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Mount Vernon Neighborhood Health Center

David A. Ford, Sr.
Board Chairman

Carole Morris
Executive Director

FAX TRANSMITTAL SHEET

DATE: 2/28/00 **NUMBER OF PAGES INCLUDING THIS SHEET:** 12
(including cover sheet)

TO: Ms. Sagawa

FAX NUMBER: 202-456-6244

FROM: Carole Morris

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PROJECT DESCRIPTION

(a) **Background**

1. **Brief History**:

The MVNHC is a comprehensive ambulatory health care diagnostic and treatment Center, located in the southernmost section of Westchester County. The Center operates a main facility in the City of Mount Vernon and a satellite Center in the neighboring community of southwest Yonkers. The Center began operation in 1973, through a Model Cities Grant to the City of Mount Vernon, which contracted with the Westchester County Department of Health to operate the new Health Center. In December of 1985, twelve (12) years after opening for services to the community, the Health Center separated from the County of Westchester to become a free standing Center operated by its 501(c)3 Community Board.

Since it opened for services in six (6) trailer units in 1973, the Health Center has struggled to maintain its lifeline of health services to the medically indigent. After 6 ½ years of controversy and opposition from private physicians, public agencies and the local hospital, in April 1980, the MVNHC moved to its present site, a modern 50,000 square foot facility, construction of which was fully financed with a Department of Commerce Facilities Grant to the City of Mount Vernon.

In 1987, a satellite Center was opened in southwest Yonkers to serve the increasing number of Yonkers residents who were accessing medical services at the MVNHC.

In 1995, the MVNHC provided health care services to 58,000 medical and dental users in 168,000 visits to the Center. This ranked the MVNHC as one of the largest, free standing community health centers in Region II.

The Center serves an area population of 67,000 residents in Mount Vernon and 76,000 residents in the southwest section of Yonkers. The registered patients are primarily poor with twenty-four percent (24%) having incomes below poverty (Medicaid) and fifty-two percent (52%) having incomes between 101-150% of poverty (working poor, uninsured). In addition, the twelve percent (12%) elderly patients served by the Center, although covered by Medicare are impoverished and on fixed incomes. Only twelve percent (12%) of the total users have incomes between 151-220% of poverty.

Over the past eighteen (18) months, the Center has experienced an increase in the number of uninsured patients registering for services. Among newly registered patients, ninety-two percent (92%) are uninsured or ineligible for Medicaid. These patients are generally displaced workers, who have lost employment due to the continuing poor economy.

In spite of the changing health care environment, the MVNHC's central mission continues to be the provision of health services for the medically underserved. The Mission is:

> ***To promote the provision of culturally sensitive, high quality comprehensive health care for the medically underserved residents of the community; to pro-actively position the Health Center to survive in a changing environment; to aggressively engage the community in support of community health services.***

2. **Philosophy of Organizational Structure**:

The organizational structure has been designed to minimize administrative cost, while utilizing a professional staff equipped to meet the challenges of an increasingly complex and competitive environment. Sensitivity to patient concerns; understanding of philosophy, goals and objectives of the organization; ability to relate to staff and outside agencies and ability to work cooperatively as part of a team are key elements in the decision for administrative staff appointments.

3. **BPHC Funds**:

The County of Westchester participated in a voluntary enrollment program for Medicaid patients into managed care for the past six (6) years, and implemented a mandatory enrollment plan for all Medicaid patients in the Aid to Families with Dependent Children (AFDC) category in January, 1996.

It is crucial that the Health Center preserve its Medicaid base since the reimbursement from Medicaid clients provides subsidy for the medically indigent uninsured. To that end the Center, in partnership with New Rochelle Hospital Medical Center, developed a Prepaid Health Service Plan (PHSP), Community Choice Health Plan of Westchester, which became operational July 1, 1995. The Plan currently has four thousand six hundred (4,600) enrollees after ten (10) months of operation and is a vertical network with hospitals, private physicians and group practices throughout southern Westchester County. The ISN was developed with BPHC funding . Additional programs such as, Homeless Services including, a mobile health van (Section 340), increased access to early prenatal care (CPCP), continued service to the indigent uninsured (Section 330) have been established through assistance with BPHC.

Over fifty percent (50%) of the County's Medicaid clients reside in southwest Yonkers, which has become the major focal point for HMOs in targeting Medicaid clients for enrollment in their plans. The Center identified the need to expand the site and services at the Yonkers satellite in order to effectively compete in the mandatory Medicaid arena. A CIP application was submitted and approval obtained to purchase, renovate and equip a new site through funding in the amount of $1,136,000.

4. **Map of Community**:

See attachment A.

(b.) **Description of the Community and Target Population**

1. **Service Area**:

The service area of the MVNHC includes the medically underserved residents of southern Westchester County. This area has been designated by the New York State Department of Health as a Low Access Primary Care Areas (LAPCA). In Westchester County, there are a total of 184,289 residents located in the identified LAPCAs of which eighty-four percent (84%) or 154,064 reside in the service area of the Health Center (Mount Vernon, New Rochelle and southwest Yonkers) compared to 13,731 residing throughout the rest of the County.

