
- Poverty (\leq 100% federal poverty level) and uninsured = 100%

How does your clinic accomplish income screening and assure that your patients apply for public-funded programs for which they may be eligible?

- This procedure is new from January 2003. Potential patients are screened by appointment on Wednesday afternoons.

- Patients need to show some proof of income prior to being offered services at the SHM.

Does your clinic see patients on a walk-in basis?

- Yes, Monday evening clinics are for walk-in patient services (approximately 30 patients per evening).

Does your clinic have a sliding fee scale? YES Please describe.

- As of 2003, we began to ask patients to provide a \$5 donation if they felt able to do so. Prior to that we did not charge at all. We are now in the process of developing a sliding scale in which charges vary from \$5 - \$20 per visit.
- We do not charge for medications (which can represent a significant proportion of our total expenses) because most of these are samples provided to physicians by pharmaceutical company representatives.

Does your clinic bill patients who don't pay their assigned fee at the time of service?

- NO. We do not bill our patients.

Does your clinic continue to see patients who do not pay the assigned visit fee or who refuse to apply for funding assistance from other programs? NO Please explain.

- We provide patients with two chances to file appropriate forms for funding assistance. If they refuse after two such incidents they are denied additional service.

What is the average wait time for an appointment for sick care? Same day.**For preventive care? One month****What is the average cost per clinic visit?**

- \$55.
- The above cost reflects the fact that our professional staff (physicians, dentists, pharmacists, nurses) all work for free (except for the small stipend provided to the two nurse coordinators).

What arrangements does your clinic have for patients who need:**Specialty care services:**

- SHM has agreements with a few specialists (ear, nose and throat and gastroenterologists).
- However, not all specialties are yet covered.

Dental services:

- SHM now provides dental services as palliative care.
- SHM is planning to offer restorative care one Wednesday afternoon each month through a new volunteer dentist and his staff.

Mental health and/or substance abuse services: None at this time.**Hospitalization: None**

Laboratory and Other Diagnostic Services:

- SHM pays CPL for laboratory services.
- SHM pays Seton NW for radiology..

Pharmacy:

- SHM provides medications in house.
- SHM also signs patients up for free medications provided through the national Patient Assistance Program sponsored by various pharmaceutical companies.
- SHM purchases some medications via the Seton network at acquisition cost plus 15% and Seton also donates approximately \$1000 per month in free prescription medications.
- SHM pays for some medications purchased at the Wal-Mart Pharmacy located at Cedar Park.

How does your clinic accommodate non-English speaking and hearing impaired patients?

- Our volunteers include several skilled translators who are, typically, available on Monday evenings.

What arrangements do you have for 24/7 coverage? NONE**Briefly describe your organization's quality assurance/quality improvement program (include staff licensure, continuing education, compliance with HIPAA, CLIA, pharmacy laws, medical record reviews, compliance with standards, evaluation of patient care outcomes, etc.).**

- All professional staff have current professional licenses.
- Educational initiatives are based in University of Texas IRB.
- SHM follows current HIPAA and CLIA standards.

Does your organization and staff carry medical liability insurance? YES Please describe.

- The SHM Board and are covered by liability insurance.
- Currently, some of our professional staff have their own liability insurance and this issue is being discussed by the Board.
- The clinic may be covered by the Good Samaritan Law. There is little case law on this issue and this topic is being explored by the Board.

Identify and compare other organizations (private or public) in your clinic's service area that provide the same or similar services. Specify how your services are non-duplicative and/or support these efforts.

- Other Williamson County clinics: Georgetown Community Clinic, The Health Center at Johns Community Hospital in Taylor, and Round Rock Health Clinic.
- The above clinics do not provide dental services while SHM does.
- The above clinics treat both insured and uninsured patients; SHM treats only the uninsured.
- All of the clinics, including SHM, provide medications.

Explain how your organization collaborates with the above organizations and other organizations in the community.

- SHM is unique in being essentially all volunteer, in providing dental as well as medical care, and in caring for the uninsured. However, the SHM is also an active participant in the Access to Care Collaboration (ACC) that represents the four clinics serving the Greater Williamson County area. We have been meeting regularly with representatives from the other three clinics to insure quality health care throughout the county. A second purpose of the ACC is to advise the head of the Williamson County Health Department, Karen Wilson, on needs and policy.

Does your organization or staff have any outstanding legal actions against it? NO
If yes, what are the circumstances surrounding the legal matters and what is the current status?

What is your organization's fiscal year end (mm/dd)? 12/31

Who provides accounting/audit services for your organization? Bill Perrin, SHM Treasurer and independent CPA. Please include a copy of your most recent audit.

- Because SHM is an all volunteer organization with a budget that has, until recently, been almost entirely funded through private donations, we have not yet had an official audit done.
- A letter from Mr. Perrin is attached.
- We have also attached our most recent IRS form 990 and our 501 (c) 3 information.

Insert additional rows in this table of funding sources as needed.

| WCC Budget Justification | | | |
|----------------------------------------------------------|-----------------|------------------|------------------|
| Funding Sources | Last FY [a] | Current FY [b] | Next FY [c] |
| | 2002 | 2003 | 2004 |
| NUMBER OF CLIENT VISITS | 1754 | 2040 | 2448 |
| Client Co-Pay | | \$5,100 | \$12,240 |
| Insurance, Medicaid, CHIP, Medicare, CIHCP, PHC | | | |
| Government Grants (city, county, state, federal)—specify | | | |
| WCC | | | \$34,000 |
| Corporate and/or Foundation Grants—specify | | | |
| Susan G Komen Breast cancer Foundation Austin | \$12,307 | \$27,526 | \$12,307 |
| Diocese of Austin [DoA] | \$6,000 | \$7,500 | \$7,500 |
| United Way Grants (identify each United Way) | | | |
| Greater Williamson County [GWC UW] | | \$34,500 | \$34,500 |
| Donations/ Other Fund-Raising | | | |
| Contributions > \$250 | \$37,967 | \$50,000 | \$65,847 |
| Contributions < \$250 | \$14,909 | \$10,490 | \$7,381 |
| Total Income | \$71,183 | \$135,116 | \$173,775 |

[a] SHM did not request any client payments until 2003.

[a] SHM did not submit to the GWC UW until 2003.

[b] In 2003 SHM has collected a \$5 co-pay from 50% of clients.

[b] Donations are extrapolated from 5 month values.

[c] 2004 copay will vary from \$5, will be from 100% clients.

[c] 2004 values for Komen are based on current ability to schedule mammography.

[c] 2004 values assume continued funding from DoA & GWC UW.

**Williamson County Funding Application
Health Care Services**

Organization Name: Georgetown Community Clinic
Mailing Address: P.O. Box 761 Georgetown, TX 78627
Street Address (if different than above): 701 East University Avenue
Georgetown, TX 78626
Phone: (512) 863-9208 **Fax:** (512) 864-7238 **Website:** None
Organization Clinic Manager: Patty Bandy
Is this a paid or volunteer position? Paid
Phone: (512) 863-9208 **Fax:** (512) 864-7238 **Email:** gcc@cox-internet.com
Organization Chair of the Board/President (volunteer position): Marjorie Herbert
Phone: (512) 863-6225 **Fax:** None **Email:** mmherbert1@earthlink.net
Name of Primary Contact regarding this funding: Jo Ann Ford
Phone: (512) 864-0909 **Fax:** (512) 869-7464 **Email:** asendorf@cox-internet.com

Amount of Funds Requested: \$163,640.00
Number of Clinic Visits to be Provided with this Funding: 8,182
Total Number of Clinic Visits Provided During Last 12 Months: 11,578
Estimated Unduplicated Number of People to Be Served with this Funding: 4,875
Total Unduplicated Number of People Served in Last 12 months: 6,820

We understand that this request is to provide preventive and acute health care services to residents of Williamson County whose income is at or below 150% of the Federal Poverty Income Level and who are not eligible for any other funding assistance such as Medicaid, Medicare, CHIP, County Indigent Health Care Program, and the State Primary Health Care Program. We understand that funding will be at the level of \$20 per eligible patient visit up to a ceiling amount of the funding award and that payment will occur after services are delivered and a statement of services is submitted. We understand that this funding will be provided for three years without the need for reapplication as long as performance is satisfactory.

Clinic Manager

Chair of the Board/President

Date

Date**Jo Ann Ford**

Jo Ann Ford, Application Coordinator
(512) 864-0909

Briefly describe the organization's history (e.g., date of founding, major milestones, name changes, location changes, incorporation as a non-profit organization, 501(c)(3) status).

