

**United Way of Lane County
2010/2011 Strategic/Preventive Proposal**

A. Name of Organization: Willamette Family, Inc.

1. Contact Person: Micki Knuckles

2. Address: 687 Cheshire Avenue

Eugene, Oregon 97402

3. Phone: 541-343-2993 Email: mickik@wfts.org

B. Name of Proposed Services:


Willamette Family (WF): Family Health Network (FHN)

C. Amount of Funding Requested for a 12 month period:

\$95,000.00

The undersigned confirm that the information provided in this application is true and accurate and that the application has received / will receive Board approval.

Micki Knuckles March 5, 2010
Signature: Agency Director Date


March 5, 2010
Signature: President, Board of Directors Date

SECTION I: Strategic/Preventive Action Area

Which Community Investment Strategic Action Area do the proposed services primarily address? (Please see Appendix A UWLC 2010 Strategic/Preventive Goals and Funding Strategies for EDUCATION, INCOME and HEALTH.)

1. **Action Area:** (select one)

- Education:** Preparing children to succeed in school and life.
- Income:** Moving families from poverty to financial stability.
- Health:** Ensuring people have basic access to healthcare.

2. **Strategies:** Based on your selection above, list the specific strategy or strategies the proposed services are designed to address. (*Note: Strategy or strategies listed must come from Appendix A referred to above.*)

See Attached (page numbered 1)

3. Provide a **brief** (no more than one paragraph) executive summary of how you will address the strategies you listed in Question 2, above. Details will be expanded in Section II, questions 1-3.

See Attached (page numbered 1)

SECTION II: SERVICE IMPACT

1. **Need, Target Population and Program Description**

A. **Need/Target Population**

Identify the community problem/need the strategies described in Section I address, including the number of Lane County residents affected. Clearly link the need to the Community Investment Strategic Action Area goals and strategies selected in 1 and 2 above. *Also, include local trend information over the last five years as available/appropriate.* Describe how the proposed service(s) reach the intended target population for your Action Area (see Appendix A) and is appropriate to the need.

See Attached (pages numbered 2, 3, 4, and 5)

B. **Service Description**

Describe the proposed services for which you are requesting funds. Be very specific. The description should be a clear and logical response to needs outlined in Section 2, question 1A. Describe how your proposed services are designed to effectively meet the Community Investment Strategic Action Area goals and strategies selected in Section 1. Describe the research or evidence based methods which justify the proposed approach.

See Attached (page numbered 6)

3. Tracking Systems

What systems will be used to track the impacts and outcomes of the services provided and support continuous improvement? (e.g., telephone logs, client files, client satisfaction survey, pre-test/post-test, software systems, etc.) Please note if a tracking system is already in use, or if it will be developed to support the program.

See attached (pages numbered 8 and 9)

SECTION III: SERVICE MANAGEMENT

1. Client Involvement

Describe your client involvement systems and how they lead to more efficient and effective services. For example: How are clients involved in service planning, offering feedback or making suggestions about your services? How do you measure client satisfaction? How do your feedback systems lead to more effective services? Please provide examples.

See attached (page numbered 9)

2. Coordination/Collaboration

Describe specifically how you work with others in the community to maximize service to the people you serve. List any formal relationships, the nature of the partnership and the type of agreement (i.e. Memorandum of Understanding, Service Agreement, Contract or other documentation.)

See attached (pages numbered 9, 10 and 11)

3. Diversity / Accessibility

“United Way of Lane County believes that respect for and understanding of all cultures, peoples, and lifestyles are central to our mission of helping people care for one another. To that end, United Way will demonstrate that it values diversity in its funding of programs in Lane County. We will attempt to promote and recognize programs and organizations which provide culturally appropriate services, ensure access for people needing those services, and show a valuing of diversity in volunteer, staff, and service systems.” --United Way of Lane County’s Diversity Statement

Describe how diverse segments of the community have access to the proposed services. Describe your efforts to continuously improve services to underserved populations. Diversity can include but is not limited to: race, gender, ethnicity, physical ability, sexual orientation, age, familial status, economic status, rural/urban location.

See attached (pages numbered 11 and 12)

4. **Use of Volunteer and Partnership Resources**

Describe how you use volunteers. Include type of positions they hold, number of volunteers, and total volunteer hours per year. Describe your capacity to mobilize additional community partners and/or in-kind resources in conjunction with the proposed services.

See attached (page numbered 12)

5. **Budget**

A. Complete the budget form (Appendix B) included separately.

B. Describe the return on the UWLC investment. Include such factors as demonstrated cost effectiveness and efficiency of service delivery, how you will leverage other financial investments to support the work and the sources of other financial investment for this work. Describe how the work improves the effectiveness of the human services network in Lane County.

See attached

C. If you are requesting funding for Capital investment, including funding for physical space or renovation, you must include the full cost of the capital project and how you will fund the balance outside the UWLC amount.

See Budget attached

6. **Follow-Up**

If you received a United Way Allocation in 2009, the United Way volunteer-led review panel will receive copies of your most recent panel summary report. Were there any concerns or conditions for continued funding identified by the United Way review panel during the last review?

Yes No

If yes, how have these been addressed by your agency?

See attached

7. **Governance, Management & Organizational Capacity**

Briefly describe how this program fits into your organizational structure, how it will be managed, and how oversight will be provided. ***Complete Appendix C, Required Compliance Documentation, Exhibit A – Best Organizational Practices and Management.***

Describe the ability of the organization to carry out the proposed services successfully and efficiently based on current resources, i.e. expertise of staff, diversity of funding sources, board composition and involvement, fiscal and governance systems and facilities.

See attached

8. **Policy Adherence**

UWLC requires all service partner organizations to follow and adhere to the following UWLC Policies and Certification Documents:

- **Non-Discrimination Certification**
- **USA Patriot Act Anti-Terrorism Compliance Measures**
- **Agency Direct Fundraising Policy**
- **Donor Designation Policy**

Read and sign Exhibit B, United Way of Lane County Policies and Certification Documents, included in Appendix C.

Appendix A
UWLC 2010 Strategic/Preventive Goals and Funding Strategies for
Education, Income & Health

EDUCATION

Vision: All children in Lane County are safe, healthy, cherished and enter school ready to learn

Action: Preparing children for success in school and life.

GOAL:

By 2020, the majority of children entering public school in Lane County demonstrate basic literacy proficiency and adequate social/emotional development.

Target Population(s)*:

Underserved, underrepresented families with children ages 0 to 6 years and expectant parents, including but not limited to:

- Low income, homeless and families living in poverty
- Ethnic minority communities (including English Language Learners)
- Single parents
- Teen parents
- Children with disabilities
- Families dealing with Mental Illness/Substance Abuse/Domestic Violence
- Foster Children
- Foster Parents

** Special consideration will be given to services provided in rural communities and in the Fairfield/Malabon and Brattain/Maple neighborhoods as part of Success By 6[®]'s neighborhood projects.*

Note: Proposals may be for individual strategies or any combination of strategies.

Education Strategies:

- Research-Based strategies to increase the early literacy/language and social/emotional development of high-risk children.
- Research-Based Parent Education, Support & Coaching to increase target populations' parental involvement and ability to support children's early literacy/language and social/emotional development.

Agency Capacity Building:

- Open to consideration

Note: Proposals that have the potential to impact multiple action areas (Education, Income and Health) will receive extra points in the scoring process.