The City of Mount Vernon has been designated a Medically Underserved Area (MUA); a Health Manpower Shortage Area (HMSA) and a Dental Manpower Shortage Area (DMSA). In addition, the City has been designated as the **fourth highest priority area in the State** for additional primary and preventive health services by the New York State Department of Health.

The southwest Yonkers site serves a geographical area of five (5) square miles with a population of 76,000 residents. Southwest Yonkers has also been designated by the New York State Department of Health as the **second highest priority area in the State**, for additional primary and preventive health services. In 1988, this area was designated a Level I Health Manpower Shortage Area (HMSA) and a Medically Underserved Area (MUA).

2. **Ethnic Breakdown**:

(a) A disproportionate number of the County's minority and low income residents reside in the service area of the MVNHC. The ethnic breakdown for Westchester County is seventy-eight percent (78%) Caucasian; twelve percent (12%) Black, five percent (5%) other. The Caucasian population base resides in the suburban setting, while the Black and Hispanic population are located in the densely populated urban area primarily in the southern tier of the County.

In the City of Mount Vernon, forty-eight percent (48%) of the residents are Black and Hispanic; forty-eight percent (48%) are Caucasian and three percent (3%) other. In southwest Yonkers, thirty-nine point seven percent (39.7%) of the residents are Black and Hispanic; ten percent (10%) other and fifty percent (50%) Caucasian. (Exhibit A attached)

(b) **Demographic Characteristics**:

The mean family income for the County is $34,353. This mean income is exceeded by the Caucasian, while unmet by the Hispanic and Black population.

In southwest Yonkers, forty point seven percent (40.7%) have incomes below one hundred and fifty percent (150%) of the national poverty index.

A major issue is the increasing number of uninsured. Falling into this category are those with incomes above poverty level, but who have recently become unemployed, as well as, undocumented aliens, who cannot apply for Medicaid. In 1995, undocumented aliens accounted for approximately two thousand (2,000) visits. These populations must necessarily seek medical care at reduced rates (sliding-fee-scale) which is only available in clinic or Health Center settings.

(c) **Geographic Factors and Culturally Specific Characteristics**

Westchester County ranks among the ten (10) wealthiest Counties in the Country. Private practice physicians and proprietary HMOs target the substantially affluent clientele residing in the central and northern sections of the County. Low income and minority families surrounded by affluence are often subject to socioeconomic discrimination. In southern Westchester the disproportionate concentration of minorities, medically indigent and homeless residents result in an invisible but real barrier to accessing care by private physicians and HMOs who have historically been unwilling to provide care to the indigent patients.

The Center located in Mount Vernon serves a geographic area of four (4) square miles with a population of 69,000 residents. The satellite Center in southwest Yonkers serves a five (5) square mile area with a population of 76,000 residents. These areas represent two of the most densely populated areas in the Country, with 17,250 residents per square mile in Mount Vernon and 15,200 residents per square mile in southwest Yonkers.

Cultural/Language Barriers

The cultural/language barriers to accessing primary health care services is a major challenge as many of these families are high risk and reluctant to seek health care for themselves and their families. The influx of undocumented aliens, primarily Caribbean, Hispanic, Haitian, and Asian have necessitated the hiring of multi-lingual staff to deal with the health and social problems of this population.

(d) **Health Indices**:

In 1987, the New York State Department of Health in its Regional Plan for primary and preventive health care services defined the areas of greatest need in Westchester as seven (7) areas where the incidence of low birth weight, infant mortality, non-violent deaths and population sixty-five (65) years old and over warranted additional, critically needed health services.

A total of 92,059 residents (10.6%) reside in poverty in these seven (7) areas and 77,361, (8.9%) require additional primary care services. It must be noted that 52,749 of these residents (57.3%) reside in the service area of the MVNHC.

The incidences of low birth weight, poverty, infant mortality, and populations over sixty-five (65) years of age and over are significantly higher in Mount Vernon and southwest Yonkers than other parts of the County.

POPULATIONS WITH SPECIAL NEEDS

Outside of New York City, the problem of homelessness in New York State is greatest in Westchester County. The overwhelming majority of homeless families in Westchester originate from the City of Mount Vernon and southwest Yonkers. Special programs to address the health needs of homeless families have been developed by the Center.

Vigorous outreach and community education program for dissemination of information about AIDS has been developed by the Center through an AIDS Outreach Program. In addition, the increase in the number of patients seeking counseling and testing for AIDS at both sites has necessitated the training of physicians and support staff to address this need.

Concurrent with the rise in AIDS has been a rise in the prevalence of TB and sexually transmitted diseases (STD) including an increase in the incidence of penicillin resistant gonorrhea and syphilis.