A task force of doctors and concerned citizens began meeting in January 2000 to form a clinic. By the summer of 2001, the Task Force was an incorporated 501(c)(3) organization with a Board of Directors of 24 members.

The Board reviewed every clinic in Central Texas. The choice was to model after People's Clinic as far as management and to actually have People's Clinic be our business manager for the beginning year.

The Georgetown Community Clinic (GCC) opened on January 14, 2002, at 701 East University in Georgetown. During that first year, 10,000 patient visits occurred.

At the end of the first year, the GCC severed the relationship with People's Clinic. (This was in the best interests of both clinics.) GCC took over their own business management in January 2003. At approximately this time, a generous local donor stepped forward and paid off the \$310,000 note on our building.

In April 2003, the GCC submitted an FQHC (Federally Qualified Health Center) application to the government. When this designation is awarded we can double our staff and expand hours from 8 a.m. to 8 p.m. and on Saturday mornings. Dental care will expand to full dental care for all ages. Mental health services will be available, as well as drug treatment. While waiting for approval, we continue to seek out every grant avenue possible.

This summer (2003) we have added another pediatrician to be able to offer more timely services to infants and children.

Organization Mission Statement:

To provide high quality preventative and acute medical care and health education services to residents of Georgetown and Williamson County who are unable to access care through other means.

Organization Vision Statement:

To ensure that all persons have access to compassionate quality medical care.

Briefly describe your organization's governance structure. Please attach a listing of the current Board of Directors.

The Governing Board of the Clinic is in compliance with FQHC standards. The Board is composed of 11 members, with the majority being Clinic users. The Board reflects the ethnicity and sex of the Clinic population. The Governing Board hires and makes all policy decisions. The Executive Committee meets monthly, then meets with the Clinic Manager, Medicare Director, and business person. A listing of the current Governing Board of the Clinic is attached. (Attachment 1)

The Foundation Board purposes are the following:

- (1) Fundraising for the Clinic.
- (2) Publicity for the Clinic.

A listing of the current Foundation Board of the Clinic is attached. (Attachment 2)

Briefly describe your clinic's staffing (include both paid and volunteer staff):

Management

RN Clinic Manager

Part-time Internist serving as Medical Director

Billing Supervisor

Medical Providers

1 Full-time Equivalent (FTE) Adult provider shared by 2 Family Practice MDs and 1 Internist

1 FTE Pediatrician and 1 FTE Family Nurse Practitioner serving our pediatric population

Nursing Staff

1 Full-time Medical Assistant in Adult

1.5 FTE Licensed Vocation Nurse in Pediatrics

1 Volunteer Registered Nurse who works prn

Front Desk

2 FTE Receptionists

Medical Records

2 FTE Volunteer positions worked by 14 trained volunteers

Nutrition Department

0.1 FTE Registered Nutritionist Volunteer

Pharmacy

0.25 Volunteer Registered Pharmacist

Housekeeping/Maintenance

Through a private service

What services does your clinic provide (include both preventive and acute care)?Services Provided:

General history and physical examinations
Well-child exams with age-relevant education on health habits and risk reduction
Screening for newborn metabolic disorders
Immunizations
Evaluation and therapeutic management of common conditions including acute in Pediatrics and Adult medicine
Recommended cancer screening exams including: Pap smears, Prostate exams, Breast exams, and Rectal exams
Education regarding healthy mental and physical lifestyles
Diagnosis of cancer, but not management of Anti-cancer regimens
End-of-life supportive care
Specialty referral

Days of the week and hours of clinic operation:

Monday through Friday
8:00 a.m. until 5:00 p.m.
Closed for lunch 12:15 p.m. until 1:15 p.m.
(It is the plan of the Clinic to extend to night clinic and even to Saturdays to aid the working poor.)

What is your clinic's strategy for maintaining and improving the clinic services?

Maintenance and improvement of clinical services is accomplished through our Quality Improvement Program. Each provider is subjected to peer review and chart review each quarter. Patients are surveyed as to the quality of services they received, and their suggestions for improvement. Clinic users comprise 51% of the Governing Board and are asked to give voice to the patients' needs.

Briefly describe your clinic's geographical service area (Zip codes if possible):

The GCC serves patients from all locations in Williamson County. A Zip Code list is attached that reflects the last six months' patient users. (Attachment 3)

Briefly describe the population that your clinic serves/eligibility criteria:

Patients include newborn through geriatric. Anyone who lives in Williamson County can be seen.

How does your clinic accomplish income screening and assure that your patients apply for public-funded programs for which they may be eligible?

Patients must show proof of residence in Williamson County, along with income verification. If there is no insurance, then the patient is screened by use of the Medicaid. (This is a Board policy.)

Does your clinic see patients on a walk-in basis?

The GCC works by appointments. When ill patients walk in or call in, they are given the option of coming in and waiting for a no-show fill-in appointment.

Does your clinic have a sliding fee scale? Please describe.

The Clinic uses a sliding fee scale based on federal poverty guidelines. Patients are screened and assigned a fee code based on number of dependents and income. The \$15 minimum payment includes medicines and lab work.

Does your clinic bill patients who don't pay their assigned fee at the time of service?

They are mailed one bill.

Does your clinic continue to see patients who do not pay the assigned visit fee or who refuse to apply for funding assistance from other programs? Please explain.

If a patient refuses to be screened for insurance eligibility and cannot pay the actual cost of service, they are not seen again.

For patients that cannot pay the sliding fee but have been screened, we work out a payment plan with them.

What is the average wait time for an appointment for sick care?

For already established patients the average wait time for a sick care appointment is the same day or next based on the acuity of the patient. Patients who are not established are worked into new patient time slots as the schedule allows.

For preventive care?

For preventive care, already established patients are currently given appointments in an appropriate time frame based on need. New patients have a wait of 2 to 3 weeks to establish care at the clinic.

What is the average cost per clinic visit?

The average cost per Clinic visit including medical evaluation, medical treatment, lab work, and prescriptions is under \$80.00.

What arrangements does your clinic have for patients who need:

Specialty care services: The Medical Director, Dr. Jane Shepherd, has contacted all local specialists, and they have been very supportive. Our doctors refer to them, the case is given, and good communication happens. We continue to try to establish this same relationship with Scott & White.

Dental services: Dental services are limited to children referred by school nurses. The children are screened by a volunteer dentist and volunteer assistant who also provide dental care in-service. If dental work is needed, 14 local dentists take these children.

Mental health and/or substance abuse services: Mental health and substance abuse are on a referral basis only. When we receive FQHC status, we will immediately offer these programs.

Hospitalization: If a patient needs urgent hospitalization, they are referred to the Georgetown Hospital Emergency Room and the doctor on call for hospital admission. If the patient requires elective admission, the specialist to whom the patient was referred will admit the patient.

Laboratory and Other Diagnostic Services: Waived CLIA lab in-house, and Clinical Pathology Laboratories as our reference lab. Radiology services are available through Georgetown Hospital and Austin Radiology Association at reduced rates.

Pharmacy: The GCC has a Class D pharmacy staffed by three volunteer pharmacists.

How does your clinic accommodate non-English speaking and hearing impaired patients?

The front desk staff are bilingual, as are one Nurse, one Nurse Practitioner, one Pediatrician, and the volunteers that help the dentist.

At this time we have not served a deaf patient. We will review our resources.

What arrangements do you have for 24/7 coverage?

During business hours, patient calls are covered by the Clinic Nursing Staff. The Seton Call Center covers patient calls when the Clinic is closed. The message on the Clinic's phone instructs patients how to access this service after hours.

Briefly describe your organization's quality assurance/quality improvement program (include staff licensure, continuing education, compliance with HIPAA, CLIA, pharmacy laws, medical record reviews, compliance with standards, evaluation of patient care outcomes, etc.).

Each physician has an employee folder with copies of current licensure for:

The State Board of Medical Examiners
Drug Enforcement Agency
Department of Public Safety
Board Certification.

The Family Nurse Practitioner has current licensure in Nursing and undergoes direct MD supervision to comply with the Nurse Practitioner's Act.

The Volunteer Pharmacist also provides us a copy of her valid pharmacy license.

Verification of Continuing Medical Education is kept in each provider's folder.

Compliance with HIPAA, CLIA, pharmacy laws, and patient outcomes are all handled through the Quality Improvement Department that meets quarterly.

The quarterly Pharmacy & Therapeutics Committee, the monthly provider's meeting, and the weekly management team meeting can submit issues to the Quality Improvement Committee for consideration and resolution.