Appendix A (Cont.)
UWLC 2010 Strategic/Preventive Goals and Funding Strategies for
Education, Income & Health

INCOME

Vision: Working families and individuals between 100% and 200% of Federal Poverty Level (FPL) become self sufficient.

Action: Moving families from poverty to financial stability.

GOALS:

- ***By 2020 an increase in the % of households between 100 – 200% of FPL that can pay their bills for two months or more after losing their main source of income.**
- ***By 2020 an increase in the % of households over 200% of FPL.**

Target populations:

Families and individuals with incomes between 100 – 250% of FPL (primarily low income working families) and youth at high risk of a life of poverty.

Income Strategies

- **Improved Financial Literacy** for target population, may be imbedded in or combined with debt management, credit repair, foreclosure prevention, or renter-rehabilitation type programs, and should include connecting with the financial mainstream.
- **Strategic expansion of free Tax Sites** that promote the use of EITC and Childcare Tax Credits. Prefer that sites emphasize linking tax preparation with related financial services. Funds may support site-development, site infrastructure needs and/or expanded and specialized volunteer recruitment.
- **Pilot a one-stop “prosperity center”** for the adult target population that combines employment, training, banking and financial literacy services, income supports and social service referrals as needed in one convenient/logical location.
- **Building Assets** of target youth or adults by Individual Development Account use or other savings strategies.

Preventive Strategies:

- Services and supports that **increase high school graduation rates** among high risk youth.
- **Youth pregnancy prevention.**
- Programs to **promote career and post secondary training and education for high risk youth.**

Agency Capacity Building:

- **Prosperity Planner training** for agency staff – Workforce Partnership is the preferred strategic partner to manage this training.
- **Poverty 101 training** for agency staff and community – A Financial Stability Partnership (FSP) member organization would be the preferred strategic partner to manage these trainings.

Notes:

1. Proposals that have the potential to impact multiple funding strategies (Education, Income and Health) may receive extra points in the scoring process.
2. Proposals will be welcomed for individual strategies or any combination of strategies. Recommend that applicants incorporate the use of the Prosperity Planner as a complement to most strategies (available at www.prosperityplanner.org, log in as “guest”). Training for staff on the use of this tool will be available.
3. Community Outcomes are focused on 200% of poverty as a measure that can be reliably tracked over time. It is our intention, however, to serve individuals and families who are under 250% of poverty.

**UWLC 2010 Strategic/Preventive Goals and Funding Strategies for
Education, Income & Health**

HEALTH

Vision: Increase access and reduce barriers to health care for people below 200% of FPL

Action: Ensuring people have basic access to healthcare

GOAL: **By 2020, connect an additional 15,000 uninsured or underinsured Lane County residents to a community-based system of healthcare**

Target Population:

Families and individuals with incomes below 200% of FPL who are uninsured or underinsured

Scope:

Funding for patient direct care services will be provided through the Basic Needs Investments funding mechanism (*not* the Strategic Investments). Healthcare for the purposes of United Way Community Investments is defined as Physical Health, Mental Health, Substance Abuse, Dental Services, and Prescription Support

Health Strategy:

- Any strategies that are designed to increase the number of patients existing safety net clinics can serve will be considered.
- Individual agency proposals and/or joint proposals will be welcomed.

Preventive Strategies:

- Evidence based approach to patient directed chronic disease self-management

Agency Capacity Building:

- As above and/or including systems reform

Note: Proposals that have the potential to impact multiple funding strategies (Education, Income and Health) may receive extra points in the scoring process.

Willamette Family (WF): Family Health Network (FHN)

SECTION I: STRATEGIC/PREVENTIVE/ACTION AREAS: HEALTH & EDUCATION

Primary Goal: HEALTH: Increase access and reduce barriers to community-based health care for Lane County residents below 200% of FPL by establishing a “medical home” primary care office for individuals and families that will be housed at the WF Treatment Center in West Eugene (97402 zip code)

Secondary Goal: Incorporate preventive strategies and provide evidence based services for patient-directed chronic disease self management that expands healthcare and treatment to include conditions of alcohol and drug abuse treatment services at WF

Tertiary Goal: Leverage impact to address the UWLC Strategic Goal of EDUCATION including expanding access to healthcare into the existing WF comprehensive continuum of care for individuals enrolled in a WF treatment program

2. STRATEGIES:

Strategy #1: WF will become the “medical home” for 700 individuals below the FPL, including 75 Early Head Start families currently enrolled in the system but lacking an identified “medical home,” and clients participating in WF treatment programs who meet criteria

Strategy #2: WF will hire .5 FTE nurse practitioner to provide direct patient care at the FHN clinic, along with .5 FTE Medical Case Manager and a .25 Substance Abuse Counselor

Strategy #3: WF will provide a fully functional medical office located at (687 Cheshire, Eugene 97402), available immediately and will include WF’s existing physician/medical director and a contracted psychiatrist to create a Family Health Network (FHN) team for this population

Strategy #4: WF will provide MAP enrollment, access, medical case management, and case coordination for FHN participants

Strategy #5: WF will provide substance abuse screening, assessment, and access to treatment for FHN enrollees, thus enhancing currently available MAP services and addressing an unmet community need

Strategy #6: WF will engage with 100% Access, thus filling a critical gap in medical services and will put substance abuse issues “at the table” as MAP evolves

3. EXECUTIVE SUMMARY:

Willamette Family, Inc. (WF), Lane County’s largest provider of substance abuse treatment for low income families and individuals, proposes an innovative partnership with MAP to increase access to basic healthcare for people who are 200% below the FPL and who currently have no medical home, including 75 newly enrolled Early Head Start families, and individuals participating in a WF substance abuse treatment program who have no medical insurance. Responding to the identified needs in the UWLC 2009 Assessment, WF will create a Family Health Network (FHN) to serve an additional 700 individuals within the target population through a medical clinic situated at the WF treatment center in West Eugene. WF will directly contribute resources to the partnership, including an existing medical office, a contracted physician/medical director, and access to psychiatric care along with licensed alcohol and drug treatment services, expertise, and support. This partnership will also fill a critical gap in MAP services by bringing substance abuse issues into the network of medical services and “at the table” as MAP evolves. The education strategy will be advanced by using WF Early Head Start training and resources to strengthen services to newly enrolled MAP families.

SECTION II: SERVICE IMPACT

1. THE NEED, TARGET POPULATION, AND PROGRAM DESCRIPTION:

1-a. The Need/Target Population: WF provides substance treatment services for approximately 1500 persons annually at multiple sites in Lane County. Of these, 65% lack insurance or other financial resources that would allow access to primary care. In order to provide effective evidence based treatment it is essential that this population be treated in a holistic manner that brings together primary health with behavioral health and recovery supports that allows for chronic disease management. WF has been able to provide limited acute medical care for some of the clients through a contract with a medical doctor. Their care is typically episodic to address a critical need, and does not provide a coordinated plan of care to manage their health needs. As such, the same condition may result in repeated encounters with the emergency room to manage pain or other chronic symptoms.

WF Buckley Center provides sobering and detoxification services. Many of these admissions come directly from hospital emergency room referrals, and frequently entail medical complications that require the services of the onsite Buckley Center nurse to manage. Many of the individuals served at Buckley are transported, often by ambulance, between Buckley Center and the hospital, as their medical conditions are fragile and the level of care can escalate quickly.