In New York State fifty-one percent (51%) of all STD cases outside of New York City are identified in Westchester County. Of this number forty-eight percent (48%) of the fifty-one percent (51%) are treated by the MVNHC. This has necessitated the MVNHC's development of a vigorous outreach and community education program for dissemination of information about AIDS and STD.

A significant number of adolescents sixty percent (60%) and twenty-four percent (24%) adult users of the MVNHC have admitted to the excessive use of drugs and/or alcohol. In addition, seventy-five percent (75%) of patients served through the Homeless Program are substance abusers.

3. Target Population:

(a) The target population of the MVNHC includes the medically underserved residents of southern Westchester County. An interesting fact, is that of ninety-two (92) zip codes in Westchester County, only eight (8) have been designated as Low Access primary Care Areas (LAPCA) by the New York State Department of Health. There are a total of 184,289 residents located in the identified LAPCA of which eighty-four percent (84%) or 154,064 reside in the service area of the Health Center, compared to 13,731 residing throughout the rest of the County. MVNHC's service areas - 10550 (37,390); 10701 (51,513); 10705 (31,930); 10709 (3,259); 10801 (29,972); Northern County - 10535 (1,506); 10505 (6,491); 10601 (8,567).

While Westchester County ranks among the wealthiest Counties in the nation, the demographic and socioeconomic problems in the cities served by the MVNHC rival any inner city community. The City of Mount Vernon has been called," the poverty pocket of Westchester County".

Owning to its ranking as a wealthy County, Westchester has become a prime target for proprietary HMOs, targeting the substantial number of affluent clientele residing in the central and northern sections of the County. These HMOs are now targeting the Medicaid population in our service areas, thus invading our population base.

Low income and minority families surrounded by affluence are particularly subject to socioeconomic discrimination. In southern Westchester County the disproportionate concentration of minorities, medically indigent and homeless residents result in an invisible but real barrier to accessing care by private physicians and proprietary HMOs unwilling to provide care to indigent patients.

The influx of undocumented aliens, primarily Caribbean, Hispanic, Haitian and Asian, with the relevant language, cultural and social barriers to accessing health care is not addressed except through the Health Center.

Health Care Needs:

(b) The existing regional health care system is not designed to serve this largely uninsured "invisible

population" which is particularly sensitive to ambulatory health care intervention centralized, outreach, education, enabling services and coordinated case managed care are not available, except through the Health Center.

Fifty-three percent (53%) of the patients served by the Center are uninsured, working poor families. Outside of New York City, the problem of homelessness in New York State is greatest in Westchester County. The majority of the homeless families in Westchester originate from the City of Mount Vernon and southwest Yonkers.

In the City of Mount Vernon and in the southwest section of Yonkers, the problems of teenage pregnancy, perinatal infant, and maternal mortality are among the highest in the State.

Community:

(c) The communities served by the Health Center, as stated earlier, rival any inner city community with the increasing problems of homelessness, substance abuse, HIV/AIDS and a growing number of immigrants which brings the issues of cultural and language barriers to accessing health care.

4. Provision of Care

The MVNHC is a sterling example of what a community Health Center should be. The at-risk, medically underserved population is being targeted and reached.

In the midst of increasing demands for services by indigent patients, and decrease and/or flat funding from the State and Federal Government, the MVNHC has sought additional programs and directions to meet the health needs of the patients, provided additional staffing through linkage arrangements and secured alternative funding streams. Through a contract with Westchester County Department of Social Services, out-stationed Medicaid examiner is located on site at the Center.

In order to maximize services to patients in a cost effective manner, prevent duplication, the Center has established co-operative working relationships with other providers and developed an integrated delivery system working with other providers in the community. Linkages have been established with the County and State Health Departments for the use of Public Health Nurses for home visits; integration of the County's low birth weight program in our high risk OB/GYN services; and provision of free immunization when available. Written back-up agreements have been established with the Mount Vernon Hospital, Mount Vernon; New Rochelle Hospital Medical Center, New Rochelle; St. Joseph's Hospital, Yonkers and Westchester County Medical Center for Tertiary Care Admissions. A strong linkage with the local school system and local social services agencies have been established.

There are no programs within the service area of the MVNHC, which offers comprehensive medical services including, outpatient and inpatient care. The County and State Departments of Health provide services , such as, Well Baby Clinics, special programs for social disease, including HIV testing and counselling and programs for the prevention and treatment of TB. However, as stated previously, these programs are not comprehensive and offered in one location as the services provided by the MVNHC.

5. Significant Gaps In Service

The major challenges facing the MVNHC during 1996, include stabilizing the existing services, enhancement of the continuous Quality Improvement Program and streamlining activities relating to meeting performance issues, aggressively moving towards further development of a comprehensive Health Provider Network and identifying and finalizing the long term plan for viability. These issues must be addressed concurrently with the existing crippling issues of the continued influx of uninsured patients ninety-two (92%) among new registrants and flat funding for primary care services to uninsured patients.