Does your organization and staff carry medical liability insurance? Please describe.

The Clinic, staff, and professional volunteers have medical liability insurance coverage through the Texas Medical Insurance Company.

Identify and compare other organizations (private or public) in your clinic's service area that provide the same or similar services. Specify how your services are non-duplicative and/or support these efforts.

Round Rock Health Clinic, Samaritan Health Ministries, and The Clinic at Johns Community Hospital provide services similar to the Georgetown Community Clinic. Services offered by the clinics vary in hours provided and in the number and types of providers available. The Georgetown Community Clinic provides the services of an Internist, Pediatrician, Family Practice MDs, and a Nurse Practitioner.

Explain how your organization collaborates with the above organizations and other organizations in the community.

The GCC participates in the Williamson County Access To Care Outpatient Subgroup that meets regularly to discuss and brainstorm similar issues faced by those serving the needy of

Williamson County. The Clinic is also active in the Georgetown Community Project that focuses on community issues.

Does your organization or staff have any outstanding legal actions against it?

If yes, what are the circumstances surrounding the legal matters and what is the current status?

No outstanding legal actions.

What is your organization's fiscal year end (mm/dd)?

Our fiscal year is the calendar year, January 1 through December 31. (12/31)

Who provides accounting/audit services for your organization? Please include a copy of your most recent audit.

A CPA firm in Austin, Texas: Sprouse & Anderson, Accountants & Consultants, provides accounting/audit services for our organization. Our audit will be completed by August 10, 2003, and we will be happy to submit it immediately upon receipt.

Insert additional rows in this table of funding sources as needed.

| Funding Sources | Last FY | Note 1* | Note 2* |
|-------------------------------------------------------------------------|-----------|------------|-----------|
| | | Current FY | Next FY |
| Client Co-Pay | \$100,669 | \$ 42,598 | \$120,000 |
| Insurance, Medicaid, CHIP, Medicare, CIHCP, PHC | \$102,170 | \$ 76,969 | \$130,000 |
| Government Grants (city, county, state, federal)--specify | \$ | \$ | \$ |
| City of Georgetown | 47,753 | 25,000 | 57,000 |
| Williamson County | -0- | 64,575 | 162,000 |
| Corporate and/or Foundation Grants--specify | \$ 82,146 | \$ 44,929 | \$175,000 |
| See Attached. | | | |
| United Way Grants (identify each United Way) Georgetown Area United Way | \$ 11,250 | \$ 15,000 | \$ 25,000 |
| Donations/ Other Fund-Raising | \$416,062 | \$ 93,180 | \$300,000 |
| Total Income | \$760,050 | \$362,251 | \$969,000 |

Note 1* Current year through June 30, 2003.

Note 2* Next FY assumes major federal grants have not yet been secured.

Corporate and/or Foundation Grants**2002**

| | |
|-----------------------|--------------|
| Applebee's | \$ 4,646 |
| Kelly Foundation | 1,000 |
| Rotary International | 40,000 |
| Kiwanis | 10,000 |
| Rotary Sunrise | 2,000 |
| First Texas Bank | 5,000 |
| Lord Foundation | 10,000 |
| Georgetown Foundation | <u>9,500</u> |

| | |
|--------------|-----------------|
| Total | \$82,146 |
|--------------|-----------------|

2003

| | |
|-----------------------------------|--------------|
| National Instruments | \$ 1,000 |
| Kelly Foundation | 25,000 |
| Applebee's | 5,929 |
| Kiwanis | 10,000 |
| Wallie Lock Charitable Foundation | <u>3,000</u> |

| | |
|--------------|-----------------|
| Total | \$44,929 |
|--------------|-----------------|

ATTACHMENT 1.

GOVERNING BOARD OF THE GEORGETOWN COMMUNITY CLINIC

| | <u>Patient</u> | <u>Race</u> | <u>Sex</u> |
|---------------------|----------------|-------------|------------|
| Arthur de la Cruz | Yes | H | M |
| Jo Ann Ford | Yes | A | F |
| Rev. Ben Garcia | Yes | H | M |
| Thomas Goodwin | Yes | B | M |
| Marjorie Herbert | No | A | F |
| Rebecca Hernandez | Yes | H | F |
| Jack Hunnicutt, Jr. | No | A | M |
| Miriam Kalmbach | No | A | F |
| Toni Roblez | Yes | H | F |
| Sue Smith | No | A | F |

NOTE:

H = Hispanic

B = Black

A = Anglo

ATTACHMENT 2.**FOUNDATION BOARD OF THE GEORGETOWN COMMUNITY CLINIC**

| | |
|----------------|------------------------|
| President | Gary L. Nelon |
| Vice President | Judy Shepherd |
| Treasurer | Jack G. Hunnicutt, Jr. |
| Secretary | Faye Johnson |

Dr. Douglas Benold
Ray Bizzell
JoElla Broussard
Bill Chapman
Carl Doering
Dr. Jo Ann Ford
Patti Hewlett
Tim Kennedy
John Kirby
Dr. Robert T. Manning
Billy Marr
Pete Perialas
Dr. James Shepherd
Dr. Susan Skrovan
Sue Smith
Ann Snell
Marge Tripp
Carol Woods

ATTACHMENT 3.

GEOGRAPHICAL SERVICE AREA OF THE GEORGETOWN COMMUNITY CLINIC (ZIP CODES)

| Count of LASTNAME | | |
|--------------------------|------------|-----------|
| CITY | ZIP | Total |
| ANDICE | 78628 | 4 |
| ANDICE Total | | 4 |
| AUSTIN | 78717 | 6 |
| | 78720 | 1 |
| | 78721 | 1 |
| | 78724 | 1 |
| | 78727 | 1 |
| | 78728 | 10 |
| | 78729 | 37 |
| | 78731 | 1 |
| | 78734 | 2 |
| | 78745 | 1 |
| | 78750 | 25 |
| | 78752 | 1 |
| | 78753 | 1 |
| | 78757 | 1 |
| | 78758 | 2 |
| | 78761 | 1 |
| | 78761-5995 | 1 |
| AUSTIN Total | | 93 |
| BARTLETT | 76511 | 10 |
| BARTLETT Total | | 10 |
| BELTON | 76513 | 1 |
| BELTON Total | | 1 |
| BERTRAM | 78605 | 8 |
| BERTRAM Total | | 8 |
| BUDA | 78610 | 2 |
| BUDA Total | | 2 |
| BURNET | 78611 | 1 |
| BURNET Total | | 1 |
| CEDAR PARK | 78613 | 84 |
| | 78630 | 2 |
| | 78630-0958 | 1 |
| CEDAR PARK Total | | 87 |
| COLLEYVILLE | 76034 | 1 |
| COLLEYVILLE Total | | 1 |
| COUPLAND | 78615 | 2 |
| COUPLAND Total | | 2 |
| DALLAS | 76225 | 1 |
| DALLAS Total | | 1 |
| DEL VALLE | 78617 | 1 |
| DEL VALLE Total | | 1 |
| ELGIN | 78621 | 1 |
| ELGIN Total | | 1 |

NOTE 1: Austin zip codes shown are in Williamson County.

NOTE 2: There are patients from Dallas, etc., who obviously do not live in Williamson County but have become seriously ill while visiting a relative and were seen as patients.