At the other WF substance abuse treatment sites, clients often seek emergency room healthcare services due to the acute and chronic health needs that typically accompany this high risk population, as well as the lack of an established primary care provider. WF data indicate that 44 trips to the ER were provided for residential clients in the past 90 days. More than half were for respiratory illness in the adult population. Accessing needed medications required hours of phone calls to charitable organizations with prescriptions being filled on a limited basis.

Community wide, the 2009 United Way of Lane County Needs Assessment shows that the percentage of households experiencing difficulty affording basic medical and dental care has nearly doubled since 2007 (26% to 43%), and over 30% of the households report difficulty paying for prescription medications. The inability to afford and/or access medical insurance has created further financial barriers to healthcare for a growing number of people, and as the current deep recession continues, more people lose their economic stability and forego needed preventive and non-emergent health services. Reliance upon emergency/ urgent care and local free/low cost clinics has increased and they have borne the responsibility of providing medical treatment. Most experts agree that the recession didn't begin until 2007, and UWLC's 2009 Assessment shows far greater and pervasive economic hardships exist today, with less "flexible" funding available for individuals and families to meet their medical needs: only 60% have an identified primary care provider, implying that they rely upon sporadic healthcare provided at critical junctures.

The HPRN report indicates that of the 198,651 total visits to the emergency rooms, 19.8% were made by uninsured Lane County residents (compared to the Statewide ED visits of 15% for the same population). The cost of these services is significantly higher than if obtained through a primary care physician: the average cost per ER visit for OHP clients is \$1,810 and for the uninsured it is \$1,494. As noted above, WF records indicate that there were 44 client trips to the ER in the past 90 days. These costs are passed on to employers who increasingly find it difficult—if not impossible—to continue health insurance coverage for their employees. In turn, individuals who relied upon these employment benefits now find themselves with diminished or no healthcare coverage. In this recessionary period, businesses are closing and further financial stressors make it virtually impossible for people to maintain individual health insurance plans, and so they go without healthcare. There are an increasing number of individuals who find themselves unable to even purchase needed prescriptions. As shown in the 2009 UWLC Assessment, these impacts are profound and create toxic conditions for individuals, families, and children's well-being and ability to learn and thrive.

United Way 100% Access has played a crucial role in creating a new project to increase access for the target population, providing a lifeline for those who otherwise would forego healthcare services or wait until they had to access costly, sporadic ER treatment. MAP is the demonstration project of the 100% Access Healthcare Initiative. The array of participating organizations in this network is extraordinary, and shows that community awareness (beginning with the UWLC Needs Assessment in 2004) can mobilize and effect profound community change. Even so, the HPRN Report estimated (in 2007) that some 60,000 Lane County residents under/uninsured. With the current deep recession, that number has undoubtedly swelled to what some estimate as being as high as 1 in 4.

The HPRN report commissioned by 100% Access clearly outlines the critical need to incorporate substance abuse identification and treatment into MAP to achieve positive community impact. In fact, when alcohol and drug use/abuse is included with mental health as “behavioral health” conditions seen during ED visits by OHP and uninsured persons, they represent 29.7% of the total number of ED visits (HPRN). Specifically, the cost of ER care for any visit with alcohol-drug related issues totals \$35,135,508 as shown in the most recent data available (2005-2006). Individuals and the community-at-large pay a significant price this gap in primary medical care services. ED visits by the target population for “behavioral health” needs is higher than in the rest of Oregon, as reported below:

Data from HPRN Report for 2005 & 2006

| Insurance status | Substance | Lane | Oregon |
|------------------|--------------|------|--------|
| OHP | Alcohol | 4.0% | 2.6% |
| Uninsured | Alcohol | 7.1% | 4.6% |
| OHP | Drug-related | 4.4% | 2.1% |
| Uninsured | Drug-related | 7.6% | 3.3% |

The 2009-2011 Lane County Mental Health and Addiction Implementation Plan reports that 15.3% of Lane County adults need alcohol and drug treatment, a percentage significantly exceeding the national average of 9.8%. As indicated in the 2009 UWLC Assessment, the reported incidence of substance addiction in our community may be understated in that document as low-income households, homeless individuals, renters, and some ethnic minorities may not be adequately represented in the report. Individuals with chemical dependency issues frequently fall into those demographic profiles and have a higher incidence of other health-related and chronic conditions including: *

| | |
|--|---|
| Impact of alcohol & drug abuse | Physical health conditions potentially resulting from alcohol & drug abuse |
| Causal/contributing factor to illness, injury, or transmission of infectious disease | Cocaine-induced myocardial infarction, cardio-skeletal myopathy, alcohol induced bone loss, intentional and unintentional injury, poor fetal outcomes, tobacco related cancers, HIV transmissions among IVE drug users; periodontal disease and extreme tooth decay; weight gain/loss; depressed immune systems; cancers; respiratory failures; seizures; memory impairment; impotence; skin disorders; seizures; psychosis |
| Exacerbating factor to a non-substance-related illness | Abdominal pain, diabetes, epilepsy, essential hypertension |
| Complicating factor in treatment & compliance | Asthma, diabetes, tuberculosis; co occurring disorders; unplanned pregnancy; chronic pain; abscesses |

*Data from SAMHSA

UWLC EDUCATION IMPACT: Untreated substance abuse plays a critical role in the health, safety, educational and positive life development of children who are often its “silent victims.” Alcohol and drugs

are significant factors in child maltreatment and domestic violence (Thus, left untreated, chemical addiction not only destroys lives and hurts our community *today*, it re-cycles into the next generation to become a legacy that exponentially expands to impact future health needs). Since January 2007, WF has provided services through its Family Reunion Program to substance addicted women and their children who have experienced child abuse or neglect and who are in or at high risk for foster care. To date, over 149 families have been served. The following data shows the impact that untreated/unresolved chemical addiction has in all aspects of their lives as well as the impact it has on community resources (health services, foster care, the legal system, education, etc):

WF Family Reunion Statistics

| Identified Factor | Mother | Child |
|--|--|------------------------------------|
| Substance involved | 100% | 100% (affected) |
| Domestic violence | 70-80% (reported) | 70-80% |
| Mental Health Issues | 75% | >5% |
| Criminal justice involvement | 60% (convicted) | N/A |
| Mother was under 18 at time of first child's birth | 55% | N/A |
| Poverty | 99% | 99% |
| Homelessness | 40% | 40% |
| Mother abused as a child | 70% | N/A |
| Mother in foster care as a child | 40% (stats were not initially kept so this is low) | N/A |
| Child born substance involved/addicted | N/A | 40% (this is more than "affected") |
| Developmentally delayed | 30% | 40% |
| Social/emotional issues | 100% | 75% |
| Physical impairment | 15% | 5% |

Additional WF data describes the impact that parental substance abuse has on children from birth through age 6 served at our therapeutic onsite Child Development Center:

| | |
|-------------------|---|
| Birth to one year | Cleft palate in newborns; vision problems; lactose intolerance; premature birth; low birth weight; congenital heart defects; compromised immune system resulting in asthma, RSV and congestion; failure to thrive; feeding issues; tremors; sensitivity to touch, light, and sound; inconsolable crying; developmental delays |
| 1 year olds | Gross motor delays; asthma; allergies; feeding issues; low immune systems leading to colds and viral illnesses; difficult to comfort |
| 2 year olds | Same as above plus: behavioral issues including aggression, biting; cursing; hearing loss; dental problems; major speech delays |
| 3 year olds | Similar to 2 year olds plus: delayed potty training; continued use of pacifiers; cases of physical and sexual abuse become apparent |
| 4 year olds | Multiple behavioral issues including sexual acting out; continuing developmental delays; emotional/mental health issues beginning to emerge; ongoing health issues |
| 5 year olds | Behavioral/social issues; depression; developmental delays; vision and hearing problems; continued attachment difficulties; autism disorders |
| 6 year olds | Behavioral issues including aggression, sexually acting out, screaming; ongoing developmental delays and emotional difficulties; lack of school readiness skills |

Prenatal exposure to alcohol/drugs is the leading factor in childhood mental impairment, and many women do not have access to prenatal care. The resulting conditions are typically chronic and require ongoing medical and other services throughout life. Thus, in both human and economic terms it is essential that substance abuse screening, assessment and treatment be incorporated into MAP as a core medical service. And, at the community system-change level, substance abuse access and treatment issues need to be engaged with 100% Access/MAP to fully complement this expanding array of medical resources.