The need for additional space and staff at the Yonkers site has been identified as a means to address access and barriers to primary care in the service area. In addition, the expansion at the YCHC will impact on our long term viability as we compete with the proprietary HMOs that have targeted this area under the County's mandatory enrollment for Medicaid patients. It is imperative that the Health Center compete as a major player in the managed care arena in Westchester, through the combined development and expansion of its PHSP, Community Choice Health Plan of Westchester (CCHPW).

The significant increase in uninsured working poor patients at the Center, coupled with the flat Federal and State funding for subsidy of care to the indigent users, has adversely affected the Center's ability to design a holistic approach to care for the patients. The struggle to maintain the basic primary care services to an increased population, while attempting to address the emerging needs of special populations, such as, AIDS, substance abuse, homelessness, perinatal health and the elderly has produced a program driven by the availability of categorical funding, rather than one which allows us to implement the long range plan through an intelligent phased in approach. The process has proven frustrating to the Board, Administrators and providers at the Center.

The MVNHC, serving as the primary source of indigent care in the poorest section of Westchester County, is meeting its programmatic and philosophical expectations of accessible health care for the indigent population. However, based on the implications of increasing indigent users, without some substantial increase in the operating base for the Center, a decision may soon have to be made to turn away patients for which subsidy for care is not available.

6. <u>State and Community Health Care Environment</u>

New York State's Medicaid Program is the largest and most costly in the nation, with 3.6 million recipients and a budget exceeding $22 billion. Growth in the State's spending on Medicaid has averaged nearly eleven percent (11%) per year over the past ten (10) years. Despite this expenditure significant numbers of Medicaid recipients continue to have difficulty obtaining primary health care.

Managed care programs improve health care and save money, because of the emphasis on preventive care. Under managed care, Medicaid recipients get a primary care provider and a place where they can receive their health care on a regular basis. Many Medicaid recipients for the first time will now receive regular check-ups, diagnostic screening, tests, and health education counselling to encourage healthier life styles. They will also have access twenty-four (24) hours-a-day to medical advice and referrals when they call with concerns or emergencies.

The managed care industry has grown exponentially across the nation during the past decade. In New York State there are currently forty-one (41) managed care plans serving more than five (5) million people, including 700,000 Medicaid recipients. Therefore, a quarter of New York residents are now enrolled in managed care plans. Information submitted to the New York State Department of Health and Department of Social Services by Heal: Maintenance Organizations and Prepaid Health Service Plans (PHSPs) seeking establishment as service providers or expansion of existing services, indicated there was capacity for an additional 700,00 Medicaid managed care enrollees by January 17,1996.

Through voluntary programs and a mandatory demonstration program in southwest Brooklyn, statewide enrollment of Medicaid recipients in managed care has grown from about <u>93,000</u> in 1991, to the present 700,000.

The State Waiver Plans calls for phasing in statewide mandatory managed care enrollment reaching 3.6 million by January, 1998.

Recipients for Supplemental Security Income will begin enrollment in 1997, and phased in over twelve (12) months. People with HIV/AIDS and those with mental illness, who are eligible for Special Needs Plans will be phased in over fifteen (15) months.

New York's Medicaid population includes large numbers of individuals with special health care needs including an estimated 100,000 people with HIV/AIDS, those with children and adolescents with serious emotional disturbances. These plans are projected to be developed by 1997. However, until these plans become available individuals with symptomatic HIV may continue to receive health services outside of managed care. Also, until 1997 people with mental illness who are not SSI recipients will be enrolled in managed care plans for their health and basic mental health services and will receive extended mental health services outside of managed care.

Prior to January, 1996, the Westchester County Department of Social Services, for seven (7) years contracted with a PHSP and several proprietary HMOs for the delivery of managed care services to Medicaid patients under a voluntary plan. These organizations, located in northern tier of the County have had little success in enrolling patients in the plans primarily because of the location of the residents in the southern tiers of the County, outside the reach of the organized plans.

In order to address this problem, the County Department of Social Services implemented a mandatory enrollment program. An integral component of the County's plan was participation of the MVNHC as one of a choice of six (6) plans offered to the clientele. It is the County's belief that the Health Center's historical record of serving this population will assure recruitment and retention of Medicaid patients in a managed care environment.

After careful assessment of its present and future role as an essential community provider, and in response to the County's rapid movement into managed care, the (MVNHC), as stated previously, in a joint venture with New Rochelle Hospital developed a PHSP, Community Choice Health Care Plan (CCHPW). The plan is separately incorporated and managed. The Health Center has sixty percent (60%) ownership.

Sixty percent (60%) of the County's Medicaid population reside in the service area of the Health Center and twenty percent (20%) are already users of the Center. The plan envisions converting existing users to managed care and recruiting new users to the plan. The plan which began operation in July, 1995, currently, has four thousand six hundred (4,600) enrollees and has expanded services to the northern portion of the County. In addition, expansion applications to four (4) other Counties have been approved. Enrollment for Bronx recipients should commence August, 1996. The Health Center has contracted with the plan and is at-risk for ambulatory primary care services only, with payment received being monthly primary capitation payments for each enrolled member. Continued success of CCHPW is contingent on the expansion of space and staff to service the enrolled population.