NOTE 3: There are children who have a parent who lives in Williamson County who has partial custody and does on occasion bring their child to the Clinic when the child is with them.

| | | |
|---------------------------|------------|-------------|
| FLORENCE | 76527 | 111 |
| | 76527-0861 | 1 |
| | 76527-4308 | 1 |
| FLORENCE Total | | 113 |
| FT WORTH | 76126 | 1 |
| FT WORTH Total | | 1 |
| GEORGETOWN | 78626 | 1196 |
| | 78627 | 42 |
| | 78628 | 535 |
| | 78626-5548 | 1 |
| | 78626-6671 | 1 |
| | 78627-0016 | 2 |
| | 78627-0272 | 1 |
| | 78627-1026 | 1 |
| | 78627-1432 | 1 |
| | 78627-1654 | 1 |
| | 78627-1695 | 1 |
| | 78627-2116 | 1 |
| | 78627-2175 | 1 |
| | 78628-2402 | 1 |
| | 78628-3807 | 1 |
| | 78628-8914 | 1 |
| GEORGETOWN Total | | 1787 |
| GRANGER | 76530 | 17 |
| GRANGER Total | | 17 |
| HUTTO | 78634 | 93 |
| | 78634-0348 | 1 |
| HUTTO Total | | 94 |
| JARRELL | 76511 | 1 |
| | 76537 | 107 |
| JARRELL Total | | 108 |
| JONESTOWN | 78645 | 9 |
| JONESTOWN Total | | 9 |
| KILLEEN | 76543 | 1 |
| KILLEEN Total | | 1 |
| LAGO VISTA | 78645 | 1 |
| LAGO VISTA Total | | 1 |
| LAMPASAS | 76550 | 2 |
| LAMPASAS Total | | 2 |
| LEANDER | 78641 | 201 |
| | 78646 | 3 |
| | 78646-0843 | 1 |
| | 78646-0983 | 1 |
| | 78646-1003 | 1 |
| | 78646-1085 | 1 |
| | 78646-1543 | 1 |
| | 78646-1545 | 1 |
| | 78646-1645 | 1 |
| LEANDER Total | | 211 |
| LIBERTY HILL | 78642 | 161 |
| LIBERTY HILL Total | | 161 |
| ODESSA | 79763 | 1 |

| | | | |
|---------------------|--|------------|------|
| ODESSA Total | | | 1 |
| OKLAHOMA CITY | | 73139 | 1 |
| OKLAHOMA CITY Total | | | 1 |
| PFLUGERVILLE | | 78660 | 2 |
| PFLUGERVILLE Total | | | 2 |
| ROUND ROCK | | 78664 | 289 |
| | | 78680 | 5 |
| | | 78681 | 103 |
| | | 78682 | 1 |
| | | 78683 | 2 |
| | | 78680-1906 | 1 |
| ROUND ROCK Total | | | 401 |
| SALADO | | 76571 | 1 |
| SALADO Total | | | 1 |
| SEGUIN | | 78155 | 2 |
| SEGUIN Total | | | 2 |
| SHREVEPORT | | 71115 | 1 |
| SHREVEPORT Total | | | 1 |
| TAYLOR | | 76574 | 75 |
| TAYLOR Total | | | 75 |
| TEMPLE | | 76504 | 1 |
| TEMPLE Total | | | 1 |
| THORNDALE | | 76577 | 8 |
| THORNDALE Total | | | 8 |
| THRALL | | 76578 | 13 |
| THRALL Total | | | 13 |
| WEIR | | 78674 | 18 |
| WEIR Total | | | 18 |
| (blank) | | 77507 | 1 |
| | | 78572 | 1 |
| | | 78618 | 1 |
| | | (blank) | 166 |
| (blank) Total | | | 169 |
| Grand Total | | | 3410 |

**Williamson County Funding Application
Health Care Services**

Organization Name: Johns Community Hospital
Mailing Address: 305 Mallard Lane, Taylor, TX 76574
Street Address (if different than above): same as above
Phone: 512-352-7611 **Fax:** 512-352-5166 **Website:** www.johnscommunityhospital.org

Organization Executive Director/ Chief Professional Officer: Ernest Balla, CEO
Is this a paid or volunteer position? paid
Phone: 512-352-4215 **Fax:** 512-352-5166 **Email:** eballa@johnscommunityhospital.org

Organization Chair of the Board/President (volunteer position): Clark Jackson, President,
Board of Directors
Phone: 512-352-5543 **Fax:** 512-352-7670 **Email:** clarkjackson@ev1.net

Name of Primary Contact regarding this funding: Ernest Balla, CEO
Phone: 512-352-4215 **Fax:** 512-352-5166 **Email:** eballa@johnscommunityhospital.org

Amount of Funds Requested: Year 1: \$14,000; Year 2: \$16,100; Year 3: \$18,500; Total for
all three years: \$48,600

Number of Clinic Visits to be Provided with this Funding: Year 1: 700; Year 2: 805;
Year 3: 925; Total for all three years: 2,430

Total Number of Clinic Visits Provided During Last 12 Months: 31,771

Estimated Unduplicated Number of People to Be Served with this Funding: 1,360 (estimate
for all three years)

Total Unduplicated Number of People Served in Last 12 months: 17,748

We understand that this request is to provide preventive and acute health care services to residents of Williamson County whose income is at or below 150% of the Federal Poverty Income Level and who are not eligible for any other funding assistance such as Medicaid, Medicare, CHIP, County Indigent Health Care Program, and the State Primary Health Care Program. We understand that funding will be at the level of \$20 per eligible patient visit up to a ceiling amount of the funding award and that payment will occur after services are delivered and a statement of services is submitted. We understand that this funding will be provided for three years without the need for reapplication as long as performance is satisfactory.

Executive Director/Chief Professional Officer
Ernest Balla, CEO
Date: July 23, 2003

Chair of the Board/President
Clark Jackson, President
Date: July 23, 2003

Briefly describe the organization's history (e.g., date of founding, major milestones, name changes, location changes, incorporation as a non-profit organization, 501c(3) status).

Johns Community Hospital was organized as a 501c(3) non-profit organization in 1967. In 1975, the hospital's new building was completed at 305 Mallard Lane. In 1996, a clinic, the Health Center at Johns Community Hospital was established as a department of the hospital in a 2,700 square foot addition to the hospital building. The clinic continued to grow and in 2002 moved into a new 9,000 square foot addition to the hospital building.

Organization Mission Statement:

The mission of Johns Community Hospital is to render quality health care services to persons in Taylor and the surrounding area without regard to their ability to pay. Integral in the provision of health care services, Johns Community Hospital strives to improve the health status of the community it serves in conjunction with other community entities.

Organization Vision Statement:

Johns Community Hospital's vision is to provide a continuum of primary and basic specialty healthcare services to the citizens of Taylor and surrounding communities. The services range from emergency and acute inpatient medical-surgical services to outpatient surgical, diagnostic and therapeutic services to extended care and home health services. To promote improvement of the general health status of the community it serves, hospital services include health education geared toward the promotion of wellness.

Briefly describe your organization's governance structure. Please attach a listing of the current Board of Directors.

Johns Community Hospital is governed by an eleven member, self-perpetuating, volunteer Board of Directors. The Health Center, as a department of the Hospital, is also governed by this Board of Directors. The Board of Directors employs a Chief Executive Officer who is responsible for the operations of the hospital.

Briefly describe your clinic's staffing (include both paid and volunteer staff):

The hospital contracts with six physicians (five family practitioners and a general surgeon) that staff the Health Center. The hospital employs the support staff of the clinic that includes receptionists, clerks, nurses and two family nurse practitioners.

What services does your clinic provide (include both preventive and acute care)?

The Health Center provides both preventative and acute medical care for patients of all ages. Medical services include primary care and surgical services.

Days of the week and hours of clinic operation:

The Health Center is open from 8:00 a.m. to 7:00 p.m. Monday through Thursday, and from 8:00 a.m. to 5:00 p.m. on Friday.

What is your clinic's strategy for maintaining and improving the clinic services?

The Health Center has an active Performance Improvement program that involves monitoring and review of services provided and implementing actions to improve where indicated. The Joint Commission on Accreditation of Healthcare Organizations accredits Johns Community

Hospital and the Health Center is included in this accreditation that assures compliance with national standards.

Briefly describe your clinic's geographical service area (Zip codes if possible):

The Health Center serves the eastern end of Williamson county from the Hutto and Jonah area eastward. The zip codes include:

| | |
|-------|-----------|
| 76574 | Taylor |
| 76530 | Granger |
| 76511 | Bartlett |
| 76577 | Thorndale |
| 76578 | Thrall |
| 78615 | Coupland |
| 78634 | Hutto |

Briefly describe the population that your clinic serves/eligibility criteria:

The Health Center provides services to persons primarily in the hospital service area. Most private and government health insurance plans are accepted including commercial HMO's and PPO's, Medicare, Medicaid, Tricare, STAR, CHIP, and County Indigent. There is a sliding scale for uninsured patients.

How does your clinic accomplish income screening and assure that your patients apply for public-funded programs for which they may be eligible?

Uninsured patients are requested to complete the "Financial Assistance Program" application form on which household income information is requested. Applicants must supply some form of proof of income. The Health Center billing staff uses an eligibility screening program to determine if the patient may qualify for Medicaid or the County Indigent program. Patients are offered assistance in completing Medicaid applications that are mailed from the billing office.

Does your clinic see patients on a walk-in basis?

Patients are seen on an appointment basis only, however a number a same day appointment slots are kept open each day.

Does your clinic have a sliding fee scale? Please describe.

Does your clinic bill patients who don't pay their assigned fee at the time of service?