1-b. The Target Population: WF's FHN program will provide a "medical home" for primary care services for 700 individuals (300-350 families) annually at the medical clinic located at the WF West Eugene Center. Included in this number are individuals enrolled in WF treatment programs. This population falls below 200% of the FPL, has inadequate healthcare services, and no financial resources for primary healthcare needs. The FHN will allow for immediate access for the 75 Early Head Start families who are enrolled in MAP but have no "medical home". In November 2009, WF was designated as an Early Head Start (EHS) site, and is currently operating an EHS classroom onsite at the WF Center where the FHN medical clinic will be located. EHS resources and training will strengthen services to this population, so the ability to provide healthcare onsite will be a further enhancement that will also support the UWLC initiatives combining health and education for strategic impacts.

This target population experiences multiple life stressors as clearly outlined in the UWLC Needs Assessment, falling between the cracks of nearly every community resource. The HPRN Report further delineates that since they do not have access to primary care, when they visit ER's many present with "potentially preventable" conditions (such as headaches and migraines) that likely could have been treated by a PCP. Thus, their medical needs are often unattended until they reach a crisis. This is likely a chaotic and disruptive event in their lives, as well as for their families. Further, such a pattern implies that they receive episodic care, rather than chronic care management for conditions that need ongoing attention. "Making ends meet" is tough for this population: 36% have an annual household income of \$15,000-\$25,000; many haven't had health insurance for two years. Daily necessities (food, shelter, etc.) displace medical care as they struggle under their financial burdens. Sixty-five percent are between 18-65 and a disproportionate number reside in West Eugene (where the WF medical office is located) and Springfield.

1-c: The Program: WF Family Health Network (FHN):

If funded at the requested level, WF will utilize UWLC Health Initiative funding to hire .5 FTE licensed nurse practitioner; .5FTE Case Coordinator Manager; and .25 alcohol and drug counselor

The WF Family Health Network is both collaborative and innovative. WF will directly contribute existing resources to leverage funding from the UWLC Health Initiative to strengthen MAP and maximize community impact to "move the needle" forward in meeting the health needs of individuals without primary health care, as well as improving our community's well-being and stability. The FHN will build upon existing WF experience and resources that both recognize and support the urgent need for healthcare in the population currently served by this agency, as well as the tremendous unmet need that exists within the broader community.

WF will augment the requested project funding with existing medical resources and collaborations along with an immediately available onsite medical office, thus accelerating project start-up time. For over 45 years WF has provided premier addiction treatment services in Lane County; FHN will be embedded within the full continuum of alcohol/drug treatment services, licensed mental health therapists, and wrap-around family and children's services. Additionally, WF is an Early Head Start community based site with enhanced staff training and resources for MAP enrollees

1-c-(1): The first element of the program will be to embed a medical clinic in the existing WF medical office located in the identified high need area of West Eugene. This *new partnership initiative* will increase access for 700 individuals per year to primary health care and will expand essential substance abuse health services to screen, assess and increase access to evidence based alcohol and drug treatment services. Early identification of individuals and families at risk for substance use issues is a clear community need, and primary care is a key point for effective intervention, according to the federal Substance and Mental Health Services Administration (SAMHSA). In addition to the nurse practitioner, funding from UWLC will support .5FTE case coordinator manager who will play a key role in enrolling participants in MAP and coordinating the individualized array of health and support services. The addition of .25 alcohol and drug abuse counselor will allow expansion of screening, assessment, and indicated treatment for additional new enrollees into MAP.

1-c-(2): Secondly, Mr. Tom Hambly, Clinical Director of MAP, and Ms. Micki Knuckles, Executive Director of WF, have had several discussions about the proposed collaboration to bring substance abuse issues into the network discussions and planning. Both have agreed to implement this project and to support the need for bi-directional information flow for medical and substance abuse treatment providers. Ms. Knuckles will engage with the 100% Access Coalition by facilitating and participating in discussions related to substance abuse issues and expanding access to appropriate treatment for MAP clients, thus allowing for a full continuum of health needs to be met. With this *new partnership initiative*, a significant step forward will be made toward meeting the recommendations of the HPRN Report and in creating the “community change” envisioned by UWLC’s strategic initiatives.

1-B: Service Description: WF will hire .5FTE nurse practitioner with UWLC funding to join the existing medical team consisting of a medical doctor/physician who is the clinic’s medical director and the WF contracted psychiatrist to provide primary care services along with indicated psychiatric medication management. Together, they will be the medical team providing the following healthcare services:

- Basic primary care
- Episodic care
- Coordination of healthcare services
- Referrals to lab and other specialty services
- Prescriptions and medication management

WF has led the way in recognizing the need for integrating physical healthcare with substance addiction treatment because of the pervasive degree of medical conditions and risks typically found in the population seeking addiction treatment. WF is the only resource in Lane County that provides both residential and outpatient addiction treatment for individuals who typically do not have insurance/healthcare coverage: a population consistent with the needs of UWLC’s target population. While not required by State licensing regulations, WF contracts with a physician who is onsite 2 - 4 hours per week to provide basic medical care for WF clients. She is also the Medical Director and will lead the new FHN medical team. As many of WF’s clients have co-occurring disorders, WF also contracts with a psychiatrist who provides psychotropic medication management and consultation to WF mental health therapists as indicated. Until their recent budgetary cuts, Lane County Public Health contracted with WF to provide a public health nurse onsite for 32 hours per week. While she continues to provide maternity case management and some well baby services on a much reduced schedule, her consistent presence at the WF center has been a significant loss.

MAP participants who are not already enrolled at WF will receive addiction screening upon referral, or by request. Treatment will be provided as space and resources allow with priority given to pregnant IV drug users, IV drug users, and those presenting with significant medical complications.

2. 2010/2011 Service Objectives and Outcomes

A. Service Objectives 700 individuals served annually:

12-Month Service Objectives: 9/1/2010 through 8/31/2011
 (Month/Day/Year) (Month/Day/Year)

Proposed Service Objectives:

Willamette Family, Inc (WF) proposes a collaborative partnership with the 100% Access Coalition's Medical Access Program (MAP) to achieve the following goals:

Primary Strategic Goal: HEALTH: Increase access and reduce barriers to community-based health care for Lane County residents below 200% of the Federal Poverty Limit by establishing a "medical home" primary care office for families and individuals to be housed at the WF Treatment Center in West Eugene.

Secondary Strategic Goal: Incorporate preventive strategies and provide evidence based services for patient-directed chronic disease self-management that expands healthcare and treatment to include conditions of alcohol and drug abuse treatment at WF.