As stated earlier in the application, the new Welfare Reform Bill, which is expected to be signed by the President during this Congressional Session will end Medicaid as an open ended entitlement and will find strong and fertile ground for enforcement in New York State.

What is not being discussed is alternative training and jobs for the poor; affordable housing; youth employment, or universal health coverage for all residents of the State.

As an essential community provider, the Health Center will be challenged to continue to meet the needs of the medically underserved and high-risk populations in the service area.

7. ORGANIZATION'S ROLE AND RELATIONSHIP WITHIN THE COMMUNITY

(a) The MVNHC is a not-for-profit, free standing Community Health Center, licensed by the State of New York to provide ambulatory health care services to two of the neediest areas in the State and two of the most densely populated areas in the nation. The program operates a main site in the City of Mount Vernon and a satellite site in the neighboring community of southwest Yonkers. Both areas have been designated as group one MUA and HMSA.

The Center is governed by a Board of Directors that is representative of the communities served by the Health Center.

The majority of the members of the Board are Health Center users and long term residents of the service area. Because of their established relationships with the local churches; and community organizations, and patients utilizing the Center, Board members are powerful advocates in marketing Health Center services to the community; serving as "ears" for community concerns and bring community issues to the Board for discussion, evaluation and resolution.

In addition, community residents who are non-Board members, but are users of the Center, participate on committees and sub-committees (i.e. – Quality Assurance and Quality Improvement).

Annual Board retreats (most recent held in July, 1998) offers the opportunity for Board members and community residents to participate, with management staff of the Center, in an over-view of progress against the past years objectives and long range strategic plans and to solicit suggestions for program priorities for the coming year.

Arrangements between the Health Center and the College of New Rochelle; New Rochelle Medical Center; Pace University; Columbia University; Harlem Hospital Medical Center and Truro College provide nurses, nurse practitioners, physicians assistants, and senior medical residents to the Center. The students are supervised by on-site instructors from the college and precepted by Health Center staff in Pediatrics, OB/GYN and Internal Medicine.

Primary Care Linkages with For-Profit HMO's: The Health Center participates as a primary care provider for referral of private insurance patients with Empire Blue Cross/Blue Shield, as a provider for the Child Plus Program (insurance plan for eligible low income families) and requested designation as a provider in the New York State MOMS Program (Provider of Perinatal Health Supportive Services for Medicaid clients seen by private physicians).

Role of the Community, Staff and Board of Directors in Establishing the Organization's Objectives and Priorities

b.1 Governance:

MVNHC is governed by a private Not-For-Profit 501(C)3 Community Board. The Board consists of thirteen (13) members, the majority of whom are users of the Center. All members either live or work in the City of Mount Vernon, except one (1) member from Yonkers, representing the Yonkers Center. The composition of the Board of Directors, as a group, is representative of the individuals served by the Center. The Board is supplemented by two (2) Advisory Boards. For the Yonkers Health Center, a thirteen (13) member Advisory Board, comprised of residents and users from southwest Yonkers, St. Joseph's Hospital and community agencies, provide local input to the Board on the direction and services provided at the Yonkers site. An Advisory Board of local community leaders and businessmen has been established for the Board of Directors of Mount Vernon. Membership on this Advisory Board is based on areas of expertise, as potential assistance to the Board. The Board of Directors of the Center is thus able to tap influential community resources from individuals reluctant to assume the liability attendant with serving as a member of the Board of Directors.

Meetings of the Board are held monthly and minutes kept. The responsibility of the Board of Directors include; strategic planning, policy making, monitoring and evaluation of Health Center operations.

The selection process for serving as a member of the Board is detailed in the Institutional File (By-Laws of Mount Vernon Neighborhood Health Center, Inc.), and includes a process allowing for turnover, continuity and change in leadership position.

Elected Board members are expected to pledge loyalty to the Center and refrain from any activities which may actually be or give the appearance of conflict of interest.

Responsibilities for carrying out Board policies are delegated to the Chief Executive Officer, who along with

Center's management team, assures that high quality and efficient health services are delivered. The Chief Executive Officer reports monthly to the Board on progress made against Board objectives.

Establishing Goals and Objectives:

Through the Board's Planning Committee, short and long term goals and objectives are established in cooperation with Health Center staff and presented to the full Board for approval. The planning process, supervised by the Board and carried out by the Center staff includes:

(a) Defining the size, location and demographic composition of the Health Center's service area: determining health needs of the services are based on the needs assessment and establishing goals and objectives based on health needs and identified problems.

(b) Approving the Health Care Plan, prepared by the Medical Director and monitor as appropriate; allocating the necessary resources to carry out the plan, based on priorities and available resources.