The Financial Assistance Program uses a sliding fee scale that is based on the Federal Poverty Guidelines (FPG). Patients whose income is less than: 50% of FPG pay 5% of billed charges; 100% of FPG pay 10% of billed charges; 150% of FPG pay 15% of billed charges; and 200% of FPG pay 20% of billed charges. Patients who do not pay their assigned fees at the time of service are billed.

Does your clinic continue to see patients who do not pay the assigned visit fee or who refuse to apply for funding assistance from other programs? Please explain.

Patients who do not pay assigned fees when billed will be requested to come to the billing office for financial counseling before further appointments are made. Continued failure to make

payments on their account over several months will result in a request to the patient's physician to discharge the patient from the practice.

What is the average wait time for an appointment for sick care?

Same day or next day.

For preventive care?

One to fourteen days depending on which physician.

What is the average cost per clinic visit?

| | 2002 |
|---------------------|---------|
| Visits | 31,636 |
| Salaries | \$19.16 |
| Supplies | \$3.70 |
| Contract Labor (MD) | \$28.45 |
| Lab/x-ray | \$7.71 |
| Allocated overhead* | \$19.84 |

Total cost/ visit \$78.86

*Allocated overhead =
utilities, maintenance,
housekeeping,
billing, interest
expense, depreciation

What arrangements does your clinic have for patients who need:

Specialty care services:

There is a general surgeon on staff in the Health Center and sees patients under the hospital's Financial Assistance program. There are also visiting specialists who rent space in the Health Center which include the following specialties Cardiology, Gynecology, and Podiatry. The Health Center physicians also refer to specialists outside of Taylor. Patients must make their own financial arrangements with the visiting and out of town specialists.

Dental services:

If needed, referrals are made to area dentists, however patients must make their own financial arrangements.

Mental health and/or substance abuse services:

If needed, referrals are made to MHMR or to private mental health providers. Patients must make their own financial arrangements with private mental health providers.

Hospitalization:

If needed, hospitalization at Johns Community Hospital is covered under the hospital's Financial Assistance Program. If hospitalization at another facility is required, patients must make their own financial arrangements with that facility.

Laboratory and Other Diagnostic Services:

Lab and diagnostic imaging services provided by Johns Community Hospital are covered under the hospital's Financial Assistance Program. Patients must make their own financial arrangements for any services that the hospital does not provide.

Pharmacy:

Neither the Health Center nor Johns Community Hospital has an outpatient pharmacy. The Health Center does maintain a large inventory of pharmaceutical samples which physicians dispense to patients as indicated, especially to those without insurance coverage for prescriptions.

How does your clinic accommodate non-English speaking and hearing impaired patients?

The Health Center has several bilingual employees that can assist Spanish-speaking patients. The hospital has also made arrangements with American Sign Language interpreters that can assist hearing-impaired patients.

What arrangements do you have for 24/7 coverage?

The Health Center has both a primary care physician and a general surgeon on call twenty-four hours a day, seven days a week. The Medical Exchange service is utilized for patients to contact the on call physician.

Briefly describe your organization's quality assurance/quality improvement program (include staff licensure, continuing education, compliance with HIPAA, CLIA, pharmacy laws, medical record reviews, compliance with standards, evaluation of patient care outcomes, etc.).

As mentioned above, the Health Center falls under the hospital's Joint Commission on Accreditation of Healthcare Organizations accreditation that requires compliance with national standards and all Federal and State laws applicable to health care organizations including HIPAA, CLIA, and Texas Board of Pharmacy. Hospital policies require that credentials of all physician staff be thoroughly verified, and that all nursing and ancillary staff be properly licensed or certified. As part of the Health Center's performance improvement program, medical records are routinely reviewed for completeness of documentation and patient care outcomes. Insurance carriers also conduct on site audits and reviews of medical records on a regular basis.

Does your organization and staff carry medical liability insurance? Please describe.

Johns Community Hospital carries professional liability insurance that covers the employed staff. Contracted physicians and physicians with privileges to practice in the hospital are required to carry medical liability insurance.

Identify and compare other organizations (private or public) in your clinic's service area that provide the same or similar services. Specify how your services are non-duplicative and/or support these efforts.

Scott & White operates a clinic in Taylor, but is not a provider for many commercial HMO/PPO plans, does not accept new Medicaid patients, and is not a provider for STAR or CHIP. Scott & White does not have a sliding scale for uninsured patients. Williamson County Health District has a clinic in Taylor, but provides preventative care only.

Explain how your organization collaborates with the above organizations and other organizations in the community.

The physicians at the Scott & White/Taylor clinic are on the active Medical Staff of the hospital and admit patients to the hospital. The hospital works with the Health District in several ways including immunization projects, Williamson County Wellness Collaborative projects, and caring for County Indigent program patients.

Does your organization or staff have any outstanding legal actions against it?

If yes, what are the circumstances surrounding the legal matters and what is the current status?

Johns Community Hospital has one outstanding legal action involving a former employee who claims she was injured on the job.

What is your organization's fiscal year end (mm/dd)?

12/31

Who provides accounting/audit services for your organization? Please include a copy of your most recent audit.

Parrish, Moody & Fikes, PC is the hospital's auditor. A copy of the 2002 audited financial statements will be mailed along with the signed cover page of this application.

Insert additional rows in this table of funding sources as needed.

| Funding Sources | Last FY | Current FY (Projected) | Next FY (Estimate) |
|-----------------------------------------------------------------------|----------------|-----------------------------------|-------------------------------|
| Client Co-Pay | \$319,238 | \$358,328 | \$365,000 |
| | | | |
| Insurance, Medicaid, CHIP, Medicare, CIHCP, PHC | \$1,296,572 | \$1,318,483 | \$1,330,000 |
| | | | |
| Government Grants (city, county, state, federal)—specify * | \$0 | \$0 | \$0 |
| | | | |
| | | | |
| | | | |
| Corporate and/or Foundation Grants— specify * | \$0 | \$0 | \$0 |
| | | | |
| | | | |
| | | | |
| | | | |
| United Way Grants (identify each United Way) * | \$0 | \$0 | \$0 |
| | | | |

| | | | |
|---------------------------------------------------------------------------------------|--------------------|--------------------|--------------------|
| | | | |
| Donations/ Other Fund-Raising * | \$125,910 | \$0 | \$0 |
| Health Center building drive funds and donations for hospital equipment in FY 2002 | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Total Income | \$1,741,720 | \$1,676,811 | \$1,695,000 |

* Johns Community Hospital does not typically seek grants or donations to support operations. Operating expenses are generally covered by revenue received from providing patient care services. The hospital does seek grants and donations to fund capital improvements such as building expansions and acquisition of equipment. A \$500,000 grant from the Texas Department of Health was received in 2000-2001 toward the construction of the new Health Center building. Approximately \$470,000 was received from individuals and private foundations in a building drive from 1999-2002 for Health Center construction.

Proposal for Williamson County Inclusion in ICC Medicaider Program

**Submitted by: Paul Gionfriddo
ICC Executive Director
July 10, 2003**

Introduction: What is Medicaider?

Medicaider is an on-line screening tool, available to ICC members and others in the area, that simultaneously screens for patient eligibility for Medicaid, SSI, CHIP, Title V, Title XX, County Indigent, MAP, Project Access, and other state and local medical assistance and charitable programs. Each screen takes approximately 3 minutes, and is usually completed by an eligibility or intake worker with a patient at the time of service.

Medicaider is owned and maintained by Network Sciences, LLC. The ICC had it customized to include local programs to make it of greatest use to safety net providers in the area. Network Sciences keeps track of the rules for all of these programs, and whenever they change, makes the necessary changes right in the software, meaning that individual eligibility workers or volunteers no longer have to keep track of these by themselves. John Wise, a principle in Network Sciences, worked closely with the ICC to develop the Medicaider tool as it is today, and continues to work closely with ICC members in helping them use the tool efficiently. The software is easy to use, and set-up requires only Internet Access and Microsoft Explorer. The entire process for setting up users, training staff, and implementing use of the system typically is completed within a single day.

Medicaider is part of a set of software programs called CHASSIS. Another of the CHASSIS programs is Case Tracker. When a client screens as eligible for a third party program, such as Medicaid, Case Tracker software is used to track the client's application through to approval.