Tertiary Strategic Goal: Leverage impact to address the UWLC Strategic Goal of Education by including expanded access to healthcare into the existing WF comprehensive continuum of care for individuals enrolled in WF's treatment programs.

WF and MAP will work together to support an effective primary care office at WF. MAP has been extraordinarily effective and successful in creating a network of healthcare services to increase access for uninsured or underinsured Lane County residents. The need for additional community-based sites continues to expand. Most immediately, there is a critical need for a "medical home" for 75 newly-enrolled Early Head Start individuals and families who lack the essential connection to health care. In November 2009, WF became a designated Early Head Start site and is receiving resources and training that will strengthen services to this population, so the ability to provide healthcare services onsite will be a further enhancement that will also support the UWLC Strategic Education goal.

Importantly, this proposal will also address the systemic gap in community health care services as identified in the report presented to 100% Access by Health Policy Research Northwest. That report identified an overutilization of emergency room services for patients presenting with substance abuse and mental health conditions when compared to statewide and rural estimates. These results clearly suggest that OHP and uninsured patients "have a prominent barrier to accessing mental health and substance treatment in Lane County." Through this project, WF proposes to join with MAP as a facilitator and participant to bring this need to the attention of the community, and will offer the existing WF medical office as a concrete first-step toward integrating substance abuse treatment into the safety-net under MAP.

B. Proposed Services Outcomes (measurable statement of intended effect on target population.)

Dates should match the service objective dates you specified in question 2 A.

12-Month Outcomes: 9/1/2010 through 8/31/2011
 (Month/Day/Year) (Month/Day/Year)

Proposed Outcomes and Performance Measures for each proposed service

| <i>Outcomes</i> | <i>Measures</i> |
|---|--|
| <i>Uninsured individuals receive primary care services through MAP enrollment from the FHN.</i> | <i>Number of uninsured individuals have access to primary care services (700 individuals)</i> |
| <i>75 currently enrolled Early Head Start families will have a medical home at FHN</i> | <i>Number of identified Early Head Start Families (75 families)</i> |
| <i>WF clients enrolled in MAP</i> | <i>Number WF clients enrolled (150)</i> |
| <i>Adequate healthcare services for adults are received</i> | <i>Number of visits for adults (2100)</i> |
| <i>FHN families and individuals will receive medical case management and case coordination</i> | <i>Number of clients receiving one or more primary care visit (700)</i> |
| <i>Primary Care staff will refer to AOD counselor for substance use disorders abuse disorders screening.</i> | <i>Number of individuals screened for substance use disorders who are not already enrolled in a WF program (250)</i> |
| <i>Primary Care staff will refer patients in need to further substance use treatment.</i> | <i>Number of individuals referred to substance abuse treatment (50)</i> |
| <i>The majority of individuals receiving healthcare services through the FHN will be satisfied with those services.</i> | <i>At least 80% of individuals receiving services will rate those services as "adequate" or "above adequate" on patient satisfaction questionnaires.</i> |
| <i>Substance abuse issues will integrate with 100% Access</i> | <i>Number of Coalition meetings attended by WF Exec. Staff (Number to be determined)</i> |

3. Tracking Systems

What systems will be used to track the impacts and outcomes of the services provided and support continuous improvement? (e.g., telephone logs, client files, client satisfaction survey, pre-test/post-test, software systems, etc.) Please note if a tracking system is already in use, or if it will be developed to support the program.

Participant Evaluation and Tracking

Willamette Family maintains an evaluation and research office for project and program evaluation. The office is staffed with trained and credentialed research staff who regularly work on complex projects, including the National Institute of Drug Abuse (NIDA) Clinical Trials Network, the federal Substance Abuse and Mental Health Services (SAMHSA) grants, and National Institute of Health (NIH) projects. The office is affiliated with the Oregon Health and Science University and works regularly with the University of Oregon as well.

The WF Family Health Network evaluation and tracking will be maintained for all participants receiving medical services and referrals for care. This will allow for continued monitoring of services performed and participant feedback about the care received. WF will utilize the information from the existing agency client data collection system (SOS) as well as data collected by the FHN care coordinator such as the health history questionnaire and screening survey information collected from each participant at the onset of care. Data forms provided by MAP will be used as standardized assessment and referral instruments. A FHN Tracking Excel file will be created to track the following key elements for evaluation and milestone purposes: Screening data, number of individuals signed up for medical services, number of individuals signed up for medical services and substance abuse screening, number of visits attended by adults and children; number of MAP cases, number of uninsured or underinsured, and the number of referrals to substance abuse treatment. The tracking system will be updated regularly and at each visit the participant makes to the medical clinic. The WF Care Coordinator will maintain this tracking log with relevant information from the WF SOS system and CPMS data and will also collect Satisfaction Questionnaires from participants whom have received services to incorporate feedback regarding service improvements. A list of referral sources will also be maintained to further evaluate the needs of the participants and the services they have received. The FHN

Tracking system will allow for reporting and evaluation of services to improve the medical needs of this population.

SECTION III SERVICE MANAGEMENT

1. Client Involvement: WF has very comprehensive Quality Assurance and Program Improvement policies. Included are multiple opportunities for consumer input into service planning and program delivery.

- A six member Client Counsel, consisting of current residential program participants meets weekly with clinical staff to discuss any issues that are of concern, offer suggestions for remediation, and take back solutions to the other clients.
- Quarterly review of program components with management staff and clients who have completed residential treatment and are currently involved in outpatient services. The goal is to identify gaps in services, build on what clients identify as most important, and remove any barriers for ongoing services for clients.
- Family participation in weekly sessions with opportunities to provide feedback regarding the program and the progress, or lack of by their family members.
- Peer staff that have completed one or more of the program components are invited to give input to program design and implementation at all levels.
- Client questionnaires

WF has been using client satisfaction questionnaires for the past 10 years. Utilizing a 5 point Likert Scale clients are asked to rate their satisfaction with services provided by WF including the substance abuse therapy groups, skills acquisition, their counselor, education groups, support staff services, crisis intervention services, assessment and admissions services, parenting classes and the child development center, MENTAL HEALTH SERVICES, overall satisfaction with their substance abuse treatment experiences, and how likely they would be to refer a friend or family member to WF. Data are collected from participants in all WF programs at 4 - 6 weeks enrollment and at completion. The data is analyzed by WF's research department and disseminated to individual program managers and directors quarterly. These outcomes are reviewed by the QA team to determine the need for service change or modifications and identify trends.

The use of these multiple feedback systems allows WF to adjust program services to meet the changing needs of clients served. One recent example occurred in the women's residential program. Current residential clients were asked to evaluate the system including individual and group counseling, educational curriculum, free time, childcare, and support group meetings. The feedback led to an increase in client education groups, less free time and more structure, additional respite care for "challenging" children, and access to additional outside support groups per week.

Clients and family members identified lack of health care services for individuals who did not have the Oregon Health Plan or other insurance. WF contracted with a local physician to provide on-site services 2 - 4 hours per week to meet immediate health care needs that were barriers to full program participation.