(c) Developing procedures for avoidance of conflict of interest and nepotism which are included in the By-Laws.

(d) Approval of Patient Grievance Policy which is distributed through the patients' handbook and posted throughout the Center.

Monitoring Policy:

Through the Executive Committee, Health Center policy is established and presented to the full Board for approval. Care is taken to see that all applicable federal, state and local laws and regulations are met, prior to establishing policy.

The management area covered on the establishment of policy include:

(1) Operation: Selection, review and dismissal of the Chief Executive Officer and Medical Director.

(2) Scope of Services: With input from the Executive Committee, scope of services including location, hours of operation, availability of equipment, facilities and personnel necessary to achieve the Center's goals and objectives.

(3) Selection and Dismissal Procedures: Selection and dismissal procedures for staff; process for handling grievances; wages and salary scales and benefits; equal opportunity practices.

(4) Review of Center's Annual Budget and Financial Priorities: With input from Budget and Finance Committee, review of the Center's annual budget and financial priorities; establishment of internal control policies; procurement policies; long range financial planning; and establishment of a billing and collection procedure for establishing fees; billing and collections from patients and third parties; procedure for aging accounts receivable and writing off bad debts.

(5) Program Evaluation and Quality Assurance: Approval of an internal Quality Assurance Program which provides for periodic review of the Center's performance in meeting health needs of the community and assuring that acceptable principles of quality health care practices are maintained and that resources to meet these principles are available.

(c) Community Support

Evidence of community support attachment 8.

C.1. SERVICE DELIVERY STRATEGY AND MODEL

The MVNHC is a team model, multi-disciplinary Center serving the needs of a primarily indigent and working poor population. Because of the multiple primary care needs of this high risk population and the non-availability of many speciality services in the community for the poor, the Center has designed a service mix which reflects primary and specialty health services, outreach and enabling services. The team consists of the primary care providers, assisted by nurses, nutritionist, social worker, AIDS counselors and specialist, where indicated. These services include:

Internal Medicine, Pediatrics, OB/GYN, Dental, Orthopedics, Ophthalmology, Otolaryngology, Cardiology, Urology, Endocrinology, Gastroenterology, Neurology, Podiatry, Pharmacy, Laboratory and X-Ray, Medical Social Worker, Health Educator, Sonograms, Colposcopy and HIV Counseling and Testing.

The Health Center has a number of medical specialists on staff to which our patients may be referred. These medical specialists provide care for long term physical problems and for special medical problems that arise.

The Homeless Services Project of the MVNHC began in March 1988. This was in response to the growing number of homeless persons in the community, where the number of HIV positive and substance abuse cases were high, and the need for primary health care services was evident.

The services to the homeless is enhanced by our thirty-two (32) foot long Health Center on wheels, the "Health Express". Having this fully equipped vehicle manned by a primary health care provider, a medical assistant, and a social worker, we are able to provide comprehensive services at various shelters right to our patients' "front door". We are currently providing services at fifteen (15) different locations.

Emergencies:

The Health Center maintains a 24 hour answering service during the hours the Center is closed. By calling the Center's number patients are able to reach their physician. In cases where the patient will need to go to the hospital there is free transportation provided to the hospital through an arrangement with our back-up hospital, New Rochelle Hospital Medical Center.

Hospitalization:

Patients who need hospitalization are admitted to New Rochelle Hospital Medical Center, Mount Vernon Hospital, St. Joseph's Hospital and are cared for by their centers' physicians while hospitalized. If hospitalization is required outside any of these facilities the Center's physician will arrange for the hospitalization and follow the patients care while the patient is hospitalized.

2. **Activities with Other Federally Funded Projects:**

In order to ensure that our patients received necessary services the Health Center has consultant or referral arrangements with local hospitals, social services agencies and the Department of Health to secure services that are not provided at the Health Center. Linkages have been established with the County and State Department of Health for the use of public health nurses for home visits; integration of the County's Low Birth Weight Program in our high-risk OB/GYN services; and provision of free immunizations.

Currently, the MVNHC has contracts with the Department of Social Services and the Department of Labor to provide on site training to individuals on public assistance and those unemployed. Through this arrangement the Health Center is able to recruit and train staff to fill new positions.

3. Exhibit B attached.

4. **Project Expansion/New Activities:**

The Mount Vernon Neighborhood Health Center in June, 1995, submitted a single grant application to the Bureau of Primary Health Care for funding to renovate the satellite site in Southwest Yonkers. The Yonkers site is presently in a 3,000 square foot store front facility located in a low income housing project with no additional space for expansion. The critical need to expand is evidenced by overcrowding a waiting list of 2,000 and a six week wait for new appointments.

The application was approved for funding in the amount of $1,136,000, this funding will enable the Health Center to purchase a building and do the required renovations and equipping.