Follow-up with Eligible Patients: Case Tracker and IAK

In addition to making a fully customized Medicaider program available to its members, the ICC wanted to help members help their patients to complete the application process for assistance programs for which they were eligible. In addition to leasing Case Tracker, the ICC signed an agreement with Insure-a-Kid to follow up with eligible patients. Because Case Tracker is used, there is no additional burden placed on individual eligibility workers at safety net provider locations, saving precious time. The eligibility worker just enters the patient's name and contact information at the end of the interview, and the patient's information automatically transfers to Case Tracker. This information is then automatically transmitted to IAK electronically. IAK then follows up, and keeps track of the case until the application is approved.

Medicaider Results: What Williamson County Providers Might Expect

Since last August, when ICC members began using Medicaider, we have completed nearly 7,500 screenings. A total of over fifty workers in fifteen or more locations, including some in Williamson County, have used Medicaider.

While Medicaider is only used with patients presenting as self-pay, to date approximately 15-20% of those patients have been eligible for either Medicaid or CHIP, yielding potentially significant new third party dollars to safety net providers. With revised eligibility rules for these programs as a result of recent legislative actions, it will be increasingly important for safety net providers to capture as much third party revenue as they can, to maintain the integrity of the safety net.

Costs and Benefits

The cost to Williamson County for participation in this program under the ICC umbrella is \$15,000 per year, less than 10% of the ICC's total cost.

The all-inclusive total annual cost to the ICC for Medicaid, case tracking, the Insure-a-Kid, and program maintenance and updating (such as revising the software when program eligibility requirements change) is between \$150,000 and \$200,000, depending on the number of screens and follow-ups each year. No single ICC member was in a position to incur this cost by itself, so the ICC Board of Directors proposed that the costs be shared, making it affordable to everyone, while giving every participant access to the full initiative (Medicaid, Case Tracker, and IAK follow-up). Travis County representatives will pick up approximately 90% of the costs.

For \$15,000, the ICC would provide the following: It would make Medicaid available to at least four designated safety net providers in the County for the next year, and also make it available for no additional cost to the Williamson County and Cities Health District for District use. It will make available Case Tracker software as well, and IAK workers to do follow-up with eligible patients. Because IAK will not be able to follow up with every eligible patient – there are currently over 1,000 patients who are eligible for follow-up – ICC's contract with IAK has two priority populations for follow-up: (1) those with high medical bills and (2) a representative sample from each participating provider.

The ICC Role

The ICC has developed the customized Medicaid program with Network Sciences, and signed a master contract with Network Sciences on behalf of the area providers. The ICC has worked to keep costs to providers as low as they can be. The ICC puts all of the dollars received for this initiative back into the initiative, and has set fees to raise only the amount needed to fund the initiative, and no extra. If each party were to have purchased the program separately, using the same fee structure as the ICC, it would have paid significantly more. The ICC role was to try to make it available to as many safety net providers as we could at the lowest possible cost.

Community Clinic Funding Recommendation
August 2003

Summary of Funding Requests and Committee Recommendations

| Clinic | Projected # Patients | Projected # Visits | Funds Requested | Visits/Patient/Year | Recommendation * |
|---------------------------------|----------------------|--------------------|-----------------|---------------------|------------------|
| Georgetown Community Clinic | 4,875 | 8,182 | \$163,640 | 1.69 | \$163,640 |
| Round Rock Health Clinic | 1,860 | 5,000 | \$100,000 | 2.69 | \$ 66,600 |
| Samaritan Health Ministries | 1,020 | 1,700 | \$ 34,000 | 1.67 | \$ 34,000 |
| Health Clinic at Johns Hospital | 391 | 700 | \$ 14,000 | 1.79 | \$ 14,000 |
| 2 nd year | 451 | 805 | \$ 16,100 | | \$ 16,100 |
| 3 rd year | 518 | 925 | \$ 18,500 | | \$ 18,500 |

| | | | | |
|-------------------------|-----------|-------------------------------------------|-----------------------------------|--------|
| * 1 st Year: | \$278,240 | Total Annual Unduplicated Patients: 8,146 | Total Annual Unduplicated Visits: | 13,893 |
| 2 nd Year: | \$280,340 | 8,206 | | 13,998 |
| 3 rd Year: | \$282,750 | 8,273 | | 14,118 |

The recommendation for the Round Rock Health Clinic is based on 1.79 visits per patient per year, which is more comparable to the requests of the other three clinics. The recalculated number of patient visits per year is 3,311.

Comments about the clinics and their applications:

All clinics are organized as non-profit organizations
All clinics have an oversight Board of Directors
All four clinics are well established: (Georgetown 2002; Round Rock 1999 <1995-1999 operated by Round Rock Medical Center>; Samaritan 1999 <previously operated for a few years beginning 1990>; Taylor 1996)
All clinics have already implemented or have devised a sliding scale fee
All clinics have an annual independent audit; last audits were given unqualified opinions; all clinics are fiscally solvent
All clinics are proposing County contribution at \$20 per patient visit; the remainder of the visit cost will be covered by patient contribution and funds from other sources
All clinics provide high quality health care (WCCHD has conducted QA site visits for the PHC program in 3 of the 4 clinics)

Program Management:

Refer to the Health District's proposal to oversee and manage the expenditure of these funds.

Recommended Allocations

From

Tobacco Money Account

| | |
|------------------------------|------------------|
| Medicaider Program | \$ 15,000 |
| Management Expenses | |
| For WMN. Co. Health District | 41,736 |
| Round Rock Clinic | 66,600 |
| Samaritan Health Ministries | 34,000 |
| Georgetown Community Clinic | 163,640 |
| John's Community Clinic | <u>14,000</u> |
| TOTAL FUNDING | \$335,712 |

WILLIAMSON COUNTY AND CITIES HEALTH DISTRICT
Community Clinic Grant Management Proposal
August 2003

Proposal: Four community-based outpatient clinics have recently completed application to the Williamson County Commissioners' Court for funding for provision of primary health care services to the low-income uninsured residents of the county. These clinics are: Georgetown Community Clinic, Round Rock Health Clinic, the Health Center at Johns Community Hospital, and Samaritan Health Ministries. This is a proposal by the Williamson County and Cities Health District (WCCHD) to oversee and manage the expenditure of these funds. This would be a cost-effective method for the Commissioners' Court to assure that these funds serve only eligible patients, that there is no duplication of services, and that consistent quality of care is provided by all participating clinics.

Eligibility Requirements: The Commissioners have set three requirements for a client to meet to be eligible for health care paid by these funds. They must be (1) residents of Williamson County, (2) with an income of 150% of the Federal Poverty Level or lower, and (3) be uninsured and ineligible for any other health care program, such as Medicaid, Medicare, Children's Health Insurance Program (CHIP), the County Indigent Health Care Program (CIHCP) or the State Primary Health Care Program (PHC). WCCHD will verify the determination of client eligibility for these funds according to these requirements as follows. Patients must be screened at least once per calendar year by one of the following methods:

- Healthcare Helpline staff at WCCHD will screen callers by phone or in person, fax a referral form to the appropriate clinic to be retained in the patient's chart, and enter the data into the WCCHD software program, CHASSIS, which will generate program reports regarding the demographic characteristics of the clients, or
- MEDICAIDER software screening tool may be used on site at the clinics. It can be programmed to copy and forward all data to CHASSIS at WCCHD, or
- A paper-screening tool (to be provided by WCCHD) may be used by clinic staff on site, a copy of which will be submitted with the first bill annually for each patient (see below). Data entry into CHASSIS will be done by WCCHD staff.

Billing: Participating clinics will submit a monthly summary bill to the county through WCCHD (as providers now do with CIHCP), listing patients by name, date of birth, the date(s) of patient office visit(s), and charging \$20 per patient visit. Only one visit within 24 hours will be reimbursed. WCCHD billing staff will verify the eligibility of each client listed by checking CHASSIS for enrollment in the program. When approved for payment by WCCHD, the bill will be submitted to the County Auditor for payment. The County Auditor can add a review of this program to the audit already conducted twice yearly of the CIHCP financial records at WCCHD.

Duplication: By entering enrolled patients from each clinic into CHASSIS, WCCHD staff will be able to determine if there is any duplication of services. If patients enroll in more than one clinic, WCCHD will notify the clinics and a single medical home will be selected for the patient.

Quality Assurance (QA): WCCHD will collaborate with each clinic's QA plan/process for continual improvement. On behalf of the county, WCCHD will send a registered nurse and licensed social worker to review patient charts at each clinic three times per year and more often if indicated. Appropriateness of care will be assessed. Chart entries will be randomly compared to billing dates. Training will be offered to the clinics based on QA findings. The process will be comparable to the QA site visits currently provided to most of these clinics through the PHC program.