2. Coordination/Collaboration: Individuals and families entering substance abuse treatment present with a multitude of issues beyond the scope of the agency's capabilities to address. Because WF serves adults, teens and children the list of collaborations is extensive and includes formal and informal partner ships. Some partnerships have resulted in time limited contracts that have expired due to grant and budget cuts and moved to collaboration. In addition to collaboration regarding client services, WF staff have provided numerous trainings for a number of other organizations including Relief Nursery, Women Space, SASS, Lane County Public Health, Peace Health Labor and Delivery staff, Lane County Sheriff's Department, Lane County Bar Association, DHS child welfare, and others. The chart below includes many of the current collaborative agreements, but does not include all referral sources utilized by WF staff.

| <u>Collaborative Activity</u> | <u>Type</u> | <u>Nature</u> | <u>Participants</u> |
|--|---------------------------|---|---|
| U of O Early Intervention Program: Project F.E.A.T. (Family Assessment & Treatment Team) | MOU | Identifies, refers, expedites services for infants born to mothers who test positive for drugs/alcohol and drug affected newborns WF gives priority residential admittance to newborns referred by FEAT to prevent foster care and provide family services | Early Childhood Specialists (Uof O); WF; DHS; Relief Nursery; Lane County Human Services; Peace Health Hospital; McKenzie Willamette Hospital; Pediatricians |
| U of O Early Intervention Program | Formal student placements | Graduate students are assigned to WF classrooms for their field placement; collaboration with faculty | UofO Early Childhood Intervention Program & WF |
| U of O Infant Mental Health Program | Formal student placements | Doctoral students are part of the WF intervention team focusing on strengthening parent-child attachment | Uof O Infant Mental Health Program |
| Early Head Start | Contract | WF is a community based Early Head Start site | Head Start of Lane County & WF |
| Family Reunion Project | Contract (DHS) | Intensive family preservation & reunification services provided to children who have experienced child maltreatment & who are in/at risk of foster placement | DHS-Child Welfare; WF; OR Community Foundation; Chambers Family Foundation; Lane County Rotary Clubs; Emerald Empire Soroptimist Clubs; Eugene Active 20-30 Clubs |
| Family Relief Nursery | Contract | Provide peer support | WF/Child Welfare/FRN |
| Mental Health Consortium | Contract | WF is a provider of mental health services through Lane Care | LaneCare, WF, Health and Human Services, Relief Nursery, The Child Center, SCAR/Jasper Mountain, Direction Services, Options Counseling, Center for Family Development, Looking Glass (others...) |
| Trauma Education & Training | Collaborative | Disseminates and trains on trauma informed evidence based practices | University of Oregon, WF |
| Healthy Babies/Healthy Communities Coalition | Collaborative | Work groups to improve infant outcomes, brain development conferences, community action | Lane County Health & Human Services, Public Health Department, WF...other child-serving agencies |
| St. Vincent DePaul | Contract | Low income housing for clients presenting with co-occurring disorders | WF & St. Vincent dePaul |
| Circles of Support | Contract | Support services for military families & veterans of Iraq& Afghanistan | Sen. Wyden, Rep. DeFazio, Vet Center, OR National Guard, NCTSN |
| United Way | Collaborative | Community action & awareness; | WF is a member of the Sb6 |

| | | | |
|-------------------------------|-----------------------------------|--|--|
| Success by Six (Sb6) | | improvement of early childhood services | Leadership Team |
| White Bird Clinic/Cahoots | Service agreement | Delivers intoxicated individuals to Buckley Detox, provides crisis intervention services as needed | Lane County Crisis Response Team/City of Eugene Public Safety System |
| Lane County Public Health | Service agreement | Provides outreach and onsite testing for infectious disease | WF clients in women's residential program |
| Lane County Public Health | Service agreement | Provides onsite maternal case management services | WF clients enrolled in women's residential program |
| Lane County Adult Corrections | Contract | Contract between WF and LCAC to provide residential treatment for women identified by jail and/or parole and probation staff | WF, and LCAC, Lane County Parole and Probation |
| U.S. Bureau of Prisons | Contract | Contract provide residential and outpatient substance abuse treatment for men or women clients | WF US Bureau of Prisons, US Parole and Probation |
| Lane County Relief Nursery | Collaborative contracts and MOU's | Access to peer support services for WF clients; access to RN services, cross training, access to treatment for RN clients, case coordination | WF, RN, clients and staff |

3. Diversity/Accessibility: WF is especially sensitive to cultural issues that might be barriers to entering treatment, or impact outcomes. All staff receives extensive training and clinical supervision regarding cultural and other diverse populations. WF provides substance abuse treatment services for approximately 1400 adults, 50 adolescents, and 80 children ages 0 – 6 annually. Gender specific services are provided in both residential and outpatient settings. Services are spread out over multiple sites including Buckley Detox. The clientele is primarily well below the FPL, and ARE often viewed as “outcasts” by the community. Approximately 50% of clients served are homeless. Many are involved with child welfare and/or the legal system. A high percentage of children served have speech and other developmental delays.

Each of WF's sites meets all ADA requirements. All areas of the buildings are handicapped accessible. WF employs a number bi-lingual staff, and provides literature, and videos that are available in Spanish. WF also provides interpreters and TTY for deaf and hard of hearing clients. Reading materials are provided for persons reading at 3rd grade to college level. Audiotapes, and in some cases tutors, are provided for those who either can't read, or have some difficulty. Treatment plans are based on client ability and incorporate a number of activities that may not involve reading and writing skills. The children's program also provides books and toys that are representative of various races and cultures. The interior personal pictures, client artwork, literature, and educational materials are reflective of the diversity issues. Clients are also supported in spiritual and religious beliefs. Transportation is provided to a number of local churches by community volunteers. Jewish holidays are recognized and supported along with Cinco de Mayo and Native American events. Clients are encouraged to share customs, norms, and rituals including assisting in the preparation of food items.

The racial make up of the staff is representative of the local community and includes Latinos, African American, Native American, Caucasians, and those of mixed race. Equally important is the fact that some staff are lesbian or bi-sexual, while others are heterosexual. Some staff are in bi-racial relationships, and have children of mixed race. High percentages are in recovery themselves and were previously involved in some of the systems facing the current treatment population. In short, diversity on all levels is imbedded in WF's

approach to providing treatment services. From socio-economic background, to issues of race/ethnicity, religion, sexuality, and physical/mental limitations, WF staff not only receives extensive cultural training, but also models the diversity in our community.

4. Use of Volunteer and Partnership Resources : Because of confidentiality requirements, most of WF's volunteers are interns from various schools at the U of O, LCC, PSU, and NCU who are embedded in our programs. An additional 20 volunteers assist at the various program sites, providing support services. For example, a retired 4-J teacher volunteers two evenings per week to tutor clients and assist them in attaining their GED. Our Board of Directors consists of 10 community leader/volunteers. As indicated in question 2 Coordination and Collaboration, WF has an extensive list of partners who provide support and remedial services to WF clients, including Lane County Public health. WF has an extensive history of grant writing including community foundations, state, and federal funders that could bring additional resources to this project following implementation and the ability to demonstrate positive outcomes.

5. Budget: See budget for Appendix B

B. The return on the UWLC partnership has been documented throughout the proposal through savings in ER visits, ambulance costs, inability for low-income individuals and families to access medications, lack of access to substance abuse treatment services leading to additional and ongoing medical complications, and lack of medical staff to provide services. The HPRN Report clearly shows that nearly 20% of ER visits are made by uninsured individuals who have no access to primary care. Single encounters for ER medical treatment by under/uninsured residents costs, on average, \$1,484. The cost saving of primary care for these 700 individuals is extraordinary. WF is leveraging medical clinic space, medical staff, research outcomes, and other resources to assure success of this project. The advantages to the human services network include access to primary medical care for an additional 700 individuals along with access to substance abuse treatment services for MAP clients. Further, WF will engage with the 100% Access Coalition by facilitating and participating in discussions related to substance abuse issues and expanding access to appropriate treatment for MAP clients, thus allowing for a full continuum of health needs to be met. With this *new partnership initiative*, a significant step forward will be made toward meeting the recommendations of the HPRN Report and in creating the "community change" envisioned by UWLC's strategic initiatives. FHN will be the logical extension these connections, and is consistent with the emerging addictions treatment model "Recovery Oriented System of Care" which may include future federal funding.