It is anticipated that through active enrollment of new underserved patients at the renovated Yonkers site the project will address barriers to care. The project will improve access to primary care in the service area with increased hours of operation to include evening and weekend schedules. In addition, an attractive improved facility will enhance the Center's ability to recruit Medicaid patients into its managed care plan, Community Choice Health Plan of Westchester and be able to better compete in the mandatory Medicaid arena in Westchester County.

There will be a focus on education to stress the need to access services and preventive measures thus reducing emergency room and hospital admissions. Additional access will impact significantly on the ambulatory care sensitive conditions which result in episodic treatment at emergency rooms and go untreated until more serious illnesses occur.

(d) ORGANIZATION CAPABILITIES AND EXPERTISE

1. The MVNHC opened for services to the community in 1973, and was the first organized health service delivery system designed to meet the needs of the medically underserved population in the service area.

The MVNHC has had twenty-three (23) years of experience in providing care to this population. During this time, the Center has been able to maximize the services provided to the patients in a cost effective manner through the development of co-operative working relationships with other providers in the community. Agreements have been established with the County and State Department of health for the use of public health nurses for home visits; integration of the County's Low Birth Weight program in our high-risk OB/GYN services; and provision of free immunizations, when available. Written back-up agreements have been established with Mount Vernon Hospital - Mount Vernon; New Rochelle Hospital Medical Center - New Rochelle; St. Joseph's Hospital - Yonkers; and Westchester County Medical Center - Tertiary Care Admissions. Strong linkages with the local school system and local social services agencies have also been established.

The Health Center over the years has gained experience in the management of other programs which have proven beneficial to this population, such as the Homeless program funded through Section 340; Women, Infants and Children (WIC) a supplemental food program for pregnant and lactating low income women, which has a caseload of 3,500 participants who made a total of 43,898 visits to the Center in 1995; the HIV Counselling and Testing Program funded through New York State Department of Health. This program has been in operation since 1991, and was developed in response to the significant increase in the incidence of HIV disease in our target area, the incidence in southwest Yonkers being the highest in the County. In addition, the Health Center staff has received the necessary training and expertise to address, not only the clinical needs, but the language and social service needs of the population.

The MVNHC, serving as the primary source of indigent care in the poorest section of Westchester County, (Mount Vernon and southwest Yonkers) is meeting its philosophical and programmatic expectations of accessible health care for the indigent population. However, based on the statistical implications of increasing indigent users, without some substantial increase in the operating base for the Center, a decision may soon have to be made to turn away patients for which subsidy for care is not available.

The MVNHC is a sterling example of what a community health center should be.

MEMORANDUM OF CALL — Previous editions usable

TO: Shirley

☐ YOU WERE CALLED BY— ☐ YOU WERE VISITED BY—

Carol Morris

OF (Organization) Mt Vernon Health Center in NY

☐ PLEASE PHONE ▶ (Enter area code, if necessary) ☐ DSN

914 · 699 · 7200 ext 602

☐ WILL CALL AGAIN ☐ IS WAITING TO SEE YOU

☐ RETURNED YOUR CALL ☐ WISHES AN APPOINTMENT

MESSAGE

- congress has appropriated $100M more to community health centers

$ allocated end of March

Found anything out?

RECEIVED BY	DATE	TIME
Jamie	3.9	11:52a

NSN 7540-00-634-4018
50363-111
UNICOR FPi-SST

OPTIONAL FORM 363 (Rev. 7-94)
General Services Administration

Mount Vernon Neighborhood Health Center

FAX TRANSMITTAL SHEET

DATE: 2/25/00 ***Number of pages including this sheet:*** 6
(Including cover sheet)

FAX NUMBER: 202-456-6244

TO: Ms. Shirley Lagma

FROM: Carole Morris

URGENT IMMEDIATE ATTENTION ____
AWAITING YOUR COMMENTS ____
PER YOUR REQUEST ____
FOR YOUR INFORMATION ____
PLEASE CALL UPON RECEIPT ____

MESSAGE:

Mount Vernon Neighborhood Health Center

Carole Morris
Chief Executive Officer

To: Shirley Sagwa

From: Carole Morris
Chief Executive Officer (CM)

Re: **HELP NEEDED**

Date: February 24th, 2000

I have attached a couple of areas where Primary Health Care Funding is available for Community Health Centers from FY 2000 appropriations; but haven't had much luck identifying in other areas of funding, so I will prayerfully tell you where we need help and maybe you have some clues:

A) The services area of the Mount Vernon Neighborhood Health Center is Southern Westchester County where over 60% of the County's minority population reside.

We desperately need funding for primary health care, outreach and education to address the health disparities issue which is of primary concern to our present administration.

B) We need funding for a School Health Program in the City of Mount Vernon.

C) We need funding for a new Mobile Health Van.

D) We need anything you can find !

If you need additional information please feel free to contact me at (914) 699-7200, ext. 600.