Reporting: A monthly report will be submitted to the County Judge and Commissioners listing monthly and cumulative number of visits reimbursed and funds expended for each clinic. Annual reports will be submitted to the Commissioners' Court by both the clinics and WCCHD, with requests and recommendations for the next year of funding.

Charge: Implementation of this protocol and management of the program will require additional materials, mileage, and staff hours in the WCCHD Social Services Division. Administrative, Helpline, clerical, and financial management functions could be covered with payment rate to the Health District of 15% of clinic allocation amount. For example, this would be \$41,736 for oversight and management of an allocation of \$278,240.

TOBACCO ACCOUNT

The tobacco lawsuit settlement was for approximately \$2.3 billion. Of this amount, \$450 million was deposited into a "lump sum trust account" by the tobacco companies in January 2000. The remainder, approximately \$1.8 billion, is being deposited into a "permanent trust account" and local entities will receive earnings from investment of the trust. The income earned through investment of the permanent trust fund was distributed for the first time in April 2001 and will be distributed in April of each succeeding year. The amount of the annual distribution to local political subdivisions from this fund will depend on the size of the corpus during the preceding year and the income resulting from investment of the fund. Only the earnings will be distributed. The corpus of the fund will remain in the permanent trust account.

Below is a list of the money the County has received from the tobacco lawsuit settlement.

| | |
|-----------------|-----------------------|
| Initial Deposit | \$2,464,620.45 |
| April, 2000 | 363,469.27 |
| April, 2001 | 292,144.77 |
| April, 2002 | 90,001.43 |
| April, 2003 | <u>114,873.00</u> |
| | \$3,325.108.92 |

INTEREST:

| | |
|------|-----------------------------------------|
| 1999 | \$ 75,530.12 |
| 2000 | 94,320.96 |
| 2001 | 186,143.35 |
| 2002 | 66,810.81 |
| 2003 | <u>38,184.04</u> |
| | \$492,657.90 – Through June 2003 |

Money Paid out from the Tobacco Money:

| | | |
|------|-----------------------------------|----------------------------------|
| 2000 | \$ 47,298 | Clean Air Force & Research Study |
| 2001 | - 0 - | |
| 2002 | - 0 - | |
| 2003 | \$122,561 | |
| | Electric Mower Program - \$ 7,986 | |
| | Georgetown Clinic - \$40,140 | |
| | Temple College - \$50,000 | |
| | Georgetown Clinic - \$24,435 | |
| | <u>\$122,561</u> | |

| | |
|----------------------------|-------------------|
| Deposits from Tobacco Fund | \$3,325,108.92 |
| Interest | <u>492,657.90</u> |
| TOTAL | \$3,817,766.82 |

| | |
|-----------------|---------------|
| Less deductions | \$ 169,859.00 |
|-----------------|---------------|

| | |
|------------------------------------|-----------------------|
| Approximate Balance of Fund | \$3,647,907.82 |
|------------------------------------|-----------------------|

Williamson County
Statement of Activities
Tobacco Fund
January 01, 1999 thru May 15, 2003

August 11, 2003

Revenues

| | |
|-------------------------------------------|---------------------|
| Jan-99 Initial Tobacco Funds from State | 2,464,620.45 |
| Apr-00 2000 Pymt - St. Tobacco Settlement | 363,469.27 |
| May-01 2001 Pymt - St. Tobacco Settlement | 292,144.77 |
| Apr-02 2002 Pymt - St. Tobacco Settlement | 90,001.43 |
| Apr-03 2003 Pymt - St. Tobacco Settlement | <u>114,873.00</u> |
| Tobacco Settlement Proceeds | 3,325,108.92 |

| | |
|------------------------------------------------------|--------------------|
| Nov-99 Seton Hospital | 3,500.00 |
| Dec-99 Georgetown Healthcare System | 3,500.00 |
| Dec-99 Columbia-Round Rock | 3,500.00 |
| Dec-99 Johns Community Hospital | <u>1,000.00</u> |
| Participating Entities in Clearwater Research | 11,500.00 * |

| | |
|--------------------------|--------------------------|
| FY 99 Jan-99 thru Sep-99 | 86,452.07 |
| FY 00 Oct-99 thru Sep-00 | 99,748.70 |
| FY 01 Oct-00 thru Sep-01 | 195,928.03 |
| FY 02 Oct-01 thru Sep-02 | 72,345.99 |
| FY 03 Oct-02 thru Jul-03 | <u>41,460.96</u> |
| Interest Earned | <u>495,935.75</u> |

Total Revenues 3,832,544.67

Expenditures

| | | |
|-----------------------------------------|-----------------|--------------------------------------------------------|
| Oct-99 Clearwater Research 1/2 Payment | 16,392.00 | } County-Wide Health & Human Svcs Community Assessment |
| Feb-00 Clearwater Research 1/2 Payment | 16,392.00 | |
| Jul-00 Clean Air Force of Central Texas | 35,000.00 | |
| May-03 Georgetown Community Clinic** | 40,140.00 | Funding Agreement w/Clinic |
| Jun-03 Temple College | 50,000.00 | |
| Jun-03 Georgetown Community Clinic** | 24,435.00 | Funding Agreement w/Clinic |
| Jul-03 P & K True Value | 380.00 | Lawnmower Exchange |
| Jul-03 Environmental Strategies | 1,333.00 | Lawnmower Exchange |
| Jul-03 Home Depot | <u>6,273.00</u> | Lawnmower Exchange |

Total Expenditures 190,345.00

** Georgetown Community Clinic Contract caps at \$99,765.

Total Revenues less Expenditures \$ 3,642,199.67

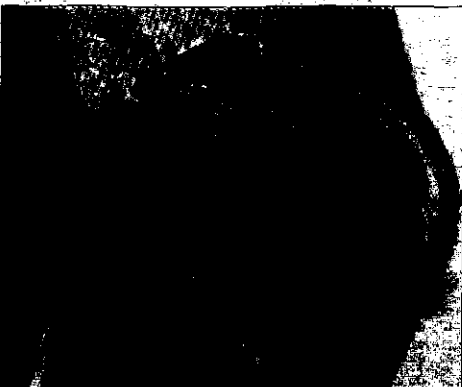
County warned mental health crisis is looming

By WALTER HOWERTON JR.

When it is your job to deal with the mentally ill way down on the street level where the suicide threats, violence, depression and disorientation happen and the Texas Legislature has just made your job \$55 million more difficult than it ever was before, it is time to ask for some help closer to home.

That is what Williamson County Precinct 1 Constable Gary Griffin did at a budget workshop last week when he asked the commissioners court for two new sergeants and four new mental health deputies. He doesn't expect to receive everything he asked for, especially in a year with a tight budget and Judge John Doerflinger and the four commissioners in a just-say-no mood even for raises to county employees.

Mr. Griffin asked for it anyway. He didn't sugar coat it and he tried to put it in a language he thought



Gary Griffin

Constable Asks for Money

they might understand.

"We're going to get sued if we don't deal with this," he said.

Turn to MENTAL, Page 8A

MENTAL

It's a safety issue,
says attorney Rye

Continued from 1A

Mr. Griffin and the mental health deputies in the county constable's office respond to mental health calls throughout the county and transport people in need of care to various state facilities. The need for their services is growing, taxing both money and manpower. Mr. Griffin said his six deputies responded to 1,600 mental health calls throughout the county last year. More than 400 of those calls ended up with a patient committed at a state mental health facility.

The commissioners' immediate response was to try to figure out a way to share the cost and the liability with the commissioner. Mike Heltgenstein said, "Why don't the cities do something?"

Commissioner David Hays agreed. He also wanted to know about putting people in jail rather than paying them all over the state.

There was a time when that commitment meant a trip to the Austin State Hospital. With state-mandated

budget cuts and shrinking bed space, that can now mean a long drive to San Antonio, Kerrville or Big Springs with deputy constables gone for hours at a time.

"They can," Mr. Griffin said in response to Mr. Heltgenstein. "Then they can bill us for it." He explained that state law makes it the county's responsibility to deal with the mentally ill. And he explained to Mr. Hays that right now jail is not an option, at least not in Williamson County.

In an interview on Monday, Mr. Griffin said, "I think the part the commissioners didn't like is the liability issue."

But Assistant County Attorney Dale Rye said it is high time the commissioners court and other officials not only took a look at the mental health issue, but also adjust the way they look at it.

"This is not a public health issue. It is a public safety issue," Mr. Rye said.