7. Governance, Management, and Organizational Capacity: (see attached documents) For over 45 years, WF has provided evidence based, successful substance abuse treatment for literally thousands of individuals and families. WF consistently and efficiently responds to changing needs of the community and client population. This is directly apparent, in WF's established commitment to comprehensive, holistic healthcare of which substance abuse treatment is our primary focus. Recognizing the pervasive health/medical needs of the WF client population, WF has contracted for medical services for over 10 years as evidenced by the existence of a fully operational medical office onsite and available for immediate FHN implementation. Staff have experience assessing multiple, chronic conditions of substance addiction and stand ready to take the next step to include primary medical care into the existing array of healthcare/treatment services.

The addition of primary care is consistent with the "Recovery Oriented Systems of Care" (ROSC) which is the direction in which addiction treatment is moving, and for which future governmental funding is anticipated. The WF organizational history demonstrates that WF has continually evolved and adapted its array of services to meet new demands. Service expansions are planned and fiscally responsible, resulting in financial growth of 18% from FY 2006-07 to its current budget of \$6.2M. WF has been the recipient of several Federal grants including the National Child Trauma Stress Network and SAMHSA's Pregnant and Post-Partum funding for residential women. Over the past 3 years, its fund-raising has increased, both in terms of private gifts as well as in charitable foundation grants. The Board is actively involved in aspects of

Agency administration, and represents a broad array of business and community leaders. The existing WF Medical Director will assist in design, implementation, and provision of quality medical services. Micki Knuckles, Executive Director, pioneered a wide array of addiction treatment services in Oregon, including the National Demonstration Model: "Families in Recovery," upon which current WF family services were built. She and her staff have attended and presented at several national conferences over the past year focusing on "Recovery Systems of Care" and are fully committed to implementing primary care within the services and treatment provided by WF.

Strategic/Preventive Investment Application

Proposed Services BUDGET

(fill in the yellow cells)

Agency Name:

WILLAMETTE FAMILY, INC.

Proposed Services:

HEALTH INITIATIVE

| | Prior 12 Months | Future 12 Months |
|---|--------------------|---------------------|
| REVENUE/SUPPORT | | |
| United Way Funding/Request (do NOT include Donor Designations) | | \$95,000.00 |
| Public Support: Contributions/Fundraising Events (include Donor Designations) | | |
| Government Funding | \$23,750.00 | \$10,140.00 |
| Foundation/Corporation/Other Grants or Major Gifts | | |
| Program Service Fees or Membership Dues | \$2,500.00 | \$25,000.00 |
| Other Revenue | | |
| Total Revenue | \$26,250.00 | \$130,140.00 |
| | Actual | Estimated |
| EXPENSES | | |
| Personnel Related (includes contracted physician services) | \$24,750.00 | \$119,274.00 |
| Client Assistance | | |
| Other Direct Program Expenses | | \$3,600.00 |
| Administrative Overhead | \$1,500.00 | \$7,266.00 |
| Total Expenses | \$26,250.00 | \$130,140.00 |
| NET (should be zero) | \$0.00 | \$0.00 |

| | | |
|---|------|------|
| What percent of your agency budget do these proposed services represent? | 0.4% | 2% |
| What percent of your agency revenue is the United Way request? | 0% | 2% |
| Number of employee FTE's (full-time equivalents) in proposed services? | 0.00 | 1.25 |
| Percentage United Way request to overall proposed services revenue | 0% | 73% |
| Administrative overhead percentage applied to proposed services | 6% | 6% |

Completed by:

Pamela S Strutz, CPA (Finance Director)

Willamette Family UW health Initiative Proposal Budget

| | FTE | Salary | Benefits* | Total | |
|--------------------|----------|-----------|-----------|------------|--|
| Dr. Telew | contract | | | \$ 10,000 | |
| Dr. Pinsonneault | contract | | | \$ 16,000 | |
| Nurse Practitioner | 0.50 | \$ 45,000 | \$ 5,400 | \$ 50,400 | Per online salary search the avg salary for a NP in Eugene is \$90,000, approx \$50 per hour |
| Care Coordinator | 0.50 | \$ 31,000 | \$ 3,720 | \$ 34,720 | Per online salary search the avg salary for a CM in Eugene is \$62,000, approx \$30 per hour |
| A&D Counselor | 0.25 | \$ 7,280 | \$ 874 | \$ 8,154 | |
| Total Personnel | | \$ 83,280 | \$ 9,994 | \$ 119,274 | |
| Medical supplies | | | | \$ 3,600 | |
| Total Budget | | | | \$ 122,874 | |
| Amount Requested | | | | \$ 95,000 | |

*Benefits - payroll taxes only since part-time positions

| <u>Prior Year Expenses</u> | |
|----------------------------|------------------|
| Dr. Telew | \$ 8,800 |
| Dr. Soyke/Dr. P | \$ 15,950 |
| | <u>\$ 24,750</u> |

Willamette Family UW health Initiative Proposal Budget

| | FTE | Salary | Benefits* | Total |
|--------------------|----------|-----------|-----------|-------------------|
| Dr Telew | contract | | | \$ 10,000 |
| Dr. Pinsonneault | contract | | | \$ 16,000 |
| Nurse Practitioner | 0.50 | \$ 45,000 | \$ 5,400 | \$ 50,400 |
| Care Coordinator | 0.50 | \$ 31,000 | \$ 3,720 | \$ 34,720 |
| A&D Counselor | 0.25 | \$ 7,280 | \$ 874 | \$ 8,154 |
| Total Personnel | | \$ 83,280 | \$ 9,994 | \$ 119,274 |
| Medical supplies | | | | \$ 3,600 |
| Total Budget | | | | <u>\$ 122,874</u> |
| Amount Requested | | | | <u>\$ 95,000</u> |

Per online salary search the avg salary for a NP in Eugene is \$90,000, aprox \$50 per hour
 Per online salary search the avg salary for a NP in Eugene is \$62,000, aprox \$30 per hour

*Benefits - payroll taxes only since part-time positions

| <u>Prior Year Expenses</u> | |
|----------------------------|------------------|
| Dr. Telew | \$ 8,800 |
| Dr. Soyke/Dr. P | \$ 15,950 |
| | <u>\$ 24,750</u> |

Exhibit A

United Way of Lane County Best Organizational Practices and Management

Agency Name: Willamette Family, Inc.