(914) 665 4393
full array primary care plus certain specialty services for ophthalmology glaucoma colposcopy clinic early cervix cancer women

not compensated 85% patient AA 10% Hispanic over 50% uninsured 95% poor 45% elig left medicaid 1973 founded CEO - largest free standing center in region - accredited - credit problems 2000 focus in adolescent wellness program

Accredited with Commendations by Joint Commission on Accreditation of Healthcare Organizations

Community Access Program
Federal Register 2/4/00 - Vol 65, # 24; Page 5647 - 5649

Department of Health and Human Service
Health Resources and Services Administration

Purpose: Assist communities and Safety Net Providers to develop integrated health care delivery system for uninsured and under insured.

Amount Available in FY 2000: $25 million for approximately 20 communities.

Rationale for Mount Vernon Neighborhood Health Center Receiving one of the 20 Community Grants

a. The City of Mount Vernon, population 70,000, rivals any inner City community, in terms of health disparities among minorities. In addition, outside of New York City, Mount Vernon has among the highest infant mortality; STD, Pregnancy and HIVrates among teens in the State of New York.

b. The Mount Vernon Neighborhood Health Center has already begun the work of developing and integrated health care delivery system through the following: Primary Health Center Sites in Mount Vernon, Yonkers and White Plains; Prepaid Health Services Plan serving medicaid clients in Westchester, Bronx and Rockland County; incorporating over 500 private physicians; ten community Hospitals and one tertiary care facility; contract with the State for Child Health Plus Insurance and Voucher Insurance Program for Adults.

c. The City of Mount Vernon, with over 55% African American residents, is an ideal size to manage and evaluate a delivery system which will impact on health care and health care access.

Health Centers Consolidation Act

A. $91.5 million dollars of additional funding was appropriated by Congress for Community Health Centers, with Congressional Intent that the majority of the additional funds be awarded to Community Health Centers serving a disproportionate share of uninsured patients.

$58.0 million has been set aside by BPHC to increase base grants to community health centers.

Rationale for Mount Vernon Neighborhood Health Center receiving $250,000 increase in Base Grant

Currently the Section 330 grant to the Mount Vernon Neighborhood Health Center represents 22.6% of the total operational cost of service while our uninsured population represents over 50% of our patients. With an uninsured population in excess of 50%, the need for additional subsidy is particularly critical. Unlike many Health Centers, uninsured patients at MVNHC receive, not only primary care services, but critical specialty services in the areas of ophthalmology; sonography; colposcopy; otolaryngology; to name a few. **A base grant of $250,000 would increase the subsidy from 22.6% to 24.6%**

B. **5.5 million has been set aside for "practice improvement activities" such as Management Information Systems Network.**

Rational for $450,000 Grant to Mount Vernon Neighborhood Health Center

The Health Center currently operates with an obsolete Resource America System which does not meet the needs of the Health Center or the MIS needs of the integrated service network (consisting of the three community health centers and the Prepaid Health Plan service . In addition, the emphasis on managed care greatly increases the management information needs of the Integrated Service Network. Our current system does not adequately provide this information. Further Resource America has been purchased twice since January 1st, 2000, first by Medical Manager Corporation, and most recently, Healtheon/WebMD Corp has agreed to purchase Medical Manager. There are no plans to continue support of our outdated MIS System beyond 1 - 2 years by either company.

There are currently no funds available at the Mount Vernon Neighborhood Health Center for this expense and potentially explosive problem.

RYAN WHITE TITLE III FUNDING FOR EARLY INTERVENTION SERVICES

CFDA # 93.918B
Department of Health and Human Services
Health Resources and Services Administration

Purpose: To provide, on an outpatient basis, high quality early intervention services and primary care to individuals with HIV infection.

Amount available in FY 2000: $23.4 million for 78 awards.

Rationale for Mount Vernon Neighborhood Health Center receiving one of the 78 awards

Mount Vernon, with a population of 70,000, has one of the highest incidents of HIV in New York State outside the five boroughs of NYC. Of particular concern is the alarming increase in HIV among the adolescent population of Mount Vernon. MVNHC is the only freestanding ambulatory health center providing a comprehensive array of HIV-related services in this geographic area. MVNHC has provided HIV/AIDS services since the start of the epidemic in 1980. Our existing HIV-related services include primary care, medical specialty care, and case management, support groups and educational forums. Only case management, support groups and educational forums are presently funded. We do not receive any Ryan White funds for primary care. Despite this, the New York State AIDS institute had identified MNVHC as having an excellent HIV program during a recent site visit. The above identified funds, if obtained, would bridge this significant gap and enable the MVNHC to provide the highest level of service to the residents of Mount Vernon.

Corporate Foundation Funding Available

The Ford Foundation
Grants range from $50,000 to $200,000
HIV/AIDS projects are eligible under their "asset building and community development" priority in the human development and reproductive health unit.

The GAP Foundation
The foundation's funding goes to "changing the lives of young people" and focuses on preventing HIV/AIDS spread among the underserved population ages 14 to 21. Under the HIV/AIDS priority, the company wants to reach those whose behavior, including homelessness and substance abuse, puts them at increased risk for infection.