"There are a fair number of people in government and politics, including some in the Legislature, who think this is a public welfare deal. It's not."

"When the mentally ill are on the street and don't know what they are doing or driving a car and don't know what they are doing or cooking dinner and don't know what they are doing, they hurt them-

RECORDERS MEMORANDUM
All or part of the text on this page was not
clearly legible for satisfactory recordation.

selves or other people. Or when one of them goes into a fast food restaurant and kills 15 people. That is a public safety issue," Mr. Rye said. "People will end up hurting themselves or someone else. The county will end up being sued."

He said when such people end up in jail their incarceration becomes "spectacularly expensive." And that can lead to liability issues too. "They hang themselves in jail, the county gets sued. They hurt someone in jail, the county gets sued."

But Mr. Rye said Williamson County and other counties are going to have to decide whether to treat people with such problems as patients or treat them like prisoners. The Del Valle Jail in Travis County already houses more psychiatric patients than the Austin State Hospital, and the Los Angeles County Jail in California serves as the largest mental institution in the nation.

"Of course, that's like saying someone with diabetes has to commit a crime and go to jail before they can receive any insulin," Mr. Rye said.

And then there is Texas law which guarantees the legal right of all mentally ill patients to appropriate care.

That is where Constable Griffin said he wants to be able to concentrate his efforts and why he said he

needs the extra manpower to do it.

"These people are not criminals," he said. "And they already have been victimized by the state."

Cash And Consequences

Constable Griffin said the problems his mental health deputies confront are growing. "It's a nightmare," he said. "People are trying to hurt themselves on a daily basis."

He said tough economic times on top of the population explosion in the county in recent years compounds the problem. Mr. Griffin said job losses, home foreclosures and evictions, high stress jobs in the computer/high tech industry, a rise in adolescent suicides, a growing senior citizen population in the county and other factors are boosting the workload.

"In bad times, my business goes up," he said.

The Legislature cut \$55 million from Mental Health/Mental Retardation budgets. Of that, \$32 million directly impacted care in state hospitals.

Approximately one-fourth of the people involved in mental health calls are transported to a state facility. Ninety percent of those are committed. The majority of those are stabilized over a period of nine to 14 days and released. The short hospital stays are forced by the demands for beds for new patients.

The commissioners court already has approved agreements with several counties where state mental health facilities are located that allow commitment hearings to be held in those counties. Otherwise, patients have to be transported back and forth to Williamson County for legal proceedings.

In addition, the court approved a plan for billings for commitments and other proceedings to be handled by Constable Griffin, "because we got bills on patients we did not commit," he said. He said there have been a number of instances where Travis County has billed the county erroneously.

The entire process is growing larger and more complicated and Mr. Griffin said, "these six deputies are flying by the seat of their pants out there" and need some administrative and decision-making help in the field.

He said adding a sergeant or two also will help shield the county from liability issues. One fully equipped sergeant would cost the county approximately \$45,000 in salary and benefits and another \$30,000 for a car and other equipment. Mr. Griffin said he would promote within his department to fill the newly created sergeant's position, then hire a new deputy. He considers it a good investment.

"The way things are, I would be

ecstatic to get one sergeant," Mr. Griffin said.

Judge Doerfler said, "I am leery about throwing more money at a problem where we need a long-term solution." He and Constable Griffin agree that a committee needs to study the county's mental health needs in the future.

About more help in Mr. Griffin's office, Judge Doerfler said, "We are going to consider it" before the budget hearing on August 26.

Mr. Griffin said that is fine with him, but "the Legislature has done this and we are going to have to deal with it on our own for the next two years before they meet again and can make some changes."

Mr. Rye said, "If the state isn't providing adequate care and private care is not affordable to the middle class and below, the counties will have to do something." In addition, Medicare is no longer paying for psychiatric and psychological services. He said, "There clearly is going to be an awful lot more to do during this next budget year."

Constable Griffin agrees. "I've been beating the drum on this in the past. It's just that now they [the commissioners court] are starting to hear me."

Monday, August 11, 2003

Dr. JoAnne Ford called this morning. She was explaining how the mental health crisis is affecting them. She said that Blue Bonnet Trails is releasing about 100 patients a week without medications for mental problems and referring the patients to their clinic. Georgetown Hospital is also referring patients to them. These patients without proper meds are dangerous to themselves and to the community and are coming to the clinic (often angry) for help. They become more upset when they are told the clinic does not have the kinds of meds they need and they will have to pay for them at a pharmacy. At the present time the Georgetown Clinic is treating approximately four of this type of patient a day. Only the Internist is qualified to treat these cases, so several are unable to be seen during the week. Dr. Ford would like a meeting with MMHR, the Judge, Karen Wilson, the cities Health Directors, Intervention Services, and anyone else that has an interest or input. She said the solution is not to hire more deputies to transport these patients to El Paso or other facilities where they are held for 7 to 14 days and stabilized, whereupon we bring them back, they still don't have meds and the problem has not been solved. Instead of creating a revolving door that does not achieve a solution that allows the individuals to live in society, Dr. Ford believes we should try to obtain a more permanent solution. She believes the patients need to have a medical home available with a psychiatrist on staff that will unable patients to receive the necessary meds for their condition, which in turn enables the patient to function in society.

I then spoke with Karen Wilson about this problem. She explained that there is a federal Rural Health Outreach Grant available with funding of up to \$200,000 for medical assistance. The grant gives special consideration for mental health services and dental services, but requires a working collaboration between at least three non-profit agencies. The zip codes of the County Health District, Intervention Services, and the Georgetown Community Clinic were checked from a federal list of acceptable rural zip codes and 78626 and 78628 were both listed, and are the zip codes of the above mentioned health providers. Intervention Services, the County Health District, and the Georgetown Community Clinic are brain storming on a working relationship between the three entities in order to receive the federal grant. Annie Burwell of Intervention Services is heading up preparing the

grant application. The grant is due September 12th, 2003 and funding would take place in May of 2004.


Karen Wilson also mentioned that the Judge spoke of forming a task force during the budget hearing to address the mental health crisis and possible solutions. She thought that it might be important to consider having a facilitator to take charge and keep members of the task force focused. She gave me a list of individuals that she thought would be beneficial members on the task force. I would be willing to help set up the task force if one is deemed necessary. I asked Karen to check to see if Annie Burwell needed any assistance in completing the grant application to help insure that the County had the best chance possible of receiving the federal funding which could be one avenue for solving our mental health problems.

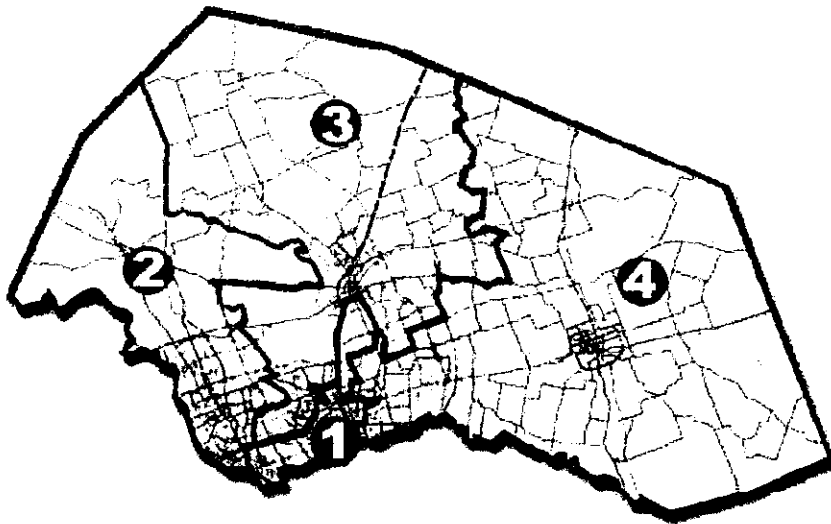
AGENDA ITEM 27

Discuss and take appropriate action on road bond program.

Paul Petrich distributed the monthly construction report and updated the court on the road bond program.

< Attachment >

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|-----------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
|  | ROAD BOND PROJECT |
| | YOUR COUNTY TAX DOLLARS AT WORK! |
| County Judge John Doerfler Commissioners Mike Heiligenstein Greg Boatright David Hays Frankie Limmer | Construction Summary Report |
| | AUGUST 2003 |
| | WWW.ROADBONDS.ORG |



Presented by:

**RECORDERS MEMORANDUM**

All or part of the text on this page was not clearly legible for satisfactory recordation.