The following questions represent generally accepted best practices for the management and governance of non-profit organizations. Please respond with Yes or No. If No, provide a brief explanation. (Note: These are not required and some policies and activities may not be appropriate for your agency.)

| ORGANIZATIONAL MISSION AND DIVERSITY | Yes | No | Other/Explain |
|---|-----|----|---------------|
| A. Mission | | | |
| 1. Our agency has a written mission statement that reflects our purposes and values. | X | | |
| 2. The board regularly reviews our agency's mission statement. | X | | |
| 3. Our agency engages in annual planning that helps define organizational and divisional goals. | X | | |
| B. Diversity | | | |
| 1. Our agency's governance and operations strive to be inclusive of all parts of our community. | X | | |
| 2. Our agency strives to reflect the diversity of the community we serve. | X | | |
| 3. Our agency has a written policy and practice of non-discrimination in the following areas: | | | |
| a. Employment (recruitment, hiring, assignment, promotion, discipline, termination) | X | | |
| b. Board and committee participation | X | | |
| c. Volunteer selection | X | | |
| d. Service delivery | X | | |

| FINANCIAL MANAGEMENT | Yes | No | Other/Explain |
|--|-----|----|---------------|
| A. Audit | | | |
| 1. Our agency has an annual audit or review done by an independent certified public accounting firm. | X | | |
| 2. If yes, the reports and management letter (if provided) are reviewed by a finance committee or the board. | X | | |
| B. Financial Transactions and Controls | | | |
| 1. Our board has approved a policy specifying that dual signatures are required on checks over a certain amount. | X | | |
| C. Money & Investments | | | |
| 1. Bank deposits are FDIC insured and account balances are at or below the \$250K limit. | X | | |

| | | | |
|---|------------|-----------|----------------------|
| 2. The board has adopted an investment policy that is regularly reviewed. | X | | |
| 3. Securities, mortgages, insurance policies and similar instruments are under the control of the executive director, chief financial officer, or board member. | X | | |
| D. Capital Equipment | Yes | No | Other/Explain |
| 1. The board approves all equipment purchases, leases, and related renewals over a certain dollar amount. | X | | |
| 2. Periodic physical inventories are taken and compared with the capital equipment ledgers. | X | | |
| E. Accounts Payable | Yes | No | Other/Explain |
| 1. The board has approved a written purchasing policy. | X | | |
| 2. All deposits for payroll taxes, employee retirement contributions, etc. are made in a timely manner. | X | | |
| 3. Purchases for or on behalf of employees are made pursuant to a board-established policy. | X | | |
| 4. Credit cards are issued in the agency's name but assigned to specific employees and in line with board policy. | X | | |
| 5. Credit card usage by employees is limited to use specified by board policy and is periodically reviewed by supervisors or, in the case of the executive director, the budget or finance committee. | X | | |
| F. Employees Expense/Reimbursement | Yes | No | Other/Explain |
| 1. We have a board-approved policy governing if and when salary advances (draw), travel advances, and per diems are provided to staff. | X | | |
| 2. There is a travel and employee expense reimbursement policy approved by our board. | X | | |
| 3. Employees are required to submit expense reports for all reimbursements within 60 days of expenditures. | X | | |
| 4. The board assures that the executive director's travel and expense reimbursement are reviewed and approved. | X | | |
| G. Budgeting and periodic financial reports | Yes | No | Other/Explain |
| 1. Our agency forecasts financial requirements for proposed program activity and optimum use of funds. | X | | |
| 2. The executive director prepares an annual comprehensive operating budget and capital budget, presents the budget to the board for approval, and establishes controls to assure that budgetary objectives are achieved. | X | | |
| 3. Substantial changes in the budget are presented to the board for approval. | X | | |
| 4. Our board, or the financial committee: | | | |
| a. Reviews the financial statements (statement of activities, statement of position) on a quarterly basis | X | | |
| b. Receives explanations of major variances. | X | | |
| c. Receives a comparison of actual to budgeted expenditures for the reporting period and year-to-date by program. | X | | |
| d. Reviews source and amounts of funding by function. | X | | |

| GOVERNANCE | Yes | No | Other/Explain |
|---|------------|-----------|----------------------|
| A. Board of Directors | X | | |
| 1. Our agency has a governing board of citizen leaders. | X | | |
| 2. Our board is a volunteer group serving without compensation. | X | | |
| 3. Each board member has received training, as well as guidance materials on board governance and our agency operation. | X | | |
| 4. Our board ensures the creation of and approves agency policies and procedures. | X | | |
| 5. Our board hires, terminates, evaluates, and sets compensation for the executive director. | X | | |
| 6. Our board delegates responsibility for day-to-day agency operations to the executive director. | X | | |
| 7. Our board meets at least quarterly. Indicate how often: _____ | X | | |
| 8. Our agency creates and maintains permanent board minutes. | X | | |
| 9. Our agency ensures continuity by having overlapping board member terms. | X | | |
| 10. Our board's nominating process ensures that the board remains appropriately diverse with respect to gender, ethnicity, culture, economic status, disabilities, and skills and/or expertise. | X | | |
| 11. Our board has a process for handling urgent matters between meetings. | X | | |
| 12. Each board member has contact information for the entire board. | X | | |
| 13. Our board evaluates the executive director on an annual basis. | X | | |
| 14. Over the last year, at what percent of your board meetings did you have a quorum in attendance? Indicate percentage 100% | X | | |
| B. Bylaws and Policies | Yes | No | Other/Explain |
| 1. Our agency has written bylaws. | X | | |
| 2. Our agency provides each board member a copy of the bylaws. | X | | |
| 3. Our bylaws state the requirements for a board quorum. | X | | |
| 4. Our board regularly reviews the bylaws. | X | | |
| 5. Our agency has written operational policies and procedures. | X | | |
| 6. Our board has approved a code of ethics for both staff and volunteers, which includes provisions for ethical management, client confidentiality, publicity and fundraising practices. | X | | |

| | | | |
|---|-------------------------------------|-------------------------------------|----------------------|
| 7. Our agency has a written conflict of interest policy and a mechanism for resolving conflicts should they occur. | <input checked="" type="checkbox"/> | | |
| 8. Our board ensures that the agency has personnel policies and written job descriptions. | <input checked="" type="checkbox"/> | | |
| C. Board Committees | Yes | No | Other/Explain |
| 1. Our agency has standing and special committees that have been established to achieve efficiency of operations and share responsibility for decision-making. | <input checked="" type="checkbox"/> | | |
| 2. Our agency's board members serve on at least one board committee. | <input checked="" type="checkbox"/> | | |
| 3. Our agency committees meet on a regular basis (monthly or quarterly). | <input checked="" type="checkbox"/> | | |
| 4. Our agency committees' activities and recommendations are reported to the board (verbally or in writing) for approval/action. | <input checked="" type="checkbox"/> | | |
| D. Compliance with legal requirements | Yes | No | Other/Explain |
| 1. Our agency complies with all applicable legal, local, state, and federal operating and reporting requirements, including non-discrimination and non-profit requirements. | <input checked="" type="checkbox"/> | | |
| 2. We have been the subject of a governmental investigation in the last 24 months. | | <input checked="" type="checkbox"/> | |
| E. Insurance | Yes | No | Other/Explain |
| 1. We have liability insurance covering volunteers, staff and board of directors. | <input checked="" type="checkbox"/> | | |
| 2. We have general liability coverage. | <input checked="" type="checkbox"/> | | |

Agency Name: Willamette Family, Inc.

Prepared By (Name): Micki Knuckles / Micki Knuckles

Title: Executive Director

Date: March 5, 2010

Exhibit B

**United Way of Lane County
Policies and Certification Documents**

"I hereby certify that

Willamette Family, Inc.
(print agency name)

agrees to follow and adhere to the following UWLC Policies and Certification Documents:"

- **Non-Discrimination Certification**
- **USA Patriot Act Anti-Terrorism Compliance Measures**
- **Agency Direct Fundraising Policy**
- **Donor Designation Policy**

Signature, Agency Director: Micki Knuckles

Print name: Micki Knuckles

Date: March 5, 2010